

Examining The Relationship Between Job Satisfaction and Compliance with Isolation Precautions in Nurses

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ABSTRACT

Objective: This study was conducted to examine whether there is a relationship between nurses' job satisfaction and their compliance with isolation measures.

Method: This was a descriptive study. The study was conducted on nurses working in a university hospital in Istanbul (N=878). The study was completed with a total of 659 nurses who volunteered to participate. The Nurse Information Form and the Minnesota Job Satisfaction Scale and Compliance with Isolation Precautions Scale were used in the study. In addition to descriptive statistical methods, Student's t Test, Mann Whitney U Test, Pearson correlation analysis and Spearman correlation analysis were used.

Results: In the study, nurses' mean Job Satisfaction was 3.16±0.71 and mean Compliance with Isolation Precautions was 4.16±0.55. It was determined that there was a statistically significant relationship between the Route of Infection sub-dimension of the Compliance with Isolation Precautions Scale and Intrinsic Satisfaction, Extrinsic Satisfaction, and Job Satisfaction (p<0.01).

Conclusion: In the study, it was found that nurses' job satisfaction was at a moderate level and their compliance with isolation precautions was at a high level; job satisfaction and compliance with isolation measures were related; factors such as educational status, working style, clinic, and department were effective on job satisfaction and compliance with isolation measures.

Keywords: Nursing, job satisfaction, compliance with isolation precautions

INTRODUCTION

Job satisfaction is defined as "the pleasure or positive emotional state towards the essence of the work (work structure, work environment, work conditions, etc.)" and "the general attitude of the employee towards his/her job" (1). Job satisfaction is the basis for individuals to be successful, happy, and productive. Job satisfaction can be affected by internal (individual characteristics) and external (environmental or organizational characteristics) factors (2). While the age, gender, education level, working time, and suitability or abilities of the individual doing the job constitute the internal factors affecting job satisfaction, the nature of the job, work environment, work conditions, wages received for the work done, and management style or organization of the job, etc., constitute the external factors (3). Job satisfaction is a very important issue for nurses because it affects the quality of care. As nurses' job satisfaction increases, their compliance with the structure of their work, organizational and institutional commitment, and productivity levels may also increase (4).

While nosocomial infection is defined as derived from the words disease, treatment, and hospital, it has recently been defined as healthcare-associated infections (HAIs) (5). Healthcare workers' compliance with isolation measures is very important to prevent HAIs. Isolation precautions refer to measures taken to reduce the risk of transmission of pathogens and to reduce the risk of direct contact with secretions and body fluids of patients with infectious diseases or contact with contaminated objects (6). The Centers for Disease Control (CDC) reported that the rate of HAI decreased by 30% when isolation measures were followed (7). Nurses, one of the health care professionals who have the most contact with patients, play a major role in preventing HAI (8). In another study in which professional and

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institutional factors were determined in nurses' compliance with isolation measures, it was found that nurses' compliance with isolation measures was at a moderate level (9).

In the national and international literature, there are some studies investigating the levels of job satisfaction (1, 4, 10-12) and compliance with isolation measures (13-15) in nurses. There are no studies on the relationship between nurses' job satisfaction and their compliance with isolation precautions. This study was conducted to examine whether there is a relationship between nurses' job satisfaction and their compliance with isolation precautions.

MATERIAL AND METHOD

Population and Sample of the Study

The research is a descriptive study. It was conducted on nurses working in a university hospital in Istanbul (N=878). To participate in the study, it was necessary to have been working for at least 1 year. Since all of the nurses had been working in the hospital for at least 1 year, it was sufficient for them to volunteer to participate in the study. A total of 659 nurses volunteered to participate in the study and were working in the hospital during the period when the research data were collected, without any sampling calculation in the study. In the study, 75% of the population was reached. The study was conducted between February and April 2018.

Data Collection Tools

The "Nurse Information Form," "Minnesota Job Satisfaction Scale," and "Scale of Compliance with Isolation Precautions" were used to collect the data of the study.

Nurse Information Form: Socio-demographic characteristics were included.

Minnesota Job Satisfaction Scale: This scale was developed in 1967 by Weiss et al. (16). It was adapted into Turkish by Baycan (17) in 1985. The internal consistency coefficient for the original scale was 0.83, and in the Turkish adaptation it was found to be 0.90. In this study, this value was 0.88 (17). The scale consists of two sub-dimensions: Internal Satisfaction and External Satisfaction. The scale is a 5-point Likert-type scale. There are 20 items in total. Scores between 20 and 100 can be obtained from the scale (13).

Compliance with Isolation Precautions Scale (CIPS): This scale was developed by Tayran and Ulupınar (18). It consists of 18 items and is a 5-point Likert-type scale. The scale has four sub-

dimensions: Route of Infection (RI), Practitioner-Patient Safety (PPS), Environmental Safety (ES), and Hand-Hygiene/Glove Use (HGU). The internal consistency coefficient for the original scale was 0.85 (18). In this study, this value was 0.88. Scores between 18 and 90 are obtained from the scale. The higher the score, the higher the compliance with isolation precautions (18).

Data analysis

The NCSS (Number Cruncher Statistical System) 2007 (Kaysville, Utah, USA) program was used for statistical analyses. In addition to descriptive statistical methods, Student's t test and Mann Whitney U test were used for two group comparisons. A one-way ANOVA test, Bonferroni test, Games-Howell test, Kruskal Wallis test, and Mann Whitney U test with Bonferroni correction were used for comparisons of three or more groups. Pearson correlation analysis and Spearman correlation analysis were used to evaluate the relationships between variables. Significance was evaluated at p<0.05.

Ethical Dimension of the Research

The Declaration of Helsinki was adhered to in the study. Before the study, nurses were informed about the purpose of the study and data protection. The questionnaire form was given to the nurses who voluntarily agreed to participate. Informed consent was obtained from them.Written ethics committee permission was obtained from the local ethics committee of the institution where the study was conducted (Date of approval: 29.12.2017-1549).

RESULTS

The mean age of the nurses was 36.2 ± 9.2 years. The majority were female (91.8%) and married (60.8%), and had a bachelor's degree (69%). In addition, the majority of the nurses worked in the ward (445%), in shifts (55.5%), as nurses (90.3%), and in surgical clinics (52.5%).

For nurses, the mean score of Intrinsic Satisfaction was 3.34 ± 0.71 , the mean score of Extrinsic Satisfaction was 2.99 ± 0.77 , and the mean score of total Job Satisfaction Scale was 3.16 ± 0.71 . The mean value of the RI is 4.21 ± 0.63 , the mean value of PPS is 4.16 ± 0.59 , the mean value of ES is 4.06 ± 0.70 , the mean value of HGU is 4.10 ± 0.71 , and the mean value of the total CIPS is 4.16 ± 0.55 .

The relationships between the scores of the nurses on the Job Satisfaction Scale and the CIPS are shown in detail in Table 1. When the relationships between the age distribution of the nurses and the sub-dimension and total scores of the Job

Table 1: Evaluation of the relationship between Job Satisfaction Scale and Compliance with Isolation scores

	Intrinsic Sat	isfaction Score	Extrinsic Sati	sfaction Score	Job Satisfact	on Total Score
compliance with isolation scale	r	p	r	р	r	р
Transmission Route Score	0.168	0.001**	0.105	0.007**	0.139	0.001**
Employee and Patient Safety Score	0.137	0.001**	0.043	0.273	0.089	0.022*
Environmental Control Score	0.231	0.001**	0.163	0.001**	0.201	0.001**
Hygiene and Glove Use Score	0.022	0.569	-0.032	0.413	-0.007	0.851
Total Isolation Score	0.094	0.016*	0.016	0.690	0.054	0.168

^br=Spearman's Correlation Coefficient, *p<0.05, **p<0.01

Table 2: Evaluation of the relationship between age distribution and sub-dimension and total scores of the Job Satisfaction Scale and Compliance with Isolation Scale

	A	ge
	r	p
Job Satisfaction Scale		
Intrinsic Satisfaction Score	0.255	° 0.001 **
Extrinsic Satisfaction Score	0.249	° 0.001 **
Job Satisfaction Total Score	0.264	° 0.001 **
Compliance with Isolation Scale		
Transmission Route Score	0.062	^b 0.111
Employee and Patient Safety Score	0.009	^b 0.825
Environmental Control Score	0.110	^b 0.005**
Hygiene and Glove Use Score	0.005	^b 0.907
Total Isolation Score	0.023	^b 0.556

^ar=Pearson Correlation Coefficient, ^br=Spearman's Correlation Coefficient, **p<0.01

Satisfaction Scale and the CIPS were examined, a statistically significant positive relationship was found between the ages of the nurses and "Internal Satisfaction." It was found that as the age of the nurses increased, their external job satisfaction levels and total job satisfaction levels increased. There was no statistically significant relationship between the ages of the nurses and the sub-dimension scores of the Compliance with Isolation Precautions Scale, which include "Route of Infection," "Practitioner-Patient Safety," and "Hand-Hygiene/Glove Use." A weak positive correlation was found to be statistically significant between the age of the nurses and their scores in the "Environmental Safety " sub-dimension of the CIPS (Table 2).

The comparison of Job Satisfaction and CIPS of nurses according to gender, marital status, and educational status is analyzed in detail in Table 3. Table 4 shows the comparison of Job Satisfaction and CIPS of the nurses according to the clinic, working style, task, and the department in which they work.

When the relationships between nurses' years of service in the profession and in the institution and the sub-dimension and total scores of the Job Satisfaction Scale and the Scale of Compliance with Isolation Precautions were examined, a statistically significant positive relationship was found between nurses' years of service in the profession and the "Internal Satisfaction" sub-dimension scores of the Job Satisfaction Scale (r=0.251; p=0.001; p<0.01). A positive correlation was found between the working years of the nurses and the "External Satisfaction" sub-dimension scores of the Job Satisfaction Scale. There was no statistically significant correlation between the working years of the nurses and the total scale scores from the sub-dimensions of "RI," "PPS," "Hand-Hygiene/Glove Use," and Compliance with Isolation Precautions. A weak positive correlation was found to be statistically significant between the working hours of the nurses and the "ES" sub-dimension scores of the CIPS (Table 5).

DISCUSSION

In a study conducted to examine the relationship between nurses' job satisfaction and compliance with isolation measures, it was found that their job satisfaction was at a moderate level and their CIPS was at a high level. In another study by Korkmaz Aslan and Ünal Aslan, in which they examined "the presence of nomophobia in nurses and its effect on job satisfaction," it was found that, contrary to our study, nurses' general satisfaction and intrinsic satisfaction were slightly high and their extrinsic satisfaction was low (4). In another study investigating the compliance with isolation measures of nurses working in a public hospital, it was concluded that the compliance of nurses with isolation precautions was quite high (15). The good compliance of the nurses in our study with isolation precautions is similar to other similar studies in the literature (7, 9, 13, 15, 19, 20).

In the study, as the Intrinsic Satisfaction of the nurses increased, the mean scores of the RI, PPS, ES sub-dimension, and total scores of compliance with isolation precautions increased. As the Extrinsic Satisfaction of the nurses increased, the mean scores of the RI and ES sub-dimensions of compliance with isolation precautions increased. In another study examining the relationship between isolation compliance and glove use attitudes of intensive care nurses and job satisfaction, it was determined that there was a significant, positive, and moderate relationship between job satisfaction and subscores of intensive care nurses and isolation compliance (13). Job satisfaction is defined as the totality of positive feelings that an individual shows towards his/her job. If a person has high job satisfaction, it means that he/she likes his/her job and has positive values towards it. All dimensions of the job are effective in creating job satisfaction for the individual. It is noted that individuals who are satisfied with their jobs love their jobs more and respect their jobs more (3). Satisfaction of nurses with their jobs is very important in increasing the quality of care. Therefore, practices to increase compliance with isolation precautions in infection control should be implemented. In this way, the desired level of care results can be achieved in patients.

In the study, it was found that the levels of intrinsic satisfaction, extrinsic satisfaction and compliance with Environmental Safety increased as the age of the nurses increased. Contrary to our study, there are other studies in the literature reporting that there is no relationship between sociodemographic characteristics of nurses and job satisfaction (10, 21). On the other hand, it has been reported that age is among the individual factors affecting job satisfaction. It is emphasized that institutions prioritize the age factor in recruitment of personnel (3). According to Özpehlivan; In one study, it was found that older employees obtained more satisfaction from their jobs than younger employees. Researchers explained this situation in three ways. First, when people get older, their feelings of satisfaction, which decrease with the disappointments they experience at work, are balanced by the increase in satisfaction they experience in other parts of their lives (3). Secondly, it

		Ger	nder	d	Marita	l Status			Education St	atus		
		Female (n=605)	Male (n=54)		Married (n=401)	Single (n=258)	d	High school (n=22)	Associate (n=78)	Bachelor (n=455)	Postgraduate (n=104)	d
Job Satisfaction Scale												
Intrinsic Satisfaction	Min-Max (Median)	1-5 (3.42)	1-5 (3.33)	°0.722	1-5 (3.5)	1-5 (3.25)	°0.001**	2.08-4.17 (3.67)	2.5-5 (3.58)	1-5 (3.33)	1.27-5 (3.33)	€ 0.014 *
Score	Mean±SD	3.34±0.7	3.3±0.77		3.42±0.65	3,21±0.78		3.46±0.58	3.53±0.54	3.31±0.73	3.3±0.74	
Extrinsic Satisfaction	Min-Max (Median)	1-5 (3)	1-5 (2.88)	°0.711	1-5 (3.13)	1-5 (2.88)	°0.001**	2.25-4.13 (3.13)	1.75-4.88 (3.13)	1-5 (3)	1-5 (3.13)	°0.013*
Score	Mean ±SD	2.98±0.76	3,02±0,85		3.07±0.72	2.86±0.83		3.16±0.48	3.18±0.62	2.94±0.8	3.03±0.77	
Job Satisfaction	Min-Max (Median)	1-5 (3.22)	1-5 (3.11)	°0.981	1-5 (3.33)	1-5 (3.01)	c 0.001**	2.23-4.02 (3.47)	2.13-4.94 (3.38)	1-5 (3.15)	1.21-5 (3.24)	°0.011*
Total Score	Mean ±SD	3.16±0.7	3.16±0.79		3.24±0.65	3.04±0.77		3.31±0.5	3.35±0.55	3.12±0.73	3.17±0.72	
Compliance with Isol	ation Scale											
Transmission Route	Min-Max (Median)	1-5 (4)	1.75-5 (4)	d0.120	1.2-5 (4)	1-5 (4)	d0.415	3-5 (4)	1.2-5 (4)	1-5 (4)	2.2-5 (4)	f0.543
Score	Mean ±SD	4.22±0.61	4,04±0,79		4.24±0.57	4.16±0.71		4.21±0.59	4.16±0.7	4.2±0.63	4.31±0.56	
Employee and Patient Safety	Min-Max (Median)	2,33-5 (4,33)	2,83-5 (4)	^d 0.001**	2.33-5 (4.33)	2.67-5 (4.33)	d0.760	3-4.83 (4.25)	2.83-5 (4.17)	2.33-5 (4.17)	2.67-5 (4.33)	[/] 0.012*
Score	Mean ±SD	4.19±0.57	3,83±0,71		4.18±0.55	4.13±0.65		4.20±0.56	4.10±0.57	4.14±0.60	4.32±0.56	
Environmental	Min-Max (Median)	1-5.25 (4)	2-5 (4)	d0.118	1.5-5 (4)	1-5.25 (4)	d0.775	3-5 (4)	1.25-5 (4)	1-5 (4)	2.5-5.25 (4)	^f 0.556
CONTROL SCORE	Mean ±SD	4.08±0.69	3.9±0.74		4.09±0.62	4.02±0.8		4.14±0.55	4.01±0.78	4.05±0.71	4.17±0.63	
Hygiene and Glove	Min-Max (Median)	1-5 (4)	1-5 (4)	^d 0.002**	1-5 (4)	2-5 (4)	096.0 ^b	3-5 (4.17)	1-5 (4)	1-5 (4)	2-5 (4.33)	ſ0.025*
Use score	Mean ±SD	4.13±0.69	3.79±0.83		4.11±0.69	4.10±0.73		4.20±0.70	4.03±0.74	4.07±0.71	4.27±0.68	
Total Isolation Score	Min-Max (Median)	2.11-5 (4.18)	2.56-5 (3.91)	^d 0.001**	2.34-5 (4.17)	2.11-5 (4.17)	^d 0.658	3-4.88 (4.23)	2.34-5 (4.06)	2.11-5 (4.16)	2.84-5 (4.33)	/ 0.034 *
	Mean ±SD	4.18±0.54	3.89±0.63		4.18±0.51	4.13±0.61		4.20±0.55	4.10±0.57	4.14±0.55	4.30±0.51	

10

Table 4. Evaluation of sub-dimension and total scores of the Job Satisfaction Scale and Compliance with Isolation Scale according to the clinic, working style, task, and department

				G	inics				Work	t shift		Dut	~		Depart	nent	
	-	Intensive Care (n=125)	Ward (n=293)	Emergency (n=51)	Operating Room (n=73)	Outpatient Clinic (n=48)	Day Unit (n=69)	٩	day shift (n=293)	day-night shift (n=366)	٩	Manager Nurse (n=64)	Nurse (n=595)	٩	Surgery (n=346)	Internal Medicine (n=313)	a
Job Satisfaction Sc	ale																
Intrinsic	Min-Max (Median)	1-5 (3.17)	1-5 (3.42)	1-4.83 (3.18)	1-5 (3.25)	2.33-5 (3.78)	1.42-4.83 (3.67)	°0.001**	1-5 (3.67)	1-5 (3.25)	°0.001**	1-4.5 (3.67)	1-5 (3.42)	°0.054	1-5 (3.25)	1-5 (3.58)	0.001**
	Mean±SD	3.2±0.79	3.35±0.68	3.13±0.68	3.26±0.72	3.68±0.66	3.55±0.61		3.54±0.62	3.18±0.74		3.5±0.65	3.32±0.71		3.25±0.73	3.43±0.67	
Extrinsic	Min-Max (Median)	1-5 (2.88)	1-5 (3.13)	1-5 (2.71)	1-4.88 (3)	1,75-5 (3,31)	1-4.38 (3.38)	°0.001**	1-5 (3.25)	1-5 (2.88)	°0,001**	1-4.25 (3.25)	1-5 (3)	°0.010*	1-5 (3)	1-5 (3.13)	°0.032*
satistaction score	Mean±SD	2.82±0.82	3.01±0.73	2.72±0.77	2.91±0.8	3,36±0,74	3.22±0.67		3.22±0.67	2.8±0.79		3.19±0.64	2.96±0.78		2.93±0.79	3.05±0.74	
Job Satisfaction	Min-Max (Median)	1-5 (3.02)	1-5 (3.25)	1-4.92 (2.92)	1-4,94 (3,08)	2.13-5 (3.56)	1.21-4.6 (3.43)	°0.001**	1-5 (3.44)	1-5 (3)	°0.001**	1-4.25 (3.49)	1-5 (3.17)	ം.028	1-4.96 (3.08)	1-5 (3.38)	0.005**
IOTAI SCORE	Mean±SD	3.01±0.77	3.18±0.67	2.92±0.69	3.08±0.72	3.52±0.67	3.38±0.61		3.38±0.61	2.99±0.73		3.35±0.62	3.14±0.71		3.09±0.73	3.24±0.67	
Compliance with Is	solation Mea	sures Scale															
Transmission	Min-Max (Median)	2-5 (4)	1-5 (4)	1.75-5 (4)	2-5 (4)	3.25-5 (4.1)	3-5 (4)	ر 0.009**	1.2-5 (4)	1-5 (4)	d0.530	1-5 (4)	1.2-5 (4)	^d 0.901	1-5 (4)	1.2-5 (4.2)	¢0.036*
voure score	Mean±SD	4.24±0.6	4.24±0.66	3.92±0.65	4.14±0.66	4.28±0.48	4.25±0.53		4.24±0.59	4.18±0.66		4.18±0.72	4.21±0.62		4.17±0.62	4.25±0.64	
Employee and Patient Safety	Min-Max (Median)	2.67-5 (4.33)	2.33-5 (4.33)	3-5 (4)	2.83-5 (4.17)	3-5 (4.17)	3-5 (4,33)	/ 0.044 *	2.33-5 (4.17)	2.67-5 (4.33)	d0.780	3-5 (4.33)	2.33-5 (4.17)	960.0 ^b	2.67-5 (4.17)	2.33-5 (4.33)	^d 0.454
Score	Mean±SD	4.13±0.59	4.22±0.60	4.03±0.55	4.07±0.56	4.13±0.61	4.21±0.60		4.19±0.56	4.15±0.62		4.28±0.55	4.15±0.60		4.15±0.59	4.18±0.59	
Environmental	Min-Max (Median)	1-5 (4)	1-5 (4)	2-5 (4)	1.5-5.25 (4)	2.5-5 (4)	2.5-5 (4)	^f 0.126	1.5-5.25 (4)	1-5 (4)	^d 0.018*	1-5 (4.25)	1-5.25 (4)	d0.070	1-5.25 (4)	1.25-5 (4)	^d 0.203
	Mean±SD	4.04±0.73	4.08±0.7	3.87±0.63	3.98±0.81	4.2±0.58	4.17±0.61		4.14±0.64	4.00±0.74		4.16±0.79	4.05±0.69		4.03±0.72	4.11±0.67	
Hygiene and	Min-Max (Median)	2-5 (4.,33)	1-5 (4)	2.33-5 (4)	2-5 (4.33)	1-5 (4)	2,33-5 (4)	⁶ 0.139	1-5 (4)	1-5 (4)	^d 0.685	2.33-5 (4.17)	1-5 (4)	^d 0.417	1-5 (4)	1-5 (4)	^d 0.940
	Mean±SD	4.22±0.67	4.10±0.73	3.96±0.67	4.12±0.68	3.98±0.80	4,09±0,67		4.10±0.69	4.11±0.73		4.18±0.62	4.10±0.72		4.10±0.71	4.11±0.71	
Total Isolation	Min-Max (Median)	2.42-5 (4.28)	2.11-5 (4.22)	2.58-5 (4)	2.56-4.94 (4.17)	3.19-5 (4,01)	3-5 (4.18)	[/] 0.052	2.34-5 (4.13)	2.11-5 (4.18)	^d 0.959	2.11-5 (4.17)	2.34-5 (4.17)	^d 0.378	2.11-5 (4.17)	2.34-5 (4.16)	^d 0.655
acore	Mean±SD	4.20±0.55	4.19±0.56	3.97±0.55	4.11±0.56	4.13±0.52	4.18±0.52		4.18±0.52	4.14±0.58		4.21±0.55	4.15±0.55		4.14±0.56	4.18±0.54	
•Oneway Anova, "St	tudent-t Test,	, ^d Mann Whitr	ney U Test, ^f	Kruskal Wallis	5 Test, *p<0.05,	, **p<0.01											

		Meslekteki	Çalışma Süresi	Duration of Wor	k in the Institution
		r ^b	p	r ^b	p
	Intrinsic Satisfaction Score	0.251	0.001**	0.235	0.001**
Job Satisfaction Scale	Extrinsic Satisfaction Score	0.241	0.001**	0.23	0.001**
	Job Satisfaction Total Score	0.258	0.001**	0.241	0.001**
	Transmission Route Score	0.074	0.058	0.072	0.065
	Employee and Patient Safety Score	0.043	0.271	0.022	0.569
Compliance with Isolation Scale	Environmental Control Score	0.115	0.003**	0.107	0.006**
	Hygiene and Glove Use Score	0.002	0.958	0.014	0.712
	Total Isolation Score	0.041	0.291	0.038	0.327

Table 5: Evaluation of the relationships between the duration of working in the profession and in the institution and the sub-dimension and total scores of the Job Satisfaction Scale and Compliance with Isolation Scale

^br=Spearman's Correlation Coefficient, **p<0.01

is thought that older individuals prioritize themselves in job selection and choose the job they like (3). Finally, as people get older, they withdraw from jobs where they cannot achieve satisfaction (3). In addition, in another study, contrary to our study, it was found that there was no relationship between nurses' age and their compliance with isolation precautions (7).

It was determined that female nurses' compliance with PPS and HGU and their compliance with isolation measures in general were higher than that of male nurses. There are some studies in the literature that are not similar to this result (7). It is thought that the levels of compliance with isolation may be different according to gender because of the majority of female nurses in our study. In our study, intrinsic and extrinsic job satisfaction and general job satisfaction of married nurses were found to be higher than single nurses. Compliance with isolation precautions did not differ according to marital status. On the other hand, marital status is considered to be one of the factors thought to affect job satisfaction (3).

In the study, it was found that there were differences in job satisfaction levels according to educational status. Education level is an important factor in terms of forming the expectations of the individual in working life (3). However, contrary to our results, a systematic review of intensive care nurses found no relationship between socio-demographic characteristics of nurses and job satisfaction (10). In our study, it was found that nurses with postgraduate education adapted to isolation more than others in the sub-dimensions of "PPS" and "HGU" and in general. In another study conducted by Doğu and Tiryaki with intensive care nurses, it was determined that the level of education did not affect compliance with isolation precautions (13). There are some studies in the literature similar to our study result (9). In the study, it was found that there were differences in job satisfaction levels and compliance with isolation precautions in the sub-dimensions of RI and PPS. In addition, it was determined that intensive care nurses were more compliant with isolation measures. Similar to the results of this study, it has been reported in the literature that nurses in intensive care comply with isolation precautions more (9).

In this study, it was found that nurses working continuous day shifts had higher levels of job satisfaction and compliance with ES than nurses working in shifts. In the study, it was found that as the professional and institutional working years of the nurses increased, their levels of job satisfaction and compliance with environmental safety increased. In the study, the extrinsic satisfaction sub-dimension and general job satisfaction level of executive nurses were higher. In addition, nurses working in internal units had higher levels of job satisfaction and the RI sub-dimension of CIPS than nurses working in surgical units. It is an expected result that the levels of job satisfaction and CIPS of nurses working in continuous day shifts and with increased professional and working time are higher. However, the reasons for these results can be discussed with the results of a qualitative study. In this sense, the fact that the data in our study were obtained only by the quantitative method shows the limitation of our study.

CONCLUSION

As a result of the study, it was found that nurses had moderate job satisfaction and a high level of compliance with isolation precautions. In addition, some sociodemographic and occupational characteristics were found to affect job satisfaction and compliance with isolation, and job satisfaction and compliance with isolation were related. Therefore, it may be recommended to develop some strategies to increase nurses' job satisfaction.

Ethics Committee Approval: This study was approved by the local ethics committee of the institution where the study was conducted (Date of approval: 29.12.2017-1549).

Informed Consent: Written consent was obtained from the participants.

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