# Job satisfaction among Saudi Critical Care Nurses in Mecca, Saudi Arabia: Perceptions of what matters

**Submitted by**

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# Abstract

This research aimed to explore factors contributing to Saudi critical care nurses' job satisfaction in Saudi Arabia. A qualitative research design was used, namely, interpretive description approach, to explore the perceptions of Saudi critical care nurses about factors influencing their job satisfaction. The data were collected through semi-structured, in-depth interviews in order to gain detailed explanation of the participants' opinions, feelings and experiences. The target population for this research were seven Saudi nurses working in intensive care and critical care units in Mecca region, Saudi Arabia. In order to overcome the problem of national nursing shortage and turnover, along with dissatisfaction, Saudi nurses' satisfaction in their profession is important. This is especially so in critical care units as nurses there deal with severely ill patients and stressful environment. Overall most nurses were dissatisfied with aspects of their profession. A number of factors influenced their job satisfaction such as work environment, payment, long working hours, relationships, leadership and foreign head nurses.

It is hoped that findings of this study provide vision for policymakers on how nurses' satisfaction may impact on nursing recruitment and turnover and decrease the nursing shortages.

## Declaration

I declare that this thesis entitled **"*Satisfaction among Saudi Critical Care nurses in Saudi Arabia: Perceptions of what matters*"** written by me except as cited in the references and acknowledgement and submitted by me to School of Nursing and Midwifery, Faculty of Medicine, Nursing and Health Sciences (Monash University). This thesis is the requirement for the degree of **Master in Nursing Education.** This thesis has not been previously submitted for other academic award. Ethical consideration has been followed at every stage in this thesis.

Signature: Omnia Bashehab

Date: March 2016

## Dedication

First of all I gratefully thank Allah for inspiring and helping me to complete this thesis.

I dedicate my work to those people who supported me, encouraged me and were there for me: to my great super hero parents, my lovely sister and brothers, and my friends.

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## List of Abbreviations

| | |
|---|---|
| BSN | Bachelor of Science in Nursing |
| CDSI | Central Department of Statistics and Information |
| MOH/ MoH | Ministry of Education |
| MOHE/ MoHE | Ministry of Higher Education |
| WHO | World Health Organisation |

# Chapter 1: Introduction

## 1.1. Background

Nurses' job satisfaction is an important topic and has been discussed widely because it is crucial not just for health care providers, but also for patients and the whole organisation. Robbins, Judge, Millett and Waters-Marsh (2008) defined 'job satisfaction' as "a positive feeling about one's job resulting from an evaluation of its characteristics" (p. 79). Job satisfaction is important as it influences nurses' performance, absenteeism, productivity, recruitment, retention and organisation commitment (Castaneda & Scanlan, 2014). As nurses' job satisfaction increases, the probability of leaving their work setting decreases (Zaghloul, Al-Hussaini & Al-Bassam, 2008). Nurses' job satisfaction has been linked with improving patient outcomes and satisfaction (Hayes, Bonner & Pryor, 2010). On the other hand, nurses' job dissatisfaction can result in problems that affect nurses, patients and the organisation. These problems according to Asegid, Belachew and Yimam (2014) and Zaghloul et al. (2008), include poor work performance, decreased productivity, patient dissatisfaction and staff turnover which lead to nursing shortage. In addition to nursing shortage, increasing the demand for nurses and healthcare providers, growing population and the percentage of people over 65 years are main factors contributing to nurses' job dissatisfaction (Purdy, Laschinger, Finegan, Kerr & Olivera, 2010). In short, nurses who are satisfied with their job tend to stay in their professional roles and perform better (Castaneda & Scanlan, 2014).

Globally, nursing shortage and staff turnover continue to be important issues for health care systems. According to Oulton (2006), shortage of nurses illustrates "an imbalance between

demand for employment and the available supply" (p. 34S). Whereas, Robbins et al. (2008) described turnover as "the voluntary and involuntary permanent withdrawal from an organization (p. 25). Many countries are concerned about these issues, including Saudi Arabia (Oulton, 2006). As Purdy et al. (2010) reported in Australia, to meet the demand for nursing services, an extra 13,500 nurses will be needed every year for 10 years; while in Canada, by 2016, the nursing shortage is predetermined to be 113,000. They also cited that in the USA, the estimated nursing workforce will be 20% below requirement by 2020. Given these factors, nurses' job satisfaction is a topic that is worthy of study to ensure that nurses deliver high quality care.

### 1.2. Saudi Arabia

The Kingdom of Saudi Arabia is the largest country in the Middle East, covering approximately 2.25 million square kilometres (Al-Dossary, Vail & Macfarlane, 2012). The Kingdom is recognised geographically in the southwest corner of Asia, at the crossway of Europe, Asia and Africa and bordered by Iraq and Kuwait to the north, Yemen to the south and Oman, the United Arab Emirates and Qatar to the east (Central Department of Statistics and Information of Saudi Arabia, 2013). According to the Central Department of Statistics and Information of Saudi Arabia (2013), the Saudi Arabian population had reached 29.1 million in 2012, involving 9.3 million internationals. The Kingdom is an Islamic monarchy in which the official religion is Islam and almost all residents are Muslims. People in Saudi Arabia speak Arabic which is the language that the holy Quran (the Muslim holy book) is written in and Prophet Mohammed (peace be upon him) spoke. The economy of Saudi Arabia changed positively after the discovery of oil and this affluence impacted on the health, education and lifestyle of its citizens. Saudi Arabia is considered one of the largest petroleum reserves in the world (Aldossary, While & Barriball, 2008).


*Figure 1.1:* Saudi Arabia provinces and main cities map.

Source: Royal Embassy of Saudi Arabia (2013).

As demonstrated on the above map, Saudi Arabia is divided into 13 regions: Riyadh (the capital city), Makkah, Madinah, Qasim, the Eastern Province, Asir, Tabouk, Hail, the Northern Border, Jizan, Najran, Baha and Al-Jouf, and all regions include cities, towns and villages (Central Department of Statistics, 2012). As the Royal Embassy of Saudi Arabia (2013) points out, in Saudi Arabia, the climate varies from one province to another. In the summer, the temperature in some areas can reach over 110 degrees Fahrenheit, while during winter, the temperature can drop below freezing in the north and central parts of the country.

The health care system in Saudi Arabia is developing very fast, especially in the field of nursing (Al-Dossary et al., 2012). The government has devoted massive resources to enhancing the health care system, providing free and accessible health care services for Saudi people and migrant workers who work in the public sector, while employers are sponsored for migrant workers working in the private sector (Aldossary et al., 2008). The Saudi government spends greatly to improve the health care system and supporting health care services. Aldossary et al. (2008) cited that in 2005, the total expense on health of gross domestic product (GDP) was 3.8% with 77.9% from government expense and 22.9% from private expense. Hence, Saudi Arabia is expanding and growing in all disciplines.

### 1.3. Nursing in Saudi Arabia

The field of nursing in Saudi Arabia has had a long history. It began 14 centuries ago, when at the time during Prophet Mohammed (peace be upon him), Rufaida Al-Asamiyla led a group of Muslim women to provide first aid, water and protect the wounded armies during the holy wars (Miller-Rosser, Chapman & Francis, 2006). Saudi Arabia is concerned about nursing and nursing education. Nursing education in Saudi Arabia is developing gradually. It started from a limited and basic program for males through collaboration between the Ministry of Health and World Health Organisation (WHO) in 1958 in Riyadh. Latest percentages show in 2006, 28% of Saudi nurses had graduated with master degrees and seven with doctorates, while 67% graduated from Health Institutes, 30% from Junior Colleges and 3% from Bachelor Science in Nursing (BSN) programmes (Abu-Zinadah, 2006; Aldossary et al., 2008).

Saudi Arabia is advanced and growing rapidly in all disciplines, particularly in nursing, hence shortage of Saudi nurses is a concern. The nursing workforce in Saudi Arabia depends mainly on international nurses who are recruited from different countries because of the small number of Saudi nurses (Al-Dossary et al., 2012). These nurses are recruited from more than 40 different countries, including United Kingdom, Australia, North America, Malaysia, South Africa and other Middle East countries (Aldossary et al., 2008). The nursing shortage in Saudi Arabia can affect the productivity of the health care system because Saudi nurses who speak the Arabic language can communicate with patients easily due to understanding the language and the working culture it has the potential to enhance care. According to Abu-Zinadah (2006) as a result of nursing shortage, Saudi Arabia needs 25 years to train Saudi nurses to cover 30% of the nursing labour requirements. Therefore, it is crucial to examine factors that improve nurses' job

satisfaction and ability to administer high quality of care, in order to retain Saudi nurses in the workforce.

### 1.4. Mecca

Mecca, also called Makkah, is located in the Red Sea region of Hejaz, 43 miles east from Jeddah, in western Saudi Arabia. It is the most popular city in Saudi Arabia and recognised as the holy city of Islam, as it the place where Prophet Mohammad (peace be upon him) was born and Islam emerged (Royal Embassy of Saudi Arabia, 2013). Mecca is considered one of the most visited cities, not just in Saudi Arabia, but in the world. According to the Central Department of Statistics (2012), every year almost two million Muslims from all parts of the world visit Mecca to undertake the biggest Islamic pilgrimage which is called Hajj.

The government has dedicated major attention to serve national and international people in Mecca, especially during Al-Hajj season and Ramadan. In Mecca there are seven hospitals, forty one medical centres and clinics and seven ambulance centres related to the government, and seven hospitals, forty medical centres and private clinics to meet people's health needs (Royal Embassy of Saudi Arabia, 2013). Based on that, it is imperative to perceive nurses' job satisfaction and analyse factors contributing to it to improve their ability to work and administer high quality patient care.

### 1.5. Critical care unit

Critical care areas, including intensive care are highly stressful. Nurses who work in those areas endure many stressors such as frequent death and dying, sophisticated technology (Shorter & Stayt, 2010) and high demands, not just from patients, but also from their relatives (AbuAl Rub, 2004). Nurses in intensive care and critical care units deal with critically ill patients who come

with severe conditions and need special care. This stressful environment can affect nurses' quality of care, communication with patients' relatives and staff turnover (Myhren, Ekeberg & Stokland, 2013). Consequently, it is critical to comprehend and explore factors that enhance nurses' job satisfaction and ability to administer high quality care.

### 1.6. Statement of the Problem

In Saudi Arabia, the health care system is developing and improving very fast. Nevertheless, a review of the literature indicates that there is a significant shortage of Saudi nurses. This shortage has become a challenging issue which needs to be solved. There are relatively small numbers of Saudi nurses working in the health care system and large numbers of the nurses come from other countries (Al-Dossary et al., 2012). Saudi Arabia is highly dependent on expatriate nurses who speak different languages, and English language is not the first language for many and they are not proficient in Arabic either (Aldossary et al., 2008). They also come from cultures that are very different from Saudi Arabia. This can result in many problems such as providing poor quality of care, and conflict with patients related to different cultures (Almalki, FitzGerald & Clark, 2012).

Nursing job satisfaction is essential to reduce nursing shortage, turnover and encourage Saudi nurses to enter the nursing profession. Job dissatisfaction is a prime cause of nursing turnover (Hayes et al., 2010), and decreases the standards of nursing care (Zaghloul et al., 2008). In contrast, nurses' job satisfaction is connected with increased patient care, increased nursing productivity (Castaneda & Scanlan, 2014), and positive patient outcomes (Hayes et al., 2010).

A review of available research suggests that there are multiple variables that contribute to nurses' job satisfaction. These variables involve, but are not restricted to, salary, education,

empowerment, leadership and work environment (Castaneda & Scanlan, 2014; Purdy et al., 2010). According to Shorter and Stayt (2010), in intensive and critical care units, patients have severe conditions and are considered very stressful areas. As intensive care and critical care units are very important areas that need special attention, the nurses in these areas need to be satisfied to deliver high quality care.

Saudi Arabia needs to recruit and retain Saudi nurses in order to reduce the nursing shortage and turnover. Analysing and identifying factors that influence Saudis nurses' job satisfaction can aid the Ministry of Health (MoH) by providing clear information about what makes Saudi national nurses feel satisfied, especially in intensive and critical care units. In addition, this research can influence Saudis to enter the nursing profession in Saudi Arabia.

### 1.7. Purpose of the study

The purpose of this study was to explore Saudi nurses' job satisfaction. Particularly, this study provides insight and investigates the factors influencing job satisfaction among Saudi nurses who worked in intensive and critical care units in Mecca. The study examined these factors under three prime areas: intrapersonal, interpersonal and extrapersonal by focusing on factors that nurses determined as essential. Intrapersonal factors refer to those factors related to the nurses, for instance, their age and educational preparation (Hayes et al., 2010). Interpersonal factors are those factors existing between nurses and colleagues, such as autonomy, and professional relationship (Castaneda & Scanlan, 2014), while extrapersonal factors are described by Hayes et al. (2010) as external characteristics that can positively affect nurses' job satisfaction, for example, pay and educational opportunity.

Moreover, analysing those factors may assist by providing useful information that can develop and enhance job satisfaction, which will in turn improve nurses' creativity, productivity and patient care. The study contributes to a lack of related studies in the areas of intensive care and critical care units and the absence of studies exploring this problem in Mecca.

### 1.8. Significance and Aims of the Study

This research aimed to explore factors that contribute to Saudi critical care nurses' job satisfaction in Saudi Arabia by focusing on three major areas: intrapersonal, interpersonal and extrapersonal. In addition, this research focused on nurses who worked in intensive and critical care units. Globally, there is much research under the subject of nursing job satisfaction and much has investigated the factors which influence nurses' job satisfaction in different countries (Aldossary et al., 2008; Castaneda & Scanlan, 2014; Hayes et al., 2010; Li & Lambert, 2008; Morgan & Lynn, 2009; Utriainen & Kyngas, 2009; Zaghloul et al., 2008).

The significance of this study is its attempt to comprehend nurses' job satisfaction, analyse the factors contributing to nurses' job satisfaction in order to improve their productivity and creativity and encouraging them to not leave their careers. In particular, these study findings can have direct association with Saudi local nurses and the nursing profession and can decisively encourage individuals to consider undertaking nursing employment in Saudi Arabia. The MOH has committed attention to nursing shortages in Saudi Arabia as it is the prime source of Saudi health care services that are administered by the government (Aldossary et al., 2008). This study aimed to provide vision for Ministry of Health policymakers that nurses' satisfaction may have impact on nursing recruitment and turnover.

### 1.9. Research Question and study design

The question that this study aimed to address is: What are the factors contributing to job satisfaction among Saudi nurses working in intensive care and critical care units in Mecca? A qualitative research design was used, namely, interpretive description approach, to explore the perceptions of Saudi nurses about factors influencing their job satisfaction. Data were collected by semi-structured, in-depth interviews in order to gain much detailed explanations of the participants' opinions, feelings and experiences. The target population were Saudi nurses working in the intensive and critical care units in Mecca region, Saudi Arabia.

### 1.11. Structure of the Thesis

This thesis consists of six chapters as described below.

**Chapter 1.** In this chapter an introduction to the study and general overview of the thesis has been provided, involving general background and the location of the study, a comprehensive picture of nursing in Saudi Arabia and intensive and critical care units. Furthermore, it also presented a statement of the problem, purpose, significance and aims of the study and the research questions, a brief summary of the study design and definition of terms used in the thesis.

**Chapter 2.** This chapter reviews literature relating to the study question, both nationally and internationally. It includes nursing education and workforce in Saudi Arabia, nature of work in a critical care unit and identifying factors that influence nurses' job satisfaction.

**Chapter 3.** In this chapter, the study design and methods are described. The study setting, sampling strategy, rigour of the study, ethical considerations and the process of study governance and ethical review are presented.

**Chapter 4.** This chapter provides a general overview of the study results under three emergent themes.

**Chapter 5.** The final chapter is divided into two sections. The first section discusses the study results and how intrapersonal, interpersonal and extrapersonal factors affected Saudi nurses' job satisfaction in the context of existing knowledge. The second section demonstrates recruitment difficulties, study limitations, implications and recommendations.

### 1.13. Chapter summary

With the development of the Kingdom of Saudi Arabia, people are looking for high quality health care services. To improve the quality of nursing care and to reduce nursing shortage and turnover is it certainly important to understand nurses' job satisfaction and explore the factors that influence their satisfaction. This chapter has presented an introduction to the study and provided general information about the thesis. The next chapter provides a review of the literature related to, and investigating factors contributing to nurses' job satisfaction.

# Chapter 2: Literature Review

## 2.1. Introduction

The main goal of this chapter is to review the literature related to nursing job satisfaction and factors contributing to nurses' job satisfaction. This is provided in four main sections. The first discusses job satisfaction globally. The second section offers an overall view of nursing in Saudi Arabia and discusses job satisfaction in Saudi Arabia. This section compares the literature on Saudi nurses' job satisfaction. In the third section, aspects related to nurses who work in critical care departments are presented. The fourth section is a review of the literature that is focused on contributing factors to nurses' job satisfaction globally as well as in Saudi Arabia.

## 2.2. Overall Literature Search Strategy

A comprehensive review of the literature on the topic of nurses' job satisfaction, both nationally in Saudi Arabia and internationally, was carried out to understand the factors that influence nursing job satisfaction. A number of electronic databases were searched to gather the relevant literature. These databases were PubMed, CINAHL, and the Wiley Online Library and the search engine, Google Scholar. Keywords and MESH terms used in the search mechanism included nurse 'job satisfaction', 'Saudi nurses' and 'job satisfaction', 'nursing shortage', 'inter-personal factors', 'intra-personal factors', 'extra-personal factors', 'nurse job dissatisfaction', 'professional relationship', 'autonomy' and 'burnout'. The researcher included studies from 2000 to 2015 to ensure that all relevant studies related to this issue, both old and recent, were covered. The search was only limited to studies written in the English language because they were easily accessible, and only full text available articles were included.

Job satisfaction has been widely discussed and investigated within many disciplines, such as nursing, psychology, organisational management, health care, economics and management. Job satisfaction in the nursing discipline is considered a global concern (Ravari, Bazargan, Vanaki & Mirzaei, 2012) and one of the most examined subjects in nursing management internationally (Jackson-Malik, 2005). Job satisfaction has been defined differently from one study to another and from one researcher to another. The Concise Dictionary of Business Management (1999) describes *job satisfaction* as "the extent to which a worker is content with the rewards s/he gets out of his or her job, particularly in terms of intrinsic motivation", while Shim (2006) defined it as an individual's gratification or fulfilment in their work, which is reflected in their attitude.

In health care, several studies have defined the term of job satisfaction. According to Stamps (1997), job satisfaction is determined by the level of employees' satisfaction with their jobs. Fung-kam (1998) defined job satisfaction as "affective reaction to a job that results from the comparison of perceived outcomes with those that are desired" (Hayes et al., 2010, p. 805). Adams and Bond (2000) stated that job satisfaction is defined as the strength of positive influence towards a profession or its components. When investigating the issue of nurses' job satisfaction, it is essential to consider many aspects related to the job, for instance, payment, education, autonomy and professional relationships. Job satisfaction was also illustrated as "a positive feeling about one's job resulting from an evaluation of its characteristics" (Robbins et al., 2008, p. 79). Finally, the most used definition in research articles is by Locke, who defined job satisfaction as "a pleasurable or positive emotional state resulting from the appraisal of one's or job experiences" (Asegid et al., 2014, p.1).

The importance of job satisfaction in the field of nursing is greater than in any other field in health care, as nurses represent the largest number of health care providers and have direct

interaction with patients. Nurses allocate more direct effort and time with patients than other health care providers (Abualrub & Alghamdi, 2012). Thus, investigating nurses' job satisfaction and exploring those factors leading to their job satisfaction, may impact satisfaction among patients, other health care providers and organisations as a whole (Hayes et al., 2010). As nurses' satisfaction increases, the ability to produce good quality work increases, the ambition to learn and creativity and productivity increases, better team work results, the sense of pleasure in their career improves, absenteeism, burnout and turnover are decreased, and there is an enhanced desire to stay in their profession and in the organisation (Abualrub & Alghamdi, 2012; Asegid et al., 2014; Castaneda & Scanlan, 2014; Lu, While & Barriball, 2005). It is evident that there is a strong positive relationship between nursing care and patient satisfaction and a positive correlation between patient satisfaction and overall hospital satisfaction (Al-Mailam, 2005). Based on that, patient satisfaction is directly related to the quality of nursing care. Enhanced organisational commitment to nurses' job satisfaction leads to superior organisational finances through reducing nurses' turnover rates and increasing patient satisfaction (Abualrub & Alghamdi, 2011; Adams & Bond, 2000; Djukie, Kovner, Brewer, Fatehi & Greene, 2014).

While nursing satisfaction can lead to plentiful advantages for health care services, nursing dissatisfaction can turn into numerous disadvantages for health care services. Nurses' job dissatisfaction is tightly linked with nurses feeling overloaded, low job task performance, reduced patient satisfaction, absenteeism, turnover and shortage (Adams & Bond, 2000; Purdy et al., 2010; Spetz & Herrera, 2010; Zaghloul et al., 2008). Zaghloul et al. (2008) cited that nursing job dissatisfaction was considered the main predictor of nurses' intentions to leave as well as organisational commitment; however, no specific geographic location was reported in the study. They also reported that patients who were handled by exhausted nurses, or nurses who more

frequently explicitly announced their intention to leave, felt less satisfied with their nursing care. High nursing turnover rate can result in negative consequences for the organisation, including higher costs of recruitment, the use of transitory nurses and the loss of experienced nurses who are familiar with the work setting (Asegid et al., 2014). Further, nurses' job dissatisfaction is a factor that can lead to a nursing shortage, which is a critical situation that negatively affects health care (Oulton, 2006; Purdy et al, 2010; Rosenstein, 2002). Hence, nursing job satisfaction is crucial and can positively influence the overall health care system.

### 2.3. Nurses' Job Satisfaction Globally

Nurses' job satisfaction is a topic of interest globally. Many studies have been undertaken in many countries to address the seriousness of this subject and to figure out solutions related to the issue of nurses' job dissatisfaction. A study conducted in the United States, England, Canada, Scotland and Germany demonstrated that the percentage of hospital nurses who were dissatisfied with their careers totalled 41%, and 22% planned to leave their careers in less than one year. In addition, 33% of the nurses were younger than 30 years old (Oulton, 2006). Oulton also explained that many newly graduated nurses did not register to start practising their profession in some countries, such as in the United Kingdom, where one-third of new qualified nurses refused to register, and in Australia, where 66% of new graduate nurses were thinking of leaving their profession while in their first year of practice (Oulton, 2006).

Due to significant nursing shortages, turnover and dissatisfaction, many countries around the world have been studying factors that can enhance nursing job satisfaction and their intention to stay in the profession. In the United States, McGlynn, Griffin, Donahue and Fitzpatrick (2012) and Aiken et al. (2001) found that overall, nurses reported low levels of job satisfaction. Studies in the United States pointed out that the most important factors that affected nurses' job

satisfaction included demographic characteristics, workplace environment, organisational support, variety of work, autonomy, work-family conflict, promotional opportunities, supervisor support, group cohesion and co-worker support (Kovner, Brewer, Wu, Cheng & Suzuki, 2006; Zangaro & Johantgen, 2009). In Canada, factors that influenced nurses' job satisfaction were similar to those factors that influenced American nurses and included professional status, organisational policies, interaction, autonomy, pay and task requirements (Best & Thurston, 2004). However, it was evident that Canadian nurses' job satisfaction increased with age (Best & Thurston, 2004).

In Australia, a study conducted by Skinner, Madison and Humphries (2012) to measure factors influencing nurses' and midwives' job satisfaction revealed that 96% had moderate to high levels of job satisfaction. The main factors that impacted nurses' job satisfaction in Australia involved the level of autonomy, morale, task requirements, organisational policies, professional status, workplace environment and pay (Hayes et al., 2013; Hegney, Plank & Parker, 2006). In China, professionalism was the prime factor influencing nurses' job satisfaction (Hwang et al., 2009). Professionalism indicates "attitudes representing levels of identification with and commitment to a particular profession" (Wynd, 2003, p. 252). There were also additional factors influencing their job satisfaction that were related to demographic factors and job characteristic factors, including age and job position (Hwang et al., 2009).

In Lebanon, studies indicated that nurses had low levels of job satisfaction, and 67.5% of them intended to leave the profession within one to three years (El-Jardali, Dimassi, Dumit, Jamal & Mouro, 2009). The most common factors that influenced Lebanese nurses' job dissatisfaction were extrinsic rewards, age, gender, marital status, autonomy, degree type, shift work, supportive environment and interaction opportunities (El-Jarali, Dumit, Jamal & Mouro, 2008; El-Jardali et

al., 2009). In Iran, Atefi, Wong and Mazlom (2014) found that factors affecting nurses' job satisfaction included involvement in doing patient care, team cohesion, work condition, medical resources, benefit and rewards, task requirements, autonomy and professional development. Meanwhile, Ravari et al. (2012) examined nurses' job satisfaction in relation to personal beliefs, social interaction and organisational situations and reported that personal beliefs comprised the core of Iranian nurses' job satisfaction rather than the other two factors.

### 2.4. Nursing Education in Saudi Arabia

Nursing education is necessary to enhance the nursing profession and the health care system as a whole. In 1958, the Ministry of Health cooperated with the World Health Organisation to establish the first health programme for males in Riyadh, and 15 students were enrolled in the programme for a period of one year (Alhusaini, 2006). In 1961, two other health schools were opened to enrol Saudi female students, one in Riyadh and one in Jeddah (Aldossary et al., 2008). In 1967, the MOH established the Department of Health Education and Training, which was responsible for directing health institutions involving nursing schools (Aldossary et al., 2008). Miller-Rosser et al. (2006) pointed out that in 1979, the MOH developed a nursing school and extended the programme from one year to three years and opened more institutions enrolling only intermediate students with nine years of schooling. After that, many nursing schools and institutions were established in many cities in Saudi Arabia. By 1992, a total number of 46 health institutions, with 27 of them for female and 19 for males, were operating (Alhusaini, 2006). Finally, during 2008, all of these educational institutions were transferred to the Ministry of Higher Education (MOHE) in an attempt to improve nursing education. The MOHE initiated the first bachelor degree program in nursing science in 1976 in Riyadh and introduced a masters program of nursing science at King Saud University in Riyadh in 1987 (Aldossary et al., 2008).

Further, Bachelor of Nursing Science programs have been established at King Abdulaziz University in Jeddah (1977) and at King Faisal University in Dammam (1987) (Aldossary et al., 2008). All of these university nursing programs were introduced only for female students at that time (Alhusaini, 2006).

In addition, as the nursing profession is growing in Saudi Arabia, scholarship programs are being offered by many Saudi institutions, such as the MOH, the MOHE and large important hospitals in Saudi Arabia. Aldossary et al. (2008) revealed that the first scholarship program was established in 1996 for nurses to undertake PhDs abroad in a few developed countries, including United States, Canada, Australia and the United Kingdom. Recently, these scholarship programs have become available for nurses at all educational levels, including bachelor degree, masters and PhD. All of these nursing scholarship programs aim to prepare highly-qualified nurses to improve nursing in Saudi Arabia and to prepare them for the nursing profession in their country. There has also been an in-country scholarship program designed for those who could not study abroad; for example, a collaboration between Monash University in Australia and King Faisal Specialist Hospital and Research Center offered higher degree nursing programmes (Miller-Rosser et al. 2006).

### 2.5. The Nursing Workforce in Saudi Arabia

The Kingdom of Saudi Arabia is facing a very severe shortage of Saudi nurses, which puts the country in a difficult position in terms of overcoming this problem. Saudi Arabia relies heavily on foreign employees who are recruited from different countries to meet the demand for nursing labour because of the small number of national nurses (Al-Dossary et al., 2012). Statistics conducted by MOH (2008) demonstrated that in 2008, the total number of nurses was estimated to be 101,298, with 29.1% Saudi and 70.9% non-Saudi. The latest statistics in 2010 showed that

the total number of nurses working in the health care sector was 129,792. The percentage of Saudi nurses was 31.79%, and non-Saudi nurses accounted for 68.21% of the work force (Al-Homayan, Shamsudin, Subramaniam & Islam, 2013). While the number of Saudi nurses increased from 9% in 1996 to 29.1% in 2008 and to 31.79 in 2010, the country needs approximately 25 years to train enough national nurses to cover 30% of the Kingdom's nursing requirements (Al-Dossary et al., 2008; Al-Homayan et al., 2013; MOH, 2008) (See Table 2.1).

Table 2.1

*Nursing personnel in the health care sector in Saudi Arabia (2010)*

| Sector | Saudi | % | Non-Saudi | % | Total | % |
|---|---|---|---|---|---|---|
| Ministry of Health | 37,009 | 48.71 | 38,969 | 51.29 | 75,978 | 100 |
| Other governmental sector | 2623 | 10.14 | 23,257 | 89.86 | 25,880 | 100 |
| Private sector | 1624 | 05.81 | 26,310 | 94.19 | 27,934 | 100 |
| **Total** | **41,256** | **31.79** | **88,536** | **68.21** | **129,792** | **100** |

Source: Ministry of Health (2010) *Health Statistical Year Book*. Ministry of Health, Riyadh.

In general, young Saudis do not prefer to choose nursing as their career due to a number of factors. Firstly, there is a negative image of nursing among the public (Abu-Zinadah, 2004), who look to nurses as doctors' assistants. People who want to choose a nursing career have to face criticism from their family and friends, as the nursing profession is not considered respectable (Lamadah & Sayed, 2014). Secondly, there is lack of awareness about nursing jobs and opportunities among public and high school students (Abu-Zinadah, 2004). Lamadah and Sayed (2014) found that the media, including television and newspapers, has a role in shaping the image of nursing among the public. In addition, one of the reasons for this lack of awareness is

the absence of career counselling at the school level. Other factors include long working hours, low payment, inadequate professional support and inadequate support for nursing mothers (Abu-Zinadah, 2004; Al-Sa'd, 2007).

### 2.6. Nurses' Job Satisfaction in Saudi Arabia

A number of studies have been conducted in the Kingdom of Saudi Arabia exploring the subject of nurses' job satisfaction. Al-Aameri (2000) examined nurses in public hospitals in the capital city in Saudi Arabia, Riyadh. He took a sample of 400 nurses with different nationalities, including Arab, Americans, Saudi, Filipinos and Indians, and asked them to complete a survey. The response rate was 72.5%. The study found a significant link between organisational commitment and nurses' job satisfaction. He also found that nurses' age and experience were positively linked with satisfaction and commitment. Nurses who were older and who had more experience were more satisfied and committed than those who were younger and had less experience.

Omer (2005) studied nursing job satisfaction among Saudi nurses who worked in Riyadh and Jeddah in relation to leadership, particularly the effects of transformational and transactional leadership styles. Omer found a positive link between job satisfaction and perceived leadership style. A positive correlation was seen between transactional leadership characteristics and job satisfaction. Further, the study results showed that job satisfaction could be predicted by transformational leadership. Omer found no strong difference between perceived leadership style and nurses' demographic characteristics.

Zaghloul et al. (2008) identified nurses' job satisfaction related to their intention to stay in the hospital. He used a sample of 499 nurses working in different departments at King Faisal

University Hospital in Al-Khobar in Saudi Arabia, with a response rate of 55.3%. The study indicated that leadership style was a predictor of nurses' intentions to stay and of their satisfaction. However, nurses were least satisfied with salary, hospital policies, hospital bonuses and benefits, and recognition of achievement.

Al-Ahmadi (2009) conducted a study to investigate factors that affected nurses' performance as they related to job satisfaction and organisational commitment in 15 MOH hospitals in Riyadh, Saudi Arabia. The sample was 1,834 nurses of different nationalities, including Saudis. The response rate was 50.3%. The study demonstrated a positive link between job satisfaction and job performance and organisational commitment, with individual variables including gender, nationality, marital status and years of experience. On the opposite side, a negative link was found with the level of nursing education. The nurses with bachelor degrees demonstrated a high level of turnover intention and dissatisfaction, more so than those who had lower levels of education. The study showed that nurses were least satisfied with salary and most highly satisfied with the work.

A study was performed by Mitchell (2009) with foreign trained nurses who worked in Saudi Arabia, particularly in Mecca and Jeddah, in terms of job satisfaction and burnout. Mitchell used two different phases to conduct the study; the qualitative phase used group interviews, and 25 nurses participated, while the quantitative phase was undertaken through a survey, with 944 nurses completing it. The study results indicated that environment was important in terms of job satisfaction. Job satisfaction was enhanced when the workplace environment improved. Nurses also gained job satisfaction throughout salary, work condition, hospital policies, recognition, achievement, administration, and their relationships with supervisors and colleagues.

Almalki et al. (2012) used a survey to examine nurses' quality of work life in primary health care in Jazan, Saudi Arabia. The study sample was initiated from 134 primary health care centres in the Jazan region with a response rate of 87%. The study found that participants were dissatisfied and displeased with the work life they had. The main factors that influenced their satisfaction were salary; the workplace environment in relation to supplies, equipment and security; poor staffing, less time for vacation, changeable working hours, the lack of facilities, management, and the incapability of balancing between work and family needs.

Al-Dossary et al. (2012) conducted their study to measure job satisfaction among nurses who worked in Saudi Arabian university teaching hospitals to assess the factors that contributed to their job satisfaction. They used a survey method to administer their study, with 217 Saudi and non-Saudi nurses participating. Al-Dossary and colleagues found that the nurses were satisfied with supervision and leadership, co-workers and the nature of the work and dissatisfied with pay, contingent rewards, fringe benefits and operational conditions.

Abualrub and AlGhamdi (2012) aimed to investigate the effect of leadership style on Saudi nurses in terms of job satisfaction and intention to stay in the profession. The authors used a descriptive correlation design with a sample of 308 Saudi nurses in their study. The result of this study revealed that nurses were moderate in their job satisfaction. They were more satisfied with transformational leadership style. Intention to stay increased in those who were more satisfied with leadership style.

The most repeated factors in major studies that influence nurses' job satisfaction in Saudi Arabia can be summarised under two subheadings: internal factors and external factors. The internal factors include age, years of experience, relationship with supervisor and workplace colleagues,

while external factors involve leadership, organisational commitment, working conditions, hospital policies, recognition of achievement, salary, benefits and workplace environment (see Figure 2.1).

*Figure 2.1*: Factors affecting nurses' job satisfaction in Saudi Arabia


## 2.7. Nature of work in a critical care unit

Critical care and intensive care units are important units in hospitals that require special attention. Internationally, nurses who work in critical care areas are vitally important, as they contribute to enhanced patient outcomes, reduced complications, decreased morbidity and mortality, and lower costs in those units (Iglesias & Vallejo, 2013). Nurses provide care to patients with complex conditions and high risk of death (Panunto & Guirardello, 2013). The environment in critical care and intensive care units is fast-paced, creating an extremely stressful technological setting (Shorter & Stayt, 2009). Nurses are responsible caring for not just patients,

but with their families and relatives (AbuAl Rub, 2004), and that puts them under a lot of pressure. Li and Lambert (2008) and Iglesias and Vallejo (2013) stated that dealing with death and dying and workplace-related tasks could be very stressful and overwhelming. Stress is known as "a negative response to the environment resulting in physical and psychological maladaption" (Donovan, Doody & Lyons, 2013, p.969).

Stress is considered to be a normal part of nursing work; however, confronting stress over prolonged periods can cause massive problems. Stressful nursing experiences may lead to issues such as absenteeism, staff conflicts, lower productivity, lowered morale and burnout (Iglesias & Vallejo, 2013). Myhren, Ekeberg & Stokland (2013) suggested that nurses' quality of care, communication with patients' families and staff turnover can be disturbed by this stressful environment. Some studies have reported psychological symptoms related to stress, such as nervousness, anxiety, irritation, depression and tension, as well as psychosomatic symptoms, including stomach aches, nausea, headache, fatigue, weight fluctuations and skin rashes (Iglesias & Vallejo, 2013). A number of researchers have examined job satisfaction among nurses in critical care areas, as they undergo a lot of stress related to the nature of their work environment. The studies have shown that there is a correlation between nurses' job satisfaction and stress and burnout (Hays, All, Mannahan, Cuaderes & Wallace, 2006; Iglesias & Vallejo, 2013).

### 2.8. Factors Contributing to Nurses' Job Satisfaction

Factors that contribute to nursing job satisfaction can be separated into three main areas: intrapersonal, interpersonal and extrapersonal (Castaneda & Scanlan, 2014). Under each one of these main areas, there are factors that will be discussed later in this section. Intrapersonal factors are factors related to the nurses' age, years of experience, educational preparation, and so forth (Hayes et al., 2010). Interpersonal refers to factors such as autonomy, professional relationships,

direct patient care and leadership that exist between nurses and their colleagues (Castaneda & Scanlan, 2014). Hayes and colleagues (2010) defined *extrapersonal factors* as external factors that can significantly influence nurses' job satisfaction, such as pay, work conditions, educational opportunities, hospital policies, physical work and the environment.

### 2.8.1. Intrapersonal factors

#### *2.8.1.1. Age and years of experience*

Nurses' age and years of experience seem to be factors that influence nursing job satisfaction in several studies. Bjørk, Samdal, Hansen, Tørstad and Hamilton (2007) explored job satisfaction in Norwegian nurses and found that nurses who were older than 37 years (mean age of the study sample) were more satisfied than those nurses younger than 37 years. Bjork and colleagues also found a relationship between years of experience and nurses' job satisfaction. They reported that nurses who worked more than eight years at the hospital or more than five years in the unit felt more satisfaction with their job than nurses who worked less time. This finding is confirmed by Li and Lambert (2008), who demonstrated that higher levels of nurse job satisfaction were correlated with continuous employment in the nurse's hospital or unit of work. In Lebanon, nurses aged 30 years or older showed more satisfaction with their profession than younger nurses (Al-Dossary et al., 2012).

In contrast, Penz, Stewart, D'Arcy and Morgan (2008) highlighted that nurses' age was not considered a predictor of job satisfaction. This result was found after they conducted their study on job satisfaction predictors for acute care registered nurses working in rural and urban hospital in Canada. The study result revealed that other factors predicted job satisfaction, such as equipment and supplies, scheduling and community support.

#### *2.8.1.2. Educational preparation*

Educational preparation is considered one of the intrapersonal factors contributing to nurses' job satisfaction that has been examined in some studies (Zurmehly, 2008; Ingersoll, Olsan, Drew-Cates, DeVinney & Davies, 2002; Hayes et al., 2010). Zurmehly (2008) examined the factors which impact on nurses' job satisfaction in the United States. They also explored nursing educational preparation, autonomy and critical thinking, and job satisfaction and how they related to each other. The researcher invited 140 RNs from different units, including management, medical-surgical and home health nursing to participate in a survey. The study findings indicated that educational level, autonomy and critical thinking were highly related to nurses' job satisfaction.

On the other hand, Dunn, Wilson and Esterman (2005) studied the main sources of nursing satisfaction and dissatisfaction at a major teaching hospital in Australia. Their study reported that there was no relationship between nurses' educational levels and job satisfaction. Dunn and colleagues also cited that a study in the United States found that nurses who had higher levels of education presented the least level of satisfaction.

### 2.8.2. Interpersonal factors

#### *2.8.2.1. Autonomy*

Morgan and Lynn (2009) defined *autonomy* as "being able to control one's own work by prioritising tasks, working without close supervision and having control of decisions within the scope of nursing" (p. 405). Autonomy has been shown in several studies to be an attribute of nurses' job satisfaction (Dunn et al., 2005; Bjørk et al., 2007; Best & Thurston, 2004; Zurmehly, 2008; Hayes et al., 2010). In Ireland, nurses ranked autonomy as the prime contributor to their

job satisfaction preceding pay and interaction (Hayes et al., 2010). Bjørk et al. (2007) described job satisfaction among Norwegian nurses. A total of 2095 nurses were recruited from four different hospitals in Norway to complete a survey. The results suggested that nurses in Norway saw autonomy as very important, ranking it as the third most significant factor contributing to nursing job satisfaction after interaction between nurses and colleagues and nurses and physicians and payment. However, some nurses look at autonomy as though it is not an important practice and expect the direction of patient care to be ordered by doctors. For instance, a study by Li and Lambert (2008) in China noted that nurses did not practice autonomously. Instead, they depended on doctors and other staff members for direction in providing patient care. This could be culturally embedded.

#### *2.8.2.2. Direct patient care*

Nurses desire to see a result of their intensive care by seeing progress in their patients' conditions. Hence, patient care, especially high quality patient care, is important for nurses and one of the factors influencing job satisfaction (Utriainen & Kyngas, 2009). Perry (2005) studied contributions to registered nurses' professional fulfilment. He took a large sample of nurses from different specialties and with different nationalities and gathered the data through an innovative online research technique. Perry found nurses who strongly believed that they provided high-quality patient care and had firm connections with their patients were very satisfied with their profession. Dunn et al. (2005) studied nurses' perceptions of working in an acute care department at a major teaching hospital in Australia. The main sources of nurses' satisfaction and dissatisfaction were examined. The results indicated that nurses rated quality of care as the most critical factor in increasing their job satisfaction. Utriainen and Kyngas (2009) reported that

interpersonal relationships and patient care were the most significant themes in nurses' job satisfaction in a study in the United States.

#### *2.8.2.3. Professional relationships*

Professional relationships between nurses and between nurses and physicians are important factors that influence nurses' job satisfaction. Nurses' professional relationships are described as interactions with other nurses, managers and doctors. The term *professional relationship* refers to "the concept of respect and acknowledgement of the role of the nurse by patients and the non-nursing team members" (Hayes et al., 2010, p.810). Harmony between nurses, good communication between them and medical staff, and collaboration are predictors of nurses' job satisfaction (Utriainen & Kyngas, 2009). Several studies emphasise interpersonal relationships as a predictor of nurses' job satisfaction (Adams & Bond, 2000; Bjørk et al., 2007; Castaneda & Scanlan, 2014; Kaddourah, Khalidi, Abu-Shaheen & Al-Tannir, 2013; Mitchell, 2009).

Bjørk et al. (2007) conducted a study with nurses who worked in hospitals in Norway and rated professional relationships as the most significant factor contributing to their job satisfaction. Adams and Bond (2000) investigated nurses' job satisfaction, individual characteristics and organisational characteristics in hospitals in England. They found nursing cohesion with colleagues and cooperation with physicians were the best factors influencing job satisfaction. Kaddourah et al. (2013) Conducted study to understand factors impact on nurses job satisfaction. They gathered nurses who worked in tertiary care centre in Beirut city in Lebanon. They reported that a positive interaction with other nurses, managers, administrators and doctors enhanced nurses' job satisfaction.

#### *2.8.2.4. Leadership*

Positive leadership and respect from managers is identified as being essential for nurses' job satisfaction. Nurses want to be respected and to be socially supported by their supervisor (Hayes et al., 2010). Almalki et al. (2012) found that nurses in their study were dissatisfied with management practices. In another study, nurses reported lack of supervision, respect, feedback and participation in decision making, all of which affected their overall job satisfaction. Further, nurses believed that supervisors who provided less communication and excessive criticism, who failed to identify work accomplishments and who were absent when nurses needed them contributed to nurses' job dissatisfaction (Hayes et al., 2010).

Zangaro and Johantgen (2009) analysed job satisfaction among registered nurses who worked in a Navy hospital in the United States. A sample of 283 military nurses and 213 civilian nurses were invited to complete a questionnaire. Zangaro and Johantgen found that supervisor support significantly affected nurses' job satisfaction. Similar results were shown in the study by Kovner et al. (2006). Therefore, nurses' job satisfaction is found to be increased by positive leadership and effective supervisor support.

### 2.8.3. Extrapersonal factors

#### *2.8.3.1. Pay*

Pay was reported as a contributor to nurses' job satisfaction in many international studies, but the degree of satisfaction depended on the country and the individual nurses. In Saudi Arabia, almost all studies indicated that pay was one of the factors influencing nurses' job satisfaction and intention to stay in the profession (Almalki et al., 2012: Al-Dossary et al., 2012 & Bjørk et al., 2007). Payment is a kind of reward for nurses' hard work and for devoting their time and

physical and mental effort to helping patients and improving their conditions. Almalki et al. (2012) found that payment, which includes salary and financial benefits, was the major factor in Saudi nurses' dissatisfaction with their quality of work life. A study conducted with Republic of Ireland nurses showed that pay was the second most significant component to nurses' level of satisfaction; however, the study did not rank the components that contribute to nurses' job satisfaction (Al-Dossary et al., 2012).

Although several studies found payment was not the main source of motivation for nurses, behavioural theorists have noted that satisfying basic needs is important in making people concentrate on their greater needs (Al-Dossary et al, 2012). In support of this, Best and Thurston (2004) and Bjørk et al. (2007) reported that pay was considered the most essential factor in terms of nurses' job satisfaction, along with autonomy and interaction. Therefore, payment is crucial to nurses' job satisfaction and positively impacts their performance and intention to stay at work.

#### *2.8.3.2. Organisational policies and work conditions*

Organisational policies and working conditions, including but not limited to long working hours, heavy workload, and poor scheduling, can have positive or negative impacts on nurses' abilities to work properly and on their job satisfaction. Al-Dossary et al. (2012) noted that nurses who worked in nine hospitals related to the Ministry of Health in Saudi Arabia in Riyadh found working conditions and remuneration the most important predictors of nurses' job satisfaction. Poor organisational policies, such as inappropriate use of overtime and using nurses like machines, have been reported to result in increased nurses' stress and fatigue and decreased their empowerment, which turned into poor levels of satisfaction (Dunn et al, 2005; Hayes et al., 2010; Li & Lumbert, 2008;).

Almalki et al. (2012) included long working hours, lack of supplies and equipment, and poor staffing as factors that influenced nurses' job dissatisfaction. More than 80% of the nurses who were not satisfied with their working hours stated that they did not have energy after work. In addition, 58% did not have the ability to balance work with their daily life needs, including their family needs, while 58.5% felt that the organisational policy for vacations was improper for them and their families. Further, more than half of the nurses were not happy with the working environment in relation to security and safety. Hence, all these factors impact nurses' job satisfaction and ability to provide appropriate work.

#### *2.8.3.3. Educational opportunity*

Educational opportunity is described through nurses' abilities to attend workshops, participate in research and have advancement opportunities (Hayes et al., 2010). Several studies have suggested that educational opportunities improve nurses' job satisfaction (Dunn et al., 2005; Bjørk et al., 2007; Hayes et al., 2010). Dunn et al. (2005) found that nurses included in their study ranked the availability of educational support within a group of 10 factors influencing their job satisfaction. Bjørk et al. (2007) reported that nurses who worked in magnet hospitals in the United States had higher levels of job satisfaction than those who worked in other hospitals, as magnet hospitals improved professional development through their emphasis on continuing education and development of clinical ladders and management. Based on that, promoting more opportunities for nurses to learn and supporting their educational growth by sponsoring workshops and educational courses will lead to more satisfaction in the nursing profession (Murrells, Clinton & Robinson, 2005).

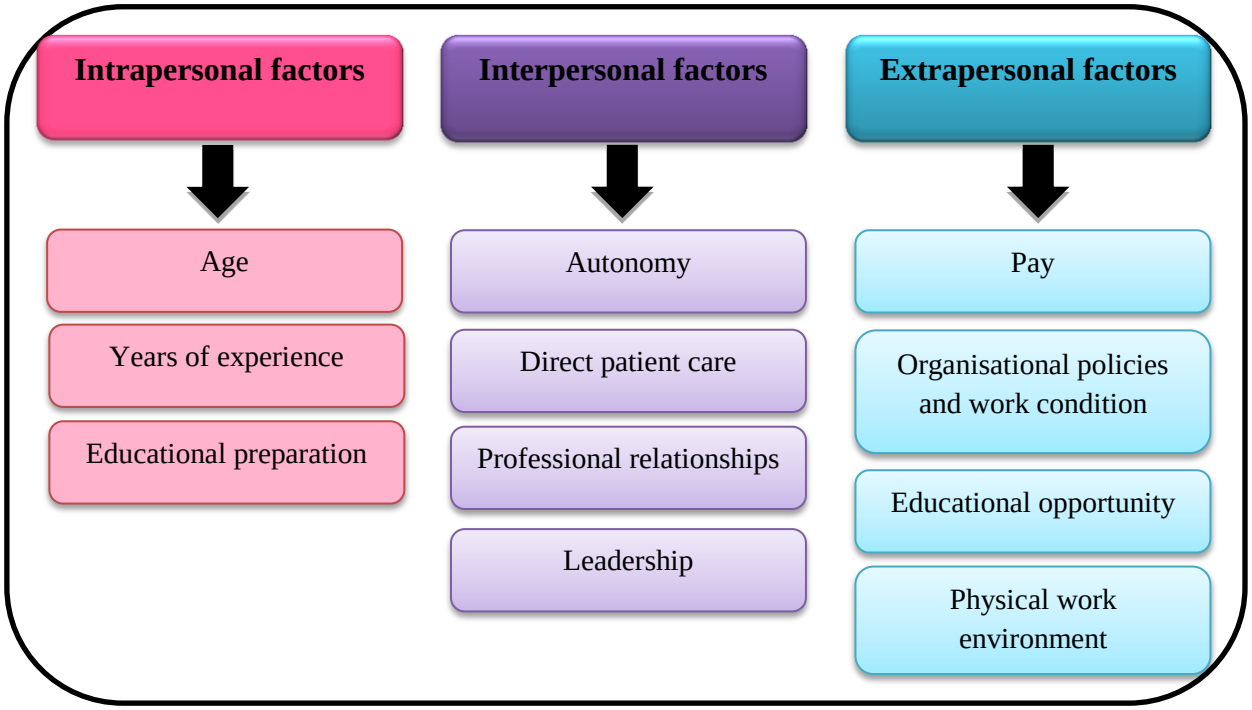
#### *2.8.3.4. Physical work environment*

The physical work environment involves natural light, colour, air flow, break areas and a good general ambient environment. Some researchers have investigated the impact of physical work environment and quality of life for staff members and job satisfaction (Almalki et al., 2012; Djukie et al., 2014; Mrozek, Mikitarian, Vieira & Rotarius, 2005). Mrozek et al. (2005) investigated staff perceptions of hospital design and how that impacted their quality of life and patients' well-being. The study was conducted at Parrish Medical Center in Titusville in Florida by a survey. The study result indicated that increased natural light and air flow, including good air conditioning, ventilation and heating, had a positive impact on the staff's work life, feelings, satisfaction and performance. Almalki et al. (2012) found an inappropriate workplace environment to be one of the factors that negatively impacted nurses' job satisfaction. Almalki and colleagues found that significant numbers of nurses were dissatisfied with the recreation room, as they did not have a specific place to eat, pray or rest. Appropriate, comfortable break rooms were seen to be important for nurses to relieve their tension and to feel ready to continue their work.

Moreover, Djukie et al. (2014) studied physical work environments among national registered nurses working in the United States according to three aspects. The authors described these aspects as architectural (e.g., crowdedness), interior design (e.g., furniture, colour and aesthetic appearance) and ambient features (e.g., ventilation, temperature and light). They found that an inappropriate physical environment, including such impediments as crowdedness, unpleasant odour, low light and poor furniture arrangement, can negatively impact nurses' job satisfaction by increasing interruptions and the workload level.

Researchers have analysed many factors that affect nurses' job satisfaction either positively or negatively, including autonomy, interaction, hospital policies and pay. This study was intended to investigate nurses' job satisfaction according to the most important factors that have been recorded in national and international studies (see Figure 2.2).

*Figure 2.2:* Factors influencing nurses' job satisfaction.




## 2.9. Chapter Summary

Job satisfaction is a common subject that has been studied in many disciplines such as economics, health care and management. Nurses' job satisfaction is a global concern as nurses

who comprise the greatest numbers of health care providers and face serious shortages. Exploring the factors that can lead to nurses' job satisfaction is crucial because higher nurse satisfaction means fewer shortages, better performance and higher patient satisfaction.

Many researchers around the globe have studied factors contributing to nurses' job satisfaction and which factors decrease nurses' satisfaction. Saudi Arabia has improved nursing education over the years, opening many nursing departments in universities, and many Saudis have joined the nursing scholarship program. However, Saudi Arabia still confronts critical nursing shortages, and most nurses working there are international nurses. Several studies have been undertaken to solve and/or manage this problem.

Critical care and intensive care units are essential areas in a hospital. Nurses who work there confront many stressors as they work in highly technological environments and deal with critically ill patients who need special attention. Therefore, it is important to ensure that nurses feel satisfied with their job and stay in the profession to provide high-quality care. However, there is a gap in the literature around job satisfaction in this specific group of nurses.

The factors that affect nurses' job satisfaction are many and differ from country to country, from one organisation to another and from nurse to nurse. This review aimed to examine factors ranked most important globally, as well as in Saudi Arabia. These factors were divided into three main areas: intrapersonal factors (including age, years of experience and educational preparation), interpersonal factors (involving autonomy, direct patient care, professional relationships and leadership) and extrapersonal factors (consisting of pay, organisational policies and work conditions, educational opportunities and physical work environments).

This chapter reviewed the literature in relation to nurses' job satisfaction and the factors influencing their job satisfaction. The next chapter outlines the methodology of this current study.

# Chapter 3: Methodology

## 3.1. Introduction

This chapter focuses on the research approach used in this study, describing the research design, setting and the method of sampling, along with the process of qualitative data collection and analysis. It also describes the semi-structured face-to-face interviews. Further, ethical considerations related to the study are also discussed.

As identified in the literature review, there is an inadequacy in job satisfaction studies in relation to Saudi national critical care nurses. In particular, there exists a lack of studies, in both intensive care and critical care units, and an absence of studies which analyse this phenomenon in Mecca. This research aimed to explore the factors which influenced Saudi critical care nurses' job satisfaction. The research question guiding the study was: What are the factors which influence Saudi critical care nurses' job satisfaction?

## 3.2. Research Design

Research design is defined by Burns and Grove (2005) as the "blueprint for the conduct of a study that maximises control over factors that could interfere with the study's desired outcome" (p.40). When a research design is properly suited, it should answer the proposed research question (Parahoo, 2006). To do so, this study used a qualitative research design to investigate the perceptions of Saudi nurses working in critical care areas about the factors that contributed to their job satisfaction. Qualitative research does not have a universal definition, as it is an umbrella term, which covers several approaches (Al-Busaidi, 2008). However, it is described by

Burns and Grove (2009) as "a systematic, interactive, subjective, holistic approach, used to describe life experiences, and give them meaning" (p.23). Qualitative research is used when researchers know little about their research topic and an insight into behaviours, feelings, perspectives and experiences is required (Holloway & Wheeler, 2002). In contrast, quantitative research is a formal, objective and systematic process that uses numerical data to gather global information (Burns & Grove, 2009). This was considered not to be suitable for this research study. Qualitative research is commonly used in healthcare studies, especially in nursing research, as it provides for evidence based practice (Miller, 2010).

Interpretive description was used as the study methodology (Thorne, 2008: Reimer-Kirkham, Thorne, 2008 & MacDonald-Emes, 1997). An interpretive descriptive approach was selected as a mechanism to generate credible and meaningful disciplinary information (Thorne, Reimer-Kirkham & Flynn-Magee, 2004). Interpretive description is a qualitative research methodology that is often applied to understanding problems in nursing and other healthcare disciplines. The approach offers a logical structure and philosophical rationale for designing qualitative studies (Thorne et al., 2004). Thorne (2008) stated that interpretive description was developed as an approach that generates a description, and through employing an interpretive lens provides useful data that can be applied into practice. Consequently, the design for the current study in the form of an interpretive, as well as a descriptive approach, was considered an appropriate approach for the examination, as well as consideration of, the nurses' perceptions of factors influencing their job satisfaction.

### 3.3. Setting

The study was conducted in the city of Mecca, in Saudi Arabia. Initially one hospital was selected in which to conduct the research. It is recognised as a referral and teaching hospital which delivers tertiary care in the Mecca region. This hospital is recognised as the main hospital in Mecca (SA International, 2012), and is a modern governmental hospital, located in the heart of the city. It has a 500 bed capacity and covers all sub-specialties. This hospital is allocated to deliver free healthcare to all Saudi and non-Saudi citizens and pilgrims. Following snowball sampling, five participants not from that hospital, but coincidently from one other hospital, were also involved.

### 3.4. Sampling Strategy

Sampling is the process of selecting an appropriate population for the study to collect the research data (Schneider, Whitehead, LoBiondo-Wood & Haber, 2013). In this research, the target participants were registered as local male and female Saudi Arabian national nurses working in critical care areas for the study purpose. As Cormack (2000) suggested, having a limited sample in qualitative research is preferable for the purpose of information assessment and analysis within consistent setting. In addition, a large sample is not warranted to generate rich data (Starks & Trinidad, 2007). The study used convenience sampling and seven nurses participated voluntarily. This sampling type was utilised as it was inexpensive and provided accessibility and availability to the nurse's location, time and willingness (Ary, Jacobs, Sorenson & Razavieh, 2009). After completing the seventh interview, data saturation as achieved as no new information was emerging. "The point at which saturation occurs defines sample size in qualitative research since it is taken to indicate that sufficient data has been collected for a comprehensive and credible analysis to be conducted" (Kerr, Nixon & Wild, 2010, p.271).

Effective and suitable recruitment methods are important in conducting qualitative research (Namageyo-Funa et al, 2014). The study adopted three recruitment strategies, to recruit the participants which were: collaboration with gatekeepers, face-to-face recruitment and building trust with the participants. Namageyo-Funa et al. (2014) cited that working with gatekeepers is essential, since it can facilitate recruitment of participants. Thus, the head nurse and instructors of the units were informed about the study aims, objectives, and potential implications. They were asked to organise an opportunity for the researcher to present the study through a small presentation. Participants were personally recruited, face-to-face via that presentation, so that they fully understood the scope of the study and the confidence of contributions regarding the latter. Building a successful relationship with the participants was critical to allow the nurses to feel relaxed and add detailed information. Furthermore, confidentiality, along with privacy has been observed well in the course of the study.

Snowball sampling was also used to recruit additional participants. The use of snowball sampling is useful "to find and recruit 'hidden population' where individuals are not easily accessible to researchers through other sampling strategies" (Schneider et al., 2013, p125). Only two participants working in the critical care unit in the hospital volunteered to participate and data saturation had not been achieved. Therefore, snowballing was used to access others beyond the hospital.

### 3.5. Participants and data collection

The study used face-to-face, individual in-depth interviews to comprehend the nurses' views about job satisfaction and factors which contributed to their satisfaction. Individual interviews form the most common tool to collect data in qualitative research among health care researchers,

to generate meaning with the participants (DiCicco-Bloom & Crabtree, 2006). Burnard, Gill, Stewart, Treasure and Chadwick (2008) reported that using interviews allows participants to afford further explanation of their feelings, opinions and experiences. Face-to-face communication allows interaction between the researcher and the participants (Gillham, 2005). This warrants the researchers to practically monitor and contemplate communication, in non-speaking forms such as monitoring the participant's facial expressions. Interviews generating important information, which cannot be predicted by other methods, provide the researcher with the opportunity to ask further questions and seek clarification for unclear or incomplete data responses (DiCicco-Bloom & Crabtree, 2006).

Open-ended, semi-structured interviews "have an interview guide providing a set of questions for discussion. The questions are set to ensure the research questions or objectives are covered. However, there is freedom to ask any questions in any order, following tangents or seeking clarification of previous answers or elaboration of responses" (Schneider et al., 2013, p 128). Semi-structured interviews were used in this study to assist the student researcher to design the subject matter, through proper planning and scheduling of certain questions (Polit & Beck, 2008). It was also used to gain in-depth information about the nurses' perceptions of factors influencing their job satisfaction. The interviews were conducted in a similar arrangement, followed by the researcher. Thus, each interview was up to 44 minutes. Each was dependent on the response of the participant and how it influenced the interview setting and orchestration. The interviews included three main open-ended questions, each main question followed by sub-questions. The interview questions were as follows:

Q1: What is your opinion about Saudi nurses' work?

Q2: Can you tell me what factors you feel positively contribute to your job satisfaction in the CCU in Saudi?

Q3: What factors do you feel negatively contribute to work satisfaction?

Q4: Can you tell me the four factors in order that you think most influence Saudi CCU?

Q5: What strategies do you think would enhance work satisfaction for Saudi nurses working in CCU in Saudi?

### 3.6. Validity of the Interviews

Validity of interview data is dependent on the researcher techniques for collecting qualitative data and designing the interview questions (Minichiello, Aroni, & Hays, 2008). The interviews were conducted in Arabic after translating the questions in Arabic language to be conducted in Arabic. Conducting the interviews in Arabic allowed the participants to express their opinions more fluently and without influence of language barriers. Interviews were recorded using two digital voice recorder devices. The interviews data were then transcribed in Arabic to ensure data were captured as intended and then translated into English and then back-translated by professional language translators into Arabic (see Appendix A). The researcher revised and compared both the translated interview and the original one to ensure that the translation was exact and the meanings did not change.

Participants provided written consent to audio-recording of their interviews prior to commencement. Before commencing each of the interviews, participants were informed that they were free to cease the interview or withdraw from the study prior to the analysis of data. The interviews lasted between 30 and 45 minutes in mutually agreed places away from the

clinical setting. All data have been treated as confidential and pseudonyms used in reporting findings.

### 3.7. Qualitative data collection

Participants who voluntarily agreed to participate in interviews attended face-to-face, semi-structured interviews. All interviewees were notified at the start of the interviews of their right to pull out anytime, within the process of the actual interview. The interviews were held in the education department classroom of the hospital, which was quiet and convenient. The researcher used two recorders during the interviewees to make sure that no accident arose. The recorders were tested before every interview to check their setting. Thus, every possible informative data, such as oral, as well as written in structure, was coordinated for alignment of the page numbers, the date, in addition to the time of the interview. The overall period of collection data was four weeks. It started in the end of July 2015 and eight weeks were required for transcription.

### 3.8. Data analysis

This researcher employed thematic analysis since it provides accessibility and flexibility to review and analyse data, especially for novice researchers and consistent with the chosen methodology (Thorne, 2008). It is a popular approach used to analyse qualitative research (Braun & Clarke, 2006). Braun and Clarke (2012, p. 57) described thematic analysis as "a method for systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a data set". Thematic analysis enables the researcher to comprehend meanings within the data; it provides a strategy to organise and interpret the qualitative data to create understandings of the topic (DiCicco-Bloom & Crabtree, 2006). The researcher used the six-step approach planned by Braun and Clarke (2006) to analysis the data: becoming familiar with the data,

generating initial codes, constructing and reviewing of emerging themes, defining and naming themes and producing the report.

Systematic coding was used to identify data relevant to each code (DeSantis & Ugarriza, 2000). Participants' statements were continually compared in the coding and analysis process (Braun & Clarke, 2006). Next, identified codes were collated into possible themes. Common statements through the coding allowed for themes to be generated representing the broad perceptions across the group. Themes were then checked to assess how well they worked together with the identified codes and the dataset more broadly. In the final process, each theme was refined and finalised (Braun & Clarke, 2006).

### 3.9. Rigour of the study

Guba and Lincoln (1981) discussed that credibility, dependability, confirmability and transferability are principles developed in order to investigate the research's trustworthiness and quality. The researcher used four evaluation criteria developed by Lincoln and Guba (1985) to evaluate the rigour in the study. These criteria have been commonly used in nursing studies to establish trustworthiness of data in qualitative research and include credibility, dependability, confirmability and transferability (Im & Chee, 2006). Credibility indicates the "truth of the data or participant views, and interpretation and representation of them by the researcher" (Cope, 2014, p.89). A study is considered credible when researchers describe their experiences as researchers and validate the research results with the participants (Polit & Beck, 2012). In this study, credibility is demonstrated by repeating the analysis and comparing the interviews. The participants had the opportunity to review their transcripts, if it was accurate to their experiences or not (Broussard, 2006). One of the participants requested to add more data in one section of her interview, while other participants were happy with the transcripts.

Dependability or reliability of data is constancy of the data, over time and over similar conditions (Polit & Beck, 2012). To achieve dependability of the study, the researcher will report the study process and the stage in detail, to enable other researchers to expand the study's information, as well as the methods found and used in research, in relation to their studies done (Shenton, 2004). However, conformability was dependent on validation by the researcher supervisors and the researcher's approval of the results generated, and its underlying interpretation base (Parahoo, 2006). In the findings chapter, the researcher describes how the conclusions and interpretations were established, and exemplifies the findings, ensuring ample data, by means of giving real quotes coming from the study participants depicting the subject matter (Cope, 2014). Finally, transferability refers to generalisation of the data, which means that the findings can apply to other settings or groups (Lincoln & Guba, 1985). The current study findings "fit" (Sandelowski, 1986, p. 32), as the researcher will offer adequate sequence used by informants, as well as use of the context basis in research (Sandelowski, 1986). The study is fit when results can be functional to another work, and as soon as participants have a similar opinion with the researcher about the findings (Sandelowski, 1986).

### 3.10. Ethical Considerations

Researchers must consider ethical issues before commencing their research. This study commenced after achieving all relevant ethical approvals. The researcher obtained approval from Monash University, where the student researcher is undertaking a Masters degree. After that, approvals from the Ministry of Health in Saudi Arabia and the hospital were gained. Thereafter, approvals from the head nurse and director of the hospital departments were sought. Four ethical principles were followed to guarantee there was no harm to study participants.

**Beneficence and non-maleficence**. This means that the findings of research should ideally have an advantage for the participants, and to the general public and pose no harm to them (Newman & Kaloupek, 2009). The participants were informed about the study and their informed consent collected. All benefits and risks were included in the explanatory statement, and explained to the participants by the researcher (Orb, Eisenhauer & Wynaden, 2001). This study aims at understanding and improving the nurses' job satisfaction. Confidentiality and privacy were maintained by keeping all participants' information safe and conducting the interviews in private. The results of the study were corresponded with great care and no private data was divulged. There was no documentation of participants' names or organisations. The researcher used pseudonyms to present the results. The essential information was kept within a password protected hard drive and the researcher and her supervisors only had access to the data. Additionally, prior to study completion, information documents and salient records were marked, and were stored in the study area in the university database, conforming to Monash University rules, along with the university-based guidelines.

**Autonomy**. The researcher must respect the participants' choice to participate in the study or not (Cox, Li & Townsend, 2010). The researcher sought written consent from the participants, prior to commencing interviews. Participants were informed of their freedom to withdraw from the study at any time before the analysis stage, without any type of penalty. In addition, respect for participants' autonomy was shown through demonstrating the study information in simple, clear and understandable language that was easy for the participants to understand (Orb et al., 2001) with the explanatory statement written in Arabic (see Appendix B) explaining the study. Hence, participants were fully informed of the study and were able to give informed consent. No participant was previously known by the researcher.

**Justice**. The main feature of this principle is "equal share and fairness" (Orb et al., 2001, p. 95). In this study, justice appears in fair selection of the participants, based on the study's inclusion and exclusion criteria. All participants were equally informed about the study (Cox et al., 2010), without any kind of discrimination.

### 3.11. Recruitment difficulties

The study plan was to recruit the participants from one hospital. However, the researcher only found two participants in the hospital, so snowball sampling was conducted. Snowball sampling was used as it is useful to recruit participants who are not easily accessible (Schneider et al, 2013). The two participants who were recruited from the hospital were asked to suggest other potential participants who they thought might be interested to be part of this study. Of a potential additional nine, five agreed and the consented to be interviewed.

### 3.12. Process of study Governance and Ethical Review

In January 2015, the researcher and her supervisors applied for a low risk application form, which included the study title and information to the Monash University Human Research Ethics Committee (MUHREC). The explanatory statement described the study information in plain, clear and simple English language and consent form (see Appendix C) was also forwarded to the committee.

Approval from Monash University's Human Research Ethics Committee was received (CF15/789-2015000356) to conduct the study within five years, starting from 19 March 2015 until 19 March 2020 (see Appendix D). Then, the researcher contacted the Ministry of Health in Saudi Arabia to gain ethical approval from them. The Ministry of Health sent seven documents

which need to be filled out and sent back to them. After that, the researcher received the acceptance letter for starting the study.

The researcher then contacted the hospital to get their approval and the hospital asked the researcher to fill out some additional documents. It was sent documents, which included both the approval from Monash University's Human Research Ethics Committee and the approval from the Ministry of Health in Saudi Arabia. The approval from the hospitals took about one month to be received.

### 3.13. Chapter Summary

This chapter has demonstrated a comprehensive picture of the methodological approach which was employed in order to investigate the factors that contribute to Saudi critical care nurses' job satisfaction in the Mecca region in Saudi Arabia. Interpretive descriptive qualitative approach was used to answer the research questions and guide the research. The research question that the study intended to answer was: What are the factors that contribute to Saudi critical care nurses' job satisfaction?

The data were collected using individual face-to-face interviews, to provide an in-depth information on the nurses' job satisfaction. Further, this chapter described the study setting, sampling strategy, validity and reliability of the method of data collection, rigour of the study, ethical considerations and the process of study governance and ethical review. The findings are presented in the next chapter.

# Chapter Four: Results

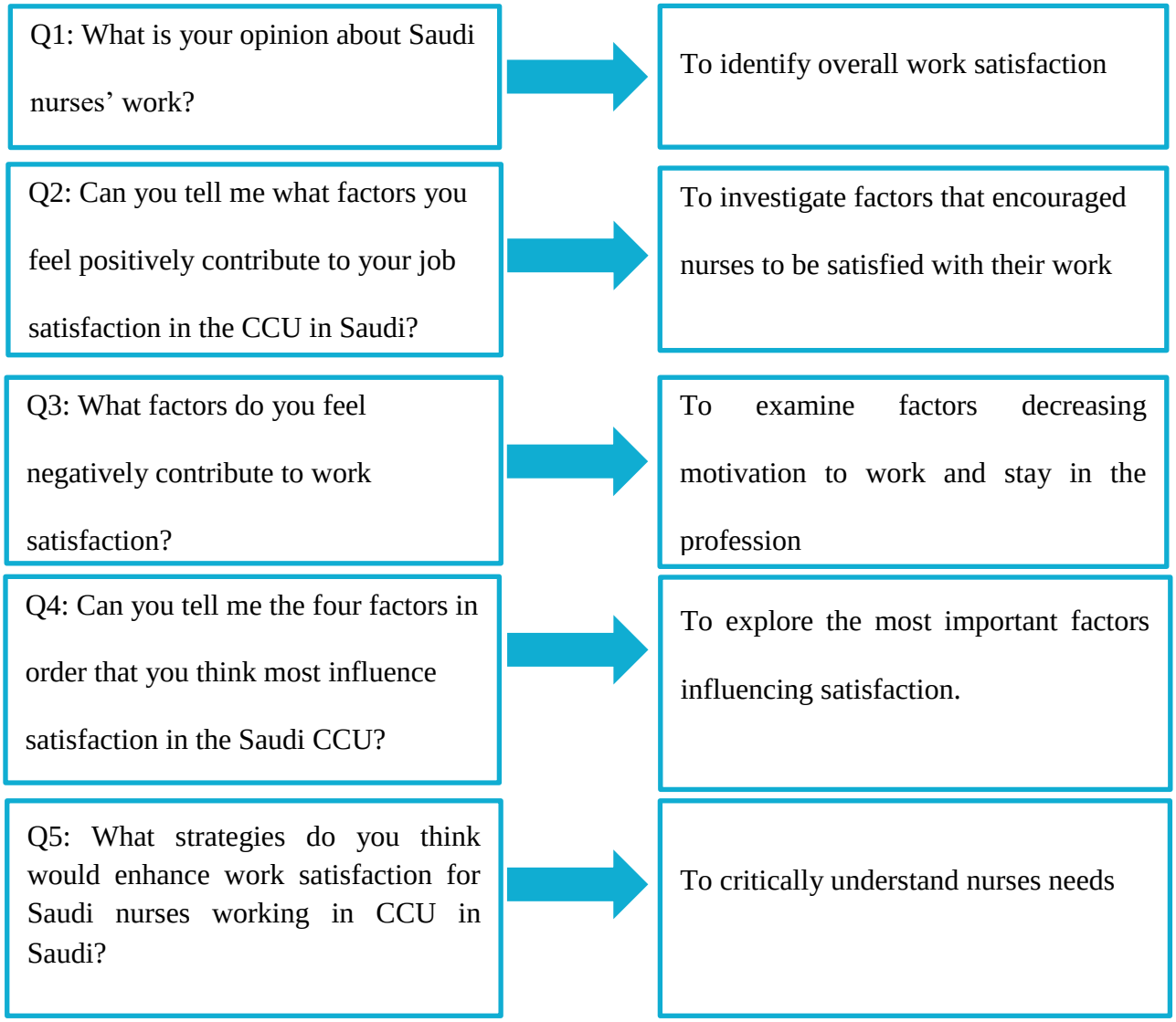
## 4.1. Introduction

The previous chapter provided an overview of the methodology of the study. This chapter presents the results. The chapter is divided into two sections: firstly, a review of the research questions and overview of participants' personal profiles, and the second presents the themes emerging from data analysis. These provide meaningful reflection into participants' perceptions about factors that influence Saudi critical care nurses' work satisfaction.

## 4.2. Research questions

Five key questions were asked to allow participants to describe factors influencing their work satisfaction (Figure 4.1).

*Figure 4.1:*Study questions and rationales




**4.3. Participants' personal profile**

Seven Saudi registered nurses working in CCU units (five female and two male) were interviewed. Interview duration was up to 44 minutes. Participants had different qualification level: most had Bachelor of Nursing degrees, and one had a diploma and another a masters degree. Lengths of experience in nursing varied. Three had between six and ten years of

experience, while four had from one to five years (Table 4.1). Table 4.2 demonstrates each participant's individual characteristics.

Table 4.1

*Overall participant profile*

| Variables | No. participants (n = 7) |
|---|---|
| **Gender** | |
| Male | 2 |
| Female | 5 |
| **Age (years)** | |
| 20 - 25 | - |
| 26 - 30 | 7 |
| 31 - 35 | - |
| Above 35 | - |
| **Marital Status** | |
| Single | 3 |
| Married | 3 |
| Divorced | 1 |
| Widowed | - |
| **Qualification** | |
| Diploma of Nursing | 1 |
| Bachelor of Nursing | 5 |
| Master of Nursing | 1 |
| PhD | - |
| **Year of experience** | |
| 1 – 5 | 4 |
| 6 – 10 | 2 |
| 11 – 15 | 1 |
| Over 15 | - |

Table 4.2

*Participants' individual characteristics*

| Participants | Gender | Age | Marital Status | Qualifications | Years of experience |
|---|---|---|---|---|---|
| Nada | Female | 29 | Married | Diploma of Nursing | 4 |
| Batul | Female | 27 | Single | Bachelor of Nursing | 3 |
| Dima | Female | 29 | Divorced | Bachelor of Nursing | 7 |
| Amal | Female | 29 | Single | Bachelor of Nursing | 3 |
| Fairuz | Female | 28 | Married | Bachelor of Nursing | 6 |
| Omar | Male | 30 | Married | Master of Nursing | 11 |
| Mohammad | Male | 28 | Single | Bachelor of Nursing | 1 |

### 4.4. Results

This section discusses the themes to emerge from the data. It summaries these three themes and their associated sub-themes.

#### 4.4.1. Nurses' themselves

The first theme to emerge was related to factors around the nurses' themselves. Participants were asked to elucidate factors that motivated them to work and increased their work satisfaction. Many intrinsic factors emerged that impacted motivation to work and enhanced work satisfaction. The following sub-themes emerged from the data: age and years of experience, educational level and autonomy.

##### *4.4.1.1 Age and years of experience*

Age and years of experience were important factors affecting nurses' motivation and work satisfaction. However, there were mixed views of this. It was noticed that most participants shared the same idea that older nurses with longer years of experience had less motivation to

work and they reported feeling exhausted. For example, Amal, Fairuz, Dima and Omar believed that age and years of experience affected nurses' work satisfaction. Amal illustrated that nurses who had between three and four years of experience had more satisfaction:

> *...this experienced woman may have nothing new to do and may not have the desire to improve herself. This case may passively affect her performance although she may do well in regular or emergent situations* (Interview 2, L 53-57).

Fairuz confirmed that by saying:

> *If the nurse is new, she'll be active. But senior nurses may be inactive and lazy* (Interview 4, L 47-48)

She added:

> *When I was still new, I was assigned to take care of two patients and there may be there a senior nurse assigned to take care of two patients. This senior nurse used to leave her assigned patients for me to take care of. So, it happened for me to take care of four patients and become responsible for any risk and the senior nurse shirked responsibility claiming that she was in a rest or praying. In these situations, new nurses don't know what to say or do*. (Interview 4, L 50-57).

Dima identified age and experience to be a factor but that this varied with the individual:

> *I worked with senior nurses of more than 20 or 25 years of experience but I found some of them hopeless and zero satisfied, but some others are still active as if they are new.* (Interview 5, L 180-182).

Omar said that senior nurses had less work satisfaction because sometimes they did not complete higher education, so they would not have higher positions. They would see junior nurses with one or two years of experience coming and taking better positions, and that decreased senior nurses' satisfaction. He said:

> *Sometimes a 10 or 15 years experienced nurse works under a 1 or 2 year experienced nurse with higher education. This badly affects job satisfaction.* (Interview 6, L 151-152).

Conversely, Mohammad outlined that:

> *Work satisfaction is achieved with age and experience and knowing how to deal with tasks.* (Interview 7, L 119-120).

Nada confirmed John's point of view, saying that:

> *The idea in the ability to perform work tasks and meet the needs of patients* (Interview 3, L 51-52).

She argued that maybe younger nurses become pregnant, and they cannot understand their roles as well, while maybe there are older nurses who are active, and can complete their tasks better. Emily pointed out:

> *There may be a younger nurse but pregnant. She can't perform well during this period and therefore, she should be moved to other departments that don't need much effort until delivery. If there's an older but active nurse, she can do better in ICU.* (Interview 3, L 52, 55).

#### *4.4.1.2 Educational level*

Holding higher educational level qualification was seen as crucial in nursing work according to five interviewees who perceived that it would boost nurses' work satisfaction and ability to perform their assignments for a number of reasons. For instance, Amal and Nada said that taking higher education or masters degrees was better because it increased nurses' information and experience. Amal said:

> *Those who get higher education or masters degrees study more and get more information and experience than those who get a diploma.* (Interview 2, L 67-69).

Nada noted:

> *Those who get higher education study more and get more information and experience. Masters degree is better and better.* (Interview 3, L 76-77).

Fairuz added that higher education enhanced English language and this was a benefit:

> *Sure, those who get higher education are more competent in English and understand physicians. They are more and more competent in profession* (Interview 4, L 67-69).

Omar further emphasised that education enhanced self-confidence:

> *Sure, the higher education, the higher self-confidence and work satisfaction and the more improvements in self and in department or hospital* (Interview 6, L 160-162).

Mohammad stated the importance of being able to access information:

*Nurses must be highly qualified. They must have a B.Sc. at least to be able to read research to always get new knowledge. Getting information from research is more effective and authentic than books* (Interview No, 7, L 135-138).

Promoting nurses to learn and provide them with opportunities to attend educational courses was perceived to lead to improved satisfaction. Omar insisted that:

*Training courses support self-confidence and activate one because it's a time of change and getting new information* (Interview 6, L 132-134).

Nada, Amal, Fairuz and Mohammad supported that training courses would enhance nurses' work satisfaction. Fairuz complained that:

*We don't get any chances or approval for training courses. When we ask why not, they say "for the public good". But I don't know how I can renew the professional ID that requires defining the number of hours spent in training courses* (Interview 4, L204-207).

That affected her work satisfaction. In contrast, Batul thought that training courses were not important and depended on individual leisure time:

*I may sit alone and read a book… So, it's not necessary to get more certificates but experience and skill are more important* (Interview 1, L 278-283).

To increase work satisfaction and motivation to work, three participants suggested that nursing education had to be improved. Mohammad revealed that:

*…there is no enough room for nursing higher education. No certain university even {university name} doesn't have departments for male nursing. No more than 150*

*graduates annually come from this university and of course, this is not adequate. Its suggestion to open more nursing facility*. (Interview 7, L 127-132).

Mohammad was concerned about the shortage of nursing colleges and he considered it one of the factors that decreased nurses' work satisfaction by decreasing their level of education and ability to continue their higher education. Omar and Nada both highlighted the essential nature of attending training courses. Nada said that:

*It is also hopeful to hold annual courses about profession ethics and creativity in work*. (Interview 3, L 237-238).

Omar reported that:

*…we all need knowledge and information. If we learn well, we'll be developed and have work satisfaction* (Interview 6, L 109-111).

He stressed the importance of providing good education to new employees before assigning them to work tasks:

*…newcomers should be evaluated and should have time to learn* (Interview 6, L 402-403).

#### *4.4.1.3. Autonomy*

Autonomy was an essential factor contributing to CCU nurses' work satisfaction. Amal, Fairuz, Dima and Omar thought that being able to practise autonomously promoted nurses' self-confidence and encouraged them to work positively. As Amal revealed:

> *…waiting to get instructions from doctors weakens self-confidence. The more the doctor trusts the nurse, the more the nurse perfects her work and vice versa. I mean there must be mutual trust.* (Interview 2, L 125-128).

Omar commented that practising autonomously increased self-confidence but it should be done with enough experience or when the physician was not available, demonstrating one situation he experienced:

> *Once, there was a patient who had tuberculosis and AIDS and was near to death in 2-3 minutes. To rescue him, we had first to put on protective uniform and then use the ventilator. The doctor was new and, irritable and couldn't install it well for 3 trials. Because I had good training and the experience, I took the lead and performed the task successfully. Although it was not my task, I told the doctor to go away* (Interview 6, L 211-219).

Nada who had a diploma qualification, had a different view. She conceived that nurses must not take any decisions without returning to physicians, even with regular cases because she believed this did not affect nurses' work satisfaction. She discussed that:

> *For the patient's sake, the nurse mustn't take decisions without doctors' instructions even with regular cases.* (Interview 3, L 159-161).

### 4.4.2. Work environment

The second theme to emerge was the work environment. Participants were asked to consider factors that influenced their motivation and work satisfaction. They revealed a range of factors affecting them and serving to increase or decrease satisfaction and motivation. This theme was divided into two sub-themes: nurses' work and supportive environment.

#### *4.4.2.1. Nurses' work*

Nurses' work covered a range of aspects including: disrespect for, and misunderstanding of, nurses' work, progress in patient health, night shifts and long working hours and work overload.

Perceived disrespect for nurses' work and lack of appreciation had a negative effect on participants' emotional wellbeing. Omar described:

> *Although buildings and structures were new, no-one considered allocating a room for nurses as is the case with male doctors and female doctors except a small room for all. This unfair state depreciates our identity and urges many nurses to leave work. Up to now, I'm very depressed and frustrated as a result of that problem. Nurses must be appreciated like doctors and others.* (Interview 6, 300-308).

He spoke about how disrespect for nursing work affected him. He felt nurses were neglected and their comfort was not as important as doctors and other healthcare providers. Other participants did not mention disrespecting of nursing work, however they mentioned how the work environment and absence of an inappropriate rest room affected them. So while this was identified as an enhancing factor, it was also seen as decreasing satisfaction.

Omar also talked about problems in dealing with patients or their relatives and how that could decrease nurses' work satisfaction. He stated:

> *In ICU, problems come from patient companions and relatives who always quarrel with nurses and depreciate them. Nurses, sometimes, feel nervous and irritable. So, they look for other work* (Interview 6, L 181-185).

Fairuz complained that inequality between nurses and other health care disciplines existed and this decreased satisfaction, saying:

> *…since nurses are at risk of infection, technicians in labs get infection allowances. This inequality dissatisfied nurses* (Interview 4, L 192-195).

Misunderstanding the nature of nursing work was seen to put nurses in difficult situations. Batul who was a head of an intensive care unit discussed her problem:

> *Sometimes the situation is critical for the Saudi female nurse when the patient is alert and a young man, and the nurse herself is young as well. I don't mean something wrong but the viewpoint of the family is different while the patient needs kindness. Sometimes people misunderstand this relationship. For these reasons, I frankly preferred to work with unconscious patients because I have warmer passion. So, when I'm with the patient, I pat him or move him or clean him more gently. In my opinion, it is a critical situation when the nurse is alone with a young attentive patient to wash and clean him* (Interview 1, L 35-44).

Batul demonstrated that misunderstanding about the nature of nursing work and relationships with patients from patients or their families led her to prefer working only with female patients, and this restricted her from administering care.

When nurses noticed progress in their patients' conditions, their work satisfaction was increased because they could see achieved results for their efforts. Five nurses out of seven mentioned that improvements in patients' conditions enhanced their work satisfaction. For example, Batul outlined that she always said to students in her lecture that:

*…you'll find joy and satisfaction when you do a favour to a patient not to sit at a desk in your office. You'll find great comfort when you rescue a soul.* (Interview 1, L 174-176).

Dima described her feelings by saying:

*I may feel annoyed but as soon as a patient gets well, I feel very happy and remember the Quranic Verse "As if he revived all people". It's a very fantastic feeling to see a patient getting well and this is why we like our work*. (Interview 5, L 194-197).

Amal demonstrated that:

*It [progress in patient's health condition] affects positively because it gives the nurse an impression that she conducted the case well and, therefore, urges her to do better and better. (Interview 2, L 131-133*).

While both Nada and Fairuz said in the same words:*" improvements in patients health increase job satisfaction" (Interview 4, L 166-167; Interview 3, L 132-133).*

Long working hours were considered a problem for almost all participants, decreasing their work satisfaction. Three nurses ranked short working hours at the top of their four factors most increasing their satisfaction. Dima claimed out that:

*Long work hours are very harmful and badly affect work satisfaction* (Interview 5, L 110-111).

Nada pointed out that the shift lengths were problematic:

*In some hospitals where nurses work for 12 hours a day, nurses become tired and inactive. All the time the nurse looks for any chance to take rest and have lunch. But if*

*she works for 8 hours a day, she can perform well and have lunch at home.* (Interview 3, L 192-195).

Although Mohammad preferred to work 12-hour shifts, he believed that with the problem of work overload and lack of staff, working 12-hour shifts was exhausting:

*I prefer 12 hour shift because I get three days; weekend, But if there were overloads with lack in staff members in ICU, work will be tiresome and exhausting. (Interview 7, L 172-175).*

Omar added that work hours impacted on life outside of work:

*We work for 9 and a half hours per day i.e. 48 hours weekly. We finish work late in the afternoon (At Alsr time) so, we can't perform our family or personal tasks. Life has become hours at work and hours at home only*. (Interview 6, L 241-245)

Batul and Amal had complained about working night shift and considered it at the top of their dissatisfaction factors. Sophia said that "*I took my position as a head of nursing in ICU to support and improve myself. Most important, to avoid the problem of shifting*" (Interview No, 1, L 52-54). Omar agreed, revealing that night shift was a problem for female nurses because they found it difficult to balance between work and their husbands or children. He said:

*Female nurses, especially the married, suffer from night shifts. Their husbands don't like that or they may have children and find it difficult to make balance and then miss work and the head of the department crosses her name absent and so on.* (Interview 6, L 185-190).

Shortage of staff members created work overload and pushed nurses to become tired, providing less quality of care and feeling dissatisfied, as Fairuz, Nada and Mohammad reported. Nada noted:

> *In [my hospital], there are usually a lot of emergencies in a section with two or three nurses…With high temperatures and fasting, the patient may have temporary hypotension…With work accumulation, doctors may ask for one screen instead of taking the due screens or vital examination* (Interview 3, L 203-210).

Fairuz also addressed the problem of overload during pilgrimage season saying:

> *In pilgrimage season… It's better to stop receiving extra patients after the 15$^{th}$ of Dhul Hijja [month when pilgrimage takes place]. Sometimes, we ask for help from other departments but often, there's lack of staff members. Sometimes, nurses come to help us from the dialysis unit but they know nothing about ICU to the extent that they distort everything and ask you to teach them* (Interview 4, L 219-230).

Mohammad mentioned that lack of nursing staff and overload was made worse with nurses going overseas for study and not returning to their original posts:

> *There's lack of staff members. It's better sending nurses in missions to refine their knowledge but after coming back, they look for another official or administrative job and hence, we miss them in nursing. Another problem, who will substitute them for 2 or 3 or 4 years?* (Interview 7, L 208-212).

#### *4.4.2.2. Supportive environment*

All respondents emphasised that the work environment as a whole played an important role in increasing nurses' work satisfaction and motivation to work. This included cleanliness, ventilation, having a rest room and good furniture. Six of seven participants complained that an inappropriate rest room made them dissatisfied in their work. Dima described that:

> *Can you imagine three shifts with 9-10 nurses each (about 30 per day) have rest in a small room with very poor furniture? We have no rooms for having meals. We were to work 9 hours without rest although most cases in ICU are critical and need due care. We only have a very small room with small table with 4 chairs around and very small drawers. There was no room for having rest or pray in this small room with its very small W.C.* (Interview 5, L 74-80)

Mohammad said that:

> *…we work for 12 hours and need a room for rest but we are blamed for that, how! We work with patients at risk in ICU and we operate complicated devices and machines, so we need rest* (Interview 7, L 179-182).

However, Batul who worked as a head nurse preferred a small rest room for nurses because she believed it was good for saving their time and keeping them at work. She argued that:

> *I'm against devoting rooms for rest but one small room with two chairs, W.C., and a carpet for prayer is enough. Otherwise, this room will be changed into a make-up room or a café. It should be clean and well ventilated with special desks for every nurse* (Interview 1, L 317-32).

Further, Mohammad mentioned that poor cleaning affected them:

> *…we suffer injuries owing to slipping as a result of liquids poured unintentionally on the ground. Sanitation workers may be absent or the outsource company may have problems with payments. So, we find no way but do it ourselves to avoid risks* (Interview 7, L 182-186).

Along with long working hours, participants discussed that inappropriate salary and lack of allowances negatively affected their satisfaction, and four ranked it at the top of their dissatisfaction factors. For example, Batul, Nada, Omar and Amal mentioned that there should be balance between effort exerted and payment. Batul illustrated that:

> *Nurses wash and clean urine and stool. We want allowance for dirty tasks* (Interview No, 1, L 359-360).

Omar noted that salary was sufficient but nurses needed allowances. He said:

> *…those who work in ICUs and isolation sections should get more allowances and promotions than others to support their satisfaction about their due efforts and sufferings* (Interview 6, L 368-371).

Mohammad addressed that The Ministry of Health contributed to nurses' dissatisfaction and suggested nursing students would dislike joining nursing because of the current situation. He said:

> *I remember that the Ministry decided to generalise equity in salaries. We were pleased that we'll get accommodation and transport allowances but this plan didn't come to*

> *effect. So, that makes nurses dislike choosing either to continue or complete higher studies* (Interview 7, L 160-164).

Mohammad was referring to the fact that non-Saudi nurses receive these allowances such as accommodation, transportation and infection allowance, while Saudi nurses do not. Dima asserted:

> *If I work 6 hours and get good salary, I will be motivated to spare no effort regardless whoever the head nurse is* (Interview 5, L 210-112).

Lack of equipment and devices was another factor that contributed to nurses' work dissatisfaction. All participants mentioned that lack of tools and facilities affected their performance, wasted their time and decreased patient care. Mohammad demonstrated that:

> *Lack of facilities is a problem and the Ministry of Health is short in this aspect despite large budgets. Trolleys, benches and hygiene facilities must be secured for patients' and staff's safety. When there are tools, systems and equipment to save effort, we feel at ease and feel satisfied.* (Interview 7, L 190-194)

Omar said that he had three episodes of herniated disc as a result of carrying patients and lifting heavy weights because of the absence of lifting machines that assist nurses in providing their care. He argued that:

> *Of course, there were advanced facilities to perform such hard tasks but there were no devices to help nurses to perform their tasks. Doctors were interested in devices and machines that help them only* (Interview 6, L 72-77).

Clear hospital policies and definite work descriptions also contributed to nurses' work satisfaction as Mohammad stressed:

> *…there must be clear rules in ICU defining duties and responsibilities of nurses and physicians in all departments* (91-93).

Fairuz confirmed that laws and policies affected nurses' work satisfaction addressing that some policies should be changed:

> *Pregnant nurses are not considered. So, the woman is at risk of miscarriage due to heavy duty…Night shifts for pregnant women should be altered to be morning shifts because in night shifts there are duties of changing bed sheets and washing the patients. Male nurses should be assigned to night shifts in ICU but they are assigned to administrative tasks. So, all administrators are men and care tasks are assigned to female nurses*. (Interview 4, L 154-163)

Amal and Dima both believed that strict and firm laws led to better performance. Amal argued that:

> *If laws and rules go strictly and firmly, that will positively affect performance although we will be sometimes weary but we'll get used to it and our performance will be better.* (Interview 2, L 169-172.

Dima highlighted there were differences in this area between medical cities and public hospitals:

> *…in medical cities, there are firm and fair laws and rules. Careless individuals prefer to work in public hospitals* (Interview 5, L 131-132).

Participants were asked what strategies they perceived to be helpful to increase nurses' work satisfaction, resulting in a range of possibilities identified. Good management was strongly emphasised by most participants as one factor that would enhance work satisfaction and ability to deliver high quality care. Mohammad recommended that to minimise nurses' procedural errors and problems, it was important to consider:

> *Availability of work description. Management should regularly conduct a questionnaire investigating problems and involve staff in making decisions dealing with vital aspects such as work hours, bringing in new devices and systems, considering the capacity of the unit, and so on.* (Interview 7, L 242-247).

Fairuz also commented on work description suggesting:

> *…it is hopeful to assign nurses for their very tasks only. For example, ventilators should be assigned to specialists*. (Interview 4, L 255-256).

Two participants considered comfortable environment in their recommendation to increase work satisfaction. For Nada, proper environment should include nurseries for children to provide childcare for mothers:

> *…it is hopeful to establish nurseries for newly born and kids to keep nurses work without worrying about their children or wasting time calling relatives to be sure that their children are alright* (Interview 3, L 234-236).

While Mohammad advised that proper environment meant it was:

*…easy to perform with the help of good facilities and in comfortable location* (Interview 7, L 231-232).

### 4.4.3. Relationships

The third theme to emerge revealed how relationships affected nurses' work and their role in nurses' satisfaction. This theme incorporated two sub-themes: *Head nurse*, and *Relationships between nurses and nurses, and physicians*.

#### *4.4.3.1. Head nurse*

For all interviewees, the head nurse was considered one of the main factors leading to work satisfaction or dissatisfaction. For some, the head nurse was in the top four factors that made them dissatisfied in their work. Amal highlighted:

> *I suffer much from the head of the department and feel uncomfortable. There must be mutual understanding and good communication between the head of the department and nurses* (Interview 2, L 193-196).

Batul claimed that foreign head nurses were often against Saudi nurses because they were afraid they would take their positions:

> *…the head nurse was the first who declared a war against me. Once she reported that I came to work in full make-up…When I decided to go to her office and discuss the problem, she frankly told me that it was the position and added that I came there to remove her from the position* (Interview 1, L 127-136).

Batul also had issues with foreign head nurses. She claimed that foreign head nurses treated Saudi nurses badly, so she proposed that:

> *If the head of the department is not Saudi, there should be regular visits to hospitals and departments to investigate Saudi status and listen to their complaints. I'm not against foreigners and I don't bother or fight them but they do that with us.* (Interview 1, L 371-375).

Omar suggested how the head nurse should operate:

> *The head of the department should welcome newcomers and evaluate their competence and then teach them.* (Interview 6, L 416-418).

He reported:

> *When I was after an ICU in emergency section, I established the tradition of "the best nurse". It was an invitation for having breakfast together…In two to three weeks time, there was a great deal of coherence and harmony. Nurses could happily afford any assignment and those who got used to come late began to come early* (Interview 6, L 421-430).

#### *4.4.3.2. Relationships between nurses, and nurses and physician*

Poor relationships between nurses affected their satisfaction that resulted in them leaving their work, feeling overwhelmed or providing improper patient care. Omar discussed how much bad interactions between nurses affected their work.

> *I know many nurses left the department due to personal problems with other staff members* (Interview 6, L 165-167).

Cultural factors were reported to impact on nurses' relationships. Fairuz and Batul and Mohammad agreed that nurses acted as parties, every group of friends or nationality liked to work together. Batul said that:

> *They act as parties, Indians in one party, Pakistani in one party, Philippines in another and so on.* (Interview 1, L 204-204).

Fairuz agreed by saying:

> *There was the problem of Saudi and non-Saudi nurses. The Saudi nurse would like the nurse taking care of the patient next to her assigned patient to be a Saudi nurse like her, not a foreign nurse.* (Interview 4, L 11-114).

Mohammad demonstrated that:

> *I noticed groups and parties in hospitals. Each party works in harmony in a shift until they become friends and get definite tasks and a definite number of patients.* (Interview 7, L 79-82).

Good relationships result in mutual work, healthy environments, better patient care and good work satisfaction. Amal described that:

> *If the team working in a shift has mutual understanding and agreement, they'll work successfully and collaboratively. For example, if a nurse is assigned to a heavy load and there's another nurse with lighter load, then the latter will help the former to finish work more efficiently. Communication will be more effective as well* (Interview 2, L 97-102).

In addition, participants identified that good relationships between nurses and physicians led to increased satisfaction and motivation to work. Conversely, poor relationships decreased work satisfaction and affected them and their work negatively. Nada stated:

> *Good relations help in solving in emergencies or problems until matters become safe* (Interview 3, 122-123).

Fairuz illustrated that relationships between nurses and physicians affected nurses. She described her problem with one physician when she was newly employed:

> *I was assigned to a very complicated case, a man in his 80s. I had a night shift and was assigned to other two patients…Sugar level in blood at 70 is nearly natural and as a result I didn't inform the physician who was very firm and always puts you under tension. After 2 or 3 hours, the old man died. Checking sugar in blood (40) drove this physician to report against me accusing me for that death since I didn't inform him earlier. Later, I felt stress whenever I worked with him to the extent that I missed work several days*. (Interview 4, L 131-141)

## 4.5 Chapter Summary

Interviews were conducted to gain deep understanding of the view of work satisfaction among seven Saudi nurses working in CCU. A range of factors was identified as influencing work satisfaction for these nurses. The following chapter provides an in-depth discussion of these results in the context of the international literature and identifies the contribution made by the current study.

# Chapter 5: Discussion and conclusion

## 5.1. Introduction

This chapter discusses the study findings in the context of the existing literature. The first part of the chapter presents a discussion of the study results in two sections: firstly, an overall summary of the study, and secondly discusses how intrapersonal, interpersonal and extrapersonal factors affect Saudi nurses' job satisfaction. The second part of the chapter presents the recruitment difficulties, study limitations, implications and recommendations.

## 5.2. Summary of the study

This study examined factors that contributed to Saudi critical care nurses' job satisfaction in the Mecca region of Saudi Arabia. Three themes emerged from the data that related to factors influencing the participants' job satisfaction which were: nurses themselves, work environment and relationships. Those themes were identified in three major areas: intrapersonal, interpersonal and extrapersonal factors to answer the research question. Overall most participants had some level of dissatisfaction in their profession related to a number of factors.

### 5.2.1. Intrapersonal factors affecting nurses' job satisfaction

Intrapersonal factors emerging in this study involved: the nurses' age, years of experience and educational level. In this study, the level of satisfaction was seen to be increased among younger nurses and those who had less years of experience, from one to four years of experience. This result is different from many other studies which report that older nurses with more years of experience were most satisfied. For example, in one Norwegian study, nurses who were older than 37 years and had worked over than eight or five years were more satisfied (Bjørk et al.,

2007). However, this study result also supports some other studies. Ma, Samuels and Alexander (2003) examined factors affecting job satisfaction among registered nurses working in South Carolina. The study revealed that nurses with less than two years of experience were more satisfied than those with more than two years of experience. While, another study conducted in the midwestern United States, found that newly graduated nurses and nurses with less practical experience had better levels of work satisfaction (Kacel, Miller & Norris, 2005). Thus, younger nurses may be more satisfied and have passion to work.

The study found a connection between level of education and job satisfaction. This finding indicates that obtaining higher level education is crucial for nurses to become satisfied in their job. Other studies support the idea that educational preparation is considered an important factor for nurses' job satisfaction such as a study conducted in Kuwait (Al-Enezi, Chowdhury, Shah & Al-Otabi, 2009), that aimed to identify underlying factors affecting nurses' job satisfaction. Nurses were recruited from five MoH general hospitals in different units including the critical care unit. The study found an inverse relationship between higher level of education and job satisfaction. In China, Hu and Liu (2004) analysed job satisfaction among nurses working at hospitals in 16 states. They found nurses with higher professional degrees and more chances to attend educational programs were more likely to have higher levels of job satisfaction.

### 5.2.2. Interpersonal factors affecting nurses job satisfaction

Interpersonal factors arising from this study included: disrespect for, and misunderstanding of nurses' work, autonomy, patient progress, leadership, relationship between nurses and relationship between nurses and physicians. Many participants revealed that disrespect and/or misunderstanding of nurses' work affected nurses and forced them to feel disturbances that consequently led them to be dissatisfied in their job. Lack of respect of nurses' work has been

discussed in other studies as one of the important reasons why nurses are dissatisfied in their job. Almalki et al. (2012) studied quality of work life for nurses who worked in primary health care in the Jazan region in Saudi Arabia. They reported that many nurses felt dissatisfied in their job as a result of negative public image of nurses' job. Almalki et al. (2012) revealed that "In Saudi Arabia, nursing is not ranked as highly as other medical jobs, such as medicine and pharmacy" (p.236). It has been argued that people in Saudi consider nurses as physicians' assistants and do not appreciate their effort and time (Al Thagafi, 2006). According to Almaki et al. (2012) and Alshmemri, Shahwan and Maude (2013), this view about nursing work has also been mentioned in other studies across other countries such as the United States, Japan, Iran, Jordan and Kuwait.

As Alshmemri et al. (2013) pointed out: "in the ancient history of nursing in Islam and during the times of the Prophet Mohammed (peace be upon him), nursing was a respectable career for Muslim women due to the support and appreciation from the Prophet, Mohammed (peace be upon him) and the Muslim army" (p.201). Many nurses in this study also described feeling disrespected and neglected by hospital policies and management, such as neglecting their needs to have a suitable rest room and allowances such as other health care providers.

In terms of autonomy, most participants in this study believed that autonomy was a primary factor leading to their work satisfaction. Practising autonomously was found to have positive effects on the participants' attitudes and boost their self-confidence. Several studies support that autonomy is associated with good quality of care and increases nurses' job satisfaction (Best & Thurston, 2004; Hayes et al., 2010; Zurmehly, 2008). A study conducted in Ireland found autonomy to be the prime contributor to nurses' satisfaction before pay and interaction (Hayes et al., 2010). "Nursing job satisfaction has been positively related to autonomy and empowerment, supported of and recognition by supervisors, communication with colleagues, and decision

making" (Best & Thurston, 2004, p 284). Zurmehly (2008) examined the relationships between job satisfaction and educational preparation, autonomy and critical thinking. The study sample was registered nurses working in management, medical-surgical and home health nurses. The researchers found that when perceived autonomy of the participants increased, their total job satisfaction increased.

In regard to patient progress, the study found positive links between participants' overall work satisfaction and progress in patients' health conditions. Five out of seven participants had mentioned that their satisfaction increased with improvements in their patients' health and when they applied high quality care. Patient care was noticeable in much research as a source of nurses' job satisfaction (Utriainen & Kyngas, 2009; Perry, 2005 & Dunn et al., 2005). Hayes et al. (2010) reported that "direct patient care seems to provide a sense of value and reward to nurses" (p.810). Utriainen and Kyngas (2009) reviewed literature related to nurses' job satisfaction. The results indicated that patient care, particularly high quality patient care, was a major factor developing nurses' work satisfaction. A study was done by Perry (2005) regarding what contributed to registered nurses' professional fulfilment. He collected the sample by recruiting international nurses from different specialties. Findings reflected that nurses who became satisfied with their profession made connections with their patients and believed they provided high level care. In a major teaching hospital in Australia, quality of care was ranked as a most important factor increasing nurses' work satisfaction (Dunn et al., 2005). Thus, this study's results intensify and support previous research findings.

The current study findings suggest that leadership plays a crucial role in participants' job satisfaction. Unfair and unrespected head nurses were the main source of work dissatisfaction for most participants. This result is supported by research nationally and internationally (Almalki et

al, 2012; Zangaro & Johantgen, 2009 & Hayes et al,, 2010). In Saudi Arabia, Alshmemri, et al. (2013) studied job satisfaction among Saudi nurses who worked in three public hospitals. The study found that leadership style of hospital leaders and managers was very important in improving and supporting nurses' job satisfaction. They found that nurses reported that lack of support and cooperation between nursing leaders and staff nurses, and focusing only on nurses' mistakes, were the primary reasons for nurses' work dissatisfaction. This result was strongly supported in the findings of the current study as well. Therefore, it clearly supports that leadership style in Saudi Arabia influences nurses' job satisfaction substantially and needs to be improved.

Interaction between nurses and colleagues and between nurses and physicians contributed to the current study's participants' work satisfaction or dissatisfaction. Participants revealed how bad or inappropriate relationships affected their work and their colleagues as well and sometimes led to leaving their work. Research has indicated that relationships between nurses and colleagues, and between nurses and physicians, have significant effects on nurses' job satisfaction (Adams & Bond, 2000; Bjørk et al., 2007; Castaneda & Scanlan, 2014) Castaneda and Scanlan (2014) reviewed literature to explore and simplify the phenomenon of nurses' job satisfaction in Canada. Three main attributes were found to lead to job satisfaction which were interpersonal relationships along with autonomy and patient care. Bjørk et al. (2007) reported on a study done in Norway to identify job satisfaction among nurses in four hospitals. They revealed that Norwegian nurses rated interaction as an important factor for their job satisfaction, followed by pay and autonomy. Adams and Bond (2000), in England, used a sample of 834 national nurses gathered from acute hospital wards in one organisation to examine the relationships between organisational and personal characteristics and job satisfaction. The study found other prominent

factors influenced nurses' work satisfaction, one of them being the relationships between nurses and medical staff.

What has not previously been identified, all participants in the current study mentioned the existence of problems in relationships between Saudi nurses and non-Saudi nurses that usually resulted in delayed patient care and work dissatisfaction. They indicated that nurses usually liked to work in groups, Saudi nurses liked to work with each other and non-Saudi nurses with each other. Each nationality preferred to work alone and that caused problems when they worked together because they were not supporting and helping each other. Therefore, further studies regarding this problem should be conducted in order to explore and manage it.

### 5.2.3. Extrapersonal factors affecting nurses' job satisfaction

Extrapersonal factors that evolved in this study included night shift and long working hours, work overload, lack of equipment and devices, work environment, educational opportunities, salary and hospital policies. Participants were least satisfied with long working hours, lack of equipment and devices, work environment and salary and indicated that these caused them to feel dissatisfied in their work.

Long working hours contributed to work dissatisfaction among participants and impacted on their health and lives as a whole. This finding is supported by other research. One study conducted in Saudi Arabia by Lamadah and Sayed (2014) found that the major deterrent to pursuing a nursing career for female Saudi nursing students was the long hours and rotating shifts. Another study pointed out that long working hours were included in major dissatisfaction factors for Saudi nurses (Almalki et al., 2012). In addition, night shift was mentioned by some participants as an important issue that decreased their satisfaction and affected their health.

Similar results were also indicated in a study conducted by Havlvic, Lau and Pinfield (2002) that "shift work and night work may affect nurses' health condition and their sleeping patterns" (p.425). To overcome this issue, it could be a solution to assign each nurse to the shift they prefer to work in order to regulate their sleeping patterns instead of changing their shifts every week, but may create other problems.

The work environment, including lack of equipment and devices, absence of or inappropriate rest room, ventilation, cleanliness, good furniture and availability of nursery care for their children were participants' main concerns impacting on their overall work satisfaction. Improper or unavailability of rest room and lack of devices and equipment made participants feel neglected and not as important as other health care providers. This result is not surprising as it arises in international studies. Many of these address the physical work environment and lack of equipment and devices as major factors leading to nurses' job dissatisfaction (Almalki et al., 2012; Alshmemri et al., 2013; Spetz & Herrera, 2010). A study conducted in The United States reported that in that and other countries, to improve nurses' retention, many hospitals have enhanced workplace characteristics such as workload, workplace safety and supervisor support (Spetz & Herrera, 2010). Almalki et al. (2012) revealed that in Saudi Arabia "the majority of nurses in this study were not happy with their break-area (recreation room). They do not have a particular place to rest, eat or pray…nurses reported a lack of client/patient care supplies and equipment" (p.233). According to Alshmemri et al. (2013), salaries and benefits were important to increase participants' job satisfaction as it rewards their effort and time. In this study, most participants were unhappy with the pay and recognition. The result was in concord with other literature findings. Increased workload with low income and lack of nurses' incentives, nurses who worried about lack of recognition and appreciation felt frustration which contributed to their

work dissatisfaction (Lamadah & Sayed, 2014). Salaries were mentioned in other studies as a source of nurses' work satisfaction (Djukie et al., 2014; Spetz & Herrera, 2010; Zaghloul, Al-Hussaini & Al-Bassam, 2008). Djukie et al. (2014) identified that for Norwegian nurses pay was the second most important factor enhancing their job satisfaction after interaction. Spetz and Herrera (2010) examined changes of job satisfaction among registered nurses in California from 2004 to 2008. Their study result revealed that greater job satisfaction was associated with higher income. Zaghloul et al. (2008) conducted a study in Al-Khobar in Saudi Arabia. They described nurses' job satisfaction regarding their intention to continue working at King Faisal University Hospital. Nurses were least satisfied with the hospital benefits, paid time off and bonuses and other variables. The current study stresses these results and that continuous ignoring of nurses' needs may affect their commitment and satisfaction.

Workload, educational opportunities and hospital policies were also essential factors that increased participants' job satisfaction. Some were dissatisfied with factors that impacted on their work satisfaction. Workload obstructed them from delivering high quality patient care and that consequently led to increase their dissatisfaction. As Almalki et al. (2012) reported in Saudi Arabia, workload and poor staffing were pushing nurses to consider leaving their workplaces. Educational opportunities were found to be one of the positive job satisfaction factors in many studies which support the study result (Bjørk et al., 2007; Gazzaz, 2009). Bjørk et al. (2007) revealed that for Norwegian nurses, education and professional development were highly positive predictors for their job satisfaction and intention to stay in the profession. Gazzaz (2009) carried out a study with Saudi nurses working in governmental and private hospitals in Jeddah. The study revealed that most nurses cited educational opportunities, such as on-the-job training or in-service education and opportunities to continue their education, as factors contributing to

their motivation to stay in the profession. Clear and defined hospital policies were positive factors for the current participants to increase their satisfaction. Some complained that restrictive policies affected their work and satisfaction, while others were happy with strict rules and regulations to keep nurses' performance high. Hayes et al. (2010) discuss the most common factors attributing to nurses' job satisfaction in acute hospital settings through exploring recent literature from January 2004 to March 2009. They suggested that "Organizational policies which resulted in poor staffing levels impacted on nurse job satisfaction…the use of overtime, poor rostering and the sense of being used like a 'machine' were highlighted as being issues for nurses" (p811).

### 5.4. Study limitations

Every study has limitations and the researcher needs to recognise the limitations of the current study. Given that this research was being conducted within a Master of Nursing, timeframes were a factor. In addition, although the number of participants was relatively small (n=7), those recruited came from different hospitals in the Mecca region in Saudi Arabia, including private and governmental hospitals, so do not necessarily reflect the whole of Saudi Arabia. Therefore, this provides the researcher more deep insight about Saudi critical care nurses and the contributing factors to their job satisfaction. However, the results are valuable and add to our understandings of the phenomenon. As with any research of this type, results cannot be generalised to other populations, however they may assist with understanding similar situations.

### 5.5. Future research

A review of previous research on job satisfaction of Saudi nurses working in critical care units declared a dearth in studies focusing on this area. Most similar studies were carried out in western countries (Iglesias & Vallejo, 2013; Klopper, Cotzee, Pretorius & Bester, 2012;

Iliopoulou & While, 2010). Thus, replication of this study on a larger sample in different settings is required to assist with analysis of factors that influence Saudi critical care nurses' job satisfaction. These are particularly important in the Mecca region as it is considered the most important city in Saudi Arabia, being at the centre of Islam and a mirror of Saudi Arabia to the world through pilgrimage, so nursing work in this city is very important to ensure delivering effective care to diverse groups of patients.

Another area that should be taken into account in further studies is the relationship between foreign head nurses and Saudi staff nurses. In this study, one participant highlighted that foreign head nurses often treated Saudi staff nurses unfairly, resulting in lowered satisfaction and becoming detached them from their career. The relationship between Saudi and non-Saudi nurses also needs to be considered in order to increase nurses' work outcomes and satisfaction as most participants revealed that relationships were often unprofessional and unhelpful in delivering patient care. Furthermore, groups reported preferring to work with others of their own culture.

### 5.6. Clinical implications and recommendations

Based on the study findings, to improve levels of job satisfaction among Saudi critical care nurses working in the Mecca region, the clinical implications and recommendations will be discussed in regard to:

- ✓ Policy and management and leadership
- ✓ Work environment
- ✓ Nursing education
- ✓ Saudi community

### 5.6.1. Recommendations for policy and management and leadership

Recommendations for policy and management based on the findings of this study are:

- Reducing daily working hours in order to allow nurses to effectively care for their families. It has been highlighted in this and other studies that long working hours can affect nurses badly and decrease their work satisfaction.
- Provide regular (fixed time) shift time patterns instead of having changing shift time every week.
- Increase Saudi nurses' salary and allowances. Currently, they earn less than non-Saudis. This will enhance their work satisfaction and decrease turnover rate.
- Provide nurses with clear job descriptions that define each nursing field's duties and roles to help nurses to save time and effort and focus on their work.
- Employing nursing assistants to help registered nurses provide patient care would ensure adequate care is delivered and reduce workload, especially in pilgrimage and Ramadan times.
- Consideration of the relationship between foreign head nurses and Saudi staff nurses to ensure each is heard and receives fair treatment.
- Leadership style should be supportive and motivational. Effective leadership style that supports nurses and motivates them to enjoy their work through positive relationships, fair treatment and engagement in decision making would lead to facilitating a positive practice environment, increase nurses' job satisfaction and enhance their working outcomes.

- Professional interaction between both nurses, and nurses and physicians, should be enhanced, as according to this study's findings, negative relationships can affect nurses negatively and increase the staff turnover rate.

### 5.6.2. Recommendations for the work environment

Based on the study results, recommendations for the work environment include:

- Enhancing the physical work environment (architecture design) of the department and its environment. Having an environment with comfortable colours, clean furniture, good ventilation and not crowded is important for nurses, patients and others working in the hospital to relieve stress and improve work satisfaction.
- Provision of an open, comfortable rest/break room for nurses to ensure they have a suitable place to rest, eat and release tension. Participants in this study complained about feeling neglected and treated as less important than other health care providers; not having a rest room was one complaint. Thus, having a place to rest, eat and pray is essential to increase nurses' satisfaction and help them to provide appropriate patient care.
- Departments should provide all devices and equipment needed for nurses to deliver high quality patient care.
- The organisation should establish a childcare centre during working hours for children of nurses to help them concentrate on their work.

### 5.6.3. Recommendations for nursing education

Recommendations for nursing education include:

- It is recommended that MoH and MoHE continue to provide nurses with opportunities to upgrade their education and have training courses based on their specialties.
- Nurses should receive continuous in-service education and training to refresh and improve their knowledge and skills and to be up-to-date.
- MoHE should establish a nursing program for Masters and PhD degrees for nurses to study in Saudi Arabia.

### 5.6.4. Recommendations for the Saudi community

Based on the study results, recommendations for the Saudi community include:

- The image of the nursing profession in the Saudi community could be enhanced from negative to positive image through media campaigns such as through television, radio and the Internet. The role of nurses in the health sector should be explained to the community to promote respect and understanding of the nature of the job.
- The community should be educated about the different roles and types of nursing careers and the importance of this work, in order to encourage Saudis to join the nursing profession.
- The Saudi community should be educated about the nature of nursing work and mixed-gender environments to help the community understand the work and the way nurses treat patients.

## 5.7. Conclusion

Nursing shortages and increased turnover rate are a global concern, and job satisfaction is a topic of interest in all health care sectors. Saudi Arabia has a growing problem relating to nursing shortages. There is a dependence on mainly foreign nurses because of a relatively small number of Saudi nurses. Mecca is considered the most popular city in Saudi Arabia and the most visited

city in the world, due to it is spiritual and Islamic status. There is high pressure on the healthcare sector, especially critical care areas, during Islamic holy periods and nurses working in those areas work under pressure and overload. Nurses' job satisfaction needs to be further examined in intensive care and critical care units to ensure nurses are delivering high quality patient care, and to increase the number of Saudi nationals joining this career.

This study is the first to analyse factors contributing to job satisfaction for Saudi intensive care and critical care nurses working in Mecca. Hence, the study has highlighted a range of important considerations and recommendations that should serve to inform job satisfaction in Saudi Arabia. More research on a larger scale will further contribute. The overall results of this study revealed that most Saudi nurses were dissatisfied with their job in some way. A number of factors were addressed and examined to understand nurses' job satisfaction.

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# Appendix

## Appendix A: Professional Language Translator Office

**Aledresi Authorized Translation Office**
License No. ( 720 )
Membership No. ( 202001159700 )

مكتب الإدريسي للترجمة المعتمدة
ترخيص رقم (٧٢٠) فرع مكة
عضوية رقم (٢٠٢٠٠١١٥٩٧٠٠)

*Certificate*

THIS IS TO CONFIRM THAT OUR OFFICE, ALEDRESI AUTHORIZED TRANSLATION OFFICE, TRANSLATED SEVEN (7) INTERVIEWS IN FAVOR OF MRS. *OMNIA ALI BASHEHAB*. IN TESTIMONY WHEREOF, I PUT MY SIGNATURE AND STAMP ON 15 OCT. 2015.

Aledresi Authorized Translation office
Date of Translation :
15 OCT 2015
Email: A1951980@outlook.com
Tel. 00966569126116

ALEDRESI AUTHORIZED TRANSLATION OFFICE MAKKAH

Aledresi Authorized Translation Office

[redacted]

العنوان / مكة المكرمة – حي العزيزية – جامعة أم القرى بجوار موقف الجامعة – البوابة رقم ١
هاتف : ٠٢ / ٥٦٦٣٠٩٩ جوال : ٠٥٦٩١٢٦١١٦
Holy Makkah – Al Aziziah District – Umm Al-Qura university , next to University car parking
Tel. / 0096625663099 mobile / 00966569126116

## Appendix B: Participants' Information Sheet

Project Title: Satisfaction among Saudi critical care nurses in Saudi Arabia: Perception of what matters.

### What does the research involve?

The study aims to investigate the factors contributing to critical care nurses' job satisfaction in Saudi Arabia.
You are invited to participate in an interview. The duration of the interviews is expected to be in the range of 45 minutes to 1 hour.

### Why were you chosen for this research?

Nurses in critical care units face difficult conditions and deal with critically ill patients. Therefore, it is imperative that they have job satisfaction. Thus, it is important to analyse factors contributing to nurses' job satisfaction to improve the quality of their job and motivate them to continue working. As a Saudi national nurse in the critical in Saudi Arabia, your experiences and perceptions are important in assisting understanding of the factors that contribute to critical nurses' job satisfaction.

### Consenting to participate in the project and withdrawing from the research

You have the right to withdraw from the research, prior to the conduct of the interview. If you agree to participate, you will be asked to provide written consent prior to the interview.

### Possible benefits and risks to participants

This study will enhance our comprehension of Saudi critical care nurses' job satisfaction. It is hoped that by understanding this, efforts can be made to enhance productivity, and encourage nurses to stay in the profession. The findings of this study can have direct implications on Saudi's local nurses and their careers, and positively influence the number of individuals undertaking a nursing career in Saudi Arabia.

No risks are anticipated from this study, beyond the inconvenience of time to participate in a focused group interview with the student researcher.

### Confidentiality

Privacy and confidentiality will be maintained at all times. All results will be represented with utmost care and no personal information will be disclosed. No names will be documented at the

time of recording and pseudonyms will be used in reporting findings. All data will be stored on an external hard drive with a secured password, which can only be accessed by the researcher.

The research results will be submitted to the Monash University, King Abdullah Medical City Hospital and Al Noor specialized hospital in the form of a thesis. Participants can request a summary of the findings from the student researcher. A presentation of the research results will be conducted at King Abdullah Medical City and Al Noor specialized hospital.

**Storage of data**

Electronic data will be stored on password protected hard disk. All paper-based documentation will be stored in locked filing cabinets that allow only the researchers to be able to access.

**Results**

The research results will be submitted to the Monash University and King Abdullah Medical City hospital in the form of a thesis. Data will be de-identified using pseudonyms to protect the identities of participants.

For further question you can contact

**Appendix C: Consent Form**

MONASH University

## CONSENT FORM

**(Critical Care Nurses)**

**Project: Satisfaction among Saudi Critical Care nurses in Saudi Arabia: Perception of what matters**

I have been asked to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

| I consent to the following: | Yes | No |
|---|---|---|
| Taking part in an individual interview | ☐ | ☐ |
| Audio recording during the interview | ☐ | ☐ |

Name of Participant Participant Signature Date

**Appendix D: Monash University's Human Research Ethics Committee Approval.**


**Human Ethics Certificate of Approval**

This is to certify that the project below was considered by the Monash University Human Research Ethics Committee. The Committee was satisfied that the proposal meets the requirements of the *National Statement on Ethical Conduct in Human Research* and has granted approval.

**Terms of approval** - ***Failure to comply with the terms below is in breach of your approval and the Australian Code for the Responsible Conduct of Research.***

1. The Chief investigator is responsible for ensuring that permission letters are obtained, if relevant, before any data collection can occur at the specified organization.
2. Approval is only valid whilst you hold a position at the Monash University.
3. It is the responsibility of the Chief Investigator to ensure that all investigators are aware of the terms of approval, and to ensure that the project is conducted as approved by MUHREC.
4. You should notify MUHREC immediately of any serious or unexpected adverse effects on participants or unforeseen events affecting the ethical acceptability of the project.
5. The Explanatory Statement must be on Monash University letterhead, and the Monash University complaints clause must include your project number.
6. **Amendments to the approved project (including changes in personnel):** Requires submission of a Request for Amendment form to MUHREC, and must not begin without written approval from MUHREC. Substantial variations may require a new application.
7. **Future correspondence:** Please quote the project number and project title above in any further correspondence.
8. **Annual reports:** Continued approval of this project is dependent on the submission of an Annual Report. This is determined by the date of your letter of approval.
9. **Final report:** A Final Report should be provided at the conclusion of the project. MUHREC should be notified if the project is discontinued before the expected date of completion.
10. **Monitoring:** Projects may be subject to an audit or any other form of monitoring by

MUHREC at any time.

11. **Retention and storage of data:** The Chief Investigator is responsible for the storage and retention of original data pertaining to a project for a minimum period of five years.