



**UNIVERSITY OF THE PHILIPPINES
OPEN UNIVERSITY**

Master of Arts in Nursing

MA. FE ADELLE N. BARUA, RN

**JOB SATISFACTION AND JOB PERFORMANCE AMONG NURSES IN A
TERTIARY HOSPITAL IN THE KINGDOM OF SAUDI ARABIA**

Thesis Adviser:

ASST. PROF. QUEENIE R. RIDULME, PHD
Faculty of Management and Development Studies

28 December 2024

Permission is given for the following people to have access to this
thesis/dissertation:

Invention (I)	<input type="checkbox"/> Yes	or	<input checked="" type="checkbox"/> No
Publication (P)	<input type="checkbox"/> Yes	or	<input checked="" type="checkbox"/> No
Confidential (C))	<input type="checkbox"/> Yes	or	<input checked="" type="checkbox"/> No
Free (F)	<input checked="" type="checkbox"/> Yes	or	<input type="checkbox"/> No

Student's Signature:

Signature of Thesis Adviser:

University Permission Page

JOB SATISFACTION AND JOB PERFORMANCE AMONG NURSES IN A TERTIARY HOSPITAL IN THE KINGDOM OF SAUDI ARABIA

“I hereby grant the University of the Philippines a non-exclusive, worldwide, royalty-free license to reproduce, publish, and publicly distribute copies of this thesis or dissertation in whatever form subject to the provisions of applicable laws, the provisions of the UP IPR policy and any contractual obligations, as well as more specific permission marking on the Title Page.”

“I specifically allow the university to:

- a.) Upload a copy of the work in the theses database of the college/school/institute/department and in any other databases available on the public internet;*
- b.) Publish the work in the college/school/institute/department journal, both in print and electronic or digital format and online; and*
- c.) Give open access to above-mentioned work, thus allowing “fair use” of the work in accordance with the provisions of the Intellectual Property Code of the Philippines (Republic Act No. 8293), especially for teaching, scholarly, and research purposes.”*

MA. FE ADELLE N. BARUA, 28 December 2024
Student Name Over Signature and Date

Acceptance Page

This thesis of **MA. FE ADELLE N. BARUA** titled “**JOB SATISFACTION AND JOB PERFORMANCE AMONG NURSES IN A TERTIARY HOSPITAL IN THE KINGDOM OF SAUDI ARABIA**” is hereby accepted by the Faculty of Management and Development Studies, U.P. Open University, in partial fulfilment of the requirements for the degree Master of Arts in Nursing.

ASST. PROF. QUEENIE R. RIDULME
Chair, Thesis Committee

30 April 2025
(Date)

MS. MARIA RITA V. TAMSE
Critic, Thesis Committee

1 May 2025
(Date)

MS. MA. ELMA L. MIRANDILLA
Member, Thesis Committee

23 May 2025
(Date)

MS. GRACE RIEGO DE DIOS
Member, Thesis Committee

23 May 2025
(Date)

MS. JOSEPHINE CARIASO
Member, Thesis Committee

23 May 2025
(Date)

ASSOC. PROF. FINAFLOR F. TAYLAN

Dean

Faculty of Management and Development Studies

02 June 2025

(Date)

Biographical Sketch

Ma. Fe Adelle N. Barua was born in Guimbal, Iloilo, Philippines in 1983. She graduated with a Bachelor of Science Degree in Nursing from Central Philippine University, Jaro, Iloilo City in 2005. Began her career as Emergency Nurse in Saudi Arabia from 2014 up to present. Completed her Master of Arts in Nursing in University of the Philippines – Open University in December 2024.

Acknowledgement

The development and accomplishment of this study would not be made possible without the help and guidance of several people who gave impactful insights for the improvement of this paper.

Firstly, I would like to thank God for his unending grace, blessings, and guidance throughout this research endeavor.

To my Nanay and Tatay, whose sacrifices and prayers continue to inspire me, and to my husband, Dr. Shilabrata Barua, for his unwavering support, encouragement, and motivation that drove me to persevere even during the most challenging times.

To my beloved children, thank you for your patience and understanding, especially when I couldn't always give you my time and attention. I am sorry for the moments when stress made me less patient with you; your love remains my greatest motivation.

I thank Asst. Prof. Queenie R. Ridulme for her continuous advice, support, and encouragement during this study. Her expertise and perseverance were crucial from the start to the end of this investigation.

I am grateful to Ms. Carmela Simon, who generously offered her assistance as a co-investigator. Her contributions to the data collection process were critical to the success of this study.

My deepest gratitude also goes to Mr. Bassam Al Jmal for enabling and assuring the easy data gathering in the Operating Room, which significantly accelerated this research endeavor.

I also extend my heartfelt gratitude to the esteemed panel of experts for their guidance during my thesis proposal and final defense. Despite my nervousness, you comforted and reassured me with your positive feedback, constructive criticisms, and valuable recommendations that shaped this study.

To the staff nurses of DSFH, thank you for willingly participating in this study despite your busy schedules. Your willingness to answer the survey made a significant contribution to this research.

To the nurse managers, I deeply appreciate your efforts in facilitating and distributing the questionnaires, which made the data collection process smoother.

To Ms. Khadra Omar, Chief Nurse of DSFH, I am truly grateful for granting me permission to collect data and for your support throughout this endeavor.

Finally, I extend my deepest thanks to Ms. Ivy Muñoz, whose meticulous statistical analysis and insights gave the study accurate and meaningful results.

I am eternally thankful to everyone who helped with this research, whether by assistance, encouragement, or support. This success would not have been achieved without your invaluable assistance.

Dedication

I dedicate this thesis to nurses worldwide whose unwavering dedication and compassion inspire excellence in healthcare. My fellow employees and colleagues, thank you for your support and encouragement throughout this journey. Most especially, to my beloved Noble and Barua families—your love, guidance, and unwavering belief in me have been the foundation of my academic aspirations. This achievement is a testament to your endless support and inspiration.

TABLE OF CONTENTS

	Page
Title Page	i
University Permission Page	ii
Acceptance Page	iii
Biographical Sketch	
Table of Contents	iv
Acknowledgement	x
Dedication	xii
Abstract	x
Chapter I: The Research Problem	
Introduction	1
Statement of the Problem	4
Objectives of the Study	4
Significance of the Study	6
Scope and Limitation	9
Chapter II: Theoretical Background	
Review of Related Literature	10
<i>Job Satisfaction</i>	10
<i>Job Performance</i>	18
<i>Relationship between Job Satisfaction and Performance</i>	28
Theoretical Framework	35
Conceptual Framework	40
Operational Definitions	42
Hypothesis	46
Chapter III: Research Methodology	
Research Design	
Research Setting	47
Sampling Design	48
Data Collection	49
Procedures	49
Research Instrument	51
Data Analysis	55

Ethical Considerations	60
Chapter IV: Results and Discussion	
Results	61
Chapter V: Conclusion and Recommendations	
Summary of Findings	84
Conclusion	85
Recommendations	86
REFERENCES	89
APPENDICES	
Appendix A. Informed Consent	93
Appendix B. Cover Letter	97
Appendix C. Questionnaire	99
Appendix D: IRB Approval	106
Appendix E: Curriculum Vitae	107
LIST OF TABLES	
Table 1: Statistical analysis matrix	56
Table 2: Socio – demographic characteristics of nurses	61
Table 3: Level of job satisfaction among nurses	65
Table 4: Mean and standard deviation of items of subscales of MMSS	67
Table 5: Level of nursing performance among nurses	70
Table 6: Level of nursing performance among nurse’s subcategories	71
LIST OF FIGURES	
Figure 1: Herzberg’s two-factor theory model	35
Figure 2: Conceptual framework	40
Figure 3: Flow of Conduct of Study	51
Figure 4: Relationship between characteristics and level of job satisfaction among nurses	74
Figure 5: Relationship between level of job performance and socio – demographic among nurses	76
Figure 6: Relationship between job performance and job satisfaction	79

Abstract

Job satisfaction plays a significant role in any employee's job performance. Increasing job satisfaction results in improved job performance. In healthcare settings, nurse job satisfaction played a crucial role in the delivery of quality healthcare, whereas their performance was critical to a patient's perception of service quality. This study investigates the relationship between job satisfaction and job performance among nurses at Dr. Soliman Fakeeh Hospital in Jeddah, using Herzberg's Two-Factor Theory of motivation as its framework. The study examines job satisfaction factors such as extrinsic rewards, scheduling, work-life balance, professional growth opportunities, interpersonal relationships, and recognition. It also assesses performance measures like leadership, critical care, cooperation, planning, interpersonal communication, and professional growth.

A descriptive correlational design was employed, involving 384 staff nurses selected through purposive sampling. Data were collected using a validated three-part survey, and analyses were performed using descriptive statistics—mean and standard deviation—and inferential statistics, including Pearson's Correlation Coefficient. The findings demonstrated a significant positive relationship between job happiness and job performance, with higher satisfaction consistently resulting in better performance. Salary and years of work experience were important predictors of job satisfaction and performance.

The findings revealed that nurses ranked satisfaction with extrinsic rewards, professional prospects, and work-life balance as the most relevant variables. Their leadership and teamwork demonstrated strong performance, while critical care and professional development were noted as areas for growth. These results show the

importance of how job satisfaction could improve job performance, reduce turnover, and ensure high-quality healthcare delivery.

KEYWORDS: *Job Satisfaction, Job Performance; Herzberg's Two-Factor Theory; Nursing; Leadership; Professional Development; Socio-demographic Factors; Healthcare Quality; Employee Motivation.*

CHAPTER I

THE RESEARCH PROBLEM

Introduction

In the past, human resource management was regarded as a crucial responsibility, addressing concerns that organizations needed to tackle to compete effectively in the business environment of that era. For instance, the primary problem for hospitals is attracting and retaining qualified workers (Aktar, Sachu, & Ali, 2012). An organization's greatest resource is its people yet managing them is regarded as the most difficult responsibility. Human resource management's primary purpose is to maximize employee performance and long-term business outcomes. Productivity enhancement is undoubtedly the primary objective of every institution where all groups or divisions collaborated to optimize effectiveness using various management tactics (Bandara & Weligodapola, 2013).

Numerous organizations are engaged in figuring out what they must do to maximize their human capital's job performance (Forson, 2012). To increase their performance, many institutions feel that individuals' satisfaction significantly affects employee performance (Kawara, 2014). Forson (2012) showed that providing proper rewards to employees is one of the most effective strategies for managing and accomplishing organizational objectives or missions with the least resources and adequate human capital. On the other side, various difficulties of low motivation might occur when specific employees arrive at work with differing beliefs, behaviors, and perspectives, becoming less devoted to the company.

In terms of healthcare services, there is a dire need for hospitals and healthcare

providers to have qualified, competent, and dedicated employees. Indeed, it is very important for hospitals and other healthcare providers to maintain competitive and committed medical employees to provide excellent healthcare services and to maintain the good name and reputation of the hospital itself. Furthermore, different research has been undertaken to figure out the aspects that drove job satisfaction and the method it affected the organization's productivity. Several elements determined nurses' overall job satisfaction, such as external motivators, timetable, balancing family/work, colleagues, engagement and professional possibilities, rewards and recognition, and responsibility and authority. As it said, job satisfaction is among the essential aspects of enhancing employee performance. It is well established that dissatisfied employees would not perform effectively in the workplace (Kargar et al, 2011). Further, it could be said that the administration's superb medical service performance depended on how well these nurses performed their jobs satisfactorily.

Many medical personnel directors assess the job performances of their nurses and medical personnel on a yearly basis to help them recognize recommended extents for improvement. Therefore, in the healthcare industry, job performances of employees such as nurses need to be improved. Thus, hospital administrators should prioritize empowering these nurses, such as giving them excellent career moves, sending them on more training, and giving due credit to those who deserved it to increase their satisfaction in their profession.

Indeed, nurses have lots of responsibilities to do however, the majority of the nurses love their professions and are so committed, though at times it has so many challenges and issues concerning the relations of job satisfaction on job performances, which in most cases, the latter led to the decline of the other.

Subsequently, there were cases where nurses left a workplace despite how compensating their salary and how well-known the workplace was because of job satisfaction they failed to achieve. Others had issues of overloaded work assignments, mismanagement, and still others on non-harmonious relationships between co-nurses. These problems were only a few problems confronting nurses and made them sometimes undecided whether to stay or leave the workplace while there were also alarming concerns about some nurse's job performance, such as negative behavior, carelessness, or negligence of duty during work and so on and so forth. Moreover, in the workplace, a nurse's intention to leave the job was alarming, and this needed attention to address this issue.

In the ER department alone, about 14 out of 24 nurses gave resignation letters and had no intention to renew their contracts. Perhaps, there was no training, career advancement, and a gap in leadership. Some worked for a short time and then left the job without completion of an agreed contract, while others stayed because they had to for personal reasons. With regards to their performance, some exhibited poor performance, which was unsafe to patients, such as unreported errors in medications and execution not in standardized care. Furthermore, a decrease in patient satisfaction and improper behavior of nurses might have negatively impacted the overall productivity of the organization. Because of these issues, achieving safe, high-quality, positive patient outcomes and efficient health services were compromised, especially in the effective delivery of quality care.

With regards to these, the researcher reviewed the literature and had read a series of case studies conducted worldwide to gain an understanding of the related and existing issues relevant to this topic. It was the researcher's goal to give a clear

or transparent background review of the relationship between job satisfaction and job performances of nurses in the workplace. This study would justify the need to conduct such to prove the relevance of such a relationship.

Statement of the Problem

In healthcare settings, nurse job satisfaction played a crucial role in the delivery of quality healthcare, whereas their performance was critical to a patient's perception of service quality. In this study, the main purpose was to determine the nurse's job satisfaction level, job performance level, and the relation between them, aiming to generate solutions to fulfil their satisfaction and maximize their performance.

Objectives of the Study

The main purpose of the study is to seek to answer the following:

1. To describe the level of job satisfaction among nurses. In terms of:
 - 1.1 Satisfaction with extrinsic rewards
 - 1.2 Satisfaction with scheduling
 - 1.3 Satisfaction with the balance of family and work
 - 1.4 Satisfaction with co-workers
 - 1.5 Satisfaction with interaction opportunities
 - 1.6 Satisfaction with professional opportunities
 - 1.7 Satisfaction with praise and recognition
 - 1.8 Satisfaction with control and responsibility
2. To describe the level of job performance among nurses. In terms of:
 - 2.1 Leadership
 - 2.2 Critical care

- 2.3 Teaching/collaboration
 - 2.4 Planning/evaluation
 - 2.5 Interpersonal relations/communications
 - 2.6 Professional development
3. To determine the relationship between level of job satisfaction and socio-demographic characteristics in terms of:
- 3.1 Age
 - 3.2 Sex
 - 3.3 Highest educational attainment
 - 3.4 Years of work experience,
 - 3.5 Marital status
 - 3.6 Nationality
 - 3.7 Salary
4. To determine the relationship between the level of job performance and socio-demographic characteristics in terms of:
- 4.1 Age
 - 4.2 Sex
 - 4.3 Highest educational attainments
 - 4.4 Years of work experience
 - 4.5 Marital status
 - 4.6 Nationality
 - 4.7 Salary
5. To determine the relationship between level of job satisfaction and level of job performance among nurses.

Significance of the Study

This study is significant to the following:

Organizations

This will help strengthen health care organizations to manage low turnover, higher productivity, increased profits, and loyalty; considering that job satisfaction has been linked to turnover rates and job performance. In *healthcare industry*, high employee satisfaction improves performance and patient satisfaction and can impact on patient safety, staff morale, productivity, and performance. This will contribute to the overall success of the company and become competitive.

Management

This will assist management in continuing attempts to enhance employee work performances and satisfaction.

The findings may call attention to the need for a complete knowledge of this link, enabling public healthcare management to develop and deploy measures for boosting job satisfaction and performance.

This will empower employees such as giving them excellent career moves, sending them on more trainings/ workshops /seminars that would update their skills and competence on their field of work.

To Human Resources professionals, this will provide them with information about the aspects that contribute to employee satisfaction and how they contribute to the overall success of an organization. Additionally, this will aid in the adoption of successful human resource initiatives aimed at increasing competent personnel's motivation and commitment and developing a high- performance organizational culture.

To Nursing Administrations, it will guide and help nursing leaders and managers to address issues in nursing administration specifically on high turnover, attrition rate

and effective delivery of quality care in the workplace. Additionally, the results could provide guidelines for influencing and increasing nurses' job satisfaction and maximizing job performance to a greater level. Additionally, this would assist in developing an effective nurse staffing retention strategy, skilled health workers, and finally, it will help to improve nurses' performance in providing high-quality nursing care.

To Policymakers, findings will guide and support them in establishing guidelines, grounded on irrefutable indication. Generally, this will facilitate better planning of motivational strategies. For example, in healthcare, insights about the factors influencing nurse performance and satisfaction may serve as a guidance for health officials. This could assist them in taking actions intended to increase Nurse job happiness and performance, as well as the quality of clinical care.

Nurses

Generally, this will help gain insights and knowledge on how job satisfactions influence their performances. Also, it will provide them the awareness to do their tasks effectively and motivate them not to leave. Satisfied employees will work harder and perform better with patients which will increase their customer loyalty, a satisfying customer experience and ultimately drives increased profitability.

This will impact on awareness and insights about the importance of job satisfaction and performance on the quality care which will bring greater patient experience and better outcomes. Further, will provide a clear perspective in their contribution to the healthcare industry. Also, may increase their engagement and competency that would bring greater contentment and outcomes.

To their patients, this finding will contribute to their satisfaction, positive outcome, safe and high-quality patient care. Patient satisfaction has a direct correlation with health outcomes, patient engagement, and medical negligence lawsuits. Additionally, it influences the delivery of high-quality healthcare in a fast, effective, and patient-centered manner. Additionally, it would not only significantly minimize patients at higher risk but would also improve the patient experience when receiving medical care.

Researchers

This will bring interest to dig deeper on their study and to shed light on the situation.

Besides, results from the study will provide evidenced based information to generate ideas and solutions on how to fulfill employee's satisfaction and maximize performances.

From a theoretical standpoint, these findings will benefit other investigators in proving the theory and will aid future studies in producing new ideas and improving comprehension. This may serve as a model for other researchers interested in examining the association between job satisfaction and performance in a different sector.

To researchers with a shared interest in a subject, this will provide important insight on how to address related problems.

Scope and Limitation

This study focused on the variables of job satisfaction and job performance among nurses and their relationship. Moreover, this research was limited to the setting, Dr. Soliman Fakeeh Hospital in Jeddah and subjects who represented the population were staff nurses from all departments in this setting. It covered only nurses because the researcher's study samples were purposely nurses of Dr. Soliman Fakeeh Hospital in Jeddah. The data collection was conducted on 654 staff nurses in all departments who met the following inclusion criteria.

They were staff nurses in all departments, legally contracted with the hospital, currently working for not less than one year in the setting, aged around 25-60 years old, able to write and understand the English language, and willing and able to give consent. Further, a sample was selected based on the knowledge of the researcher about the study and population. Subjects with an agreed contract were chosen to ascertain that they were legally contracted with the hospital. The main source of data was the questionnaires prepared by the researcher.

However, the ability of the chosen subjects to provide reliable and valid information about the entire population was an unavoidable limitation due to a different level of understanding, nationality, and language among nurses. Moreover, in selecting the samples to be included or not in the survey, subjects were drawn from a sampling frame. It was not randomized after inclusion and exclusion criteria were applied, the subjects were determined, and convenience sampling was used.

CHAPTER II

THEORETICAL BACKGROUND

Review of Related Literature

Job Satisfaction

Job satisfaction reflects a person's emotional reactions to their profession. Numerous studies have demonstrated that investing in job satisfaction is a sound business commitment. Naturally, the main motivation is that individuals, as an organization, want satisfied staff. Numerous research and publications demonstrate that staff satisfaction is a key indicator of an organization's ultimate favorable performance. Importantly, job satisfaction is critical in the health industry since it has a major impact on the quality of customer services and satisfaction. Job dissatisfaction is a significant factor in clinicians leaving their positions, which enhances the necessity for additional nurses and thus raises the burden on existing nurses, resulting in their discontent (Mousazadeh et al., 2019).

Nonetheless, nurse unhappiness may result in increased employee turnover, which may increase nurses' workloads and decrease the patient experience, which would raise the cost of the healthcare system (Wells, Manuel & Cuning, 2011). Additionally, nurse satisfaction improves hospital performance (Skitsou et al., 2015), and job satisfaction has just been noted as a significant component in nursing shortages and a predictor of nursing turnover (Heather et al., 2016).

Employment satisfaction is defined as the sense of fulfillment or sense of success that a person obtains from his or her job. Evaluation results in individuals achieving their job objectives or meeting their basic needs. Additionally, workplace satisfaction

is an important component that has piqued management's interest in the firm. Additionally, it is described as an individual's attitude that individuals have toward their employment (Kumar et al., 2013). As a result, job happiness is a critical component in determining the performance and effectiveness of human capital (Dignani and Toccaceli, 2013).

Nursing, in particular, is a critical treatment for patients and a significant driver of the quality of medical care provided in hospitals. The quality of care supplied to a nation's people affects their health. Numerous research has been undertaken to ascertain the components that contribute to job satisfaction and how it affects organizational performance. Numerous key components of job satisfaction have just been identified in the literature, which could help examine employee satisfaction in the healthcare profession. To begin, various personal variables, like gender, ethnicity, age, civil status, kids, and degree, have been proven to have a significant impact on job satisfaction. To highlight, socio-demographic factors such as pay, management support, and nurse-patient interaction affect productivity and job satisfaction (Coomber et al., 2007).

Job satisfaction research has been carried out in a wide range of countries with distinct populations of health care professionals using a range of techniques. There seems to be usually a high deal of study being undertaken on nurses. However, numerous studies are being undertaken by medical doctors, surgeons, and pharmacists. Saudi Arabia is characterized by ex-pats of nurses from many nations, which might also result in a variety of problems affecting job satisfaction. Mohammad Alboliteeh's (2020) study on the Factors Affecting Job Satisfaction between Nurses in the Hail province of Saudi Arabia discovered a substantial relationship between

employee satisfaction and pay range, civil status, ethnicity, and age. Although there was no significant relationship between job satisfaction and participants' sex, rank, and years of experience.

Satisfaction with extrinsic rewards. Satisfaction with extrinsic rewards refers to the nurses' contentment with the monetary or tangible rewards offered to workers, such as wage hikes, incentives, and advantages. They are extrinsic since they are external to the performance of the task and are governed by parties other than the nurses.

Additionally, Shields & Ward (2001) explored the elements contributing to nurses' job satisfaction in England. Their study established a direct correlation between salary and job satisfaction. Although nurse job satisfaction has been the subject of numerous studies in various nations, including the United States, Scotland, England, Canada, and Germany, as well as the Kingdom of Saudi Arabia. Additionally, job satisfaction has already been theorized both dimensionally (satisfaction with specific aspects of a job such as an advancement, wage, and mutual relations with colleagues) and worldwide (satisfaction with overall job characteristics such as advancement, wage, and mutual relations with affiliates) (general satisfaction with a job). One is satisfaction with extrinsic benefits, which, according to Farzana Riasat's (2016) research, have a favorable effect on employee satisfaction. Another researcher demonstrates the positive correlation between external compensation and employee satisfaction by focusing on employee advancement. However, earlier studies have some constraints since only therapeutic properties and publicity offerings are recognized, whereas external motivators ought to be appealing in the pay scale. Additionally, compensation must be acceptable and substantial (Nayadema et al., 2014).

Additionally, a recent study by Habtamu Abera et al. (2021) on "Job satisfaction among Ethiopian nurses: a systematic review" found that salary, perks, incentives, the institution's management, and skills training were all major factors determining nurses' job satisfaction. As a result, healthcare institutions like hospital administrators and state and federal institutions must prioritize rising nurse job satisfaction, as nurses are at the heart of hospitals' healthcare systems by improving job satisfaction and service health care quality establishments. Nurses' working surroundings must be prioritized. Finally, one study examined the job satisfaction of nurses in a variety of clinical settings by administering the "Greek Nurses Job Satisfaction Scale" to 144 nurses. According to the results, the nursing staff appeared dissatisfied with their total score of 51.88. With a score of slightly more than 16, self-growth and responsibility were the primary reasons for contentment. Whereas the other aspects, interactions, and acknowledgment, received a score of 15.02, management style and company policy received a score of 15.32, and salary and nature of job received a score of 7.2, indicating that this aspect is the primary source of unhappiness for nurses. They found that to improve the quality of service, nursing services must implement essential measures. According to Despena et al. (2017), management must include nurse job satisfaction while planning and implementing proactive policies. This would increase nursing workforce satisfaction, hence improving performance and service delivery.

Satisfaction with scheduling. A further element is contentment with planning and scheduling. A work schedule specifies the number of hours that the nurses is required to perform paid jobs. It specifies the days of the week and hours of the day that the nurses are required to work for a certain organization.

According to a study by Ichsan et al. (2019) on "the effect of nurse work schedules

management on nurse job satisfaction in a military hospital: cross-sectional studies," demonstrated a significant correlation between the deployment of nurse planning management with all managerial activities and work engagement satisfaction level ($p=0001-.014$), arranging and influencing nurse schedules were dominant. The researchers concluded that nursing planning administration was statistically associated with nursing job satisfaction. Nurse management should be able to optimize nurse planning, particularly in terms of organization and control.

Satisfaction with the balance of family and work. Work–family balance, in general, relates to a well-integrated work and family life wherein the nurses participate in both areas.

Additionally, a study conducted by Saeed et al. (2014), titled "Evaluating the link between work-life balance, work stress, and work satisfaction among University Teachers," discovered a substantial connection between work balance and job satisfaction. Additionally, determined to be moderately favorable, implying that improving work-life balance results in greater job satisfaction, which is consistent with the results (Nadeem & Abbas, 2009; Saif, Malik, & Awan, 2011; Varatharaj & Vasantha, 2012).

Satisfaction with co-workers. This term refers to the nurses' coworker in the hospital, usually someone in a comparable position or at a similar organizational level. Additionally, one characteristic that contributes to job happiness is employee contentment with colleagues. According to Emma Greedy's (2020) study, positive interactions with coworkers are critical for job happiness. While satisfaction with contact possibilities and other criteria such as professional standing and independence contributed the most to nurses' job satisfaction. This result was derived

Curtis's study on "Job satisfaction: a survey of nurses in the Republic of Ireland" (2007). The findings corroborate a prior study on nursing job satisfaction.

The impacts are that healthcare system managers and nursing supervisors must formulate and develop activities that support professional qualifications, communication, and independence among nurses within their institutions and give a reason why task requirements, internal structure, and pay contribute less to job satisfaction than they do now.

Satisfaction with interaction opportunities. Satisfaction with interaction chances extends much beyond civility and interpersonal dialogue among the nurses and other healthcare employees.

Effective corporate leaders and human resources experts are aware of the advantages of establishing productive working relationships. These are connections among colleagues, among management and workers, and between employees and the public. Positive contacts increase positive emotions, motivation, and job satisfaction. Negative relationships generate uncertainty, stress, pressure, and ambiguity, which have a negative impact on work efficiency and quality (Olusegun, et al., 2020).

Satisfaction with professional opportunities. Opportunities for professional growth involve the expansion or refinement of professional expertise or abilities of the nurses in their field. Professional development programs can assist nurses in acquiring new skills and expanding their current knowledge.

Additionally, one study revealed that while all variables contributed to nurses' job satisfaction, compensation was the most critical implementation of those ideas,

followed by progress and advancement. Individually, all seven indicators, including political environment; administrative and management support; autonomy and responsibility; remuneration, monitoring, working conditions; recognition and accomplishment; and progress and advancement, had a beneficial effect on nurses' job satisfaction. The study indicated that to retain and avoid turnover intentions among nurses and other healthcare professionals; hospital administrators must prioritize job satisfaction since this is likely to expand healthcare service efficiency and improve nurses' mental and social well-being and provide them with continuing professional development (Olusegun et al., 2020).

Satisfaction with praise and recognition. This includes providing precise feedback that encourages the desired beneficial workplace behavior among nurses. Additionally, Danish's (2010) study demonstrates that multiple job motivation and satisfaction variables are highly connected. Praise and recognition have a significant impact on employee productivity. Bialopotocki (2006) found favorable correlations between teacher job satisfaction and non-monetary appreciation from each type. Principals' acknowledgment of teachers had the highest positive association with and was the strongest predictor of satisfaction. The findings indicated the critical role of administration and family recognition in job satisfaction among teachers in schools offered to military service members stationed overseas.

Additionally, a study titled "Effects of Management and Line of Authority on Nurses' Job Satisfaction and Patient Experience" provides evidence for theoretical links between management style, lines of authority, nurse job satisfaction, and client experience. Additionally, the results indicate that increasing control spans reduced the favorable impacts of transactional and transformational on job satisfaction and patient

satisfaction while increasing the detrimental effects of planning by limitation and laissez-faire management styles on job satisfaction. Leadership is critical, and certain forms of leadership, especially transformational leadership, are superior to others.

Control span also matters: the longer the gap, the lower the nurses' and patients' work satisfaction. Nevertheless, as power gaps grow in length, no management style, no matter how revolutionary, can help reduce the negative consequences (McCutcheon et al.,2009).

Satisfaction with control and responsibility. Work management and responsibility is when the nurses perform all the responsibilities outlined in the job role and conforms to corporate policies and procedures to the best of their abilities.

According to the study conducted by Hantula (2015) entitled “Job Satisfaction: The Management Tool and Leadership Responsibility”, there is a subtle relationship between job satisfaction and a range of employee behavior, It was examined that managerial skills, job role performance and management responsibilities are important in increasing work satisfaction. This may be considered as a management strategy for achieving organizational goals relating to minimizing absences and punctuality. Nevertheless, the significance of job satisfaction is neither constrained nor supported by its tenuous connection to specific organizational objectives. Instead, job satisfaction is viewed as a leadership responsibility with far-reaching implications that transcend the boundaries of any firm. A justification for job satisfaction as an ethical requirement that comes from governance and managerial strategies that prioritize positive reinforcement, as opposed to punitive control, is presented.

Job Performance

According to Patimo (2020), evaluating employee performance is critical in each institution. Assessing work quality enables one to assess the institution's instructional efficiency and promote outcomes. Girdwichai et al. (2020) discovered a substantial connection between employee performance and satisfaction.

Additionally, it shows a significant but limited association between training and employee productivity. They discovered that unsatisfied workers are more likely to be unhappy, absent from work, or quit. Staff turnover affects their job performance. The greatest result is only possible with the most trained team, which can be accomplished only through organizational motivation. Employee performance is influenced by various elements, including management structure, job stability, training, remuneration, employee satisfaction and commitment, evaluations, and productivity.

Performance is a critical factor for effectiveness and effectiveness and a significant managerial building element. Within healthcare systems, patient outcomes and the rate of improved health sector performance are inextricably linked to nursing performance (Tesfaye et al., 2015). To enhance employee performance effectively, satisfaction must be increased. This would establish whether operational plans in the commercial or government services are sustainable (Abdurrahman Hussein I. et al., 2018). Often many firm staff managers evaluate every employee's productivity on an annual basis to identify recommended areas for development. Assuring healthcare practitioners work well is a critical component of providing high-quality health services. Additionally, increasing productive work and offering additional support and help may help nurses perform better, increasing nursing care quality (Tong, 2018). As a result, job satisfaction and performance of nurses are critical for the effective implementation

of high care in the workplace. Thus, while nurse work performance affects the quality of care delivered and, thus, patient outcomes, substandard job performance is viewed as a health risk for patient care. To put it simply, job performance refers to an individual's efficacy in performing their assigned responsibilities. Job performance is defined specifically for nurses as the degree to which the nurses is adequate to carry out their duties and functions connected to direct nursing practice and the quality of health services (Schwirian, 1978).

Bell (2008) asserts that demographic variables affect employee performance. Additionally, demographic traits are well recognized as having a significant impact on employee performance. George (2010) defines demographic factors as human traits that comprise data like ethnic origin, race, and several dependents. Bell (2008) describes demographic features as "individual information on a person's gender, age, sexual orientation, educational levels, economic status, civil status, profession, faith, birth rate, mortality rate, average household size, and the average age at marriage." For instance, considering four ages, one is anticipated to be optimistic from the start of their career. As individuals mature inside the institution, their performance is supposed to rise with age until they reach a specific age, at which point their energy levels decline and productivity slows; this is why the development of retirement age is necessary (Adio, 2010).

According to Fletchl (2010), demographic variables affect whether or not individuals are dedicated to their profession. He notes that whether employees are performing, how long they are willing to devote to services, or how well they work in the best interests of the company's objectives are highly dependent on how well companies address the demands associated with their demographic traits.

Greenberg (2004) also describes workforce demographic factors as distinctions between individuals inside an institution, such as ethnicity, sex, ethnicity, age, attitude, thinking styles, employment, organizational role, and educational background. For example, Banjo and colleagues (2014) found a relatively positive association between the variable investigated and job performance when demographic factors such as age, marital status, academic status, length of employment, and gender were considered. When combined, they accounted for 13% of the parameters affecting participants' work performance. Nevertheless, marital status and employment longevity were the most independent predictors of healthcare nurses' job performance.

Additionally, Gyanti Thakur's (2013) study reveals that demographic variables affect employee performance, as evidenced by the differences in performance attainment across demographic groups such as age, sex, and educational credentials. As a result of the study's findings, it is recommended that demographic aspects be considered while evaluating employee performance.

Additionally, additional findings from Ugwu et al. (2017) found that staff performs well in their assigned and supplementary roles. The study's findings indicated that only age, training, job role, and job skills were significant determinants of the task- and context-based performance, with education being the most important predictor. These four characteristics accounted for up to 56% of the difference in staff's total work performance, with the remaining 44% accounted for by other factors. As a result, this article advises that workers be assigned to tasks and additional roles that result in higher job performance based on educational credentials, age, job skills, and job status.

Additionally, a study by Al-Ahmadi (2009) demonstrates that job performance is

positively associated to several personal characteristics, particularly decades work expertise, citizenship, sex, and civil status, in the Saudi context. The educational qualification has a negative correlation with performance. Therefore, every firm must be concerned with regulating demographic features in the workforce. To thrive, a corporation must be able to successfully manage and employ its demographic workforce. Monitoring demographics in the workforce must be ingrained in the work's success (Anderson, 2012).

Employee performance encompasses all factors that affect and are related to the employee's work, whether explicitly or implicitly. According to Armstrong (2009), performance measurements are agreed upon when goals are established. Performance metrics must demonstrate that the desired outcome was attained, and that the employee performed as anticipated. This lays the groundwork for developing evaluations that would be used to track both management and staff productivity. Whereas Griffin, Neal, and Parker (2007) establish three fundamental performance factors, including competence, adaptability, and proactiveness, and classify them into three categories (individual, team, and organization). At the same time, Schwirian established a six-dimensional scale to assess the following components of nursing work performance: management, primary care, scheduling, education, personal partnership, and career advancement.

Mrayyan and Al Faouri (2008) sought to investigate nurses' career engagement and job performance concerning these factors. They found in this study that the lowest reported mean of nurse job performance necessitates managerial action. As a result, nurses' career dedication is critical to their job performance. Improving nurses' dedication to their careers will benefit both people and their employers. Because

nurses' job performance is composed of multiple components, additional research is necessary to ascertain which variables are related.

Additionally, a cross-sectional demographic investigation employed a self-administered survey questionnaire on the Schwirian Six Dimension Scale of Nursing Performance. The results indicate that nearly half of the nurses evaluated rated their performance as excellent, with equivalent outcomes at the secondary levels of care. Professional nurses scored higher on several performance sub dimensions like training, communications, organizing, and self-growth, while main care nurses scored higher on strategic planning and strategic care. Anxiety, schedules, and work area were all important predictors of the performance of public medical level nurses (Al-Makhaita Huda et al., 2014).

Additionally, a study conducted by Lai et al. (2017) indicates that those with a strong team - working succeed better, whereas those with more established good teamwork get acknowledgment from their supervisors and peers. Additionally, the data suggested a substantial association between interpersonal relationships and job performance among Gboko Local Authority Unit workers. $r = 3.28$ (DF=136); $p = .05$. There had been a significant difference in the impact of social interactions on job performance among male and female personnel $t(136 \text{ DF}) = -1.905$; p . These results were explored in terms of relationship-related aspects and disparities between male and female employees regarding the impact of interpersonal relationships on job performance. Thus, the research recommends that conscious efforts be meant to improve socialization among workers in the company, like the acquisition of good communication skills by staff members, to foster positive interpersonal relationships among staff members and thus improve job performance (Khadijatu Muhammad,

2018).

Even though numerous professions and lines of investigation study job satisfaction and work performance, these challenges persist and are a global concern, particularly for nurses in a hospital setting. Not just that, but a poll found in NSI Nursing Service Inc.'s 2020 National Healthcare Retention and RN Staffing Report stated that the hospital attrition rate was 17.8 percent. Apparently, since 2015, the typical hospital has lost 89 percent of its employees. Thus, this issue persists in the workplace, prompting researchers to do additional research to ascertain the relationship between job satisfaction and job performance between staff nurses in a hospital to identify strategies for increasing satisfaction and optimizing performance. For example, a workplace where nurses from many countries work have the same issue. According to the researcher's individual experience and observations in the ER unit, around 14 out of 24 nurses have submitted resignation letters to administrators for many purposes, including low pay, poor management, lack of career development, and internal factors. They asserted openly that they were dissatisfied. However, based on the researcher's experience and observations at work, many nurses demonstrate substandard performance and are dangerous to patients. In terms of patient care protection quality, these substandard performances, like reporting prescription errors and non-adherence to standardized care, require quick attention. This workplace discrimination motivated the study to evaluate the degree of job satisfaction and performance among nurses in the workplace.

According to Lu et al. (2012), a thorough examination of the literature reveals numerous intriguing factors that lead to the development of a sense of satisfaction in nurses. In contrast, global research indicates that a variety of factors influence job

performance, including job satisfaction, workplace culture, and remuneration.

Leadership. The behaviors of nurses who direct the actions of a group toward a common goal is characterized as leadership.

Leadership and management in nursing are most effective when the whole team is successful. While the leadership in nursing frequently includes characteristics such as encouragement, motivation, and support, genuinely effective nursing leaders need to be able to adapt as the nursing business through continuous development and adjustments. This kind of nurse leadership was already associated with better health outcomes, less misdiagnosis, and greater staff retention, which benefits the entire healthcare workplace (Khadijatu Muhammad, 2018).

Germain and Cummings (2010) performed a thorough literature analysis on "The influence of nursing leadership on nurse performance." The purpose of this study was to investigate leadership elements that affect nurse performance, focusing on the effect of nursing management styles on nurses' assessments of performance motivation. A review of research publications examining the perceived elements affecting nurses' motivation and performance was undertaken. There were eight evaluated articles in the analysis of the data. Using textual analysis, the views of elements that affect nurses' motivation and performance were divided into different categories: autonomy, workplace relationships, resource availability, nurse variables, and leadership practices. It was discovered that nursing leadership behaviors impact nurses' motivations both intrinsically and extrinsically via other aspects. The review indicates that nurse performance could be enhanced by improving nurse mobility, relationships between nurses, their coworkers, and managers, and resource availability. Understanding and addressing the issues that affect nurses' capacity and motivation

to succeed can help nursing managers and leaders boost the performance of their nurses.

Critical Care. Critical care refers to the current umbrella phrase for critical care, intensive therapy, and acute medical facilities offered by the nurses. A patient requires intensive care if they require specialized monitoring, therapy, and care, such as after a regular complicated operation, a life-threatening sickness, or a trauma.

Ibrahim (2015) stated that the competence of critical care nurses in conducting patient care activities poses a danger to the safety and reliability of the treatment they offer. The purpose of this study is to measure performance among critical care nurses, evaluate quality of work life (QWL) among critical care nurses, and investigate the relationship between performance and QWL among critical care nurses. The findings indicate that nurses provide excellent intensive care and critical care.

Teaching/Collaboration. Collaboration is the activity of nurses working together to achieve a common goal for the success of the group. Collaboration enables nurses to work together to accomplish a unified company objectives.

Handling the various duties and activities of nurse practitioners in the face of complex local, countrywide, and global concerns requires professional teamwork within and without the health care industry. Not only are good intra - professional nurse–nurse interactions essential for nurses, but also for patients and hospital organizations (Moore et al., 2013). The American Association of Critical Care Nurses (AACN, 2015) conducted a study on nurses' work settings and views of the quality of care offered in such settings in the United States between 2008 and 2015. The nurses believed that collaboration within their work teams and at the institutional level had decreased.

Planning/Evaluation - Planning is a method of determining where nurses want to go and how nurses will get there in anticipation. Evaluation permits nurses to examine the performance and learn their mistakes.

In connection to this, a study was conducted to determine the performance evaluation of the nurses. It was stated that it is a critical tool that can categorize the characteristics of staffs, i.e., their perceptual, operational, and personality characteristics knowledge, in this case particularly of nurses, and based on this assessment, implement strategies to encourage their learning. Considering its ability to provide leadership matched with strategic organizational objectives and individual aspirations, it is important to note that this style of evaluation is becoming increasingly widespread in academic and organizational contexts (Jorge, et al, 2014).

Interpersonal Relations. This refers to the interaction between nurses in a relational tie or membership inside the hospital.

Numerous reports indicate that sufficient workforce and resources, responsibilities and work time, nursing administration, independence, and decision-making, status, acknowledgement, job and task criteria, opportunity for progress, as well as employee loyalty and performance all influence nurse's job satisfaction (Griffiths et al., 2014). These variables are highly connected with inter-professional and Trans-disciplinary partnerships in the workplace. Alongside personal relations, such as those with colleagues, a sense of togetherness, contact and communication, collaboration and peer interaction, job satisfaction is a key nurse-doctor connection for nurses (Turner et al., 2014).

Warshawsky (2012) examined the impact of interpersonal interactions on the job involvement and leader effectiveness of nursing professional. It was said that an

employee engagement could assist health care businesses in enhancing their performance. In the health care industry, nurse managers are accountable for fostering motivating workplaces. They must also be motivated, although little is recognized about the factors that affect the effectiveness of nurse managers. An electronic survey was utilized to gather data from 323 nurse managers functioning in acute hospitals. Included in the tools were the Relational Coordination Scale, the Utrecht Work Engagement Scale, and the Proactive Work Behavior Scale. Based on the findings, interpersonal interactions with nursing professionals were the best predictors of nurse manager involvement. Interactions with doctors were most indicative of the positive employee behavior of nurse managers. The work performance of nurse managers is enhanced by organizational cultures that create quality personal relations.

Communication. Communication is the exchange of ideas among nurses and other hospital staff through a shared system of symbols, expressions, or actions.

Hospitals are tasked with achieving continuously greater patient outcomes despite rising financial restrictions. According to studies of high-performing firms, an employee engagement and communication that effectively handles performance issues is one of the keys to success. In the health care industry, leaders and managers are viewed as a key factor in staff nurses' job satisfaction, but little is recognized about the performance factors that influence nurse manager effectiveness. This study's findings help to close a gap in our understanding of the relationship between nurse supervisors' relationship between motivation and job performance. Although personal interactions with peers and doctors impacted nurse managers' job involvement, the type of their personal relations with nurse administrators had the greatest impact on nurse managers' quality of work life. Moreover, it was the composite of nurse

managers' job involvement, performance interpersonal relations with physicians, and knowledge as a nurse manager that most greatly influenced the extent to which nurse managers acted pro-actively, a crucial behavior in the prediction and prevention errors and advancement of quality of nursing care. As health agencies respond to the requirements of health-care reform, nurse managers should be depended upon to prove for and prevent adverse impact on the quality of patient care (Turner et al., 2014).

Professional Development. Professional development encompasses all the training, certifications, and training a nurse needs to advance in his or her profession.

Soares (2019) studied the continuing professional development of the nurses and rates ascribed to the professional competencies of hospital nurses and discussed those with the highest and lowest frequencies. Interaction with the hospital's administrators and Participation in scientific study and/or application of outcomes were found to have the lowest frequency of evaluation, while Dedication to promptness and workload and Dedication to the ethical standards of the profession were assessed with the highest frequency. Evaluation of performance based on competencies is now vital for managers and training centers, as it helps to identify gaps in the knowledge, abilities, and attitudes of experts by stimulating the formulation and implementation of a strategy for their growth.

Relationship between Nurse's Job Satisfaction and Performance

Job satisfaction and performance are inextricably linked in the nursing industry (Hanan, 2009) and many other professional categories (Kahya, 2008), and this phenomenon is evident globally (Nabirye et al., 2011). Additionally, according to 1996-2001 research, a rise in job satisfaction is closely associated with a 6.6 percent growth in hourly performance. While this may seem self-evident, this was the first research to

establish a measurable connection between the two concepts. However, it was far from the last. For example, the Harvard University Review recently released an assessment of numerous research that found that when individuals are pleased or satisfied, they produce 31% more performance and 37% more sales.

Additionally, according to a study performed by researchers at the University of Warwick, satisfaction results in a 12% increase in production. Additionally, it was discovered that sad workers are 10% less successful than satisfied workers.

According to Fast Company's Johna Revesencio, the motivation for companies is very self-evident. According to research, the brain functions significantly better when an individual is optimistic, and at those moments, humans are more creative and adept at solving problems. On the other hand, important drivers of job satisfaction in this research include satisfaction with external motivators, flexibility, family-work balance, colleagues, interaction possibilities, career chances, recognition and appreciation, and responsibility and authority.

Herzberg's two-factor theory of motivation is used to explore the major determinants of job satisfaction among nurses in this research. The concept of job performance is used to estimate the work efficiency of hospital staff nurses. This laid the groundwork for an institution's nurse staffing sustainability, particularly in the healthcare sector. Additionally, this fostered knowledge and understanding of job satisfaction, performance, and the connection between staff nurses on the job. As a result, this research increased awareness and understanding of the critical nature of nurse job satisfaction and performance in the workplace and their effect on patient outcomes, quality of care, and nurse disengagement. Additionally, this contributed to the body of knowledge and conceptual debate regarding the relationship between job

happiness and performance.

With all that in mind, the researcher conducted a review of the literature pertinent to the study's particular subject, "The job satisfaction and performance of nurses working in the Kingdom of Saudi Arabia," and posed the following question: "What was the correlation between job satisfaction and performance among many staff nurses in a medical center in Jeddah?" This inquiry undoubtedly yielded data pertinent to the study. These reviews provided the researcher with a full background and pertinent information for the research.

To begin, Al Banna (2018) conducted research on the "Impact of Nurse Satisfaction on Work Performance." This study aimed to determine the association between a nurse's job satisfaction and job performance after providing medical care in a hospital setting. A quantitative cross-sectional study was conducted using a randomly selected sampling technique at both Hawler and Rizgary Academic Hospitals in Erbil, Kurdistan Region of Iraq. According to the study's findings, there was a high association between job satisfaction and the performance of nurses in providing care in hospitals. Most nurses expressed moderate job satisfaction, and project managers believed that nurses' performance could be improved.

Ammar's (2017) study on the effect of job satisfaction on the performance of nurses at Al-Suwaira General Hospital corroborated this. The research authors indicated that the overall degree level of job satisfaction was low and that there was a highly strong association between job satisfaction-related items and sex, and a statistically significant association between job performance-related items and age. Hence, the study proposed implementing and monitoring employee satisfaction activities to boost job performance.

Moreover, a study by Sait Dinc et al. (2017) intended to measure the influence of job involvement elements on job performance in health institutions in Bosnia and Herzegovina via job satisfaction. This study suggested that job satisfaction affected job performance via affective, normative, and continuity constraints. The survey research design was used to gather 274 responses from nurses. The study's findings indicated that while affective and continuance commitments impacted job satisfaction, job satisfaction had a significant impact on job performance. Nevertheless, the study revealed no evidence for a relationship between continuation commitment and work happiness or between affective and normative commitment and job performance. In this regard, recent research has demonstrated that job satisfaction substantially affected job performance among nurses (Hanan Al, 2009; Nabirye et al., 2011).

This is further reinforced by Nabirye et al. (2011), who revealed that job satisfaction was a strong predictor of self-rated job performance effectiveness. Additionally, Chen and Liu (2012) discovered that job happiness and integrated marketing had a favorable effect on job performance in Taiwan. While there is agreement on the relationship and effect of organizational satisfaction on job performance, there is still a need to conduct additional research on the relationship between job satisfaction and the performance of nurses in hospitals to add to the body of knowledge on this subject and develop measures for understanding their needs and optimizing their performance.

Thirdly, another study examined the "Relationship between Job Satisfaction and Job Performance among Midwives Working in Mashhad, Iran" medical centers (Talasaz et al., 2014). This study sought to investigate the association between job happiness and the performance of nurses employed in healthcare facilities. A

correlation research study was conducted on 90 nurses employed in Mashhad, Iran, selected using a multiple-stage sample process from five healthcare facilities. The research instruments used were surveys to gather demographics, personal and professional data, the Minnesota Job Satisfaction Questionnaire (MSQ), and a self-structured observations questionnaire to evaluate the effectiveness of general practitioners' academic, care, and expressive job performance. The data were analyzed using SPSS version 19 with descriptive and inferential statistics and Spearman and Kruskal-Wallis tests. The study discovered a favorable association between nurses' job happiness and job performance. Furthermore, the study discovered that 38.9% of nurses were dissatisfied with their jobs.

Similar findings were obtained in Mohammadirizi et al. (2012) on "the link between workplace stress and job satisfaction of nurses working at Mashhad's public health and medical facilities." Additionally, these results are corroborated by Maulana and colleagues' (2018) study in the Division of Cotabato City, which discovered a substantial correlation between teacher work satisfaction and performance. Although the sample does not include nurses in the workforce, the study's ideas and objectives are connected. As a result, they urge that healthcare managers help midwives professionally by providing managerial support.

Kazemian et al. (2005) discovered no significant association between job satisfaction and performance among nursing professionals in Chaharmahal and Bakhtiari, Iran. Due to the contradictory findings from various samples, researchers should conduct additional research on the association between job satisfaction and performance among nurses. Finally, Abdulla et al. (2019) conducted a study in an Arab country, specifically Yemen, on the Correlation between Nurse Job Satisfaction and

Nurse Performance in the Ministry of Health in Yemen. This study aimed to ascertain the job satisfaction level and productivity of 220 nurses employed in 13 government hospitals throughout Yemen's provinces of Aden and Abyan. Additionally, the association between nurse job happiness and performance was examined. The study employed a quantitative approach, with participants completing a self-administered survey that was disseminated and then evaluated in IBM SPSS Statistics utilizing Pearson correlation and multiple multivariate regression. The study's findings indicate that the average nurse's job satisfaction was low, and nurse performance was subpar. Additionally, it demonstrates that general nurse job satisfaction is favorably connected with nurse performance, which corresponds to the findings of Al Banna (2018) and Hidayat et al. (2017). Additionally, the study discovered that income and benefits are the most influential elements determining nurse performance compared to other work satisfaction characteristics, which is consistent with Judge et al. (2001).

On the other hand, a study by Safarpour et al. (2018) found no significant relationship between nurse job satisfaction and job performance, in contrast to Al-ahmadi (2009), Cherian et al. (2018), and Alvinus et al. (2017), which all found a highly strong relationship among nurse job satisfaction and job performance. Considering these contradictory findings, additional research is needed to establish an indisputable link between job happiness and job performance. To summarize, even though different professions and areas of investigation study worker satisfaction and performance on the job, these difficulties persist and are a global concern, particularly in healthcare institutions. Thus, evidence on the link between job happiness and performance has just been done since 1945 (e.g., Brody, 1945), and the methodologies used have changed significantly. Vroom's (1964) study supports the assumption that job happiness improves performance because performance is a natural byproduct of

meeting employees' demands. Connecting job pleasure to job performance has developed into a study approach in applied psychology. As research demonstrates, the brain functions significantly better when an individual is in a cheerful mood; individuals are more innovative and adept at problem-solving at these moments. In simple terms, employee happiness significantly impacts an organization's success, performance, and image. In comparison, the conclusion of research such as the Effect of Nurse Satisfaction on Work Performance (Al Banna, 2018) demonstrates a positive and significant association between job satisfaction and nurses' job performance in hospitals.

Additionally, it demonstrates that general nurse job satisfaction is favorably connected with nurse performance, which corresponds to the findings of Al Banna (2018) and Hidayat et al. (2017). The study also discovered that income and benefits are the most influential elements determining nurse performance compared to other work satisfaction characteristics, consistent with Judge et al. (2001). On the other hand, a study by Safarpour et al. (2018) found no significant relationship between nurse job satisfaction and job performance, in contrast to Al-ahmadi (2009), Cherian et al. (2018), and Alvinus et al. (2017), all of which found a highly strong relationship between nurse job satisfaction and job performance. Considering these contradictory findings, additional research is needed to establish an indisputable link between job happiness and job performance.

To summarize, even though different professions and areas of investigation study worker satisfaction and performance on the job, these difficulties persist and are a global concern, particularly in healthcare institutions. Thus, evidence on the link between job happiness and performance has only been accumulating since 1945

(Brody, 1945), and the methodologies used have changed significantly. Vroom's (1964) study supports the assumption that job happiness improves performance because performance is a natural byproduct of meeting employees' demands. Connecting job pleasure to job performance has developed into a study approach in applied psychology. As research demonstrates, the brain functions significantly better when an individual is in a cheerful mood; individuals are more innovative and adept at problem-solving at these moments. In simple terms, employee happiness significantly impacts an organization's success, performance, and image. In comparison, the conclusion of research such as the Effect of Nurse Satisfaction on Work Performance (Al Banna, 2018) demonstrates a positive and significant association between job satisfaction and nurses' job performance in hospitals.

Additionally, Inuwa (2016) and Talasaz et al. (2014) found a favorable and substantial link between job satisfaction and performance. Moreover, most research employed a cross-sectional approach with a variety of sampling techniques. In conclusion, the study demonstrated a link between job satisfaction and job performance. Additionally, this aided recent studies in determining the link between variables and the suitable research methodology and sampling for the research.

Theoretical Framework

Job satisfaction is a complex concept with numerous definitions and linkages to various components. According to Herzberg's (1959) theory, two essential elements influence employee job satisfaction: (a) motivational factors and (b) hygienic aspects. Motivating factors include workplace settings and emotions that lead to job satisfaction, whereas hygienic elements are external or internal work environments

that primarily avoid job dissatisfaction. Many organizational theories are predicated on the assumption that organizations that keep their people happy have more successful and productive workers.

Regarding the study's predictor variables, job satisfaction leads to improved performance, based on Vroom's (1964) theory that addresses employees' needs and naturally enhances performance. Herzberg's (1959) two-factor theory of motivation, often known as the motivation-hygiene or dualism theory, provides the theoretical underpinning for this research. This idea, often known as the 'two-need approach,' proposes that motivations can be classified into hygiene and motivational aspects. Two distinct 'needs' exist the need to avoid discomfort and the desire for personal progress and fulfilment. Employees who lack positive motivational reasons tend to focus on non-job-related 'hygiene' elements. Furthermore, this theory contends that job satisfaction is influenced by components that give significance to one's work.

Herzberg's two-factor theory is essential to the current study, which investigates the relationship between job satisfaction and job performance among staff nurses. The hypothesis is based on a detailed investigation of work-related motivational variables, which investigate what drives employee satisfaction and motivation in the workplace. It is frequently related to Maslow's hierarchy of requirements. The two-factor hypothesis considers both motivational and hygienic aspects.

Hygiene factors are occupational attributes required for workplace engagement, but they do not result in long-term contentment. However, their absence may generate unhappiness. External hygiene factors in the workplace include:

- **Pay:** Compensation should be fair and competitive in the industry.

- **Organizational Policies and Procedures:** Clear and adaptable policies addressing work hours, dress regulations, breaks, and vacation time are essential for an organization.
- **Benefits:** Provide additional benefits for employees, including healthcare coverage, government benefits, and employee help programs.
- **Physical Work Conditions:** The work environment should be safe, clean, and well-maintained.
- **Status:** Employees should understand and maintain their organizational standing.
- **Intrapersonal Relationship:** Foster healthy and ethical relationships with peers, bosses, and colleagues, without conflict or humiliation.
- **Job Security:** Ensure employment security for staff.

Motivating aspects, on the other hand, result in great satisfaction and are necessary for the job. These factors encourage employees to perform effectively and are naturally inspiring. Motivational variables include:

- **Recognition:** Managers should recognize and reward staff for their achievements.
- **Sense of Accomplishment:** Employees should have a sense of accomplishment, which varies by work.
- **Personal and Professional Growth Opportunities:** Encourage personal and professional growth through available and motivating opportunities.

- **Responsibility:** Employees should be empowered to take responsibility for their work with little supervision from supervisors while maintaining accountability.
- **Relevance of the work:** Work should be purposeful, engaging, and rewarding for optimal performance.

Job satisfaction is closely related to an employee's overall positive mood and emotional response to their work. According to the Chartered Institute of Self-Development, around one in every four employees intends to leave their jobs due to low job satisfaction. As a result, businesses must take actions to support the institution and prevent dissatisfaction, such as lowering high turnover rates and increasing staff morale. Job happiness is especially important in healthcare, as it can influence patient outcomes and satisfaction. As a result, firms must prioritize job happiness and productivity while regularly monitoring these measures.

Maslow (1943) transformed the concept of employee motivation by moving away from a reward-based system and toward a hierarchy of needs, in which employees aspire to meet increasingly higher demands. Maslow's work, combined with Herzberg's (1959) Hygiene-Motivation Theory, serves as the framework for this study. According to research, hygiene difficulties can cause job unhappiness and are strong predictors of employee desire to leave (Jo, 2008; Kortegast & Hamrick, 2009).

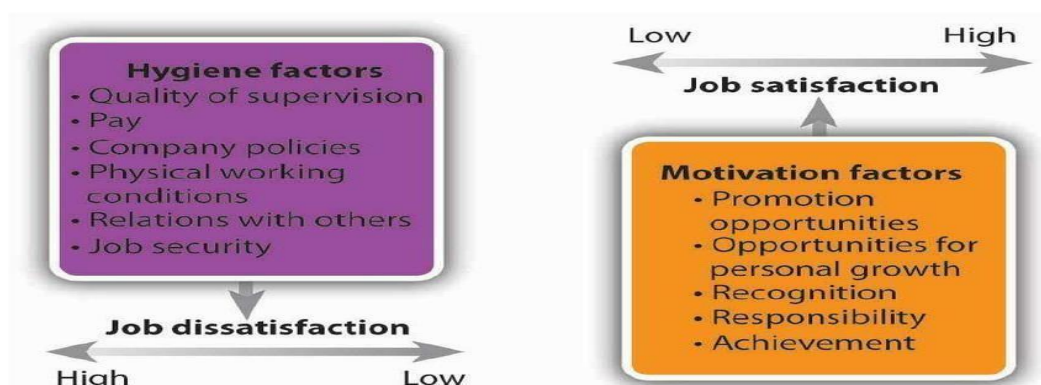
Employees' intentions to leave are heavily influenced by toxic relationships with bosses, discontent with earnings, and inadequate compensation. However, research indicates that employees may be willing to resign owing to motivational or intrinsic reasons (Jo, 2008; Kortegast & Hamrick, 2009). This study provides practitioners with

insights on how to reduce job dissatisfaction by addressing hygienic problems and improving job satisfaction by identifying and implementing motivating aspects in the workplace.

Herzberg's theory is crucial to this study since it emphasizes knowing and responding to employees' specific wants and goals to effectively inspire them. The basic premise is that significant motivators are located not in the external situation, but in the intrinsic worth and enjoyment obtained from the job itself. This means that to drive people, the job must be tough, offer prospects for advancement, and be valued by the person. This means that to drive people, the job must be tough, offer prospects for advancement, and be valued by the person. Herzberg's theory also emphasizes that motivational concerns are not always directly tied to the job and can often be extrinsic. As a result, senior management must first address external problems that cause unhappiness before focusing on motivators.

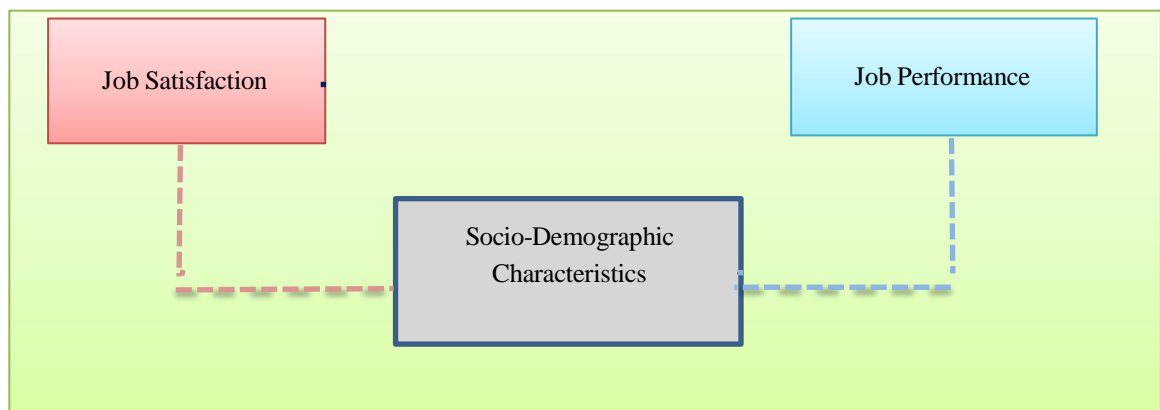
In this study, Herzberg's two-factor theory of motivation is used to assess the key drivers of job satisfaction among nurses. The idea drives research into the relationship between job satisfaction and job performance among staff nurses, as well as the development of ways to increase job satisfaction and improve performance levels.

Figure 1. Herzberg's two-factor theory model.



Conceptual Framework

Figure 2. Conceptual Framework.



The factors employed in this investigation are depicted in Figure 2. The independent variable "job satisfaction" refers to an employee's contentment with their profession. It relates to an individual's overall positive attitude and feelings towards their employment and their level of job satisfaction. Job satisfaction could also be measured by how results meet or surpass goals. This leads to a higher level of commitment to meeting explicit performance objectives. Conversely, the dependent variable is how successfully nurses do their jobs.

As illustrated in Figure 2, the straight line connects job satisfaction and job performance to demonstrate the link between them rather than the causative relationship. Job satisfaction correlates with work performance. At the same time, dotted lines are connected to the socio demographic factors of nurses that reveal indirect relationships to job satisfaction and performance. One research on Job Satisfaction and Employee Performance: An Analytical Perspective (Inuwa, 2016) discovered a positive and statistically significant association between job satisfaction and staff performance. Additionally, the study found a strong correlation between work satisfaction and performance in the nursing sector (Hanan, 2009) and other occupational groups (Kahya, 2008), a phenomenon that is observed globally (Nabiye et al., 2011).

Additionally, the assumption that job satisfaction results in improved performance are backed by Vroom's (1964) work, which is predicated on the premise that performance is a natural byproduct of meeting employees' demands. Additionally, similar findings by Rotenberry & Moberg (2007) 2007 suggested that employees who were more engaged in their work performed better than employees who had a negative attitude toward work. In other words, a more positive work attitude contributed to improved performance. Finally, Al Banna's (2018) recent study discovered a considerable positive association between nurses' job satisfaction and their performance in the hospital setting while providing medical care. Nevertheless, research on the link between job happiness and sociodemographic factors for medical practitioners demonstrates that years in the field are significantly associated with job satisfaction in a specified pattern (Kavanaugh et al., 2006).

A further factor is the respondents' socio demographic characteristics, including

their age, gender, and the highest level of education, year of job experience, civil status, ethnicity, and pay. According to the study "Demographic Factors and Employee Performance: The Mediating Effect of Employee Empowerment," the following factors have a substantial beneficial impact on employee performance and satisfaction: age, gender, education, length of experience, and the number of family members. Employee performance acts as a buffer between employee engagement and the effects of age, gender, education, length of experience, and the number of family members (Hendrawijaya, 2019).

Operational Definitions

Job Satisfaction - Job Satisfaction is described as a general favorable perception and attitudes towards one's chosen profession, as well as the degree to which nurses are content with their jobs. Nurses evaluate their job satisfaction level based on their level of work engagement. In this study, the level of job satisfaction is overall positive attitude and feelings toward a job and determined by nurses on how satisfied they are in their job. The primary predictors of nurse job satisfaction are essentially eight components: satisfaction with extrinsic rewards, schedules, family-work balance, colleagues, interaction opportunities, professional opportunities, praise and recognition and control /responsibility. Satisfaction with one's work could be quantified using a scale.

Satisfaction with extrinsic rewards - Satisfaction with extrinsic rewards refers to an individual's contentment with the monetary or tangible rewards offered to workers, such as wage hikes, incentives, and advantages. They are extrinsic since they are external to the performance of the task and are governed by parties other

than the individual.

Satisfaction with scheduling - A work schedule specifies the number of hours that an employee is required to perform paid jobs. It specifies the days of the week and hours of the day that you are required to work for a certain organization.

Satisfaction with the balance of family and work - Work–family balance, in general, relates to a well-integrated work and family life wherein the employee participates in both areas.

Satisfaction with co-workers - This term refers to a coworker, usually someone in a comparable position or at a similar organizational level.

Satisfaction with interaction opportunities - Satisfaction with interaction chances extends much beyond civility and interpersonal dialogue.

Satisfaction with professional opportunities - Opportunities for professional growth involve the expansion or refinement of professional expertise or abilities. Professional development programs can assist individuals in acquiring new skills and expanding their current knowledge.

Satisfaction with praise and recognition - This includes providing precise feedback that encourages the desired beneficial workplace behavior.

Satisfaction with control and responsibility - Work management and responsibility are when an employee performs all the responsibilities outlined in the job role and conforms to corporate policies and procedures to the best of his or her abilities.

Job Performance - Job performance refers to how nurses perform in their job

duties. This metric measures how successfully nurses execute their duties and obligations related to direct patient care in compliance with set rules and regulations. This shows the quality of care offered and, as a result, clinical outcomes, and satisfaction. Leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relations/communication, and professional development are the six performance components.

Leadership - The behaviors of nurses who direct the actions of a group toward a common goal is characterized as leadership.

Critical Care - Critical care refers to the current umbrella phrase for critical care, intensive therapy, and acute medical facilities offered by the nurses. A patient requires intensive care if they require specialized monitoring, therapy, and care, such as after a regular complicated operation, a life-threatening sickness, or a trauma.

Teaching/Collaboration - Collaboration is the activity of nurses working together to achieve a common goal for the success of the group. Collaboration enables nurses to work together to accomplish a unified company objective.

Planning/Evaluation - Planning is a method of determining where nurses want to go and how nurses will get there in anticipation. Evaluation permits nurses to examine the performance and learn their mistakes.

Interpersonal Relations - This refers to the interaction between nurses in a relational tie or membership inside the hospital.

Communication - Communication is the exchange of ideas among nurses and other hospital staff through a shared system of symbols, expressions, or actions.

Professional Development - Professional development encompasses all the training, certifications, and training a nurse needs to advance in his or her profession.

Socio Demographic Characteristics - This is defined as characteristics of the nurses. This includes age, sex, and highest educational attainment, year of work experience, marital status nationality and salary.

Age - This is the duration of time that a person or object has lived or existed.

Sex - This is either of the two primary categories (male and female) into which people and many other living creatures are separated based on their reproductive capabilities.

Highest Educational Attainments - Highest educational attainment refers to the highest grade or year finished in elementary school, secondary school, college, or university.

Years of Work Experience - A time where a person works for a business or organization.

Marital Status - This is a person's state of being single, married, separated, divorced, or widowed.

Nationality - The status of belonging to a particular nation.

Salary - This is a regular recurring payment, typically paid monthly or weekly but frequently represented as an annual sum, made by an employer to an employee, particularly an expert or white-collar worker.

Hypothesis

HA1: There is a significant relationship between job satisfaction and job performance among nurses in a private hospital in Jeddah.

HA2: There is a significant relationship between level of job satisfaction and socio-demographic characteristics among nurses in a private hospital in Jeddah.

HA3: There is a significant relationship between level of job performance and socio-demographic characteristics among nurses in a private hospital in Jeddah.

CHAPTER III

RESEARCH METHODOLOGY

Research Design

Descriptive Correlation was utilized as the design of this research. Descriptive Correlational research was concerned with establishing relationships between two or more variables in the same population or between the same variables in two populations (Leedy & Ormrod, 2010).

Fraenkel & Wallen (2003) stated that this design aimed to evaluate and describe the existing relationships between variables. In this study, it explored the relationships between job satisfaction and performance.

For these reasons, the researcher chose the above-stated research design and administered a survey questionnaire instrument to assess the job satisfaction if it had a significant relationship to work performance of the nurse.

Research Setting

The setting of the study was in a 555-bed capacity private hospital which offered both inpatient and outpatient services that covered a wide range of medical and surgical specialties, operated 24/7, and catered to different nationalities. Hence, this was an appropriate setting for the study because the sample population was employees in this setting, specifically the nurses of Dr. Soliman Fakeeh Hospital in Jeddah. A survey was conducted herein on an agreed scheduled date during their time of duty.

Sampling Technique

The target populations in this study were nurses in the workplace in Jeddah and the accessible population was 654 staff nurses in a private Hospital in Jeddah and the sample selected was 384 Staff Nurses of Dr. Soliman Fakeeh Hospital in Jeddah.

Specifically, to be able to contribute and speak well about the topic, participants were those who were employed or had experienced being a nurse in Dr. Soliman Fakeeh Hospital in Jeddah for at least 1 year and were regular / permanent nurses. All of them should be around 25-60 years old. Since the sample populations of the study were staff nurses in Dr. Soliman Fakeeh Hospital, Jeddah, the G power analysis was used to estimate the sample size and statistical test then had decided based on the hypothesis of the study "There is a significant relationship between job satisfaction and job performance among nurses in the workplace". Based on G power computation and an additional of 20% margin, a total of 374 participants were included. This tool is used to calculate statistical power for a wide variety of statistical tests including t-test, Pearson, chi square, etc., which this study was needed to determine relationship. Further, power was the probability of detecting an effect, given that the effect was there and helped us avoid both types I and type II errors.

The following were the inclusion and exclusion criteria of the study participants:

Inclusion Criteria:

Participants were employed or had experienced being a nurse in Dr. Soliman Fakeeh Hospital in Jeddah for at least one (1) year and were regular/permanent nurses.

All of them should be around 25-60 years old and able to write and understand English language.

Exclusion criteria:

Nurses without informed consent, student and trainee nurses, nurse supervisors, administrators, educators, researchers, managers, and charge nurses.

The purposive sampling technique was employed due to the subjects being purposely selected staff nurses of Dr. Soliman Fakeeh Hospital in Jeddah. Moreover, it was based on the intention which was the purposely selected sample of only staff nurses of Dr. Soliman Fakeeh Hospital, and which suits the best for the purpose of this study. This technique was chosen by the researcher since it was a frequently utilized technique by researchers due to its time and cost effectiveness in comparison to other sampling techniques. Additionally, it helped researchers to extract a great deal of information from collected data and was a versatile research strategy that may be adjusted to increase the efficacy of a study.

Data Collection

Prior to the study's approval, the FCMS Institutional Research Board and the Chief Nursing Officer where the survey would be conducted must all provide ethical consent.

A survey questionnaire on nurses' job satisfaction and performance was used to collect data. The researcher adhered to the four-week period allotted to the respondents prior to administering the questionnaires.

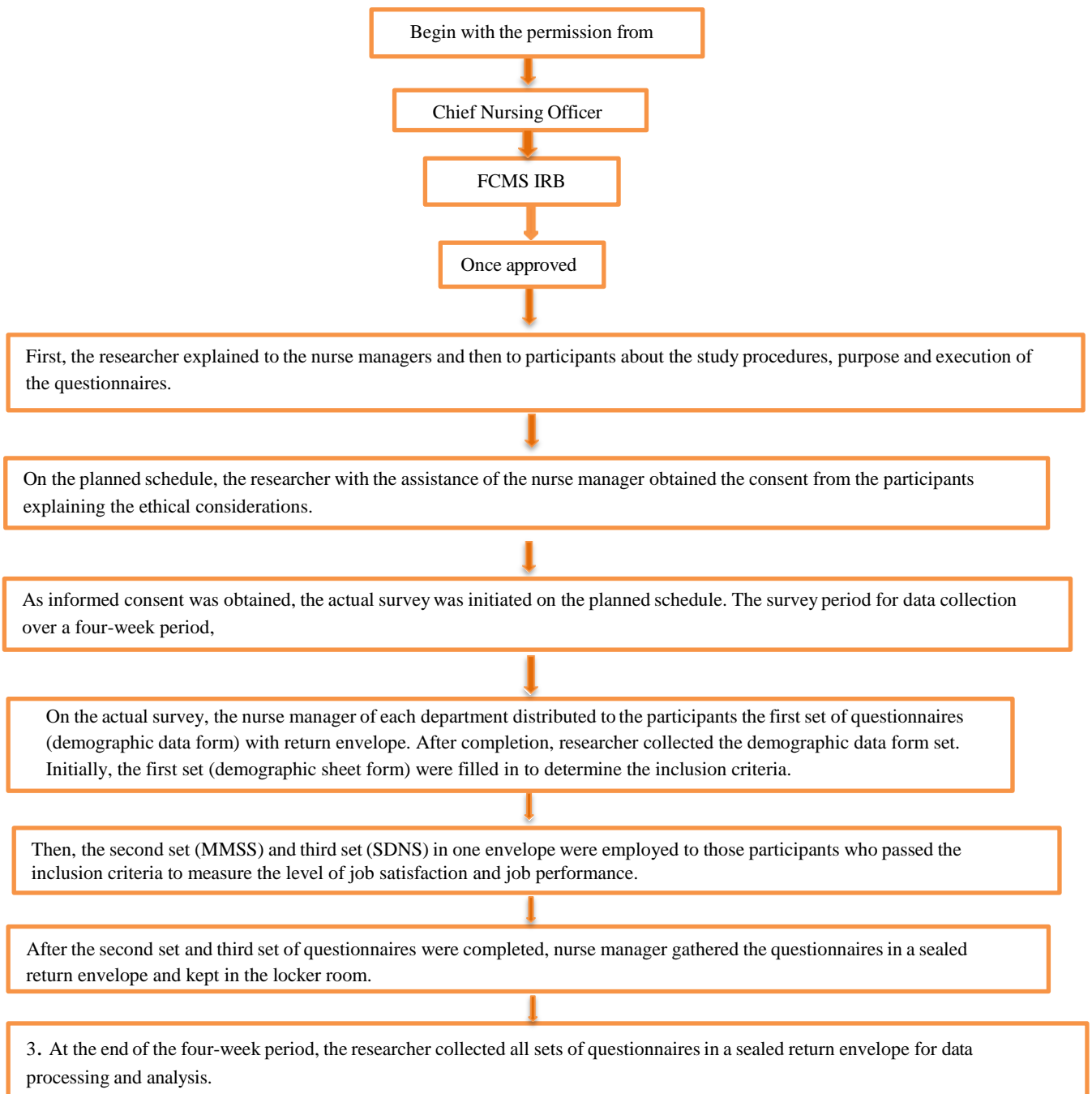
Procedures

Once permission was granted, informed consent was obtained from the target participants. The informed consent contained a brief description of the study, an

assurance of confidentiality and anonymity, the importance of their participation in the study, and the researcher's contact information. Data collection involved a printed copy of the survey with the target population. The surveys were scheduled based on a prearranged and mutually agreed date and time of data collection.

Following that, questionnaires were handed directly to respondents by the Nurse Managers to ensure the study's accuracy, completeness, and reliability. A four-week period was allotted to the nurses to complete the surveys. They were asked to check the column for the degree that most accurately represented their personal emotions. They were convinced that there were no correct or incorrect answers because they were free to express their own thoughts. They were also requested to provide their initial instinctive responses; however, they were made aware of the critical nature of their responses in assisting others in comprehending their job satisfaction and performance. Numerous approaches were utilized to analyze the data collected: frequency, percentage, mean, Pearson Product Moment Correlation Coefficient (PPMCC) and Chi square. The statistician entered the data manually and computed the results. The researcher then compiled and analyzed all the data gathered. The figure below illustrates the data gathering procedure that was followed in this study.

Figure 3. Flow of Conduct of Study



To collect data, first, permission was requested from the Chief Nursing Officer of Dr. Soliman Fakeeh Hospital, and then an ethical clearance was obtained from FCMS Institute Review Board. Information about the study and the purpose of the study was provided to the participants by the researcher. A cover letter assuring anonymity and implied consent, along with the data collection tools, was included. Second, a nurse manager in each department distributed to the participants the first set of questionnaires (demographic data form) with return envelope. After completion, researcher collected the demographic data form set. Initially, the first set (demographic sheet form) were filled in to determine the inclusion criteria. Then, the second set (MMSS) and third set (SDNS) in one envelope were employed to those participants who passed the inclusion criteria to measure the level of job satisfaction and job performance. After the completion of each set of questionnaires, the nurse manager collected all the tools with a sealed envelope and kept them safely in the locker room for confidentiality. After a four-week period, the researcher collected the questionnaires for analysis. Anonymity was maintained throughout the study to protect participants.

Research Instruments

To fulfil the aim stated in the study, it was carried out with quantitative methods of data collection. The instruments that were used in the study were questionnaires regarding the job satisfaction and work performance of the nurses. These instruments were described in detail below:

Job Satisfaction. Job satisfaction was determined using the Mueller/McCloskey Satisfaction Scale (MMSS). The McCloskey/Mueller Satisfaction Scale is a frequently used, relevant, and reliable instrument for assessing work satisfaction in nursing. The

MMSS is a survey that was developed initially to gauge nurse satisfaction in hospitals. Numerous healthcare institutions have implemented the MMSS to assess nurses' job satisfaction. It is a 31-item survey that was rated using a 5-point Likert scale, including the following verbal descriptions: (1) extreme dissatisfaction, (2) indicating moderate dissatisfaction, (3) indicating neither satisfaction nor dissatisfaction, (4) indicating moderate satisfaction, and (5) indicating extreme satisfaction (Mueller and McCloskey 1990). The items are grouped into eight subscales: (1) extrinsic rewards (3 items, min. score = 1, max. score = 15), (2) family and work balance (3 items, min. score = 1, max. score = 15), (3) professional opportunities (4 items, min. score = 1, max. score = 20), (4) work control and responsibility (5 items, min. score = 1, max. score = 25), (5) scheduling (6 items, min. score = 1, max. score = 30), (6) coworkers (2 items, min. score = 1, max. score = 10), (7) interaction opportunities (4 items, min. score = 1, max. score = 20), and (8) praise and recognition (4 items, min. score = 1, max. score = 20) (Tourangeau et al. 2006). The overall mean for each subscale and the overall question were determined, with higher scores indicating greater levels of satisfaction. The mean score per subscale and for the entire questionnaire were calculated, with higher scores indicating higher satisfaction levels. The level of job satisfaction was also calculated by summing the total score of all subscales and was classified as follows: low with total score ≤ 52 , moderate 53–104, and high 105–155.

Job Performance. Schwirian's (1978) Six Dimension Scale of Nursing Performance (SDNS) was employed in this study. This 52-item inventory was used to assess the degree of job performance among nurses in Dr. Soliman Fakeeh Hospitals using a four-point Likert-type scale. The scale was created and validated between 1974 and 1977 and had a high degree of reliability (Schwirian, 1978). It is a list of nursing activities that nurses engage in on a varying frequency and quality basis. It is

performed in a two-stage way or two separate sets of data consisting of 1 – frequency of activity performed (Referring to Column A in the questionnaire) and if performed, 2 – the quality of activity performed in the current setting (Referring to Column B in the questionnaire). The frequency of nursing activity is rated as not expected in this job to frequently. Each activity denoted as not performed during work is excluded from the data analysis.

The second stage consists of in the assessment of the quality of the task performed on a scale of 1 to 4. The quality of performing the nurse's activity is rated as not very well to very well. Both sets of data are analyzed using descriptive statistics including range, mean, and score of central tendency, variability, minimum, and maximum. The total performance score and the 6 sub-scores are divided into groups of good and poor performance according to the mean score of the total and sub-scores. Nurses who scored above the mean were considered having good performance while nurses who scored below the mean were considered having poor performance. The distribution of questions for subcategories is as follows:

- 1- Leadership (5) – item number 3,23,25,26,41
- 2- Critical Care (70) – 11,18,19,27,30,37,40
- 3- Teaching (11) – 1,4,5,12,14,28,29,31,32,38,39
- 4- Planning (7) – 2,6,7,9,10,13,36
- 5- IPR/Communication (12) – 8,15,16,17,20,21,22,24,33,34,35,42
- 6- Professional Development (10) – 43,44,45,46,47,48,49,50,51,52.

Moreover, the nurses' work performance evaluations were also used as a verification tool for the data gathered.

To describe the socio-demographic characteristics of nurses in terms of age, sex, highest educational attainment, years of work experience, marital status, nationality, and salary, a data sheet form was provided. This was first conducted prior to the implementation of the job performance and work satisfaction survey. In the data sheet form, participants were requested to indicate their sex (male or female), their greatest degree of education (diploma, bachelor's, master's, and PhD), and their age (in years) per age category. The subject's marital status was then categorized as either widowed, separated, divorced, single, or married. In addition, the form required them to fill in their nationality, the number of years they had worked as nurses from the time they graduated to the present, and the total agreed-upon income, broken down by wage categories. Internal consistencies of information or data were validated by secondary data (Employee record) in which permission and consent for verification was obtained.

Data Analysis

The research's initial purpose was to ascertain job satisfaction among staff nurses at Dr. Soliman Fakeeh Hospital. The Mueller/McCloskey Satisfaction Scale (MMSS) was utilized to measure the factors and provide a satisfaction level score. It is a 31-item questionnaire on a 5-point Likert Scale ranging from extremely satisfied to extremely dissatisfied that assesses employee perceptions toward the job and its components. The items are classified into eight subscales: (1) intrinsic incentives, (2) family-work balance, (3) professional opportunities, (4) job control and responsibility, (5) schedule, and (6) coworkers.

Second, to ascertain job performance among staff nurses, the Six Dimension Scale of Nurse Performance (SDNS) established by Patricia M. Schwirian (1978) was utilized. The SDNS is a 52-item inventory scored on a 4-point Likert-type scale.

Third, descriptive statistics and the chi-square test were utilized to analyze the link between job satisfaction, socio-demographic factors, and job performance among staff nurses. As all the variables used in this study are categorical and to measure the relationship between categorical variables Chi-Square test fit best. It has been used to test the statistical significance of the parameters at 5% level. SPSS 26 software and Excel were used to process and analyze the data. Moreover, Chi square is commonly used to test the statistical independence or association between two or more categorical variables.

Finally, inferential statistics were employed to establish the relationship between job satisfaction and job performance among staff nurses (Pearson Correlation Coefficient (r), scatter plot). Additionally, Pearson is a correlation coefficient that indicates the strength of a linear link between two variables. Pearson correlation is a data analysis that studies the relationship between job satisfaction and performance among nurses.

Table 1

Statistical Analysis Matrix

Objectives	Tools	Variables	Statistics
1. To describe the level of job satisfaction among nurses.	Mueller/McCloskey Satisfaction Survey (MMSS) a 31-item on a 5-point Likert scale ranging from very satisfied to very dissatisfied.	Independent: Level of job satisfaction	Descriptive Mean, Standard Deviation
2. To describe the level of job performance	Six Dimension Scale of Nurse Performance	Dependent: Level of job satisfaction	Descriptive Mean, Standard

among nurses.	(SDNS) developed by Patricia M. Schwirian (1978) which contains a 52-item inventory rated on a 4-point Likert-type Scale.	- Interval - univariate	Deviation
3. To determine the relationship between level of job satisfaction and socio- demographic characteristics in terms of age, sex, highest educational attainment, years of work experience, marital status, nationality, and salary.	Level of job satisfaction: Mueller/McCloskey Satisfaction Survey (MMSS), a 31 item on a 5- point Likert scale ranging from very satisfied to very dissatisfied. Demographic Characteristics: Socio- demographic sheet	Independent: level of job satisfaction Independent: Socio- Demographic Characteristics - Categorical: Sex, marital status, nationality, highest educational attainment - Continuous: age, years of work experience, salary - Nominal: sex, marital status, nationality - Ordinal:	Descriptive statistic is used to classify the age, sex, highest educational attainment, marital status of staff nurses and describe the years of work experience, nationality, and salary. Chi-square Test

- highest educational attainment
- Ratio: age
- Interval: years of work experience, salary

<p>4. To determine the relationship between the level of job performance and socio demographic characteristics in terms of age, sex, highest educational attainment years of work experience, marital status, nationality, and salary.</p>	<p>Level of job performance: Six Dimension Scale of Nurse Performance (SDNS) developed by Patricia M. Schwirian (1978) which contains a 52-item inventory rated on a 4-point Likert – type scale.</p> <p>Demographic Characteristics: Socio – demographic sheet</p>	<p>Bivariate Dependent: Level of job performance Independent: Socio – Demographic Characteristics</p> <ul style="list-style-type: none"> - Categorical: Sex, marital status, nationality, highest educational attainment - Continuous: age, years of work experience, salary - Nominal: sex, marital status, nationality - Ordinal: highest educational 	<p>Descriptive statistic is used to classify the age, sex, highest educational attainment, marital status of staff nurses and describe the years of work experience, nationality, and salary.</p> <p>Chi – square Test</p>
--	---	---	--

attainment

- Ratio: age
- Interval: years of work experience, salary

Bivariate

5. To determine the relationship between level of job satisfaction and level of job performance among nurses.	Level of job satisfaction: Mueller/McCloskey Satisfaction Survey (MMSS), a 31-item on a 5-point Likert scale ranging from very satisfied to very dissatisfied.	Independent Statistic: Level of job satisfaction <ul style="list-style-type: none">- Interval- Univariate Dependent: Level of job performance <ul style="list-style-type: none">- Interval- Univariate	Inferential Statistic: Pearson Correlation Coefficient (r), scatterplot
	Level of job performance: Six Dimension Scale of Nurse Performance (SDNS) developed by Patricia M. Schwirian (1978) which contains a 52-item inventory rated on a 4-point Likert-type Scale.		

Ethical Considerations

Participants were informed of the potential risks and advantages of conducting this research. Informed consent included a description of the research and its objective and information on the research participants' recruitment and the procedures that would be followed. It was critical to specify any physiological discomfort or harm, any breach of privacy, or any danger to the respondents' dignity, and therefore how they would be compensated in those instances. Additionally, participants had to be informed of any anticipated benefits to the research. The researcher notified participants of the procedures followed to maintain their privacy and confidentiality. Participants were given the option to withdraw or refuse participation at any time. Additionally, the research investigation sought agreement from the Chief Nursing Officer of Dr. Soliman Fakeeh Hospital and ethical approval from the FCMS Institutional Research Board.

CHAPTER IV

RESULTS AND DISCUSSIONS

This chapter presented the collected data, conducted statistical treatments, analyzed the findings, and provided interpretation.

Results

Socio demographic Characteristics

Table 2

Socio-Demographic Characteristics of Nurses (n = 384)

Characteristics	Frequency	Percent
Age		
21-30 years old	135	35.2
31-40 years old	203	52.9
41-50 years old	40	10.4
51-60 years old	6	1.6
Gender		
Female	344	89.6
Male	40	10.4
Educational Attainment		
Bachelor	377	98.2
Diploma	7	1.8
Work Experience		

0-2 years	56	14.6
3-5 years	102	26.6
6-10 years	103	26.8
10 years above	123	32.0
Marital Status		
Married	237	61.7
Single	144	37.5
Separated	1	0.3
Widowed	2	0.5
Nationality		
Egyptian	23	6.0
Eritrean	2	0.5
Filipino	166	43.2
Indian	134	34.9
Lebanese	2	0.5
Nigeria	1	0.3
Pakistan	3	0.8
Saudi	28	7.3
Somalia	1	0.3
Somali	4	1.0
Sudanese	11	2.9
Thailand	1	0.3
Tunisian	1	0.3
Yemeni	7	1.8
Salary		

3600-4500	41	11
4600-5500	104	27.1
5600-6500	114	30
6600-7500	88	23
7600-above	37	10

The results of this study showed that the most dominant number of respondents belonged to the age group 31-40 years old, comprising 52.9% of the total respondents, followed by the age group of 21-30 years old. This indicated that the highest participation in the survey was from young to middle-aged adults. Moreover, 10.4% of the respondents were 41-50 years old, and 1.6% were 51-60 years old. This suggested that there was less engagement among older age groups in responding to surveys. Based on the results, most of the respondents were females, comprising 89.6% of the total respondents. Meanwhile, only 10.4% were male respondents.

In terms of educational attainment, notably, most of the respondents comprised 98.2% bachelor's degree holders. Conversely, only a small fraction of respondents, comprising 1.8%, were diploma holders.

Insights into the length of work experience of the respondents, results revealed that only 14.6% of the respondents had limited work experience, specifically 0-2 years. While moderate work experience was comprised of 26.6% of the respondents with 3-5 years of work experience and 26.8% with 6-10 years of work experience. Moreover, there was a total of 32% of respondents who had extensive work experience, specifically 10 years above.

Also, the majority of the respondents were married, comprising 61.7% of the total

respondents, 37.5% of them were single. Only a small fraction of the respondents was separated (0.3%) and widowed (0.5%).

Study results showed a breakdown of respondents' nationalities, which provided useful insights into the sample's demographic composition. Filipino respondents made up the largest group, with a considerable majority of 43.2%. Indian respondents followed closely, accounting for 34.9% of the sample. Saudi nationals made up 7.3% of the respondents, which was another significant proportion. Interestingly, a wide range of countries was represented in the data, albeit in smaller percentages. Egyptian respondents comprised 6% of the sample, while Yemeni respondents made up 1.8%. Additionally, there were smaller percentages of responders from Eritrea, Lebanon, Nigeria, Pakistan, Somalia, Sudan, Thailand, and Tunisia, each accounting for a fraction of the total sample.

Salary is one element that may affect job satisfaction. 27.1% of respondents earned between 4600 and 5500. Following closely were those earning between 5600 and 6500, which accounted for 30% of responses. Furthermore, a large percentage of respondents earned between 6600 and 7500, accounting for 23% of the sample. Meanwhile, 11% of respondents made between 3600 and 4500, with 10% earning 7600 or more.

Level of Job Satisfaction

Table 3 below presents the results of nurses' job satisfaction levels in several facets of their work environment. The mean and standard deviation of items in each subscale of MMSS questions were also computed to see where the nurses scored high or low in. (1) extreme dissatisfaction, (2) indicating moderate dissatisfaction, (3) indicating neither satisfaction nor dissatisfaction, (4) indicating moderate satisfaction,

and (5) indicating extreme satisfaction (Mueller and McCloskey 1990).

Table 3

Level of Job Satisfaction Among Nurses (n=384)

Qualities	Mean	SD	Verbal Interpretation
Extrinsic	3.7813	0.67373	High
Scheduling	3.3889	0.80059	Moderate
Balance with family and work	3.1319	0.80897	Moderate
Co-Workers	3.8958	0.62547	High
Interaction opportunities	3.7259	0.64475	High
Professional Opportunities	3.5612	0.65599	High
Praise and recognition	3.7161	0.85148	High
Control and responsibility	3.7359	0.67786	High
Overall Satisfaction	3.6171	0.55309	High

Note: Very Low (1.00-1.79); Low (1.80-2.59); moderate (2.60-3.39); High (3.40-4.19); Very High (4.20-5.00)

Based on the results, it was clear that nurses reported a high level of job satisfaction across all aspects. The mean values ranged from 3.1319 to 3.8958, demonstrating that employees were satisfied with diverse aspects of their work environment. This meant that the nurses were highly satisfied with their work, hence reducing the possibility of them leaving their positions. Since job dissatisfaction was a significant factor in clinicians leaving their jobs (Mousazadeh et al., 2019).

Dimensions like extrinsic rewards, coworkers, interaction possibilities, praise and recognition, and control and responsibility were rated as “high level of satisfaction “with mean ratings ranging from 3.5612 to 3.8958. The high level of satisfaction among

nurses can be attributed to the hospital's implementation of extrinsic motivators such as rewards for top performing nurses and the Daisy Award program which recognizes exceptional nursing care. In line with previous study of Habtamu Abera et al. (2021) wherein it was found that salary, perks, incentives, the institution's management, and skills training were all major factors determining nurses' job satisfaction. As a result, healthcare institutions like hospital administrators and state and federal institutions had to prioritize rising nurse job satisfaction, as nurses were at the heart of hospitals' healthcare systems. This implied that nurses typically had a positive attitude toward these components of their work environment, albeit there was still space for improvement.

On the other hand, factors such as scheduling and balance with family and work were rated as "Moderate" indicating that nurses had a more mixed impression. This can be linked to several hours that nurses require to work, the off days they get and the time they have for themselves and family. A similar pattern of results was obtained in the study conducted by Saeed et al. (2014) that discovered a substantial connection between work balance and job satisfaction. Additionally, it was determined to be moderately favorable, implying that improving work-life balance resulted in greater job satisfaction, which was consistent with the results (Nadeem & Abbas, 2009; Saif, Malik, & Awan, 2011; Varatharaj & Vasantha, 2012). These variables may have required further investigation to uncover underlying factors leading to moderation and potential areas for improvement.

The aggregated overall satisfaction score, which incorporated perceptions across all dimensions, had a mean score of 3.6171, supporting the notion of high overall job satisfaction among nurses. The standard deviations for the mean scores varied from 0.55309 to 0.85148, demonstrating substantial diversity in nurses'

judgments across multiple aspects. This variability underscored the importance of considering both individual and contextual aspects when calculating job satisfaction. The nurses' opinions on many aspects of their work environment were crucial for identifying areas for strength and progress, eventually benefiting nursing professionals' overall well-being and satisfaction.

The result revealed in Table 4 below shows the mean scores for all variables tested varied from 3.2999 to 3.5258, showing a generally high level of nursing performance.

Table 4

Mean and Standard Deviation of Items in Each Subscales of MMSS

Item No.	Subscale	Mean	Standard Deviation
Extrinsic Rewards		3.7813	.67373
1	Salary	3.7995	.80721
2	Vacation	3.8151	.75076
3	Benefits	3.7292	.79133
Scheduling		3.3889	.80059
4	Hours that you work	3.3021	.80059
5	Flexibility in scheduling your hours	3.3021	1.04339
6	Opportunity to work straight days	3.4427	.80588
7	Weekends off per month	3.4661	.93323
8	Flexibility in scheduling your weekends	3.3880	.94660
9	Compensation for working weekends	3.3776	1.07213
Balance of Family and Work		3.1319	.80897
10	Opportunity for part time work	3.1068	1.13871
11	Maternity leave time	3.4714	.86063
12	Childcare facilities	2.8177	1.14399
Co-workers		3.8958	.62547
13	Your nursing peers	3.9167	.76019

14	The physicians you work with	3.8750	.68934
Interaction Opportunities		3.7250	.64475
15	The delivery of care method used in your unit	3.9427	.65185
16	Opportunities for social contact at work	3.7266	.72315
17	Opportunities for social contact with your colleagues after work	3.5859	.80007
18	Opportunities to interact professionally with other disciplines	3.6484	.81362
Professional Opportunities		3.5612	.65599
19	Opportunities to interact with faculty of the College of Nursing	3.5286	.80741
20	Opportunities to belong to department and institutional committees	3.6250	.75790
21	Opportunities to participate in nursing research	3.6302	.72171
22	Opportunities to write and publish	3.4609	.77731
Praise and Recognition		3.7161	.85148
23	Your immediate supervisor	3.7448	.94633
24	Recognition for your work from superiors	3.6927	.94183
25	Recognition of your work from peers	3.8152	.78248
26	Amount of encouragement and positive feedback	3.6146	1.00255
Control and Responsibility		3.7359	.67786
27	Control over what goes on in your work setting	3.6711	.76809
28	Opportunities for career advancement	3.9687	.66550
29	Your amount of responsibility	3.7422	.80384
30	Your control over work conditions	3.6354	.84421
31	Your participation in organizational decision-making	3.6562	.83122

The verbal interpretation for each dimension labeled the performance as "Very High," implying high competency or effectiveness in each area. Furthermore, the standard deviations for the mean scores ranged from 0.43230 to 0.60479, demonstrating substantial diversity in respondents' perceptions. Despite this variation, the overall trend indicated a consistent perception of nursing performance across multiple aspects. Notably, Professional Development had the highest mean score (3.5258), showing a particularly strong assessment of nursing performance in this area. This can be connected to free online seminars and courses offered by hospital for career advancement and academic.

Critical care, on the other hand, while still rated as "Very High," had the lowest mean score of 3.2999 among the dimensions. Hence, high rating is not expected from nurses not assigned in critical care area. The aggregated overall score, which incorporated perceptions across all aspects, had a mean score of 3.3776, lending credence to the idea that nursing performance was generally excellent. These findings shed light on the strengths and areas of excellence in nursing practice. The consistently high evaluations across various parameters indicated that nursing professionals performed well across the board. Furthermore, the moderate variety in perceptions highlighted the importance of targeted interventions or improvements in certain areas, such as critical care, to maintain ongoing excellence in nursing practice.

The nurses' competence in critical care was very relevant towards conducting patient care activities since it posed a danger to the safety and reliability of the treatment they offered (Ibrahim, 2015). However, in line with the ideas of Girdwichai et al. (2020), it can be concluded that the author discovered a substantial connection between employee performance and satisfaction. Additionally, it showed a significant

but limited association between training and employee productivity. They discovered that unsatisfied workers were more likely to be unhappy, absent from work, or quit. Staff turnover affected their job performance.

Table 5

Level of Nursing Performance Among Nurses (n=384)

Qualities	Mean	SD	Verbal Interpretation
Leadership	3.3620	0.48552	Very High
Critical Care	3.2999	0.58144	Very High
Teaching/Collaboration	3.3342	0.51125	Very High
Planning/Evaluation	3.3585	0.60479	Very High
IPR/Communications	3.4205	0.50428	Very High
Professional Development	3.5258	0.43230	Very High
Overall	3.3776	0.46133	Very High

Note: Very low (1.00-1.75); Low (1.76-2.51); High (2.52-3.27); Very High (3.28-4.00)

The distribution questions in each subcategory were computed to see where the nurses scored high or low in (Score per question ranges from 1 – Not very well to 4– Very well).

Table 6*Level of Nursing Performance among Nurses Subcategories*

Item No.	Subscale	Mean	Standard Deviation
Leadership		3.3620	0.48552
3	Give praise and recognition for achievement to these under his/her direction	3.2708	0.69281
23	Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel.	3.4036	0.64722
25	Guide other health team members in planning for nursing care.	3.3672	0.68407
26	Accept responsibility for the level of care under his/her direction.	3.4583	0.58111
42	Use opportunities for patient teaching when they arise.	3.3672	0.65282
Critical Care		3.2999	0.58144
11	Perform technical procedure: e.g., oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes.	3.2917	0.81329
18	Use mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator.	3.2396	0.81750
19	Give emotional support to family of dying patient.	3.2318	0.77556
27	Perform appropriate measures in emergency situations.	3.4818	0.67378
30	Perform nursing care required by critically ill patients.	3.2344	0.77944
37	Recognize and meet the emotional needs of a dying patient.	3.3629	0.77944
40	Function calmly and competently in	3.2552	0.74573

emergency situations.

Teaching/Collaboration		3.3342	0.51125
1	Teach a patient's family members about the patient's needs.	3.3750	0.70803
4	Teach preventive health measure to patients and their families.	3.3854	0.70240
5	Identify and use community resources in developing a plan of care for a patient and his/her family.	3.2396	0.75438
12	Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation.	3.2396	0.67781
14	Develop innovative methods and materials for teaching patients	3.2604	0.68165
28	The delivery of care method used in your unit	3.4219	0.66556
29	Opportunities for social contact at work	3.2578	0.66127
31	Opportunities for social contact with your colleagues after work	3.4531	0.70647
32	Opportunities to interact professionally with other disciplines	3.3906	0.68059
38	Communicate facts, ideas and professional opinions in writing to patients and their families.	3.3724	0.66180
39	Plan for the integration of patient needs with family needs.	3.2839	0.65449
Planning/Evaluation		3.3585	0.60479
2	Coordinate the plan of nursing care to the medical plan of care.	3.3385	0.72621
6	Identify and include in nursing care plans anticipated changes in patient's condition.	3.3750	0.67789
7	Evaluate results of nursing care.	3.3438	0.70178
9	Develop a plan of nursing care for a patient.		

10	Initiate planning and evaluation of nursing care with others.	3.3203	0.70359
13	Identify and include immediate patient needs in the plan of nursing care.	3.3542	0.68141
16	Seek assistance when necessary.	3.4245	0.65797
IPR/Communications		3.4205	0.50428
8	Your immediate supervisor	3.3125	0.70155
15	Recognition for your work from superiors	3.3698	0.64531
16	Recognition of your work from peers	3.4245	0.65797
17	Amount of encouragement and positive feedback	3.3802	0.65135
20	Verbally communicate facts, ideas, and feelings to other health care team members.	3.4036	0.64317
21	Promote the patient's rights to privacy.	3.5547	0.62342
22	Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members.	3.4349	0.64304
24	Explain nursing procedures to a patient prior to performing them.	3.4974	0.64228
33	Use nursing procedures as opportunities for interaction with patients.	3.4583	0.65304
34	Contribute to productive working relationships with other health team members.	3.4089	0.64797
35	Help a patient meet his/her emotional needs.	3.4297	0.66643
42	Use opportunities for patient teaching when they arise.	3.3672	0.65282
Professional Development		3.5258	0.43230
43	Use learning opportunities for ongoing personal and professional growth.	3.5130	0.57796
44	Display self-direction	3.4375	0.59260
45	Accept responsibility for own actions.	3.5781	0.54475
46	Assume new responsibilities within the limits of capabilities.	3.5026	0.57356

47	Maintain high standards of performance.	3.5599	0.57951
48	Demonstrate self-confidence.	3.5599	0.57951
49	Display a generally positive attitude.	3.5755	0.53545
50	Demonstrate a knowledge of the legal boundaries of nursing.	3.4844	0.60006
51	Demonstrate knowledge in the ethics of nursing.	3.5234	0.57763
52	Accept and use constructive criticism.	3.5260	0.59960

Relationship between level of job satisfaction and socio- demographic characteristics

The correlation study of respondents' characteristics and job satisfaction presented in figure 4 yielded useful insights into the elements impacting job satisfaction in the studied population.

Figure 4. Relationship Between Characteristics and Level of Job Satisfaction Among Nurses ($n=384$)

Level of Job Satisfaction * Profiles	Age		Sex		Highest education		Work experience		Marital Status		Nationality		Salary	
	χ^2	p-value	χ^2	p-value	χ^2	p-value	χ^2	p-value	χ^2	p-value	χ^2	p-value	χ^2	p-value
Extrinsic	37.432	0.165	8.31	0.599	13.735	0.185	69.822	0.785	12.629	0.893	201.927	0	57.391	0.86
Scheduling	77.848	0.099	29.488	0.103	20.868	0.467	141.27	0.934	31.412	0.884	752.699	0	248.786	0
Balance with family and work	35.245	0.504	14.367	0.278	8.175	0.771	97.542	0.437	19.235	0.739	341.465	0	80.271	0.595
Co-workers	19.302	0.373	5.273	0.509	4.985	0.546	52.045	0.319	5.821	0.925	452.801	0	32.245	0.861
Interaction Opportunities	34.492	0.54	19.70	.073	9.161	0.689	69.779	0.98	28.982	0.221	196.567	0.015	74.108	0.771
Professional Opportunities	57.35	0.057	17.301	0.24	13.699	0.472	75.76	0.997	27.832	0.473	631.451	0	72.245	0.976
Praise and Recognition	35.923	0.734	27.646	0.016	5.226	0.982	80.139	0.99	13.472	0.991	423.478	0	159.097	0
Control and Responsibility	58.061	0.231	14.893	0.603	5.473	0.996	115.059	0.903	25.77	0.844	813.982	0	123.234	0.377

Note: a. correlation is significant if $p < 0.05$
b. correlation is not significant if $p > 0.05$

Each correlation value, along with its associated p-value, contributed to the

strength and significance of the association between characteristics and work satisfaction. Age had a correlation coefficient of 560.483 and a p-value of 0.967, indicating that age was not substantially connected with work satisfaction in the examined group. This showed that respondents' age had no significant influence on their degree of job satisfaction. However, the results further showed noteworthy exceptions. Regarding their gender, their satisfaction with praise and recognition is significantly correlated ($X^2=27.65$), $p<0.05$. This means that male and female employees experience recognition and praise differently or have different expectations about these characteristics. This corroborated the findings from the study of Coomber et al. (2007), which revealed that job satisfaction was significantly correlated with their gender. Considering the majority of the respondents were females comprising 89.6 % of the total respondents. Hence, positive reinforcement and sense of accomplishment makes them feel valued and give them happiness which will have a positive impact on their job performance. This implied that gender was an important factor in determining job satisfaction among respondents.

Similarly, their salary is also significantly correlated with their satisfaction in scheduling ($X^2=248.79$) and praise and recognition ($X^2=159.10$). Although not all aspects of job satisfaction correlate with their salary, it can affect how employees feel about certain parts of their jobs, such as the flexibility of their schedules and the attention they receive. The study found a substantial association ($p < 0.05$) between nationality and job satisfaction across all areas. Nationality has a significant impact on employee satisfaction in extrinsic factors ($X^2 = 201.93$), scheduling ($X^2 = 752.70$), family-work balance ($X^2 = 341.47$), coworkers ($X^2 = 452.80$), interaction opportunities ($X^2 = 196.57$), professional opportunities ($X^2 = 631.45$), praise and recognition ($X^2 = 423.48$), and control and responsibility ($X^2 = 813.98$). This demonstrates the significant

impact of cultural background on job satisfaction, implying that individuals of different nationalities may have distinct expectations and needs in the workplace. This showed that respondents' nationality were important factors in determining their degree of job satisfaction.

Filipino respondents made up the largest group, with a considerable majority of 43.2% followed closely by Indian respondents accounting for 34.9% of the sample in which both can communicate well in English language. Policy makers should have a program (induction) to support nurses employed as expatriates and local to better understand their job roles and responsibilities as well as ensure equality and fairness among nurses. Make an individualized support tailored to each nationality. Different nationality has different background and culture that affects their satisfaction level. A similar pattern of results was obtained in Mohammad Alboliteeh's (2020) study on the Factors Affecting Job Satisfaction between Nurses in the Hail province of Saudi Arabia discovered a substantial relationship between employee satisfaction and pay range, civil status, ethnicity, and age. Although there was no significant relationship between job satisfaction and participants' sex, rank, and years of experience.

Relationship between the level of job performance and socio demographic characteristics

Figure 5 investigates the association between respondents' job performance and their demographic characteristics. The findings show that none of the demographic characteristics had a significant relationship with overall work performance.

Figure 5. Relationship Between Level of Job Performance and Socio-demographic Among Nurses (n=384)

Level of Job Performance * Profiles	Age		Sex		Highest education		Years of experien		Marital Status		Nationality		Salary	
	X ²	p-value	X ²	p-value	X ²	p-value	X ²	p-value	X ²	p-value	X ²	p-value	X ²	p-value
Leadership	57.974	0.005	9.006	0.621	56.86	0	69.596	0.926	20.74	0.537	142.357	0.499	59.555	0.93
Critical Care	164.11	0	15.009	0.524	62.738	0	191.44	0	60.004	0.002	169.818	0.975	191.135	0
Teaching/Collaboration	76.146	0.124	21.087	0.454	62.913	0	137.742	0.958	40.896	0.519	387.606	0	146.951	0.486
Planning/Evaluation	69.968	0.01	18.837	0.221	13.598	0.556	89.742	0.982	32.522	0.344	273.352	0	99.957	0.621
IPR/Communications	74.115	0.104	25.07	0.199	34.016	0.026	162.607	0.428	30.381	0.864	288.645	0.107	130.212	0.712
Professional Development	66.615	0.039	30.254	0.017	8.065	0.947	157.008	0.042	28.613	0.639	300.961	0	170.749	0

Note: a. correlation is significant if $p < 0.05$
 b. correlation is not significant if $p > 0.05$

Significant connections were established between various demographic characteristics and certain aspects of job performance. Specifically, the study found a significant relationship between age and performance in leadership ($X^2 = 57.97$), critical care ($X^2 = 164.11$), planning/evaluation ($X^2 = 69.97$), and professional development. These findings imply that as employee's age, they may develop higher skills in these areas, most likely due to increased experience and maturity. The analysis demonstrates a significant association between sex and performance in professional development ($X^2 = 30.25$). This could imply that men and women value professional development in different ways, or that organizational structures and development opportunities are gender biased.

Further, the highest educational attainment correlates significantly with performance in leadership ($X^2 = 56.86$), critical care ($X^2 = 62.74$), planning/evaluation ($X^2 = 62.91$), and IPR/communications ($X^2 = 34.02$). This shows that higher education levels may improve employees' competence in these areas. Considering the majority of the respondents comprised of 98.2% were bachelor's degree holders. A similar

pattern of results was obtained in Gyanti Thakur's (2013). Study revealed that demographic variables affected employee performance, as evidenced by the differences in performance attainment across demographic groups such as age, sex, and educational credentials.

The years of experience of the respondents had a substantial correlation with performance in critical care ($X^2 = 191.44$) and professional development ($X^2 = 157.01$). This emphasizes the importance of actual, on-the-job experience in building critical care skills and pursuing professional growth. It means that experienced personnel are more skilled in high-stakes situations and more invested in their development. As there was a total of 32% of respondents who had extensive work experience, specifically 10 years above and only 14.6% of the respondents had limited work experience, specifically 0-2 years.

Moreover, the association between nationality and performance in teaching/collaboration ($X^2 = 387.61$), planning/evaluation ($X^2 = 273.35$), and professional growth ($X^2 = 300.96$) demonstrates how cultural background affects job performance. Employees of various countries may bring unique perspectives, talents, and approaches to these areas. Based on the socio-demographic characteristics of respondent's nationality, Filipino made up the largest group, with a considerable majority of 43.2%. Indian respondents followed closely, accounting for 34.9% of the sample and Saudi nationals made up 7.3% of the respondents, which was another significant proportion. While, wide range of countries was represented in the data, albeit in smaller percentages.

Lastly, the respondents' salary has a significant correlation with critical care performance ($X^2 = 191.14$) and professional development ($X^2 = 170.75$). This shows

that higher compensation may be associated with improved performance in certain areas, possibly because financial incentives might motivate people to excel at key activities and invest in their personal development. As large percentage of respondents earned a high salary, accounting for 23% of the sample. Other results were broadly in line with a study by Hanan Al-Ahmadi (2009) demonstrated that job performance was positively associated with several personal characteristics, particularly decades of work expertise, citizenship, sex, and civil status, in the Saudi context. Moreover, Banjo H. et al. (2014) found a relatively positive association between the variable investigated and job performance when demographic factors such as age, marital status, academic status, length of employment, and gender were considered. When combined, they accounted for 13% of the parameters affecting participants' work performance. According to Anderson (2012), monitoring demographics in the workforce had to be ingrained in the work's success.

Relationship between level of job satisfaction and level of job performance among nurses

Figure 6 presents the test of the relationship between numerous variables of job satisfaction and job performance.

Figure 6. Relationship Between Job Performance and Job Satisfaction

Level of Job Performance * Job Satisfaction	Leadership		Critical Care		Teaching Collaboration		Planning/Evaluation		Communication		Professional Development		Overall Satisfaction	
	r	p-value	r	p-value	r	p-value	r	p-value	r	p-value	r	p-value	r	p-value
Extrinsic	0.062	0.227	0.018	0.728	0.106	0.038	0.047	0.355	0.094	0.066	-0.005	0.925	0.531	0
Scheduling	0.076	0.135	0.038	0.456	0.162	0.001	0.116	0.023	0.129	0.012	0.057	0.261	0.842	0
Balance with family and work	0.038	0.462	0.033	0.517	0.104	0.041	0.088	0.084	0.061	0.236	0.081	0.112	0.703	0
Co-workers	0.053	0.299	0.064	0.213	0.141	0.005	0.124	0.015	0.172	0.001	0.099	0.054	0.75	0
Interaction Opportunities	0.183	0	0.163	0.001	0.262	0	0.224	0	0.17	0.001	0.117	0.022	0.814	0
Professional Opportunities	0.208	0	0.217	0	0.28	0	0.202	0	0.195	0	0.14	0.006	0.748	0
Praise and recognition	0.218	0	0.128	0.012	0.282	0	0.268	0	0.281	0	0.128	0.012	0.785	0
Control and responsibility	0.221	0	0.197	0	0.256	0	0.282	0	0.288	0	0.125	0	0.831	0
Overall Satisfaction	0.176	0.001	0.136	0.008	0.245	0	0.204	0	0.21	0	0.106	0.037	1	0

Note: a. correlation is significant if $p < 0.05$
 b. correlation is not significant if $p > 0.0$

The results show that extrinsic motivation, including salary and benefits has a small but significant connection with teaching/collaboration ($r = .106$). This indicates that extrinsic rewards may have a minor impact on performance in occupations that require teamwork and collaboration. However, the lack of substantial connections with other performance categories suggests that extrinsic rewards may not be adequate motivators for overall job success.

In terms of their satisfaction with scheduling, it shows a significant correlation, particularly in teaching/collaboration ($r = .162$), planning/evaluation ($r = .116$), IPR/communications ($r = .129$), and overall performance ($r = .115$). These associations mean that employees with control over their schedules are more likely to perform well in collaboration, planning, and communication activities. While their work life balance happiness is significantly correlated with teaching/collaboration ($r = .104$). This highlights that people who believe they have a good work-life balance are more likely to do well in collaborative tasks. Although there are no significant relationships

with other performance aspects, the importance of work-life balance should not be overlooked, particularly in occupations that involve teamwork.

Furthermore, satisfaction with coworkers correlates with teaching/collaboration ($r=.141$), planning/evaluation ($r=.124$), IPR/communications ($r=.172$), and overall performance ($r=.123$). These show the importance of positive connections with colleagues in improving job performance, especially in areas that involve collaboration and communication.

Interaction opportunities correlate significantly with leadership ($r=.183$), critical care ($r =.163$), teaching/collaboration ($r =.262$, $p < 0.01$), planning/evaluation ($r=.224$, $p < 0.01$), IPR/communications ($r=.170$), professional development ($r=.117$), and overall performance ($r=.245$). These associations highlight the value of social interaction in increasing job success. Employers could help provide these chances by encouraging team-building activities, open communication channels, and joint initiatives.

Moreover, professional opportunities are significantly correlated with nearly all dimensions of job performance, including leadership ($r =.208$), critical care ($r =.217$), teaching/collaboration ($r =.280$), planning/evaluation ($r =.202$), IPR/communications ($r =.195$), professional development ($r =.140$), and overall performance ($r =.270$). This implies that providing employees with opportunities for career advancement and skill development is substantially associated with improved performance across a variety of job functions.

In terms of their satisfaction with praise and recognition, significant correlation with leadership ($r=.218$), critical care ($r=.128$), teaching/collaboration ($r=.282$), planning/evaluation ($r=.268$), IPR/communications ($r=.281$), professional development

($r = .128$), and overall performance ($r = .262$) was found. These findings show that recognition and appreciation are effective motivators for improving job performance across various roles.

Lastly, significant correlations exist between control and responsibility and various performance dimensions, including leadership ($r = .221$), critical care ($r = .197$), teaching/collaboration ($r = .256$), planning/evaluation ($r = .282$), IPR/communications ($r = .288$), professional development ($r = .125$), and overall performance ($r = .286$). These findings show that individuals who feel more in control and responsible for their tasks perform better in a variety of job-related areas. Encouraging employees' sense of ownership and autonomy may thus be an important tactic for increasing job performance. In line with previous studies, Germain and Cummings (2010) conducted a thorough literature analysis on "The influence of nursing leadership on nurse performance." It was discovered that nursing leadership behaviors impacted nurses' motivations both intrinsically and extrinsically via other aspects. The review indicates that nurse performance could be enhanced by improving nurse mobility, relationships between nurses, their coworkers, and managers, and resource availability.

The study result indicated a moderate positive relationship between job performance and job satisfaction among the respondents. This meant that those who performed well at work were more likely to have higher levels of job satisfaction, and vice versa. This result corroborated the findings from the study of Girdwichai et al. (2020), which discovered a substantial connection between employee performance and satisfaction. This meant that increasing work satisfaction would enhance the work performance of the nurses. Furthermore, Job satisfaction and performance were inextricably linked in the nursing industry (Hanan, 2009) and many other professional

categories (Kahya, 2008), and this phenomenon was evident globally (Nabirye, Brown, Pryor, Marles, 2011). Similar findings were obtained in Mohammadirizi et al. (2012) on "the link between workplace stress and job satisfaction of nurses working at Mashhad's public health and medical facilities."

CHAPTER V

SUMMARY, CONCLUSION AND RECOMMENDATIONS

A thorough review of the study's findings, inferences from the analysis, and practical suggestions were presented in this chapter. Important insights were extracted via a thorough evaluation of the data and analysis, providing implications for the relevant discipline. The presented recommendations were intended to stimulate positive change and creativity in the sector by guiding future research, policy, and practice.

Summary of Findings

The study's findings unveiled crucial insights into nursing performance and job satisfaction among respondents, highlighting the interplay between socio-demographic characteristics and professional outcomes. The findings revealed, dimensions like extrinsic rewards, coworkers, interaction possibilities, praise and recognition, and control and responsibility were rated as "highly satisfied," which implied nurses were contented and typically had a positive attitude toward these components of their work environment. However, factors like scheduling and family-work balance elicited mixed impressions. Notably, Leadership, Critical Care, Teaching/Collaboration, Planning/Evaluation, and IPR/Communications showing a generally high level of nursing performance. These components labeled the performance as "Very High," implying high competency or effectiveness in each area. Furthermore, Professional Development signifying exceptional performance in this realm, showing a particularly strong assessment of nursing performance in this area.

Gender, nationality, and salary demonstrated significant associations with job

satisfaction, underscoring their impact on overall workplace contentment. Moreover, nationality and salary emerged as influential determinants of job satisfaction, shedding light on the nuanced interplay between demographics and workplace contentment. Interestingly, demographic variables such as highest educational attainment and work experience significantly correlated with job performance, emphasizing their pivotal role in shaping nursing proficiency. While age significantly affect work performance in terms of leadership, planning, critical care whereas gender significantly determine performance in terms of professional development and factors like educational attainment and work experience played pivotal roles. Moreover, there existed a noteworthy positive correlation between job performance and job satisfaction, thus validating the study's hypothesis. In essence, these findings provided a comprehensive understanding of the intricate relationship between socio-demographic characteristics, job performance, and satisfaction among nursing professionals, guiding organizations in tailoring interventions to enhance performance and foster a more fulfilling work environment for nurses.

Conclusion

The detailed examination of nurse performance and job satisfaction among respondents provided useful insights into the processes influencing the healthcare workforce. The study emphasized the importance of demographic characteristics, including educational attainment, work experience, gender, nationality, and compensation, in determining both job performance and satisfaction among nursing professionals. Notably, while many characteristics of nursing performance occurred at similar rates, satisfaction levels varied across other aspects of the workplace. However, the positive relationship between job performance and job happiness

demonstrated the inherent link between professional competence and workplace contentment. These findings highlighted the need for focused treatments and organizational measures for improving performance and creating a supportive and rewarding work environment for nurses. Healthcare facilities could effectively optimize their personnel by recognizing and resolving the subtle interplay between socio-demographic characteristics and professional outcomes, resulting in better patient care and overall organizational performance.

Recommendations

Taking into consideration the findings of the study, the researcher presented the following recommendation:

Organizations:

To Healthcare organizations, to apply methods to satisfy the employee's satisfaction, assess and find out the cause of satisfaction in the work settings. Moreover, continue to support professional development and other dimensions to manage low turnover, higher productivity, increased profits, and loyalty, considering that job satisfaction has been linked to turnover rates and job performance.

To tailor interventions to enhance performance and foster a more fulfilling work environment for nurses.

Management:

Take appropriate measures by understanding the contributing factors. To Design customized professional development programs to improve critical care abilities, considering nurses' different educational backgrounds and experience levels.

To Human Resources professionals, establish integrated methods for evaluating job performance and satisfaction, allowing for proactive identification of areas for improvement while also encouraging a culture of transparency and continual growth.

Results will help shape human resource practices and organizational strategies targeted at improving job performance and productivity across various workforce demographics.

To Nursing Administrations, create a supportive atmosphere for diverse nursing staff by adopting mentorship programs and inclusive workplace practices.

To Policymakers, will help to design a policy to increase satisfaction of employees. It will also guide in making policies to improve job performance and satisfaction of employees as well as to design a program to support expatriates nurses and local to better understand their job roles and responsibilities. A program to help make an individualized support tailored to each nationality.

Nurses:

Gain clear insights and awareness on how job satisfaction is associated to job performance as well as socio-demographic characteristics. Provide knowledge on how satisfaction impacts quality care and outcomes.

Give awareness on their level of satisfaction and knowledge on what components of job satisfaction and performance they are labelled in as high or low.

Researchers and future researchers:

To corroborate findings on the study about job satisfaction and performances among nurses and in different sector.

Will add to another evidenced-based information to fulfill employee satisfaction and maximize performance and impact of socio-demographic characteristics between variables.

To Researchers with a shared interest in a subject, this will provide important insight on how to address related problems and will help other researchers to support future research.

Will guide future researcher in their study about relationship between job satisfaction and performance.

REFERENCES

- Abdulla, W. & Nusari, M. (2019). The relationship between nurse's job satisfaction and nurse's performance in the public health sector in Yemen. *International Journal of management and human science (IJMHS)*, 3(2), 23-43. Retrieved from <https://ejournal.lucp.net/index.php/ijmhs/article/view/786>
- Aktar, S., Sachu, M. K., & Ali, M. E. (2012). The impact of rewards on employee performance in commercial banks of Bangladesh: An empirical study. *IOSR Journal of Business and Management*, 6(2), 9-15
- Al- Makhaita H., Sabra, A.A., & Riad Elkholy, A. (2014). Job performance among nurses working in two different health care levels, Eastern Saudi Arabia: a comparative study. *International Journal of Medical Science and Public Health*, 3(7). <https://doi:10.5455/ijmsph.2014.240420142>
- Al Tawil, F.A. (2013). Nephrology nurses job satisfaction and intention to stay in kidney hemodialysis unit at Prince Abdel Rahman al Sidiri Hospital al Jouf. *J Am Sci.*, 9(6), 224-223. (ISSN: 1545-1003).
- Al-Ahmadi, H. (2009). Factors affecting performance of hospital nurses in Riyadh region, Saudi Arabia. *International Journal of Health Care Quality Assurance*. ISSN:0952-6862.
- Al-Banna, D.A., (2018). Impact of Nurse's Satisfaction on Work Performance. *Life Science Journal*, 13(12), 22-33. <https://ejnm.hmu.edu.krd/index.php/ejnm/article/view/9>
- Al-Makhaita, H.M., Sabra, A.A., & Hafez, A.S. (2014). Job Performance among Nurses working in two different care levels, Eastern Saudi Arabia: a comparative study. *International Journal of Medical Science and Public Health*, 3(7), 832-837. <https://doi:105455/ijmsph.2014.240420142>.
- Alshmemri, M., Shahwan-Akl, L., & Maude, P. (2016). Job Satisfaction of Saudi Nurses working in Makkah Region Public Hospital Saudi Arabia. *Life Sci*, 13;22-33.
- Andrioti D., Skitsou, A., Eklund Karlsson, L., Pandouris, C., Krassias, C., & Charalambous, G. (2017). Job Satisfaction of Nurses in Various Clinical Practices. *International Journal of Caring Sciences*, 10(1), 76-87.
- Arabi Y., Alamry, A., Al Owais, S., Noushad, S., & Taher, S. (2012). Incident reporting at a tertiary care hospital in Saudi Arabia. *JJ Patient Saf.* 8(2), 81-7. <https://doi:10.1097/PTS.0b013e31824badb7>.

- Bandara, K. M. N. S., & Weligodapola, M. (2013). A study on the relationship between labour productivity and motivation. *Hirdaramani Group of Companies*, 1(7), 12.
- Banjo, H., & Ogunkoya, O. (2014). Demographic Variables and Job Performance: Any link? (A Case of Insurance Salesmen). *Acta Universitatis Danubius. Economica*, 10(4), 19-30.
- Battu, N., & Chakravarthy, G.K. (2015). Quality of work life and work delight of nurses and paramedics in public health care unit. *International Journal of Multidisciplinary Research and Development*, 2, (1) 469-473.
- Clinton, M., Yazbik Dumit, N., & El-Jardali, F. (2015). Rasch Measurement Analysis of a 25-item version of the Mueller/McCloskey nurse job satisfaction scale in a sample of nurses in Lebanon and Qatar. <https://doi.org/10.1177/2158244015592167>
- Elsherbeny, E.E., & El-Masry, R. (2018). Job Satisfaction among Nurses working in Mansoura University Hospital: Effect of Socio-demographic and work characteristics. *Egyptian Journal of Occupational Medicine*, 42(2), 227-240.
- Falatah, R., & Salem, O.A. (2018). Nurse turnover in the Kingdom of Saudi Arabia: An integrative review. *J. Nurs. Manag.* 2(26), 630–638.
- Forson, J. E. M. (2012). *Impact of motivation on the productivity of employees at GTBank Ghana*. Doctoral dissertation, University of Science and Technology.
- Giese, G.M., & Avoseh, M.B. (2018). Herzberg's Theory of Motivation as a Predictor of Job Satisfaction: A Study of Non-academic Community College Employees. *Excellence and Innovation in Teaching and Learning*, 2, 38-52. <https://DOI:10.3280/EXI2018-002003>
- Girdwichai, L. & Sriviboon, C. (2020). Employee motivation and performance: do the work environment and the training matter? *Journal of Security and Sustainability Issues*, 42-54. [https://10.9770/jssi.2020.9.J\(4\)](https://10.9770/jssi.2020.9.J(4)).
- Hendrawijaya, A. (2019). Demographic Factors and Employee Performance: The Mediating Effect of Employee Empowerment, 34 (2). <http://jurnal.untagsmg.ac.id/index.php/fe/article/view/962>
- Inuwa, M. (2016). Job Satisfaction and Employee Performance: An Empirical Approach. *The Millennium University Journal*, 1 (1).
- Jennifer, L. (n.d.). The Keys to Nurse Job Satisfaction. *American Mobile*. Retrieved from <https://www.americanmobile.com/nursezone/career-development/the-keys-to-nurse-job-satisfaction/>

- Kawara, P. (2014). Effects of reward systems on employee productivity in Catholic University of Eastern Africa. *International Journal of Recent Research in Commerce Economics and Management*, 1(2), 1-4.
- Khan, B., Sherani, W., Khan, I., & Tabassum, U. (2016). The Relationship between Job Satisfaction and Job Performance among Employees: A Case of Commercial Banks in Punjab City, Pakistan. *PM World Journal*, 5(8), 1-17.
- Lu H., Zhao, Y., & While, A. (2019). Job Satisfaction among Hospital Nurses: A literature review. *Int J Nurs Stud*, 94, 21-31. [https://DOI:10.1016/j.ijnurstu.2019.01.011](https://doi.org/10.1016/j.ijnurstu.2019.01.011)
- Mari, M., Alloubani, A., Alzaatreh, M., Abunab, H., Gonzales, A., & Almatari, M. (2018). International Nursing: Job Satisfaction Among Critical Care Nurses in a Governmental Hospital in Saudi Arabia. *Nurs Adm Q.*, 42(3), E1-E9. [https://doi:10.1097/NAQ.0000000000000304](https://doi.org/10.1097/NAQ.0000000000000304).
- Mrayyan, M., & Al-Faouri, I. (2008). Career Commitment and Job Performance of Jordanian Nurses. *Nursing Forum*, 43(1), 24-37. [https://doi.10.1111/j.1744-6198.2008.00092.x](https://doi.org/10.1111/j.1744-6198.2008.00092.x)
- Okab. A.A. (2017). Impact of Job Satisfaction on Job Performance of Nurses at Al-Suwaira General Hospital. *Iraqi National Journal of Nursing Specialties*, 30(2), 73-82.
- Parveen, M., (2016). Healthcare Industry in Saudi Arabia: Demographics Effect on Job Satisfaction and Retention. *International Journal of Business and Social Science*, 6(9), 78-88.
- Patimo, D. (2020). Faculty performance evaluation system of state universities and colleges in the Philippine Eastern Visayas Region. *JISAE: Journal of Indonesian Student Assessment and Evaluation*, 6(2), 159 -167. <https://doi.org/10.21009/JISAE.062.06>
- Platis, C., Reklitis, P., & Zimeras, S. (2015). Relation between job satisfaction and job performance in healthcare services. *Procedia - Social and Behavioral Sciences*, 175, 480-487. <https://doi.org/10.1016/j.sbspro.2015.01.1226>.
- Safarpour, H., Sabzevari, S., & Delpisheh, A. (2018). A Study on the Occupational Stress, Job Satisfaction and Job Performance among Hospital Nurses in Ilam, Iran. *Journal of Clinical and Diagnostic Research*, 12(6), 1-5.
- Sait Dinc, M., Kuzey, C., & Steta, N. (2018). Nurse's job satisfaction as a mediator of the relationship between organizational commitment components and job

- performance. *Journal of Workplace Behavioral Health*, 33(2), 75-95.
<https://doi.org/10.1080/15555240.2018.1464930>.
- Samuel, E. (2015). *Examining the Relationship between Workplace Satisfaction and Productivity*. Retrieved from <https://www.inc.com/samuel-edwards/examining-the-relationship-between-workplace-satisfaction-and-productivity.html>
- Saudi Health Council (2019). *The Nursing Workforce in Saudi Arabia Challenges and Opportunities*. [https://shc.gov.sa/Arabic/Documents/KINGDOM OF SAUDI ARABIA_Nursing_Challenges_and_Opportunities_pub_6-22-20.pdf](https://shc.gov.sa/Arabic/Documents/KINGDOM_OF_SAUDI_ARABIA_Nursing_Challenges_and_Opportunities_pub_6-22-20.pdf)
- Seo Eee, A. (2003). Relations between the types of communication and job satisfaction and nursing performance in staff nurses. *Journal of Korean Public Health Nursing*, 17(2), 317-332.
- Shaikh, M.A., Bhutto, N.A., & Matilo, Q. (2012). Facets of Job Satisfaction and Its Association with Performance. *International Journal of Business and Social Science*, 3(7), 322-326.
- Talasaz, Z.H., Saadoldin, S.N., & Shakeri, M.T. (2014). The Relationship between Job Satisfaction and Job Performance among Midwives Working in Healthcare Centers of Mashhad, Iran. *Journal of Midwifery & Reproductive Health*, 2(3), 157-164.
- Thakur G. (2015). *The influence of demographic characteristics on performance of academic employees in Kenyatta university*. University of Nairobi. Retrieved from <http://erepository.uonbi.ac.ke/handle/11295/94948>
- Ugwu, C. (2017). *Demographic Variables and Job Performance of Librarians in University Libraries in Southeast Nigeria*. [Thesis]. University of South Africa.
- Vail, J. (2012). Job Satisfaction on Nurses in a Saudi Arabian University Teaching Hospital: Cross-sectional study. *Int Nurs Rev*, 59(3), 424-30.
<https://doi:10.1111/j.1466-7657.2012.00978.x>
- Zaghloul, A.A. (2008). Intention to stay and nurses' satisfaction dimensions. *J Multidiscip Health* 8;151-158.

Appendices

Appendix A

Informed Consent

University of the Philippines Open University

This informed consent form is for hospital Staff Nurses in Dr. Soliman Fakeeh Hospital and who I am inviting to participate in my research entitled “Job Satisfaction and Job Performance among Nurses in a Tertiary Hospital in the KINGDOM OF SAUDI ARABIA”.

Name of Principal Investigator: Ma. Fe Adelle N. Barua, R.N

Name of Organization: University of the Philippines Open University
Name of Project: Thesis N300

This Informed Consent Form has two parts:

- Information Sheet (to share information about the study with you)
- Certificate of Consent (for signatures if you choose to participate)

Part I: Information

Sheet Introduction

I am Ma. Fe Adelle Barua, taking Master’s degree in Nursing (Nursing Administration). I am doing research on the Job Satisfaction and Job Performance of Nurses in Dr. Soliman Fakeeh Hospital in this country. I am going to give you information and I would like to invite you to be part of my research. Before you decide, you can talk to anyone you feel comfortable with about the research. This consent form may contain words that you may not understand. Please ask me to stop as we go through the information, and I will take time to explain. If you have any questions later, you can ask me.

Purpose of the research

This research main purpose is to determine the nurse's job satisfaction level, job performance level and the relation between them as such to generate solutions in fulfilling their satisfaction and maximize their performance.

Type of Research Intervention

This research will involve your participation in being a part of describing your level of job satisfaction, level of your job performance and the relation between them.

Participant Selection

You are being invited to take part of this research because you are qualified Staff Nurses based on inclusion and exclusion criteria of this study who can contribute much to our understanding and knowledge about job satisfaction and job performance of staff nurses and the relation between them.

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not, without giving a reason and without cost.

Procedures

We are asking you to help me determine your level of job satisfaction and level of your job performance and the relation between them. I am inviting you to take part in this survey. If you accept, you will participate in answering the survey questionnaires which comprised of 3 sets and will be explained to you. After answering this survey questionnaires as to describe your level of satisfaction and level of your job performance and the relation between them, the questionnaires in a sealed envelope will be collected for data processing and analysis. I ensure privacy and confidentiality are being maintained.

Duration

The data sheet form will take 5 minutes while the 2 sets of questionnaires will then take each set of 10 – 15 minutes. This will take place in the hospital in your department. You may ask questions as you wish.

Benefits

This study will benefit the organization, management, policy makers, researchers and nurses that would serve as basis for future and strategies in nursing management in the hospital.

Confidentiality

The research being done may draw attention, but we will not be sharing information about you to anyone outside of the research team. The information that we collect from this research project will be kept private. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is, and we will seal that information. It will not be shared with or given to anyone except the researcher who will have access to the information.

Right to Refuse or Withdraw

You do not have to take part in this research if you do not wish to do so and choosing to participate will not affect health care delivery or in any cost. You may stop participating in the survey at any time.

Part II: Certificate of Consent

I have been invited to participate in research about “The Job Satisfaction and Job Performance among Nurses in a Tertiary Hospital in the KINGDOM OF SAUDI ARABIA”.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have

been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant: _____

Signature of Participant: _____

Date: _____

Statement by the researcher/person taking consent:

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. __Participation in the survey questionnaires.
2. __The information from this survey will be kept private.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Signature of Researcher/person taking the consent: _____

Date: _____

Appendix B

Cover Letter

Subject: You are invited to a research survey on ***“Job Satisfaction and Job Performance among Nurses in a Tertiary hospital in the KINGDOM OF SAUDI ARABIA”***.

Dear Respondent: You are invited to participate in a research study titled ***“Job Satisfaction and Job Performance among Nurses in a Tertiary hospital in the KINGDOM OF SAUDI ARABIA”***. This study is being conducted by Ma. Fe Adelle Barua from the University of the Philippines Open University (UPOU) and Co-investigator Carmella Simon, Nurse Supervisor of Dr. Soliman Fakeeh Hospital. The purpose of this study is to determine Nurse’s Job Satisfaction level, Job performance level and the relation between them as such to generate solutions in fulfilling their satisfaction and maximize their performances. In this study, you will be asked to complete survey questionnaires. Your participation in this study is voluntary and you are free to withdraw your participation from this study at any time. The survey should take only 10-15 minutes to complete. This survey has been approved by the Institutional Review Board of Fakeeh College of Medical Sciences. There are no risks associated with participating in this study. The survey collects no identifying information of any respondent. All of the response in the survey will be recorded anonymously. The study is very beneficial to the hospital management, policymakers, nurses and researchers that would serve as basis for future plans and strategies in nursing management in the hospital.

If you have any questions regarding the survey or this research study in general, please contact Ma. Fe Adelle Barua at mnbarua@up.edu.ph

/0536181315 or her Co- investigator Carmella Simon.

If you have any questions concerning your rights as a research participant, please contact the IRB of Fakeeh College of Medical Sciences. By completing and submitting this survey, you are indicating your consent to participate in the study. Your participation is appreciated.

Researcher's Name: Ma Fe Adelle Barua

Co- investigator: Carmella Simon

Advisor/Program Chair: Prof. Queenie Ridulme, PHD

Appendix C

Questionnaires

Mueller/McCloskey Satisfaction Scale (MMSS)

McCloskey/Mueller Satisfaction Scale (MMSS)

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
SATISFACTION WITH EXTRINSIC REWARDS					
1. Salary	5	4	3	2	1
2. Vacation	5	4	3	2	1
3. Benefits	5	4	3	2	1
SATISFACTION WITH SCHEDULING					
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. Weekends off per month	5	4	3	2	1
8. Flexibility in scheduling your weekends off	5	4	3	2	1
9. Compensation for working weekends	5	4	3	2	1
SATISFACTION WITH THE BALANCE OF FAMILY AND WORK					
10. Opportunity for part time work	5	4	3	2	1
11. Maternity leave time	5	4	3	2	1
12. Child care facilities	5	4	3	2	1

SATISFACTION WITH CO-WORKERS

13. Your nursing peers	5	4	3	2	1
14. The physicians you work with	5	4	3	2	1

SATISFACTION WITH INTERACTION OPPORTUNITIES

15. The delivery of care method used on your unit (e.g. functional, team, primary)	5	4	3	2	1
16. Opportunities for social contact at work	5	4	3	2	1
17. Opportunities for social contact with your colleagues after work	5	4	3	2	1
18. Opportunities to interact professionally with other disciplines	5	4	3	2	1

SATISFACTION WITH PROFESSIONAL OPPORTUNITIES

19. Opportunities to interact with faculty of the College of Nursing	5	4	3	2	1
20. Opportunities to belong to department and institutional committees	5	4	3	2	1
21. Opportunities to participate in nursing research	5	4	3	2	1
22. Opportunities to write and publish	5	4	3	2	1

SATISFACTION WITH PRAISE AND RECOGNITION

23. Your immediate supervisor	5	4	3	2	1
24. Recognition for your work from superiors	5	4	3	2	1
25. Recognition of your work from peers	5	4	3	2	1
26. Amount of encouragement and positive feedback	5	4	3	2	1

SATISFACTION WITH CONTROL AND RESPONSIBILITY

27. Control over what goes on in your work setting	5	4	3	2	1
28. Opportunities for career advancement	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

1. Six – Dimension Scale Nurse Performance Scale

SIX DIMENSION SCALE OF NURSING PERFORMANCE

Patricia M. Schwirian, Ph.D., R.N.
 The Ohio State University College of Nursing
 1585 Neil Avenue - Columbus, OH 43210

Instructions: The following is a list of activities in which nurses engage with varying degrees of frequency and skill.

1. **IN COLUMN A:** please enter the number that best describes how often the nurse performs the activities in the performance of his/her current job.
2. **IN COLUMN B:** for those activities that the nurse does perform please enter the number that best describes how well he/she performs them.

PLEASE USE THE KEY AT THE TOP OF EACH COLUMN

COLUMN A	COLUMN B
How often does this nurse perform these activities in his/her current job? 1- Not expected in this job 2- Never or seldom 3- Occasionally 4- Frequently	How well does this nurse perform these activities in his/her current job? 1- Not very well 2- Satisfactorily 3- Well 4- Very Well

	Column A	Column B
1. Teach a patient's family members about the patient's needs.		
2. Coordinate the plan of nursing care with the medical plan of care.		
3. Give praise and recognition for achievement to those under his/her direction		
4. Teach preventive health measure to patients and their families.		
5. Identity and use community resources in developing a plan of care for a patient and his/her family.		
6. Identify and include in nursing care plans anticipated changes in patient's conditions.		
7. Evaluate results of nursing care.		
8. Promote the inclusion of patient's decision and desires concerning his/her care.		
9. Develop a plan of nursing care for a patient.		
10. Initiate planning and evaluation of nursing care with others.		
11. Perform technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes.		
12. Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation.		
13. Identify and include immediate patient needs in the plan of nursing care.		
14. Develop innovative methods and materials for teaching patients.		
15. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare.		
16. Seek assistance when necessary.		
17. Help a patient communicate with others.		
18. Use mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator		
19. Give emotional support to family of dying patient.		
20. Verbally communicate facts, ideas, and feelings to other health care team members.		
21. Promote the patients' rights to privacy.		
22. Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members.		

The following PROFESSIONAL DEVELOPMENT behaviors should be evaluated in terms of quality only--i.e. COLUMN B.

	Column A	Column B
43. Use learning opportunities for ongoing personal and professional growth.		
44. Display self-direction.		
45. Accept responsibility for own actions.		
46. Assume new responsibilities within the limits of capabilities.		
47. Maintain high standards of performance.		
48. Demonstrate self-confidence.		
49. Display a generally positive attitude.		
50. Demonstrate a knowledge of the legal boundaries of nursing.		
51. Demonstrate knowledge in the ethics of nursing.		
52. Accept and use constructive criticism.		

Further information regarding the development, use and scoring of the Six Dimension Scale of Nursing Performance can be found in: Schwirian, P.M. (1978). Evaluating the performance of nurses: A multi-dimensional approach. Nursing Research, 27, 347-351.

Appendix D

Institutional Review Board (IRB) Approval



Title of Project: Job Satisfaction and Job Performance among Nurses in a Tertiary Hospital in the KSA

Application No.: 393/2023 Approval No.: 393/IRB/2023
Chief Investigator/s: Ma. Fe Adelle Barua
Co-Investigator/s: Ma. Carmella Simon
Address: Dr. Soliman Fakeeh Hospital
Contact: email: Adelle_noble@yahoo.com Tel:
Type of the study: Descriptive Correlation Study

The Institutional Review Board at DSFH has decided to assign the above-mentioned research protocol the following approval category:

■ Category 1: Approved

The Institutional Review Board hereby gives the permission to conduct the research at DSFH and urges the hospital departments to avail relevant database to the investigators.

This approval was obtained by voting of the following IRB members: Prof. Mohamed Ardawi - IRB Chairman, Dr. Dania Waggas - Research Coordinator - FCMS, Dr. Hossam Elsayed - Pediatric Consultant, Dr. Sara Zahgloul - Associate Professor, Department of Clinical Sciences, Mdm. Bassant Hamad - Continuous Professional Development, Service Director, Ms. Kriziel Ann Sison - DSFH Staff Nurse, Magnet, Dr. Ahmed Akl - Nephrology Consultant, Dr. Nahed Janoudi - Rheumatology Consultant, Internal Medicine Department Chairperson.

The organization & operating procedure of the Institutional Review Board at Dr. Soliman Fakeeh Hospital are based on the Good Clinical Practice (GCP) Guidelines;

The IRB must receive a **progress report** on the course of the study and must receive a **final report** upon completion of the study.

Applicants are welcome to contact Prof. Mohammed-Salleh M. Ardawi, the Chairperson, [ext.400] if a direct response is urgently required regarding amendments. The Chairman will assess the amendment as major requiring usual procedure of submission, review & approval by the ethics Committee or as minor, in which case, the Chairperson's approval is adequate.

The REC focuses on the ethical implications of a protocol. Assuring the protection of the rights & welfare of the human subjects is primary concern. Whatever patients are expected to consider or sign papers, and the age group involves minors, protocol must clearly state the parent/ guardian involvement.

Strict compliance with the policy on "Research Approval by the Institutional Review Board" that is attached to this approval is **mandatory** (DSFH Policy No GLD-025)

The name of the Research Center (**Dr. Soliman Fakeeh Hospital**) must be mentioned in any publications arising from the approved work unless it is a multicenter trial in which none of the participating centers' names will mentioned.

- Category 2: Some concern(s) must be addressed before approval is given.
- Category 3: Decision is deferred pending receipt of supplementary information or documentation.
- Category 4: Not approved. The reasons will be provided.

Professor Dr. Mohammed S. M. Ardawi
Chairman of Institutional Review Board- DSFH

Date: February /23/2023

P.O. Box 2537 Jeddah 21461 - Saudi Arabia - Tel: 5544000 - Fax: 6508013 - www.dsfh.med.sa
PO-Box-2537-جدة-21461-السعودية
+966122 658 4000 Fax: 6508013
fcm-info@fakeeh.edu.sa
www.fakeehcollege.edu.sa



مكتب العميد
Dean Office

Appendix E
Curriculum Vitae

MA. FE ADELLE NOBLE BARUA, RN, MAN

Current Location: Macurona Street, Jeddah, KSA Contact

Numbers:

Email address: adelle_noble@yahoo.com



Personal Information

- Age: 41 years old
- Sex: Female
- Civil Status: Married
- Nationality: Filipino
- Languages Spoken: English, Arabic, Tagalog, Hiligaynon

Objective

- Registered nurse seeking a position within a company that will fit my qualification.
- Seeking a challenging position in a busy hospital/institution where my medical professional and practical experience will be fully utilized

Qualifications of Summary

- 10 years of experience in the field of nursing and caring
- Advocate for patients' rights, strive to understand a patient's needs and concerns.
- Hardworking and energetic, flexible, adapts easily to change of environment and work schedule.
- Maintain critical thinking skills essential to providing competent and dignified patient care.
- Personable with a positive attitude, interface well with patients, families, and nursing staff.
- Computer Literate

Examination Passed

- Board Passer, National Council Licensure Examination - RN, 2024
- Board Passer, Saudi Commission for Health Specialties, Professional Accreditation Certificate
- Board Passer (80%), Professional Regulation Commission, Nursing Licensure Examination 2005
- Passer, Commission on Graduate of Foreign Nursing Schools 2007

Licenses

- Registered Nurse, New York State
- Registered Nurse, Philippines
- Nurse Technician, KSA

Trainings/ Certificates

BLS - 26/12/2021 - 26/12/2023

ACLS - 09/02/2022 - 09/02/2024

INFECTION CONTROL short courses certificate

Education

Graduate: Master of Arts in Nursing (Nursing Administration)
University of the Philippines Open University (UPOU) Los Banos,
Manila

2017 - 2024
Class of 2024

College: Bachelor of Science in Nursing (BSN)
Central Philippine University, Lopez Jaena Street Jaro, Iloilo City

5000
2001 - 2005

Secondary: Dao Catholic High School
Tobias Fornier, Antique 1997-2001

Primary: Dao Central School
Tobias Fornier, Antique 1991-1997

Work Experiences:

KING ABDULAZIZ MEDICAL CITY, NGHAWR

Old Mecca Al Moukarramah Road, Jeddah

June 24, 2024 – present

Staff Nurse

NATIONAL SCIENCE TRAUMA CARE CENTER EMERGENCY ROOM (ADULT ER)

- Monitor, record and report symptoms and changes in patient's condition.
- Document patient's medical and clinical information and health assessment in HIS.
- Physical assessment. Vital signs taking - blood pressure, pulse, temperature and respiration.
- Carry out the doctors' order.
- Administer treatment and medications (IV, IM, SC, oral and intradermal, including nebulization) and give vaccinations.
- Prepare and give blood transfusion.
- Handled blood extractions (blood sugar, pregnancy test, blood group), perform VBG, blood culture, etc.
- Prepare patient for, and assist with examinations and treatments.
- Prepares room, sterile instrument, equipment and supplies and ensure stock of supplies is maintained.
- Assist with insertion of chest tubes, central lines, gastric lavage, NGT, urinary catheterization, suturing, casting, splinting, collection of ABG, intubation, emergency delivery.
- Accompanies patient for transfer to other units.
- Prepare patient for admission to hospital or discharge home.
 - Able to take ECG and identify irregularity in cardiac rhythm.
 - Attaches telemetry leads and connects patients to monitor if unstable.
 - Recognizes and identifies irregular or abnormal cardiac rhythm on cardiac monitor and initiates correctives action when needed.
 - Manages basic and advanced life care supports and stabilizes patient until attending Physician is available.
 - Provide care for patients from various types of illness or trauma requiring emergency attention and is able to recognize and effectively manage life threatening illness.

-Demonstrate ability to triage and categorize patients according to severity of illness or injury while acknowledging the patient's physical, psychological and social needs.

-Recognizes emergencies like signs of shock, cardiac arrest, respiratory distress, severe allergic reactions with airways compromise, choking, hemorrhage, stroke, etc. Identifies patient with signs and symptoms of reportable communicable diseases, informs ER Physician, Infection Control and utilizes the negative-pressure isolation room in Emergency Department.

-Visually triages every patient visited ER and allocate as per visual triage score.

- Recognizes that drug overdose, communicable diseases and child abuse cases are reportable by ER Physician to MOH.

-Able to prioritize/organize care based on the nature of each patient's chief complaint and urgency of care while managing time.

-Demonstrate ability to detect changes in patient's status/symptoms and act upon using background knowledge and critical thinking skills.

-Participates and plays a very important role of the team during resuscitation and trauma codes.

-Manage and care for patients with psychiatric illness.

-Understand and has knowledge about defibrillation, synchronized cardio version, transcutaneous pacemaker.

-Verbalizes understanding of role in internal and external and participates in mock codes.

-Demonstrate emotional stability, sympathy, compassion, patience when dealing with patients and family members who are scared, worried, in shock, in severe pain, trauma or tragedy.

Capable of assisting the following procedures:

- Endotracheal Intubation
- Central line insertion
- Lumbar Puncture
- Insertion of intercostal drainage tubes
- NGT insertion

Cases handled:

- Myocardial Infarction
- Arrhythmias

- SVT
- Acute coronary syndrome (stroke) multiple trauma)
- Congestive Heart Failure injury
- Pancreatitis
- ESRD, CKD
- Pleural Effusion Anxiety, Panic
- Pneumothorax
- Sickle cell anemia
- DVT smoke inhalation
- Mycosis Fungoides
- Drug overdose
- DKA, HHNK
- Cholecystitis, Cholelithiasis
- Road Traffic Accident (
- Head injury, multiple
- Meningitis
- Cancer patients, Neutropenia
- Schizophrenia, Depression,
- Pneumonia, Tuberculosis
- Appendicitis
- Fracture, cut wound, burns,
- Massive bleeding
- Seizures, Sepsis
- Covid, influenza

DR. SOLIMAN FAKEEH HOSPITAL

Palestine, Jeddah, KSA

12/12/2021 – 09/30/2023

Staff Nurse

EMERGENCY ROOM (ADULT MAIN ER)

- Monitor, record and report symptoms and changes in patient's condition.
- Document patient's medical and clinical information and health assessment in HIS.
- Physical assessment. Vital signs taking - blood pressure, pulse, temperature and respiration.
- Carry out the doctors' order.
- Administer treatment and medications (IV, IM, SC, oral and intradermal, including nebulization) and give vaccinations.
- Prepare and give blood transfusion.
- Handled blood extractions (blood sugar, pregnancy test, blood group),

perform VBG, blood culture, etc.

- Prepare patient for, and assist with examinations and treatments.

- Prepares room, sterile instrument, equipment and supplies and ensure stock of supplies is maintained.

- Assist with insertion of chest tubes, central lines, gastric lavage, NGT, urinary catheterization, suturing, casting, splinting, collection of ABG, intubation, emergency delivery.

- Accompanies patient for transfer to other units.

- Prepare patient for admission to hospital or discharge home.

- Able to take ECG and identify irregularity in cardiac rhythm.

- Attaches telemetry leads and connects patients to monitor if unstable.

- Recognizes and identifies irregular or abnormal cardiac rhythm on cardiac monitor and initiates correctives action when needed.

- Manages basic and advanced life care supports and stabilizes patient until attending Physician is available.

- Provide care for patients from various types of illness or trauma requiring emergency attention and is able to recognize and effectively manage life threatening illness.

- Demonstrate ability to triage and categorize patients according to severity of illness or injury while acknowledging the patient's physical, psychological and social needs.

- Recognizes emergencies like signs of shock, cardiac arrest, respiratory distress, severe allergic reactions with airways compromise, choking, hemorrhage, stroke, etc. Identifies patient with signs and symptoms of reportable communicable diseases, informs ER Physician, Infection Control and utilizes the negative-pressure isolation room in Emergency Department.

- Visually triages every patient visited ER and allocate as per visual triage score.

- Recognizes that drug overdose, communicable diseases and child abuse cases are reportable by ER Physician to MOH.

- Able to prioritize/organize care based on the nature of each patient's chief complaint and urgency of care while managing time.

- Demonstrate ability to detect changes in patient's status/symptoms and act upon using background knowledge and critical thinking skills.

- Participates and plays a very important role of the team during

resuscitation and trauma codes.

- Manage and care for patients with psychiatric illness.

- Understand and has knowledge about defibrillation, synchronized cardio version, transcutaneous pacemaker.

- Verbalizes understanding of role in internal and external and participates in mock codes.

- Demonstrate emotional stability, sympathy, compassion, patience when dealing with patients and family members who are scared, worried, in shock, in severe pain, trauma or tragedy.

Capable of assisting the following procedures:

- Endotracheal Intubation
- Central line insertion
- Lumbar Puncture
- Insertion of intercostal drainage tubes
- NGT insertion

Cases handled:

- Myocardial Infarction
- SVT
- Acute coronary syndrome (stroke multiple trauma)
- Congestive Heart Failure injury
- Pancreatitis
- ESRD, CKD
- Pleural Effusion Anxiety, Panic
- Pneumothorax
- Sickle cell anemia
- DVT smoke inhalation
- Mycosis Fungoides
- Arrhythmias
- Cholecystitis, Cholelithiasis
- Road Traffic Accident (
- Head injury, multiple
- Meningitis
- Cancer patients
- Schizophrenia, Depression,
- Pneumonia, Tuberculosis
- Appendicitis
- Fracture, cut wound, burns,
- Massive bleeding

- Drug overdose
- DKA, HHNK
- Seizures
- Covid, influenza

THIMAR AL ZAMEN MEDICAL COMPLEX

Ghernata, Mushrifa, Jeddah

KSA November 06, 2018 –

November 30, 2021 Staff

Nurse

EMERGENCY ROOM

- Take the personal data of the patient, chief complaint and history.
- Physical assessment. Vital signs taking - blood pressure, pulse, temperature and respiration.
- Carry out the doctors' order.
- Administer treatment and medications (IV, IM, SC, oral and intradermal, including nebulization) and give vaccinations.
- Perform ECG and monitor patient's heart rate and rhythm.
- Handled blood extractions (blood sugar, pregnancy test, blood group).
- Performed wound dressing and assisted physician in wound suturing.
- Assisting the doctor in therapeutic procedures.
- Give emotional support to patients towards his/her condition.
- Teach patient and families how to manage their illness/injury including post- treatment, home care meds, diet and exercise program.

OLAS MEDICAL CENTER

Hamdaniyah,

Jeddah KSA

April 1, 2016 –

July 21, 2017

Staff Nurse

EMERGENCY ROOM DEPARTMENT

- Take the personal data of the patient, chief complaint and history.
- Physical assessment. Vital signs taking - blood pressure, pulse, temperature and respiration.
- Carry out the doctors' order.
- Administer treatment and medications (IV, IM, SC, oral and intradermal, including nebulization) and give vaccinations.
- Perform ECG and monitor patient's heart rate and rhythm.
- Handled blood extractions (blood sugar, pregnancy test, blood group).
- Performed wound dressing and assisted physician in wound suturing.
- Assisting the doctor in therapeutic procedures.
- Give emotional support to patients towards his/her condition.
- Teach patient and families how to manage their illness/injury including post- treatment, home care meds, diet and exercise program.

ROSHAN POLYCLINIC

Al hamdaniyah district,

Jeddah, KSA October 2, 2014

– April 1, 2016

Staff Nurse

EMERGENCY ROOM DEPARTMENT/OPD

- Take the personal data of the patient, chief complaint and history.
- Physical assessment. Vital signs taking - blood pressure, pulse, temperature and respiration.
- Carry out the doctors' order.
- Administer treatment and medications (IV, IM, SC, oral and intradermal, including nebulization) and give vaccinations.
- Assisted in performing ECG and monitor patients heart rate and rhythm.
- Handled blood extractions (blood sugar, pregnancy test, blood group).
- Performed wound dressing and assisted physician in wound suturing.
- Assisting the doctor in therapeutic procedures.

- Give emotional support to patients towards his/her condition.
- Teach patient and families how to manage their illness/injury including post- treatment, home care meds, diet and exercise program.

REVAN SMILE DENTAL CLINICS

Buraydah Al Qassim, KSA

February 10, 2011 – February

10, 2013 General Nurse

- Preparing and maintaining the clinical environment.
- Preparing and mixing materials.
- Prepare surgery material and sterilize it after being used in procedures.
- Operate suction devices during treatment, prepare materials and compositions.
- Sterilize and disinfect instruments and equipment
- Prepare tray setups for dental procedures and instruct patients on postoperative and general oral health care.
- Sometimes prepare materials for making impressions and restorations,expose radiographs and process dental x-ray film as directed by a dentist.
- Sometimes removes sutures.
- Make casts of the teeth and mouth from impressions.
- Clean and polish removable appliances.

**SYKES ASIA (BCT) Legazpi
Village, Makati City**

Philippines July 6, 2006 – June

10, 2007

Company Nurse

- To provide prompt and quality medical services to all employee, visitors and its contractors through proper patient assessment and management
Health education and medicine distribution.
- Assess patient by obtaining personal data, including past and present Medical history, as well as the predisposing factors that triggered the Complaints.
Take vital signs and performed physical

examination.

- Provide health education or teaching, determine the allergies to Medicines. Administer appropriate over-the-counter medicines as per Doctor's order. Advise patient to seek medical consultation if symptoms persist or worsen, despite given medications alternatives interventions.
- Explain the possible side effects or the adverse effects of the medicines administered to the patients. Proper documentation of patient's response to the medicines given including signs of patient's improvement.
- Keeps and maintain records of medicine consumption for control and monitoring purposes. Prepares work related accidents and coordinates applications of first aid and confinement in hospital when necessary.
- Schedule and confirm appointments, order supplies and materials.

MEMORIAL CHAN EYE CENTER

2nd flr. Iloilo Doctors Hospital, Molo

Iloilo City January 26, 2006 – April

29, 2006

Nurse training

- Prepare patient for Laser.
- Set up laser machine.
- Prepare instrument for surgery.
- Assist Phaco/Vitreotomy procedure.
- Perform perimetry.
- Provide may go home instruction.

References:

Manilyn Oniuqilo, RN

Nurse Educator, Dr. Soliman

Fakeeh Hospital Al Hamra,

Falasteen, Jeddah, KSA

Mobile:

- **Dr. Amal**

Medical Director, THIMAR AL ZAMEN MEDICAL
COMPLEX Ghernata, Mushrifa, Jeddah, KSA

Contact Number:

- **Abu-Bakr Obeid**

Head Nurse, OLAS MEDICAL CENTER

Al hamdaniyah, Jeddah, KSA Contact
Number:

- **Ibrahim Khan**

Medical Director, ROSHAN
POLYCLINIC Al Hamdaniyah,
JeddAh, KSA
Contact Number:

- **Lily Lynn V. SOMO, RN,MAN**

Dean College of Nursing, CENTRAL PHILIPPINE
UNIVERSITY Lopez Jaena St., Jaro Iloilo City,
PHILIPPINES
Contact Number: