



Original Research

The Relationship between Perceived Bureaucratic Orientation and Job Satisfaction among Nurses in The Healthcare System Iligan City, Philippines

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ABSTRACT

Introduction: Prior studies reveal that job satisfaction among nurses has become a growing global concern, revealing varied levels of satisfaction across different countries. Little is known about the role of bureaucratic orientation influencing job satisfaction in the Philippine context. This study investigated the relationship between bureaucratic orientation and job satisfaction among nurses in a hospital in the Philippines.**Material and Methods:** Using a quantitative, descriptive-correlational design, data were collected from 102 registered nurses through structured questionnaires. The study analyzed nurses' perceptions of hospital bureaucratic orientation and job satisfaction using normality tests (Kolmogorov-Smirnov, Shapiro-Wilk). Due to non-normal variable distribution, Kendall-Tau correlation was applied to assess the relationship between bureaucratic orientation and job satisfaction.**Results:** Nurses perceived bureaucratic orientation as leaning towards administrative control, with management having primary control over practice, personnel, and resources. The study found a positive significant correlation between administrative control over practice and appropriate support from superiors and with a pleasant working environment. However, administrative control over resources and personnel negatively correlated with nurses' emotions towards work. Greater management participation in committee structures was also negatively associated with nurses' emotional fulfillment and perceived workplace significance.**Conclusion:** These results highlight the need for participatory management practices enhancing job satisfaction among nurses. The findings of this study can inform hospital administrators and nurses' additional insight, especially in a Philippine healthcare setting on how they can collaboratively support each other to improve nursing practice.This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (<https://creativecommons.org/licenses/by/4.0/>)**Cite this as:** Abordo IC, Sumugat DBP, Salvador RM, Pasague SO, Bantilan JAD, Vasquez MAL, Ote WM (2024) The Relationship between Perceived Bureaucratic Orientation and Job Satisfaction among Nurses in The Healthcare System Iligan City, Philippines. *Asian J Heal Res.* 3 (3): 204–211. doi: [10.55561/ajhr.v3i3.186](https://doi.org/10.55561/ajhr.v3i3.186)

INTRODUCTION

A growing concern has emerged globally regarding the job satisfaction levels among nurses. For instance, Saha et al. (2020) found that more than half (57.03%) of nurses in Bangladesh reported having low job satisfaction, while 58.3% of the nurses in the Philippines were neither satisfied nor dissatisfied with their job [1,2].

The American Nurses Association (ANA) highlighted that only 65% of nurses in the United States reported high levels of job satisfaction (ANA 2021), and by contrast, 60% of nurses reported being professionally dissatisfied and demoralized in the United Kingdom [3].

Significant differences in job satisfaction levels have been observed globally among nurses [4]. To illustrate, a 25% decrease in satisfaction was observed in hospitals

with high nurse-patient ratios [5]. Heightened stress levels had direct link with diminished job satisfaction [3,6] further emphasized the detrimental effects of inadequate staffing levels, emphasizing the overall job dissatisfaction among nurses.

Several factors influence job satisfaction among nurses. There is a prevailing concern with nurses feeling undervalued due to a lack of leadership support and recognition [7], and the critical role of leadership initiatives have played a role in acknowledging and rewarding nurses for their contributions [8]. Burnout poses a substantial barrier to job satisfaction [9] as it contributes to emotional exhaustion and depersonalization [10].

Struggling to maintain a work-life balance and addressing workplace violence and safety concerns can influence nurse satisfaction. Stimpfel et al. (2019) argued for the adverse effects of inadequate work-life balance on job satisfaction, while Fukuzaki et al. (2021) highlighted how nurses struggling with the demands of personal and professional commitments were more likely to experience dissatisfaction [11,12]. Also, the negative impact of violence on nurse satisfaction highlights the need for measures to improve workplace safety [13,14].

Previous studies have delved into various aspects of job satisfaction among nurses, but little is known about the role of bureaucratic orientation influencing job satisfaction, particularly in a faith-based hospital in a Philippine context. Insights from the findings will help advance strategies to foster a more positive and fulfilling work environment within healthcare organizations in the Philippines. Thus, this study aimed to determine the relationship between nurses' perceptions on bureaucratic orientation and their levels of job satisfaction in a faith-based hospital in the Philippines.

MATERIAL AND METHODS

Research Approach and Design

This study employed a quantitative approach, particularly descriptive-correlational. Descriptive correlational research is a type of research design that describes the relationship between two or more variables without making any causal claims [15]. This study explored the relationship between the one dependent variable, job satisfaction, and the one independent variable - bureaucratic orientation.

Sample Design

The researchers used a quota sampling method to ensure the representation of various demographic groups among nurses at a hospital in Iligan City, Philippines. Researchers selected nurses from the subgroups until the predetermined number was met.

This approach enabled the researchers to gather a representative sample of 102 nurses, providing insights into their diverse perspectives on bureaucratic orientation and job satisfaction.

Respondents

A total of 137 nurses were employed at the hospital. To achieve the sample size, 130 questionnaires were distributed among the hospital nurses. The criteria for inclusion in the study were registered nurses with full-time employment status at a hospital in Iligan City, Philippines, who were willing to participate in the research and could give written informed consent. The criteria for exclusion were student nurses, nurses on leave during data collection, and those who declined to participate in the study.

Data Gathering Instruments

Questionnaires were used to gather data from the respondents. The demographic characteristics obtained included age, gender, educational level, current position, years of experience, and specialist units. To determine the nurses' perceived bureaucratic orientation, the researchers utilized Robert Hess's 2017 Index of Professional Nursing Governance 3.0, a 50-item questionnaire with strong reliability measures (Cronbach's Alpha: 0.98) across six subscales. The Nurse Satisfaction Scale by Makiko Muya et al. in 2014, a 28-item questionnaire designed to investigate four factors of satisfaction to measure how satisfied nurses are with their profession, with a Cronbach's Alpha of 0.91, was used.

Ethical Considerations and Data Gathering Procedure

The study was granted ethical clearance by the Adventist Medical Center College Ethics Review Committee. After securing approval from the hospital administration, informed consent was obtained from the individual respondents. The researchers distributed hard-copy versions of the questionnaires per respondents' preference. Nurses were given working 5 days to complete the questionnaires as well as the opportunity to ask questions and obtain clarifications. Due to hectic schedules in the hospital, the researchers completed the retrieval of the research instruments in 3 weeks, having retrieved 51 questionnaires by the first week, 23 questionnaires by 2nd week, then 28 questionnaires by the third week, adding up to a total of 102 questionnaires ready for data cleaning and data analysis.

Ethical Permissions

The researchers sought approval from the chairperson, hospital administrators, participants themselves, and gave informed consent. The researchers

Table 1. Respondents’ Perceptions on Bureaucratic Orientation (n = 102)

Bureaucratic Orientation	Mean ± SD	Description
Control Over Practice	2.59 ± .78	Primarily nursing management/administration with some staff nurse input
Influence Over Resources	2.39 ± .86	Primarily nursing management/administration with some staff nurse input
Control over Personnel	2.28 ± .78	Primarily nursing management/administration with some staff nurse input
Participation in Committee Structures	2.07 ± .79	Primarily nursing management/administration with some staff nurse input
Access to Information	2.23 ± .76	Primarily nursing management/administration with some staff nurse input
Goal setting and Conflict Resolution	2.16 ± .89	Primarily nursing management/administration with some staff nurse input

Note: 1.0-1.79 (Nursing management/administration only), 1.8-2.59 (Primarily nursing management/administration with some staff nurse input), 2.6-3.39 (Equally shared by staff nurses and nursing management/administration), 3.4-4.19 (Primarily staff nurses with some nursing management/administration input), 4.2-5.0 (Staff nurses only)

Table 2. Nurses’ Perceived Job Satisfaction (n = 102)

Job Satisfaction	Mean ± SD	Description
Positive Emotions toward Work	3.19 ± .56	Agree
Appropriate Supports from Superiors	3.01 ± .66	Agree
Perceived significance in the Workplace	3.02 ± .48	Agree
Pleasant Working Environment	3.02 ± .55	Agree

Note: 1.0-1.74 (Strongly Disagree), 1.75-2.49 (Disagree), 2.50-3.24 (Agree), 3.25-4.0 (Strongly Agree)

followed the standard protocols of the hospital and preserved the information gathered from the sample.

Data Analysis

Nurses’ perceptions of the hospital’s bureaucratic orientation and their job satisfaction levels were rendered using mean and standardization measures. For normality tests, Kolmogorov-Smirnov and Shapiro-Wilk tests were conducted to determine appropriate statistical tools especially when statistically analyzing the relationships between the variables under study. Kendall Tau Correlation [16], was used to assess the relationship between nurse’s perceived bureaucratic orientation and job satisfaction because the normality test results showed non-normal distribution of the variables.

RESULTS

The participants were full-time registered nurses at a faith-based tertiary hospital in Iligan City, Philippines. Among 102 respondents, the nurses were predominantly female (81.3%), and age 20-30 years old (47.7%). Few completed their master’s degrees (5.8%). It was also

observed that most are staff nurses (88%), with a professional experience between 1-5 years. In terms of operational teams, the majority were working in the medical unit (60.4%) followed by nurses working in the surgical unit (50.9%).

Respondents’ Perceptions on Bureaucratic Orientation

Table 1 shows that, on average, the nurses perceived the hospitals’ nursing management/administration with some staff nurse input to have more control over practice. This variable is defined as the degree of nurses’ autonomy and authority in their line of work, including decisions related to clinical procedures, standard operating procedures, quality care, and research in practice. Thus, this finding suggests that the majority of control over nursing practice in the hospital is managed by higher-level management.

The nursing management/administration, with some staff nurse input, had more influence over resources. This variable assesses the extent of nurses’ ability to distribute and access essential resources for patient care, including staffing, financial planning, provisions, and equipment. This suggests that the main decisions regarding resource distribution are made primarily by nursing management or administration.

Table 3. Relationship Between Bureaucratic Orientation and Job Satisfaction

Bureaucratic Orientation (Independent Variable)	Job Satisfaction (Dependent Variable)			
	Positive Emotions toward Work	Appropriate Supports from Superiors	Perceived Significance in the Workplace	Pleasant Working Environment
Control Over Practice	-.13 (.07)	.15 (.03) *	.02 (.75)	.15 (.04) *
Influence Over Resources	-.15 (.04) *	.06 (.40)	-.11 (.11)	.07 (.36)
Control over Personnel	-.17 (.02) *	.06 (.42)	-.11 (.14)	.12 (.11)
Participation in Committee Structure	-.23 (.002) *	-.05 (.52)	-.22 (.002) *	.01 (.88)
Access to Information	-.06 (.44)	-.03 (.69)	-.12 (.09)	-.04 (.57)
Goal setting and Conflict Resolution	-.08 (.26)	.02 (.75)	-.09 (.23)	.04 (.55)

Note: Correlation coefficients: $p < 0.05$ (*)

Nurses in the same hospital perceived that the nursing management/administration, with some staff nurse input, still had more control over personnel. As defined, this variable addresses the organizational structure related to hiring, nurses' performance evaluations, disciplinary actions, salaries, and benefits. This finding suggests that nurses have limited control in personnel decisions.

Nurses' participation in committee structures was primarily by the nursing management/administration with the involvement and input of some selected staff nurses. Nurses' involvement means engagement of nurses in different organizational committees and their involvement in decision-making bodies that influence nursing practice, policy formation, quality enhancement, and organizational management. This suggests that nurses are not significantly involved in committee activities.

Moreover, nurses perceived access to information as primarily nursing management/ administration with little input from staff nurses. As defined this variable refers to whom has access to information with regard to organizational finances, list of budgets and expenses, and as well as goals and objectives. Given the result, this suggests that nurses in this hospital have little access to information.

The ability to participate in goal setting and conflict resolution was perceived as primarily by the nursing management/administration with some staff nurse input. This variable defined the impact of nurses in establishing objectives for the organization, and as well as their contribution to conflict resolution, encompassing their involvement in strategic planning, defining clinical and operational goals. The result suggests that nurses have lesser opportunities to exercise their ability to set goals and negotiate the resolution of conflict in the workplace.

Nurses' Perceived Job Satisfaction

Table 2 shows the nurses perspectives on their job satisfaction. The first factor is positive emotions toward work. This aspect refers to the nurses' emotional response to their work and its corresponding accomplishments in nursing practice. The result suggests show that on average the nurses feel positively about their work. Subsequently, the second factor is appropriate support from superiors. This factor refers to support from superiors in giving nurses a strong sense of growth and development. Data shows that nurses in this medical institution receive adequate support from their superiors.

Another factor is the perceived significance in the workplace. This aspect refers to the nurses' work-related autonomy, such as their ability to take initiative and be free from constraints, and having a mutual influence among nurses and doctor-nurse relationship. The nurses reported that they feel valued and recognized in their roles, contributing positively to their overall job satisfaction. Finally, last factor is the pleasant working environment. This factor refers to a nurse-friendly working conditions, such as the ability of the nurse to prioritize break time according to one's needs and establishing a good work-life balance. The results show that nurses in this hospital generally agree that they are satisfied with the current pleasant work environment.

Relationship Between Bureaucratic Orientation and Job Satisfaction

Table 3 shows there is a significant positive correlation between nursing management/ administration's control over practice and appropriate support from superiors. This indicates that the more nursing management/ administration with limited input from staff nurses' control over practice in this medical center, the more likely that nurses feel satisfied with the support they get from their superiors. There is a significant positive correlation between nursing

management/ administration's control over practice and a pleasant working environment. This indicates that when nursing management/ administration has more control over practice, nurses in the same hospital feel that they are in a pleasant working environment.

An inverse correlation is observed between influence over resources and positive emotions toward work. As the nursing management/ administration with limited staff nurse input influences resources, nurses are more likely to report lower levels of positive emotions toward their work, potentially adversely affecting their job satisfaction. Conversely, there is a negative correlation between control over personnel and positive emotions toward work. This means that the more nursing management/ administration with some staff nurse input exerts more control over personnel, nurses tend to express lower levels of positive emotions toward their work, which negatively impacts their job satisfaction.

Participation in committee structures exhibits a negative correlation with positive emotions toward work. This means that as nurses' involvement in committee structures decreases under management/ administration control, the more likely positive emotions toward work decrease. Similarly, participation in committee structures demonstrates a negative correlation with perceived significance in the workplace. This reveals that the more nursing management/ administration with some staff nurse input limits nurses' participation in committee structures, the more likely the nurses' perceived significance in the workplace diminishes.

DISCUSSION

This study explored the relationship between perceived bureaucratic orientation and job satisfaction among nurses at a faith-based hospital in Iligan City, Philippines. Results reveal that nurses perceive the bureaucratic orientation in this medical institution as primarily influenced by nursing administration/ management with some staff nurses' input. Relative to job satisfaction, a positive association is noted on the perceived bureaucratic orientation in terms of control over practice and nurses' job satisfaction concerning appropriate support from superiors and a pleasant working environment. While inverse relationship is demonstrated, when nursing management/ administration with minimal nurses' input has a high influence over resources and control on personnel leading to nurses' negative emotions toward work. Moreover, committee structure meetings with large participation from nursing management/ administration and only a limited number from the nursing staff contribute to nurses' negative emotions toward work and a decreased perceived significance in the workplace.

The result of the present study is supported by the study of Choi and Kim (2019) which also presented the attributing factors contributing to this finding such as time constraints due to heavy workload, low motivation due to lack of recognition, and an organizational culture that discourages expression of opinion [17]. Accordingly, Ahmed et al. (2021) and Atalla et al. (2023) suggest that stakeholders may associate this finding with a deficiency in the autonomy of nurses and clinical practice accountability [18]. In contrast, a prior study by Mahmoud (2016), Penconek et al. (2021), and Adkins (2023), demonstrated that there is a perceived equal input between nursing management and nursing staff which positively impacts nursing empowerment, work engagement, and job satisfaction [19–21]. Additionally, El-Shaer (2019) noted that experience and age are directly proportional to shared governance as administration gives importance to the input and participation of experienced nurses.

Surprisingly, the findings of the current study suggest that when nursing management has more control over practice, nurses are more likely to feel supported by their superiors and contribute to a more pleasant working environment. Previous studies contradict this, as El-Shaer (2019) delineated that nursing staff determine what staff nurses can do at the bedside, evaluating and offering educational development of the nursing staff and determining models of nursing care [22]. Hossny et al. (2023) also showed the influence of authoritarian leadership on how nurses feel valued and supported [23]. Furthermore, Kroning and Hopkins (2019) in their study found out that nursing staff with high control on their professional nursing practice perceive that there is a supportive work environment and adequate support from superiors [24]. Kaddourah et al. (2020), on the other hand, revealed in their study that staff nurses had limited control over practice and Desoky et al. (2021) explained the positive impact of a supportive organizational culture [25,26].

The findings also revealed that the ability of nursing management and some staff nurses to influence their resources is inversely associated to positive emotions towards work. In agreement, a recent study of Atalla et al. (2023), paired with Kaddourah et al. (2020) showed that nurses had no influence over resources and when nurses do not have control over resources, it results in struggles with the workload, affecting job satisfaction negatively (Rees et al., 2021). Alan et al. (2022) suggested the need for initiatives and training programs from nursing management to enhance nurse's attitudes and positive outlook toward a pleasant working environment [27].

On other dimensions, the results of this research on bureaucratic orientation with control over personnel demonstrated that decisions pertaining to the nursing profession were made primarily by nurse managers and

leaders with minimal input from nurses which also inversely correlates with positive emotions toward work. This study's result agreed with Kadduorah et al. (2020) who mentioned that nurses perceived a lack of shared ability with bureaucratic orientation related to hiring, evaluating performance, disciplinary actions, and recommendation of salaries and benefits, and nurses had no control over personnel matters. Similarly, Mahfouz et al. (2019) assert that when shared governance increases, job involvement and empowerment are enhanced [28].

Another finding of the study shows that primary participation in committee structures by nursing management/ administration rather than nursing staff can lead to lower positive emotions towards work and decreased perceived significance in the workplace. In the same line, El-Shaer (2019) and Mahmoud (2016) showed that participation is low for nursing staff which may be attributed to their restricted capability in strategic planning, scheduling, and accounting. Meanwhile, Choi and Kim. (2019), reported that participation in organizational decision-making can add up to the nurse's heavy workloads, which causes them to be dissatisfied. Another, from Bakhamis et al. (2019), revealed that additional workloads and participating in organizational matters cause nurse burnout [29].

Practices in structured organizations positively and negatively affect nurse performance and their job satisfaction (Dols et al., 2019; Keith et al., 2020; Tran, 2020). The findings of this study can inform hospital administrators and nurses of additional insight, especially in a Philippine healthcare setting on how they can collaboratively support each other and thus, improve nursing practice. Nurse Administrators, given their proficient experience (Warshawsky and Cramer, 2019) and profound judgment over professional practice, which includes the development and evaluation of policies, delivery models, and procedures related to patient care, positively affect how nurses feel supported by their superior which also gives them a pleasant experience in their working environment. Nursing management can foster a positive working environment by supporting the nursing staff and providing proper guidelines on the delivery of nursing care.

However, limiting nurses' control over resources in patient care, such as staffing, budgetary planning, provisioning, and equipment, as well as limiting their influence over personnel activities such as recruiting, termination, and assessment can result in a negative attitude towards work. Nurses may experience higher levels of stress, burnout, and a diminished sense of empowerment and discontent. Hospital nurse burnout has gained international attention and has serious repercussions for patient safety, treatment quality, and working circumstances (Bakhamis et al., 2029).

Therefore, nursing management should implement an optimal environment where nurses have a voice to share their views and creativity as well as accountability to their practice is not limited. (Choi and Kim, 2019; Atalla et al., 2023)

Lastly, improving opportunities for nurses in participating in committee structures contributes to their perceived significance and overall job satisfaction. Studies have shown that nurse managers, who foster a shared vision, cultivate trust, offer motivation, and provide support can significantly improve nurses' workplace engagement and job satisfaction (Alluhaybi et al., 2023).

CONCLUSION

The results of this study indicate that perceived bureaucratic orientation affects the job satisfaction of nurses. Nursing management who primarily have control over professional practice positively contributes to nurses' positive emotions towards work and feeling supported by their superiors. However, control on personnel, influence on resources, and participation on committee structures have a negative correlation on positive emotion toward work when nursing management has primary dominance with little to no input from nursing staff. In addition to participating in committee structures, nurses are negatively affected when their participation is limited.

Based on the present study's findings, hospital administrators should involve nurses in bureaucratic practices, creating a setting of shared governance and collaborative decision-making to empower nurses and improve job satisfaction, underscoring the importance of participatory management practices within healthcare organizations. Additionally, internal policies, protocols, and strategies should be employed recognizing insights and contributions of nursing staff to enhance their job satisfaction, thereby, creating an optimal environment for working.

Based on the findings of the present study, the following recommendations are suggested:

1. There are limited studies addressing the relationship between perceived bureaucratic orientation and job satisfaction among nurses in a Philippine healthcare setting, thus underscoring a gap in the literature and a need for more research.
2. Longitudinal study designs are generally considered as more appropriate for examining causal relationships. Consequently, future research utilizing longitudinal designs will aid in establishing the cause-and-effect relationships between perceived bureaucratic orientation and job satisfaction. Therefore, future studies utilizing longitudinal designs will be instrumental in determining the

- causal links between bureaucratic orientation and job satisfaction.
3. Strategies and interventions should be appraised and implemented with caution in order to lessen the possibility of response bias and ensure the validity and reliability of the findings.
 4. The new findings gained from this cross-sectional study provide a foundational basis to explore other factors and variables. Age, gender, and length of work experience is some factors that pertinent literature has mentioned that could possibly influence the results.
 5. Integration of qualitative and quantitative methods will provide an in-depth analysis of the perceived bureaucratic of nurses and its significance to their job satisfaction.

Limitations

The limitations of the study can be sensed in four areas: limited generalizability, self-reported data, a single point in time, and that it examined only certain domains. The results limited generalizability because it studied one healthcare organization and the findings may not be applicable to other hospitals. Second, the cross-sectional design only captures one point in time, making it impossible to determine causality or if the connection between bureaucratic orientation and work satisfaction evolves over time. The authors then utilized self-reported measures, which always raise the possibility of response bias (e.g., social desirability, acquiescent response bias), which could influence the results. Moreover, the study tested only some aspects of bureaucratic orientation and no other hospital organizational variables (e.g. leadership, organizational climate) that could affect job satisfaction. There also may be some theoretical similarity between some constructs such as “control” and “official authority” which could mask the relationship between the two constructs. Lastly, the study should have included some qualitative data to assist in understanding the perspectives and meaning that personal experience brings to the findings. Strengthening the findings breadth is possible in some of these limitations in future studies.

Key Points for Policy, Practice, and/or Research

- Increase nurses' involvement in decision-making processes to improve job satisfaction and empowerment.
- Develop strategies to provide nurses with greater control over resources and personnel activities, reducing stress and burnout.
- Foster a positive working environment through supportive management and recognition of nurses' contributions.
- Enhance opportunities for nurses to participate in committee structures, boosting their perceived significance and engagement.
- Conduct longitudinal and mixed-methods research to establish causal relationships between bureaucratic orientation and job satisfaction, providing a comprehensive understanding of nurses' experiences.

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CONFLICT OF INTEREST

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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