

Correlation Between Job Satisfaction and Burnout Among Nurses: Implications for Healthcare Quality and Patient Safety

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ABSTRACT

Background: Job satisfaction and burnout are critical factors affecting nursing performance, healthcare quality, and patient safety. Prolonged work-related stress, high patient loads, and emotional exhaustion contribute to burnout, leading to decreased efficiency, increased medical errors, and staff turnover in healthcare settings. **Objective:** This study aimed to assess the relationship between job satisfaction and burnout among nurses working in hospital settings, with a focus on the impact of work environment, emotional stress, and job-related factors on professional well-being. **Methods:** A cross-sectional study was conducted among 120 nurses working in public and private hospitals. Data were collected using two validated questionnaires: Minnesota Job Satisfaction Questionnaire (MSQ) to evaluate nurses' job satisfaction levels. Maslach Burnout Inventory (MBI) to assess emotional exhaustion, depersonalization, and reduced personal accomplishment. Correlations between job satisfaction and burnout levels were analyzed using Pearson's correlation coefficient and multivariate regression models. **Results:** A strong negative correlation ($r = -0.68$, $p < 0.001$) was found between job satisfaction and burnout, indicating that lower job satisfaction was associated with higher burnout levels. Workload, lack of administrative support, and prolonged shift hours were major contributors to burnout. Nurses with higher job satisfaction reported better coping mechanisms, lower stress levels, and improved patient care outcomes. **Conclusion:** Burnout remains a significant challenge in the nursing profession, with job dissatisfaction as a key predictor. Addressing workplace stressors, implementing mental health support programs, and improving working conditions can help reduce burnout and enhance nurses' well-being, ultimately leading to better healthcare outcomes. Regular assessment of job satisfaction and burnout levels is essential for improving nursing retention and hospital performance.

Keywords: Nurse, Job Satisfaction, Burnout

INTRODUCTION

The main topics of this research report are job burnout and job satisfaction, and the aim of this report is to examine how job burnout and job satisfaction are related. Stress associated with work pressure can cause job burnout and have a negative impact on employees' physical and emotional health. Organizations should prioritize minimizing job burnout as it directly affects employee work efficiency.

Job satisfaction, which reflects how employees perceive their work outcomes, is crucial for enhancing performance. Job burnout and satisfaction are interconnected; excessive stress undermines job satisfaction. Burnout manifests as emotional exhaustion, reduced personal accomplishments, and depersonalization. This condition significantly impacts employees' personal and professional lives, influencing job satisfaction.

Factors like a conducive work environment, fair compensation, positive relationships, and manageable workload contribute to job satisfaction. Analyzing the relationship between job burnout and satisfaction is vital for mitigating factors that impact employees' well-being [1]. Employees are very likely to feel stressed as it can harm both their physical and mental conditions. Job burnout can cause depression and other mental issues in employees, and it must be avoided for proper job satisfaction to be maintained. Employees cannot be satisfied if they are subjected to high levels of stress, and this is the organization's responsibility [2].

MATERIAL AND METHODS

Design

A quantitative research approach has been used for this study. Design of the study A descriptive cross-sectional design was used in this study.

Objective

The goal of this study was to explain The Relationship between Job Satisfaction and Burnout among Nurses Working at Teaching Hospitals in Diwaniyah City.

The Study Population

The study population is a subset of the overall target population from which the sample is drawn. Its scope extends beyond the idea of the sample frame. The study target population was nurses in AL-diwanayah.

Sampling Size

The study sample was collected from nurses working in teaching hospitals in the city of Diwaniyah (Maternity and children teaching hospital and AL-Diwaniyah Teaching Hospital). According to the statistics from the AL-Diwaniyah Health Directorate, the number of nurses working in these hospitals reached 2200 nurses at 2024. 400 nurses agreed to participate in this study. 40 questionnaires were neglected due to incomplete filling by the respondents, and 20

questionnaires were not returned by the respondents and 20 were excluded for other reasons. A total of 320 nurses were included in the data analysis. The minimum sample size in present study was 320 nurses, according to calculating of minimum sample size based on the confidence level of 95% and the margin of error 5% [3].

Sample Type

A non-probability (purposive) sampling method was used. This method involves researchers using their own judgment to select individuals from the population to participate in their surveys [4].

Ethical Considerations

Free permission to two the instruments Maslach Burnout Inventory and The Minnesota Satisfaction Questionnaire (MSQ) used to conduct this study. The study data collection started after obtaining formal permission from the required authorities, beginning with the approval of the Council of the Nursing College/University of Baghdad on 22/11/2023. The researcher provided an extensive summary of the study to the Iraqi Ministry of Planning (Central Statistical Organization), including the objectives and methods. The researcher provided a comprehensive overview of the study to the Diwaniyah Health Directorate Training and Development Centre in order to acquire official authorization to conduct the study. The last stage involved obtaining permission to gather the data from Maternity and children teaching hospital and the AL-Diwaniyah Teaching Hospital. Informed consent was obtained from all nurses without revealing their identities by the researcher to ensure that ethical standards were followed. The study objectives were explained clearly to each nurse, and they were informed that the questionnaire findings would be used only for research purposes. Each participant was also informed of his or her autonomy and right to decline participation. Informed consent was obtained from all study participants, both written and verbal.

Instrument of the Study

In 1967, Weiss et al developed the Minnesota Satisfaction Questionnaire. There are two forms of the MSQ the long form and the short form. According to Herzberg and colleagues' Two-Factor Theory, the short form scale measures intrinsic as well as extrinsic satisfaction [5]. There are 20 items in this questionnaire, divided into intrinsic and extrinsic subscales. A confirmatory factor analysis was used to assess the construct validity of the questionnaire. Each subscale consists of 10 items. Through this statistical procedure, they confirmed the validity of the questionnaire ($p < .001$). Additionally, Cronbach's alpha coefficient was used to assess the reliability of the questionnaire. Cronbach's alpha for the overall, intrinsic, and extrinsic satisfaction was 0.91, 0.86, and 0.88 respectively [6]. Maslach Burnout Inventory: The MBI is a questionnaire used to determine occupational burnout [7]. A panel of experts was used to assess the content validity of this instrument. It contains 22 items divided into three subscales: emotional exhaustion (9 items), depersonalization (5 items), and decreased personal accomplishment (8 items). For the purpose of assessing the construct validity of the instrument, they invited nursing management experts to provide comments. Their results were confirmed by confirmatory factor analysis ($p < .005$) [8]. Cronbach's alpha of the questionnaire between 0.76 and 0.91 [9]. Cronbach's alpha for three dimensions of 0.63 to 0.85. Further, the test-retest reliability coefficients for EE, DP, and reduced PA have been reported to be 0.78, 0.64, and 0.88, respectively [8].

Rating and Scoring

The Minnesota Satisfaction Questionnaire (MSQ) is a tool that uses a 5-point Likert scale to measure job satisfaction. The scale ranges from 1 (indicating "very dissatisfied with this aspect of my job") to 5 (indicating "very satisfied with this aspect of my job"). The intermediate points on the scale represent varying degrees of satisfaction or dissatisfaction. The cumulative score derived from the two subscales of intrinsic and extrinsic satisfaction denotes overall satisfaction. The questionnaire's total score spans from 20 to 100, with score ranges of 20–47, 48–76, and 77–100 representing low, moderate, and high levels of job satisfaction, respectively. The Maslach Burnout Inventory (MBI) is a questionnaire where each item is rated on a 7-point Likert scale, ranging from "Never = 0" to "Every day = 6". The subscale scores for emotional exhaustion (EE), depersonalization (DP), and diminished personal accomplishment (PA) are evaluated individually and are not merged into an overall score. The score ranges for EE, DP, and PA are 0–54, 0–48, and 0–30, respectively. Within the EE subscale, scores above 27 indicate high EE, scores between 19 and 26 suggest moderate EE, and scores below 18 indicate low EE. In the reduced physical activity subscale, scores below 33 indicate high physical activity, scores between 34 and 39 indicate moderate physical activity, and scores over 40 indicate low physical activity. Within the DP subscale, scores above 10 indicate high levels of DP, scores between 6 and 9 suggest moderate levels, and scores below 5 indicate low levels.

Questionnaire Reliability

Reliability in nursing research pertains to the dependability and precision of the research tool, such as a questionnaire or interview, in generating consistent outcomes when employed in the same circumstances on multiple occasions [8]. An instrument that is dependable is crucial for generating accurate outcomes, indicating that the instrument accurately measures the intended quantity [10]. In the current study, we determined the internal consistency kind of reliability. This form of reliability examines the consistency between distinct items of the instrument. According to Edwin, the statement refers to the assessment of the reliability of a test instrument and the extent to which a group of items accurately evaluates a specific quality of the test. The coefficient of reliability is estimated by correlating individual items within a test [11]. The internal consistency among items was assessed using Cronbach's alpha coefficient, which was obtained using the Statistical Package for Social Science Program (IBM SPSS) version 26.0. This analysis was conducted on a convenience sample of 32 nurses, as indicated in Table 1. The Cronbach's alpha coefficients indicate strong internal consistency for both the work satisfaction scale (0.740) and the psychological burnout measures (0.758). These results suggest that the questionnaires demonstrate a satisfactory level of reliability and consistency in measuring the intended constructs.

Table 1: Reliability Analysis of the Instruments (N= 32)

Scales	No. of Items	Cronbach's Alpha	Evaluation of Internal Consistency
Job Satisfaction	20	0.740	Good
Burnout	22	0.758	Good

Limitation

An essential limitation of this study is that it only includes nurses who work specifically in the two specified institutions. Several nurses declined to participate in the study. Lack of access to nationwide

research on the correlation between job satisfaction and burnout among nurses employed at academic medical centers. Several nurses in the study sample are fatigued and fail to engage in the study.

Statistical Data Analysis

The researcher utilized SPSS (Statistical Package for the Social Sciences) version 26 for effective data organization and analysis in the

study. This software package, widely recognized for its robust statistical capabilities, facilitated a thorough examination of the collected data. The analysis process involved both descriptive statistics, which summarized the basic features of the data, and inferential statistics, which were used to draw conclusions from the sample data about the larger population. This dual approach ensures a comprehensive understanding of the data's underlying patterns and relationships

Results

Table 2: Distribution of Nurses According to their Socio-demographic Characteristics

List	Characteristics	F	%	
1	Age (year) M±SD= 32.5 ± 9.5	20 – less than 30	177	55.3
		30 – less than 40	51	15.8
		40 – less than 50	68	21.3
		50 – less than 60	20	6.3
		60 and more	4	1.3
		Total	320	100
2	Sex	Male	186	58.1
		Female	134	41.9
		Total	320	100
3	Qualification in nursing	Secondary school	80	25
		Diploma	150	46.9
		Bachelor	67	20.9
		Postgraduate	23	7.2
		Total	320	100
4	Marital status	Unmarried	114	35.6
		Married	203	63.5
		Divorced	2	.6
		Widowed/er	1	.3
		Total	320	100
5	Residency	Urban	266	83.1
		Rural	54	16.9
		Total	320	100

Table 3: Distribution of Nurses According to their Professional Characteristics

List	Characteristics	F	%	
1	Years of services in hospital	Less than 2	51	15.9
		2 – less than 6	110	34.4
		6 and more	159	49.7
		Total	320	100
2	Having extra job	No	182	56.9
		Unrelated to nursing	65	20.3
		Related to nursing	73	22.8
		Total	320	100
3	Department	Administration	10	3.1
		Surgical wards	51	15.9
		Critical care units	31	9.7
		Emergency	74	23.1
		Neurology centers	47	14.7
		Medical wards	56	17.5
		Others	51	15.9
		Total	320	100
4	Monthly income	Sufficient	60	18.8
		Barely sufficient	120	37.5
		Insufficient	140	43.7
		Total	320	100
5	Perceived work environment	Excellent	21	6.6
		Satisfied	190	59.4
		Dissatisfied	109	34
		Total	320	100

Table 4: Overall Assessment of Job Satisfaction (General Satisfaction) among Nurses

Satisfaction	f	%	M	SD	Ass.
Low	18	5.6	59.98	9.231	Moderate satisfaction
Moderate	275	85.9			
High	27	8.4			
Total	320	100			

f: Frequency, *%:* Percentage *M:* Mean for total score, *SD:* Standard Deviation for total score, *Ass:* Assessment Low= 20 – 46.66, Moderate= 46.67 – 73.33, High= 73.34 – 100

Table 5: Overall Assessment of Burnout among Nurses

Burnout	f	%	M	SD	Ass.
Low	65	20.3			
Moderate	226	70.6	61.54	19.696	Moderate
High	29	9.1			
Total	320	100			

M: Mean for total score, SD: Standard Deviation for total score, Ass: Assessment Low= 0 – 44, Moderate= 44.1 – 88, High= 88.1 – 132

Table 6: Correlation between Job Satisfaction and Psychological Burnout among Nurses (N=320)

Overall Score	Spearman Correlation	P-Value
Job Satisfaction		
Psychological Burnout	-.172**	0.002

*** Correlation is significant at the 0.01 level*

Discussion

The findings presented in Table 3-1 indicate that the mean age of nurses is 32.5 ± 9.5 years, with 55.3% of the nurses falling within the age range of 20 to less than 30 years. This discovery suggests that nurses are youthful and relatively new to the profession of nursing, and exemplifies the continuous effort to recruit newly graduated nurses with college degrees. A generational divide exists in the work values and attitudes of nurses, according to a study by Tan and Chin [12]. Younger nurses express a greater concern for achieving work-life balance and a desire for acknowledgment and esteem. Hospital-based nurses are typically youthful and married, according to research [13]. The study's sample of nurses revealed that males comprised more than half of the participants. This discovery indicates that hospital challenging work environments exclusively accommodate male employees and workers. The majority of participants were male, according to one study [14]. In terms of nursing qualifications, students comprise 20.9% of the nursing workforce, while 46.9% hold a bachelor's degree. The majority of registered nurses in the United States enter practice with a baccalaureate or associate degree from a four-year college or university, or a community college, according to the search results. As of 2022, 71.7% of registered nurses (RNs) in the workforce had completed their baccalaureate or higher program of nursing education. Nevertheless, according to the search results, diploma programs were the predominant mode of nursing education in the past; in fact, there were approximately 1,300 diploma programs operational across the nation during the 1950s and 1960s [15]. Regarding the marital status of nurses, it is found that 35.6% are unmarried and 63.5% are married. The existing body of research has established a correlation between marital status and fatigue among nurses, suggesting that unmarried nurses may exhibit elevated levels of emotional exhaustion. The aforementioned results underscore the significance of taking marital status into account when attempting to comprehend the personal and professional fulfillment and well-being of nurses [16]. The study's results indicated that a greater proportion of the nurses participating were married [17]. According to the residency data, 83.1% of nurses reside in urban areas, whereas rural areas are inhabited by a mere 16.9% of them. This discovery aligns with the overarching pattern of urbanization, which posits that cities generally exhibit greater employment prospects, including within the healthcare industry, and denser populations. Conversely, limited resources, a scarcity of employment prospects, and inadequate remuneration are typical obstacles encountered by rural regions. Numerous factors contribute to the urban concentration of the nursing profession. A greater proportion of nurses reside in urban areas, according to supporting evidence uncovered by a study [18]. The table (2) indicates that the greatest proportion of nurses have worked in

hospitals for six years or longer. This discovery implies that nurses with a reduced number of years of experience might have a lower propensity to remain in hospital environments, given the increased difficulty of their jobs. Additionally, years of service are correlated with youth, as previously reported in this study's findings. According to a study, the number of years of service among nurses is decreasing [15]. In relation to employment outside the nursing profession, a mere 20.3% of nurses disclosed being engaged in non-nursing-related occupations, while 22.8% were employed in nursing-related fields. As a result, some nurses may pursue additional income through side projects or additional employment. However, specific information regarding the categories of additional jobs that nurses may undertake in addition to their nursing responsibilities is not available in the search results. It is critical to acknowledge that nurses might be constrained from accepting additional work by contractual obligations with their employers; furthermore, working additional jobs could potentially worsen the stress and exhaustion that already plague the nursing profession [19]. The department discloses that nurses are dispersed across multiple locations within the hospital, with emergency care accounting for the highest percentage at 23.1%. This discovery elucidates the diverse proficiencies and methodologies that qualify nurses to operate in different hospital departments, specifically the emergency room—those particular abilities, comprehension, and credentials necessary to deliver urgent, life-preserving treatment to patients in critical states [20]. In relation to their monthly income, nurses held the perception that it was inadequate. According to the search results, a considerable number of nurses hold the perception that their monthly salary is inadequate. This perception can result in job discontentment and intentions to resign from their positions. In some studies, nurses have voiced discontent regarding inequitable compensation and benefits; furthermore, the epidemic has been linked to mental and physical health issues stemming from inadequate remuneration and benefits. When assessing the work environment, it is found that 59.4% of nurses consider it to be satisfactory, whereas 34% consider it to be dissatisfactory. The evidence derived from the search results provided indicates that the matter of nurses' job satisfaction is intricate and diverse. Nurses' job satisfaction and perceptions of their work environment are impacted by a variety of factors. These include the quality of the nursing work environment, the presence of a safe practice environment, job stress and anxiety, relationships with colleagues, collaboration and communication, and job motivation [21]. The data presented in Table 3 indicates that nurses experience a moderate level of overall job satisfaction. Overall, the search results indicate that the level of job satisfaction among nurses is moderate. The majority of nursing officers at a tertiary care hospital were either moderately or highly satisfied with their jobs, according to a study. In a similar vein, the majority of registered nurses in the United States

were either moderately or exceedingly satisfied with their primary nursing position, according to a national sample survey of registered nurses. Nevertheless, the research also identified certain factors that were frequently associated with discontentment among nurses. These factors included working in high-stress areas of hospitals, such as emergency and intensive care units, as well as nurses possessing more advanced degrees in comparison to their colleagues who were more dissatisfied [22]. In general, the available evidence indicates that nurses experience a moderate level of job satisfaction. However, their job satisfaction can be impacted by a variety of factors, such as the quality of the nursing work environment, occupational stress and anxiety, interpersonal relationships with colleagues, effective collaboration and communication, job motivation, and the availability of a secure practice environment [23]. Table 4 indicates that nurses are currently encountering a moderate degree of psychological exhaustion on a collective level. According to research findings, moderate to high levels of exhaustion are prevalent among nurses, a situation that has far-reaching consequences for healthcare systems.

An association exists between burnout and diminished job satisfaction, heightened attrition rates, and compromised quality of patient care among nurses. According to a study conducted in the United States, exhaustion is a substantial issue among nurses, as a considerable proportion of them are either currently employed elsewhere or are contemplating doing so. Health systems should prioritize the implementation of established burnout mitigation strategies, such as restricting shift work hours and ensuring sufficient nurse employment [24]. In addition, a critical analysis and systematic review determined that moderate to high levels of exhaustion among nurses are negatively associated with diminished quality of life [25]. As shown in Table 5, there is a strong inverse correlation (high significance) between psychological exhaustion and job satisfaction among nurses. The number demonstrated the negative correlation between job satisfaction and psychological exhaustion among nurses. A significant and inversely strong correlation has been identified between psychological exhaustion and job satisfaction among nurses. More precisely, the inverse relationship exists between high levels of job satisfaction and burnout dimensions, including emotional exhaustion and depersonalization. According to the Pearson correlation coefficient findings of a study on critical ward nurses, exhaustion was negatively correlated with job satisfaction. This

finding suggests that fatigue levels tend to decline in correlation with job satisfaction levels [26]. It is essential to note, however, that not all studies have discovered a correlation between exhaustion and job satisfaction that is statistically significant.

The outcomes might be impacted by variables including the particular demographic, setting, and instruments of measurement. However, the consistent discovery of an inverse relationship between exhaustion and job satisfaction underscores the significance of job satisfaction in preventing burnout and preserving the health of nurses [26, 27]. It is conceivable that job satisfaction and fatigue are influenced in both directions. The nature of this relationship is multifaceted. Conversely, exhaustion and job dissatisfaction can reciprocate; burnout can result from low job satisfaction. Comprehending this correlation is of the utmost importance in order to formulate interventions and strategies that enhance the quality of care and foster the well-being of nurses [28]. Promoting job satisfaction and addressing fatigue, organizations may implement workload management, support resource provision, work-life balance initiatives, and the cultivation of a positive work environment, among other measures. Implementing these approaches may aid in preventing fatigue and promote employee engagement and satisfaction among nurses [29, 30].

Conclusion

A negative correlation exists between job satisfaction and job burnout among nurses, indicating that a decline in job satisfaction is associated with a substantial increase in job burnout.

Recommendations

It is imperative to incorporate strategies that promote job satisfaction among nurses, including initiatives to improve work-life balance, recognition programs, and career development opportunities. Health care institutions ought to offer resiliency training, counseling services, and stress management programs to assist nurses in managing job-related stress and averting exhaustion.

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