

Healthcare Industry in Saudi Arabia: Demographics Effect on Job Satisfaction and Retention

Dr. Musrrat Parveen

Faculty of Economics & Administration
Department of Human Resource Management
King Abdulaziz University
Jeddah, Saudi Arabia

Abstract

This research study examined variations in job satisfaction and retention of health care settings within the multi – ethnic setting of Asian nation. Multivariate Analysis of variance was used to confirm the result of variety of demographic variables (gender, age, ethnic group, marital, nationality, language and cultural barrier and spouse/family members staying in Saudi Arabia). Overall, the findings recommended that some demographic variables have vital effects on some dimensions concerned in job satisfaction (Personal growth, Salary package and professional support) and on overall retention. Job satisfaction and retention are having the foremost effects on gender, ethnic group, nationality, language barrier, cultural barrier, and spouse/family members are staying and on the contrary age and marital status having the minimum effects. As shown in Table 5 Multivariate analysis test confirms and indicates that job satisfaction and retention incorporates a robust and positive vital relationship between them. Objectives: The research objectives are two – fold: (1) to investigate the determinants of Job Satisfaction and Job Retention for OHP and RN working in Jeddah region and (2) and also to recognize the variances in the overall job satisfaction and job retention according to selected demographic individualities; Gender, Age, Nationality, Language barrier, cultural barrier, spouse staying in Saudi Arabia for example

Keywords: Job Satisfaction, Job Retention, OHP (Other health Professionals), RN/Midwives (Registered Nurses), Healthcare industry, Saudi Arabia

Introduction

Currently, healthcare administrators concede the connection between job satisfaction and retention (Murrow & Nowak, 2005). According to Igbaria, Meredith and Smith (1994), job satisfaction is the most significant facet in determining an individual's objective to stay with an organization. A rational initial point for any expansion and/or intervention program aimed at upholding or augmenting the satisfaction of employees is to acquire input from workforces on their job satisfaction (Gunner-Vaughn, 2003). There are several studies that researched job satisfaction of nurses from a wide variety of perceptions. The outcomes of prevailing work in this area are most beneficial in understanding the vigorous nature of job satisfaction which leads to job retention. Numerous influences were originate to impact job satisfaction including: Job anxiety, job inspiration, job prospects, significant work, acquaintance of work results, obligation towards career, health complications, task identity, management, dealing with others at work, prospect for progression, salary and work security (Stechmiller JK and Yarandi HN, 1992). In Australia work contentment was originated to be prejudiced by work content (diversity, independence, task distinctiveness, and opinion or feedback) and work atmosphere (Zone facilities, cooperation with medical staff, unity amongst nurses, employment, amalgamating and respect by others) by Corkill W, Chaboyer W, Williams G, and Creamer J, 1999. According to Locke (1981) proposes that ideals work in the way of goals: "work contentment and discontentment are purposes of the professed affiliation amid what individual desires from one's job and what individual recognizes is input or causing". Managerial study confirmed that workforces who are feeling job satisfaction are more probably to be dynamic and to stay in the profession (Freeman T, and O'Brien-Pallas LL, 1998). Shields & Ward (2001) examined the factors of job satisfaction of nurses in England. Their study showed that pay is absolutely correlated with work contentment. Regardless of the fact that work fulfillment of nurses has been the substance of copious studies in many diverse countries like U.S., Scotland, England, Canada, and Germany including Kingdom of Saudi Arabia.

However, limited amount and quality of published research on Registered nurses and OHP (other health professionals) inclined for auxiliary research study and investigation. Assumed the contemporary severe shortage of nurses and other health professionals, it is imperious to explore how both RN's and OHP's identify their jobs, so that new approaches might be acknowledged to enrich the quality of their occupied lives and improve retention. Thus, from the above contextual the drive of this research study is to investigate the determinants of job satisfaction and job retention of nurses and other health professionals working in healthcare settings in Jeddah region and to find modifications in the overall level of job satisfaction and job retention according to nominated demographic physiognomies: Gender, Nationality, Age for example. Additionally this paper provides a review of literature focusing on job satisfaction and job retention in the field of health care by focusing on Registered Nurses and Other health professionals. We still particularly believe that limited study on other health professionals has raised the issue of being deprived from Registered nurses so far. So in order to fill the gap the study focus on job satisfaction and job retention related to RN's and OHP's together. A proposed framework below is used to anticipate hypothesis development.

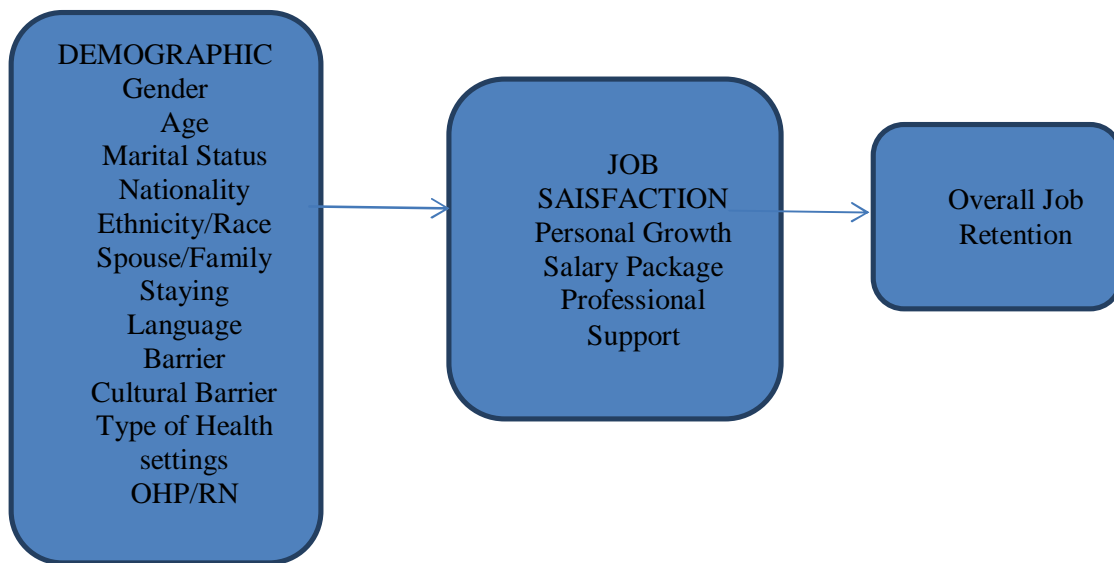


Figure 1: A Proposed Framework which displays the Effect of Demographic on Job Satisfaction and job Retention

Literature Review

Prominence of Job Satisfaction

Job satisfaction is a multi-concept, continuing, imperative and ample investigated conception in the arena of structural behavior (Bassett, 1994). There is an absence of consent as to what work contentment is (Hall, 1986), and how the work contentment of personnel should be evaluated. According to Buss (1988) defined job satisfaction as an individual's perception that his or her job permits the self-actualization of significant standards and essentials. In this regard, as said by Siegel and Lane (1982), motivational theories, like, Maslow's hierarchal needs of theory, and Herzberg's two-factor theory, all ought to extensive repercussions for understanding job satisfaction. At present, voluminous establishments identify the prerequisite to observe the satisfaction levels of their employees (Terpstra & Honoree, 2004), because employee dissatisfaction could be very expensive and troublesome to organizational effectiveness. Job satisfaction has long been studied amongst nurses over the last 20 years. Preceding research indicates positive characteristics of nurses work environment, enhances nurses' job satisfaction and reduces turnover (Flynn, 2005). In a varying healthcare environment, with growing emphasis on cost containment and monetary, fiscal, economic responsibility, retaining and recruitment of qualified healthcare staff especially registered nurses and other health professionals is a real challenge to Saudi hospitals. In order to minimize expenses and improve performance, healthcare organizations should concentrate on generating and making an atmosphere that improves job satisfaction and holds productive and experienced employees. Today job satisfaction of health workforces has turn out to be a vital topic of Human resource of health research. Job satisfaction is a psychological emotion of favorableness which an employee has about his job. To the personnel, job satisfaction brings congenial emotional states that frequently indicate to a positive job attitude.

A contented employee is more likely to be imaginative, flexible, inventive, and reliable (Ajmir, 2001). Job satisfaction signifies the degree to which healthcare workforces like or appreciate their works, which is a crucial issue for both, forces i.e. employees and employers. Nursing and hospital managers ought to target ways that to extend job satisfaction, and so improve the performance, and thereby raise the extent of quality of patient care. Job satisfaction is an important factor in inclining towards the extent of work performance and career aspirations. Borda and Norman (1997) and Lu, While, and Barriball (2005), states that the retaining and employment of nurses have shown that minimum wages and poor job satisfaction are the foremost reasons as to why nurses leave their current working organizations. Their discontentedness is often endorsed to serious assignments, leadership intentions, motivation, depleted coaching, and lack of esteem (Lu, While, & Barriball 2005). Compared to their counterparts in different health care settings, corresponding to those that work for home health care, staffing agencies, and acute care facilities, nursing home facility workforces are typically underpaid (Lu, While, & Barriball 2005). Wilson (2005) declared that recruiting and retention efforts ought to quintessence on increasing financial incentives to those workforces' members and making a fascinating work place which will cause greater job satisfaction as a result of the experience needed to direct caregivers and also the serious work they're assigned typically way exceed the financial compensation the obtain.

Studies on job satisfaction have now been lead in a number of diverse countries with dissimilar groups of health workers using a variety of tools. Currently plentiful of researches have been conducted on nurses group but there are also a number of studies with medical specialists, dentists and chemists. And on the contrary exploration on other allied health employees has been less common. Job satisfaction has been conceptualized both dimensionally (satisfaction with exact measurements of a job such as promotion, salary/compensation, and mutual relationships with associates) and globally (general satisfaction with a job). A number of significant elements of job satisfaction have been recognized in the literature which may be supportive in the consideration of job satisfaction in nursing profession. Firstly, a multiplicity of personal characteristics has been found to have noteworthy effects on job satisfaction including gender, race, age, marital status, children and education. The major effects here are normally related with gender and age. According to (Kalliath & Beck, 2001; Kramer, McGraw & Schuler, 1997) there have been various researchers who have strived to answer the question of what governs people's intention to leave or resign by examining possible antecedents of employees 'intentions to leave the organization. Today withdrawal behavior is the chief focus of attention to employers and scholars, intention to leave or quit is argued to be a strong supernumerary indicator for such conduct. Moore (2002) found that absence of job satisfaction are amongst the factors that contribute to people's intention to leave their jobs; however, it is very important mutually from the hospital's administrators or management and from the individual's standpoint to comprehend as to which factors of job satisfaction are associated which intent to quit in nursing profession. Therefore, based on the above background, we hypothesize that:

H1: Demographics affect each dimension of overall satisfaction: i) personal growth, ii) salary package, and iii) professional support

Importance of Retention

The worldwide shortage of nurses raises the question regarding the impact of nurse turnover and the quality of health care provided to the patients during the last few years (KoselK and Olivo T, 2011). The Kingdom of Saudi Arabia (KSA) is one of the leading markets for expatriate nurses. According to Ministry of health, in the year 2009 alone, it was estimated that there is one nurse for every 364 persons in the kingdom, with a massive total population of 77,946, of whom 51.9% were locals. Aside from the shortage of highly qualified nurse's poor staff retention is also one of the indication of problems. In order to deliver essential healthcare, the health care organizations and their administrators can help identify different factors associated with nursing turnover. This can positively help the health care organization to provide high-quality healthcare. Therefore, nursing turnover continues to present serious challenges at all levels of healthcare. Definition of employee turnover differs from one study to another. Tai and Robinson stated that "there is no consistent definition of turnover". Mobley's stated that turnover is "the end of membership in an association by an individual who received financial compensation from the organization." A few studies have been carried out within the Kingdom of Saudi Arabia to find the reason which can help in the retaining of health care workers especially nurses. Scarcities can be an indication of poor management, low job satisfaction and lack of organizational and professional support (Zurn et al., 2005). The primary focus of health care systems worldwide is retaining of nurses and other health professionals in the workplace.

The replacement costs of leaving a position of a nurse would range from \$40,000 - \$82,000 (Twibell et al., 2012). Research has proposed that nurses' job satisfaction may stimulate nurse retention. Job satisfaction concerning nurses is a subtle concept, which is distinct within its extrinsic and intrinsic standards (Cowin, 2002). Extrinsic standards incorporate the perceptible aspects of the job including bonuses, wages and benefits; whereas intrinsic standards include position, acknowledgment, individual and proficient advancement opportunities, and various other factors (Cowin, 2002). There are numerous reasons for nurse dissatisfaction which have been well documented in the nursing literature. Such reasons include lack of involvement in decision-making, lack of rapport with management, minimum salaries and poor benefits, no job security, no rewards and recognition and lack of flexibility in assigning of tasks and duties (Albaugh, 2003). Job dissatisfaction is a dominant predictor of nurses' intention to leave or resign the healthcare working environment (Shields & Ward, 2001; Tzeng, 2002). Evidence showed by one of the research study conducted in the United States that dissatisfied nurses comprised of 65% are more expected to leave or resign as compared to their satisfied counterparts (Shields & Ward, 2001). And the various other factors which intent to leave are financial and non-financial return and benefits, inflexible work schedule (Coomber & Barriball, 2007; Hayes et al, 2006), career development prospects (Tzeng, 2002, Rambur et al., 2003), in addition to poor management and job stress (Rambur et al., 2003). Hence from the above background, we hypothesize the following:

H2: Overall satisfaction dimension of i) personal growth, ii) salary package, and iii) professional support, affect overall retention

The above review literature reflects that there are numerous job satisfaction and dissatisfaction reasons which lead to retention or turnover of nurses. However, this current study focuses on how the demographic variables will affect the overall satisfaction (personal growth, salary package and professional support) and secondly to investigate whether there is a positive and significant relationship between Job satisfaction and Job Retention.

Objectives of the Study

The objectives of this study is: (1) to classify the differences in the overall job satisfaction and job retention according to particular demographic characteristics; Gender, Age, Nationality, Language barrier, cultural barrier, spouse staying in Saudi Arabia. (2) To investigate whether there is a positive and strong relationship between Job satisfaction and Job retention.

Methodology

Sample and Data Collection

To achieve the research objective, a self-administered questionnaire using the convenience sampling method was used for data collection. The population of this study comprises registered nurses and other health professionals in public and private health care settings. A total of 400 questionnaires were distributed among them and from the total number of questionnaires distributed, 360 completed sets were used for analyses. The measures of the various constructs from previous literature were adapted in relation to the health care services. The survey items used 1-6 Likert scales, on which 1 indicates *strongly disagree* and 6 indicates *strongly agree* with the items.

Questionnaire Design

The job satisfaction items were adapted from Traynor and Wade (1993). Finally, job retention items were adapted from Zeithaml et. al., (1996). This survey questionnaire was used to measure demographic effects on job satisfaction and job retention. The job satisfaction consists of 3 dimensions 1. Personal Growth (Personal Growth, Accomplishment, Independent, Challenge)

2. Salary Package (Salary, Benefits, Fairly Paid) and 3. Professional Support (Communications, People Around, Chance to know others; Chance to help others, Work life). On the other hand, Overall job retention consists of (Prefer, Recommend, Optimal Service, Long – term, Productivity, Continue, Position, No. intentions of leaving, Staying on).

Preliminary Test**Table 1: Reliability, Mean, Standard Deviation & Pearson Correlation**

Cronbach Alpha	Mean	SD	MPG	MSP	MPS	MJR	
MPG	0.862	4.076	1.048	1.00			
MSP	0.841	3.355	1.208	0.596	1.00		
MPS	0.823	4.259	0.905	0.561	0.491	1.00	
MJR	0.918	3.953	1.027	0.664	0.551	0.543	1.00

Note: MPG = Personal Growth, MSP = Salary Package, MPS = Professional Support, MJR = Job Retention, SD = Standard Deviation

The results shows that the questionnaire was more than adequate in terms of its reliability (Kline, 1998), that is (between 0.82 to 0.91) as shown in Table 1.

Multivariate covariance analysis (MANCOVA) was used to test the hypotheses about the categorical demographic variables. In brief, MANCOVA measures whether there are group differences (for example, gender, ethnic, nationality, education, language barrier, cultural barrier, and spouse/family members staying) across a set of reliant variables and is an extension of multivariate analysis of variance (Tabachnick & Fidel, 1996; Varki & Rust, 1997). The Spearman rho rank correlation coefficient was used to calculate the strength of the relationship between the ranks ordered demographic variables (Triola & Franklin, 1995). Most of the demographic variable relationships reported in Table 2 were correlated in the expected direction.

Table 2 Relationships Amongst the Demographic variable – Spearman Rho Rank Correlations

	1	2	3	4	5	6	7	8
1 Gender	1.00							
2 Spouse/family staying	0.23	1.00						
3 Nationality	0.19	0.54	1.00					
4 Ethnic group	0.29	0.55	0.83	1.00				
5 Language barrier	-0.28	-0.58	-0.61	-0.65	1.00			
6 Cultural barrier	-0.25	-0.34	-0.30	-0.31	0.41	1.00		
7 MJS	-0.04	-0.15	-0.15	-0.17	0.24	0.15	1.00	
8 MJR	-0.08	-0.06	-0.04	-0.07	0.14	0.15	0.67	1.00

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

Results and Analysis**Demographic Details**

The overall demographic profile of the contributing respondents' is presented in Table 3. About 38.1% of the respondents were males, and 61.9% were females. Respondents aged 25-34 formed the largest group at 45.6%. About 10.3% were aged 45 years or older. Married respondents represented 61.9% (70.8% with spouses), and 34.2% were never married. Majority of the respondents were non-Saudi (52.2%) working in public hospitals (65.3%). Arab respondents made up of 51.7% followed by Asians (28.6%), and Indians (13.9%). In terms of educational level, 53.3% had a degree or professional certificate, and 11.4% had postgraduate and 11.1% had doctoral education. Diploma/associate degree/intermediate holders made up 17.3%, and only 5.3% had a certificate from health institute. Majority of the respondents had no problem with the Arabic language (65.3%) and culture (66.1%) issues of Saudi Arabia. Majority of the respondents were from other health professionals (56.8%) working in public health organizations (65.3%). The main purpose of this research study was to classify the demographic differences in terms of gender, age, marital status, spouse / family members living in Saudi Arabia, nationality, ethnic group, language barrier, cultural barrier, level of education, types of health care settings and types of health care profession.

Table 3: Demographic Profile (Sample Size = 360)

	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
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	9	2.5
Missing	12	3.3
Language barrier		
YES	117	32.5
NO	235	65.3
Missing	8	2.2
Cultural 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 health	62	17.3
Bachelor degree	192	53.3
Master's degree	41	11.4
Doctoral degree	40	11.1
Missing	6	1.7
Types of health care setting		
Public	235	65.3
Private/Non Profit/Others	117	32.5
Missing	8	2.2
Types of health care profession		
Other health Professional (OHP)	204	56.8
Registered Nurses/Midwives (RN)	151	42
Missing	5	1.2

Note: Source from Survey

Multivariate analysis of variance (MANOVA)

Table 4 shows that Multivariate analysis of Variance (MANOVA) was conducted to identify the differences in the overall job satisfaction and job retention according to selected personal characteristics; Gender, Age, Marital status, Nationality, Language barrier, cultural barrier, types of health profession (OHP and RN) and spouse staying in Saudi Arabia.

Table 4: Results of Multivariate Analysis of Variance

Demographic	MJS			MJR		
	Mean	F value	P value	Mean	F value	P value
Gender						
Male	Ns	Ns	Ns	4.1144	5.536	0.019
Female	Ns	Ns	Ns	3.8535		
Age	Ns	Ns	Ns	Ns	Ns	Ns
Marital Status	Ns	Ns	Ns	Ns	Ns	Ns
Nationality						
Saudi	4.0853	6.984	0.009	Ns	Ns	Ns
Non-Saudi	3.844			Ns	Ns	Ns
Ethnicity/Race						
Arab	4.095	2.978	0.019	Ns	Ns	Ns
Asian	3.7913			Ns	Ns	Ns
Indian	3.8383			Ns	Ns	Ns
African	3.4643			Ns	Ns	Ns
Caucasian	4			Ns	Ns	Ns
Spouse/Family staying in Saudi Arabia						
YES	4.0542	9.876	0.002	Ns	Ns	Ns
NO	3.7444			Ns	Ns	Ns
Language Barrier						
YES	3.6895	17.155	0	3.6974	10.98	0.001
NO	4.0865			4.0733		
Cultural Barrier						
YES	3.7412	10.485	0.001	3.703	9.485	0.002
NO	4.0578			4.0635		
Types of Healthcare settings						
Public	Ns	Ns	Ns	Ns	Ns	Ns
Private	Ns	Ns	Ns	Ns	Ns	Ns
Types of Healthcare Profession						
OHP (D18.A)		6.409	0.012		Ns	Ns
YES						
NO						
RN/Midwives		7.473	0.007		8.248	0.004
YES	3.4735			3.3434		
No	3.9892			3.991		

Note: Significant level at $p < 0.01$ at two-tailed; $p < 0.05$ at one-tailed

The following paragraphs summarize the results across the Job satisfaction and Retention for each demographic variable.

Demographic: Gender

Multivariate Analysis of Variance (MANOVA) tests confirm that gender has a significant effect on Job retention ($F = 5.536$, $p = 0.019$). The findings suggest that Male (Mean = 4.1144, SD = 0.8537) are more satisfied with the job and would retain in the healthcare industry rather than female with a (Mean = 3.8535, SD = 1.1114). The possible explanation could be that male preferred the current healthcare organization and planning to work for a long term with no intention of leaving the current job.

Demographic: Age and Marital Status

It is shown in Table 4 that demographic variables related to age and marital status does not have any effect on job satisfaction and retention.

Demographic: Nationality

The findings from Table 4 shows that nationality has a significant effect on job satisfaction ($F = 6.984$, $p = 0.009$). The results show that Saudi (Mean = 4.0858, SD = 0.8394) are highly satisfied with personal growth, salary package and professional support than Non-Saudi (Mean = 3.8440, SD = 0.8732). One possible reason could be that Saudi's are job contented and receive full support for monetary and non-monetary level from the healthcare as well as from government organizations.

Demographic: Ethnic group

Respondents by ethnic group were categorized as 'Arab', 'Asian', 'Indian' and 'African/Caucasian' as shown in Table 2. Table 4 shows that there is a significant difference between ethnic group related to job satisfaction ($F = 2.978$, $p = 0.019$). The findings show that Arab respondents are more satisfied in accordance with monetary, professional and personal growth (Mean = 4.0950, SD = 0.8072), than followed by Indians (Mean = 3.8383, SD = 0.8732) and Asian (Mean = 3.7913, SD = 0.9443). One likely explanation could be due to the fact that more than 50% of the respondents were Arabs.

Demographic: Spouse/Family members staying in Saudi Arabia

Results from Table 4 indicated that Spouse/Family members staying in Saudi Arabia has a significant effect on job satisfaction ($F = 9.876$, $p = 0.002$). The findings suggest that dependent like spouse/family members staying with their husband or wife are highly satisfied (Mean = 4.0542, SD = 0.8268) with the financial and non-financial benefits provided to them to support their family members or spouse for a better living in Saudi Arabia.

Demographic: Language Barrier

The findings from Table 4 shows that language barrier has a significant effect on job satisfaction ($F = 17.155$, $p = 0.000$) and retention ($F = 10.980$, $p = 0.001$). However, majority of the respondents belong to Arab group and are Saudi Nationals (Mean = 4.0865, SD = 0.8195) who are well versed in language and does not encounter any problem related to the same. The other group people like Indians and Asians consider language as a barrier to some extent as shown (Mean = 3.6895, SD = 0.09006). The findings suggest that mostly respondents are from Arab group but they would not be retained by the healthcare organizations depending on the language (Mean = 4.0733, SD = 0.9194)

Demographic: Cultural Barrier

As shown in Table 4 that Cultural barrier has a significant difference on job satisfaction ($F = 10.485$, $p = 0.001$) and retention ($F = 9.485$, $p = 0.002$). Most of the respondents agreed that there are no cultural barriers (Mean = 4.0578, SD = 0.8272) related to job satisfaction and staying with the healthcare industry for a long term (Mean = 4.0635, SD = 0.9968). The possible explanation for this could be that respondents are satisfied with monetary and non-monetary benefits and does not consider cultural as a barrier for their job contentment and retention.

Table 5: Multiple Regression analysis

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.617	.182		3.399	.001
	MJS	.841	.045	.705	18.791	.000
a. Dependent Variable: MJR						

Multiple Regression analysis test confirms in Table 5 and shows that job satisfaction and retention has a strong and significant relationship between them.

Discussion/Implications

Overall, the results from Table 4 suggested that specific demographic variables have significant effects on overall satisfaction which in turn leads to overall retention. The study shows that some of the demographic variables (Gender, Nationality, Ethnic group, language barrier, cultural barrier and Saudi/family members staying in Saudi Arabia,) have significant effect on both satisfaction and retention. This research shows that (Nationality and Ethnic group) demographic variables have significant effect on job satisfaction and (Gender) has a significant effect on Job retention. Thus, this Saudi related quantitative study supports the review literature about demographics being linked to job satisfaction which leads to retention. Next, this research study also found a strong and a positive relationship between job satisfaction and job retention and finally supports the hypothesis as constructed. This current study also initiates for the first time a correlation between demographics, satisfaction and retention. Also the research study has made tremendous impact to acknowledge about demographics effect on overall satisfaction and retention. Therefore, the study hypotheses were definite and indefinite through MANCOVA in order of their presentation as precisely shown in Table 2. The findings of this research work have some suggestions for managerial and professional decision making in the arena of overall satisfaction and retention of RN and OHP's. The findings suggest that male is retained by the healthcare industry more than females. In order to retain females, more constructive policies should be prepared in uplifting personal growth of females especially (Registered Nurses/Midwives) and also re-examining the salary scale for RN's annually. It has been noted that the highest mean score for accomplishment which is one of the item in overall satisfaction and a Mean value (4.16) and the lowest mean score (3.89) for personal growth.

Based on the findings it is indicated that Saudi nationals are more satisfied with personal, salary and professional support as compared to Non-Saudi belonging to different ethnic group. In this study it is found that compensation/salary is highly demanding satisfaction variables which may cause RN's and OHP to leave the healthcare organization and ultimately force them to shift to those healthcare undertakings where financial and non-financial returns are maximum and satisfaction with higher prospects and opportunity to complete the job is sustainable choice. It has been shown that the lowest mean score for salary (3.24).The responsibility of health care executives and policy makers towards registered nurses or other health professionals in the healthcare undertakings must improvised and review the structure for salary with in-depth analysis on the survey of satisfaction provided to the staff. New approaches and different strategies, policies should be set and must be implied to all nurses and OHP keeping in mind the sensitivity to the needs and interest of health professionals (RN and OHP) with high risk of leaving the healthcare organization. Assurance of career development training to (RN/OHP), involvement of healthcare staff (RN/OHP) in decision making related with their profession and financial and health institute should provide support for other continuing education and professional events which can help them in the overall development and leads to retention.

Conclusion

In conclusion, the study on registered nurses/other health professionals in the Saudi Arabia healthcare industry has been recognized as the conclusions from this investigation deliver a course of direction to determine how the demographic variables has a positive and significant effect on overall satisfaction which indicates to overall retention. As projected, in this study a strong estimated relationship has been found between satisfaction and retention among healthcare employees. Additional, this study analysis is of importance amongst the few studies to determine empirically the effects of demographics, especially, Nationality and Ethnic group on overall satisfaction and retention.

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