Jordanian Nurses' Job Satisfaction and Associated Factors

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Abstract. Background: Globally, nurses' satisfaction is getting greater interest from the healthcare system. Nurses are the spine of the healthcare system and consequently; ensuring their satisfaction is very crucial to deliver safe and high care standard for patients.

Purpose: To assess the perceived level of job satisfaction and associated factors among Jordanian nurses.

Methods: The researchers employed a descriptive, cross-sectional design utilizing a convenient sample of 220 Jordanian nurses. The index of work satisfaction scale was used to collect data.

Results: The results revealed that nurses had an overall job satisfaction of moderate level (M = 3.55). The highest scoring domain was autonomy (M = 4.41), and the lowest scoring domain was professional status (M = 2.57).

Conclusions: Enhancing nurses' satisfaction is a very important issue in Jordanian hospitals. Numerous recommendations should be applied to increase nurses' satisfaction such as increasing remuneration, providing non-monetary incentives and recognition, and supporting and improving staff motivation.

Keywords: Job satisfaction · nurses · Jordan

1 Introduction

Job satisfaction is a complex phenomenon that can be linked with a multiplicity of factors. It is a global concern because of its possible impact on employees' overall performance, attitudes and behaviors, and their willingness to stay in or leave the organization [1]. Nurses are the spine of any healthcare system. They comprise the majority of healthcare professionals, and they play a focal role in providing and coordinating healthcare activities among other healthcare professionals [2]. Nurses contribute to the improvement of quality of care through providing effective and safe care, participating in monitoring quality and patient safety indicators, incident reporting, and risk assessment and management [3].

Accordingly, it is important to determine the factors that are associated with nurses' satisfaction. For instance, researchers have found that individual characteristics, professional status, payment, organizational safety culture, collegial support, managerial style, and work related policies are all contributing factors influencing nurses' job satisfaction [4]. In addition, factors such as age, gender, marital status, employment type, work

duration, financial benefits, and recognition are also connected to nurses' satisfaction [5].

Similarly, a large-scale cross-sectional European study was conducted to investigate the relationship between working long shifts and job dissatisfaction, dissatisfaction with work schedule flexibility, burnout, and nurses' intention to leave job. A large sample with a total of 31,627 registered nurses selected from 488 hospitals received a survey questionnaire that included 118 questions tackling on: nurses' job, investigating work environment, burnout and job satisfaction, quality and safety, and most recent shift at work in the hospital. Results showed that nurses working long shifts (12 h or more) experienced higher levels of burnout; including emotional exhaustion, depersonalization, and low personal accomplishment, as compared to shorter working hours (8 or less). As such, they work more liable to experience job dissatisfaction, dissatisfaction with work schedule, and more willing to leave their job due to these reasons. The study concluded that long working hours for nurses are associated with adverse outcomes, some of which like burnout, may pose safety nurses as well as their patients [5].

In a United States based study, a cross-sectional design for secondary data analysis was used to determine the association between work related factors; such as autonomy, supervisory and peer support, and work schedule, and nurses' job satisfaction and their intent to leave their current position. A random sample of 5000 licensed nurses in two US states were sent the survey, of which 1641 actively working bedside nurses participated. The results demonstrated that higher job dissatisfaction was found to be associated with higher psychological demands and lower autonomy. Long work hours with insufficient breaks were associated with more dissatisfaction. Nurses who reported lack of support from peers and supervisors had significantly lower job satisfaction. Lastly, nurses who intended to leave their current job reported significantly lower support from their peers and less [6].

In another large-scale study based on South Africa, the purpose was to examine the connection between job satisfaction, work related stress, burnout, and general health of nurses. Utilizing a cross-sectional study design, a total of 1200 nurses were selected to respond to five questionnaires related to study variables. Results illustrated that staff issues were best linked with burnout and job satisfaction. Further, the highest amount of variance in mental health of nurses was explained by burnout. These issues may compromise nurses' productivity and performance, in addition to the negative impact on the quality of patient care. Workplace Security risk issues negatively influence job satisfaction and nurses' general health. These findings are important to consider when building strategies and intervention programs aiming to improve nurses' and patients' outcomes [7].

A literature review study conducted by Maqbali (2015), with a main objective to review studies that discussed factors related to nurses' job satisfaction in order to achieve a more comprehensive understanding of these factors. The study proposed that job dissatisfaction among nurses can stem from either job-related factors or person related factors. There is a cultural and social variation in this context, where differences can be seen in the significance of the factors affecting nurses' satisfaction. Generally, literature indicated that these factors can be categorized into personal characteristics of nurses and

biographical factors. Varying correlations between factors such as age, level of education, gender, level of experience, and unit type were reported to be connected with job satisfaction or dissatisfaction. Therefore, socio-demographic variables are substantial and can significantly influence nurses' job satisfaction [1].

Finally, a study was conducted in Turkey to find out the facets influencing job satisfaction and intention to quit among nurses. A cross-sectional design was used through distributing surveys to a sample of 417 nurses representing six large private hospitals in Turkey over a period of four months. The study results showed that overall job satisfaction was found to be at a moderate level, while just less than two-third of the participants intended to quit their jobs. Nonetheless, in certain facets from among the selected nine facets of job satisfaction, nurses reported relatively high satisfaction; such as: work environment, supervisor support, and co-workers. On the other hand, a low satisfaction level was reported when it comes to contingent reward, fringe benefits, and pay. Moreover, there was a negative relationship between job satisfaction and intention to quit the existing employment; the more nurses dissatisfied with their job, the more they are likely they intend to leave them. Lastly, only 'satisfaction with supervisor support' significantly explained turnover intent when controlling for gender, age, marital status, education, and experience. The study highlighted facets of nurses' satisfaction that need to be considered by nursing management and hospital leadership when developing strategies and activities to improve nurses' job satisfaction and their retention [4]. The current study aims to assess Jordanian nurses' perceptions regarding their level of job satisfaction and associated factors.

1.1 Significance of the Study

Nurses have an essential role in the development of healthcare organization. Therefore, to improve nurses' performance and quality of care in the organization, it is crucial to understand their perceptions of job satisfaction. Hence, this study delivers insightful information to nurse managers and policy makers on the factors that are vital for nurses in the hospitals to be more satisfied and eager to continue their job. Nurse managers and policy makers can utilize the findings of this study to create strategies that help in increasing nurses' job satisfaction and thus enhancing the quality of provided care.

2 Methodology

2.1 Design and Settings of the Study

The study employed a descriptive cross-sectional design. The study settings included all nursing departments and units in one governmental and one private hospital in Amman. Hospital (A) has a bed capacity of 550 beds and a total number of 280 nurses, while hospital (B) has a bed capacity of 400 beds, and a total of 220 nurses. The target population was all registered nursing staff practicing nursing profession in Jordanian hospitals. The accessible population included all registered nurses who agreed to participate and working in the selected hospitals.

2.2   Sampling and Sample Size

A convenience sampling was used to recruit eligible participants. The sample size was calculated using sample size calculator based on the study population, with a predetermined confidence level of 95%, and margin of error of 5% [8]. Considering that the accessible population size was around 500 nurses, a sample size of 220 nurses was required to have appropriate generalizability of the study findings.

2.3   Inclusion/Exclusion Criteria

The inclusion criteria were: (1) having a minimum of bachelor's degree, (2) agreed to be involved in the study, and (3) having at least one year of experience in the current work settings to make sure that the participant is familiar with the organizational culture.

2.4   Study Instrument

Data collection instruments that were used in this study are: (1) Socio-demographic sheet; (2) Hospital Survey on Patient Safety Culture (HSOPSC) version 2; (3) Index of Work Satisfaction (IWS).

Socio-demographic Data Sheet: The first part of the survey is the socio-demographic sheet. Socio-demographic data sheet in this study include age, gender, marital status, educational level, hospital type, work unit, shift rotation, length of experience in the hospital, length of experience in the unit, and number of working hours per week.

Index of Work Satisfaction: IWS was originally developed by Stamps in 1997. Later, the American Nurses Association (ANA) has established a National Database of Nursing Quality Indicators (NDNQI) in 2002. In 2003, NDNQI adapted Index of Work Satisfaction that is composed of 39 items. There items are grouped into six important components of nurses' work: pay, autonomy, task requirements, organizational requirements, interactions, and prestige. Respondents answer on a 6-point Likert-type scale: (1) strongly agree, (2) agree, (3) agree more than disagree, (4) disagree more than agree, (5) disagree, and (6) strongly disagree.

IWS was tested for content validity and reliability. Scores on the six NDNQI work satisfaction factors had good internal consistency reliability; Cronbach's alpha scores (0.71- 0.87) indicating good reliability, and an overall excellent reliability ($\alpha = 0.91$) of the tool. On the other hand, content and concurrent validity were tested and established for the tool. In two separate studies, association between job satisfaction and job enjoyment were tested. Scores of NDNQI work satisfaction subscales were found to explain 46% and 56% of work enjoyment respectively, with each subscale contributing independently ($p < 0.001$). Confirmatory factor analysis using structural equation modeling supported the 7-subscale structure for the Adapted Index (CFI $= 0.88$) indicating construct validity as well [9].

2.5   Ethical Considerations

Ethical approvals to conduct this study were attained from the institutional review board (IRB) of Zarqa University and from the nominated settings administrative authorities.

A consent form and written explanation were distributed online for participants that clarified the study objectives and procedure for them. The researchers also informed the participants that there are no risks associated with this study.

2.6 Data Collection

Due to COVID-19 pandemic, it was not conceivable for the researcher to visit the target hospitals and distribute the study questionnaire. Therefore, the primary researcher asked the head nurses of the nominated departments to provide her with a list of phone numbers of the nurses working in the departments after taking their approval by the head nurses. The researcher prepared an online questionnaire package that included the consent form and the study instruments. Then, the link of online survey was sent via the WhatsApp application of nurses. Moreover, to satisfy the needed sample size requirements, Facebook friends shared the link of the online questionnaire to other groups from the participating hospitals with an invitation message to participate. Participants' answers were recorded directly on the established online form, and data were promptly saved online. Completed questionnaires were later reviewed for meeting the inclusion criteria of the study and for completeness and then included in data analysis stage using the Statistical Package of Social Sciences (SPSS) for analysis purpose. Data collection process started from (April 28, 2020 to June 25, 2020) from the selected hospitals. Data were analyzed using the Statistical Package for Social Science (SPSS), Version 26. Descriptive statistics were performed to describe study variables including demographic variables, and job satisfaction among nurses.

3 Results

3.1 Demographics of Participants

Two-hundred twenty Jordanian nurses completed the study tools. Table 1 shows the demographic characteristics of the nurses. The average age of participants was 31.99 (SD = 6.88). There were more female nurses (n = 133, 60.5%). More than half of the participants were married (n = 125, 56.8%). Around three fourth of nurses had a bachelor degree (n = 166, 75.5%), while 20.9% (n = 46) held master's, and 3.6% (n = 8) had PhD degree. Participants were almost equally divided between governmental (N = 114, 51.8%) and private (N = 106, 48.2%) hospitals. More than a third of the sample were from medical-surgical ward (n = 80, 36.4%), while less than a quarter were from ER (N = 48, 21.8%), and 20.5% (N = 45) were from ICU-CCU. Other departments included NICU (N = 26, 11.8%), OR (N = 12, 5.5%), and endoscopy (N = 9, 4.1%). Most of the participants worked on shift rotation (N = 181, 82.3%) as compared to (N = 39, 17.7%) working on a single shift. With regards to years of experience in the hospital, around half of the participants (N = 109, 49.5%) worked from 1 to 5 years in the hospital, while another 23.2% (N = 51) worked 6 to 10 years, 15.5% N = 34) had 11 or more years of experience, and lastly 11.8% (N = 26) less than a year. For years of experience in the unit, findings showed that 45% (N = 99) worked from 1 to 5 years in the unit, 26.4% (N = 58) worked 6 to 10 years, 14.5% (N = 32) had 11 years or more, and (N = 31,

14.1%) less than a year. Finally, half of the sample 50.5% (N = 111) worked more than 40 h per week, while 45% (N = 99) worked 30 to 40 h, and 4.5% (N = 10) worked less than 30 h per week.

Table 1. Demographic Characteristics of the participants (N = 150)

Category	Sub-category	Freq.	Perc.	Mean (SD)
Age				31.99 (6.88)
Gender	Male	87	39.5%	
	Female	133	60.5%	
Marital Status	Single	86	39.1%	
	Married	125	56.8%	
	Divorced	8	3.6%	
	Widowed	1	0.5%	
Educational Level	Bachelor's degree	166	75.5%	
	Master degree	46	20.9%	
	Doctoral degree	8	3.6%	
Hospital Type	Governmental	114	51.8	
	Private	106	48.2	
Work unit	ER	48	21.8%	
	ICU-CCU	45	20.5%	
	Medical-surgical ward	80	36.4%	
	OR	12	5.5%	
	Endoscopy	9	4.1%	
	Post-natal, NICU	26	11.8%	
Shift Rotation	Yes	181	82.3%	
	No	39	17.7%	
How long have you worked in hospital	Less than 1 year	26	11.8%	
	1 to 5 years	109	49.5%	
	6 to 10 years	51	23.2%	
	11 or more years	34	15.5%	
How long have you worked in the unit	Less than 1 year	31	14.1%	
	1 to 5 years	99	45%	
	6 to 10 years	58	26.4%	
	11 or more years	32	14.5%	

Table 1. (*continued*)

Category	Sub-category	Freq.	Perc.	Mean (SD)
Typically, how many hours per week do you work in this hospital?	Less than 30 h per week	10	4.5%	
	30 to 40 h per week	99	45%	
	More than 40 h per week	111	50.5%	

3.2 Job Satisfaction

The index of work satisfaction is composed of 39 items representing seven work component subscales, namely: pay (6 items), nurse-physician interaction (6 items), task (7 items), Organizational Policy/Decision Making (6 items), Autonomy (6 items), Nurse-Nurse Interaction (4 items), and Professional Status (4 items). All items could be answered on a Likert-scale ranging from 1 to 7. The National Database of Nursing Quality Indicators (NDNQI) index of work satisfaction is analyzed at the patient care unit level. The definition of various work component subscales is as follows: (a) Pay answers questions related to "dollar remuneration and fringe benefits received for work done"; (b) nurse-physician interaction and nurse-nurse interaction are related to "Opportunities and requirements presented for both formal and informal social and professional contact during working hours"; (c) Task requirement is concerned with "Tasks or activities that must be done as a regular part of the job."; (d) Organizational policies or later renamed as decision making is defined as "Management policies and procedures put forward by the hospital and nursing administration of this hospital" or "Management policies and practices related to decision making"; (e) Autonomy is expressed as "Amount of job-related independence, initiative, and freedom, either permitted or required in daily work activities"; and lastly (f) Professional status is "Overall importance or significance felt about your job both in your view and in the view of others."

To facilitate interpretation of results, a cutoff point for the mean was set as follows: low satisfaction = 1–2.99, moderate satisfaction = 3–4.99, high satisfaction = 5–7 [10]. Table 2 shows the means and standard deviations for each of the domains. According to the table, the overall average was M = 3.55, SD = 0.83, autonomy domain has the highest scoring (M = 4.41, SD = 0.83) reflecting moderate satisfaction, followed by pay (M = 3.92, SD = 0.86), while the lowest scoring domains were nurse-nurse interaction (M = 3.35, SD = 0.76), and professional status (M = 2.57, SD = 0.79).

4 Discussion

The aim of this study was to assess the perceived level of job satisfaction and associated factors among Jordanian nurses. The results revealed that nurses had an overall job satisfaction of moderate level. The highest scoring domain was autonomy, and the lowest scoring domain was professional status. In a previous study conducted by [5] with a sample exceeding 31,000 registered nurses working in 2170 general medical/surgical department within 488 hospitals in twelve European countries. The findings indicated that 12-h

Table 2. Index of work Satisfaction Domains

Factor	Mean	SD
Pay	3.92	0.86
Nurse-Physician Interaction	3.43	0.85
Task	3.50	0.65
Organizational Policy/Decision Making	3.68	1.08
Autonomy	4.41	0.83
Nurse-Nurse Interaction	3.35	0.76
Professional Status	2.57	0.79
Overall	**3.55**	**0.83**

shifts can negatively affect nurses' job satisfaction which includes dissatisfaction with the flexibility of work schedule [5]. It also leads to burnout, emotional exhaustion, and increased willingness to leave work. The decision to work on day/night shift is usually based on organizational and nursing management policy regarding scheduling, which could correlate with the organizational policy/decision making domain of the index of work satisfaction survey. Contrary to our findings, organizational decision making in this study was perceived as reducing work satisfaction and leading to dissatisfaction, particularly with what concerns nursing schedules.

In the literature review study of [1], the reasons behind nurses' job satisfaction or dissatisfaction were discussed with a total of 24 primary and three secondary research papers. The reasons were categorized into personal factors and organizational and job-related factors. With regards to personal factors, five factors have been determined to be related to job satisfaction, which are: gender, age, experience, level of education, and unite working. While merely age or gender were less frequently reported to be related to job satisfaction across different countries and cultures, years of experience, particularly having more than five years was found to positively correlate with job satisfaction. As such, level of education is another factor that was occasionally attributed with job satisfaction with variation among different countries. For the organizational and job-related factors, eighteen (18) factors were found, which are: autonomy, control and responsibility, co-worker interaction, extrinsic rewards, job content, inadequate staff and resources, pay, professional growth, professionalism, relationship between nurses and physicians, relationship with colleagues, relationship with patients and their families, relationships with coordinators, leadership style of direct supervisor, scheduling and shift, organizational commitment, social support from supervisor and coworkers, and psychological empowerment. Nursing working conditions was found as an important factor that determines their satisfaction in most of the countries [1]. As seen in the findings, many of the factors found in the literature are similar to the factors included in our study, such as autonomy, relationship with nurses and physicians, organizational policies and pay. Therefore, understanding the contribution of these factors to job satisfaction or dissatisfaction could help to take actions that increase satisfaction and nursing retention.

In a previous study conducted in Turkey by [4] with a sample of more than 400 nurses from six hospitals, the findings indicated that Nurses' job satisfaction was moderate, and around two third of the nurses willing to leave their jobs. However, nurses conveyed a high level of satisfaction with work environment, supervisor support, and co-workers. Contrariwise, there was a low level of satisfaction with contingent reward, fringe benefits, and pay. The study findings also showed a negative relationship between job satisfaction and intention to quit the current work; particularly, satisfaction with supervisor support was the only factor that significantly impacted the turnover intent [4]. Similar to our study, the overall satisfaction for nurses was moderate, which could be attributed to the relatively similar culture in Turkey to that in Jordan being a Middle Eastern country. Also, management support was reported to influence satisfaction positively in both studies. While for pay there was a disagreement in the results, where our study found it to be a factor that nurses were relatively satisfied with, in the Turkish study it was found low.

4.1 Implications

Nursing management should work in collaboration with hospital management to improve nurses' satisfaction and identify factors that contribute to nurses' satisfaction. Nurse managers and leaders should support staff by continuously listen to their needs and concerns. Future qualitative studies are required to provide in-depth understanding and exploring factors associated with nurses' satisfaction.

4.2 Strength and Limitations

This study provides preliminary findings of perceived level of job satisfaction among Jordanian nurses and associated factors. A methodological limitation might be that surveys only provide a snapshot of job satisfaction through measuring perceptions of nurses during one period of time. Moreover, sample size was small; larger sample size could increase the strength and generalizability of the findings.

4.3 Conclusion

Based on the study findings, we can conclude that Jordanian nurses had an overall job satisfaction of a moderate level. Strategies for increasing staff satisfaction should be provided, such as: increasing salary, providing non-monetary incentives such as acknowledgement and recognition, and meeting nurses' needs. A regular evaluation of staff satisfaction should be performed to assess the needs and areas for improvement, and to provide data for comparison and continuous improvement measures.

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