Original Article

Job Satisfaction of Nurses in Various Clinical Practices

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Abstract

Background: The healthcare industry increasingly requires skilled labor, and thus job satisfaction is a critical factor in attracting and retaining highly qualified staff. The objective of this research has been to study the job satisfaction levels of nurses in Cyprus working in three different areas of clinical practice (mental health, drug addictions and general nursing) and to investigate the impact of demographic, professional and personal variables on job satisfaction of staff and its individual dimensions.

Material and methods: This study was performed using «The Greek Nurses' Job satisfaction Scale» questionnaire on 144 nurses. Overall, 29 out of 47 general nurses, 33 out of 46 mental health nurses and 39 from a total of 51 nurses who work in drug addictions answered. The response rate was 70.14% with 101 answered questionnaires. In this instrument a score of 58 and above indicates the employees' job satisfaction.

We used one-way ANOVA to identify associations between individual characteristics of nurses and job satisfaction. In all cases a p-value of less than $\alpha=0.05$ confidence level was considered to indicate statistical significance The statistical analysis of data was performed using the SPSS v20.

Results: The nursing staff seemed not satisfied with an overall score of 51.88. Self- growth and responsibility was the main reason of satisfaction with a score of little over 16. While the other three dimensions i) interaction and recognition scored 15.02 ii) leadership style and organizational policies scored 13.52 and iii) remuneration and nature of work only scored 7.2 pointing out this dimension as the most important reason for nurses dissatisfaction

Conclusions: Based on the increasing need for the best possible care supply and in order to increase the quality of service, it is indispensable that the necessary interventions be applied by the nursing services. This would encourage satisfaction of nursing staff and, hence, improve the performance and quality of provided services. In line of this it is important that the leadership should take into consideration nurse job satisfaction, plan and implement relevant proactive policies

Keywords Job satisfaction, nursing staff, mental health nurses, drug addiction nurses, general nurses, Cyprus.

Background

Job satisfaction is one of the main issues of modern management. It takes interest in improving employee productivity and efficiency through the satisfaction they receive from their job attributes. Overall job satisfaction presents the attitudes and feelings of a person in terms of working conditions with which they are confronted. More specifically, job satisfaction includes how satisfied the person feels from a range of their job characteristics including the nature of their work as such, their remuneration the working conditions, and career development prospects (Lu et al 2005). Job satisfaction, however, also depends on the individuals themselves based on their needs and personal characteristics. Different dimensions can influence and shape the individual's satisfaction levels.The first satisfaction survey of nurses was conducted at the University of Minnesota in 1940 by Nahm, (1940) who concluded that job satisfaction is influenced by the worker's income, staff working hours, work relations with their seniors, the interest in work, marital status, opportunities for advancement, as well as social relations. The same conclusion was confirmed by Irvine and Evans (1995) who linked job satisfaction with the definite role within the workplace and the recognition of the group, emotional burnout and gender.

Hinshaw and Atwood (1983) found that burnout among mental health nurses is frequent because mental health hospitals have been identified as difficult work areas, leading to job satisfaction fluctuating at low levels. In the same field Willem et al. (2007) confirmed that nurses and social workers showed lower job satisfaction than other health professional groups in the psychiatric care. Aronson (2005) reported that registered mental health nurses working in private psychiatric centers have a lower degree of job satisfaction than other workers in the same establishment, such as psychiatrists and housekeepers.Mache et al. (2009) pointed out that, while the job demands can reduce satisfaction, resources (e.g. remuneration) can increase it. Piko (2006) correlated the low levels of job satisfaction of nursing staff with frequent changes of hospital staff, as well as the deficiencies in nursing staff.

In the Greek scenery, Pozoukidou (2007) indicated that about half of the Greek nursing staff was dissatisfied with their work, mainly due to the non-recognition of their contribution and unsatisfactory working conditions Also important is the epidemiological study of Mporou et al. (2010), which stated that "the workload, the development opportunities and camaraderie", constitute the critical factors for nurses dissatisfaction in comparison with other health professional groups, with statistically significant difference. Markaki (2008) found that job satisfaction of mental health workers should be improved in almost all parameters and that the satisfaction is lower than the general population's, demonstrating that working conditions should be adjusted for mental health workers so that willingness to stay in their jobs grow stronger. Makris (2009) found a relatively lower degree of job satisfaction for nurses and other health professionals compared to physicians, but the differences were not statistically significant.

Job satisfaction for the nursing sector is a very important but also a critical challenge for healthcare organizations due to increased labor costs and the huge deficits of nurses of particular importance is the motivation of this discipline, so that their contribution to the hospitals they work and practice their profession be the maximum. Several studies presented above showed job satisfaction of nurses internationally as well as in Cyprus. However, a *comparative analysis* between three different groups of interdisciplinary nurses has not yet been published.

The purpose of this study was to compare a) job satisfaction of nurses working in the fields of mental health, drug addictions and general nursing and b) gain insight of the factors affecting the levels of job satisfaction.

Material and Methods

Description of area

In the five public general hospitals 3310 nurses were employed in 2013 (Statistical Service of Cyprus, 2013). A convenience sample was selected for general nurses from all hospitals. As for mental health nurses, six public sector structures were selected, while the questionnaire was given to all nurses in drug addictions structures because of their small number.

A questionnaire was employed, after receiving a written permission from the original author (Moumtzoglou (2010). The questionnaire was distributed to 144 nurses in September 2013.

Overall, 29 out of 47 General Nurses, 33 out of 46 Mental Health Nurses and 39 out of 51 nurses who work in drug addictions answered. In total, 101 questionnaires were answered (the response rate was 70.14%). The questionnaire was distributed personally by the investigators. For its collection, sealed boxes were used. This study's protocol was previously approved by the Privacy Commission and the Cyprus Bioethics Commission.The questionnaire was anonymous. The participation in the survey was voluntary. The anonymity and confidentiality of participants' data was ensured. The participants signed an informed consent.

Research Tool

"The Greek Nurses' Job Satisfaction Scale" questionnaire was developed by Moumtzoglou (2010) to measure the satisfaction of nursing staff in Greek hospitals. It distinguishes four dimensions of job satisfaction, consisting of 18 questions connected to theses dimensions.The four dimensions are: 1. Interaction and recognition, 2. Remuneration and nature of work, 4. Self-growth and responsibility, 5. Leadership style and organizational policies

Responses were measured using the four-degree Likert scale, (strongly disagree, disagree, agree, strongly agree) with 4 being the highest positive rating. The range of the total score should be between 18 and 72 units, and more specifically, for the subscales
 i) interaction and recognition,
ii) leadership style and organizational policies
iii) self-growth and responsibility subscales between 5 and 20, while iv) remuneration and work ranges between 3 and 12.
According to the creator of this instrument, a total score of over 58 indicates overall job satisfaction. In each of the three first dimensions a score of over 16 should be achieved while in the fourth dimension the score should be over 10.The Part A of the questionnaire included ten questions aiming to collect demographic, personal and professional data in order to investigate their potential influence on job satisfaction of nurses.

Reliability

The Cronbach's Alpha internal consistency was 0.76 for interaction and recognition, 0.71 for leadership style and organizational policies, 0.63 for self-growth and responsibility and 0.70 for the remuneration and work group. Reliability

will not improve, if an item is deleted from any of the groups.

Data Analysis

For the statistical analysis of the data, all the responses were encoded and then statistically processed using the SPSS v20 statistical program. The statistical analysis of the survey data in a descriptive level included: frequency tables on the respondents' answers when the variables were nominal and averages (standard deviation) when the variables were continuous. In addition, any differences were studied with a series of one way analysis of variance (ANOVA) to check whether or not there were relations between the different responses of the participants based on their individual characteristics and the dimensions of job satisfaction. More specifically each one of the four dimensions was the dependent variable and independent variables were the demographic characteristics. In all cases the significance level was p=0.05

Results

Demographics of the sample

The majority of the sample was women (65.3%). About 4 in 10 nurses were 25-30 years old. 64% were married, while 4 in 10 participants had a master's degree. The average number of children was 1.87. The three sectors of nursing services were equally represented in the survey. 2/3 had experience up to 10 years and 9 out of 10 nurses worked regular hours. 64% worked in shifts, while just under half had a personal monthly net income from 1501 to 2000 Euros.The nursing staff as shown in Table 1 seemed generally not satisfied with their work with an average score 51.88. The dimension of i) self-growth and responsibility gave the greatest satisfaction with a little over 16 followed by ii) interaction and recognition iii) leadership style and organizational policies 15.02 and 13.52 respectively while iv) remuneration and work scored only 7.2. We then calculated the mean scores for the overall job satisfaction and for each of the four parameters. We compared mean scores of the variables gender, age, position, profession using ANOVA.

Nurses' demographic characteristics and overall job satisfaction

Table 2 shows that there is a statistically significant relation between satisfaction and

gender (p = 0.008). Men appeared more satisfied than women. A statistically significant relation was found between the position and job satisfaction. The head nurses felt more satisfied than nurses (p = 0.006). The same goes for personal monthly net income higher than 2001 € (p = 0.021).A statistically significant influence between satisfaction and level of education was found. Nurses with Master and PhD degrees (postgraduate degrees) were less satisfied compared with Bachelor degree (graduate degree) nurses (p = 0.006).The sector in which the nurses worked affected their job satisfaction. General nurses declared less satisfaction than nurses in mental health and drug addictions (p = 0.000).No statistically significant relation was found between satisfaction and years in service (p = 0.728), age (p = 0.617) or the working system (p = 0.252).

Interaction and recognition

Table 3 shows the individual characteristics of satisfaction in regard with interaction and recognition. There was a statistically significant relation between interaction and recognition with gender. Men felt more satisfied than women (p = 0.019). The postgraduate degree holders seemed less satisfied with interaction and recognition (p = 0.044).

Furthermore the sector of work was found strongly related with this facet. General nurses appeared to be less satisfied than the other two categories of professionals (p = 0.001). Age and marital status did not appear to affect staff satisfaction drawn from interaction and recognition. The same applies for seniority, position and personal income.

Leadership style and organizational policies

With regards to the leadership style and organizational policies a statistically significant interaction was found with gender, the work sectors and positions. Men felt more satisfied than women (p = 0.011). Nurses in the drug addictions structures reported higher satisfaction compared with the nurses working in the other practices (p = 0.004). Furthermore, the head nurses showed a higher level of satisfaction in relation to nurses (p = 0.019). On the contrary, nurses with a Master of PhD degree appeared less satisfied than the Bachelor degree nurses (p = 0.044). Monthly income and shift work were not statistically significant (Table 4).

Self-growth and responsibility

As to the self-growth and responsibility, the analysis showed statistically significant interactions with marital status, the position, the years of service and the personal monthly net income. More specifically married nurses (p = 0.000), those with experience of more than 11 years (p = 0.013), head nurses (p=0.032) and those with income of more than 2001 Euro (p = 0.005) declared more satisfaction from self-growth and responsibility (Table 5).

Remuneration and nature of work

Furthermore remuneration and work showed statistically significant influences with gender and age. Men felt more satisfied than women (p = 0.022). Nurses aged more than 41 years old felt more satisfied than those in the younger age groups. The same applies with position, and income. With regards to the education level, postgraduate degree holders felt less satisfied (p = 0.001) so as general nurses (p=0.000).

More specifically, statistically significant interaction was noted between remuneration and work and the sector of work, with general nurses declaring less satisfied (p = 0.000). Also as well as between remuneration and work and the position held. Head nurses felt more satisfied from their salary (p = 0.012).

A statistically significant influence was found between remuneration and work and personal monthly net income. That is, the higher the monthly income, the greater the satisfaction drawn from remuneration and work (p = 0.010).No statistically significant relation was noted between remuneration and work and the shift system (p=0.386) (Table 6).

Discussion

In line with economic crisis, there is an increased demand for improvements in productivity and efficiency of employees together with policies on cost containment. Empirical research showed that satisfied employees are more productive employees. Nurses can be even more efficient in their daily routines provided that consideration is given to the aspects of job satisfaction (Hassmiller & Cozine, 2006). Furthermore job satisfaction of nurses, is directly related to the responsiveness of health services to patients' needs and their safety.

Table 1. Overall job satisfaction of nurses working in various clinical practices

	Scale	Average	Standard Deviation	%	Cronbach's Alpha
Interaction and recognition	5 - 20	15.02	2.44	75.1 %	0.764
Leadership style and organizational policies	5 - 20	13.52	2.44	67.6 %	0.710
Self-growth and responsibility	5 - 20	16.14	2.03	80.7 %	0.623
Remuneration and nature of work	3 - 12	7.20	1.56	48 %	0.693
Overall Satisfaction	18 - 72	51.88	6.54	72.05 %	0.846

Table 2. Overall job satisfaction in relation with nurses' profiles

Variable	Overall Job Satisfaction		
	Average scores	Standard Deviation	*p-value*
Gender			0.008
Male	54.23	5.02	
Female	50.64	6.94	
Age			*p-value*
≤30	51.33	6.114	0.617
31-40	52.12	6.997	
≥41	53.13	7.098	
Marital Status			*p-value*
Married	52.84	6.80	0.043
Unmarried	50.22	5.79	
Educational Level			*p-value*
Graduate	53.28	6.07	0.006
Postgraduate	49.51	6.89	
Sector of practice			*p-value*
General Nurses	47.83	6.136	0.000
Mental Health	53.58	5.995	
Drug Addictions	53.46	6.091	
Position			0.006
Head nurse	56.75	6.398	
Nurse	51.30	6.316	
Years in service			*p-value*
1-5	51.10	6.47	0.728
6-10	52.19	5.95	
≥ 11	52.26	7.30	
Shift			*p value*
Morning shift	52.89	6.58	0.252
Rotate shift	51.31	6.56	
Personal net monthly income			*p-value*
<1500 €	50.41	6.57	0.021
1501-2000 €	51.78	6.12	
>2001 €	55.75	6.48	

Table 3. Interaction and recognition in relation with nurses' profiles

Variable	Interaction and recognition		
	Average scores	**Standard Deviation**	*p-value*
Gender			
Male	15.80	2.04	0.019
Female	14.61	2.55	
Age			*p-value*
≤30	14.88	2.33	0.850
31-40	15.18	2.66	
≥41	15.13	2.44	
Marital Status			*p-value*
Married	15.34	2.44	0.079
Unmarried	14.46	2.38	
Educational Level			*p-value*
Graduate	15.42	2.42	0.044
Postgraduate	14.38	2.47	
Sector of practice			*p-value*
General Nurses	13.66	2.14	0.001
Mental Health	15.91	2.33	
Drug Addictions	15.28	2.35	

Table 4. Leadership style and organizational policies in relation with nurses' profiles

Variable	Leadership style and organizational policies		
	Average scores	**Standard Deviation**	*p-value*
Gender			0.011
Male	14.37	2.04	
Female	13.08	2.53	
Age			*p-value*
≤30	13.63	2.200	0.914
31-40	13.41	2.743	
≥41	13.44	2.658	
Marital Status			*p-value*
Married	13.45	2.58	0.701
Unmarried	13.65	2.21	
Educational Level			*p-value*
Graduate	13.91	2.25	0.044
Postgraduate	12.87	2.74	
Sector of practice			*p-value*
General Nurses	12.34	2.454	0.004
Mental Health	13.64	2.356	
Drug Addictions	14.31	2.214	
Position			*p-value*
Head nurse	15.08	2.678	0.019
Nurse	13.33	2.357	

Table 5. Self-growth and responsibility in regard with nurses' profiles

Variable	Self-growth and responsibility		
	Average scores	**Standard Deviation**	*p-value*
Gender			0.404
Male	16.37	2.07	
Female	16.02	2.01	
Age			*p-value*
≤30	15.67	1.840	0.058
31-40	16.68	2.212	
≥41	16.50	1.966	
Marital Status			*p-value*
Married	16.72	2.00	0.000
Unmarried	15.14	1.67	
Educational Level			*p-value*
Graduate	16.37	1.78	0.143
Postgraduate	15.74	2.36	
Sector of practice			*p-value*
General Nurses	15.69	2.285	0.088
Mental Health	16.76	1.786	
Drug Addictions	15.95	1.946	
Position			0.032
Head nurse	17.33	1.875	
Nurse	16.00	2.006	
Years in service			*p-value*
1-5	15.26	2.10	0.013
6-10	16.47	1.48	
≥ 11	16.59	2.26	
Shift			*p value*
Morning shift	16.11	2.11	0.858
Rotate shift	16.19	2.00	
Personal net monthly income			*p-value*
<1500 €	15.56	1.98	0.005
1501-2000 €	16.15	1.97	
>2001 €	17.50	1.75	

Table 6. Remuneration and nature of work in regard with nurses' demographics

Variable	Remuneration and work		
	Average	Standard Deviation	*p-value*
Gender			0.022
Male	7.69	1.30	
Female	6.94	1.63	
Age			*p-value*
≤30	7.16	1.629	0.035
31-40	6.85	1.258	
≥41	8.06	1.692	
Marital Status			*p-value*
Married	7.33	1.45	0.273
Unmarried	6.97	1.74	
Educational Level			*p-value*
Graduate	7.58	1.34	0.001
Postgraduate	6.51	1.67	
Sector of practice			*p-value*
General Nurses	6.14	1.706	0.000
Mental Health	7.27	1.353	
Drug Addictions	7.92	1.156	
Position			0.012
Head nurse	8.25	1.055	
Nurse	7.05	1.575	
Personal net monthly income			*p-value*
<1500 €	6.64	1.60	0.010
1501-2000 €	7.43	1.39	
>2001 €	7.88	1.59	

More specifically, this study has shown that the majority of the sample consisted of women, which confirms the steady preference of the female population in the nurse profession. Four out of ten nurses who answered the questionnaire were aged 25-30 years. This probably indicates a younger nursing potential in Cyprus compared to other EU countries where the nursing force is aging.

Regarding marital status, the majority was married and had about two children. Noteworthy is the fact that a sizable proportion of the sample (40%), meaning four out of ten, had postgraduate studies, which indicates high qualifications of the profession and contributes to providing more effective care. However, the higher educated the

less satisfied with their job are as shown in several dimensions of the variables. This may be due to the career lander in the country which promotes seniority in years against educational qualifications.

The majority of the sample was employed on a shift system, while just under half had a monthly net income of 1501-2000 Euros, which is considered proportional to other countries in E.U.

According to the founder of the questionnaire satisfaction should yield a score of 16 and higher in each of the three dimensions, over 10 in the fourth and 58 in total. This study showed that the nursing staff was not satisfied with their work,

accumulating a total score of 51.88, while the only parameter that positively affects staff satisfaction the most was i) the self-growth and responsibility at a score of 16.14. The parameters ii) interaction and recognition iii) leadership style and organizational policies were scored 15.02 and 13.52 respectively. With regards to iv) the remuneration and work the score was 7.20, highlighted this as the greatest dissatisfaction dimension.

The general job satisfaction of nursing staff in similar researches appears as modest, with the influencing factors being the remuneration, the circular working hours, the demands of the profession and also the organizational weaknesses of the system. The hierarchical employee level seems to hold and important role in shaping the overall job satisfaction, with head nurses being more satisfied (Papadamou 2011), which has also been confirmed by this study. This may be because they participate in decision making and intervene in organizational and administrative matters (Burke 2003, Patric and Laschinger, 2006). But there is also the possibility of their satisfaction being influenced by their remuneration, since an increase in years of service also means an increase of salary.

The parameters' correlation with the demographic characteristics showed that the satisfaction of nurses is influenced by gender, with men presenting greater satisfaction than women (p = 0.008). Also, differences were recorded in terms of satisfaction and marital status. Nurse who were married (p = 0.043) demonstrated greater satisfaction in respect to unmarried ones. They may be eligible to choose shifts that favour family life and thus increasing job satisfaction.

As far as education is considered, it was observed that nurse who are postgraduate degree holders (p = 0.006), declared less satisfied than others, who hold a Bachelor degree. The issue of education is of paramount importance in job satisfaction since it seems that the non-utilization of employee potential negatively effects satisfaction. Post-graduate degree holders seem to be less satisfied and this possibly reflects the dissatisfaction due to the denial of their expectations and the non-utilization of their capacity and knowledge (Callaghan, 2003, Karathanou 2007).

Concerning the position and sector of work, there was a higher job satisfaction of head nurses and in staff working in drug addictions and mental health in relation to the personnel working in general nursing (p = 0.000). The work sector has been demonstrated by several studies as one of the most important predictors of job satisfaction of nurses. The workload of general nurses is likely to adversely affect their level of satisfaction, something that seems to have been found in other studies that have emerged from various researchers (Adams and Bond, 2000, Armstrong - Stassen and Cameron, 2003, Chu et al, 2003, Karathanou, 2007).

This study showed that the matter of remuneration holds a significant role in staff job satisfaction (p = 0.008), with personal monthly income acquiring a direct proportional relationship with job satisfaction, i.e. the higher the personal monthly net income of employees, the higher the satisfaction (p = 0.021). Best and Thurston (2006) found that remuneration constitutes an important factor affecting the level of job satisfaction. In this study the results showed a great level of dissatisfaction due to remuneration. The dissatisfaction of nurses from their remuneration has been found in other studies too (Savery & Luks, 2001, Cowin 2002, ICN, 2003, Karathanou 2007). Contradictory results appear in the survey of Chu et al, 2003, in which the employees were satisfied with their remuneration. An obvious influence may be the existence of an employee incentives policy in the respective institutions and countries. In other studies, no correlation was determined between remuneration and job satisfaction (Molinari and Monserud, 2008). Age, years in service and shifts were not found statistically significant.

Factors which influence the four facets of job satisfaction

i) **Self-growth and responsibility**, which mainly refers to the autonomy and the sense of the nurse that they assist and provide for their profession, is influenced by several demographic factors, such as years of service (p = 0.013), the personal monthly net income (p=0.005), marital status (p =0.000) and the position held (p=0.032). More specifically, head nurses, married with more than 11 years in services and with a monthly income of more than 2000 Euro felt that they had more opportunities to undertake responsibilities and demonstrate self-growth. The autonomy of nurses has been found to significantly affect their satisfaction levels according to Karathanou 2007.

As for ii) **the interaction and recognition**, it seems that this is influenced by gender, level of education and sector of work. Men (p =0.019), seemed to be happier as well as Bachelor nurses (p = 0.044), while the staff working in the general nursing garnered lower scores (p =0.001). The professional relationships with other groups of employees and the interaction with colleagues enhances job satisfaction (Chiok 2001). In addition, relations with other employee groups and inter-professional interaction have been found to be positively associated with job satisfaction (Adams & Bond, 2000, Chu et al, 2003). Conversely, ineffective communication and poor relationships constitute a dissatisfaction element (Armstrong - Stassen and Cameron, 2003, Burke 2003, Patric and Laschinger, 2006). Positive relationships with supervisors appear to have a significant impact on satisfaction, so does participation in decision making, motivation and reward of their work (Adams and Bond, 2000, Chiok 2001, Wild et al, 2006).

Regarding the fulfillment of nurses in terms of iii) **organization policies and leadership style**, it is significantly influenced by gender (p=0.011), education level (p=0.044), the sector of work (p=0.004) and the position held (p=0.019). It was observed, in particular, that nurses working in drug addictions, males and in chief positions outscored the rest. Providing or not of strong incentives, leadership style-management of the heads of departments may be attributed to these differences. As well as the organizational characteristics play an important role in job satisfaction (Chiok 2001, Patric and Laschinger, 2006).

With regards to the iv) **remuneration and nature of work**: Gender, age, level of education, sector of work, position held, shifts and personal monthly net income significantly affect this dimension. Men (p=0.022), equal to or older than 41 years (p=0.035), with Bachelor degree (p=0.001), who worked in drug addictions (p=0.000), as heads of departments (p=0.012), with a personal monthly net income of € 2,001 or more (p=0.010), received the highest score. Sturges and Guest in 2001 reported that the acquisition of a high level of education creates expectations to the employee, which sometimes are not fulfilled, and concluded that the high satisfaction correlates with education only if it is accompanied by correspondingly high external rewards, be that financial or moral.

The economic crisis that plagued the country in 2012 resulted in a reduction of employees' compensation including the nursing staff. Furthermore, there was followed a freeze policy in public sector hiring and a renewal of existing work contracts as short-term contracts including 20-day duration. Therefore, at the time of the study's carrying out, the effects of the crisis had made their appearance, leading to intensification of work through cutting of educational leaves and subsidies of educational seminars of nurses, negatively affecting staff satisfaction, which was also confirmed in this study. Therefore, the greatest satisfaction is drawn by the dimension of self-growth and responsibility of the employee, which refers to the effective treatment of patients, their contribution to the profession, and the clinical results of the hospital. Moreover, the acquisition of skills through their work and the freedom to apply their knowledge seemed to contribute to their job satisfaction. These findings are similar to those of other international studies.

Based on the increasing need for providing the best possible care in the health sector and in order to increase the quality of service, it is deemed essential that interventions are designed by the leadership of the institutions and the nursing services. Such interventions could be the participation of staff in decision-making, support and encouragement from their superiors, renewal of their dexterities (concerning job training). Many of them require no financial expenses and allows to bring about the increase of satisfaction of nurses and consequently improve the efficiency and quality of service.

Restrictions of Study

The research was conducted in a convenience sample. The small number of employees in the drug addiction structures of the country suggested choosing similar number of employees in other settings. The research was performed in the public sector. The participation of private sector nurses might highlight different aspects of job satisfaction. Therefore, the findings could not be generalized to the general population of nurses.

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