

Determinants of Nurse Job Satisfaction: Work Design and Supervision in a Private Hospital

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Abstract

Nurse turnover and burnout threaten healthcare quality and continuity, particularly in private hospitals. This study examines determinants of nurse job satisfaction in a private hospital setting in Banda Aceh, aiming to identify which factors most strongly influence retention. A quantitative, cross-sectional design was employed with 140 registered nurses selected through purposive sampling. Data were collected via a structured, self-administered questionnaire comprising six predictor scales (job characteristics, promotion opportunities, working conditions, salary, supervision, and coworker relationships) and one job satisfaction scale, all using five-point Likert items. Instrument validity was confirmed through expert review and a pilot test ($n = 30$), and reliability was established with Cronbach's alpha coefficients ≥ 0.70 . Bivariate analyses (Pearson's r and simple linear regression) assessed each factor's individual association with satisfaction; multivariate analysis (multiple linear regression) determined unique contributions when predictors were considered jointly. Results indicate that all six factors correlate positively and significantly with satisfaction ($p < .01$), while multivariate modeling identifies job characteristics ($\beta = 1.18$, $p = .001$) and supervision ($\beta = 0.58$, $p = .012$) as the sole independent predictors, together explaining 20.2% of variance. These findings underscore the need for job redesign and leadership development interventions to enhance nurse well-being and retention.

Keywords: job characteristics; supervision; nurse satisfaction; private hospital

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INTRODUCTION

Nurse turnover and burnout represent persistent challenges in global healthcare systems, disrupting continuity of care and threatening patient safety (Lamadah & Sayed, 2014; Al Hamad et al., 2018; Rachmiana, 2020; Mendez, 2024). Nearly 20% of nurses resign within their first year, contributing to staff shortages and increased operational costs (Park & Yu, 2019; McDermid et al., 2020; Senek et al., 2020). In Indonesia, where nurses constitute more than half of hospital staff, this trend poses critical local challenges that necessitate a deeper understanding of job satisfaction determinants (Aungsuroch et al., 2024; Juanamasta et al., 2024; Kartika, 2024).

In many hospitals across Indonesia, nurse attrition has risen by 15% over the past three years, raising concerns over service disruption, elevated recruitment costs, and diminished care quality (Dumai et al., 2021; Efendi et al., 2025; Ernes & Meilani, 2023). High turnover not only weakens team cohesion but also increases the risk of clinical

errors, lengthens hospital stays, and deteriorates patient outcomes (Zhang et al., 2023; Usman, 2025).

Two dominant theoretical frameworks have been widely used to examine the antecedents of job satisfaction: the Job Characteristics Model and Herzberg's Two-Factor Theory. The Job Characteristics Model (Hackman & Oldham, 1980) emphasizes five core dimensions skill variety, task identity, task significance, autonomy, and feedback that foster intrinsic motivation and meaningful work (Hung et al., 2024; Mostafa & Jaafar, 2024; Wang et al., 2024). Empirical studies show that enhancing these characteristics significantly reduces turnover intentions (Brook et al., 2019; Cao et al., 2020; Kee et al., 2025).

In contrast, Herzberg's theory distinguishes between motivators (e.g., recognition, advancement) that lead to satisfaction and hygiene factors (e.g., salary, working conditions) that, when inadequate, cause dissatisfaction (Alrawahi et al., 2020; Koncar et al., 2022). While motivators stimulate long-term commitment, hygiene factors serve as foundational needs whose absence undermines well-being (Alam, 2021; Adi Pratama et al., 2023).

Despite the theoretical richness, empirical research that integrates both intrinsic and extrinsic factors in the Indonesian hospital context remains limited. Notably, Teungku Fakinah Hospital one of the largest referral centers in Banda Aceh has yet to conduct any systematic assessment of job satisfaction predictors, although internal concerns have emerged around unclear promotion pathways, weak supervisory support, and fragmented peer relationships.

To address this gap, the present study employs a deductive, cross-sectional approach to examine the influence of six predictors job characteristics, promotion opportunities, working conditions, salary, supervision, and coworker relationships on nurse job satisfaction at Teungku Fakinah Hospital. By applying validated instruments and robust statistical analyses, this research aims to identify the most influential factors and provide evidence-based recommendations for targeted human resource strategies.

METHODOLOGY

Study Design

This study employed a quantitative, cross-sectional design to investigate the relationship between six predictors job characteristics, promotion opportunities, working conditions, salary, supervision, and coworker relationships and nurse job satisfaction. The cross sectional approach was chosen to obtain a snapshot of the associations at a single point in time. A deductive framework guided the research, drawing from established theories and prior empirical findings.

Study Setting and Population

The study was conducted at Teungku Fakinah Hospital, a tertiary referral hospital in Banda Aceh. The population consisted of registered nurses who had completed at least one year of continuous service, ensuring participants had sufficient work experience. Nurses who were on extended leave, academic assignments, or declined participation were excluded (see Table 1).

Table 1. Study Setting and Population

Aspect	Details
Location	Teungku Fakinah Hospital, Banda Aceh
Type	Tertiary referral hospital
Population	Registered nurses with ≥ 1 year of continuous service at the hospital
Exclusions	Nurses on extended leave, study assignments, or who declined participation

Sampling and Sample Size

A purposive sampling technique was used. Out of 250 eligible nurses, 140 completed and returned the questionnaires, resulting in a response rate of 56%. This number exceeded the minimum recommended threshold of 10 cases per predictor variable, ensuring adequate statistical power (see Table 2).

Table 2: Sampling and Sample Size

Criterion	Details
Sampling Method	Purposive (non-probability)
Eligible Nurses	250
Respondents	140 valid responses
Response Rate	56%
Power Criterion	≥ 10 observations per predictor (6)

Instrumentation

Data were gathered using a structured self-administered questionnaire consisting of seven sections: one for demographics and six for the predictors and outcome variable. Each scale used a five-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). Scales were adapted from validated tools in prior nursing studies (see Table 3).

Table 3. Instrumentation

Instrument Component	Description
Format	Self-administered questionnaire
Scale Type	5-point Likert (1 = Strongly Disagree to 5 = Strongly Agree)
Predictors (6)	Job characteristics, Promotion, Working conditions, Salary, Supervision, Coworker relationships
Outcome Measure	Nurse job satisfaction (overall)
Source	Adapted from validated nursing research instruments

Validity and Reliability Testing

A pilot study involving 30 nurses from a similar hospital was conducted to assess the instrument. Content validity was confirmed by two nursing management experts, and minor modifications were made based on their feedback. Reliability analysis using Cronbach's alpha showed all scales exceeded the acceptable threshold of 0.70.

Table 4: Validity and Reliability Testing

Test Phase	Sample	Method	Criterion	Result

Validity	30	Expert content review	Qualitative agreement	All items approved
Reliability	30	Cronbach's alpha (α)	$\alpha \geq 0.70$ per scale	α ranged .72-.88

Data Collection Procedure

Ethical approval was obtained from the institutional review board, and permission was granted by hospital management. Questionnaires were distributed during staff meetings. Participation was voluntary and anonymous. Written consent was obtained, and completed surveys were collected on the spot (see Table 5).

Table 5: Data Collection Procedure

Step	Details
Permissions	Institutional review board approval; hospital management consent
Administration	On-site distribution during staff meetings
Consent	Written informed consent; voluntary and anonymous participation
Duration	15 minutes per respondent
Collection	Immediate collection by research assistants

Data Analysis

Data were coded and analyzed using IBM SPSS Version 22. This version was selected for its comprehensive statistical capabilities, especially in regression modeling and diagnostics. Descriptive statistics summarized respondent characteristics. Pearson correlations and simple linear regressions were used for bivariate analysis, while multiple linear regression was used to identify the independent contributions of each predictor. Model assumptions were assessed using variance inflation factors (VIF) and residual plots. Statistical significance was set at $\alpha = 0.05$ (see Table 6). This rigorous methodology provides a solid foundation for testing the theoretical predictors of nurse job satisfaction and generating evidencebased recommendations for humanresource interventions.

Table 6: Data Analysis

Analysis Stage	Method	Software	Significance Level
Descriptive Statistics	Means, standard deviations, frequencies	SPSS v.22	-
Bivariate Analysis	Pearson correlation; simple regression	SPSS v.22	$\alpha = .05$
Multivariate Analysis	Multiple linear regression	SPSS v.22	$\alpha = .05$
Diagnostics	VIF, residual plots, normality tests	SPSS v.22	-

RESULTS AND DISCUSSION

The Results and Discussion section begins with a comprehensive statistical overview that delineates how each examined factor contributes to nurse job satisfaction. Initial bivariate analyses demonstrate that all six predictors job characteristics, promotion opportunities, working conditions, salary, supervision, and coworker relationships exert significant positive effects, with intrinsic work design

and supervisory support showing the strongest associations. Subsequent multivariate regression further refines these findings, identifying job characteristics and supervision as the only independent predictors when evaluated jointly, together explaining just over 20% of variance in satisfaction. The detailed tables that follow quantify these relationships, and each set of results is immediately interpreted in light of the study's aims and theoretical framework to clarify where targeted interventions can most effectively enhance nurse satisfaction.

Bivariate Analyses

The bivariate analysis evaluated the individual relationships between each predictor and nurse job satisfaction using Pearson correlation and simple linear regression. All six predictors job characteristics, promotion opportunities, working conditions, salary, supervision, and coworker relationships showed statistically significant positive associations with satisfaction ($p < 0.01$), as shown in Table 7.

Table 7. Bivariate Relationships Between Predictors and Nurse Job Satisfaction

Predictor	<i>r</i>	R ²	β (unstd.)	<i>t</i>	<i>p</i>
Job Characteristics	.404	.163	1.592	5.193	< .001
Promotion Opportunities	.303	.092	1.158	3.735	< .001
Working Conditions	.259	.067	1.180	3.144	.002
Salary	.285	.081	1.242	3.494	.001
Supervision	.364	.132	0.943	4.590	< .001
Coworker Relationships	.346	.120	1.251	4.328	< .001

Among all variables, job characteristics demonstrated the highest explanatory power ($R^2 = .163$), reinforcing its central role in intrinsic motivation, consistent with findings from Aungsuroch et al. (2024) and Mostafa & Jaafar (2024). Supervision and coworker relationships also showed strong positive correlations, aligning with prior research indicating that social support at work reduces stress and turnover intentions (Boakye et al., 2023; Chami-Malaeb, 2022).

In contrast, promotion opportunities, salary, and working conditions, while statistically significant, explained less variance in satisfaction ($R^2 = .067$ –.092), supporting Herzberg's view that these are "hygiene factors" necessary for avoiding dissatisfaction but insufficient to promote long-term engagement (Alrawahi et al., 2020; Alam

Multivariate Regression

A multiple linear regression was conducted to identify the unique contribution of each predictor when considered jointly. Only job characteristics and supervision remained statistically significant predictors of nurse job satisfaction, as shown in Table 8.

Table 8. Multiple Linear Regression of Job Characteristics and Supervision

Predictor	β (unstd.)	SE	β (std.)	<i>t</i>	<i>p</i>
Constant	35.15	4.12	-	8.53	< .001
Job Characteristics	1.18	.34	.30	3.44	.001
Supervision	0.58	.23	.22	2.56	.012

Model Summary: R = .449, R² = .202, Adjusted R² = .190, F(2,137) = 17.29, p < .001

The final model explains 20.2% of the variance in job satisfaction. The sustained significance of job characteristics supports the Job Characteristics Model's emphasis on autonomy and task significance as key motivational levers (Hung et al., 2024; Cao et al., 2020). Supervisory support also emerged as a critical determinant, echoing studies showing its role in mitigating burnout and improving retention (Fukui et al., 2019; Boakye et al., 2023).

Interestingly, hygiene factors such as salary, promotion, and working conditions lost statistical significance in the multivariate model. This suggests their effects may be indirect, influencing job satisfaction through their interaction with intrinsic and relational dimensions (Alam, 2021; Adi Pratama et al., 2023).

Theoretical Implications

These findings validate the complementary value of integrating intrinsic motivators (Job Characteristics Model) with extrinsic hygiene factors (Herzberg's theory) in a single analytical model. While both frameworks predict job satisfaction independently, only intrinsic and relational variables held predictive power in combination, reinforcing that satisfaction is driven more by meaningful work and supportive leadership than by transactional rewards alone.

Empirical Comparison

Compared to Brook et al. (2019), who found that workplace design influenced 18% of satisfaction variance among early-career nurses, our study produced a similar R^2 (20.2%) but further identified supervision as a co-determinant. This expands the applicability of previous findings to the Indonesian context and reinforces the need for culturally and institutionally grounded interventions.

Practical Implications

The findings highlight actionable priorities for hospital administrators seeking to enhance nurse job satisfaction and retention. Three key strategies are recommended:

1. Job Redesign Interventions

- a) Increase nurse autonomy in decision-making processes.
- b) Introduce job rotation to improve skill variety and task identity.
- c) Implement structured feedback mechanisms to enhance task significance and motivation.

Supporting evidence: Systematic reviews have shown that enriched job characteristics reduce turnover intention by up to 30% (Aungsuroch et al., 2024; Mostafa & Jaafar, 2024).

2. Leadership and Supervisory Development

- a) Provide coaching on transformational leadership behaviors (e.g., individualized support, recognition).
- b) Conduct regular performance appraisal training to strengthen trust and communication.

Supporting evidence: High-quality supervision mitigates burnout and fosters engagement (Boakye et al., 2023; Fukui et al., 2019).

3. Maintain Hygiene Factors to Avoid Dissatisfaction

- a) Ensure competitive compensation aligned with industry benchmarks.
- b) Promote transparency in advancement opportunities.
- c) Maintain a safe and ergonomic work environment.

While not significant predictors in the final model, these factors remain essential baseline conditions (Alrawahi et al., 2020; Alam, 2021).

Implementation may face barriers such as limited budgets, resistance to organizational change, and competing policy priorities. To mitigate these risks, hospitals should apply phased action plans, involve frontline stakeholders in decision-making, and conduct regular progress monitoring.

Limitations and Future Research

Despite rigorous design and analysis, several limitations constrain the generalizability and causal inference of the present findings. The cross-sectional nature of the data precludes determination of temporal ordering between predictors and job satisfaction. Longitudinal studies such as those conducted by Fukui et al. (2019) are needed to establish causality and examine how changes in job characteristics or supervisory practices influence satisfaction trajectories over time.

Then, data were obtained from a single tertiary referral hospital, which may limit external validity. Variations in organizational culture, resource availability, and management structures across different facilities could moderate the effects observed here. Multicentre investigations, following the model of Juanamasta et al. (2024), would enable comparison across diverse clinical settings and enhance the robustness of recommendations, and also the reliance on self-report questionnaires introduces potential common-method and social-desirability biases. Future research should incorporate objective performance indicators (e.g., turnover rates, patient-care metrics) and multi-rater assessments of supervisory behavior to triangulate staff perceptions (Chami-Malaeb, 2022). Additionally, qualitative methods, such as focus groups or in-depth interviews could elucidate mechanisms through which hygiene factors indirectly affect satisfaction by shaping nurses' experiences of autonomy and support (Aungsuroch et al., 2024). Addressing these limitations will refine understanding of nurse satisfaction dynamics and guide the development of evidence based, context sensitive interventions across Indonesia's evolving healthcare landscape.

CONCLUSION

This study provides empirical evidence that job characteristics and supervision are the most influential predictors of nurse job satisfaction in the private hospital context. While hygiene factors contribute to baseline well-being, they do not independently predict satisfaction when considered alongside intrinsic and relational variables.

These insights offer theoretical contributions by integrating Herzberg's and Hackman Oldham's frameworks in a unified model, and practical value by informing targeted human resource interventions. Rather than focusing solely on financial incentives or infrastructure improvements, hospital administrators should prioritize job enrichment and supervisory capability building to foster a motivated, resilient, and committed nursing workforce.

RECOMMENDATIONS

Based on the results of this research, Teungku Fakinah Hospital should implement structured job redesign workshops and leadership coaching sessions to enhance autonomy, feedback mechanisms, and supervisory support among nursing staff. At the same time, maintaining equitable compensation and clear promotion criteria will shore up foundational satisfaction levels. Potential obstacles include limited budget allocations for training programs, resistance to change among long standing staff, and competing organizational priorities that may delay rollout. Proactive stakeholder engagement, phased implementation plans, and regular progress reviews will help mitigate these risks and ensure that community service objectives improving nurse well-being and patient care are achieved.

To improve nurse job satisfaction and retention, hospitals especially in the Indonesian context should prioritize the following:

a. Short Term Actions

- 1) Conduct job audits to assess alignment with key motivational dimensions.
- 2) Launch pilot supervisory training programs using transformational leadership models.
- 3) Clarify promotion policies and communicate criteria transparently.

b. Medium to Long-Term Strategies

- 1) Institutionalize regular job redesign workshops involving nurse feedback.
- 2) Establish mentoring systems to build supervisory capabilities organically.
- 3) Review and adjust compensation structures based on periodic benchmarking.

c. Risk mitigation measures should include:

- 1) Early stakeholder engagement (including nursing unions and senior staff),
- 2) Phased implementation of interventions, and
- 3) Monitoring and evaluation mechanisms integrated into HR operations.

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