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Article:	**Nexus between Level and Factors of Job Satisfaction in Nurses of Multan City (Pakistan): A Study of Public Hospitals**
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Abstract

The present study was intended to determine the level and factors of nurse's job satisfaction working at public hospitals of Multan city, Pakistan. A cross-sectional survey was employed to collect data (March, 2019-May, 2019) from 441 nurses by utilizing a disproportionate sampling technique. Data collection was done by the application of a self-administered questionnaire *e.g*. McCloskey/ Mueller Satisfaction Scale. (MMSS).The level of J.S was measured by correlation analysis and to determine the most prevalent factor of J.S regression analysis was done. Correlation coefficient value of socio-demographic variables described that cadre, shiftwork, work experience, marital status, no of children, and working hours demonstrated a significant relationship with J.S. However, regression analysis of MMSS demonstrated a strong positive association with J.S. Nurse's satisfaction could be improved through cultivating a positive work environment, increase in remuneration, decrease in workload, and maintaining work/family balance.

***Keywords*:** Job satisfaction, Nurses, Public Sector Hospital, MMSS, Multan (Pakistan).

Introduction

Job satisfaction is considered a multi-facets phenomenon. It entails the behaviors, skills, value systems, and beliefs of an individual. And it is the most vital factor which defines human resource productivity and efficiency. Job satisfaction enhances not only an employee's passion but also lower down the turnover rates and higher the quality of services (Hussain et al., 2019).

J.S is significantly important for nurse employees because it is linked to the outcome of the patients and also influences the performance of the nurse. Different studies explored a correlation between nurse's J.S and quality care and patient satisfaction (Choi et al., 2016). Although work dissatisfaction led to the shortage of nurses, other than this it could be a possible result for nurses to turn over (Burtson and Stichler, 2010).

The shortage of nurses is a global dilemma. Job dissatisfaction among nurses is a potential result of a lack of nurses. Now, nurse turnover has been becoming a growing problem that needs to be addressed. A report by WHO (2011), stated that "about a quarter of Pakistani nurses work outside the country." Yet, the average commended nurse to doctor ratio is 4:1, however, in Pakistan nurse ratio to doctor ration is reversed with 2:7. Being an active member of the healthcare system, retaining nursing staff is very important by improving awareness of causes that have led to their JS as well as through encouragement at work.

Lorber and Savic (2012) stated that various studies demonstrated different levels of job satisfaction for nurses, but predictors of satisfaction are relatively similar, including promotion, workplace conditions, relationship with supervisors and colleagues, compensation, job safety, responsibility, and work hours.

Bahalkani et.al, (2011) indicated a lower level of satisfaction in registered nurses doing a job at Pakistan's government sector hospitals. According to the author, the predictors of low satisfaction were poor wages, lack of respect, inadequate work environment, and

unpredictable roles with less overall power, time stress, patient carefulness, and lack of professional growth opportunities. A study of South West Ethiopia by Dagget, Molla, and Belachew (2016) found low job satisfaction among the approximately two-thirds of a hospital serving nurses. Help from managers and a lack of communication from colleagues predicted the variable result.

Existing Literature has shown that there are fewer studies on the subject of nurse's J.S, especially in the Pakistani context. So, there is a need for conducting a study that finds out the level of satisfaction and determines related factors of J.S among RN working in public sectors. The present study seeks to document the level and factors of J.S among nurses serving in Public health care settings. The current study also strives to overcome the methodological gap by the application of MMSS in Public sector hospitals of Pakistan.Moreover, it may also be beneficial for recruitment and retention strategies regarding nurses.

Research Objectives

Main objective of the current study was to investigate level and factors of J.S in nurses and to find out correlation between the demographic variables and overall J.S.

Research questions

Present study has following research questions:

i. What is the level of job satisfaction among nurses?
ii. What is the association between socio-demographic characteristics and nurse's overall job satisfaction?
iii. What are the factors that influence nurse's job satisfaction?

Literature Review

For a century, employee's job satisfaction has been examined. Job satisfaction is defined as, "an expression of positive attitude by employees toward their jobs'' (Alberts,

2015). Substantial evidence is claiming that a satisfied working force is favorable for the organization as well as for the society (Lu et al., 2016).

Job satisfaction is considered significantly important for nurses because it is not only allied with the Patient's outcome but also influence a nurse's performance. The literature revealed the association of J.S with nurse's performance, patient satisfaction, and quality care services. Studies have also been demonstrated the association of J.S with burnout, intent to leave, and absenteeism among nurses (Burtson and Stichler, 2010).

Researchers identified numerous factors that are responsible for job satisfaction/dissatisfaction in nurses. Factors which were identified as satisfier are appreciation and recognition from colleagues and patients, salary, holidays, bonuses, communication opportunities, job security, and autonomy, etc. The factors of dissatisfaction include lack of resources, more workload, job anxiety, and bad relationship with colleagues (Hayes, Bonner, and Pryor, 2010).

It was reported that the level of Job satisfaction varies among nurses; however, predictors of J.S are comparatively the same (Lorber and Savic 2012). According to Mcglynn, Griffin, Donahue, and Fitzpatrick (2012) level of JS be contingent on the differences between what an employee is expected from their job and what they gain. Few studies identify factors and level of JS in nurses, so it is essential to carry out such a study that identify level and factors of J.S in nurses and hence fill the literature gap.

Methods

The current study employed a quantitative, cross-sectional approach. The quantitative approach not only differs from qualitative on the basis of methods of measurements but also the both types have different epistemological grounds (Walliman, 2015). The study was conducted between a time interval of three months (March, 2019-May, 2019). Data was

collected after taking formal permission from respective authorities. This section explains the methods adopted to collect and analyze the data as follows:

Population and Sample

The study was carried out in Multan city due to the prime importance of city Multan in South Punjab. Data were collected from all the public hospitals of Multan City because the present study was based on public sector hospitals and the total population was known e.g. nurses working at all public hospitals.

The sample was selected by utilizing a disproportionate sampling technique on the bases of the information given by administration offices of respective public setting hospitals. Both permanent and contract base nurses serving in various departments e.g. outdoor patient department, operating room (O.R), laboratory and specialized unit, intensive care unit (I.C.U.) were included in the sample. While nurses who are studying and serving as trainees or having less than one year of job experience were excluded from the sample. Data was collected from six government hospitals of Multan, that includes, NMH (Nishtar Medical Hospital, *n=214*), CHM (Children Hospital Multan, *n=161),* MIC (Multan Institute of Cardiology, *n=150),* and Shabazz Sharif District Hospital, the hospital is divided into two sub-campuses e.g. (Civil District Hospital and Fatima Jinnah Hospital, *n=26).* Respondents were chosen from each stratum by the application of a disproportionate technique, while the size of sampling was identified by ensuring the above-cited criteria. To this extent, (*n*=551) respondents constituted the sample size for the present study.

A total of 551 questionnaires were disseminated by the researcher. Few of the nurses pull-out in the mid of the process. Whereas some questionnaires were not filled properly and hence having missing values. Therefore, these questionnaires were not included in the sample and the researcher used the remaining 441 questionnaire for further analysis. This yields 80% of response rate. While, during the situation of private invitation or correspondences at least

60% response rate is expected (Polit & Beck, 2015). By considering this claim cited above the current study has an adequate response rate for generalizing *i.e.* 80 %.

Research instrument

Data collection was done by utilizing a self-administered questionnaire, having two parts; the first part contained questions regarding the Socio-demography profile of respondent while the second part was consist of an internationally reliable and valid inventory; namely, "McCloskey and Mueller Satisfaction Scale" developed by McCloskey/Mueller in (1974) to measure the level of J.S among nurses. MMSS is a 31-item three-dimensional (Social rewards, Safety rewards, and Psychological rewards) inventory that measures one construct e.g. 'job satisfaction' through eight different subscales. Subscales, rated on a five-point Likert scale *(Very Dissatisfied=1, very Satisfied= 5*). To produce a composite score for each of the dimensions of MMSS, respective items from each dimension were combined. Which constituted a score range of (*min*=31, *max*=155). All the 31 items were combined to determine total job satisfaction, as per instructions given by the MMSS developer (Mueller & McCloskey, 1990).

The reliability of the instrument was guaranteed by a pre-testing, the pre-test alpha coefficient of MMSS was (n=30, Alpha= .803). However, a panel comprised of 3 Ph.D. faculty members from the Department of Sociology and Chief Nursing Superintendent (NMH) ensured the validity of the questionnaire. Post-testing of MMSS was also done by calculating the Cronbach alpha (α) value. The Alpha coefficient value for 31-items was (α =.94, n=441).

Variables of study

The Job Satisfaction is dependent variable of the study. And Intrinsic and Extrinsic rewards, Scheduling Satisfaction, Family-work balance, Co-workers, Interaction, Professional Opportunities, Praise/recognition, and Control/Responsibilities are independent

variables. the measurement of these variables was made through the above described "McCloskey and Mueller Satisfaction Scale". The conceptual definitions are gives as under.

1. Job satisfaction (DV)

J.S is defined as how content an employee is with his/her job (Kumar, Khan, Inder & Sharma, 2013)

2. Extrinsic rewards (IV)

Extrinsic factors may define as "hygiene or maintenance factors which if absent, cause dissatisfaction. Extrinsic factors includes income, job security, working environments, quality and level of supervision, organizational policy, management, and interpersonal relations (Saeed & Farooqi, 2014).

This variable measure how satisfied you are with hygiene factors. Operationalization of extrinsic rewards was done by the analysis of salary, vacation, financial benefits (including, retirement and insurance benefits).

3. Intrinsic Factors (IV)

Intrinsic factors may define by internal derives of individual. According to Herzberg (1971), intrinsic factors are feelings of attainment, recognition, accountability, work nature, individual growth and advancement (Saeed & Farooqi, 2014).

Procedure

The researcher personally took responsibility for the administration and gathering of the questionnaires. Formal approval was taken from nursing superintendents in the hospital administration of respective hospitals. Data was gathered after duty hours of nurses. A pre-notification was given by a telephone call to the respondents one day before the data collection. Moreover, the researcher confirmed all the rights pertained by the respondents.

Statistical Analysis

Both descriptive and inferential analysis was done by using AMOS to fulfill the objectives of the present study. Socio-demographic variables were analyzed by descriptive analysis (percentage and frequency distribution). Pre-testing, post-testing, and scoring of MMSS factors were also done. To yield a composite score of MMSS dimensions, respective items from each of the dimensions were combined. Hence, the scoring range was (*minimum*=31, *maximum*=155). Lastly, all the (31-items) were combined to calculate total (over-all) job satisfaction. The correlation coefficient was calculated to measure the correlation between socio-demographic variables (IVs) and Job Satisfaction (DV). Association between various factors of MMSS and J.S was examined by the application of regression analysis.

Results

Table (1) demonstrates that (n=178, 40%) respondents were between the age group of (26-30 years). The work experience of 209(47.4 %) respondents were (1-4 years) and to the extent of half (n=239, 54.2%) of the nurses were unmarried. Data confirmed that most respondents had 153(34.7 %) salary ranged from (41000-50000).

Table 1

Socio-Demographic profile of respondents (n=441)

Variables	Frequency (%)
Age (in years)	
21-25	126(28.6)
26-30	178(40.4)
31-35	107(24.3)
36-40	23(5.2)
>40	7(1.6)
Salary (Rs.)	
20000-30000	83(18.8)
31000-40000	65(14.7)
41000-50000	153(34.7)
51000-60000	117(26.5)
61000-70000	23(5.2)

Experience (in years)	
1-4 years	209(47.4)
5-8 years	121(27.4)
9-12 years	91(20.6)
13-16 years	14(3.2)
>16 years	6(1.4)
Marital status	
Married	201(45.6)
Unmarried	239(54.2)
Widow/Divorced/Separated	1(.2)

Table 2

Descriptive statistics of McCloskey/Muller Satisfaction scale (MMSS) and Cronbach alpha value; (n=441)

Sr. No	Predictors	No of Items	Scores Mean ± SD	Min	Max	Cronbach's α
1	Extrinsic Rewards	3	2.13±1.114	3	15	.80
2	Scheduling Satisfaction	6	2.83±1.281	6	30	.86
3	Family/work balance	3	1.83±0.886	3	15	.54
4	Co-workers	2	1.97±0.843	2	10	.79
5	Interaction	4	2.21±0.992	4	20	.90
6	Professional Opportunities	4	1.90±0.961	4	20	.87
7	Praise/recognition	4	2.19±0.899	4	20	.87
8	Control/Responsibilities	5	2.22±1.071	5	25	.93
Total		**31**	**2.16±0.973**	**31**	**155**	**.94**

Note: S.D=Standard Deviation; Min=Minimum score; Max=Maximum score. Overall satisfaction was calculated by the mean scores of eight predictors.

Table (2) presents the number of items, minimum maximum, and Cronbach alpha *(a)* value of each subscale. Table 2 mentions that MMSS contained 31 items with 155 maximum score and Total Cronbach's Alpha value of eight MMSS predictors yielded a very high and acceptable reliability value e.g. (α=.94). It was also evident that each subscale verified high-reliability value expect one subscale e.g. Family/work balance (α=.54), these results were aligned with another study conducted by O'Neal (2012), who reported high

reliability of each subscale (MMSS) but very low reliability of subscale work/family balance. To determine the level of satisfaction concerning MMSS predictors, scoring of MMSS predictors was done and the results of the Likert scale were calculated by calculating Mean and Standard deviation. Mean score of Family/work balance (mean=1.83), Professional opportunities (mean=1.90), and co-workers (mean=1.97) exceeds slightly very dissatisfied (score 1) and approached moderately dissatisfied (score 2). Respondents were moderately dissatisfied (score 2) with predictors interaction (mean=2.21), Praise/recognition (mean=2.19), control/responsibility (mean=2.22), extrinsic rewards (mean=2.13). Regarding the scheduling predictor respondents shown neutral response (mean=2.83; score 3). Overall nurses were moderately dissatisfied (mean=2.16) with their jobs (score 2). It means that level of satisfaction among nurses was moderately dissatisfied.

Table 3

Correlation coefficient of Socio-demographic variables (n= 441)

Variables	**J.S**	**(P)**	**Comments**
	(*r*)		
Age (in years)	(.008)	(.868)	Non-Sig
Nature of job	(.037)	(.442)	Non-Sig
Cadre (rank)	(.230**)	(.000)	Sig
Qualification	(-.064)	(.177)	Non-Sig
Work Shifts	(-.164**)	(.001)	Sig
Work experience	(-.121*)	(.011)	Sig
Marital Status	(-.163**)	(.001)	Sig
No of children	(.174**)	(.000)	**S**ig
Intent to quit in next five years	(.079)	(.096)	Non-Sig
working hours	(-.236**)	(.000)	Sig
Salary	(-.024)	(.617)	Non-Sig

***Note*:** Spearman correlation was applied for nominal/ordinal scale, Pearson correlation was applied for Interval/Ratio scale. J.S=Job Satisfaction (D.V); Sig=Significant; Non-sig=non-significant

***P* < 0.01, * *P*< 0.05

Table (3) demonstrates result of correlation coefficient (*r*) that was calculated to investigate the correlation between the response variable and socio-demographic variables. It was evident that the variable of "Cadre" demonstrated a positive weak correlation (*r*=.230; *p* is less than0.01). On contrast, both work in shifts and marital status indicated weak negative correlation (r=-.164; *p* is less than0.01) and (r=-.163; *p* is less than 0.01) respectively. While variables like age, salary, nature of job, qualification and intent to left job demonstrated a non-significant result. These findings has been showing consistency with another study executed by Naguib, Baruffini & Maggi (2019), as they found not any clear indications that represent the effect of job nature and qualification level on J.S. Present study describes a negative correlation (*r*=-.236; *p* is less than 0.01) of working hours and working experience (*r*=-.121; *p* is less than 0.05) with J.S. These results show similarity with a study of United Kingdom, directed by Nassab (2008), According to Nassab (2008) long work hours reduced J.S of employee. However, the current study indicated that the variable "number of children" demonstrated a positive correlation with values (*r*=.174, *p* is less than 0.01).

Table 4

Multiple Linear Regression Analysis of factors of MMSS (n=441)

S.no	Factors	Std. Error	St. Coefficients (β)	(T)	(P)	Comments
1	ER	(.019)	(.080)	(3.78)	(.000)	Sig
2	SS	(.019)	(.090)	(3.67)	(.000)	Sig
3	FWB	(.021)	(.105)	(5.58)	(.000)	Sig
4	SC	(.029)	(.104)	(4.18)	(.000)	Sig
5	IO	(.026)	(.215)	(8.24)	(.000)	Sig
6	PO	(.023)	(.134)	(5.95)	(.000)	Sig
7	PR	(.026)	(.176)	(7.44)	(.000)	Sig
8	CR	(.024)	(.215)	(8.13)	(.000)	Sig

Note: Job satisfaction =*D.V,* β = *Beta,* Sig=*Significance,* R^2= (.923); F=(644.45), SE=.273; *P < 0.001*

ER=Extrinsic Rewards, SS=Scheduling Satisfaction, FWB=Family & work balance, SC=satisfaction with Co-workers, IO=Interaction opportunities, PO=Professional Opportunities, PR=Praise & Recognition, CR=Control & responsibility

Table (4) demonstrates results of multiple linear regression, intended to predict the factors that influence nurse's J.S in hospital settings. Model's 'Goodness of fit' was investigated before calculating multiple linear regression. Data demonstrates overall the regression model is a good fit. Moreover, the factors (eight subscales of MMSS inventory) exhibits variations in response variable (R^2 =.923, F= 644.45, p is less than 0.001). R^2 represents a value of (.923), e.g. the model validates 92.3 % variance. Which means that IV's (independent variables) describe (92.3%) variability of dependent variable. Here, these results confirmed that a unit increase in factors of MMSS leads toward a unit increase in J.S. Findings cited above also indicates that all the factors of MMSS have been showing a significant positive relationship with J.S having *p* value less than (*0.001*), for example, Extrinsic rewards (ß=.080; t=3.78), Scheduling Satisfaction (ß=.090; t=3.67), Family & work balance (ß=.105; t=5.58), Co-workers (ß=.104; t=4.18), Interaction (ß=.215; t=8.24), Professional Opportunities (ß=.134; t=5.95), Praise & Recognition (ß=.176; t=7.44), and Control and responsibility (ß =.215; t= 8.13).

Discussion

Nursing staff shortage reduced expertise and excellence of medical outcomes, and it badly influences health-related services (Yarbrough et.al, 2017). Numerous studies featured the substantial outcomes of job satisfaction on nurse retention and turnover rates (Alotaibi, Paliadelis, and Valenzuela, 2016). For that reason, J.S is viewed as a probable subject for pledging an adequate nursing workforce and also guaranteeing better health care facilities. The present study was designed to investigate the level and factors of J.S among nurses.

Nurses from public setting hospitals of Multan city constituted the sample. Correlation and regression analysis was run to cover the said objectives of the present study.

Findings of the present study suggest that among demographic variables, these six variables were significantly correlated with J.S e.g. cadre, work in shifts, working experience, working hours, marital status, and no of children. While variables that have no significant relation with J.S were the age of respondent, Job nature, qualification, intent to leave, and salary. Zurmehly (2008) reported a significant relationship of education with J.S. whereas, in the current study non-significant relationship was found between education and J.S. Literature suggested that Shift work has been associated with nurse's low J.S (Labrague et.al, 2017). Work in night and day shifts both were investigated as very important predictors of J.S (Dall'Ora et.al,2015). And results of the current study verified the claim by investigating a significant positive relation between shift work and J.S. A negative-significant correlation relation was reported between work experience and J.S. Which signifies that the higher the work experience, the lower is the J.S. These findings have been contrasting with the findings of Zacher and Schmitt (2016), According to Zacher and Schmitt (2016), Workers having more job experience are more satisfied with the job than the workers having less job experience. Regarding marital status, an inverse correlation was investigated between marital status and JS of nurses that is contrasting with a study by (Atefi et al., 2015; Dawal et al., 2009), who narrated that married nurses have shown greater satisfaction with jobs as compare to unmarried nurses. Interesting findings were investigated by the researcher regarding the intent to quit, as a greater number of respondents have shown no intension to leave their jobs. However, these findings contradicted a study done by Larrabee et.al, (2010) and Al-Enezi et.al, (2009), who demonstrated that majority of nurse respondents were intended to leave. However, in the present research, it was evident that nurses have no intent to leave despite being low satisfied with their current job. Under the light of these findings, the researcher

concluded that having no intent to leave could be due to the fact of having good relationships with colleagues, short working hours, or due to young age. In the present study, in terms of the variable of age, data did not support the findings of other studies (Paggi and Jopp, 2015; Rose, 2018). As no significant relation was reported between age and J.S. Findings of the present study confirmed a statically significant positive correlation between J.S and cadre (Nurse's professional status). Hence, these findings are contrasting with the findings of Liu and Wang (2010), who reported a low level of satisfaction among nurses who hold a high professional status. A strong and positive correlation was investigated between the number of children and J.S. same findings were reported by Dilig-Ruiz et.al, (2018), as Dilig-Ruiz et.al, (2018) narrated that a high level of satisfaction was reported by nurses who have children than the nurses who have no children. The present study suggests that fewer job hours contributing to a greater level of satisfaction. As findings demonstrate a strong negative correlation between work hours and JS. These facts are aligned with the study of Nassab (2008), in the United Kingdom. The present study illustrates a non-significant relationship between job nature (Permanent and contract base) and job satisfaction. These outcomes have shown contrast with the outcomes of a Pakistani study accompanied by Bahalkani et.al, (2011). In the current study, the researcher investigated a non-significant relation between salary and J.S, contrary to the findings by De Coning, Rothmann, and Stander (2019), who found that income positively affects an employee's J.S (Table 3).

Findings (Table 2) illustrates that the overall level of satisfaction among nurse respondents was moderately dissatisfied (score 2). These facts are per a study of China by Lu et.al, (2016) and in Pakistan by Hamid et.al, (2014), who demonstrated that nurse respondents were dissatisfied with their jobs. A positive association demonstrates that all the eight predictors (from MMSS) significantly affect job satisfaction. Findings also reveal a low level of satisfaction e.g. "moderately dissatisfied" with all the predictors. The most prevalent

factors contributing towards a low level of satisfaction are extrinsic rewards, scheduling satisfaction, family and work balance, satisfaction with co-workers, interaction opportunities, professional opportunities, praise and recognition, and control and responsibility. These findings have shown consistency with the findings of Drake (2014) in the US.

A moderate dissatisfaction was reported with an extrinsic reward (score 2). This signifies that, according to Herzberg's Motivator-Hygiene theory, respondents were dissatisfied with hygiene factors (e.g. salary, vacations, and benefits). This claim was also confirmed by Pasaron (2013), who asserted that the absence of extrinsic rewards causes dissatisfaction among workers. Outcomes of the present research demonstrate work/family balance as another important interpreter of J.S. Nurse Employees who confirmed a high level of JS has less work-family conflict. In the present study, it was also evident that nurses were moderately dissatisfied with the variable work/family balance (maternity leaves, childcare facilities). Female workers having no childcare facilities at the workplace offend face with WFC (work-family conflict). These findings have been consistent with a previous study by Haar et.al, (2014), who also claimed that stability balance between work and family life has a positive influence on the personal life and J.S of an individual. However, the findings of the current study are contrasting with an Ethiopian study by Semachew et.al, (2017), as nurses were moderately dissatisfied with their workmates. There are numerous studies conducted on hospital settings highlighting the importance of interpersonal relationships regarding job satisfaction. Theoretical grounds also explained a nexus between Interaction and J.S. For example, the Symbolic interactionist perspective, view 'Interaction' as the most significant dimension of Job satisfaction, as cited by Mcglynn et.al, (2012). Thus, the findings of the present research confirmed this theoretical assertion by demonstrating a significant positive association between interactional opportunities and J.S (Table-4). In the current study, it was evident that most nurses have shown dissatisfaction with professional opportunities due to

having fewer professional opportunities. However, Tasneem et.al, (2018) asserted professional opportunity as the most important predictor of J.S that assists in adding J.S through consuming complete potential. Furthermore, "praise/recognition" was also identified as a significant factor of J.S similar to the finding of Duffield et.al, (2011). Chaulagain and Khadka (2012) cited that, according to Herzberg's two-factor theory, factors like "skill development" and "recognition" significantly improve J.S of employees. Given that, the findings of current research have theoretical implications by asserting that an increase in praise & recognition would significantly increase JS. It was also evident that employees feel dissatisfaction if they are not given a functional environment or autonomy (score 2; table: 2). The researcher also found a positive relation between J.S and "control and responsibility" (table 4). Another study by Chaulagain & Khadka (2012) revealed the same view, the absence of involvement in decision making produced dissatisfaction with variable "control and responsibility".

Conclusion

Job satisfaction among staff has been regarded as a predictor of quality health care services. While low job satisfaction is linked with high turnover as well as employee absenteeism. And it also influences the efficiency of medical services. Thus, the current study seeks to examine the level and factors of J.S among nurses serving in public sector hospitals. A low satisfaction level was found among nurses. Among demographic variables cadre, shifts work, marital status, working experience, working hours, and no of children were found as significant indicators of the low level of satisfaction. Findings also reveal a low level of satisfaction e.g. "moderately dissatisfied" with all the predictors of MMSS. The most prevalent factors contributing towards a low level of satisfaction were extrinsic rewards, scheduling satisfaction, family-work balance, satisfaction with co-workers, interactional opportunities, professional opportunities, praise and recognition, and control and

responsibility. Under the light of the above-cited findings, researchers conclude that the satisfaction of nurses can be enhanced through cultivating a positive work environment e.g. increasing salaries, reducing workload, establishing balancing between work and family life. Moreover, management could utilize these facts for the purpose to retain and increase nurse's J.S.

Implications

The strengths of the present study propose a lot of implications. The present study pays attention to public hospitals. Public setting hospitals are the most deprived areas in terms of economic funding for health care workers. Furthermore, the study employed MMSS that has very high validity and reliability. The psychometric analysis is another vital addition that serves to enhance the soundness and validity of data collection. The study also provides empirical evidence to the administration for policymaking beneficial for nursing welfare. Findings of the present study also beneficial for researchers for future research in the health care sector.

Limitation and Recommendation

Limitations of present research comprehend the sampling size and sampling design. The small size of the sample limited the ability for generalizing greater or heterogeneous populations. It is also pertinent that cross-sectional designs lacking the capability for the creation of a causal model. The mood of respondents at the time of data collection could also prove another limitation of the study.

Based on the limitations cited above, the researcher suggests a triangulation method or longitudinal study to grasp the wholesome view regarding the issue. Under the light of the findings of the present study, researchers recommended that the Interactionist perspective is fruitful for policymakers. As policymakers could use the perspective in making and executing policies by paying focus on specific dimensions of J.S, for example, autonomy, shared

governance, a positive doctor-nurse relationship, interaction during work, and task requisite. Managers and nurse employers should take into consideration these dimensions while making policies. Systematic performance appraisal and assessment must be entrusted by the government to recognize the fields that require further development.

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