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Job Dissatisfaction and Nurses Withdrawl from Hospitals in Riyadh City

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Abstract. The purpose of this study was to identify factors influencing nurses' dissatisfaction and to predict the size of the nurses future intention to withdrawal from the current hospital. A stratified random sample of 800 nurses working in MOH, military, teaching, and private hospitals was selected. The valid returned questionnaires were 700. The study instrument consisted of 34 items to measure the nurses' satisfaction level. The validity and the reliability were taken into consideration, the internal consistency as measured by Cronbach's Alpha was 0.82. Descriptive statistics, t-test, and two-group stepwise discriminant analysis were employed to analyze collected data.

The results showed that Saudi nurses were generally less satisfied than the non-Saudi nurses. There were no significant differences between nurses' mean-score on the overall satisfaction at three sectors (MON, military, and private). Yet, the teaching hospital nurses were significantly more satisfied than the nurses of the other sectors. The withdrawal rate (nurses who are likely to leave the current hospital) was 44.29%. Nurses with the intention to leave the current hospital to another were significantly more dissatisfied than those who want to stay. Results also revealed that the MOH nurses' decision of withdrawal were influenced by the salary and financial incentive, the nature of the job, and the relationships. The dimensions related to the private nurses' decision of leaving the current job were "the work environment", and "the management style". Yet, the only dimension that was related to the military hospital nurses' decision to leave the current job was "the respect and appreciation". Finally, salary and financial incentives was the only dimension related to the teaching hospital nurses' decision of withdrawal.

Introduction

Although people are aware of the important role nursing staff has, nursing is still perceived by the public as being feminine job that is linked with incompetence, inability, dependence and insufficient knowledge [1]. Relevant literature from North America [2,3] Kuwait [4] and Hong Kong [5] suggests that the public point of view concerning the nursing profession seem to be negative. Estimates of nursing staff turnover in the USA ranged from 20% to 30% in non-profit hospitals compared to 30% to 44% in for-profit hospitals [6]. Nursing has not been an attractive job to most people in Saudi Arabia [7]. This is supported by the fact that Non-Saudi nurses represent about 82% of

the total nursing staff in the country [8, p.181]. This could be attributed to many reasons. The first could be seen from a traditional and social perspective of the Saudi community [9]. People look at it as a job that requires a contact between unrelated female nurses and male physicians, nurses, administrators, and/or patients [10]. This may violates some of the Islamic teaching. The second reason is the fact that patients have little trust in Saudi nurses as a result of the low quality of educational contents of old nursing institutes. This reason resulted in assigning menial duties and little responsibilities (most of them are non-nursing tasks) to Saudi nurses. Night duty is also inappropriate to most Saudi families. The mentioned factors caused the health-related sectors to depend on non-Saudi nurses. Yet, nursing staff is a very important segment of the health team in any hospital. Therefore finding out the factors causing nurses' dissatisfaction is a very important issue to all health-related sectors. It helps them to plan and run hospitals in a better manner.

The Problem

The fact that more than 80% of the nurses in Saudi Arabia are expatriates gives the impression that the stability of this important segment of health staff is endangered. For many reasons (such as wars or any other political reasons) non-Saudi nurses may decide to leave the country any time [11]. Accordingly, the purpose of this study was to identify factors influencing nurses' job dissatisfaction and estimate the magnitude of nurses' anticipated intention of withdrawal from their current hospitals.

Significance of the Study

The importance of this study emerges from the fact that nursing profession is known to have high turnover rate [12]. The hospital nurses' turnover rate reached a point at which it needs thoughtful and valid research to determine the reasons behind such phenomenon [13]. Nurses' retention within the British National Health System has become an increasing problem annoying nurse managers [14]. Hospital nurses turnover rate in the USA is more than 3 times the turnover rate of teachers and more than 1.5 times the turnover rate of social workers [15]. In fact, this problem is faced in most countries all over the world [16]. High turnover rate causes more costs for any organization to replace the left workers (advertisement and recruitment), to train the new comers, and to pay for instructors. Investigating the factors influencing nurses' job dissatisfaction and estimating the volume of nurses' anticipated behavior to leave their current hospitals is a very important issue for health decision-makers. This importance emerges from the expected increase in costs and from the fact that high percentage of the nurses is non-Saudi. More importantly, loosing highly qualified nurses for avoidable reasons may influence the quality of hospital performance. Until someone is recruited the volume of work that used to be handled by the left nurse, will be distributed among the remaining staff, which means more workload. This may negatively influence their performance as well. This type of studies will allow health planners to develop appropriate health strategies for nurses' retention. Studies show that job satisfaction is a key determinant of turnover [17,10]. Accordingly, turnover can be managed by creating

the appropriate retention strategies that are "specially-designed" for particular conditions of organizations [18]. In addition to the above, the importance of this study also emerges from the fact that it will participate in reducing the scarcity of information related to nurses' dissatisfaction and retention in Saudi Arabia.

Objectives of the Study

This study aims at achieving the following objectives:

1. To determine the relation between nurses' overall satisfaction and retention.
2. To determine to what extent the overall satisfaction of nurses is influenced by their socio-demographic variables.
3. To determine the significant differences between the four sectors on the nurses' satisfaction dimensions.
4. To find out to what extent staying and leaving nurses differ on the satisfaction dimensions and on the overall satisfaction.
5. To estimate the size of nurses' anticipated intention to leave the current job at all hospitals (MOH, Military, Teaching, and private).
6. To determine the satisfaction's dimensions significantly discriminate between staying and leaving nurses in each sector.
7. To determine to what extent the nurses' anticipated intention to leave the hospital is influenced by their socio-demographic variables.
8. To provide appropriate recommendations to improve the satisfaction level among nurses in order to improve nursing practice in Saudi Arabia.

Hypotheses of the Study

This study investigates the following main hypotheses:

1. In general, nurses' overall satisfaction is not significantly related to nurses' retention.
2. No significant differences in the overall satisfaction levels due to socio-demographic variables.
3. No significant differences exist between the four sectors on the nurses' satisfaction dimensions.
4. Staying and leaving nurses do not significantly differ concerning the satisfaction dimensions and the overall satisfaction?
5. Satisfaction's dimensions do not significantly discriminate between staying and leaving nurses in each sector.
6. No significant differences in nurses' anticipated intention to leave the hospital due to socio-demographic variables.

Theoretical Framework

The idea of this study concentrates on the extent between satisfaction and dissatisfaction that causes someone to choose between staying or leaving the current job.

As known, workers' retention is seen as a result of workers' satisfaction. Yet, the intention to change or quit the current job could be considered as a result of job dissatisfaction. There are minimum of three classifications of theory has been developed. According to process theorists job satisfaction is determined, not only by the nature of the job and its context, but by the needs, values and expectations that a person has in relation to his/her job. Accordingly, it could be concluded that job satisfaction is determined by the volume of difference between [19, pp. 10-20]:

1. What the job offers and what the worker looks out for (expectancy theory),
2. What the job offers and what the worker needs (discrepancy theory), and
3. What the job offers and what the worker values (equity theory).

Based on the principle behind Maslow's need hierarchy, Herzberg *et al*, as cited by D'Aunno and Fottler (1997), identified two separate and independent factors that cause job satisfaction, the "two-factor theory". One is called "satisfiers or motivators", cause satisfaction when they were available. The other factor is called "dissatisfiers or hygiene", cause dissatisfaction when they were not adequate [20, pp. 76-77]. In relation to the above two-factor theory, Herzberg (1987) asserted that the lack of some job conditions might dissatisfy workers. Yet, the presence of the same conditions may not increase motivation and satisfaction significantly. Herzberg identified 10 extrinsic hygiene-factors (i.e. under the control of the organization's managers) which include organizational policy and administration, technical leadership, worker-supervisor interpersonal relationships, worker-peers interpersonal relationships, worker-subordinate interpersonal relationships, pay, job safety and security, personal life, work environment, and status. With regard to satisfiers (or motivators), Herzberg identified six intrinsic motivator-factors (i.e. rewards obtained from accomplishing work itself): accomplishment, appreciation, advancement, the work itself, the possibility of development, and responsibility. Yet, Herzberg believes that when these factors are not achieved it will not cause job dissatisfaction [21].

D'Aunno and Fottler (1997) developed a framework that illustrate the understanding of how needs deficiencies influence (motivate) workers. The motivation process often starts with need deficiencies within the worker. Such deficiencies motivate worker to search for better alternatives to satisfy the deficiencies. Then worker will choose one or more alternatives. After implementing the choice(s) he/she evaluates the needs again and starts another journey of search if there are some needs deficiencies. Figure 1 shows such situation [20, pp. 73-74]. It could be concluded that workers give the priority number one to fulfilling basic physiological needs, adequate warmth, rest, and enough pay. Yet, it is stated that the fulfillment of such basic needs leads to further desires and needs [22].

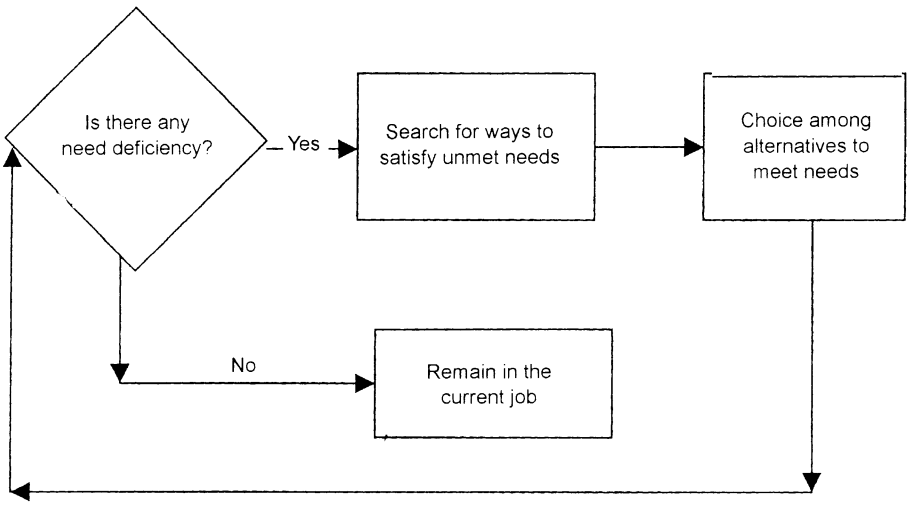

Fig. 1. A framework for worker-motivation.

Most human relationships school scholars assume that there is a positive relationshipship between job satisfaction and performance. That is job satisfaction causes job performance. Therefore, organizations should attempt to increase productivity by satisfying the workers' needs [23].

Literature Review

Girvin (1998) found that 46% of the surveyed nurse executives in eight English NHSE regions were not happy with their current posts. Nurses stated that relationship with chief executive is the most important factor in motivation to stay in the current post. Next important factor was their ability to influence the organization. Yet, differences in salary and benefits between nurse executives and other executive directors, absent of defined resources, lack of interest in the work, insufficiency of organizational authority are the important factors which cause nurses to feel undervalued and therefore seek to change the current post or job. He found that younger nurse executives are significantly more probable to be dissatisfied [24].

In a study investigating Japanese nurses' satisfaction, Yamashita (1995) found the following as variables correlated with nurses satisfaction: recognition, hope for accomplishment, involvement in decision making, trustworthiness, education, and progression [25].

In a study conducted in Saudi Arabia, it was found that those nurses who wanted to change their current nursing posts were influenced by lacking good administration, low satisfaction level, overload, low pay and benefits, lack of admiration, lack of enhancement, and personal and family reasons [11]. Another study conducted in Saudi

Arabia recommended more financial rewards to attract Saudi nurses [9]. Lisa McConnell who worked in Saudi Arabia stated that satisfying nurses in the Middle East needs more opportunities for continuing education, standardize nursingcare, and recognize good work through financial incentives [16]. Al-Aameri (2000) found that satisfied nurses in public hospitals - in Saudi Arabia - tended to have a higher level of commitment than dissatisfied nurses [26].

Gowell and Boverie (1992) found that the level of nurse satisfaction was significantly higher for those working 8-hour and 10-hour shifts than nurses working 12-hour shifts. They also reported that there was no significant difference in satisfaction amongst nurses working in the various medical units of the hospital [27].

Perceived relationships with coworkers, head nurse doctors, and other units in the hospital, along with unit tenure and work/non-work conflict were found to be significant factors in predicting nursing job satisfaction [28]. Another study of job satisfaction, conducted in North Africa, showed that in general, nurses with high job satisfaction level have a more positive self-concept. That is, high self-esteem contributes significantly to job satisfaction. In addition, the same study revealed that autonomy, challenges and management orientation appeared to be significant predictors of nurses' job satisfaction [29].

Tumulty *et al.* (1994) indicated the significance of the relationships in the work place. They stated that cohesive peer group might compensate for nurses' dissatisfaction with the work place environment. They also reported that a supportive boss may shield nurses from effects from disliked environment [30].

Misener *et al.* (1996) found four out of eight factors (total of 31-item scale) to influence the general satisfaction. These were interaction, extrinsic rewards, control over work environment, and professional participation [31].

A study conducted in 1992 identified the following five dimensions of job satisfaction: personal satisfaction, workload satisfaction, satisfaction with professional support, satisfaction with salary and prospects and satisfaction with training [32]. Another study, conducted in the same year, found that salary was not statistically correlated with nursing job satisfaction. Yet, benefits, involvement in decision making, level of education, promotion, and advancement opportunities outside the organization were found to be significantly correlated with job satisfaction [33].

Methodology

Population and sample

The study population consisted of all nurses working in MOH, military, teaching, and private hospitals in Riyadh City. Stratified random sample was selected. The study included 9 hospitals; three from the MOH, three from the private sector, 2 from the

military sector, and one teaching hospital. Hospitals with less than one year of age were excluded. The nurses were informed about the objective of the questionnaire and about their rights to refuse to participate.

Table 1 shows the questionnaires distribution and response rates. Eight hundred questionnaires were randomly distributed. The returned questionnaires were 711, but the valid ones were 700 (87.5% response rate). The response rates ranged from 69.08% at the teaching hospital to 95.86% at the MOH hospitals. The general response rate was 87.5%.

Table 1. Questionnaires distribution and response rates

Sector	Number of hospitals included	Number of nurses	Questionnaires distributed	Questionnaires completed	Response rate
MOH	3	2106*	314	301	95.86
Military	2	1231*	184	155	84.24
Teaching	1	1017	152	105	69.08
Private	3	1005*	150	129	86.00
Total	**9**	**5359**	**800**	**700**	**87.50**

Source: -The Ministry of Health, Annual Health Report 1418H. MOH, Riyadh, p. 152.
* Personal contacts with the Personnel Depatment at each hospital

Instrument

The instrument of this study was a self-administered two-part questionnaire. The first part requested demographic information with a question intended at discriminating respondents into stayers and leavers. Part two contained 34 items (under eight dimensions) measured on a seven-point likert scale to measure the satisfaction level among nurses. Nurses graded their satisfaction level as 1= strongly dissatisfied, 2= dissatisfied, 3= probably dissatisfied, 4= neutral, 5= probably satisfied, 6=satisfied, and 7= strongly satisfied. The satisfaction dimensions were:

1) The salary and financial incentives: which included satisfaction with salary, the salary meets my needs, my salary is comparable with my experience and effort, good payment for overtime, and having adequate incentives (i.e. vacation, meals, housing).
2) The respect and appreciation: which included supervisor appreciates my work, allowed to exercise judgment for patient care, hospital gives recognition for good work done by nurses, good recognition and respect from society, good level of understanding and recognition from physicians, good level of recognition from my supervisor, and good level of recognition from my colleagues.
3) The cooperation and participation: which included the medical staff are supportive with nursing staff, nursing supervisors are supportive, hospital administrators are supportive, and collaborative discussions of patient care takes place between nurses and physicians.

4) The progression and stability: which included good opportunity for training and development, adequate in-service education, good chance for promotion, and good job security.

5) Work environment: which included satisfactory working conditions, work environment is efficient and organized, and adequate medical equipment and tools.

6) The job-nature: which included satisfactory work schedule, satisfactory work-hours, job doesn't interfere with family responsibilities, and reasonable workload.

7) The relationships: which included work atmosphere in this hospital is friendly, my relationship with my supervisors is satisfactory, and my relationship with my peers is satisfactory.

8) The management style: which included nursing supervisors demonstrate leadership and managerial skills, nursing staff participates in making decisions concerning nursing department, I have the opportunity to be responsible for planning my work, and satisfied with hospital policies and the way in which they are implemented.

To increase the validity of the instrument, 5 faculty members of the Administrative Sciences College were asked to review the first draft of the questionnaire. Their comments and suggestions were taken into consideration. The second draft was given to 20 nurses to read it, answer it, and give their comments. Their suggestions and comments were also taken into consideration during the development of the final draft. The reliability of the instrument was measured by Cronbach's Alpha and it was 0.82. This level of reliability is considered acceptable (34, pp. 157-158). The questionnaire was written in both Arabic and English.

Procedures

After the data was collected in October 1999 the coding procedure toke place. Then the data was fed into the SPSS PC+ statistical package. Statistical procedures included descriptive statistics (frequencies, percentages, means, and standard deviations), two-independent samples' t-test, One way ANOVA, and the two-group stepwise Discriminant Analysis were employed to analyze the collected data in order to answer the research questions. It is important to mention that normality assumptiones were tested which paved the way for the utilisation of the parametric tests mentioned above.

Data Analysis and Discussion

To give a clear description of the socio-demographic characteristics of the sample elements, frequency and percentage distribution as well as means and standard deviations (where appropriate), were calculated for each hospital-sector. Such results were presented in Table 2.

Table 2. Means (and standard deviations), frequency distribution and percentages of socio-demographic variables of nurses by sectors

Respondent's demographic	MOH (n=301)	Private (n=139)	Military (n=155)	Teaching (n=105)
Age:	Mean = 33.6 (SD=6.6)	Mean=31.67 (SD=6.2)	Mean=36.55 (SD=9.2)	Mean=40.64 (SD=8.1)
Less than 30	31.56%	43.88%	31.61%	5.71%
30 to less than 40	49.17%	41.01%	23.87%	34.29%
40 or older	19.27%	15.11%	44.52%	60.00%
Education:	Mean = N/A (SD=N/A)	Mean = N/A (SD=N/A)	Mean = N/A (SD=N/A)	Mean = N/A (SD=N/A)
Diploma	59.14%	23.02%	23.87%	37.14%
Postgraduate Diploma	2.66%	0.00%	5.16%	0.95%
Bachelor	36.88%	71.94%	68.39%	55.24%
Master degree or higher	1.32%	5.04%	2.58%	6.67%
Marital status:	Mean = 0.216 (SD=0.413)	Mean = 0.432 (SD=497)	Mean = 0.413 (SD=0.494)	Mean = 0.171 (SD=0.383)
Married (0)	78.41%	56.83%	58.71%	82.86%
Not married (1)	21.59%	43.17%	41.29%	17.14%
Gender:	Mean = 0.023 (SD=0.152)	Mean = 0.071 (SD=0.260)	Mean = 0.108 (SD=0.314)	Mean = 0.114 (SD=0.320)
Males (1)	2.33%	7.10%	10.79%	11.43%
Females (0)	97.67%	92.90%	89.21%	88.57%
Monthly salary: (originally continuous variable)	Mean=2956.25 (SD=1477.35)	Mean=2027.50 (SD=999.15)	Mean=6148.8 (SD=2967.60)	Mean=4057.85 (SD=1741.50)
less than 2500 SR	38.87%	89.53%	0.00%	5.71%
2500 to less than 3500	44.52%	8.57%	30.94%	29.52%
3500 to less than 4500	5.32%	0.95%	10.07%	46.67%
4500 or higher	11.29%	0.95%	58.99%	18.10%
Experience in nursing: (originally continuous variable)	Mean =12 yrs. (SD=6.9)	Mean=10.25 (SD=5.3)	Mean=14.20 (SD=7.6)	Mean=17.69 (SD=6.4)
less than 5 years	19.27%	15.48%	17.27%	2.86%
6 to 10 years	26.25%	48.39%	23.02%	9.52%
11 to 15 years	29.90%	18.71%	14.39%	23.80%
16-20 years	16.61%	14.19%	25.90%	42.86%
21years or more	7.97%	3.23%	19.42%	20.96%
Experience in this hospital: (originally continuous variable)	Mean = 6.3 yrs. (SD=5.0)	Mean=3.3 (SD=3.2)	Mean=5.8 (SD=4.9)	Mean=7.74 (SD=4.9)
less than 3 years	30.23%	54.19%	34.53%	18.10%
3 to less than 6 years	21.93%	29.68%	20.86%	20.00%
6 to less than 8 years	13.95%	7.10%	23.03%	20.00%
9 years or more	33.88%	9.03%	21.58%	41.90%
Nationality:	Mean = 0.14 (SD=0.35)	Mean = 0.00 (SD=0.00)	Mean = 0.166 (SD=370)	Mean = 0.029 (SD=0.171)
Saudi (1)	13.95%	0.00%	16.55%	2.86%
Non-Saudi (0)	86.05%	100%	83.45%	97.14%

Over 93% of the total respondents were females, 10.43% were Saudis, and 70.43% were married. The nurses' mean age was 35 (SD=7.783) years. The average monthly

salary was 3615.80 (SD=2351.60) Saudi riyals. The majority of total respondents (67.57%) were getting salary of lower than 3500 riyals (US$=3.75 Saudi riyals) per month and 32.43% were getting salary of more than 3500 riyals per month. Results showed that 47.14% held less than a university degree in nursing (of which more than 85% held a diploma) and 52.86% held Bachelor degrees or higher. Respondent nurses had been employed in nursing for an average of 13 (SD= 7.13) years. Yet, they had been employed in the current hospital for an average of 5.8 (SD=4.90) years.

To examine the first hypothsis of the study, which included that the overall satisfaction of nurses is not significantly related to nurse retention, the results indicated that nurses were categorised as probably satisfied (The overall mean-score of the general satisfaction was 5.146 with SD = 1.418). However, table 3 illustrates that those nurses who intended to leave their current jobs (44.29% of all nurses) were significantly less satisfied than those who decided to stay (t-test value = 12.789 and $p<0.001$). This result is consistent with the results of McConnel (1990), Malkin (1993), Kettlize *et al.* (1997) and Al-Aameri (2000). The above results suggest that the first hypothesis can not be accepted.

Table 3 also showed that National or Saudi nurses were significantly less satisfied than the non-Saudis (t-test value = 6.457 and $p<0.001$). In addition to hospital-wise reasons, this result could be explained by the fact that nurses feel the low image and status of nursing [9]. However, this is similar to the result of the study conducted in Jordan by Suliman and Abu Gharbieh [10]. The same result was found among South African nurses' [35]. The results of this study revealed that married nurses were significantly more satisfied than not-married nurses (t-test value = 4.702 and $p<0.001$). This contradicts with the results of onother study conducted in Saudi Arabia that found that no significant difference between married and non-married nurses [11]. Yet, that study was limited to the MOH nurses only. In addition, Table 3 illustrated than those with a university degree or higher were significantly less satisfied than those with less than a university degree (t-test value = 3.126 and $p<0.01$). Such result can be partly explained by the high expectations normaly associated with higher educated nurses. Yet, results did not prove a significant difference between male and female nurses in regard to the general satisfaction.

Table 3. T-test for the difference between the mean-score of "the overall satisfaction" according to some socio-demographic variables

Variables	No.	Mean	S.D.	T-Test	P
-Stayers	390	5.705	0.989	12.789	0.000
-Leavers	310	4.424	1.578		
-Non- Saudi	627	5.266	1.294	6.457	0.000
-Saudi	73	4.143	1.966		
-Females	653	5.127	1.427	-1.523	0.128
-Males	47	5.456	1.224		
-Married	493	5.316	1.353	4.702	0.000
-Not married	207	4.766	1.477		
-Less than university	330	5.322	1.490	3.126	0.002
-University or higher	370	4.983	1.333		

Table 4 showed the results of ANOVA tests for the differences in the mean-scores of the overall satisfaction between nurses according to the other socio-demographic variables. The table revealed that the older the nurses (over 30 years old) were significantly more satisfied than those less than 30 years old ($F= 23.826$ and $p<0.001$). This result is explained by the other results found in the same table in regard to the influence of experience in the same hospital and the general experience in nursing. It was clear that those nurses with 9 years of experience in the current hospital were significantly more satisfied than those with 6 or less years of experience. Those with 6 to 8 years of experience were also significantly more satisfied than those nurses with less than 3 years of experience ($F=9.898$ and $p<0.001$). The table showed that those nurses with less than 5 years of general experience in nursing were significantly less satisfied than those with 5 years or more of general experience ($F=11.832$ and $p<0.001$). Fanally, the table also revealed that there was a significant difference in the overall satisfaction between nurses receiving monthly salary of 4500SR or higher and those receiving monthly salary of less than 2500 SR ($F=5.595$ and $p=0.001$). This result confirms the claim of McConnel that nurses in the Middle East need more financial support to be satisfied. From the results presented in both Tables 3 and 4 it is clear that the second hypothesis (No significant differences in the overall satisfaction levels due to socio-demographic variables) can not be accepted except for gender.

Table 4. ANOVA test for the differences between the mean-score of nurses' satisfaction according to some socio-demographic variables

Scale	No.	Mean	F	P
Age			23.826	0.000
Less than 30 (1)	206	4.550	(Sig. difference	
30-39 (2)	285	5.591	between 1 and 2,	
40 and older (3)	209	5.376	and 1 and 3)	
Salary			5.595	0.001
Less than 2500 (1)	248	4.862	(Sig. difference	
2500<3500 (2)	225	5.091	between 1 and 4)	
3500<4500 (3)	84	5.250		
4500 and higher (4)	143	5.475		
Experience in this hospital			9.898	0.000
Less than 3 years (1)	237	4.860	(Sig. difference	
3 to less than 6 years (2)	160	4.974	between 1 and 3,	
6 to less than 8 years (3)	108	5.406	1 and 4, and 2 and 4)	
9 years or more (4)	195	5.519		
Experience in nursing			11.832	0.000
Less than 5 years (1)	108	4.343	(Sig. difference	
6 to 10 years (2)	191	5.216	between 1 and 2,	
11 to 15 years (3)	163	5.255	1 and 3, 1 and 4, and 1 and 5)	
16-20 years (4)	156	5.350		
21years or more (5)	82	5.434		

ANOVA results in Table 5 showed that there were significant differences between the satisfaction level of MOH nurses and private nurses and between the MOH nurses and teaching hospital nurses concerning "the salary and financial incentives dimension". It was clear from Table 5 that the most dissatisfied on this dimension were the MOH nurses (mean-score=3.680), while the least dissatisfied were the teaching hospital nurses (mean-score=4.465). This result is surely due to the fact that nurses and other medical staff working at the MOH are less paid compared to similar staff work for other sectors.

Table 5. ANOVA and Scheffe for the difference between the responses of each sector on the job satisfaction dimensions and total satisfaction (n=700)

Dimension	Sector	Mean	SD	F	P-value	Scheffe (Sig. difference between)
Salary and Financial incentives	MOH	3.680	1.601	8.450	0.000	-MOH and private -MOH and teaching
	Military	4.092	1.401			
	Private	4.143	1.198			
	Teaching	4.465	1.392			
Respect and appreciation	MOH	4.940	1.171	4.718	0.003	-MOH and teaching -Military and teaching
	Military	4.790	0.826			
	Private	4.931	1.081			
	Teaching	5.422	1.233			
Cooperation and participation	MOH	5.041	1.329	8.933	0.000	-MOH and private -Teaching and private -Teaching and military
	Military	4.629	1.034			
	Private	4.492	1.283			
	Teaching	5.618	2.602			
Progression and stability	MOH	4.754	1.304	6.746	0.000	-Military and MOH -Military and teaching
	Military	4.283	0.812			
	Private	4.725	1.436			
	Teaching	5.231	1.875			
Work environment	MOH	4.607	1.614	10.377	0.000	-MOH and private -MOH and teaching -MOH and military
	Military	5.019	0.769			
	Private	5.238	1.304			
	Teaching	5.303	1.102			
Job-nature	MOH	4.997	1.186	1.176	0.318	No sig. differences
	Military	5.136	0.824			
	Private	5.143	1.167			
	Teaching	5.243	1.904			
Relationships	MOH	5.407	1.179	2.034	0.108	No sig. differences
	Military	5.175	0.939			
	Private	5.285	1.217			
	Teaching	5.490	0.984			
Management style	MOH	4.990	1.241	4.680	0.003	-Teaching and MOH -Teaching and private -Teaching and military
	Military	4.885	0.875			
	Private	4.880	1.199			
	Teaching	5.675	2.826			
Overall satisfaction	MOH	4.835	1.041	5.833	0.001	-Teaching and MOH -Teaching and private -Teaching and military
	Military	4.756	0.885			
	Private	4.816	0.701			
	Teaching	5.283	1.507			

The Table also revealed that the nurses of the teaching hospital were significantly more satisfied (mean-score=5.422) on "the respect and appreciation dimension" than those of the MOH (mean-score=4.940) and those of military sector (mean-score=4.790). Teaching hospital nurses were also more satisfied (mean-score=5.618) on the dimension of "cooperation and participation" than those of the private sector (mean-score=4.492) and those of the military sector (mean-score=4.629). However, the MOH nurses showed significantly more satisfaction (mean-score=5.041) on "the cooperation and participation dimension" than those of the private sector (mean-score=4.492) were.

The Table also revealed that the military nurses were significantly less satisfied (mean-score=4.283) than those nurses working at the MOH (mean-score=4.754) were on "the progression and stability dimension". Due to the importance of this dimension the Military hospitals are advised to give more attension to this issue. The teaching hospital nurses showed another significant higher satisfaction rate (mean-score=5.231) than the nurses of the military sector on the same dimension.

MOH nurses were also significantly less satisfied (mean-score=4.607) on the "work environment dimension" than the private sector nurses (mean-score=5.238), the military nurses (mean-score=5.019) and the teaching hospital nurses (mean-score=5.303) were. This could be explained by the fact that some of the MOH hospitals were not built to be hospitals (with some exceptions).

The study nurses did not show any significant differences on "the job-nature dimension" and "the relationships dimension" ($P>0.05$).

Again, teaching hospital nurses demonstrated significantly higher satisfaction level (mean-score=5.675) on the "management style dimension" than the nurses working at the MOH hospitals (mean-score=4.990), the military hospitals (mean-score=4.885), and the private hospitals (mean-score=4.880) were. This result was also valid for the overall satisfaction. Teaching hospital nurses were significantly more satisfied (mean-score=5.283) than the nurses of the MOH, military, and private hospitals.

A closer look at Table 5 showed that the teaching hospital nurses were always more likely to be satisfied than the other nurses on all the dimensions of satisfaction. This could be attributed to the positive acadimic environment normaly availables in teaching hospitals which causes better management style, cooperation and participation, and relationships. Results suggest that the third hypothesis can not be rejected in terms of two dimensions, namely "the job-nature" and "the relationships". However, the hypothesis can not be accepted for the rest of satisfaction dimensions and the over all satisfaction. The table also revealed that overall the Military nurses were least satisfied.

Table 6 showed the t-test results for the differences between staying and leaving nurses at each sector as well as all nurses. It is clear from the Table that the military and

military and MOH leaving nurses were significantly less satisfied than the staying ones on all dimensions.

Table 6. T-test results for the significant differences between staying and leaving nurses (at each sector and all nurses together) in regard to their satisfaction's dimensions and overall satisfaction

Dimensiom	Future intention	MOH				Private			
		Mean	SD	T	P	Mean	SD	T	P
(1) Salary and financial incentives	Stay	4.194	1.428	7.671	0.000**	4.435	1.002	2.302	0.000**
	Leave	2.818	1.530			3.939	1.297		
(2) Respect and appreciation	Stay	5.286	1.013	6.408	0.000**	5.053	0.731	1.952	0.053
	Leave	4.432	1.202			4.761	0.870		
(3) Cooperation and participation	Stay	5.355	1.180	4.953	0.000**	4.733	0.989	2.530	0.013*
	Leave	4.583	1.416			4.251	1.089		
(4) Progression and stability	Stay	5.105	1.120	5.857	0.000**	4.953	0.705	3.024	0.003**
	Leave	4.217	1.404			4.509	0.865		
(5) Work environment	Stay	5.030	1.390	5.843	0.000**	5.473	0.659	3.094	0.002**
	Leave	3.929	1.750			5.044	0.820		
(6) Job-nature	Stay	5.575	1.052	6.134	0.000**	5.249	0.839	3.076	0.003**
	Leave	4.740	1.204			4.783	0.811		
(7) Relationships	Stay	5.739	0.973	6.134	0.000**	5.382	0.808	1.044	0.299
	Leave	4.910	1.297			5.197	1.107		
(8) Management style	Stay	5.337	1.095	6.009	0.000**	5.144	0.770	3.465	0.001**
	Leave	4.478	1.278			4.608	0.892		
Overall satisfaction	Stay	5.200	0.875	8.075	0.000**	5.053	0.645	3.613	0.000**
	Leave	4.273	1.041			4.604	0.706		

Dimension	Future intention	Military				Teaching			
		Mean	SD	T	P	Mean	SD	T	P
(1) Salary and financial incentives	Stay	4.375	1.315	2.472	0.015*	4.804	1.324	2.859	0.005**
	Leave	3.796	1.403			3.989	1.334		
(2) Respect and appreciation	Stay	5.178	0.854	4.841	0.000**	5.865	2.662	2.486	0.015*
	Leave	4.338	1.144			4.693	1.040		
(3) Cooperation and participation	Stay	5.045	1.107	4.128	0.000**	5.904	2.712	0.853	0.396
	Leave	4.177	1.326			5.233	2.570		
(4) Progression and stability	Stay	4.718	1.390	3.910	0.000**	5.284	2.493	0.247	0.805
	Leave	3.774	1.348			5.129	2.514		
(5) Work environment	Stay	5.345	1.026	3.430	0.001**	5.527	1.035	2.460	0.016*
	Leave	4.581	1.522			4.952	1.158		
(6) Job-nature	Stay	5.443	1.929	3.675	0.000**	5.186	1.335	1.584	0.117
	Leave	4.719	1.321			4.717	1.437		
(7) Relationships	Stay	5.479	0.955	3.503	0.001**	5.640	0.967	1.554	0.124
	Leave	4.774	1.363			5.314	0.993		
(8) Management style	Stay	5.311	0.961	4.552	0.000**	6.130	2.357	2.101	0.038*
	Leave	4.438	1.256			4.543	1.226		
Overall satisfaction	Stay	5.116	0.616	5.671	0.000**	5.540	1.471	2.316	0.023*
	Leave	4.335	0.970			4.821	1.400		

Table 6. (Contd.)

		All nurses (700)			
Dimension	**Future intention**	**Mean**	**SD**	**T**	**P**
(1) Salary and financial ncentives	Stay	4.364	1.346	7.839	0.000**
	Leave	3.472	1.510		
(2) Respect and appreciation	Stay	5.323	1.382	7.803	0.000**
	Leave	4.528	1.100		
(3) Cooperation and participation	Stay	5.289	1.836	5.479	0.000**
	Leave	4.492	1.779		
(4) Progression and stability	Stay	5.033	1.447	5.626	0.000**
	Leave	4.312	1.753		
(5) Work environment	Stay	5.239	1.196	6.958	0.000**
	Leave	4.485	1.512		
(6) Job-nature	Stay	5.438	1.058	7.755	0.000**
	Leave	4.743	1.174		
(7) Relationships	Stay	5.618	0.952	7.978	0.000**
	Leave	5.002	1.233		
(8) Management style	Stay	5.431	1.991	6.804	0.000**
	Leave	4.510	1.176		
Overall satisfaction	Stay	5.216	0.935	9.961	0.000**
	Leave	4.440	1.019		

*At 0.05 significance level
** At 0.01 significance level

The private sector leaving nurses were significantly less satisfied on all dimensions except on two dimensions namely "the respect and appreciation" and "the relationships" than the staying ones.

The Table also revealed that the teaching hospital leaving nurses were significantly less satisfied than the staying ones on four dimensions. These dimensions were "the salary and financial incentives", "the respect and appreciation", "the work environment", and "the management style".

Tables 6 also revealed that those leaving nurses in all sectors were significantly less satisfied than the staying nurses on all dimensions. It also indicated that the leaving nurses, in all sectors, were significantly less satisfied on the "overall satisfaction" than the staying nurses.

Results presented in Table 6 suggested that the fourth hypothesis (staying and leaving nurses do not significantly differ in regard to the satisfaction dimensions and the overall satisfaction) can not be accepted for all nurses, MOH nurses, and Military nurses). However, for the private sector nurses the same hypothesis can not be rejected for the "respect and appreciation dimension" and the "relationship dimension" but can not be accepted for the rest of dimensions. For the teaching hospital nurses the

hypothesis can not be rejected for the "cooperation and participation dimension", the "progression and stability dimension", the "job-nature dimension", and the "relationship dimension" but can not be accepted for the rest of the dimensions.

Having identified the dimensions that staying and leaving nurses were significantly different, it was rational to identify those dimensions that best discriminate between the two groups of nurses (staying nurses = group 0, and leaving nurses = group 1) in each sector. To do so, the two-group stepwise Discriminant Analysis (DA) was used. The results of the DA are presented in Table 7.

Table 7. Two-group discriminant analysis for the best discriminating dimensions between staying and leaving nurses at each sector

Dimensions	MOH			Private			Military			Teaching		
	WL.	St. Coef.	P	WL.	St. Coef.	P	WL.	St. Coef.	P	WL.	St. Coef.	P
(1) Salary and Financial incentives	.826	-0.620	.000	Not sig. dimension			Not sig. dimension			.917	-1.000	.000
(2) Respect and appreciation	Not sig. dimension			Not sig. dimension			.843	-1.000	.000	Not sig. dimension		
(3) Cooperation & participation	Not sig. dimension			Not sig. dimension			Not sig. dimension			Not sig. dimension		
(4) Progression and stability	Not sig. dimension			Not sig. dimension			Not sig. dimension			Not sig. dimension		
(5) Work environment	Not sig. dimension			.914	-.604	.000	Not sig. dimension			Not sig. dimension		
(6) Job-nature	.789	-.376	.000	Not sig. dimension			Not sig. dimension			Not sig. dimension		
(7) Relationships	.774	-.326	.000	Not sig. dimension			Not sig. dimension			Not sig. dimension		
(8) Management style	Not sig. dimension			.875	-.651	.000	Not sig. dimension			Not sig. dimension		
-Canonical correlation	0.476			0.353			0.397			0.288		
-Chi-square	70.429			15.580			21.663			7.643		
-p-value	0.000			0.000			0.000			0.006		
-Group centroids:												
Staying (group 0)	0.433			0.428			0.388			0.235		
Leaving (group 1)	-0.671			-0.327			-0.474			-0.376		

MOH nurses' DA model

The resulted DA model for the MOH nurses' responses was subjected to chi-square test to determine the significance of the DA function. The function was found to be significant (chi-square = 70.429, and $p<0.001$). In addition, Wilks lambda was determined to test the significance of each independent dimension. The canonical correlation for the DA function was significant (0.476). The group centroids -- which

show the number of standard deviations each group is from the standardized mean for both groups, the zero (36, p. 79) -- for the MOH nurses were significantly different; they were 0.433 for the staying nurses (group 0) and –0.671 for the leaving nurses (group 1). The values of these centroids showed a significant degree of discrimination between the two groups of nurses.

As mentioned earlier the MOH leaving nurses were significantly less satisfied than the staying ones on all satisfaction dimensions. Yet, the results of Wilks lambda and p-values in Table 7 showed that the leaving decision was related to three dimensions. These were "the salary and financial incentives", "the job-nature", and "the relationships". The less satisfied the nurse with the three mentioned dimensions, the more likely the nurse will decide to leave the hospital (standardized coefficients were negative). The model suggested that hypothesis number 5 cannot be accepted for three dimensions, namely the "salary and financial incentives", the "job-nature" and the "relationship"; but cannot be rejected for the rest of the dimensions.

Private nurses' DA model

The resulted DA model for the private sector nurses' responses was also subjected to chi-square test to determine the significance of the DA function. The function was found to be significant (chi-square = 15.580, and $p<0.001$). Wilks lambda was determined to test the significance of each independent dimension. The canonical correlation for the DA function was significant (0.353). The group centroids for the private nurses were significantly different; they were 0.428 for the staying nurses (group 0) and –0.327 for the leaving nurses (group 1). The values of the centroids showed a significant degree of discrimination between the two groups of nurses.

Though the private leaving nurses were significantly less satisfied than the staying ones on seven satisfaction dimensions (see Table 6), only two dimensions were related to the nurse's leaving decision. The two dimensions were "the work environment" and "the management style". The less satisfied the nurse with the two mentioned dimensions, the more likely the nurse will decide to leave the private hospital (standardized coefficients were negative). The model indicated that hypothesis number five cannot be accepted for two dimensions, namely the "work environment", and the "management style"; but cannot be rejected for the rest of the dimensions.

Military nurses' DA model

Chi-square test was conducted to determine the significance of the DA function. The function was found to be significant (chi-square = 21.663, and $p<0.001$). Wilks lambda was also determined to test the significance of each independent dimension in this mode. The canonical correlation for the DA function was significant (0.397). The group centroids for the military nurses were significantly different; they were 0.388 for the staying nurses (group 0) and –0.474 for the leaving nurses (group 1). The values of the centroids showed a significant degree of discrimination between the two groups of nurses.

Though the military leaving nurses were significantly less satisfied than the staying ones on all satisfaction dimensions (see Table 6), just one dimension was related to the nurse's leaving decision. The dimension was "the respect and appreciation". The less satisfied the nurse with this dimension, the more likely she/he will decide to leave the hospital (standardized coefficient was negative). Results suggest that hypothesis number 5 cannot be accepted for the "respect and appreciation dimension"; but cannot be rejected for the rest of the dimensions.

Teaching hospital-nurses' DA model

Chi-square test was also conducted to determine the significance of the DA function for this model. The function was found to be significant (chi-square = 7.643, and $p<0.01$). Wilks lambda was also determined to test the significance of each independent dimension in this mode. The canonical correlation for the DA function was significant (0.288). The group centroids for the military nurses were significantly different; they were 0.235 for the staying nurses (group 0) and –0.376 for the leaving nurses (group 1). The values of the centroids showed a significant degree of discrimination between the two groups of nurses.

Though the teaching hospital leaving nurses were significantly less satisfied than the staying ones on four satisfaction dimensions (see Table 6), just one dimension was related to the nurse's leaving decision (see Table 7). The dimension was "the salary and financial incentives"; the less satisfied the nurse with this dimension, the more likely she/he will decide to leave the teaching hospital (standardized coefficient was negative). Such results mean that hypothesis number 5 cannot be accepted for the "salary and financial incentives"; yet it cannot be rejected for the rest of the dimensions.

Table 8 showed the results of t-test for the differences in mean-scores of the future behavior (leaving intention) between nurses according to some of their socio-demographic variables (dichotomous variables). Though satisfaction results presented earlier showed that Saudi nurses were significantly more satisfied, Table 8 revealed that there was no significant difference between Saudi and non-Saudi nurses concerning leaving intention ($t=-0.828$ and $p>0.05$). The Table also showed that there was no significant difference between females and males in regard to their future leaving intention ($t=1.523$ and $p>0.05$). However, the Table revealed that there was a significant difference in the future leaving intention between the married and non-married nurses ($t=-5.195$ and $p<0.001$). The non-married ones were more likely to leave the current hospital. This result goes along with the satisfaction results mentioned earlier. It was also clear that those nurses with a university or higher degree were more probably to leave the current hospital than those with lower educational level were ($t=-5.986$ and $p<0.001$). Again this goes along with their high expectations.

Table 8. T-test for the difference between the mean-score of nurses' intention to leave the current hospital according to some socio-demographic variables

Variables	No.	Mean	S.D.	T-Test	P
-Non-Saudi	628	0.433	0.496	-0.828	0.408
-Saudi	72	0.485	0.504		
-Females	653	0.441	0.497	1.523	0.128
-Males	47	0.444	0.503		
-Married	494	0.377	0.480	-5.195	0.000
-Not married	206	0.592	0.493		
-Less than university	334	0.324	0.469	-5.986	0.000
-University or higher	366	0.549	0.490		

Table 9 showed the results of ANOVA tests for the differences in the mean-scores of the future intention of withdrawal from the current hospital among nurses according to the remaining socio-demographic variables. The Table revealed that there were significant differences between the private nurses and MOH nurses, and between the private nurses and the teaching hospital nurses in regard to their future intention of withdrawal from hospital ($F=6.046$ and $p<0.001$).

Table 9. ANOVA test for the difference between the mean-score of nurses' intention to change current hospital among the four health sectors (no=0, and yes=1)

Scale	No.	Mean	F	P
MOH (1)	301	0.381	6.046	0.000
Military (2)	155	0.463	(Sig. diff	
Teaching (3)	105	0.390	between 1 and 4, and 3 and 4)	
Private (4)	139	0.594		
Age:			2.867	0.058
Less than 30 (1)	206	0.488		
30-39 (2)	285	0.365		
40 and older (3)	209	0.366		
Salary:			5.444	0.001
Less than 2500 (1)	248	0.316	(Sig. diff	
2500<3500 (2)	225	0.486	between 1 and 4)	
3500<4500 (3)	84	0.411		
4500 and higher(4)	143	0.504		
Experience in this hospital:			1.870	0.133
Less than 3 years (1)	237	0.498		
3 to less than 6 years (2)	160	0.461		
6 to less than 8 years (3)	108	0.408		
9 years or more (4)	195	0.389		
Experience in nursing:			3.025	0.017
Less than 5 years (1)	108	0.602	(Sig. diff	
6 to 10 years (2)	191	0.410	between 1 and 2,	
11 to 15 years (3)	163	0.405	1 and 3, 1 and 4, and 1 and 5)	
16-20 years (4)	156	0.418		
21years or more (5)	82	0.446		

The Table illustrated that the MOH nurses as well as the teaching hospital nurses have significantly less intention to leave their hospital than the private sector nurses have. The Table also revealed that there was a significant difference in the withdrawal intention between nurses receiving monthly salary of SR 4500 or higher and those receiving monthly salary of less than SR 2500 ($F=5.444$ and $p=0.001$). It was also clear that those nurses with less than 5 years of general experience in nursing have significantly more intention to leave than those with 5 or more years of experience ($F=3.025$ and $p<0.05$). However, there was no significant difference in the future intention of leaving the current hospital due to age ($F=2.867$ and $p>0.05$) and the experience in the current hospital ($F=1.870$ and $p>0.05$). Results included in the last two tables indicated that the last hypothesis cannot be accepted for marital status, education, sector, salary, and experience in nursing. However, the hypothesis cannot be rejected for nationality, gender, age, and experience in the current hospital.

Conclusion and Recommendations

As expected, nurses with the intention to leave current hospital were significantly less satisfied. Saudi, less educated, not married, less than 30 years old, less than SR 2500 monthly salary, and less experienced in general and in the current hospital nurses were generally dissatisfied. The nurses' anticipated withdrawal rate was 44.29%. Leaving nurses were significantly dissatisfied than staying ones in their job as nurses.

Teaching hospital nurses were generally more satisfied than nurses in the other sectors. This was true on all the eight dimensions as well as on the overall satisfaction.

It could be concluded that as in Herzberg two-factor theory, nurses with the intention to leave tended to have the lowest scores on variables reflecting hygiene factors such as pay, work environment, and management style. This caused leaving nurses to feel more dissatisfied than staying ones. Results revealed that leaving nurses were significantly dissatisfied on all satisfaction dimensions than staying nurses in both the MOH and the military nurses. The t-test results showed that the teaching hospital leaving nurses were significantly dissatisfied on four satisfaction dimensions than staying nurses. Only three dimensions were significantly related to withdrawal decision among the MOH nurses; low salaries and financial incentives, nature of the job, and relationships within the hospital. For the military it was only one dimension that was significantly related with the leaving decision, it was the dimension of respect and appreciation. For the teaching hospitals' nurses it was also one dimension that was significantly related with the leaving decision; the salary and financial incentives. In other words, leaving nurses seemed to be sensitive and interested in more extrinsic and intrinsic fruitful reward. Nurses working in the governmental hospitals (the MOH, military, and teaching hospital) may have doubts about the possibility that their job conditions and routine would be improved in the near future because of rigid systems and the long time required for change.

Results also showed that leaving nurses in the private sector were significantly dissatisfied on six satisfaction dimensions than staying nurses. Yet, just two dimensions were significantly related with the leaving decision. These were the work environment and management style.

Staying nurses in all the four sectors tended to be satisfied with all satisfaction dimensions (except the salary and financial incentives). They scored a minimum satisfaction mean-score. Such results explain why they were not planning to leave their current hospital. In addition, they did not decide to leave because their expected benefits in other hospitals were not guaranteed.

Based on the results of this study the following recommendations were developed:

1) Decision-makers in the MOH must pay more attention to financial incentives such as overtime payment and good reward for high achievement in training courses. They should review nurses' work schedule and workloads, and try to arrange for some facilities (i.e. introducing child care center, or making suitable transportation available) to prevent nursing job from interfering with family responsibilities. Finally, the MOH decision-makers and hospital managers should try to increase the friendly atmosphere with the hospitals and increase the positive relationships between peers through the encouragement of teamwork approach.
2) Private hospital managers need to concentrate on improving the working conditions through better organization, and they need to make sure that adequate required medical equipment and tools are available to allow nurses to perform on their maximum quality. In addition, managers in this sector need to practice a flexible management style with such important segment of the hospital staff and allow capable nursing staff to participate in making decisions concerning nursing department and make them responsible for planning their work.
3) The management of military hospitals is required to educate all hospital staff about the important role played by nurses in the process of delivering health services. This may cause a better understanding, appreciation and recognition of the nurses' role.
4) Decision-makers in teaching hospitals need to pay more attention to financial incentives such as overtime and try to compare salaries with qualifications.
5) Decision-makers in the four sectors must realize that job dissatisfaction may create adverse outcomes for their hospitals, and the process of substituting any leaving nurse may increase the costs of advertising, recruiting and training new nurses. Not only this, but dissatisfied staying nurse may continue working with poor quality performance, which will negatively influence the reputation, cost, and team work environment in the organization. Therefore, key nursing and hospital decision-makers should be creative, flexible, and take timely action to solve problems that may cause nurses' work dissatisfaction.
6) Due to the fact that this study was limited to Riyadh City hospitals' nurses the author urges researchers to replicate and explore nursing job dissatisfaction on

nurses from different areas Saudi Arabia; in hospitals and primary health care centers. This may contribute to reducing the shortage of information and publication on this subject. In addition, such studies will increase awareness concerning the level of nurses' job dissatisfaction among nursing decision-makers in the Saudi health care system.

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عدم الرضا الوظيفي لدى جهاز التمريض بمدينة الرياض والرغبة في ترك المستشفى.

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الأستاذ المشارك في إدارة الصحة والمستشفيات بقسم الإدارة العامة ،

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ملخص البحث. الهدف الرئيس لهذه الدراسة هو التعرف على العوامل التي تسبب عدم رضا الممرضين في مستشفيات مدينة الرياض وكذلك التعرف على نسبة الممرضين الراغبين في ترك العمل في المستشفى الحالي والانتقال إلى مستشفى آخر. تم استخدام أسلوب المعاينة العشوائي الطبقي لضمان تمثيل المستشفيات التابعة للقطاعات التي تشملها هذه الدراسة، حيث توزيع ٨٠٠ استبانة على جهاز التمريض في مستشفيات وزارة الصحة، القطاع العسكري، المستشفيات الجامعية، ومستشفيات القطاع الخاص. كان العائد ٧٠٠ استبانة صالحة للاستخدام. احتوت استبانة الدراسة على ٣٤ بند لقياس مستوى رضا أو عدم رضا الممرضين أو الممرضات. تم أخذ صدق وثبات الاستبانة في الاعتبار، وكانت درجة الثبات باستخدام معامل ألفا كرونباخ ٠,٨٢. تم استخدام التحليل الإحصائي الوصفي، واختبار "ت" وكذلك تحليل التمايز المتدرج الثنائي لغرض تحليل البيانات التي تم جمعها.

أشارت النتائج وبدلالة احصائية إلى جهاز التمريض السعودي أقل رضا من غير السعوديين. كما أنه لم يكن هناك اختلاف جوهري في مستوى الرضا العام بين أجهزة التمريض في كل من مستشفيات وزارة الصحة والمستشفيات العسكرية والمستشفيات الخاصة. إلا أن هذه الأجهزة أوضحت مستوى من عدم الرضا الوظيفي يقل بشكل ذو دلالة إحصائية عنه لدى جهاز التمريض في المستشفيات الجامعية. كما بلغت نسبة الراغبين والراغبات في ترك المستشفى الحالي ٤٤,٢٩٪ حيث أبدت هذه الفئة مستوى من عدم الرضا يزيد بشكل ذو دلالة إحصائية معنوية عنه لدى الراغبين في البقاء في المستشفى. كما أنه اتضح أن الراتب والحوافز المالية وطبيعة الوظيفة والعلاقات داخل المستشفى عوامل لها علاقة بقرار ترك مستشفيات وزارة الصحة. بينما كان بيئة العمل وأسلوب الإدارة هي العوامل المرتبطة بترك العمل لدى ممرضي القطاع الخاص. وكان عامل الاحترام والتقدير ذو علاقة جوهرية بترك العمل لدى ممرضي المستشفيات العسكرية. أخيراً كان الراتب والحوافز المالية هو العامل الوحيد المرتبط بقرار ترك العمل لدى ممرضي المستشفيات الجامعية.