

Factors that influence nurses' job satisfaction: a literature review

Mohammed Abdullah Al Maqbali describes a literature review that explored the reasons behind this critical issue in staff retention

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Abstract

Job satisfaction has become a critical issue for healthcare organisations in recent years, particularly in nursing, because of potential labour shortages, their effect on patient care, and the associated costs. Work satisfaction is a major factor in nurse retention and the delivery of high quality care, but rapid changes in healthcare services have placed more demands on nurses and this has increased the need for organisations to consider ways to sustain and improve nurses' job satisfaction. To achieve this, they need to understand the factors that affect job satisfaction and dissatisfaction. This article reports the results of a literature review that was aimed at examining and reaching a deeper understanding of the factors related to nurses' job satisfaction.

Keywords

Job satisfaction, literature review, nurses' turnover, nurses' work environment, patient care

managers and researchers to understand how job satisfaction relates to organisational outcomes, such as organisational commitment (Rutherford *et al* 2009, De Gieter *et al* 2011), conscientiousness in extra-role behaviour (Bowling 2010, Huang *et al* 2012), turnover or intention to leave (Flinkman *et al* 2010, Zeinabadi and Salehi 2011), absenteeism (Ybema *et al* 2010, Farquharson *et al* 2012), and sabotage, that is any behaviour that harms an organisation or its members (Penney and Spector 2005). Third, job satisfaction is assumed to have major implications because it is multidisciplinary and always relevant to all professions, jobs and contexts. Finally, job satisfaction influences productivity in the workplace (Meeusen *et al* 2011, Thompson and Phua 2012).

Investigating job satisfaction in general can help highlight factors that increase it, which in turn can improve productivity and organisational profit. This literature review is aimed therefore at identifying factors that contribute to nurses' job satisfaction.

Introduction

Nurses' job satisfaction is related to high performance and retention (Ellenbecker *et al* 2008, Grissom 2009), while job dissatisfaction is a major reason for high staff turnover (Coomber and Barriball 2007, Estryn-Behar *et al* 2010) and absenteeism (Cohen and Golan 2007, Albion *et al* 2008). Aiken *et al* (2012) highlight how satisfaction in the workplace can also improve patient safety and quality of care.

There are a number of reasons for conducting a comprehensive review of job satisfaction. First, it can be a factor in the subjective evaluation of the characteristics of work conditions (Schjoedt 2009, Vinopal 2012). Second, it is important for

Definition of job satisfaction

The concept of job satisfaction is widely researched in the fields of psychology, sociology and organisational behaviour for several reasons. For example, several studies suggest it is relevant to an individual's overall attitude towards life and affects his or her life as a whole (Mazerolle *et al* 2008, Ilies *et al* 2009). Weiss (2002) states that the concept of job satisfaction is a broad construct that encompasses job characteristics and work environment, Spector (1997) refers to job satisfaction as how employees feel about different aspects of their job, while Ellickson and Logsdon (2001) suggest it is the extent to which employees like their jobs.

According to Spector (1997), most research that has assessed job satisfaction is based on cognitive processes by which employees evaluate situations to decide whether or not they are satisfied.

The complexity of the concept of job satisfaction means there is a wide range of definitions, but most of the literature indicates that employees have individual needs so the level of job satisfaction is affected by how far these needs are met.

Aims and method

A review was carried out to examine the literature on nurses' job satisfaction, with the aim of reaching a deeper understanding of the available evidence and highlighting the significance of new research.

The Applied Social Science Index, British Nursing Index, CINAHL, the Cochrane Library and Medline were used with the search terms: 'job satisfaction', 'work satisfaction', 'nurses' job satisfaction', 'nurse job stress', and 'nurses' satisfaction factors'. Footnote chasing, which involves using another author's references to previous literature on the topic (White 2009), identified additional research papers. Overall the search identified 1,500 published papers.

Inclusion criteria were studies published between 2007 and 2012, papers published in English, and both primary original empirical studies and secondary studies, including meta-analyses and literature reviews. Exclusion criteria were studies involving nursing students, teachers or assistant nurses.

Applying the inclusion criteria identified 24 primary research papers and three secondary papers, all of which are included in this review. For details of the studies and specifications, see Tables 1, 2 and 3, which can be found online, see panel.

Critical appraisal of literature

Critical appraisal of the quality of literature determines its validity and reliability (Smith 2009) and identifies the strengths and weaknesses of the research processes and applicability of the findings. The studies in this review were from many countries. Four studies were from the US, two from Canada and Turkey, and one from each of the following: Australia, China, Hong Kong, Ireland, Italy, Japan, Jordan, Korea, Kuwait, Norway, Saudi Arabia, Taiwan, Uganda and the UK. Two studies were conducted in two or more countries or continents: Aiken *et al* (2012) in the US and Europe, and Gurková *et al* (2012) in the Czech Republic and Slovakia.

Most of the studies included an explanation of the host country's healthcare system because of differences in economic system, culture,

nurse training, job descriptions and nursing organisational structure. This is important because different work environments between developed and developing countries can affect the factors that contribute to job satisfaction.

Most of the studies included details of ethical approval, with only three (Bjork *et al* 2007, Cortese 2007, Guleryuz *et al* 2008) failing to mention whether or not this had been obtained. Rees (2011) suggests that ethical approval ensures a degree of ethical rigour, while Carey (2010) states that it indicates that an appropriate methodology and research design have been used.

Seven studies reported author conflicts of interest (Golbasi *et al* 2008, Murrells *et al* 2008, Ho *et al* 2009, Duffield *et al* 2010, Kwak *et al* 2010, Larrabee *et al* 2010, Aiken *et al* 2012, Gurková *et al* 2012), while the other 17 did not. However, it was not evident whether this was related to journal policy on identifying conflict of interest. The Helsinki Declaration (World Medical Association 2008) states that sources of funding and any conflict of interest should be declared in a publication. Neglecting to state conflict of interest could result in bias (Milton 2012).

Nine studies used different theory and principle frameworks to guide the research involved (Curtis 2008, Morgan and Lynn 2008, Murrells *et al* 2008, Al-Enezi *et al* 2009, Ho *et al* 2009, Kwak *et al* 2010, Larrabee *et al* 2010, Nabirye *et al* 2011, Klaus *et al* 2012). The other 15 gave no information about this. Bassett and Bassett (2003) suggest that theoretical frameworks can be used as a guide for studies and ought to be explained to readers. In addition, these frameworks can provide a firm foundation for the study design.

Most of the studies used quantitative research methods; 21 were cross-sectional surveys and one was longitudinal (Murrells *et al* 2008). Cross-sectional studies collect data at one point in time without follow up (Polit and Beck 2006) while longitudinal studies collect data at different points in time (Fain 2004). Most of the data collection tools in quantitative method studies were questionnaires; since these are self-reporting measures for studying variables, bias is common (Podsakoff *et al* 2003).

The quantitative studies ranged between large samples such as Klaus *et al* (2012) with 61,386 participants from different hospitals in the US, to Zurmehly (2008) with only 140 nurses from different healthcare settings. Adequacy of sample size in quantitative designs is important in that the larger the sample the more representative it is of the population, which can give more accurate

Online access

Tables 1, 2 and 3 are available to all readers at <http://journals.rcni.com/r/maqbalitables1-3>

results (Moule and Goodman 2009). On the other hand, Maltby *et al* (2010) state that large sample sizes can produce significant but practically meaningless results, and that smaller sample sizes are required to answer research questions.

Two studies were qualitative and used thematic analysis of semi-structured interviews (Cortese 2007, Morgan and Lynn 2008). Morgan and Lynn (2008) included 20 participants from one academic centre, while Cortese (2007) used 64 randomly chosen nurses from three hospitals without declaring he had used this method. Curtis (2008) used mixed methods with a dominant-less dominant approach with the quantitative aspect being the dominant paradigm. With dominant-less dominant design, a researcher conducts a study with a dominant paradigm that also has a component that involves an alternative paradigm (Teddle and Tashakkori 2009). For example, the researcher conducts a qualitative observation with a limited amount of information and then undertakes a quantitative survey of a sample population.

Burns and Grove (2011) define response rate as the percentage of people who agree to participate but do not necessarily provide all the data required. The highest response rate in the reviewed literature searched was the Kwak *et al* (2010) study, with 89%, while the lowest was 35% (Curtis 2008). Low response rates can threaten validity (Cook *et al* 2009). Draugalis *et al* (2008) argue that minimum acceptable response rate can vary between 30% and 75%, but Bowling (2009) suggests that 75% is an acceptable minimum standard.

Different instruments were used in the quantitative studies to measure nurses' job satisfaction, and three common instruments were used in 12 of them. These are listed in Table 4, which can be found online, see panel. Most researchers reported that the reliability and validity of the instrument they used was evaluated using Cronbach's alpha and stood between 0.70 and 0.91. Cronbach's alpha provides a measurement of the internal consistency of a scale using a number between 0 and 1, with 0.955 being the best result (Tavakol and Dennick 2011).

Findings

Job satisfaction, particularly in nursing, is complex and relates to performance in work settings (Farquharson *et al* 2012). The literature discussed different factors that influence nurse job satisfaction, which can be categorised as 'personal' or 'organisational and job related'. However, there are many factors in these categories that affect job satisfaction.

Personal factors Many studies tried to answer the question 'What factors influence people when it comes to liking or disliking their job?'. Gruneberg (1979) suggests that job satisfaction should be examined in relation to the individual variables of employees, and different studies explored the association between job satisfaction and variables such as gender, age and education (Table 5, which can be found online, see panel).

Curtis (2008) investigated the effect of biographical variables on job satisfaction among nurses in Dublin and there was a statistically significant difference ($P=0.05$) in age groups. The level of job satisfaction was highest among nurses in the 36-to-45 and 46-to-55 age groups, and lowest in the 18-to-25 and 26-to-35 age groups; over the age of 55, however, satisfaction levels started to decline. Curtis's (2008) findings showed no difference in job satisfaction between nurses who had worked in their current place of employment for less than or more than five years. Only 53 male nurses participated in the study, which represents 8.7% of the total sample, and this could have affected the conclusions, although Penz *et al* (2008) also indicated that women are more satisfied than men in their current jobs.

An assessment of job satisfaction, job performance and occupational stress among Ugandan nurses (Nabirye *et al* 2011) found different ($P=0.001$) levels of job satisfaction between age groups. Those in the 20-to-29 age group had higher levels of job satisfaction than those in the 30-to-39 or 40-to-49 age groups. Enrolled nurses and midwives reported higher levels of job satisfaction than registered nurses. The results indicated that differences in job satisfaction by level of education among nurses was significant ($P=0.002$), and that differences in job satisfaction related to nurses' experience; those with less experience reported higher job satisfaction than those with more.

Wilson *et al* (2008) explored job satisfaction among different generations of 6,541 Canadian registered nurses categorised by year of birth. Results showed that baby boomers, born between 1946 and 1964, were more satisfied overall than generation X babies, born between 1965 and 1979, and generation Y babies, born from 1980 onwards. Baby boomers were more satisfied with scheduling, pay and benefits. More than one third of the baby boomers and generation X nurses worked in critical care, while half of the generation Y nurses worked in medical and surgical units. Nurses of generation Y started their careers in medical or surgical units to enhance knowledge and skills. The levels of satisfaction appeared to decrease in the younger generations of nurses.

Online access

Tables 4 and 5 are available to all readers at <http://journals.rcni.com/r/maqbalitables4-5>

Likewise, Lu *et al* (2007) reported a negative relationship between job satisfaction and age with regard to 19 to 25-year-old nurses. The youngest nurses may not have had opportunities to complete their education and most were graduates with general nursing diplomas, which may have decreased their satisfaction. The data were collected in 2003, five years before publication. However, during that period, a lot of changes occurred in nursing organisation and further research is required to understand these changes in job satisfaction over time.

Klaus *et al* (2012) studied individual characteristics to predict the job satisfaction of 53,851 registered nurses. The researchers separated participants into four age cohorts, 20 to 29, 30 to 39, 40 to 49 and 50 to 59, and found that those in the 40 to 49 age group had the lowest score in terms of job satisfaction, and were less satisfied when working in teaching hospitals and non-Magnet facilities (American Nurses Credentialing Center 2005). The 20 to 39 age group reported less satisfaction when working in emergency departments than nurses in medical-surgical departments. Conversely, the oldest two groups were less satisfied if they worked in paediatric or neonatal units compared to those in medical and surgical units. Nurses without a bachelor of science in nursing (BSN) or higher nursing degree were less satisfied than those with these qualifications, and the oldest group had the most nurses with a diploma in nursing. Those with less education were less satisfied.

Similarly, Zurmehly (2008) found a strong correlation between level of education and job satisfaction, with holders of BSN and master degrees more satisfied than diploma holders. In Lu *et al*'s (2007) study, nurses with bachelor degrees had lower organisational commitment with more role conflict ($P>0.05$) compared with those with diplomas or associate degrees. Meyer *et al* (2012) define organisational commitment as the 'affective reaction of an individual toward an organisation', while role conflict refers to inconsistent job requirements or variations in work demands between two or more people (Rizzo *et al* 1970). These findings suggest that nurses' education is an important factor in professional commitment.

In an evaluation of Norwegian hospital nurses' job satisfaction, Bjork *et al* (2007) found that those older than 37 were more satisfied than younger nurses; they found differences in relation to education, gender or family situation. Nurses with master degrees or those continuing in education were more satisfied than those without additional education. And nurses with more than eight years' experience in hospital, and more than five in their

unit, were more satisfied than those who had worked for less time.

Gurková *et al* (2012), meanwhile, found a positive relationship between nurses aged between 36 and 40 and job satisfaction ($P>0.01$) as well as with nurses with less than five years' experience, while Kanai-Pak *et al* (2008) suggested that nurses in Japan with less than ten years' experience exhibited job dissatisfaction and a high level of burnout; the latter was measured using the Emotional Exhaustion Scale of the Maslach Burnout Inventory (Kanai-Pak *et al* 2008).

Summary of personal factors Most of the studies report no correlation between gender and levels of satisfaction among nurses with the exception of one, which found that women were more satisfied than men. Some research suggests that nurses' age affects job satisfaction, as does education. High or low job satisfaction occurs in nurses with diplomas or BSN or master degrees, and this depends on the country and other variables.

Nurses' length of experience can contribute to their level of job satisfaction and this varies between studies. However, those with more than five years' experience are more likely to be satisfied than those with less. Finally, the type of unit in which nurses work is likely to affect their job satisfaction levels. Table 5 lists a summary of personal factors.

Organisational and job-related factors Several researchers have considered the factors that affect job satisfaction and examined the attributes of specific organisational and job-related variables such as the relationship with colleagues, patients and supervisors, as well as pay and responsibility.

A large cross-sectional survey of 33,659 nurses from 488 hospitals across Europe and 27,509 nurses from 617 hospitals in the US (Aiken *et al* 2012) showed that job dissatisfaction was highest among nurses in Greece (56%), followed by Ireland (42%), England (39%), Spain (38%) and Germany (37%). The lowest level of dissatisfaction was reported by nurses in the Netherlands (11%), the second lowest being Switzerland (21%). At the time of data collection, Greek and Spanish government hospitals faced severe economic difficulties.

The study reported that the average ratio of patients to nurses in Greece, Spain, Germany and Belgium was more than 10:1, while in England it was 8.6:1. A good working environment and good staffing levels were linked to job satisfaction and better quality and safety of care. The data collection period in the European countries was from 2009 to 2010 and in the US from 2006 to 2007. Ideally, data should be collected simultaneously to increase

consistency; language differences between the countries could also affect the study's validity.

Al-Dossary *et al* (2012) studied 50 Saudi nurses and 167 non-Saudi nurses working in a teaching hospital in Saudi Arabia and found that most of the personnel-related factors, namely age, gender and level of education, did not influence nurses' job satisfaction. However, the number of years of nursing experience was significant ($P=0.006$). Job satisfaction positively correlated with pay, contingent rewards, co-workers, supervision, nature of work and fringe benefits, while job promotion and operating conditions had a moderate association with job satisfaction. The most satisfying factor for nurses was the leadership style of their direct supervisors. The study sample was small, 217, and conducted in a single hospital, which affects attempts to generalise the findings.

A study of 436 registered nurses of different nationalities in five Kuwaiti government hospitals (Al-Enezi *et al* 2009) found that nationality, education level and marital status were related to job satisfaction, as were scheduling of duty, praise and opportunities for recognition, and control and responsibility. The only dissatisfaction factors identified were professional opportunities and extrinsic rewards. The study sample was randomly selected using a stratified method, which can reduce levels of selection bias. However, the data were collated in 1999 and there have been many changes in the workforce, and in the rules and regulations of Kuwait's healthcare system, since then.

In Hong Kong, a study of 1,271 registered nurses in ten hospitals (Choi *et al* 2012) examined work environment in terms of job satisfaction and intention to resign, and identified five dimensions: professionalism, management, co-worker relationship, staffing and resources, and ward practice. Results showed 56% of respondents were satisfied overall and 45% were dissatisfied, while more than 60% had considered resigning. The findings indicated that the five dimensions are significant in terms of predicating nurse job satisfaction; however, the study instrument was newly developed so the validity and reliability of the results are questionable. The instrument has to be tested in other settings to confirm validity and reliability.

Kwak *et al* (2010), from their study of 496 respondents working in 23 hospitals in South Korea, claimed that nursing professionalism is the strongest predictor of job satisfaction ($P=0.001$), alongside the opportunity for promotion ($P=0.05$). Around one third of participants reported dissatisfaction with their job related to these factors. Meanwhile Duffield *et al* (2010), in a study

of 1,559 randomly selected registered nurses in Australia, found that around 67% were satisfied with their job and 72% with nursing as a profession; however, 28% said they intended to leave the profession within 12 months. The study concluded that an effective nurse unit manager or a highly skilled leader could increase nurses' job satisfaction.

A survey of 5,956 nurses in 19 Japanese hospitals reported that 60% were dissatisfied (Kanai-Pak *et al* 2008). Fifty nine per cent said that the 'poor' or 'only fair' quality of care in their units was due to inadequate staff resources and that this was the reason for their dissatisfaction; the second reason, with 40%, was the relationship and collaboration between nurses and physicians. The study had a large sample but types of unit were not identified, and this raises questions about with which ones nurses were most dissatisfied. It is important to know this to help improve specific areas.

Cortese (2007) studied 64 Italian nurses and found that 54% were satisfied and 46% dissatisfied. Job satisfaction factors were ranked as 37% job content, 21% professional relationships, 18% independence and professional growth, 13% relationships with patients and their families, and 11% relationships with co-ordinators. Job dissatisfaction factors were ranked as co-ordinator management style (43%), activity programming and organisation (26%), relationships with doctors (21%), and relationships with patients (9%). The study neither controlled the demographic variable nor mentioned anything about participants' age, gender, years of experience or level of education. The sample heterogeneity here was questionable.

A causal model of job satisfaction was tested by Larrabee *et al* (2010) in a survey of 464 registered nurses. The causal model has 11 independent variables to evaluate the association between job satisfaction and intention to stay, job stress, stress resilience and psychological empowerment. Results supported the view that low job stress and psychological empowerment influence job satisfaction. Five of the variables had a major effect on job satisfaction: intention to stay ($P=.01$), age ($P=.05$), years of experience ($P>.001$), low level of education ($P>.0001$) and low situational stress ($P>.003$).

Morgan and Lynn (2009) demonstrated that nurses' autonomy is a strong contributing factor in job satisfaction but also found that sparse pay and benefits were not related to job satisfaction. Only 20 nurses were interviewed, but qualitative methods can offer a holistic understanding that cannot be detected by quantitative methods (Tilley 2007). Most nurse participants had around 18 years' experience. These findings support Zumrehly (2008), who found that job satisfaction was associated with

autonomy and critical thinking, and Bjork *et al* (2007), who reported that interaction, pay and autonomy correlate strongly with nurses' job satisfaction. The highest numbers of nurses dissatisfied with pay were in Norway (Bjork *et al* 2007).

A UK study that investigated UK nurses at six months, 18 months and three years after qualification, between 1998 and 2001, (Murrells *et al* 2008) found that most participants were satisfied with pay and relationships with colleagues after six and 18 months of working in child and adult units. The researchers concluded that the pay factor is a predictor of job dissatisfaction at three years post-qualification and that job satisfaction factors such as pay, education, level of care and staffing level increase as predictors over years of experience. Some of the data collected were around 12 years old before the study was completed, and improvements in healthcare settings, and the economic crises that have occurred in the intervening years, could have influenced participants' satisfaction.

Penz *et al* (2008) suggested that supply of up-to-date equipment, lower psychological job demands, and better scheduling and shift patterns can be associated with job satisfaction. Their study was conducted in a rural hospital in Canada and the geographical location, practice environment and staffing levels could have affected the factors associated with nurses' job satisfaction. Ho *et al* (2009) also deduced that nurses' job satisfaction is influenced positively by job rotation and organisational commitment, and that stress negatively affects it.

In Beijing, 512 nurses were involved in a study that used a model specifically developed to test job satisfaction (Lu *et al* 2007). Overall 54% of respondents were satisfied with their jobs, while organisational commitment alone accounted for 31% of the variance in job satisfaction, followed by occupational stress (6%). The role of conflict, as defined earlier (Rizzo *et al* 1970), accounted for 2%.

In another review, Guleryuz *et al* (2008) examined the influence of emotional intelligence on job satisfaction and the organisational commitment of 267 Turkish nurses. Emotional intelligence is defined by Salovey and Mayer (1990) as 'the subset of social intelligence that involves the ability to monitor one's and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions', while Zeidner *et al* (2004) suggest it involves teamwork, development of talent, innovation, quality of service and customer loyalty.

Using the emotional intelligence questionnaire developed by Wong and Law (2002), Guleryuz *et al* (2008) demonstrated a positive relationship between emotional intelligence and job satisfaction, and

showed that it influenced organisational commitment, but purely through job satisfaction. However, the study response rate was 49%, which is low.

In a more recent study using the Mueller and McCloskey (1990) satisfaction scale, Gurková *et al* (2012) reported that job satisfaction is predictable in terms of control and responsibility, scheduling, co-workers and interactional opportunities. This supports AbuAlRub *et al*'s (2009) suggestion that social support from supervisors and co-workers correlates with job satisfaction: significant in private hospitals, but less so in government hospitals.

Zangaro and Soeken's (2007) meta-analysis of 31 studies with a total of 14,567 subjects was aimed at identifying specific variables of job satisfaction among nurses. They found that job satisfaction had a strong negative correlation with job stress, that it had a strongly positive correlation with nurse-physician relationships and that autonomy had a moderately positive correlation with job satisfaction. This meta-analysis relates mainly to studies published between 2000 and 2003 and between 1991 and 1999, and changes in the healthcare systems internationally were significant over this time period. Further, the studies were selected from a range of healthcare settings.

In a review of 17 research articles, Hayes *et al* (2010) identified 44 factors that influence nurses' job satisfaction and divided them into three groups:

- Intrapersonal factors (those relating to the nurse): age, background and coping strategies. Older nurses were more satisfied, and more experienced nurses in the same workplace were more satisfied than others. Individual coping strategies included positive reframing and behavioural disengagement.
- Interpersonal factors (between the nurse and colleagues or patients): in particular autonomy, co-working interaction and patient-care activities were found to dominate nurses' job satisfaction.
- Extrapersonal factors (those external to nurses): scheduling, staffing levels, educational support by nurse managers and promotion opportunities. All of these can enhance nurses' wellbeing and job satisfaction.

Lu *et al* (2012) undertook a large systematic review involving 100 papers published between 1966 and 2011 to identify common factors contributing to nursing job satisfaction. Despite variation in levels of job satisfaction between studies, the sources and effects of job satisfaction were similar. Results indicated that it was closely related to working conditions, organisational and professional commitment, job stress, role perception and role content, role of conflict and ambiguity, and organisational environment.

Lu *et al*'s (2012) review included publications in Chinese and English, which could introduce a language bias; Morrison *et al* (2012) suggest restricting systematic reviews to papers in one language to avoid language bias that could lead to erroneous conclusions. The review also included grey, or unpublished, literature, which can also introduce bias. Egger *et al* (2003) found that unpublished studies can be of poorer methodological quality than published studies. However, overall the review highlighted the importance of nurses' job satisfaction and its effect on healthcare organisations.

Summary of organisational and job-related factors
The literature suggests that job dissatisfaction can result from issues related to either the job or the

person. Different factors have greater significance in different countries, mainly due to cultural and social contexts. More recent studies reinforce the view that job satisfaction is a complex phenomenon with multi-causal factors, and the literature in general suggests that these factors can be conceptualised in two categories:

■ Personal characteristics of nurses and biographical factors. Most studies show varying correlations of reporting between these factors and job satisfaction. Age, level of education, gender, type of unit and level of experience are all linked to job satisfaction or dissatisfaction. Overall, most studies report data on personal characteristics for descriptive purposes. Biographical variables are important and can influence nurses' job satisfaction.

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■ Job-related and organisational factors. Most of the research is more focused on this category and these factors are viewed collectively. Generally job and organisational factors influence satisfaction or dissatisfaction, therefore addressing these and making changes could improve how nurses perceive their job. Despite the numerous studies on job satisfaction, nurses' working conditions in each study are different, as are their reasons for satisfaction or dissatisfaction, so there is no consensus reached in the literature. Differences can be explained by the dissimilarity of nurses' working conditions, and the cultural and social context, between countries. The studies that report significant relationships with nurses' job satisfaction are listed in Table 5, which can be found online.

Conclusion

This literature review has helped identify factors that can affect the job satisfaction or dissatisfaction of nurses in different countries. Findings indicate a relationship between demographic variables and job satisfaction, and suggest that different organisational and work environment factors can influence job satisfaction levels. Several organisational and job-related factors negatively affect nurses' satisfaction and therefore their productivity, which can affect turnover and organisational costs.

By identifying these factors, organisations can implement effective intervention strategies to improve nurse satisfaction and ultimately patient care.

Online archive

For related information, visit our online archive and search using the keywords

Conflict of interest
None declared

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