Factors influencing registered nurses perception of their overall job satisfaction: a qualitative study

N. Atefi1 BSc, RN, MMedScPH, K.L. Abdullah2 PhD, MSc, BSc, L.P. Wong3 PhD, MSc, BSc & R. Mazlom4 PhD, MSc, RN, BSc

1 PhD Student, 2 Associate Professor Dr., Department of Nursing, Faculty of Medicine, 3 Associate Professor Dr., Department of Social and Preventive Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia, 4 Associate Professor Dr., Department of Nursing, Faculty of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, Iran


Aim: The purpose of this qualitative descriptive study was to explore factors related to critical care and medical-surgical nurses’ job satisfaction as well as dissatisfaction in Iran.

Background: Job satisfaction is an important factor in healthcare settings. Strong empirical evidence supports a causal relationship between job satisfaction, patient safety and quality of care.

Method: A convenient sample of 85 nurses from surgical, medical and critical care wards of a large hospital was recruited. Ten focus group discussions using a semi-structured interview guide were conducted. Interviews were audio-recorded, transcribed verbatim and analysed using a thematic approach.

Findings: The study identified three main themes that influenced nurses’ job satisfaction and dissatisfaction: (1) spiritual feeling, (2) work environment factors, and (3) motivation. Helping and involvement in patient care contributed to the spiritual feeling reported to influence nurses’ job satisfaction. For work environment factors, team cohesion, benefit and rewards, working conditions, lack of medical resources, unclear nurses’ responsibilities, patient and doctor perceptions, poor leadership skills and discrimination at work played an important role in nurses’ job dissatisfaction. For motivation factors, task requirement, professional development and lack of clinical autonomy contributed to nurses’ job satisfaction.

Conclusion and Implications for Nursing and Health Policy: Nurse managers should ensure a flexible practice environment with adequate staffing and resources with opportunities for nurses to participate in hospital’s policies and governance. Policy makers should consider nurses’ professional development needs, and implement initiatives to improve nurses’ rewards and other benefits as they influence job satisfaction.

Keywords: Environment, Iran, Motivation Factors, Qualitative

Conflict of Interest
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Factors influencing nurses job satisfaction

Introduction
The shortage of nurses remains a major concern worldwide because of its influence upon the efficiency and effectiveness of healthcare delivery systems (Li et al. 2010; Littlejohn et al. 2012; Wang et al. 2012).

The definition, measures and methods addressing the nursing shortage vary by country. For example, the United States of America has a nurse-to-population ratio of approximately 700:10,000, while in African countries like Uganda the ratio is 6:10,000. Yet both countries report nursing shortages (Buchan & Aiken 2008). The nursing shortages are the result of a combination of factors such as the increase in demand of nurses due to patients’ longer life expectancies, an increase in the rates of incidence of chronic diseases, inadequate human resources (HR) planning and management, internal and external nurses migration, high attrition (due to poor work environments, low professional satisfaction and inadequate remuneration) and underinvestment in HR (International Council of Nurses 2006).

As in many other countries, a shortage of nursing personnel is a major issue for healthcare organizations in Iran. However, the causal factors of this issue may differ from those of other countries. The decline in enrolment in registered nursing programmes over recent years is one of the important factors influencing the nursing shortage in western countries (Zare et al. 2009). In Iran, the average number of annual graduates from nursing schools is more than 6,400 (Zare et al. 2009). Job dissatisfaction, organizational and sociocultural are the main factors influencing the nursing shortage in Iran (Farsi et al. 2010; Varaei et al. 2012). The country is facing issues with regard to nursing graduates who do not choose nursing as a career and many nurses who migrate to other countries (Zare et al. 2009). Although healthcare facilities in Iran need 220,000 nurses in order to deliver optimal nursing care (Bahadori et al. 2013; Zare et al. 2009), it is estimated that the workforce numbers include approximately 98,020 registered nurses (RN) in Iran only, less than 50% of the required 220,000 nurses (World Health Organization 2012).

Background
Job satisfaction has been reported to be a strong element related to nurse turnover or intention to leave (Hill 2011; Lu et al. 2008). The literature shows that nurse retention is associated with job satisfaction, where nurses with low job satisfaction have a 65% reduced probability of intent to stay at their current job compared with nurses with high job satisfaction (Lu et al. 2008). In-depth understanding of the factors contributing to job satisfaction can be used to implement effective strategies to improve nurses’ job satisfaction and the quality of patient services (Bagheri et al. 2012; Zare et al. 2009).

In addition, numerous studies have reported collaborative relationships among the nurses, as well as collaboration with physicians in patient care decision-making and teamwork, as important factors determining the level of nurses’ job satisfaction (Al-Dossary et al. 2012; Tyler et al. 2012; Varaei et al. 2012; Wyatt & Harrison 2010). Pay and benefits are mentioned in other studies as important components of job satisfaction (Aiken et al. 2012; Al-Dossary et al. 2012; Ravari et al. 2012). In a study comparing job satisfaction among nurses in Belgium, England, Finland, Germany, Greece, Ireland, the Netherlands, Norway, Poland, Spain, Sweden and Switzerland, lack of educational opportunities and opportunities for advancement, salary and heavy workload were reported as major factors associated with job dissatisfaction among nurses (Aiken et al. 2012).

Previous studies have shown that Iranian nurses are not satisfied with the poor public image of nurses compared with other health professionals with similar educational backgrounds (Farsi et al. 2010; Varaei et al. 2012; Zare et al. 2009). It has also been reported that nurses have few opportunities for promotion compared with other health professionals, such as physicians, in most hospitals in Iran (Farsi et al. 2010; Varaei et al. 2012; Zare et al. 2009). Additionally, lack of opportunities for promotion and continued education has contributed to major dissatisfaction among nurses and resulted in poor quality of nursing care in hospitals (Farsi et al. 2010; Zare et al. 2009).

Since August 2011, major new policies in nursing have been introduced by the Ministry of Health in Iran and implemented in all hospitals. The main goal is to reduce nurses’ standard working time. Nurses are not allowed to work more than 12 h a day and, depending on an employee’s work experience (years) and speciality, nurses’ working hours can be reduced from 44 h to 36 h a week. However, nurses are allowed to work an additional 80 h of overtime per month according to the hospital’s needs. Moreover, according to the new policy, hours worked as a part of the night shift or on the weekend are calculated by multiplying the hours by 1.5 (Iranian Nurse Organization 2011). To the best of our knowledge, there have not been any studies on nurses’ job satisfaction in Iran since the implementation of the new policy; this study provided an opportunity to obtain an in-depth understanding of how nurses view their job by this new policy.

Methods
The main purpose of this qualitative descriptive study was to explore the factors related to the feeling of job satisfaction as well as job dissatisfaction experienced by critical care and medical-surgical nurses in a large hospital.
Design and participants

Ten focus group discussions (FGs) were conducted among 85 RNs from surgical, medical and critical care wards at a large hospital (number of beds = 856) in Mashhad–Iran from March to June 2012. Convenience sampling was used in this study. The inclusion criteria in order to be eligible to participate in the study were that of being an RN with at least 2 years’ experience and that of working in the hospital during the study period. Non-nursing personnel (e.g. midwives and nursing aides) and administrative staff (head nurses and supervisors) were excluded. All RNs who fulfill the inclusion criteria from all wards were approached and invited to participate in the study by the researcher. The participation was voluntary, and all the participants were assured regarding their confidentiality and anonymity. Consent was obtained from the participants before each FGs.

Data collection

The FGs participants met at a mutually agreed upon venue that provided a comfortable ambience and privacy away from the hospitals. The groups ranged in size from six to ten participants per session based on their practice background to ensure homogeneity and to capitalize on their shared experiences (Kitzinger 1995).

The duration of each discussion generally lasted between 60 and 90 min. Both the researcher and note-taker were RNs, which gave the added advantage of access and an inside knowledge of the study setting. Data were collected through audiotapes and note-taking. FGs were audio-recorded and were supplemented with audiotapes to obtain full details from the FGs.

An open-ended question related to the objectives of the study was asked to explain factors that influence the participants’ job satisfaction. In order to conduct FGs more on a conversation line, several follow-up questions were asked, such as ‘what do you mean’ or ‘can you make clarification please’. The anonymity of participants was maintained by not referring to them by their names, rather, by their numbers identified as participants. It was also asked that the participants respect each other’s right to privacy by not discussing what was talked about with people outside of the focus group. Sample size was determined by data saturation whereby the FGs were stopped when three researchers (NA, KLA and WLP) agreed that data categories were established and any new data fit into already devised categories.

Data analysis

Data analysis was done simultaneously with data collection. At the end of each FG, digital recordings were transcribed to create verbatim written accounts. Transcripts were converted to rich text format and imported into MAXQ 2007 (qualitative) software (VERBI Software in Berlin, Germany). Thematic analysis was conducted to identify themes, with subthemes. According to Braun & Clarke (2006), thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data. It goes through six phases of analysis. The process of analysis in this study started when we begin to familiarize ourselves with data, notice, and look for patterns of meaning and issues of potential interest in the data. This phase is followed by generating initial codes and searching for themes, reviewing themes, and defining and naming themes. Two of the researchers (NA and KLA) coded two transcripts independently to create a list of themes. Subsequently, this list was used to code (label) the other transcripts, individually. Any coding discrepancies were resolved by discussion until consensus was reached on the list of codes and the coding descriptions.

Trustworthiness

To address credibility, transcriptions were given to the participants to ensure the accuracy of the transcriptions. The use of the recorder to tape all the interviews and having the same researcher and note-taker in all the FGs helped to ensure dependability. All the transcriptions were checked entirely for accuracy. All FGs were based on an interview guide with semi-structured interview questions. To address conformability, Braun & Clarke’s (2006) six steps framework for analysis provides logical and accurate interpretation of the data. Validity enriched by checking generated themes with two university lecturers and some of the participants (Creswell & Clark 2007). Two of the researchers (NA and KLA) were nurses and the third was a social scientist (WLP), and thus the data analysis was from nursing and non-nursing perspectives. The researchers constantly reflected and debated on the potential biases that they might carry with them due to their backgrounds to improve credibility of the analysis.

Ethical consideration

Ethical approval from Mashhad University of Medical Science (Ref. No. 90295976) was obtained. There were no known risks or potential harm to the participants. All participants were informed about the objectives of the study and written consent was obtained. Participation was voluntary and we informed participants that withdrawal from the study could be made at any time. Participants were informed that any evaluation report and subsequent publication would respect their confidentiality and anonymity. Confidentiality will continue to be maintained by keeping all records in a secure location.
Results

Background characteristics of nurse FG participants
The majority of focus group participants were female (n = 74), with ages ranging from 22 to 43 years old (Table 1). Slightly more than one-third of the participants were nurses from medical wards (n = 32, 37.6%), while 35.2% (n = 30) were from surgical wards and 27.2% (n = 23) from critical care wards. More than half (n = 48, 56.4%) had six or more years of work experience.

Factors that affect nurses’ job satisfaction
The nurses’ job satisfaction is represented by three key themes that emerged from the results of the ten FGs: spiritual feeling, work environment and motivation factors. These are supported by quotes in nurses’ own words providing adequately rich and detailed descriptions to allow readers to judge the data interpretation.

Theme 1: spiritual feeling
This theme emerged from eight FGs during which nurses described factors affecting their job satisfaction. Nurses highlighted a spiritual feeling when taking care of patients.

Helping sick people
Many of the nurses said that helping sick people allowed them to strengthen their own religious faith, renew energy and bring rewards from God. One nurse gave the following explanation:

‘I think money or social positions are not my main purpose to be a nurse. I have some higher belief such as God satisfaction with the work that I am doing for my patients.’ (critical care ward nurse, aged 31)

Involvement in patient care
Almost all the nurses reported that the main factor that influenced their job satisfaction was to be involved with patient care and focusing on the patient’s problems, as illustrated by one of the participants:

‘When I help my patients with their needs and problems, I feel happy and this makes me feel satisfied.’ (medical ward nurse, aged 41)

Theme 2: work environment factors

Teamwork
All focus groups reported that working with supportive and helpful colleagues was a main factor related to job satisfaction. Many nurses reported that they are satisfied with the cooperation and good relationship within their own profession. Supportive co-workers and a good relationship between nurses were found to be valuable. Two nurses gave the following explanations:

‘I am satisfied with the relationship with my nurse colleagues in my ward.’ (critical care ward nurse, aged 42)

Table 1 Distribution of socio-demographic characteristics of Iranian participants (n = 85)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>%</th>
<th>Focus group (n)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1  2  3  4  5  6  7  8  9 10</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>12.8</td>
</tr>
<tr>
<td>Female</td>
<td>74</td>
<td>87.2</td>
</tr>
<tr>
<td>Age</td>
<td></td>
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<tr>
<td>20–29</td>
<td>27</td>
<td>31.9</td>
</tr>
<tr>
<td>30–39</td>
<td>42</td>
<td>49.3</td>
</tr>
<tr>
<td>≥40</td>
<td>14</td>
<td>18.8</td>
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<tr>
<td>Years of experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤6 years</td>
<td>37</td>
<td>43.6</td>
</tr>
<tr>
<td>&gt;6 years</td>
<td>48</td>
<td>56.4</td>
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<tr>
<td>Work unit</td>
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<tr>
<td>Medical wards</td>
<td>32</td>
<td>37.6</td>
</tr>
<tr>
<td>Critical care</td>
<td>23</td>
<td>27.2</td>
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<tr>
<td>Surgical</td>
<td>30</td>
<td>35.2</td>
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‘I think that my colleagues are helpful and supportive. There is a good cooperation between nurses in my ward.’ (medical ward nurse, aged 39)

**Benefit and reward**

Salary was considered one of the most important factors affecting their job satisfaction. The majority of nurses explained that nursing is a stressful and heavy job with low salary and reward. Underpayment of nurses was one of the major reasons for their job dissatisfaction. Nurses frequently mentioned the ‘inadequate income of nurses’. The common opinion was that the salary given was not reflected when compared with their level of responsibility and skills required. Some nurses work in more than one hospital due to low salary. Two critical care nurses summarized:

‘Money is the major issue for all nurses! All nurses here, that I know, would be much more satisfied if we were paid well enough so we are not forced to work in two hospitals. We need to financially support our families and need to work hard.’ (medical ward nurse, aged 32)

‘I am happy with my job as a nurse but I am working with few vacations and low salaries, we do not have enough time to spend with our families.’ (critical care ward nurse, aged 34)

Many of nurses said that they are frustrated with the unfair and unjust distribution of income in the healthcare organizations and reported that they were underpaid compared with other medical professions like doctors and physiotherapists. Others highlighted the significant difference between doctors’ and nurses’ income. They believed, as illustrated by the quotes below, that doctors’ salaries are higher than nurses’ salaries:

‘I know that in this hospital, many of doctors’ income are at least twenty times more than nurses’ salary.’ (medical ward nurse, aged 39)

‘In this hospital, one month our salary is the same as one day doctors’ income.’ (surgical ward nurse, aged 28)

**Lack of medical resource**

The shortage of supplies and the dysfunction or lack of medical equipment were described by nurses as key issues that should be addressed to improve nurses’ job satisfaction. Some of the nurses also expressed that they felt pressured because of insufficient medical equipment and the large number of patients received each day from other hospitals. For example:

‘One of the problems that we suffer is a shortage of medical equipment which is not available and some equipment is very old and their functions not good.’ (critical care ward nurse, aged 30)

**Working condition**

All FGs contended that the nursing shortage and heavy workload are main factors affecting their job satisfaction. Many of the medical and surgical ward nurses reported unbalanced nurse–patient ratios and long working hours, which decreased their relationship with patients and the opportunity to use their knowledge and skills effectively. They felt that the heavy workload was difficult to manage effectively within the working hours in a day. Nurses gave the following explanations:

‘I don’t feel that I can work effectively because I have many patients and not enough time for good patient care. This makes me upset because it is the patient who suffers.’ (medical ward nurse, aged 39)

‘We have no time for giving good care. Not enough equipment, not enough staff nurses, only two nurses and two auxiliary nurses for more than 40 patients every day. We don’t have time even for a short break.’ (surgical ward nurse, aged 26)

**Patient and doctor perceptions**

All focus groups discussed the patients’ and doctors’ perceptions towards nurses. Nurses explained that their caring skills are not recognized by doctors or patients, for example:

‘We spend more time than doctors with the patient and we know their problems sometimes better than doctors but they don’t like to listen to us.’ (surgical ward nurse, aged 27)

Many nurses believed that the Iranian culture society gives an unrealistic superiority to the doctors. One nurse gave the following explanation:

‘In our culture, parents always keep saying that my daughter or my son will be a doctor. On the first day when their son or daughter goes to the medical university, they call him or her a
doctor. When they become doctors, they see themselves as superior to others and think that they are only person that knows everything.’ (medical ward nurse, aged 36)

Many of the nurses in this study believed that there is a physician-centred culture in the Iranian healthcare system that does not regard nurses’ decisions and does not let them use their authority.

One nurse made the following comment:

‘We are always dependent on doctors’ orders. Our job is only measuring blood pressure or giving medications. If one patient has a simple headache, we cannot give him/her even one simple tablet without doctors’ order.’ (medical ward nurse, aged 29)

Poor leadership skills
Many of the nurses said that nurse managers are non-supportive and non-cooperative. They reported that nurse managers neither acknowledge their staff’s work problems nor listen to their issues (e.g. when conflicts happen between nurses and patients’ relatives). Accordingly, non-supportive styles of management cause high level of nurses’ job dissatisfaction, as illustrated below:

‘All of us are under stress, especially now that there are not enough staff nurses. I hope the nurse manager can help improve our work conditions by listening to our problems and addressing them.’ (surgical ward nurse, aged 27)

‘I expect my manager understands us and our issue in the ward. No matter if he does nothing for us. At least they can say “thank you,” or I support you and I will think about your issues.’ (medical ward nurse, aged 33)

Some of the Iranian nurses also said that they were unhappy and dissatisfied with their head nurses behaviour. Head nurses do not have adequate experience and do not know how to manage the issues arising in their wards. Nurses reported as follows:

‘Head nurses doing routine task were regarded as more important than showing good patient care. We just followed the doctor’s orders and provided routine care according to hospital protocol, not the patient’s individual needs.’ (surgical ward nurse, aged 28)

Discrimination at work
Many said that they feel upset with the unfair and discriminatory decisions made by the head nurses. Head nurses tend to favour staff members they like regardless of their ability and performance, and they are not being fair in allocating nurses’ off day on weekends or during public holiday. One nurse explained:

‘Our head nurses’ behaviours are not fair, they are not fair in providing weekend or holiday time scheduling between their staff nurses. Usually they prefer to give more days off to the senior nurses, for two years I was on duty at New Year.’ (critical care ward nurse, aged 27)

**Theme 3: motivation factors**

Task requirement
Many of the nurses cited that they spend too much of their time on paperwork so they do not have enough time to give patient care. One nurse remarked:

‘I think we spent a lot of time on paperwork and we don’t have enough time for really good patient care.’ (surgical ward nurse, aged 32)

Professional development
There were concerns about the need for support with professional development and updating their clinical knowledge by attending conferences, seminars or workshops. Nurses perceived a lack of opportunity and support to attend professional developmental activities. Because of heavy schedules they did not have any opportunities to attend these kinds of activities. One nurse said:

‘There are so many seminars and nursing workshops here, but so many times, I couldn’t join because I was on duty.’ (medical ward nurse, aged 30).

Lack of clinical autonomy
Two focus groups reported that nurses do not have enough control over their own work. They explained that they could only give medications, monitor vital signs and write nursing reports. Some nurses mentioned that they have to wait for doctor’s orders for all kinds of nursing interventions, even for very simple interventions such as pain medication. Many reported that they are professional nurses, but they do not have any opportunities that utilize their skills and knowledge to make clinical decision for their patients even with simple problems. One nurse reported the following:

‘We also studied at medical university for four years, but many times patients may suffer from pain for a couple of hours, and I cannot give him even one acetaminophen (pain medication) without doctors’ orders, I think only one year
education is enough for being a nurse here.’ (medical ward nurse, aged 34)

Discussion
This study focuses on exploring the factors influencing job satisfaction and job dissatisfaction. Nurses in this study highlighted that helping patients and being involved in patient care lead to a spiritual feeling that contributed to their job satisfaction. This finding is supported by Cortese (2007) and Ravari et al. (2012), which reported that nurses were satisfied by helping patients and recognition from patients and family members. Likewise, Archibald (2006) and Stuart et al. (2008) also reported that nurses were satisfied from the patients’ positive outcome. Possible explanations may be due to the strong focus on religion held by the nurses in Iran whereby Islam is the main religion.

The outcomes of the present study show that nurses were satisfied with teamwork and relationships with other staff nurses. Likewise, numerous studies mentioned that teamwork and relationships with colleagues were important factors related to nurses’ job satisfaction in different countries (Al-Dossary et al. 2012; Cortese 2007; Gardulf et al. 2008; Tyler et al. 2012; Varaei et al. 2012; Wyatt & Harrison 2010). Teamwork provides faster, safer and more efficient patient care. Thus, nurse managers should build an effective work team by strengthening communication and interpersonal relationships so that the staff could function as a more cohesive group (Atefi et al. 2013; Björk et al. 2007).

Furthermore, the study revealed that nurses were dissatisfied with their reward, promotion and fringe benefits. They were also dissatisfied with the unfair and unjust distribution of salary in the healthcare organizations. The Ministry of Health in Iran provides several facets of fringe benefits for nurses such as health insurance, childcare services, maternity leave and education programmes. However, the findings of this study indicate that such benefits might not be enough to raise the levels of nurses’ satisfaction. Thus, it is recommended that policy makers should consider implementing initiatives to increase nurses’ pay and other incentives, for example family allowance for children.

The study revealed that high workloads and shortage of nurses were major factors that caused job dissatisfaction among nurses. These findings were supported by Atashzadeh Shorideh et al. (2012), Atefi et al. (2013) and Emami & Nasrabadi (2007) who also found that a high workload was either a main reason of job dissatisfaction or a major stress factor at work for nurses. The patient-to-nurse ratio and, consequently, in nurses’ workloads could be due to the current nursing shortage faced by hospitals in Iran. The lack of any policies on flexible working hours in Iran also resulted in nurses not having much choice in their work schedules.

Nurses in this study also reported that they were dissatisfied with shortages of supplies and the lack of medical equipment. Similar results were also reported by Klopper et al. (2012) in South Africa and Tourangeau et al. (2006) in Canada. Increased capacity of hospitals’ resources will provide safety and well-being of the patients (Häggström et al. 2009). Most hospitals in Iran experience inadequate material resources, which mainly results from limited availability of funds to purchase equipment and supplies for the increased number of patients (Farsi et al. 2010). Therefore, with inadequate medical equipment, nurses are unable to provide effective treatment and patients care. Hospitals should develop a strategic framework for managing necessary medical equipment and, where possible, arrange more funding for replacement of non-functional equipment.

According to the second theme, nurses did not have a clear job description. This is in agreement with the results reported by Atashzadeh Shorideh et al. (2012), and Farsi et al. (2010). Iranian nurses play multiple roles in their wards because of unclear job descriptions, thus clear job description and career ladder programmes should be explored and established to improve nurses’ job satisfaction.

In this study, nurses reported that they were not satisfied with the non-supportive managers. This is also supported by Atefi et al. (2013) and Cortese (2007) who identified similar findings in Iran and Italy, respectively. It was noted that supportive nursing management provides better job satisfaction among nurses. Lack of attention to nurses’ problems may lead to an increase in patient dissatisfaction and a decrease in the quality of nursing care (Farsi et al. 2010). Therefore, nurse managers can greatly influence nurse job satisfaction rates by ensuring a positive work environment. Nurse managers have the capacity to influence a variety of factors such as increasing staffing to acceptable levels, ensuring there are sufficient support and decreasing heavy workloads and involving nursing staff in policy-making, especially in policies that affect nursing staff directly, which will enhance nurses’ job satisfaction (Duffield et al. 2009).

Nurses mentioned that task requirements and professional development are factors contributing to job satisfaction. Similarly, Al-Enezi et al. (2009) and Ramoo et al. (2013) found that task requirements and professional development contributed to nurses’ job satisfaction. When opportunities for promotion and development are absent within a hospital, nurses tend to have lower job satisfaction (Al-Enezi et al. 2009), while higher nurses’ satisfaction is observed in hospitals that facilitate educational opportunities and professional development (Levett-Jones 2005; Ramoo et al. 2013).
In this study, nurses mentioned autonomy as a factor that affects the nurses’ job satisfaction. The perception of nurses as handmaidens to doctors in Iran may explain the lack of autonomy accorded to nurses in this study. This finding was similar to the result reported by Atefi et al. (2013), which also noted an association between clinical autonomy and nurses' job satisfaction. Therefore, nurse managers should provide more clinical autonomy by maximizing the opportunities for nurses to be involved in clinical decision-making.

Limitation and strength of the study
Our rich findings in this qualitative study add to the nursing knowledge about the topic. In addition, measures such as peer and member checking, stringent data analysis and interpretation procedures have been taken to enhance interpretative rigour and trustworthiness of findings (Guba & Lincoln 1994). However, further exploration regarding nurse satisfaction needs to be made with different population groups since other nurses might not share the same views and experiences as our participants.

Conclusions: implications for nursing and nursing policy
The study findings indicated that nurses were satisfied with the care provided to the patients and teamwork. However, they were dissatisfied with the high workloads, unsupportive nursing managers, low benefit and rewards and shortage of staff nurses. Therefore, it is essential that the management system improve the workplace conditions. Nurse managers and policy makers should ensure adequate staffing, supplies and equipment to provide a positive and healthy practice environment, which is crucial to job satisfaction. In addition, the nurses’ salary should be based on their performance, their speciality and nurses should be given incentives such as sharing of profit and other benefits. More professional development opportunities for nurses should be offered to increase nurses’ job satisfaction. Overall, the outcomes provided important insights for policy makers on how to improve job satisfaction. Further research should be conducted in other units and with other stakeholders to provide a deeper understanding of the factors that can influence job satisfaction so that strategies can be developed on how best to manage the nursing workforce in the face of increasing pressures.

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Data analysis: N.A.
Critical revisions for important intellectual content: K.L.A., L.P.W., R.M.

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