

## Original Article

### Job satisfaction of nursing staff in the surgical center of a private health institution

Satisfacción laboral del personal de enfermería en centro quirúrgico de una institución privada de salud

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## ABSTRACT

**Introduction:** Job satisfaction of nursing staff is essential for the quality of the healthcare system. A supportive work environment, with adequate management and compensation, improves both patient care and staff well-being. **Objective:** To describe the job satisfaction of nursing staff in a surgical center. **Materials and methods:** A quantitative, cross-sectional, and prospective study was conducted with 94 nursing professionals. The Sonia Palma Job Satisfaction Scale (36 items, 7 factors; Likert scale 1–5) was used, with a reliability of  $\alpha = 0.79$  and concurrent validity of  $p = 0.05$ . **Results:** Average job satisfaction was evident in the areas of employee benefits (65.5%), social relationships (58.3%), relationship with authority (45.2%), and task performance (45.2%). However, partial dissatisfaction was identified with administrative policies (39.3%). **Conclusion:** Nursing staff job satisfaction is average, with the greatest dissatisfaction being the administrative policies factor. It is recommended to strengthen the work environment and optimize the quality of care and staff well-being.

**Keywords:** job satisfaction, nursing, private institution.

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## RESUMEN

**Introducción:** La satisfacción laboral del personal de enfermería es esencial para la calidad del sistema de salud. Un entorno laboral favorable, con adecuada gestión y remuneración, mejora tanto la atención al paciente como el bienestar del personal. **Objetivo:** Describir la satisfacción laboral del personal de enfermería del servicio de centro quirúrgico. **Material y método:** Estudio cuantitativo, transversal y prospectivo, con 94 profesionales de enfermería. Se utilizó la Escala de Satisfacción Laboral de Sonia Palma (36 ítems, 7 factores; escala Likert 1–5), con una confiabilidad de  $\alpha = 0.79$  y validez concurrente de  $p = 0.05$ . **Resultados:** Se evidenció una satisfacción laboral regular en las dimensiones de beneficios laborales (65.5%), relaciones sociales (58.3%), relación con la autoridad (45.2%) y desempeño en tareas (45.2%). No obstante, se identificó insatisfacción parcial en políticas administrativas (39.3%). **Conclusión:** La satisfacción laboral del personal de enfermería es regular, con mayor insatisfacción el factor de políticas administrativas, se recomienda fortalecer el entorno laboral y optimizar la calidad del cuidado y el bienestar del personal.

**Palabras clave:** satisfacción laboral, enfermería, institución privada.

## Introduction

The World Health Organization proposes that healthcare systems focus on improving quality across six dimensions: effectiveness, efficiency, accessibility, acceptability/holistic patient-centered care, equity, and safety<sup>(1)</sup>. Job satisfaction among healthcare personnel is a determining factor in care quality, as it reflects positive attitudes influenced by the work environment, social context, and interaction with users. A motivated and committed team strengthens institutional competitiveness<sup>(2)</sup>.

In recent years, the role of specialized operating room nurses has become more complex due to technological advances in surgery and changes in health policies. Workload, work-life balance, and professional development influence job satisfaction within a context of increasing patient demands regarding quality of care, posing new challenges. Understanding these dynamics is key to implementing strategies aimed at optimizing job satisfaction in this setting<sup>(3)</sup>.

The shortage of nurses working in surgical centers compromises care quality, increases costs, and reduces job satisfaction. The retirement of experienced staff and work overload, combined with weak leadership and lack of recognition, promote burnout and intention to leave employment<sup>(4)</sup>. The

COVID-19 pandemic deepened this crisis, leading to increased turnover, professional abandonment, and physical-emotional exhaustion among staff<sup>(5)</sup>.

At the international level, the Magnet model has proven to be an effective strategy for improving the work environment and reducing nursing staff turnover. This model is based on transformational leadership, participatory organizational structures, best professional practices, knowledge management and innovation, as well as continuous process improvement, contributing to higher job satisfaction and better patient care quality<sup>(6)</sup>.

Job satisfaction in nursing varies across countries. Iceland stands out for low stress, effective leadership, and teamwork; the United States for its medical–surgical units; and the Czech Republic for collaborative environments. Satisfaction decreases with overtime and increases with lower absenteeism and longer tenure. Globally, structural challenges persist in human resources for health, especially in low- and middle-income countries, where staff shortages, inadequate training, unequal distribution, and ineffective retention strategies are evident. In the Eastern Mediterranean Region, with low health workforce density, Lebanon faces a critical situation marked by

nursing migration, job dissatisfaction, and high turnover<sup>(7,8)</sup>.

In Iceland, high job satisfaction is related to good teamwork, while in Spain satisfaction is affected by workload, negative environments, and the need for improvements in training and workplace safety, with emotional, organizational, and social influences<sup>(9,10)</sup>.

In Peru, healthcare institutions face challenges that negatively impact the work environment, including low salaries, poor management, and lack of resources. The surgical center service, in particular, experiences dissatisfaction due to various labor problems, resulting in high staff turnover due to work-related stress, despite this situation being persistent and often ignored by many institutions<sup>(11,12)</sup>.

Improving job satisfaction among nursing professionals in the surgical center is crucial to ensuring quality care, patient satisfaction, and staff retention. Nursing staff health is essential to maintaining work-life balance, and a comfortable environment can improve job performance. The objective of this study was to describe the job satisfaction of nursing staff in the surgical center service of a private health institution in Lima, Peru, during 2024.

## Materials and Methods

The research adopted a quantitative approach and was observational and prospective with a cross-sectional design, aimed at describing job satisfaction among nursing staff in the surgical center service of a private health institution in Lima, Peru, between February and June 2024. The population consisted of 94 nursing professionals selected through non-probabilistic convenience sampling. Inclusion criteria were having a current contract, a minimum of six months of tenure, and willingness to participate in the study. Staff on leave, those with administrative roles, and interns were excluded. The study included a single variable.

The Sonia Palma Carrillo Job Satisfaction Scale (SL-SPC) was used as the evaluation instrument. It consists of 36 items distributed

across seven factors: physical and material conditions, employment and remuneration benefits, administrative policies, social relationships, personal development, task performance, and relationships with authority. Responses were recorded on a Likert scale from 1 to 5 (strongly disagree to strongly agree). Results were categorized according to diagnostic criteria established by the author: high satisfaction ( $\geq 168$ ), partial satisfaction (149 to 167), regular satisfaction (112 to 148), partial dissatisfaction (93 to 111), and low job satisfaction ( $\leq 92$ ). The instrument showed a reliability of 0.79 (Cronbach's alpha) and concurrent validity of 0.05. Main sources of bias were convenience sampling and self-administration of the questionnaire, which were mitigated through anonymity, confidentiality, and voluntary participation. No probabilistic sample size calculation was performed; however, all eligible staff were included.

For data analysis, SPSS version 25 statistical software was used. Items were preprocessed, coded, and categorized according to participants' responses. Descriptive statistical analyses were applied, with an emphasis on determining absolute and relative frequencies. Inferential tests were not used; therefore, significance levels and statistical power were not established, in accordance with the descriptive design of the study. The sample included all nursing staff who met the inclusion criteria. All research procedures were carried out following the principles of the Declaration of Helsinki, guaranteeing the confidentiality and well-being of all participants throughout the study. The study was observational, with no risks to participants; therefore, informed consent was not required, in accordance with current ethical guidelines.

## Results

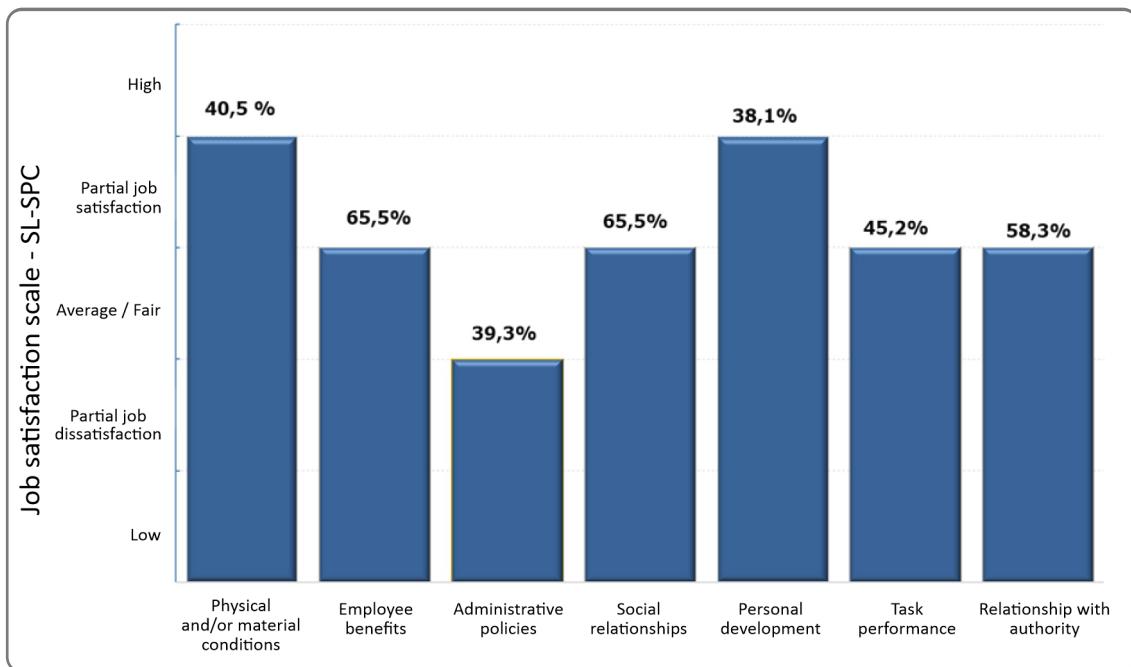
The final sample comprised 84 participants; 10 were excluded due to incomplete responses. Regarding sociodemographic characteristics, 61.9% (52) had less than 3 years of work experience at the institution. In terms of educational level, 32.1% (27) were specialist nurses. A significant proportion worked simultaneously at another institution, with financial solvency being the main reason for dual employment, with a 56% (46). Regarding employment status, 79.8% (67) had an institutional contract. (Table 1)

Regarding the factors of the SL-SPC Job Satisfaction Scale by Sonia Palma Carrillo, it was observed that, in the dimension of physical and material conditions, participants expressed agreement, indicating a positive perception of their daily task performance. With respect to job benefits, there was indecision, reflecting a neutral stance on the indicators related to economic well-being and job satisfaction. Regarding administrative policies, the indicators related to working hours and recognition of effort generated disagreement or some dissatisfaction. In the area of social relationships, participants indicated their agreement regarding having a suitable environment, teamwork, and solidarity, but also the need to maintain a certain distance from colleagues. In the dimension of personal development, they expressed feeling happy with their work achievements. Regarding task performance, the indicators related to the perception of importance and boredom at work generated a rating corresponding to indecision. Regarding authority, the indicator "I don't feel comfortable with my boss" indicated an ambivalent perception in the relationship with authority. (Figure 1)

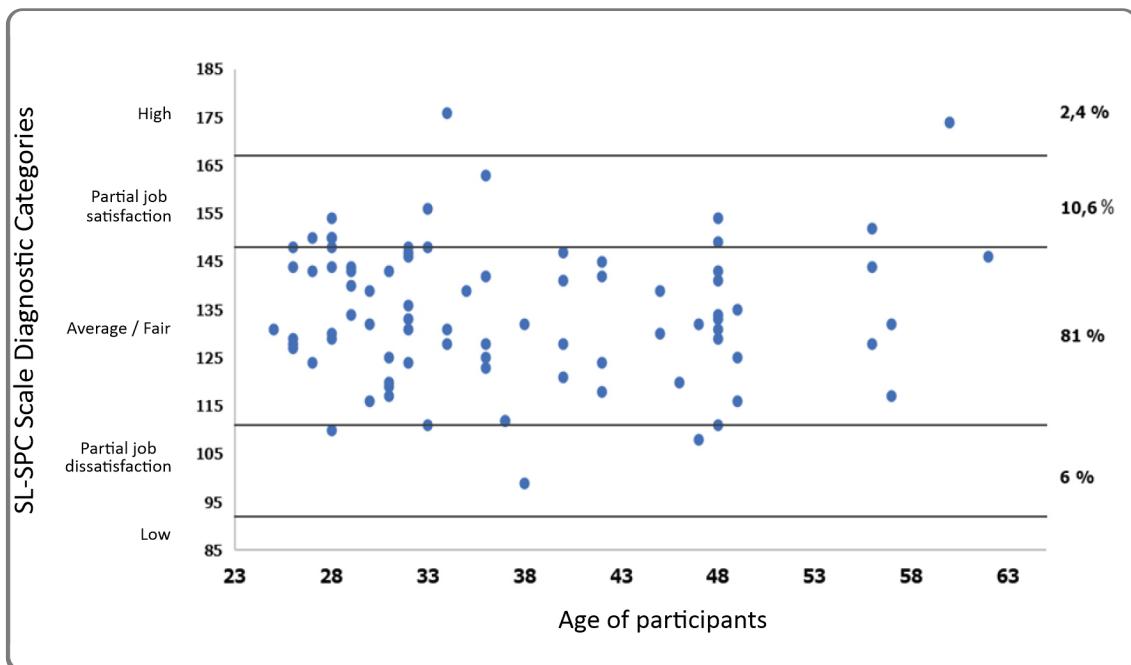
**Table 1.** Sociodemographic Characteristics of Nursing Staff.

Sociodemographic Characteristics	n	%
<b>Sex</b>		
Female	64	76,2
Male	20	23,8
<b>Age</b>		
Young	21	25,0
Adult	61	72,6
Older Adult	2	2,4
<b>Years of Employment (years)</b>		
Less than 3 years	52	61,9
4-10 years	14	16,7
More than 10 years	18	21,4
<b>Level of Education</b>		
Specialist Nurse	27	32,1
Bachelor of Science in Nursing	27	32,1
Nursing Technician	30	35,8
<b>Employment Institution</b>		
Both	24	28,6
Private	23	27,4
Public	37	44,0
<b>Reason for Employment</b>		
Low Income	5	6,0
Complete family food basket	5	6,0
Studies	13	15,3
Work in an institution	14	16,7
To achieve financial independence	47	56,0
<b>Employment status</b>		
With institutional contract	67	79,8
Third parties	17	20,2

Source: Prepared by the author, based on research data.



**Figure 1.** Job satisfaction by dimension among surgical center nursing staff.  
Source: Author's own elaboration, based on research data.



**Figure 2.** Bivariate analysis of job satisfaction and age of nursing staff at the surgical center.  
Source: Author's own elaboration, based on research data.

Of the 84 participants who responded to the SL-SPC Job Satisfaction Scale, 81% reported moderate job satisfaction. The lowest-rated dimension was "administrative policies," at 39.3% (33), indicating partial dissatisfaction in the workplace (Figure 1).

According to the analysis of the surveyed population, the 28-48 age group showed moderate job satisfaction of 81%. This rating could be related to factors such as family obligations, pressure to achieve professional goals, and a lack of development opportunities. It was observed that the older the age group, the lower the level of job satisfaction (Figure 2).

## Discussion

The concept of a healthy work environment is not new; interest in exploring and improving the work environment of healthcare professionals has persisted overtime. Reviewed studies focus mainly on the relationship between healthy work environments and outcomes for nursing professionals, patients, and organizations (13). It is essential to highlight that a healthy work environment can translate into greater job satisfaction and retention among nursing professionals through their empowerment and engagement. This demonstrates that a healthy work environment plays a crucial role in healthcare delivery and patient care quality (4).

Results reveal high staff turnover, attributed to temporary contracts, limited professional experience, and age. Although several studies have reported that nursing professionals frequently change workplaces, potential reasons for reducing turnover may include concerns about finding employment, a lack of job opportunities, financial difficulties, and poor career prospects (14). These findings appear to support the reports by Mami et al., which indicate that 90% of nurses are dissatisfied with their work due to difficulties adapting to organizational culture and cultural differences within health institutions (15). Furthermore, they

testify to the complexity of job satisfaction, as it depends not only on the nature of the work but also on individual expectations about it (16).

In this study, it was observed that the majority of nursing staff reported moderate satisfaction. These results reflect an intermediate perception of the work environment, where positive aspects do not fully compensate for organizational deficiencies, primarily attributed to resource scarcity and inadequate infrastructure, excessive workload, poor institutional management, lack of recognition, and low remuneration. These findings are similar to those described by Kurtović and Bilješko Štrus (3), who reported 65% average satisfaction among surgical nurses in Croatia, due to excessive workload and lack of recognition. Similarly, Bragadóttir et al. (6) identified that only 17% of perioperative nurses in Iceland reported high satisfaction, while the majority reported intermediate levels, a result attributable to limited participation in clinical decisions and deficiencies in organizational communication.

The partial presence of job satisfaction reflects the presence of intrinsic motivational elements, such as the sense of professional achievement or good interpersonal relationships, as noted by Sillero-Sillero and Zabalegui (4), who found 23.3% high satisfaction, favored by better working conditions that contrast with the local context, partly thanks to a greater availability of resources and favorable working conditions, a situation that contrasts with the local reality.

On the other hand, the proportion of high job satisfaction (2.4%) was considerably lower than that reported by Alhalal et al. (9) in Saudi Arabia (38.8%), which can be explained by better contractual conditions, competitive salaries, and access to employee benefits. This contrast reveals structural limitations of the health system in Latin American countries, especially regarding job recognition and effective staff participation in decision-making (11,12,17,18,19).

However, the number of participants who reported partial job dissatisfaction was minimal, but this represents a critical point, since studies such as that by Kurtović and Bilješko Štrus <sup>(3)</sup> demonstrated that workers with low levels of satisfaction had a 45% higher risk of emotional exhaustion, a phenomenon also documented by Dos Santos et al. <sup>(20)</sup>, who described in Brazil that 12.9% of nurses working in operating rooms experienced burnout associated with poor working conditions. Likewise, Sillero-Sillero and Zabalegui <sup>(8)</sup> showed in their study that work overload increases the risk of dissatisfaction by 30%, a result consistent with Paraguayan research <sup>(21,22)</sup> that indicates a strong link between adverse organizational climate and decreased staff well-being.

Several factors, such as empowerment and institutional commitment, are considered mediators of job satisfaction among nursing professionals, revealing the psychological, professional, and environmental mechanisms involved in job satisfaction <sup>(21,22)</sup>. Furthermore, various studies have identified the relationship between job satisfaction and administrative policies and physical conditions, which can range from intentions to leave the hospital to emotional exhaustion and self-efficacy <sup>(23,24)</sup>. Although the findings confirm the importance of considering diverse factors to explain the potential relationship between job satisfaction and institutional policies, the lack of alignment with the institutional strategic framework for nursing professionals highlights the need for further research examining the mechanisms of these potential relationships within the healthcare setting <sup>(25-30)</sup>.

As with any research study, there are limitations. The small sample size, drawn from a private healthcare institution, may be a select group, as they are the ones interested in evaluating job satisfaction and are sensitive to the attitudes of nursing professionals. Furthermore, the cross-sectional nature of the research limits the explanatory power of the results and does not allow for inferences to be drawn. Finally, this research warrants

replication with new data from both public and private hospitals.

## Conclusion

Job satisfaction among most nursing professionals in this study is classified as fair. The results indicate that the dimensions of physical and material conditions received ratings above fair satisfaction, while administrative policies generated partial dissatisfaction, highlighting a critical gap in the organizational sphere. However, due to the cross-sectional design, the small sample size, and the specific context of a private institution, these results cannot be extrapolated to other hospital settings. These findings demonstrate the need for organizational interventions aimed at optimizing administrative policies, strengthening staff participation in decision-making, and consolidating mechanisms for professional recognition. Improving these aspects could not only increase satisfaction but also promote team well-being, reduce turnover, and mitigate the risk of burnout, with a direct impact on the quality of surgical care. Further studies in public and private hospitals are recommended to understand how these factors evolve over time.

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**Conflict of interest:** The authors declare that there is no conflict of interest.

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