

Job satisfaction of female Saudi nurses

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الرضا الوظيفي بين الممرضات السعوديات

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خلاصة: كان الهدف من هذه الدراسة تقرير مدى رضا 233 ممرضة سعودية عن عملهن، ودراسة العوامل التي قد تساعد على زيادة مستوى رضاهن. وقد تم جمع البيانات اللازمة بواسطة استبيان يُستوفى ذاتياً، وأُتضح أن أكثر من 87% و92% منهن راضيات عن مكان العمل وعن المهام الموكولة إليهن على الترتيب. وفضّلت أغلبية الممرضات العمل بنظام المناوبة الواحد بسبب التزاماتهن الاجتماعية والعائلية. ومن أجل الارتفاع بمستوى رضاهن، تُمّة حاجة إلى تحسين النظرة الاجتماعية إلى مهنة التمريض، وتوفير ظروف عمل أكثر راحة.

ABSTRACT This study aimed to assess the degree of satisfaction of 233 Saudi female nurses with their work and to study the factors that might increase their satisfaction. Data were collected through a self-administered questionnaire. More than 87% and 92% of nurses were satisfied with their work place and the role assigned respectively. The majority of them preferred one-shift duty because of social and family obligations. To increase their satisfaction there is a need to improve the social attitude towards the nursing profession and to provide more comfortable working conditions.

La satisfaction professionnelle des infirmières saoudiennes

RESUME Cette étude avait pour but d'évaluer le degré de satisfaction au travail de 233 infirmières et d'étudier les facteurs susceptibles d'accroître leur satisfaction. Les données ont été recueillies au moyen d'un auto-questionnaire. Plus de 87 % et 92 % des infirmières étaient satisfaites de leur lieu de travail et du rôle qui leur était assigné, respectivement. La majorité d'entre elles préférait accomplir leurs heures de service sans interruption en raison d'obligations familiales et sociales. Pour accroître leur satisfaction, il faut améliorer l'attitude sociale vis-à-vis de la profession infirmière et offrir des conditions de travail plus confortables.

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Introduction

Saudi Arabia is a fast developing country, with a shortage of well-trained Saudi health personnel, especially females. Overcoming this shortage may take some time [1].

Nursing has traditionally been an unacceptable career option for Saudi nationals. Few females study professional nursing. The reasons suggested are the low image/status of nurses, traditional, cultural and social values, and inadequate financial remuneration. There is no doubt that the present psychosociological conditions militate against the entry of young Saudi women into nursing.

This unfavourable situation can be ameliorated by improving the working conditions of nurses and increasing their job satisfaction [2-4]. The recruitment and retention of highly qualified nurses present a challenge to nursing service administrators throughout the world [5]. Job satisfaction reflects on work quality and productivity. Also, it is important to know what factors influence nurses' feelings about their job which may lead to future nursing shortages [6].

This study was undertaken to assess the degree of satisfaction of female Saudi nurses with their work and to investigate factors that would increase this satisfaction.

Participants and methods

This descriptive study was carried out in Al-Hassa and the north region of Saudi Arabia. Although many scales measure job satisfaction among nurses, we did not find any validated and standardized Arabic version relevant to the Saudi community. Therefore, satisfaction was measured as a subjective feeling of the nurse. Place satis-

faction meant that the nurses were satisfied with the place where they worked, e.g. primary health care centre, hospital (whether in outpatient clinics or inpatients wards). Role satisfaction meant that nurses were satisfied with their work duties and responsibilities whatever the place of work. A self-administered questionnaire in Arabic was distributed to all Saudi female nurses (243) working in governmental health facilities. The questionnaire covered:

Table 1 Sociodemographic characteristics of the 233 nurses

Characteristic	No.	%
<i>Age (years)</i>		
< 30	208	89.3
30 +	25	10.7
<i>Residence</i>		
Urban	206	88.4
Rural	27	11.6
<i>Region</i>		
Al-Hassa	161	69.1
North	72	30.9
<i>Work duration (years)</i>		
< 5	145	62.2
5 +	88	37.8
<i>Place of work</i>		
Hospital	138	59.2
Primary health care centre	95	40.8
<i>Educational level</i>		
Nursing diploma	226	97.0
Less than diploma	7	3.0
<i>Marital status</i>		
Single	88	37.8
Married ^a	145	62.2
<i>Role assigned</i>		
Female and paediatric wards/clinics	163	70.0
Male with/without female wards/clinics	70	30.0

^aFive were divorced and three were widowed.

- social and occupational data;
- satisfaction with the place of work and role assigned;
- acceptance of different working conditions;
- nurses' suggestions to improve their working conditions.

The response rate was 95.9% (233 out of 243). Data were analysed using *Epi-Info*, version 6.02. The chi-squared and Fisher exact tests of significance were used for statistical comparison between groups.

Results

Regarding the sociodemographic and occupational background of the nurses, Table 1 shows that the majority of nurses were younger than 30 years of age and lived in urban areas (89.3% and 88.4% respectively). The majority (62.2%) had been working for less than 5 years. In all, 59.2% and 40.8% were working in hospitals and primary health care centres respectively, and 70.0% were working in female and paediatric wards/clinics. All the nurses, apart from 7, had a nursing diploma, and 37.8% and 62.2% were single and married respectively.

Table 2 shows that 87.6% and 92.3% of the nurses were satisfied with their place of work and role assigned respectively. Among the factors affecting place satisfaction were the residence and role assigned. On the other hand, educational level and role assigned had a significant effect on role satisfaction.

The majority of nurses (92.7%) preferred the one-shift duty. The main reasons cited were social and family followed by transportation problems (Table 3). The most frequently cited suggestions to improve working conditions were working

one shift and fewer hours per day, no Thursday duty, and availability of training courses and continuing nursing education, in that order (Table 4). The majority of nurses would not accept working with male patients (98.3%), in the private health sector (96.1%), in remote areas (99.1%) or in other regions (94.8%).

Discussion

Saudi Arabia, a country with vast economic resources, has traditionally relied on expatriates to provide nursing care for its citizens. The shortage of well trained Saudi health personnel and the reliance on non-Saudis make a comprehensive coverage of the population with health services even more difficult. Moreover, non-Saudi workers, it is argued, are more likely to regard themselves as hired functionaries and less likely to take creative responsibility for their work [1].

Although nursing education for Saudi women is available in the country, the nursing needs of the country exceed the supply of Saudi nurses. Young Saudis (both males and females) choose careers other than nursing which offer higher financial rewards and greater prestige [7]. It was found that nursing is perceived to have a relatively low status in comparison to other occupations. Reluctance to choose nursing as a career in Saudi Arabia is based on the wrong perception of its low image and also the traditional and social values of the society. Furthermore, it has been reported that 69% of secondary-school students indicated they would not marry a nurse [8]; social reasons were cited as the major deterrent in this choice. This perhaps explains the proportion of single nurses (37.8%) in our study in a traditional community where female marriage at a young age is the norm.

Table 2 Determinants of nurses' satisfaction with place of work and role assigned

Determinant	Place satisfaction		Statistical test	Role satisfaction		Statistical test
	No.	%		No.	%	
Overall (n = 233)	204	87.6		215	92.3	
<i>Age (years)</i>			Fisher exact			Fisher exact
< 30 (208)	181	87.0	NS	191	91.8	NS
30 + (25)	23	92.0		24	96.0	
<i>Residence</i>			Fisher exact			Fisher exact
Urban (206)	177	85.9	$P \leq 0.05$	189	91.7	NS
Rural (27)	27	100.0		26	96.3	
<i>Region</i>			$\chi^2 = 0.77$			$\chi^2 = 0.16$
Al-Hassa (161)	143	88.8	NS	148	91.9	NS
North (72)	61	84.7		67	93.1	
<i>Work duration (years)</i>			$\chi^2 = 0.64$			$\chi^2 = 0.16$
< 5 (145)	125	86.2	NS	133	91.7	NS
5 + (88)	79	89.8		82	93.2	
<i>Place of work</i>			$\chi^2 = 1.65$			$\chi^2 = 1.77$
Hospital (138)	124	89.9	NS	130	94.2	NS
PHCC (95)	80	84.2		85	98.5	
<i>Educational level</i>			Fisher exact			Fisher exact
Nursing diploma (226)	198	87.6	NS	211	93.4	$P \leq 0.05$
Less than diploma (7)	6	85.7		4	57.1	
<i>Marital status</i>			$\chi^2 = 0.15$			$\chi^2 = 0.01$
Single (88)	78	88.6	NS	81	92	NS
Married (145)	126	86.9		134	92.4	
<i>Role assigned</i>			$\chi^2 = 43.8$			$\chi^2 = 8.96$
Female/paediatric wards/clinics (163)	158	96.9	$P \leq 0.001$	156	95.7	$P \leq 0.01$
Male with/without female wards/clinics (70)	46	65.7		59	84.3	

NS = not significant.

PHCC = primary health care centre.

In spite of this social attitude, we found that job satisfaction was high among the working Saudi women nurses. A total of 87.6% and 92.3% reported satisfaction with their place of work and their assigned role respectively. This can be attributed to the fact that Saudi nurses are usually given the advantage of choosing the most comfortable and suitable work place and role.

Satisfaction with place was significantly higher among nurses working in the more conservative rural communities, probably because they were working in their own villages with less work stress. This is supported by the finding that 99.1% and 94.8% of the nurses would not accept work in either remote areas or other regions.

Table 3 Shift preference and reasons for the preference among the 233 nurses

Reason ^a	Shift preference			
	One shift		Two or three shifts	
	No.	%	No.	%
Total	216	92.7	17	7.3
Social and family	202	93.5	0	—
Transportation problems	30	13.9	0	—
Psychologically better	7	3.2	4	23.5
Better work output	7	3.2	2	11.8
Rest between shifts	0	—	10	58.8
Others ^b	6	2.8	1	5.9

^aMany nurses gave more than one reason.

^bOthers included: more suitable for Saudi women (3) husband's wish (1), fear in night shift (1) and less cost (1).

Nurses with nursing diplomas were more satisfied with the role assigned than those with low educational levels (nursing aides). This is in agreement with others [9,10]. In contrast to the findings of our study, other researchers have reported significant relationships between job satisfaction and marital status, number of years worked and age [5,10]. Meeting personal and family needs has also been cited as relevant to job satisfaction [6].

Saudi Arabia is an Islamic country full of traditions that are reflected in all aspects of life, including work. This is evident from the finding that the nurses working in female wards reported more satisfaction with place and role assigned than those working in male wards. Furthermore, the majority of the nurses interviewed (98.7%) would not accept working with male patients. Ac-

cording to Islamic traditions, women should not work with men.

Social and family responsibilities were the most important reasons for preferring a single (morning) duty shift. To improve working conditions, more than 75% of the nurses suggested either a one-duty shift,

Table 4 Suggestions of the 233 nurses to improve work conditions

Suggestion	No.	%
Working for one shift and fewer working hours per day	124	53.2
No Thursday duty	58	24.9
Training courses (English and computer) and continuing nursing education	44	18.9
No suggestion	26	11.2
Providing more stationary and cleaning materials	25	10.7
Less work load	16	6.9
Considering the hierarchy work system for nurses	16	6.9
Improving the infrastructure of health facilities	16	6.9
Providing a nursery for children at the work place	15	6.4
Providing transportation facilities	15	6.4
Providing special rooms for female nurses	14	6.0
Separation of females from males	9	3.9
Staying in the same place of work	7	3.0
Moral and financial incentives	5	2.1
Others ^a	26	11.2

^aOthers included: respecting nurses (4), updating nurses' education (4), training more nurses (4), making nurses' uniform different from that of maids (4), longer maternity leave (4), providing work near nurses' homes (3) and recreation programmes (3).

fewer working hours or no Thursday duty. Training courses and continuing nursing education were frequently (28.9%) cited as suggestions to improve the working situation. We noted that financial incentives were not often suggested as a means to improve working conditions.

As there is a shortage of female Saudi nurses, nursing education needs to be promoted. Policy-makers should consider nurses' suggestions to improve working conditions and work to improving social attitudes towards nurses. In this way, more Saudi women may be attracted to the nursing profession. Otherwise expatriate nurses will be needed to cover the health personnel demand for years to come.

Non-Arabic-speaking nurses are at a disadvantage as care providers for people in the country because of the language barriers, cultural differences and relatively short-term commitments [7,11]. These factors, together with the increased demand for health care personnel, emphasize the need to pay more attention to attracting Saudi nationals into the nursing profession. Because Saudi nurses are able to communicate effectively with patients and their families, this can reflect on the quality of care and counselling provided.

In conclusion, nursing has traditionally been unacceptable as a career option for Saudi women. Thus, Saudi Arabia has continued to rely on expatriate nurses. This solution might not be in the best future interest of Saudi citizens. In order to encourage Saudis into nursing, religious and social leaders as well as the mass media should be recruited to bring about a change in the social attitudes to nursing. Nursing practice should be shown to be consistent with Islamic teaching. This understanding might reduce the traditional and cultural barriers that affect the selection of nursing as a career option. According to the results of this study, decreasing the working hours, scheduling one-shift duty and segregation of the sexes in the work places are major factors for the improvement of working conditions and the development of job satisfaction.

This small-scale study indicates that there is a need for a nationwide large-scale study to gain insight into the job satisfaction of Saudi female nurses. This requires the development of a validated and standardized scoring system relevant to the Saudi community.

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Health and Human Security Consultation

EMRO, Cairo, Egypt, 15-17 April 2002

The WHO Regional Office for the Eastern Mediterranean is organizing the above-mentioned meeting in conjunction with UNFPA and UNAIDS. The purpose of the consultation is to initiate a process on how to build consensus on the definition of public health and human security and how to promote this issue further, and to propose a working agenda to build knowledge, partnership, policy and strategies for public health to provide a holistic and coherent contribution to enhancing human security.