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Original Article

Exploring the Relationship Between Professional Values of Nurses and Job Satisfaction Among Registered Nurses in Public and Private Healthcare Setups of Lahore, Pakistan

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ABSTRACT

Background: Professional values guide nurses' ethical conduct, accountability and patient advocacy and may be associated with their satisfaction with nursing work. Objective: To determine the relationship between professional values and job satisfaction among registered nurses working in public and private healthcare settings in Lahore, Pakistan. Methods: A cross-sectional correlational study was conducted among 230 nurses selected through convenience sampling from Fatima Memorial Hospital and the Punjab Institute of Neurosciences. Professional values were assessed using a 25-item questionnaire, and job satisfaction was evaluated using seven items. Descriptive statistics and Pearson's correlation were applied. Results: All participants were women, and 150 (65.2%) had 6–10 years of experience. Justice had the highest professional-values mean item score (4.27), followed by professionalism (3.91), whereas activism had the lowest score (3.24). Protection of public health and safety received the highest individual professional-value score (4.47 ± 0.50). The derived mean job-satisfaction score was 30.17 of 35, with remuneration receiving the highest item score (4.52 ± 0.50). Professional values and job satisfaction were strongly positively correlated ((r=0.946), 95% CI 0.931–0.958; (p<0.001)). Conclusion: Stronger professional-values scores were associated with higher job-satisfaction scores. Longitudinal and multicentre studies are required to confirm the relationship and examine organizational determinants.
Keywords: Job satisfaction; nurses; professional values; public hospitals; private hospitals.

INTRODUCTION

Nurses constitute a central component of healthcare delivery and contribute directly to patient safety, continuity of care, disease prevention and the overall quality of health services (1). Their effectiveness is influenced not only by clinical knowledge and technical competence but also by their experience of the workplace. Job satisfaction is a multidimensional construct reflecting the extent to which employees' expectations, professional needs and working conditions correspond with their actual occupational experience. Among nurses, job satisfaction has important implications for work performance, professional commitment, retention and the quality of patient care (2,3). It may be influenced by workload, remuneration, professional recognition, supervisory support, collegial relationships, opportunities for development and the broader organizational environment.

Professional values are the ethical principles, standards and commitments that guide nurses' decisions and conduct in clinical practice. They contribute to professional identity and shape nurses' responsibilities toward patients, colleagues, healthcare organizations and society (4,5). Core nursing

values include caring, respect for human dignity, protection of patient rights, professional accountability, integrity, justice, advocacy and commitment to maintaining competence. These values are developed through nursing education, clinical experience, professional socialization and interaction with the cultural and organizational environment (6). Their application enables nurses to make ethically defensible decisions, maintain standards of care, protect confidentiality, promote equitable access to healthcare and advocate for patient and public safety in accordance with established professional expectations (7).

Professional values may be associated with job satisfaction because nurses are more likely to experience professional fulfilment when their work environment allows them to practise consistently with their ethical commitments and professional identity. Previous research has identified relationships between professional values, ethical climate, quality of professional life and occupational satisfaction among nurses (8). Strong professional values have also been associated with perceived nursing-care quality, accountability and professional commitment (9). Studies conducted in different clinical and cultural contexts have reported significant associations between professional values and job satisfaction, although the strength of these relationships and the contribution of individual value domains have varied across settings (10,11). Professional and organizational factors, including education, occupational role, income, hospital characteristics, ethical climate and workplace relationships, may further influence how nurses experience both constructs (12).

The relationship between professional values and job satisfaction is therefore likely to be context-dependent. Nurses working in public and private healthcare institutions may experience different workloads, administrative structures, resource availability, career-development opportunities and systems of recognition. These organizational conditions may influence both the expression of professional values and satisfaction with nursing work. Evidence concerning this relationship remains limited in Pakistani healthcare settings, particularly among nurses working across public and private hospitals in Lahore. Examination of this association may help nursing administrators and educators understand whether the professional-value orientation of nurses corresponds with their satisfaction with nursing practice and may identify domains requiring organizational or educational attention.

The objective of this study was to determine the relationship between professional values and job satisfaction among registered nurses working in public and private healthcare settings in Lahore, Pakistan. The null hypothesis stated that there was no statistically significant relationship between nurses' professional-values scores and job-satisfaction scores, whereas the alternative hypothesis stated that a statistically significant relationship existed between the two variables.

MATERIALS AND METHODS

A quantitative cross-sectional correlational study was conducted over four months at Fatima Memorial Hospital and the Punjab Institute of Neurosciences, Lahore, Pakistan. The two institutions represented private and public healthcare settings, respectively. The target population comprised 550 registered nurses employed at the participating hospitals. Registered nurses aged 25–60 years who were working in medical, surgical or intensive-care units were eligible for participation. Male and female nurses were eligible, although the final sample consisted entirely of women. Charge nurses, pregnant nurses and nurses with a recent history of head injury were excluded in accordance with the study eligibility criteria. Nurses who declined participation were not enrolled.

Participants were selected using a non-probability convenience-sampling technique. The sample-size calculation reported for the study used the finite-population formula:

$$n=\frac{N}{1+N(e^2)}$$

where (n) represented the required sample size, (N) represented the population of 550 nurses and (e) represented a margin of error of 0.05. Application of these values produced a calculated sample of 231.58, corresponding to a rounded target of 232 participants. A total of 230 nurses were included in the final analysis.

Eligible nurses were approached at the participating institutions and informed about the purpose and procedures of the study. The potential benefits and inconveniences associated with participation were explained, and participation remained voluntary. Written informed consent was obtained before administration of the study questionnaire.

Data were collected using a structured questionnaire comprising demographic characteristics, professional values and job satisfaction. Demographic variables included age, sex, educational qualification, marital status, clinical experience and hospital unit. Professional values were assessed using the 25-item Nursing Professional Values Scale–Revised developed by Weis and Schank. The scale included five domains: caring, comprising nine items; activism, comprising five items; trust, comprising five items; professionalism, comprising four items; and justice, comprising two items. Each item was rated on a five-point Likert scale ranging from 1, indicating the lowest level of perceived importance, to 5, indicating the highest level of perceived importance. The possible total score ranged from 25 to 125, with higher scores indicating greater importance attributed to nursing professional values.

Job satisfaction was assessed using a seven-item questionnaire adapted from Muya and colleagues. The items evaluated professional pride, trust from patients and families, fairness of supervisory evaluation, support from colleagues, satisfaction with remuneration, work–life balance and overall satisfaction with a nursing career. Responses were recorded on a five-point Likert scale. Total scores could range from 7 to 35, with higher scores indicating greater job satisfaction. Professional-values and job-satisfaction scores were retained as continuous variables for the primary analysis. The previously reported 60% low/high categorisation was not used because no validated justification for dichotomising the scale scores was established.

Data were entered and analysed using IBM SPSS Statistics version 22.0. Categorical variables were summarized as frequencies and percentages, whereas continuous scale and subscale scores were summarized using means and standard deviations. The relationship between the total professional-values score and total job-satisfaction score was evaluated using Pearson's product–moment correlation coefficient. The analysis was two-tailed, and a value of ($p<0.05$) was considered statistically significant. Because the study used a cross-sectional correlational design, the analysis was interpreted as an association and not as evidence of a causal or directional relationship.

Ethical approval was obtained from the relevant ethics committee of Saida Waheed College of Nursing, Fatima Memorial Hospital, Lahore. Institutional permission was obtained before participant recruitment. Written informed consent was secured from each participant, and the ethical principles of voluntary participation and protection of participant information were observed throughout the study.

RESULTS

A total of 230 registered nurses were included in the analysis. All participants were women. The largest age group was 31–35 years, comprising 84 participants (36.5%), followed by 36–45 years, comprising 80 (34.8%). Most participants held a Bachelor of Science in Nursing degree, and approximately two-thirds had 6–10 years of clinical experience. Intensive-care units accounted for the largest proportion of participants.

Professional-values scores varied across individual items and domains. Protection of public health and safety received the highest item score, followed by protection of patients' moral and legal rights. Improvement of practice environments and promotion of equitable access to healthcare were also highly

rated. Conversely, safeguarding privacy, providing care without prejudice and maintaining confidentiality received the lowest mean scores.

Table 1. Demographic and Professional Characteristics of Participants

Characteristic	Category	n (%)
Age, years	26–30	66 (28.7)
	31–35	84 (36.5)
	36–45	80 (34.8)
Sex	Female	230 (100.0)
	Male	0 (0.0)
Educational qualification	General Nursing and Midwifery	22 (9.6)
	Bachelor of Science in Nursing	98 (42.6)
	Post-RN Bachelor of Science in Nursing	78 (33.9)
	Master of Science in Nursing	32 (13.9)
Marital status	Married	96 (41.7)
	Unmarried	134 (58.3)
Clinical experience, years	6–10	150 (65.2)
	11–15	80 (34.8)
Clinical unit	Medical	77 (33.5)
	Surgical	63 (27.4)
	Intensive care	90 (39.1)

Table 2. Professional-Values Item Scores

Domain	Professional-value item	Mean ± SD
Caring	Safeguard patients' right to privacy	2.79 ± 0.96
	Maintain patient confidentiality	2.90 ± 1.02
	Provide care without prejudice to patients of varying lifestyles	2.88 ± 0.99
	Practise according to fidelity and respect for the person	3.53 ± 1.37
	Protect the rights of research participants	3.15 ± 0.99
	Protect patients' moral and legal rights	4.39 ± 0.49
	Act as a patient advocate	3.86 ± 0.70
	Confront questionable or inappropriate professional practice	3.86 ± 0.70
	Decline participation in care that conflicts with professional values	3.86 ± 0.70
Activism	Participate in professional nursing associations	3.32 ± 1.44
	Participate in nursing research or implement research findings	3.32 ± 1.44
	Advance the profession through health-related activities	3.32 ± 1.44
	Recognize the role of nursing associations in healthcare policy	2.93 ± 1.00
	Participate in public-policy decisions affecting resource distribution	3.32 ± 1.44
Trust	Maintain competence in the area of practice	3.32 ± 1.44
	Accept responsibility and accountability for practice	3.32 ± 1.44
	Engage in ongoing self-evaluation	3.50 ± 1.43
	Request consultation or collaboration when patient needs cannot be met independently	3.50 ± 1.43
	Seek additional education to update knowledge and skills	3.43 ± 1.37
Professionalism	Establish standards to guide practice	3.96 ± 0.90
	Promote standards in settings where planned student learning occurs	3.96 ± 0.90
	Participate in peer review	3.65 ± 0.62
	Initiate actions to improve practice environments	4.08 ± 0.27
Justice	Promote equitable access to nursing and healthcare	4.08 ± 0.27
	Protect the health and safety of the public	4.47 ± 0.50

Scores ranged from 1 to 5, with higher scores indicating greater perceived importance.

At the domain level, justice had the highest mean item score at 4.27, followed by professionalism at 3.91. Caring and trust produced comparable mean item scores of 3.47 and 3.41, respectively, whereas activism had the lowest mean item score at 3.24. The derived overall professional-values score was 88.68 out of a possible 125.

Job-satisfaction scores were generally high. Satisfaction with remuneration had the highest mean score, followed by feeling trusted by patients and their families and perceiving supervisory evaluation as fair. Support from colleagues had the lowest score, although its mean remained above the midpoint of the response scale.

Table 3. Summary of Professional-Values Domains and Job Satisfaction

Scale or domain	Number of items	Possible score range	Derived mean score	Mean item score	Item-mean range
Caring	9	9–45	31.21	3.47	2.79–4.39
Activism	5	5–25	16.20	3.24	2.93–3.32
Trust	5	5–25	17.07	3.41	3.32–3.50
Professionalism	4	4–20	15.65	3.91	3.65–4.08
Justice	2	2–10	8.54	4.27	4.08–4.47
Overall professional values	25	25–125	88.68	3.55	2.79–4.47
Job satisfaction	7	7–35	30.17	4.31	3.97–4.52

Table 4. Job-Satisfaction Item Scores

Job-satisfaction item	Mean ± SD
I am proud of my current job	4.36 ± 0.67
I feel trusted by patients and their families	4.47 ± 0.50
The nursing supervisor evaluates me fairly	4.39 ± 0.49
My colleagues readily support me at work	3.97 ± 0.86
I receive sufficient remuneration for my work	4.52 ± 0.50
I can balance my work and private life	4.24 ± 0.43
I am satisfied with my nursing career	4.23 ± 0.42

Table 5. Association Between Professional Values and Job Satisfaction

Variables	n	Pearson's r	95% CI	p-value
Professional-values score and job-satisfaction score	230	0.946	0.931–0.958	<0.001

CI: confidence interval. Pearson's product–moment correlation was used.

The Pearson correlation analysis identified a strong positive association between overall professional-values and job-satisfaction scores. The correlation coefficient was 0.946, with a 95% confidence interval from 0.931 to 0.958 and a two-tailed value of ($p<0.001$). The null hypothesis of no association was therefore rejected.

DISCUSSION

This study examined the relationship between professional values and job satisfaction among registered nurses working in public and private healthcare institutions in Lahore. Participants generally assigned high importance to professional values, particularly those related to justice, public safety, patient rights and improvement of practice environments. Job-satisfaction scores were also high across all seven assessed dimensions. The principal finding was a strong positive association between overall professional-values and job-satisfaction scores, indicating that nurses who reported stronger professional-value orientations also tended to report greater satisfaction with their work.

Justice emerged as the most strongly endorsed professional-values domain. Protection of public health and safety, equitable access to healthcare and protection of patients' moral and legal rights received particularly high ratings. These findings are consistent with the central position assigned to advocacy, human dignity, equity and patient protection in contemporary nursing ethics. Professional values contribute to nurses' ethical identities and provide standards for responding to patient needs, institutional expectations and difficult clinical decisions (7,13,14). Strong endorsement of patient advocacy and willingness to challenge inappropriate practice may therefore reflect recognition of nurses' responsibilities extending beyond task completion to protection of patients from avoidable harm.

Professionalism also received high scores, particularly for improving practice environments and establishing standards for clinical practice. These findings suggest that participants recognized quality improvement, professional accountability and maintenance of practice standards as important dimensions of nursing work. Ethical climates that support professional autonomy, open communication and accountability may facilitate nurses' ability to act consistently with these values. Conversely, restrictive or unsupportive environments may contribute to moral distress when nurses are unable to provide care that corresponds with their professional obligations (15).

Activism was the lowest-rated domain, although its mean score remained above the midpoint of the scale. Participation in professional associations, research, health-policy development and resource-allocation decisions may be perceived as less immediate than direct patient-care responsibilities. Similar studies have shown that professional engagement and activism can be influenced by educational preparation, organizational support, workload and opportunities for participation in institutional or policy-level decision-making (10–12). The comparatively lower activism score does not necessarily indicate rejection of these responsibilities; rather, it may reflect limited exposure to professional organizations, research activities or formal policymaking roles.

The participants reported generally high job satisfaction. Satisfaction with remuneration, trust from patients and families, fairness of supervisory evaluation and professional pride received particularly high scores. Support from colleagues was rated comparatively lower and demonstrated the greatest variability. Work environments, leadership quality, professional recognition and collegial support have previously been associated with nurses' satisfaction, retention and patient-safety outcomes (16,17). The present findings suggest that both professional identity and organizational experience may contribute to nurses' perceptions of their careers.

The observed correlation between professional values and job satisfaction was stronger than the associations commonly expected between conceptually distinct psychosocial constructs. Previous studies have similarly reported positive relationships between professional values, ethical climate and job satisfaction, although the magnitude has varied across settings and measurement approaches (8,10–12). Nurses who can practise in accordance with their professional standards may experience greater meaning, commitment and fulfilment in their work. However, because professional values and job satisfaction were measured simultaneously using self-administered questionnaires, shared response tendencies, overlapping item content and common-method variance may have contributed to the strength of the observed association. The finding should therefore be interpreted as a cross-sectional association rather than evidence that professional values directly cause greater job satisfaction.

The findings have implications for nursing education and hospital administration. Educational programmes may reinforce professional values through ethics education, reflective practice, research participation and exposure to professional organizations. Healthcare institutions may support these values by promoting equitable practices, transparent supervision, professional-development opportunities and meaningful involvement of nurses in quality improvement and decision-making. International nursing-workforce guidance similarly emphasizes investment in education, employment and leadership opportunities as essential for strengthening nursing practice and healthcare systems (18).

The study included nurses from both public and private healthcare settings and evaluated several dimensions of professional values and occupational satisfaction. Nevertheless, its findings should be considered in light of important limitations. The cross-sectional design does not establish temporal direction or causality. Convenience sampling from two hospitals limits generalizability, and all participants were women. The absence of hospital-specific results prevented direct comparison between public and private institutions. Both primary variables were measured through self-report, making the findings susceptible to social-desirability and common-method biases. Potential determinants such as workload, nurse-to-patient ratio, leadership style, stress, burnout and organizational support were not examined. The exceptionally strong correlation also requires confirmation in future studies using independently validated scoring procedures, probability sampling, multicentre recruitment and adjusted statistical models.

CONCLUSION

Registered nurses in the participating hospitals reported strong professional values and high job satisfaction, with the greatest emphasis placed on public safety, patient rights, equitable care and improvement of practice environments. Professional-values scores were strongly and positively

associated with job-satisfaction scores. Because the study was cross-sectional and based on convenience sampling and self-reported measures, the finding should be interpreted as an association rather than a causal relationship. Organizational support for ethical practice, professional development, collegial collaboration and participation in professional affairs may help sustain both professional identity and occupational satisfaction among nurses.

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