DETERMINANTS OF JOB SATISFACTION AMONG NURSES IN KUWAIT

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Key words: job satisfaction, global scale, background characteristics, neutral score

ABSTRACT

Objective

Job satisfaction among nurses working in five general hospitals in Kuwait was analysed using a global scale based on the McClosky Mueller Satisfaction Scale (MMSS) in relation to selected background characteristics (eg age, gender, nationality, educational qualification, monthly salary and the departments in which they worked.

Design

The questionnaire was distributed to 500 nurses using a stratified random sample. The response rate was 87.2%.

Results

Age, nationality and the department worked in had a positive significant relationship with job satisfaction. However, a higher level of educational qualification and previous work experience in other countries showed an inverse relationship with job satisfaction.

Conclusion

Based on our findings, we recommend that expatriate staff should be provided with an understanding of cultural differences and how to cope with them. Special attention should be paid to the norms regarding interaction among males and females and social interaction among professionals from the opposite gender. Intensive courses in the languages to be used in the care provision process should be provided to impart requisite language competency.

INTRODUCTION

Quality of health care is a multi dimensional phenomenon. Job satisfaction among health care providers is a crucial variable among the determinants of quality of health care. A number of studies have been undertaken internationally to measure job satisfaction among care providers and its relationship with quality of care.

A number of studies have reported that employees who are satisfied in their job tend to stay longer in the job (Hinshaw et al 1987; Taunton et al 1989; Tett and Meyer 1993). Research also shows that employees who experience job satisfaction are more likely to be productive (Cohen and Josefowitz 1980; Likert and Katz 1979).

Job dissatisfaction, on the other hand, leads to absenteeism, tardiness, grievances and increased turnover and therefore results in higher employment costs (Hinshaw et al 1987; Tett and Meyer 1993; Lucas et al 1993; Porter and Steers 1973; Seashore and Tabar 1995; Weisman et al 1981; Price and Mueller 1981; Prestholdt et al 1988). Also, job dissatisfaction decreases job performance and has a negative influence on the quality of care (Brayfield and Crockett 1995; Petty et al 1984).

Butler and Parsons (1989) found adequate monetary compensation and flexibility in work schedule to be predictors of job satisfaction. Cambey and Alexander (1998), in their study of public health nurses, found that participation in decision-making and formalisation of organisational structure contributed to job satisfaction. Tonges et al (1998) found that interpersonal identity, work related identity and autonomy were found to be significant predictors of job satisfaction among nurses. Cronin and Becherer (1999) found functional verbal feedback and meaningful recognition as satisfiers among nurses. Abu Ajmieh et al (1996), in their study of Palestinian nurses, reported timely feedback from

supervisors and culturally relevant recognition as satisfiers. Kangas et al (1999) reported that nurses who perceived the organisational environment as supportive were more satisfied. Yamashita (1995), in a study of job satisfaction among Japanese nurses, reported a positive correlation between age and years of experience and satisfaction. Agho (1993) found instrumental communication and positive affectivity as major determinants of job satisfaction among nurses.

The literature provides sufficient evidence to suggest that when care givers are satisfied, their patients are more likely to be satisfied (Parrinello 1990; Shain 1990; Weisman and Nathanson 1985). Research also shows that nurses who are satisfied with their job have a higher level of organisational commitment (Acorn et al 1997).

The role of a nurse, as a member of the health care team, is of paramount importance in the preservation of quality of care and patient satisfaction. However, it has been reported that nurses work in an extremely stressful environment (David et al 1996). Limited work has been undertaken in Kuwait to measure nurses' job satisfaction (Al-Kandari and Ogundeyin 1998; Al-Enezi 1998; Shah et al 2001). In one study from Kuwait, Dalayon (1990) reported that nurses who work in a language and culturally diverse setting work under considerable stress. Also, their performance can be affected adversely if they are not satisfied with their job (Joey and Steven 1997).

BACKGROUND

Kuwait is a small oil rich Arab-Muslim country of 2.2 million people, only 35% of whom are Kuwaiti nationals. Non-Kuwaitis are comprised of persons of many nationalities from Arab as well as Asian countries. People from over 100 countries form the expatriate community (Public Authority on Civil Information 2000). About 90% of all health care services are provided by the government (Vital and Health Statistics Division 2000; Naim et al 1986). Kuwaiti nationals get all health care services free of charge, whereas expatriates have to pay a nominal fee.

The country has a three-tier health care delivery system. The entry point for accessing services is through primary health care centres (PHCs). There is one PHC for approximately every 30,000 people. There are 70 general health care centres, 25 maternal care centres and 64 child care centres. Secondary care as well as emergency care are provided through five general hospitals. Finally, there are 18 tertiary care hospitals and centres that provide specialised care (Vital and Health Statistics Division 2000). Kuwaiti patients generally converse in Arabic. For health care provision, however, the Ministry of Health (MoH) relies heavily on expatriate human resources.

Nursing care is provided by 8,232 nurses, of whom 1,496 (18%) are males. Nurses working in the MoH are from 35 countries. Of the total nurses, 997 (12%) are Kuwaitis. Thus, Kuwait has an acute shortage of nurses. The highest portion of nurses is from India (42.4%), followed by Filipinos (15.6%), Egyptians (13.9%), Pakistanis (4.8%) and Indonesians (3.0%). A vast majority of the Indian nurses and all of the Filipino nurses are non-Muslims. In addition to 12.1% Kuwaiti nurses, 19.5% are from 16 other Arabic speaking countries (Manpower Statistics 2000). Thus, the nurse workforce in Kuwait represents an enormous array of ethnic, cultural, and linguistic diversity.

Conceptual framework for job satisfaction

Job satisfaction is a complex phenomenon. A number of conceptual frameworks have been developed to explain its dynamics. The human relations management movement of the 1940s focussed considerable attention on this subject. However, Maslow's classical work on motivational theory has been a major influence on job satisfaction theory (Brunner 1989). Maslow believed that humans are motivated and their behaviours are determined by unsatisfied needs. In this regard he considered deficiency needs and growth needs. Another landmark contribution related to work satisfaction is that of Herzberg et al (1959). His two-factor theory differentiates between motivation factors that influence job satisfaction (achievement, recognition, work itself, responsibility, and growth) and hygiene factors (supervision, physical working conditions, interpersonal relationships, benefits, management, and job security). Pasternak (1988), in his work, suggests that the Herzberg model in fact confirms Maslow's theory.

Abu Ajmieh et al (1996) propose that the work of Maslow and Herzberg did not have sufficient support from research and therefore their works are not considered as an 'all inclusive' job satisfaction theory. In 1990, Mueller and McCloskey tested a scale resulting in 33 questions measuring McCloskey's three dimensions of job satisfaction. A subsequent factor analysis of the 33 items, and a further refinement consisting of 31 items, resulted in Mueller and McCloskey's identification of eight sub-scales. The instrument has been reported to be highly reliable with an internal consistency of 0.89 (Mueller and McCloskey 1990). The findings from the West Bank study, from an Arab country and similar to the present study (Abu Ajmeih et al 1996) supported the use of the Mueller McCloskey scale in non-USA countries and cultures. However, they suggested that some modifications and refinements are needed in the Mueller McCloskey scale to use in the different cultures.

The Mueller McCloskey Satisfaction Scale (MMSS) provides a comprehensive method to study job satisfaction among nurses. We therefore used it in Kuwait which, as a workplace, as mentioned earlier, represents an enormous array of ethnic, cultural, and linguistic diversity.

Research questions

The study had three questions:

i What was the level of job satisfaction using the Mueller McCloskey Satisfaction Scale (MMSS)?

ii What was the relationship between selected background characteristics and MMSS?

iii What are the predictors of job satisfaction among nurses?

METHOD

Sample

The study population consisted of 3,032 nurses employed in the five general hospitals. A stratified random sample of proportionate size for each hospital was used. The initial sample size, derived by using the formula for simple random sampling, was 384. After adding the design effect for stratified random sampling, the sample size became 500. The questionnaire was distributed to the 500 randomly selected nurses, in January 1999, in the hospitals. The respondents were requested to drop the completed questionnaire in the designated box kept in each hospital. At the end of the data collection period, a total of 436 completed, self-administered questionnaires were returned, yielding a response rate of 87.2%. The anonymity of all respondents was preserved. In keeping with the standard research protocol, necessary permission was obtained from the concerned authorities of the Ministry of Health for data collection.

Instrument

For the purpose of our study, 21 items were selected out of the 31 items of the Mueller McCloskey scale. Ten items that were not applicable to Kuwait were excluded. These pertain to benefit packages, insurance, part-time work, child care facilities, flexibility in scheduling and weekends off. These privileges are not a part of the employment benefits for nurses or, for that matter, for other care providers in Kuwait. All health care providers in the MoH, it may be noted, are provided a standard salary in keeping with academic qualifications and experience. Medical insurance is not needed because all employees of the MoH are entitled to free medical care. Child care and flexibility in scheduling weekends off are not a part of the Kuwaiti administrative system.

The eight subscales developed by Mueller McClosky from 31 items were: (i) extrinsic reward; (ii) scheduling; (iii) balance of family and work; (iv) interaction with co-workers; (v) interaction opportunities; (vi) professional opportunities; (vii) praise and recognition; and (viii) control and responsibility. The range of scores for each factor varied according to the number of items included; and higher the score the higher the degree of job satisfaction. Each item on the Mueller McCloskey scale was measured on a five-point Likert scale which was also adopted in the present study. The responses on the Likert scale ranged from 5 (very satisfied) to 1 (very dissatisfied).

The total possible minimum score for the subscale was 21 and the maximum was 105. For the purpose of analysis, a score to represent a 'satisfied' respondent was needed. However, Mueller McCloskey did not provide the determination of a 'satisfied' score. We therefore used the following procedure. Considering that the neutral point on the scale was 'neither satisfied nor dissatisfied' and had a score of 3, and a score of 4 represented the lowest level of

Table 1: Average and standard deviation (SD) on global scale by selected background characteristics (n=436)

Background Characteristics	Job Satisfaction Scale	
Global Score	**Mean**	**SD**
	68.6	13.5
Age (years)*		
Less than 30	65.9	13.1
30-39	69.5	13.7
40 and above	70.2	13.4
Gender		
Male	67.4	13.4
Female	68.8	13.5
Nationality**		
Kuwaiti and Arabs	72.9	13.4
Indians	70.8	12.6
Filipinos	62.3	13.8
Others	67.6	12.2
Educational qualification**		
Diploma	71.6	12.6
Bachelor	63.0	13.4
Monthly salary**		
<200 KD	70.8	12.8
200-300 KD	66.4	13.2
301+ KD	69.6	15.6
Departments		
Casualty	66.97	14.2
OR	68.2	9.9
Medical ward	70.7	13.3
Surgical ward	69.6	14.0
ICU	70.7	12.1
Paediatric ward	66.2	14.6
Maternity ward	67.9	12.5
Others	65.0	14.2
Where spouse lives**		
In Kuwait	70.9	13.2
Abroad	67.2	13.4
Experience in Kuwait		
1-5 years	66.3	12.1
6-10 years	69.8	13.6
11-15 years	69.6	14.1
16+ years	70.4	14.8
Worked anywhere else		
No	69.9	13.5
Yes	68.1	13.6

* Significant at 5% level ** Significant at 1% level

being 'satisfied', a respondent who got an overall score of 63 (21x3) was treated as neutral. Therefore a total score of 64 was considered as the lowest level of satisfaction. The above conforms to the decisions of the study undertaken by Cambey and Alexander (1998). Cronbach's alpha (reliability coefficient) was used to determine the internal consistency of the instrument. The value of the alpha for the global scale in our study was 0.89, which is the same as for the global scale in the Mueller and McCloskey's 1990 study. The construct validity was assessed by factor analysis using factor loadings; these ranged from 0.57 to 0.83 except one item which was 0.39 (compensation for work during holidays). The questionnaire was translated into Arabic and translated back into English by an independent professional, to check the validity.

The background characteristics assessed in our study were: age, sex, nationality, educational level, monthly salary, place of work in terms of department within a hospital, whether spouse lived in Kuwait, years of experience in Kuwait, and whether the respondent had worked as a nurse in another country before undertaking the job in Kuwait.

Table 2: Multiple regression analysis of job satisfaction (dependent variable: Overall job satisfaction) n=436

Characteristics	Coefficient	Standarised coefficient	Level of Significance
Age	4.036	0.212**	0.001
Sex			
Male	-0.299	-0.008	0.869
Female	0.00	1.00	
Educational qualification	-5.701	-0.202**	0.002
Where spouse lives			
In Kuwait	2.321	0.086	0.112
Not in Kuwait	0.00	1.00	
Monthly salary	-0.590	-0.030	0.632
Experience in Kuwait	-1.197	-0.099	0.158
Previous work experience in other country			
Yes	-2.885	-0.100*	0.041
No	0.00	1.00	
Department working in:			
Casualty	0.851	0.017	0.764
OR	0.602	0.010	0.853
Medical ward	5.314	0.172**	0.014
Surgical ward	4.839	0.142*	0.032
ICU	5.211	0.118*	0.047
Paediatric ward	1.512	0.035	0.559
Obs & Gyn	3.919	0.082	0.157
Others (endoscopy, dental, nephrology, etc)	0.00	1.00	
Nationality (Yes=1)			
Kuwaiti & other Arabs	5.101	0.142*	0.031
Indians	1.492	0.055	0.463
Filipinos	-2.333	-0.074	0.332
Others (Europeans & North Americans)	0.00	1.00	
Constant	64.785		0.000
F- value	5.01 ($p<0.01$)		
Adjusted R^2	0.14		

* Significant at 5% level ** Significant at 1% level

ANALYSIS

The average for the global scale was 68.6 and the standard deviation was 13.5 (see table 1). In terms of age, respondents in each of the three categories had an overall score higher than the neutral score (ie 63). Respondents aged above 30 were significantly more satisfied than those below 30. Regarding gender, both male and female nurses had an overall score slightly higher than the neutral score. However, there was no significant difference between them. With regard to nationality, Kuwaitis and other Arabs were more satisfied, followed by Indians, while the Filipinos were not satisfied and the difference was significant.

Respondents who had a diploma were significantly more satisfied than those who had a bachelors degree. The overall score of diploma holders was much higher than the neutral score, while that of the bachelor degree holders was equal to the neutral score.

Regarding salary, respondents in each of the three categories had an overall score higher than the neutral score. However, those who got a monthly salary of 200 Kuwaiti Dinars or less were relatively more satisfied compared to the respondents in the other two categories.

On place of work within a hospital, the overall score for each setting was higher than the neutral score. However, the scores for respondents who worked in medical wards, surgical wards, or ICU were relatively higher than those who worked in other wards.

The respondents whose spouses lived in Kuwait were more satisfied than those whose spouses lived abroad, with the overall score being higher than the neutral score for respondents in both categories. The relationship between the number of years of experience in Kuwait and satisfaction showed that respondents who had worked for six or more years were more satisfied. However, the overall score for respondents in each of the four duration categories was higher than the neutral score.

Finally, the overall scores of respondents who had worked in a country other than Kuwait and those who had not, were both higher than the neutral score.

Multivariate analysis

To assess the relationship between those background characteristics that had a significant association with the job satisfaction, we used multiple linear regression. The overall job satisfaction score was used as the dependent variable, for which the scores ranged from 21 to 105.

Dummy variables for each category were created for two categorical variables: department where respondent worked and nationality. For nationality, 'other' (includes Europeans and North Americans) was treated as the omitted category, while for department 'other department' (includes endoscopy, dental, nephrology, etc) was treated as the omitted category.

Table 2 presents the results of the multiple regression analysis. The overall model was significant ($F=5.01$, $p<0.01$) and the value of the adjusted R^2 was 0.14. Age, Kuwaiti nationality, and working in a surgical department, medical department or ICU were found to be significant and showed a positive relationship with overall job satisfaction score. However, educational qualification and employment in another country before taking up the job in Kuwait showed a significant but inverse relationship with the overall job satisfaction. The rest of the independent variables were not significantly associated with job satisfaction.

DISCUSSION

Consistent with previous research (Warr 1992), we found that older nurses were more satisfied with their jobs. It appears that as professionals mature age-wise and gather more experience, they tend to make a better adjustment to the work environment when compared with younger peers. Also, it is relatively more difficult for older professionals in the Middle East to switch jobs and find compatible positions elsewhere. Further, the age for retirement in most of the developing countries is relatively low compared to that in developed countries. Therefore, nurses who are aged 40 or over have extremely limited job opportunities in their own countries should they opt to return. Finally, the wages for the same or similar jobs in the countries or origin (Egypt, Syria, India, Philippines, Pakistan, and Bangladesh) are much lower than those in the Gulf Cooperation Council (GCC) countries (Shah 1994). Besides, older and experienced persons are accorded greater recognition by the supervisors and administrators in the Arab culture and, therefore, they tend to be more satisfied. All of these factors result in a likely higher level of satisfaction among older nurses.

Nurses with a diploma were found to have a higher level of satisfaction compared to bachelor degree holders, similar to the results of a previous study (Cambey and Alexander 1998). An investigation into the salary structure of nurses revealed that there is an insignificant difference in the salary of those who have diploma as opposed to those who have a bachelor degree, which might explain why diploma holders are comparatively more satisfied. Another possible reason for the finding is that while bachelor degree holders receive compatible salaries in other countries in the region, the diploma holders get relatively higher salaries in Kuwait, compared to salaries offered elsewhere in the region.

Nurses who had worked in another country before coming to Kuwait were less satisfied compared to those who had not worked elsewhere. One plausible explanation for the finding is that nurses who had worked at some other place within the region have a point of reference.

Nurses who worked on a medical ward, a surgical ward, or ICU were found to be more satisfied with their job, with those who worked in ICU being relatively less satisfied. This finding is consistent with that of another study (Yamashita 1995). Our discussions with care providers in Kuwait, physicians and nurses alike, revealed that nurses tend to like those settings of work where they have a greater control over patient care; and medical and surgical wards offer such an opportunity. Nurses who worked in casualty, or emergency rooms (ER), for example, had the lowest satisfaction score in our study. Nurses reported that they did not like to work in those settings where there is a higher pressure of work, as is the case with emergency room (ER) services. ER services have been found to be heavily overutilised in Kuwait (Shah and Shah 1992-93; Shah et al 1994-95; Shah et al 1996; Shah et al 1997). No triage system is followed and, therefore, some patients who are not truly in need of emergency care are provided services through ER, thus resulting in a heavy burden on the staff.

Finally, regarding nationality, Kuwaitis and other Arabs were found to be more satisfied, followed by Indians. The Filipino nurses were the least satisfied. This may partly be because the official language in the MoH is Arabic and the majority of supervisors are either Kuwaitis or non-Kuwaiti Arabs. Therefore the Arab employees tend to enjoy a better rapport and working relationship with Arabic-speaking supervisors; and that results in a higher level of satisfaction among them. However, this may also be due to their general satisfaction in life as they live in a culturally compatible environment. Indian nurses are relatively more satisfied than Filipino nurses. This may be because the Indian nurses come from relatively conservative cultures and have fewer problems in adjusting to the conservative Kuwait culture (Shah 2000). Filipinos, on the other hand, besides having difficulty with the language, also may have some difficulty with the culture. The Philippines as a society is relatively more open and where interaction among male and females, contrary to the social norm in Kuwait, is far more permissible (Shah et al 2001).

CONCLUSION

In summary, the older nurses were more satisfied with their job as were the nurses who held a diploma compared to those who had a baccalaureate degree. Experience of working in another country prior to Kuwait had a negative effect on satisfaction level. Nurses were found to be more satisfied in work settings in which they had greater control over patient care. Finally, comprehension of Arabic language and cultural compatibility emerged as facilitators of job satisfaction. We therefore propose that the above factors be given due consideration in recruitment of nurses as members of the health care team. Our findings have special relevance for health care services of those societies which recruit human resources from overseas.

Specifically, we recommend that societies with a shortage of nursing and other professional staff, while recruiting expatriates should pay attention to the following. Through a carefully planned orientation program, the expatriate staff may be provided with an understanding of cultural differences and how to cope with them. Special attention should be paid to the norms regarding interaction among males and females in general, and social interaction among professionals from opposite genders, in particular. For instance, it is customary in the western culture to shake hand with colleagues. But in the Islamic culture, if a person tries to shake hands with a colleague of the opposite gender, it is frowned upon and in some cases it is shunned. Similarly, in conference rooms, lecture theatres and cafeterias, it is a common norm among conservative cultures that males and females should not intermingle. With regard to language barriers, it is recommended that staff should be provided with intensive courses in the language to be used in the care provision process. Language cannot be learnt through short on-the-job experiences, as has generally been the way in Kuwait and other Gulf countries.

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