

The Saudi Nurses' Quality Of Work-Life In Medina

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Abstract:

Background: The Saudi 2030 vision encourages the Saudi health care system to invest more effort into improving the quality of health care provided for the Saudi population. Understanding the quality of work life has become important to provide optimal nursing care. Therefore, a more attractive work environment and a high quality of nursing work life are critical to attracting and retaining qualified nurses. So, the researcher question is What is the Saudi nurses' perception of the Quality of nursing work-life in the Medina.

Materials and Methods: In this quantitative, cross-sectional, and using quota sample of 281 Saudi nurses in two big governmental hospital under MOH in Medina from June to October 2022.

Tool: A self-report questionnaire in the English language. Demographic data to identify the participants' background and the quality of nursing work-life was measured using the Brooks' Quality of Nursing Work-life Survey.

Results: Majority 91.5% of the nurses were female and did not have dependent children aged from 1 year to over 18 years. Almost 80% of Saudi nurses were shifted mandatory in their work-place and the almost two third of the participating nurses didn't receive additional compensation for rotating shifts. Moreover, 63% of the participants had moderate Quality of nursing work-life level.

Conclusion: Nursing administrators must adopt effective strategies to create favorable working conditions under which nurses' work-life quality in different aspects would be improved. Nursing managers should administer interventions to improve the atmosphere of the organization that affect the components of working-life quality.

Key Word: Saudi Nurses; Quality of work-life; Quality of nurse's work-life.

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I. Introduction

Globally, day after day, the healthcare system is facing various growing challenges. On the other hand, the most significant challenge is the growing demand for health care, which puts human resources and funding at risk¹. Nurses are the largest health care providers in any health system globally and nationally². In the (KSA), there is a shortage of primary care physicians, specialist physicians, nurses, pharmacies, and administration staff, especially in small cities³. The shortage of nurses around the world is imperative as in 2030 the nurses' needs will be around 36 million to meet the global need⁴. The construct is conceptualized by Brooks and Anderson (2005) as "the degree to which registered nurses are able to satisfy important personal needs through their experiences in their work organization while achieving the organization's goals". Therefore, a more attractive work environment and a high quality of nursing work life (QNWL) are critical to attracting and retaining qualified nurses. Quality of nursing work life refers to a nurse's satisfaction with her working life. Thus, improving nurses' (QNWL) is necessary to increase their productivity. Positive results of (QNWL) include reducing burnout, reducing absenteeism, lowering turnover, improving job satisfaction, and organizational commitment⁶.

Furthermore, nurses mentioned the heavy workload, shortage of staffing, the quality of the nurse workforce, policies and management systems not helping nurses, inadequate pay, lack of resources and supplies, limited job opportunities, limited educational opportunities, and poor working conditions⁷. Moreover, the quality of work life refers to an attitude towards the job and general satisfaction with work life, representing satisfaction with a work-life balance, a sense of belonging to the work group, and feelings of being valued and respected within the organization⁸. The Saudi 2030 vision encourages the Saudi health care system to invest more effort into improving the quality of health care provided for the Saudi population. Understanding the quality of work life (QWNL) has become important to provide optimal nursing care⁹.

A descriptive cross sectional research design of 30% of total staff nurses (N= 193) in Chest Diseases Hospital, at El-sabah region, Kuwait city, in Kuwait. The result of the study showed more than half of staff nurses (57%) had a moderate level for the total quality of work life¹⁰. Another study on the quality of nursing

work life, using a questionnaire distributed among 860 nurses throughout the kingdom of Saudi Arabia. The mean total score for the participants was 174.5+/- 30.3, indicating moderate to high (QNWL) ¹¹.

The study is filling the gap in knowledge about the the nurses quality of work life working in big governmental hospitals in Saudi Arabia. Therefore, it would guide the policy makers, nursing leaders, and executive mangers in the (MOH) hospitals. So, the purpose of this study was to explore the Saudi nurses' quality of nursing work lives (QNWL) in the Kingdom of Saudi Arabia mainly in Medina region. While the researcher question: What is the Saudi nurses' perception of the Quality of nursing work-life (QNWL) in the Medina region.

II. Material And Methods

Study Design

The current study was a quantitative, cross-sectional, and using quota sample. This design is used for the following reasons: to quantify data while the sample is representative of the population, and the results can be generalized if they are general and provide a comprehensive view of the study ¹². Moreover, quota sampling is quicker and easier to conduct in any type of research because random sampling is not used ¹³. Using this design, the initial goal is to assess a sample at a certain time without trying either to change or to interfere with statements. The data were collected in a real-world setting as subjects within a natural setting.

Study Location

The study was conducted in two big setting under Ministry of Health in Medina, Saudi Arabia. It is a multi-specialty public hospitals that offers a wide variety of general and specialty medical, gynecology, maternity, and pediatric services through inpatient, outpatient, and emergency units.

Study Duration

The collection of data for the current study was done during the period from June 9, 2022, to the mid of October 2022.

Sample size calculation

The sample size of this study was 275 Saudi nurses with response rate 102% (281participants). The sample calculation was done according to the total number of Saudi nurses in both hospitals in the Medina region. The sample size of the sample is calculated by using the Rao-soft website: <http://www.raosoft.com/samplesize.html> with a margin of error of 5% and a confidence level of 95%.

Subjects & selection method

The selected participants Saudi nurses in this study were chosen from the nurses working in the mentioned setting according to the inclusion and exclusion criteria. The eligible criteria, including (1) Saudi nurses male or female working in the mentioned setting in Medina. To ensure that the study setting and type of participants are maintained. The nurses describe their experience and provide a deep insight into the studied phenomena in both big hospitals; (2) Saudi nurses who have experience in nursing for not less than 3 months. So, nurses who have worked a sufficient time in nursing, so they have enough clinical experience to share with the researcher their experience to gain deep insight into the studied phenomena.

Procedure methodology

The researcher asses the Saudi nurses using a self-report questionnaire in the English language. Demographic data to identify the participants' background: such as age, gender, years of experience, and qualifications, was included by Brooks' Quality of Nursing Work-life Survey (BQNW). For our study, the quality of nursing work-life was measured using the Brooks' Quality of Nursing Work-life Survey (BQNW). The (BQNW) consisted of 42 items covering the following dimensions: work-life balance, work design, work context, and work environment using a 6-point Likert scale. The responses ranged from 1 to 6 according to the respondent's perceived agreement or disagreement. The answers ranged from 1 (strongly disagree) to 6 (strongly agree), with 42 being the minimum score and 252 being the maximum. A high overall score indicated a high (QNWL) (Alzamel et al., 2020; Biresaw et al., 2020).

The (QNWL) is a valid and trustworthy tool that has previously been used in several works. The tool was applied in the Saudi nursing context, for which Cronbach's alpha using Brooks' scale was 0.89, the average time was 10–15 min, and the (QNWL) achieved a Cronbach's alpha of 0.80. The internal consistency reliability for the main study was 0.92 ⁹. In the present study, Cronbach's a was 0.94 which is accepted.

Permission to conduct the study was obtained from the Institutional Review Board (IRB) and the Human Research Ethics Committee from King Saud University (KSU) (N0: KSU-HE-22-345). Another (IRB) was obtained from the Madinah ethical approval committee (N0: IRB 22-024). After getting the permission to

start the data collection. The researcher makes an appointment with the nursing director to give an overview of the project, including the confidentiality of their information and participation, and background information on ethical requirements, including the nature of participant involvement, and submit to them a soft copy of the tool through a google form link. Nursing directors send the invitations and questionnaires to the head nurses in each department. Then head nurses send the questionnaires to their staff nurses. The reminder invitations were sent according to the following: day one of the data collection, after 4 weeks from the starting day. During the follow-up visit, an assessment of the response rate after 4 weeks was made. The assessment report was sent to nursing directors on a monthly basis. A reminder to the head nurses was send also to remind their staff about their participation in the study. Each participant started filling out the questionnaire, was considered as an agreement to participate. A brief explanation of the study was given to them. All participants were ensured privacy and confidentiality and the researcher was provided with a contact address if they wanted to know the results of the study. Voluntary participation was maintained and they have the right to withdraw from the study at any time.

Statistical analysis

The quantitative data were analyzed by Statistical Package for the Social Science (SPSS) the latest version according to the research aim. Analysis of the study findings was done using various analytical methods. The collected data were coded, organized and tabulated into specially designed formats to be suitable for computer filling. Descriptive statistics consisted of frequencies and percentages used to analyze sample characteristics. Means and standard deviations were used to analyze levels of nurses' Quality of work life. Moreover, cronbach's alpha for a scale should be greater than 0.6, acceptable between 0.6 to 0.8 ¹⁶. Cronbach's alpha tends to be a high estimate of reliability. In the current study, the internal consistency reliability analysis was achieved 0.94 while in another study it was 0.89 ¹¹.

III. Result

The collected data from 281 participants were analyzed and the result of this study shows demographic data of the participant and the overall level of the Saudi nurses' quality of work life.

Table 1: Demographic data of Saudi Nurses who participated in the study.

| Characteristics | No. | % |
|------------------------|-----|------|
| Gender | | |
| Female | 257 | 91.5 |
| Male | 24 | 8.5 |
| Age | | |
| 20-<30 | 91 | 32.4 |
| 30-<40 | 152 | 54.1 |
| 40-<50 | 30 | 10.7 |
| 50-<60 | 8 | 2.8 |
| Nurses Degree | | |
| Associate degree. | 7 | 2.5 |
| Bachelor's degree BSN. | 176 | 62.6 |
| Bachelors in midwifery | 1 | .4 |
| Diploma. | 87 | 31.0 |
| Graduate in midwifery | 1 | .4 |
| Master's degree MSN. | 9 | 3.2 |
| Marital Status | | |
| Divorced | 12 | 4.3 |
| Married | 170 | 60.5 |
| Single | 98 | 34.9 |
| Widowed | 1 | 0.4 |

Table no.1 shows that majority 91.5% of the nurses were female and 32% of them were aged from 20-30 years old. Almost two third of the participants were holding bachelor qualifications; more than half of them are married 60%.

Table 2: Demographic data of no. of Dependent children or elderly parents by participated Saudi Nurses.

| Characteristics | | | | | | | | |
|--|-----|----|-----|------|------|-----|-----|---|
| Number Of Dependent Children You Have Living At Home | | | | | | | | |
| No. Of Children Age Of Children | 0 | | 1 | | 2 | | 3 | |
| | NO. | % | NO. | % | NO. | % | NO. | % |
| 1-2 Years | 174 | 62 | 83 | 29.5 | 24 | 8.5 | - | - |
| 3-4 Years | 193 | 69 | 61 | 22 | 27 | 9 | - | - |
| 5 Years | 213 | 76 | 53 | 19 | 15 | 5 | - | - |
| 6-12 Years | 181 | 64 | 64 | 23 | 36 | 13 | - | - |
| 13-18 Years | 213 | 76 | 48 | 17 | 20 | 7 | - | - |
| Over 18 Years | 204 | 73 | 40 | 14 | 25 | 9 | 12 | 4 |
| Responsible For The Care Of Your Elderly Parents | | | | | | | | |
| | No. | | | | % | | | |
| Yes | 185 | | | | 65.8 | | | |
| No | 95 | | | | 33.8 | | | |

Table no.2 mentions that the majority of the Saudi nurses who participated in the current study did not have dependent children aged from 1 year to over 18 years. While more than 65% of the participant were caring for their elderly parents.

Table 3: Workplace characteristics of Saudi Nurses who participated in the study.

| Characteristics | No. | % |
|--|-----|-------|
| Do you rotate shifts? | | |
| Yes | 217 | 77.2% |
| No | 64 | 22.8% |
| Are rotating shifts | | |
| Mandatory | 203 | 72.2% |
| Voluntary | 78 | 27.8% |
| Do you receive additional compensation for rotating shifts? | | |
| Yes | 63 | 22.4% |
| No | 218 | 77.6% |
| Are you certified in your specialty area? | | |
| Yes | 142 | 50.5% |
| No | 139 | 49.5% |
| Do you receive additional compensation for being certified? | | |
| Yes | 59 | 21.0% |
| No | 222 | 79.0% |
| Your current nursing position (mark only one answer). | | |
| Charge Nurse | 47 | 16.7% |
| Head nurse | 15 | 5.3% |
| Staff Nurse | 207 | 73.7% |
| Team Leader | 6 | 2.1% |
| Unit educator | 2 | 0.7% |
| Unit Manager | 4 | 1.4% |
| Do you receive additional compensation for being the charge nurse? | | |
| Yes | 60 | 21.4% |
| No | 221 | 78.6% |

Table no. 3 illustrate that almost 80% of Saudi nurses were shifted mandatory in their work-place and the almost two third of the participating nurses didn't receive additional compensation for rotating shifts. Moreover, the participated nurses were working as the charge nurse, head nurse and unit manger were (16%, 5%,1%) respectively while only 21% of them were receiving additional compensation.

Table 4: The Descriptive statistics of the QNWL.

| Descriptive Statistics | | |
|------------------------------|------|----------------|
| Variables | Mean | Std. Deviation |
| Quality of nursing work-life | 3.91 | 0.845 |

Table no.4 presents the descriptive statistics table expresses the study phenomena of sample size of 281 participants. The mean of the nurse's Quality of nursing work-life was 3.9 for with standard deviation of 0.84.

Figure 1: Quality of nursing work-life Level.

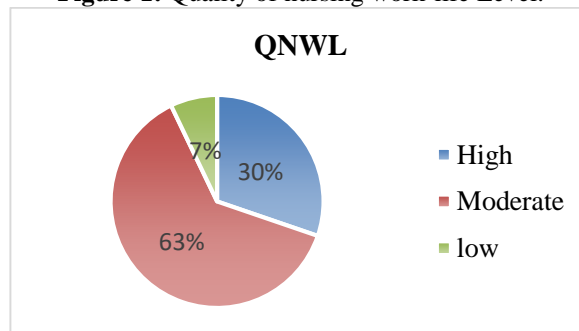


Figure no.1 shows the results of the participants that were analyzed based on the overall scale of (BQNW). The following table expresses that the number of participants according to each classification; 1. high level ranges from 252-183; 2. moderate level ranges from 182-113; while 3. Low level ranges from 112-42. Therefore, it is clear from the figure that 63% of the participants had a moderate Quality of nursing work-life level, and 30% had a high quality of work life level. This figure tests the researcher question: What is the Saudi nurses' perception of the Quality of nursing work-life (QNWL) in the Medina region.

IV. Discussion

The shortage of nurses is a growing problem worldwide. The problem is predicted to reach a crisis with negative consequences on the health care systems and patients' safety¹⁷. So, more research must assess the nursing profession in general to guide the policy maker's decision to prevent this crisis.

This emphasizes that the core member of the team are nurses as they are pivotal members of the health care system. Therefore, the results of the present study explained that the majority of participating nurses were female while 8.5% of them were male and the participants aged from 30-40 years old with 54.1%. Also, the findings revealed that more than half of the nurses were educated to Bachelor's degree level and the lowest percentage had a midwifery degree (Table 1). These findings were congruent with a study that revealed the majority of the participated sample were females (78.7%) rather than males, and their ages ranged from 31-40 years¹⁸. It is also parallel with another study which stated that the majority of nurses who participated in the study 64% their highest qualification at the bachelor's level or above⁹. In the nursing profession caring is their most fundamental nursing value, up till now, in nursing literature the ability of male nurses to care is questioned. Therefore, gender is an important indirect factor in providing care and may be why it is considered that the nursing profession is a female-dominated profession.

In table (2), the result shows that the majority of the Saudi nurses who participated in the current study did not have dependent children aged from 1 year to over 18 years. While more than 65% of the participant were caring for their elderly parents. The result is compatible with a study result that most of the participants (62.6%) had no childcare provider. Moreover, half of the respondents (51%) were responsible as a caregiver to elderly parents⁹. This could be due to the Saudi Islamic culture as they care for and take responsibility for their old age parents. Moreover, along with the demographic changes in the Saudi population there will be more old age in the future.

The current study stated that almost 80% of Saudi nurses were shifted mandatory in their work and the almost two third of the participating nurses no additional compensation for rotating shifts provided by their hospital. Moreover, the participated nurses were working as the charge nurse, head nurse and unit manger were (16%, 5%,1%) respectively while only 21% of them were receiving additional compensation (Table 3). A study in (KSA), parallel with the present study finding as it concluded that 71% of the participated nurses rotate in their shifts but 81.5% of the nurses did not have additional compensation for rotating shifts⁹.

The current study illustrates that the mean (BQNW) of the participating Saudi nurses was at a moderate level (164.27 ± 64.191)(Table 4). The study of 9 results mentioned that the overall mean of the (BQNW) scale was 165 ± 26.8 whereas the mean of both study were near. The research question was tested and the result was mentioned clearly that 63% of the Saudi nurses had the moderate quality work-life level, and 30% had a high-quality work-life level (Table 5). This result is in line with a study in (KSA) stated that the (BQNW) scores were moderate of 400 nurses from Medina, (KSA). The highest analysis score for (BQNW) among the four subscales was obtained in the work context subscale, while work-life home life, work design and work world exhibited

moderate scores⁹. Another study contradicts the current study result. The previous study result explained that 61% of nurses had low levels of work-life quality⁸. Furthermore, (BQNW) can advance the quality of care provided in addition to staffing and preservation of the nursing workforce. This high rate of turnover intention ought to motivate the nursing leaders to develop appropriate and efficient strategies to combat this serious issue and improve the nurse's work conditions and their (BQNW), which consequently, will enable the nurses to perform better care for their patients.

V. Conclusion

Nursing administrators must adopt effective strategies to create favorable working conditions under which nurses' work-life quality in different aspects would be improved⁸. Nurses are on the frontline of the health care system and play a significant role in the provision of health services. The limitations of the present study were; the study was quantitative descriptive study as it describes only, so, the mixed study would explore deeply the phenomena.

VI. Recommendations

The recommendations of the present study are:

1. Encourage governmental policymakers and other decision-makers to formulate national policies and KPIs in order to improve nurses' workplaces.
2. To reduce workload and ensure adequate nursing services for patients, families, and the community, more qualified registered nurses, sufficient and trained support staff (nursing assistants and service workers), as well as an equitable distribution of the current nursing workforce, are required.

Author Contributions

The authors have been involved in the overall manuscript and made contributions conceptualization, methodology, H.K.O.; validation, H.K.O.; data analysis H.K.O.; investigation, and resources, H.K.O.; writing—original draft preparation, H.K.O.; writing—review and editing, H.K.O.; and supervision, O.S. All authors have read and agreed to the published version of the manuscript.

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Institutional Review Board Statement

The study was conducted in accordance with the Declaration of Helsinki and approved by the Institutional Review Board of King Saud University (protocol code KSU-HE-21- 75) in 16-02-2021.

Informed Consent Statement

Informed consent was obtained from all participants involved in the study.

Conflict of Interest

Authors declares no conflict of interest.

Data Availability

All data underlying the results are available as part of the article. The data that support the findings of this study are available on request from the corresponding author, H.K.O.

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