

Nurses' Job Satisfaction in Saudi Arabian Hospitals

Subjects: Nursing

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Job satisfaction can be defined as the extent to which people feel either positively or negatively about their work. Job satisfaction can also be defined as the degree to which an employee is satisfied with the benefits they receive from their work, especially when it comes to intrinsic motivations. It is a complicated concept that has been studied in many different fields, such as nursing, business, psychological science, and sociology.

Keywords: job satisfaction ; nurses ; Saudi Arabia ; social determinants of health

1. Introduction

Job satisfaction can be defined as the extent to which people feel either positively or negatively about their work ^[1]. Job satisfaction can also be defined as the degree to which an employee is satisfied with the benefits they receive from their work, especially when it comes to intrinsic motivations ^[2]. It is a complicated concept that has been studied in many different fields, such as nursing, business, psychological science, and sociology ^[3]. The concept of job satisfaction and its dimensions have been largely shaped by a number of classical works throughout history; these works include Herzberg's Two-Factor Theory, Hackman and Oldham's Job Characteristics Model, McCloskey and McCain's Nurses' Job Satisfaction Scale, and Aiken's Magnet Hospital study ^{[4][5][6][7]}.

Herzberg's Theory of Job Satisfaction and Dissatisfaction was developed in the 1950s by Frederick Herzberg ^[4]. It posits that job satisfaction is affected by two components: motivators (such as recognition, responsibility, and advancement), and hygiene factors (such as salary, working environment, and company policies) ^[4]. Numerous studies have been conducted to explore the role of these two components in job satisfaction in the nursing profession and to identify the specific motivators and hygienic factors that influence job satisfaction ^{[8][9][10][11]}.

Hackman and Oldham developed the Job Characteristics Model, which suggests that certain job characteristics contribute to job satisfaction ^[5]. These characteristics include skill variety, task identity, task significance, autonomy, and feedback. Several studies have applied this model to nursing and highlighted the importance of these job characteristics in determining nurses' job satisfaction, such as ^{[12][13][14][15]}.

McCloskey and McCain developed a widely used instrument called the Nurses' Job Satisfaction Scale (NJSS) to measure job satisfaction specifically among nurses ^[7]. This scale assesses various dimensions of job satisfaction, including autonomy, professional status, interaction, and task requirements ^[7]. The NJSS has been employed in numerous studies to measure and understand job satisfaction among nurses; for example, ^{[16][17][18][19]}.

The Magnet Hospital study conducted by Aiken and colleagues explored the relationship between nursing job satisfaction and organizational characteristics ^[6]. The study identified several factors associated with higher job satisfaction among nurses, including supportive nurse-physician relationships, participative management style, and opportunities for professional development ^[6]. These classical works provide valuable insights into the dimensions and determinants of job satisfaction among nurses. However, it is important to note that the field of nursing and healthcare is constantly evolving, and new research continues to contribute to understanding of job satisfaction and its dimensions among nurses.

In Saudi Arabia, nurses provide up to 80% of patient care, which means that nurses' competencies substantially affect patient outcomes ^[20]. The Saudi healthcare system is significantly challenged due to the considerable shortage of healthcare providers, particularly nurses, despite the 2030 Vision launched by the Saudi government for implementing Saudization ^[21].

The 2018 annual report of the Ministry of Health showed that nurses from outside of Saudi (expat) nurses comprise about 64% of the Saudi healthcare workforce, compared to Saudi nurses, who account for 36% of the workforce ^[22]. It is estimated that the Saudi healthcare system will need about 100,000 additional nurses by 2030 ^[21]. Throughout the

country, the Ministry of Health operates 2361 primary healthcare centers and 282 hospitals, which are responsible for providing primary, secondary, and tertiary care [23]. Therefore, the aforementioned shortage of nurses has led to the frustration and dissatisfaction of nurses with their workplace as a result of the heavy workloads assigned to them [24]. This dissatisfaction is shared with nurses from other countries. A study conducted in five countries evaluating nurses' job satisfaction showed that the rate of job dissatisfaction in the United States of America was the highest (41%) compared to those in Scotland, the United Kingdom, Canada, and Germany, at 38%, 36%, 33%, and 17%, respectively [25][26]. Furthermore, the primary predictor of job dissatisfaction among nurses in these countries was work overload [25].

Nurses' dissatisfaction has consequences for the healthcare system, including increased rates of turnover among nurses, which negatively impact the healthcare quality provided to patients. An integrative review conducted by [27] that included studies between 1990 and 2017 revealed an increase in nurse turnover in Saudi Arabia, from 17% in 2008 to 60% in 2014, in both the public and private health sectors. The review also identified nurses' demographics, satisfaction, and job-related factors as determinants of high nurse turnover. These factors include gender, marital status, living with a spouse, educational attainment, monthly salary, years of experience, and nationality.

According to the World Health Organization, SDOH is defined as "A subset of the inherited conditions in which people are expected to live, grow, work, and age" [28]. The SDOH is categorized into five key domains based on the Healthy People 2020 campaign, led by the Office of Disease Prevention and Health Promotion: economic stability, education, healthcare access, neighborhood and built environment, and social and community context [29] (**Figure 1**). Providing high-quality care requires health system policymakers to understand nurses' circumstances and to balance clinical knowledge with social needs. These social factors, when neglected, may limit the number of clinical duties assigned to nurses. Therefore, nurses must be adequately educated about SDOHs and have sufficient knowledge and tools to minimize the impact of SDOHs on health outcomes.



Figure 1. The social determinants of health.

Several studies have reported factors that act as barriers to nurses' satisfaction. The results of a literature review of 20 studies published between 2007 and 2012 showed that age, gender, education, and organizational and work environment factors can influence job satisfaction levels [30]. Moreover, a comprehensive literature review was conducted to review the barriers and motivators of job satisfaction among nurses in Saudi Arabia from 2006 to 2016 [31]. Most of the results indicated that the factors that act as barriers to the satisfaction of nurses include salary, lack of support for stress relief, head nurses' leadership and professional support, prospects for promotion, and a lack of educational opportunities [31].

2. Pay and Nurses' Job Satisfaction

There are similarities and differences between the current and other review findings that address salary determinants among nurses. According to the results, there is a significant difference between low income ranging from 1000 to 3000

Saudi Riyals and nurses' job satisfaction [32][33][34], which is consistent with the study conducted by [35], who reported a significant difference. Here also included studies that contradict the previous findings [36][37], which did find a significant difference between salary and nurses' job satisfaction. The disparity in salary structures distinguishes the two groups. Most of those dissatisfied with their salaries were non-Saudi nurses working in large and specialized hospitals. One of the reasons that might make them feel unsatisfied with their salaries is the inequality between them. There is no precise scale for salaries for those who come from abroad to work in the Saudi Arabia Ministry of Health hospitals, and their salaries are sometimes based more on nationality than on education level and experience. However, in a study conducted by Alshmemri [38], it was claimed that in Saudi hospitals, Malaysian nurses who had lower qualifications earn higher salaries than nurses from India and the Philippines who had higher qualifications.

Another factor is that nurses might need to work long hours (12 h) to cover duties related to the staff shortage without additional compensation, which negatively affects their physical and psychological status. According to Aljohani [39], such stress leads to a hostile work environment that places nurses at risk for chronic tiredness, poor physical performance, and inadequate interaction. These findings highlight the importance of the Saudi healthcare system addressing the economic stability determinants of health in improving Saudi and non-Saudi nurses' job satisfaction. This finding is consistent with the SDOH framework, which addresses the importance of economic security, which is considered an essential factor in the health and well-being of families.

3. Job Satisfaction and Gender Differences

In terms of gender differences, here found three studies with contradictory results. One study found that female nurses had a higher intention to leave than male nurses [32], unlike the second study, which reported that male nurses had a higher intention to leave than female nurses [33]. The third study found that those who did not want to disclose their gender had a higher level of perceived job satisfaction [40]. A previous study also found no significant difference in mean job satisfaction scores between male and female nurses [41]. By contrast, many studies have reported a significant difference between nurses' gender and their levels of job satisfaction [42][43][44]. However, the results of these studies' results are varied. For example, Al-Ahmadi's study [42] found that female nurses had significantly lower job satisfaction than male nurses, including Saudi and expatriate nurses. Rajapaksa and Rothstein [43] conducted a study in the United States to examine the factors affecting male and female nurses' decisions to leave work. They found a higher rate of leaving among male nurses than among female nurses.

Some factors might lead to this discrepancy in the results. First, the perceptions of males and females regarding job satisfaction may differ. Second, comparing male and female perceptions is meaningfully challenging when one group is much smaller than the other.

4. The Impact of Professional Experience on Nurses' Level of Job Satisfaction

Regarding the years of experience, those nurses who had experience ranging from 5 to 10 years of experience had significantly higher job satisfaction compared to those who had experience ranging from 1 to 4 years [24], which is inconsistent with the findings of Ma et al. [45], who indicated nurses who had less than two years of experience had a higher level of job satisfaction compared to those who had experience of more than two years. In addition, a study conducted by Kacel et al. [46] in the United States, which investigated the job satisfaction of nurse practitioners, found that nurses who had recently graduated and had less practical experience were more satisfied than other nurse groups.

By contrast, the findings are compatible with Al-Aameri [47] and Almalki et al. [48], who reported that nurses with fewer years of experience were less satisfied than those with more experience. It is worth noting that the two studies addressed the variable of the years of experience among 994 non-Saudi nurses and only 9 Saudi nurses. Therefore, expatriate nurses who had extensive experience and felt satisfied had good knowledge of Saudi culture. Nurses who had fewer years of experience lacked an understanding of Saudi patients' culture. By understanding the patient's cultural background, nurses can help provide support and optimal healthcare, as it also helps to avoid misunderstandings between nurses, patients, and their families. Nevertheless, the SDOH framework explained the results well [29]. The findings showed how important it is for the Ministry of Health to promote and encourage foreign nurses' education while exposing them to Saudi Arabia's cultural and religious practices in healthcare delivery.

5. Nationality and Nurses Job Satisfaction

The findings of two studies assessed the relationship between job satisfaction and nationality and revealed that non-Saudi nurses had higher mean satisfaction scores than Saudi nurses. Many expatriate nurses leave their countries looking for a place to practice. These nurses look for work in developed countries, as they are well-trained, and most have experience and work in their own countries. However, some may leave their countries and families to work overseas due to economic crises. The prior studies of Al-Aameri ^[47], Al-Ahmadi ^[49], and Adams and Bond ^[50] are incompatible with the present findings, as they indicated that nationality did not affect job satisfaction.

It is worth noting that studies were conducted in two major cities in Saudi Arabia (Riyadh and Dammam). These two cities also have many Saudi nurses who left their original hometown and their families, and many of them pay rent for housing and do not have a means of transportation compared to non-Saudi nurses, who have free housing from their sponsor, which is the Ministry of Health, as well as secure means of transportation. However, these factors could be investigated further with the SDOH framework ^[29].

6. Job Satisfaction of Nurses by Education Level

It is found that those nurses who had (diplomas) were more satisfied than those who had higher levels of education (BSN, MSN, and Ph.D.), which is incompatible with Rambur et al. ^[51] and Tzeng ^[52] and Yin and Yang ^[53], who reported higher job satisfaction for those nurses who held higher educational levels than for those who had lower educational levels.

By contrast, the findings are consistent with Al-Ahmadi ^[42] and Lu et al. ^[26], who found that nurses with Bachelor's degrees demonstrated a high level of turnover intention and dissatisfaction, more so than those with lower levels of education. Moreover, Dunn et al. ^[54], Fang, ^[55], Hu and Liu ^[56], and Larrabee et al. ^[57] did not find any significant difference between job satisfaction and educational level.

Based on these contradictory results, there is no consensus regarding educational attainment and its relationship with job satisfaction or intent to leave. The inconsistency in the results may be attributed to the fact that researchers have similarities in the method of data collection and analyzing data using different statistics, which hinders elucidating the reasons for the differences in the results. Therefore, this is a gap in the literature that needs further investigation.

7. Marital Status

A significantly higher mean score of intention to leave among single nurses than for married nurses. The findings agree with a study by Ma et al. ^[58] in acute care hospitals in Taiwan, which reported that 71% of single nurses had the intention of leaving their jobs. Additionally, one study found that young single nurses were more likely to contemplate quitting their jobs than older nurses ^[51].

The independent variable, marital status, was associated with social support beliefs because married individuals received moral and social support from their families or co-workers more than unmarried individuals. Undoubtedly, one of the essential factors in nurses' professional status is marital satisfaction, which helps improve and decrease the work burden through continuing support and can, thus, enhance their quality of life, which reflects positively on their health status. This claim is in line with Amponsah's ^[59] findings, which indicate that a marriage can help prevent job stress and increase marital happiness. Therefore, policymakers in the Ministry of Health should develop strategies or solutions for improving social support for single nurses to ensure that nurses can be more satisfied. The results are well explained within the SDOH framework ^[29], as they highlight the necessary social cohesion among nurses, their families, and co-workers and how that might impact their job satisfaction.

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