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Research Article

The Relationship between Nurse Managers' Work Environment and Job Satisfaction

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Abstract

Objective: This study aims to examine the relationship between nurse managers' work environment and their level of job satisfaction.

Method: This cross-sectional study was conducted with 35 nurse managers working at a university hospital. Data were collected using a personal information form, the Nurse Manager Practice Environment Scale (NMPES), and the Minnesota Satisfaction Questionnaire (MSQ). Differences between socio-demographic and professional variables and job satisfaction were analyzed using the t-test and ANOVA. Correlations between the scales were examined using Pearson's correlation coefficient (r) and *p*-values.

Results: A significant and positive relationship was found between job satisfaction and the work environment (r=0.457, $p<0.01$). The subdimensions of "relationships with staff" (r=0.526) and "patient safety" (r=0.506) showed the strongest correlations with job satisfaction (both $p<0.01$). No significant relationship was found between job satisfaction and the subdimensions of financial resources or relationships with physicians. Additionally, adaptation to the managerial role, satisfaction with the unit worked in, and adequacy of nurse staffing were significantly associated with job satisfaction, whereas years of work experience, type of unit, physical environment, and satisfaction with communication were not significant.

Conclusion: Enhancing the quality of the work environment, particularly in terms of team relationships and patient safety, significantly increases nurse managers' job satisfaction. Furthermore, individual role adaptation appears to be a critical factor for professional satisfaction. Recommendations include organizational support, leadership development, and resource improvement programs.

Keywords: job satisfaction, nurse manager, work environment

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1 INTRODUCTION

Nursing services management is conceptualized as a coordinated system of administrative and clinical activities designed to achieve hospital goals and policies by ensuring the provision of appropriate nursing care through effective resource allocation and support for teamwork and staff development. Nurse managers, as pivotal operational leaders, possess not only advanced knowledge, clinical skills, and

leadership abilities, but also adept interpersonal competencies to translate organizational culture and strategy into effective care delivery and staff motivation[1]. While fulfilling their expected roles and responsibilities in the most effective way, nurse managers may encounter various problems stemming from the country's changing health policies, the regulations of the institutions to which they are affiliated and the duties, authorities, and responsibilities specified therein, management styles, material and human resources, other members of the healthcare team, their own educational background, and the physical conditions and equipment of the hospital[2]. Positive work environments improve nurses' health, morale, and motivation, increase job satisfaction and performance, enhance patient care outcomes, and support the delivery of high-quality healthcare services[3].

The nurse manager's work environment is defined as the setting, supported by hospital administration, that affects the nurse manager's success in achieving optimal staffing, patient, and organizational outcomes[4]. Nurse managers are responsible for creating positive work environments for other nurses and team members; however, it is equally important that their own work environments are positive. Organizationally supported practices, autonomy, leadership, and teamwork skills contribute to higher job satisfaction among nurse managers, while decision-making autonomy reduces turnover rates and enhances satisfaction.

It is known that problems related to the work environment reduce nurse managers' commitment to their institution and profession, and lead to the deterioration of positive relationships between employer and employee[5]. In the study by Bilen Acarer and Beydağ, the most common problems faced by nurse managers were reported as tasks expected outside their job description (66.1%), shortages of materials, tools, and equipment (48.3%), problems related to the hospital's physical conditions (47.5%), cooperation and communication issues (39%), problems with chief physicians and other doctors (37.3%), legislative/regulatory difficulties (35.6%), and problems arising from patients and their relatives (35.6%)[6].

Similarly, in the research by Boston and Köse, 65.6% of participants stated that their work environment did not safeguard their physical health. When healthcare workers are satisfied with their work environment, they tend to perform at a higher level; positive work environments improve service quality and patient care outcomes[7]. Negative work environments can lead to both somatic and psychological stress symptoms in nurse managers, adversely affecting decision-making processes. The most common stressors encountered by nurses include conflicts with the management team, role ambiguity, excessive workload, emotional stress from interactions with patients and their relatives, inadequate physical conditions, shift and extended working hours, and sleep deprivation during night shifts[8].

Nurse managers' job satisfaction is influenced by both organizational demands and available resources. Previous studies have highlighted the importance of leadership competencies, teamwork, and supportive environments in shaping nurse managers' experiences[1,5]. In addition, challenges such as workload, administrative difficulties, and limited resources have been identified in various healthcare settings. The Job Demands-Resources (JD-R) model provides a comprehensive theoretical framework to interpret these findings, suggesting that excessive job demands (e.g., workload, role conflict, and stress) can reduce job satisfaction, while sufficient resources (e.g., autonomy, support, and effective communication) can enhance it[6]. Similarly, Herzberg's Two-Factor Theory distinguishes between hygiene factors, such as working conditions and salary, and motivators, such as recognition and achievement, which together shape job satisfaction. Using these frameworks allows a more systematic understanding of how social, organizational, and environmental factors contribute to nurse managers' job satisfaction[4].

Job satisfaction is defined as the pleasure derived from an individual's evaluation of their work life and is influenced by multiple factors such as the nature of the job, salary, opportunities for advancement, working conditions, supervision, organizational structure, and management. These factors can be individual (e.g., gender, age, education level, profession, status, socio-cultural background, intelligence, personality, length of service) or environmental/organizational (e.g., job characteristics, opportunities to use skills, creativity, job variety, workload, responsibility, job security, salary, opportunities for advancement, teamwork)[9]. Workplace adversities negatively affect the quality of services provided, employee health, work performance, and job satisfaction. In this context, the present study was designed to examine the relationship between nurse managers' work environments and their job satisfaction.

Research Questions: (1) How do nurse managers evaluate their work environment? (2) What are the job satisfaction levels of nurse managers? (3) Is there a relationship between nurse managers' evaluation of their work environment and their job satisfaction?

2 METHOD

2.1 Study Design and Participants

This analytical cross-sectional study was conducted to examine the relationship between nurse managers' perceptions of the work environment and their job satisfaction levels. The study was carried out between 01.02.2025-01.06.2025, with nurse managers working at a university hospital.

The population of the study consisted of nurse managers employed at Aydın Adnan Menderes University Research and Training Hospital. In this hospital, there are a total of

48 nurse managers working in clinics, intensive care units, the emergency department, and the nursing directorate. The sample size was calculated using the known population formula ($n=(N\times Z^2\times p\times(1-p)) / ((N-1)\times e^2+Z^2\times p\times(1-p))$ with a 95% confidence interval and a 5% margin of error, resulting in a required sample size of 30. A total of 35 nurse managers were included in the study using a convenience sampling method. The sample consisted of 35 nurse managers from a single university hospital, which may limit the generalizability of the findings. However, a post-hoc power analysis for a one-sample t-test, assuming a medium-to-large effect size (Cohen's d=0.63) and an alpha level of 0.05 (two-tailed), indicated a statistical power of approximately 0.93. This suggests that the sample size was sufficient to detect the expected effect, while acknowledging the limitation of the single-center design.

2.2 Data Collection

The study was conducted between February 1, 2025, and July 1, 2025, at Aydın Adnan Menderes University Research and Training Hospital. Data were collected using a personal information form, the Nurse Manager Practice Environment Scale (NMPES), and the Minnesota Satisfaction Questionnaire (MSQ).

2.2.1 Personal Information Form

This form was developed by the researcher in line with the literature[10]. It includes 22 questions regarding the nurses' socio-demographic characteristics and their work environment.

2.2.2 Nurse Manager Practice Environment Scale

The "NMPES" was developed by Warshawsky et al. (2013), and its validity and reliability in Turkey were established by Tosun in 2017[11]. The Cronbach's alpha reliability coefficient was found to be 0.96, while in this study, it was 0.86. The NMPES consists of eight subscales: patient safety (15 items), organizational culture (4 items), productivity (6 items), financial resources (4 items), workload (3 items), nurse manager–administrator relationships (6 items), nurse manager–physician relationships (3 items), and nurse manager–unit staff relationships (3 items). Permission to use the scale was obtained from the responsible researcher.

2.2.3 Minnesota Satisfaction Questionnaire

The **MSQ** was developed by Weiss et al.[12] and adapted into Turkish by Baycan, who also conducted validity and reliability testing[13]. The Cronbach's alpha value of the Turkish version was 0.77. The scale consists of 20 items in a five-point Likert format, with each item offering five response options to indicate the degree of satisfaction with one's job: "very dissatisfied," "dissatisfied," "neutral," "satisfied," and "very satisfied." These responses are scored from 1 to 5, respectively. The total possible score ranges from 20 to 100, with a midpoint score of 60 indicating neutral satisfaction. Scores closer to 20 indicate lower satisfaction, whereas scores closer to 100 indicate higher satisfaction. In this study, Cronbach's alpha was found to be 0.79. Completing the data collection forms took approximately 15-20 minutes.

Inclusion Criteria: Having worked as a nurse manager for at least one year. Exclusion Criteria: Nurse managers who could not be interviewed due to high clinical workload or any health condition during the study period.

2.2.4 Ethical Considerations

The study was approved by the Aydın Adnan Menderes University Nursing Faculty's Non-Interventional Research Ethics Committee (Date: 18/12/2024, Decision No: 2024-361).

2.2.5 Data Analysis

The data obtained from the study were analysed using the statistical software package SPSS (Statistical Package for Social Sciences) for Windows, version 25.0. The suitability of the data for normal distribution was evaluated using the Kolmogorov–Smirnov test, which showed that the data did not follow a normal distribution. The results were evaluated at a 95% confidence interval and a significance level of $p<0.05$. In the evaluation, descriptive statistics—numbers, percentages, means, and standard deviations—were used. To examine the difference between some characteristics of the nurses and the job satisfaction scale score, the t-test was used for two-variable parameters and the ANOVA test was used for variables with three or more categories. Pearson's correlation test was used to determine the relationship between the scales.

3 RESULTS

A total of 35 nurse managers participated in the study. The average age of the nurses was 40.74 years, all were female, and all had completed at least 10 years in their professional careers. Of these, 37.1% held a master's degree, and 34.3% had worked as a nurse manager for more than 11 years. The average number of nurses working in the units managed by the participants was 14.6±5.81.

No statistically significant difference was found between the years of working as a manager and job satisfaction ($p>0.05$). All nurse managers with 1–2 years of experience had high job satisfaction, whereas those with 5–10 years and over 11 years of experience had lower job satisfaction. There was no significant difference between the unit in which they worked as a manager and job satisfaction ($p>0.05$). However, all managers working in intensive care units and operating rooms had high job satisfaction levels. A significant difference was found between satisfaction with working as a manager and job satisfaction ($p<0.05$). Of those who stated that they were satisfied with being a manager, 91% had high job satisfaction, whereas most

of those who were not satisfied had low job satisfaction. A significant difference was found between the adequacy of the number of nurses in their units and job satisfaction (p<0.01).

Among those who considered the number of nurses adequate, 76% had high job satisfaction, while 80% of those who considered it inadequate had low job satisfaction. A significant difference was also found between the most common problems experienced by the managers and job satisfaction (p<0.05). Those who reported "problems related to upper management" had lower job satisfaction. There was a significant difference between finding the managerial position suitable for oneself and job satisfaction (p<0.01). Of those who answered "Yes," 82% had high job satisfaction, whereas all of those who answered "No" had low job satisfaction. A significant difference was also found between satisfaction with their unit and job satisfaction (p<0.01). Among those satisfied with their unit, 96% had high job satisfaction, whereas most of those who were not satisfied had low job satisfaction.

No significant difference was found between job satisfaction and the following factors: the perceived impact of the work environment on managerial performance, satisfaction with communication among nurses, desire to work in another unit, satisfaction with workload, satisfaction with communication within the healthcare team in the unit, and satisfaction with the physical environment of the unit (p>0.05) (Table 1).

The mean score of nurses on the Job Satisfaction Scale was 66.31±11.13. The mean score on the Practice Environment Scale was 4.10±0.57. The findings regarding the correlation between NMPES scores and Minnesota Job Satisfaction Scale scores are presented in Table 2. Accordingly, a significant and positive strong correlation was found between the total scores of the practice environment and job satisfaction scales (r=0.457, p<0.01). This indicates that as the practice environment score increases, job satisfaction tends to increase as well.

Furthermore, significant and positive strong correlations were identified between the Job Satisfaction Scale and the following NMPES subdimensions: patient safety (r=0.506, p<0.01), workload (r=0.481, p<0.01), relationships with managers (r=0.481, p<0.01), and relationships with staff (r=0.526, p<0.01). A moderate, significant, positive correlation was observed between the Job Satisfaction Scale and the organizational culture subdimension (r=0.385, p<0.05). No significant correlation was found between the Job Satisfaction Scale and the following subdimensions: productivity (r=0.160, p>0.05), financial resources (r=-0.038, p>0.05), relationships with managers (r=0.296, p>0.05), and relationships with physicians (r=-0.020, p>0.05) (Table 2).

4 DISCUSSION

In this study, the relationship between nurse managers' job satisfaction levels and their work environment was examined. Differences among various socio-demographic, professional, and organizational factors of nurse managers were also analyzed. The findings indicate that job satisfaction showed significant differences particularly with the variables of satisfaction with managerial role, satisfaction with the unit in which they work, perceiving the managerial role as personally suitable, and adequacy of the number of nurses in the unit. In contrast, no significant differences were found between job satisfaction and variables such as years of managerial experience, type of unit, satisfaction with communication among nurses, satisfaction with the physical environment, and willingness to work in another unit (Table 1).

Although the difference between years of managerial experience and job satisfaction was not statistically significant (p=0.671), the data show some notable trends. Specifically, all participants with 1-2 years of managerial experience exhibited high job satisfaction, suggesting that motivation and expectations may be higher during the initial period of the managerial role. This may be associated with enthusiasm, desire for innovation, and positive expectations regarding their managerial responsibilities. On the other hand, the observation of lower job satisfaction in groups with 5-10 years and over 11 years of experience may indicate an increased likelihood of encountering negative factors during prolonged managerial service. Literature suggests that job satisfaction may decrease over time due to bureaucratic barriers, personnel issues, resource insufficiencies, lack of organizational support, and burnout[14,15].

Furthermore, as experience increases, changing expectations and the gap between organizational realities and personal expectations may also negatively affect satisfaction.

In the study, it was determined that a very large majority (82%) of nurses who considered the managerial role suitable for themselves had high job satisfaction. Conversely, all participants who did not find the managerial role suitable reported low levels of job satisfaction. This finding supports the critical role of professional fit and role suitability in job satisfaction. The literature emphasizes that the alignment between an individual's work role and personal interests, competencies, and values significantly enhances job satisfaction and motivation[16]. Particularly in managerial positions, the congruence between role expectations and individual competencies and preferences is considered a key determinant of both personal fulfillment and organizational efficiency[14].

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Table 1. Distribution of Job Satisfaction Scores According to Certain Characteristics of Nurse Managers

Characteristics			Job Satisfaction Scale Score		
	n	%	Low (n)	High (n)	Test value, p
Years of experience as a manager					
1–2 years	5	14.3	0	5	F=0.183, *p*=0.671
3–4 years	7	20.0	2	5	
5–10 years	11	31.4	4	7	
11 years and above	12	34.3	1	10	
Units managed by nurses					
Medical units	15	42.9	3	12	F=0.220, *p*=0.884
Surgical units	10	28.6	4	6	
Intensive care unit	6	17.1	0	6	
Operating room	1	2.9	0	1	
Nursing directorate	3	8.6	1	2	
Satisfaction with working as a manager					
Yes	23	65.7	2	21	F=6.567, *p*=0.015
No	3	8.6	2	1	
Partially	9	25.7	4	5	
Adequacy of the number of nurses in the unit					
Adequate	5	14.3	7	23	t=19.044, *p*=0.000
Inadequate	30	85.7	1	4	
Most frequent problems experienced as a manager					
Problems related to patients/patient relatives	12	34.3	1	11	F=4.755, *p*=0.036
Problems with upper management	10	28.6	5	5	
Problems with other healthcare team members	5	14.3	0	5	
Communication problems among nurses	5	14.3	1	4	
Problems related to tracking medical supplies	3	8.6	1	2	
Effect of the work environment on managerial performance					
Yes	16	45.7	5	11	F=1.027, *p*=0.318
No	6	17.1	1	5	
Partially	13	37.1	2	11	
Finding management suitable for oneself					
Yes	33	94.3	6	27	t=24.598, *p*=0.000
No	2	5.7	2	0	
Satisfaction with communication among nurses					
Yes	12	34.3	1	11	F=0.867, *p*=0.359
No	7	20.0	3	4	
Partially	16	45.7	4	12	
Satisfaction with the unit worked in					
Yes	25	71.4	1	24	F=27.758, *p*=0.000
No	6	17.1	4	2	
Partially	4	11.4	3	1	
Willingness to work in another unit					
Yes	6	17.1	4	2	F=0.838, *p*=0.366
No	21	60.0	1	20	
Partially	8	22.9	3	5	
Satisfaction with workload					

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Characteristics	Job Satisfaction Scale Score				
	n	%	Low (n)	High (n)	Test value, p
Yes	10	28.6	2	8	F=0.909, p=0.347
No	16	45.7	6	10	
Partially	9	25.7	0	9	
Satisfaction with communication within the healthcare team in the unit					
Yes	14	40.0	2	12	F=0.590, p=0.448
No	6	17.1	2	4	
Partially	15	42.9	4	11	
Satisfaction with the physical environment of the unit					
Yes	4	11.4	0	4	F=0.057, p=0.813
No	21	60.0	7	14	
Partially	10	28.6	1	9	

Table 2. Correlation between Nurse Managers' NMPES Scores and Job Satisfaction Scale Scores

NMPES Scale	Mean (SD)	Job Satisfaction Scale	Relationships with Staff	Relationships with Physicians	Relationships with Managers	Workload	Financial Resources	Productivity	Organizational Culture	Patient Safety
Total Score	4.10±0.57	0.457[a]	0.479[a]	0.279[c]	0.785[a]	0.353[b]	0.520[a]	0.593[a]	0.864[a]	0.925[a]
Patient Safety	4.06±0.74	0.506[a]	0.374[b]	0.093[c]	0.765[a]	0.278[c]	0.498[a]	0.434[a]	0.737[a]	
Organizational Culture	4.35±0.82	0.385[b]	0.525[a]	0.313[c]	0.642[a]	0.259[c]	0.327[c]	0.495[a]		
Productivity	4.13±0.63	0.160[c]	0.299[c]	-0.007[c]	0.462[a]	0.139[c]	0.321[c]			
Financial Resources	2.97±0.95	-0.038[c]	-0.238[c]	-0.063[c]	0.396[b]	0.131[c]				
Workload	3.47±0.99	0.481[a]	0.336[b]	-0.075[c]	0.097[c]					
Relationships with Managers	4.34±0.82	0.296[c]	0.421[b]	-0.085[c]						
Relationships with Physicians	4.83±1.90	-0.02[c]	0.526[a]							
Relationships with Staff	4.86±0.82	0.526[a]								
Job Satisfaction Scale	66.31±11.13									

Notes: [a]p<0.01, [b]p<0.05, [c]p>0.05

The findings also align with studies indicating that professional role misfit is associated with burnout, lower performance, and higher turnover intentions[15,17]. Individuals who do not embrace or feel suited to the managerial role experience increased role conflict and role stress, which negatively impacts job satisfaction. The significant difference between adequacy of personnel and job satisfaction is consistent with previous research. Staff shortages lead to increased workload, higher burnout levels, and negative impacts on both care quality and employee satisfaction[18,19]. This may be explained by the fact that nurse managers carry not only administrative but also clinical responsibilities, making the workload more pronounced.

The significant differences in job satisfaction with respect to satisfaction with the managerial role and the fit of the role to the individual highlight the importance of professional role alignment and personal motivation. The literature notes that congruence between professional roles and personal expectations increases job satisfaction and reduces turnover intention[20,21]. In this context, professional development programs, leadership training, and mentoring initiatives can strengthen alignment and enhance job satisfaction.

The significant difference between satisfaction with the unit and job satisfaction underscores the importance of the organizational environment and sense of belonging. Previous studies have shown that a supportive work environment positively influences nurses' job satisfaction, reduces stress levels, and improves care quality[22,23]. Therefore, ensuring that the work environment is supportive in physical, social, and managerial aspects is a critical factor

for nurse managers.

However, in this study, variables such as satisfaction with inter-nurse communication, the effect of the work environment on managerial performance, and satisfaction with workload were not found to be significant. This may be related to the limited sample size, the homogeneity of participant characteristics, or the possibility that these factors influence job satisfaction indirectly. The literature generally reports that the quality of communication and intra-team relationships have positive effects on job satisfaction[24,25]; however, the lack of statistical significance in this study is notable.

The examination of the relationship between nurse managers' evaluations of the work environment and their job satisfaction levels indicates that, overall, the quality of the work environment has a significant and positive effect on job satisfaction. A positive and significant relationship was found between the total NMPES score and the Minnesota Job Satisfaction Scale score (r=0.457, p<0.01). This finding suggests that as the quality of the work environment improves, job satisfaction also increases.

The positive relationship between the work environment and job satisfaction is frequently emphasized in the nursing literature. Elements of the work environment such as supportive management, adequate staffing, effective communication, and accessibility of resources have been reported to enhance nurses' professional satisfaction and organizational commitment[18,23]. Similarly, Van Bogaert et al. found that nurses with higher work environment scores had lower levels of burnout and significantly higher job satisfaction[19]. This indicates that not only individual motivation but also organizational conditions play a decisive role in professional satisfaction.

Among the components of the work environment, "relationships with staff" (r= 0.526, p<0.01) and "patient safety" (r=0.506, p<0.01) emerged as the dimensions with the highest positive correlations with job satisfaction. This indicates that intra-team communication and prioritization of patient safety are key determinants of job satisfaction. Indeed, Laschinger et al. emphasized that positive interpersonal relationships increase nurses' job satisfaction and organizational commitment[20]. Similarly, Aiken et al. reported that a work environment that prioritizes patient safety reduces nurses' burnout levels and enhances job satisfaction[18]. Interestingly, a positive and significant relationship was also found between "workload" and job satisfaction (r=0.481, p<0.01). Although this finding contrasts with some studies in the literature[26,27], it can be interpreted that nurse managers may perceive workload as a marker of responsibility and competence, which could positively influence their levels of job satisfaction.

No significant relationship was found between the sub-dimensions "financial resources" (r=-0.038) and "relationships with physicians" (r=-0.020) and job satisfaction. These findings indicate that nurse managers' job satisfaction is more influenced by human and organizational factors, such as interpersonal relationships, patient safety, and organizational culture. However, some studies have highlighted the indirect effects of financial resources and nurse-physician collaboration on job satisfaction[28]. This may be due to the context of a university hospital, where teamwork and communication are generally stronger. The high patient care workload likely necessitates frequent and effective communication among healthcare team members, ensuring that nurse–physician relationships are not problematic. Similarly, any issues related to financial resources may be resolved promptly, minimizing their impact on job satisfaction. These contextual factors may explain why these variables did not show significant effects in this study.

4.1 Study Limitations

This study was conducted with nurse managers at a single university hospital. Therefore, the findings may be applicable to larger populations and different hospital settings in future research.

5 CONCLUSION

In conclusion, this study revealed that nurse managers' job satisfaction is particularly associated with social and structural factors such as relationships with personnel, patient safety, and relationships with other managers. Variables such as years of experience, type of unit, satisfaction with inter-nurse communication, and satisfaction with the physical environment did not show significant relationships with job satisfaction. However, trends suggesting a potential decrease in job satisfaction with increased experience were observed. The findings indicate that nurse managers' job satisfaction can be strengthened primarily through human-centered relationships, organizational support, and a work environment focused on patient safety. Maintaining adequate nurse staffing, balancing workloads, and preventing burnout are critical. For long-term managers, psychosocial support, task rotation, and delegation of authority can help prevent potential decreases in satisfaction. Future studies should examine the indirect effects of financial resources and nurse-physician relationships on job satisfaction. Active involvement of nurse managers in decision-making processes and integration of work environment standards into quality management policies are recommended.

5.1 Implications for Practice

To enhance nurse managers' job satisfaction, organizational strategies should particularly aim to strengthen intra-team communication, personnel relationships, and patient safety. Leadership training, mentorship programs,

and personal development opportunities should be provided to increase motivation for managerial roles. Maintaining adequate nurse staffing, balancing workloads, and preventing burnout are critical. For long-term managers, psychosocial support, task rotation, and delegation of authority can help prevent potential decreases in satisfaction. Active involvement of nurse managers in decision-making processes and integration of work environment standards into quality management policies are also recommended. Future studies should examine the indirect effects of financial resources and nurse–physician relationships on job satisfaction to further inform targeted interventions.

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Conflicts of Interest
The authors declared no conflict of interest.

Data Availability
All data generated or analyzed during this study are included in this published article.

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Ethical Statement
The study was approved by the Aydın Adnan Menderes University Nursing Faculty's Non-Interventional Research Ethics Committee (Date: 18/12/2024, Decision No: 2024-361). All procedures were conducted in accordance with the Declaration of Helsinki. Verbal consent was obtained from all participating nurses.

Author Contribution
The author contributed to the manuscript and approved the final version.

Abbreviation List
NMPES, Nurse manager practice environment scale
MSQ, Minnesota satisfaction questionnaire

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