

ORIGINAL ARTICLE

**Multifactor examination of nursing job satisfaction:
a cross sectional survey in a tertiary hospital, Qatar**

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ABSTRACT

Background: This study examined overall job satisfaction among Nurses in a tertiary hospital setting in order to understand the relationship between job satisfaction in terms of four dimensions: autonomy, work environment, incentives, and perception of quality of patient care.

Methods: A cross sectional study of 435 Nurses at Al Rumailah hospital, Doha, Qatar was conducted using a validated Nursing Work Index-Revised questionnaire. Stepwise multiple linear regression was conducted to examine predictors of nursing job satisfaction.

Results: The study included 435 respondents, 68.2% of whom were hired from abroad. Mean age of respondents was 38.42 ± 8.96 . Most were female (87.1%), educated to degree level (50.6%), were married (84.5%), and work at the staff nurse level (84.1%). A majority (65.8%) of respondents had over five years of experience at current job. Overall, a greater proportion of respondents (53.3%) rated satisfaction with current job above 5, on a 10 point scale. Nurses from abroad tended to have higher ratings of job satisfaction compared to locals. There was no statistically significant difference in mean job satisfaction score by practice area ($t=4.467, p=.0.139$).

Conclusion: Expat Nurses tended to rate job satisfaction higher than those hired locally. Incentives (including financial and non-financial benefits) was a significant predictor of nursing job satisfaction. Autonomy and contract type were additional statistically significant predictors of job satisfaction, after adjusting for confounders.

Keywords: *job satisfaction; nurses; autonomy; Work environment; salary; benefits; quality patient care.*

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Introduction

Background

Job satisfaction is a person's emotional response to his or her job condition (Lambrou, Kontodimopoulos & Niakas, 2010). Nurses' job satisfaction is the strongest predictor of patient satisfaction (Weisman & Nathanson, 1985); and is associated with higher quality patient care (Laschinger, 2008 ; Kramer & Schmalenberg, 2003; Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Aiken, Clarke, Sloane, 2002). Similarly, nurses' job satisfaction is a strong predictor of intention to stay within an organization (Caers, Bois, Jegers, Gieter, Cooman & Pepermans 2008).

There are various approaches to examining job satisfaction among nurses. Some studies have identified job related factors such as low pay, abuse by demanding patients, lack of appreciation, work pressure, work environment-related factors, and lack of opportunities for advancement (Dolan, 2003; Smetherham, 2003; Venter, 2003), as some of the most important reasons leading to nurses leaving the work place. A review of the job satisfaction literature reveals a more consistent approach to studying job satisfaction whereby the mitigating factors are organized under four dimensions including nursing autonomy, incentives, work environment, and perception of patient care quality.

Autonomy is best described in terms of professional or clinical autonomy. Professional autonomy refers to the extent to which health care providers have the freedom to act on what they know (Aiken, Sloane, & Lake, 1997). Studies have shown that professional autonomy is moderately associated with job satisfaction and staff retention (Iliopoulou & While 2010; Lephallala , Ehlers & Oosthuizen 2008). Lephallala (2006) found that the organizations which have autonomous and long-serving nurses are able to provide quality care to patients cost-effectively.

Nurses' work environment have been extensively linked with job satisfaction, and factors encompassed in work environment include professional support, patient care responsibilities, workload, staffing, and resources for patient care, presence of nursing leadership & support, and communication. Additionally, patients' reports of satisfaction are higher in hospitals where nurses practice in better work environments (Lee, et.al 2009). A good work environment that empowers

and enables nurses to give the best care possible to patients is also strongly correlated with higher job satisfaction (Laschinger, 2008; Kramer et.al 2003; Aiken, et.al 2002; Aiken et.al, 2002).

Incentives are important contributors to job satisfaction. Meeting the needs and achieving the goals of both the employee and the organization is the Corner stone of job satisfaction. Financial and non-financial incentives are motivational factors that influence job satisfaction(Dieleman, Cuong, Anh and Martineau 2003, Lambrou et.al 2010). Financial Incentives namely pertain to salary and wages, housing, bonuses, insurance, loans and other allowances. Higher wages had a positive influence on job satisfaction (Patterson et.al 2010)however, there is also much evidence that show that non-financial incentives are just as important (Gardulf et.al 2005)). A number of studies demonstrate that financial incentives, though important, are not the sole reason, and often not the main reason, for motivation. Non financial incentives like recognition, appreciation, token awards and opportunities for career advancement are factors that influence job satisfaction (Dieleman et.al 2003, Dieleman and Harnmeijer 2006, Lambrou et.al 2010).

Perception of Patient Care Quality is the level and quality of care that nurses perceive is provided to the patients on their respective units. The delivery of high-quality patient care is an important organizational performance outcome for health care organizations. Leggat, Bartram, Casimir & Stanton (2010) found job satisfaction had significant positive correlation with quality of patient care. When nurses are able to give the best care possible, they are more likely to be satisfied with their job (Laschinger, 2008; Kramer et.al 2003; Aiken et.al 2002; Aiken et.al 2002). Additionally, nurses with low job satisfaction levels report challenges to providing quality patient care (Charlotte 2005; Peltier & Dahl 2009).

While job satisfaction among nurses has been extensively studied in Western countries, there is a paucity of literature in relation to job satisfaction in nursing care in the Middle East. Limited opportunities for advancement, and emotional exhaustion were identified as factors likely to impact job satisfaction among Palestinian nurses (Abushaikha and Saca 2009). In Saudi Arabia, where the majority of nurses are expatriates, as in Qatar, nurses were found to be satisfied with leadership, co-workers and the nature of their work, but

dissatisfied with their salaries (Al-Dossary, Vail, & McFarlane, 2012). This study examines overall job satisfaction among nurses at Rumailah Hospital (RH), a subsidiary of Hamad Medical Corporation (HMC) which is the Primary Health Care provider in Qatar. The health care system in Qatar is being challenged to meet the demands of its exponential population growth.

Like elsewhere, nurses are the largest group of health care providers and they play a vital role in direct patient care in Qatar. In order to meet the increasing health care demands, HMC recruits nurses from abroad. It is advantageous for HMC to retain nurses for as long as possible to ensure a sustainable nursing workforce, as well as to facilitate the delivery of high quality patient care.

It is not known whether the dimensions that are commonly linked to nursing job satisfaction in Western countries (nursing autonomy, work environment, incentives, and nurse perception of patient care) are the same for nurses in Gulf countries of the Middle East. This study will begin to fill this gap in the literature by providing answers to the following three research questions:

- 1) What is the overall rating of job satisfaction among nurses at Rumailah Hospital?
- 2) How do incentives, autonomy, work environment and perception of patient care quality contribute to the understanding of job satisfactions among nurses at Rumailah Hospital?
- 3) Does overall rating of job satisfaction differ by nurses' clinical area of practice?

Ethical approval to conduct this study was obtained from Hamad Medical Corporation Research Medical Center (proposal # 13258/13) and the Conjoint Health Research Ethics Board at University of Calgary (Ethics ID: REB13-0680)

Methods

Study Design

An exploratory cross-sectional questionnaire study using the Nursing Work Index-Revised was carried out.

Survey instrument: Nursing Work Index-Revised

The original Nursing Work Index (NWI) was a survey questionnaire developed by Kramer and Hafner in 1989. Aiken, Smith & Lake (1994) modified the NWI to the Nursing Work Index-Revised (NWI-R), to further refine the instrument's ability to measure organizational attributes that are linked hand in hand with nursing. This tool has been extensively tested for reliability and validity in many international contexts with robust results. After obtaining permission from the author, minor modifications were made to some terms in the questionnaire to reflect Qatar context. For example, in question no. 13, 'Nurse Manager' was replaced by 'Head Nurse'; and three questions were added to assess quality of patient care, job benefits and overall rating of job satisfaction.

Using a deductive approach, based on the literature review performed, the team subdivided the items from the NWI-R into the 4 major dimensions that was agreed by the research team as being major contributors to job satisfaction—autonomy, work environment, incentives and perception of patient care quality. These subscales were then used to create composite scores for that dimension.

Study Setting

The study was conducted in Rumailah Hospital, a member of Hamad Medical Corporation, Doha, Qatar.

Study sample

The target population of the study was front-line nursing staff at Rumailah Hospital. At Rumailah Hospital, there are close to 1000 nurses working in eight different services: adult medical, adult surgical, rehabilitation, psychiatry, pediatric long-term care, outpatient department, operating theatres, and day care surgery.

A total of 760 questionnaires were distributed, 457 nurses returned the questionnaires with a response rate of 60.1%. Twenty two surveys were excluded, because those participants had less than 1 year experience at Rumailah Hospital, making a total of 435 valid responses.

Inclusion and Exclusion Criteria

All nurses with direct involvement in patient care (Staff Nurses, Charge Nurses, and Head Nurses) currently working in nursing units within Rumailah Hospital main campus and Psychiatry were included in

the study. Nurses had to have at least one or more years of experience at Rumailah Hospital to ensure familiarity with the work environment and administration. Nurses in administrative positions (i.e. Directors of Nursing, Quality Management Reviewers and Educators) were excluded.

Study variables

The dependent variable, job satisfaction was assessed through the question “on a scale of 1 to 10 (1=very low, 10=very high), please rate your level of satisfaction with your current job”. Independent variables included incentives (13 questions), autonomy (11 questions), work environment (24 questions) and perception of patient care quality (11 questions). Participants’ perceptions of patient care quality was examined further using the question “on a scale of 1 to 10 (1=very low, 10=very high), please rate the quality of care that patients receive from your unit”. Socio-demographic and work related variables were included to describe study participants. These included: age, gender, marital status, and level of education, area of practice, years of experience and type of work contract (local hire or overseas hire). For this study, local hire refers to nurses hired in Qatar whereas overseas hire refers to expat nurses.

Data Collection

At the outset of data collection, researchers invited all Head Nurses to attend a presentation about the study’s purpose, objectives and data collection process. The research team made presentations to 29 units across the 8 practice areas during monthly unit meetings to inform nurses about this project during November of 2013. Each eligible nurse received a package with a questionnaire, cover letter and waiver of signed informed consent. Participants were informed that their participation was strictly voluntary, and that their anonymity and confidentiality would be protected. This was emphasized to the nursing leadership team (Head Nurses and Charge Nurses) in each unit.

Questionnaire packages contained unmarked envelopes for nurses to place and seal their completed surveys in so that the information was kept confidential. Nurses were asked to place completed surveys in sealed envelopes in a designated and secure location on their unit. Completed questionnaires were collected by research team members weekly. At that time, research team members also talked with nurses to encourage them to fill out the survey if they had not already done

so.

Data Analysis

Analysis was done using SPSS 20.0. A multi-staged approach was adopted, starting with exploratory factor analysis (EFA) of the Nursing Work Index-Revised items to ensure construct validity. We assessed the suitability of the data for factor analysis: 1) using Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy, a KMO of 0.50 or greater is considered suitable for factor analysis; and 2) Bartlett’s test of sphericity. A significant ($p < 0.05$) Bartlett’s indicates suitability of data for factor analysis. Descriptive Statistics [mean, standard deviation and number of respondents] for all the 62 item questions were computed in the EFA.

Second stage in the analyses was to describe study sample in terms of socio-demographic and work related characteristics, using chi-squares to compare local and overseas hired nurses. Subsequently, correlates of job satisfaction were determined using Pearson and Spearman methods. ANOVA was used to investigate job satisfaction by nurses’ practice area. Finally, step-wise multiple linear regression was conducted to examine predictors of nursing job satisfaction. All variables which correlated significantly with nursing job satisfaction were included in the model. A p-value less than 0.05 was deemed significant.

Results

Study participants

The study included 435 respondents, 292 (68.2%) of whom were hired from overseas. Mean age of respondents was 38.42 ± 8.96 (range 25-61) years. Most were female (87.1%), had a bachelor degree (50.6%), were married (84.5%), and were Staff Nurses (84.1%). A majority (65.8%) of respondents had over five years of experience at current job. Using country of origin, we estimated ethnicity of respondents as Arabs (11.4%), non-Arabs (70.8%) and missing (17.8%).

There were significant differences between local and overseas hires in terms of education, nursing practice area and years of experience. Local hires mostly had nursing diploma (64.7%) meanwhile overseas hires were mostly holders of bachelor degree (58.2%). The proportion of local hires reporting five or less years of experience, or over 10 years of experience was significant compared to overseas hires who were mostly 6 -10 years in current job (table 1).

Table I. Socio-demographic characteristics of study sample (n=435)

Variable	All %	Local hire %	Overseas hire %	X ²	df.	p
GENDER						
Female (n=373)	87.1	95.6	83.2	12.68	1	<0.001
EDUCATION						
Diploma (n=198)	46.8	64.7	38.3	26.6	2	< 0.001
Bachelor degree (n=214)	50.6	34.6	58.2			
Post graduate master PhD (n=11)	2.6	0.7	3.5			
MARITAL STATUS						
Single (n=58)	13.6	12.5	14.1	0.742	3	0.863
Married (n=360)	84.5	86	83.8			
Widow (n=1)	0.2	-	0.3			
Divorced (n=7)	1.6	1.5	1.7			
*ETHNICITY						
Arab	11.4	15.4	9.6	4.386	2	0.112
Non Arab	70.8	70.6	70.9			
Missing	17.8	14.0	19.5			
WORK POSITION						
Staff nurse (n=355)	84.1	80	86.1	5.9	2	0.052
Charge / lead nurse (n=65)	15.4	18.5	13.9			
PRACTICE AREA						
Adult medical + Surgical, Rehab (n=208)	51.0	47.7	52.5	20.0	3	<0.001
Paediatric Long term (n=57)	14.0	13.8	14.0			
^a Daycare, operating, outpatient (n=74)	18.1	29.2	12.9			
Psychiatry (n=69)	16.9	9.2	20.5			
YEARS OF SERVICE AT RUMAILAH HOSPITAL						
5 years of less (n=144)	34.2	43.7	29.7	38.8	2	<0.001
6 – 10 years (n=158)	37.5	16.3	47.6			
Over 10 years (n=119)	28.3	40.0	22.7			
YEARS OF EXPERIENCE PRIOR TO HMC						
5 years of less (n=204)	47.8	55.6	44.2	7.4	2	0.025
6 – 10 years (n=132)	30.9	30.4	31.2			
Over 10 years (n=91)	21.3	14.1	24.7			

^aDeduced from respondents country of origin, ^aDaycare surgery, operating theatres, outpatient

Job satisfaction

Overall, a greater proportion of respondents (53.3%) rated satisfaction with current job above 5, on a 10 point scale. Figure 1, depicts ratings of job satisfaction between local and overseas hires. As shown, the percentage of respondents with a job satisfaction score of 6/10 or higher were overseas hires compared to local hires who mostly scored 5/10 or lower.

Mean job satisfaction scores of respondents practicing in the areas of rehabilitation (M= 6.147), surgical (M=6.089), adult medical (M=5.856),and operating theatres (M=5.722) were higher than the group mean (M=5.667); whereas those in daycare surgery (M=5.615), pediatric long term (M=5.509), psychiatry (M=5.200) and outpatient (M=5.068), were lower (table 2). Nevertheless, the observed difference in mean scores of job satisfaction between the practice areas were not statistically significant (t=4.467, p =0.139)

Factors associated with job satisfaction

We found a moderate correlation between job satisfaction and the composite measures: incentives (r=0.475), autonomy (r=0.381), environment (r=0.393), and quality of patient care(r=0.372). The nature of the relationship between job satisfaction and these composites is illustrated further in the factor analysis.

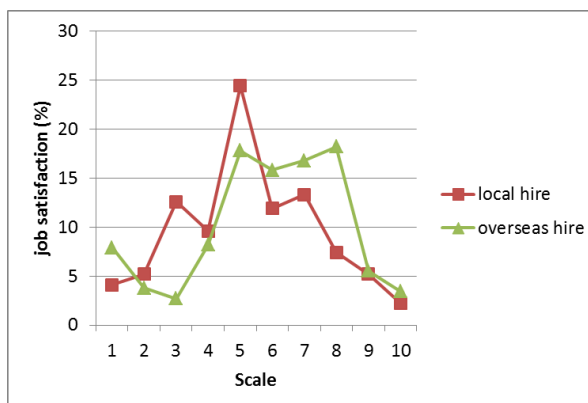


Figure 1. Percentage rating of level of satisfaction with current job

Factor 1: Incentives

We found that the 11-item measures of incentive can be grouped into three distinct components: component 1, comprising six items with the most factor loadings, and explain most of the variance (31.6%) for incentive; component 2 – salary and financial benefits, which explain 12.9% of the variance on incentive; and

component 3, with less significant variance (table 3).

Factor 2: Autonomy.

Table 4 shows that the items – Freedom to make important care decisions; Not being placed in position of having to do things that are against my nursing judgement; Nursing care based on nursing rather than medical model; use of nursing diagnosis, are substantial-

Table 2. Mean score of job satisfaction by nurses' area of practice at Rumailah Hospital

Practice Area /Unit	N	Mean	Std. Dev.	Std. Error	95% CI for Mean	
					Lower	Upper
Adult Medical	97	5.856	2.2821	.2317	5.396	6.316
Surgical	79	6.089	2.1375	.2405	5.610	6.567
Pediatric Long Term	57	5.509	1.6810	.2227	5.063	5.955
Rehabilitation	34	6.147	1.9715	.3381	5.459	6.835
Daycare Surgery	13	5.615	3.0149	.8362	3.793	7.437
Operating Theatres	18	5.722	2.2959	.5412	4.580	6.864
Outpatient Department	44	5.068	2.8481	.4294	4.202	5.934
Psychiatry	70	5.200	2.4766	.2960	4.609	5.791
Total (group mean)	412	5.667	2.2985	.1132	5.445	5.890

Table 3. Rotated factor loadings for nurses' perceptions on incentives

Measures of incentives (11 items)	Component		
	1	2	3
A good orientation program			.797
Satisfactory salary		.619	
active in-service/continuing education			.784
Career development/clinical ladder opportunity	.586		
Flexible work schedule available	.529		
Enough staff to get work done	.511		
Praise and Recognition for job well done	.707		
Opportunities for advancement	.835		
Nursing staff supported in pursuing degrees in nursing	.732		
An active quality assurance program			
Preceptorship for newly hired staff			
Overall I am satisfied with my jobs financial benefits		.872	
Overall, I am satisfied with my job's additional benefits (vacation, health etc..)		.829	
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization. a. Rotation converged in 6 iterations.			

Table 4. Rotated factor loadings for nurse's perception of autonomy

Measures of autonomy (13 items)	Component		
	1	2	3
A supervisory staff that is supportive of nurses			
nursing controls own practice			
Freedom to make important pt care decisions	.517		
Clinical Nurse Specialists who provide pt care consultations			.605
Not being placed in position of having to do things that are against my nursing judgement	.694		
Nursing staff participate in selecting new equipment		.673	
Nurse manager backs up nursing staff		.808	
Nursing care based on nursing rather than medical model	.698		
Nurse managers consult with staff on daily problems and procedures		.679	
Use of nursing diagnoses	.601		
Each unit determines its own policies and procedures			.787
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.			
a. Rotation converged in 6 iterations.			

ly loaded on Factor (component) 1, accounting for 33.1% of the variance on autonomy; compared to 10.5% for Factor (component) 2 and 9.3% for Factor (component) 3 respectively.

Factor 3: Work environment

In total, 6 of 24 items make up Factor (component) 1, accounting for 28.4% of the variance for work environment. These items and corresponding factor loadings include:

- Opportunity for staff nurses to participate in policy decisions (0.547)
- Support for new and innovative patient care (0.625)
- A Head Nurse who is a good manager and leader (0.595)
- Highly visible Director Of Nursing, accessible to staff (0.541)
- Work environment pleasant, attractive, comfortable (0.591)
- Opportunity to work on highly specialized unit (0.611)

The remaining variance for components 2 – 6 was insignificant, thus, not reported.

Factor 4: Nurses perception of patient care quality

In total, 5 of 11 items make up Factor (component) 1, accounting for 34.3% of the variance on perception of quality of patient care, compared to 11.2% for component 2. The following items had the most factor loadings for component 1:

- Adequate support services allow me to spend time with my patients (0.766)
- Enough time and opportunity to discuss patient care problems (0.787)
- Enough staff nurses to provide patient care (0.699)
- Team nursing as nursing delivery system (0.593)
- Physicians give high quality medical care (0.501)

The remaining items that comprised component 2 accounted for 11.2% of the variance on perception of patient care quality.

Predictors of job satisfaction

As the mean score for incentives increased, the total mean score for job satisfaction increased significantly (t=2.860, p=0.005). After adjusting for potential confounders, autonomy and contract type were addition-

Table 5. Predictors of job satisfaction at Rumailah hospital

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.102	.753		.135	.892
	Incentives	1.959	.269	.412	7.280	.000
2	(Constant)	-.369	.776		-.475	.635
	Incentives	1.384	.369	.291	3.756	.000
	Autonomy	.718	.318	.175	2.259	.025
3	(Constant)	-1.160	.839		-1.383	.168
	Incentives	1.100	.385	.231	2.860	.005
	Autonomy	.861	.321	.210	2.685	.008
	Contract Type	.690	.292	.139	2.366	.019

al statistically significant predictors of job satisfaction among study respondents (table 5).

Discussion

This study examined nurses' rating of job satisfaction using a Nursing Work Index-Revised questionnaire. Overall, we found that nurses rated their satisfaction with current job above 5 out of 10 times on a 10 point scale. However, the rating was higher among expat nurses compared to local hires, and that the difference was attributed to incentives and type of work contract. On the contrary, there was no significant difference in rating of job satisfaction by nurses' area of practice.

This study examined the role of individual items in each composite measure of job satisfaction and highlighted the factors pre-disposing nurses to rate job satisfaction higher or lower.

Incentives, autonomy, work environment and perceived quality of care

Outwardly, it appeared that nurses' job satisfaction was greatly influenced by incentives. When looking at the individual questions that make up incentives, the non-financial incentives (such as opportunities for advancement and praise and recognition for job well done) contributed to job satisfaction more so than salary and benefits alone. This speaks to the importance of providing non-financial incentives along with financial benefits, which may be effective and lower cost strategies for organizations to boost employee morale, and

satisfaction (Henderson & Tulloch, 2008; Stilwell et al., 2004).

Upon adjusting for confounders, autonomy was the single significant predictor of job satisfaction, meanwhile work environment and perceived quality of care had no effect. Individual measures of autonomy (such as freedom to make important patient care decisions, not being placed in position of having to do things that are against my nursing judgment, nursing care based on nursing rather than medical model; and use of nursing diagnosis) explained more than one-quarter of the variance in autonomy. Other studies (Chenoweth 2010; Hunter & Nicol 2002) have shown that participating in patient care decisions is important for job satisfaction and retention. Similarly, studies have shown that professional autonomy is moderately associated with job satisfaction and staff retention (Iliopoulou & While 2010; Lephala, Ehlers & Oosthuizen 2008). Lephala (2006) found that the organizations which have autonomous and long-serving nurses are able to provide quality care to patients cost-effectively.

The contribution of work environment to nurse's job satisfaction was assessed through 24 questions. Despite observing a moderate correlation between work environment and job satisfaction, factor analyses revealed a weak contribution of work environment to understanding nurses rating of job satisfaction. Considered together, 6 out of 24 questions accounted for just over one-quarter of the variation observed for work environment. This finding can be interpreted as meaning that work environment is less important in the context of current study, to explain nurse's job satisfaction; or that

the numerous items were poorly understood during the survey.

Nurses' perception of patient care moderated nurses' rating of job satisfaction. Two questions (adequate support services allow me to spend time with my patients, and enough time and opportunity to discuss patient care problems) had the most factor loadings, highlighting their role in explaining job satisfaction. This finding corroborates with findings from other studies that nurses are more likely to be satisfied with their job when they are able to give the best care possible (Laschinger, 2008; Kramer et.al 2003; Aiken et.al 2002; Aiken et.al 2002).

Local Hire vs. Overseas Contracts

This study found that rating of job satisfaction was higher among nurses hired from overseas compared to local hires. This suggests that there are certain inequalities in the nursing work force that need to be studied and addressed. Any health care system that strives to deliver care with the highest international standards would want to minimize if not eradicate work related inequalities in its work force. It is worth noting that contract type was a significant predictor of job satisfaction. This suggests that employment contract, reflected in how nurses are hired is a mitigating factor to job satisfaction, and thus cannot be neglected.

Similar to other Gulf countries, there is a predominant expatriate nursing workforce in Qatar. What is unique is that although one might presume that local hires are Qatari nationals, local hires are actually nurses who are under the sponsorship of their spouse or family, which mean the individuals were recruited by HMC after their spouses or parents started working in Qatar. These may include individuals who were born in Qatar but hold a passport from their family's country of origin. Overseas hires are nurses who were recruited from abroad, usually via an individual's application to HMC and subsequent teleconferencing interview, or through HMC overseas hiring fairs. Local hire contract nurses and overseas contract nurses perform the same duty, have similar basic salaries, and have the same number of annual leave days, with the following distinction—local hire nurses do not receive housing benefits, annual paid return flight to country of origin. This is done in accordance to the national law of Qatar, in order to avoid a family receiving these benefits twice, because those under the sponsorship of their husband or parent would receive these benefits through their spouse or parent.

Following are exemplars to illustrate how some nurses described their grievances:

“I am locally hired staff, no housing, no tickets; my job description is same as an overseas staff”.

Another discussed pay for local hired compared to senior staff.

“Newly hired are paid more when compared to locally hired senior staff, it is very painful being CN [Charge Nurse] I am paid less than a junior staff”.

The grievances outlined by local hires in this study suggest that the benefit system is probably not well understood and that something has to be done to address the current situation, else, a negative climate may prevail in the workforce. This could have repercussions on the quality of patient care at Rumailah hospital.

Study Limitations

This was a cross sectional study restricted to one hospital in the State of Qatar. As a consequence there has to be caution in interpreting and generalizing the findings to Qatar. A total of 760 questionnaires were distributed and 457 returned. One may be tempted to say that participation was low. However, in this context, with no sampling frame we believe that a response rate of over fifty percent was adequate, given the population of Nurses at Rumailah Hospital, to be able to make inferences to our data. Un returned questionnaires would have included ineligible participants given they had to 'self-screen' their eligibility before participation. Finally, we designed the study to include Nurses who had practiced for at least one year at Rumailah. We relied on nurses themselves to 'self-screen' and had no means to validate their inclusion in the study. Given some aspects of this study involved sensitive topic (such as satisfaction, incentives), it is likely that some might have decided to participate even if they had not practiced for a year or more. Nevertheless, the large sample attained in this study is likely to have minimized any discrepancies in study findings as a result of participation of ineligible subjects.

Conclusion

This is the first study in Qatar to examine nurses' rating of job satisfaction using a Nursing Work Index-Revized questionnaire. We found no significant difference in how local nurses rate their job satisfaction compared to nurses hired from overseas. Additionally,

rating of job satisfaction was similar across specialty. Composite measures of job satisfaction performed differently. While autonomy (and work contract) was a significant predictor of job satisfaction among nurses at Rumailah hospital, the other composites (incentives, work environment, perception of quality of care) showed moderate correlation. Overall, we observed that the relationship between job satisfaction and incentives, autonomy, work environment and patient care is better understood through individual question items for each factor than when that factor is examined as a composite. For example, it appeared that nurses' job satisfaction was greatly influenced by incentives. However, the individual questions that make up incentives revealed that the non-financial incentives (such as opportunities for advancement and praise and recognition for job well done) contributed to job satisfaction more so than salary and benefits alone. This speaks to the importance of providing non-financial incentives along with financial benefits, which may be effective and lower cost strategies for organizations to boost employee morale, and satisfaction

The World Health Organization (WHO) advocates that organizations and their managers provide a clear sense of vision and mission for healthcare providers, recognize and value staff, increase participation of staff in decision-making, encouragement teamwork and mentoring, and provide career structures and fair opportunities for promotion, and provide feedback on, and reward good performance, in order to retain and motivate health providers to perform well (2006).

Although there is always room for improvement in relation to improving factors that contribute to higher job satisfaction for nurses, we are encouraged by the findings relating to nurse perception of patient care quality. Even with varying levels of job satisfaction between local and overseas hire nurses, participants generally rated the quality of care given to patients as high. This suggests to us that the nurses work hard to provide quality patient care at Rumailah Hospital even if they are not satisfied with certain aspects of their job. However, in working towards future Magnet Accreditation at HMC, it would be wise to look at and implement organizational strategies to improve the quality of nurses' work life in striving for excellence in patient care.

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