

# Job Satisfaction among Primary Health Care Workers in Buraidah, Qassim, Saudi Arabia

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## Abstract

Satisfaction of health care workers has direct effect on the quality of care. This study aimed to assess the job satisfaction among primary health care (PHC) workers in Buraidah, Saudi Arabia. A cross sectional study was conducted among primary health care workers in Buraidah. Twenty PHC centers were selected by simple random sampling. All the workers including; physician, dentist, nurse, pharmacist and laboratory technician who have been working for at least one year in the same facility were invited to participate in the study. Data was collected on socio-demographic and professional characteristics. Job satisfaction was measured using a validated 36 item Job Satisfaction Survey (JSS). A total of 230 PHC workers were included in this study. Nineteen (8.3%) of them expressed that they were dissatisfied, and almost half of them (55.7%) were ambivalent, and the rest (36.1%) were satisfied with their job. Among the nine facets of the JSS; Nature of work, Co-workers and Supervision had mean scores in the satisfaction category, while, five facets were in the range of ambivalent; Pay, Promotion, Benefits, Contingent rewards and Communication. Only one facet fell under the dissatisfaction range which was Operating Conditions. None of the socio-demographic variables had significant association with job satisfaction. About two thirds of the PHC workers were not satisfied with their job. This calls for policy makers to enhance job and job conditions to increase job satisfaction and improve the quality of care at primary care level.

**Key words:** Job; Primary care; Satisfaction; Saudi Arabia; Worker

## Introduction

Job satisfaction in simple words is the feeling of pleasure and positivity in someone's job experience. It is also determined by what someone wants in a job and what someone has in a job according to Locke Range's Theory of job satisfaction (1976) (1-3). Job satisfaction was found to be linked in a direct way to work productivity and personal wellbeing of workers (4). On the other hand, job dissatisfaction will negatively affect the organization's structure and workflow, for instance, noncompliance to guidelines and procedures of the workplace, increased workers' absence, productivity decline, increased work-related accidents and worsening of physical and mental health of the workers (5). Primary health care workers' satisfaction in their jobs is extremely significant because they are responsible for delivering essential health care for large populations as they are the first line in the health care system that people reach (6). Their satisfaction plays an important role in terms of delivering optimal health care to the patients and having a good clinical outcome as job dissatisfaction was associated with patients' dissatisfaction and more importantly; poor clinical outcome of the patients (1-3). Furthermore, there are several factors which affect job satisfaction, Mausner and Herzberg's views on job satisfaction classified the factors into intrinsic and extrinsic factors. Intrinsic factors include the amount of responsibility that is given to the worker and recognition for the achievements at work as they positively correlate with job satisfaction. On the other hand, extrinsic factors include; working hours, the institute's rules and regulations and salary (7). Salary by itself is considered one of the major reasons that would lead to job dissatisfaction and decreased levels of motivation according to World Health Organization (WHO) which will eventually lead to migration of health care providers (8).

A study was done in the state of Delhi in India regarding job satisfaction among primary health care providers and concluded that the majority of the providers were dissatisfied and it's difficult to point out a single factor as the factors led to dissatisfaction are variable and lay under major groups of factors related to the organization's facilities, organization's policies, interpersonal relationships and job privileges (9). During literature review, it was noticed that there is a scarcity of literature about job satisfaction of primary health care workers in Saudi Arabia. A study from Jazan region in Saudi Arabia, showed that nurses in primary health care were dissatisfied about their work and addressed the factors which influenced their job satisfaction such as working hours, lack of facilities for nurses, lack of professional development opportunities and limited vacation time (10). Another study from Al-Madina region in Saudi Arabia that included physicians and nurses working in PHC centers reported high job dissatisfaction. The domains in which physicians and nurses were mainly dissatisfied were Professional opportunities, patient care, workload, appreciation and financial rewards (11). Primary health care is the corner stone of the health system in Saudi Arabia. Ambitious Vision 2030 of Saudi Arabia requires transformation of the health care system based on primary care. This study will help us to know the job satisfaction

among primary health care workers in Qassim region of Saudi Arabia. The findings will also raise policy makers and manager's awareness level and may help them to improve the level of job satisfaction of primary health care providers and ultimately improve the care provided.

## Methods

This cross-sectional study was planned to be conducted between November 2019 till October 2020, however, due to the COVID-19 pandemic we extended the data collection period till the beginning of 2021. The study was conducted among primary health care workers who worked in primary health care centers in Buraidah, Qassim region.

Sample size was calculated using OpenEpi. We used finite population correction as the number of PHC workers in Buraidah is estimated to be around 445. We used a proportion of 38% from a previous study to calculate our sample size (12). At 95% confidence level and 5% bound on error the required sample size was 201. We inflated the sample size by 10% to account for non-response and missing data so the final sample required was 221.

### 1. Sampling procedure:

We used simple random sampling to select the PHCs. The total number of PHCCs in Buraidah city is 40. With about a total population of 445 PHC workers, there are around 11-12 workers in each PHCC, so we needed at least 20 PHCCs to meet the sample size. All the PHCCs were listed in alphabetical order and selected by computerized random numbers. Within each selected PHCC, all the health care workers meeting our eligibility criteria were invited to participate. Any health care worker; physician, dentist, nurse, pharmacist and, laboratory and radiology technicians currently working in primary care for at least one year was eligible for participation in the study. Family medicine trainees and interns were excluded.

### 2. Data collection tool and procedure:

Data were collected from participants using self-administered questionnaire that consists of three parts. The first part included the informed consent and explanation of the study's purpose and information about the researcher. Contact information was also included for any further inquiry from the participants if required. The second part consisted of demographic data (age, sex, marital status, nationality, job title, working years at the current PHC and total years of work experience). The third part consisted of Job Satisfaction Survey (JSS) questionnaire (13). The Job Satisfaction Survey, JSS is a 36 item, nine facet scale to assess employee attitudes about the job and aspects of the job. Each facet is assessed with four items, and a total score is computed from all items. A summated rating scale format is used, with six choices per item ranging from "strongly disagree" to "strongly agree". Items are written in both directions, so about half must be reverse scored. The nine facets in the JSS were; Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards (performance-based rewards), Operating Conditions (required rules and procedures), Coworkers, Nature of Work, and

Communication. Scoring system for the 4-item subscales, as well as the 36-item total score, where scores with a mean item response (after reverse scoring the negatively-worded items) of 4 or more represents satisfaction, whereas mean responses of 3 or less represents dissatisfaction. Mean scores between 3 and 4 are ambivalence. Translated into the summed scores, for the 4-item subscales with a range from 4 to 24, scores of 4 to 12 are dissatisfied, 16 to 24 are satisfied, and between 12 and 16 are ambivalent. For the 36-item total where possible scores range from 36 to 216, the ranges are 36 to 108 for dissatisfaction, 144 to 216 for satisfaction, and between 108 and 144 for ambivalent (13).

Statistical analysis was done using IBM SPSS statistics version 28. Descriptive statistics were carried out. Frequency and proportion for categorical variables and mean and standard deviation for continuous variables were calculated. Chi square and ANOVA were used to look for the differences between categorical and continuous variable types respectively. P-values less than 0.05 were considered significant.

**Table 1. Socio-demographic and professional profile of health care workers in Buraidah, Qassim (n=230)**

Characteristics	n (%)
Age (n=195)	
Mean±SD	35±7.4
Gender (n=221)	
Male	102(46.2)
Female	119(53.8)
Nationality (n=223)	
Saudi	187(83.9)
Non-Saudi	36(16.1)
Marital Status (n=182)	
Never married	33(18.1)
Ever married	149(81.9)
Job title (n=224)	
Physician	66(29.5)
Nurse	108(48.2)
others	50(22.3)
Total work experience (years) (n=197) Mean±SD	10.3±7.3
Work experience in the current PHC (n=181) Mean±SD	3.6±3.7

### 3. Ethical Considerations:

This study was reviewed and approved by Qassim Regional Bioethics Committee (Approval number:1441-1064853). Permission to collect data was also obtained from management of primary care in Buraidah city. Informed consent was obtained from all the participants.

## Results

A total of 230 participants were included in the study. The mean age of the participants was  $35\pm7.4$  years, ranging from 27.6 to 42.4 years. About 83.9% of workers were Saudi. Female workers represented 53.8% of the sample. Nearly half (48.2%) of the participants were nurses, 29.5% were physicians and the rest 22.3% of the workers included pharmacists, dental assistants, lab and radiology technicians. The mean duration of work experience among workers is  $10.3\pm7.3$  years. (Table 1)

Figure.1 illustrates the overall satisfaction of PHC workers in PHC centers which was calculated from the nine facets of job satisfaction. Only nineteen (8.3%) of the workers expressed that they were dissatisfied, and almost half of them (55.7%) were ambivalent, and the rest (36.1%) were satisfied.

**Figure 1. Overall job satisfaction of PHC workers in Buraidah, Saudi Arabia (n=230)**

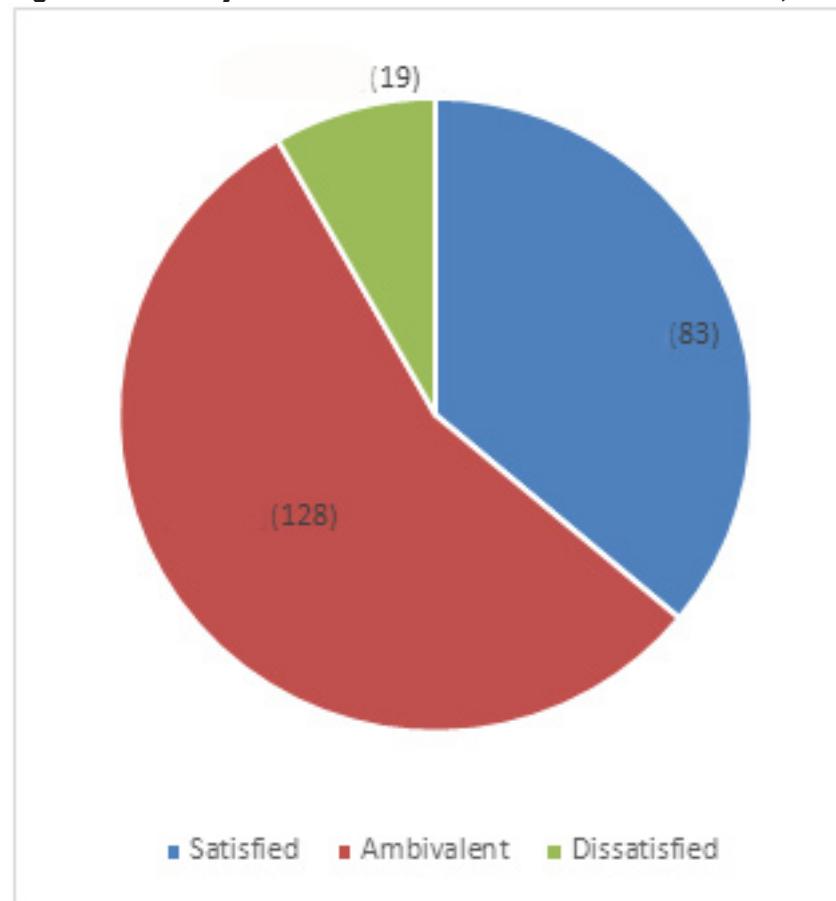


Table 2 shows the mean and standard deviation for each facet of job satisfaction. Means between 16-24 represent satisfaction. The facets which are in the level of satisfaction were; Nature of work ( $20.1 \pm 4.1$ ), Co-workers ( $18.6 \pm 3.8$ ) and Supervision ( $17.2 \pm 4.8$ ). Meanwhile, five facets were in the range of Ambivalent (12-16), and these included; Pay, Promotion, Benefits, Contingent rewards and Communication. Only one facet fell under the dissatisfaction range which was Operating Conditions

**Table 2: Level of satisfaction and mean score of PHC workers' responses to Job satisfaction survey's facets**

Subscale	Satisfied %(n)	Ambivalent %(n)	Dissatisfied %(n)	Mean( $\pm SD$ )
Pay	36.1(83)	43.9(101)	20(46)	14.7( $\pm 3.3$ )
Promotion	48.7(112)	26.1(60)	25.2(58)	14.9( $\pm 4.3$ )
Supervision	54.8(126)	31.7(73)	13.5(31)	17.2( $\pm 4.8$ )
Benefits	23(53)	35.7(82)	41.3(95)	13.1( $\pm 4.5$ )
Contingent rewards	24.8(57)	25.2(58)	50(115)	12.9( $\pm 4.7$ )
Operating Conditions	6.1(14)	15.2(35)	78.7(181)	10.4( $\pm 2.8$ )
Co-workers	76.5(176)	18.3(42)	5.2(12)	18.6( $\pm 3.8$ )
Nature of work	83.9(193)	11.7(27)	4.3(10)	20.1( $\pm 4.1$ )
Communication	49.1(113)	23.5(54)	27.4(63)	15.7( $\pm 4.9$ )

Table 3 presents the overall job satisfaction level according to sociodemographic characteristics, duration of work experience in the current PHC and total work experience. Older workers ( $35.9 \pm 7.1$ ) were more satisfied than younger workers. The longer the duration of work in the same PHC, the higher the dissatisfaction. Male workers were slightly more satisfied than female workers, as well as Saudi workers in comparison to non-Saudi. However, none of these characteristics were statistically significant  $P > 0.05$ .

**Table 3: Differentials of the overall level of job satisfaction according to sociodemographic characteristics and work experiences and duration of work in the same PHCC of PHC workers in Buraidah, Qassim, KSA (n=230)**

Characteristics	Satisfied %(n)	Ambivalent %(n)	Dissatisfied %(n)	P-value
Age Mean $\pm$ SD	35.9 $\pm$ 7.1	34.9 $\pm$ 7.5	31.8 $\pm$ 7.8	0.138 <sup>a</sup>
Gender				
Male	37.3(38)	54.9(56)	7.8(8)	0.911
Female	35.3(42)	55.5(66)	9.2(11)	
Nationality				
Saudi	36.4(68)	55.1(103)	8.6(16)	0.934
Non-Saudi	33.3(12)	58.3(21)	8.3(3)	
Marital status				
Ever married	35.6(53)	57(85)	7.4(11)	0.548
Never married	39.4(13)	48.5(16)	12.1(4)	
Job title				
Physician	36.4(24)	53(35)	10.6(7)	0.236
Nurse	32.4(35)	62(67)	5.6(6)	
others	44(22)	44(22)	12(6)	
Total work experience Mean $\pm$ SD	10.9 $\pm$ 7.6	10.1 $\pm$ 7.0	9 $\pm$ 7.6	0.570 <sup>a</sup>
Work experience in current PHC Mean $\pm$ SD	3.4 $\pm$ 4.0	3.7 $\pm$ 3.2	3.8 $\pm$ 4.9	0.876 <sup>a</sup>

<sup>a</sup> P-value derived from ANOVA

## Discussion

To the best of the researchers' knowledge, this is the first study in Saudi Arabia that included all PHC workers who worked in PHCCs of a regional capital to assess their level of job satisfaction. In this study, 36.1% of the workers were satisfied about their job, while only 8.3% were dissatisfied and the rest of participants were ambivalent. The total satisfaction in our study is lower than other similar studies. Bawakid K conducted a comparison study about professional satisfaction among family physicians who worked in PHCCs in both Jeddah and Eastern region, Saudi Arabia and they reported that 62% of the physicians were satisfied (14). Another study conducted by Al-Takroni about job satisfaction among nurses in Qassim found that they were "averagely satisfied", however the study included both hospital and PHC nurses taking into consideration of differences of work duties and work conditions between PHCCs and hospitals (15). The lower satisfaction of PHC workers in

our study as compared to Jeddah and Eastern province could be due to fact that former settings were big cities with more opportunity for social and recreational activities compared to Buraidah. There could also be differences in the management and other opportunities compared to our setting. These factors might affect the satisfaction with the job. Nonetheless, this is an important finding which has implications for policy makers for taking actions to improve satisfaction levels of workers in primary care.

According to our study, nature of work and co-workers were the two domains which workers were satisfied the most about. Similarly, a study done by Almalik, in Jazan region showed the majority of nurses in PHC were satisfied with their co-workers and dissatisfied with supervision, professional development opportunities and salary. All of these domains showed to be ambivalent in our study (10). As for nature of work in PHCCs, 83.9% of workers in this study were satisfied. However, 78.7% were dissatisfied with Operating Conditions which is similar to the Allebdi study

which showed that PHC physicians were satisfied about the nature of work and dissatisfied about operating conditions, promotion, contingent rewards and fringe benefits (16). Also, in the AlJuhani et al. study, the domains which physicians were mostly dissatisfied about were financial reward, professional development and patient care. Professional development was also one of the domains that nurses were dissatisfied about in addition to workload and appreciation reward (11). These differences across the various domains of satisfaction might indicate variations in the overall primary care systems across regions within Saudi Arabia. This indicates that there is dire need to improve the working conditions and create opportunities for professional development for PHC workers.

Furthermore, in regards to sociodemographic factors, a previous study (11) showed that male, non-Saudi, older physicians and female non-Saudi older nurses had higher mean scores than their counterparts and were found to be more satisfied. Shah et al. found that older nurses were more satisfied and attributed that to their ability (as mature age-wise) to make better adjustments to the work environment (17). In the current study job satisfaction was slightly higher for older, male, Saudi, workers, however, none of these factors along with other factors like Job title and work experience are statistically significant. Similarly, in Allebdi study where variations of age and gender factor didn't make any statistical significance (16), also, in Kumar study 9 duration of work (experience) has no effect on job satisfaction which in our study, also, showed no statistical significance. Absence of statistical significance in our study could be due to smaller sample which may not have enough power to detect smaller associations.

We used Job Satisfaction Survey (JSS) questionnaire. It is a well-established instrument that has been repeatedly investigated for validity and reliability. Additionally, our sampling criteria was inclusive and included a range of health care workers; physician, dentist, nurse, pharmacist and laboratory technicians. The questionnaire wasn't web-based; therefore, data collectors were available all the time to answer and clarify participants' questions.

On the other hand, our limitations were that the study was done during the COVID-19 pandemic and we faced difficulties in obtaining data due to changes in work conditions. Furthermore, the pandemic may have altered and affected the results of job satisfaction. Finally, the study was done in a single city, Buraidah, due to time and resource limitations which may affect the generalizability of our results to the whole region. Nevertheless, our results are important as we conducted the study in a regional capital while job conditions and social circumstances may be poor in smaller cities and rural areas and we may expect even lower satisfaction in those areas.

## Conclusion

Almost two thirds of the workers weren't satisfied with their job which may affect their performance and quality of care. Operating conditions were found to be the factor with lowest satisfaction. On the other hand, Co-workers and Nature of work impacted positively on their satisfaction. Immediate attention is needed from policy makers and planners to implement workplace or job-related changes to improve the satisfaction level of PHC workers and therefore, improve the quality of care at primary care level. We also recommend further large-scale studies to cover PHC workers in the whole Qassim region for generalizable results.

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