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Investigating the Factors Associated with Job Satisfaction Among Nurses: Evidence from a Tertiary Care Hospital of Lahore, Pakistan

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ABSTRACT

Background: Nurse job satisfaction is linked to retention, safety, and the quality of patient care, yet evidence from public tertiary hospitals in Lahore remains limited, and few studies have examined organizational commitment, occupational stress, and role ambiguity alongside work characteristics. Objectives: To determine the level of job satisfaction among nurses in a public tertiary care hospital in Lahore, and to examine its association with organizational commitment, occupational stress, role ambiguity, and demographic and work-related characteristics. Methods: An analytical cross-sectional study was conducted at the Government Teaching Hospital Shahdara, Lahore. Of 182 nurses, 126 were selected by simple random sampling. Data was collected using a self-administered questionnaire with four five-point scales: job satisfaction (15 items), organizational commitment (15 items), sources of pressure at work (24 items), and role ambiguity (6 items). Data were analyzed in SPSS version 26 using Spearman correlation and chi-square tests ($p < 0.05$). Results: The mean job satisfaction score was 3.54 (SD = 0.56); 80 nurses (64.0%) were satisfied, 39 (31.2%) neutral, and 6 (4.8%) dissatisfied. Satisfaction correlated positively with organizational commitment ($\rho = 0.397$, $p < 0.001$), age ($\rho = 0.229$, $p = 0.011$), and years in the hospital ($\rho = 0.235$, $p = 0.010$), and negatively with role ambiguity ($\rho = -0.425$, $p < 0.001$); it was unrelated to occupational stress ($\rho = 0.101$, $p = 0.266$). The proportion of nurses who were satisfied differed significantly by age group ($p = 0.004$), job status ($p = 0.011$), and shift pattern ($p < 0.001$. Conclusion: About two-thirds of the nurses were satisfied with their jobs. Clearer role definitions, stronger organizational commitment, and attention to staff on non-permanent contracts and fixed evening shifts are the most direct targets for improvement. These are associations from a single-hospital cross-sectional survey, not causal effects.

Introduction

Nurses form the largest part of the health workforce, and the way they feel about their work shapes how long they stay, how well they perform, and how safely patients are cared for. Job satisfaction is commonly understood as the degree to which employees feel positively about their work and working conditions. A recent systematic review concluded that higher job satisfaction among nurses was consistently linked to greater patient safety, higher patient satisfaction scores, and fewer medical errors (Wang et al., 2026). Meta-analytic evidence also shows that psychological empowerment is strongly related to satisfaction among registered nurses, particularly in Asian settings (Gu et al., 2022), and nurse support programs have been evaluated for their effect on satisfaction among hospital nurses (Kim & Cho, 2022). During the COVID-19 pandemic, dissatisfaction was linked to turnover and mental health problems among nurses (Yasin et al., 2024).

The level of satisfaction, however, varies widely across settings. A meta-analysis of 13 studies from hospitals in the Eastern Mediterranean Region estimated that only 17.9% of nurses were satisfied with their jobs (95% CI 11.9–26.0), with higher satisfaction in high-income countries and private hospitals (Isfahani et al., 2024). A systematic review from Saudi Arabia used a social determinants framework to organize the factors affecting nurses' satisfaction and noted that gaps remain in understanding the roles of gender and educational level (Hudays et al., 2023).

Pakistani evidence points the same way. In a tertiary hospital in Lahore, 124 of 170 nurses (73%) were satisfied, and the authors recommended shorter working hours, career development, and permanent posts (Usman et al., 2023). Among 104 emergency nurses at a Lahore public hospital, job satisfaction was positively correlated with the work environment (Hanif & Iqbal, 2023). Another Lahore study of leadership styles reported that only 52.4% of nurses had adequate job satisfaction (Shahzad et al., 2025), while a survey of mixed hospital staff in Lahore found that nurses reported the highest self-rated satisfaction and non-medical staff the lowest (Sohail et al., 2025). A study of employees at a philanthropic tertiary care hospital also explored how workplace factors relate to employee demographics (Jamshaid et al., 2025), and a study of Lahore nurses highlighted recognition, career advancement, and a positive work environment as influences on job motivation (Waris et al., 2024). Work in Pakistani nursing has further shown that organizational commitment mediates the link between organizational support and satisfaction with the quality of care (Ahmad et al., 2022), and a recent meta-analysis found a high prevalence of occupational stress among Pakistani nurses, with moderate stress the most common (Ghanei Gheshlagh et al., 2025).

These studies leave three gaps. First, many measure satisfaction alone, without considering organizational commitment, stress, and role clarity together. Second, few report how satisfaction differs by employment status, shift pattern, and the nursing care delivery system used on the ward. Third, estimates from public teaching hospitals in Lahore remain few. This study addresses those gaps in the Government Teaching Hospital Shahdara, a busy public tertiary hospital.

Objectives

1. To determine the level of job satisfaction among nurses working in a tertiary care hospital in Lahore.
2. To examine the association of job satisfaction with organizational commitment, occupational stress, and role ambiguity.
3. To identify the association of job satisfaction with the demographic and work-related characteristics of nurses.

Methodology

A quantitative, analytical cross-sectional study was conducted at the Government Teaching Hospital Shahdara, Lahore, a public tertiary care hospital. The study population comprised 182 nurses working in the hospital. The sample size was calculated with Slovin's formula, $n = N / [1 + N(e)^2]$, at a 5% margin of error, giving $n = 182 / [1 + 182(0.05)^2] = 125.09$, which was rounded up to 126. Participants were selected by simple random sampling. Nurses working in clinical areas of the hospital for at least six months and willing to give consent were included. Nurses on long leave and student nurses on clinical placement were excluded.

Data were collected with a self-administered English questionnaire adapted from a study conducted by Wali et al. (2023). It had a section on demographic and work characteristics followed by four five-point scales. (A) Job satisfaction comprised 15 items scored from 1 (very dissatisfied) to 5 (very satisfied), plus one separate overall-satisfaction question that was analyzed on its own. (B) Organizational commitment comprised 15 items scored from 1 (strongly disagree) to 5 (strongly agree); six negatively worded items (items 3, 7, 9, 11, 12, and 15) were reverse-coded when computing the score. (C) Sources of pressure at work comprised 24 items scored from 1 (no pressure) to 5 (extreme pressure). (D) Role ambiguity comprised six positively worded items scored from 1 (never) to 5 (very often) and was reversed so that a higher score indicates greater ambiguity. Each scale score was the mean of its item responses, computed when at least half of the items were answered. Job satisfaction and

organizational commitment were classified as dissatisfied or low (<2.5), neutral or moderate (2.5 to <3.5), and satisfied or high (≥3.5). Occupational stress was classified as none to slight (<2.0), slight to moderate (2.0 to <3.0), and moderate to extreme (≥3.0). Role ambiguity was classified as low (<2.5), moderate (2.5 to <3.5), and high (≥3.5). After approval, data were collected and the data were analyzed with SPSS version 26. Frequencies, percentages, means, and standard deviations were used as descriptive statistics. For inferential statistics, Spearman's rank correlation was used to examine the association of the job satisfaction and the variables. For the demographic and work characteristics, the job satisfaction score was dichotomized as satisfied (≥3.5) versus not satisfied (<3.5, combining neutral and dissatisfied nurses, because only six nurses were dissatisfied), and the association of each characteristic with this outcome was tested with the Pearson chi-square test. Age and years in the hospital were grouped into three categories. A p-value below 0.05 was considered significant.

Results

Characteristics of Participants

A total of 126 nurses participated. Their mean age was 32.7 years (SD = 6.3; range 21–58), and they had worked in the hospital for a mean of 7.5 years (SD = 4.6). Most respondents were aged 25 to under 35 years (76 of 123; 61.8%). Almost all nurses were female (121 of 123 who reported their gender; 98.4%). Most were married (67.2%), held a BSN (Post-RN 48.8%; generic 37.2%), and worked as staff nurses (56.6%) or charge nurses (36.9%). Most held permanent posts (83.8%) and worked rotating shifts (74.4%). Nursing had been the first career choice for 89.8%, and 47.8% reported that they had thought of leaving their job. Team nursing was the care delivery system on the wards of 66.4% of respondents. Most nurses said that their ward had clear nursing standards and policies (86.7%; 104 of 120), that nursing notes were written each shift (82.2%; 97 of 118), and that care plans were individualized (76.5%; 91 of 119) or standardized (76.4%; 81 of 106).

Table 1. Demographic and Work Characteristics of the Nurses (N = 126)

Variable	Category	n	%
Age (years)	Below 25	2	1.6
	25 to <30	38	30.9
	30 to <35	38	30.9
	35 to <40	26	21.1
	40 to <45	12	9.8
	45 and above	7	5.7
Gender	Female	123	100
Marital status	Married	78	67.2
	Single	38	32.8
Education	Post-RN BSN	59	48.8
	Generic BSN	45	37.2
	Diploma	14	11.6
	Other	3	2.5
Designation	Staff nurse	69	56.6

Variable	Category	n	%
	Charge nurse	45	36.9
	Trainee	6	4.9
	Other	2	1.6
Job status	Permanent	98	83.8
	Contract	13	11.1
	Ad hoc	5	4.3
	Other	1	0.9
Shift pattern	Rotating	90	74.4
	Fixed evening	14	11.6
	Fixed morning	10	8.3
	Fixed night	7	5.8
Experience (years)	2 or fewer	13	10.8
	3–5	33	27.5
	6–8	35	29.2
	9–11	16	13.3
	12–14	13	10.8
	15 or more	10	8.3
Nursing was first career choice	Yes	106	89.8
	No	12	10.2
Thought of leaving the job	Yes	55	47.8
	No	60	52.2
Care delivery system on ward	Team nursing	81	66.4
	Functional nursing	20	16.4
	Primary nursing	13	10.7
	Don't know	8	6.6

Job Satisfaction

Item means ranged from 3.37 to 3.79 (Figure 1). Nurses were most satisfied with fellow workers (M = 3.79), working hours (M = 3.70), and recognition for good work (M = 3.68), and least satisfied with freedom to choose their own working methods (M = 3.37), pay (M = 3.43), and chance of promotion (M = 3.43). Satisfaction or high satisfaction was reported by 69.2% for recognition, 68.7% for job security, 68.4% for hours of work, and 66.1% for fellow workers, but by only 49.2% for freedom to choose working methods and 50.9% for pay. Promotion drew the most dissatisfaction (28.7%; n = 35). On the single overall question, 64.8% (n = 81) were satisfied or very satisfied, 29.6% (n = 37) were neither, and 5.6% (n = 7) were dissatisfied (M = 3.76, SD = 0.83).

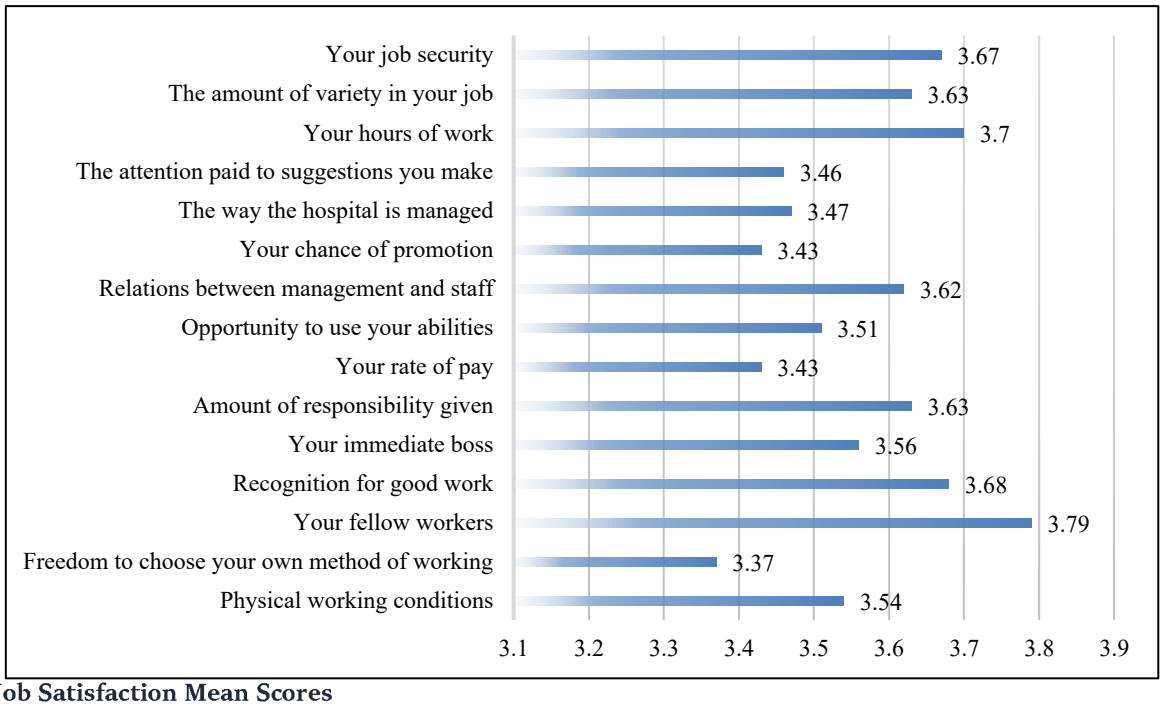


Figure 1: Job Satisfaction Mean Scores

Job Satisfaction, Organizational Commitment, Stress, and Role Ambiguity

Figure 2 shows how the 126 nurses were distributed across the levels of the four scales. Job satisfaction was concentrated at the upper end as 80 nurses (64.0%) were satisfied, 39 (31.2%) were neutral, and only 6 (4.8%) were dissatisfied, so dissatisfaction was uncommon (mean score 3.54, SD = 0.56). Organizational commitment sat mostly in the middle band. Of 123 nurses, 96 (78.0%) had moderate commitment, 26 (21.1%) had high commitment, and just 1 (0.8%) had low commitment (mean 3.21, SD = 0.39). This means that most nurses were neither strongly attached to nor detached from the hospital. On commitment items, 70.9% were proud to tell others they worked at the hospital, 64.1% talked it up to friends, and 63.2% would accept almost any assignment to stay.

Occupational stress showed the opposite pattern to satisfaction. The tallest bar in Figure 1 is the moderate-to-extreme stress band, with 99 of 124 nurses (79.8%), against 22 (17.7%) at the slight-to-moderate level and 3 (2.4%) at none to slight (mean 3.29, SD = 0.56). Extreme pressure was most often reported for life-and-death situations (62.4%), uncertainty about responsibility (56.7%), poor physical working conditions (56.4%), staff shortages (55.9%), and new technology (55.9%), and workload was moderate to extreme for 87.2%. The least reported pressures were lack of participation in decisions (18.6%), time pressure (22.9%), and dealing with relatives (24.6%). Role ambiguity was mostly low as 77 nurses (61.6%) had low ambiguity, 32 (25.6%) moderate, and 16 (12.8%) high (mean 2.37, SD = 0.81). Most nurses knew their responsibilities (65.8%), received clear explanations (63.6%), had clear goals (60.7%), and knew what was expected of them (57.1%), although between a third and two fifths did not agree on each of these items. Read together, the figure shows that the nurses were mainly satisfied, moderately committed, and clear about their roles, yet most also reported heavy pressure at work.

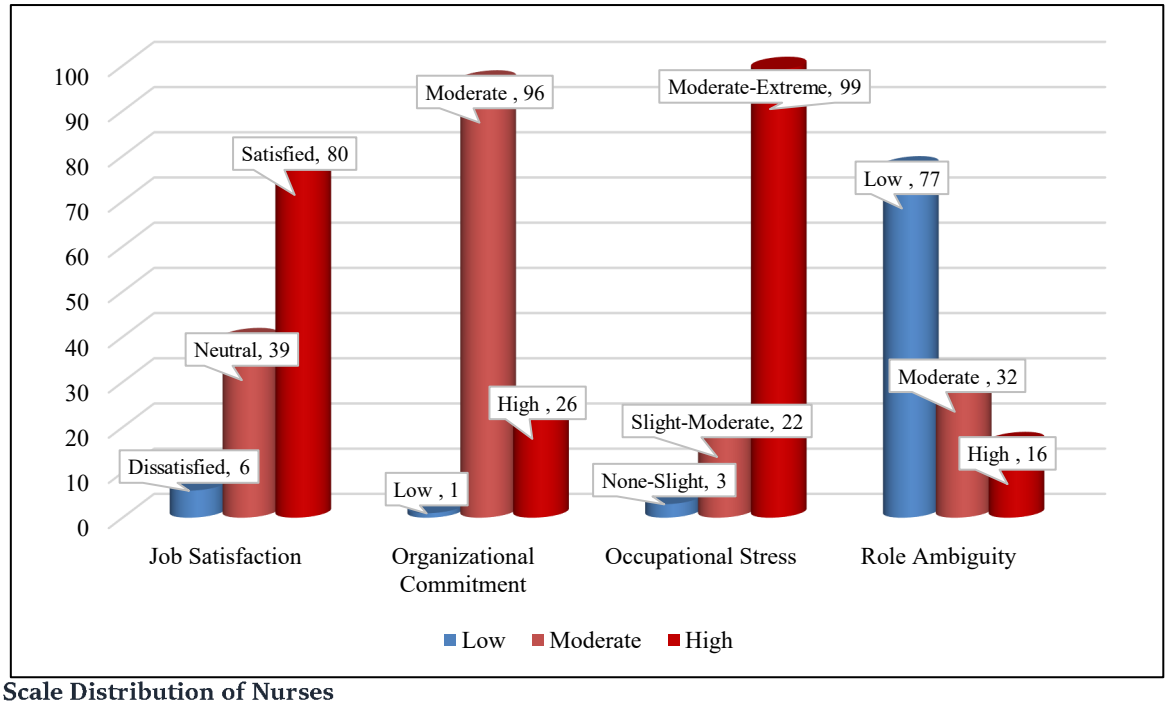


Figure 2: Scale Distribution of Nurses

Correlates of Job Satisfaction

Job satisfaction correlated positively with organizational commitment ($\rho = 0.397$, $p < 0.001$), and negatively and moderately with role ambiguity ($\rho = -0.425$, $p < 0.001$); the association with occupational stress was not significant ($\rho = 0.101$, $p = 0.266$) (Table 4). Satisfaction also increased with age ($\rho = 0.229$, $p = 0.011$) and with years of service in the hospital ($\rho = 0.235$, $p = 0.010$).

Table 4. Spearman Correlations of Job Satisfaction with Study Variables

Variable	ρ	n	p
Organizational commitment	0.397	123	**<0.001**
Occupational stress	0.101	123	0.266
Role ambiguity	−0.425	124	**<0.001**
Age	0.229	122	**0.011**
Years in the hospital	0.235	119	**0.010**

Note. ρ = Spearman's rank correlation coefficient

The proportion of nurses who were satisfied differed significantly by age group, job status, and shift pattern (Table 5). By age, 81.8% of nurses aged 35 years and above were satisfied, compared with 60.0% of those below 30 years and 47.4% of those aged 30 to under 35 years ($\chi^2(2) = 10.89$, $p = 0.004$). Permanent staff were more often satisfied than contract, ad hoc, and other staff combined (72.2% versus 42.1%; $\chi^2(1) = 6.52$, $p = 0.011$). Shift pattern showed the widest gap ($\chi^2(3) = 19.72$, Monte Carlo $p < 0.001$): 80.0% of fixed morning, 73.0% of rotating, and 57.1% of fixed night nurses were satisfied, against only 14.3% (2 of 14) of fixed evening nurses. The proportion satisfied was lower on functional nursing wards (45.0%) than on team nursing wards (72.8%), but this did not reach significance ($p = 0.056$). Experience, educational level, designation and marital status were not significantly associated with satisfaction.

Table 5. Association of Job Satisfaction Level with Demographic and Work Characteristics

Characteristic	Group	n	Satisfied n (%)	Test statistic	p
Age	Below 30 years	40	24 (60.0)	$\chi^2(2) = 10.89$	**0.004**
	30 to <35 years	38	18 (47.4)		
	35 years and above	44	36 (81.8)		
Experience (years)	5 or fewer	46	24 (52.2)	$\chi^2(2) = 4.65$	0.098
	6–8	35	24 (68.6)		
	9 or more	38	28 (73.7)		
Marital status	Single	38	23 (60.5)	$\chi^2(1) = 0.21$	0.644
	Married	77	50 (64.9)		
Education	Diploma	13	10 (76.9)	$\chi^2(2) = 5.09$	0.079
	Post-RN BSN	59	32 (54.2)		
	Generic BSN	45	33 (73.3)		
Designation	Charge nurse	44	28 (63.6)	$\chi^2(2) = 1.18$	0.546
	Staff nurse	69	48 (69.6)		
	Trainee	6	3 (50.0)		
Job status	Permanent	97	70 (72.2)	$\chi^2(1) = 6.52$	**0.011**
	Non-permanent	19	8 (42.1)		
Shift pattern	Fixed morning	10	8 (80.0)	$\chi^2(3) = 19.72$	**<0.001**
	Fixed evening	14	2 (14.3)		
	Fixed night	7	4 (57.1)		
	Rotating	89	65 (73.0)		

Note. Satisfied = job satisfaction score ≥3.5; not satisfied = <3.5. Pearson chi-square test

Discussion

In this survey of 126 nurses at a public tertiary hospital in Lahore, about two-thirds were satisfied with their jobs (mean 3.54 of 5), and most others were neutral; only 4.8% were dissatisfied. Higher satisfaction scores went with stronger organizational commitment, lower role ambiguity, older age, and longer service. The proportion satisfied differed by age group, job status, and shift pattern, and was lowest among nurses on fixed evening shifts (14.3%) and on non-permanent contracts (42.1%). Occupational stress was high but unrelated to satisfaction.

The proportion satisfied here (64.0%) is close to the 73% reported in another Lahore tertiary hospital (Usman et al., 2023) and above the 52.4% reported for Lahore nursing staff in a leadership study (Shahzad et al., 2025). It is far above the pooled 17.9% for the Eastern Mediterranean Region (Isfahani et al., 2024). These estimates are not directly comparable, because instruments and cut-offs differ, and our mean of 3.54 sits just above the 3.5 cut-off for satisfied, so the classification is sensitive to where the line is drawn. The item pattern agrees with local findings that recognition and working hours were viewed favorably (Waris et al., 2024), whereas pay, promotion, and freedom over working methods scored lowest, as in a Lahore survey of mixed hospital staff in which satisfaction was uneven across groups (Sohail et al., 2025).

The positive link with organizational commitment fits earlier work in Pakistan that placed commitment on the pathway from organizational support to satisfaction (Ahmad et al., 2022) and work from Saudi Arabia reporting positive correlations among nurses' satisfaction, intention to stay, and organizational commitment (Alshaibani et al., 2024). Commitment has also been studied alongside turnover intention among 297 primary healthcare nurses (Callado et al., 2023); in our sample 47.8% had thought of leaving, yet this was not significantly associated with satisfaction ($p = 0.426$). The commitment finding should be read with care: the scale's reliability was modest ($\alpha = 0.63$), and negatively worded items behaved inconsistently, which can blur the true strength of the relationship. The finding on role ambiguity is the strongest correlation in the study. It fits the view that clear responsibilities, expectations, and goals support satisfaction, and it points to a practical target, because job descriptions are inexpensive to clarify.

Satisfaction scores rose with age and service, and a Chilean hospital study also found age positively associated with satisfaction (Simonetti & Sáez, 2023). In our data the pattern across age groups was not smooth: nurses aged 30 to under 35 had the lowest proportion satisfied, which may reflect career-stage pressures that this survey did not measure. The advantage for permanent staff (72.2% versus 42.1% satisfied) supports the recommendation from Lahore to offer permanent posts (Usman et al., 2023). The shift finding runs against international evidence in which long and rotating shifts were associated with lower satisfaction and day shifts with the highest (Emmanuel et al., 2024). Here, fixed evening shifts, not rotating shifts, had the lowest proportion satisfied (14.3%, 2 of 14 nurses). Evening nurses were few, so this may reflect small-group variation or ward-specific factors, and it deserves local checking. The structure of the rota may also matter: a recent study compared pattern-based and rotating schedules among nurses because shift work is linked to lower satisfaction (Jung & Kim, 2025). This was not examined here. Functional nursing wards, which divide care into tasks, had a lower proportion of satisfied nurses than team nursing wards, but the difference was not significant ($p = 0.056$) and rests on only 20 nurses, so it is a signal to follow up, not a finding.

Occupational stress was reported by four in five nurses at moderate-to-extreme levels, in keeping with the high prevalence of occupational stress among Pakistani nurses (Ghanei Gheshlagh et al., 2025), yet it was not associated with satisfaction. A plausible explanation is measurement: the scale records sources of pressure at work, not the strain nurses actually feel, so nurses can rate many demands highly and still be content with recognition, colleagues, and security. Findings from Turkish hospital nurses, where job satisfaction was tied to life satisfaction and working conditions (Medeni et al., 2025), also suggest that satisfaction draws on factors beyond job demands. Among Pakistani emergency nurses, satisfaction was likewise positively correlated with the work environment (Hanif & Iqbal, 2023).

Based on these findings, a few recommendations are made. (1) develop and communicate clear job descriptions and expectations for each nursing role; (2) strengthen recognition and involve nurses in decisions on their work; (3) review support, benefits, and the path to permanency for contract and ad hoc staff; (4) examine the supervision and staffing of fixed evening shifts and examine whether wards still using functional nursing would benefit from team-based care; (5) review pay, promotion pathways, and the freedom nurses have in choosing their working methods; (6) address workload and staffing, which nurses rated among the heaviest pressures; and (7) repeat satisfaction surveys regularly, preferably across several hospitals, with larger samples and longitudinal follow-up to test whether changes in role clarity and commitment precede changes in satisfaction.

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