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Master of Arts in Nursing

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**Nursing Performance and Job Satisfaction Among Nurses in a Secondary
Hospital in Riyadh, Saudi Arabia**

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Approval Sheet

We, the members of the oral examination panel for **MR. ROVIN B. RAMIREZ**, unanimously approved the thesis entitled **“Nursing Performance and Job Satisfaction among nurses in a Secondary Hospital in Riyadh, Saudi Arabia.”** The thesis attached hereto was defended on May 15, 2020, at UPOU Learning Center in Manila for the degree of **Master of Arts in Nursing** is hereby accepted.

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Certificate of Acceptance of Thesis

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Abstract

A rapid change brought by technology and the complexity of the diseases shaped the healthcare services around the globe. At the frontlines of these changes are nurses and their required expertise and high standard of nursing performance. In the institution where the study was conducted numerous accounts were raised concerning the performances of nurses. An increased rate of safety events concerning medication error, falls rate, several pressure ulcers developed, and needle stick injuries and a significantly high turnover rate among clinical nurses were recorded. This impelled the researcher to explore the relationship between nursing performance and job satisfaction among nurses in a secondary hospital in Riyadh Saudi Arabia.

A descriptive correlational design was utilized in this study. The six dimensions of the nursing performance (Schwirian, 1978) and nursing workplace satisfaction tool (Fairbrother et al., 2010) was used to gather the information from n=168 respondents who completed the survey. Data analysis were conducted using SPSS, Statistical Package for the Social Sciences, version 22.0. Descriptive statistics such as percentages, frequencies, means, and standard deviations was utilized describing participants' demographic data. Pearson-moment correlation and Chi-square were used to test the relationships between study variables.

Generally, nurses in a secondary hospital in Riyadh Saudi Arabia have higher nursing performance and job satisfaction. This is evident by the high scores in each of the tested subscales of nursing performance (leadership, critical care, teaching/collaboration, interrelation/communications, planning and evaluation, and professional development) and domains of job satisfaction (intrinsic, extrinsic, and

relational). The perceived relationship of nursing performance and the sociodemographic and the perceived job satisfaction and sociodemographic showed no relationship. However, sex or gender has a positive relationship with the relational factor of job satisfaction. There is evidence to conclude that there is no statistically significant correlation between overall job satisfaction and leadership (.059) p value=.445, critical care (.059) p value=.447, teaching (.044) p value= .573, planning & evaluation (.070) p value= .367 and communications (.106) p value= .173 of nurses. However, there is sufficient evidence to conclude that there is a statistically significant correlation between overall job satisfaction and professional development (.208) p=.007.

Chapter I

THE RESEARCH PROBLEM

Background of the study

A rapid change brought by technology and the complexity of the diseases shaped the healthcare services around the globe. It is indeed evident that there is a need to improve the productivity and performance of health workers worldwide to ensure patient safety. At the frontline of these changes are nurses who spend more time with patients in which requires expertise and a high standard of nursing performance. Albanese and co-researchers (2010) believe that nursing performance measures are an integral part of quality initiatives in acute care. Moreover, DeLucia and co-researchers (2009) believe that improvement in patient safety can be achieved through the improvement of nursing performance. Across the globe patient safety is the number one concern of every healthcare facility and agency. Emergency Care Research Institute (ECRI; 2018) is certain that to become an industry of high-reliability patient safety concerns must be addressed proactively.

A nurse must perform based on the required standard of care set by the profession and by the institution (Permatasari & Febryani, 2018). According to the definition of the World Health Organization (WHO; 2006) health report, performance is a combination of staff being, available, competent, productive, and responsive. In the institution where the study was conducted numerous accounts were raised concerning the performances of nurses. Safety events concerning medication error, fall rate, several pressure ulcers developed and needle stick injuries are the mainstay preventable and reportable cases every month. In a report showed by the infection control department of the studied hospital, it shows that from January 2019 until November 2019 there were 23 staff nurses incurred needle stick injury. Cesarean

section operating room has the highest incidence with nine (9) injuries followed by the emergency department with seven (7) injuries. In recent safety events report for the third quarter it shows that there were four (4) incidences of body fluid exposure and 25 incidences of fall (KAAUH, 2019). Furthermore, the surgical site infection (SSI) accounts for four incidences (4) for January to November 2019. The institution is eager to improve patient safety through strengthening the in-house training for staff nurses and accrediting to different accreditation bodies to enhance performance and patient outcomes.

The institution where the study was conducted is accredited to the Joint Commission International Accreditation (JCI). Following the guidelines of JCI, a standard of care must be upheld through applying the International Patient Safety Goals (IPSG). These goals are geared toward improving patient safety. The IPSG has six goals these are: 1. Identify the patient correctly. The institution is serious in aiming to decrease the likelihood of having a wrong-patient error, thus this was implemented to ensure improvement in identification processes particularly in the areas of medication administration, treatment or surgical procedures, and specimen collections. 2. Improve effective communication. This was applied to ensure that all communications must be accurate, clear and understood by all healthcare providers to improve patient safety. 3. Improve the safety of high alert medications. Careful handling of high alert medications that could greatly affect an individual if given wrongly. 4. Ensure correct site, correct procedure, correct patient surgery. This is to ensure a safe journey for all patients who will be undergoing surgery in the hospital. 5. Reduce the risk of health care-associated infections. Catheter-associated urinary tract infection (CAUTI) is one of the leading causes of hospital-acquired infection in the institution thus an intensive program to help combat the prevalence was initiated

by the infection prevention and control department. In the recent report by the infection department CAUTI rate accounts for 7.5 percent which is significantly high compare to the target rate which is 2.5 percent (KAAUH Infection control department report, 2019) 6. Reduce the risk of patient harm resulting from falls. The hospital accreditation has become increasingly important particularly the JCI guarantee the quality of medical care and patient safety. Furthermore, the JCI adheres to strict compliance and rigorous enforcement of IPSC to uphold quality care and quality improvement of provided services (IPSC, n.d.).

Permatasari and Febryani (2018) conducted a study in Indonesia observed that negligence in work such as errors in drug administration and treatment still occurs despite the premise that nurses must perform in accordance with the standard set by the profession, accreditation bodies, and institution. According to Ayed and co-researchers (2015) performance problems are reflected in different ways. An example would be the effect of organizational factors that negatively affect the patient's satisfaction. The institution must create a safe and healthy working environment for the staff nurses and supportive measures to help them perform and be able to deliver safe nursing care. According to Cicolini and co-researchers (2014) Satisfying work environments for nurses draws positive retention outcomes and job satisfaction. Furthermore, Donadebian (2005) In his theory said that organizational healthcare structures affect processes of care and in return it affects outcomes related to patients and the healthcare providers.

An increase in turnover rates and dissatisfaction from nurses was reflected in the recent survey conducted by the studied hospital. The researcher of this study interviewed two of the staff who just resigned from the institution of the studied hospital and they laid their reasons why they wanted to leave. One, is the unclear policies, and

procedures: Two, increase in non-nursing tasks, and shortage of staff nurses. According to Cicolini and co-researchers (2014) Job dissatisfaction in the nursing work environment is the primary cause of nursing turnover. Moreover, Permatasari and Febryani cited in their study conducted that a bad work environment has a significant correlation with the performance of the nurses and on job satisfaction (2018). Job satisfaction among nurses are frequently being studied primarily because it creates an impact in the healthcare system. The institution where the study was conducted recently applied for Magnet accreditation. This is an organization that recognizes healthcare institution for quality patient care, nursing care practices, and innovations brought by nurses in the practice.

Nursing performance and job satisfaction are highly talked about topics in the healthcare industry that gives a real picture of what is the status of nursing care. According to Alsubaie and Isouard (2019) job satisfaction is needed to enhance the quality of care. One way to ensure that the hospital can track the quality of care and job satisfaction of nurses is through collecting data. The studied hospital is accredited to the National Database of Nursing Quality Indicators (NDNQI) of the American Nurses Association (ANA). Larson (2016) published in the American Mobile website regarding the result showed in the NDNQI that the nurses' intent to stay increased by 29 percent over the two years, that injury falls rate decreased by 17 percent in four years, hospital-acquired pressure ulcer rate decreased by 24-59 percent in two years, and infection rates decreased by 87 percent in two years. McHugh and co-researchers (2011) found that patient satisfaction was also related with nurses' job satisfaction. Furthermore, they found that the percentage of patients who would "definitely recommend" a hospital to their loved ones decreased 2 percent for every 10 percent of the nurses who expressed dissatisfaction with their jobs. A study published in the

Annals of Intensive care found that higher nurse staffing ratios were tied to decreased survival likelihood and thus it is imperative to look at the nurse patient ratio to decrease nurses burnt out episodes and improve nurses working hour conditions and patient ratios (Lee et al., 2017).

This study is focused on the six dimension of nursing performance by Patricia Schwirian and its relationship on nursing job satisfaction. The six dimension of nursing performance “will be useful for the further development of a substantive body of valid information regarding the most effective means of preparing, organizing, and evaluating nursing performance in the supervision of high quality of nursing care” (p. 351). The six dimension of nursing performance comprises the following subscales: leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relationship/communications, and professional development (Schwirian, 1978). The researcher aims to emphasize on the six dimensions on nursing performance that will greatly improve the patient safety and its effects on nursing job satisfaction. The perceived job satisfaction among nurses were assessed using the nursing workplace survey questionnaire. The survey assessed the three factors affecting the job satisfaction of nurses. These were the intrinsic factors (personal factors), extrinsic factors (workplace related factors) and relational factors (colleague factors).

Various studies have been conducted about job satisfaction of nurses and factors affecting nurse performance. However, there is a lack of literature review in the area that focuses on nursing performance as an independent variable and job satisfaction as a dependent variable in the study. Hence, this study will explore on this topic.

Statement of the problem

The study aims to determine the relationship of nursing performance and the job satisfaction among nurses in a secondary hospital in Riyadh, Saudi Arabia.

Specifically, this study will answer the following question: What is the relationship of nursing performance and job satisfaction?

The objectives of the research study:

1. To describe the socio-demographic characteristics of the nurses in terms of age, sex, years of work experience and area of assignment.
2. To describe the nursing performance according to the six dimension of nursing performance (*leadership, critical care, teaching/collaboration, planning and evaluation, interpersonal relations/communications and professional development*) among nurses.
3. To describe the nurse job satisfaction based on the three domains of nursing workplace satisfaction (*intrinsic, extrinsic and relational*).
4. To determine the relationship of nursing performance and socio demographic variables among nurses.
5. To determine the relationship of job satisfaction and socio demographic variables among nurses.
6. To determine the relationship of nursing performance and job satisfaction among nurses.

Significance of the Study

The purpose of this research study is to determine the relationship of nursing performance and job satisfaction among nurses. The findings of this study will be beneficial to the following:

1. To the clinical nurses, the result of this study may ensure that they will be receiving a series of training that will enhance their performances and programs that will improve job satisfaction.
2. To the patients, as the beneficiary of highly competent, satisfied nurses through better customer service, patient advocate, individualized, and high-quality safe care.
3. To the nursing administration and nurse leaders, the result may provide them understandings of the effects of nursing performance to the job satisfaction of nurses and hence, can create a program that will improve the way nurse leaders tackle the issues, and the support measures they can offer to the staff nurses. Furthermore, enabling a supportive environment that in return can decrease turnover rate and increase job satisfaction among nurses.

Scope and Limitation of the study

The goal of the study is to describe the relationship of nursing performance and job satisfaction of nurses in a secondary hospital in Riyadh, Saudi Arabia. The study commenced on the 5th of February 2020 and completed on the 30th of April 2020.

The study only covers the six dimensions of nursing performance formulated by Patricia Schwirian (1978) and the job satisfaction of nurses using the workplace satisfaction tool formulated by Fairbrother and co-researchers (2010) that focuses on the three factors of job satisfaction. Furthermore, the six dimensions of nursing performance questionnaire was modified and the self- appraisal section of the questionnaire was assessed. The study did not cover the appraisal from the observer/evaluator part of the questionnaire. There was no manipulation on the current nursing performance and job satisfaction of the respondents. Furthermore, prior to the conduct of the study, the motivation of the staff was not assessed.

CHAPTER II

REVIEW OF RELATED LITERATURE

The Nursing Performance and Job Satisfaction is a well explored topic. Previous studies established a good association between the two variables. Al-Hamadi, 2009; Landeweerd & Boumans, 1988; Ali & Qun, 2019; Saleh, Ramly, Gani & Suriyanti, 2016).

Nursing Performance

The World Health Organization's annual report (WHO;2006) defined performance as a combination of staff being, available, competent, productive, and responsive. According to Awases (2006) performance is the actual conducting of activities to meet responsibilities according to standards. (Bargagliotti, et al., 1999) used the term performance to put emphasis on the overall behavior of the person including the organization from the acquired knowledge through training and the integration of practice. According to Kahya and Oral (2017) there are two types of performance: task performance and contextual performance. Borman and Motowildo (1999) defined task performance as "activities that contribute to the organization's technical core processes. He added that examples of task performance involve the quantity of work, quality of work done, speed of performing task, and variety of the tasks being done and performed. Koopmans and co-researchers (2012) described task performance as behaviors that can directly or indirectly give a significant impact on the organization's technical core and processes. Contextual performance on the other hand is described as behaviors that support the organizational, social, and psychological aspects (Koopmans et al., 2012) and in turn healthcare providers will care for patients and enhances patient safety (Panthulawan, et al., 2016).

Nurses play a vital role in the execution of the standard of care set by the profession and the institution to patients, thus it necessary for nurses to have outstanding performance to deliver the best nursing service (Permatasari and Febryani, 2018; Panthulawan et al., 2016; Al-Ahmadi, 2009). Previous researchers believe that continuous learning of patient safety will improve the performance of nursing in meeting the safety needs of patients (Awases, 2006; Panthulawan et al., 2016; Sagherian, et al., 2018). Numerous studies show factors that may affect the performance of nurses. According to Permatasari and Febryani (2018), the work environment can affect the performance of an individual. According to Al-Ahmadi (2009), the creation of a positive organizational culture and a healthy work environment will enhance performance. Furthermore, Al-Ahmadi (2009) added that strengthening the supervisory skills of the nurse leaders will contribute significantly in the performance of the staff nurses.

A number of researches elicited that one of the causes of dissatisfaction is the high workload performance (Baethge, et al., 2015). Researchers like DeLucia et al., 2009; Aiken, et al., 2002) added that because there is an increase in workload there will also be an increased risk of burnout and thus will affect the performance of the nurses. Thus, policies with regard to work conditions must be re-examined to create a suitable workplace that can contribute nurses to perform well (Al-Ahmadi, 2009). DeLucia and co- researchers (2009) reiterated that because there is a shortage of staff and the disorganizations in the nursing work system task overload for nurses is also increased. Furthermore, he added that many nursing errors were committed due to the fact that nurses are overloaded with nursing and non-nursing tasks. Al-Ahmadi (2009) conducted a study in Riyadh region regarding job performance and the result show that self-reported performance among nurses is in moderate level. Moreover,

some aspects of the performance are missing, specifically the ability to improve skills, and the ability to improve work methods. Al-Ahmadi added that the lowest rating to these two aspects in performance is due to the limited opportunity available for improving one's skill, lack of a supportive environment that will help facilitate and encourage self-initiative in learning (2009).

Kahya and Oral (2018) believe that “assessment of nurse performance plays an important role in guaranteeing high-quality clinical care” to achieve patient goals (p. 289). Hence, this study utilized the six-dimension scale of nursing performance formulated by Patricia Schwirian (1978). Schwirian used factor analysis to develop a six-dimension scale of performance, which incorporated 52 behaviors and skills in six underlying dimensions: leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relations/communication, and professional development.

Leadership

Leadership subcategory pertains to the activities in which an individual would engage in effecting a leadership function regardless of ones' specific job positions. Larsson and Sahlsten (2016) believe that one of the nursing roles of bedside clinical nurses is to perform and act as a leader. Furthermore, they are accountable for overseeing the completion of patient care as well as directly leading and managing the provision of safe patient care. Patrick and co researchers (2011) said that clinical bedside nurses provide direction and support to clients and the health care team in the delivery of patient care. Hence, the clinical bedside nurse functions as a leader that influences and coordinates patients, families, and health care teams and colleagues for the purpose of integrating the care they provide to achieve positive patient outcomes. Nurses have an informal leadership role they need to acknowledge

both to coworkers and to the patient and patient's family. A study conducted about nurse leaders at the clinical bedside pointed out that leadership involves nearness and sensitivity, distance, understanding, and reflection. (Larsson and Sahlsten, 2016). Demonstrating clinical knowledge is a necessity to attain the status of being a leader. Leading a multigenerational workforce poses a lot of challenges. Hence, leadership must be experienced and performed to increase productivity (Moura et al., 2017). A leader must educate himself/herself on how to deal with the multigenerational nurses. Cabral (2016) suggests that understanding the amalgamation of generations is vital in a leadership role. By understanding the generational differences, nurse leaders can capitalize on the retention rates (Widger et al., 2007). In this study, there were two generational cohorts identified: Generation X nurses and Millennial nurses. Mokoka (2016) described the millennial generation as loyal to the job and constantly wants to hear appreciation and recognition for a job well done. Cabral (2015) on the other hand described generation x as a self-reliant, embraces self-governance, and accepts tangible rewards and recognition. Leading at the bedside has been always demanding. It involves being an effective coordinator and communicator and assumes the responsibility to be in control. That is why Hozni and co-researchers (2019) believes that special training courses and leadership projects are the most essential learning tools for clinical leadership competency. These prior exposure to leadership competency can lead to a more experienced staff leading at the bedside.

Interpersonal relations and Communications

The second subcategory in the six-dimension scale of nursing performance is exploring the areas of interpersonal relations and communications of a nurse to patients and to colleagues in the health care setting (Schwirian, 1978). Lee and Doran (2017) stressed out that patient safety is at risk and compromised by medical errors

and adverse events related to miscommunications among healthcare providers. They added that communication is affected by human factors, such as interpersonal relations, and thus leads to poor performance and outcome. Nurses work in teams with other nurses and with physicians and other multi-disciplinary teams, and this possess a great risk for relational issues that eventually would affect communication and patient safety. (Lapeña-Moñux et al., 2014) concurred that improper interpersonal communication leads to negative repercussions for the patient as well as for professionals. (Lee & Doran, 2017 and Patrick et al., 2011) agreed that being cognizant of how interpersonal factors may affect patient safety is an important step in improving patient care. Lee (2013) reported that interpersonal relations are positively associated with care coordination and thus will cause a positive effect on the performance of nurses. For relations among care providers within healthcare teams, studies demonstrated that positive relations among team members engender higher job satisfaction among newly graduated nurses (Read & Laschinger, 2015) and better team performance in acute care (Davis et al., 2013). It is equally important to include the factors like multigenerational nurses working in an institution. As mentioned in the previous section difference in age group demand a different approach. A Cabral (2016) believes that understanding the generational differences is one step forward on effectively managing the team. Furthermore, millennials have the can-do attitude toward work and can be used properly to generate innovations and creative approach toward meeting the goals/outcomes. On the other hand, generation x nurses are self-reliant and goal oriented (Mokoka, 2015). This characteristic can be capitalized to ensure that work is being done properly by the team. Millennials are tech-savvy (Mokoka, 2015) thus they like to communicate in short messages as possible but on the other hand, generation x is more of confrontational and trusts in a

face to face/one on one communication. Hence, leaders in nursing are confronted with an imperative situation of balancing multigenerational biases and come up with a strong and objective approach that promotes inclusivity regardless of any age group.

Critical Care

The third subcategory in the six-dimension scale of nursing performance is critical care. Critical care items related to nursing activities associated with the care of very critically ill individuals (Schwirian, 1978). Critically ill patients demand a complex and yet humane care from healthcare providers. American Association of Critical Care Nurses (2014) defined critical care as a specialty within nursing that deals with human responses to life-threatening problems. Hence, this demand of the high complexity of care needed by the patient would likely cause a high level of stress to the family, and the ICU staff, high rate of errors, and complications might occur (Ravitz and Sapirstein, 2011). Nurses have a significant role in the recovery of the patient thus it is imperative for the nurses to perform highly demanding skills and procedures efficiently and accurately. Billings and Halstead (2016) mentioned that the mastery of the skills is a foundational for high quality, safe critical care nursing practice.

Furthermore, nurses are expected to give emotional support to their patients and families. According to Benner, nurses who has a deep understanding of the patient's situation and decides holistically for his/her patients are considered competent in her practice (Benner, 1984). Latif and co-researchers (2018) believe that nurses must have scientific knowledge about critical situations and events to take effective measures in crisis. Becoming aware of how culture influences the individual behavior will help the nurses plan the best care for the patients and families especially for patients in critical conditions (dying patients). An example of a culture that has a heavy practice in terms of their health is the Saudis. Furthermore, Al-Shari (2002)

explained that it is a fundamental doctrine in the Islamic faith and belief of people in Saudi Arabia to believe in predestination and attribute the occurrence of disease as to the will of Allah. Hence, most of the time emotional support from the nurses during the dying of patients is seldom being seen due to the beliefs and social practices of the people.

Teaching and Collaboration

The fourth scale nursing dimension is teaching and collaboration. According to the Institute of Medicine (IOM), aspects related to the complexity of the professional interventions associated with poor collaboration among the members of the health teams lead to adverse effects that may manifest in varying degrees of morbidity and in extreme cases of mortality (Romeiro & Figueiredo, 2016). Pederson and Easton (1995) believe that an advanced relationship among professionals in response to emerging problems can be achieved by establishing a common goal, open lines of communication, a network of relationship based on commitment, respect and trust. These will enable nurses to work with other members of the healthcare team to ensure safe and reliable care.

Planning and Evaluation

The fifth subscale in Patricia Schwirian's nursing performance scale. The institution where the study will be conducted uses the North American Nursing Diagnosis Association- International (NANDA-I) framework in formulating a nursing care plan for patients. NANDA-I aim is to contribute to patient safety through the integration of evidence-based terminology into clinical practice and clinical decision-making (NANDA-I, 2018). The common thread of all nurses working in different areas is the nursing process. Ida Jean Orlando pioneered the utilization of the nursing process that still guides nursing care today. It uses an approach that challenges

problem-solving, decision-making, and critical thinking skills of nurses in delivering optimal patient care. It also provides holistic care which is also included in NANDA-I (Toney-Butler & Thayer, 2019). Furthermore, Toney-Butler and Thayer said that NANDA “provides nurses with an up-to-date list of nursing diagnoses. A nursing diagnosis, according to NANDA, is defined as a clinical judgment about responses to actual or potential health problems on the part of the patient, family, or community” (2019) Moreover they emphasized that nursing diagnosis encompasses Maslow's Hierarchy of Needs and helps to prioritize and plan care based on patient-centered outcomes. The utilization of the nursing process to guide care is clinically significant as this will enable nurses to plan individual care, prioritize the needs of the patient by using the NANDA-I and be able to evaluate the interventions and patient outcomes.

Professional Development

The last subscale is professional development. The Louisiana State University Website said that development is critical to the nursing profession as it highlights the significance of continuing education, assessing learning needs, and upholding competency. Furthermore, professional development is essential for excellence in healthcare. The report published on the website shows that nurses who receive mentoring have a greater chance of becoming leaders in their profession. Critical role in preparing practitioners for current and future roles and helping individuals cope with an ever-changing healthcare environment was seen as a result of professional development according to Brunt and Morris (2019). Nejati and co-researchers (2016) believes that professional development can have a positive impact on the work performance of nurses and increase productivity and satisfaction. A study conducted by Abushaikha and co-researchers (2009) shows that a lack of career advancement

opportunities and unsupportive hospital policies and practices on Palestinian nurses contributed to their job dissatisfaction and decrease productivity.

Job Satisfaction

The organization must always be responsive in terms of employee satisfaction Lorber and Skela Savic (2012). Job satisfaction according to Lu (2005) is a series of positive feelings of a person toward its job and conversely ones it goes away a person might leave the job. According to Armstrong, the definition of job satisfaction is the “attitude people have about their work” (2006, p. 202). Kaliski (2007) defined job satisfaction as a worker’s sense of achievement and success on the job. (Fairbothner, et al., 2010), defined job satisfaction as the fulfillment of one’s wishes, expectations, or needs with relation to the nature of their job. Muhawish et al., (2019) said that job-related stress has a great impact on the health, wellbeing, and job satisfaction among nurses. Boafu (2018), added that verbal abuse, respect, and staffing adequacy can influence nurses job satisfaction. Moreover, Permatasari and Febryani cited in their study conducted that a bad work environment has a significant correlation with the performance of the nurses and on job satisfaction (2018). It was agreed by Nyirenda and Mukwato (2016) that job satisfaction is a major player in the performance of nurses at the workplace. Baysal and Yildiz (2019) believed that job satisfaction increases as work quality increases. Previous studies show that the working environment contributes to increasing job satisfaction among nurses (Saleh, et al., 2016; Landeweerd & Boumans, 1988; Al-Ahmadi, 2009; Ali & Qun, 2019).

Job satisfaction has a positive effect on the quality of care and patient outcomes. Further, it is an essential element for the retention of the workforce of any organization. Moreover, the result shows that nurses are satisfied equally on all three categories of nursing workplace survey questionnaires (Watson -Subia, 2019). The

three categories being assessed are the intrinsic factor (personal), extrinsic factor (workplace), and relational (colleague) (Fairbrother, et al., 2010). It has also the same result with Gulavani and Shinde (2014) study that reveals the majority of nurses 83%, 77%, and 60 % had reported a high level of job satisfaction with subscale, namely ability utilization, achievement, and activity respectively.

Intrinsic Factor

Fairbrother and co-researchers (2010) believe that a high score in this domain suggests that respondents can demonstrate the personal worth and linked with the nature of the operational environment and its capability to bring on an opportunity. Further, intrinsic job satisfaction is related to an individual's expectations and reflection of attitude towards her/his job. Moreover, it is not only financial gains that workers aimed but also the socio-psychological gains brought by the job. According to Bektas intrinsic job satisfaction factors include such components as a sense of success in work (2017). (Fairbrother, et al., 2010) included the following in the intrinsic job satisfaction factors. It has six item domain and titled "How much you enjoy your job '. The items chosen for inclusion were 1. My job gives me a lot of satisfaction; 2. My job is very meaningful for me; 3. I am enthusiastic about my work; 4. My work gives me the opportunity to show my worth, 5. In the last year, my work has grown more interesting and 6. It is worthwhile to make an effort in my job. Lee (2017) described that factors satisfying the individual derive from the individual her/himself, this is called intrinsic satisfaction.

Extrinsic Factor

The statements under this domain is a reflection of job satisfaction due to the fact that it is extrinsic in nature. It talks about workload, the model of care, and the ability to cope with the ever-changing healthcare system (Fairbrother, et al., 2010).

Furthermore, the domain talks about reflective activity and an opportunity to learn and to grow personally and professionally. (Fairbrother, et al., 2010) labeled this domain as “Doing your job”. The items chosen for inclusion were as follows: “I have enough time to deliver good care to patients; I have enough opportunity to discuss patient problems with my colleagues; I have enough support from colleagues; I would function better if it was busy on the ward/unit; I feel able to learn on the job; I feel isolated from my colleagues at work; I feel clinical confident and I like the way my ward runs. Bektas (2017) described extrinsic factors as elements that are produced by external sources, an environment outside the individual, and concurred by Galie (2008). Further, Galie added that goals such as receiving a reward, avoiding punishment, and improving professional career are considered an external factor (2008).

Relational Factor

Goyal (2013) identified that interpersonal skills can be helpful in comprehending the complexities of how to bring an overall balance in life and the workplace. (Fairbrother, et al., 2010) titled the last domain “The people you work with”. The items chosen for inclusion where it’s possible for me to make good friends among my colleagues; I like my colleagues; I feel that I belong to a team and I feel that my colleague like me. Further, the relational character of nursing work was toward support for empathic approaches.

Nursing Performance and Job Satisfaction

Job satisfaction according to Landeweerd and Boumans (1988) has been associated with performance. (Gadalean, et al., 2013) added that nurses’ satisfaction is directly connected to their work. Al-Ahmadi (2009) concluded that performance is influenced by the relationships at work, including patient satisfaction, cooperation among colleagues, decision-making skills, and multidisciplinary’ s mutual respect.

Thus, creating a better and healthy working environment is essential due to the fact that performance affects the quality outcome, particularly nursing services and service organization (Vermeeren, et al., (2014). (Saleh et al., 2016) specified that competence has a significant influence on job satisfaction. Additionally, their study shows that the work environment has a direct effect on nurses' performance and thus in return increase job satisfaction. Al-Banna (2018) also concurred that there is a strong correlation between job satisfaction in their work performance. Moreover, the work performance of nurses can directly impact the productivity of each hospital. (Nur, et al., 2017), have confidence in their study result that shows and prove that career development has a significant impression on the nurse's job satisfaction and job satisfaction has a positive impact on the nurse performance. Al-Ahmadi (2009), in a study conducted in Riyadh, Saudi Arabia found out that supportive and leadership behavior has a positive effect on job satisfaction. Furthermore, the nature and variety in one's job influence performance. Ali and Qun (2019), in their study found out that job satisfaction as a dependent variable in the study is affected by a number of factors including pay, human resource management practice, work environment. promotion and workplace stress. A cyclic relationship between job satisfaction and the performance of nurses has been established. Meyer and O' Brien-Pallas (2010) applied the open system theory to the nursing service delivery theory (NSDT). The NSDT suggests that there is no single way for an institution to acquire positive outcomes. Furthermore, it requires a cyclic relationship starting with what is being inputted (inputs). Imported inputs consist of care recipients (demographics, resources, medical condition, nursing condition, and self-management) in which it will be interpreted to the nursing production subsystem (through the work performed, structure, and work condition). The last stage is the distal outputs which consist of

clinical, human resource, and organizational outcomes. These outputs give feedback and reactivate the system on a cyclical manner because positive outcomes in each domain warrant the patients, community uses the organization's services, staff will be urged to stay due to good working environment and thus decrease turnover rate, accreditation, and funding of the institution will remain and can be used to further hone the skills of the nurses (Meyer & O'Brien-Pallas, 2010).

Other Factors Affecting Nursing Performance and Job Satisfaction

Factors such as motivation, leadership style, also influence the level of satisfaction and performance (Bektas, 2017). Further, he added that professionals satisfied contribute to the success of the organizations. Ahmed (2010) believes that motivation plays a very vital role in the improvement of organizational performance. Hence, unsatisfied, and unmotivated staff are not expected to show high performance.

Pay and distribution of pay, novelty level of job, career opportunities offered by the job, the contribution of the job to professional development, the attitude of the leaders towards the personnel and friendship relations in the organizations are other factors that shaped job satisfaction (Gibson, et al., 1997) and need to be explored extensively which this study did not deal with.

Synthesis

The working environment has been constantly used to determine the relationship with job satisfaction among the nurses (Saleh, et al., 2016). Conversely, in their study work environment was used to determine the relationship with nurse performance. Al-Banna (2018) concurred that a high satisfaction of nurses implies a relationship with performance. This finding is also consistent with the previous study of Awases and co-researchers (2013) which explored the factors that affect the performances of nurses and the poor and lack of professional development programs.

Some research correlate the attitude of nurses towards nursing care and job satisfaction (Nyirenda & Mukwato, 2016). Others on the managerial and leadership support with job satisfaction (Al-Ahmadi, 2009). According to the findings of Moura et al. (2017) there is a positive association between leadership performance and job satisfaction. He added that leadership must be experienced and performed to increase productivity. It is known that job satisfaction can affect nurse performance and can directly impact the productivity of the nurses (Al-Banna, 2018). Most of the studies conducted are based on the above premises. Hence, this study wishes to explore the cyclic relationship of Nursing performance with Job satisfaction.

This study can help understand the need for training, professional development plans and continuing education for nurses to ensure high-quality nursing performance. Nurse's performance depends on their skills and knowledge that can only be acquired through continuing education and experience. Furthermore, this study enables master's program place emphasis on current research regarding leadership roles of clinical staff nurses, interpersonal relations/communication techniques, professional development programs, and strategies, incorporating evidence-based critical care practices, planning, and evaluating stratagems, teaching and collaboration approaches and staff engagement that will improve the performance and satisfaction of nurses.

Theoretical Framework

Job Satisfaction of nurses on patients care, patient satisfaction, patient outcome, and delivery of healthcare are vast and if measured could essentially affect in the daily life of the workforce (Chammal & Dilina, 2018). Furthermore, they believed that low job satisfaction negatively influences the quality of service delivered by the employee.

The framework of this study will build upon from the Nursing Services Delivery Theory (NSDT) formulated by Raquel Meyer and Linda O' Brien-Pallas. NSDT uses Open System Theory by Katz and Kahn (1978). Open System Theory constitutes an energetic input-output system. It is believed that the organization depends on its supporting environment for the continuous inputs to ensure sustainability and process this input through the recurring and patterned activities and interactions of individuals to yield outputs (p. 2830).

NSDT on the other hand applies the Open System Theory to nursing and identifies that care is delivered by nurses clustered in workgroups. These workgroups transform energetic input to deliver nursing services and to yield output (Meyer & O' Brien-Pallas, 2010). Imported inputs consist of nursing care recipient which will be transformed into nursing production subsystem (throughput) through nature of work, structure, and internal work conditions (Meyer & O' Brien-Pallas, 2010).

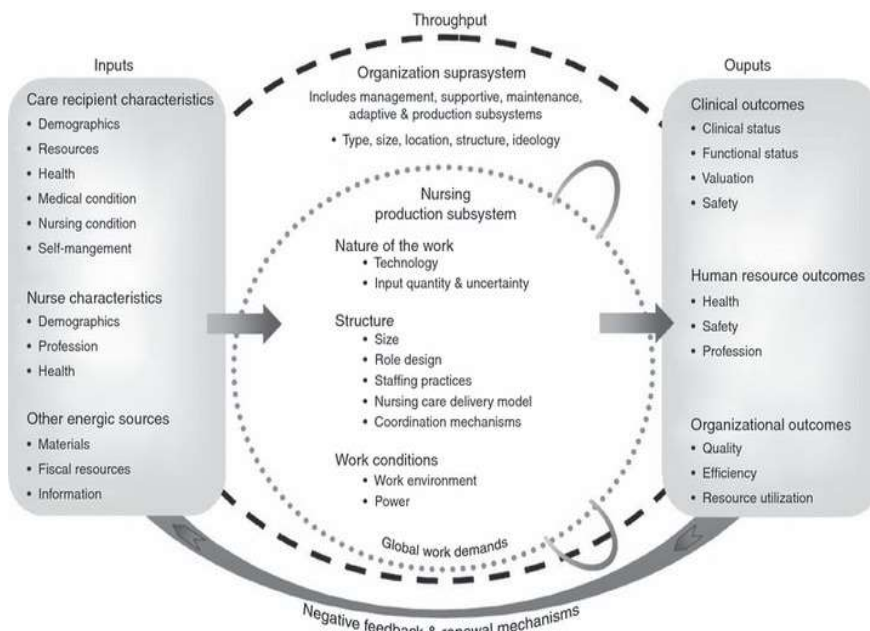


Figure 1: Nursing Service Delivery Theory, (Meyer & O' Brien-Pallas, 2010)

Furthermore, Meyer and O' Brien-Pallas (2010) described the distal outputs as clinical, human, and organizational outcomes. The theory works in a cyclical relationship, from the energetic inputs passing the throughput that might affect the delivery of services due to structure, nature, and work condition and thus would reflect on the outputs that eventually would repercuss through negative feedback hoping that a change would occur to yield a positive outcome. In this study the NSDT will be used as a model theory that would show the relationship of nursing performance and job satisfaction.

Conceptual Framework

This study emerges based on the concept of nursing performance and job satisfaction among nurses in a secondary hospital in Riyadh, Saudi Arabia using the nursing service delivery theory. The diagram shows that the input consisted of the modifying variables which are the socio-demographic characteristic of the nurses. This is based on sex, age, years of experience of nurses, and the area of assignment.

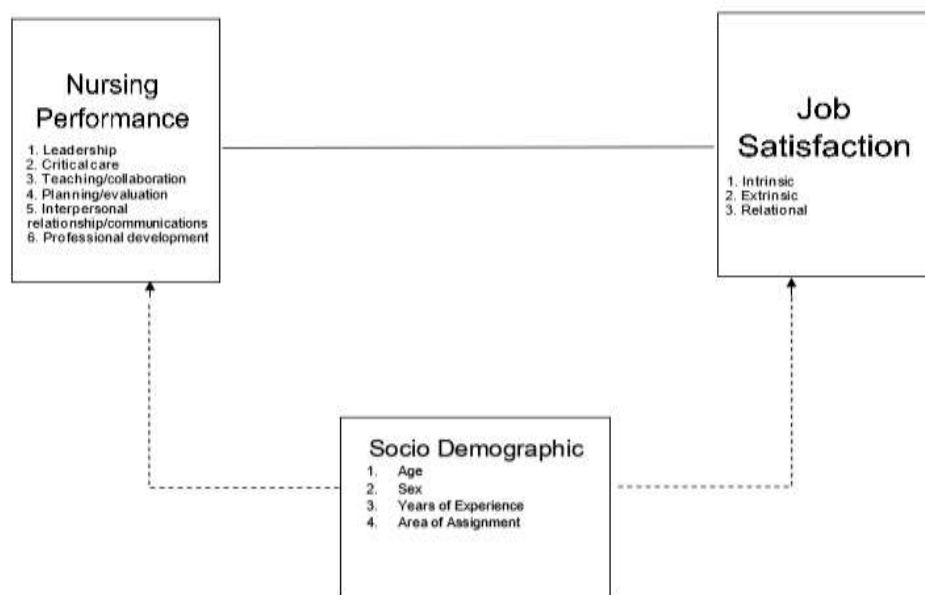


Figure 2. Relationship between Nursing Performance and Job Satisfaction

These imported energetic inputs will then be transformed into nursing care production (throughput) that are reflected on the six dimension of nursing performance (leadership, critical care, teaching and collaboration, planning/evaluating, professional development and interpersonal relations/communications) and the output is reflected in the job satisfaction of the nurses.

Operational Definition of Terms

Below are the terms being used in this research study. Terminology are being defined equally to what they mean in the study.

1. **Age** – refers to the number of years lived from time of birth to last birthday. Age of respondents will be grouped into Age Groups with a class size of 3 with the range of 23 years old to 60 years.
2. **Millennial Nurses**- also known as the generation Y, refers to nurses ages 23 years to 38 years old in the study.
3. **Generation X Nurses**- refers to the nurses in the study that fit the age group of 39 years old to 59 years old.
4. **Performance**- refers to execution a task or skills and functions that can impact quality delivery of care.
5. **Job Satisfaction** – refers to a feeling of contentment and has a sense of happiness when carrying a task and execute it accurately.
6. **Years' of work experience** – refers to total number of practicing years as a staff nurse.
7. **Clinical staff nurse**- refers to a professional registered nurse working in an institution that has a direct responsibility over nursing care.

Research Hypotheses

As part of this study, the investigation includes the following hypotheses:

1. Ha 1- There is a significant relationship between nursing performance in a secondary hospital in Saudi Arabia and socio- demographic variables, in terms of:

Ha1.1 age
Ha 1.2 sex
Ha 1.3 years of work experience, and
Ha 1.4 area of assignment
2. Ha 2- There is a significant relationship between job satisfaction of nurses in a secondary hospital in Saudi Arabia and socio- demographic variables, in terms of:

Ha1.1 age
Ha 1.2 sex
Ha 1.3 years of work experience, and
Ha 1.4 area of assignment
3. Ha 3- There is significant relationship between Nursing Performance and Job Satisfaction among nurses in secondary hospital in Saudi Arabia.

CHAPTER III

RESEARCH METHODOLOGY

The Research Design

A descriptive-correlational design was used in this study. The research focused on the relationship between nursing performance and job satisfaction among nurses in a secondary hospital in Riyadh Saudi Arabia. Furthermore, in this study demographic profiles of the respondents were described in terms of age, sex, years of experience, and area of assignment. The correlational design examined the relationship between a) the selected demographic profile, and nursing performance (SDNP); b) selected demographic profile and job satisfaction (NWS); and c) nursing performance (SDNP) and job satisfaction (NWS). No manipulation was done to modify or increase the awareness or current perception of the nurses in terms of nursing performance and job satisfaction.

Sampling Design

The target population of the study is the clinical inpatient nurses and special areas in a secondary hospital in Riyadh Saudi Arabia. In this study, all eligible respondents which include: 1.) Clinical nurse specialists and 2.) Clinical nurse team leaders (charge nurse) were invited to join the study provided they meet the inclusion criteria. There were a total number of five hundred fifty-seven (557) staff nurses working in the research setting. Four hundred seven clinical staff nurses (407) are currently working in the areas included in the study. As of January 2020, the total numbers of clinical staff nurses from the area included in the inclusion criteria are shown in table 1.

Table 1. Summary of Population of Nurses Categorized in Area of Assignment

Clinical Areas/Units	Total Number of Clinical Nurses
Day Care Surgery	5
Emergency Department	73
Endoscopy Unit	13
Adult Intensive Care Unit	31
Labor & Delivery /CS	65
PACU	13
Medical Ward	36
Neonatal Intensive Care Unit	35
Pediatric Ward	34
PICU	23
Women's Health Ward	59
Surgical Ward	20
Total Target No. of Nurses	407
Total No of Nurses Not Eligible	85
Total No. of Eligible Nurses	322

Source: Nursing affairs (KAAUH) as of January 2020.

The total target number of respondents is four hundred seven (n=407). After applying the inclusion and exclusion criteria, there were n=322 eligible respondents identified. G power was calculated for correlation, the recommended sample size given 0.05 level of significance and 0.3 medium effect size as suggested is 84 respondents. Convenience sampling was used to reduce the possibility of a high attrition rate from possible poor survey returns. A high attrition rate may be related to the following factors: a) Not interested to participate in the study; and b) Afraid to answer the questions related to job satisfaction and incomplete data responses and rejection. All eligible (n=322) nurses were given questionnaires. However, only 180 questionnaires were returned. After a thorough review of the returned questionnaires, only n=168 completed the questionnaires. The samples were selected from a population of healthcare providers based on the following criteria:

Inclusion Criteria

1. Duly registered nurse (RN).
2. Clinical staff nurses which include in patient wards and special areas:
Medical ward, Surgical ward, Pediatric ward, OB gyne/ Women's health ward, Labor and delivery/CS, Intensive care units, Day surgery ward, Post anesthesia care unit and Emergency department.
3. Clinical staff nurses who are employed in the institution for 6 months or more.
4. Had consented the study.

Exclusion Criteria

The **exclusion** of the study consists of the following:

1. Nurses in management and leadership position
2. Outpatient department nurses
3. Non -clinical staff nurses, Nurse interns and student nurses
4. Staff who are less than 6 months employed in the institution

Study Setting

The study was conducted in a secondary hospital in Riyadh, Saudi Arabia. It is located inside one of the biggest women's universities in Riyadh, Saudi Arabia that houses approximately 40,000 students. The secondary hospital has an approximately five hundred fifty-seven diverse staff nurses. The majority of the nurses are Saudi, Filipino, South African, Jordanian, Kosovar,

Malaysian, Indian, and Tunisian nurses. Furthermore, the hospital focusses on the three main pillars and these are the following: Women's health, Adolescent, Child growth, and development.

Plan for Data Collection

A list of the clinical staff nurses currently working in the research setting hospital was secured from the Nursing Liaison Officer. The researcher requested time during morning huddles in the selected areas to discuss the details of the study. Staff who were not able to receive the explanation was scheduled for another time. The explanation includes the purpose of the study, voluntary participation, and obtaining informed consent.

Once approved, each participant was asked to answer the two (2) survey questionnaires that will take up around 30 to 45 minutes of their time, and to ensure anonymity and confidentiality participants are not required to put their names in any of the documents. An informed consent, introduction letter, brief explanation of the study's purpose, the two questionnaires and the instruction to return the completed survey were distributed to the participants in a brown envelope. At the end of two weeks as a prescription period to complete the survey, the researcher made rounds to collect the fulfilled questionnaires. Fulfilled questionnaires were stored in a safe file inside the researcher's office, locked, and only be accessible for the researcher.

Tools for Data Collection

Six-dimension Scale of Nursing Performance (SDNS)

The Six-dimension Scale of Nursing Performance (SDNS) is a 52-item inventory rated on a 4-point Likert scale formulated by Patrician Schwirian (1978). It is a standardized tool and was used to measure nurse's performance.

The questionnaire consists of six subscales to analyze the performance of the nurses. (1) **interpersonal relations/communications** (2) **Leadership** (3) **Critical care** (4) **Teaching/collaboration** (5) **Planning/ evaluation** (6) **Professional development** (Schwirian,1978).

The measure reliability for each of the Six dimensions was Cronbach's alpha. The alpha coefficients range in value from a low of .844 for leadership subscale to .978 for professional development self-subscale. The uniformly high-reliability values of the Six-dimension subscales attest to their potential utility for assessing nursing performance. Scores are interpreted by individual dimensions. A respondent's scale score should not be lowered because his or her job situation did not require the performance of all the behaviors on the scale. Furthermore, the goal was to calculate a subscale performance score that reflected the performance of those scale behaviors on which the nurse was evaluated by her or himself (Schwirian,1978). The original tool was modified to only assess the self-appraisal of performance by the respondents and excluded the appraisal of the observer/evaluator. The mean score and standard deviation per domain were computed in order to describe the nursing performance of nurses in a secondary hospital in Riyadh Saudi Arabia. To have a meaningful mean score the researcher set 2.5 as an arbitrary neutral point. This is similar to what Nicholls (1984) made to distinguish the neutral point and draw a meaningful mean score. The scores and mean scores are interpreted as follows: 1.) **well** performed with a score of above 2.5 and 2.) **not well** performed with a score below the arbitrary neutral point.

Nursing Workplace Satisfaction Questionnaire (NWSQ)

Nursing Workplace Satisfaction Questionnaire (NWSQ) was devised by a project group of nurses who seeks a simpler and suitable job satisfaction measurement tool. This tool has a one-page, 14 tool that was developed after a thorough review of the existing tools. This tool has three domains **(a.) intrinsic**, a six-item domain that measures 'How much you enjoy your job. The items chosen for inclusion were: 1. My job gives me a lot of satisfaction 2. My job is very meaningful for me. 3. I am enthusiastic about my work 4. My work gives me the opportunity to show my worth 5. In the last year, my work has grown more interesting 6. It is worthwhile to make an effort in my job. **(b.) extrinsic**, an 8-item domain that measures how you are executing your job, 'Doing your job'. The items chosen for inclusion were as follows. 7. I have enough time to deliver good care to patients 8. I have enough opportunity to discuss patient problems with my colleagues 9. I have enough support from colleagues 10. I would function better if it was less busy on the ward/unit 11. I feel able to learn on the job 12. I feel isolated from my colleagues at work 13. I feel clinically confident 14. I like the way my ward is run **(c.) relational**, measures how satisfaction of working with the colleagues, 'The people you work with'. The items chosen for inclusion were: 15. It's possible for me to make good friends among my colleagues 16. I like my colleagues 17. I feel that I belong to a team 18. I feel that my colleagues like me job satisfaction (Fairbrother, Jones and Rivas, 2010). Exploratory factor analysis confirmed the validity of this tool (n=200 response). Moreover, the internal consistency analysis for a larger sample yielded a high Cronbach's alpha values. Scores are interpreted by individual domains. To conceptualize the meaning of the scores, and mean

scores are interpreted as follows: were below the neutral point or **less than 3 is not satisfied** and **above 3 is satisfied** and a score of 3 was set as an arbitrary neutral point.

Demographics

Demographic profile of the respondents was included in collection of data, including the age, years of experience, assigned units and sex/gender.

The age of the respondents is grouped in a generational cohort:

1. Millennial (23-38 y/o)
2. Gen x (39-59 y/o)

Further, years of experience were group into the following:

1. 0-5 years
2. 6-10 years
3. 11-15 years
4. 15-20 years
5. Greater than 20 years

And sex/gender was grouped into a dichotomous nominal data:

1. Male
2. Female

Plan for Data Analysis

A survey was used to collect related data for the study. The Survey is favored because it is ideal with a large and or geographically dispersed population (Gay, 2006). It was reported in the literature, that the use of a survey is a relatively simple and efficient process to distribute surveys and collection of results (Wang,2014). The fulfilled questionnaires were encoded in an excel format and subjected for analysis using SPSS, Statistical Package for the Social Sciences, version 22.0 for with confirmed by a reliable statistician.

Descriptive statistics such as percentages, frequencies, means, and standard deviations were utilized describing participants' demographic data. Pearson-

moment correlation/ Chi-square was used to test the relationships between study variables.

Table 2. Summary of Statistical Analyses

Specific Objective	Tool used	Level of measurement of Data	Specific Statistical Test
To describe the socio-demographic characteristics of the nurses in a secondary hospital in Riyadh, Saudi Arabia in terms of age, sex, and years of work experience and area of assignment.	Demographic Profile	Age in years– Numerically obtained but regrouped into the following workforce generations and treated as an ordinal: A. Generation X = 39years old to 59 years old B. Millennial= 23 years old to 38 years old Sex- Treated as nominal - dichotomous A. Male=1 B. Female = 2 Years of Experience- presented as a group, treated as Ratio A. 0-5 years B. 6-10 years C. 11-15 years D. 15-20 years E. Greater than 20 years Area of Assignment- Treated as nominal A. Pediatric ward	1. Frequency Distribution 2. Mean 3. Standard Deviation

- B. Adult Intensive care unit
- C. Emergency Department
- D. Pediatric Intensive care unit
- E. Labor and Delivery/CS
- F. Women's health ward
- G. Medical ward
- H. Surgical ward
- I. Neonatal Intensive care unit
- J. Endoscopy unit
- K. Day care surgery unit
- L. Post Anesthesia care unit

Cardiology/oncology

To describe the nursing performance according to the six dimension of nursing performance (*leadership, critical care, teaching/collaboration, planning and evaluation, interpersonal relations/communications and professional development*) among nurses in a secondary hospital in Riyadh Saudi Arabia

Six Dimension Scale of Nursing Performance (Schwirian,1978) Based on the six-dimension scale

Nursing Performance – treated as Interval

- 1. Frequency Distribution
- 2. Mean Standard Deviation

To describe the of job satisfaction based on the three domains of nursing workplace satisfaction (*intrinsic, extrinsic and relational*) among nurses in a secondary hospital in Riyadh, Saudi Arabia.

NWSQ Nursing Workplace Satisfaction Questionnaire Fairbrother et al (2010)

Nursing Workplace Satisfaction – Interval

- 1. Frequency Distribution
- 2. Mean Standard Deviation

To determine the relationship of nursing performance and socio demographic variables among nurses in a secondary hospital in Riyadh, Saudi Arabia	Six Dimension Scale of Nursing Performance (Schwirian,1978) And Demographic Profile	4-point Likert Scale The mean score of nursing performance was used to test for relationship. (Level: Continuous)	Coefficients (p-values) of the Chi-square Tests
		Socio-demographic Nominal/Categorical	
To determine the relationship of job satisfaction and socio demographic variables among nurses in a secondary hospital in Riyadh, Saudi Arabia	NWSQ Nursing Workplace Satisfaction Questionnaire Fairbrother et al (2010) And Demographic Profile	5-point Likert Scale The mean score of job satisfaction was used to test for relationship. (Level: Continuous)	Coefficients (p-values) of the Chi-square Tests
		Socio-demographic Nominal/Categorical	
To determine the relationship of nursing performance and job satisfaction among nurses in a secondary hospital in Saudi Arabia	Six Dimension Scale of Nursing Performance (Schwirian,1978) And NWSQ Nursing Workplace Satisfaction Questionnaire Fairbrother et al (2010)	4 Point Likert Scale- The mean score of nursing performance was used to test for relationship. (Level: Continuous)	Pearson (r) correlation
		5-point Likert Scale The mean score of job satisfaction was used to test for relationship. (Level: Continuous)	Pearson r was used to determine the relationship of nursing performance and job satisfaction under the following assumptions: 1. Two variables used are measured in a continuous scale 2. Two variables have their values one for each variable.

Ethical considerations

Approval for the involvement of human subjects was obtained from the University of the Philippines review board and the Institutional Review Board of the setting before the initiation of the study. A list of all clinical staff nurses and special areas was obtained after the approval from the IRB master list of potential participants was kept in a spreadsheet. Furthermore, to ensure confidentiality the participants were not required to put their names in any of the questionnaires. The fulfilled questionnaires were stored in a safety box and the spreadsheet was kept in the external drive and with security password accessible only to the researcher. Eligibility was determined using the inclusion and exclusion criteria of the sample. Participants received full disclosure and informed comprehensively with their rights to participate with the study without coercion. Furthermore, the result will be shown in a group data and not individually. The data must remain intact and secured for four months after data collection. Confidential information was protected from unauthorized access and for legal and ethical reasons the information will be securely destroyed or erased after the conclusion of the study.

CHAPTER IV

RESULTS AND DISCUSSIONS

Demographic Profile

Table 3. Socio-Demographic Profile of Staff Nurses in a Secondary Hospital in Riyadh Saudi Arabia (n=168)

Characteristics	Frequency	Percentage (%)
Sex (Gender)		
Male	39	23.2
Female	129	76.8
Age		
Millennial (23-38 y/o)	155	92.3
Gen X (39-59 y/o)	13	7.7
Years of Experience		
0 – 5 years	29	17.3
6 – 10 years	98	58.3
11 – 15 years	30	17.9
15 – 20 years	7	4.2
Greater than 20 years	4	2.4
Area		
Pediatric Intensive care Unit	10	6.0
Adult Intensive care Unit	12	7.1
Emergency Department	45	26.8
Labor and Delivery Unit and Cesarean	10	6.0
Women's health ward	24	14.3
Pediatric ward	10	6.0
Surgical Ward	9	5.4
Medical Ward	14	8.3
Post Anesthesia Care unit	8	4.8
Neonatal Intensive care unit	16	9.5
Endoscopy Unit	6	3.6
Day care surgery unit	3	1.8
Cardio Oncology	1	.6

Table 3 presents the socio-demographic profiles among staff nurses based on sex, age, years of experience and area of assignment in a secondary hospital in Riyadh Saudi Arabia.

Sex (Gender). The result shows 39 (23.2%) and 129 (76.8%) of the respondents were male and female respectively. In comparison, the result matches with the Saudi Ministry of Health report that male nurses comprise 25% of the total nursing workforce in the country. Although it seems that the number of male nurses is being outnumbered by female nurses it is still evident that the number of male nurses is significantly increasing every year. In the 2017 National Nursing Workforce Survey conducted by Smiley et al. it shows that the percentage of male registered nurses (9.1%) increased by 1.1 and 2.5 percentage points, respectively, when compared with findings from 2015 (8.0%) and 2013 study (6.6%).

Age. The age of nurses was divided into Millennial (23-38 y/o) 155 (92.3%) and Generation X (39-59 y/o) 13 (7.7%) respectively. This indicates that the nursing workforce in the research setting hospital belong to the younger generation. The result also matches the study conducted by Alboliteh et al., (2017) where they found out that in general the Saudi nursing workforce working in the Ministry of Health hospitals is comparatively belongs to the younger generation (mean age of 27 years). Moreover, in a study conducted by Auerbach et al. (2017) Baby- boomer registered nurses, which used to be the largest segment of the RN workforce from 1981-2012, are now retiring. Furthermore, due to the increased in the retirement of the baby boomers and the stabilization of the entering cohort sizes among Millennials, it is projected

that the nurse workforce will continuously grow with Millennial registered nurses (Auerbach et al. 2017).

Area of Assignment. In terms of area of assignment, the majority of the respondents are from the Emergency Department (ED) which comprises 45 (26.8%) of the total respondents. It is followed far behind by the Women's Health Ward (WHW) which has 24 (14.3%) respondents. Neonatal Intensive Care Unit, Medical Ward, Adult Intensive Care Unit follow closely behind which comprises 16 (9.5%), 14 (8.3%), and 12 (7.1%) respectively.

A third of the total respondents came from Pediatric Ward 10 (6.0%), Pediatric Intensive Care Units 10 (6.0%), Labor and Delivery/Caesarian Section 10 (6.0%), Surgical Ward 9 (5.4%), Post Anesthesia Care Unit 8 (4.8%). Furthermore, the Endoscopy unit, Day Care Surgery Unit, and Cardiology Unit has 3.6 %, 1.8% and .6 % respectively. The result may be due to the fact that the Emergency Department has a greater number of nurses followed by the Women's Health Ward compared to the other units in the study.

Years of Experience. Fifty-eight point three (58.3%) of the total respondents have 6 to 10 years of nursing experience. Furthermore, 30 (17.9%) have 11 years to 15 years of nursing experience. It is followed closely behind by nurses who have 0 to 5 years of nursing experience with 29 (17.3%). A less percentage coming from nurses who have 15-20 years (7 or 4.2%) and more than 20 years (4 or 2.4%) of nursing experience has been gathered by this study. The data above supports the finding on the respondent's age that the majority of the staff nurses in the study belong to the millennials or a younger generation.

Table 4. Nursing Performance (SDNP) Among Nurses in a Secondary Hospital in Riyadh, Saudi Arabia

Item No.	Question	Mean	Standard Deviation
Leadership			
3	Give praise and recognition for achievement to those under his/her direction	3.14	.77
23	Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel.	3.31	.68
25	Guide other health team members in planning for nursing care.	3.33	.70
26	Accept responsibility for the level of care under his/her direction	3.40	.63
41	Remain open to the suggestions of those under his/her direction and use them when appropriate	3.36	.67
Overall Mean Score		3.31	.52
Critical Care			
11	Perform technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes	3.40	.70
18	Use mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator	3.38	.70
19	Give emotional support to family of dying patient	3.06	.84
27	Perform appropriate measures in emergency situations	3.33	.67
30	Perform nursing care required by critically ill patients	3.26	.74
37	Recognize and meet the emotional needs of a dying patient	3.08	.81
40	Function calmly and competently in emergency situations	3.30	.70
Overall Mean Score		3.26	.49
Teaching/Collaboration			
1	Teach a patient's family members about the patient's needs	3.25	.72
4	Teach preventive health measure to patients and their families.	3.24	.76
5	Identify and use community resources in developing a plan of care for a patient and his/her family	2.83	.86
12	Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation	3.25	.73
14	Develop innovative methods and materials for teaching patients	3.04	.77

28	Promote the use of interdisciplinary resource persons	3.23	.71
29	Use teaching aids and resource materials in teaching patients and their families	3.12	.73
31	Encourage the family to participant in the care of the patient	3.26	.74
32	Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family.	3.23	.69
38	Communicate facts, ideas, and professional opinions in writing to patients and their families.	3.05	.85
39	Plan for the integration of patient needs with family needs	3.11	.74
Overall Mean Score		3.15	.50
Planning/Evaluation			
2	Coordinate the plan of nursing care with the medical plan of care	3.31	.70
6	Identify and include in nursing care plans anticipated changes in patient's conditions	3.13	.76
7	Evaluate results of nursing care.	3.33	.63
9	Develop a plan of nursing care for a patient	3.24	.69
10	Initiate planning and evaluation of nursing care with others	3.32	.70
13	Identify and include immediate patient needs in the plan of nursing care	3.30	.68
36	Contribute to the plan of nursing care for a patient.	3.30	.70
Overall Mean Score		3.27	.50
IPR/Communications			
8	Promote the inclusion of patient's decision and desires concerning his/her care	3.34	.69
15	Communicate a feeling of acceptance of each patient and a concern for the patient's welfare	3.20	.73
16	Seek assistance when necessary	3.46	.72
17	Help a patient communicate with others	3.27	.71
20	Verbally communicate facts, ideas, and feelings to other health care team members	3.38	.69
21	Promote the patients' rights to privacy	3.60	.56
22	Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members	3.47	.64
24	Explain nursing procedures to a patient prior to performing them	3.40	.63
33	Use nursing procedures as opportunities for interaction with patients	3.33	.64
34	Contribute to productive working relationships with other health team members	3.39	.60
35	Help a patient meet his/her emotional needs	3.20	.76
42	Use opportunities for patient teaching when they arise	3.39	.65

Overall Mean Score		3.37	.42
Professional Development			
43	Use learning opportunities for ongoing personal and professional growth.	3.35	.60
44	Display self-direction.	3.32	.67
45	Accept responsibility for own actions.	3.53	.65
46	Assume new responsibilities within the limits of capabilities.	3.43	.64
47	Maintain high standards of performance.	3.49	.62
48	Demonstrate self-confidence.	3.37	.65
49	Display a generally positive attitude.	3.45	.72
50	Demonstrate a knowledge of the legal boundaries of nursing.	3.45	.64
51	Demonstrate knowledge in the ethics of nursing.	3.49	.60
52	Accept and use constructive criticism.	3.46	.63
Overall Mean Score		3.43	.50

Table 4 shows the perceived nursing performance among nurses in a secondary hospital in Riyadh Saudi Arabia according to the six-dimension scale of nursing performance (leadership, critical care, teaching/collaboration, planning and evaluation, interpersonal relations/communications and professional development). The total mean scores and standard deviation of the nurse per domain were calculated to describe the perceived nursing performance. Furthermore, the mean and standard deviation of the individual nursing performance items were also computed to see where the nurses scored high or low in. In general, all the mean score in each of the subscales are above the 2.5 arbitrary neutral point. This mean that nurses perform well in each of the subscales.

Leadership

The leadership dimension was measured by five items. The study found that respondent's perception of their quality in performing activities in the leadership subcategory was well performed with a total $M=3.31$, $SD=.52$ at their current job. The leadership subcategory has a range of 0.26 with a minimum

mean score of $M= 3.14$, $SD= .77$, and a maximum score of $M=3.40$, $SD=.63$. The minimum score of $M=3.14$, $SD=.77$ suggests that respondents give lesser importance in giving praise and recognition for achievement to those under his/her direction compared to the other items in the leadership subcategory. This may be attributed to the following: the person giving the praise or recognition might be different from the recipient in terms of sex, age, and cultural background (Hardavella, 2017). In the data, it shows that female respondents outnumbered male respondents. Women in Saudi Arabia and men guardianship is a social tradition that remains the most significant impediment to realizing women's rights. The guardianship system still exists where women need to ask permission from the head of the family (father, husband, son, or a male guardian) to decide for herself. A human right watch organization in Saudi Arabia (2016), mentioned that adult women from Saudi Arabia must still obtain permission from a male guardian to travel abroad, marry, or be released from prison, and may be required to provide consent from guardians to work. Thus, receiving or giving praises and recognition from and to a female nurse may draw some social issues. (Jackson and Gary, 1991). Furthermore, most of the respondents are from the millennial group (23years -38years). An increasing number of millennial leaders may contribute to age gap issues that may derail nurse performance outcomes. Zimmerman (2017), believes that as millennials manage, they need to adapt to different working styles and preferences, especially for those that are older than themselves. Other age groups may tend to have a different way of carrying their tasks and at the same time how they view their work (Zimmerman, 2017). Furthermore, millennial nurses are creative and warm (Mokoke, 2015). Since most of the leaders in the research setting

hospital belong to the generation x cohorts, they may lack ways to explore how to approach and coach millennial nurses when giving praises and recognition.

Furthermore, the maximum score of $M= 3.40$; $SD=.63$ in the leadership subcategory indicates that respondents accept responsibility for the level of care under his/her direction. A similar result in a study conducted by Ryan and Hodson (1992) among nurse graduates. They scored high in this item which means they functioned well according to what is expected of them. Further, the result of this study may be attributed to the following factors: 1.) The rotational allocation of each staff who completed one year in the institution to a leadership role; 2.) Staff who completed two years in the institution will be assigned as a preceptor to new staff nurses or nurse interns provided, they completed the preceptorship workshop. Similarly, Hozni and co-researchers (2019), believes that special training courses and leadership projects are the most essential learning tools for clinical leadership competency. Thus, the more the staff is exposed to leadership roles the more they perform well. Concurred by Ratanjee (2018), which also believes that experience plays a big part of effective leading and meeting goals.

Critical Care

Critical care (CC) subcategory was measured by seven items. The study found that respondent's perception on their quality in performing activities in critical care subcategory were performed well with a total $M=3.26$, $SD=.49$ at their current job and has a range of 0.34, with a minimum mean score of $M= 3.06$, $SD= .84$ and a maximum score of $M=3.40$, $SD=.70$. The maximum score of $M=3.40$, $SD=.70$ suggests that the CC subcategory result means that nurses perform significantly well in attending critically ill patients. Furthermore, they

scored significantly high on the following critical care skills: Perform technical procedures like oral suctioning, tracheostomy care, IV therapy, catheter care, and dressing changes $M=3.40$, $SD=.70$. High scores can be seen when with the use of mechanical devices: like a suction machine, Gomco, and cardiac monitor, respirator shows that respondents have a high mastery of the uses of these machines, $M=3.38$, $SD=.70$. The result may be attributed to the following factors: 1.) Nurses in the study do receive a free workshop and training courses particularly in responding to emergency/critical situations; 2.) Some of the clinical units conducts a monthly simulation; 3.) All nurses in the study are required to undergo a yearly generic and unit-specific competency; 4.) the years of experience of the respondents is one of the factors why they had a high score in the CC subcategory. Fifty-eight point three (58.3%) of the total respondents have 6 to 10 years of nursing experience. According to Benner, nurses who has a deep understanding of the patient's situation and decides holistically for his/her patients are considered competent in her practice (Benner, 1984). Latif et al. (2018), believes that nurses must have scientific knowledge about critical situations and events to take an effective measure in crisis. Furthermore, he added that a combination of knowledge and care skills will provide an optimum competence to manage and play effective role in critical situations. Billings and Halstead (2016) mentioned that the mastery of the skill is a foundational for high quality, safe critical care nursing practice. Furthermore, they added that the use of procedural skills training will allow staff to practice skills in a safe, simulated environment, make mistakes, and receive feedback to improve performance.

Moreover, most of the respondents are coming from critical care units. Emergency Department (ED) which comprises of 45 (26.8%) of the total respondents. It is followed by Neonatal Intensive Care Unit, and Adult Intensive Care Unit which comprises 16 (9.5%), and 12 (7.1%) respectively. A third of the total respondents came from Pediatric Intensive Care Units 10 (6.0%). Thus, it may contribute to the high total mean score in critical care subcategory because they are being sent for advanced life support training and other critical care courses.

The minimum mean scores in the CC subcategory were $M = 3.06$, $SD = .84$. This indicates that nurses feel less confident in terms of providing quality emotional support to the family of the dying patients compared to the other items under the CC subcategory. This is consistent with another item in the subcategory that had also a lesser mean score (3.08 , $SD = .81$) which also describes how nurses recognize and meet the emotional needs of a dying patient. The result is consistent with the heavily ingrained Muslim, conservative, and socio traditional background of Saudi Arabia. It is disrespectful to interrupt or join in a conversation when patients and family members are talking. Further, Khan (1994) enumerated that visiting the sick and dying patients is highly encouraged in Islam. Friends and neighbors who traveled long distances to visit the patients admitted will accumulate in the room and sometimes can be large enough to interfere with the healthcare. Furthermore, Al-Shari (2002) explained that it is a fundamental doctrine in the Islamic faith and belief of people in Saudi Arabia to believe in predestination and attribute the occurrence of disease as to the will of Allah. Hence, most of the time emotional support from the nurses

during the dying of patients is seldom being seen due to the beliefs and social practices of the people.

Interpersonal relations/communication.

Interpersonal relations/communications were measured by twelve items. The study found that respondent's perception on their quality in performing activities on Interpersonal relations/Communications indicates that nurses in the institution communicate well with their patients, colleagues, and other multidisciplinary teams. A total mean score $M=3.37$, $SD=.42$, with a range of 0.27, a minimum mean score of $M=3.20$, $SD=.73$; $M=3.20$, $SD=.76$ and a maximum score of $M=3.47$, $SD=.64$, shows that respondents performed significantly well. Further, this may mean that nurses in the institution communicate well with their patients, colleagues, and other multidisciplinary teams. This behavior contributes to an atmosphere of mutual trust, acceptance, and respect among healthcare teams. Vermeir and co-researchers (2017) believe that interprofessional teamwork is achieved by the interactive efforts of all team members involved through good communication and respect for one another. The maximum mean score $M=3.47$, $SD=.64$ may be contributed by the following reasons: 1.) A standardized communication technique is in place utilizing current and highly acclaimed communication tools (ISBAR) to help ease the communication between a multidisciplinary team. According to Moi and co-researchers (2019) the use of this standardized communication tool raises the awareness of users own structured communication and expertise. Further, they added that of their study result showed that the ISBAR user is feel comfortable and confident with the way they communicate with the other team. Thus, it promotes teamwork and improves outcomes. 2.) Electronic health

record /system (EHR) is in place where staff can update and access assessment/findings in real-time. Mahalli (2015), EHR has many communication tools that enable to exchange of information between physicians to physicians and nurses and even patients. Further, the use of EHR system will significantly help in reducing the medication error and adverse reaction due to miscommunication (Mahalli, 2015); 3.) and Conduction of quarterly communication workshops and symposia and lastly 4.) the generational cohort of millennial nurses who values communication as equally important with their job (Cabral, 2016).

Respondents rated the lowest on helping patients meet his/her emotional needs $M=3.20$, $SD=.76$, and on communicating a feeling of acceptance of each patient and a concern for the patient's welfare $M=3.20$, $SD=.73$. These results are consistent with the previous result in the CC subcategory. The minimum mean scores in the CC subcategory were $M= 3.06$, $SD= .84$. Which indicates how nurses feel less confident in terms of providing quality emotional support to the family of the dying patient compared to the other items under the CC subcategory. This is consistent with another item in the subcategory that had also a lesser mean score (3.08 , $SD= .81$) which also describes how nurses recognize and meet the emotional needs of a dying patient. These may be attributed to the findings of the study made by Al-Shari (2002), he explained that it is a fundamental doctrine in the Islamic faith and belief of people in Saudi Arabia to believe in predestination and attribute the occurrence of disease as to the will of Allah. Hence, the healthcare team may not interfere with their feelings and time of grieving.

Teaching and Collaboration

Teaching and collaboration were measured by eleven items. The study found that respondent's perception of their quality in performing activities under the teaching and collaboration subcategory is well performed. The total mean score in the subcategory were $M=3.15$, $SD=.50$ which indicates the nurses is involved in teaching patients, families, and other healthcare teams. It may be due to the following factors: 1.) The institution is a teaching institution that caters different interns from nurses to physicians, nutritionists to social workers that demands to collaborate with staff nurses in terms of health teaching, unit discussions/presentations, and case study. 2.) The institution has accreditation from *Plain Tree International* which is an organization that helps and guides healthcare organizations toward person-centered excellence. Vermeier and co-researchers (2017) support the idea that having a good communication skill may help in strengthening the teamwork and interaction with others to impart and gain knowledge.

Furthermore, the high score shows that they collaborate with other multidisciplinary teams and involving the patient and family in health education. This may be due to the reason that most of the respondents belong to the millennial group. Cabral (2016) believes that one of the characteristics of the millennial nurses was to engage in a teamwork effort. Further, Mokoka (2015), believes that millennial nurses are warm and creative in everything they do and to include exploring different communication styles. The maximum mean score in this subcategory is $M=3.26$, $SD=.74$ and a minimum mean score of $M=2.83$, $SD=.86$, with a range 0.4. The minimum mean score $M=2.83$, $SD=.86$ which respondents encountered difficulty in identifying and using community

resources in developing a plan and their families is due to the conservative socio-traditional practices of Saudi Arabia. Above fifty percent of the total nursing, population are nurses coming from other countries like the Philippines, India, South Africa, and Malaysia. The different culture, and language of health care provider and the patient are a few of the reasons why respondents of the study scored this item the lowest of all items in the six dimensions of nursing performance. Almutairi (2015) has a similar view, he said that cultural misunderstanding between patients and predominantly expatriate healthcare providers may contribute to patient dissatisfaction, and poor-quality care. Further, he added that Saudi has a unique culture, combined it with a large number of expatriates' health professionals who have limited knowledge of Saudi culture that may affect the care and may cause cultural conflicts. Almutairi (2015) also mentioned about the language barrier that may impede effective communication between the healthcare provider, the patient, and the family. Thus, respondents are not confident enough to develop a plan with the patient and family to use community resources. Hence, social workers are the ones coordinating and developing a plan with the family in using some of the community resources available.

Planning and Evaluation

This subcategory was measured by seven items. The study found that respondent's perception of their quality in performing activities under planning and evaluation subcategory are being performed well ($M=3.27$; $SD= .50$). This means that respondents are aware of their roles and responsibilities in terms of developing and customizing a plan of care. The result is consistent with the previous study made by Ryan and Hodsons (1992) where staff nurses scored

themselves high in nursing plan and evaluating care plans. The maximum mean score ($M=3.33$, $SD=.63$), indicates that nurses evaluate their care plan well. The result also shows that respondents perform well in coordinating the plan of care with the medical team ($M=3.31$, $SD=.70$). The result may also be due to some factors; 1.) Respondents especially the inpatient units are required to use the nursing care plan (ADPIE format) as a means of documentation. Furthermore, 2.) staff are aware of the usage of Nursing Diagnoses (NANDA) that may lead them to score high in the seven items. And lastly, 3.) Generational cohorts of the study show that millennial nurses outnumbered generation X nurses. Thus, it shows in the result how millennial nurses' value the importance of communication and coordination with other health care team, comparatively with generation x nurses who prefer to work alone (Cabral, 2016).

The minimum mean score recorded in this subcategory is identifying and including in nursing care plans anticipated changes in patient's conditions ($M=3.13$, $SD= .76$). This result showed that nurses in Saudi Arabia have limited levels of autonomy (Hibbert et al. 2012) and accountability (Almutairi, 2015). Nurses are not asked for their opinion in terms of anticipated changes in patient conditions but rather act when the situation will occur. Although most of the time nurses will try to communicate with the primary care provider, it is seldom acknowledged. Further, due to the lack of a regulating body specific for the nursing profession. The roles and responsibilities of nurses are drawn from different institutions and in other countries. According to Hibbert and co-researchers (2012) the role of a nurse is not well accepted in the medical community in Saudi Arabia. Moreover, autonomy and accountability in a collegial relationship with the physician are still wide open for discussions. Until

now nurses are routinely considered as coordinators following physicians' orders (Hibbert et al. 2012).

Professional Development

According to Osei and co-researchers (2019) professional development offers nurses to improve their knowledge, skills, and performance. This statement is consistent with the findings of this study as almost all the respondents view professional development as of vital for their growth. Moreover, it may be attributed to the number of millennial nurses in the study who were known to have high regard for their professional growth (Cabral, 2016). The study found that respondent's perception of their quality in performing activities under professional development subcategory is being performed almost very well. This is evident with the total mean score of $M=3.43$, $SD=.50$. The professional development subcategory received the highest means scores in all items with a range of 0.21. This means that nurses are assuming new responsibilities according to their capabilities and take advantage of any professional training and learning opportunities. The minimum mean score of $M=3.32$, $SD=.67$, and a maximum mean score of $M=3.53$, $SD=.65$. The minimum mean score in this subcategory is consistent with how nurses are being viewed in the healthcare system of Saudi Arabia. According to Hibbert et. al (2012), the role of a nurse is not well accepted in the medical community in Saudi Arabia. Moreover, autonomy and accountability in a collegial relationship with the physician are also not common. Most of the nurse's role is to carry out orders from the physician. Hence, nursing independent roles are not clearly established. Further, when nurses raise a

question for clarification some will view this as aggressive behavior and might reprimand nurses of insubordination.

The maximum mean score $M=3.53$, $SD=.66$ is significantly high. This indicates that nurses accept responsibility for their own actions. This may be attributed to the strict compliance of “no-blame culture” created by the institution. The no-blame culture though considered to still be a very young concept in the institution is one of the driving forces for all health care providers to be very cautious when they order and carry out orders. This is supported by Radzi (2016), patient safety is crucial, finding the right balance between “no blame” and individual accountability can significantly save lives. Further, the studied hospital liaised with the local and international organizations to send nurses to train for various courses such as advanced life support, pediatric advanced life support, neonatal resuscitation program, Canadian triage acuity score training, advanced trauma life support, wound care course, critical care courses and basic and advanced obstetrics life support. Moreover, the studied hospital also sends Saudi nurses to study abroad (United Kingdom, Australia, and Canada) free of all expenses.

Table 5. Job Satisfaction Among Nurses in a Secondary Hospital in Riyadh Saudi Arabia. (n=168)

Item No.	Question	Mean	Standard Deviation
Intrinsic			
1	My job gives me a lot of satisfaction	3.77	.83
2	My job is very meaningful for me	4.10	.87
3	I am enthusiastic about my present work	3.78	.87
4	My work gives me an opportunity to show what I'm worth	3.79	.88
5	In the last year, my work has grown more interesting	3.67	.95
6	It's worthwhile to make an effort in my job	3.83	.92
Over all mean score		3.82	.73
Extrinsic			
7	I have enough time to deliver good care to patients	3.86	.78

8	I have enough opportunity to discuss patient problems with colleagues	3.68	.87
9	I have enough support from colleagues	3.92	.80
10	I function well on a busy ward	3.82	.94
11	I feel able to learn on the job	4.07	.79
12	I do not feel isolated from my colleagues at work	4.06	.81
13	I feel confident as a clinician	3.73	1.05
Over all mean score		3.88	.57
Relational			
14	It's possible for me to make friends among my colleagues	4.18	.83
15	I like my colleagues	4.11	.81
16	I feel that I belong to a team	4.13	.84
17	I feel that my colleagues like me	3.99	.88
Over all mean score		4.10	.78
Total Job Satisfaction		3.91	.59

Table 5 depicts the perceived job satisfaction among nurses in a secondary hospital in Riyadh Saudi Arabia. In this study the job satisfaction of the respondents was measured in three domains (intrinsic = which are personal factors, extrinsic=which are workplace factors and relational= which are colleague factors).

A higher mean score indicates high job satisfaction among nurses. Overall, the nurses agree that they are satisfied with their job since their grand mean score is 3.91 –which is above the arbitrary neutral point. The mean scores of the nurses per domain show they agree on being satisfied with their nursing job (all mean scored per domain are above the arbitrary neutral point). This may be attributed to the following reasons: Personal factors such as the age, and sex of the respondents. In the study, female respondents outnumbered male respondents. In Saudi Arabia, the patient prefers female nurses to take care of them compared to male nurses. This is because of the socio-traditional values of Saudis (Jackson and Gary, 1991). Furthermore, the generational cohort of nurses may influence the satisfaction of the respondents.

Millennial nurses are more confident when delivering care to the patients, primarily because the studied hospital uses an electronic health record system. Millennial nurses are tech-savvy (Makoka, 2005) and can carry out orders instantaneously with the help of technology. On the other hand, generation X nurses are more self-reliant (Cabral, 2016) and work alone and may have technological issues when combining nursing care and technology.

Intrinsic Domain

This domain was measured by six items. Respondents are being asked, “How much they enjoy their job”. An overall mean score in the intrinsic domain is $M=3.82$, $SD=.73$ which means that respondents are satisfied – which is near 4 – agree/satisfied. Overall, respondents are happy and contented at their current job. Examples of respondents who filled out the comment box section express their satisfaction regarding how much they enjoy their job. *“I love what I am doing, seeing sick people recover under my care”, another comment stated, “Nursing profession helped me understand my purpose in life, and that is to care for the sick people”*. The statements are very much consistent with the result. The maximum score recorded in the intrinsic domain is $M= 4.10$ which means that respondents see their job very meaningful. This may be attributed to the generational cohort composed in this study. Generation X = 13 and Millennial =155, thus each has its own set of values and expectations toward work ethics. Millennials are resilient and have a can-do-attitude approach. (Hahn, 2011; Cabral 2016). They remained committed and loyal to jobs that offers variety and opportunity to grow (Mokoka, 2015). Generation X nurses are more independent, self-directed, and prefer to work alone. They value rewards through promotion and extra pay off (Cabral, 2016).

Furthermore, Fairbrother and co- researchers (2010) believe that a high score in this domain suggests that respondents can demonstrate the personal worth and linked with the nature of the operational environment and its capability to bring on the opportunity.

Extrinsic

This domain was measured by seven items. The total mean score is $M=3.88$; $SD=.57$ which indicates that respondents are satisfied – which is near 4 – agree/satisfied. Fairbrother and co-researchers (2010) considered the statements under this domain as a reflection of job satisfaction due to the fact that it is extrinsic in nature. It talks about workload, the model of care, and the ability to cope with the ever-changing healthcare system. Furthermore, the domain talks about reflective activity and an opportunity to learn and to grow personally and professionally. The maximum mean score recorded in this domain is $M=4.07$, “I feel able to learn on my job”. This result may be attributed to the generation cohort of nurses. Millennial nurses tend to be loyal to their job (Mokoka, 2015) and has a can-do attitude (Cabral, 2016). Furthermore, millennial nurses work towards achieving something higher or better (Mokoka, 2015). However, the minimum mean score recorded in this domain is $M=3.68$ “I have enough opportunity to discuss patient problems with colleagues”. This may attribute to the reasons that nurses were routinely considered as coordinators following physicians’ orders (Hibbert et al., 2012) and it is in rarity they are being asked for their inputs in the care plan. This may be reflected in two of the statements made by the respondents, “No one listens when you raise something”, another comment says, “We are treated as housemaids just to follow orders and some physicians looked us down”.

Relational

The average score among the nurses in this domain is $M=4.10$; $SD=.78$. This indicates that the nurses agree that they are satisfied with relationships at work. Fairbrother and co-researchers (2010) believe that nurses who scored high in the relational domain signify that there is a good professional relationship in the clinical setting. Furthermore, the small standard deviation indicates a small variation of scores between nurses. This may mean that majority of the respondents indicated satisfaction about interpersonal relations. Goyal (2013) identified that interpersonal skills can be helpful in comprehending the complexities of how to bring an overall balance in life and the workplace. This may be attributed to the background of the respondents in terms of race, age, and sex. Most of the respondents came from different countries, a heavily numbered nationalities came from the Philippines, Saudi Arabia, and South Africa. Filipino nurses were profoundly belonging to the millennial group. Cabral (2016) mentioned that millennial group value teamwork, and communication. Furthermore, they are tech-savvy which they can relate to the Saudi Arabian nurses which also belongs to the millennial cohorts of nurses. South African nurses were predominantly belonging to the generation X cohorts of nurses and may relate life experience and commonalities with fellow South African nurses. In general, nurses have a good working relationship. The minimum mean score in the relational domain is $M= 3.99$ "I feel that my colleagues like me". The result may be attributed to heavily diverse staffing. Two of the statements made by the respondents: "I feel my coworkers don't like me, they talk Tagalog if I am near them and then they will start to laugh". Another comment says "Some staff is favored than others because they are of

the same nationality as the manager". Lyons (2019) believes that diversity in the workforce must be in place to cater to a diverse customer. However, it is equally important to educate and include (inclusivity) everyone to share the same goals, improve outcomes, and minimize workplace conflicts.

Using Chi-square tests, we determine whether there is a significant association between the two variables at 5% level of significance. (per profile)

Table 6. Relationship of Nursing Performance (SDSNP) and selected profiles

(n=168)

Nursing Performance Dimension* Demographi c profile	Leadership	p value	Critical Care	p value	Teaching/ Collaboration	p value	Planning and Evaluati on	p value	Interpersonal relations/Com munications	p value	Professional Development	p value
Sex	8.55	.663	18.68	.229	17.00	.931	11.27	.665	22.27	.384	15.92	.774
Age Group	6.35	.849	12.32	.665	14.47	.976	11.08	.680	13.03	.907	16.16	.761
Years of Experience	40.99	.601	62.73	.380	100.80	.676	49.26	.726	80.10	.600	77.24	.686
Area	97.05	.990	189.73	.295	316.83	.602	144.96	.900	214.34	.959	239.56	.703

**Coefficients (p-values) of the Chi-square Tests*

Table 6 illustrates the relationship of nursing performance based on the six dimensions of nursing performance and the selected profiles based on sex, age group, years of experience, and area of assignment. At **5%** level of significance, we do not reject the null hypothesis. There is insufficient evidence to conclude that each demographic profile tested (sex, age group, years of experience, area) and the dimensions of nursing performance of nurses have a significant relationship. The result may be attributed to the following factors: Years of experience of the respondents shows that the average length of experience is between 6- 10 years. Expertise influences the nurse's clinical judgment and quality of care. According to Benner (1982), the nurse should develop their experience to refine both scientific knowledge and quality of care. In Benner's novice to expert model, 6-10 years of experience can easily fit in between proficient and expert stage. Nurses in this stage perceive and understands situations as a whole part and more holistic understanding to improve decision -making. Further, nurses know what to expect in certain situations and have the machinery to modify, alter, or maximize plans (Benner, 1982). Thus, a non-association exists because respondents already acquired experience, exposure, and expertise. Furthermore, most of the respondents belong to the millennial cohort

of nurses. Cabral (2006) describes millennials as resilient, approaching work with a can-do attitude, and embraces teamwork with solid trust in authority. Furthermore, millennials value interpersonal communication and professional advancement. It has been established that millennials are loyal to their work and strive to do better each and every time (Mokoka, 2015) but if proven not worthy they will leave the job. Thus, these characteristics differ from Generation X nurses who are more struggling with autonomy, a shared governance advocate, and has a quest for work and life balance (Mokoka, 2015). As mentioned in the previous section the rotational allocation of each staff who completed one year in the institution to a leadership role; Staff who completed two years in the institution will be assigned as a preceptor to new staff nurses or nurse interns provided, they completed the preceptorship workshop are some of the measures made by the studied hospital to empower and expose staff to leadership skills. Similarly, Hozni and co-researchers (2019) believes that special training courses and leadership projects are the most essential learning tools for clinical leadership competency. Thus, these prior exposures to leadership competency can lead to a more experienced staff. Furthermore, Billings and Halstead (2016) mentioned that the mastery of skill is a foundational for high quality, safe critical care nursing practice. They added that the use of procedural skills training will allow staff to practice skills in a safe, simulated environment, make mistakes and receive feedback to improve performance, in which respondents of this study are well exposed. Moreover, most of the respondents are coming from critical care units. Emergency Department (ED) which comprises of 45 (26.8%) of the total respondents. It is followed by Neonatal Intensive Care Unit, and Adult Intensive Care Unit which comprises 16 (9.5%), and 12 (7.1%) respectively, and third of the total respondents

came from Pediatric Intensive Care Units 10 (6.0%). Thus, they received critical care training and exposed to critically ill patients.

Using Chi-square tests, we determine whether there is a significant association between the two variables at 5% level of significance. (per profile)

Table 7. Relationship of Job Satisfaction (SDSNP) and selected profiles (*n=168*)

Job satisfaction* Demographic profile	Intrinsic	p value	Extrinsic	p value	Relational	p value	Total Job Satisfaction	p value
Sex	26.29	.093	22.79	.247	21.19	.048	38.64	.486
Age group	17.23	.507	17.28	.571	5.87	.922	31.72	.790
Years of Experience	67.89	.616	68.55	.716	37.63	.859	133.66	.902
Area	227.75	.278	235.53	.352	105.64	.993	423.68	.930
*Coefficients (p-values) of the Chi-square Tests								

Table 7, shows the relationship between job satisfaction based on three factors (intrinsic, extrinsic, and relational) and selected profiles based on sex, age group, years of experience and area of assignment. At 5% level of significance, we do not reject the null hypothesis. There is insufficient evidence to conclude that each demographic profile tested (sex, age group, years of experience, and area of assignment) and the job satisfaction (both the 3 subscales and overall) of nurses have a significant relationship. This may mean that these types of the demographic profile of nurses have no significant effect on the increase/decrease of their job satisfaction score. The similar results yielded in a study conducted Nabirye and co-researchers (2011) which reported no relationship between work experience/ years of experience and job satisfaction. The majority of the respondents were in the younger generation; it is worth noting that the number of respondents at the peak of their careers is relatively small. Hence, the result shows no relationship. We draw our comparisons with some of the previous studies. Garcia and co-researchers (2013), in their study

found out that the most satisfied professionals were the youngest and the oldest, both at the extreme ends of the age spectrum. This is consistent with the result of the study, that shows on average, generation X has an overall job satisfaction as follows (M=24.15, SD=3.00; M=28.31, SD=3.09). while millennial respondents (M=22.85, SD=4.48; M=27.06, SD=4.07) in intrinsic and extrinsic domains. Further, they have a higher average overall job satisfaction (M=68.69, SD=7.59; M= 66.32, SD=10.24) respectively (See Appendix B). This was also supported by the study conducted by Asegid et al., 2014; Lopez et al., 2011, That age 40 years old and above along with their nursing experience tend to be satisfied compared to the younger generation of nurses. This is also consistent with the findings of this study. Overall, 15-20 years of experience scored higher than the other groups in all domains and have a higher average overall job satisfaction score (M=69.57, SD=3.26).

However, an exemption would be a significant relationship between relational job satisfaction and sex. At 5% level of significance, there is sufficient evidence to conclude that relational job satisfaction and sex have a significant relationship. Appendix B shows that female respondents are more satisfied compared to male respondents in terms of relational factors (colleague factors) with an overall mean score of 21.19 and a p-value of **.048**. Further, the result of this study is congruent to the result of Watson-Subia (2019), also shows that female is more satisfied compared to male. Furthermore, women's higher satisfaction under relational factors may attribute to the following factors: 1. The study was conducted in a hospital inside a university that is exclusively for women. The majority of the patients the hospital is catering are coming from the university with approximately 40,000 population. 2. The majority of the nurses were females due to a conservative culture of Saudi Arabia.

Hence, females tend to have a smoother relationship with patients, and colleagues compared to male nurses.

Pearson's r correlation was used to determine the strength (from 0 as none to 1 as perfect correlation) and direction (positive meaning direct correlation; or negative meaning inverse correlation) of the association between the nursing performance and job satisfaction among nurses in a secondary hospital in Riyadh, Saudi Arabia.

Table 8. Relationship Nursing Performance (SDSNP) and Job Satisfaction (NWS)
(n=168)

Nursing Performance (By Dimension)	Overall Job satisfaction	
	r	p-value
Leadership	.059	.445
Critical Care	.059	.447
Teaching/Collaboration	.044	.573
Planning and Evaluation	.070	.367
Interpersonal relations/Communications	.106	.173
Professional Development	.208	.007

Table 8 describes the relationship between nursing performance and job satisfaction. At 5% level of significance there is evidence to conclude that there is no statistically significant correlation between overall job satisfaction and leadership (.059) p value=.445, critical care (.059) p value=.447, teaching (.044) p value= .573, planning & evaluation (.070) p value= .367 and communications (.106) p value= .173 of nurses. That means increases or decreases in the overall nursing job satisfaction of nurses do not significantly relate to increases or decreases in the aforementioned nursing performance subcategory. The result may be attributed to the demographic profile of the respondents in the study. In general, respondents already garnered 6-10 years of experience in the profession. Meaning, respondents can perform and execute well the skills or competencies. Further, the majority of generational cohorts are

millennials. (Cabral, 2016, Makoka, 2015) described the millennials as those who are loyal to the job and will strive to enhance and improve for the better.

This is in contrast to the findings of (Vermeier et al. 2017; Safarpour et al. 2018) where there is a positive association between communication/interpersonal relations and job satisfaction. Furthermore, according to the findings of Moura et al. (2017) there is a positive association between leadership performance and job satisfaction. He added that leadership must be experienced and performed to increase productivity. The result of the study may be due to that the institution where the study was conducted is relatively a new institution. Periodic training on specific leadership roles and assignments, a smaller number of patients who needed critical care, and a systematic way of communicating with other multidisciplinary teams can result in satisfactory performance regardless of their job satisfaction. Furthermore, key facets and motivators of job performance are not included and not tested in the survey given such as the salary scale, increments, and career succession.

However, there is sufficient evidence to conclude that there is a statistically significant correlation between overall job satisfaction and professional development (.208) p-value of **.007**. The Pearson's *r* correlation shows a weak uphill (positive) linear relationship between the overall job satisfaction and professional development of nurses. Increases in professional development are correlated with increases in job satisfaction. The finding is consistent with the previous study of Awases and co-researchers (2013) which explored the factors that affect the performances of nurses and the poor and lack of professional development programs.

Furthermore, Nejati and co-researchers (2016) believe that professional development can have a positive impact on the work performance of nurses and increase productivity and satisfaction. Moreover, a study conducted by Abushaikha

and co-researcher (2009) show that a lack of career advancement opportunities and unsupportive hospital policies and practices on Palestinian nurses contributed to their job dissatisfaction. The result of the study only implies that nurses after receiving and participating in continuous professional development practice what they have learned to increase their performance at the institution and thus improve the care to their patients. This result is been affirmed by Jariyati and Safril (2018) which showed that there is a moderation relationship between professional development and job performance among nurses in Indonesia. Furthermore, the generational cohort of millennials also contributed to the result as a more and more young generation of nurses is joining the studied hospital. Makoka (2015), added that the most important thing for millennials is skill development and succession plan, they take it seriously because they view their job as an achievement and an opportunity to be a trailblazer and have a meaningful work job.

CHAPTER V

CONCLUSION AND RECOMMENDATION

Findings on the relationship between nursing performance based on the six-dimension scale and job satisfaction showed that the age of the respondents is not correlated with the nursing performance and job satisfaction. Given the fact, the more than half of the respondents belong to the millennial group or the younger generation. Furthermore, years of experience and the area of assignment of the respondents do not have any relationship. This implies that none of the aforementioned variables has a direct effect on the increase or decrease of nursing performance and job satisfaction.

However, sex and job satisfaction were significantly related. It suggests that there is a difference between job satisfaction among the sex of the respondents. Women tend to be more satisfied compared to men. Moreover, the professional development subscale has also a positive correlation on the overall job satisfaction of the respondents. This connotes that staff who receives continuous professional development are more satisfied with their job compared to those who do not.

Conclusion

The following conclusion was made based on the findings of this study:

1. Generally, nurses in a secondary hospital in Riyadh Saudi Arabia have a higher nursing performance. This is evident by the high scores in each of the tested subscales of nursing performance (leadership, critical care, teaching/collaboration, interrelation/communications, planning and evaluation, and professional development).
2. Generally, nurses in a secondary hospital in Riyadh Saudi Arabia have higher job satisfaction, this is based on the high scores they rated (intrinsic, extrinsic, and relational).

3. Perceived relationship of job satisfaction and socio-demographic profiles such as age, area of assignment, and years of experience showed no relationship among nurses in terms of their job satisfaction.
4. Similarly, the perceived relationship of nursing performance and socio-demographic profiles such as sex, age, area of assignment, and years of experience showed no relationship among nurses in terms of their nursing performance.
5. Sex (gender) is positively associated with the relational factor of job satisfaction among nurses. Where females are more satisfied than male nurses.
6. Perceived relationship of overall job satisfaction and nursing performance (leadership, critical care, inter relation/communication, planning and evaluation, teaching and collaboration) showed no relationship among nurses.
7. Professional development is positively associated with the overall job satisfaction among nurses in a secondary hospital in Saudi Arabia.

Recommendations:

In light with the findings of the study the researcher recommends the following:

1. For the clinical staff nurses, to receive training that will improve their performances (leadership, critical care, teaching and collaboration, planning/evaluating, professional development, interpersonal relations/communications).
2. The result of this study will serve as a baseline data that will guide the nursing administration and nurse leaders of the institution to devise sustainable and achievable strategies to improve the nursing performance of clinical staff nurses in terms of the following competencies: leadership, critical care, inter relation/communication, planning and evaluation, teaching and collaboration.

With its finding, it is highly recommended that the institution must conduct a periodic assessment to gauge the performance of the nurses.

3. Reflecting on the findings the institution must create a program that will improve the satisfaction rate of the clinical staff nurses, decrease turnover rate and increase the retention rate. A practical and easy to carry out programs will be beneficial to all nurses in the institution.
4. Support system and well-organized succession plan for clinical non-Saudi and Saudi nurses. This will enhance the performance of nurses and improve retention rate due to increase satisfaction among nurses.
5. Collaborating with different training partners inside and outside the institution. To facilitate the training needs of the clinical staff nurses.
6. Team up with local and international accreditation bodies and facilitate a meaningful recognition in the institution, rewards and incentives for exemplary performance of the clinical staff nurses.

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Appendices

Appendix A Mean and Standard Deviation Nursing Performance and Selected Profiles

Sex	Leadership	SD	Critical Care	SD	Teaching/ Collaboration	SD	Planning and Evaluation	SD	Interpersonal Relations	SD	Professional Development	SD
Male	16.85	2.66	23.18	3.41	35.44	5.57	22.90	3.90	40.74	5.27	34.82	4.90
Female	16.46	2.56	22.60	3.53	34.26	5.80	22.95	3.40	40.34	4.99	34.19	5.07
Age Group												
Gen X	18.08	1.89	25.07	2.39	36.85	4.65	24.54	3.07	41.85	4.49	36.85	3.71
Millennial	16.42	2.60	22.54	3.51	34.34	5.80	22.8	3.52	40.32	5.09	34.13	5.07
Years of Experience												
0-5 years	15.21	2.58	21.41	3.52	32.28	5.73	21.10	4.06	38.21	5.63	31.62	6.15
6-10 years	16.58	2.56	22.58	3.66	34.41	5.89	22.90	3.34	40.49	4.94	34.47	4.76
11-15 years	17.13	2.40	23.6	2.53	36.17	4.87	24.13	2.91	41.73	4.40	35.37	4.08
15-20 years	18.71	1.38	26.43	2.23	38.57	4.23	25.71	2.63	44.14	3.80	38.29	1.89
Greater than 20 years	17.25	2.06	23.25	1.71	34.75	5.91	23.25	3.30	39	4.08	36.25	5.19
Area												
Pediatric Intensive care Unit	17.4	2.37	24.7	3.59	37.7	5.29	24.6	3.86	41.7	3.68	35.3	7.36
Adult Intensive care Unit	17.5	2.91	24.5	2.07	35.08	4.85	23.5	3.40	40.75	4.81	35.67	4.25
Emergency Department	16.31	2.78	22.51	3.60	33.24	7.33	22.2	4.06	40	6.01	34.44	5.16
L&D and Cesarean	16.6	2.01	22.1	3.21	34.7	2.91	22.4	2.63	40.8	4.10	35.3	4.69
Women's health ward	16.46	2.04	22.17	2.30	34.83	4.42	23.25	2.57	39.67	4.17	33.25	3.82
Pediatric ward	16.3	2.58	24	2.75	35.4	6.04	23.9	2.77	41.5	4.01	35.3	2.87
Surgical Ward	16.22	2.87	21.56	5.05	34.44	5.98	22.44	3.78	41.89	5.71	34.22	5.56
Medical Ward	16.79	2.55	22	3.94	34.29	5.27	22.93	3.65	39.64	5.31	32.71	7.65
Post Anesthesia Care unit	16.75	2.82	21.38	4.10	33.25	3.45	22.25	2.19	39.25	4.47	34.25	4.46
Neonatal Intensive care unit	15.81	3.02	23.13	4.05	35.25	5.93	22.94	4.02	40.13	5.97	33.06	5.05
Endoscopy Unit	17.33	2.80	23.5	2.88	35.5	5.68	22.83	4.62	42.83	4.75	36.83	1.72
Day care surgery unit	16.33	3.21	22.33	6.03	34.33	8.96	24	2.65	43.33	3.51	36	2.65
Cardio Oncology	17		22		35		28		40		36	

(n=168)

Appendix B

Mean and Standard Deviation Job Satisfaction and Selected Profiles (n=168)

Demographic Profile		Intrinsic	SD	Extrinsic	SD	Relational	SD	Overall	SD
Sex	M	22.21	4.87	26.54	4.47	16.21	3.19	64.95	11.26
	F	23.17	4.23	27.34	3.86	16.47	3.09	66.98	9.66
Age Group	Gen X	24.15	3.00	28.31	3.09	16.23	2.49	68.69	7.59
	Millennial	22.85	4.48	27.06	4.07	16.42	3.16	66.32	10.24
Years of Experience	0-5 years	22.38	4.65	27.07	4.79	16.14	3.31	65.59	10.84
	6-10 years	22.85	4.35	26.94	3.95	16.28	3.22	66.06	10.20
	11-15 years	23.2	4.72	27.5	3.68	17.13	2.62	67.83	9.59
	15-20 years	24.71	2.06	28.57	1.13	16.29	1.70	69.57	3.26
	Greater than 20 years	24.5	4.65	28	5.94	16.25	4.35	68.75	14.15
Area									
Pediatric Intensive care Unit		22.60	3.27	24.60	(3.41)	16.70	(2.45)	63.90	(7.65)
Adult Intensive care Unit		22.25	4.24	26.83	4.61)	15.83	(2.86)	64.92	10.66)
Emergency Department		22.02	4.08	26.53	(4.00)	16.22	(3.26)	64.78	(9.32)
Labor and Delivery Unit and Cesarean		23.5	2.64	27.9	2.38	16.6	2.37	68	5.10
Women's health ward		21.63	5.27	26.08	4.98	16.04	3.22	63.75	11.89
Pediatric ward		23.6	3.06	28	3.13	17.2	2.48	68.8	6.99
Surgical Ward		24.11	2.80	27.89	3.18	16.78	2.73	68.78	7.61
Medical Ward		20.79	5.29	25.36	3.95	14.36	4.18	60.5	12.69
Post Anesthesia Care unit		27.75	2.87	30.75	2.66	18.25	1.91	76.75	7.05
Neonatal Intensive care unit		24.06	4.39	28.69	2.63	16.75	2.67	69.5	8.38
Endoscopy Unit		27.67	3.83	30.17	2.79	18.17	4.02	76	9.23
Day care surgery unit		25.67	3.78	32	3.00	18.33	2.87	76	8.54
Cardio Oncology		23.00		27.00		16.00		66.00	

Appendix C

Respondent's Comments and Answers

1. What's the best thing about your job; and 2. What's the worst thing about your work? (Based on three domains of Nursing Workplace Satisfaction: Intrinsic, Extrinsic and Relational)

What's the best thing about your job?		
Intrinsic	Extrinsic	Relational
Seeing sick people recover under my care	The clinical competencies among diverse culture of patients	The team work in our unit is the best
Learning experience	Salary is very competitive	Overcoming obstacles with my colleagues in the unit
Able to provide service and care to the sick people	Career growth	Being appreciated by colleagues and patients
Making a child smile	Offering free workshops and professional development programs	Best part of my job are my friends
Acting as an advocate for patients	Workload not heavy	Positive feedback from my patients and family
Able to practice my profession	Patient satisfaction	I learned my mistakes from my concerned senior nurses
		Open communication in the unit
What's the worst thing about your job?		
Intrinsic	Extrinsic	Relational
Being far from my family	Poor compensation for overtime	Language barrier
Away from my country	Stressful environment due to never ending flow process	Treated like housemaids and some physicians will looked us down
	Nursing leaders that are not open for suggestions	Gossiping in the unit
	Poor management style in nursing administration as a whole	Colleagues that has ulterior motives
	Unrecognized staff	Rude patient and family
	No supporting aides (Nursing aide or Porters)	
	Lengthy huddles and meetings "Cut the long huddles "	
	Lack of staff	
	Too much non nursing tasks	
	Staff movement	
	Poor leadership, leaders who don't own up, and favoritism in the unit	
	Lack of supplies/consumables	
	Some staff are favored over others just because they have the same nationality with the manager	

Appendix D
Letter of Permission to use the SDSNP
(Six Dimension Scale for Nursing Performance)

Patricia Schwirian

Greetings!

I am very pleased to learn that you find the Six Dimension Scale of Nursing Performance (6-D Scale) useful in your forthcoming research. You certainly have my permission to use the 6-D Scale. You also have my permission to translate it as necessary. You may also wish to make some content changes to update the materials--especially in the Critical Care Subscale. You have my permission to do so. However, please remember to document any changes you make and be sure to include the changes in any reports of your work. I have attached two items you should find useful. The first is the original Six Dimension Scale of Nursing Performance in the format that I used in my own research. The second is the original Nursing Research article describing the content and development of the 6-D. You will need it for scoring and interpreting the responses you receive.

Good luck with your forthcoming research project and best wishes for success in your future professional endeavors.

pms

Dear Dr. Patricia Schwirian:

My name is Rovin Ramirez a student of the University of the Philippines Open University and currently on my third year as a Master of Arts in Nursing student. I am working on my thesis proposal about the Effects of Preceptorship in the level of confidence and Performance of Nurses in the Middle East. I have encountered your Tool the SIX DIMENSION SCALE OF NURSING PERFORMANCE and I wish to utilize it for my study. The main reason for this email is to ask for permission from you to use this tool as part of my study.

Hoping for your kind consideration.

Respectfully,

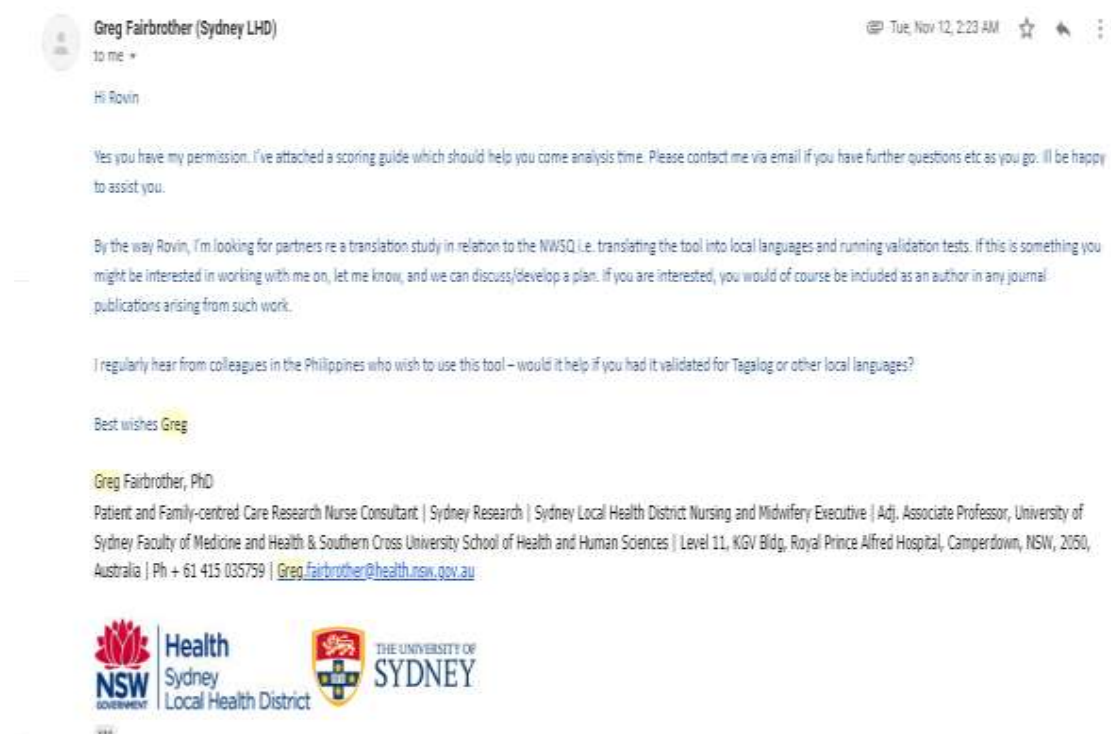
Rovin B. Ramirez
UPOU Student

3 Attachments



Appendix E
Letter of Permission to use the Nursing Workplace Satisfaction Questionnaire
(Nursing Workplace Satisfaction Questionnaire)

Greg Fairbrother



Appendix F University Institutional Review Board (IRB) Approval

Kingdom of Saudi Arabia Ministry of Education Princess Nourah bint Abdulrahman University (048) University Vice Rectorate for Graduate Studies and Scientific Research		المملكة العربية السعودية وزارة التعليم جامعة الأميرة نورة بنت عبد الرحمن (٤٨) وكالة الجامعة للدراسات العليا والبحث العلمي مجلس المراجعة المؤسسي
Institutional Review Board		
IRB Registration Number with KACST, KSA:		H-01-R-059
January 13, 2020 IRB Log Number: 20-0015 Project Title: Nursing Performance and Job Satisfaction Among Nurses in a Secondary Hospital in Riyadh, Saudi Arabia Category of Approval: EXEMPT		
Dear Rovin Ramirez,		
Thank you for submitting your proposal to the PNU Institutional Review Board. Your proposal was evaluated considering the national regulations that govern the protection of human subjects. The IRB has determined that your proposed project poses no more than minimal risk to the participants. Therefore, your proposal has been deemed EXEMPT from IRB review. Please note that this approval is from the research ethics perspective only. You will still need to get permission from the head of the department in PNU or an external institution to commence data collection. We are concerned that the completed questionnaire will be returned by email. This means that the researcher will know the identity of the research participants alongside their responses. Participants may not be open and frank if they know their identity will be known. Please devise a different method of returning the questionnaire and inform us within 2 weeks. Please note that the research must be conducted according to the proposal submitted to the PNU IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For <i>any</i> proposed changes in your research protocol, please submit a Request for Modification form to the PNU IRB. Please be aware that changes to the research protocol may prevent the research from qualifying for exempt review and require submission of a new IRB application or other materials to the PNU IRB. In addition, if an unexpected situation or adverse event happens during your investigation, please notify the PNU IRB as soon as possible. If notified, we will ask for a complete explanation of the event and your response. Please be advised that regulations require that you submit a progress report on your research every 6 months. Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. You are also required to submit any manuscript resulting from this research for approval by IRB before submission to journals for publication. We wish you well as you proceed with the study. Should you have additional questions or require clarification of the contents of this letter, please contact me. Sincerely Yours, Prof. Omar H. Kasule Sr. Chairman, Institutional Review Board (IRB) Princess Nourah bin Abdulrahman University, Riyadh, KSA Tel: +966 548867916 E-mail: irb@pnu.edu.sa		
الرقم: _____ التاريخ: _____ الملاحظات: _____		

Appendix G
UPOU ERB Approval



UNIVERSITY OF THE PHILIPPINES
OPEN UNIVERSITY

Office of the Vice Chancellor for Academic Affairs

5 February 2020

ASST. PROF. QUEENIE RIDULME
Program Chair
Master of Arts in Nursing
Faculty of Management and Development Studies
UP Open University
Los Baños, Laguna

Dear Asst. Prof. Ridulme:

The UPOU Research and Publications Committee as per the endorsement of Ms. Ma. Cecilia E. Punzalan and Dr. Josephine D. Agapito who served as Ethical Reviewers for the thesis proposal of one UPOU Master of Arts in Nursing student whose name is indicated below is recommending the following action:

Rovin B. Ramirez: "Nursing Performance and Job Satisfaction among Nurses in Secondary Hospital in Riyadh, Saudi Arabia"

ACTION: Passed the ethical review and can proceed with her research but have to revise according to the comments made by the reviewers

May we request you to disseminate the said information to the concerned student.

Thank you.

Truly yours,

MELINDA F. LUMANTA
Vice Chancellor and Chair
Research and Publications Committee

Appendix H Research Approval at KAAUH

مستشفى الملك عبدالعزيز بن عبدالعزيز
King Abdullah bin Abdulaziz University Hospital



Appendix A

Research Approval Form at KAAUH

- Please complete electronically, complete signatories and submit to ATA-Research@kaauh.edu.sa
- Attach a copy of Research Proposal
- Attach a copy of IRB Approval
- Attach a copy of Institute / Collage approval letter (for PNU & external researchers)

Application Number (filled by the Research Office)	RO-2020-K-001	Date	16/1/2020
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Personal Information

Name	ROVIN B RAMIREZ	Email	ramirezrovin19882@gmail.com/ rbramirez@kaauh.edu.sa
Contact Number(s)		Affiliation (Institute / Department)	Internal - KAAUH
National ID	2377660481		Nursing Affairs

Project Information

Level of Research	Master's Degree Other:		
Title of Research Project	Nursing Performance and Job Satisfaction Among Nurses in Secondary Hospital in Riyadh Saudi Arabia		
IRB Log Number			
Type of Research	☐ Clinical trials ☐ human studies ☐ Systemic reviews ☐ meta-analyses ☐ lab studies ☐ observational studies ☐ Case control study ☐ Retrospective study ☐ Prospective study ☐ Case Reports Other: <u>Descriptive Correlational</u>		
Study Start Date	19 November 2019	Study Completion Date	30 April 2020
Principle Investigator (PI)	Rovin Ramirez	Co- Investigator(s) (Co-PI)	
Supervisor at KAAUH (for PNU & External Researchers)	Not Applicable		
Department(s) to be conducted in	Nursing Department		
Funding/ Grant Source	Not Applicable		
The Project involves the following (please select all that apply)	☒ Humans ☐ Clinical Study Drug ☐ Clinical Study Device ☐ Animals ☐ Biohazardous Materials ☐ Radioactive Materials Other:		
Research Requirement	Stratification of the sample will be carried out in order to provide the best generalizability. It would allow the researcher to increase precision by grouping the sample into categories or by units. The researcher of the study aims to divide into groups of strata based on the specific categories. (1) All nurses who worked in clinical in-patients' areas. (2) Unit Assignment (Medical Ward, Surgical Ward, Pediatric Ward, Women's Health Ward, Labor and Delivery, Adult Intensive Care Unit, Pediatric Intensive Care Unit, Emergency Department, Post Anesthesia Care Unit, Interventional OR, Cesarean Operating Room and Main Operating Room) and then (3) Take the total number of staff in each unit provided they are suitable in the inclusion criteria established in this study. The setting of the study has an approximately three hundred fifty staff nurses working in various units. It is located inside one of the biggest women's university that houses approximately 40,000 students. The University hospital focusses on the three main pillars of the institution and these are the following: Women's health, Adolescent, Child growth and development. The University hospital has 400 diverse staff nurses. Majority of the nurses are Saudi, Filipino, South African, Jordanian, Kosovar, Malaysian, Indian and Tunisian.		



Appendix A

	A written permission from the institution and an approval from the Institutional Review Board of the University will be secured before conducting the study. A list of the in-patient and special unit nurses will be requested from the Nursing Liaison Officer. The researcher will explain the study to the unit level during unit meetings and unit morning huddles because this time is the best time to gather most of the staff nurses in one sitting as important announcements are being announced during this time. The explanation includes the purpose of the study, voluntary participation, and obtaining the informed consent. Once approved, each participant will be asked to answer the two (2) survey questionnaire, assigned a code number to ensure anonymity and confidentiality. An informed consent will be attached with the introduction letter, and explanation of the study's purpose will be emailed to the qualified participants. Survey questionnaires must be sent back to the institutional email address within four weeks. Fulfilled questionnaires will be stored in a safe file and will only be accessible for the researcher. The Six-dimension Scale of Nursing Performance (SDNS) is a 52-item inventory rated on a 4-point Likert scale formulated by Patricia Schwirian (1978). It is a standardized tool and will be used to measure nurse's performance. The questionnaire consists of Six subscales which will be used to analyze the performance of the nurses. (1) Interpersonal relations/communications (2) Leadership (3) Critical care (4) Teaching/collaboration (5) Planning/ evaluation (6) Professional development (Schwirian, 1978). A total of 52 questions will be answered by the respondents for this questionnaire. The measure reliability for each of the Six dimension was Cronbach's alpha. The alpha coefficients range in value from a low of .844 for leadership subscale to .978 for professional development self-subscale. The uniformly high reliability values of the Six-dimension subscales attest to their potential utility for assessing nursing performance. Scores will be interpreted by individual dimensions. A respondent's scale score should not be lowered because his or her job situation did not require the performance of all the behaviors in the scale. Furthermore, the goal was to calculate a subscale performance score that reflected the level of performance of those scale behaviors on which the nurse was evaluated by her or himself (Schwirian, 1978). Nursing Workplace Satisfaction Questionnaire (NWSQ) was devised by project group of nurses who seeks for a simpler and suitable job satisfaction measurement tool. This tool has a one-page, 14 tool that was developed after a thorough review of the existing tools. This tool has three domains (1) intrinsic (2) extrinsic (3) relational job satisfaction (Fairbrother, Jones and Rivas, 2010). Exploratory factor analysis confirmed the validity of this tool (n=200 response). Moreover, the internal consistency analysis for a larger sample yielded a high Cronbach's alpha values. Scores will be interpreted by individual domain. Demographic data will also be collected including the age, years of experience, assigned units and gender. Approval for the involvement of human subjects will be obtained from the University of the Philippines review board and the Institutional Review Board of the setting prior to the initiation of the study. Once a written approval from the IRB has obtained, a list of all clinical staff nurses and special areas will be retrieved from the Nursing Liaison Officer. A master list of potential participants will be kept in a spread sheet with assigned code to ensure confidentiality and stored in the external drive and kept in a safety box. Only the primary researcher can access the safety box. Eligibility was determined using the inclusion and exclusion criteria of the sample. Participants will be educated and informed comprehensively with their rights to participate with the study without coercion. Hence, an email will be sent to all qualified clinical nurses in the institution. Furthermore, the result will be shown in a group data and not individually. The data must remain intact and secured for the span of four months after data collection. Confidential information must be protected from unauthorized access and for legal and ethical reasons the information must be securely destroyed or erased.
--	---

Investigators' Statement

By signing below, I confirm that I will use no research instruments and/or instructional materials including standardized tests, surveys, questionnaires, interview questions, observation protocols, etc. in the implementation of my research study other than those I have submitted to the Research & Academic Accreditation Compliance Office of ATA/KAAUH. I confirm that in the event I want to modify any aspect of this study, I will submit the modification(s) to the office for review and approval before implementation begins. Confidentiality, dignity and ethical rights for all participants should be strictly guaranteed. By signing below, I confirm that King Abdullah Bin Abdulaziz University Hospital will be identified in any reports, publications, or/and presentations about this study. I agree to provide a copy of the completed study to the Research & Academic Accreditation Compliance Office at KAAUH.		
Name Rovin B. Ramirez	Signature	Date 1/9/2020



Appendix A Confidentiality / Non-disclosure agreement

By signing below, I acknowledge to:

- Keep all patients/ research/ hospital information shared with me **confidential and secure** by not discussing or sharing in any form or format (e.g. verbally, disks, tapes, transcripts, etc.) with anyone other than the participating researcher(s).
- **Return** all patients/ research/ hospital information in any form or format to the Researcher(s) when I have completed the research tasks.

Name	Signature	Date
Rovin B. Ramirez		1/9/2020

Approvals

Department Research Committee	☒ Approved ☐ Not Approved	
Health Information Management Department (for studies that requires patients' data collection)	☐ Approved ☐ Not Approved	
Research & Academic Accreditation Compliance office Review	☒ Complete ☐ Not Complete	Maha Abdulrahim

Checklist

- ☐ Complete IRB forms
- ☐ Complete online research training
- ☐ Complete Research Approval form
 - ☐ IRB Approval
 - ☐ Institute / Collage approval letter (for PNU & external researchers)
 - ☐ Department Research Committee Approval
 - ☐ HIM Approval (for studies that requires patients' data collection)
 - ☐ Proposal
 - ☐ National ID and duration of the study to get KAAUH ID & account
- ☐ Submit to Research Office, ATA
- ☐ Clearance form after completing the study

Appendix I Consent Forms

Kingdom of Saudi Arabia
Ministry of Education
Princess Nourah Bint Abdulrahman University
(048)



المملكة العربية السعودية
وزارة التعليم
جامعة الأميرة نورة بنت عبد الرحمن
(٠٤٨)

CONSENT BY SUBJECT FOR PARTICIPATION IN RESEARCH

أقرار بالموافقة على المشاركة في دراسة بحثية

CONSENT BY SUBJECT FOR PARTICIPATION IN RESEARCH

موافقة للمشاركة في البحث

Protocol Number: 20-0015

رقم الدراسة

Name of Subject:

اسم المشارك

N/A

Medical Record Number: N/A

رقم السجل الطبي

Study Title: Nursing Performance and Job Satisfaction Among Nurses in a Secondary Hospital in Riyadh, Saudi Arabia

عنوان الدراسة

Principal Investigator: Rovin B. Ramirez

الباحث الرئيس

Address: King Abdullah Bin Abdulaziz University Hospital

العنوان

Telephone: 0593093967

رقم الهاتف

A member of the research team will explain what is involved in this study and how it will affect you. This consent form describes the study procedures, the risks and benefits of participation, and how your confidentiality will be maintained. Please take your time to ask questions and feel comfortable making a decision whether to participate or not. This process is called informed consent. If you decide to participate in this study, you will be asked to sign this form and will be given a copy for your records. Throughout this consent form, "you" will refer to you or your child, as appropriate.

سيشرح لك عضو من فريق البحث محتويات هذه الدراسة وتأثيرها عليك. و يصف هذا الإقرار إجراءات الدراسة ، والمخاطر والفوائد من المشاركة ، وكيفية الحفاظ على سرية المعلومات. الرجاء أخذ الوقت الكافي في طرح الأسئلة لكي تتخذ قرارك ما إذا كنت ستشارك أم لا. وهذه الموافقة تسمى الموافقة المستنيرة. إذا قررت المشاركة في هذه الدراسة ، سيطلب منك التوقيع على هذا الإقرار وستعطي نسخة لسجلاتك. وطوال هذا الإقرار اللفظ، "انت" سوف يشير إليك أو إلى طفلك ، حسب الاقتضاء.

WHY IS THIS STUDY BEING DONE?

The researcher is asking you to answer two questionnaires that will help in determining the relationship of nursing performance and job satisfaction among nurses

لماذا تجري هذه الدراسة؟

المشغولات:

143 هـ

التاريخ:

الرقم :

HOW MANY PEOPLE WILL TAKE PART IN THE STUDY? 300-350

- وكم عدد المشاركين في هذه الدراسة ؟

WHAT WILL HAPPEN IF I TAKE PART IN THIS STUDY? As research participants, you will be asked to respond to and complete the two survey questionnaires that will be provided to you, and return the survey questionnaire thru the institution's email within four (4) weeks.

ماذا سيحدث إذا شاركت في هذه الدراسة ؟

- Study location:
King Abdullah Bin Abdulaziz
University Hospital

موقع الدراسة .

WHAT IS EXPECTED OF ME DURING THE STUDY?

ما هو متوقع من خلال دراسة لي؟

As research participants, you will be asked to respond to and complete the two survey questionnaires that will be provided to you, and return the survey questionnaire thru the institution's email within four (4) weeks.

HOW LONG WILL I BE IN THE STUDY?

ما هي مدة المشاركة في هذه الدراسة؟

Data collection will run for 4 weeks.

CAN I STOP BEING IN THE STUDY?

هل أستطيع إنهاء المشاركة ؟

Yes. You can decide to stop at any time. Tell the study doctor if you are thinking about stopping or you've decided to stop. He or she will tell you how to stop your participation safely. No one will try to get you to change your mind.

نعم. يمكنك أن تقرر التوقف في أي وقت. فقط أخبر الطبيب إذا قررت التوقف. ليوضح لك كيفية إنهاء مشاركتك بأمان. لا أحد سيحاول علي تغيير رأيك.

ARE THERE RISKS IF I STOP BEING IN THE STUDY?

هل هناك مخاطر متوقعة إذا أنهيت المشاركة في الدراسة ؟

There are no anticipated risks if you stop your participation in this study.

المشروعات:

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التاريخ :

الرقم :

WHAT SIDE EFFECTS OR RISKS CAN I EXPECT FROM BEING IN THE STUDY?

There are no anticipated risks to your participation in this study. There is minimal discomfort for participants in this study. Specifically, you will be asked about self-reported nursing performance and job satisfaction. When you feel some discomfort at responding some questions, please feel free to ask to skip the question.

ما هي المخاطر أو الآثار الجانبية التي يمكن حدوثها من
جاء المشاركة في
الدراسة؟

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

This study will help create a program that will enhance and improve the nursing performance through bridging the gap and multi factors affecting the performance of the nurses. The organization and the policy-makers will be able to devise a program that will support the clinical needs and performance of its staff nurses alongside with the implementing the standards of care set by the accreditation bodies like the JCIA. In Addition, the staff nurses will benefit from study as they are the one who will receive the different training programs that will support their clinical needs. It will create a group of dynamic nurse professionals who will advocate for their patient's rights and equipped with clinical skills. Moreover, the patients will also benefit from the study as it will ensure a high-quality safe; and individualized care.

هل هناك فوائد من المشاركة في الدراسة ؟

WHAT OTHER OPTIONS ARE THERE?

Instead of being in this study, you have these options: **Not participate in the study**

ما هي الخيارات الأخرى ؟
لديك خيارات أخرى بدلا عن المشاركة في
الدراسة:

WHAT ARE THE COSTS OF TAKING

وما هي تكاليف المشاركة في الدراسة ؟

المشروعات:

التاريخ : / / 143 هـ

الرقم :

PART IN THE STUDY?

You will not be charged for any study activities.

لن تتحمل تكاليف أي من أنشطة الدراسة.
أو : صف أي تكاليف لهذا الموضوع

WILL I BE PAID FOR MY TAKING PART IN THIS STUDY?

☐ In return for your time, effort and travel expenses, you will be paid for taking part in this study.

☒ You will not be paid for taking part in this study.

هل سأقتضى اجر نظير المشاركة في هذه الدراسة ؟

في مقابل وقتك، جهدك ونفقات السفر سيدفع لك ، للمشاركة في هذه الدراسة.
أو، لن يكون هناك اجر.

WILL MY MEDICAL INFORMATION BE KEPT PRIVATE?

We will do our best to make sure that the personal information in your medical record is kept private. However, we cannot guarantee total privacy. Your personal information may be given out if required by law. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

هل سيتم الحفاظ علي المعلومات الطبية الخاصة بي بسرية ؟

سنبذل قصارى جهدنا للتأكد من أن المعلومات الشخصية في سجلك الطبي تحظى بالسرية. ومع ذلك ، لا يمكننا أن نضمن الخصوصية التامة. يمكن أن يفصح عن معلوماتك الشخصية إذا اقتضى الأمر وذلك بموجب القانون. لن يتم الإفصاح عن اسمك أو المعلومات الشخصية إذا تم نشر نتائج هذه الدراسة نشرت أو عرضت في الاجتماعات العلمية.

WHAT ARE MY RIGHTS IF I TAKE PART IN THIS STUDY?

Taking part in this study is your choice. You may choose either to take part or not to take part in the study. If you decide to take part in this study, you may leave the study at any time. There will be no penalty to you and you will not lose any of your regular benefits. Leaving the study will not affect your medical care.

ما هي حقوقي إذا وافقت علي المشاركة في هذه الدراسة ؟

WHO DO I CALL IF I HAVE QUESTIONS

بمن يمكنني الاتصال إذا كانت لدي أي أسئلة أو

المشغوعات:

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التاريخ :

الرقم :

OR PROBLEMS?

Before you agree to be in this study, you will talk to a study team member qualified to tell you about this study. You can ask questions about any aspect of the research. If you have further questions about the study, you may ask them at any time. You may call **Rovin Ramirez** at **0593093967**.

قبل أن توافق على المشاركة هذه الدراسة، ستتحدث إلى أحد أعضاء فريق دراسة المؤهلين ليخبرك عن هذه الدراسة. يمكنك أن تطرح الأسئلة حول أي جانب من جوانب البحث. إذا كان لديك المزيد من الأسئلة عن الدراسة، يمكنك السؤال في أي وقت. يمكنك الاتصال بالباحث الرئيس علي الرقم

CONSENT

Subject:

The research and procedures have been explained to me. I have been allowed to ask any questions I have at this time. I can ask any additional questions I may think of later. I may quit being in the study at any time without affecting my health care.

I will receive a signed copy of this consent form.

I agree to participate in this study. My agreement is voluntary. I do not have to sign this form if I do not want to be part of this research study.

Subject Signature
Date
Time (AM ☐ PM ☐)

Witness Signature
Date
Time (AM ☐ PM ☐)

Person Obtaining Consent:

I have explained the nature and purpose of the study and the risks involved. I have answered and will answer questions to the best of my ability. I will give a signed copy

إقرار بالموافقة المشارك

لقد تم شرح البحث والإجراءات لي. وسمحت لي بأن أسأل أي سؤال لدي في هذا الوقت. ويمكنني أن أسأل أي أسئلة إضافية في وقت لاحق. ويمكنني إنهاء المشاركة في الدراسة في أي وقت دون يؤثر ذلك على الرعاية الصحية المقدمة لي.

سأحصل على نسخة موقعة من هذا الإقرار بالموافقة.

إنني أقر بالموافقة على المشاركة في هذه الدراسة. موافقتي طوعية، وليست بحاجة إلى التوقيع على هذا الإقرار إذا كنت لا أريد المشاركة في هذه الدراسة البحثية.

توقيع المشارك:
التاريخ
الوقت ☐ ☐

توقيع الشاهد:
التاريخ
الوقت ☐ ☐

الشخص الحاصل على الموافقة:

لقد شرحت طبيعة الدراسة والغرض منها وما تتضمنه عليه من مخاطر. وقد أجبت وسأجيب على الأسئلة على أفضل قدر من استطاعتي. سأعطي نسخة موقعة من الإقرار بالموافقة إلى المشارك المذكور أعلاه.

المشرفات:

143 هـ

التاريخ:

الرقم:

of the consent form to the subject.

Signature of Person Obtaining Consent

Date

Time (AM ☐ PM ☐)

Principal Investigator:

Signature of Principal Investigator

Time (AM ☐ PM ☐)

توقيع الشخص الحاصل على الموافقة

التاريخ

الوقت ☐ م ☐ ص

الباحث الرئيس :

توقيع الباحث الرئيسي

الوقت ☐ م ☐ ص

[STOP! Do not use the following signature lines unless third party consent is being requested and has been.]

[قف! لا تستخدم خطوط التوقيع التالية إلا إذا طلبت موافقة طرف ثالث]

AND/OR:

و / أو :

Legally Authorized Representative

Date

Person Obtaining Consent

Date

OR

The person being considered for this study is unable to consent for himself/herself because he/she is a minor. By signing below, you are giving your permission for your child to be included in this study.

الممثل المخول قانوناً

التاريخ

الشخص الحاصل على الموافقة

التاريخ

أو

الشخص المعني بالدراسة غير قادر على الموافقة بنفسه لأنه / إنها قاصر. من خلال التوقيع أدناه، أنت تعطي إذنك لطفلك بأن يضمن في هذه الدراسة

Parent or Legal Guardian-----

Date: / /

الأبوين أو الوصي قانوناً-----

التاريخ: / /

المشروعات:

143 هـ

/ /

التاريخ:

الرقم:

Appendix J Survey Cover Page

Kingdom of Saudi Arabia
Ministry of Education
Princess Nourah Bint Abdulrahman University
(048)



المملكة العربية السعودية
وزارة التعليم
جامعة الأميرة نورة بنت عبد الرحمن
(٠٤٨)

IRB Form FORM 10.05
Survey Cover Page / Consent
PNU Institutional Review Board Effective Date:

Nursing Performance and Job Satisfaction Among Nurses in a Secondary Hospital in Riyadh Saudi Arabia

You are being asked to voluntarily participate in this survey research study. The purpose of the study is to understand the relationship of nursing performance and job satisfaction among nurses. You are eligible to participate because you are qualified according to the inclusion criteria of the study. We expect at least three hundred to three hundred fifty will participate in the survey in in-patient wards and special areas (ED, ICU, L&D, PACU) nurses of King Abdullah bin Abdulaziz University Hospital.

If you agree to participate, your participation will involve completing a survey. It should take no more than 20 minutes to 45 minutes. You may choose not to answer some or all of the questions. Your name will not appear on your completed survey, and no identifying information is being collected as part of this survey.

Any questions you have will be answered. You may leave the survey at any time before completing it. Whether you complete the survey or not will not affect your health care. There are no known risks from your participation. No direct benefit from your participation is expected. The information may help create a program that will enhance and improve the nursing performance through bridging the gap and multi factors affecting the performance of the nurses. The organization and the policy-makers will be able to devise a program that will support the clinical nurses that will decrease the turnover rate and increase staff job satisfaction. There is no cost to you except for your time. You will not be paid for participation in this study.

Only the study team will have access to the information that you provide, which will remain anonymous. Data from all respondents will be summarized in reports.

You can obtain further information from the principal investigator, Rovin Ramirez. If you have questions concerning your rights as a research subject, you may call the PNU Institutional Review Board office at 288-9999 ext. 26913.

Completing this survey indicates your voluntary agreement to participate. By participating in the survey, you are giving permission for the investigator to use your information for research purposes.

Thank you.

Rovin Basilio Ramirez
Nurse Team Leader, KAAUH

الرقم : التاريخ : 143 / / هـ المشفرات :

Appendix K
Tool Six Dimension Scale of Nursing Performance

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

How well does this nurse perform these activities in his/her current job?

- 1- Not very well
- 2- Satisfactorily
- 3- Well
- 4- Very Well

-
- | | |
|--|--|
| 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. Identify 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.	
23. Delegate responsibility for care based on assessment of priorities of nursing care needs <u>and</u> the abilities and limitations of available health care personnel.	
24. Explain nursing procedures to a patient prior to performing them.	
25. Guide other health team members in planning for nursing care.	
26. Accept responsibility for the level of care under his/her direction.	
27. Perform appropriate measures in emergency situations.	

28. Promote the use of interdisciplinary resource persons.	
29. Use teaching aids and resource materials in teaching patients and their families.	
30. Perform nursing care required by critically ill patients.	
31. Encourage the family to participant in the care of the patient.	
32. Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family.	
33. Use nursing procedures as opportunities for interaction with patients.	
34. Contribute to productive working relationships with other health team members.	
35. Help a patient meet his/her emotional needs.	
36. Contribute to the plan of nursing care for a patient.	
37. Recognize and meet the emotional needs of a dying patient.	
38. Communicate facts, ideas, and professional opinions in writing to patients and their families.	
39. Plan for the integration of patient needs with family needs.	
40. Function calmly and competently in emergency situations.	
41. Remain open to the suggestions of those under his/her direction and use them when appropriate.	
42. Use opportunities for patient teaching when they arise.	
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.



Appendix L
Tool: Nursing Workplace Satisfaction Questionnaire

Nursing Workplace Satisfaction Questionnaire (NWSQ)

Below are a series of statements concerning your thoughts/findings about your job. Please circle the number that most appeals:

1 = fully agree, 2 = agree, 3 = partly agree/partly disagree, 4 = disagree, 5 = definitely disagree

	fully agree	agree	partly agree/ disagree	disagree	definitel y disagree
<i>How much you enjoy your job</i>					
• My job gives me a lot of satisfaction	1	2	3	4	5
• My job is very meaningful for me	1	2	3	4	5
• I am enthusiastic about my present work	1	2	3	4	5
• My work gives me an opportunity to show what I'm worth	1	2	3	4	5
• In the last year, my work has grown more interesting	1	2	3	4	5
• It's worthwhile to make an effort in my job	1	2	3	4	5
<i>Doing your job</i>					
• I have enough time to deliver good care to patients	1	2	3	4	5
• I have enough opportunity to discuss patient problems with colleagues	1	2	3	4	5
• I have enough support from colleagues	1	2	3	4	5
• I function well on a busy ward	1	2	3	4	5
• I feel able to learn on the job	1	2	3	4	5
• I do not feel isolated from my colleagues at work	1	2	3	4	5
• I feel confident as a clinician	1	2	3	4	5
<i>The people you work with</i>					
• It's possible for me to make friends among my colleagues	1	2	3	4	5
• I like my colleagues	1	2	3	4	5
• I feel that I belong to a team	1	2	3	4	5
• I feel that my colleagues like me	1	2	3	4	5
<i>Overall</i>					
• What's the best thing about your job?.....					
• What's the worst thing about it?.....					

Appendix M
Tool: Demographics Form

DEMOGRAPHIC FORM

Nursing Performance and Job Satisfaction Among Nurses in a Secondary Hospital in Saudi Arabia” Instructions: Please answer the following questions that will be used for demographic purposes only. The data obtained from these questions will not be reported individually.

1. Age: _____

2. Sex: Male ☐ Female ☐

3. Years of Experience: _____