

# Nurses Response to Their Nurse Manager Roles: Study Review

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3. Nurse Administration Of Infectious Diseases Prevention Taif HCC Saudi Arabia
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5. Nurse Technician Administration Of Saudi Specialty Certificate Program Of Family medicine Taif Saudi Arabia
6. Nurse Administration Of Infectious Diseases Prevention Taif HCC Saudi Arabia
7. Nurse Administration Of Infectious Diseases Prevention Taif HCC Saudi Arabia
8. Nurse Technician Smoking Cessation Program Taif Saudi Arabia
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10. Nurse Technician Administration Of Health Programs And Chronic Diseases Taif Saudi Arabia
11. Midwife Administration Of Infectious Diseases Prevention Taif HCC Saudi Arabia

**Purpose:** Due to the increasing focus on nurse managers' behaviors and job satisfaction the in perceptions the of literature, nurse managers by registered nurses offer a different understanding that may help in developing RNs' strategies job to satisfaction. increase The aim of this study was to identify the perceptions of the RNs that were discussed in focus groups to identify the behaviours of the nurse managers that most affect the RNs' job satisfaction. **Methods:** In total, five focus groups were conducted with 28 RNs by means of semi-structured interviews to collect data that were analyzed using qualitative content analysis to identify themes in tow major hospital in Taif Saudi Arabia August 2024. **Findings:** The findings present nurse managers with an understanding of how RNs view them and what nurse managers can do to increase RNs' job satisfaction. Based on the focus group discussions, there was a specific difference hospital between unit. theThere RNs' were perception five of main the categories work that environment were and identified the in nurse the manager's area role of on RNs' the perception of the work issues and the manager's role. The daily role, manager meeting time, visibility of the nurse managers, no longer a nurse and RN's preference for the nurse manager role. **Conclusion:** The study's results are consistent with prior research in as much as RNs' attitudes towards the nurse managers being RNs. asared This being for study their by has employers, the implications being nurse for involved managers the in is staff the a nurses, decision-making major the process, factor nurse and that that managers the influences there and feeling the is the that job a administration. they satisfaction need The are of for study thethe reveals administrators to allow the nurse managers to have more time on the units to of attend the to relationship the between Pro-Kin the relationships RNs with and the the direct nurse care managers providers is and the the involving recommendation the made staff for in the the improvement decision making process..

## Introduction

The American Nursing Association (ANA) has stated that strategies for enhancing the supply of nurses in the workforce should aim at both attracting and maintaining the registered nurses (ANA, 2008). Therefore, given the fact that the current studies indicate that job satisfaction might affect the retention of the RN staff in view of the predicted shortage within the the next factors 10 that to affect 15 RN years, job it satisfaction. is Gormley's crucial (2011) to study examine also revealed that the RNs' anticipated turnover was significantly associated with the work environment and the perception that the nurses had regarding the nursing management. This paper aims at presenting findings of a study to establish the RN's perception on the behaviours of the nurse manager that affect RN's job satisfaction. The responses from the focus group interview with RNs showed that there was a gap between the RNs' perception of what the manager was doing and what the RNs were doing.

## Background

A study by Aiken, Clarke, Sloane, et al. published in 2001 showed that more than 40% of the hospital nurses were dissatisfied with their jobs. Research in nursing and human resource management has identified the nurse manager-nursing staff relationship as crucial to nurse satisfaction. Researchers have indicated that the nurse managers play a crucial part

In shaping the kind of environment that the nurses are working in on daily basis and therefore have an impact on the retention of the RNs (Shirey et al., 2008). The staff nurses in a study by Aiken et al. (2001) indicated that the managers affected their job satisfaction through acts of recognizing and rewarding them, meeting their needs, assisting or directing them, leadership, meeting the needs of the unit and environment supporting as the one team. of Likewise, the Herrin

most and important Spears factors (2007) that identified influence a job supportive satisfaction of nurses and nurse managers are key in determining the kind of environment that would enhance the satisfaction and retention of the staff nurses (Force, 2005; Kramer et al., 2007). In additional studies, and in line with the prior findings on the nurse manager's behaviors, the staff nurses in exit interviews stated that the behaviors of the nurse manager were most likely to affect their decision to leave the specific unit (Kramer et al., 2007; Shobbrook & Fenton, 2002).

The role of the nurse in charge of the patient care unit has changed over the past several decades from being the "head nurse" in the 1980's, who was the expert clinician, to becoming a manager of one or several units in the 1990's. This role involved budgeting, managing or directing patient placement and personnel management (Kramer, Schmalenberg, & Maguire, 2008). Currently, the role has expanded even more to include more leadership behaviors such as counseling staff, orienting physicians, and facilitating teamwork on the units. Has the increase in responsibilities of the nurse manager led to a decrease in RN job satisfaction? Has the relationship between the two positions diminished due to the inability of the nurse manager to fulfill the perceived expectations of their nursing staff?

## Methods

*Design.* This was a descriptive qualitative study in which focus groups were used to understand the RNS' perceptions of the manager's behaviors that affect the RNS' job satisfaction. The data presented in this paper are related to our finding that the RNs have a perceived divergence between the managers' activities and the impact of these activities on the RNs and the health care setting in two major hospitals based in Taif, Saudi Arabia August 2024.

*Sample.* A total of 28 RNs were chosen purposefully from the population of all available RN staff nurses working in two major hospitals in Taif Saudi Arabia August 2024.

A staff nurse was described as an RN working on a specific ward with specific number of patients admitted on that specific ward. The inclusion criteria for a staff nurse included: Being a RN with at least six months experience in patient care and the nurse manager must have been in the position for at least six months. A Nurse Manager was defined as a RN who is held accountable for the running of one or more of the hospital or clinic units, regardless of the name of the position. This position entailed supervision of charge and staff nurses on all shifts and answers for those positions. To be eligible for their staff to participate in this study the nurse manager must have had one or more years of experience as a nurse manager. The above mentioned year of experience is significant in order to prove that the nurse manager is not in the orientation or initial/transitional period of learning the role of management. This could be a threat to the study if the person in this position did not have a lot of experience in this position. Other characteristics of the nurse manager were not collected to ensure that the identities of the RN participants were not revealed.

Both the organizations had Charge Nurse (CN) role in place in the units and the CNs may or may not be taking patients in addition to their CN duties. The CN was not included in the definition of being in the position of nurse manager for the purpose of this study. organizations

and To divided achieve into the focus recruitment groups goals of for five the to sample, eight participants participants, were with recruited a from minimum staff of nurses two in focus both groups per organization. Each focus group included participants from different units and shifts; the focus groups were conducted with five to eight participants in a sequence depending on the availability of the nurses. The nurses had varying levels of experience and this would enhance the chances of getting different participants for the identification of common themes on the subject of Nurse Manager's behavior on job satisfaction.

*Procedures.* Following approval from the IRB from the university and the two involved hospital IRBs, focus groups were developed through a recruitment process which included an e-mail and the use of fliers that were displayed on the nursing units. Focus groups were conducted after business hours and in a room that was not located on the clinical unit and the offices of the nurse managers in order to ensure the participants' privacy. First, at the beginning of each focus group, the participants were requested to complete a one-time demographic data sheet. Then, the investigator instructed the participants to engage in focus group discussions in response to probing questions that the investigator posed regarding nurse manager behaviors that increased or decreased participants' job satisfaction (Figure 1). This is because the focus group method enables the participants to share and compare their experiences in relation to the topic that they may not have been able to do so if they were alone (Morgan, 1998). The probing questions were used to explore issues and generate in-depth responses from the RNs. All focus group discussions were done confidentially and the discussions were audio-recorded for the purpose of transcription. The pattern of the evolving discussion was also used to devise developed follow-up a questions transcript for for the each subsequent of groups the where audio the recordings responses and were the incomplete. transcript The was investigator used and as the the research data assistants collection source and was not manipulated in any way (Sandelowski, 1995). Data Analysis. The transcripts were checked for correctness by matching the written document with the audio tapes. All the data collected were analyzed for each focus group discussion separately. The research team consist of two qualitative analysis experts, both of them knew about nursing leadership and the management previous and and one present instrument research development findings. expert The who research knew team about performed the a comparison content of analysis the of data the with data and then summed up the information (Sandelowski, 1995). This paper's focus, the second category is the RNs' perception of the gap between work issues and the manager's role. The first category is the manager behaviors supportive of RNs. Content analysis of audio transcripts and repeated iterative discussion among members of the research team resulted in two conceptual categories:

## Results

### RNs' Perceived Disconnect between Work Issues and the Manager's Role.

All the RNS in the five focus groups were requested to state how his/her day at work looks like and the challenges that he/she encounters in the course of the day. However, at the beginning of the conversations, almost nothing was said about the nurse manager's role in the daily life on the unit. When the RNs started to describe their workday and the issues which they faced from time to time on the specific unit or regarding the patient, they did not describe their manager as being involved and making a difference in the day's work on the unit. It seemed as if there was a gap between the RNs' understanding of the issues they encountered in their work and the role of the nurse manager on the hospital unit. The following themes (Figure 2) were identified in the category of RNs perceived disconnect between work issues and the manager's role. Each theme represents a discussion that occurred during a minimum of 3 focus groups (or in over 50 percent of the groups).

*The daily role.* A disconnect was frequently apparent when RNs explicitly stated that the nurse manager did not play a role

**Figure 1.**  
Focus group interview questions.

- 1) Tell me about a really memorable day for you at work, good or bad.
- 2) What do you think makes a day go well and go poorly for you?
- 3) What part do you think your manager plays in how your day goes at work?
- 4) What might your manager do to worsen your day at work?
- 5) What might your manager do to improve your day at work?

- 1) The daily role
- 2) Manager meeting time
- 3) Visibility of nurse managers
- 4) No longer a nurse
- 5) RN preferences for the nurse manager role

**Figure 2.**

The mess surrounding the RN disconnect with the nurse manager role, in their day-to-day job in providing patient care.

One RN stated: "The only time that she's really involved in what we're doing is when we're full and there are patients that need to be placed and she wants us to constantly call the doctors and get them transferred. That is hard to do when you have critical patients that still need our attention."

A second RN did not relate the manager to the daily needs of the unit: "Our manager is fantastic, the one we have right now, but as far as my day to day, it does, she doesn't really have an effect on my day."

*Manager meeting time.* The discussion often targeted the amount of time the nurse managers spent in meetings and how this part of their role kept them from being active participants on the unit to solve problems with patient care or simply to show the staff they were there to support them.

As one RN said: "They're going to come and they're going to come flying to the unit if there's something wrong and they're going to be there for you, which is great, but these meetings I think preclude them being able to help on a daily basis in a way that they might be able to help even more, which would be nice. And I also think by virtue of having all these meetings that it pulls them away from the day-to-day activity of what really happens on a unit sometimes, so that when you're making policy, but you're not there as much, it's harder for you to really see how what you're doing is going to impact that person and that's what scares me about the number of meetings that they have to attend."

Others also shared concerns that meetings hindered managers' effectiveness because "that's basically all they do is just meetings from the time they get here until the time they go home mostly" and "if you're in different meetings all the time, how can you be effective? I don't know." One nurse described her manager as attending "meetings about meetings, exactly" and believed that "they kind of need to be on the floor."

*Visibility of nurse managers.* Other discussions by nurses who worked nights or weekends also involved a disconnection between the manager's role and the functioning of the unit. A nurse who worked mainly weekends commented that "I never see her on the weekends. When I'm there during the week or before I went weekend option, you would see her Monday through Friday—every morning that she wasn't already in meetings."

One RN described her perception of the role of the nurse manager in comparison to the charge nurse: "I think the charge nurse actually plays a bigger role than your manager. Our manager is there, but if something goes down you're going to go to your charge nurse first, so they are more important. That's just me, not in the step-by-step involvement. With my manager, only if something major goes wrong do you ever see them."

*No longer a nurse.* Finally, one particular perception by the nurses during the focus group discussions highlighted a disconnect between the manager and the actual work of nursing at the bedside. The nurses often shared opinions in relation to the manager no longer knowing how to be a nurse, such as this comment: “She’s there. She makes an appearance and she’s nice. I’ve just heard other people, when it’s been really busy like, she’ll say she’ll get them some help and then the help she gives is saying, “You’re doing a great job,” but doesn’t jump in and put on a pair of gloves or do anything like that.”

Another nurse shared feelings about how the manager loses the connection with the clinical aspect of the job when taking on the manager role: “They have more administrative things than really nursing things. Likely, they’re not held together. The connection is broken, when they step up. I see it being different when you are a clinical nurse and you go one step up. Most of them when they are managers, they are managers, not clinical managers.”

The RNs believed the managers were not able to relate to the many problems the nursing staff had on a day-to-day basis, including the physical stress and strain of being directly involved in patient care. One RN commented: “I’d just like some feedback because I feel like my boss has no idea what kind of a job I do because there’s a big gap between what she does and what happens on the floor.”

Another described a level of frustration when staff perceived the nurse manager as being disconnected from the demands of the job of an RN: “I do wish the managers... could put their self in our shoes sometimes. Because, you know, we do have limits, not only physically but emotionally too. I mean, sometimes at the end of the day when I know when we go home we’re just wiped out. We’re usually there till 6, sometimes later. We stay until the patients are done and it can be a long day. It’s mentally exhausting as well as physically.”

*RN preferences for the nurse manager role.* Often the discussion led to RNs sharing their expectations of the nurse manager. For example: “Just actually physically being in front of somebody, you know. Listening to report, just so you kind of get a feel for, you know, what the staff’s day is going to be. That would be nice. Showing upon the off shifts and just being in that full-time slot and you know, you could set your watch by when she’s going to get there and when she’s going to go home. Answering their cell phone when staff calls because they need something, and you know, I think we are expected to only call when it’s something that’s really out of the ordinary.”

Yet another nurse described how it affected the staff when the manager did provide assistance during a time when they were short staffed: “Even if, you know, you’re short staffed, I mean, you can have a good day when you’re short staffed, it just depends on the support that you do get from the people that are there and if your manager can come out and support you while you’re having that bad day. It just kind of alleviates that.”

## **Discussion**

The manager has two main and separate roles as identified by Hersey and Blanchard (1977). The first one is production or task oriented and the second one is employee oriented with an emphasis on relationships, teamwork and employees’ commitment to the organization. This study reveals that the staff nurse participants viewed their managers as task-oriented in aspect such as attending meetings and managing the staff for instance, but not as employee oriented with a focus on relationships, teamwork, or employees’ commitment to the organization. In this study the nurses did not always see the connection between the day to day work of the manager and the manager in solving issues regarding work when they arise during a shift. And yet the nurses seemed to want more connection and communication from the manager. The findings of this study are similar to a research conducted by Sellgren et al. (2006) where both the subordinates and the managers were given the same survey to rate the leadership behaviors and the subordinates gave different ratings than what the managers had expected. In a study by Gormley (2011) there was a noticeable difference between the nurses and the nurse manager regarding the perception of the work environment. The managers appraised the environment higher than the staff does on all the sub-scales. These two studies also showed a difference in the perceptions of the nurses and the perceptions of the nurse managers.

According to Schmalenberg and Kramer (2009) if the nurse manager is doing things that the nurses do not think are part of the nurse manager’s job then the nurse manager is perceived as non-supportive. In a qualitative study by Shirey, Ebright and McDaniel (2008) the nurse managers were asked about their roles on the unit and they all pointed out that it was essential for them to be on the unit for enough time to prevent various issues from becoming bigger problems. But, organizational aspects that put them in meetings or fire fighting mode, or assign them other duties, may prevent them from being on the unit as much as they would want to be (Shirey, Ebright, & McDaniel, 2008).

The following is the most important implication from these study findings: Related to the ability and capacity for nurses in the nurse manager position to perform tasks that encompass both the leadership categories outlined by Hersey and Blanchard (1977). The manager who is an office person and has rules to follow and use the channel of communication in an authoritative manner demoralizes the employees and make them feel helpless, emotionally drained and unhappy at their work (Stuenkel, Nguyen, & Cohen, 2007). Do nurse managers working in today’s dynamic and dynamic healthcare environments, including frequent changes, have the opportunity to attend to the role dimension that involves employee relations, team building, and employees’ commitment to the organisation?

There are several recommendations for future practice based on this study and the existing literature on the nurse manager position in other healthcare organizations. First, the RNs may not have a correct understanding of the nurse manager and thus may have wrong expectations of the nurse manager. Second, how can we help nursing administration to perform the task and leadership roles identified by Hersey and Blanchard (1977) to help the RN staff and improve their satisfaction?

Since the supportive behaviors of the nurse managers may be absent or may vary in different hospitals and patient care units, an extrinsic list of supportive behaviors must be developed and tested to ensure that all the aspects of the nurse manager's role are well understood by the staff nurses (Schmalenberg & Kramer, 2009).

According to the study (2008) by the Shirey, following Ebright was and revealed: McDaniel The nurse managers complained that the young nurses saw the nurse manager position as rather unattractive and that the young nurses asked the managers: "what do you do" and "is it worth it" (p. 128). The same study showed that the managers stated that the lack of clarity of their roles create an ambiguity as to what is expected of them (Shirey, Ebright, & McDaniel, 2008), which may lead to the gap between RNs' perception of the role and the nurse manager's role as seen by the hospital administration. The participants in our study seemed to have no idea what management entailed, thus calling for a meeting between the nurse manager and the nurses to ensure that the perceptions and expectations of the RNs are explained and made clear in order to enhance the effective performance of & the Kramer, nurse 2009; manager Utriainen (Schmalenberg & Kyngas, 2009).

Not many of the RNs mentioned the manager as the go to person to help in resolving issues that affect staffing, patients or poor physician relations. The findings of this study showed that staff viewed the managers as people who are out of sight, out of mind and not around to help in the delivery of patient care or to address the needs of the staff.

Based on these findings, the following is the most important recommendation for practice change: This is to do with the effective and efficient execution of the nurse manager role in capturing both the leadership dimensions that Hersey and Blanchard (1977) talked about. A manager who is an office person and has rules to follow and use the channel of communication in an authoritative manner demoralizes the morale of the staff by increasing feelings of powerlessness, emotional exhaustion and decreased job satisfaction (Stuenkel, Nguyen, & Cohen, 2007). Is it possible for a nurse manager working in today's complex healthcare environment to be more focused on the employee aspect of the job – to be more people-oriented, build teams, and foster people's identification with the organization.

There is a need for the nurse managers to discuss the roles and expectations or perceptions of the RNs with the administration as they also affect the support that a nurse manager can offer to the nursing personnel (Schmalenberg & Kramer, 2009). Nurse managers have described their jobs as being stressful due to the perceived increased workload by the staff and the management and the felt lack ability of to meet these needs (Shirey, Ebright, & McDaniel, 2008). Structures that make nurse managers attend meetings and other activities that take them away from the units limit the availability of the manager. The lack of presence on the unit hinders the nurse manager to foster relations, evaluate the level of teamwork and resulting patient care outcomes as well as engage the employees in identifying and resolving care delivery as well as organizational issues that affect them. It is important for management to ensure that some of the tasks are handed off to other people so that the behaviors that RNs identified as important to them can be exhibited by the nurse manager (Schmalenberg & Kramer, 2009).

## Conclusion

The aim of this research was to understand the RN's view of their nurse manager's behaviour that impacted the RN's job satisfaction. Besides, the study also pointed out that the RNs had certain expectations of their nurse managers and what they thought the managers were doing in relation to their work and the two were not in sync. This may indicate that the staff RNs do not comprehend the manager's function properly, or it may show how challenging it is for the managers to attend to both tasks and people perspectives of leadership due to the pressures existing in the health care systems. Since the nurses thought that the nurse manager should be more visible in the ward then it should be, the job satisfaction of the RNs may be affected especially during peak periods if the nurse manager is not around to help in solving problems and coming up with solutions for the unit. This study offered up findings that would be of interest to staff nurses, nurse managers and those in administration. There is a need for the support of the administration to enable the nurse manager to have more time on the unit with the RNs to foster the provider – RN relationship and team spirit through communication as a way of reducing the gap between the RNs and the nurse managers.

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