



Job Satisfaction and Compliance with Nursing Clinical Records in a Secondary Care Hospital

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ARTICLE INFO	ABSTRACT
Published Online: 29 December 2025	Introduction: job satisfaction and compliance with nursing clinical records are essential dimensions for understanding both the quality of care and staff well-being. Exploring their relationship makes it possible to identify how working conditions influence documentation practices and patient safety. Objective: to analyze the relationship between job satisfaction and compliance with nursing clinical records in a secondary care hospital in Los Mochis, Sinaloa. Methodology: A descriptive, cross-sectional, and correlational study was conducted with 200 nursing professionals and 200 clinical records. Data collection included a sociodemographic form, the Font-Roja Job Satisfaction Questionnaire, and a Nursing Clinical Records Evaluation Checklist. Descriptive statistics, association tests, and correlation analysis were applied. The project was approved by an ethics committee, and all participants signed informed consent. Results: a total of 54.5% of participants reported being little satisfied and only 1.5% satisfied, while documentation compliance reached 77.5%. Significant associations were identified between job satisfaction and job category, shift, age, service, and academic level ($p<.05$). Compliance was also related to category, service, and satisfaction ($p<.05$). Furthermore, job satisfaction was positively correlated with professional competence, relationships with supervisors, and the overall job satisfaction index ($p<.01$). Conclusions: although job satisfaction levels were low, compliance with clinical records was high. These findings indicate that professional responsibility and institutional standards sustain nursing practice, while strengthening leadership and supportive environments could simultaneously improve motivation and documentation quality.
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INTRODUCTION

Nursing staff have become one of the most important pillars of healthcare systems in recent decades. Globally, the number of professionals has steadily increased; however, this growth has not been uniform. Inequalities persist in the distribution

of human resources, generating structural tensions and, at the same time, creating disparities in equitable access to care. These gaps are not a minor issue, as they directly impact working conditions, influence workload, and ultimately affect staff satisfaction levels. In countries where the shortage

of professionals is evident, excessive workloads, a lack of institutional support, and insufficient resources lead to burnout and limit well-being. Meanwhile, in nations with stronger economies, different challenges emerge: dependence on foreign personnel and an aging workforce, aspects that raise questions about the sustainability of teams and future planning (WHO, 2025; ICN, Associates, 2025).

According to the World Health Organization, job satisfaction among nursing professionals depends largely on work environments that protect their health and safety. This requires not only infrastructure and material resources, but also healthy human and professional relationships. Recognition of effort, appropriate task distribution, the opportunity to participate in decision-making, and the ongoing provision of training opportunities are all part of a cycle of factors that can make a significant difference in staff morale and commitment (WHO, 2022). In other words, satisfaction is not solely based on numbers or indicators, but also on everyday gestures of institutional support and the sense of belonging that the organization fosters.

The international landscape has also brought to the forefront other issues that affect job satisfaction. One of the most relevant is gender equity, as approximately 85% of nurses are women. This figure raises questions about real opportunities for leadership, recognition of their work, and fairness in contractual conditions. Added to this is mental health, an aspect that became even more critical after the pandemic, in a context where less than half of countries have specific care strategies in place. Similarly, it has been documented that 62% of nations report progress in expanding specialized roles, which represents an opportunity to strengthen the quality of care and open new avenues for professional development. However, inequalities persist, especially in regions with fewer resources (WHO, 2025; ICN, 2025).

In the hospital setting, and particularly in critical care areas, the motivation of nursing staff takes on profound social value. It is not simply about covering shifts or ensuring productivity indicators; it is about the human dimension of care. When staff face excessive workloads, limited space, inequitable compensation, or strained relationships, their emotional well-being is compromised, which impacts the quality of care and the accuracy of clinical records. Lack of recognition and insufficient institutional support diminish commitment, distancing professionals from the essence of their work. Therefore, strengthening job satisfaction is not only an internal demand but also a social necessity that impacts how the community receives healthcare services (Hoyos Quiroz, 2023).

It is important to remember that, unlike other professions, healthcare professionals maintain direct and personal contact with patients. Nursing staff not only provide technical care but also offer dignified and compassionate treatment that influences the perception of quality. For this performance to reach its full potential, it is essential that workers feel like they belong to the institution and have adequate conditions

for their professional development. However, the causes of dissatisfaction are recurring: excessive workloads, low salaries, and a lack of recognition for different professional categories (Hernández & Medina, 2020).

In this context, clinical records become an essential component. These documents are not mere administrative formalities; they represent the record of care and guarantee continuity, safety, and ethical-legal support. Through them, professionals can clearly communicate the interventions performed, allowing for the traceability of each decision. However, in practice, obstacles to their proper completion are frequently encountered: limited time, excessive workload, or the use of manual forms that are labor-intensive and increase the risk of omissions. In response, the need for standardized and computerized tools is increasingly recognized, tools that not only streamline recording but also give greater visibility to the role of nursing staff (Soza Díaz, et al., 2023).

A clear example can be seen in neonatal intensive care units. Although basic patient data is generally recorded correctly, significant gaps remain in the documentation of nursing diagnoses, response assessments, and intervention planning. Factors such as academic training and the shift during which the records are made influence the quality of the information recorded, with those with undergraduate training typically producing more complete records. This situation highlights the need to strengthen training and supervision processes, as well as to promote strategies that allow for the systematization of clinical records (Figueira-Teuly et al., 2024).

In Mexico, the regulatory framework offers elements that indirectly influence job satisfaction. NOM-019-SSA3-2013 establishes criteria for the organization of nursing services and promotes continuous training, which contributes to creating more structured teams and environments less prone to conflict (Ministry of Health, 2013). Similarly, NOM-027-SSA3-2013 sets minimum parameters for the infrastructure and equipment of emergency services, conditions that influence the safety and functionality of workspaces (Ministry of Health, 2013). For its part, Article 27 of the Regulations of the General Health Law mandates the guarantee of sufficient physical and human resources, which has a positive impact on working conditions and, consequently, on staff satisfaction (Regulations of the General Health Law, 1986). Finally, NOM-004-SSA3-2012 reinforces the importance of the clinical record, highlighting the relevance of nursing records as an essential part of comprehensive care, communication between teams and the protection of patient rights (Secretariat of Health, 2012).

Taken together, all these elements clearly demonstrate that job satisfaction and adherence to nursing clinical records are closely linked. Staff well-being and motivation are reflected in the quality of documentation, and the proper preparation of records, in turn, serves as an indicator of working conditions. Therefore, this study is justified not only to understand the current state of both aspects but also to provide evidence that

contributes to improving work environments and consolidating more reliable documentation processes. These contributions are essential for the nursing profession, as they strengthen patient safety, enhance the professional standing of nurses, and highlight the role of staff in the quality of healthcare services. Given the relevance of the above, this study was undertaken, starting with the following question: What is the relationship between job satisfaction and adherence to nursing clinical records in a secondary care hospital?

MATERIALS AND METHODS

Studio design

An observational, descriptive, cross-sectional, correlational, and analytical study was conducted. It was considered descriptive because it allowed for the characterization of the study population and the description of job satisfaction and compliance with nursing clinical records. It was classified as observational because the researchers did not intervene in the participants' conditions; prospective in the collection of primary data through questionnaires; and retrospective in the analysis of previously prepared records. Furthermore, it was cross-sectional because the information was collected at a single point in time, and correlational and analytical because it related both variables and compared their results (Polit & Hunger, 2000).

Population and sample

The population consisted of 150 active nursing professionals and 150 clinical records corresponding to medical, surgical and emergency services, as well as NICU, obstetrics and surgery, operating room assessment and recovery in a second-level hospital in Los Mochis, Sinaloa.

The sampling was convenience sampling, as it included all available staff in the aforementioned services. Clinical records were analyzed using a finite population sampling method, considering the period between September and December 2016.

Inclusion and exclusion criteria

Active nursing staff in the described hospital services and the records prepared by said staff were included. Nurses from the ICU, supervisors, students, interns, staff in induction, and those on vacation or special leave were excluded.

Procedure

Following approval from the Ethics and Research Committee of the Universidad del Pacífico Norte and authorization from the hospital, data collection began. Two trained interviewers administered the instruments at strategic times to avoid interfering with patient care (morning 10:00–12:00, afternoon 16:00–18:00, night 22:00–24:00, and special on-call 14:00–16:00). Informed consent was obtained, and the study's objective, confidentiality, and voluntary nature of participation were explained. Each nurse completed the sociodemographic form and the job satisfaction questionnaire; subsequently, the clinical records prepared by

the same staff were reviewed. Fieldwork lasted 16 weeks, between September and December 2016.

Tools

A personal data form and two instruments were applied; the sociodemographic form, with seven variables: age, sex, service, job category, educational level, seniority and shift.

The Font-Roja Job Satisfaction Questionnaire (Aranaz & Mira, 1988), composed of 24 items rated on a 5-point Likert scale, explores nine factors (job satisfaction, tension, competition, work pressure, promotion, relationships with bosses and colleagues, status, and monotony). Its internal consistency has been verified in different contexts (Cronbach's alpha between 0.76 and 0.83).

Clinical record evaluation form, based on national guidelines (Nursing Directorate and Permanent Nursing Commission, 2012), which assesses 10 basic criteria (identification, assessment, diagnoses, objectives, care plan, evolution, continuity, discharge plan and compliance with NOM-004-SSA3-2012). It was scored dichotomously (meets/does not meet), categorizing the scores into non-compliance (0–7) and adequate compliance (8–10).

Data analysis

The analysis was performed using SPSS version 22 for Windows. Descriptive statistics (frequencies, proportions, measures of central tendency and dispersion) were used, and statistical procedures such as chi-square and Pearson correlation were applied; p-values <.05 were considered significant.

Ethical considerations

The study complied with the provisions of the Regulations of the General Health Law on Research (SSA, 1987). The dignity and rights of the participants were respected; they signed informed consent forms with the right to withdraw at any time without employment repercussions. Privacy was protected through anonymous questionnaires and sealed ballot boxes to safeguard the information. The UNIP Ethics and Research Committee issued a favorable opinion, and the institution's directors granted formal authorization. In accordance with Article 17 of the Regulations, the project was classified as minimal risk.

RESULTS

Overall, the nursing staff studied has an average age of 38.7 years, concentrated primarily in the 30–49 age range, reflecting a workforce in its prime. The feminization of the profession remains evident, with 83% being women, while men represent only 17%. Regarding job category, almost half are nursing assistants (46%), followed by registered nurses (26.5%) and general nurses (23.5%), demonstrating a broad base at operational levels and limited representation in higher-level positions. Educational attainment shows that half hold a bachelor's degree and 41% a technical degree, in contrast to the small proportion with postgraduate qualifications.

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In terms of organization, the morning shift has the largest staff (37%), followed by the afternoon and night shifts with similar proportions. Regarding seniority, those with between 6 and 15 years of service predominate, indicating sufficient experience for a solid performance. By department, Gynecology (17.5%) and General Surgery (15.5%) stand out

as the areas with the largest staffing levels, which coincides with their high demand for care, while other units, such as Pediatrics, Internal Medicine, and Emergency Medicine, maintain smaller but essential proportions for the hospital's operational balance.

Table 1: Frequencies and percentages of the level of job satisfaction of nursing staff and level of compliance with nursing clinical records.

Level of job satisfaction	F	%	95% CI	
			LI	LS
Not satisfied	88	44.0	0.37	0.50
Not very satisfied	109	54.5	0.47	0.61
Satisfied	3	1.5	0.005	0.04
Compliance with nursing clinical records.				
It does not comply	45	22.5	0.17	0.28
If it complies	155	77.5	0.71	0.82

Note: own source; f=frequency; %=percentage n=200

Table 1 shows that the majority of nursing staff reported being dissatisfied with their work (54.5%), while only 1.5% reported being satisfied. In contrast, the analysis of clinical records revealed that 77.5% complete them correctly, compared to 22.5% who do not.

Table 2: Job satisfaction by job category, shift, age, service, and academic level.

	Level of Satisfaction						X ²	p-value
	Not Satisfied		Not very satisfied		Satisfied			
	F	%	f	%	f	%		
Job Category								
AE	30	34.1	62	56.9	0	0.0	18,271	.019
EG	28	31.8	17	15.6	2	66.7		
LE	28	31.8	24	22.0	1	33.3		
YES	2	2.3	5	4.6	0	0.0		
EJP	0	0.0	1	0.9	0	0.0		
Turno								
Matutino	28	31.8	45	41.3	1	33.3	30.478	0.001
Vespertino	8	9.1	25	22.9	2	66.7		
Nocturno A	22	25	14	12.8	0	0.0		
Nocturno B	8	9.1	18	16.5	0	0.0		
GED	8	9.1	4	3.7	0	0.0		
GEN	14	15.9	3	2.8	0	0.0		
Edad								
De 20 a 29	20	22.7	18	16.5	0	0.0	22.265	.001
De 30 a 39	18	20.5	56	51.4	2	66.7		
De 40 a 49	38	43.2	29	26.6	1	33.3		
De 50 a 60	12	13.6	6	5.5	0	0.0		
Servicio								
MI	8	9.1	7	6.4	0	0.0	45.426	.002
CG	12	13.6	19	17.4	0	0.0		
GINE	14	15.9	18	16.5	3	100		
PED	8	9.1	6	5.5	0	0.0		
UCIP	0	0.0	7	6.4	0	0.0		
UCIN	4	4.5	10	9.2	0	0.0		

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UA	8	9.1	10	9.2	0	0.0		
UP	2	2.3	8	7.3	0	0.0		
TC	8	9.1	16	14.7	0	0.0		
RGYO	12	13.6	0	0.0	0	0.0		
VGYO	6	6.8	2	1.8	0	0.0		
RQx	6	6.8	6	5.5	0	0.0		
Academic level								
AE	4	4.5	7	6.4	0	0.0		
EG	36	40.9	44	40.4	2	66.7		
THE	48	54.5	51	46.8	1	33.3	57.124	.048
EE	0	0.0	6	5.5	0	0.0		
ME	0	0.0	1	0.9	0	0.0		

Note: Source: own; f=frequency; %=percentage n=200

AE = Nursing Assistant; **EG** = General Nurse; **LE** = Registered Nurse; **EE** = Specialist Nurse; **EJP** = Head Nurse; **ME** = Master in Nursing; **GED** = Daytime Special Shift; **GEN** = Nighttime Special Shift; **MI** = Internal Medicine; **CG** = General Surgery; **GINE** = Gynecology; **PED** = Pediatrics; **PICU** = Pediatric Intensive Care Unit; **NICU** = Neonatal Intensive Care Unit; **UA** = Adult Emergency Department; **UP** = Pediatric Emergency Department; **TC** = Labor and Delivery; **RGYO** = Gynecology and Obstetrics Recovery; **VGYO** = Gynecology and Obstetrics Assessment; **RQx** = Operating Room Recovery

Analysis of Table 2 revealed several significant associations between job satisfaction and various variables. Regarding job category, a statistically significant relationship was observed ($X^2 = 18.271$, $p = .019$), with nursing assistants showing the highest dissatisfaction rate at 59.9%, followed by registered nurses at 22%. A similar pattern was observed with work shifts ($X^2 = 30.478$, $p = .001$). The morning shift had the

highest percentage of dissatisfied professionals (41.3%), followed by the afternoon shift at 22.9%, and the night shift (B) at 16.5%. These data suggest that the conditions of each shift influence job perception differently.

Age was also associated with dissatisfaction ($X^2 = 22.265$, $p = .001$). The 30-39 age group was the most affected (51.4%), followed by those aged 40-49 (26.6%). This raises questions about how life stages and family or professional responsibilities can influence how satisfaction is assessed. Regarding hospital services ($X^2 = 45.426$, $p = .002$), the highest levels of dissatisfaction were concentrated in general surgery (17.4%), gynecology (16.5%), and obstetrics (14.7%). Similarly, academic level showed an association ($X^2 = 57.124$, $p = .048$), with a higher prevalence among registered nurses (46.8%) and general nurses (40.4%). In the case of gender, the analysis revealed that there is no statistically significant association between sex and job satisfaction ($X^2 = .807$, $p = .668$; $p > .05$).

Table 3: Compliance with nursing clinical records by job category, age, service, academic level and job satisfaction.

Job category	Compliance with Clinical Records				X ²	p-value
	Does not comply		If it complies			
	F	%	F	%		
AE	13	28.9	79	51	9,760	.045
EG	17	37.8	30	19.4		
YOU	14	31.1	39	25.2		
EE	1	2.2	6	3.9		
EJP	0	0.0	1	0.6		
Edad						
De 20 a 29	10	22.2	28	18.1	58.436	.053
De 30 a 39	18	40.0	58	37.4		
De 40 a 49	12	26.7	56	36.1		
De 50 a 60	5	11.1	13	8.4		
Servicio						
MI	5	11.1	10	6.5		
CG	6	13.3	25	16.1		
GINE	6	13.3	29	18.7		
PED	3	6.7	11	7.1		
UCIP	1	2.2	6	3.9		

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<i>UCIN</i>	4	8.9	10	6.5	19.735	.044
<i>UA</i>	3	6.7	15	9.7		
<i>UP</i>	2	4.4	8	5.2		
<i>TC</i>	5	11.1	19	12.3		
<i>RGYO</i>	6	13.3	6	3.9		
<i>VGYO</i>	0	0.0	8	5.2		
<i>RQx</i>	4	8.9	8	5.2		
Nivel académico						
<i>AE</i>	2	4.4	9	5.8		
<i>EG</i>	20	44.4	62	40		
<i>YOU</i>	21	46.7	79	51	18,828	.059
<i>EE</i>	2	4.4	4	2.6		
<i>ME</i>	0	0.0	1	0.6		
Job Satisfaction						
<i>Not satisfied</i>	24	53.3	64	41.3		
<i>Not very satisfied</i>	21	46.7	88	56.8	26,743	.026
<i>Satisfied</i>	0	0.0	3	1.9		

Note: own source; f=frequency; %=percentage n=200

AE = Nursing Assistant; **EG** = General Nurse; **LE** = Registered Nurse; **EE** = Specialist Nurse; **EJP** = Head Nurse; **ME** = Master in Nursing; **GED** = Daytime Special Shift; **GEN** = Nighttime Special Shift; **MI** = Internal Medicine; **CG** = General Surgery; **GINE** = Gynecology; **PED** = Pediatrics; **PICU** = Pediatric Intensive Care Unit; **NICU** = Neonatal Intensive Care Unit; **UA** = Adult Emergency Department; **UP** = Pediatric Emergency Department; **TC** = Labor and Delivery; **RGYO** = Gynecology and Obstetrics Recovery; **VGYO** = Gynecology and Obstetrics Assessment; **RQx** = Operating Room Recovery

Table 3 identified a statistically significant association between compliance with nursing clinical records and job category ($X^2 = 9.760$, $p = .045$). It is noteworthy that the nursing assistant group had the highest compliance rate (51%), while registered nurses accounted for 25.2%. In contrast, no statistically significant association was found

between age and compliance ($X^2 = 58.436$, $p = .053$). However, it is interesting that the 30-39 age group showed 37.4% compliance, followed closely by those aged 40-49 (36.1%), and to a lesser extent, those aged 20-29 (18.1%). In contrast, the hospital service did show a significant relationship with record-keeping compliance ($X^2 = 19.735$, $p = .044$). Gynecology stood out with 18.7% compliance, followed by general surgery with 16.1%. Regarding academic level, no statistically significant difference was observed ($X^2 = 18.828$, $p = .059$). However, it was noted that registered nurses reported 51% compliance, compared to 40% for general nurses. Finally, a particularly interesting finding was the relationship between job satisfaction and clinical record-keeping compliance ($X^2 = 26.743$, $p = .026$). Specifically, 56.8% of staff with low job satisfaction nevertheless completed records correctly.

Table 4: Correlation between job satisfaction and compliance with clinical records

	1	2	3	4	5	6	7	8	9	10	11
ICRC	1										
SAT	0.036**	1									
TTRAB	.019	.446**	1								
CP	-.014	.769**	.219**	1							
PTRAB	-.063	.437**	.041	.330**	1						
PP	.088	.453**	-.154*	.225**	.124	1					
RIJ	.176*	.478**	.188*	.185**	.023	.238**	1				
RIC	.016	.257**	.159*	.112	-.197**	.094	.239**	1			
CIE	-.019	.031	.147*	-.040	-.269**	-.012	.061	.664**	1		
ML	.004	.420**	.316**	.236**	.062	-.004	.131	.036	-.107	1	
ISL	.016	.562**	.174*	.359**	.195**	.338**	.273**	.179*	.262**	.360**	1

Note: own source n=200

ICRC = Nursing Clinical Record Compliance Index; **SAT** = Job Satisfaction; **TTRAB** = Job Strain; **CP** = Professional Competence; **PTRAB** = Job Pressure; **PP** = Career Advancement; **RIJ** = Interpersonal Relationships with

Supervisors; **RIC** = Interpersonal Relationships with Colleagues; **CIE** = Extrinsic Status Characteristics; **ML** = Job Monotony; **ISL** = Job Satisfaction Index. * $p=.05$; ** $p=.01$

Correlation analysis revealed that job satisfaction (JS) is strongly related to professional competence (PC) ($r_s = .769$, $p < .01$), and also showed significant associations with job stress (JST) ($r_s = .446$, $p < .01$), career advancement (PA) ($r_s = .453$, $p < .01$), and relationships with superiors (RS) ($r_s = .478$, $p < .01$). Positive, albeit weaker, links were also observed with peer relationships (PR) ($r_s = .257$, $p < .01$). In contrast, extrinsic status characteristics (ESC) showed no significant association with job satisfaction ($r_s = .031$) and were even negatively related to job pressure (OPP) ($r_s = -.269$, $p < .01$). For its part, job monotony (ML) was associated with SAT ($r_s = .420$, $p < .01$) and TTRAB ($r_s = .316$, $p < .01$), while the job satisfaction index (ISL) integrated various dimensions, correlating with SAT ($r_s = .562$, $p < .01$), CP ($r_s = .359$, $p < .01$), PP ($r_s = .338$, $p < .01$) and ML ($r_s = .360$, $p < .01$).

DISCUSSION

The results of this study reveal a complex scenario: a predominantly female team, with an average age of approximately 39 and a strong presence of nursing assistants and registered nurses, operates within a context where a perception of “low satisfaction” predominates (54.5%), and only a small group reports being fully satisfied (1.5%). This finding is also reflected in other research conducted in secondary-level hospitals, where the feminization of the profession, the scarcity of development opportunities, and unequal career paths underlie the discontent (Balseiro et al., 2023; Bautista et al., 2023; Perera et al., 2023; Zavala et al., 2012). Furthermore, the high concentration of staff on the morning shift appears to correspond with what has been documented in institutions with a high patient load, where the daytime shift concentrates both clinical care and administrative pressure (Carrillo-García et al., 2015).

The relationship found between job satisfaction, job category, and shift reinforces the idea that structural factors outweigh individual ones. It is no coincidence that nursing assistants and registered nurses are the most dissatisfied groups: these are staff members with significant direct responsibility for patient care, but with limited avenues for promotion or recognition, which erodes their motivation (Zavala et al., 2012; Balseiro et al., 2023). It is also striking that the day shift appears to be the most exhausting, when it is generally assumed that the night shift involves greater fatigue. This difference could be explained by the simultaneous nature of procedures, the requirement of constant supervision, and the pressure of performing multiple tasks at once. These elements have also been described in the context of the pandemic, where the overload exacerbated job dissatisfaction and stress (Pérez et al., 2023; Pirino et al., 2023). In this sense, the idea that leadership and close support from immediate superiors are crucial to mitigating the impact of daily routine is gaining strength (Hernández-Cantú & Medina-Campos, 2020; Dor & Halperin, 2022).

Regarding clinical records, the observed 77.5% compliance rate is encouraging and consistent with previous studies showing that standardized formats and an audit culture strengthen adherence (Hernández-García et al., 2021; Khan et al., 2020). However, the variability across services and job categories demonstrates that compliance depends not only on individual willingness but also on the immediate environment and the specific dynamics of each area. Services such as Gynecology and General Surgery, characterized by high demand and well-defined protocols, showed higher levels of compliance, which aligns with reviews recommending organizational strategies, such as simplified templates and regular feedback, to ensure the quality of documentation (Bunting & de Klerk, 2022; Santos Flores & Santos Flores, 2022). Similarly, studies in neonatal units show that when training and constant supervision are combined, records become more robust and traceable (Figueira-Teuly et al., 2022).

The most significant finding lies in the association between job satisfaction and documentation compliance. It is evident that the perception of support and recognition from supervisors not only strengthens motivation but is also reflected in more complete and timely records. This relationship aligns with theoretical approaches that highlight the importance of intrinsic motivation and clinical leadership as drivers of performance (Gamboa-Ruiz, 2015; Soza Díaz et al., 2020; Dor & Halperin, 2022). The paradox of low overall satisfaction but high levels of compliance can be explained by the strength of institutional regulations, which function as a “minimum standard” that sustains the habit of documenting even in unfavorable work environments (Torres-Santiago et al., 2018; Ministry of Health, 2012). In this way, the regulations and the culture of record-keeping act as structures that guarantee the continuity and quality of care, although they do not replace the positive impact that close leadership can have.

However, some differences compared to other studies warrant reflection. No associations were found between satisfaction and variables such as sex or seniority, which contrasts with findings where gender and career path did have a significant impact on the perception of satisfaction (Zavala et al., 2012; Tirado Reyes et al., 2024). Likewise, the fact that the morning shift—and not the night shift—concentrated a higher proportion of “less satisfied” employees shows that local conditions, workload distribution, or internal work organization can modify patterns that are observed differently in other contexts. On the other hand, the lack of significant differences in record-keeping compliance based on sex, age, educational level, or seniority aligns with the idea that this process depends more on the system than on personal attributes (Bunting & de Klerk, 2022; Nurjaman et al., 2025). In summary, this study confirms that job satisfaction and adherence to clinical records are not independent phenomena, but rather interconnected dimensions of nursing practice. It also highlights that, even in environments where personal

motivation is limited, regulations and organizational culture manage to maintain basic quality standards. However, strengthening middle management, simplifying forms, and creating recognition opportunities are urgent actions needed to ensure that documentation not only complies with regulations but also reflects the value of nursing work. These recommendations align with national regulatory frameworks and international calls to improve the profession's work environments (Regulations of the General Health Law, 1986; Ministry of Health, 2012, 2013; WHO, 2022; WHO/ICN, 2025).

CONCLUSIONS

The findings of this study indicate that job satisfaction among nursing staff is low, with the "not very satisfied" category predominating, while compliance with clinical records shows a high and mostly adequate percentage. This contrast reveals a key aspect: even though working conditions do not generate a high level of satisfaction, staff maintain a commitment to clinical documentation, possibly driven by current regulations and the institutional culture of record-keeping. Furthermore, the association found between job satisfaction and record-keeping compliance confirms the initial hypothesis and demonstrates that a better work environment directly impacts the quality of documentation processes.

A key finding was the influence of variables such as job category, shift, and service on perceived job satisfaction, suggesting that these factors should be considered in organizational strategy planning. In contrast, variables such as gender, seniority, or academic level showed no significant association, indicating that structural elements of the job carry more weight than individual characteristics. These results are consistent with national and international research, but also introduce nuances specific to the local context that enrich the discussion within the field of hospital nursing. Among the limitations, the cross-sectional design must be acknowledged, as it prevents establishing causal relationships between variables. Furthermore, the study was conducted at a single institution, which restricts the generalizability of the findings to other contexts. It is also possible that factors not considered, such as the actual patient load, case severity, or differences in leadership styles, influenced the results and explain some discrepancies with other studies.

Based on the above, it is recommended that future research incorporate longitudinal or multicenter designs to analyze the evolution of job satisfaction and its impact on clinical documentation over time. It would also be valuable to include variables related to workload, resource allocation, and psychosocial working conditions. Similarly, it is suggested that interventions be explored to strengthen supervisory leadership, improve shift scheduling, and simplify record-keeping formats, in order to enhance staff motivation and ensure the quality of documented care.

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