

Exploring Job Satisfaction Among Nurses: Influencing Factors, Mediators, and Behavioural Insights

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ABSTRACT

Job satisfaction among nurses is a critical issue with significant implications for patient care quality and safety. This review synthesizes recent empirical literature to examine the factors influencing job satisfaction of qualified general nurses working in hospitals. The findings reveal that job satisfaction is associated with various outcomes, including sickness absence, turnover intention, job performance, and organizational commitment. Factors such as working shifts, leadership styles, effort-reward imbalance, and demographic characteristics also impact nurses' job satisfaction. Additionally, the work environment, including nurse-patient ratios, structural empowerment, and management support, plays a crucial role in shaping job satisfaction. Nurses' behaviors and individual factors, such as evidence-based practice implementation, work engagement, and organizational citizenship, are also related to their satisfaction. Furthermore, several mediators have been identified in the complex relationships between various factors and job satisfaction, including

self-esteem, affective commitment, structural empowerment, coping strategies, perceived organizational support, psychological capital, and professional commitment. These findings highlight the multifaceted nature of job satisfaction among nurses and the need for targeted interventions to enhance satisfaction and improve patient care outcomes. Future research should focus on developing and evaluating strategies to address the identified factors and mediators to promote job satisfaction and retention in the nursing workforce.

KEYWORDS: Job Satisfaction, Nurses, Healthcare Workforce, Influencing Factors, Workplace Environment, Behavioural Insights.

1. Introduction

Job satisfaction is described as the presence of positive and pleasant feelings and attitudes that employees associate with their work environment (Zhu, 2012). Numerous factors contribute to job dissatisfaction, including night shifts, excessive workloads, poor work environments, conflicts between work and family responsibilities, stress, burnout, and compassion fatigue (Lu et al., 2019). Financial constraints in the healthcare system have, in many cases, led to significantly reduced patient hospital stays (Ślusarz et al., 2022). This development has increased nurses' workloads, negatively affecting their health and, consequently, the quality of care they deliver. Prolonged working hours and irregular schedules, such as rotating shifts, further elevate the risk of burnout (Vargas-Benítez et al., 2023). Overwork negatively impacts nurses' health and is a significant factor contributing to the frequency and severity of burnout, which in turn affects both their performance and the quality of care they provide (Misiak et al., 2020).

Job satisfaction plays a vital role in motivating workers and fostering their commitment to their roles (Vargas-Benítez et al., 2023). The working conditions often induce stress and detract from the quality of professional life. Given the heavy workload nurses bear, it is unsurprising that they frequently experience dissatisfaction and burnout. This issue existed even before the pandemic and warrants thorough investigation (Dehghan et al., 2023; Ntantana et al., 2017).

Nursing shortages have been a persistent issue and are expected to intensify due to increasing life expectancies and the growing prevalence of chronic diseases in many countries (Lu et al., 2012; Ravari et al., 2012; Roelen et al., 2013; Dall'Ora et al., 2015; Masum et al., 2016; Lo et al., 2017). Globally, job satisfaction among nurses is a significant concern because of its implications for the quality and safety of patient care. Additionally, low levels of job satisfaction are associated with nurses leaving their current roles or the profession altogether (Roelen et al., 2013; Masum et al., 2016).

Recent studies continue to provide evidence on nurses' job satisfaction, with many reviews concentrating on specific aspects or particular regions. For instance, some investigations have explored the connections between job satisfaction and factors such as task delegation, psychological empowerment, workplace empowerment, and general job satisfaction among nurses in Iran (Ghiyasvandian and Adera Gebra, 2014; Amiresmaili and Moosazadeh, 2013; Jang and Oh, 2017; Yarbrough et al.,

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2017; Riisgaard et al., 2016; Ke et al., 2017; Cicolini et al., 2014). Given this emerging evidence, there is a need for an updated review that integrates recent findings to advance knowledge and identify ongoing research gaps.

This review builds upon two prior reviews (Lu et al., 2005, 2012) and synthesizes extensive empirical literature to examine the job satisfaction of qualified general nurses working in hospitals and the factors associated with it.

Influencing Factors of Job Satisfaction and Factors Affected by Job Satisfaction

In addition to its effects on nurse absenteeism, burnout, turnover, and intention to quit (Lu et al., 2005, 2012), job satisfaction has been shown to influence other outcomes, such as intention to stay, sickness absence, and job performance. Factors influencing job satisfaction, including shift work and leadership style, have been explored, though findings remain inconclusive.

1. Sickness Absence

A prospective cohort study by Roelen et al. (2013) revealed that low job satisfaction was associated with higher odds of sickness absence (odds ratio [OR] = 1.05, 95% confidence interval [CI] 1.01–1.09) and extended sickness absence (31 days or more; OR = 1.10, 95% CI 1.06–1.14). However, job satisfaction performed poorly as a predictor of both sickness absence (Nagelkerke's $R^2 = 0.7\%$) and prolonged sickness absence (Nagelkerke's $R^2 = 3\%$). Furthermore, job satisfaction did not sufficiently differentiate between nurses with and without sickness absence (AUC = 0.54, 95% CI 0.51–0.58) or between those with and without extended sickness absence (AUC = 0.58, 95% CI 0.54–0.63), indicating that it failed to effectively identify nurses at risk of absence due to sickness.

2. Turnover Intention

A cross-sectional survey by Chen et al. (2016) examining the impact of contextual factors on nurses' intention to stay in Taiwan found that job satisfaction had a significant direct effect on intention to stay, with a path coefficient of 0.43 ($P < 0.001$). Additionally, the organization-based self-esteem (OBSE) mediated the indirect effects of job satisfaction on intention to stay, which were also significant ($P < 0.05$). Similar results were reported by AbuAlRub and Alghamdi (2012), who noted that job satisfaction explained 2% of the variation in intention to stay.

Job satisfaction also mediated the relationship between professional identity and turnover intention in a study by Zhang et al. (2016a), where it was found to have a full mediating effect. Similarly, Zhao et al. (2015) established a turnover intention model in which job satisfaction mediated the relationship between perceived organizational support and turnover intention, with a mediation effect of -0.224 , accounting for 43.6% of the total effects. Jayasuriya et al. (2012) also found a negative association between job satisfaction and turnover intention ($r = -0.18$, $P < 0.05$).

In a study by Masum et al. (2016), job satisfaction significantly influenced nurses' intention to quit in Turkey ($\beta = -0.91$, $P = 0.001$), with a one-unit increase in job

satisfaction reducing the likelihood of turnover by 61%. Similarly, Sabanciogullari and Dogan (2015) demonstrated through logistic regression analysis that job satisfaction ($\beta = 0.646$, $SE = 0.081$, $Wald = 63.947$, $df = 1$, $P < 0.001$) significantly influenced nurses' intention to leave the profession.

Lo et al. (2017) conducted two nationwide cross-sectional surveys of full-time hospital nurses in Taiwan in 2011 and 2014, analyzing the structural relationships between job stress and intention to leave through job satisfaction. Structural equation modeling revealed that job satisfaction had a direct negative effect on both intention to leave the hospital ($\beta = -0.611/-0.606$, $P < 0.001$) and intention to leave the profession ($\beta = -0.102/-0.073$, $P < 0.001$). Job stress ($\beta = -0.039/-0.039$, $P < 0.001$) and stress adaptation ($\beta = 0.16/0.18$, $P < 0.001$) also directly affected job satisfaction.

3. Working Shift

In a cross-sectional survey involving 31,627 registered nurses (RNs) from 12 European countries, Dall'Ora et al. (2015) identified working shifts as a predictor of job satisfaction. Nurses working shifts of 12 hours or longer had increased odds of dissatisfaction (adjusted OR = 1.40, 95% CI 1.20–1.62) and intentions to leave their current jobs due to dissatisfaction (adjusted OR = 1.29, 95% CI 1.12–1.48) compared to those working 8 hours or less.

Ferri (2016) investigated the effects of shift work, including night shifts, on job satisfaction and health among nurses. Nurses engaged in rotating night shifts reported lower mean scores for job satisfaction, including specific items such as "Generally speaking, I am very satisfied with my nursing" and "People in this job often think of quitting," compared to day-shift nurses ($P < 0.01$).

Cheung and Ching (2014) also found that nurses in Hong Kong who did not perform night duties (mean = 3.90, $SD = 0.55$) reported higher job satisfaction than those with two (mean = 3.61, $SD = 0.49$, $P < 0.05$) or more (mean = 3.59, $SD = 0.50$, $P < 0.05$) night duties per week.

4. Leadership

The impact of leadership styles of nurse managers on nurses' job satisfaction has been widely studied. AbuAlRub and Alghamdi (2012), utilizing hierarchical regression analysis, found that transformational and transactional leadership styles accounted for 28% of the variance in job satisfaction. Similarly, Abdelhafiz et al. (2016) examined the influence of nurse leaders' leadership styles on job satisfaction among nurses in Saudi Arabia, reporting a positive correlation between job satisfaction and transformational leadership ($r = 0.374$, $P < 0.001$) as well as transactional leadership ($r = 0.391$, $P < 0.001$). In contrast, passive-avoidant leadership demonstrated a negative correlation with job satisfaction ($r = -0.240$, $P < 0.001$).

Morsiani et al. (2017) investigated staff nurses' perceptions of their managers' leadership styles through a mixed-methods approach, including a questionnaire survey and focus groups. The results revealed that transactional leadership, characterized by monitoring errors and corrective interventions, negatively impacted job satisfaction, while transformational leadership, although rarely practiced, was

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positively associated with job satisfaction.

Alghamdi et al. (2017) explored the effect of gender on transformational leadership and job satisfaction in Saudi nurses, finding a significant main effect of the manager's gender ($F = 51.8, P < 0.001$). Male managers were associated with higher job satisfaction among staff nurses compared to female managers, a finding confirmed by ANOVA analysis, where both male and female subordinates reported greater satisfaction and higher transformational leadership scores under male managers.

5. Job Performance

The relationship between job satisfaction and nurses' job performance was examined by Hou et al. (2013), who determined that job satisfaction accounted for 11.8% of the total variance in job performance after controlling for demographic factors.

6. Effort and Reward

Liu et al. (2013) studied the impact of effort-reward imbalance on job satisfaction, reporting that job satisfaction was negatively influenced by effort ($\beta = -0.241, P < 0.001$) and positively influenced by reward ($\beta = 0.297, P < 0.001$). Similarly, Li et al. (2012) found that job satisfaction was positively correlated with reward ($\beta = 0.209, P < 0.05$) and negatively correlated with effort ($\beta = -0.101, P < 0.05$).

7. Organizational Commitment

Organizational commitment, defined as the strength of an individual's identification with and involvement in an organization (Mowday et al., 1979; Blau and Boal, 1987), has been linked to job satisfaction. Chen (2015) found that job rotation (Path coefficient = 0.60, $P < 0.05$) and internal marketing (Path coefficient = 0.52, $P < 0.05$) positively influenced job satisfaction, which in turn positively affected organizational commitment (Path coefficient = 0.56, $P < 0.05$), internal satisfaction (Path coefficient = 0.51, $P < 0.05$), and external satisfaction (Path coefficient = 0.61, $P < 0.05$).

Peng et al. (2016) explored the role of core self-evaluations in job burnout, finding that organizational commitment ($\beta = 0.739, P < 0.01$) and job satisfaction ($\beta = 0.266, P < 0.01$) had a significant direct effect on reducing job burnout ($\beta = -0.316, P < 0.01$).

8. Patients' Perceptions of Overall Quality of Care

Kvist et al. (2014) analyzed the relationship between patients' perceptions of care quality and nurses' job satisfaction using linear regression. The results demonstrated a statistically significant relationship, with overall quality of care increasing by 0.16 for every one-unit increase in job satisfaction ($y = 3.719 + 0.156x$; ANOVA, $F_{1, 96} = 4.63$, Pearson's $r = 0.21, P = 0.034$).

9. Other Factors

Atefi et al. (2015) investigated job satisfaction among RNs in a large hospital in

Mashhad, Iran, and found that young age ($\beta = 0.112$, $P < 0.01$), being female ($\beta = 0.238$, $P < 0.01$), and being married ($\beta = 0.335$, $P < 0.01$) were significantly associated with higher job satisfaction.

Klaus et al. (2012), using the 2004 National Database of Nursing Quality Indicators® (NDNQI®) RN Survey, identified predictors of job satisfaction across four age cohorts. The hierarchical linear modeling revealed that overtime demand (age 20–29 years: $\beta = -0.075$, $P < 0.001$; age 30–39 years: $\beta = -0.112$, $P < 0.001$; age 40–49 years: $\beta = -0.121$, $P < 0.001$; age 50–59 years: $\beta = -0.116$, $P < 0.001$) and involuntary floating (age 20–29 years: $\beta = 0.089$, $P < 0.001$; age 30–39 years: $\beta = 0.066$, $P < 0.001$; age 40–49 years: $\beta = 0.091$, $P < 0.001$; age 50–59 years: $\beta = 0.107$, $P < 0.001$) negatively impacted job satisfaction in all age groups. Unit tenure positively influenced satisfaction in older cohorts (age 40–49 years: $\beta = 0.003$, $P < 0.001$; age 50–59 years: $\beta = 0.005$, $P < 0.001$) but negatively affected younger nurses (age 20–29 years: $\beta = -0.034$, $P < 0.001$).

Zhao (2013) studied the relationship between work-family conflict, coping styles, and job satisfaction, finding that 24.9% of the variance in job satisfaction was explained by these factors, as per hierarchical regression analysis.

Related Factors to Job Satisfaction of Nurses

In addition to the predictive role of job satisfaction established in previous studies (Lu et al., 2005, 2012), several factors, such as work environment, nurse-patient ratios, and structural empowerment, have recently been recognized as influencing job satisfaction. Over the past five years, numerous theoretical models have been proposed to explore and guide understanding of the complex interactions between job satisfaction and these variables.

1. Turnover Intention

Choi et al. (2013) conducted a cross-sectional survey to examine how perceptions of the work environment among front-line RNs in Hong Kong ($n = 1,271$) were associated with job satisfaction and turnover intention. The findings revealed a significant negative relationship between nurses' self-reported job satisfaction and their intention to leave (Spearman Coefficient = -0.465 , $P < 0.001$).

Similarly, Lo et al. (2017) demonstrated that job satisfaction was inversely related to intentions to leave the profession ($r = -0.46/-0.46$, $P < 0.001$) and the hospital ($r = -0.55/-0.23$, $P < 0.001$), while it was positively correlated with stress adaptation ($r = 0.3/0.12$, $P < 0.001$) and negatively with depressed mood ($r = -0.35/-0.27$, $P < 0.001$).

Wang et al. (2012) investigated the relationships between job satisfaction, occupational commitment, and intent to stay among 560 nurses in mainland China. Results showed significant positive correlations between job satisfaction and intent to stay ($r = 0.507$, $P < 0.001$) as well as occupational commitment ($r = 0.128-0.714$, $P < 0.001$). Zhao (2013) also reported a positive relationship between job satisfaction and retention willingness ($r = 0.431$, $P < 0.01$) as well as perceived professional benefit ($r = 0.476$, $P < 0.01$).

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2. Work Environment and Management

Choi et al. (2013) identified, through a cross-sectional survey of Hong Kong RNs ($n = 1,271$), a significant positive correlation between nurses' overall perception of the work environment and job satisfaction (Pearson Coefficient = 0.516, $P < 0.001$). Similarly, Shao et al. (2016) found a positive relationship between the nursing work environment and job satisfaction ($r = 0.282$ – 0.503 , $P < 0.01$). Alotaibi et al. (2016) qualitatively reported that a stressful work environment negatively affected Saudi nurses' job satisfaction.

McGlynn et al. (2012), applying the Motivation-Hygiene Theory, examined the link between job satisfaction and the professional practice environment. Their results showed a significant negative correlation between overall work satisfaction and satisfaction with the professional practice environment ($r = -0.49$, $P < 0.0001$). Zhang et al. (2014) analyzed the relationship between the work environment and nursing outcomes among 9,698 nurses from 181 hospitals in China, finding that improved work environments were associated with reduced job dissatisfaction (OR = 0.53, 95% CI: 0.49–0.57, $P < 0.01$).

Al-Hamdan et al. (2017) observed a positive correlation between nurses' job satisfaction and the nursing work environment ($t = 6.42$, $P < 0.001$). A one-unit increase in the total score of the Practice Environment Scale of the Nursing Work Index (PES-NWI) was associated with a 1.3-point increase in job satisfaction, controlling for other factors. Nurses in public hospitals reported higher satisfaction than those in teaching hospitals ($t = 3.87$, $P < 0.001$). Zhu et al. (2012) found similar results, noting that job satisfaction was positively correlated with both the professional work environment ($r = 0.558$, $P < 0.01$) and structural empowerment ($r = 0.729$, $P < 0.01$), which together accounted for 56.3% of the total effects on satisfaction. Dahinten et al. (2016) evaluated the relationships between structural empowerment, psychological empowerment, and job satisfaction among staff nurses while controlling for leaders' empowering behaviors. Job satisfaction was significantly related to leader-empowering behaviors ($r = 0.52$, $P < 0.01$), structural empowerment ($r = 0.67$, $P < 0.01$), and psychological empowerment ($r = 0.45$, $P < 0.01$). Cai et al. (2013) showed a positive correlation between organizational career management and job satisfaction ($r = 0.607$, $P < 0.01$). After controlling for demographic variables, organizational career management independently explained 34.2% of the variance in job satisfaction.

Chang and Zhang (2012) identified a positive association between nurses' job satisfaction and patients' satisfaction ($P < 0.01$). Lu et al. (2015), using adjusted logistic regression, demonstrated that nurse staffing influenced job satisfaction and quality of care. Patient-nurse ratios of four or fewer reduced the odds of job dissatisfaction (OR = 0.55, 95% CI: 0.36–0.85) and increased the odds of high-quality care (OR = 1.78, 95% CI: 1.02–2.82). Cheung and Ching (2014) observed that higher nursing staff-to-patient ratios in various shifts negatively affected satisfaction (morning/afternoon: $r = -0.18$, $P < 0.001$; night: $r = -0.22$, $P < 0.001$).

Shin and Lee (2016) found that social capital significantly predicted job satisfaction

($R^2 = 0.50$, $P < 0.001$) and was positively correlated with it ($r = 0.62$, $P < 0.001$). Rodwell and Munro (2013), in their cross-sectional study, established relationships between job satisfaction and organizational resources, including job control ($r = 0.43$, $P < 0.01$), supervisor support ($r = 0.32$, $P < 0.01$), co-worker support ($r = 0.33$, $P < 0.01$), and various forms of organizational justice, such as procedural ($r = 0.20$, $P < 0.01$), distributive ($r = 0.18$, $P < 0.01$), and interpersonal justice ($r = 0.30$, $P < 0.01$). Job satisfaction was also negatively correlated with negative affectivity ($r = -0.25$, $P < 0.01$).

Finally, Hunt (2014) examined the effect of value congruence between nurses and their supervisors on job satisfaction and turnover. A positive correlation was found between job satisfaction and value congruence in areas like leadership support (workload barriers: $r = 0.327$, $P < 0.05$; administrative support: $r = 0.544$, $P < 0.05$; collegiality: $r = 0.920$, $P < 0.05$).

3. Nurses' Behaviors and Individual Factors

Gatti et al. (2017) examined the associations between follower behaviors and job satisfaction among nurses. Their findings indicated positive correlations between job satisfaction and meaningful work ($r = 0.41$, $P < 0.001$), followers' active engagement ($r = 0.21$, $P < 0.001$), and followers' independent critical thinking ($r = 0.10$, $P < 0.05$). Conversely, negative correlations were observed between job satisfaction and emotional dissonance ($r = -0.29$, $P < 0.001$) as well as workload ($r = -0.14$, $P < 0.001$). Multiple regression analyses revealed: in model 1, a significant positive linear relationship between job satisfaction and followers' active engagement ($\beta = 0.013$, $P < 0.05$) as well as meaningful work ($\beta = 0.034$, $P < 0.001$); in model 2, a U-shaped curvilinear relationship between job satisfaction and followers' active engagement ($\beta = 0.013$, $P < 0.05$); and in model 3, a significant negative linear relationship between job satisfaction and emotional dissonance ($\beta = -0.22$, $P < 0.001$) and workload ($\beta = -0.12$, $P < 0.05$).

Kim et al. (2016) explored the relationships between the implementation of evidence-based practice, job satisfaction, and group cohesion. The results indicated a positive correlation between evidence-based practice implementation and job satisfaction ($r = 0.17$, $P = 0.029$). Hierarchical multiple regression analysis revealed that belief in evidence-based practice significantly predicted job satisfaction ($\beta = 0.25$, $P = 0.011$), whereas the implementation of evidence-based practice was not a significant predictor of job satisfaction.

Liu et al. (2017) investigated the relationship between job satisfaction, work engagement, and organizational citizenship among nurses. Their results demonstrated that job satisfaction was positively correlated with work engagement ($r = 0.529$, $P < 0.01$) and organizational citizenship behavior ($r = 0.481$, $P < 0.01$).

Doede (2017) examined job satisfaction and turnover among minority nurses in the United States, finding that Asian nurses reported lower levels of dissatisfaction compared to White nurses (OR = 0.69, 95% CI = 0.57–0.84). These findings underscore the importance of nurse managers fostering a workplace environment free from discrimination to enhance job satisfaction across all groups of nurses.

In mainland China, Tao et al. (2012) conducted a cross-sectional survey to compare

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nurses' job satisfaction between hospitals in the northern and southern regions of the country. They found significant correlations between job satisfaction and age ($r = 0.144, P < 0.01$), educational level ($r = 0.095, P < 0.01$), and job rank ($r = 0.091, P < 0.01$). Additionally, significant differences were observed between the regions, with job satisfaction being lower in southern hospitals than in northern hospitals ($t = 11.208, P < 0.01$). Stepwise multiple regression analysis further identified the southern region ($\beta = 0.268, P < 0.001$) and age ($\beta = 0.061, P < 0.001$) as significant predictors of nurses' job satisfaction.

Mediators of Job Satisfaction Among Nurses

While the direct effects of various factors on nurses' job satisfaction have been established, their indirect effects remain less understood. Increasingly, researchers are employing mediation and pathway analyses to investigate and elucidate these complex relationships.

In mainland China, Zhang et al. (2016b) developed a model to explore the mediating role of self-esteem and affective commitment in the relationships between work-family enrichment, life satisfaction, and job satisfaction among nursing staff. Their findings revealed that both work-to-family enrichment and family-to-work enrichment positively predicted job satisfaction, with path coefficients of 0.39. Furthermore, self-esteem and affective commitment partially mediated the relationship between work-family enrichment and job satisfaction.

Wong and Laschinger (2013) demonstrated that structural empowerment served as a mediator in the relationship between authentic leadership and job satisfaction ($z = 2.61, P < 0.01$). Using structural equation modeling, they reported that structural empowerment had a significant direct effect on job satisfaction ($\beta = 0.41, P < 0.01$), while authentic leadership exhibited both a significant positive direct effect ($\beta = 0.16, P < 0.01$) and an indirect effect ($\beta = 0.19, P < 0.01$) on job satisfaction through empowerment. Olsen et al. (2017) examined a proposed bullying model, which included job resources, job demands, and nurse outcomes such as job satisfaction, job performance, and work ability. Their findings, based on confirmatory factor analyses and structural equation modeling, indicated that task-oriented leadership ($\beta = 0.14, P < 0.001$), bullying ($\beta = 0.10, P < 0.001$), and job demands (including dilemmas and institutional stress) significantly influenced job satisfaction. Institutional stress ($\beta = -0.30, P < 0.001$) and dilemmas ($\beta = -0.14, P < 0.001$) negatively impacted job satisfaction. Additionally, bullying mediated the effects of job resources (e.g., colleague support, competence development) and job demands on nurses' job satisfaction.

Teo et al. (2013) established a path model demonstrating significant direct paths from coping strategy effectiveness (Path coefficient = 0.37, $P < 0.001$) and nursing stressors (Path coefficient = -0.37, $P < 0.001$) to job satisfaction. Sobel's test (Preacher and Hayes, 2004) further provided evidence that effective coping strategies mediated the relationship between nursing stress and job satisfaction (Sobel = 2.03, $P = 0.04$). Gillet et al. (2013) found that nurses' work satisfaction was positively and significantly correlated with procedural justice ($r = 0.24, P < 0.001$), supervisor

autonomy support ($r = 0.17$, $P < 0.001$), need satisfaction ($r = 0.37$, $P < 0.001$), and perceived organizational support ($r = 0.29$, $P < 0.001$). Among these, perceived organizational support and need satisfaction accounted for 15% of the variance in work satisfaction. Sobel tests (1982) confirmed that need satisfaction and perceived organizational support fully mediated the relationships between procedural justice, supervisor autonomy support, and work satisfaction. Zhao et al. (2012) further reported that perceived organizational support partially mediated the relationship between occupational stress and job satisfaction among nurses.

Mei and Zhao (2015) explored the role of psychological capital in job performance and satisfaction, finding that job satisfaction was significantly and positively correlated with psychological capital ($r = 0.358$, $P < 0.01$) and positive emotion ($r = 0.452$, $P < 0.01$). Structural equation modeling indicated that positive emotion partially mediated the relationship between psychological capital and job satisfaction, accounting for 61.5% (0.24/0.39) of the total effect. Jin and Zhang (2015) identified adaptive and maladaptive humor styles as partial mediators of the relationship between positive-negative emotions and job satisfaction. Positive emotion ($\beta = 0.23$, $P < 0.001$) positively impacted job satisfaction, whereas negative emotion ($\beta = -0.26$, $P < 0.001$) had a negative impact.

Kim et al. (2017) utilized a hypothetical path model to assess the effects of type D personality on job stress and job satisfaction, as well as the mediating roles of compassion fatigue, burnout, and compassion satisfaction. Their findings indicated that job satisfaction was significantly associated with compassion fatigue ($r = -0.13$, $P < 0.001$), burnout ($r = -0.57$, $P < 0.001$), compassion satisfaction ($r = 0.69$, $P < 0.001$), and job stress ($r = -0.51$, $P < 0.001$). Path analyses revealed significant indirect and total effects of type D personality on job satisfaction ($\beta = -0.234$, $P = 0.001$; $\beta = -0.248$, $P = 0.001$), but no significant direct effect. Burnout and compassion satisfaction mediated the effects of type D personality on job satisfaction, with squared multiple correlations (SMC) showing that these variables explained 53.8% of the total variance in job satisfaction.

Professional commitment, defined as an individual's involvement and dedication to their profession (Fang, 2001), has been linked to reduced intention to leave the organization (Blau and Lunz, 1998). Caricati et al. (2014) found that professional commitment ($\beta = 0.23$, $Z = 6.64$, $P < 0.001$) and work climate ($\beta = 0.58$, $Z = 16.39$, $P < 0.001$) positively predicted job satisfaction. Furthermore, professional commitment fully mediated the effect of intrinsic versus extrinsic work value orientation on job satisfaction.

Gao et al. (2016) identified a partial mediating effect of psychological empowerment between structural empowerment and job satisfaction. Nurses' job satisfaction was positively associated with individual dimensions and total scores of structural empowerments ($r = 0.605$, $P < 0.01$) and psychological empowerment ($r = 0.453$, $P < 0.01$).

2. Conclusion

Job satisfaction among nurses is a multifaceted phenomenon influenced by a wide

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array of systemic, organizational, and individual factors. Key contributors to job satisfaction include leadership styles, work environments, manageable shift patterns, and structural empowerment. These factors not only affect nurses' motivation and well-being but also have downstream effects on patient care quality and organizational efficiency.

Mediating variables such as psychological empowerment, professional commitment, and emotional resilience highlight the complex pathways through which job satisfaction is shaped. For example, the interplay of work-family enrichment, self-esteem, and organizational support plays a pivotal role in fostering positive job experiences. Additionally, nurses' behaviors, including meaningful work engagement, coping strategies, and citizenship behavior, significantly influence satisfaction levels and retention.

Given the rising prevalence of stress, burnout, and workforce shortages in nursing, the findings emphasize the need for healthcare organizations to prioritize supportive leadership, equitable workloads, and an empowering work environment. Addressing these areas can enhance job satisfaction, promote workforce stability, and improve the overall quality of healthcare delivery. Further research is essential to explore emerging trends, refine theoretical models, and implement evidence-based interventions tailored to diverse nursing populations.

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