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Occupational Stress and Nurses' Job Satisfaction: A single centre experience from Saudi Arabia

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Abstract

Introduction: Workplace stress is a significant issue in the healthcare sector, particularly among nurses who play a crucial role in patient care. Understanding the impact of workplace stress on nurses' job satisfaction is essential for improving the well-being of healthcare professionals and enhancing the quality of patient care.

Objectives: This study aims to investigate the relationship between workplace stress and nurses' job satisfaction in clinical settings. It also seeks to identify the primary sources of workplace stress experienced by nurses and examine how these stressors influence job satisfaction levels.

Methods: A quantitative cross-sectional survey design was employed. The target population consisted of registered nurses working at Security Forces Hospital Makkah. A stratified random sampling technique was used to ensure representation from different nursing units. Data were collected using two validated tools: the Nurses' Occupational Stress Scale (NOSS-21) and the Job Satisfaction Survey (JSS). Descriptive and inferential statistics, including independent t-tests, one-way ANOVA, and Pearson correlation coefficient, were used for data analysis.

Results: The study found that 76.4% of nurses experienced high levels of occupational stress. The mean job satisfaction score was 135.72, indicating a neutral level of job satisfaction. A significant negative correlation ($r = -0.69$, $p < 0.001$) was found between occupational stress and job satisfaction, suggesting that higher stress levels are associated with lower job satisfaction.

Conclusion: The findings highlight the need for targeted interventions to reduce workplace stress and improve job satisfaction among nurses. Addressing work-family conflict, organizational inefficiencies, and excessive workloads are critical for enhancing nurses' well-being and the quality of patient care.
Keywords: Occupational Stress, Job Satisfaction, Nurses, Workplace, Saudi Arabia

Introduction

Workplace stress is a significant issue in the healthcare sector, particularly among nurses who play a crucial role in patient care. Nurses inside healthcare facility face various stressors in their daily work. Understanding the impact of workplace stress on nurses' job satisfaction at workplace is essential for improving the well-being of healthcare professionals and enhancing the quality of patient care.[1]

In the healthcare sector, the quality of services heavily relies on nursing staff and their level of job satisfaction.[2] However, nursing staff face various challenges in their daily work, such as heavy workload, inadequate resources, and limited autonomy, which can contribute to work-related stress.[2] This issue of work-related stress is a significant concern within the nursing profession, with potential adverse effects on the physical and emotional well-being of nurses, as well as their professional performance and the quality of care provided to patients.[3]

As work demand increases, nurses have to accommodate a more significant workload while simultaneously meeting the highest standards of patient care.[4] The issue of work-related stress is further exacerbated by factors such as organizational structure, resources, staffing, and insecure job employment, all of which contribute to escalating mental health repercussions among nursing staff.[5]

Moreover, the level of job satisfaction among nurses is critical for the healthcare system's ability to maintain a stable workforce and reduce nurse shortages.[6] Job satisfaction is closely related to the employee's motivation and productivity, and it is indicated as the most significant predictor of occupational stress.[7]

Literature Review

Previous research has highlighted the detrimental effects of workplace stress on healthcare professionals, including nurses. Studies have shown that high levels of stress can lead to burnout, decreased job satisfaction, and compromised patient care quality.[8, 9] In the context of nursing research in Saudi Arabia, limited quantitative research has been conducted on the specific challenges faced by nurses in the healthcare sector, particularly workplace stress and job satisfaction [10, 11]

In Saudi Arabia, there are over 40 nursing programs, collectively graduating more than 12,000 students annually. Nursing students, similar to those in other health-related fields, face numerous stressors throughout their education, training, and careers.[9] During clinical practice, these stressors are compounded by the responsibility of caring for critically ill patients, the risk of making mistakes and the emotional toll of witnessing patient deaths. These challenges significantly contribute to stress and increase the likelihood of burnout and leading to job dissatisfaction [9, 12]

Considering the above which reveals that nursing professionals are significantly vulnerable to workplace stress. However, there is a paucity of comprehensive data regarding the relationship between workplace stress and job satisfaction among nursing professionals in Saudi Arabia. Consequently, this study aims This quantitative research aims to investigate the relationship between workplace stress and nurses' job satisfaction at the clinical settings in Saudi Arabia. Additionally, the study will focus on identifying the primary sources of workplace stress experienced by nurses and examining how these stressors influence job satisfaction levels. Also, fill this gap in the literature by focusing on the quantitative analysis of workplace stress

and job satisfaction factors relevant to nurses in clinical setting. Therefore, the research questions are

1. What are the most prevalent sources of workplace stress among nurses in clinical settings?
2. How does workplace stress impact the job satisfaction levels of nurses at the Security Forces hospital Makkah?
3. Is there a significant correlation between workplace stress and job satisfaction among nurses professionals?

Methods

Study design and settings

This study employs a quantitative cross-sectional survey design to investigate the relationship between workplace stress and job satisfaction among nurses at …. Hospital in Makkah, Saudi Arabia between October 2024 to November 2024.

Population and Sampling procedures

The target population for this study consists of all registered nurses working at Security Forces Hospital Makkah. A stratified random sampling technique was used to ensure representation from different nursing units (e.g., Critical Care, In-patient, and Out-patient units). Nurses were categorized by department, and participants were randomly invited from each department. This approach ensures that various specialties and experience levels are included in the sample. The sample size was determined using a confidence level of 95% and a margin of error of 5%, with adjustments for response rates. A sample of approximately 240 nurses was selected to ensure the generalizability of the findings across the hospital's nursing staff.

Data Collection Instruments

Two validated tools were used to collect data on workplace stress and job satisfaction:

1. **Nurses' Occupational Stress Scale (NOSS-21)**: This 21-item scale measures various dimensions of occupational stress, including work demands, work–family conflict, insufficient support, organizational issues, and occupational hazards. Responses are rated on a Likert scale, with total scores ranging from 21 to 84. Scores are classified into low stress (21-45) and high stress (46-84).[13]

2. **Job Satisfaction Survey (JSS)**: The JSS is a 36-item instrument that measures nine aspects of job satisfaction, including pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, and communication. Responses are scored on a six-point Likert scale, with total scores ranging from 36 to 216. Scores are categorized into dissatisfaction (36-107), neutral (108-143), and satisfaction (144-216).[14]

Data Collection Procedure

A structured self-administered questionnaire, combining both the NOSS-21 and JSS, was distributed to the potential participants. Data collection was taking place over a period of two months. Informed consent was obtained from each participant before data collection. Participants were assured of confidentiality and anonymity.

Data Analysis:

Collected data were entered into SPSS software (Statistical Package for the Social Sciences, version 26, SPSS Inc. Chicago, IL, USA) for analysis. Descriptive statistics (mean, standard deviation, frequencies) were used to summarize the demographic characteristics of the participants. Inferential statistical tests were included: **Independent t-test**: to compare job satisfaction and stress levels between two groups (e.g., gender). **One-way ANOVA**: to compare job satisfaction and stress levels across multiple demographic groups (e.g., age, years of experience). **Pearson correlation coefficient**: to assess the relationship between workplace

stress and job satisfaction. Then, the collected data were organized, tabulated and analyzed using SPSS software The categorical variables were represented as frequency and percentage. Continuous variables were represented as mean, and standard deviation. Independent t-test was used to test the differences between two means of continuous variables. The ANOVA test was used to test the differences between more than two means of continuous variables. Pearson correlation coefficient test was conducted to test the association between two continuous variables. Statistically significant was considered as (p-value ≤ 0.05 &0.01).

Ethical Considerations

Approval for the study was obtained from the hospital's ethics committee. All participants will provide informed consent before participating. Confidentiality and anonymity was ensured throughout the research process.

Results

Demographic data

Table (1) shows demographic characteristics of the studied nurses, it was noted that 42.1% of studied nurses aged 31-35 years old and had more than 10 years' experience. It was also found that majority of studied nurses (84.7%) were female. More than two thirds of nurses had Bachelor's degree and married (71.5% and 74% respectively) and nearly half of nurses (47.5%) from in-patient Unit.

Table 1.Nurses' Socio-demographic characteristics. (n=242)

Variables	N	%
Age years		
▪ 25-30	48	19.8
▪ 31-35	102	42.1
▪ 36-40	62	25.6
▪ >40	30	12.4
Gender		
▪ Female	205	84.7
▪ Male	37	15.3
Educational level		
▪ Diploma	54	22.3
▪ Bachelor's degree	173	71.5
▪ Master's degree	14	5.8
▪ Doctorate or professional degree	1	0.4
Years of Experience in Nursing		
▪ Less than 1 year	4	1.7
▪ 1-5 years	51	21.1
▪ 6-10 years	85	35.1
▪ More than 10 years	102	42.1
Specialty Area		
▪ Critical Care Unit	108	44.6
▪ In-patient Unit	115	47.5
▪ Out-patient Unit	19	7.9
Marital Status		
▪ Single	57	23.6
▪ Married	179	74.0
▪ Divorced	6	2.4

Nurse's Job satisfaction

Table (2) illustrates the mean of job satisfaction score was 135.72 with SD (24.93) that means neutral range of job satisfaction. Regarding the nine subscales of job satisfaction (Table 3), the nature of the work itself had the highest mean level of satisfaction among the studied nurses (17.31±3.90), followed by coworkers (17.23±4.07), and supervision (16.90±4.28) whereas fringe benefits had the lowest mean level of satisfaction (13.13±3.89), followed by contingent rewards (13.44±3.84), and operating procedures (13.54±3.07). About the presents job satisfaction levels among the nurses, more than half of them (52.9%) had neutral job satisfaction level and 34.7 % of them were satisfied with their job. (Table 4)

Table 2.Mean score of nurses' job satisfaction.

Statements	Min –Max	Mean±SD
1. I feel I am being paid a fair amount for the work I do.	1.0- 6.0	3.81±1.55
2. There is really too little chance for promotion on my job. *	1.0- 6.0	3.05±1.43
3. My supervisor is quite competent in doing his/her job.	1.0- 6.0	4.42±1.32
4. I am not satisfied with the benefits I receive. *	1.0- 6.0	3.48±1.28
5. When I do a good job, I receive the recognition for it that I should receive.	1.0- 6.0	3.86±1.41
6. Many of our rules and procedures make doing a good job difficult. *	1.0- 6.0	3.09±1.34
7. I like the people I work with.	1.0- 6.0	4.82±1.12
8. I sometimes feel my job is meaningless. *	1.0- 6.0	4.07±1.61
9. Communications seem good within this organization.	1.0- 6.0	4.21±1.30
10. Raises are too few and far between. *	1.0- 6.0	2.91±1.22
11. Those who do well on the job stand a fair chance of being promoted.	1.0- 6.0	3.86±1.37
12. My supervisor is unfair to me. *	1.0- 6.0	4.26±1.49
13. The benefits we receive are as good as most other organizations offer.	1.0- 6.0	3.48±1.46
14. I do not feel that the work I do is appreciated. *	1.0- 6.0	3.29±1.37
15. My efforts to do a good job are seldom blocked by red tape.	1.0- 6.0	3.36±1.25
16. I find I have to work harder at my job because of the incompetence of people I work with. *	1.0- 6.0	3.82±1.40
17. I like doing the things I do at work.	1.0- 6.0	4.56±1.21
18. The goals of this organization are not clear to me. *	1.0- 6.0	4.37±1.41
19. I feel unappreciated by the organization when I think about what they pay me. *	1.0- 6.0	3.58±1.47
20. People get ahead as fast here as they do in other places.	1.0- 6.0	3.59±1.22
21. My supervisor shows too little interest in the feelings of subordinates. *	1.0- 6.0	3.65±1.42
22. The benefit package we have is equitable.	1.0- 6.0	3.45±1.41
23. There are few rewards for those who work here. *	1.0- 6.0	3.11±1.34
24. I have too much to do at work. *	1.0- 6.0	3.05±1.37
25. I enjoy my coworkers.	1.0- 6.0	4.70±1.21
26. I often feel that I do not know what is going on with the organization. *	1.0- 6.0	3.72±1.36

27. I feel a sense of pride in doing my job.	1.0- 6.0	4.61±1.18
28. I feel satisfied with my chances for salary increases.	1.0- 6.0	3.54±1.40
29. There are benefits we do not have which we should have. *	1.0- 6.0	2.73±1.36
30. I like my supervisor.	1.0- 6.0	4.57±1.28
31. I have too much paperwork. *	1.0- 6.0	4.05±1.55
32. I don't feel my efforts are rewarded the way they should be. *	1.0- 6.0	3.19±1.33
33. I am satisfied with my chances for promotion.	1.0- 6.0	3.66±1.45
34. There is too much bickering and fighting at work. *	1.0- 6.0	3.89±1.49
35. My job is enjoyable.	1.0- 6.0	4.08±1.39
36. Work assignments are not fully explained. *	1.0- 6.0	3.84±1.42
Total satisfaction	63.0-215	135.72±24.93

Table 3.Descriptive statistics of the nurses' job satisfaction

Job satisfaction dimensions	No of items	Min- max	Mean±SD	Rank
A. Pay	4	4.0-23.0	13.83±3.78	6
B. Promotion	4	4.0-24.0	14.16±3.46	5
C. Supervision	4	4.0-24.0	16.90±4.28	3
D. Fringe benefits	4	5.0-24.0	13.13±3.89	9
E. Contingent rewards	4	4.0-24.0	13.44±3.84	8
F. Operating procedures	4	5.0-24.0	13.54±3.07	7
G. Coworkers	4	5.0-24.0	17.23±4.07	2
H. Nature of work	4	5.0-24.0	17.31±3.90	1
I. Communication	4	4.0-24.0	16.14±4.17	4
Overall job satisfaction	36	63.0-215.0	135.72±24.93	

Table 4.Levels of nurses' job satisfaction.

Level of satisfaction	Score	N	%
Dissatisfied	36 – 107	30	12.4
Neutral	108 -143	128	52.9
Satisfied	144 – 216	84	34.7

Nurses' Occupational Stress.

Table (5) illustrates the mean of total nurses' occupational stress score was 51.97±9.32 that means high level of occupational stress. Regarding the nine subscales of occupational stress scale, the work–family conflict had the highest mean level of occupational stress among the studied nurses (7.79±2.13), followed by organizational Issues (7.65±1.95), and work demands (7.60±1.75). With regards occupational stress levels among the nurses, more than two third of them (76.4%) had high occupational stress and 23.6 % of them had low occupational stress. (Table 6)

Table 5.Mean score of Nurses' Occupational Stress.

Statements	Min –Max	Mean±SD
1. Work Demands	3.0- 12.0	7.60±1.75
2. Work–Family Conflict	3.0- 12.0	7.79±2.13
3. Insufficient Support from Coworkers or Caregivers	3.0- 12.0	7.21±1.54
4. Workplace Violence and Bullying	1.0- 4.0	2.09±0.80
5. Organizational Issues	3.0- 12.0	7.65±1.95
6. Occupational Hazards	2.0- 8.0	4.93±1.40
7. Difficulty Taking Leave	2.0- 8.0	5.33±1.65
8. Powerlessness	2.0- 8.0	4.46±1.21
9. Unmet Basic Physiological Needs	2.0- 8.0	4.87±1.52
Total nurses' occupational stress	21.0 - 84.0	51.97±9.32

Table 6.Levels of nurses' occupational Stress.

Level of stress	Score	N	%
Low occupational stress	21- 45	57	23.6
High occupational stress	46 – 84	185	76.4

Correlation between nurses' occupational stress and job satisfaction

Table (7) illustrates that there was a negative relationship between nurses' occupational stress and job satisfaction of the studied nurses (r = -0.69, p= 0.000). This means nurses experience less job satisfaction when occupational stress increased.

Table 7.Relationship between Nurses' Occupational Stress and job satisfaction of the nurses.

	Total job satisfaction scores	
	r	**P**
Total Nurses' Occupational Stress scores	**-0.69**	**0.000****

**** Highly statistically significant (p ≤0.01)**

Table8 .Mean differences of job satisfaction scores and nurses' occupational stressors in relation to demographic characteristics of the studied nurses.

Demographic characteristics	Total job satisfaction scores	Total nurses' occupational stressors scores
	Mean±SD	Mean±SD
		Age years
▪ 25-30	128.50±23.99 a	53.29±9.09
▪ 31-35	133.98±24.59	52.17±9.45
▪ 36-40	138.69±25.13	51.11±10.0
▪ >40	147.06±23,42a	51.0±7.80
F-value / p value	4.01/0.008**	0.61/0.60
		Gender

▪ Female	135.80±25.62	51.88±9.49
▪ Male	135.24±21.0	52.48 ±8.42
t-value / p value	0.12/0.89	0.35 /0.72
		Educational level
▪ Diploma	142.72±18.39	50.27±7.01
▪ Bachelor's degree	133.55±26.19	52.32±10.07
▪ Master's degree	136.42±28.06	53.71±6.88
F-value / p value	1.96 /0.11	1.08/0.35
		Years of Experience in Nursing
▪ Less than 1 year	150.0±29.28	53.25±5.31
▪ 1-5 years	125.98±21.04 **a**	54.03±9.13
▪ 6-10 years	133.70±25.29	52.37±8.99
▪ More than 10 years	141.71±24.72 **a**	50.56±9.68
F-value / p value	5.47 /0.001**	1.68/0.16
		Specialty Area
▪ Critical Care Unit	140.10±23.01	50.58±10.06
▪ In-patient Unit	132.58±25.51	53.26±8.74
▪ Out-patient Unit	129.84±28.97	52.10±7.44
F-value / p value	3.16 /0.04*	2.33/0.09
		Marital Status
▪ Single	125.05±26.37 a	54.17±10.12
▪ Married	138.62±23.35 a	51.26±9.05
▪ Divorced	150.50±29.93 a	52.50±7.34
F-value / p value	7.91 /0.000**	2.13/0.12

Table (8) reveals that there were statistically significant differences of job satisfaction scores in relation to age of the studied nurses, and it observed that theses statistically significant job satisfaction differences were between age 25-30 and more than 40 years old groups. There were statistically significant differences of job satisfaction scores in relation to years of experience in nursing of the studied nurses, and it observed that theses statistically significant job satisfaction differences were between nurses' who had experience 1-5 years and nurses who had more than 10 years of experience. Also, there was statistically significant differences related job satisfaction in relation to specialty and marital status of the studied nurses.

Discussion

Nurses' level of satisfaction

The results of this study demonstrate that the overall job satisfaction score among nurses was 135.72, indicating a neutral level of job satisfaction. More than half of the nurses fell within this neutral range, while 34.7% reported being satisfied and 12.4% expressed dissatisfaction. The neutral satisfaction level suggests that although the nurses are not overwhelmingly dissatisfied, there is substantial room for improvement in workplace conditions and factors influencing job satisfaction. The highest satisfaction scores were observed in the dimensions of nature of work, relationships with coworkers , and supervision. This indicates that nurses value the intrinsic aspects of their work, the relationships they share with their colleagues, and the perceived competence and support provided by their supervisors. This supports the idea that the relational and intrinsic aspects of nursing, such as the opportunity to provide care and the teamwork environment, play a crucial role in maintaining a baseline level of job satisfaction.[15]

In contrast, the lowest satisfaction scores were found in fringe benefits , contingent rewards , and operating procedure. These dimensions highlight dissatisfaction with the perceived inefficiency of organizational processes and compensation. This suggests that while nurses find satisfaction in the core aspects of their work, such as patient care and relationships with peers, dissatisfaction arises from external factors such as the organizational structure, financial rewards, and institutional support. These findings are consistent with previous research, which has identified compensation, benefits, and work conditions as key determinants of overall job satisfaction among nurses.[4, 16]

For instance, Galanis et al. (2023) found that nurses experience higher levels of job burnout and lower job satisfaction compared to other healthcare workers, with understaffing and inadequate rewards being significant factors contributing to their dissatisfaction.[17] Similarly, Aren et al. (2022) emphasized that work-related stress, driven by factors such as workload and insufficient organizational support, negatively impacts nurses' job satisfaction.[18] In their study, nurses expressed frustration over the lack of adequate managerial support, which resonated with the present study's findings regarding dissatisfaction with operating procedures and contingent rewards. Insufficient support structures and financial incentives not only diminish job satisfaction but also increase the likelihood of nurse burnout, creating a cycle of dissatisfaction and emotional exhaustion.[19]

In another study, Aljohani et al. (2021), who examined nursing students in Saudi Arabia, found that stress from clinical practice and academic concerns contributed to dissatisfaction.[20] Although their focus was on students, the findings are relevant to the broader nursing profession as they underscore the ongoing stressors that extend from training into professional practice. Early exposure to stressors in training may lay the foundation for later dissatisfaction in professional roles. When comparing these findings with the results of the current study, it becomes evident that the role of organizational support (such as supervision) and the structural inefficiencies (such as fringe benefits and contingent rewards) are key influencers of job satisfaction among nurses. While nurses may find intrinsic motivation in the nature of their work, the lack of adequate rewards, ineffective operating procedures, and insufficient management support diminish their overall satisfaction. This mirrors the findings from Galanis et al. (2023) and Aren et al. (2022), where organizational inefficiencies, inadequate support, and lack of recognition were found to contribute significantly to lower job satisfaction.[17, 18]

The results of the current study also underscore the consistency of workplace stressors across different healthcare settings and regions. The findings of Galanis et al. (2023) and Aren et al. (2022), which underscore the role of understaffing, insufficient management support, and lack of recognition, are mirrored in the current study findings.[17, 18]Similarly, Aljohani et al. (2021) emphasized the role of stress from academic and clinical practice in shaping dissatisfaction, a stressor that appears to persist into professional practice.[20]

Nurses' occupational stress

The findings of this study provide a comprehensive understanding of the high levels of occupational stress experienced by nurses. The total occupational stress score suggests that a substantial portion of the nursing staff is experiencing significant levels of stress. Occupational stress has a wide range of impacts, not only on nurses' personal well-being but also on the quality of care they provide to patients. The high percentage of nurses experiencing significant stress levels demonstrates that the hospital work environment places considerable strain on its nursing workforce. The highest reported source of stress in this study was work–family conflict , reflecting nurses' struggles to balance professional responsibilities with family obligations. Long hours, rotating shifts, and the emotional demands of nursing exacerbate this conflict, particularly in the Saudi context, where cultural expectations around family roles add pressure, especially for female nurses. Consistent with Aljohani et al. (2021), work–family conflict is a significant stressor for nurses in Saudi Arabia, contributing to burnout, reduced job satisfaction, and lower quality of patient care.[20]

Organizational issues were the second-highest source of stress, including inadequate administrative support and inefficient hospital operations. This mirrors Aren et al. (2022), who found that poor managerial support and unclear roles significantly increase stress.[18] Work demands also contributed to stress, with nurses overwhelmed by heavy workloads and the fast-paced hospital environment, as noted by Galanis et al. (2023).[17] Other stressors included insufficient support from coworkers or caregivers, occupational hazards, and feelings of powerlessness, which can heighten anxiety and psychological distress. Aren et al. (2022) also emphasized the stress of inadequate support and difficulties in taking leave, leading to burnout. [18] Although workplace violence and bullying had the lowest score, such incidents, even infrequent, can severely impact nurse well-being and job satisfaction.

Relationship between nurses' occupational stress and job satisfaction

The results presented a strong negative relationship between nurses' occupational stress and their job satisfaction, with a correlation coefficient of -0.69, which is highly statistically significant ($p<0.001$). This finding suggests that as occupational stress increases, job satisfaction decreases significantly. The negative correlation of this magnitude implies that occupational stress is a major determinant of job dissatisfaction in this setting. This relationship is consistent with previous research, where increased occupational stress is often found to correlate with lower job satisfaction, particularly in high-demand professions such as nursing. Galanis et al. (2023) reported that high levels of burnout and occupational stress were directly associated with low job satisfaction among nurses.[17] The stressors related to workload and lack of support were identified as key drivers of dissatisfaction, which closely align with the findings in this study. Nurses who experience high levels of stress due to work demands, organizational inefficiencies, or lack of work-life balance are more likely to report dissatisfaction in their roles. Similarly, Aren et al. (2022) found that occupational stress, exacerbated by factors such as insufficient managerial support and organizational issues, played a significant role in diminishing job satisfaction among nurses.[18] Their study highlighted the same stressors observed in this study work-family conflict, heavy workloads, and organizational inefficiencies—as critical contributors to lower satisfaction. Moreover, Aljohani et al. (2021) emphasized that occupational stress has a significant impact on nurses' ability to balance their personal and professional lives, often leading to dissatisfaction.[20] The current study reinforces these observations, particularly in the context of work-family conflict, which was identified as one of the highest sources of stress contributing to reduced job satisfaction.

Mean differences of job satisfaction scores and occupational stressors in relation to demographic characteristics of the studied nurses

The results highlight significant differences in job satisfaction based on demographic factors, including age, years of experience, specialty, and marital status. Nurses over 40 years old reported the highest job satisfaction, while those aged 25-30 had the lowest. This suggests that

greater experience and professional stability contribute to higher satisfaction levels. Older nurses may have better adapted to the demands of the profession and may hold senior positions that provide more autonomy and control, which enhances job satisfaction. In contrast, younger nurses in the early stages of their careers may struggle with the high demands and stressors of nursing, resulting in lower satisfaction. This pattern aligns with Sibuea et al. (2024) and Galanis et al. (2023), who found that more experienced nurses tend to report higher satisfaction due to familiarity with workplace dynamics and job security.[17, 21]

Similarly, nurses with more than 10 years of experience reported higher satisfaction compared to those with 1-5 years of experience. Early-career nurses may face challenges in coping with the profession's demands, contributing to lower satisfaction. Kurtović & Bilješko Štrus (2023) and Aren et al. (2022) also noted that years of experience are positively correlated with job satisfaction, reflecting a broader trend across healthcare settings, where seasoned professionals report higher job contentment.[18, 22] Job satisfaction also varied significantly by specialty, with nurses in critical care units reporting the highest satisfaction and those in outpatient units reporting the lowest. Critical care nurses may experience greater professional fulfillment due to the complexity and dynamic nature of their work, while outpatient nurses may have fewer opportunities for challenging decision-making, contributing to lower satisfaction. Kerlin et al. (2020) and Aljohani et al. (2021) similarly found that nurses in high-intensity specialties, such as critical care, often experience more professional achievement.[20, 23]

Marital status influenced job satisfaction, with divorced nurses reporting the highest satisfaction, followed by married nurses, while single nurses had the lowest. Married and divorced nurses may benefit from more established support systems, helping them manage work-related stress, while single nurses may struggle more with work-life balance, leading to lower satisfaction. Interestingly, no significant differences were observed in job satisfaction based on gender or education level, which aligns with Akbari et al. (2020) and Galanis et al. (2023), who found that workplace dynamics and personal experience play more prominent roles in determining job satisfaction.[17, 24]

Recommendations

The study's conclusions have significant ramifications for the administration of healthcare. The substantial influence that occupational stress has on job satisfaction necessitates that healthcare organizations adopt focused measures to enhance the working environment for nurses. It is critical to address these stresses in order to improve patient care quality, job satisfaction, and nurse retention. By providing more flexible schedules, hospitals should place a high priority on enhancing work-life balance and enabling nurses to more effectively manage their personal and professional obligations. This is crucial for female nurses who also have family responsibilities. Healthcare organizations may lower stress and improve overall job satisfaction by minimizing work-family conflict. Improving support from the organization is another important action. It is recommended that healthcare managers prioritize the enhancement of management support by means of improved staffing ratios, enhanced autonomy in decision-making, and clearer communication. Enough resources to enable nurses to carry out their responsibilities efficiently would lessen the stress associated with organizational inefficiencies.

Conclusion

The present research underscores the noteworthy influence of occupational stress on the job satisfaction of nurses at the clinical settings. The results show that work-family conflict, organizational inefficiencies, and excessive workloads are the main causes of the significant negative association that exists between occupational stress and job satisfaction. Reducing stress and raising job satisfaction requires targeted interventions such strengthening organizational support, resolving staffing and pay concerns, and promoting work-life balance.

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