International Journal of Emergency Mental Health and Human Resilience, Vol. 18, No.2, pp. 742, ISSN 1522-4821

Quality of Work Life: The Determinants of Job Satisfaction and Job Retention among RNs and OHPs

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ABSTRACT: *The healthcare industry (public and private) in several countries including Saudi Arabia is facing high turnover rate among nurses and other health care professionals. However, despite numerous studies that have been conducted in the past to tackle this phenomenon, we still believe that the functions and the connections between quality of work life (QWL), satisfaction and retention are still not thoroughly explored in the Middle East, particularly in Saudi Arabia.* ***Purpose:*** *The aims of this current study are to examine the effects of demographic characteristics on the QWL dimensions and satisfaction, and the relationships between the QWL dimensions and satisfaction, and between satisfaction and retention among nurses and other health care professionals.* ***Methods:*** *A model was developed to link QWL, satisfaction and retention. A sample of 360 nurses and other health care professionals was collected in Jeddah, one of the major cities in Saudi Arabia. Multivariate analysis of variance and structural equation modeling were used to test the hypotheses.* ***Results:*** *The results show there is a significant difference between demographic and QWL dimensions and satisfaction. Satisfaction with personal growth and salary package were found to have significant positive impacts on overall retention.* ***Conclusion****: The paper provides a greater understanding of quality of work life, satisfaction and retention and their relationships with each other among the nurses and other health professionals in public and private health care organizations in Saudi Arabia.*

Keywords: *Quality of work life, satisfaction, Retention, Other health professionals, Registered nurses, Structural education modeling, Multivariate analysis*

INTRODUCTION

Healthcare systems and health care organizations (public and private) in several countries including Saudi Arabia are facing a variety of challenges, notably, in terms of healthcare specialists (including nurses and other health care professionals), low output, and high rates of job dissatisfaction. The strain to deliver superior services by using the available or limited resources has been recognized by several health care organizations throughout the world and such limitation is expected to prolong in the near future by Brooks and Anderson (2005). Following this study on quality of work life (QWL), studies on satisfaction and retention in the healthcare organizations have escalated recently (Brooks et al., 2007). However, these studies were conducted in western countries and were focusing mainly on hospitals settings. Very few studies were on QWL and its relationships to satisfaction and retention (Lu, While & Barriball, 2004). As we all know, majority of the working professionals (including registered nurses and other health care professionals) in Saudi Arabia are foreigners. Thus, it would be very interesting for us to examine the impact of QWL on satisfaction and retention among registered nurses and other health care professionals in Saudi Arabia. A study done by (Mohammed, Fitzgerald & Clark, 2012) found that majority of nurses in public health care organizations were dissatisfied with their quality of work life. However, the study was delimited to only QWL. Therefore, the aims of this study are:

(1) To examine the effect of demographic variables and QWL dimensions and satisfaction, and

(2) To examine the relationship between the quality of work life dimensions, satisfaction and retention

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This research represents the first attempt at studying the above which could enhance our understanding of the importance of QWL factors and their relationships with job satisfaction and retention.

THEORETICAL BACKGROUND AND HYPOTHESES DEVELOPMENT

The following paragraphs present the background of QWL, job satisfaction and retention. It begins with a discussion on the importance of QWL to healthcare employees, including nurses and other health professionals. In addition, this study reviewed the literature on QWL, job satisfaction and retention within the field of health care by focusing on nursing and other health professionals. However, in spite of numerous past studies, we tend to still notably believe that the functions and also the relationships between QWL, satisfaction and retention are still not clearly defined. Thus, from the supported literature review, we extended it further by developing a structural framework linking QWL and satisfaction to retention (Figure 1). Our structural framework has three key features. Firstly, it examines the special effects of demographics on QWL dimensions and their sub-scales and overall satisfaction dimensions. By doing this it permits us to scrutinize the alternative components and demographic stimulus on QWL. Secondly, it investigates the effect of QWL dimensions and their sub-scales on the overall satisfaction dimensions. Third, it examines the relationship between overall satisfaction dimensions on overall retention. Figure 1 is used to develop our hypotheses.

The Importance of QWL and the QWL Model

The term "Quality of work life" is a distinctive conception. It originated in the late 19th century. Dianna and Griffin (1999)

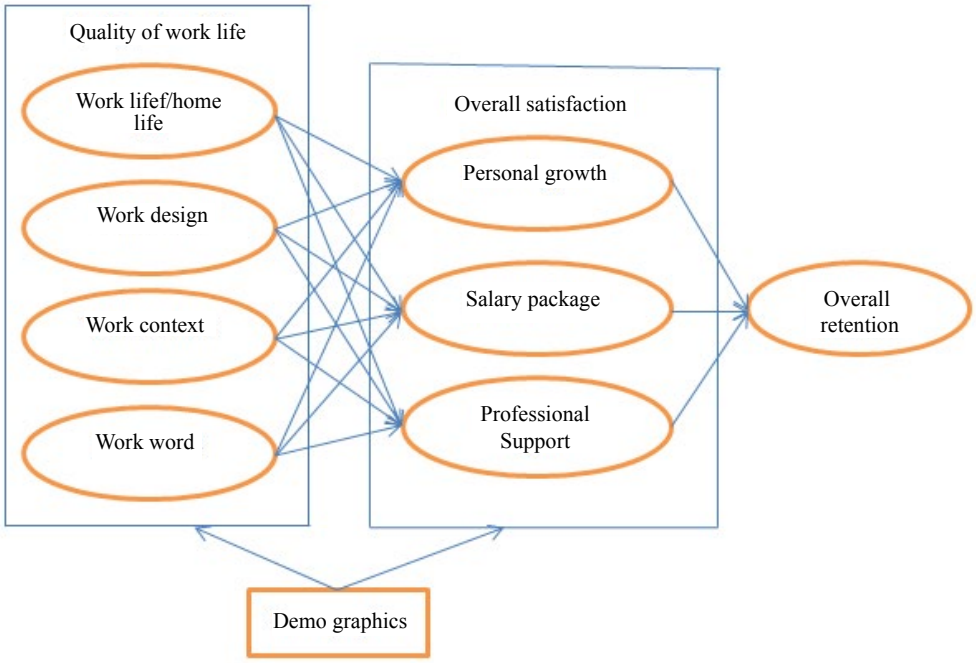

Figure 1. A model of relationship between quality of work life, satisfaction and retention.

reported that "Excellence in occupied life is not a unitary thought, however the pecking order of perceptions not only solely embrace work related components, such as work contentment, satisfactory compensation, and relations with coworkers, but also those factors that largely replicate lifespan consummation and common emotional state of well-being". This is a multi-dimensional conception which shields an employee's feelings towards numerous measurements of work that comprise the job gratified, working conditions, fair and adequate compensation, career development opportunities, task discretion, contribution in decision making, industrial safety and health, occupational anxiety, career safety, managerial, social relations and also work-life balance by Adhikari and Gautam (2010).

QWL is vital for extending organizational productivity (Dolan et al., 2008) because it is an intricate unit that is prejudiced through interacting with several aspects of work and personal lives. Similarly, Sirgy, Efraty, Siegel, and Lee, (2001) defined QWL as "Workers fulfillment with multiplicity of prerequisites through possessions, action or events, and upshots stemming from participation within the workplace". As argued by (Brooks, 2001), QWL has dual objectives, namely, raising the standard of employee's work proficiencies and at the same time enhancing the overall efficiency of the association. From a nursing outlook, she defined QWL as "the amount to which registered nurses are competent to mollify essential particular and private needs through their capabilities in their work organization while accomplishing the organization's ends".

Huang, Lawler and Lei (2007) have conjointly claimed that quality of work life impacts the performance and commitment of workforces in varied productions including the healthcare industry. Consequently, the problems of recruitment and retention in health organizations can be handled by focusing and attaining a high level of Quality of work life. However, most of these studies and research have concentrated only on developing QWL measurements. Also, a number of studies have centered solely on QWL and its relationships with employment and retaining of registered nurses with throughput and performance of health care organizations. (Brooks, 2001) has adapted quality of work life dimensions to measure QWL for registered nurses. She studied four-quality of work life dimensions, namely: (a) work life/home life, (b) work design, (c) work context, and (d) work world. Brooks' framework and mechanism have added to the perspective of nurse's quality of work life and have been used globally. As such, we believe that it is appropriate for us to conduct this study, particularly since the dimensions have been used by many scholars worldwide.

After having examined the QWL measurements of nurses, the following sections will discuss some previous studies on job satisfaction and retention and their related influencing factors. Revising the existing accessible writings will assist us in expounding the perspectives of nurses' satisfaction and retention. This evaluation highlights our explanations related to the review of the literature and provides a concrete approach for learning and addressing any knowledge gaps.

Job Satisfaction among Nurses

Job satisfaction is a multi-measurement concept with a range of definitions and related concepts that has been studied in a diverse form of disciplines for several years now. Numerous theories and articles of interest to managers, social psychologists, and scholars have focused on job satisfaction. Most people spend their life-time working, and therefore, an understanding of the factors that enhance satisfaction is imperative to improve the well-being of individuals in this facet of living (Gruneberg, 1997).

The prevalent scarcity of nurses and their high mobility (Kingma, 2001) has become progressively more problematic in technologically advanced countries (Aiken et al., 2001). Furthermore, the priority given to employment and retaining of registered nursing staff is snowballing in numerous countries. Whereas plentiful factors have been associated with registered nurses' movement, job satisfaction is the most frequently quoted factor (Cavanagh & Coffin, 1992; Irvine & Evans, 1995) and therefore merits attention. According to Lu, While, and Barriball (2005) a job, whether it is contented or disgruntling, is determined by the kind of job encompassing the prospects that individuals ought to have and what their job should provide. Numerous researchers today have tried to recognize the assorted factors of job satisfaction and have evaluated the comparative prominence of each factor of job satisfaction and they have also looked at what effect these factors have on employees' output by Burnard, Morrison, and Phillips (1999). An array of conclusions resulting from quantitative as well as qualitative studies has been stated in the review of the literature on sources of job satisfaction/dissatisfaction amongst registered nurses. Job dissatisfaction amongst registered nurses (age under 30 years old) has been found in the United States and some European countries (Aiken et al.,

2001). It was testified that the nurses in Germany (61%) reported that they were more contented with the prospects for development and progression whereas 57% of the nurses in the United States and 69% in Canada felt more contented with their compensation and remunerations. Similarly, Adamson, Kenny, & Barnett, (1995) found that British nurses were more discontented and dissatisfied than Australian nurses, in terms of professional position, relations with health care managers/superintendents, inadequate working settings, clashes between impeccable perception of work gained during training and real work practice, lack of communication and being less appreciated by other associated health specialists (health settings commissioners, surgeons and sr. specialists).

Significance variations were found among some of the demographic variables by Mohammed, FitzGerald, and Clark, (2012). Moreover, in Saudi Arabia, majority of the nurses or other health professionals were non-Saudi of different nationalities and cultural backgrounds. Therefore, based on the above background, we hypothesize that:

$H1_{a\text{-}g}$: Demographics affect each dimension of QWL

H2: Demographics affect each dimension of overall satisfaction: i) personal growth,

ii) salary package, and iii) professional support

H3-9: QWL dimensions relate positively to each dimension of overall satisfaction: i) personal growth, ii) salary package, and iii) professional support

The Importance of Retention

Retention is a multi-layered outset and there is no sole procedure for retaining workers within a corporation. Studies have conjointly pointed out that retention is determined by numerous significant factors, which have to be compelled to be achieved correspondingly: managerial values, beliefs and culture, communication, strategic approach, compensation and benefits, versatile work programme and career advancement systems (Logan, 2000). Keeping good employees is a challenge faced by all organizations, regardless of industry or geographic location. The success or failure of an association hinges on whether the association can retain the individuals needed to perform the organization's mission. According to MSG (Management Study Guide), retention of employees refers to the utilization of new methods and procedures by the management to assist the employees to stick with the association for an extended period of time. Retaining employees has become a significant concern for corporate or any health care organizations in the current scenario. Well-paid salary, relaxed timings, better atmosphere of work and growing prospects are some of the reasons that cause an employee to look for a change.

Job Retention among Nurses

Nursing is a kind of occupation whose fundamental task is compassionate and fostering of humanoid with their experiences of heath and illness. Several groups have comprehended that the key to their efficacy lies in their capability to employ and retain competent registered nurses.. Retention of nurses is an acknowledged issue for health organizations, as proved by numerous studies done by Nasser, Abdou, and Mohmoud, (2011) undertaken in order to find explanations why nurses leave nursing.

The concern of nurse retention and turnover affects both nurses and patients alike. As a whole, high nurse turnover and vacancy rates negatively have an effect on health care access, patient care quality, and nurse job satisfaction. The nursing shortage directly impacts nurse staffing levels, retention, and turnover (Rosseter, 2012). Financial effects of nurse turnover are also significant. The direct and indirect costs of replacing a registered nurse (RN) will vary from $10,000 to $60,000 (Rondeau, Williams & Wagar, 2009). Thus, it is vital for health care establishments to concentrate on nurse retention so that the nursing shortage does not negatively affect the health of their patients, the health of their workforce, and ultimately the financial solvency of the organization. It is important to understand why nurses' retention is a critical focus for any health organizations. The key to operational excellence is the ability to have high employee retention. Nurses are pillars of the medical community so it is important to understand the factors tributary to their retention.

According to (Willis, 2001) compensation is a single crucial issue that retains talents in different associations. The prerequisite of a well-paid compensation package is one and only of the generally debated element of retention. Rewards alone do not satisfy monetary and physical wants; however, they conjointly provide a societal position and power within an association. In a preceding study, Allen, Shore and Griffeth (2003) reported that workforces ought to distinguish themselves from other employees through their compensation approach so as to attract and retain excellence workforce. Therefore, an organization's strategic compensation policy should be prepared to attract the right quality of workforce, hold applicable employees and also maintain impartiality between the workforces.

Countless studies have shown that registered nurses view salary as the key base of discontentment which repeatedly caused high employee turnover. Registered nurses from South Africa who voyaged overseas to seek employment also quoted that compensation is the main reason that influenced their choice to leave South Africa (Oosthuizen, 2005).

According to Teseema and Soeters (2006) there is an optimistic connection between financial practices and retaining of workforces. They found that intentional mobility is high among workforces who value high financial recompenses as a portion of their payment package.

This particular study also supported the previous literature and reveals that salary package and personal growth have a significant positive impact on overall retention. The result shows that salary package has a stronger effect on overall retention than personal growth. Nevertheless, we still believe that customer retention measurements can be used to measure employee retention or vice versa. Customer retention is a measure that combines both behavioral (Ang & Buttle, 2006) and attitudinal measurements. Accordingly, the former measurement induces customer to spread positive word-of-mouth to their social circle regarding firms and their offerings, while the latter reflecting the customers' emotional and psychological attachment like loyalty, engagement and adherence. Thus, this study utilizes customer retention practices as a tool to evaluate employee satisfaction which is regarded as a key component of the firm's non-financial performance. This study considers preference, recommending, increase in productivity, and continuing working are the key measures of employee retention practice. Hence, we hypothesize the following:

H10: Overall satisfaction dimension of i) personal growth, ii) salary package, and iii) professional support, affect overall retention

METHODOLOGY

All the items in the survey questionnaire were adapted from the previous studies on QWL (40 items) from Brook and Anderson (2001), satisfaction (12 items) from Traynor and Wade (1993), and finally, retention (nine items) from Zeithaml, Berry, and Parasuraman (1996). These items were measured using 1–6 Likert scales, on which 1 indicates *strongly disagree* and 6 indicates *strongly agree* with the items.

A total of 400 self-administered questionnaires were conveniently

distributed among the nurses and other health care professionals in both public and private hospitals in Jeddah, of which only 360 completed sets were used for analyses.

Table 1 shows the demographic profile of the total sample. Before we proceeded to test the hypotheses developed in this study, we first performed exploratory factor analysis (EFA) on the items that measured quality of work life dimensions, satisfaction, and retention. Confirmatory factor analysis (CFA) was performed, and, subsequently, structural equation modeling was conducted. Table 2 shows the results of the EFA.

Table 1.
Demographic profile.

	N = 360	Percentage
Gender		
Male	137	38.1
Female	223	61.9
Age		
18 – 24 years old	60	16.7
25 – 34 years old	164	45.6
35 – 44 years old	99	27.5
45 years and above	37	10.3
Marital status		
Never married	123	34.2
Married	223	61.9
Divorced/Widowed	14	3.9
With spouse or family members living in Saudi Arabia		
Yes	255	70.8
No	105	29.2
With children		
Yes	193	53.6
No	167	46.4
With older or disabled dependent		
Yes	113	46.1
No	208	52.2
Missing	39	1.7
Nationality		
Saudi	166	46.1
Non-Saudi	188	52.2
Missing	6	1.7
Ethnic group		
Arab	186	51.7
Asian	103	28.6
Indian	50	13.9
African/Caucasian Missing	9 12	2.5 3.3
Language barrier		
Yes	117	32.5
No Missing	235 8	65.3 2.2
Culture barrier		
Yes	113	31.4
No	238	66.1
Missing	9	2.5
Level of education		
Health institute	19	5.3
Diploma/associate degree/ intermediate	62	17.2
Bachelor degree	192	53.3
Master's degree and above	81	22.5
Missing	6	1.7
Types of health profession		
Other health professional (OHP)	182	50.6
Registered nurses/midwives (RN)	172	47.8
Missing	6	1.6
Types of health care setting		
Public	235	65.3
Private	117	32.5
Missing	8	2.2

Note: source from the survey

Table 2.
EFA results and coefficient alpha.

	Factor loadings			
Factor	1	2	3	4
Work life/home life dimensions (WHL)				
Factor 1				
On-site child care services*	0.808			
On-site day care for elderly parents*	0.788			
On-site ill-child care services*	0.720			
Factor 2				
Able to balance work with family		0.728		
Energy left after work		0.820		
Policy for vacation is appropriate with family		0.705		
Working hours negatively affect my life*		0.411[a]		
MSA (.688; p=.000), N = 360				
Initial eigenvalues (26.775% variance explained)				
Extracted components (60.442% variance explained)				
Coefficient alpha	0.703	0.688		
Work design dimensions (WD)				
Factor 1				
Received sufficient assistance from supporting personnel	0.788			
Able to provide good quality client/patient care	0.703			
Quality assistance from supporting personnel	0.711			
Factor 2				
Workload too heavy*		0.798		
Autonomy to make client/ patient care decisions		-0.459		
Many other administrative tasks*		0.735		
Factor 3				
Many interruption during my daily work routine*			0.493	
Enough time			0.707	
Enough staff			0.749	
MSA (.675; p=.000), N = 360				
Initial eigenvalues (28.337% variance explained)				
Extracted components (57.722% variance explained)				
Coefficient alpha	0.636	0.463	0.458	
Work context dimension (WCD)				
Factor 1				
Able to communicate well with manager/supervisor	0.494			
Adequate supervision from manager/supervisor	0.512			
Sense of belonging	0.442			
Feedback from manager/ supervisor	0.716			
Participate in decisions made by manager/supervisor	0.577			
Recognition of accomplishments	0.672			
Policies and procedures facilitate the work	0.590			
Factor 2				
Communicate well with other co-workers		0.577		
Feel respect		0.484		

Designated break area*		-0.801[a]		
Continuing education without leaving the job*		0.747		
Communicate well with staff		0.702		
Factor 3				
Adequate client/patient care supplies and equipment			0.723	
Friendships with co-workers			0.658	
Career advancement			0.473	
Teamwork			0.692	
Factor 4				
Support to attend continuing education programs				0.580
Secure working environment				0.685
Safe from persona; harm				0.805
Upper level management has respect for nursing/other health professionals				0.563
MSA (.901; p=.000), N = 360				
Initial eigenvalues (32.239% variance explained)				
Extracted components (54.861% variance explained)				
Coefficient alpha	0.825	0.739	0.693	0.690
Work world dimension				
Factor 1				
Salary adequate	0.593			
Ability to find job in another organization	0.555			
Job is secure	0.628			
Work positively impacts lives of others	0.761			
MSA (.587; p=.000), N = 360				
Initial eigenvalues (40.829% variance explained)				
Extracted components (40.829% variance explained)				
Coefficient alpha	0.510			
Overall Satisfaction (SAT)				
Factor 1				
Personal growth	0.660			
Accomplishment	0.798			
Independent	0.855			
Challenge	0.795			
Factor 2				
Salary		0.812		
Fringe benefits		0.821		
Fairly paid		0.788		
Communications		0.503		
Factor 3				
People around			0.638	
Chance to know others			0.857	
Chance to help others			0.864	
Work life			0.609	
MSA (.888; p=.000), N = 360				
Initial eigenvalues (48.158% variance explained)				
Extracted components (70.601% variance explained)				
Coefficient alpha	0.864	0.844	0.815	
Overall Retention (RET)				
Factor 1				
Prefer	0.812			
Recommend	0.770			
Optimal service	0.726			
Long-term	0.823			
Productivity	0.779			
Continue	0.866			
Position	0.784			
No intention of leaving	0.710			
Staying on	0.740			
MSA (0.906; p=000), N = 360				
Initial eigenvalues (61.026% variance explained)				
Extracted components (61.026% variance explained)				
Coefficient alpha	0.906			

Note: * reversed items; [a] = item deleted after we performed reliability test

The 40 items of the quality of work life for RN's and OHP's were subjected to principle components analysis (PCA) using the SPSS version 16 software. The results in Table 2 showed that the MSA values were statistical significance (0.69, 0.68, 0.90, 0.89, and 0.91, respectively), and all exceeded the cut off-point of 0.50 (Kaiser, 1970) thus, demonstrating that a factor analysis might need to be performed.

The EFA generated two factors for items that measured work life/home life with acceptable Cronbach's alpha values of 0.70 ("on-site care services") and 0.69 ("balance of life"), respectively. Three factors on work design dimension, but only one factor ("work design") with an acceptable Cronbach's alpha value of 0.64 was also generated. Thus, factors 2 and 3 were dropped from further analysis. For the dimension on work context dimension, four factors were generated with acceptable Cronbach's alpha values of 0.82 ("management and supervision), 0.74 ("co-workers"), 0.69 ("development and opportunities"), and 0.69 ("work environment"), respectively. For the work world dimension, all items were loaded on a single factor with a poor Cronbach's alpha value and hence they were dropped from further analysis.

Based on the items that were loaded on the satisfaction construct, three factors emerged, which were called "personal", "salary package", and "professional support". Table 2 showed their acceptable Cronbach's alpha at 0.86, 0.84 and 0.82, respectively. For the retention construct, all items were loaded on a single factor with an acceptable Cronbach's alpha value of 0.91.

Table 3 shows the conservative approach for establishing discriminant validity where the average variance explained (AVE) estimates for each factor (except for WD and WCD1) are greater than the squared inter-construct correlations associated with the factor. The factor loadings shown in Table 4 are all greater than 0.5 (Hair et al., 2010), thus confirm their convergent validity and discriminant validity.

RESULTS

Multivariate Analysis Of Variance (MANOVA)

To test the effects of the demographic variables on QWL, and on overall satisfaction we used Multivariate analysis of variance (MANOVA). Table 5 summarizes the results of the QWL and satisfaction for each demographic variable.

Structural Equation Model (SEM)

The next step was to test the relationships between the factors involved in quality of work life, satisfaction and retention in Jeddah, Saudi Arabia. SEM statistical technique using AMOS 18.0 software was performed. The proposed model fits the data reasonably well as shown by the chi-square/degrees of freedom (CMIN/DF) = 2.987, goodness-of-fit index (GFI) = 0.99, comparative fit index (CFI) = 0.99, and root mean square error of approximate (RMSEA) = 0.03 (Table 6).

Table 3.
Results of CFA: Properties of measurement items.

	MEAN	STD DEV	α	CR	WHL1	WHL2	WD	WCD1	WCD2	WCD3	WCD4	SAT1	SAT2	SAT3	RET
WHL1	2.286	0.893	0.70	0.71	**0.45**	0.05	0.27	0.32	0.43	0.22	0.06	0.20	0.04	0.13	0.09
WHL2	3.519	1.139	0.69	0.69	-0.222**	**0.42**	0.16	0.26	0.11	0.17	0.14	0.25	0.25	0.15	0.22
WD	4.278	0.870	0.64	0.65	-0.517**	0.401**	**0.39**	0.47	0.39	0.42	0.18	0.25	0.13	0.24	0.24
WCD1	4.123	0.879	0.83	0.83	-0.566**	0.505**	0.684**	**0.40**	0.36	0.36	0.28	0.47	0.27	0.22	0.39
WCD2	4.719	0.832	0.74	0.74	-0.655**	0.325**	0.628**	0.600**	**0.42**	0.25	0.10	0.18	0.08	0.23	0.17
WCD3	4.149	0.854	0.69	0.70	-0.469**	0.414**	0.648**	0.598**	0.500**	**0.37**	0.15	0.15	0.08	0.19	0.16
WCD4	3.762	1.017	0.69	0.68	-0.251**	0.369**	0.430**	0.530**	0.323**	0.387**	**0.35**	0.25	0.29	0.13	0.32
SAT1	4.076	1.048	0.86	0.86	-0.452**	0.502**	0.498**	0.686**	0.428**	0.391**	0.497**	**0.62**	0.42	0.24	0.44
SAT2	3.448	1.128	0.84	0.85	-0.200**	0.495**	0.364**	0.524**	0.286**	0.291**	0.540**	0.650**	**0.59**	0.27	0.37
SAT3	4.367	0.891	0.82	0.82	-0.354**	0.387**	0.488**	0.471**	0.481**	0.433**	0.356**	0.488**	0.524**	**0.53**	0.24
RET	3.953	1.028	0.92	0.92	-0.293**	0.471**	0.492**	0.626**	0.410**	0.398**	0.568**	0.664**	0.611**	0.488**	**0.56**

**Correlation is significant at the 0.01 level (2-tailed).

Note: Values below the diagonal are correlation estimates among constructs, diagonal values are AVE estimates, and values above the diagonal are squared correlations.

Table 4.
Psychometric properties of the measurement.

Factor	Mean	Std. dev.	Factor loadings	R2
Work life/home life dimensions (WHL)				
On-site care services(WHL1)				
On-site child care services*	2.375	1.164	0.682	0.465
On-site day care for elderly parents*	2.231	1.099	0.610	0.372
On-site ill-child care services*	2.253	1.117	0.706	0.499
Home life(WHL2)				
Able to balance work with family	3.750	1.385	0.655	0.428
Energy left after work	3.350	1.512	0.648	0.420
Policy for vacation is appropriate with family	3.450	1.456	0.650	0.422
Work design dimensions (WD)				
Received sufficient assistance from supporting personnel	4.120	1.148	0.771	0.594
Able to provide good quality client/patient care	4.690	1.073	0.537	0.289
Quality assistance from supporting personnel	4.030	1.208	0.529	0.279
Work context dimension (WCD)				
Management and supervision(WCD1)				
Able to communicate well with manager/supervisor	4.460	1.257	0.659	0.434
Adequate supervision from manager/supervisor	4.110	1.166	0.579	0.332
Sense of belonging	4.180	1.238	0.676	0.457
Feedback from manager/supervisor	4.190	1.246	0.603	0.364
Participate in decisions made by manager/supervisor	3.810	1.393	0.638	0.407
Recognition of accomplishments	4.100	1.234	0.618	0.382
Policies and procedures facilitate the work	4.010	1.266	0.675	0.456
Co-workers(WCD2)				
Communicate well with other co-workers	4.590	1.143	0.721	0.520
Feel respect	4.570	1.112	0.579	0.335
Continuing education without leaving the job*	4.980	1.163	0.596	0.356
Communicate well with staff	4.730	1.030	0.689	0.474
Development opportunities (WCD3)				
Adequate client/patient care supplies and equipment	3.980	1.218	0.721	0.520
Friendships with co-workers	4.520	1.139	0.579	0.335
Career advancement	3.740	1.242	0.596	0.356
Teamwork	4.360	1.143	0.689	0.474
Work environment (WCD4)				
Support to attend continuing education programs	3.710	1.540	0.513	0.263
Secure working environment	3.710	1.503	0.635	0.403
Safe from personal harm	3.500	1.449	0.594	0.353
Upper level management has respect for nursing/other health professionals	4.130	1.156	0.667	0.445
Overall Satisfaction (SAT)				
Personal (SAT1)				
Personal growth	3.890	1.287	0.720	0.520
Accomplishment	4.160	1.167	0.800	0.640
Independent	4.130	1.189	0.840	0.710
Challenge	4.130	1.336	0.770	0.600

Salary (SAT2)				
Salary	3.240	1.486	0.720	0.520
Fringe benefits	3.400	1.340	0.820	0.670
Fairly paid	3.430	1.329	0.850	0.720
Communications	3.730	1.316	0.660	0.430
Professional support (SAT3)				
People around	4.180	1.175	0.670	0.450
Chance to know others	4.380	1.111	0.740	0.540
Chance to help others	4.750	1.012	0.860	0.740
Work life	4.160	1.155	0.640	0.400
Overall Retention (RET)				
Prefer	4.020	1.291	0.778	0.505
Recommend	3.890	1.237	0.744	0.427
Optimal service	4.330	1.207	0.679	0.566
Long-term	3.910	1.290	0.804	0.745
Productivity	4.380	1.195	0.744	0.553
Continue	3.950	1.332	0.863	0.647
Position	3.730	1.449	0.753	0.461
No intention leaving	3.800	1.447	0.654	0.554
Staying on	3.570	1.412	0.711	0.606
Note: * reversed items				

Table 5.
Results of Multivariate Analysis of Variance.

Dependent variable/dimension	Age*	Marital*	Nationality	Ethnic*	Education*	Types of PHC	Profession
Work life/home life							
On-site care services (WHL1)			*2.280*				
Home life (WHL2)					3.505	*3.508*	
Work design(WD)						*4.286*	
Work context							
Management and supervision (WCD1)		*4.123*			4.117		
Co-workers (WCD2)			*4722*			*4.121*	
Development opportunities (WCD3)						*4.723*	
Work environment (WCD4)	3.762	3.762				4.158	
Wilks' Lamda	1.828	2.321	3.669		2.270	5.996	
p value	0.013	0.004	0.001		0.001	0.000	
Overall Satisfaction							
Personal (SAT1)				4.068			
Salary package (SAT2)				3.435			3.448
Professional support (SAT3)							4.367
Wilks' Lamda				4.556			6.063
p value				0.000			0.000
All significant valueat $p < 0.01$; *further test was performed using a Bonferroni post hoc test Figures in italic are the mean values							

On-Site Care Services and Overall Satisfaction

There are significant relationships between on-site care services to personal growth ($\beta = -0.14$, $p = 0.00$) and salary package ($\beta = 0.13$, $p = 0.00$) among the OHPs and RNs and thus, they provide support to $H3_{i}$ and $H3_{ii}$.

Home Life and Overall Satisfaction

Inspection of these coefficients indicates that, home life has significant positive impact on overall satisfaction dimensions of personal growth ($\beta = 0.19$, $p = .00$), salary package ($\beta = 0.22$, $p = 0.00$) and professional support ($\beta = 0.15$, $p = 0.00$), thus, confirming $H4_{i, ii, and iii}$. The result shows that home life of the respondents exerts a stronger influence on their salary package than personal growth and professional support.

Work Design and Overall Satisfaction

Work design, as expected, was found to be statistically significant to satisfaction with professional support ($\beta = .14$, $p = .03$), and thus, supporting hypothesis $H5_{iii}$. Obviously, RNs' and OHPs' overall satisfaction is paramount important in providing good quality of client/patient care. But this can only be achieved if they receive sufficient and quality assistance from supporting personnel.

Management and Supervision and Overall Satisfaction

The paths between management and supervision were significantly and partially supporting H6. Management and supervision tends to have a strong significant effect ($H6_{i}$: $\beta = 0.46$, $p = 0.00$) on personal growth than on salary package ($H6_{ii}$: $\beta = 0.30$, $p = 0.00$). The research reveals that management and supervision is the most significant factor in building personal growth satisfaction in the health care service industry.

Co-workers and Overall Satisfaction

The relationship between co-workers and professional support was significant as expected ($H7_{iii}$: $\beta = 0.24$, $p = 0.00$). This finding suggests that co-workers' level of satisfaction from professional support would be based on whether the health care organization is

Table 6.
Results of SEM.

			Std. estimate (β)	*C.R.*	*P-value*	R^2
RET						0.39
SAT1						0.54
WHL1	→	SAT1	-0.14	-2.89	0.00*	
WHL2	→	SAT1	.019	4.68	0.00*	
WD	→	SAT1	0.06	1.13	NS	
WCD1	→	SAT1	0.46	7.95	0.00*	
WCD2	→	SAT1	-0.03	-0.56	NS	
WCD3	→	SAT1	-0.11	2.25	0.02**	
WCD4	→	SAT1	0.18	4.17	0.00*	
SAT1	→	RET	0.38	2.91	0.00*	
SAT2						0.44
WHL1	→	SAT2	0.13	2.49	0.01**	
WHL2	→	SAT2	0.22	5.39	0.00*	
WD	→	SAT2	0.04	0.71	NS	
WCD1	→	SAT2	0.30	5.10	0.00*	
WCD2	→	SAT2	0.06	1.09	NS	
WCD3	→	SAT2	-0.07	-1.40	NS	
WCD4	→	SAT2	0.33	7.63	0.00*	
SAT2	→	RET	0.70	4.47	0.00*	
SAT3						0.34
WHL1	→	SAT3	0.00	0.071	NS	
WHL2	→	SAT3	0.15	3.01	0.00*	
WD	→	SAT3	0.14	2.11	0.03**	
WCD1	→	SAT3	-0.05	0.637	NS	
WCD2	→	SAT3	0.24	3.66	0.00*	
WCD3	→	SAT3	0.09	1.56	NS	
WCD4	→	SAT3	0.10	1.98	0.05**	
SAT3	→	RET	-0.06	-1.01	NS	
[a]Goodness-of-fit indices: CMIN/*df*=2.099 (*p*=.01**), RMR = .01; GFI= .99; AGFI= .90; CFI= 1.00;RMSEA= 0.03						
Note: *Based on Hair et. Al., (2010); CMIN= Chi-square, *df*= degrees of freedom; RMR=Root mean square residual; GFI=Goodness-of-fit index; AGFI=Adjusted goodness-of-fit index; CFI=Composite fit index; RMSEA= Root man square error of approximation. WHL1 = On-site care services; WHL2 = Home life; WD = Work design; WCD1 = Management and supervision; WCD2 = Co-workers; WCD3 = Development opportunities; WCD4 = Work environment; SAT1= Personal growth; SAT2 = Salary package; SAT3 = Professional support; RET = Overall retention Significant levels at p<0.01* and p<0.05**						

engaging good communication with its staff, giving respect to its co-workers and continuing educating them without leaving these responsibilities to their co-workers. Therefore, the health care organizations should promote teamwork, continuous education, building trust and respect, and maintaining flexible scheduling. These activities would help to enhance a positive working environment.

Development Opportunities and Overall Satisfaction

Development opportunities, as expected, were found to be significantly related to personal growth (β = -0.11, p = 0.02) and hence, supporting $H8_i$. Hence, the development of clinical ladder for career advancement within the organization is one of the important factors in determining the RNs and OHPs overall satisfaction.

Work Environment and Overall Satisfaction

The relationships between work environment and overall satisfaction of personal growth (β = .18, p = .00), salary package (β = 0.33, p = 0.00), and professional support (β = 0.10, p = 0.05) were significant as expected. Work environment tends to have a medium significant positive effect on salary package, thus, confirming $H9_{i, ii, and iii}$.

Overall Satisfaction and Overall Retention

As expected, both personal growth and salary package have significant positive impacts on overall retention, thus, confirming $H10_i$ and $H10_{ii.}$ Satisfaction with the salary package (β = 0.70, p = 0.00) exerts strong relationship with overall retention than personal growth (β = 0.38, p = 0.00). One possible explanation for this could be that more constructive policy framework should be implemented to revise the current pay structure which in turn will balance the work/home life expenses.

DISCUSSION

Overall, there are some significant demographic effects on some dimensions of quality of work life and satisfaction in which, the types of health organization having the most effects, followed, in descending order, by education, nationality, marital status and age. The findings from this study also found the significant relationships between QWL and overall satisfaction to some extent and between overall satisfaction and overall job retention, respectively. Hence, this Saudi study supports the previous studies in the literature, especially, for work context from a different cultural perspective. The list of hypotheses in Table 6 indicates that the hypotheses were partially supported. The results also suggest that satisfaction with personal growth and salary package are the main reasons that RNs and OHPs would remain in their current organization.

Implications

Based on the findings, the following strategies are recommended in order to provide job satisfaction which in turn leads to retention of Nurses and OHP:

- Registered Nurses/OHP must be responsible for their personal and professional growth.

- Certification programs, Career development programs, Personal development programs and Self-Confidence workshops should be conducted to direct them for continual professional growth.
- Health care organizations (Public and Private) at every level should include representations from nursing and other health professionals in the higher level of management teams (or in other key leadership positions).
- Changing specialties can also be a type of personal development in nursing and other health professionals. The multitude of different areas, specialties and types of nursing and other health professionals practice helps ensure that burnout or fatigue in one area need not necessarily mean their retirement from the profession.
- Financial considerations and institutional support should be provided to nurses and other health professionals to attend conferences and other continuing education events.
- To keep nursing and other health professionals to be career oriented, management strategies for expanding the pay line and for establishing a clear career lines for them should be developed. This include establishment of steeper salary grades geared to their education, experience, competence, and responsibility.
- A fair pay level policy should be implemented on the basis of attaining higher knowledge, competencies and skills.
- Motivating nurses and other health professionals through job enrichment, job engagement and setting up reward systems based on their workloads.
- Involving nurses and other health professionals in decision-making process at all levels, especially in decisions pertaining to their line of work.
- Reviewing the salary package for nurses because based on the findings of this study the OHPs are more satisfied with their salary package than the nurses. Last but not least, public health organizations should be focusing more on the quality of work life dimensions, such as work life/home life, work design, work context and development opportunities as compared to private health organizations.

Finally, taking into consideration the current situations of the nurses and other health professionals, it would be vital to form a National Committee or Commission for health care professionals in Saudi Arabia. The aim of this committee or commission is to develop guidelines for the nurses and other health professionals in executing their practice, outlining future plans for their progress and success in their profession.

CONCLUSION

The current study is measured as a foundation stone that gives a strong support towards our understanding of quality of work life, job satisfaction and retention of nurses and other health professionals in public and private health care organizations. As projected, both personal growth and salary package have significant positive impacts on overall retention. The result shows that salary package has a stronger effect on overall retention than personal growth.

Acknowledgement

This research was funded by the Deanship of Scientific Research of King Abdulaziz University, Research Grant number (1434/245/96), Jeddah, KSA.

Ethical Approval

The research study procedure was approved by Institutional Review Board (IRB)- Local approval committee (e.g. hospitals) in Saudi Arabia. The association has developed strict measures regarding the sampling of nurses and other health professionals, and access of the data to safeguard the security, privacy and confidentiality.

REFERENCES

Adamson, B., Kenny, D. & Barnett, J. (1995). The impact of perceived medical dominance on the workplace satisfaction of Australian and British nurses. *Journal of Advanced Nursing, 21*, 172-183.

Adhikari, D.R. & Gautam, D.K. (2010). Labour legislations for improving quality of work life in Nepal. *International Journal of Law and Management*. *52*, 40-53.

Aiken, L., Clarke, S., Sloane, D., Sochalski, J., Busse, R., Clarke, H., et al. (2001). Nurses' reports on hospital care in five countries. *Health Affairs, 20*(3), 43-53.

Allen, D.G., Shore, L.M. & Griffeth, R.W. (2003). The role of perceived organizational support and supportive human resource practices in the turnover process. *Journal of Management, 29*(1), 99-118.

Ang, L. & Buttle, F., (2006). Customer retention management processes - a quantitative study. *European Journal of Marketing, 40*, 83-99.

Brooks B.A., Storfjell J., Omoike O., Ohlson S., Stemler I., & Shaver, J. (2007). Assessing the quality of nursing work life. *Nursing Administration Quarterly, 31*, 152-157.

Brooks, B. A. & Anderson, M. A. (2005). Defining quality of nursing work life. *Nursing Economics, 23*(6), 319-326.

Brooks, B.A. (2001). *Development of an instrument to measure quality of nurses' worklife.* Ph.D. Thesis, University of Illinois at Chicago, Health Sciences Center, United States, Illinois.

Burnard, P., Morrison, P. & Phillips, C. (1999). Job satisfaction amongst nurses in an interim secure forensic unit in Wales. Australian and New Zealand. *Journal of Mental Health Nursing*, *8*, 9-18.

Cavanagh, S. & Coffin, D. (1992). Staff turnover among hospital nurses. *Journal of Advanced Nursing, 17*, 1369-1376.

Dianna, & Griffin, (1999). Quality of work life. Retrieved from http://en.wikipedia.org/wiki/Quality_of_working_life, dated 11th Nov, 2014.

Dolan, S.L., (2008). Predictors of "quality of work" and "poor health" among primary health-care personnel in Catalonia: Evidence based on cross-sectional, retrospective and longitudinal design. *International Journal of Health Care and Quality Assurance, 21*, 203-218.

Gruneberg (1997). Chapter II Literature review - Job satisfaction, Retrieved from http://digital_collect.lib.buu.ac.th/dcms/files/51913194/chapter2.pdf, dated 15th Nov, 2014.

Huang, T., Lawler, J. & Lei, C. (2007). The effects of quality of work life on commitment and turnover intention. *Social Behavior and Personality, 35*(6), 735-750.

Irvine, D.M. & Evans, M.G., (1995). Job satisfaction and turnover among nurses-integrating research across studies. *Nursing Research, 44*(4), 246-253.

Kingma, M. (2001). Nursing migration: Global treasure hunt or disaster-in-the-making? *Nursing Inquiry, 8*, 205-212.

Logan, J.K. (2000). Retention tangibles and intangibles: More meaning in work is essential, but good chair massages won't hurt. *Training & Development, 54*(4), 48-50.

Lu, H., While, A. & Barriball, L. (2005). Job satisfaction among

hospital nurses revisited: A systematic review. *International Journal of Nursing studies*.

Lu, H., While, A. & Barriball, L. (2004). Job satisfaction among nurses: a literature review. *International Journal of Nursing Studies, 42*, 211–227.

Management study guide, need and importance of employee retention, Retrieved from http://managementstudyguide.com/importance-of-employee-retention.htm, dated 18th November, 2014.

Mohammed, Al., FitzGerald, G. & Clark, M. (2012). Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: a cross-sectional study. *Human Resources for Health 2012*.

Nassar, M.E., Abdou, H.A. & Mohmoud, N.A. (2011). Relationship between management styles and nurses retention at private hospitals. *Alexandria Journal of Medicine*, *47*(3), 243–249

Oosthuizen, M.J. (2005). An analysis of the factors contributing to the emigration of South African nurses. (unpublished Dissertation, Department of Health Studies, University of South Africa).

Rondeau, K.V., Williams, E.S. & Wagar, T.H. (2009). Developing human capital: What is the impact on nurse turnover? *Journal of Nursing Management, 17*, 739-748.

Rosseter, R.J. (2012). Nursing shortage - Fact sheet. *American Association of Colleges of Nursing, 202,* 463-6930.

Sirgy, M.J., Efraty, D., Siegel, P. & Lee, D.J. (2001). A new measure of quality of work life (QWL) based on need satisfaction and spillover theories. *Social Indicators Research, 55*(3), 241-302.

Tessema, M. & Soeters, J. (2006). Challenges and prospects of HRM in developing countries: testing the HRM-performance link in Eritrean civil service. *International Journal of Human Resource Management, 17*(1), 86-105.

Traynor, M. & Wade, B. (1993). The development of a measure of job satisfaction for use in monitoring the morale of community nurses in four trusts. *Journal of Advanced nursing, 18*, 127-136.

Willis (2001). The impact of rewards on job satisfaction and employee retention, *Mediterranean Journal of Social Sciences*, *5*(1).

Zeithaml, V.A., Berry, L.L. & Parasuraman, A. (1996). The behavioral consequences of service quality. *Journal of Marketing, 60*(2), 31-46.