

Job Satisfaction Among Nurses in Two Public Hospitals in Kuala Lumpur, Malaysia

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ABSTRACT

This cross-sectional study assessed job satisfaction and its association with socio-demographic factors among 623 nurses in two public hospitals in Kuala Lumpur, Malaysia. Data were collected from May to December 2023 using the validated Malay version of the Job Satisfaction Survey (JSS-36). Respondents were selected via multistage sampling and met the inclusion criteria of at least three months' work experience. Findings revealed that 54.6% of nurses reported ambivalence in overall job satisfaction. The highest satisfaction was observed in "Nature of Work" (68.9%) and "Coworkers" (62.3%), while the lowest was in "Operating Conditions" (51.8%) and "Pay" (40.0%). Significant associations were found between job satisfaction and age as well as living arrangements. The study highlights the need for targeted strategies to improve satisfaction, especially in areas with persistent dissatisfaction.

Keywords: job satisfaction, nurses, organizational factors, public hospital

INTRODUCTION

The nursing profession, particularly in public hospitals, involves a range of demanding responsibilities, from direct clinical care to administrative coordination and adherence to institutional protocols (Rodríguez-Pérez et al., 2022). Job satisfaction plays a crucial role in influencing nurses' motivation, performance, and professional well-being (Karaferis et al., 2022).

Multiple studies have established that job satisfaction among nurses is shaped by various organizational and environmental factors. Elements such as supportive work environments, positive coworker relationships, and effective management have been linked to higher satisfaction levels (Karaferis et al., 2023; Lu et al., 2019). Supervision quality and communication effectiveness are also consistently highlighted as major contributors (Chichirez & VL, 2018; Hamad Al-Qahtani et al., 2020; Pineda, 2015).

Compensation and benefits remain significant areas of concern. Inadequate pay, limited rewards, and poor operating conditions—including staffing shortages and equipment issues—negatively impact satisfaction (Gunawan, 2020; Vitale, 2022). These issues were further exacerbated by the COVID-19 pandemic, which intensified psychological pressures among nurses (Arcadi et al., 2021; Jarrar et al., 2023; Simonetti et al., 2021).

In the Malaysian context, studies have reported moderate satisfaction levels among nurses, with variations influenced by socio-demographic factors such as age, marital status, years of service, and income (Hussein & Tahir, 2019; Ming et al., 2023). However, there remains a lack of comprehensive assessment covering key dimensions such as supervision, communication, rewards, and working conditions.

Therefore, this study aims to assess the level of job satisfaction and its association with socio-demographic factors among nurses in two public hospitals in Kuala Lumpur, Malaysia. The findings are intended to inform healthcare policymakers and administrators in designing targeted strategies to enhance job satisfaction and, consequently, healthcare service delivery.

METHODOLOGY

Design and Sample

The cross-sectional quantitative survey was conducted between May and December 2023 at two public hospitals situated in Kuala Lumpur, Malaysia. This purpose selection aimed to assess job satisfaction among nurses within a diverse urban healthcare environment. Kuala Lumpur, as the capital city, accommodates hospitals catering to various medical specialties and patient demographics. The study employed a stratified random sampling method, stratifying the nursing population across two hospitals: Hospital A with 1,800 nurses and Hospital B with 2,035 nurses. Using RaoSoft Inc.'s sample size calculator, the recommended sample sizes were determined as 300 nurses from Hospital A and 333 nurses from Hospital B, ensuring a 5% margin of error, 95% confidence level, and a 50% response distribution.

The criteria for inclusion encompassed nurses with a minimum of three months of work experience, irrespective of their department or rank. Nurses absent from duty or on leave were excluded from the study to mitigate potential biases and uphold the credibility of the study outcomes. This exclusion aimed to ensure consistency in the collected data, as the perspectives or experiences of nurses on leave might diverge from those actively engaged in work.

Ethical Consideration

The Ethical Approval was gained from Medical Research and Ethics Committee (MREC) – NMRR ID-23-01962-MBN, Hospital Directors with Head of Department Nursing (HKL/HCRC/AK-02-02) and the nurse's consent.

Research Tool

This study employed a Malay-translated version of the Job Satisfaction Survey, originally developed by Spector (1985), to evaluate job satisfaction among participants. The instrument comprises 36 items across nine subscales, each with four items: pay, promotion, fringe benefits, contingent rewards, supervision, co-workers, operating procedures, nature of work, and communication. Respondents rated both favourable and unfavourable aspects of their jobs on a six-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree), with higher scores indicating greater job satisfaction.

The researchers adopted the psychometric framework validated by Chin-Siang et al. (2014) for the Malay version among Malaysian military personnel, and permission to use the translated

instrument was obtained via email correspondence. In addition, a pilot study involving 30 nurses was conducted prior to the main study to assess internal consistency, which yielded a Cronbach's alpha value of 0.70, indicating acceptable reliability.

Data Collection

Data collection was conducted from May to December 2023 using a self-administered questionnaire comprising two sections: demographic information (9 items) and job satisfaction (36 items), with an estimated completion time of 30 to 40 minutes. A total of 623 nurses responded, yielding a response rate of 98.4 percent from 633 distributed questionnaires. Prior to participation, nurses were briefed on the study's objectives and provided informed consent. With approval from the Chief Matron, questionnaires were distributed directly by the supervising sisters to nurses under their care. This face- to-face approach ensured clarity, allowed immediate clarification of doubts, and encouraged full participation. Engagement sessions with each sister in charge helped coordinate the process while upholding ethical standards and ensuring voluntary participation.

Data Analysis

The instrument used in this study evaluated nurses' attitudes across nine job-related domains through a 36-item questionnaire, with responses rated on a six-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). Approximately half of the items were negatively worded and were reverse-coded (items 2, 4, 6, 8, 10, 12, 14, 16, 19, 21, 23, 24, 26, 29, 31, 32, 34, and 36). Total scores were categorized based on the framework by Tarundeep Singh et al. (2019), where scores between 36 and 108 indicated dissatisfaction, 108 to 144 indicated ambivalence, and 144 to 216 indicated satisfaction. Data were analyzed using the Statistical Package for Social Sciences version 27, applying both descriptive and inferential statistical methods including chi-square and Fisher's exact tests. Data cleaning and validation were performed to ensure accuracy, and all responses were securely stored with restricted access.

RESULTS

Socio-demographic

Table 1 provides a comprehensive overview of the sociodemographic of the study participants, highlighting the highest percentage within each category. The predominant gender representation is female, comprising 92.1% (n=574) of the sample. The largest age group falls within the 31 to 40 age range, accounting for 43.0% (n=268) of participants, followed by the 21 to 30 age group at 40.8% (n=254). Regarding professional experience, 32.3% (n=201) of participants have 1–5 years of service. The majority hold a Diploma as their highest educational qualification (n=412, 66.1%). Nurses U29 dominate in terms of position, comprising 74.0% (n=461) of participants. The highest proportion of participants is married (n=430, 69.0%), and 88.3% (n=550) acknowledge the presence of non-communicable diseases. Living arrangements vary, with 57.1% (n=356) not residing with their families.

Table 1: Sociodemographic Background of Nurses (n=623)

Sociodemographic background		n (%)
Gender:	Male	49 (7.9)
	Female	574 (92.1)
Ages: (mean, SD = 33.70, 7.17)	21 years-30 years	254 (40.8)
	31 years-40 years	268 (43.0)
	41 years- 50 years	101 (16.2)
Experiences: (mean, SD = 9.88, 7.06)	1-5 years	201 (32.3)
	6-10 years	169 (27.1)
	11-15 years	125 (20.1)

Education level:	16-20 years	76 (12.2)
	>21 years	52 (8.3)
	Nursing Certificate	23 (3.7)
	Diploma	412 (66.1)
	Post-basic	162 (26.0)
	Degree/Master/PhD	24 (3.9)
	Master/PhD	2 (0.3)
Position:	Community nurse U11/ U19/U24	26 (4.2)
	Nurses U29	461 (74.0)
	Nurse U32 (KUP)Sister U32/ Matron U36/U41/U42/U44	136 (21.8)
Marital Status:	Single	180 (28.9)
	Married	430 (69.0)
	Divorced/Widowed	13 (2.1)
Non-communicable diseases:	Yes	550 (88.3)
	No	73 (11.7)
Living with family:	Yes	267 (42.9)
	No	356 (57.1)

Job Satisfaction Levels Among Nurses

Table 2 provides a detailed breakdown of job satisfaction levels among 623 individuals, categorizing responses into three levels of job satisfaction: Dissatisfaction, Ambivalence, and Satisfaction according to the levels identified in previous studies (Tarundeep Singh, Manmeet Kaur1, Madhur Verma, 2019). In the realm of job satisfaction analysis, there is notable variation in satisfaction levels among respondents. The variables that stand out with the highest levels of satisfaction are "Nature of Work" (68.9%, n=429), followed by "Coworkers" (62.3%, n=388), "Supervision" (59.1%, n=368) and "Communication" (46.5%, n=290). Conversely, there is significant ambivalence observed in several aspects, such as "Contingent Rewards" (41.6%, n=259), and "Promotion" (46.1%, n=287), "Pay" (40.0%, n=249), along with "Fringe Benefits" (45.7%, n=285) and "Operating Conditions" (51.8%, n=323). Overall, the "Total Satisfaction" category registers significant ambivalence at 54.6% (n=340). These findings provide crucial insights into employees' perceptions regarding various aspects of their work.

Table 2: Level of Job Satisfaction (n=623)

	Scale, n (%)			Mean	SD
	Dissatisfaction	Ambivalent	Satisfaction		
Nature of work	39 (6.3)	155 (24.9)	429 (68.9)	2.63	0.60
Coworkers	39 (6.3)	196 (31.5)	388 (62.3)	2.56	0.61
Supervision	61 (9.8)	194 (31.1)	368 (59.1)	2.49	0.67
Communication	93 (14.9)	240 (38.5)	290 (46.5)	2.31	0.72
Contingent rewards	147 (23.6)	259 (41.6)	217 (34.8)	2.11	0.76
Promotion	155 (24.9)	287 (46.1)	181 (29.1)	2.04	0.73
Pay	208 (33.4)	249 (40.0)	166 (26.6)	1.93	0.77
Fringe Benefits	205 (32.9)	285 (45.7)	133 (21.3)	1.88	0.73
Operating conditions	222 (35.6)	323 (51.8)	78 (12.5)	1.77	0.65
Total satisfaction	40 (6.4)	340 (54.6)	243 (39.0)	2.33	0.59

Association Between Socio-Demographic Data and Job Satisfaction

Table 3 shows that only age and living arrangement were significantly associated with job satisfaction ($p < 0.05$). Older nurses (41–50 years) and those not living with family reported higher satisfaction levels. Other factors, including gender, experience, education, position, marital status, and NCD status, showed no significant associations.

Table 3: Association between socio-demographic and job satisfaction (n=623)

Sociodemographic background		Job satisfaction, n (%)			p-value
		Dissatisfaction	Ambivalent	Satisfaction	
Gender:	Male	6 (12.2)	28 (57.1)	15 (30.6)	0.147 ^a
	Female	34 (5.9)	312 (54.4)	228 (39.7)	
Ages	21 years-30 years	23 (9.1)	146 (57.5)	85 (33.5)	**0.0166^a
	31 years-40 years	13 (4.9)	148 (55.2)	107 (39.9)	
	41 years- 50 years	4 (4.0)	46 (45.5)	51 (50.5)	
Experiences:	1-5 years	16 (8.0)	114 (56.7)	71 (35.3)	0.177 ^a
	6-10 years	13 (7.7)	93 (55.0)	63 (37.3)	
	11-15 years	8 (6.4)	71 (56.8)	46 (36.8)	
	16-20 years	1 (1.3)	40 (52.6)	35 (46.1)	
	>21 years	2 (3.8)	22 (42.3)	28 (53.8)	
Education level:	Nursing Certificate	0 (0.0)	10 (43.5)	13 (56.5)	0.360 ^b
	Diploma	32 (7.8)	227 (55.1)	153 (37.1)	
	Post-basic	6 (3.7)	88 (54.3)	68 (42.0)	
	Degree/Master/PhD	2 (8.3)	14 (58.3)	8 (33.3)	
	Master/PhD	0 (0.0)	1 (50.0)	1 (50.0)	
Position:	Community Nurse U11/ U19/U24	0 (0.0)	13 (50.0)	13 (50.0)	0.510 ^a
	Nurses U29				
	Nurse U32 (KUP)Sister U32/	35 (7.6)	260 (56.4)	166 (36.0)	
	Matron U36/U41/U42/U44	5 (3.7)	67 (49.3)	64 (47.1)	
Marital Status:	Single	12 (6.7)	107 (59.4)	61 (33.9)	0.409 ^a
	Married	28 (6.5)	225 (52.3)	177 (41.2)	
	Divorced/Widowed	0 (0.0)	8 (61.5)	5 (38.5)	
NCD	Yes	38 (6.9)	302 (54.9)	210 (38.2)	0.265 ^a
	No	2 (2.7)	38 (52.1)	33 (45.2)	
Living with family	Yes	28 (10.5)	146 (54.7)	93 (34.8)	**<0.001^a
	No	12 (3.4)	194 (54.5)	150 (42.1)	

Notes: Chi-square^a; Fisher Test^b; and ** Statistically significant (p<0.05)

DISCUSSION

Level of Job Satisfaction Among Nurses in Two Public Hospitals

The findings from the study provide valuable insights into the levels of job satisfaction among nurses in two public hospitals in Kuala Lumpur, Malaysia. Overall, most nurses reported satisfaction with various aspects of their job, including the nature of work, relationships with coworkers, and supervision. However, there were notable areas of concern, such as communication, contingent rewards, promotion opportunities, pay, fringe benefits, and operating conditions, where a significant proportion of nurses expressed ambivalence.

One of the key findings is that most nurses (68.9%) reported job satisfaction with the nature of their work. This suggests that most nurses find fulfilment in the tasks they perform, which aligns with previous research indicating a positive correlation between job satisfaction and the nature of work (Shin et al., 2023). Similarly, a substantial percentage of nurses (62.3%) reported satisfaction with their relationships with coworkers, indicating the importance of fostering positive interpersonal connections in the workplace (Bragadóttir et al., 2023).

The study also revealed concerns, particularly related to supervision. Although most nurses reported satisfaction with supervision (59.1%), a significant proportion (9.8%) expressed dissatisfaction with their supervisors. This reflects the need for supportive and effective leadership to enhance job satisfaction. These findings are supported by research in Indonesia, which emphasizes that the quality of supervision significantly influences job satisfaction (Elmiati, 2023).

Communication also emerged as a critical factor influencing job satisfaction, with 46.5% of nurses reporting satisfaction in this area. However, a significant percentage (14.9%) indicated dissatisfaction with workplace communication. Effective communication is essential for ensuring seamless coordination among healthcare teams and delivering high-quality patient care (Hamad Al-

Qahtani et al., 2020). For example, the increase in reported conflicts with doctors over the past decade underscores the importance of addressing interprofessional communication dynamics to improve job satisfaction and overall well-being among nurses (Rymkiewicz, 2022).

The contingent rewards, promotion opportunities, compensation, and fringe benefits are critical factors that contribute to nurses' job satisfaction. Research has shown that job satisfaction in healthcare is positively related to pay, contingent rewards, coworkers, supervision, and job nature (Theofilou, 2023). A study conducted in Greece found that healthcare professionals, especially nurses, expressed dissatisfaction with aspects such as salaries, promotions, and fringe benefits, while being ambivalent about contingent rewards and operating procedures (Karaferis et al., 2023). Similarly, promotion opportunities serve as a linchpin for nurses' career advancement and growth. Despite a notable proportion reporting ambivalence (46.1%), a significant segment (24.9%) expressed dissatisfaction with promotion prospects, emphasizing the necessity for healthcare institutions to delineate clear pathways for career progression and skill development (Atefi et al., 2016). Additionally, a study conducted in Yemen highlighted the positive correlation between contingent rewards and employees' job satisfaction (W. Abdullah & Nusari, 2019).

It is important to note that the working conditions of nurses, including their workload, scheduling, and the physical work environment, significantly impact nurses' job satisfaction and well-being. However, the data reveals suboptimal satisfaction levels with operating conditions reflecting potential stressors and challenges within the work environment. Research consistently shows that operating conditions significantly impact nurses' job satisfaction and well-being (Abdullah et al., 2018; Stevanin et al., 2018; Yasin et al., 2020). Healthcare institutions should prioritize strategies to improve working conditions, including workload management and the physical environment, to support job satisfaction (Atefi et al., 2016; Gottlieb et al., 2021).

Influencing Factors on Nurses' Job Satisfaction

The study findings underscore the multifaceted nature of factors influencing job satisfaction among nurses, with age and living arrangements emerging as significant determinants. This contrasts with a study conducted in the Bole District of the Savannah Region in Ghana, which primarily focused on job type in healthcare professions and its association with job satisfaction among nurses and midwives (Region et al., 2021). However, unlike our study, the Ghanaian research did not establish significant relationships between gender, age, marital status, level of education, and working experience with job satisfaction (Region et al., 2021). These stressors, as highlighted, can significantly impact nurses' job satisfaction (Sansó et al., 2021). Similarly, our study findings resonate with research conducted in Southeastern Nigeria, where a cross-sectional study identified associations between job satisfaction and specialty, gender, and age among nurses. While a majority of respondents reported moderate satisfaction with their jobs, concerns were raised regarding factors such as salary and administrative roles, including communication flow (Stanley et al., 2020).

Strategies to Improve Nurse Job Satisfaction

This study provides a detailed overview of the level of job satisfaction among nurses in two public hospitals, revealing both positive aspects and areas of concern. Key findings, such as nurses' satisfaction with the nature of their work and their interpersonal relationships with colleagues and supervisors, align with previous research (Hoogendoorn et al. 2021; Hamad Al-Qahtani et al. 2020).

However, challenges in communication and operational conditions highlight the need for improvement.

To effectively tackle the identified challenges, it is imperative to implement interventions tailored to the unique context of each hospital. For instance, strategies aimed at improving communication channels, such as regular staff meetings or digital platforms, can facilitate transparent dissemination of information and mitigate concerns regarding organizational clarity. The observed decline in job satisfaction over time, as evidenced in the research conducted by Jarrar et al. (2023), underscores the necessity for initiatives aimed at enhancing communication and working conditions to

sustain job satisfaction levels. Moreover, Nurmeksela et al. (2021) revealed associations between the work content of nurse managers and nurses' job satisfaction. The way nurse managers allocate their time across various responsibilities was found to significantly impact nurses' job satisfaction.

Furthermore, optimizing operational conditions may involve workload management strategies, ensuring adequate staffing levels, and enhancing the physical work environment to reduce stress. Al-Qahtani et al. (2020) found a positive correlation between job satisfaction and the nature of work, aligning with the finding that most nurses (68.9%) are satisfied with their job nature. Various stressors, such as work environment dynamics, diverse patient cases, staffing shortages, mandatory overtime, and the supervisory approach, have been identified as influencing factors contributing to nurses' stress levels (Russeng et al., 2024).

Moreover, fortifying leadership and supervisory practices is imperative. This could involve administering leadership training to supervisors to bolster their communication skills and support, cultivating a culture of acknowledgment and gratitude, and instituting mechanisms for feedback and performance assessment. The significance of managerial support and acknowledgment is underscored by systemic research conducted by Specchia et al. (2021), indicating a notable correlation between nurses' job satisfaction and effective leadership practices. Nurses within hospital settings often adopt a more directive, "coaching" leadership style, potentially constraining the creativity and capabilities of team members (Andrigue et al., 2016). Consequently, strategies aimed at assisting nurses in developing more flexible leadership approaches are warranted.

Investing in resources and support mechanisms is crucial to alleviate the burden on nurses, especially during challenging times such as the COVID-19 pandemic. This may involve offering psychological support services, providing access to professional development opportunities, and implementing wellness programmes to promote resilience and coping strategies. Psychological support and professional development, as suggested by Utvær et al. (2022) and Babamohamadi et al. (2023), emerge as critical steps.

In the two hospitals studied, several interventions have been implemented to address identified issues. For example, both hospitals have introduced regular staff meetings to improve communication between nurses and management. Additionally, leadership training programmes for nurse supervisors have been implemented to enhance their communication and support skills. Wellness programmes, including psychological support services and professional development opportunities, have also been introduced to improve overall nurse well-being and reduce work-related stress. Furthermore, both hospitals have implemented a six-month mentoring programme for new nurses to help them adjust to the work environment and increase their job satisfaction. Additionally, an annual Nurses' Day celebration with various activities is held to appreciate the contributions of nurses and boost their morale. These interventions are expected to improve job satisfaction and the overall work environment in both public hospitals.

CONCLUSION

In conclusion, this study highlights the mixed feelings of nurses in public hospitals regarding their job satisfaction. The study identifies strengths in coworker relationships and supervision, but also areas that need improvement in communication and operational conditions. The COVID-19 pandemic exacerbated existing challenges, affecting workload, peer relationships, and support structures, underscoring the need for interventions geared towards supporting nurses' well-being and job satisfaction. Therefore, recommended steps include enhancing communication channels, optimizing operational conditions, strengthening leadership and supervision, providing resources and support, and investing in professional development. However, this study has several limitations such as generalizability issues, cross-sectional design, self-report measures, and exclusion criteria, warranting attention in interpreting the findings. For future research, longitudinal, comparative, qualitative, and intervention studies are recommended to provide deeper insights and evidence-based research. Thus, this manuscript contributes to the existing literature on nurse job satisfaction and emphasizes the

importance of prioritizing nurse well-being to enhance patient care quality and health outcomes. In addition, future studies may consider integrating theoretical frameworks such as Herzberg's Two-Factor Theory or the Job Demands-Resources Model to enhance academic rigor and theoretical contribution.

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AUTHORS' CONTRIBUTION

Yazid, J. conceived the study design, adopted the data collection instruments with expert input, and led the manuscript writing. Rajab, A. M. facilitated data collection, coordinated participant recruitment, and ensured ethical compliance during fieldwork. All authors contributed to the analysis, provided input throughout the research process, and approved the final manuscript for submission.

CONFLICT OF INTEREST DECLARATION

The authors have no conflict of interest.

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