

Relationship of Job Satisfaction with Perceived Organizational Support and Quality of Care among Saudi Nurses

Salha M. Assiri¹, Shehata F. Shehata^{2,3}, Maha M. Assiri¹

¹Nursing Administration Specialist, Ministry of Health, Abha, Saudi Arabia

²Faculty of Medicine, King Khalid University, Abha, Saudi Arabia

³High Institute of Public Health, Alexandria University, Alexandria, Egypt

Email: Salham2016@hotmail.com, drmmafa2019@gmail.com, shehatafarag2018@gmail.com, shehatafarag2018@gmail.com

How to cite this paper: Assiri, S.M., Shehata, S.F. and Assiri, M.M. (2020) Relationship of Job Satisfaction with Perceived Organizational Support and Quality of Care among Saudi Nurses. *Health*, 12, 828-839.

<https://doi.org/10.4236/health.2020.127060>

Received: June 16, 2020

Accepted: July 19, 2020

Published: July 22, 2020

Copyright © 2020 by author(s) and Scientific Research Publishing Inc. This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

Background: Both, job satisfaction with quality of provided health care is considered the main issue which directly influences the health care field because if nurses do not give the quality care to their patients then the patient dissatisfaction increased. Job satisfaction is defined as the extent of workers' contentedness with their job, either they like the job or individual aspects or facets of jobs, such as type of work or regulation. **Objective:** To assess nurses' job satisfaction and perceived organizational support with their effect on quality of provided health care in Saudi Arabia. **Methods:** Nurses in Saudi Arabia governmental hospitals during the period from 1st March to 30th April 2020 were invited and consecutively included. Data were collected using online questionnaire. **Results:** The study included 355 nurses with their ages ranged from 25 to 55 years old. Females were 216 (60.8%) of the total participants. Exact of 267 (75.2%) nurses reported that they like the type of work they do, 245 (69%) provided with satisfactory equipment to accomplish my task. There was a significant relation between organizational support and job satisfaction with their effect on quality of care. **Conclusion:** Organizational support positively affected nonsatisfaction which in turn positively affected quality of delivered care.

Keywords

Organizational Support, Job Satisfaction, Quality of Care, Nurses, Performance, Relations

1. Introduction

Job satisfaction is the degree of workers' convenience with their job, whether they like the job or individual issue or facets of jobs, such as type of work or care [1]. Job satisfaction includes cognitive, affective, and behavioral components [2]. Job satisfaction methods are different in the degree that they measure emotions about the job (affective job satisfaction) [3] or perceptions of the job (cognitive job satisfaction) [4]. Locke (1976) addressed one of the most known definitions, who defines job satisfaction as "a pleasant or positive emotional state emerging from the appraisal of one's job or job experiences" [5]. Others have defined it as simply how content an individual is with his or her job, whether he or she likes the job or not [6]. It is evaluated at both the global level where the individual is satisfied with the job overall, or at the facet level, whether the individual is satisfied with different features of the job [7].

Managers and administrators at nursing field are usually exposed to stress to overcome their nurse turnover rate keeping acceptable level of quality at the provided health care [8]. Further, the new concept of evidence-based practice has also necessitated the lack of research considering the staffing relationships, nurse satisfaction and preservation besides quality of provide health care [9]. Job satisfaction is the outcome of different correlating aspects including economic, social, and psychological factors that are an issue for three major areas for assessment: professional job attributes, organizational characteristics and impacts on patient outcomes and quality of health care [10]. Professional job characteristics include factors associated with working as a nurse such as staffing, work hours, or workload that significantly correlate with job satisfaction [11] [12].

Perceived organizational support (POS) is defined as the extent to which employees trust that their organization consider their effort and cares about their well-being and achieves their socioemotional needs [13] [14]. With POS, employees tend to do better to reciprocate given incentives and favorable dealing [15]. In the last few years, a new term was used in the literature named organizational citizenship behaviors [16]. It has been defined as personal behavior that is flexible, not directly or explicitly identified by the official reward system and that in aggregate supporting the effective functioning of the organization.

Studying the job satisfaction at nurses and its correlates mainly organizational support will positively affect organizational their loyalty which in turn will be reflected on the quality of provided health care. This can be achieved by knowing the main motives to improve nurses' level of satisfaction and organizational barriers against being at healthy work environment [17] [18]. No similar study was conducted in Saudi Arabia. Nearly all conducted studies focused on only one topic (nurses' satisfaction, organizational support, or quality of care) or on the direct relation between any two of them. None studied the indirect effect of organizational support on quality of care through affecting job satisfaction using path analysis. The current study aimed to assess nurses' job satisfaction and perceived organizational support with their effect on quality of provided health care in Saudi Arabia through assessing direct and indirect relations.

2. Subjects and Methods

A correlational cross-sectional approach was applied to target all accessible nurses who work at the main governmental hospitals in Saudi Arabia during the period from 1st March to 30th April 2020. Nurses worked at the hospital for at least 6 months, accept to participate in the study, and in direct relation with the patients were included. Nurses at administrative jobs and those who had chronic health problems were excluded. A minimal sample of 350 nurses was required to estimate expected job satisfaction rate of 69% with precision of 7% at 95% confidence level and design effect = 2 which will cover the required sample for expected correlation coefficient between job satisfaction and perceived organizational support of 0.36 [19]. Nurses in Saudi Arabia hospitals were invited and consecutively included after explaining the main purpose and the significance of the study for all. Data were collected using online questionnaire. The questionnaire was initiated by the researchers based on literature review, expert consultation, and well-known tools. The questionnaire covered nurse's personal data including age, gender, marital status, monthly income, educational level, and residence. Nurses' work-related data including, work unit, experience years, unit experience years, working shifts, work hours per week, number of patients seen every shift were included in the questionnaire. Job satisfaction and quality of care were assessed using 24 items scale measuring Nurse's Job Satisfaction and Quality of Care [19]. Each item was answered using 5-point liker scale ranging from strongly agree (scored 5 points) to strongly disagree (score 1 point). Higher score means higher nurses job satisfaction. Perceived organizational support was measured using the 8-item Survey of Perceived Organizational Support [20]. The eight items were answered based on 7-point Likert scale ranging from strongly disagree (scored 0 points) to strongly agree (scored 6 points). Higher score means higher organizational support. The study questionnaire was distributed at nearly most areas in the kingdom to have as much as possible representative sample to avoid bias and improve study external validity.

3. Data Analysis

Once data were collected, it was filtered, coded, and introduced to statistical software IBM SPSS version 22 (SPSS, Inc. Chicago, IL). All missing data were addressed using multiple imputation methods. All statistical methods based two tailed tests. P-value less than 0.05 was statistically significant. For job satisfaction, quality of care, and organizational support scales, discrete scores for the scale items were summed to get total score. The nurse who had total score less than 60% of the maximum score was considered to have low scores for satisfaction and organizational support and poor scores for quality of care. Those who had total score of 60% or above of the maximum score were considered to have high or good scores. Descriptive analysis based on frequency and percent distribution was done for all variables including demographic data, job satisfaction, organizational support, and quality of care. Cross tabulation was used to assess

distribution of nurses' job satisfaction according to nurse's personal data, and organizational support. Relations were tested using Pearson chi-square test. Path analysis was conducted to test for direct and indirect effect of organizational support on quality of delivered care through nurses' job satisfactions. Path analysis was done using AMOS 22 software.

4. Results

The study had 355 nurses with their ages ranged from 25 to 55 years old. Females were 216 (60.8%) of the total participants. Exact of 206 nurses (58%) were married and 180 (50.7%) had bachelor's degree and 133 (37.5%) had diploma. Experience years were more than 10 years among 164 nurses (46.2%) and 211 (59.4%) of the nurses were in their departments for 3 - 4 years. Exact of 171 (48.2%) nurses worked morning shifts and 180 (50.7%) worked morning and evening shifts. Considering number of patients cared per shift, 241 (67.9%) of the nurses recorded less than 10 patients and 71 (20%) recorded 10 - 29 patients (**Table 1**).

Table 2 illustrates Job satisfaction among respondent nurses in Saudi Arabia. Exact of 267 (75.2%) nurses reported that they like the type of work they do, 245 (69%) provided with adequate supplies to achieve their task, 225 (63.4%) were treated by their managers in respect, 202 (56.9%) like the staff they work with them, and 201 (56.6%) considered as one of the team they work with. Exact of 160 nurses (45.1%) had autonomy to make decisions I need to accomplish my tasks. Overall, 36.1% of the nurses are very satisfied with their work. In total, high job satisfaction was recorded among 133 nurses (37.5%).

Considering quality of care (**Table 3**), 315 (88.7%) of the nurses believe that the quality of care they provide is affected by nurses' job satisfaction and 297 (83.7%) believe that performance is affected their job satisfaction. Patient Safety as a main priority at this hospital was reported by 213 nurses (60%). Exact of 159 (44.8%) of the nurses reported that the quality of care at this hospital is more than needed. Totally, good quality of care was reported by 306 (86.2%) of the nurses.

Table 4 demonstrates Organizational support as recorded by respondent nurses in Saudi Arabia. Exact of 259 (71.9%) of the nurses reported that the organization shows very little concern for them, 256 (71.1%) complained that the organization would fail to notice their high effort. Also, 245 nurses (68.1%) reported that the organization fails to appreciate any extra effort from them and 227 (63.2%) reported that the organization would ignore any complaint from them. Nurses contribution to the organization ideals was reported by 153 (42.6%) of the nurses and 126 (35%) reported that the organization cares about their general satisfaction at work. In total, high organizational support was recorded among 123 nurses (34.6%).

Table 5 shows the distribution of nurses' job satisfaction according to their personal, work-related data and organizational support. High job satisfaction level was recorded among 69.2% of nurses above 45 years compared to 30% of

those who aged 25 - 34 years with recorded statistical significance ($P = 0.001$). Also, 71.4% of the nurses that were divorced/ widow had high job satisfaction compared to 32.5% of single nurses ($P = 0.001$). Job satisfaction was significantly higher among nurses with higher qualification (master's degree) than those with diploma (73.2% vs. 28.6%, respectively). Nurses who had residence near their work were more satisfied than others (44.1% and 25.8%; $P = 0.001$). High satisfaction was recorded among 42.7% of nurses who work morning compared to none of those who work evening ($P = 0.048$). Also, 45.2% of nurses who care for less than 10 patients per shift were highly satisfied compared to 14% of those who care for 30 patients or more ($P = 0.001$). High organizational support was significantly associated with high job satisfaction (70.7%) compared to 19.8% of those with low organizational support ($P = 0.001$).

Table 1. Personal and work-related data of respondent nurses in Saudi Arabia.

Personal data		No	%
Age in years	25 - 34	213	60.0%
	35 - 44	116	32.7%
	45 - 55	26	7.3%
Gender	Male	139	39.2%
	Female	216	60.8%
	Single	114	32.1%
Marital status	Married	206	58.0%
	Divorced/widow	35	9.9%
	Diplome	133	37.5%
Educational level	Intermediate	1	.3%
	Bachelor	180	50.7%
	Master	41	11.5%
Residence	Near my work	227	63.9%
	Away of my work	128	36.1%
Experience years	<5 years	81	22.8%
	5 - 9	110	31.0%
	10+	164	46.2%
Experience years in the department	0 - 2	90	25.4%
	3 - 4	211	59.4%
	5+	54	15.2%
Work shift	Morning	171	48.2%
	Evening	4	1.1%
	Both	180	50.7%
Number of patients cared per shift	<10 patients	241	67.9%
	10 - 29	71	20.0%
	30+	43	12.1%

Table 2. Job satisfaction among respondent nurses in Saudi Arabia.

Job satisfaction items	Disagree		Neutral		Agree	
	No	%	No	%	No	%
Overall, I am very satisfied with my work.	187	52.7%	40	11.3%	128	36.1%
I feel valued at this hospital.	213	60.0%	26	7.3%	116	32.7%
I am proud to work for this hospital.	199	56.1%	41	11.5%	115	32.4%
I have autonomy to make decisions I need to accomplish my tasks.	166	46.8%	29	8.2%	160	45.1%
My physical working conditions are good.	242	68.2%	39	11.0%	74	20.8%
My good work is recognized appropriately.	200	56.3%	31	8.7%	124	34.9%
I believe my job is secure.	216	60.8%	32	9.0%	107	30.1%
I feel part of the team I work with.	112	31.5%	42	11.8%	201	56.6%
I like the type of work I do.	64	18.0%	24	6.8%	267	75.2%
I like the people I work with.	109	30.7%	44	12.4%	202	56.9%
I feel I can trust what I am told by the management staff.	208	58.6%	33	9.3%	114	32.1%
I feel that my supervisor gives me adequate support.	196	55.2%	28	7.9%	131	36.9%
My manager/supervisor treats me with respect.	107	30.1%	23	6.5%	225	63.4%
I am given a timely feedback on my performance.	178	50.1%	29	8.2%	148	41.7%
I am provided with adequate equipment to accomplish my task.	79	22.3%	31	8.7%	245	69.0%
I am provided with adequate training to accomplish my task.	188	53.0%	35	9.9%	132	37.2%
I am fairly compensated for my work.	222	62.5%	30	8.5%	103	29.0%
The hospital offers me a good benefits package.	241	67.9%	22	6.2%	92	25.9%
I would recommend employment at this hospital to my friend.	216	60.8%	33	9.3%	106	29.9%
Overall satisfaction level	Low High 222 (62.5%) 133 (37.5%)					

Table 3. Quality of care as recorded by respondent nurses in Saudi Arabia.

Quality of care	Disagree		Neutral		Agree	
	No	%	No	%	No	%
Quality is a top priority at this hospital.	144	40.6%	38	10.7%	173	48.7%
The quality of care at this hospital is outstanding.	151	42.5%	45	12.7%	159	44.8%
My performance is affected by my job satisfaction.	26	7.3%	32	9.0%	297	83.7%
I believe the quality of care we provide is affected by employee job satisfaction.	21	5.9%	19	5.4%	315	88.7%
Patient Safety is a top priority at this hospital.	107	30.1%	35	9.9%	213	60.0%
Overall quality level	Poor Good 49 (13.8%) 306 (86.2%)					

Table 4. Organizational support as recorded by respondent nurses in Saudi Arabia.

Organizational support	Disagree		Neither Agree nor Disagree		Agree	
	No	%	No	%	No	%
The organization values my contribution to its well-being	197	54.9%	9	2.5%	153	42.6%
The organization fails to appreciate any extra effort from me	111	30.8%	4	1.1%	245	68.1%
The organization would ignore any complaint from me	127	35.4%	5	1.4%	227	63.2%
The organization really cares about my well-being	246	68.3%	2	.6%	112	31.1%
Even if I did the best job possible, the organization would fail to notice	96	26.7%	8	2.2%	256	71.1%
The organization cares about my general satisfaction at work	230	63.9%	4	1.1%	126	35.0%
The organization shows very little concern for me	96	26.7%	5	1.4%	259	71.9%
The organization takes pride in my accomplishments at work	253	70.7%	6	1.7%	99	27.7%
Overall support level	Low High 232 (65.4%) 123 (34.6%)					

Table 5. Distribution of nurses' job satisfaction according to their personal, work related data and organizational support.

Nurses data		Job satisfaction level				P-value
		Low		High		
		No	%	No	%	
Age in years	25 - 34	149	70.0%	64	30.0%	0.001*
	35 - 44	65	56.0%	51	44.0%	
	45 - 55	8	30.8%	18	69.2%	
Gender	Male	81	58.3%	58	41.7%	0.183
	Female	141	65.3%	75	34.7%	
Marital status	Single	77	67.5%	37	32.5%	0.001*
	Married	135	65.5%	71	34.5%	
	Divorced/widow	10	28.6%	25	71.4%	
Educational level	Diplome	95	71.4%	38	28.6%	0.001*
	Intermediate	1	100.0%	0	0.0%	
	Bachelor	115	63.9%	65	36.1%	
	Master	11	26.8%	30	73.2%	
	Near my work	127	55.9%	100	44.1%	
Residence	Away of my work	95	74.2%	33	25.8%	0.001*
	<5 years	55	67.9%	26	32.1%	
Experience years	5 - 9	65	59.1%	45	40.9%	0.458
	10+	102	62.2%	62	37.8%	

Continued

Experience years in the department	0 - 2	76	84.4%	14	15.6%	
	3 - 4	103	48.8%	108	51.2%	0.001*
	5+	43	79.6%	11	20.4%	
Work shift	Morning	98	57.3%	73	42.7%	
	Evening	4	100.0%	0	0.0%	0.048*
	Both	120	66.7%	60	33.3%	
Number of patients cared per shift	<10 patients	132	54.8%	109	45.2%	
	10 - 29	53	74.6%	18	25.4%	0.001*
	30+	37	86.0%	6	14.0%	
Organizational support	Low	186	80.2%	46	19.8%	
	High	36	29.3%	87	70.7%	0.001*

P: Pearson χ^2 test. * $P < 0.05$ (significant).

Figure 1 showed the path analysis for estimating direct and indirect effect of nurses' organizational (OS) support on quality of provided health care (QOC) through affecting their job satisfaction. The analysis showed that organizational support directly and indirectly had positive effect on provided health care quality (effect size was 0.05 for direct effect, and 0.08 for indirect effect through job satisfaction; $P < 0.05$). The model was statistically significant ($\chi^2 = 940$; $df = 75$; $P = 0.001$). The model fit was moderately acceptable as CFI was 0.61, GFI was 0.71, and RMSEA was less than 0.2.

5. Discussion

The current study designed to evaluate nurses job satisfaction level and its association with organizational support. Also, to assess the nurse's satisfaction effect on quality of care in Saudi Arabia. The study revealed that the most respondent nurses were females at young age. They are mostly the category who had smart phones with continuous online access. Regarding nurse's satisfaction, one out of each three nurses were highly satisfied which is not satisfactory level as this means that two thirds of the nurses had barriers or obstacles affecting their job satisfaction which will in turn affect their quality of care. This mostly was due to that nurses' work at risky environment with no consideration for that from their work setting. This can be proved by that the least recorded satisfaction was for that physical working conditions are not good, and hospital does not offer a good benefits package for the nurses. Also, nurses feel that they are not fairly compensated for their works. This resulted in that two thirds of the nurses reported they will not recommend employment at their hospital to others. The higher satisfaction was recorded for old aged nurses with higher educational level (mostly those who ad high salaries), nurses who live near their work settings as they are mostly had low burden of being at their work. Also, nurses who work morning shift only recorded higher satisfaction than others as they had stable

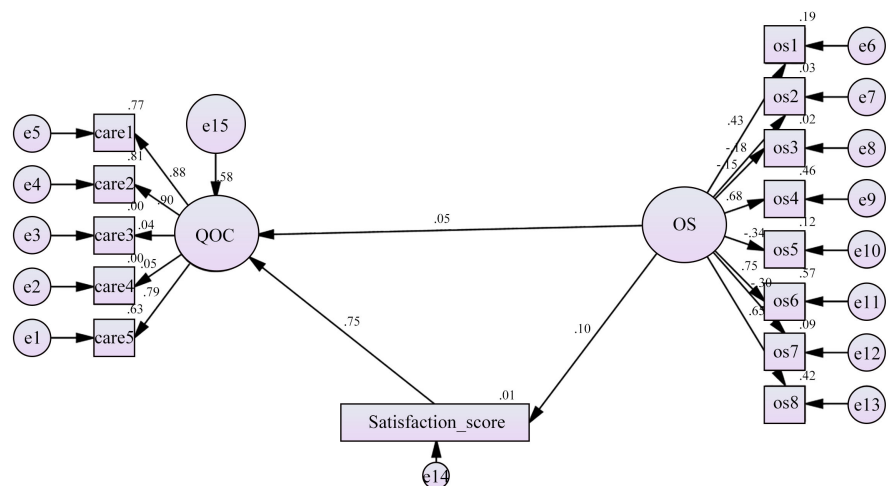


Figure 1. Path analysis for the direct and indirect effect of organizational support on quality of care among nurses.

life with their families due to constant time to return home. This besides caring for a smaller number of patients per shift which explains that nurses who care for high number of patients per shift are not satisfied with the given benefits including income which affected their satisfaction. Organizational support was one of the most important factors affecting nurse's satisfaction. Nearly one third of the nurses recorded high organizational support which explains the low degree of reported job satisfaction. Most of the respondents reported that their organization failed to appreciate any extra effort and ignore their complaints. Besides, most of the nurses refused that the organization considers their well-being and that the organization shows very little concern for them. All these negative organizational managerial factors affected nurses feeling of being supported and appreciated which was reflected in the low satisfaction level. Golbasi *et al.* conducted a cross sectional survey to assess association between coping strategies, individual traits, and job satisfaction among group of hospital nurses [21]. The researchers recorded a fairly low satisfaction level among Turkish nurses. Nurses with a higher education have been shown to be more satisfied with their job than those with lower education [22]. In Saudi Arabia, Al-Dossary R *et al.*, 2012 conducted a survey to assess nurses' job satisfaction of university teaching hospital nursing staff in Saudi Arabia and to clarify the affecting factors [23]. The researchers found that nurses fairly satisfied with their jobs. The main factors of dissatisfaction were pay, fringe benefits, contingent rewards, and operating conditions.

Regarding quality of care, the current study revealed that quality of provided care was moderately high irrespective of their poor satisfaction and nurses faith of that their performance and the quality of provided health care are affected by their job satisfaction. Most of the nurses reported that patient safety is a top priority at their hospitals. These findings were consistent with what reported by Aron S, 2015 [24], as the examined nurses' attitude of the correlation between

job satisfaction and quality of their delivered care, with barriers to a quality care. The researcher concluded that there is a direct correlation between nurses' job satisfaction and the quality of provided health care. Workload, staff timetabling, and stress were the most reported issues that affect the quality of provided health care. Moreover, pay/compensation, work environment and care quality are found to be the factors that affect nurses' job satisfaction most.

Finally, path analysis to test direct and indirect relation between job satisfaction, organizational support and quality of care revealed that organizational support directly and indirectly positively related with quality of provided health care through improving nurses job satisfaction. Organizational support positively affected nonsatisfaction which in turn positively affected quality of delivered care. Also, direct positive effect of organizational support on the quality of care was recorded but insignificant. Improving work environment in hospitals and all health care settings will positively reflect in working staff with more loyalty and feeling of safety. This safety perception and loyalty are the main factors yielding high job satisfaction with good provided health care. Organizational support should include both financial and psychological benefits.

Study limitation

The main limitation was that the data collection using online tool which may target nurses who are interested and not faced by high burnout and those who have smart phones and internet accessibility. This may to some extent affect the precision of results and conclusions, but the current situation of COVID-19 pandemic gives us no other method. Researchers tried to cover most areas in the kingdom and to have the most available number of participants to release some limitations.

6. Conclusions and Recommendations

In conclusion, the study revealed that nurses were dissatisfied and lacking feeling of being supported by their organizations. Although, the quality of delivered care is not affected by their poor satisfaction. Most nurses feel working too much with low benefits and being unconsidered. Health care setting managers should be educated and trained for good leadership styles and how to evaluate support subordinates by continuous rewarding and encouragement.

Role of Authors

First author: Selecting the topic title, background writing with data collection.

Second author: Methodology preparation and data analysis. Results presentation and he is the corresponding author.

Third author: help in data collection, discussion review and manuscript editing.

Acknowledgements

All authors acknowledge all nurses who paid their time completing the study

questionnaire helping us to finalize the work.

Ethical Approval

The study was approved by The Ethical Committee of the Scientific Research, King Khalid University with approval number: (ECM#2020-179)-(HAPO-06-B-001).

Funding Support

No funding was received for the completion of this review.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

References

- [1] Spector, P.E. (1997) Job Satisfaction: Application, Assessment, Causes, and Consequences. Sage Publications, Thousand Oaks, CA, 26.
<https://doi.org/10.4135/9781452231549>
- [2] Kraut, A. (1998) Job Satisfaction: Application, Assessment, Causes, and Consequences. *Personnel Psychology*, **51**, 513.
- [3] Hulin, C.L., Judge, T.A., Borman, W.C., Ligen, D.R. and Klimoski, R.J. (2003) Handbook of Psychology: Industrial and Organizational Psychology. Wiley, Hoboken, 255-276.
- [4] Thompson, E.R. and Phua, F.T. (2012) A Brief Index of Affective Job Satisfaction. *Group & Organization Management*, **37**, 275-307.
<https://doi.org/10.1177/1059601111434201>
- [5] Locke, E.A. (1976) The Nature and Causes of Job Satisfaction. Handbook of Industrial and Organizational Psychology. Rand McNally, Chicago.
- [6] Danielsson, C.B. and Bodin, L. (2008) Office Type in Relation to Health, Well-Being, and Job Satisfaction among Employees. *Environment and Behavior*, **40**, 636-668.
<https://doi.org/10.1177/0013916507307459>
- [7] Pagán, R. (2013) Job Satisfaction and Domains of Job Satisfaction for Older Workers with Disabilities in Europe. *Journal of Happiness Studies*, **14**, 861-891.
<https://doi.org/10.1007/s10902-012-9359-x>
- [8] Mosadeghrad, A.M. (2013) Occupational Stress and Turnover Intention: Implications for Nursing Management. *International Journal of Health Policy and Management*, **1**, 169-176. <https://doi.org/10.15171/ijhpm.2013.30>
- [9] Stetler, C.B., Ritchie, J., Rycroft-Malone, J., Schultz, A. and Charns, M. (2007) Improving Quality of Care through Routine, Successful Implementation of Evidence-Based Practice at the Bedside: An Organizational Case Study Protocol Using the Pettigrew and Whipp Model of Strategic Change. *Implementation Science*, **2**, Article No. 3. <https://doi.org/10.1186/1748-5908-2-3>
- [10] Penz, K., Stewart, N.J., D'Arcy, C. and Morgan, D. (2008) Predictors of Job Satisfaction for Rural Acute Care Registered Nurses in Canada. *Western Journal of Nursing Research*, **30**, 785-800. <https://doi.org/10.1177/0193945908319248>
- [11] Best, M.F. and Thurston, N.E. (2004) Measuring Nurse Job Satisfaction. *JONA: The Journal of Nursing Administration*, **34**, 283-290.

- <https://doi.org/10.1097/00005110-200406000-00007>
- [12] Hoffman, A.J. and Scott, L.D. (2003) Role Stress and Career Satisfaction among Registered Nurses by Work Shift Patterns. *JONA: The Journal of Nursing Administration*, **33**, 337-342. <https://doi.org/10.1097/00005110-200306000-00006>
 - [13] Kraimer, M.L. and Wayne, S.J. (2004) An Examination of Perceived Organizational Support as a Multidimensional Construct in the Context of an Expatriate Assignment. *Journal of Management*, **30**, 209-237. <https://doi.org/10.1016/j.jm.2003.01.001>
 - [14] Li, R.Y., Tang, B. and Chau, K.W. (2019) Sustainable Construction Safety Knowledge Sharing: A Partial Least Square-Structural Equation Modeling and a Feedforward Neural Network Approach. *Sustainability*, **11**, 5831. <https://doi.org/10.3390/su11205831>
 - [15] Dean Jr., J.W., Brandes, P. and Dharwadkar, R. (1998) Organizational Cynicism. *Academy of Management Review*, **23**, 341-352. <https://doi.org/10.5465/amr.1998.533230>
 - [16] Murphy, G., Athanasou, J. and King, N. (2002) Job Satisfaction and Organizational Citizenship Behavior: A Study of Australian Human-Service Professionals. *Journal of Managerial Psychology*, **17**, 287-297. <https://doi.org/10.1108/02683940210428092>
 - [17] Asgari, A., Silong, A.D., Ahmad, A. and Samah, B.A. (2008) The Relationship between Leader-Member Exchange, Organizational Inflexibility, Perceived Organizational Support, Interactional Justice and Organizational Citizenship Behaviour. *African Journal of Business Management*, **2**, 138-145.
 - [18] Edwards, B.D., Bell, S.T., Arthur Jr., W. and Decuir, A.D. (2008) Relationships between Facets of Job Satisfaction and Task and Contextual Performance. *Applied Psychology*, **57**, 441-465. <https://doi.org/10.1111/j.1464-0597.2008.00328.x>
 - [19] Aron, S. (2015) Relationship between Nurses' Job Satisfaction and Quality of Healthcare They Deliver. *All Theses, Dissertations, and Other Capstone Projects*, 506.
 - [20] Eisenberger, R., Huntington, R., Hutchison, S. and Sowa, D. (1986) Perceived Organizational Support. *Journal of Applied Psychology*, **71**, 500-507. <https://doi.org/10.1037/0021-9010.71.3.500>
 - [21] Golbasi, Z., Kelleci, M. and Dogan, S. (2008) Relationships between Coping Strategies, Individual Characteristics, and Job Satisfaction in a Sample of Hospital Nurses: Cross-Sectional Questionnaire Survey. *International Journal of Nursing Studies*, **45**, 1800-1806. <https://doi.org/10.1016/j.ijnurstu.2008.06.009>
 - [22] Coomber, B. and Barriball, K.L. (2007) Impact of Job Satisfaction Components on Intent to Leave and Turnover for Hospital-Based Nurses: A Review of the Research Literature. *International Journal of Nursing Studies*, **44**, 297-314. <https://doi.org/10.1016/j.ijnurstu.2006.02.004>
 - [23] Al-Dossary, R., Vail, J. and Macfarlane, F. (2012) Job Satisfaction of Nurses in a Saudi Arabian University Teaching Hospital: A Cross-Sectional Study. *International Nursing Review*, **59**, 424-430. <https://doi.org/10.1111/j.1466-7657.2012.00978.x>
 - [24] Shaheen, N.M. (2015) Relationship between Nurses Job Satisfaction and Quality of Nursing Care in Damietta Oncology Institute. *Port Said Scientific Journal of Nursing*, **2**, 53-67. <https://doi.org/10.21608/pssjn.2015.34131>