Job Satisfaction among Registered Nurses Working in UAE Ministry of Health Hospitals: Demographic Correlates

الرضا الوظيفي لدى الممرضين المسجلين في وزارة العمل بدولة الإمارات العربية المتحدة مستشفيات الصحة: الاقتران الديموغرافي

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Abstract

Objective: This study investigates the level of satisfaction of nurses working in Ministry of health hospitals (MOH) and the influence of their personal demographics on their job satisfaction.

Background: Given the current difficulties experienced by Emirati hospitals in recruiting and retaining a sufficient number of nurses, the need to determine the reasons of nurses' dissatisfaction are urgent. Retention has been directly related both to job satisfaction and particular demographics. Satisfaction at work is essentially a personal experience that is also affected by cultural factors. This study examines the links between personal demographics and nurses' dissatisfaction.

Methods: The study included 726 registered nurses (RN) from six MOH hospitals using Muller/McCloskey (1990) satisfaction scale, and demographic instrument developed for this reason (2011).Descriptive correlational design was used to assess the influence of these demographics on their level of job satisfaction.

Results: Four factors were derived from the factor analysis: "Approval", "Scheduling", "Professional" and "Maintenance" needs accounting for 85.2% of the total variance. Nurses were found to be dissatisfied with two factors: the Maintenance (M=2.05) and professional ones (M=2.70). MOH nurses were neither satisfied nor dissatisfied with their job (M=3), but hovering toward dissatisfaction with the Approval (M=3.36) and Scheduling dimensions (M=3.18). Demographics such as gender, place of work, tenure as RN, Length of experience in the present hospital, work Unit, Shift, traveling distance, financing family, place of growth and employment change significantly contributed to job satisfaction. However, age, education level, degree besides nursing, marital status, number of children, nursing position, working hours, residency, and Emirate Nursing Association membership did not influence nurses' satisfaction.

Conclusion/implications: This study adds to the existing body of knowledge of the factors impacting nurses' satisfaction. Nurse administrators may use the findings of this study as a baseline to improve job satisfaction. Enhancement of extrinsic

elements, professional nursing practice, professional growth, career advancement, recognition and encouragement are all recommended to enhance nurses' satisfaction and retention.

Key Words: Registered nurses, Job satisfaction; Nurse Shortage; Nurse Retention; Nurse Turnover; Intention to quit, demographics, Muller/McCloskey Satisfaction Scale, Healthcare organization, Professional environment.

ملخص

الهدف : تتناول هذه الدراسة مستوى رضا الممرضين العاملين في مستشفيات وزارة الصحة في دولة الامارات العربية المتحدة وتأثير العوامل الديموغرافية الشخصية على الرضا الوظيفي لديهم.

الخلفية : نظرا للصعوبات الحالية التي تواجهها المستشفيات الإماراتية التابعه لوزارة الصحة في توظيف واستبقاء عدد كاف من الممرضين، فان الحاجة إلى تحديد الأسباب وراء عدم رضا الممرضين عن عملهم تعتبر ضرورية في هذا المضمار. ان حالة الرضا عن العمل انما هي في جوهرها تجربه شخصيه تتاثر بالعوامل الثقافية, لذلك فان هذه الدراسه تتناول العلاقه بين العوامل الديموغرافية الشخصية و مستوى عدم الرضا الوظيفي لدى الممرضين.

الوسيلة التحليلية : شملت الدراسة شريحة مكونة من 726 ممرض مسجل/ممرضة مسجلة يعملون في ست مستشفيات تابعة لوزارة الصحة. تم استخدام استبيان مولر / مكلوسكي (1990) لمقياس الرضا الوظيفي، و استبيان اخر وضعه الباحث (2011) لجمع المعلومات الديموغرافية عن الممرضين . لهذا السبب ومن أجل استخلاص النتائج المرجُوّة تم استخدام تصميم علائقية وصفي لتقييم تأثير هذه العوامل الديموغرافية على مستوى الرضا عن العمل لدى الممرضين .

النتائج : تم اشتقاق أربعة عوامل من تحليل عامل.كما تمت عملية االستنساب تسمية جديدة لهذه العوامل على الشكل التالي: الحاجه الى "التوافق"، "الجدولة"، "المهنية" و " الانفاق ". و قد حازت هذه العوامل على 85.2٪ من التباين الكلي. وقد أظهرت النتائج أنّ الممرضين/الممرضات غير راضين عن عاملين هما: " الانفاق " (المتوسط الحسابي = 2.05)، و "المهنية" (المتوسط الحسابي = 2.70).كما بينت النتائج ان الممرضيين لم يكونوا راضين ولا غير راضين عن وظائفهم (المتوسط الحسابي=3) ، ولكن هذا التأرجح كان يحوم باتجاه عدم الرضا حول عاملي "التوافق"، (المتوسط الحسابي=3.36) و"الجدولة" (المتوسط الحسابي=3.18). العوامل الديموغرافية مثل الجنس، ومكان العمل، ,والخبره كممرض مجاز،مدة الخبرة في المستشفى الحالي، القسم الذي يُعمل فيه، الدوام، وبُعد المسافة والسفر الى العمل، مساعدة العائله اقتصاديا، ومكان النمو, وتبديل العمل, كل هذه العوامل ساهمت بشكل كبير في الرضا الوظيفي. بينما لوحظ أنّ العوامل التالية: العمر، مستوى التعليم، وجود شهاده اخرى بالإضافة إلى درجة التمريض، الوضع العائلي،عدد الأطفال، المركز بالعمل،ساعات العمل، مكان الإقامة، والعضوية فيي جمعية الامارات للتمريض, لم يكن لها تاثير علي الممرضين عن عملهم.

الخاتمه / التوصيات : هذه الدراسة تضيف بُعدا جديدا إلى مجموعة المعلومات الموجوده لدى الجهات المختصه بخصوص العوامل التي تؤثر على رضا الممرضين عن عملهم. ان ادارة التمريض يمكن ان تستخدم نتائج هذه الدراسة كأساس واقعي لتحسين الرضا عن العمل. ان تعزيز العامل القتصادي ، والممارسة المهنية في التمريض، والنمو المهني، والتقدم الوظيفي، والتقدير والتشجيع للممرضين,من شأن ذلك كله أن يؤدي الى تعزيز رضا الممرضين وكذلك الابقاء عليهم والاحتفاظ بخبراتهم.

الكلمات الدالة : الممرضين المجازين، الرضا الوظيفي، النقص في التمريض؛ الاحتفاظ /الابقاء على الممرضين ؛ ترك وظيفة تمريض ؛ النية لإنهاء العمل بالتمريض، العوامل الديموغرافية ، مولر / مكلوسكي لمقياس الرضا، المنظمات الصحية ، والبيئة المهنية.

DEDICATIONS

To the soul of my father who used to encourage me to work hard with a lot of patience and perseverance towards success.

To my mother who taught me to pay tribute, appreciate and be keen on knowledge.

To my wonderful wife(Um-Oussama). Without her understanding and appreciation, this work would not be possible.

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Abbreviations

OJS	Overall Job Satisfaction.
GIS	Global Job Satisfaction.
RN	Registered Nurse
MOH	Ministry of health.
OB/Gyn	Obstetrics/Gynecology.
OPD	Outpatient Department.
ICU	Intensive Care Unit.
CCU	Coronary Care Unit.
CSU	Cardiac Surgical Unit.
ER	Emergency Department.
MS	Medical-Surgical ward.
Neo	Neonatal Care Unit.
Ped	Pediatric Department.
RU	Renal Unit.
FDON	Federal Department of Nursing.
WHO	World health organization.
ICN	International Council of nurses.
AACN	American Association of Critical- Care Nurses.
AACN	American Association of Colleges of Nursing.
HAAD	Health Authority of Abu Dhabi.
DOHM	Department of Health and Medical Services in Dubai.
BSN	Bachelor of Nursing Science
MA	Master degree
PCA	Principal Components Analysis.
PA	Parallel Analysis

Chapter I:

1.1. Introduction

Healthcare organizations are social systems where human resources are the cornerstones for effectiveness and success. Organizations cannot get to the top without their workers' efforts. Staffs' jobs satisfaction has been seen as chief determinants of organizational progress. Job satisfaction is considered critical to retaining and attracting well-qualified personnel. One of the major challenges facing the health care industry is to identify contributors to job satisfaction and to use those factors to implement an effective plan for nurse retention. This task is crucial in order to end the vicious cycle of high turnover rates, which create a dwindling workforce resulting in more being expected from the exhausted remaining nurses. Continuing changes in the healthcare system, emphasis on cost-effectiveness and use of advanced and complicated equipment pose challenges to nursing care of critically ill patients with inferences to job satisfaction. Therefore, job satisfaction of RNs is considered a significant area of research in health organizations, yet least understood phenomena (Cummings et al. 2008, Bettinardi et al. 2008, Al-Aameri 2000, Masroor & Fakir 2010) and retention issues among nurses (Murrells et al. 2008, Davies 2008, Coomber & Barriball 2007) were obvious.

In any industrialized setting, employee's work plays an essential role in achieving organizational mission and vision. Many of the nurses even assume the responsibilities of the physicians in command, and this makes them a crucial part of the health organization (International Council of Nurses (ICN) 2007). Thus, nursing is a challenging profession and is practiced in different settings such as hospitals, schools, rehabilitation centers, nursing homes, out-patient departments, and clinics. Although, nurses in most healthcare facilities have the highest levels of direct patient contact, they are not appreciated and recognized as it should be. Koonar (2008) stated that nurses have to accomplish and manage many tasks at different places in the hospital and still are not paid enough and are underestimated. Therefore, shortage, dissatisfaction, and turnover of nurses are the expected consequences. The

shortage of nurses has always been the major symptom of high turnover (Global Health Workforce Alliance 2008), job dissatisfaction, and lack of managerial support (Zurn et al. 2005).

Job satisfaction is generally considered as an employee's attitude toward the job and job situation. Concerns in job satisfaction, lengthwise with its negative impact nurses 'retention and the present shortage of nurses, create challenges to the delivery of high quality and safe healthcare. As a matter of fact, nurses who are satisfied with their job are not only pleased but have also positive attitude, and a high level of productivity, creativity. This in turn will affect the quantitative and qualitative outcomes of the health organization in a positive way. Consequently, they will continue in their job. Conversely, dissatisfied nurses are disappointed and have a negative attitude, poor performance and less productivity, increased absenteeism, burnout, and turnover. Thus, they may quit their workplace resulting in negative outcomes for the healthcare system. A Research has shown a direct relation between staff satisfaction and patient satisfaction in health organizations (Al-Aameri 2000).

Nurses' shortage, turnover and satisfaction should be a major strategic challenge for any healthcare industry as nurses take the charge of many positions in the hospital. While some improvements in the quality of care can be attained through technological investments and infrastructure, the greatest remarkable enhancements are reached through nurses. Failure to tackle these serious issues may evidence organizational failure to ensure effective and safe patient care. Researchers are interested in understanding the factors that influence an individual's decision to stay or leave an organization. Nevertheless, little is known on why nurses leave their job in UAE. The former Minister of Health acknowledged that the big challenge that is facing the ministry of health (MOH) is the "Emiratesation" and the advancement of the nursing system (Shaheen 2009).

This study has been conducted in UAE to identify the factors of job satisfaction as experienced by the RNs. While many studies address satisfaction worldwide in general, satisfaction of RNs in particular, none was conducted in UAE. This is the first study of UAE nurses' perception of the job satisfaction in relation to their

demographics. The intent of this work is to fill the existing gap in the literature by adding to the current body of knowledge on this relevant issue in the light of the current critical nursing shortage. The results could have positive implications on leadership and stakeholders. The primary theoretical foundation for the study is Maslow's motivation hierarchy (1954).

1.2. Problem Statement

Policy makers and decision takers are aware that a common problem related to job satisfaction and nurses' attrition exist globally (Aiken et al. 2001, Buerhaus 2008b, Rountree & Porter 2009, ICN 2004, AACN 2009a, Kingma 2001), and locally (Al-Rifai 2010, Zain 2009, Suzan 2009, Kakande 2010). Nurses' dissatisfaction and retention problems, impacts the shortage of nurses. Nursing is developing rapidly in the UAE in response to the high demands. Currently nursing shortage is evidenced by fewer students selecting nursing, and by the growing demand for nurses caused by increased chronic illnesses and an aging population (Al-Rifai 2010). Shortage of nurses is alarming in UAE as it accounts for 30% (Underwood 2010a). The reason behind this shortage is dissatisfaction with payment; benefit packages; work environment; professional esteem, motivation and many others said Al-Rifai, director of the Federal department of Nursing (Underwood 2010b). The shortage and retention problems ultimately Impact the health organization and the delivery of effective patient care .Therefore, retaining the existing nursing workforce becomes crucial to prevent additional shortage.

1.3. Statement of Purpose

This quantitative study represents a descriptive correlation design. Using this method will help in quantifying the level of job satisfaction, identifying satisfiers and dissatisfies, and describing the relationship between the demographic variables and job satisfaction level for RNs currently working in MOH hospitals. An additional purpose is to gather clear indicators to help policymakers and practice leaders at the national level improve the nurse's job satisfaction, retention and reduction of turnover rates.

1.4. Background of the study:

1.4.1. Ministry of Health in the UAE

MOH in the United Arab Emirates (UAE) is the federal health sector that operates 14 hospitals and 64 Primary health centers overall the six northern Emirates that are: Dubai, Sharjah, Ajman, Um Al Qaiwain, Ras-Al Khaimah, and Al Fujairah. Abu Dhabi and Dubai have already inaugurated their own healthcare system. MOH still has two hospitals and many health clinics in Dubai. Each Emirate has a medical district that functions in correspondence to build governance, regulate, and be a link between the healthcare organizations and MOH. The MOH is a centralized system that is highly bureaucratic. Concerning nursing; the nursing directors report related issues to the Nursing District Director and the FDON as well.

1.4.2 Nursing History in UAE (Appendix S).

1.4.3 Nursing Shortage in UAE

The reported shortage ratio of nurses per 10 000 population is 29.1 in UAE, which is the lowest among the other Gulf countries, but the highest in attracting expatriates' nurses (Al-Mohandis 2008). According to FDON (2010), the reported Emirati nurses working in all MOH facilities on 2009 were 290.The UAE needs to recruit 7000 nurses across the nation to overcome the existing critical shortage (Underwood 2010, Zain 2010). Sadly, but true, this is still a far cry from this need. Al-Rifai indicated that the shortage of nurses and midwives is a worldwide crisis and not restricted to UAE. She added, the poor image of nursing, lack of cohesive regulatory mechanism to warrant competence and skill support, substandard remuneration, limited career advancement, lack of continuing education opportunities, working environment , diverse nursing workforces, low registration in nursing schools , absence of nursing specialization programs , unspecified job descriptions, unclear relationships with other healthcare professionals, and lack of motivation among Emirates to join nursing compounded by the lack of adequate nursing educational program catering to males are all contributing to the current shortage (Al-Rifai 2010, Underwood 2010, Zain 2010). The growing patient acuity, increase in chronic diseases, aging population, and innovation in healthcare technologies are further

challenges to the healthcare system demanding more nurses. Another considerable hurdle to the current shortage as well as to 'Emiratesation' of nursing is the social perception. Of these Emirates' perceptions: complex situation, women prominence, Physicians' assistants, not necessarily knowledge based, low pay, cultural and religious concerns. Additionally, many Emirates believe that nursing is not a job that family encourages their daughters and wives to take up due to potential physical contact with males, which is off-limits in their conservative culture, said the former minister of health (Shaheen 2009, Underwood & Detrie 2009).

Gender discrimination manifested by female domination of nursing is considered a substantial challenge facing the stakeholders to attract Emirati males to relieve the nurses' shortage (Underwood and Detrie 2009). Further, worsening of shortage may result from the late policy implemented by the Department of Health and Medical Services in Dubai (DOHM). According to this policy, only the BSN nurses are allowed to practice nursing in critical areas (Bladd 2006). This means that the role of many existing experienced diploma will be downgraded; which ultimately will result in nurses' dissatisfaction and turnover intention. Despite the considerable annual number of diploma graduates (60-90 RNs) from the Institutes of Nursing (ION), and their contribution in narrowing the shortage gap, the MOH-decision to shut down the IONs could extend the current scarcity of nurses especially among the Emirates. Additionally, the growing turnover among expatriates' nurses who migrate to work in UAE (Shaheen 2009).These nurses consider UAE as a transit country where many of them get a professional experience and training, and then leave to Europe or USA as they are getting better contracts.

1.4.4 Shortfalls of shortage

In the northern Emirates, long-lasting nurses' shortages have resulted in MOH hospitals delivering substandard care (Kakande 2010). Poorly paid healthcare providers, including nurses have left their work in favor to join private hospitals, which offer more attractive contracts; a parliamentary committee found. For example, in Ajman, a shortage of 50% of nurses was found and in one of the hospitals, scarcity of

staff had resulted in closure of some departments. The health services are insufficient, and resignations among workers are high, said the head of the FNC's committee (Kakande 2010). Many staffs were dissatisfied with their salaries, for which they quit their job. Umm al Qaiwain Hospital, the only MOH hospital there, had a shortage of 257 nurses. Similarly, Kuwaiti Hospital in Sharjah had also a severe staff shortage aggravated by the lack recruitments of new staff. The situation is no different in Ras al Khaimah and Fujairah (Kakande 2010). Leaving the situation unaddressed particularly in the Northern Emirates would result in negative consequences such as poor health services.

1.4.5 Job satisfaction and Retention strategies

A research project investigated by Suzan (2009), called 'Thinking Magnetism' aimed to understand the organizational features that impact the professional nursing practice environment in MOH hospitals. Results indicated very low satisfaction scores for MOH hospitals (M= 2.1 out of 5) when compared to USA magnet hospitals. The most important areas of nurses' dissatisfaction and turnover intention identified by the study were: part-time work, flexible recruitment, promotion policies, competitive earnings, involvement in decision-making and nurse-physician relationship. Moreover, inequity in terms of salary and promotion was raised by expatriate nurses (Zain 2009). According to Suliman (2006) staff's understanding of fairness is largely based on comparison. For example, employee may compare their payment, and incentives. If the comparison is agreeable, they will probably feel positive toward their institution. On the contrary, if the result is negative, they will react adversely toward the system.

The abovementioned findings have urged the MOH to initiate a national study involving 30 local hospitals. The purpose of the study is to measure the level of nurses and patient satisfaction, and identify environmental and organizational barriers for recruitment and retention of nurses. Factors contributing to job dissatisfaction, burnout and turnover intentions will also be identified.

1.4.6. Relevance to clinical practice

While various studies addressed nurses' satisfaction worldwide, no study was found to address job satisfaction in relation to demographics of nurses working in MOH Hospitals. This study was deemed essential to identify job satisfaction level among Emirati and non-Emirati MOH RNs. Moreover, it provides useful information for policy decision-makers, leaders, employers, administrators, managers and educators on staff retention and satisfaction strategies. Through a clear understanding of the perception of nurses toward their profession and work setting, health executives may manipulate selected factors to maximize the satisfiers and minimize the dissatisfies. The findings may also help the managers and policymakers to develop recruitment and retention strategies by considering the predictors of nurses' dissatisfaction, which may serve as a base for future studies in nursing administration compared to international perspectives. Finally, the results of the study may also help professional nurses in examining these predictors because of their potential detrimental effect on patient safety and care as well as on nursing.

1.5 Research questions

This research is intended to answer the following questions:

a. What variables contribute to job satisfaction as perceived by the UAE Registered Nurses?
b. What job satisfaction factors are considered to be most important to the UAE Registered nurses?
c. What are the relationships between selected demographic variables and global job satisfaction among nurses working in UAE?

Figure 1. UAE MAP

Chapter II: Conceptual Framework

2.1. Job Satisfaction Overview

Job satisfaction depicts how an individual is satisfied with the job. The more satisfied nurses are within their job, the more fulfilled they are supposed to be. Nurses are considered to be the vertebral column of any healthcare organization. Therefore, keeping them happy in their job is one way of warranting that healthcare facilities are effectively able to achieve their goals regardless of any changing circumstances. In the context of organizational behavior, investigating job satisfaction would be helpful to any organizations (Sundaray and Tripathy 2010). According to Spector (1997) satisfaction is the most frequent studied phenomena in organizational behavior. Joslin et al. (2010) suggested that job satisfaction is best defined by work attitudes and the perceived acceptance of work-related standards. Similarly, Vecchio (1988) termed it as one's thinking, feeling, and action tendencies toward work. Spector (1997) described it as the degree to which individuals enjoy or disapprove their jobs. Likewise, Cavanagh (1990) describe it as the degree to which individuals appear to like their job .This indicates that job satisfaction is a wide ranging emotional reaction that people feel about their workplace. While investigators regularly measure the overall level of job satisfaction, there is also an interest in examining diverse "facets" or "dimensions" of contentment. The traditional model of job satisfaction focuses on feelings that an individual has about the job. However, being satisfied or dissatisfied does not rely on the job type only but on one’s expectations from the job. Therefore, it is a worker's sense of achievement and success, resulting in increased productivity and personal wellbeing (Business Dictionary 2011).

Price and Muller (1986) defined job satisfaction as the degree of positive affective orientation toward employment. This definition is similar to Vroom's (1964) understanding of job satisfaction as the explicit attitudes toward the job. While Rahim (1982) viewed job satisfaction as the variance between what one expects and what one actually experiences in profit for services provided. Addressing the needs fulfillment, Ugwuegbu and Ogundeyin (1977) defined satisfaction as the extent to

which nurses felt needs are fulfilled by the job they perform. Therefore, any examination of job satisfaction reveals the individual perceptual component.

This research utilized the framework of motivation in relation to the job satisfaction of MOH nurses. Maslow's theory has been used as background to this study. Constructing research on well-known theory is essential for conducting a quantitative study (Creswell 2005).Theoretical backgrounds serve as a support system that connects, organizes, and squeezes ideas to construct knowledge.

2.2. Maslow (1954) and Herzberg (1966)

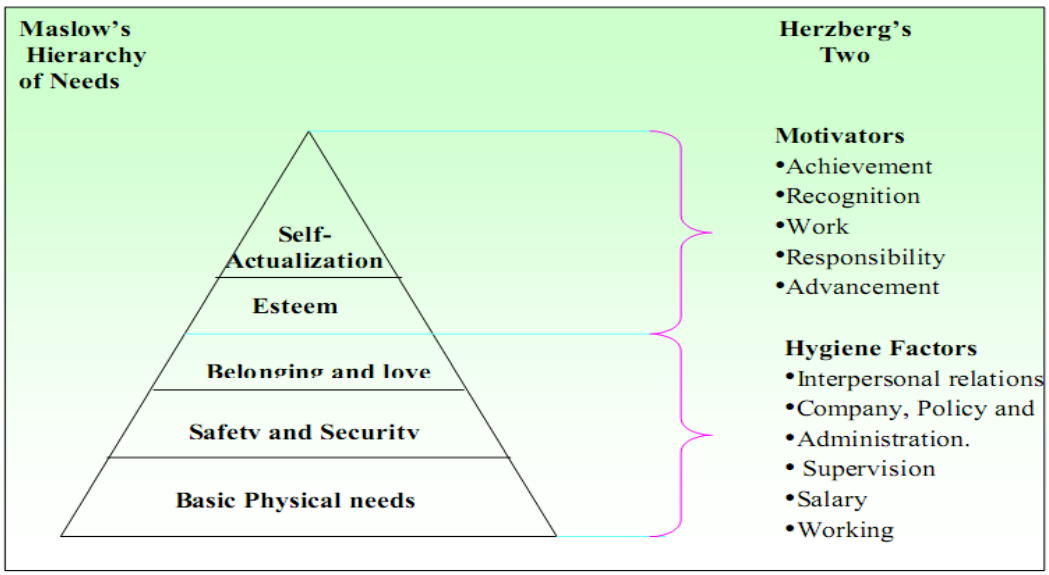
Theorists like Maslow (1954) and Herzberg (1966) relate job satisfaction to motivation. Motivation can be defined as an internal process that initiates; directs and maintains behavior over time (Pintrich 2003, Schunk 2000). Motivation guides individuals' decisions making (Sarin 2009, Harvath 2008). Work motivation escalates with fulfillment of basic essentials. Although research has not supported these theories sufficiently to be considered the all-encompassing job satisfaction framework, both address motivation through satisfying human wants (as cited in Abu.Ajamieh et al 1996).

Maslow (1954, 1972) suggested a hierarchy of human needs (Figure 2) and links these needs to motivation. Maslow divided human needs into two categories; deficiency needs and growth needs. The deficiency needs include: physiological, safety, belongingness and esteem. The growth needs comprise: cognitive, aesthetic, self-actualization, and transcendence. Maslow argued that individuals will not be motivated to the second need until the demands of the first need have been reasonably satisfied. Humans can get to self-actualization only on confirming basic needs are met. Based on Maslow, job satisfaction has been approached by some investigators from the perception of need fulfillment (Muller and McCloskey 1990, Kuhlen 1963, Worf 1970, Conrad et al. 1985). The fulfillment of job-related needs leads to increase satisfaction as individual progress toward the growth needs. MOH nurses who reach the self-fulfillment will continue their job and become more purposeful, efficient and productive, whereas unfulfilled needs will lead to poor performance; less productivity, job stress, job dissatisfaction and turnover of the MOH

nurse. Mueller and McCloskey (1990) revealed that job satisfaction plays an imperative role in reaching self-actualization .Several studies supported Maslow's theory (Aspy 2004,Byers 1989, Caudill &Patrick1989; Clark 1961,Hutto & Davis 1989,Mille1966, Porter1962, 1963), but have raised the question of the ascending order and the distinction of the needs.

Maslow emphasized hierarchy of needs whereas Herzberg (1966) motivation-hygiene theory classified needs under two categories. Herzberg uses the needs fulfillment to explain job satisfaction (Fig. 2). He believed that satisfaction and dissatisfaction were separate and unrelated. The two key determinants that Herzberg identified on job satisfaction incorporate: Intrinsic factors called motivators; or job 'satisfiers' and embrace: achievements, recognition, work itself, responsibility, advancement; similar to the growth needs of Maslow. Extrinsic factors called hygiene, or job 'dissatisfiers 'and comprise: security, policy, administration, supervision, salary, interpersonal relations and working conditions; parallel to the deficiency needs of Maslow. Herzberg indicated that resolving dissatisfies would not bring satisfaction. Herzberg considered psychological growth necessary for optimal satisfaction.

Motivation factors of job in connection with achievement, recognition, work environment, autonomy, empowerment and responsibility promotes job satisfaction of MOH nurses. Founded on the evaluation of the most prevalent job satisfaction tools, Spector (1997) informed the following aspects of job satisfaction: appreciation, communication, co-workers, fringe benefits (services, insurance, vacation, pension plan, etc.) , job settings, work itself, organizational type, organizational policies and procedures, remuneration, personal development, advancement opportunities, recognition, security and supervision.



Maslow's and Herzberg's Ideas Compared

Figure 2: (cited in Tiffany Jordan, undated)

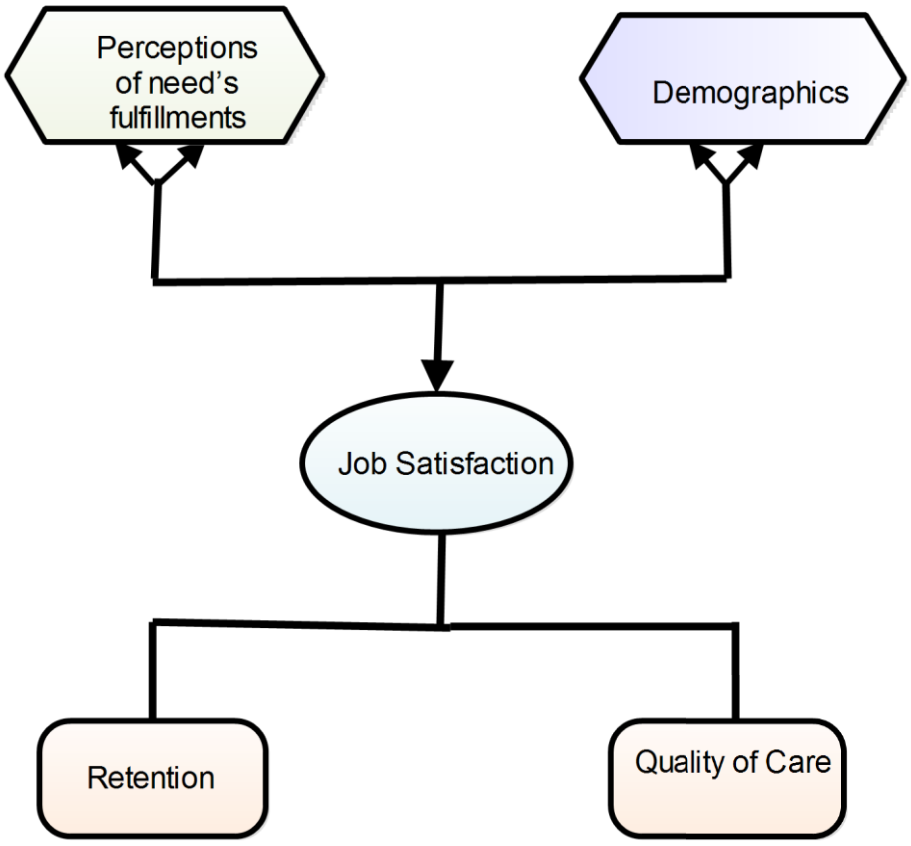
2.4 Muller and McCloskey Satisfaction Scale (MMSS) (1990):

Based on Maslow's theory, McCloskey (1974) designed three-dimensional satisfaction scale. This scale measured safety, social and psychological rewards. In 1990, Mueller and McCloskey restructured scale for particular use in nursing. They developed a frame to identify the scales of satisfiers. Although the scales fit to Maslow's hierarchy, Muller and McCloskey suggested dividing the level of satisfaction into eight scales (Appendix XIV): extrinsic rewards, scheduling, family / work balance, co-workers, interaction, professional opportunities, praise / recognition, and control / responsibility subscales. Each subscale comprises specific items. The eight subscales are further categorized in terms of motivation into the three dimensions prescribed by Muller and McCloskey (1974). The safety dimension comprises extrinsic rewards, scheduling, and balance of family and work while coworkers and interaction opportunities signify social rewards. Professional opportunities, praise and recognition, and work control and responsibility indicate psychological rewards of job satisfaction (Tourangeau et al. 2006). The MMSS was selected to direct this investigation because the instrument described each of the satisfiers clearly. Moreover, it is based on sets of

social, safety and psychological rewards. A well-proven established frame aims to reinforce the justification for the study (Polit & Beckn 2008).

The eight subscales of satisfiers correspond to the essentials which an individual pursues to reach self-actualization. However, unique demographic factors may also play a crucial role in shaping one's feelings of needs fulfillment. These factors may affect the nurses' perception that needs have been satisfied. Conversely; these demographics may impact perception and lead the RN to an experience perceived as dissatisfying (Fig.3). Selected demographics, which may affect this perception, embrace education, tenure, position, unit, shift, age, gender, marital status and number of dependents (Geiger & Davit 1988, Kirsch 1990, McCloskey 1990, Pooyan et al. 1990).

Figure 3 .The Relationship between need's fulfillment, demographics, and job satisfaction.



2.5 Operational definitions (Appendix T)

2.6. Summary

Job satisfaction is an essential element for nurses because satisfied staffs experience greater retention, efficiency, and job quality, leading to reduced costs. The human needs recognized by theorizers provide a convenient frame for measuring job satisfaction of MOH nurses. Consequently, this research was considered crucial to the identification of job satisfaction of MOH nurses in relation to individual demographics. The findings of this investigation may possibly increase awareness among the employers and nursing managers allowing them to exploit on a job satisfaction in UAE.

Chapter III: Literature Review

3.1 Introduction

In this chapter, accessible academic and other literature related to job satisfaction is explored, intending to come out with a deeper understanding of the practical opinions. The purpose of this literature review is to compare, contrast, and disclose any gaps in the literature. The growing literature concerning determinants of job satisfaction will be explored in relation to the professional nursing practice environment.

In nursing, job satisfaction is considered an essential facet because it is the large unit of the profession and has the potential to boost patient care (Adams & Bond, 2000; Yaktin et al, 2003).Locke (1976) described job satisfaction as “a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experience.” That is, the discrepancy between what an employee asset value and what the situation provides. The current global shortage of nurses drives the interest to the importance of understanding the effect and interrelationships of the factors that contribute to nurses’ dissatisfaction and turnover.

3.2 Determinants of nurses’ job satisfaction

Provided that job satisfaction is associated with performance within the work environment (Cho et al. 2003, Cohen et al. 2009), it is not amazing that the issue of job satisfaction has gained much attention. Many studies have attempted to determine the factors affecting job satisfaction, their significance and impacts on employee's productivity (Malik 2011, Burnard et al. 1999). A variety of quantitative and qualitative studies have been conducted to identify the sources of job satisfaction among nurses. Following are the most important findings:

Aiken et al. (2001) indicated that the level of job dissatisfaction among nurses ranked the highest in the United States(USA) (41%), followed by Scotland (38%), England (36%), Canada (33%) and Germany (17%).Furthermore, 33 % of nurses in England and Scotland and more than 20% in the USA intended on quitting their job

within one year. More surprising, yet, 27–54% of nurses below 30 years reported having the same intention. Concerning the work environment, 33% of the Canadian and Scottish nurses contributed in planning their own work schedules paralleled to more than 50% in the other three countries. However, 61% of German nurses were satisfied with self-development opportunities, while 57% in USA and 69% in Canada reported satisfaction with wages.

Likewise, Adamson et al. (1995) found that British nurses were more dissatisfied than Australian nurses. British nurses reported having low professional status, poor relationship with managers and physicians, disagreement between the practices learned and the real work practice, feeling less respected, and unhealthy working environment when compared to Australian. Nevertheless, there was no difference between them concerning perceived level of professional autonomy.

Different measurements of nurses' job satisfaction revealed diverse sources of satisfaction. Lambert (2008) found that the most commonly cited workplace stressor was the workload. Tovey and Adams (1999) came up with the main sources of nurses' dissatisfaction: working interactions mainly with administration, nurses' shortage, professional issues concerning poor standards of care and external work stressors. Aiken et al. (2002) relates high patient-to-nurse ratios to high levels of burnout and reduced satisfaction. Adams and Bond (2000) found a strong relationship between job satisfaction and teamwork, staff organization, professional work setting, and collaboration with Coworkers.

Nolan et al. (1995) found that two elements were principal in nurses' perception of satisfaction and morale, explicitly: the ability to provide high- quality care to patient and good relationship with coworkers. Nolan et al. (1998) added that the 85% of nurses revealed that their working environment was stimulating, 35% claimed less satisfaction in the last year and 69% reported that overall morale had decreased. Moreover, job satisfaction and moral were lowest in the UK group when compared to Hong Kong and Scotland nurses (Nolan et al. 2005).

Similarly, Lundh's (1999) found that over 90% of nurses considered their job motivating and 68% felt respected from their supervisors. However, 55% of nurses perceived organizational leadership as not democratic. Additional 75% reported increased levels of stress over the last year, while satisfaction with earnings and work environment had decreased. Konstantinos and Christina (2008) found that stress and nurses' satisfaction is significantly influenced by the quality of clinical leadership and professional collaboration between nurses and physicians and amongst nurses.

Price (2002) found that 58% of British nurses were generally satisfied with their job. The highest nurses' satisfaction was with co-workers and extrinsic rewards, whereas, the most dissatisfaction was with the amount of control and responsibility given to them and professional prospects. The individual items on MMSS of nurses revealed satisfaction with annual leave (79%), peers (78%) and hours worked (76%), and dissatisfaction with compensation for working weekends(55%) , control over work conditions(55%) and childcare facilities (46%). Using the same scale, Wang (2002, cited in Lu, H et al., 2005) indicated that Chinese nurses were mostly dissatisfied with pay and promotion. From another perspective, Lee's (1998) reported that Hongkongese nurses were mostly satisfied with professional status and extremely dissatisfied with task demands. Tzeng (2002a, b) commented that expectation and realism could be a cause of nurses' dissatisfaction in Taiwan. Key factors such as indirect working environment (a hospital's policies, benefits, leisure activities, housing, parking, and vacation policy), salary and promotion were recognized by nurses as significant but highly dissatisfying (Table 1& 2).

Table 1 Determinants of nurses' job satisfaction

Investigator	Factors
Adamson et al. (1995), Nolan et al. (1995), Tovey & Adams (1999), Adams & Bond (2000), Tzeng (2002a, b) Cho et al. (2003), Cohen et al. (2009).	Working environments.
Adamson et al. (1995), Nolan et al. (1995), Lee (1998), Tovey & Adams (1999), Adams & Bond (2000), Aiken et al. (2001), Price (2002), Tzeng (2002a, b), Wang (2002)	Relationships with: patients, co-workers, and managers.
Nolan et al. (1995, 1998), Lee (1998), Lundh, (1999), Tovey & Adams (1999), Adams & Bond (2000), Price (2002), Tzeng (2002a, b), Wang (2002)	Work itself Workload; scheduling; stimulating job; job routine; job requirements (capabilities, skills etc.).
Adamson et al. (1995), Nolan et al. (1995), Lee (1998), Aiken et al. (2001), Price (2002), Tzeng (2002a, b), Wang (2002)	Remuneration.
Nolan et al. (1995), Lee (1998), Aiken et al. (2001), Price (2002), Tzeng (2002a, b), Wang (2002)	Self-development and promotion**,** **p**rofessional coaching; prospects for advancement; job promotion; individual achievement.
Nolan et al. (1995), Lundh (1999), Aiken et al. (2001), Price (2002), Wang (2002)	Praise and recognition.
Nolan et al. (1995, 1998), Lee (1998), Price (2002), Wang (2002)	Control and responsibility, Autonomy; decision-making.
Nolan et al. (1995, 1998)	Job security.
Lee (1998), Tzeng (2002a, b)	Leadership styles and organizational policies.

Table 2 Summary of comprised studies concerning determinants of nurses' satisfaction

Investigators	Country	Sample and Response Rate(RR)	Instruments	Findings
Adams &Bond (2000)	England	834 nurses; RR= 57%	Ward organizational features scales (Adams et al. 1995)	Major contributors: degree of team cohesion, and perception of staff organization
Adamson et al. (1995)	England & Australia	133 Australian nurses (RR=83%) and 108 British nurses (RR=78%)	Nurses' dissatisfactions Scale Medical autonomy scale Medical authority scale	British nurses were more dissatisfied with professional status, managerial relationship and working conditions than Australian nurses.
Aiken et al., Adamson et al.(2001)	US, Canada, England, Scotland, Germany	43,329 nurses; RR=42–53%	Nurses' working perceptions questionnaire Burnout inventory (Maslach and Jackson 1986)	Job dissatisfaction among USA nurses ranks the highest. Satisfaction with opportunities for development : German nurses Satisfaction with earnings: US and Canadian nurses.
Lee (1998)	Hong Kong	190 nurses; RR=45–83%	index of work satisfaction (Stamps & Piedmonte1986) Personal preference schedule (Edward 1959)	Nurses reported more dissatisfaction. No significant relationship between Job Satisfaction (JS) and autonomy.
Lundh (1999)	Sweden	625 health workers; RR=59%	job satisfaction questionnaire (Nolan et al.1995)	Job stress, leadership style. Dissatisfaction with salary and working settings.
Konstantinos & Christina (2008)	Greece	Meta-analysis		Clinical leadership and professional collaboration.

Nolan et al. (1998)	Sheffield	518 nurses; RR=35%	JS questionnaire (Nolan et al.1995)	35% were dissatisfied. 69% reported decreased morale.
Price (2002)	England	141 nurses; RR=82%	MMSS (1990a,b)	58% were satisfied. High satisfaction with: Coworkers and extrinsic rewards. High dissatisfaction with: Control and responsibility and professional prospects.
Tovey and Adams (1999)	England	265 nurses	Ward organizational features scales (Adams et al.1995)	Key elements of dissatisfaction: working interactions, nurses' shortage, and professional issues.
Tzeng (2002b)	Taiwan	786 nurses; RR = 76%	Nurses' JS and the perceived important questionnaire (Tzeng 2002b)	Significant dissatisfiers: Indirect working climate, pay and promotion.
Wang (2002)	China	191 nurses; RR = 100%	MMSS (1990a,b)	Dissatisfaction with salary and promotion.

3.3 Influence of nurses' satisfaction on absenteeism, burnout, and turnover

Many studies found that satisfied employees are more productive and committed to their jobs, whereas dissatisfied ones experience absenteeism, grievances and turnover (Davies 2008, Robbins et al. 2003, Letvak & Buck 2008, Smith 1996, cited in Al-Aameri 2001, Blegen et al. 1993, Adams & Bond 2000, Aiken et al. 2002, Cohen & Golan 2007, Vahey et al. 2004, Hoque & Islam 2003). Absenteeism is a major problem for healthcare givers because it is costly and correlated with avoidable job stress (Cohen& Golan 2007, Rajbhandary & Basu 2010).The effect of job satisfaction on absenteeism, burnout and nurses' intention to leave and turnover has been identified in a variety of studies, yet; the results are inconsistent. A Job dissatisfaction lead to absenteeism, however, absenteeism is a

conceivable indicator of job dissatisfaction (Hulin & Teven, 2008, Anderson 2004). Keel (1993 as cited in Tzeng 2002) indicated that burnout seems to be caused by stressful working environment, disproportional-high efforts (time, emotional involvement, and empathy) and dissatisfaction with jobs. It has been found that among work attitudes, job satisfaction is considered a strong predictor of absenteeism, while organizational commitment is related to turnover intentions (Cohen & Golan 2007). Davey et al. (2009) indicated that burnout and work stress increased absenteeism. Conversely, Matrunola's (1996) did not find any relationship between job satisfaction and absenteeism.

Job dissatisfaction has frequently been cited as the primary reason for a high nurses' turnover (Almutairi & Moradi 2010, Larabee et al. 2003, Tzeng 2002a, Lambert et al. 2001).A study conducted in the US revealed that 65% of dissatisfied nurses plan to change their job (Shields & Ward 2001), with annual 13.9% average RN turnover rate (KPMG 2008). Kovner et al. (2007) found that 13% of newly licensed RNs had changed employment after one year, while 37% have the intentions to do so. Lee et al. (2003) identified work overload, rotating shifts and conflict in interpersonal relationships as the most common reasons behind nurses' burnout and turnover intentions. However, studies revealed positive correlation between job satisfaction, organizational commitment and turnover intention (Mosadeghrad et al 2008, Laschinger et al. 2001, JOAN 2011).Furthermore, Gail L et al. (2002), posited that organizational climate, educational level, and individual characteristics influence job satisfaction, organizational commitment, and intention to quit work(Table 4).

It has been determined that low remunerations and dissatisfaction as the principal reasons behind turnover (Borda & Norman 1997, Tzeng 2002, Lu, While & Barriball 2005). The dissatisfaction is often associated with heavy workloads, leadership styles, motivation, inadequate training, and disrespect (Lu, While & Barriball 2005). A two year study involving 532 RNs concluded that salary, fairness, schedule flexibility, and work environments as primary drivers for turnover (Russell & Van 2007). Shader et al. (2001) cited that, "the more stable the schedule, the less work stress, the lower anticipated turnover, the higher group cohesion and, the higher

the work satisfaction". Research has also identified the factors that impel nurse turnover: work overload; role ambiguity; low control over working settings; Lacked career prospects; Lacked confidence and teamwork; absence of recognition and respect, and communication mishap with management (Hunt 2009, Strachota et al

2003). Moreover, Larabee et al (2003) anticipated that major driver of turnover was job dissatisfaction, and the main predictor of job satisfaction was empowerment of nurses. Predictors of empowerment were inflexibility, transformational leadership behavior, nurse-physician relationship, and group coherence. Duffield et al. (2004) added the following causes: work itself, structural aspects, professional issues, team support, salary and prestige, employer care, and legal concerns. Yin and Yang's (2002) also found that the strongest factors related to turnover were job satisfaction, autonomy, improvement opportunity, job stress, payment, teamwork, marital status and educational level. Similarly, Wu et al. (2000) reported a positive correlation between job stress and intention to quit among Chinese nurses. Furthermore, Tzeng (2002a) reported that organization (privately owned local hospital), age of the youngest child, level of education , salary, promotion, overall job satisfaction, as an important predictors of turnover intentions. The impact of job satisfaction on nurses' turnover was also investigated by Lu et al. (2002). Results revealed that job satisfaction has positive relationship with professional commitment and negative connection with turnover and profession. Finally, Lu et al. (2002) concluded that 38% of the dissatisfied nurses may change their job, while 30% may quit nursing (Table 3).

Table 3 Summary of findings concerning effects of nurses' satisfaction

Investigators	Research Location	Sample and Response Rate (RR)	Instruments	Findings
Lee et al. (2003)	South Korea	178 nurses; RR= 81%	Burnout inventory (Maslach &Jackson 1981), Emotional empathy scale (Mehrabian1994), Empathy scale (Barrett-Lennard 1978).	High levels of burnout among Korean nurses compared nurses in western countries. Nurses with increased work stress, revealed subordinate cognitive empathy and empowerment, and practiced in night shift were more likely to develop burnout.
Lu et al. (2002)	Taiwan	21,971 nurses; RR = 86.2%	Professional commitment scale.	Positive relationship with professional commitment. Negative link with intention to quit the job (38.4%) and nursing (30.4%) due Job dissatisfaction.
Matrunola (1996)	England	34 nurses, RR =68%	JS scale. Intention to quit scale.	No significant relationship between JS and absenteeism.
Tzeng (2002a)	Tzeng (2002a)	648 nurses; RR=82%	Demographics, motivation, and nine satisfaction subscales	Overall job satisfaction was significant predictor of turnover intentions.
Wu et al. (2000)	China	382 nurses; RR=92.5%	Job stress scale	Positive and significant association between work stress and turnover intention.
Yin and Yang (2002)	Taiwan	Meta- analysis		The strongest predictors of turnover were: JS, autonomy, promotional prospects, work-related stress, salary, teamwork, marital status and educational level.

Table 4 Predictors of Turnover among nurses

Investigator	Predictors
Almutairi & Moradi (2010), Larabee et al. (2003), Tzeng (2002a), Lambert et al. (2001).	Job dissatisfaction
Lee et al. (2003).	Work overload, rotating shifts and conflict in interpersonal relationships.
Mosadeghrad et al (2008), Laschinger et al. (2001), JOAN (2011).	job satisfaction, organizational commitment
Gail L et al. (2002).	Work climate, educational level, and individual characteristics.
Borda & Norman (1997), Tzeng (2002), Lu, While & Barriball (2005).	Low remunerations and job dissatisfaction.
Russell & Van (2007).	Salary, fairness, schedule flexibility, and work environments.
Hunt (2009), Strachota et al (2003).	work overload; role ambiguity; working settings; Lacked career prospects; Lacked confidence and teamwork; Lacked recognition and respect, and communication mishap with management
Duffield et al. (2004).	Work itself, structural aspects, professional issues, team support, salary, prestige, employer care, and legal concerns.
AORN Journal (2006).	Top factors: job stress, Staffing, quality of management, scheduling, recognition, involvement in decision making, compensation, staff competency, growth prospects, and ancillary support personnel.

3.4 Factors affecting job satisfaction of nurses

The recognition of the factors impacting nurses' satisfaction has the potential of promoting nurses' satisfaction and the implementation of managerial interventions (Blegen 1993). Blegen (1993) found that job satisfaction was highly correlated with stress and organizational commitment. Seven factors had fewer significant relationships: communication with superior, autonomy, recognition, routinization, peers interaction, equality and amount of control; and four factors had very weak correlations: age, tenure, education and professional status. A secondary data analysis revealed that job variety, co-workers interactions, monetary rewards and age were all positively linked to job satisfaction. Conversely, role conflict and staff

experience had negative effects (Lambert et al. 2001). Work attitudes such as supervisor support, workmates cohesion, task variety, autonomy, organizational policy, promotional prospects, work and family conflict, and distributive justice were also significant in describing job satisfaction of RNs in the US (Kovner et al. 2006).

A causal model of job satisfaction among nurses has been examined by Chu et al. (2003) and Seo et al. (2004). Among the eleven variables included in this model, six factors had a significant impact on job satisfaction: work routines, positive affect, involvement, negative affect, co-worker support and role ambiguity (Chu et al. 2003). On the other hand, Seo et al. (2004) found seven significant factors: positive affect, supervisory support, salary, work routines, negative affect, heavy workload and job opportunity. Payment and supervisor support had positive effect on job satisfaction whereas routinization and workload have negative impact on it.

Luky, Chang, Wuhl (2007) found a significant inverse influence of job satisfaction on work stress. However, Packard and Motowidlo (1987) found an indirect relationship between satisfaction and stress.

According to Meeusinn V. CH et al (2011), job satisfaction and organizational commitment decreases as job-related stress increases. This precipitates turnover. It has been suggested that interpersonal interactions, patients care and organizing work are the contributor to job stress and significant to nurses' dissatisfaction(Utriainen & Kyngas 2009).Several investigations have shown that job satisfaction is influenced by organizational commitment, organizational support, leadership manners, and educational level (Freund 2005, Loke 2001, Yoon &Thye 2002). Wagner and Huber (2003) identified two key elements to nurses' turnover; organizational commitment and job tension. It has been established that organizational commitment is positively correlated with nurses' satisfaction (Luky, Chang & Wuhl 2007, Blegen 1993, Al-Aameri 2000, Sulieman 2001, 2006). Knoop (1995) found that organizational commitment was associated with overall job satisfaction; satisfaction with work, promotion, supervision, co-workers and pay.

Another factor is professional commitment which has an increasing impact on nurses' turnover (Wagner 2007, Mosadeghrad et al. 2008), and direct relationship with nurses' satisfaction (Luky, Chang & Wuhl 2007, Lu et al. 2002, Melo et al. 2011). For example, Fang (2001) demonstrated that job satisfaction was positively correlated with organizational commitment, professional commitment and manager satisfaction and negatively linked to job stress, recognition, and turnover. While, Elangovan (2001) found a strong links between job stress and satisfaction (higher stress leads to lower satisfaction) and between satisfaction and commitment (lower satisfaction leads to lower commitment).

Moreover, role conflict and role ambiguity are regard as sources of job stress (Piko 2006, Hemingway & Smith 1999, Dailey 1990); job tension, poor organizational commitment, job dissatisfaction and intentions to quit nursing (Nayab 2011, Hsien et al. 2009, Rosse & Rosse 1981); poor managerial support, lacked autonomy (Hemingway & smith, 1999); and depression (Tarrant & Sabo 2010).However, Tarrant and Sabo (2010) found a negative relationship between role conflict, role ambiguity and job satisfaction.

Pertaining to self-esteem, nurses usually describe themselves as unhappy, anxious, distressed, depressed, powerless, with fallen morale and dissatisfied (Murray 2002, Randle 2002).These symptoms indicate low self-esteem (Reeve 2000, Mruk 1995). Abraham (1999) hypothesized that self-esteem moderates the relationships between the under equity-job satisfaction and under equity-intention to turnover. Clearly, employees with low self-esteem experience more job dissatisfaction and intention to quit than those with high self-esteem. Research supported Abraham's hypothesis (Alavi & Askaripur 2003, DeVaney & Chen 2003).

Lateral violence (LV) is another essential factor impacting nurses' professional working environment. Studies showed significant negative relationship between LV and job satisfaction, burnout, commitment, intent to leave work and nursing profession (Veltman 2007, Johnson & Rea 2009, Lutgen-Sandvik 2009, Norris 2010, ICN 2007).

Further challenge impacting the healthcare organization is the migration of the qualified nurses. Moulds et al. (2009) found job dissatisfaction as a primary driver for migration. Several studies considered migration as one of the determinants of nursing shortages in developed countries (Aiken 2007, Kingma 2007), resulting in high demand for qualified nurses (Buchan & Sochalski 2004, Vujicic et al. 2004). The migration of nurses is multifactorial and embraces monetary and non-monetary reasons. Various studies reported that nurses migrate either because of push factors exerted by the departed nations or pull factors employed by the receiving countries (Lorenzo et al. 2007, Aiken 2007, Aiken et al. 2002b, Buchan & Sochalski 2004, Larabee et al. 2003, O'Brien et al. 2003,Vahey et al. 2004, ICN 2004). Zurn et al. (2004) indicated that high-income countries are taking the opportunities of ''push'' factors by actively recruiting nurses from low income nations resulting in further shortage in the departed countries. A current study estimated that one out of five Lebanese BSN nurses depart to other countries offering attractive contracts within one or two years of graduation (El Jardali et al. 2008). This turnover of nurses was recognized as a serious threat to the healthcare system impacting the quality of care, work environment, and organizational cost. Consequently, workload will increase causing dissatisfaction of the existing nurses, resulting in reduced morale (Kingma 2007), absenteeism (Dovlo 2007), and decreased patient safety (Xu & Zhang 2005) (Table 5, 6 & 7).

Table 5 Factors correlated with nurses' satisfaction

Investigator	Findings
Packard & Motowidlo (1987), Blegen (1993), Knoop (1995), Adams & Bond (2000), Fang (2001)	Significant correlation (>0.5) with JS: Job stress; organizational commitment; depression; teamwork.
Packard & Motowidlo (1987), Blegen (1993), Knoop (1995), Adams & Bond (2000), Fang (2001), Chu et al. (2003)	Moderate correlation (0.2–0.5) with JS: Affectivity; role ambiguity; professional commitment; job routine; superior/coworker support; staff collaboration; job performance; job involvement; staff antagonism; autonomy; recognition; fairness; locus of control; interaction with manager/peers.
Packard and Motowidlo (1987), Blegen (1993), Fang (2001), Lu et al. (2002), Chu et al. (2003)	Slight correlation (< 0.2) with JS: Role conflict; job involvement; age; experience; educational level; professionalism; anxiety; superior satisfaction.

Table 6 Predictors of nurses' satisfaction

Investigators	Predictors
Wilson et al (2008), Cram (2007) , AACN (2011), Lin et al. (2008), Shader et al. (2001), Buerhaus et al (2009), Ulrich et al. (2009).	• Baby Boomers
Ferreira (2007), Wilson et al (2008).	• Gender
Yaktin et al. (2003).	• Marital status
Wilson et al (2008), Letvak & Buck (2008).	• Decision making
AACN (2011), Al-Rifai (2010).	• Need for healthcare
Zurmehly (2008), Aiken et al. (2008).	• Educational level, autonomy, and critical thinking
Newman .K. et al (2002), Lu, While & Barriball (2005).	• Nurses shortages and poor management
Letvak S. & Buck R. (2008).	• Age, experience as a RN, quality care delivered, job stress, job injury and having a health problem.
Lautizi .M., Laschinger .S., & Ravazzolo (2009), Larabee et al (2003).	• Lacked empowerment.
Utriainen K. & Kyngas H. (2009).	• Interpersonal relationships, patients care and organizing work.
Packard & Motowidlo (1987)	• Depression
Knoop (1995), Luky, Chang & Wuhl (2007), Blegen (1993), Al-Aameri (2000), Sulieman (2001, 2006), Elangovan (2001).	• Organizational commitment.
Luky, Chang & Wuhl (2007), Lu et al. (2002), Melo et al. (2011), Fang (2001).	• Professional commitment
Adams & Bond (2000).	• Teamwork; staff collaboration; perceptions of professional practice; ward managers.
Fang (2001), Freund (2005), Loke (2001), Yoon &Thye (2002).	• Organizational commitment; job

	stress; manager satisfaction
Lorenzo et al. (2007), Aiken (2007), Aiken et al. (2002b), Buchan & Sochalski (2004), Larabee et al. (2003), O'Brien et al. (2003),Vahey et al. (2004), ICN (2004), Zurn et al. (2004), El Jardali et al. (2008), Moulds et al.(2009).	• Migration
Siu (2002).	• Psychological distress; occupational type; work environment.
Lutgen-Sandvik (2009), ICN (2007), Vanderbilt/ Studer Group Study (2009), Veltman (2007), Namie (2009).	• Lateral Violence
Chu et al. (2003)	• Routinization; affectivity; job involvement; coworker support; educational level
Abraham (1999), Alavi & Askaripur (2003), DeVaney & Chen (2003), (Murray 1999), Randle (2002), Reeve (2000), Mruk (1995).	• Self-esteem
Paille P (2011), King K. A. et al. (2009), Meeusinn et al (2011).	• Stressful work
Kingma (2007), Aiken et al. (2002), Lambert (2008).	• Workload
Davies (2008), Robbins et al. (2003) , Letvak & Buck (2008), Smith (1996, cited in Al-Aameri 2001), Blegen et al. (1993), Adams & Bond (2000), Aiken et al. (2002), Cohen & Golan (2007), Vahey et al. (2004), Hoque & Islam (2003), Rajbhandary & Basu (2010), Hulin & Teven, (2008), Anderson (2004), Keel (1993).	• Absenteeism
Keel (1993), Davey et al. (2009), Aiken et al. (2002).	• Burnout

Table 7 Factors related to job satisfaction of nurses

Investigators	Research Location	Sample and Response Rate	Instruments	Findings
Blegen (1993)	Meta-analysis			JS was most strongly related to stress and organizational commitment.
Chu et al. (2003)	Taiwan	308 nurses; RR=75%	Items from: Price and Mueller (1986b), Watson et al. (1987), Cyphert (1990); Kim et al. (1996) and Price (2001).	Six factors had substantial effect on JS: routinization, positive affectivity, involvement, negative affectivity, coworkers and role ambiguity.
Dailey (1990)	USA	116 nurses; RR=38.7%	Tension discharge rate scale (Rose et al. 1978), Role conflict and ambiguity scale, Symptoms of stress index (Rizzo et al. 1970).	Work-related stress: strong predictors of Turnover intentions.
Fang (2001)	Singapore	180 nurses; RR=90%	Organizational commitment scale (Mowday et al. 1979) Professional commitment scale (Fang 2001).	JS was positively linked to organizational and professional commitment, and superior satisfaction, and negatively linked to job stress, turnover.
Knoop (1995)	Canada	171 nurse; RR=70%	Turnover scale (Mowday et al. 1979), Organizational commitment questionnaire (Kanungo 1982) Graphic job involvement (Iris & Barrett's 1972) JS scale.	Organizational commitment was generally associated with job satisfaction.

Tarrant & Sabo (2010)	USA	380 Participants.	Demographic data and three established instruments.	Insignificant relation among JS, role conflict, and role ambiguity.
Piko (2006)	Hungary	450 healthcare staff, RR=44.6%.	Self-developed questionnaire,	Burnout was strongly related to job dissatisfaction. Positive correlation between role conflict and job stress.
Packard and Motowidlo (1987)	USA	206 nurses; RR=56%	Job satisfaction scale (Price &Mueller1981), Others from Motowidlo et al. (1986)	JS associated with depression, aggression, subjective stress and degree of stressful incidents.
Seo et al. (2004)	South Korea	353 nurses; RR=65.4%	Items from: Kahn et al. 1964), Rizzo et al. (1970), House (1981), Breaugh (1985), Watson and Tellegen (1985), etc.	Significant relationship between JS and workload, managerial support, routinization, and pay, positive and negative affectivity and job opportunity.
Meeusen et al. (2011)	Netherlands	923 nurses; RR=46.6%	Different Scales	Job stress was negatively linked to job satisfaction and organizational commitment with implication on turnover.
Utriainen, & Kyngas (2009)	Finland	Meta-analysis		Work-related stress had significant impact on nurses' satisfaction
Lautizi, Laschinger &Ravazzolo (2009)	Italy	77 nurses; RR=64%.	Self-administered survey	lack of empowerment; contributed to work stress and job dissatisfaction
King et al. (2009)	Ohio state	435 nurses RR=47%	65-item survey	Highest job stressors: workload, paperwork and work interruptions.
Letvak & Buck (2008)	USA	323 RNS	Health professions stress inventory and Work productivity and activity impairment questionnaires.	Due to job stress, one in five nurses plan to quit nursing within the next 5 years.

Newman et al (2002)	London	over 130 nurses and midwives	Interview	Patients, job characteristics and teamwork: Impacted nurses' satisfaction. Main sources of dissatisfaction: staff shortages and poor management.
Wilson et al (2008)	Canada	6541 nurses	Ontario Nurse Survey	Job satisfaction varies according to: Baby Boomers, gender. Job satisfaction: main predictor of nurse retention. Decision making, organizational support contributed to overall satisfaction.
Beecroft, Dorey & Wenten (2007)	Los Angeles	889 new nurse graduates	Multiple instruments	Satisfaction with jobs and pay was the odds of turnover intent among young nurses.
Paille(2011)	Québec	138 subjects	Perceived stressful work was measured with the three-item scale	Work stress: increased turnover thoughts.

3.5 Demographic changes and job satisfaction

Nurses in UAE are of varying demographics .Demographics change has been reported to worsen nursing shortage and consequently nurses' satisfaction. Future demographic changes are enlarging the gap between the numbers of people requiring healthcare and existing care providers. A difference between the past and existing nurse demographics has been observed in healthcare centers; these changes have been significantly attributed to scarcity of nurses in the USA as well as in Europe and Japan (Cram 2007). The expected retirement of 55% of USA nurses within the upcoming nine years (Cram 2007), Baby Boomers age and the growing need for healthcare (AACN 2011), economic expansion, rapid population growth and the aging of nurses in California (Lin et al. 2008), Baby Boomers, Generation X, Generation Y (Wilson et al 2010), aging population, escalation of chronic diseases, and rapid expansion and modernization in UAE (Al-Rifai 2010), professional rewards,

remunerations, hours worked, and work environment (BHPR 2000), age and tenure(Shader et al. 2001) could have a negative impact on the current shortage and job satisfaction. Rapidly aging RNs is one main reason for the shortage of nurses (Buerhaus et al 2009). Beecroft, Dorey & Wenten (2007) established that younger nurses were more likely to leave their job because they lack stationary goals compared to older nurses who quit when their goals are not on the track. Therefore, work setting concurrently with issues in individual demographics has an influence on nurses' satisfaction. This finding was supported by Ulrich et al. (2009). Individual factors such as: level of education, autonomy, and critical thinking abilities of nurses have an influence on job satisfaction (Zurmehly 2008). Chan and Morrisoon (2000) indicated that RNs with higher education level will more likely to leave their job compared to RNs that have diploma. Similarly, Berg (1991) found that educated staffs leave more often than non-educate ones. Additionally, selected demographics have an influence on organizational commitment. Certain attributes of nurses along with work environment could have an impact on nurses' decision to stay in nursing profession (Letvak & Buck 2008). In support with, Ferreira (2007) found that females were highly committed to healthcare organization than males. This finding could positively impact nursing, as female nurses are the dominant gender, approximately 95% (BHPR 2005, ICN 2004).

The current variations in nurse demographics have effect on motivation and may lead to nurses' dissatisfaction. Collins and Collins (2007) cited that demographic changes among nurses impose setting effective strategies for healthcare organization. In the year 2008, the AACN identified nurses' demographics as one of the helpful strategies to tackle nurses' shortage.

Special attributes of nurse demographics impart data for attaining relationships to job satisfaction. Miller (2008) did not find any significant correlations with some demographic variables such as age, ethnicity, tenure, or position in healthcare organization. In contrast, various cultures in nursing revealed differences in job satisfaction. For example, Lebanese single nurses were less satisfied than married ones, and nurses under the age of 30 reported dissatisfaction with reduced

opportunities for professional growth (Yaktin et al. 2003). Aiken et al. (2008) found that every 10% increase in the ratio of BSN nurses was associated with a 4% decrease in death rate. Further, Chinese migrants to U.S.A. were highly satisfied with the work setting (Xu et al. 2008) (Table 6).

3.6 Nursing Shortage and Patient Outcomes

Nursing shortages have been related to a variety of negative patient outcomes. These include: increased mortality rates (Needleman et al. 2011, Blegen et al. 2011, ICN 2004); postoperative complications (Kovner & Gergen, 1998); increased accident rates and patient injuries (ICN 2004, James et al. 1990), increased infection rates (Blegen et al. 2011, ICN 2004, Kovner & Gergen 1998), medication errors, longer hospital stays of patient (ICN 2004).Current studies showed the followings: increased rates of pneumonia, upper gastrointestinal bleeding, shock/cardiac arrest, urinary tract infections, and failure to intervene in emergency situation, lung collapse, bed sore, Deep vein thrombosis post-surgery, longer hospital stays, and 30-day mortality (Stanton & Rutherford 2004), increased infant and maternal mortality (WHO 2006) and increased medication errors (IOM 2006). Additional patient assigned to a nurse resulted in a: 7% increase in 30-day patient mortality , 7% increase in failure-to rescue rates, job dissatisfaction increase by 15% and the nurse burnout increase by 23 %(Aiken et al 2002).

3.7 Conclusion

To sum up, the importance of nurse recruitment is considered critical element in shaping the quality of care in healthcare organizations and the nature of patient outcomes. The concept of nurses' job satisfaction is essential as decreased satisfaction may lead to shortage of nurses and ineffective patient care. Although, the investigators reported different level of satisfaction among nurses through various studies, the literature shows that the sources of job satisfaction are quietly alike, e.g., working environment, coworkers, salary, promotion, job security, responsibility, recognition and hours worked, job stress, role conflict and ambiguity, organizational and professional commitment, self-esteem, lateral violence, migration and selected nurses' demographics attributes. Many studies recognize job satisfaction as a major predictor of absenteeism, burnout, and turnover. Nonetheless, some inconsistent

results have been found among them. The developing countries face challenges, and the UAE is one of them. These challenges are the increase in demands for care and the decrease in supply of nurses. The present local and international shortage of nurses emphasizes the importance of understanding the effect and interrelationships of the known variables if healthcare organizations are to take actions to improve nurses' retention.

Chapter IV: Methodology

4.1 Nurse survey sample inclusion and Exclusion criteria

Criterion for inclusion in the study is to be a licensed RN from MOH regardless of qualifications and nationalities, both genders, working in the same area for at least six months, full- time employment, providing direct patient care, and able to read, write, and understand English in a competent way. The following workers were excluded from the study: Assistant/Practical nurses, newly employed nurses or nurses on probation period.

4.2 Sample

All RNs working in selected MOH hospitals from each Emirate: Al-Baraha (DUBAI), Al-Qassimi (Sharjah), Sheikh Khalifa (Ajman), Saqer (RAS Al-kahiemeh), UM Al-Quwain and Al Fujairah hospitals, were voluntarily asked to participate in this study. A total of 900 questionnaires were distributed to the above mentioned hospitals based on the number of nurses provided by the directors of nursing department. A total of 726 participants returned their questionnaires. Nursing population was employed instead of a sample for quite a few reasons: a) this is the first study to examine job satisfaction in relation to demographics among the MOH RNs; b) the study is to serve as a reference for future research; and c) population decreases the effects of sampling bias and errors d) study can be generalized to the MOH hospital.

4.3 Setting

This study took place in UAE-MOH general hospitals. The nursing population was diverse, including nurses from different nationalities and cultures. The average capacities of these facilities were around 100 beds in each with a total of more than 200 licensed RN serving each hospital. Data was collected from nurses in different nursing wards: Intensive Care Unit (ICU), Coronary Care Unit (CCU), Medical-Surgical(MS) floors, Pediatric ward(PED), Obstetrics and gynecology wards(OBS/GYN), neonatal wards(NEO), Renal Unit(RU), out-patient departments (OPD), operating room (OT) and Emergency room (ER).

4.4 Research Design

The current quantitative research used a descriptive, correlation design. Descriptive analysis has been used to describe the demographic participants and quantify their level of satisfaction. Correlational method was used to examine the correlations of selected demographic variables and needs fulfillment perceptions with job satisfaction. A quantitative, correlational research design is helpful in determining relationships among factors and explaining a phenomenon (Cook & Cook, 2008). The demographics are the independent variables for this study (Appendix H). The job satisfaction data was collected by using the MMSS (1990) which is the dependent variable (Appendix G).To investigate the impact of selected variables on job satisfaction and recognize the most significant predictors that define such an outcome, quantitative method is suitable (Creswell, 2005).

This research design was chosen over others because this method has been used in past nursing research on job satisfaction regionally (Abu.Ajamieh et al. 1996, Yaktin et al. 2003, Al-Enezi et al 2007) and globally by (Letvak & Buck 2008, Schmalenberg & Kramer 2008, Walker 2008, Zongaro & Johatgen 2009, Xu et al. 2008).A quantitative study presents numerical data and is appropriate in analyzing the data provided in the MMSS based on 5-point Likert-type used in this study. The questionnaire employed in the current research provided a measure of job satisfaction for MOH nurses in UAE. A survey was conducted for the present investigation. Surveys are used in correlational designs (Sarin 2009, Cook & Cook 2008).

The purpose of the current study is to determine the level of job satisfaction, examine and gather evidence on correlations with nurse demographics, that may or may not have existed and a correlational approach proved effective. In correlational study, the intensity of relationships between one or more variables for a particular sample is determined (Creswell, 2005). This enabled us to determine correlations without manipulating the dependent or independent variables. The extent of relation that exists between MMSS and demographic variables was utilized to predict one variable from the other, often described as predictive correlational studies (Creswell 2005).

4.5 Research tools

Respondents were requested to complete two self-administered instruments: the MMSS and the demographic. These questionnaires were piloted among 15 nurses not included in the study to determine their quality, clarity, and validity of the tools.

4.5.1 MMSS instrument

The MMSS is a multidimensional tool designed to measure job satisfaction among hospitals nurses encompassing 31 items on eight subscales (Appendix G). Responses are rated on a 5-point Likert-type scale ranging from 'very dissatisfied' (1) to 'very satisfied' (5). A middle point (3) indicates 'neither satisfied nor dissatisfied'. For each subscale, scores were summed and divided by the number of items to obtain a mean. An overall mean for the global scale could be obtained as a general measure of nursing satisfaction. The reported Chronbach alpha of MMSS was 0.89 and the validity ranged from 0.53 to 0.75, with positive correlation with several well-known satisfaction scales (McCloskey/Mueller 1990). The Cronbach alpha of MMSS in this study is 0.96, and the validity ranged from 0.86 to 0.96 (Appendix V).

The MMSS is one instrument commonly used in nursing research (Tourangeau et al, 2006). The attitudes of nurses towards their work and satisfaction in a variety of clinical and geographical settings can be measured by MMSS tool, including critical care unite (Abu.Ajamieh et al. 1996, Downing 2010), mental health (Leung et al. 2007, Brodell 1999, Flannery & Gaasbeek 1998), long-term care (Robertsonet al. 1999), public health (Cumbey & Alexander 1998), home healthcare (Lynch 1994), rehabilitation (Crose 1999), rural settings (Sorensen 2009 , Anderko et al. 1999), ambulatory care (Wilkinson & Hite 2001), new graduate nurses (Altier & Krsek 2006, Roberts et al. 2004, Collins & McDaniel 2000), and general hospitals (Al-Enezi et al 2007).

4.5.2 Demographic Questionnaire

This instrument was developed by the investigator to assess the following: workplace in UAE, educational level, degree besides nursing, tenure, length of working in the present hospital ,financing family, position, work unit, employment

changes, shift, hours worked, traveling distance , gender, age, marital status, number of children, growth and residence area, and Membership in the Emirate Nursing Association. Also, the participants were asked to respond to one question about their overall job satisfaction.

4.6 Data collection/Ethical procedures

Permission from the designer of the MMSS inventory was gained through email (Appendix F). Then, a letter together with the MOH ethical form was sent to the ethical committee of MOH (Appendix I). The intent of the letter was to ask for consent to conduct the study within six MOH hospitals. Approval from the MOH ethical committee was granted after three weeks (Appendix I). . Accordingly, a letter was sent to each nursing director in the targeted hospitals asking for their approval to conduct the study within those settings (Appendix M). Besides, nursing directors were asked to assign a RN to assist in facilitating the study. The research assistant in each hospital received the questionnaires enclosed in envelopes from the researcher. The research assistants distributed them to each RN who met the study criteria. A cover letter accompanied each questionnaire and included; purpose of the study, instructions on completion of the questionnaires, and the contact information of the researcher (Appendix K). Respondents were requested to retain the cover letter for individual reference. Participation in the study is voluntary. The questionnaires were completed in a private place and took about 20-25 minutes. All the nurses receive the same instructions and information. Completion of the questionnaires indicates consent as directed in the letter. Anonymity and confidentiality of responses were guaranteed. Completed questionnaires were returned in sealed envelopes to the researcher. Certainly, no personal information was collected from participants.

4.7 Data Analysis

The Statistical Package for the Social Sciences (SPSS 2011) was utilized to analyze and report the descriptive and inferential statistics. Descriptive statistics were used to report the demographic data and answer research question one; characterizing the job satisfaction for MOH nurses, while inferential statistics helped to address the other two research questions identified in this study; determining the

factors impacting job satisfaction and the correlation between job satisfaction and demographic variables. Statistical methods included: Frequency, correlations, factor analysis, Manova, Anova and independent T-test.

Chapter V: Results

5.1 Introduction

The results are organized and exhibited in four divisions. The first section explains the response rates of the participants, and the quality of the collected data. The second section illustrates a descriptive analysis of the demographics. The third part describes factor analysis of the 31 MMSS.The fourth part demonstrates the relevant findings of each research questions separately. Finally, a summary of the participants' comments pertinent to the questionnaire and the overall job satisfaction issue is presented.

5.2 Response Rates of the Study Participants

A total of 900 questionnaires were sent to six MOH hospitals on May 15, 2011. Each hospital represents one Emirate. Two questionnaires (Demographic plus MMSS) were distributed to the potential respondents. On June 5, subjects who had not sent back the questionnaires were prompted to do so through the research assistants. On June 8, 641 questionnaires were received (71.2 %). An additional 103 (11.4%) questionnaires were obtained by mid of June, bringing the overall response rate to 82.6 % (N=744). Eighteen of whom were negated from the study because subjects did not answer four or more questions or left the demographic questionnaire blank. Additionally, 156 nurses (17.3%) did not respond at all. Consequently, 726 (80.6%) RNs participated in the study; distributed as 147 nurses from Dubai, 122 from Sharjah, 120 from Ajman, 104 from Um-Qwain, 123 from RAK and 110 from Fujairah. The highest respondents rate were in Dubai Emirate (20.2%, n=147) whereas the lowest was in Um-Qwain (14.3%, n=104) (Figure4).

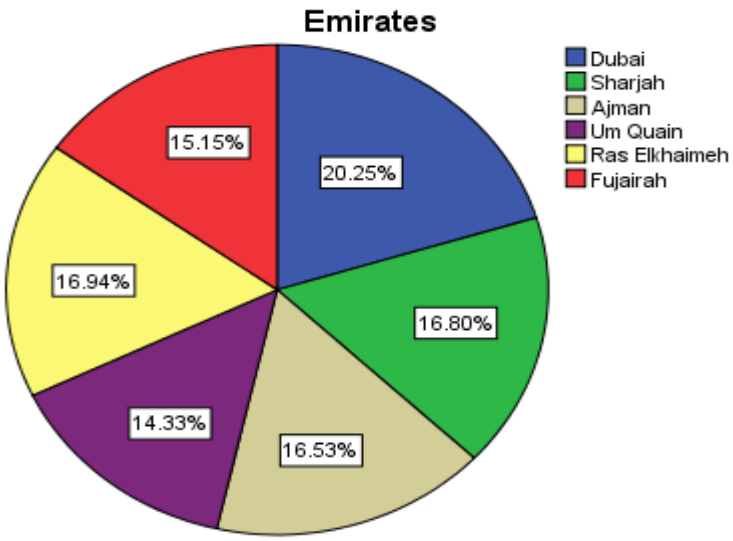


Figure 4: Respondents by Emirates

5.3 Quality of Collected Data

Among the 726 respondents, almost all the questions of both questionnaires were answered. There was evidence of missing data among the demographic questions. However, only one item on every number of the 31 MMSS was missed by subjects except item 31 “your participation in organizational decision making” where 17 respondents did not answerer it. This item is a component of “Control” MMSS subscales (Appendix M). These missing values were treated by the SPSS.

5.4 Demographic Characteristics of the Participants:

The sample frequency distribution, according to demographic and work-related variables, is shown in (Appendix O).All participants were RNs working in MOH hospitals in UAE. The participant’ age ranged from 22 to 57 years. The average age was 37 years. The majority of the respondents (44 %, n=317) are in the age group 30-39 years, while 22% (n=163) are in the age group 20-29 years. Ninety-seven respondents (13%) fall in the age group of 50 years and more, and a further 21 %(n=149) in the range of 40-49 years. Therefore, the majority of MOH nurse were in their thirties (Figure 5).

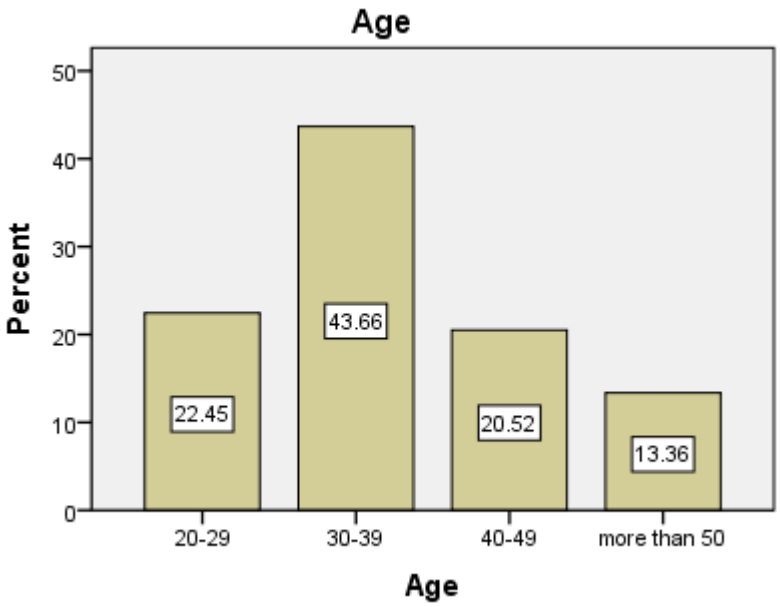


Figure 5: Respondents by Age

Out of 726 participants, 95 %(n=687) of nurses were female and the remaining 5 % (n=39) were the male nurses. Females are the dominant gender in this study.

Out of the total percentage of nurses, the majority of the respondents (83 %, n=600) were married, and 16 %(n=113) were single (Table 8). Married nurses reported having between one and three children living in their home (54%, n=408) (Table 9). The mean number of children reported by participants in this study was (M=2.01, S.D. = 0.69).

	Frequency	Percent	Valid Percent	Cumulative Percent
Single	113	15.6	15.6	15.6
Married	600	82.6	82.6	98.2
Divorced	10	1.4	1.4	99.6
Widowed	3	0.4	0.4	100.0
Total	726	100.0	100.0	

Table 8: Marital status

	Frequency	Percent	Valid Percent	Cumulative Percent
None	160	22.0	22.0	22.0
1-3	408	56.2	56.2	78.2
3-5	148	20.4	20.4	98.6
5-10	10	1.4	1.4	100.0
Total	726	100.0	100.0	

Table 9: No. of children

Regarding Educational preparation, approximately 81% (n=589) of the respondents were diploma holders, compared with 35% (n=129) with a baccalaureate degree and around 1 % (n=8) hold Master degree. Moreover, 95% (n=686) of nurses reported having no degree besides nursing.

The total years of experience working as a RN ranged from less than five years to 20 to 30 years with an average of 14 years. Their years of experience in nursing were quite varied. The longest tenure as RN, 20 years and more, were reported by 25% nurses (n=184), followed by those having 10-15 years (24%, n=174),while the least tenure was noted among the range of 0-5 years(14%, n=102) (Figure 6).The mean length of work experience as RN was (M=3.17,SD=1.38).

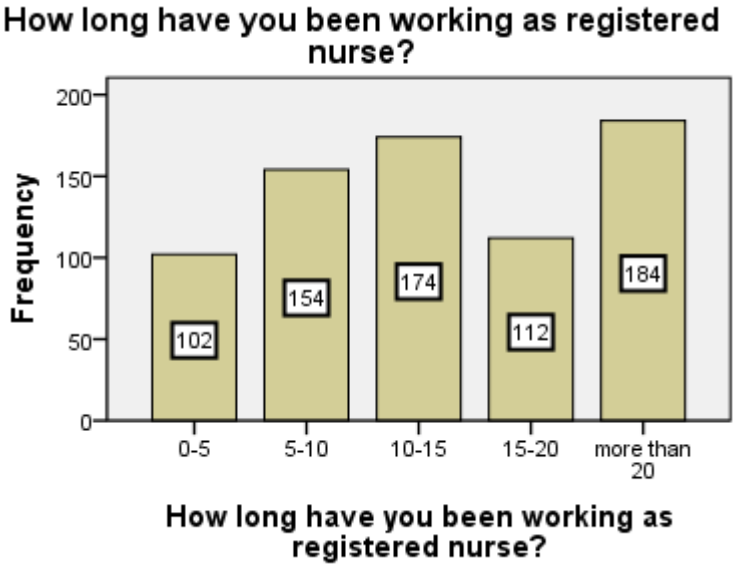


Figure 6: Respondents by Tenure as RN

The number of years at the current hospital ranged from less than five years to a range of 20 to 29 years with an average of nine years. The majority of the participants (38.4%, n=279) reported being in their first five years of employment since graduation, while 26% (n=192) were in the range of 5-9 years. Although nurses who fall in the ranges of 10-14 years and more 20 years were almost equal in number, they were the least among the group (13 %, n=93 and 94 respectively). The mean length of working in the same hospital is (M= 2.32, SD=1.39) (Figure 7).

Figure 7: Respondents by current hospitals tenure

Approximately, 39 % (n=282) of participants haven't changed their working organization since graduation while 28 %(n=206) have changed up to three times and further around 28% (n=202) reported changing their workplace up to five times. Nearly 5 %(n=36) have changed more than five times (Figure 8).This may reflect the extent and intensity of nurses' turnover.

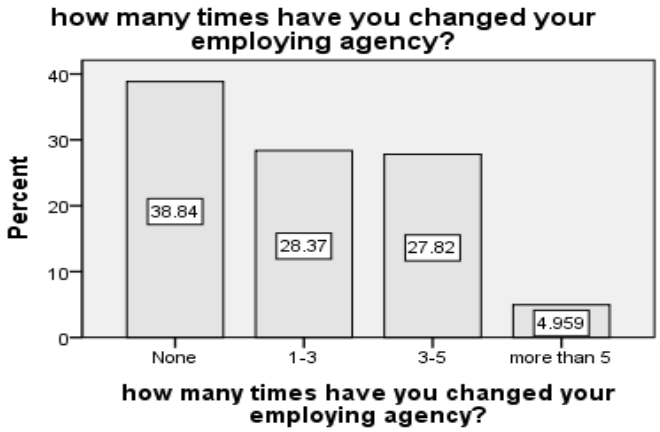


Figure 8: Respondents by Employment history

The nursing positions of the participants were varied. However, most of the subjects (87%, n=630) reported working in staff positions, compared to 10 %(n=75) in head nurses positions. The least often reported position was the supervisor (2.9%, n=2.9).

The majority of the nurses who participated in this study were working in general medical-surgical units (28%, n=203), followed by nurses working in the critical care units ICU/CCU (16 %, n=118), OB/GYB (13%, n=93) and 12% (n=87) in the Emergency unit. Few RNs practice in some specialty units such as Neonatal (10%, n=69), PED (8%, n=55), RU (3%, n=25), with< 1 %(n=3) in OPD (Figure 9).

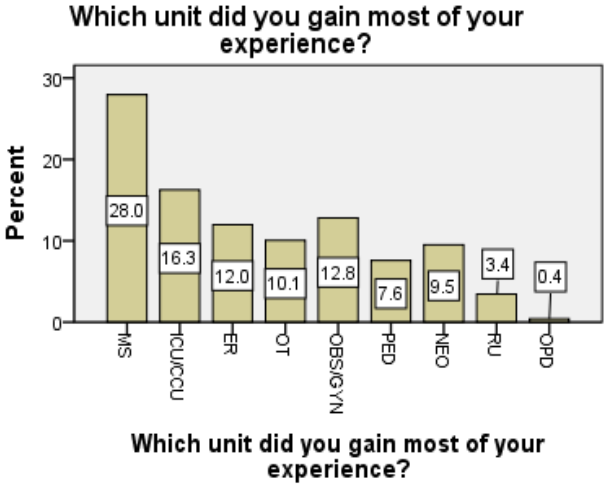


Figure 9: Respondents' working unit tenure

All participants reported working full- time (n=726). However, the hours worked per week varied. The minimum working hours per week was 40 hours (98.2 %, n=713), with a mean 42.5 .Because nursing work in MOH hospitals occurs around the clock, one would expect the majority of RNs to be working rotating shifts. This was the case in this population where a majority of subjects (82.1%, n=596) reported rotating shiftwork.

Subjects were asked if they were financially supported family members other than children and spouse (M=2.2, SD=1.4). 80%% (n=581) answered yes, compared to 20 %(n=145) who reported no. The percentage of salary reported as being shared with extended families ranged widely from 5% to 90% .Only 2.9 % (n=21) support their families with more than 60%, while the majority (14.2% n=103) reported supporting with less than 20% (Table 10).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	325	44.8	44.8	44.8
	No	145	20.0	20.0	64.7
	< 20%	103	14.2	14.2	78.9
	20-40%	88	12.1	12.1	91.0
	40-60%	44	6.1	6.1	97.1
	60 >	21	2.9	2.9	100.0
	Total	726	100.0	100.0	

Table 10: Financing family

More than half of the respondents were raised in cities (55.6%, n=404) while 40.2% (n=392) grow up in villages. Currently, 88.2% (n=640) of RNs reside in cities, while 10.7 % (n=78) reside in villages.

A wide variation existed in the distance traveled to work. The majority of the nurses (55.2%, n-401) live near their workplace. They travel less than 10km to work

daily, while only 5.5 %(n=40) travels more than 40 kms. The mean traveling distance in Km to work was (M=1.79, SD=1.11) (Figure 10).

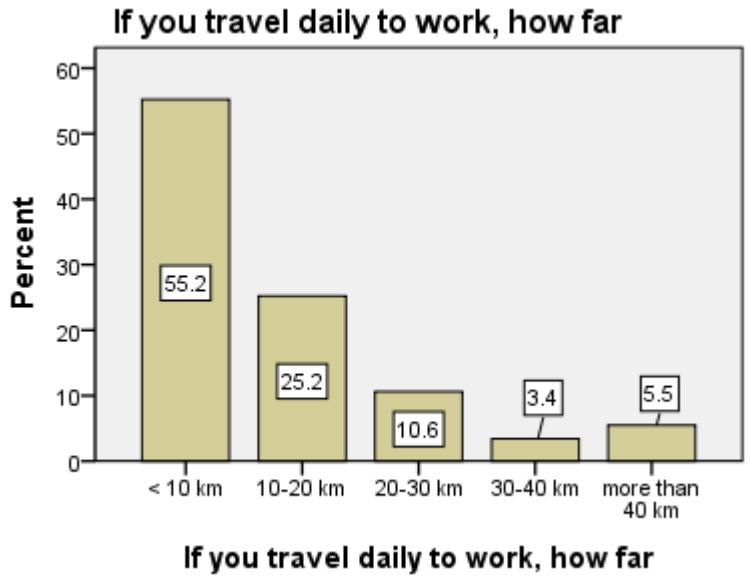


Figure 10: Respondents by daily traveling

Although the Emirates Nurses Association is the sole nursing association in UAE. A total of 82 %(n=595) of the participants are not members in this association.

Overall and global job satisfaction:

This study presents the first known report of job satisfaction in relation to nurses demographics for a large sample of nurses working in MOH hospitals (n=726). The concept of job satisfaction was explored from two standpoints: As a part of the demographic section of the questionnaire, respondents were asked to evaluate their overall job satisfaction (OJS) using a five points, Likert-type scale. The majority of the subjects (43.7 %, n=317) were moderately dissatisfied or very dissatisfied with their jobs, 27.7 %(n=203) reported being "satisfied" or "very satisfied" with their job, whereas 28.4% were neutral (n=206) (Figure 11).Their (OJS) score was 2.83 attained by summing the overall score and dividing by the number of respondents. The composite score of 2.83 is almost equal to 3.0. A second job satisfaction score was derived from a summation of the MMSS 31 items called global job satisfaction (GJS).

Although the percentage of OJS and GJS responses were almost equal in term of neutrality, in the scoring of GJS, none of the participants fell in the very satisfied or moderately satisfied areas .The GJS of MOH nurses scores 3 which indicate that they are neither satisfied nor dissatisfied (Appendix V).This difference between the OJS and GJS gave further indication that MOH nurses are hovering around the dissatisfaction. The findings have obvious implications for Healthcare administrators in UAE. In the remaining narrative, ‘overall” job satisfaction refers to the researcher established item, but ‘global’ job satisfaction indicates the cumulative scores of the MMSS.

Figure 11: Respondents’ overall satisfaction

Finding Relevant to Research Questions:

5.5 Research Question One

What is the level of job satisfaction among nurses working in MOH hospitals?

Descriptive statistics was used to answer this question by computing the overall mean for the global score on the MMSS scale. The global scale can be attained as a general measure of nursing satisfaction. The highest potential score is 155, the lowest is 31, and the average is 93 on the MMSS instrument. Higher score implies higher job satisfaction (Mueller & McCloskey 1990).

A mean job satisfaction score was calculated for the nurses by summing the overall score and dividing by the whole number of items on the MMSS scale. Results are first obtained as the sum of the 31 items to attain a total sum score of global job satisfaction as indicated in Appendix V (M = 93. 1, SD=32.2). The total mean score was useful in achieving a measure of overall level of job satisfaction of nurses working in MOH hospitals, and a higher score indicated a higher level of job satisfaction (Mueller & McCloskey 1990).

Individual job satisfaction subscale scores were then demonstrated with Likert mean values. Mueller and McCloskey (1990) have not identified a clear-cut point in the scores that predict the level of job satisfaction. Each item on the MMSS scale is rated on five-point Likert-type scale. A score of 5.0 indicates high satisfaction whereas a score of 1.0 indicates high dissatisfaction (Likert et al. 1993). The Likert overall mean score of the global scale for MOH nurses was (M=3.0, SD=1.13), attained by calculating the average of the individual mean Likert scores for each item (Appendix U). If a score of 3.0 on the Likert-type scale is taken as the neutral point as specified by previous investigations (Leung et al. 2007, Downing 2010, Abu. Ajamieh et al 1996), then the composite score of 3.0 of MOH nurses indicates that they have a neutral level of job satisfaction.

In particular, for the distinct 31 items on the MMSS tool (Appendix U) the scores ranged from a highest on hours that you work (M = 3.98) to the lowest on benefits package (M =1.5). MOH nurses were satisfied with 18 items; 11 (M<3.5) of

them leaning toward the neutral level, neutral with 1 item and dissatisfied with 12 items. The 12 items on the MMSS that reflects job dissatisfaction with a score below 3.0 on the Likert-type scale, includes: recognition for your work from superiors (M =2.94) , amount of encouragement and positive feedback (M = 2.92), opportunities to interact with faculty of the College of Nursing(M =2.86), opportunities for career advancement (M =2.76), opportunities to participate in nursing research(M=2.62), opportunities to write and publish(M=2.59), vacation (M=2.33), salary(M=2.31), compensation for working weekends(M=2.22), opportunity for part-time work(M=2.16), child care facilities(M=1.83), and benefits package (M=1.5). None of the 31 items of the MMSS or the subscales of job satisfaction had a mean score of a 4.0 or more on the Likert-type scale.

The three highest job satisfaction ratings were: item 4 “hours that you work” (M=3.98), followed by item 14” your nursing peers" (M=3.91) and item 16 " the delivery of care method used on your unit'(M=3.61). Conversely, the lowest three items satisfaction scores were: item 3 “benefits package” (M=1.5), followed by item 12 ‘child care facilities’ (M=1.83), and item 7 “opportunity for part-time work” (M=2.16).

Likewise, five out of the eight MMSS subscales reveal a Likert score above 3.0 (Appendix V). This indicates that MOH nurses were satisfied with these subscales. The highest level of job satisfaction was on the subscale of coworkers (M =3.70), followed by interaction opportunities (M = 3.27), praise and recognition (M = 3.32), scheduling (M = 3.19), and eventually control and responsibility (M =3.18). These results further indicate that MOH nurses are neither satisfied nor dissatisfied with their jobs. All the satisfied subscales are leaning toward neutrality except subscale two (Coworkers).However, MOH nurses were dissatisfied with the extrinsic rewards subscale (M=2.04), balance of family and work subscale (M=2.42), and professional opportunities subscale (M=2.7).

5.6 Research Question Two

Which job satisfaction factors are considered to be most important to the MOH RNs?

The dependent variables for this study were the eight MMSS subscales which represent 31 items of MMSS (Appendix G). To understand the factors that were considered satisfiers to the MOH RNs and to derive common factors (i.e., constructs) that reflect nurses 'satisfaction, principal components factor analysis (PCA) was implemented on the 31 items of the MMSS tool to explore dimensionality. Factor analysis is a method of data reduction, where large numbers of variables are reduced into a smaller set of meaningful factors correlated with each other. Prior to performing PCA, the suitability of data for factor analysis was assessed. The results revealed the presence of many coefficients of 0.3 and above, Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was 0.985, and a Barlett's test of Sphericity (P <.001).This indicate that the sampling adequacy and the matrix were suitable to perform the procedure.

To assist in the decision concerning the number of factors to retain, six criteria were used to validate the final inclusion of items loading on a factor: 1) an eigenvalue of one or more for each factor. The eigenvalue of a factor represents the amount of the total variance explained by that factor. 2) Parallel analysis (PA) using Monte Carlo PCA. PA involves comparing the size of the eigenvalues with those obtained from a randomly generated data set of the same size (31 variables × 726 respondents). 3) An item-to-factor loading of 0.4; the choice of a minimum factor loading is usually set between 0.40 and 0.60 (Tourangeau et .al 2006).4) A minimum of three items loading on a factor; a factor with fewer than three items is considered weak and unstable (Tabachnick and Fidell 2007). 5) Item that is conceptually unacceptable to a factor should also be eliminated (Streiner & Norman 2003; Tourangeau & McGilton 2004). 6) Catell's scree plot test. Catell recommends retaining all factors above the elbow, or break in the plot, as these factors contribute the most to the explanation of the variance in the data set (Catell 1966, Cited in Pallant 2011).

PA revealed the presence of two components with eigenvalues exceeding one, explaining 77.5%, and 4.5% of the variance respectively. Variance is a measure of how cases are distributed within a range, of how much responses differ. An inspection

of the scree plot revealed a quite break between the third and fourth components. However, components one and two explain or capture much more of the variance than the remaining components. Accordingly, it was initially decided to retain the first two components. This was further supported by the results of PA (Appendix P), which suggested the retention of two components.

To aid in the interpretation of these two components, direct Oblimin rotation was performed. This is an oblique rotational technique which allows components to be correlated with one another. The choice of oblique rotation in favor of orthogonal rotation is because of the fact that the factor scores in oblique rotation correlate rather highly, as the component score covariance matrix makes clear. The rotated solution revealed the presence of simple structure, where the majority of items loaded strongly on only one component. There was twenty-five items loading on component one, while six items loaded on component two. The reliability of these two components was poor (α=0.54).

Tabachnick and Fidell (2007) recommend that researchers adopt an exploratory approach, experimenting with different numbers of factors until a satisfactory solution is found. Accordingly, a series of Scree plot test of the principal components was conducted to reexamine eigenvalues and proportion of variance explained by each factor (Appendix Q), indicates three or four factors to be extracted. The three-factor model was rejected because two factors had fewer than three items using Varimax rotation and yielded two components with poor reliability when rotated with direct Oblimin. After examining the alpha value and the items grouped in each component, a 4-factor solution was selected, accounting for 85.2% of the total variance. The newly derived subscales are valid as they address the theoretical construct of the study and reliable as Cronbach's alpha=0.80. Item number 11 "Maternity leave" loaded on Factor four called "Professional needs" was neglected because it was not conceptually related to it. In view of the previously described criteria, all of the 31 items resulted into four correlated factors. This contradicts the eight factors forwarded by Mueller and McCloskey (1990). The four factors created from the data existed in sequence of the variance accounted for and were categorized as follows: Approval needs (17 items); Maintenance Needs (6 items); Professional

needs (4 items, 1 item excluded); and Scheduling policy (3 items). These factors correspond to 31 items of MMSS. The scores of four derived factor were computed and kept for additional use in data analysis (Table 11, Appendix R).

Finally, Multivariate Analysis Of Variance (MANOVA) was employed to explore the significant differences at the 0.05 level among specific demographics in relation to the four derived constructs, individually. The one-way MANOVA allowed the researcher to examine all four dependent variables concurrently against each independent demographic variable. Wilk's Lambda was used as the criterion for defining the level of statistical significance. Tabachnick and Fidell (2007) recommend Wilks' Lambda for general use, unless the sample size is small.

The "Maintenance Needs" are the most significant factor in determining job satisfaction, followed by "Scheduling needs ", "Approval needs ",and "Professional needs respectively (Appendix W). The mean scores for the Maintenance needs show significance correlation with eleven demographic variables: Emirates, RNs tenure, experience in the present hospital, current position, Work Unit, Shift, Gender, financing family, employment changes, place of growth, traveling distance, and when asked to rate their overall satisfaction level.

The Scheduling needs are the second determinant of satisfaction level and reveal significance with nine demographics: Emirates, RNs tenure, experience in the present hospital, work Unit, shift, financing family, employment changes, place of growth, traveling distance, and when requested to rank their overall satisfaction level.

The Approval needs are the third contributing factor to influence job satisfaction. Findings indicate significance with eight demographics: Emirates, RNs tenure, experience in the present hospital, work Unit, financing family, employment changes, place of growth, traveling distance, and when invited to identify their overall level of satisfaction.

The Professional needs are the last determining elements of job satisfaction. Results point to significance with seven demographics: Emirates, RNs tenure,

experience in the present hospital, work Unit, financing family, place of growth, traveling distance, and with their overall level of satisfaction.

The results show that no statistical difference on “Manova” is established between the four derived factors and the following demographic variables: educational level, degree besides nursing, average working hours, age, marital status, place of residence, number of children, and membership in the Emirate Nursing Association. Moreover, there is no statistical significance between Approval needs and current nursing position, shift, and gender. Moreover, professional needs are not significant with current nursing position, shift, gender and employment changes. Scheduling needs are also not statistically different with the present nursing position, and gender. Therefore, no additional analysis of the insignificant findings of these variables will be done in the current study.

Table 11: Factors and Item loading derived from the 31 Items MMSS

Maslow	McCloskey	Muller & McCloskey	Present study	M	S.D	Max	Min.	α
Self-actualization	Psychological	Professional opportunities	Professional need	**2.70**	1.16	5	1	0.95
Self-Esteem and Belongingness	Social	praise and recognition, work control and responsibility, coworkers and interaction opportunities	Approval needs	3.36	1.08	5	1	0.98
Safety Psychological needs	Safety	extrinsic rewards, balance of family and work, and One item from scheduling	Maintenance needs	**2.05**	1.14	4.8	1	0.95
Safety Psychological needs	Safety	scheduling	Scheduling needs	3.18	1.27	5	1	0.95
Total				2.87	4.65	148.8	30	0.95

5.7 Research Question Three

What are the relationships among selected demographic variables (Emirates, RNs tenure, experience in the present hospital, current position, work Unit, shift, gender, financing family, employment changes, place of growth, traveling distance) and global job satisfaction among MOH nurses?

Manova was used to determine the statistical significance on the four derived factors (Maintenance Needs, Scheduling needs, Approval needs, and Professional needs), while one-way Anova was implemented to examine where the differences existed. In Anova, each factor was examined in relation to the demographic factors. For ANOVAs that were significant, a post-hoc test (Tukey) was done to examine the multi- categorical demographic variables. An independent t-test was performed to test the two-categorical demographics. The ANOVA and T-test results are presented in the appendices.

Results indicated significant relation between the overall level of satisfaction among the participants and the four satisfaction subscales (Appendix XVIII).Um Quwain Emirate was significantly different from other Emirates except Ajman. Um Quwain is the most satisfied Emirate with Approval needs, while Dubai was the least satisfied, (F= 3.1, *P*= 0.09). On the other hand, Fujairah Emirate was more satisfied with the Maintenance needs (F=5.5, *P*= 0.00), followed by Um Quwain, while Dubai was the least satisfied. The other Emirates were not significantly different. Similarly, UMQ was significantly different from all other Emirates on satisfaction with Professional needs except Ajman. UMQ nurses were more satisfied with Professional needs, followed by Ajman, while Dubai nurses were the least, (F=7.3, *P*= 0.00). Regarding satisfaction with scheduling, none of the Emirates show any significance, (F=1.4, *P*= 0. 19) (Appendix X).

Nursing experience as RN reveals significant findings on the Approval (F=11.5, *P*= 0.00), Professional (F=7.3, *P*= 0.00), and Scheduling needs (F=9.07, *P*= 0.00). Nurses whose tenure is between 10-20 years were more satisfied than nurses with experience of more than 20 years and less than 5 years. No significance has been observed regarding Maintenance needs (Appendix XI). Nurses who worked in the

same hospital for more than 20 years were the most satisfied with Maintenance (F=7.2, *P*= 0.00), and Professional needs (F=3.5, *P*= 0.07). Those who stayed for 15-20 years were the least satisfied. Professional and Scheduling needs indicate no significance with the length of stay in the same workplace (Appendix XII). Furthermore, nurses who changed their workplace five times or more were less satisfied, with Approval (F=13.03, P= 0.00), Professional (F=6.6, P= 0.00) and Scheduling needs (F=12.9, P= 0.00), followed by those who did not change at all. No significant relation was observed between the change of workplace and Maintenance needs (Appendix XV).

Additionally, nurses who work in the outpatient and obstetrics departments were less satisfied respectively with Approval (F=6.01, *P*= 0.00), Maintenance (F=9.1, *P*= 0.00) and Professional needs (F=4.07, *P*= 0.00) when compared to other departments. RNs in the neonatal wards were the most satisfied. No significant difference was found between scheduling and the nursing departments (Appendix XIII). A statistical significance was found only in scores between nurses working rotating shift (M = 9.2, SD = 3.7) and nurses working straight shift (M =11.0, SD = 2.9; t (723) = 1.0, p = .000, two-tailed) with Scheduling needs. The strength of the relation is small (eta squared = -0.050 explaining 5% of the variance) according to Cohen's d (Cohen 1988). Nurses who reported working straight shifts were more satisfied than those working rotating shifts (Appendix XIX).

Gender was statistically significant only with Maintenance needs. There is a significant difference in scores for males (M = 15.2, SD = 6.5) and females (M = 12.1, SD = 6.1; t (723) = 1.5, p = 0.003, two-tailed). Male nurses were more satisfied than their females' colleagues. The magnitude of the differences in the means (mean difference = 3.03, 95% CI: 1.03 to 5.0) was small (eta squared = 0.012 explaining 1.2% of the variance) (Appendix XX). Nurses who financially supported their family members other than children and a spouse were less satisfied than those who do not. Those who pay more than 60% of their salaries were the least satisfied, while those who do not pay or pay fewer than 20% were more satisfied (Appendix XIV).

Finally, RNs who grew-up in villages and cities were more satisfied with Approval (F=14.7, *P*=.000), Maintenance (F=16.6, *P*=.000), Professional (F=19.5, *P*=.000), and Scheduling needs (F=14.7, *P*=.000), than RNs who grew-up in camps (Appendix XVI).Moreover, nurses who travel daily to their work for a distance of less than 20 km were more satisfied than those who travel longer (A.F=25.3,*P*=000) (Appendix XVII).

5.8 Participants' Comments

Respondents were given the opportunity to freely write their comments and opinions by providing them a space in the demographic questionnaire about the survey and/or job satisfaction. Approximately three-quarter (n=540) of the participants did so. Comments that represent the symbol «*» do reflect particular views of the MOH RNs. However, those that are not represented by «*» indicate the opinion of the majority of the nurses who commented. While some nurses expressed their gratitude for giving them the opportunity to contribute, some wrote critical, individual or general comments. Some of the positive comments expressed interest in solving nursing problems through conducting research«*». Negative comments concerned; although the majority of them were part of the MMSS items; MOH nurses reemphasized them and expressed: dissatisfaction with continuing education and professional development programs, extrinsic elements (salaries, ticket allowance, housing and schooling allowance, visa allowance ,medical insurance, risk allowance, shift allowance, overtime, critical care unit allowances, and compensation), Annual leave, Child care facilities, promotion, divergence from job description«*»,Team work«*», support for new staff«*», equal career opportunities, job security«*», peers' relations «*», physician attitudes «*», working settings, nursing shortage and increased workload, nursing association ; lack of respect and appreciation«*»; complaints about nursing and administrative support and standards of care. Discrimination based on nationality was raised by some participants. They asked for equal treatment based on qualifications. Dissatisfaction with the extrinsic factors was very prominent in nurses' comments. Finally, some nurses wrote personal messages to the investigator and expressed their support for the study as a new approach to identify and solve nursing problems in UAE. They hope that this research may convey their concerns to the stakeholders in UAE.

5.9 Summary

Nurses working in the MOH hospitals participated in two surveys of job satisfaction: the MMSS and the investigator developed demographic survey and an overall perception of job satisfaction. A five-point Likert-type scale for 31 MMSS items reveal that the RNs working in UAE healthcare facilities were moderately satisfied with 18 items leaning toward the neutrality with 11 of them, neutral with 1 item and dissatisfied with 12 items. They are mostly satisfied with hours worked, nursing peers, care delivered in nursing units. Conversely, RNs were least satisfied with benefits package, child care facilities, and opportunity for part-time work. Factor analysis was used to derive common factors that reflect MOH RNs satisfaction. The four factors derived from the eight MMSS subscales were: Approval needs; Maintenance Needs; Personal achievement; and Scheduling policy. The MOH nurses' job satisfaction was correlated with demographic factors. The demographic variables of Emirates, RNs tenure, experience in the present hospital, current position, Work Unit, Shift, Gender, Financing family, Employment changes, Place of growth, traveling distance, had a significant impact on job satisfaction. Finally, the global job satisfaction of MOH nurses indicates that they are neutral.

Chapter Six: Discussion

6.1 Correlation between MMSS subscales and demographic profiles

The relationship between MMSS subscales and demographic variables was investigated using Spearman Rank-Order Correlation to describe the strength and direction of the linear relationship among these variables. Data revealed that four variables correlated negatively with the level of satisfaction: Gender, number of children, financing family, and the daily traveling, while nine correlated positively: Emirates, Educational level, nursing position, shift, marital status, place of growth and residence, ENA membership, and the OJS. There was no correlation in the remaining seven variables: Degree besides nursing, Length of experience in the current hospital, tenure as a RN, working unit, Hours worked per week, Age, and changing place of employment (Table 12). Cohen' criteria (1988) were used to determine the strength of relationships; a correlation of 0.5 is considered large, 0.3 is moderate, 0.1 is small, and whatever thing below 0.1 is negligible. The strength of correlations was insubstantial with these variables: educational level, nursing position, shift, gender, marital status, number of children, financing family, and place of growth. Small correlation was found among the following: Emirates, residence area, daily traveling, and ENA membership. However, the OJS correlated moderately and positively with all the subscales. These results confirmed the relationship between job satisfaction and the demographic factors among MOH nurses.

The sign out the front designates either a positive correlation (as one variable increases, the other increases) or a negative correlation (as one variable increases, the other decreases). For example, the increase in payment to extended family will decrease the level of satisfaction with extrinsic supply. However, maintaining a flexible scheduling will help the nurses to advance their educational level. Among the group, the traveling distance variable correlated negatively with the eight subscales. This indicates that this factor has the most negative impact on the level of satisfaction despite the small correlation. In contrast, the OJS revealed moderate correlation with the eight MMSS confirming the correlation with the GJS. Finally, Spearman rho analysis showed small associations between demographic variables with the eight

MMSS. When the four constructed factors correlated with the demographics; results were almost consistent suggesting that the four factors can represent the eight MMSS.

Table 12: Correlation between demographic variables and MMSS /Spearman Coefficient:

Demographic Variables	Extrinsic Subscale	Scheduling Subscale	Balance of family and work Subscale	Coworkers Subscale	Interaction Subscale	Professional Subscale	Recognition Subscale	Control
Emirates	0.16**					0.12**		
Education		0.08*						
RN position		0.13**				0.09*		0.07*
shift		0.11**						
Gender	-0.08*	-0.07*		-0.08*	-0.08*		-0.07*	
marital status		0.07*		0.09*			0.09*	0.08*
children No.			-0.07*					
financing family	-0.09**							
growth area							0.07*	
Residence area	0.13**	0.12**	0.15**	0.11**	0.13**	0.14**	0.10**	0.11**
Traveling	-0.28**	-0.17**	-0.19**	-0.15**	-0.21**	-0.24**	-0.15**	-0.19**
ENA membership	0.14**	0.12**	0.13**	0.13**	0.12**		0.17**	0.13**
Overall satisfaction	0.39**	0.42**	0.43**	0.43**	0.42**	0.41**	0.41**	0.41**

**Correlation is significant at the 0.01 level (2-tailed). *Correlation is significant at the 0.05 level (2-tailed).

6.2 Demographics satisfaction

The purpose of this study was to determine the level of job satisfaction for MOH nurses in UAE, identify satisfiers and dissatisfies, and explores correlations between demographic characteristics and the perception of job satisfaction. Job satisfaction among nurses has been linked to retention and quality of care (Lu et al. 2005, Al-Enezi 2009, Al-Momani 2008, Lundh 1999, Murrells et al. 2008).In the current study, the concept of job satisfaction was explored from two perspectives: (OJS) represented by a one-dimensional scale measuring the perception of nurses responding to one question on a Likert scale ranging from 1 (very dissatisfied) to 5 (very satisfied) with 3 being (neither satisfied nor dissatisfied); and by a (GJS), a multidimensional measurement comprising 31 items designed by Mueller and McCloskey (1990) .

The GJS has been related to job attributes and work conditions, however, only a few have related it to personal characteristics. Of the personal characteristics: Gender, place of work, tenure as RN, Length of experience in the present hospital, work Unit, Shift , traveling distance ,financing family , place of growth and employment change contributed positively to job satisfaction. These indicate that a relationship between nurses' demographics and job satisfaction exists. Being a male, working in the northern Emirates, having lengthy tenure (10-20 years) as RN, practicing in the same hospital for more than 20 years, being in the neonatal department, working straight shift, traveling short distance to work, have changed your employment 1-3 times, not supporting extended family, growing in villages and cities ensured significant GJS. Demographics such as age, education level, degree besides nursing, marital status, number of children, nursing position, working hours, residency, and ENA membership did not contribute to MOH nurses' satisfaction.

Although MOH nurses reported dissatisfaction with two dimensions "Maintenance", "Professional", and some items related to the third dimension "Approval" of satisfaction scales; their degree of dissatisfaction varied. Among the group, Dubai nurses were the least satisfied. This can be attributed to' increased workload, high cost and quality of living in Dubai compared to northern Emirates. It is

essential to mention, despite of the high cost of living in Dubai, all MOH nurses rated on the same salary scale. Moreover, the need to leave home early to avoid the traffic congestion and coming home back late are factors that cannot be excluded. For example, some nurses who work in Dubai live in other Emirates. Similarly, nurses who travel long distance to their hospital were also dissatisfied. The more the distance they travel, the less is the satisfaction. Previous studies found a strong link between daily traveling to work, job stress and fatigue (Estryn et.al 1990). Job stress is a major predictor of job satisfaction (Flanagan 2006) .Additionally; nurses who work rotating shift were dissatisfied as compared to those working straight shifts. This could be related to the negative impact of working rotating shift on the balance of life and work as the majority of nurses are married, have children, with 13% above 50 years. Rotational shifts can also disrupt: one's circadian rhythms, social interaction, unit safety, quantity and quality of sleep, well-being, and other health-related issues. Another imperative factor is the conservative culture of the UAE which does not favor the night shift for female nurses. Moreover, a shift allowance is not paid in the UAE. Researchers found that flexibility in work hours, and schedules had a positive impact on nurses' satisfaction (Wild et al. 2006; Swiadek 2009). Stability can be achieved; however, complete resolution of the issue of desired schedules is difficult as flexibility in shift working is a need of everyone. Neonatal RNS were mostly satisfied compared to nurses working in other departments. These nurses often have a feeling that they are highly specialized, skillful workers in a highly technical area and perceive themselves as contributing to quality nursing care. Moreover, it is a favorable area for the UAE nurses as there is no direct contact with adult male patients. This sort of professional satisfaction has probably extended to embrace other parameters, which can interpret their higher satisfaction with payment.

With respect to gender, male nurses were more satisfied with Maintenance rewards than female nurses. Data were inconclusive to interpret the satisfaction of 5.3% of male especially that the variance explained in Maintenance need by gender was very small accounting for 1.2%.However, this kind of extrinsic motivation gives male nurses a sense of power and control, which coincides with social expectations from them. Findings also revealed that nurses with long experience of 20 years or

more in the same hospital had the highest satisfaction. This is an expected outcome as nurses with longer experience often hold a higher position, have professional confidence, have feelings of accomplishments, have more chances to attend conferences and workshops, higher salary, and less workload with choices about the shift worked. The nurses may be also more satisfied due to the status quo than young nurses, who often pursue for better working condition. This is also supported by (Aziz & Al-Doski 2010, Drafke & Kossen 2002, Laschinger et al 2001, Abu.Ajamieh et al. 1996, Yaktin et al. 2003, Ronen 1978, Shader et al. 2001, Al-Enezi et al 2009).

Furthermore, nurses with experience between 10-20 years as RNs in more than one workplace were the most satisfied. This is not surprising, as changing the working environment could bring satisfaction for nurses who put much more emphasis on comfort of working area, professional advancement, collaboration and interaction within the workplace, and payment as well.

Besides, 61.2 % have changed their job more than once. It can be hypothesized that extrinsic elements, job dissatisfaction and the need to improve their employment and professional status can be the reason behind these changes. Generally, nurses who are happy at their work will stay, while those who are not will change. Research established that low payment and poor job satisfaction are the principal motives for nurses to change their workplace (while & Barriball 2005). Regarding family financial support other than children and spouse, 80 % reported helping their families with varying degree. The percentage of salary paid to support the extended family has negative impact on nurses' satisfaction. The more you pay; the less is your satisfaction. Likewise, individual stressors such as family, financial, and health issues have negative influence on nurses' satisfaction (Noelker et.al 2006). This is an indication that people who do not fulfill the basic needs are discontented in their jobs. Finally, Nurses reported growing in camps were the least satisfied. Data was indecisive to understand the dissatisfaction of 4% of subjects.

6.3. Subscales Satisfaction and Demographics

Examining the demographic variables in relation to the four factors revealed that nurses were dissatisfied with the Maintenance (M=2. 05, SD=1.14) and professional subscales (M=2.70, SD=1.16), and were moderately satisfied with Approval subscale (M=3.3, SD=14.6) and scheduling subscale (M= 3.1, SD=3.6) (Appendix V).

The Maintenance needs identified in this study as the most significant motivational factor for job satisfaction among MOH nurses. In the literature, salary has scored high among the factors contributing to nurses' dissatisfaction. The highest level of job dissatisfaction was attained on the dimension of extrinsic elements and prospect for professional advancement, irrespective of the nurses' characteristics, is not uncommon. The MOH RNs reported significant dissatisfaction with Maintenance needs, which is considered as safety needs of Maslow's hierarchy (Mueller & McCloskey 1990) and that of Herzberg (1954) that influence motivation to work. This is an indication that people who do not fulfill the lower needs are dissatisfied in their jobs. Mueller and McCloskey (1990) stated that all eight subscales predict motivation on work based on Maslow's model. Accordingly, explicit enhancement in extrinsic rewards was regard as a significant predictor of job satisfaction among MOH nurses.

Research relating to the significance of the Maintenance needs on job satisfaction and retention has yielded inconsistent findings. Some results propose that Maintenance rewards do not have that much impact as non-monetary and psychological rewards (Kerr 1999, Kingma 2003, Gieter et al. 2006, Blegen 1993). However, other investigations found a strong correlation with financial rewards (Murrells, Robinson & Griffiths 2008, Newman et al. 2002, Narayanasamy & Narayanasamy 2007, Gillis et al. 2004, Al-Momani 2008).

In the context of UAE, nurses' dissatisfaction with maintenance rewards can be related to many Factors. The noticeable impact of remunerations among expatriates' nurses give emphasis to the perception of unfairness at work. The substantially higher salary and other welfares enjoyed solely by their Emirati workmates contributed to their dissatisfaction. Moreover, the salary scale of the nurses has not been revised by

the MOH since 2007.The average pay of nurses working in MOH hospitals is undervalued, and has been comparatively flat since 2007 despite the economic crisis that targeted the world. UAE, like many countries, was affected by the global fiscal crises that decreased the purchasing power of the money and increased the financial burdens of nurses. For many of the nurses, the salary and benefits they presently obtain are inadequate to allow them to pay for housing, schooling, nursery, taxes, medical treatment, continuing education, transportation, residence and national ID renewal, airfare tickets and the annual leave pays. Moreover, lacked child care facilities, high cost and deficiency of private childcare centers, lacked medical insurance; bounces; financial incentives; weekend's compensation; part-time working; risk and shift allowances are further factors negatively impacting their satisfaction. Additionally, the end of service gratuity is offered based on the nurses' basic monthly salary which is low when compared to the cumulative ones.

Comparing the salary of the MOH nurses to their counterparts in the health authority of Abu Dhabi (HAAD), a significance difference is noted as HAAD nurses get the double, together with all the benefits. These issues resulted in decreased motivation to work, dissatisfaction, poor job performance, and lower commitment to the healthcare facilities. This may also force MOH nurses to seek another job that is more tempting either in private sectors or in other countries offering higher incomes and better benefits. Consequently, exacerbation of the existing shortage, poor retention, increased organizational cost with negative patient outcomes. Researchers hypothesize that higher wages for nurses help in retaining them (Buerhaus 2008b, Gieter et al. 2006, Eastaugh 2002, Bratton & Gold 2007). Therefore, rewards are essential in attracting, motivating and retaining MOH nurses, is no exception to this rule.

The second motivational factor to work was the professional needs which go through the self-actualization need of Maslow's theory (1954), motivators in Herzberg (1966) and psychological dimension in Muller and McClosky (1990). Dissatisfaction with professional needs which is considered an ongoing requirement of nurses gave rise to certain key elements within the nursing profession in UAE that must be

addressed. One of them is the inadequate prospects for nurses to expand their potentials and scientific capabilities. This is considered essential not only to Emirati but also to expat nurses particularly the Asian and the Arabic one who are likely to use continuous professional growth to foster their job to advance and succeed in industrialized countries (Duffield et al. 2004, Kingma 2008, Shah et al. 2001). Two other prevailing issues that added frustration are ineffective interaction with nursing faculty, and the lack of instructive climate for nursing research.

It seems that nurses' discontent with professional needs is a wide-ranging issue; mostly with items addressing the research opportunities. It has been showed that the needs to provide high-quality care combined with reduced professional opportunities for development may lead to burnout of nurses (Davies 2008). Across cultures, professional needs score was low among British (Price 2002), Lebanese (Yaktin et al. 2003) and Kuwait's nurses (Al-Enezi et al. 2003). While Hong Kong (Leung et al. 2007) and Palestinian nurses (Abu.Ajamieh et al. 1996) were mainly dissatisfied with research opportunities. These findings coincide with finding of the current study. Dissatisfaction with professional rewards indicates that MOH nurses are enthusiastic, motivated, pursuing research environment and are intellectually driven to enrich their education, reinforce their professional growth, career advancement, self-esteem, and even remuneration.

The current study revealed that the majority of nurses hold a diploma degree which indicates that these nurses are not prepared during their academic life to conduct research. This finding raises the need to update the level of nurses' education. Unlike the diploma holders, those with BSN degree or MA prepared nurses who are more researches oriented were also dissatisfied. This further indicate that MOH nurses are looking for opportunities in research, but find themselves locked behind organizational barriers of lacked time, resources, education, training and administrative support.

Despite the limited number of workshops and training programs that are conducted within the hospitals or other places, none of them focused on the process of research planning and implementation. Additionally, the lack of research

committees or council, research infrastructures, contracting nursing journals, research budget, practice authority, autonomy, encouragement, research training, and support are considered essential factors hindering the utilization of nursing research in MOH healthcare settings. Turkel et al. (2005) posited that establishing a Nursing Research Fellowship Program would help nurses in the research practice area. Further, the unsatisfactory relationship with nursing faculty added more concerns to MOH nurses. Nursing faculties can be a source of knowledge; guidance on evidence based practice and may support RNs in research study. AACN (2009a) indicated that adequate interaction with nursing faculty may influence critical care nurses to consider the nursing educational field besides clinical practice.

Career advancement is another determinant of job satisfaction among MOH nurses. Kingma (2003) cited that financed rewards such as continuing education impact positively nurses' satisfaction. Paid education is slightly provided to nurses in the UAE. Nurses are recommended to fulfill 15 CME hours yearly; ten of them on their account and outside their workplace. Further concerns that may contribute to nurse' dissatisfaction are the limited number of free or MOH sponsored conference, cost of fees ,lack of organizational support, availability of suitable courses and information related to conferences, area of practice, transportation, opportunity to take time off work, time and traveling distance, workloads, staffing unavailability to backfill, working rotating shifts, tiredness, childcare responsibility, work-life balance and family obligations, use of individual and off-duty time, encouragement, and recognitions. For example, the majority of conferences are either held in Abu Dhabi or Dubai where time, money and transportation are needed even for those planned by the ENA. Moreover, the absence of specialized nursing programs and the high cost of education in the universities are considered further barriers for professional advancement. These factors altogether added more psychosocial and financial loads affecting nurses' motivation. Providing continuous attention to individual achievements may positively impact job satisfaction and increase retention among nurses (Wenzlaff & Froman 2008).

Nurses were dissatisfied with specific MMSS items that could not be neglected. These are; lack of professional recognition and positive feedback for nurses' achievements and contribution from supervisors. Recognition is a form of positive feedback of nurses' achievement and performance. Professional meaningful and timely recognition by supervisors could positively contribute to high quality of patient care; promising work environments and reinforcement of nurses' retention, as well as an attractive research climate. Therefore, recognition of one's contribution is considered as indispensable human needs that enhance self-esteem and commitment to the workplace. In this regard, it can be hypothesized that oppression, leadership style, manager's attitudes, and lack of respect to nurses by their supervisors are key elements behind the lacked recognition. The absence recognition for MOH nurses could lead to poor working condition, frustration, burnout, absenteeism, limitation of personal and professional development, lack of interest in job, disruption of teamwork, decreased job performance, reduced organizational commitment, retention issues and turnover intention, with negative adverse patient outcomes. Unrecognized nurses will become dissatisfied as their achievements are not acknowledged by their superiors resulting in a bleak impression that they are obscured, unacceptable, unappreciated, uninterested, and disparaged in hospitals.

Results revealed that MOH nurses were moderately satisfied with approval and scheduling subscales. These findings question Maslow's prescribed order of needs. Maintenance elements, which represent the lower order needs were not met, while the Scheduling and Approval needs were met, higher order needs on Maslow's hierarchy. This contradicts the speculation of Maslow, who argued that human must satisfy each need in turn .The findings of the current study imply that Herzberg's theory of motivation is a better fit than Maslow's model as a predictor of satisfiers in this sample. Herzberg considered satisfiers and dissatisfies unrelated. Being dissatisfied with extrinsic rewards does not mean that you cannot achieve and advance yourself.

The MMSS instrument proved to be a valid tool to study the determinants of job satisfaction among MOH nurses. Of equal magnitude is the significant correlation of OJS and GJS. These results give nursing managers the option to ask one question to measure the nurses 'OJS. This way of studying job satisfaction is considered simple and cost effective. But when the nurse director needs to investigate specific factors affecting RNs' satisfaction; use of the GJS is necessary but limited modifications is worth. The present study demonstrated that MMSS items 11(maternity leave) and 12 (child care facilities) need rephrasing or modification based on the sample selected to avoid confusion. These items could be key determinants of job satisfaction. However when one uses sample containing a considerable number of "males" or "single" or "aged" nurses; subjects may leave them unchecked. Moreover, adding item to MMSS addressing the research infrastructure would be also valuable.

6.4 Comparison with international studies

The present study revealed that MOH nurses have neutral job satisfaction level but hovering toward dissatisfaction either through the one-item OJS scores or the composite GJS scores, which is similar to those in Kuwait (Al-Enezi et al. 2009). Contrary to this finding, using the same MMSS were the findings, 52.7% of the Palestinian nurses (Abu Ajamieh et al. 1996), and 58% of British nurses (Price 2002), Hawaii critical care nurses (Downing 2010), and Hong Kong nurses (Leung 2007) were generally satisfied with their job. This is an indication that the perception of job fulfillment by nurses varies across cultures.

Compared with the overall MMSS sum score (M = 98.6 and M = 100.5) in other studies conducted in Palestinian territory (Abu.Ajamieh et al 1996), and Hong Kong (Leung 2007) respectively, the current study had a comparable but lower overall MMSS sum score mean =93.1. For the Palestinian nurses, the greatest satisfying items were responsibility (M= 3.88), coworkers (M=3.82); and the highest dissatisfying items were research opportunities, writing; publishing (2.01); and participating (2.05), child-care facilities (2.12) and opportunities for part-time work (M=2.15). For Hong Kong nurses, extrinsic rewards (M=3.74), and coworkers (M= 3.62) were most satisfying, while child-care facilities (M=2.47), part-time work (M=2.76), and

professional opportunities (M=2.90); including research prospects were dissatisfying. In a study conducted in England, revealed that the highest satisfying subscales were co-workers (M=3.8) and extrinsic rewards (M=3.5), while the most dissatisfying were professional opportunities (M=2.6), and control and responsibility (M=2.7).They were also dissatisfied with the items, childcare facilities, weekend's compensation, and control over working environment (Price 2002). Additionally, a study conducted in Kuwait showed that nurses were dissatisfied with the professional opportunities and extrinsic rewards and were satisfied with the subscales of: praise and recognition, scheduling, control and responsibility (Al-Enezi et al. 2009). The current study echoed the results of the preceding studies in varying degree (Appendices XXI and XXII).

These findings propose some common satisfying and dissatisfying factors for the nursing profession across diverse clinical domains and various cultures. Extrinsic rewards, and lack of professional opportunities for nursing research and the lack of child-care facilities give the impression to be important dissatisfying elements. Enhancing nurses' level of satisfaction with the latest item seems to be essential. In Hong Kong, Palestine, Kuwait, UK and UAE, no child-care facilities are provided for nurses. An interesting finding in this study was that the satisfaction with the coworkers (M= 3.71); this indicates the relationship between the physicians, and nurses may help in creating a healthy working climate which will certainly impact patient outcomes positively.

One of the most exciting results derived from factor analysis is the use of four constructs in place of the eight MMSS subscales. The Maintenance subscale wrapped principally the items of the subscales of extrinsic rewards, the balance of family and work and together with one item related to scheduling of the MMSS. This implies that these four subscales all together may essentially be measured as one factor. This is not astonishing, as they are consistent with the 'safety' dimension of Mueller and McCloskey (1990), and physiological and safety needs of Maslow (1954).The Approval subscale includes the items of the subscales of praise and recognition, co-workers, interaction, and control over one's work except item 23 "Advancement." This matches mostly the 'social' dimension of McCloskey and the belongingness and self-

esteem needs of Maslow. The Professional subscale packaged the items needed for individual achievement and career advancement, and relates to the self-realization level of Maslow and the ‘psychological’ reward of McCloskey. It seems that this finding has posed additional support for Maslow's hierarchy and the three magnitudes of MucCloskey. This indicates that these theories can be adopted to describe the job satisfaction of nurses. Appendix XVIII displays comparison of the concepts proposed by Maslow, McCloskey, and Mueller/McCloskey along with those subsequently found in the current study.

7. Research Implications

This research add to the limited body of knowledge a new perspective on job satisfaction among MOH nurses working in UAE and provide information on their motivation based on selected demographics. It also identifies demographic and work environment factors that contributed to job satisfaction. The results also add to the nursing literature by recognizing the factors in MOH hospitals that indicate the highest and lowest level of job satisfaction. The Findings of this research may help the policymakers and practice leaders to set plans and policies for retention, recruitment, professional nursing environment and may provide a measure for Magnet-status research. The implications of this study will be forwarded to leadership and policymakers based on the level of job satisfaction and its related factors. Nursing and organizational leaders need to carefully examine these areas.

7.1 Level of Job Satisfaction

The MOH nurses in the UAE were neither satisfied nor dissatisfied with their job (MMSS score= 93.1).The level of job satisfaction has implications to nursing supervisor, nurse educators, nurse managers, nursing directors and health care administration. Fostering and maintaining a higher level of job satisfaction among nurses is deemed vital not only to limit turnover and burnout among nurses, but also to ensure the delivery of high quality care. Therefore, early assessment, detection and control of job dissatisfaction indicators are considered essential priorities. The level of

nurses' satisfaction is alarming. Therefore, careful attention to nurses' motivation to work is essential otherwise patient safety will be at risk.

7.2 Maintenance factors:

Healthcare leaders should consider comprehensive proactive approaches by revisiting the scale of MOH nurses' extrinsic motivators in an attempt to enhance retention and satisfaction, thereby improving the quality of delivered care. The cost of living and health care in UAE is escalating, and additional payments and benefits for RNs are a priority. These benefits should include health insurance, school allowance, housing, air fare tickets workloads compensation…etc. It seems that pay is an argumentative concern. Conceivably, a paradigm shift can recognize a reasonable and evenhanded allocation of wages in preference to the existing national pattern.

Also, Weekend's duty may be unseemly to the nurses' lifestyle, especially married nurses. Consequently, absenteeism and staffing issues will increase; disrupt the flow of work in the hospitals. Nursing administrators could use the findings provided by this study to understand the impact of working weekends without compensation on motivation to work and quality of patient care. Another issue is the unavailability of childcare services. Nurses with families were less satisfied when work-related issues interfered with family time and care. These nurses may have troubles with working eight-hour shifts in the absence of childcare provision, so a better understanding of the outside family needs by policymakers and practice leaders may promote their job satisfaction. This can be obtained by initiating a child care center within or around the hospital, and by executing a part-time work strategy. Disregarding the family balance need may force nurses to leave their job because of inconveniences caused by the lack of childcare resources. This may worsen the existing nurses' shortage in UAE.

7.3 Professional nursing practice environment

Creating a professional nursing work environment is crucial to fosters job satisfaction. The lack of such an environment indicates that healthcare facilities creating a ground for Job dissatisfaction and burnout (Aiken et al. 2002, Friese 2005,

Vahey et al. 2004).The shortage of nurse and the increased workload should get the national leaders to pool resources and to put a strategic plan to enhance the professional nursing environment. Autonomy and control over working condition, collegial interactions and collaboration between nurses and the medical team, organizational support for recruitment, continuing education, career advancement, quality care, and a nurse manager that is a supportive leader, are all essential elements of professional nursing environment. In order for a professional nursing environment to succeed in UAE, the nursing profession needs the commitment of healthcare directors, nursing and education leaders. Nursing management needs to create a cohesive nursing atmosphere by executing programs acknowledging the intrinsic motivators such as promoting ladders, clinical training teams, sharing clinical governance, leadership training, rehearsal councils, and cultural diversity training. Nursing managers must warrant professionalism on all departments by assessing the Nurses' educational qualifications and potentials, clinical competencies, and experience for delivering high-quality care. The effective leader is the one who purse changes and move the nurses from an area of lower performance and productivity to an area of higher ones.

7.4 Professional Development and career Advancement

Professional development is an ongoing obligation for RNs. Accordingly, developing an enriching program of professional learning practices would enhance nurses' self-esteem, professionalism, empowerment, retention, and satisfaction. The majority of nurses were not trained or prepared adequately throughout their academic life to plan and conduct research. Nurses should be able to carry out or contribute in a research study under direct supervision of qualified researchers. Qualified researchers serve as principal investigators, provide guidance, help in planning, provide feedback, facilitate evidence-based practice; quality enhancement with data collection, analysis, and synthesis of research evidence; and project management by getting nursing research to the point of care. However, opportunities to participate and publish a research in UAE need to be energized. Therefore, findings of this research need the attention of the ENA, educational institutes, sponsoring organizations and nursing

administrators of the hospitals to encourage and support for the implementation of nursing research by forming research committee, research infrastructures, Nursing Research Fellowship Program, expanding nursing journals, enhancing the nurses' knowledge on research practice through educational gatherings, workshops, conferences, training, and affiliation with universities. Furthermore, giving opportunities to diploma nurses to advance their education would have a positive impact on healthcare facilities. Policymakers, and practice leaders should examine these areas.

Another concern raised by MOH nurses, was the ineffective interaction with nursing faculty. Effective communication between the faculty and nurses could have a positive impact on professionalism, motivation, satisfaction, and may help in creating a conducive educational and working climate. Nursing faculty acts as collaborator, educator, and role modeling and can uphold the nursing workforce by mutual exchange of knowledge on patient care and nursing practices using research evidence. AACN (2009a) indicated that adequate interaction with nursing faculty may impact critical care nurses to consider the nursing educational field besides clinical practice.

Fulfilling the above-mentioned needs will enhance motivation, self-esteem, job performance, professional confidence, and job satisfaction.

7.5 Encouragement

Develop Clinical Ladder Advancement program. Clinical ladders recognize and reward nurses for clinical expertise in providing direct patients care, support nurses' career, yield a practiced working setting and nursing excellence. A clinical ladder enhances professional growth by creating an education environment. It is a voluntary program in which the nurse proves expertise in areas of nursing management, educational practices and research. These activities are submitted either documented in a notebook or in the form of professional resume, portfolio, or performance review and/or interviews with the nursing councils or review panel. RN who participates and meets the required standards for each level in this program will be rewarded by

promotion and financial incentives. The Clinical ladders offer professional nurses the opportunity for career development (education and Emiritization), leadership (administrative), financial development (economic), quality improvement (monitoring indicators), and evidence-based practice (research and practice).This clinical ladder will help in retaining nurses.

7.6 Recognition

Recognition, feedback and encouragement from supervisors are essential psychological need. Wilson (2006) found a positive relationship between praise and recognition and retention of nurses. Timely praise and recognition to nurses by their superiors is motivating for UAE nurses. It has been documented that praise, and recognition eliminate barriers between managers and nurses, resulting in a healthy work environment with an implication on patient care. Recognition can motivate nurses and make them happy at work. It is not hard or costly to construct a recognition program addressing the daily nursing practices in the units. First, the nursing director should be visible in the nursing units at least once a week, talk to nurses, note how work is running, identify the clinical issues facing the staff, recognize nurses' roles, , credit them and thank them for their efforts and commitments to deliver effective care. Second, the nursing director should adopt an open-door policy. Allow the nurses to know that nursing director is always ready to listen to their concerns and solve their problems. Third, establish a recognition program for rewarding their good work and achievement in the hospital such as the best ward and best RN of the month or by giving certificate of appreciation. Fourth, assign the qualified RNS to join on specific nursing and hospital committees or medical teams. Involve nurses in organizational affairs and departmental decision making. The committee meeting and activity time must not affect the individual time of the members. Fifth, allow educational time for all nurses, including supervisors. This is demanding during the nursing shortage, but leads every endeavor to this target. Sixth, institute a career and promotion ladder and adopt recruitment policy for higher posts will help in retaking nurses.

8. Reflection

The use of well-established rating instruments on a large nursing sample together with systematic collection and analysis of data served in generalizing the study among the MOH RNs. Therefore, the results reflect only the characteristics of the nurses working in MOH hospital. A larger sample involving nurses of different hospitals from HAAD, DOHM and private sector regardless of their degree and seniority could have enhanced the generalizability of the findings, and increased the power of the study to detect significant differences in a comprehensive manner.

9. Limitations

A limitation to this study is the involvement of RNs in the MOH hospital only. Therefore, results may not be generalized to other non-MOH healthcare facilities or extended to other workers in the healthcare settings. Although the response rate was adequate; some nurses who were on lengthy annual or maternal leave might not got the opportunity to participate in the study.

10. Future Research

The current study found a correlation between personal demographics and job satisfaction. Creswell (2005) stated that correlational study determines the existence of a relationship but does not elucidate a cause and effect. Therefore, a qualitative research using interviews may yield more meaningful data from subjects. Accordingly, qualitative study is recommended to deepen and broaden the understanding of factors contributing to job satisfaction for MOH nurses in UAE. Another recommendation is to replicate this study on nurses practicing in other fields such as long-term care, Psychiatric, and community health care.

Nurses in the UAE are culturally diverse. Therefore, a future research to explore if there is a relationship between job satisfaction and organizational commitment is suggested. Additionally, ethnographic exploratory research is also recommended to explore the impact of specific culture on the level of job satisfaction. Further research to assess the impact of meaningful recognition of nurses on healthy work environments is

required. Finally, it is impressive to investigate the lack of enthusiasm among the Emirati males to join the nursing career.

11. Major Conclusion

A descriptive-correlation study was conducted to determine the level of job satisfaction among MOH nurses in UAE and its correlation with selected demographic variables. The present study confirmed the relationship between demographics and job satisfaction. MOH nurses were neither satisfied nor dissatisfied. They were moderately satisfied in five MMSS subscales. Three of them hovered around neutrality. MOH nurses were dissatisfied with three subscales; extrinsic rewards, balance of family and work; and professional opportunities. The highest level of satisfaction is the coworkers subscale whereas the lowest is with the extrinsic elements. Nevertheless, this perception of satisfaction may be improved by maintaining a healthy work environment. This is the responsibility of nursing, practice, and organizational leaders to eliminate the job-related stressors that make nurses unfortunate.

The finding of this research adds informative data on individual perception of job fulfillment to the limited literature on currently working nurses in UAE. It also gave evidence on their motivation to work. This was the first study to investigate the relationship between demographic variables and job satisfaction in UAE. Consequently, the findings added to the limited body of knowledge by recognizing job-related factors that reveal the highest and lowest score of satisfaction of MOH nurses in relation to their demographics. The outcomes of this research may also help in guiding strategies for retention, recruitment, and safe nursing practices in MOH hospitals.

Recommendations were made to the concerned leaders based on the level of satisfaction and its impact on nurses, patients and healthcare organizations. Future nursing research was recommended with emphasis on enhancing job satisfaction and professional attributes.

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Appendices

Appendix A: Study Sites:

Date :	13/03/2011	
From:	Mr. Bilal El Salibi Senior Nursing Tutor	Fujairah Institute of Nursing
To :	Dr.Ghada Al-Tajer Director of Research Ethical Committee	Ministry of Health-Sharjah
Cc :	Research Ethical Committee	Ministry of Health-Sharjah
Sub :	Study Sites	

Dear Dr,

The Ministry of health hospitals that will participate in the study are:

1. Al Braha Hospital-Dubai
2. Qasemi Hospital-Sharjah
3. Khalifa Hospital-Ajman
4. U.A.Q. Hospital- Um Al-Quiwan
5. Saqar Hospital- Ras El-Kheimah
6. Fujairah Hospital-Fujairah

All the registered nurses in these hospitals will be invited to participate in the study. At the end of the study, the responses rate will be calculated for each hospital.

The director of nursing of the above mentioned hospitals in collaboration with Federal department of nursing will recruit the needed staff.

Bilal Elsalibi

Tel: 0503352990

Appendix B: Guidelines for Ethics in Education

APPENDIX II

Guidelines for Ethics in Educational Research

Basic Principles

Three *basic ethical principles* underlie the Faculty of Education Guidelines for Ethics in Educational Research:

- **respect for persons**, that is, that persons should be treated as autonomous individuals, and that persons with diminished autonomy are entitled to protection;
- **beneficence**, that is, that there is an over-riding obligation to maximise possible benefits and minimise possible harms. Harm, in this context, includes psychological or emotional distress, discomfort and economic or social disadvantages. Researchers exercise beneficence in assessing the risks of harm and potential benefits to participants, in being sensitive to the rights and interests of people involved in their research, and in reflecting on the social and cultural implications of their work; and
- **justice**, that is, that the question of who ought to receive the benefits of research and bear its burdens should be explicitly addressed.

These principles apply to all forms of educational research, including research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behaviour.

Considerations in Data Collection

Researchers should take special care to avoid research activity in which the information collected is recorded in such a manner that:

- participants can be identified, directly or through identifiers linked to the subjects;
- any disclosure of the participants' responses outside the research could reasonably place the participants at risk of professional liability or be damaging to the participants' financial standing, employability or reputation; and
- the research deals with sensitive aspects of the participants' own behaviour, such as sexual preference, illegal conduct, use of alcohol, drug use, or includes information about health status.

APPENDIX II

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- the research deals with sensitive aspects of the participants' own behaviour, such as sexual preference, illegal conduct, use of alcohol, drug use, or includes information about health status.

APPENDIX II

Educational researchers should:

- ensure confidentiality;
- not use data of a confidential nature for their own personal advantage or that of a third party;
- obtain the free and informed consent of human subjects.

Informed Consent

The principle of obtaining informed consent from the participants in research is considered to be one of the most important ethical issues in research involving human participants. In almost all cases participants should be provided with a written summary of the research procedure, its benefits, harms and risks, and that they be able to retain this information. What is provided to potential participants should be brief and clearly written, and written from their point of view. When consent is obtained from research participants, it should be voluntary, competent; informed; and understood.

The decision of a person to consent to participating in a research project should always be based upon their knowledge of the research proposal and the requirements for their participation (as participants) in the project. Aspects of informed consent are:

- consent to participate in the research is given freely and without coercion;
- subjects have the capacity to understand the research project;
- the information sheets given to research subjects are understandable and have taken consideration of the anticipated level of competence of potential research subjects;
- inclusion of a clear explanation of the likely risks to the research subject arising from participation in the research project;
- the information sheet includes a clear explanation of the likely benefits of the research project itself;
- proper communication by the investigator of the risks and benefits of the research project to potential subjects;
- confirmation that the consent of the research subject is not influenced by financial inducement, improper pressure or any form of misrepresentation and that the research subject is competent to consent. It is the responsibility of the researcher to place the issue of payment within the context of the particular research project and determine as best she or he can at what point the incentive becomes an inducement that puts undue pressure on participants to take part;
- assurance that a research subject may withdraw at any time from the research without loss of benefit or penalty; and

- the need to exercise special care in cases where the subjects are unable to consent for themselves (for example, in the case of intellectually impaired students).

Responsibilities to Participants

Research involving treatment and control groups should be evaluated in terms of the benefit of the research and the individuals' overriding right to know and to have access to the best educational practice available in all circumstances. The methods should not result in harm to the participant. In assessing covert or deceptive research, the following two guidelines should be observed:

- participants should not be subject to any procedure which is reasonably likely to cause physical harm, psychological harm (which is distinguished from temporary embarrassment, mild alarm, etc), or enduring educational disadvantage ;
- participants should be fully informed at the conclusion of the study as to its nature and the disposition of results;
- the full benefits of the intervention should be made available to all participants as part of the outcome of the comparison of programs.

APPENDIX II

Ethics Form

To be completed by the student and submitted to the Ethics Research Committee

NAME OF RESEARCHER: Bilal Abbas Elsalibi

CONTACT TELEPHONE NUMBER: 0503352990

EMAIL ADDRESS: 90129@student.buid.ac.ae

DATE: 27/8/2011

PROJECT TITLE: Job Satisfaction Among Nurses Working in MOH Hospitals

BRIEF OUTLINE OF PROJECT (100-250 words; this may be attached separately. You may prefer to use the abstract from the original bid):

Nursing is developing rapidly in the UAE in response to high patient and provider demand for excellence. The nursing shortage is an international problem facing the health care industry (Kingman, 2001). One of the main reasons for this phenomena is job dissatisfaction which is manifested in burnout, absenteeism, drug abuse, tardiness, job stress and turnover (Zurn et al., 2005, Cowin, 2002 cited in Masroor A.M., Fakir M. J 2010),. Shortage of nurses is alarming in UAE and it accounts for 30% affecting the delivery of quality nursing care. The reason behind this shortage was job satisfaction due low payment, inappropriate benefit packages, poor work environment, reduced profession esteem, poor motivation and many others. There is, therefore, a need to identify factors influencing job satisfaction in the UAE so that an effective policy at all levels – government, authorities, providers can be formulated

APPENDIX II

MAIN ETHICAL CONSIDERATION(S) OF THE PROJECT (e.g. working with vulnerable adults; children with disabilities; photographs of participants; material that could give offence etc):

- ✓ Permission from the author of the research tool (MMSS) was gained.
1. Ethical committee of MOH permitted the study.
2. Letter with the MOH ethical committee permission form was sent to hospital directors.
3. Participation of the nurses in the study is voluntary.
4. Participants were asked to keep the cover letter for personal reference.
5. Completion of the questionnaire implied consent.
6. Participants were asked to seal the envelops.
7. Participants will be assured anonymity and confidentiality of responses.

DURATION OF PROPOSED PROJECT (please provide dates as month/year):
By the end of this year (December 2011)

DATE YOU WISH TO START DATA COLLECTION:

Finished

Please provide details on the following aspects of the research:

1. What are your intended methods of recruitment, data collection and analysis?

Please outline (100-250 words) the methods of data collection with each group of research participants.

Data collection procedures

Permission from the author of the research tool (MMSS) was gained through email. Furthermore A letter was sent to the ethical committee of MOH. The letter asked for permission to conduct the study within the MOH hospitals. Moreover, they were asked to assign a contact person in the hospital. The contact person in each hospital received the questionnaires from the researcher. The questionnaires in English language were distributed to all RNs within the health care setting after being piloted using a sample of 25 nurse. A cover letter accompanied each questionnaire and described the study and provided

instructions on completion of the questionnaire. Participation of the nurses in the study is voluntary. Participants were asked to keep the cover letter for personal reference. Completion of the questionnaire implied consent. Participants were assured anonymity and confidentiality of responses. Completed questionnaires were returned in sealed envelopes to the assigned person and then to the researcher. No individual identifiers were collected from respondents. The researcher also visited the targeted hospitals and coordinated with the research assistants.

2. How will you make sure that all participants understand the process in which they are to be engaged and that they provide their voluntary and informed consent? If the study involves working with children or other vulnerable groups, how have you considered their rights and protection?

   SPSS will be used to analyze the data.

3. How will you make sure that participants clearly understand their right to withdraw from the study?

   The cover letter was very clear and discussed by the researcher to them.

4. Please describe how will you ensure the confidentiality and anonymity of participants. Where this is not guaranteed, please justify your approach.

. No individual identifiers were collected from respondents. Moreover, participants were asked to seal the envelop. Additionally, the data will be reported in groups.

5. Describe any possible detrimental effects of the study and your strategies for dealing with them.

Some nurses were afraid of filling the questionnaire. They thought that their directors may terminate them. Confidentiality of data was the main strategy.

APPENDIX II

6. How will you ensure the safe and appropriate storage and handling of data?

	Data collection	Data Storage	Data Access
Identified			
Potentially identifiable			
De-identified	✓	✓	✓

7. If during the course of the research you are made aware of harmful or illegal behaviour, how do you intend to handle disclosure or nondisclosure of such information (you may wish to refer to the BERA Revised Ethical Guidelines for Educational Research, 2004; paragraphs 27 & 28, p.8 for more information about this issue)?

1. Illegal behaviors will be disclosed to the appropriate authorities. The Research ethical committee will receive a report from the researcher every two months.

8. If the research design demands some degree of subterfuge or undisclosed research activity, how have you justified this?

The Ethical committee will be informed before making any activity. This is according to their policy.
If there is a need for some degree of deception which may help the study or protect the participants, Justification will be considered using scientific rational. This type of deception sometimes seems to be the only valid means for conducting certain behavioral research.

9. How do you intend to disseminate your research findings to participants?

By email upon request.

APPENDIX II

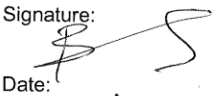
Declaration by the researcher

I have read the University's Code of Conduct for Research and the information contained herein is, to the best of my knowledge and belief, accurate.

I am satisfied that I have attempted to identify all risks related to the research that may arise in conducting this research and acknowledge my obligations as researcher and the rights of participants. I am satisfied that members of staff (including myself) working on the project have the appropriate qualifications, experience and facilities to conduct the research set out in the attached document and that I, as researcher take full responsibility for the ethical conduct of the research in accordance with the Faculty of Education Ethical Guidelines, and any other condition laid down by the BUiD Ethics Committee.

Print name: Bilal Elsalibi

Signature:



Date:
12/11/2011

Declaration by the Chair of the School of Education Ethics Committee (only to be completed if making a formal submission for approval)

The Committee confirms that this project fits within the University's Code of Conduct for Research and I approve the proposal on behalf of BUiD's Ethics Committee.

Print name:
(Chair of the Ethics Committee)

Signature:
Date:

Appendix C: Dissertation Registration Form

The British University in Dubai

DISSERTATION REGISTRATION FORM

Name Bilal Abbas Elsalibi	Student ID 90129	Date 8-3-2011	
Programme Master of Education	Stream International Management Policy	Study Mode: FT/**PT**	Location: **Dubai**/Abu Dhabi
Email 90129@student.buid.ac.ae	Mobile 0503352990	Resuming studies*	
Tentative area of dissertation Health care system-UAE	Do you have any preference for Dissertation Supervisor? Dr.Clifton Chadwick		

(* To be completed only if you are resuming studies after a period of suspension)

I hereby confirm that I wish to be enrolled for dissertation.

Student — Date: 12/3/2011

Dissertation Coordinator — Date: 12.03.11

FOR OFFICE USE ONLY

Finance ----------

Registration completed on _____ by _____

Start date: End date:

Office of Quality _____ Signature _____ Date

Original to: Student file □ Copied to: ITD □ DC

Note: If a student is unable to confirm a supervisor or if the preferred supervisor is unable to take up supervision for any reason, the Dissertation Coordinator, with the agreement of the Dean, will allocate one and notify the student and student administration.

**** Dissertation Intention form must be submitted within 15 days of registration deadline**

Appendix D: Dissertation Intention Form

AC/02/V01

الجامعة البريطانية في دبي
The British University in Dubai

DISSERTATION INTENTION FORM

(to be completed by Dissertation Coordinator in discussion with student)

Student name Bilal Abbas Elsalibi	Student ID 90129	Date 8-3-2011
Programme Master of Education	Stream International Management Policy	Name of preferred supervisor Dr.Clifton Chadwick

Please give a short outline of proposed research topic leading to a dissertation. Please include a MINIMUM of 2 alternative proposals.

Proposal 1:

Job satisfaction among Registered Nurses In the UAE-Governmental hospital.

Proposal 2:

Lateral Violence among healthcare providers in the UAE.

CONFIRMATION

This form constitutes an intended research area and preferred supervisor.
Candidates' submission will be considered by the Faculty and the Programme Director and a decision will be communicated thereafter.

Student Signature — Date: 12/3/2011

For Official Use Only

Name of the Allocated Dissertation Supervisor: CLIFTON CHADWICK
(to be filled by the Dissertation Coordinator)

Dissertation Coordinator — Date: 12.03.11

Dissertation Supervisor — Date: 12/3/2011

Head of Programme/Programme Coordinator — Date: 12/3/2011

Dean — Date

Appendix E: Request to Use MMSS

REQUEST
FORM

McCloskey/Mueller Satisfaction Scale (MMSS)

Your Name: Bilal Abbas El-Salibi
Address: Fujairah, United Arab Emirates
Email address: bisalibi@yahoo.com
Phone No: 00971503352990
Date this request is being made: 16-2-2011

Please send me a copy of the McCloskey/Mueller Satisfaction Scale (MMSS) and permission to use the scale for (give the purpose and brief description of the proposed use)_to conduct a research study handling the issues of job satisfaction among the Registered nurses in the MOH hospitals in United Arab Emirates.

Check which type of permission you are requesting:

	Fee
-- **Student**	
For use in a thesis/dissertation (Request must be accompanied by a Statement from the advisor verifying use.)	$10.00
-- Researcher (non-student)	$75.00
For use in a specific study.	
— Institution	$250.00
For use for an indefinite period of time related to ongoing assessment of staff.	

I understand that I will use the tool only for the purpose indicated above and that I will not reproduce and*distribute the instrument further without the authors permission

Signed 

Date 16-2-2011.

Send this completed form to:

Center for Nursing Classification & Clinical Effectiveness
Attn: Sharon Sweeney College of Nursing
407 NB University of Iowa
Iowa City Iowa 52242

Make checks payable to the College of Nursing, University of Iowa.

Appendix F: Permission to Use MMSS

THE UNIVERSITY OF IOWA
COLLEGE OF NURSING

Permission to use form:

This gives permission to use the McCloskey/Mueller Satisfaction Scale (MMSS) to Bilal Abbas El-Salibi for the purpose as stated in the request dated 2/16/2011.

The instrument may be reproduced in a quantity appropriate for this project.

Signed:

Sue Moorhead

Sue Moorhead, Associate Professor, College of Nursing

Date: February 18, 2011

The University of Iowa
The Center for Nursing Classification & Clinical Effectiveness
College of Nursing 407 CNB
Iowa City Iowa 52242 USA

Appendix G: MMSS Questionnaire

McCloskey/Mueller Satisfaction Scale (MMSS)

Copyright 1989

How satisfied are you with the following aspects of your current job? Please circle the number that applies.

		Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
1.	salary	5	4	3	2	1
2.	vacation	5	4	3	2	1
3.	benefits package (insurance, retirement)	5	4	3	2	1
4.	hours that you work	5	4	3	2	1
5.	flexibility in scheduling your hours	5	4	3	2	1
6.	opportunity to work straight days	5	4	3	2	1
7.	opportunity for part-time work	5	4	3	2	1
8.	weekends off per month	5	4	3	2	1
9.	flexibility in scheduling your weekends off	5	4	3	2	1
10.	compensation for working weekends	5	4	3	2	1
11.	maternity leave time	5	4	3	2	1
12.	child care facilities	5	4	3	2	1
13.	your immediate supervisor	5	4	3	2	1
14.	your nursing peers	5	4	3	2	1

		Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
15.	the physicians you work with	5	4	3	2	1
16.	the delivery of care method used on your unit (e.g. functional, team, primary)	5	4	3	2	1
17.	opportunities for social contact at work	5	4	3	2	1
18.	opportunities for social contact with your colleagues after work	5	4	3	2	1
19.	opportunities to interact professionally with other disciplines	5	4	3	2	1
20.	opportunities to interact with faculty of the College of Nursing	5	4	3	2	1
21.	opportunities to belong to department and institutional committees	5	4	3	2	
22.	control over what goes on in your work setting	5	4	3	2	1
23.	opportunities for career advancement	5	4	3	2	1
24.	recognition for your work from superiors	5	4	3	2	1

		Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
25.	recognition of your work from peers	5	4	3	2	1
26.	amount of encouragement and positive feedback	5	4	3	2	1
27.	opportunities to participate in nursing research	5	4	3	2	1
28.	opportunities to write and publish	5	4	3	2	1
29.	your amount of responsibility	5	4	3	2	1
30.	your control over work conditions	5	4	3	2	1
31.	your participation in organizational decision making	5	4	3	2	1

Appendix H: Demographic Questionnaire

Demographic Questionnaire

Please complete all of the following questions by checking or marking the appropriate answer, and write in if needed.

1. What is your level of nursing education?

   A Diploma

   b. BSN

   c MSN or PhD

2. How long have you been working as registered nurse?

   a. 0----5y
   b. 5----10y
   c. 10---15y
   d. 15---20y
   e. 20y

3. Do you have another degree besides nursing?

   a. Yes

   b No

   If yes (specify)……..

4. How long you have been working in the present hospital?

   a. 0----5 y
   b. 5----10
   c. 10---15
   d. 15---20
   e. > 20y

5. What is your current nursing position?

   a. Staff nurse
   b. Head nurse
   c. Nursing supervisor

6. Which unit did you gain most of your experience?

    a. Medical/Surgical
    b. ICU/CCU
    c. Obstetrics/Gynecology
    d. Pediatric
    e. Neonatal
    f. Emergency room
    g. Operating room
    h.……..other (specify.

7. How many hours in an average week do you work?

…… hours

8. Do you work?

    a. Rotating shifts (day, evening, night)
    b. Straight shift (day, evening or night)

9. What is your gender?

    a. Male
    b. Female

10. What is your age?

    a. 20------29 y
    b. 30------39 y
    c. 40-----49 y
    d. > 50 y

11. What is your marital status?

a. Single
b. Married
c. Divorced
d. Widowed

12. How many children do you have?

a. None
b. 1-3
c. 3-5
d. 5-10
e. >10

13. Do you financially support family members other than your children and spouse?

a. Yes
b. No

If yes what percent of salary……..

14. Since you have been in nursing, how many times have you changed your employing agency?

……

15. Where did you grow up?

a. City
b. Camp
c. Village

16. Where do you reside currently?

a. City
b. Camp
c. Village

17. If you travel daily to work, how far: in Km

a. < 10 km
b. 10----19
c. 20----29
d. 30----39
e. > 40

18. Are you a member of the Emirates Nursing Association?

a. Yes
b. No

19. To what extent do you feel satisfied with your current job?

a. Very satisfied
b. Satisfied
c. Neither satisfied or dissatisfied
d. Dissatisfied
e. Very dissatisfied

20. Is there anything else would you like to tell me about?

_____

_____

_____

Thank you very much

Appendix I: Letter to Research Ethical Committee

Date :	21/01/2011	
From:	Mr. Bilal El Salibi Senior Nursing Tutor	Fujairah Institute of Nursing
To :	Director of Ethical Committee	Ministry of Health
Sub :	Permission for Research study	

Dear Madam/Sir:

I am a student in the Master's program of Education-International Management Policy at the British University in Dubai (BUID). A dissertation is part of my degree requirements and I have chosen to conduct research on job satisfaction among Registered Nurses (RNs) employed in MOH hospitals in the UAE.

The purpose of this letter is to request permission to include the RNs at your facility in my survey. Please include with the permission the number of RNs at your facility and a name of a person to be a liaison with me in each hospital. The role of the liaison person will be to receive, distribute, collect, and follow up with the questionnaires.

I would like to assure you that all responses will be kept confidential. Participants will not be asked to identify their names or facility name. Also, the data will be analyzed and reported in groups, so that no setting or person can be identified.

If you have any questions regarding the study or this request, please contact me, or my supervisor:

Professor Clifton Chadwick-BUID-Dubai
Tel.043671954, Mob. 0508760744.
Clifton.chadwick@buid.ac.ae

A copy of the results will be sent to the concerned persons in MOH.

THANK YOU FOR YOUR TIME AND CO-OPERATION.

Sincerely,

Mr. Bilal ElSalibi

0503352990

Appendix J: MOH Approval Letter

UNITED ARAB EMIRATES
MINISTRY OF HEALTH
AL QASSIMI HOSPITAL

الإمارات العربية المتحدة
وزارة الصحة
مستشفى القاسمي

Al Qassimi Hospital
Research Ethics Committee

16/03/11

To: Mr.El Salibi Bilal Abbas,

The Research Ethics Committee has reviewed the revised application titled **"Job satisfaction among MOH Nurses in the U.A.E."** in the meeting held on Wednesday 9th March, 2011.

The following documents were reviewed:

- Application – completed form.
- McCloskey/Mueller Satisfaction Scale (MMSS) – Permission form.
- Demographic Questionnaire.
- Investigator's resume.

The study has been approved. The study should be done in accordance with ICH-GCP guidelines.

The committee should be notified in writing when the study starts, when it ends and an end of study report submitted no later than 8 weeks after completion of the study.

Sincerely,

وزارة الصحة - منطقة الشارقة الطبية
مستشفى القاسمي
لجنة أخلاقيات البحث العلمي
RESEARCH ETHICS COMMITTEE
AL QASSIMI HOSPITAL

Dr. Ghada Al Tajir, PhD,IBCLC
Chairperson,
Research Ethics Committee
Sharjah, UAE.
Tel: (971 6) 5188 340
Fax: (971 6) 5384365
e-mail: sharjahrc@yahoo.com

Appendix K: Participant Letter

Dear Participants:

Job satisfaction has been studied extensively among RNs in the worldwide. However, there is no consensus among researchers about satisfying and dissatisfying factors. Studies show that job satisfaction has a great impact on the level of employees' retention, physical and mental wellbeing, and productivity. On the other hand, job dissatisfaction is related to work problems such as turnover, absenteeism, and filing of grievances. As you may know there has been limited study of job satisfaction among the nurses in the United Arab Emirates (UAE). Therefore, this study hopes to cover that deficit.

You were selected to participate in this study because you are practicing nursing in the UAE. If you have been employed for six months or more as an RN in the UAE, please complete the attached questionnaire. Completion of the questionnaire will take about 15-20 minutes. Your answers will furnish significant information for this issue and will facilitate further studies for improvement in nursing administration in UAE health care settings. All information will be kept confidential. Responses will be tabulated and analyzed in groups so that no setting or person can be identified. Your decision whether to participate or not will have no effect on your work status.

There is no direct benefit to you. However, you may contribute to knowledge about the factors that form job satisfaction among UAE RNs. Possible invasion of your privacy is a potential risk of your participation.

I appreciate your time and hope that you will decide to participate. You may keep this cover letter for your information. Your return of the completed questionnaire will be considered consent to participate.

A copy of the anonymous results will be sent to the head of Federal Department of Nursing. If you have any question about the study, do not hesitate to contact me:

UAE-Fujairah Emirates MOH-

Institute of Nursing Mob:

0503352990

Email:blsalibi@yahoo.com

Appendix L: Patient Information Sheet

Date :	**13/03/2011**	
From:	**Mr. Bilal El Salibi** **Senior Nursing Tutor**	**Fujairah Institute of Nursing**
To :	**All participants**	**Ministry of Health-Governmental hospitals**
Sub :	**Patient Information Sheet**	

Dear participant,

Please sign below to indicate your approval in participating in the study of job satisfaction among MOH nurses working in governmental hospitals. You may keep this cover letter for your information. Your return of the completed questionnaire will be considered consent to participate.

I appreciate your time and hope that you will decide to participate. A copy of the anonymous results will be sent to the head of Federal Department of Nursing. If you have any question about the study, do not hesitate to contact me:

Bilal Elsalibi
M UAE-Fujairah Emirates
MOH-Institute of Nursing
Mob: 0503352990

You're Signature:

_____

Appendix M: Letter to Hospitals and Nursing Directors

To: Director of Nursing Department

CC: Hospital Director,

Dear Madam/Sir:

I am a senior nursing tutor working in the Institute of nursing-MOH-Fujairah emirate and student in the Master's program of Education at the British University in Dubai. A thesis is part of my degree requirements, and I have chosen to conduct research on job satisfaction among Registered Nurses (RNs) employed in Ministry of health hospitals. A Permission from the Research Ethical Committee-MOH has been taken and will be sent with this letter.

The purpose of this letter is to request permission to include the RNs at your facility in my survey. Please include with the permission the number of RNs at your facility and a name of a person to be a liaison with me. The role of the liaison person will be to receive, distribute, collect, and follow up with the questionnaires.

I would like to assure you that all responses will be kept confidential. Participants will not be asked to identify their names. Furthermore, the data will be analyzed and reported in groups, so that no person can be identified.

If you have any questions regarding the study or this request, please do not hesitate to call me (Tel. 050-3352990).

A copy of the results will be sent to the participating institutions.

THANK YOU FOR YOUR TIME AND CO-OPERATION.

Sincerely,

UAE-Fujairah Emirates MOH-Institute of Nursing Mob: 0503352990

Email:blsalibi@yahoo.com

Appendix N: MMSS subscales Description

Subscales	Description	Items
Extrinsic rewards items: 1,2,3	satisfiers originating from outside the person	• Salary • Vacation • Benefits
Scheduling items: 4,5,6,8,9,10	satisfaction with his/her working hours	• Working hours • Flexible schedule hours • Working straight days • weekends off /month • Scheduling weekends off • Weekend's compensation.
Family/workplace Balance items: 7,11,12	satisfaction with your balance of time between work and family	• Part-time work • Maternity leave • Child care program.
Co-workers items: 14,15	satisfaction with employee's co-workers	• Nursing peers • Physicians.
Interactions items: 16,17,18,19	satisfaction with social communication and care delivered	• Care method • Social contacts at work • Social contacts after work • Interaction with other disciplines.
Professional opportunities items: 20,21,27,28	satisfaction with professional opportunities for advancement	• Interaction with nursing • faculty • Belong to department • Participation in research • Write and publish a research
Praise/recognition items: 13,24,25,26	satisfaction with the amount of recognition and feedback	• Immediate supervisor • Superior's recognition • Peers recognition • Encouragement and positive feedback
Control responsibility items: 22,23,29,30,31	satisfaction with work responsibilities, autonomy and empowerment	• Control over setting and Conditions. • Career Advancement • Responsibility • Participation in decision making.

Appendix O: Demographics statistics

Demographic. V.		Frequency	Percent	Mean	S. D	N
Emirate	Dubai Sharjah Ajman Um Quwain Ras Elkhaimeh Fujairah	147 122 120 104 123 110	20.2 16.8 16.5 14.3 16.9 15.2	3.36	1.74	726
Level of Edu.	Diploma BSN MSN or PHD	589 129 8	81.1 17.8 1.1	1.20	0.42	726
Working as registered nurse?	0-5 5-10 10-15 15-20 more than 20	102 154 174 112 184	14.0 21.2 24.0 15.4 25.3	3.17	1.38	726
degree besides nursing	Yes No	40 686	5.5 94.5	1.94	0.22	726
working in the present hospital	6 month - 5 y 5-10 y 10-15 y 15-20 y more 20 y	279 192 93 68 94	38.4 26.4 12.8 9.4 12.9	2.32	1.39	726
current nursing position	Staff Nurse Head Nurse Supervisor	630 75 21	86.8 10.3 2.9	1.16	0.44	726
Which unit did you gain most of your experience?	MS ICU/CCU ER OT OBS/GYN PED NEO RU OPD	203 118 87 73 93 55 69 25 3	28.0 16.3 12.0 10.1 12.8 7.6 9.5 3.4 0.4	3.44	2.21	726
hours worked	40H >40H	713 13	98.2 1.8	1.02	0.13	726
Shift worked	Rotating Shift Straight Shift	596 130	82.1 17.9	1.18	0.38	726
Gender	Male Female	39 687	5.4 94.6	1.95	0.22	726
Age	20-29 30-39 40-49 more than 50	163 317 149 97	22.5 43.7 20.5 13.4	2.25	0.95	726

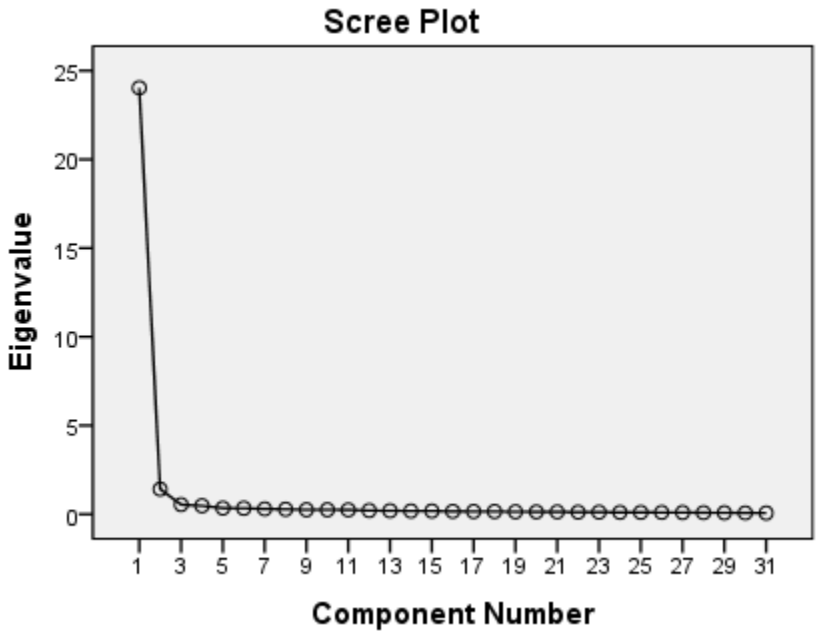
Marital status	Single Married Divorced Widowed	113 600 10 3	15.6 82.6 1.4 0.4	1.87	0.41	726
No. of children	None 1-3 3-5 5-10	160 408 148 10	22.0 56.2 20.4 1.4	2.01	0.69	726
Financing family	Yes No < 20% 20-40% 40-60% 60 >	325 145 103 88 44 21	44.8 20.0 14.2 12.1 6.1 2.9	2.23	1.42	726
employment history	None 1-3 3-5 more than 5	282 206 202 36	38.8 28.4 27.8 5.0	1.99	0.93	726
Where did you grow up?	City Camp Village	404 30 292	55.6 4.1 40.2	1.85	0.96	726
Current residence	City Camp Village	640 8 78	88.2 1.1 10.7	1.23	0.62	
Travelling distance	< 10 km 10-19 20-29 30-39 more than 40 km	401 183 77 25 40	55.2 25.2 10.6 3.4 5.5	1.79	1.11	726
ENA membership	Yes No	131 595	18.0 82.0	1.82	0.38	726
Level of satisfaction	Very dissatisfied Moderately Dissatisfied Neither satisfied or dissatisfied Moderately Satisfied Very Satisfied	43 274 206 169 34	5.9 37.7 28.4 23.3 4.7	2.83	1.00	726

Appendix P: PCA Monte Carlo

Comparison of eigenvalues from principal components analysis (PCA) and the corresponding criterion values obtained from parallel analysis.

Component number	Actual eigenvalue from PCA	Criterion value from parallel analysis	Decision
1	24.033	1.3999	accept
2	1.413	1.3510	accept
3	.539	1.3144	reject
4	.473	1.2761	reject

Appendix Q: Scree Plot



Appendix R: Factor Analysis-New constructs

Maslow	McCloskey	Muller & McCloskey	Present study	Items	Factor loadings	Items	M	S.D	Max	Min.	α
Self-actualization	Psychological	Professional opportunities	Professional need	opportunities to write and publish opportunities to participate in nursing research opportunities for career advancement opportunities to interact with faculty of the College of Nursing **maternity leave time**	-.932 -.911 -.882 -.856 -.845	8	2.70	1.16	5	1	0.95
Self-Esteem and Belongingness	Social	praise and recognition, work control and responsibility, coworkers and interaction opportunities	Approval needs	your amount of responsibility the delivery of care method used on your unit (e.g. functional, team, primary) recognition of your work from peers flexibility in scheduling your hours your immediate supervisor your control over work conditions the physicians you work with your nursing peers control over what goes on in your work setting your participation in organizational decision making opportunities to interact professionally with other disciplines amount of encouragement and positive feedback recognition for your work from superiors opportunities for social contact with your colleagues after work opportunities for social contact at work opportunities to belong to department and institutional committees hours that you work	.941 .927 .926 .924 .918 .917 .906 .887 .886 .885 .884 .879 .869 .865 .865 .859 .851	17	3.36	1.08	5	1	0.98
Safety Psychological needs	Safety	extrinsic rewards, balance of family and work, and One item from scheduling	Maintenance needs	child care facilities compensation for working weekends benefits package (insurance, retirement) vacation salary opportunity for part-time work	**.**921 .903 .885 .879 .876 .876	**6**	**2.05**	1.14	4.8	1	0.95
Safety Psychological needs	Safety	scheduling	Scheduling needs	flexibility in scheduling your weekends off weekends off per month opportunity to work straight days	-.936 -.909 -.897	3	3.18	1.27	5	1	0.95
Total				All dimensions		**30**	2.82	4.65	148.8	30	0.95

Appendix S:

Nursing History in the United Arab Emirates

The UAE is a federation of seven Emirates (Abu Dhabi, Dubai, Sharjah, Ajman, Umm al-Qaiwain, Ras Al-Khaimah (RAK), and Fujairah) that was formed in 1971 (Fig. 1). The health care system of the UAE is divided into three areas; federal government, local government, and private. There are 36 governmental hospitals containing 6726 beds and 30 private hospitals containing 1617 beds in the UAE. These hospitals are categorized as general hospital and specialty hospitals.

In the face of the extended and appreciated role, the nursing received in post-Islamic eras; nursing profession is not valued by the current Emirates times. Therefore, UAE is largely dependent on nurse expatriates; even it is the highest among the Gulf countries accounting for 96 % of diverse educational and cultural backgrounds (Al-Mohandis 2008). The discovery of oil and the proper use of its financial incomes since the 1960s by H.H Sheikh Zayed Bin Sultan Al Nahyan; former President of the UAE, has attracted a large number of expatriates in all work fields, including the health sector. Al-Rifai et al. (1996) stated that Indian nurses were the first arrival to UAE and began to practice nursing in 1969, where small healthcare facilities offering basic care were during that time in Sharjah, RAK and Dubai. Few years later, the first hospital was established in 1966 by the Canadians in Al-Ain city and then in Abu Dhabi in 1967. Nearly nurses from more than 103 different nations are presently practicing in the UAE (Al-Rifai & van der Merwe 2002). According to a study conducted in 2009 by the ENA, of the total 23,433 nurses working in the UAE, only 4 % were Emirates. Of whom, 12 were males. Indians and Filipinos continue to dominate the nursing workforce in UAE (Underwood 2010a).

This high number of expatriates and the drawback in terms of understanding the culture may present a challenge to delivering culturally competent health care in the UAE. Difficulties may evolve because of their diverse linguistic and socio- cultural backgrounds. Besides communication barriers, expatriate nurses may experience cultural shock resulting in conflict and stress. "Cultural shock is a common phenomenon and occurs when nurses care for patients from cultures different from their own" (Pickrell 2001).Therefore, confusion, disorientation, and trouble may occur particularly when a patient reacts in ways that are unfamiliar to them (Leininger 2005). Lack of language skills and cultural knowledge for both patients and healthcare providers, may ultimately impact the quality of care, especially if these expatriates enact their cultural values in the care administered. This cultural conflict may result in both patient and nurses dissatisfaction.

Under the umbrellas of the MOH, and by a presidential decree from H.H Sheikh Zayed, the School of Nursing in Abu Dhabi came to light in 1972, after which it was expanded into five benches overall the UAE. In 1982, the MOH collaborated with the American University of Beirut to establish new standards in nursing education by introducing the current diploma program. Currently, there are seven state schools of nursing existing overall the UAE. Three of them are named IONs operated by MOH. They offer a diploma degree and cover the Northern Emirates. Higher College of Technology and the Fatima College are controlled by the ministry of higher education and cover Abu-Dhabi and Al-Ain cities and provide a Bachelor Degree of nursing science (BSN). Besides, there are two private universities: Sharjah and RAK which offer BSN.The duration of study is three years. All graduates are Emirates and non-Emirates females. The number of Emirati graduates in the northern Emirates is relatively higher than that of Abu-Dhabi and Al-Ain. At present, a decision to shut down the diploma program was taken by MOH house power (Shaheen 2010), creating a further challenge to the existing nursing shortage.

Practicing nurses in UAE are either (RN) or Assistant nurse (AN). Although there are minimal differences in the technical bedside nursing care between the two categories, the major responsibility for the care falls upon the RNs. Additionally, RNs in the UAE hospitals assume responsibility for expanded roles such as Clinical Nurse Specialist, Infection Control Nurse, and Quality Assurance Nurse…etc. Most nurses in managerial positions were promoted as a result of their experience. Nursing in MOH hospital is controlled by the FDON; established in 1992 by a ministerial decree to advance and standardize the nursing facilities.

Appendix T: Operational Definitions

1. Overall satisfaction scale	The score of items number 20 the demographic questionnaire (Appendix H).
2. Global satisfaction	The mean score of the 31 items on Muller and McCloskey satisfaction scale (MMSS) 1990. (Appendix G).
3. Extrinsic rewards	The means of items 1-3 on the MMSS.
4. Scheduling	The means of items 4-10 on the MMSS.
5. Family/Work balance	The means of items14 and 15 on the MMSS.
6. C-workers	The means of items 11 and 12 on the MMSS.
7. Interaction	The means of items 16 -19 on the MMSS.
8. Professional opportunities	The means of items20, 21, 27, and 29 on the MMSS.
9. Praise/recognition	The means items of 13,24and 25 on the MMSS.
10. Control/responsibility	The means of items 22, 23 and 29-31 on MMSS.
11. Registered Nurse	A person who has a diploma or degree in nursing from an accredited school or college of nursing and who works in one of the health care settings in the UAE.
12. Demographic	Include education, tenure, position, unit, shift, age, gender, marital status and number of dependents that may influence an individual perception of job satisfaction.
13. Retention of nurses	The commitment of RNs to continue in their present healthcare organization (MOH).
14. Healthy work environments	Pleasurable, safe workplace that support nurses, and patient

15. Nursing	"A person who has completed a programme of basic nursing education and is qualified and authorized his/her country to practice nursing in all settings for the promotion of health, prevention of illness, care of the sick and rehabilitation".
16. - Obstetrics/Gynecology. - Outpatient Department. - Intensive Care Unit. - Coronary Care Unit. - Cardiac Surgical Unit. - Emergency Department. - Medical-Surgical ward. - Neonatal Care Unit. -Pediatric Department. -Renal Unit.	Nursing and specialty departments that were included in the study.
17. International Council of Nurses.	It is a federation of more than 130 national nurses associations (NNAs), representing the more than 13 million nurses worldwide.
18. World health organization	It is the directing and coordinating authority for health within the United Nations system.
19. The American Association of Colleges of Nursing.	It is the national voice for baccalaureate and graduate nursing education.
20. American Heart Association of critical care	It is the largest specialty nursing organization in the world, representing the interests of more than 500,000 nurses who are charged with the responsibility of caring for acutely and critically ill patients.

Appendix U: Rank order of the 31 MMSS hems for MOH RNs (n= 726)

No.	Rating	Variables	Mean	Standard Deviation
1	4	hours that you work	3.98	1.01
2	14	your nursing peers	3.91	.94
3	16	the delivery of care method used on your unit (e.g. functional, team, primary)	3.61	.96
4	13	your immediate supervisor	3.60	1.15
5	25	recognition of your work from peers	3.51	.96
6	29	your amount of responsibility	3.51	1.12
7	15	the physicians you work with	3.50	.98
8	30	your control over work conditions	3.47	1.07
9	5	flexibility in scheduling your hours	3.44	1.09
10	8	weekends off per month	3.34	1.31
11	11	maternity leave time	3.29	1.31
12	19	opportunities to interact professionally with other disciplines	3.23	1.07
13	18	opportunities for social contact with your colleagues after work	3.20	1.08
14	22	control over what goes on in your work setting	3.19	1.07
15	6	opportunity to work straight days	3.14	1.23
16	21	opportunities to belong to department and institutional committees	3.11	1.04
17	9	flexibility in scheduling your weekends off	3.07	1.28
18	17	opportunities for social contact at work	3.06	1.07
19	31	your participation in organizational decision making	3.00	1.24
20	24	recognition for your work from superiors	2.94	1.23
21	26	amount of encouragement and positive feedback	2.92	1.22
22	20	opportunities to interact with faculty of the College of Nursing	2.86	1.17
23	23	opportunities for career advancement	2.76	1.20
24	27	opportunities to participate in nursing research	2.62	1.12
25	28	opportunities to write and publish	2.59	1.14
26	2	vacation	2.33	1.17
27	1	salary	2.31	1.21
28	10	compensation for working weekends	2.22	1.34
29	7	opportunity for part-time work	2.16	1.21
30	12	child care facilities	1.83	1.10
31	3	benefits package (insurance, retirement)	1.50	.84

Appendix V: Psychometric Characteristics for Summated Scale Scores (n=726)

Variable	Number of Items	Mean	N	Std. Deviation	Maximum	Minimum	Alpha
Satisfaction with extrinsic rewards	3	2.04	725	2.96	4.6	1	0.90
Satisfaction with Scheduling	6	3.19	725	6.60	5	1	0.95
Satisfaction with Balance of family and work	3	2.42	725	3.23	5	1	0.86
Satisfaction with co-workers	2	3.70	725	1.81	5	1	0.87
Satisfaction with interaction opportunities	4	3.27	725	3.95	5	1	0.95
Satisfaction with professional opportunities	4	2.7	725	4.19	5	1	0.95
satisfaction with praise and recognition	4	3.32	725	4.11	5	1	0.94
Control	5	3.18	709	5.35	5	1	0.96
Total Score	31	**93.1**		32.2	153.8	31	**0.96**

Mean MMSS subscales-shows the psychometric characteristics for the eight summated scale scores. The Cronbach's alpha reliability coefficients ranged from r = 0.86 to *r* = 0.96 with a median alpha of *r* = 0.95. This suggested that all the MMSS subscales had adequate levels of internal reliability (Creswell 2005).

Appendix W: Manova, Relationship between demographics and the newly derived four factors.

Independent Variable	Dependable variable	Uni.F	WLF V/P	df	P
Emirates			0.679/	(5,708)	
	Approval needs.	6.82	0.000		0.000α
	Maintenance needs	7.83	α		0.000α
	Scheduling needs	3.95			0.002α
	Professional needs	9.20			0.000α
Education			0.951/	(2,708)	
	Approval needs.	0.56	0.000		0.569
	Maintenance needs	0.70	α		0.495
	Scheduling needs	0.88			0.414
	Professional needs	0.29			0.748
Nursing Experience as registered nurse?			0.935/	(4,708)	
	Approval needs.	4.10	0.000		0.003α
	Maintenance needs	5.62	α		0.000α
	Scheduling needs	4.76			0.001α
	Professional needs	5.09			0.000α
degree besides nursing			0.955/	(1,708)	
	Approval needs.	2.60	0.000		0.107
	Maintenance needs	2.93	α		0.087
	Scheduling needs	0.84			0.360
	Professional needs	0.20			0.648
Length of Nursing experience in the present hospital.			0.918	(4,708)	
	Approval needs.	2.57	/		0.037*
	Maintenance needs	7.35	0.000		0.000α
	Scheduling needs	4.65	α		0.001α
	Professional needs	2.78			0.026*
current nursing position			0.887/	(2,708)	
	Approval needs.	2.66	0.000		0.070
	Maintenance needs	4.63	α		0.010α
	Scheduling needs	2.99			0.051
	Professional needs	0.81			0.442
Work Unit			0.834/	(8,708)	
	Approval needs.	4.21	0.000		0.000α
	Maintenance needs	4.37	α		0.000α
	Scheduling needs	2.10			0.034*
	Professional needs	3.27			0.001α
Average working hours			0.984/	(1,708)	
	Approval needs.	0.72	0 .034		0.396
	Maintenance needs	0.008			0.928
	Scheduling needs	0.03			0.854

	Professional needs	0.29			0.588
Shift			0.863/	(1,708)	
	Approval needs.	0.04	0.000		0.832
	Maintenance needs	8.05	α		0.005α
	Scheduling needs	10.73			0.001α
	Professional needs	0.02			0.888
Gender			0.956/	(1,708)	
	Approval needs.	5.69	0.000		0.017
	Maintenance needs	19.78	α		0.000α
	Scheduling needs	3.22			0.073
	Professional needs	5.48			0.019
Age			0.967/	(3,708)	
	Approval needs.	0.32	0.040		0.807
	Maintenance needs	0.90	*		0.438
	Scheduling needs	0.23			0.873
	Professional needs	0.19			0.900
Marital Status			0.975/	(3,708)	
	Approval needs.	1.51	0.165		0.209
	Maintenance needs	2.33			0.073
	Scheduling needs	1.30			0.273
	Professional needs	1.63			0.181
Number of children			0.958/	(3,708)	
	Approval needs.	2.31	0.006		0.074
	Maintenance needs	0.11	α		0.953
	Scheduling needs	1.66			0.174
	Professional needs	1.37			0.249
Financing Family			0.834/	(5,708)	
	Approval needs.	13.10	0.000		0.000α
	Maintenance needs	10.45	α		0.000α
	Scheduling needs	14.73			0.000α
	Professional needs	13.26			0.000α
Employment changes			0.925/	(3,708)	
	Approval needs.	3.17	0.000		0.024*
	Maintenance needs	2.62	α		0.049*
	Scheduling needs	5.69			0.001α
	Professional needs	1.03			0.377
Place of growth			0.968/	(2,708)	
	Approval needs.	3.87	0.006		0.021*
	Maintenance needs	4.83	α		0.008α
	Scheduling needs	6.62			0.001α
	Professional needs	3.03			0.049*
Place of residence			0.949/	(2,708)	
	Approval needs.	0.10	0.000		0.896

	Maintenance needs Scheduling needs Professional needs	2.97 1.69 0.12	α		0.052 0.184 0.880
Traveling distance	 Approval needs. Maintenance needs. Scheduling needs Professional needs	 18.86 18.28 18.09 17.55	0.803/ 0.000 α	(4,708)	 0.000α 0.000α 0.000α 0.000α
ENA membership	 Approval needs. Maintenance needs Scheduling needs Professional needs	 0.04 1.24 0.58 0.06	0.994/ 0 .449	(1,708)	 0.840 0.266 0.444 0.794
Overall satisfaction	 Approval needs. Maintenance needs Scheduling needs Professional needs	 20.17 19.10 15.47 18.80	0.846/ 0.000 α	(4,708)	 0.000α 0.000α 0.000α 0.000α

Appendix X: Anova Findings: Emirates

DV	IV	N	DF	Mean	F	P
Approval needs	Emirates		5		3.11	0.009
	Dubai	147		55.29		
	Sharjah	122		56.15		
	Ajman	120		59.56		
	Um Quwain	104		62.03		
	Ras Alkhaimeh	123		55.36		
	Fujairah	109		55.75		
Maintenance needs			5		5.52	0.000
	Dubai	147		10.73		
	Sharjah	122		11.78		
	Ajman	120		13.00		
	Um Quwain	104		13.68		
	Ras Alkhaimeh	123		11.61		
	Fujairah	109		14.05		
Professional needs			5		7.34	0.000
	Dubai	147		9.74		
	Sharjah	122		9.94		
	Ajman	104		11.58		
	Um Quwain	104		12.42		
	Ras Alkhaimeh	123		11.39		
	Fujairah	109		10.33		

Appendix XI: Anova Findings: Tenure as RN

DV	IV	N	DF	Mean	F	P
Approval needs.	Nursing Experience as registered nurse?		4		11.53	0.000
	0-5	102		50.31		
	5-10	154		55.64		
	10-15	174		62.01		
	15-20	111		61.60		
	more than 20	184		54.46		
Professional needs			4		7.30	0.000
	0-5	92		9.77		
	5-10	148		10.46		
	10-15	174		11.84		
	15-20	111		11.91		
	more than 20	184		10.13		
Scheduling needs			4		9.07	0.000
	0-5	102		8.08		
	5-10	154		9.25		
	10-15	174		10.41		
	15-20	111		10.42		
	more than 20	184		9.22		

Appendix XII: Anova Findings: Tenure in the present hospital

DV	IV	N	DF	Mean	F	P
Maintenance needs.	Length of Nursing experience in the present hospital.		4		7.28	0.000
	6 month - 5 y	279		13.18		
	5-10 y	192		11.14		
	10-15 y	93		12.77		
	15-20 y	67		9.85		
	more 20 y	94		13.75		
Professional needs			4		3.52	0.007
	6 month - 5 y	267		10.94		
	5-10 y	188		10.93		
	10-15 y	93		11.02		
	15-20 y	67		9.01		
	more 20 y	94		11.42		

Appendix XIII: Anova Findings: Work Unit

DV	IV	N	DF	Mean	F	P
Approval needs	Work Unit		8		6.01	0.000
	MS	203		57.59		
	ICU/CCU	118		58.98		
	ER	87		58.30		
	OT	73		55.57		
	OBS/GYN	93		48.46		
	PED	55		57.98		
	NEO	69		64.41		
	RU	24		58.50		
	OPD	3		33.33		
Maintenance needs			8		9.12	0.000
	MS	203		13.11		
	ICU/CCU	118		11.44		
	ER	87		12.19		
	OT	73		11.01		
	OBS/GYN	93		9.79		
	PED	55		11.83		
	NEO	69		16.95		
	RU	24		13.79		
	OPD	3		6.00		
Professional needs			8		4.07	0.000
	MS	198		11.06		
	ICU/CCU	117		10.65		
	ER	82		11.20		
	OT	73		9.95		
	OBS/GYN	90		9.03		
	PED	55		11.09		
	NEO	67		12.95		
	RU	24		12.04		
	OPD	3		6.33		
Scheduling needs			8		5.51	0.000
	MS	203		9.55		
	ICU/CCU	118		9.72		
	ER	87		9.82		
	OT	73		9.08		
	OBS/GYN	93		8.09		
	PED	55		9.50		
	NEO	69		11.24		
	RU	24		9.70		
	OPD	3		8.66		

Appendix XIV: Anova Findings: Financing Family

DV	IV	N	DF	Mean	F	P
Approval needs	Financing Family		5		40.75	0.000
				53.80		
	Yes	325		66.21		
	No	144		68.04		
	< 20%	103		52.44		
	20-40%	88		46.06		
	40-60%	44		35.14		
	60 >	21				
Maintenance needs			5		37.91	0.000
	Yes	325		11.39		
	No	144		16.77		
	< 20%	103		14.70		
	20-40%	88		8.95		
	40-60%	44		9.15		
	60 >	21		6.47		
Professional needs					43.13	0.000
	Yes	312	5	10.22		
	No	141		13.27		
	< 20%	103		13.20		
	20-40%	88		8.62		
	40-60%	44		8.50		
	60 >	21		6.23		
Scheduling needs			5		34.76	0.000
	Yes	325		8.61		
	No	1441		11.62		
	< 20%	03		12.11		
	20-40%	88		8.55		
	40-60%	44		7.56		
	60 >	21		5.14		

Appendix XV: Anova Findings: Employment changes

DV	IV	N	DF	Mean	F	P
Approval needs	Employment changes		3		13.03	0.000
	None	282		55.92		
	1-3	206		60.98		
	3-5	201		57.36		
	more than 5	36		43.13		
Scheduling needs	None		3		12.96	0.000
	1-3	282		9.36		
	3-5	206		10.43		
	more than 5	201		9.40		
		36		6.55		
Professional needs			3		6.67	0.000
	None	282		10.72		
	1-3	206		11.50		
	3-5	201		10.80		
	more than 5	36		8.08		

Appendix XVI: Anova Findings: Place of growth

DV	IV	N	DF	Mean	F	P
Approval needs	Place of growth		2		14.75	0.000
	City	403		56.80		
	Camp	30		42.10		
	Village	292		59.15		
Maintenance needs			2		16.68	0.000
	City	403		12.02		
	Camp	30		6.90		
	Village	292		13.38		
Professional needs			2		19.57	0.000
	City	390		10.72		
	Camp	30		6.40		
	Village	289		11.44		
Scheduling needs			2		14.71	0.000
	City	403		9.48		
	Camp	30		6.23		
	Village	292		9.96		

Appendix XVII: Anova Findings: Traveling distance

DV	IV	N	DF	Mean	F	P
Approval needs	Traveling distance		4		31.25	0.000
	< 10 km	401		58.66		
	10-20 km	183		62.80		
	20-30 km	76		50.90		
	30-40 km	25		41.64		
	more than 40 km	40		37.84		
Maintenance needs			4		16.47	0.000
	< 10 km	401		13.07		
	10-20 km	183		13.57		
	20-30 km	76		8.64		
	30-40 km	25		7.96		
	more than 40 km	40		9.40		
Professional needs			4		26.45	0.000
	< 10 km	391		11.41		
	10-20 km	179		11.90		
	20-30 km	75		8.69		
	30-40 km	25		6.80		
	more than 40 km	39		6.77		
Scheduling needs			4		26.48	0.000
	< 10 km	401		9.81		
	10-20 km	183		10.78		
	20-30 km	76		8.01		
	30-40 km	25		6.52		
	more than 40 km	40		5.90		

Appendix XVIII: Anova Findings: Overall satisfaction

DV	IV	N	DF	Mean	F	P
Approval needs			4		36.20	0.000
	Overall satisfaction	43		42.51		
	Very dissatisfied					
	Moderately Dissatisfied	274		51.62		
	Neither satisfied or dissatisfied	206		58.85		
	Moderately Satisfied	169		66.26		
	Very Satisfied	33		65.61		
Maintenance needs			4		44.45	0.000
	Very dissatisfied	43		10.04		
	Moderately Dissatisfied	274		9.92		
	Neither satisfied or dissatisfied	206		11.94		
	Moderately Satisfied	169		16.27		
	Very Satisfied	33		18.12		
Professional needs			4		38.91	0.000
	Very dissatisfied	43		7.65		
	Moderately Dissatisfied	270		9.29		
	Neither satisfied or dissatisfied	99		11.02		
	Moderately Satisfied	166		13.33		
	Very Satisfied	31		13.81		
Scheduling needs			4		37.05	0.000
	Very dissatisfied	43		7.46		
	Moderately Dissatisfied	274		8.15		
	Neither satisfied or dissatisfied	206		9.69		
	Moderately Satisfied	169		11.73		
	Very Satisfied	33		11.54		

Appendix XIX: Independent T test of shift worked

DV	IV	N	DF	Mean	F	P(2tailed)
Maintenance needs	Shift Rotating Shift Straight Shift	 596 129	723	 12.46 11.84	10.02	0.260
Scheduling needs	Rotating Shift Straight Shift	596 129	723	9.20 11.09	22.27	0.000

Levene's test: ($P < 0.05$). Equal variances not assumed used.

Appendix XX: Independent T test of Gender

DV	IV	N	DF	Mean	F	P(2tailed)
Maintenance needs	Gender Male Female	 39 686	723	 15.23 12.19	0.73	0.003

Levene's test: ($P > 0.05$). Equal variances assumed used.