

Job Satisfaction amongst Nurses in the Arabian Gulf Region- A Systematic Review of the Literature

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Abstract: The Arabian Gulf countries have witnessed a progressive improvement in the healthcare sector. The infrastructural improvement and the increase in budgetary allocation have led to increase flow of expatriate nurses to the region, but there is no any case study based on the job satisfaction for nurses from the region as whole. The purpose of this study is to assess the job satisfaction level for nurses working in the Arabian Gulf countries. This was a systematic review of literature using articles searcher form *PubMed*, *Science Direct* and *Google Scholar* databases. The articles selected had to be published in English between years 2010 to 2018. Data was extracted and analysed thematically then presented in form of charts, tables, and narrative. The search resulted in 197 articles (*PubMed*: n = 59, *Science Direct*: n = 66, and *Google Scholar*: n = 72) of which eight articles all published in English and after 2012 were approved for systematic review. Major findings indicated the job satisfaction among nurses in Arabian Gulf was moderate with expatriate being slight satisfied than the locals. The factors influencing job satisfaction can be categorised into personal factors, organisational related factors, and work environment related factors. Nurses in the Arabian Gulf region are not fully satisfied with their jobs. It is imperative that the Government and other healthcare sector stakeholders discuss a manner for motivating both the local nurses and the level of job satisfaction.

Keywords: Arabian Gulf Countries, Expatriates, Job Satisfaction, Turnover.

INTRODUCTION

The GCC economy has improved and expanded dramatically during the past half century. According to Kapiszewski [1] the GCC is considered to have one of the highest population growth rates in the world. These six countries have witnessed considerable improvement in the in the healthcare industry which has mainly arisen from technological advancement, population growth and rising non-communicable diseases [2].

These six countries have witnessed considerable improvement in the in the healthcare industry which has mainly arisen from technological advancement, population growth and rising non-communicable diseases [2]. In response to the challenges facing the health care industry these countries have progressively increased the health care funding, but it is still below 5% of the countries' gross domestic product (GDP) [3]. The increased budgetary allocation to the health sector has contributed significantly to the development and growth witnessed in this sector [3]. Changing lifestyles, resulting from an increased number of expatriates both living and working here and the adoption of a western culture

have increased the prevalence of non-communicable diseases such as diabetes, cancer, hypertension, cardiovascular conditions, and kidney problems [4].

Nurses are considered as a vital part of any health care workforce. They represent one of the largest health care workforces. Nurses provide care to patient, individuals, families and communities. However, human resource managers in the health sector are faced with many crucial issues, one of which is a shortage of nurses. It has become a top issue in the health sector [5]. Employee's shortage is also considered as a major constraint to productivity in the health care workplace. The nursing shortage is a worldwide phenomenon and GCC is no exception. While multiple factors have been linked to nursing turnover, job satisfaction has been considered the most regularly cited and merits attention [6-9]. The nursing workforce in the Arabian Gulf countries has progressively improved in terms of skills, competency, and nurse-patient ratio [3]. Improving life expectancy in these countries can be significantly attributed to improved healthcare delivery. Despite the amelioration, these countries are still facing notable challenges in the healthcare sector. Some of the

shortage arises from the small number of local graduates from nursing schools [10].

The health care industry is reliant on employees' satisfaction to ensure that the patients receive quality, safety, and timely care which enhances continuity of care. This is a reason to assess whether the increasing number of immigrant nurses is due to job satisfaction or if the nursing workforce is facing challenges that reduce job satisfaction. With high job satisfaction, employers in the health care sector can be assured of reduced low turnover, reduced cost of recruitment, continuity of organisational culture, promoting continuity of care, and progressive staff development [11]. Studies have been conducted to assess the level of nurses' satisfaction with their jobs from across the globe. However, none of these studies have focused on nurses in the Arabian Gulf region. With most of health care workers in the Arabian Gulf countries coming from immigrant communities among the Arabian Gulf countries, enhancing job satisfaction would play a significant role towards reducing marketing the sectors, promoting locals to take up nursing jobs, and reducing the cost of running the institutions by cutting down on induction and orientation cost [12].

In this regard, the purpose of this paper is to address the identified gap in the literature, which is lack of studies and evidence on job satisfaction for nurses working in the Arabian Gulf. The purpose is motivated by the fact that job satisfaction significantly influences key aspects of success in the nursing workforce, health care organisations, and the healthcare sector in general [13]. This project aims to undertake a systematic review of the literature regarding the level of job satisfaction among nurses in the Arabian Gulf Region.

METHODS

The research design for this study is a systematic review of literature to identify and consolidate evidence from past studies focusing on job satisfaction for nurses working in the Arabian Gulf countries. The studies that will qualify for systematic reviewing are cross-sectional studies, cohort studies, other systematic reviews, randomised controlled studies and observational studies.

There was no budget required and ethics approval was not necessary. According to Creswell [14], data sources and the databases where the sources of the data are to be retrieved should be credible, accessible, and easy to navigate. Based on these factors, three will be used for searching and retrieving the articles to be included in the systematic review databases: Science Direct; PubMed; and Google Scholar. The three databases are reputable and have large volume of health-related articles, which will be useful in addressing the research questions. Regarding accessibility, the three databases do not require subscription to access articles that are on open access. The filter system in-built in the databases was essential in the retrieval of relevant and appropriate articles. Having identified the databases and the appropriate search terms, the next step was to determine the qualifying criteria for the articles to be included in the systematic review.

The qualifying criteria include the inclusion and exclusion criteria targeted to locate articles that are specific to the study topic and those that will provide reliable and valid evidence regarding the study questions. In setting the filters from the databases, the inclusion criteria included articles written in English, those published in the last eight years from 2010 to 2018, and those whose subjects were human beings.

Table-I: Inclusion and Exclusion Criteria Table

Inclusion criteria	Exclusion criteria
Focus on nurses' job satisfaction	Other healthcare professionals
Studies published in English	Studies published in other languages
Period from January 2010 to February 2018	Studies before 2010
GCC countries	Other countries
Provide reliable and valid evidence	No additional keywords are selected

Study Appraisal and Selection

The study appraisal that led to the selection process entailed three critical phases that were focused on screening the articles to ensure that they meet the qualifying criteria as well as the quality measure. The steps involved in the article appraisal and selection are as presented in the PRISMA chart (*Figure 1*). The first phase of the appraisal involved selecting the articles based on the article title, which had to relate to job satisfaction among nurses in the seven Arabian Gulf countries. Furthermore, the titles were assessed for the

stated research design with those falling outside the preferred article titles being disqualified at this first phase.

The second phase involved going through the article abstract to determine their relevance and appropriateness for the study. After assessing the abstract, the appraisers also skimmed through the whole article to assess the article's credibility, reliability, and validity, with a particular focus on the methodology of the articles. In ensuring that valuable

evidence was not dismissed at face value, those article that did not meet the inclusion criteria were further evaluated for their usefulness.

The last phase involved assessing the quality of the articles using a qualified appraisal tools, in this case Critical Appraisal Skills Programme (CASP).

Checklists were used for the specific article design. The CASP checklists were chosen since they could be employed with ease and were flexible enough to work with the different research methods – RCT, mixed methods, SR or even cohort studies [15]. Finally, articles that did not strictly meet the inclusion criteria were considered for incorporation.

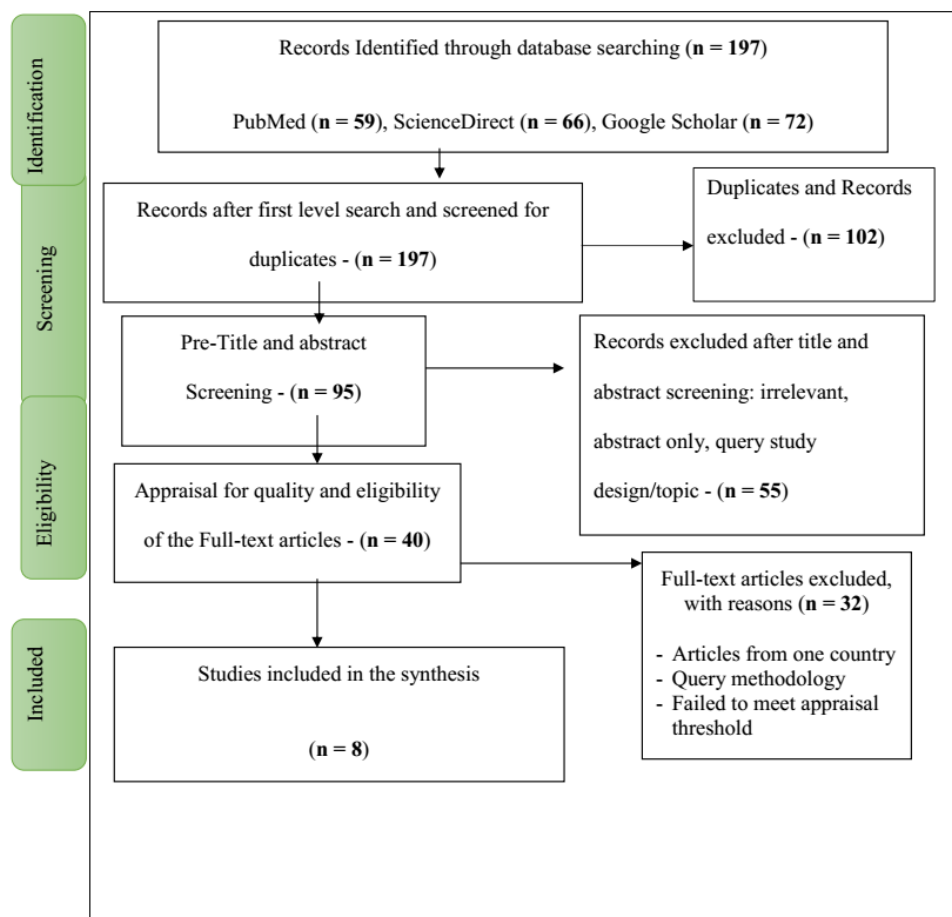


Fig-I: PRISMA flowchart of the study selection process

Data Extraction

In order to enhance the quality of the process of data extraction and reduce bias, the data extraction process was done by the primary researcher. This approach is advocated by Leedy and Ormrod [16] in the spirit of ensuring the data extracted meet credibility threshold by minimising risks of bias which compromised the internal validity of a study. The extracted data was guided by a developed table with the main items to be extracted highlighted in the (table II). The data extracted included author, year of publication, study design, sample size and characteristics, main variables assessed, outcomes evaluated, and conclusions. This information was considered critical in responding to the research question. The strategy for extracting the data enhances the possibility of comparing the data from the different

studies, so as to observe trends in data interpretation and analysis.

Data Synthesis and Analysis

The articles selected presented heterogeneous data, which made it challenging to have a quantitative analysis of the data from all eight selected articles. Instead, the researcher conducted thematic analysis, considering that the data was also profoundly qualitative. In instances where the researcher was able to draw statistical comparison, this was done to enable the audience to connect the trend and relationship between variables or findings reported in the selected articles.

RESULTS

The PRISMA flowchart (*Figure 1*) illustrates a total search result of 197 articles (*PubMed* - n = 59, *ScienceDirect* - n = 66, and *Google Scholar* n = 72). These articles were all published in English between the years 2012 and 2017. After appraisal of the articles and elimination for various reasons, eight articles were selected and approved for systematic review. Six of the eight articles were cross-sectional studies [17-21]. One was a systematic review [22], and the other was a quantitative design two-way multivariate analysis study [23].

Three of the studies were done in Saudi Arabia, which among the Arabia Gulf Countries had the highest number of studies. Bahrain had two of the eight studies while Oman, Qatar, and United Arab Emirates had one study each. The total population covered in the cross-sectional studies was 6809 nurses, which added to the systematic review population (4108) gives 10917. The major dependent variable in all the studies was job satisfaction while the other dependent variables included personal, environmental, organisational or job-related factors that can influence the level of job satisfaction.

Table-II: Data Extraction Table and Summary of the Selected Articles

Articles Authors & Publication Date	Country of study	Study Design	Sample Size and Characteristics	Main Variables	Major Results	Conclusion Made
Ebrahim and Ebrahim [24]	Bahrain	Cross-sectional quantitative study	42 out of 60 Critical Care Nurses completed the questionnaires	<ul style="list-style-type: none"> - Factors influencing job satisfaction (personal, environmental, and organisational factors) – IV - Impact of those factors to intention to leave CCU work 	<ul style="list-style-type: none"> - Nurses nationality and work scheduling were major factors influencing job satisfaction - Intention to leave was more influenced by marital status and work experience - 78.6% of respondent reported a negative relation between job satisfaction and intention to leave - 72.8% of nurses reported high likelihood of intention to leave 	Nurses in CCU have a high rate of intention to leave, which should be mitigated through improving benefits such as pay, professional development, insurance cover
Ismail <i>et al.</i> [21]	United Arab Emirates	Cross-sectional study	400 nurses working at Dubai Health Authority Primary Health Care Centres	<ul style="list-style-type: none"> - Job satisfaction - Burnout - Associated factors 	<ul style="list-style-type: none"> - Most nurses reported low emotion exhaustion (68.4%), high (16%), and few reporting moderate (15.6%) - The mean score for depolarisation 	Nurses in primary care centre recorded moderate job satisfaction and burnout Both job satisfaction and personal accomplishment influence the degree of job

					<p>was 4.8 lower than average value for health care professions at 7.12</p> <ul style="list-style-type: none"> - The mean score for personal achievement was 33.07 compared to reference value of 36.53 with most 44.8% recording low rates - Burnout scores were 49.2% low, 44.4% moderate, and 6.4% high level of burnout - Marital status statistically significant ($p = 0.023$) in influencing burnout - Intention to leave was statistically significant ($p = 0.005$) in relation burnout - Emotional exhaustion and personal accomplishment had positive correlation to job satisfaction 	<p>satisfaction. The study recommend for periodic assessment for nurses satisfaction to allow for positive enhancement</p>
Al-Dossary <i>et al.</i> [20]	Saudi Arabia	Quantitative cross-sectional study	189 nurses surveys out of the initial 217 were approved for analysis	<ul style="list-style-type: none"> - Job satisfaction - Factors influencing job satisfaction 	<ul style="list-style-type: none"> - Professional related factors showed statistically significant positive correlation to job satisfaction ($n = 182$, $\rho = +0.137$, $p = 0.006$) - Experience has statistically significance influence on job satisfaction ($p = 0.029$) 	Incentives and additional salary for extra duties is necessary to improve job satisfaction.

					<ul style="list-style-type: none"> - There was no statistical significance between job satisfaction and Job position/rank ($p = 0.380$) level of education ($p = 0.249$), age ($p = 0.223$), gender ($p = 0.57$) 	
Al Maqbali [17]	Oman	Cross-sectional survey study	143 out of 155 nurses working in a regional hospital in Oman completed the study	<ul style="list-style-type: none"> - Job satisfaction (DV) - Factors influencing job satisfaction as measured by McCloskey/Mueller Satisfaction Scale (IV) 	<ul style="list-style-type: none"> - Overall job satisfaction score was 3.49, which was moderate - Age ($p = 0.005$), work shift ($p = 0.0190$, nationality ($p = 0.000$) had statistically significant effect on job satisfaction - Gender ($p = 0.802$), marital status ($p = 0.396$), level of education ($p = 0.164$), and work unit ($p = 0.377$) had no statistically significant effect on job satisfaction - Non-Omani nationals recorded higher job satisfaction (multiple regression = 21.8%) 	Notably, nurses in Oman recorded moderate job satisfaction, which may influence service delivery and turnover rate. Decision makers should give an ear to the issues affecting job satisfaction for purpose of improving the situation
Al Shamari <i>et al.</i> [18]	Qatar	Cross-sectional study	435	<ul style="list-style-type: none"> - Job satisfaction - Main factors assessed for their influence on job satisfaction include – autonomy, work environment, 	<ul style="list-style-type: none"> - 70.8% or the sample size were Non-Arabs, and 11.4% Arabs - Most locals (64.7%) had diploma qualification 	The rate need to assess why the local nurses are less satisfied with their current jobs compared to the expatriate

				incentives and perception of quality of patients	<p>while expatriate mostly (58.2%) had a degree</p> <ul style="list-style-type: none"> - 53.3% reported moderated job satisfaction - Expatriate nurses had high job satisfaction compared to locals - Practice area ($P = 0.139$) had not statistically significant effect on job satisfaction - Incentives ($p = 0.005$), autonomy ($p = 0.025$), gender ($p = 0.001$), practice area ($p < 0.001$) and experience ($p = 0.025$) had statistically significant effect on job satisfaction. 	nurses
Al-Takroni <i>et al.</i> [19]	Saudi Arabia	Descriptive cross-sectional design	1037 out of 5542 nurses working 20 hospitals in Al Qassim region completed the study	- Level of job satisfaction	<ul style="list-style-type: none"> - Overall outcome indicated average job satisfaction - Demographic factor lack correlation with job satisfaction - Major dissatisfying factors included annual allowance, working schedules, and workload 	The administration has a role to play towards improving the averagely job satisfaction among the nurses
Parveen <i>et al.</i> [23]	Saudi Arabia	Quantitative study (2-way multivariate analysis)	<ul style="list-style-type: none"> - Registered nurses - Other qualified health professionals 	<ul style="list-style-type: none"> - Job satisfaction - Salary satisfaction - Personal growth satisfaction 	<ul style="list-style-type: none"> - Nurse were less satisfied with their salary - Nurse and other health professionals recorded dissatisfaction with personal growth 	Much more effort is needed to reinforce job satisfaction among those working in the healthcare sector
Elbarazi <i>et al.</i> [22]	Bahrain, Saudi	A systematic	19 studies contributing to	<ul style="list-style-type: none"> - Burnout (DV) - Factors causing 	- Results were measured using	Health care professionals

	Arabia, Yemen ...	Review of Literature	a sample size of 4108 health care professionals	burnout (IV) - Personal accomplishment - Emotional exhaustion - Working hours - Gender, - Nationality	the Maslach Burnout Inventory - Burnout reported was moderate to high - Working more than 40 hours per week was associated with burnout and job dissatisfaction ($p < 0.01$) - Emotional exhaustion was reported between 20 to 81%, - depersonalisation - 9.2 to 80%, - low personal accomplishment 13.3 – 85.8%.	working in the Arab countries experience moderate to high levels of burnout. The study recommended for longitudinal study to ascertain the findings
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Topic: How does the perception of job satisfaction amongst nurses of Gulf Cooperation Council (GCC) hospitals affect retention?

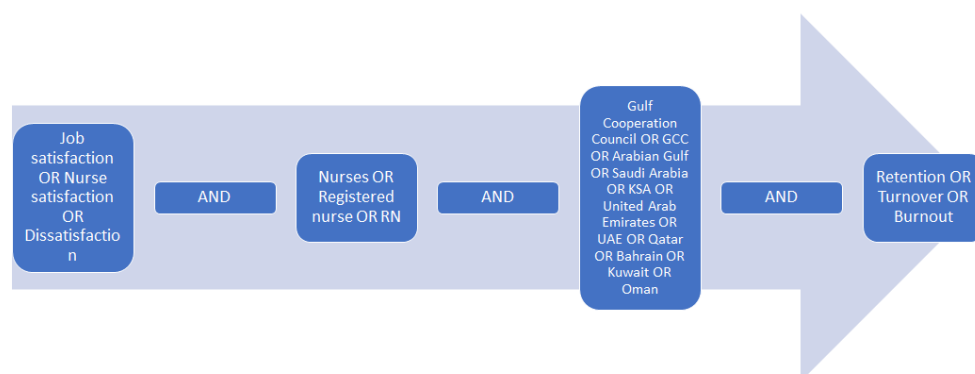


Fig-II: Search Strategy

DISCUSSION

As the main dependent variable, job satisfaction was given the most attention in all the eight articles. This was a factor that enhanced the ability to gather adequate data for the current study. Overall, the results indicated that most of the nurses working in the Arabian Gulf countries recorded moderate job satisfaction. Job satisfaction was found to be influenced by a number of factors, which can be broadly categorised as personal/demographic factors, environmental factors, and organisational factors.

Age, gender, level of education, and scale of experience were other personal factors that were assessed for their impact on job satisfaction. In a study by Al-Dossary *et al.* [20], which was conducted in Saudi Arabia, experience ($P = 0.029$) showed a statistically significant effect on job satisfaction. The

relationship was also reported by Al Shamari *et al.* [18]; Ebrahim and Ebrahim [24], indicating that experience has an impact on job satisfaction ($P = 0.025$). There was not consensus from the reviewed articles regard the impact of age and gender on job satisfaction. Al Maqbali [17] reported that age had a significant impact on job satisfaction ($P = 0.005$) while gender ($P = 0.802$) and marital status ($P = 0.396$) had not statistical significance. In contrast to these findings, Al-Dossary *et al.* [20], reported that age ($P = 0.223$) had no statistically significant effect on job satisfaction while agreeing with Al Maqbali [17] on gender ($P = 0.57$) and marital status having no statistically significant impact on job satisfaction. Ismail *et al.* [21], on the other hand, argued that marital status had a statistically significant effect on burnout ($P = 0.023$), hence influencing job satisfaction. A point to note from these findings is that the studies were conducted at

different countries at different times. Therefore, the argument is not different from the literature.

Working environment factors such as number of hours worked, job characteristics, practice area, and opportunity for promotion had varying degrees of impact on nurses' job satisfaction. Al Shamari *et al.* [18], reported that practice area ($P = 0.139$) had no statistically significant effect on job satisfaction, which was also supported by Al Maqbali [17], indicating that work unit ($P = 0.377$) had no statistical significance. Al-Takroni *et al.* [19], further added to the discussion by noting that major factors leading to dissatisfaction included annual allowance, working schedules, and workload. However, Ismail *et al.* [21], noted that the practice area may contribute to job dissatisfaction due to workload or being posted in a unit that the nurse is less conversant with, especially for specialised nurses.

The characteristics of the job are also related to the number of hours worked. Although practice areas (which often define the nature of the job) were found to have less impact on job satisfaction, the nature of the job (which can be influenced by education level, specialty, and department) was reported to have considerable influence on job satisfaction in studies by Parveen *et al.* [23]; Semachew, Belachew, Tesfaye, and Adinew [25]; Shah, Al-Enezi, and Chowdhury [26]. Another factor that was also assessed in the reviewed studies for its influence on job satisfaction was opportunity for promotion. Ebrahim and Ebrahim [24], noted that nurses expressed willingness to stay in their current job where the probability of getting a promotion was high. Like staff in most industries, nurses are ambitious and willing to grow and develop professionally and personally. A job that seeks to reinforce the possibility to make such progress is likely to improve the job satisfaction ratings.

Organisation factors such as supervision, relationship with colleagues, and organisational culture were also found to have an impact on job satisfaction. Supervision that is focusing on promoting professional growth, engendering autonomy in practice, and is appreciative and engaging, is likely to create a culture of job satisfaction among nurses [24]. In a study by Alostaz [11], nurses described colleagues at work as extended family members. They consider a positive working environment, where colleagues relate to each other and treat each other with respect, as a motivator for job satisfaction. In contrast, colleagues who do not relate well or are often out to undermine, disappoint, or abdicate their roles are more likely to impact negatively on nurses' job satisfaction [13]. The organisational factors and the work environment related factors, unlike the personal factors, can be effectively manipulated by the hospital to enhance

nurses' satisfaction level [27]. According to Shallal [28], policies focusing on improving job satisfaction in healthcare and other sectors often seek to improve organisational and work environment related factors.

The reviewed studies have indicated that there is inadequate job satisfaction among nurses working in the Arabian Gulf countries. All the six reviewed articles indicated moderate to mild level of job satisfaction with a number of factors highlighted as the main factors hindering full attainment of job satisfaction. According to Ebrahim and Ebrahim [24], 72.8% of the nurses involved in the study reported high level of intention to leave, which can be largely attributed to poor job satisfaction. Ismail *et al.* [21] reported low levels of nursing satisfaction while Al Maqbali [17] reported moderate job satisfaction. Al Shamari *et al.* [18], emphasised that although the expatriate nurses demonstrated higher level of job satisfaction than the local nurses, all of them had only moderate job satisfaction. These findings are consistent with studies done in the region but reflected notable differences from the studies done elsewhere. The disparity may be related levels of infrastructure, pay, or opportunities for employee promotion.

CONCLUSION

The systematic review was successful in retrieving an adequate number of articles from different countries in the Arabian Gulf. The studies selected were mainly cross-sectional studies focusing on job satisfaction among nurses in these countries. The study can be considered a success in terms of responding to the research question and, in doing so, meeting the main study objectives. In response to the study objectives, the study identified that training, incentives, good salary, experience, and appropriate working schedules were the main factors enhancing job satisfaction among nurses working in the Arabian Gulf countries. The second objective sought to determine the factors threatening nurse's job satisfaction, and top of the list were poor supervisory tactics, uncondusive working environment, lack of teamwork, poor remuneration, and overworking the nurses. Also, other factors found to have an effect on job satisfaction included nurses' nationality, with locals recording poor job satisfaction compared to foreigners. The third research objective sought to determine the level of job satisfaction among nurses working in the Arabian Gulf countries. From the findings, the nurses from these countries have moderate job satisfaction, which means there is room for improvement to ensure they report high level job satisfaction. This would reduce turnover rates and improve the quality of nursing care.

RECOMMENDATIONS

- Further investigation and mitigation to the comparatively low job satisfaction in the local

nurses for purposes of improving the profession in these countries should be conducting by the Governments and relevant stakeholders.

- Future researchers should consider undertaking a longitudinal study on specific factors influencing job satisfaction to ascertain how best they can be addressed for the sake of improving the level of nurses' job satisfaction.
- Adequate policies should be put in place to improve the nurses working condition for purposes of enhancing nursing market in the Arabian Gulf countries.

Limitations of the Study

The study focused on the GCC countries which comprises six countries within the Arabian Gulf. The findings are limited to nurses working in Arabian Gulf Countries. One of the major limitations for this study is that most of the studies were done in Saudi Arabia. There was not really a balance of studies from the seven countries in the Arabian Gulf. Upon further evaluation, it is clear that Saudi Arabia leads the other countries in terms on the quality of healthcare services, advancement in the health care sector, the number of nurses working in these areas, and the studies done regarding nurses' satisfaction in this region. Another limitation that was noted with this study was lack of breadth in the research design of the potential studies for systematic review. Most of the studies selected were cross-sectional studies within the region, lacking randomised controlled trials and cohort studies, which are more appropriate in bringing out comparison. In spite of this limitation, the study quality was not compromised given that most of the cross-sectional studies had applied a quantitative approach, which is based on reporting facts.

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