



Original Article

The demographic predictors of job satisfaction among the nurses of a major public hospital in KSA

Hind I. Al-Haroon, MPH^a and Mona F. Al-Qahtani, PhD^{b,*}

^a Department of Internal Medicine, Dammam Medical Complex, Dammam, KSA

^b Department of Public Health, Imam Abdulrahman Bin Faisal University, Dammam, KSA

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المخلص

أهداف البحث: يلعب التمريض دوراً أساسياً في تقديم الرعاية الصحية دولياً. ويمكن أن تؤثر وظيفتهم بشكل كبير على جودة رعاية المرضى. تهدف هذه الدراسة إلى استكشاف مستوى الرضا الوظيفي، ودراسة تأثير المتغيرات الاجتماعية والديموغرافية الرئيسية (العمر، والجنس، ومستوى التعليم، وسنوات الخبرة، والراتب الشهري) على الرضا الوظيفي.

طرق البحث: أجريت دراسة وصفية كمية مستعرضة في مستشفى عام رئيس في الدمام، بالمملكة العربية السعودية خلال الفترة من أبريل إلى مايو ٢٠١٩. تم استخدام النسخة القصيرة من مقياس مينيسوتا للرضا الوظيفي المصانق عليه، وتم توزيع الاستبانة ذاتياً لعينة عشوائية نظامية من ٣٨٢ ممرض وممرضة. كما تم إدخال البيانات وتحليلها من خلال الحزمة الإحصائية للعلوم الاجتماعية وتمت مقارنة متوسط درجات الرضا الوظيفي عن طريق المتغيرات المستقلة باستخدام الاختبارات المناسبة.

النتائج: من بين ٣٨٢ مشاركاً، أجاب ٣٣٧ ممرضاً (معدل الاستجابة ٨٨٪). أغلب المشاركين (٨٥٪) من السعوديين. بشكل عام ٤٧.٧٪ من المستجيبين كانوا راضين، و ٢٢.٤٪ فقط كانوا غير راضين عن وظائفهم. كان المشاركون أكثر ارتباطاً للعوامل الجوهرية (الخدمات الاجتماعية، واستخدام القدرة، والسلطة، والنشاط) مقارنة بالعوامل الخارجية (وجود فرصة للتقدم الوظيفي والاعتراف والتعويض) المتعلقة بالجوانب الملموسة للوظيفة.

الاستنتاجات: كان لدى معظم الممرضين مستويات متوسطة من الرضا الوظيفي العام. وكان الرضا الوظيفي مرتبطاً بشكل إيجابي ببعض العوامل الشخصية، بما في ذلك عامل الذكورة، والجنسية غير السعودية، والسن المتقدم، بينما من مرتبطاً بشكل سلبي بالرواتب الشهرية العالية. عامل العمر والراتب الشهري من عوامل تنبأ الرضا الوظيفي. هناك حاجة إلى مزيد من الجهود من قبل سلطات الرعاية الصحية لزيادة الرضا الوظيفي للممرضين في المملكة العربية السعودية.

الكلمات المفتاحية: الرضا الوظيفي؛ الممرض؛ راتب التمريض؛ المملكة العربية السعودية؛ رعاية المرضى

Abstract

Objective: Nurses play fundamental roles in the delivery of health care services. Nurses' job satisfaction levels can have profound impacts on the quality of the care that they provide to patients. Accordingly, this study aimed to examine nurses' levels of job satisfaction and the impact of key demographic variables on this variable.

Methods: Between April and May 2019, a quantitative cross-sectional descriptive study was conducted in a major public hospital in KSA. The Minnesota Satisfaction Questionnaire short form was completed by a sample of 382 nurses who had been recruited using systematic random sampling. The data were entered into Statistical Package for Social Sciences (SPSS) spreadsheets and analysed using SPSS version 22. Demographic differences in mean satisfaction scores were examined using independent-samples t-test and analysis of variance. Finally, multiple linear regression analysis was conducted.

Results: Out of a total of 382 nurses who were invited to participate in this study, 337 responded (response rate = 88%), and almost 85% of them were Saudi nationals. Overall, 48% of the participants were satisfied, and only 22% of them were dissatisfied with their jobs. The participants were more satisfied with intrinsic than with extrinsic factors of a job.

Conclusion: Most nurses reported moderate levels of overall job satisfaction. Greater job satisfaction was related to demographic factors such as sex (i.e. male), nationality (i.e. Saudi), and age (i.e. older). Job satisfaction was negatively correlated with higher salary. Age and salary predicted the outcome variable. Health care

* Corresponding address: Department of Public Health, College of Public Health, Imam Abdulrahman Bin Faisal University, PO Box 2435, Dammam 31441, KSA.

E-mail: malqahtani@iau.edu.sa (M.F. Al-Qahtani)

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authorities should take more efforts to increase the job satisfaction of nurses in KSA.

Keywords: Job satisfaction; KSA; Nurses; Nurses' salary; Patient care

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Introduction

Nurses constitute an important pillar of the health care system. The stability of this pillar ensures the provision of high-quality and safe patient care and effective health care delivery. The World Health Organization has expressed its concerns about the suboptimal quality of health care services to leading health care providers and managers with great fanfare and these issues have received substantial media attention.¹ Given the increase in average life expectancy and the number of survivors of chronic conditions, there is a need for an adequate workforce of nurses.² The optimal performance of nurses relies upon the knowledge, competencies, job satisfaction,³ and organisational commitment of individual nurses.⁴ To ensure effective performance, institutional administrations should provide nurses with good working conditions that are likely to enhance their job satisfaction.^{5,6}

Job satisfaction can be defined in numerous ways. The oldest definition of job satisfaction, which is as follows, was proposed by Hoppock (1935)⁷: 'a combination of psychological, physiological and environmental circumstances that causes a person to say: I am satisfied with my job'. On the other hand, Wilson⁸ has defined job satisfaction as 'the extent to which needs are currently being met' at work. Nelson and Quick⁹ have defined it as 'a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences'.

Job satisfaction has emerged as a global concern, and it is a paramount concern within the nursing field. Job dissatisfaction results in a high rate of absenteeism. The shortage of nursing staff and high turnover rates among nurses are worsening at a worrisome speed, and they are likely to jeopardise the quality of patient care.^{10,11} Nurses' job satisfaction is fundamental, as it can help them improve their nursing skills, increase their productivity to an ideal level, and maintain an adequate nursing workforce.¹² In contrast, job dissatisfaction can cause them to experience negative feelings towards their profession and result in poor health care patient outcomes, which in turn can increase the length of hospitalisation and treatment costs. This may further increase turnover rates among nurses and exacerbate the shortage of nurses.¹¹

The nursing workforce is the backbone of any health care organisation; unfortunately, however, they are the most undervalued subgroup of health care providers, and their

concerns remain unheard.¹³ Job dissatisfaction among nurses can eventually lead to a gradual abrasion of this workforce, and it will be extremely challenging for the health sector to attract and recruit new nurses.

Many studies have recommended that the factors that promote job satisfaction should be examined so that work policies that meet employees' expectations can be developed. Many factors such as the pay scale, work environment, shortage of nursing staff, and high turnover rates among nurses influence the quality of care and productivity of hospitals.¹⁴ Al-Enezi et al.¹² have emphasised the need to examine the job satisfaction of nurses so that strategic employment plans that help retain staff and achieve an optimal level of patient care can be developed and implemented.

In a study that was conducted using Chinese and Korean samples (N = 1311),¹⁵ job satisfaction was found to increase with age. In contrast, a descriptive study that was conducted among 56 nurses who worked at a tertiary care centre in Pakistan yielded different findings. A Majority of the nurses were dissatisfied with their jobs because of the following reasons: a lack of autonomy and supervision, inadequate training and scope for improvement, poor working conditions, burnout, and an extremely low pay.¹⁶

Al-Dossary et al.¹⁷ found that nurses' job satisfaction is correlated with quality of supervision, their relationships with their colleagues, and the nature of their work. Further, Zaghoul and his colleagues¹⁸ found that the nurses who participated in their study were dissatisfied with the benefits that were offered by health care facilities, a lack of recognition of their achievements, and hospital policies. Across different hospitals in KSA,¹² job satisfaction has been found to be related to variables such as age, sex, nationality, marital status, monthly pay, and tenure.

Job satisfaction is a multifaceted construct, and different factors gain importance in different contexts, thereby yielding inconsistent results. Thus, even though many past studies have been conducted in KSA, the factors that impact job satisfaction have not been comprehensively examined.

The main objective of this study was to ascertain the level of job satisfaction and impact of key demographic factors on job satisfaction among Saudi and non-Saudi nurses who were working in a public hospital in Dammam. It is hoped that the results of this study contribute to the literature on job satisfaction and help policymakers develop feasible long-term strategies to retain nurses and improve their performance.

Materials and Methods

Study setting

This quantitative cross-sectional descriptive study was conducted in a major public hospital in Dammam, KSA, between April and May 2019. The hospital had all adult medical and surgical specialties, a capacity of 400 beds, and seven outpatient clinics. It also had five specialised centres: Nephrology, Cardiology and Surgery, the Center for Diabetes, Ophthalmology, and Endocrinology, Physiotherapy and Dental Center, and Tuberculosis Center. Systematic random sampling was used to recruit participants. To

estimate the required sample size, it was assumed that 50% of the nurses possessed adequate nursing knowledge and experience in their current working environment; thus, using specifications of a 5% level of precision and 5% level of significance, the required sample size was estimated to be 382.

The sampling interval, which was calculated by dividing the total number of registered nurses who were working at the target hospital ($N = 1211$) by the required sample size ($n = 382$), was 3.17. A number between 1 and 3 was selected from the random number table (i.e. 2) for the first nurse. Every third nurse who was listed in the nursing manpower database of the nursing staffing subsection of the Human Resources Office was selected. All the participants were full-time English-speaking registered nurses with more than one year of nursing experience. A two-part self-administered assessment was used in this study. Section **Introduction** assessed the following demographic characteristics: sex, marital status, nationality, educational level, age, salary range, and years of nursing experience. Section **Materials and Methods** comprised the short version of the previously validated 20-item Minnesota Satisfaction Questionnaire (MSQ).¹⁹ We drew inferences about the validity of this short version based on the reported validity of the original assessment.¹⁹ This short version of the MSQ assessed intrinsic (i.e. how individuals feel about their work duties) and extrinsic job satisfaction (i.e. how individuals feel about the aspects of their working conditions that are external to the work itself).²⁰ Responses to each item were recorded on a Likert-type scale²¹ that ranged from 1 (very dissatisfied) to 5 (very satisfied). Extrinsic, intrinsic, and general job satisfaction scores were calculated by summing the corresponding subscale item scores. A total of 12 (i.e. 1, 2, 3, 4, 7, 8, 9, 10, 11, 15, 16, and 20), 6 (i.e. 5, 6, 12, 13, 14, and 19), and two items (i.e. 17 and 18) measured intrinsic, extrinsic, and general job satisfaction, respectively. The overall job satisfaction score was calculated by summing the individual scores of all the 20 items. This scale has demonstrated adequate test-retest reliability (0.70–0.89) and factorial validity.¹⁹

A pilot study was conducted to test the feasibility and applicability of the short version of the MSQ. Twenty registered nurses who worked at another public hospital in Dammam were surveyed. They took 10–15 min to complete the assessment; their responses were not included in the main data.

The data were entered into Statistical Package for Social Sciences (SPSS) spreadsheets and analysed using SPSS version 22. Descriptive statistics (i.e. frequencies and summary statistics) were computed. Independent-samples t-test and analysis of variance (ANOVA) were used to examine demographic differences in job satisfaction. Regression analysis was used to identify the predictors of job satisfaction. Results with a p-value < 0.05 were considered to be statistically significant. Mean overall job satisfaction scores were classified as low (i.e. 2.00–2.99), moderate (i.e. 3–3.99), and high (i.e. > 4).²²

Results

Out of a total of 382 eligible nurses who were approached, 337 responded, thereby resulting in a response rate of 88%.

Table 1 shows the demographic characteristics of the participants. Approximately 87% of them were women, and only 13.4% of them were men. With regard to age, a majority of the participants (61.4%) were between the ages of 30 and 39 years, followed by 31.5% of them who were between the ages of 20 and 29 years; only 7.1% of them were older than 40 years. Approximately two-thirds of them were married, and most of them (85%) were Saudi nationals. Two-thirds of the participants had a nursing diploma, 31.2% of them had a bachelor's degree, and only 0.9% of them had a master's degree. More than half of them earned a monthly salary of more than 10,000 Saudi Riyal (SR), 38% earned a salary that ranged from 5,000-9,999 SR, and only 3.9% earned a salary that ranged from 2,500-4,999 SR. Approximately 53% of the participants had 5 to 9 years of nursing experience, and 23% of them had 10 to 14 years of nursing experience.

The internal consistency of the short version of the MSQ was determined by computing Cronbach's alpha coefficients (i.e. reliability analysis) (**Table 2**). The alpha coefficients that emerged for the MSQ and its three subscales ranged from .845 to .701. Since these coefficients were > 0.70 , the MSQ and its subscales were considered to be reliable.

Table 1: Descriptive statistics for the demographic characteristics of the participants (N = 337).

Demographic characteristics	Frequency	Percentage	
Sex	Male	45	13.4%
	Female	292	86.6%
Age	20 - 29 years	106	31.5%
	30 - 39 years	207	61.4%
	≥ 40 years	24	7.1%
Marital Status	Single	120	35.6%
	Married	217	64.4%
Nationality	Saudi	286	84.9%
	Non-Saudi	51	15.1%
Educational level	Nursing diploma	229	68%
	Bachelor's degree	105	31.2%
	Master's degree	3	.9%
Monthly salary	2500 - 4999 SR	13	3.9%
	5000 - 9999 SR	128	38%
	$\geq 10,000$ SR	196	58.1%
	Years of nursing experience		
Years of nursing experience	1 - 4 years	60	17.8%
	5 - 9 years	178	52.8%
	10 - 14 years	77	22.9%
	≥ 15 years	22	6.5%

Table 2: Descriptive statistics and reliability coefficients for the short version of the Minnesota satisfaction questionnaire and its subscales.

Scale and subscales	Mean	SD	Number of items	Reliability coefficient
Intrinsic job satisfaction	3.36	.523	12	.754
Extrinsic job satisfaction	3.14	.681	6	.701
General job satisfaction	3.05	.914	2	.768
Overall job satisfaction	3.30	.517	20	.845

SD = standard deviation.

Table 3: T-test results for demographic differences in the overall job satisfaction of nurses.

			Mean (SD)	t	P	95% Confidence intervals	
						Lower	Upper
Overall job satisfaction	Sex	Male	3.44 (.575)	2.004	.046	0.003	0.327
		Female	3.27 (.505)				
	Marital status	Single	3.26 (.511)	-1.046	.296	-0.177	0.541
		Married	3.32 (.519)				
	Nationality	Saudi	3.26 (.518)	-2.675	.008	-0.361	-0.055
		Non-Saudi	3.47 (.568)				

Table 4: Analysis of variance results for demographic differences in the overall job satisfaction of nurses.

Overall job satisfaction		Mean	SD	F	P
Educational level	Nursing diploma	3.28	.506	.335	.716
	Bachelor's degree	3.32	.547		
	Master's degree	3.45	.150		
Age	20 - 29 years	3.16	.539	6.445	.000
	30 - 39 years	3.33	.496		
	≥40 years	3.66	.416		
Monthly salary	2500 - 4999 SR	3.45	.353	2.848	.038
	5000 - 9999 SR	3.38	.525		
	≥10,000 SR	3.23	.512		
Years of nursing experience	1 - 4 years	3.32	.449	1.907	.128
	5 - 9 years	3.24	.544		
	10 - 14 years	3.39	.493		
	≥15 years	3.40	.511		

Table 5: Frequency distribution of nurses' responses to the short version of the Minnesota satisfaction questionnaire (N = 337).

(1 + 2 = strongly dissatisfied + dissatisfied = dissatisfied; 3 = neutral; 4 + 5 = satisfied + strongly satisfied = satisfied)

Scales of Job Satisfaction	SN	Items	Dissatisfied n (%)	Neutral n (%)	Satisfied n (%)
Intrinsic satisfaction	1	Being able to keep busy all the time	56 (17.2%)	74 (22%)	205 (60.8%)
	2	The chance to work alone on the job	67 (19.9%)	96 (28.5%)	174 (51.6%)
	3	The chance to do different things from time to time	56 (12.5%)	93 (29.4%)	188 (55.8%)
	4	The chance to be somebody in the community	42 (12.5%)	99 (29.45%)	196 (58.2%)
	7	Being able to do things that don't go against my conscience	70 (20.8%)	106 (31.5%)	161 (47.8%)
	8	The way my job provides for steady employment	91 (27%)	103 (30.6%)	143 (42.4%)
	9	The chance to do things for other people	35 (10.4%)	87 (25.8%)	215 (63.8%)
	10	The chance to tell people what I do	30 (8.9%)	107 (31.8%)	200 (59.3%)
	11	The chance to do things that makes use of my abilities	27 (8%)	103 (30.6%)	207 (61.4%)
	15	The freedom to use my own judgement	114 (33.8%)	107 (31.8%)	116 (34.4%)
	16	The chance to try my own methods of doing the job	95 (28.8%)	118 (35%)	124 (36.8%)
Extrinsic satisfaction	20	The feeling of accomplishment I get from the job	55 (16.3%)	98 (29.1%)	184 (54.6%)
	5	The way my boss handles his/her workers	72 (21.4%)	84 (24.9%)	181 (53.7%)
	6	The competency of my supervisor in making decision	68 (20.2%)	112 (33.2%)	157 (46.6%)
	12	The way company policies are put into practice	91 (27%)	112 (33.2%)	134 (39.8%)
	13	My pay and the amount of work I do	106 (31.5%)	100 (29.7%)	131 (38.9%)
	14	The chance for advancement on this job	100 (29.7%)	118 (35%)	119 (35.3%)
General	19	The praise I get for doing a good job	121 (35.9%)	89 (36.4%)	127 (37.7%)
	17	The working conditions	127 (37.7%)	103 (30.6%)	107 (31.8%)
Overall job satisfaction	18	The way my co-workers get along with each other	83 (24.6%)	106 (31.5%)	148 (43.9%)
			1506 (22.4%)	2015 (22.9%)	3217 (47.7%)

SN: item number, SD: standard deviation, N: number of participants.

Tables 3 and 4 present the results of independent-samples t-test and ANOVA, which were conducted to examine demographic differences in job satisfaction, respectively.

Table 5 presents the frequency distribution of nurses' responses to the short version of the MSQ. The 5-point rating scale was transformed into a three-point scale by

Table 6: Results of regression analysis of the predictors of overall job satisfaction.

Variable	Standardised coefficients (β)	Standard error	t	P
Sex	-.106	.083	-1.940	.053
Age (years)	.200	.053	3.228	.001
Marital status	.041	.058	.754	.451
Nationality	.020	.107	.275	.783
Education level	.054	.066	.867	.386
Monthly salary	-.160	.058	-2.361	.019
Years of nursing experience	.033	.043	.490	.624

Dependent variable: overall job satisfaction. $R = .296$, $R^2 = .088$, adjusted $R^2 = .068$.

Bold indicates significant results.

recoding 'very satisfied' as 'satisfied' and 'very dissatisfied' as 'dissatisfied'.

Regression analysis: overall job satisfaction

Linear regression analysis was conducted to examine whether sex, age, marital status, nationality, educational level, monthly salary, and years of nursing experience predict overall job satisfaction (Table 6). The results showed that sex, marital status, nationality, educational level, and years of nursing experience were not significant predictors ($P > 0.05$) of overall job satisfaction.

Age ($\hat{\alpha} = 0.200$, $t = 3.228$, $P = 0.001$) and monthly salary ($\hat{\alpha} = -.160$, $t = -2.361$, $P = 0.019$) were significant predictors of job satisfaction. A significant regression equation emerged ($F = 4.509$, $P < 0.05$), and the corresponding R^2 value was 0.088. This indicated that only 9% of the variance in overall job satisfaction was explained by age and monthly salary; conversely, 91% of the variance was attributable to other factors.

Discussion

This study aimed to ascertain the level of job satisfaction and impact of key demographic variables on job satisfaction among the nursing staff of a major public hospital in Dammam, KSA. In general, 47.7% of the participants were satisfied with their jobs, and only 22.4% were dissatisfied with their jobs; this indicates that, on average, nurses were moderately satisfied with their job. This observation is consistent with the findings of past studies that have been conducted in KSA.^{4,23,24} The findings also indicated that nurses were more satisfied with intrinsic factors than with extrinsic factors. This finding is consistent with the results of the study that Salem et al. conducted in Jeddah, KSA.²⁴

There was a significant sex difference in overall job satisfaction. Men obtained higher job satisfaction scores than women did (Table 3), and this observation concurs with the findings of the studies that have been conducted in Riyadh and Makkah, KSA.^{4,5} This finding is attributable to the contribution of the 'status shield',²⁵ which is a term that was coined by Hochschild (1983), to the management of emotional labour in the workplaces. Nurses who are in charge of dependents have been found to be less satisfied with their jobs because they face undue pressures from their communities and do not receive adequate help with caregiving tasks, which further contributes to the

mismanagement of emotional labour.²⁶ Additionally, there was a significant difference in job satisfaction between Saudi and non-Saudi nurses. Non-Saudi nurses obtained higher mean satisfaction scores than Saudi nurses did. There are two possible explanations for this finding. First, Saudi nurses may have high job expectations, which may not be adequately fulfilled, and this can adversely impact their level of job satisfaction. Second, negative societal attitudes toward the nursing profession are prevalent in KSA.^{4,12,27-31} It is hoped that these findings create awareness about the following issues among the decision makers of the Ministry of Health and Ministry of Education: (a) the potential impact of job dissatisfaction among nurses on their recruitment and retention and (b) the need for efforts to encourage Saudi nationals to pursue a career in nursing to address the shortage of nurses. The resultant changes may help stabilise the health care workforce in KSA.

Table 4 presents the results of ANOVA. There was a significant age difference in overall job satisfaction. Nurses whose ages were ≥ 40 years obtained higher scores than their younger counterparts.

In contradistinction to the present findings, another study that was conducted in KSA did not find a significant association between job satisfaction and age.⁵ However, our finding concurs with the findings of past studies that have been conducted in England³¹ and Australia,²⁹ thereby supporting the contention that older nurses tend to be more satisfied with their jobs. More experienced nurses have been found to be more satisfied with their activities than less experienced nurses are.²⁷ Moreover, 37.7% of the participants were dissatisfied with their working conditions. This finding is consistent with the results of an illustrative correlational research study that was conducted in two states in the United States (i.e. Illinois and Iowa) using a sample of 289 nurses.³² Specifically, the findings revealed that working hours and locations were the primary demographic factors that determined nurses' levels of job satisfaction. Another extensive investigation³³ on nurses' job satisfaction was conducted among 43,329 enlisted nurses who were working in 711 adult intensive care units across five nations: Canada (17,450), the United States (13,471), England (5,006), Scotland (4,721) and Germany (2,681). The highest job frustration rates emerged for the United States (41%), followed by Scotland (38%), the United Kingdom (36%), Canada (33%), and Germany (17%).

With regard to the items that assessed intrinsic satisfaction, it can be inferred from Table 5 that approximately two-thirds of the nurses were satisfied with social services (e.g. the extent to

which their job allowed them to help others). Approximately three-fifths of the nurses were satisfied with the level of ability utilisation (e.g. 'The chance to do things that makes use of my abilities'; 61.4%) and work activities (e.g. 'Being able to keep busy all the time'; 60.8%). These results concur with the findings of studies that have been conducted in Africa (69%)³⁴ and Malawi (73%),³⁵ whereby participants cited helping sick patients as a source of job satisfaction. On the other hand, a large percentage of the participating nurses were dissatisfied with their level of responsibility (e.g. 'The freedom to use my own judgement'; 33.8%) and opportunities to be creative (e.g. 'The chance to try my own methods of doing the job'; 28.8%).

An analysis of the responses that the nurses had provided to the items that assessed extrinsic satisfaction (Table 5) revealed that more than half of the nurses were satisfied with the relationships that they shared with their supervisors (e.g. 'The way my boss handles his/her workers'; 53.7%). Approximately 47% of the nurses were satisfied with the level of technical supervision that they had received (e.g. 'The competency of my supervisor in making decision'). On the other hand, a large percentage of the nurses were dissatisfied with their level of recognition (e.g. 'The praise I get for doing a good job'; 35.9%) and compensation (e.g. 'My pay and the amount of work I do'; 31.5%). In another descriptive study that was conducted among nurses who were working in naval and military emergency clinics in the United States, job satisfaction was found to be positively related to special prizes, managerial support, and college collaboration.³⁶ Another study that was conducted in this region found that remuneration, working conditions, and institutional policies were related to job satisfaction among nurses.¹⁴

With regard to the items that assessed general job satisfaction, 44% of the nurses reported that they were satisfied with their co-workers (e.g. 'The way my co-workers get along with each other'), but 37.7% of them were dissatisfied with their working conditions (e.g. 'The working conditions'). According to the existing literature, a majority of nurses tend to be satisfied with the aspects of their jobs that pertain to helping others and utilising their abilities but dissatisfied with factors such as compensation, recognition, responsibility, and working conditions.²⁴ The present findings have practical implications because they suggest that the job satisfaction of nurses who work in public hospitals can be enhanced by improving their working conditions.

Job satisfaction was positively related to demographic characteristics such as sex (i.e. male), nationality (i.e. non-Saudi), and age (i.e. older) and negatively related to monthly salary (i.e. higher).^{17,24,37} Further, nurses who earned monthly salaries that ranged from 2500 to 4999 SR were the most satisfied group, whereas those who earned more than 10,000 SR were the least satisfied group. This unexpected finding may be attributable to the educational qualifications of the nurses. Nurses who earned more than 10,000 SR may have had higher educational qualifications; consequently, they may have had higher job expectations, which may have adversely affected their level of job satisfaction. In general, the findings revealed that older nurses tended to report greater job satisfaction and value intrinsic rather than extrinsic factors. The results of regression analysis revealed that age and monthly salary were the only demographic characteristics that significantly

predicted job satisfaction. These findings have implications for human resources management policies. Specifically, the nursing staff of public hospitals should be adequately compensated, and the workload of senior and junior nurses should be reduced to enhance their level of job satisfaction.

Study limitation

The sample used in the present study consisted of only the nurses who worked at the target public hospital in Dammam, KSA; therefore, this limits the generalisability of the present findings.

Conclusion

Nurses constitute an important pillar of the health care system, and this pillar should be reinforced and strengthened by enhancing nurses' job satisfaction. By addressing the status shield, introducing reward and recognition programmes, implementing conducive working hours, and facilitating satisfactory supervisor–subordinate relationships, the attrition rate among nurses can be lowered. In this study, the sources of job dissatisfaction were primarily related to compensation, recognition, responsibilities, and working conditions. This finding is encouraging because it is easier to improve extrinsic conditions than to improve intrinsic factors.

Recommendations

To improve the overall job satisfaction of nurses in this region, decision makers and health care authorities should improve extrinsic factors (e.g. increasing nurses' wages, providing bonuses for the completion of additional tasks, conducting training and educational programmes, and treating the nursing workforce as an important resource that must be cared for adequately). This can be achieved by portraying the nursing profession as a noble career and delineating the vital roles that nurses play in society; this will foster a culture of appreciation for this important workforce.

Further research on the job satisfaction of nurses who work in various public and private medical institutions should be conducted to address the limitations of the present study and extend the present findings. The resultant findings can be used to design strategies to improve and maintain a high level of job satisfaction, commitment, and performance among nurses who work in the health care sector in KSA.

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Conflict of interest

There is no conflict of interest.

Ethical approval

Ethical approval to conduct this study was obtained from the Institutional Review Board (PGS-2019-03-233) of Imam

Abdulrahman Bin Faisal University in KSA. All the participating nurses were informed about the objectives of the study, the voluntariness of their participation, and their right to withdraw from the study at any time. Written consent was obtained from each participant.

Authors contributions

HH conceptualized this study, developed the research methodology, collected and analysed the data, and wrote the original draft of the manuscript. MFQ supervised the research process, conceptualized this study, and wrote, reviewed, and edited the manuscript. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

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