

Job satisfaction among health care providers at governmental and private hospitals in the West Bank: a cross-sectional study

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Abstract

Background: The satisfaction of healthcare employees in their jobs is crucial due to its impact on the quality of provided services. Additionally, the presence of adequate job satisfaction is essential to avoid negative consequences in healthcare delivery, such as high turnover rates and low performance.

Objectives: This study aimed to address the knowledge gap regarding the measurement of current job satisfaction levels among healthcare providers in both governmental and private hospitals in the West Bank.

Methods: This research follows a cross-sectional design and utilizes a quantitative approach. Data were collected from a total of 370 employees working in the healthcare sector, including both private and public hospitals. To assess job satisfaction, the researchers employed a self-administered Mueller/McCloskey satisfaction scale, which was based on previous studies conducted by Clinton in 2015. This scale was administered to employees across various departments and specialties.

Results: In various aspects, healthcare providers express a satisfaction level of over 30%. These aspects include their monthly salary, annual leave and holidays, working hours, weekend arrangements, interactions with supervisors and colleagues, social communication during work hours, collaboration with healthcare professionals from different specialties, work environment, and working conditions. The results indicate that a majority of healthcare providers (54.9%) are generally content, scoring between 60% and less than 80%. Conversely, approximately one-third of them (33.6%) express general dissatisfaction, scoring below 60%.

Conclusion: More than half of the healthcare providers in both governmental and private hospitals in the West Bank expressed a general sense of satisfaction. Married and older healthcare providers are more satisfied with their jobs compared to younger and single employees.

Keywords: Job satisfaction, Nurses, Healthcare providers, West Bank, Palestine.

Introduction

Job satisfaction encompasses the emotional and behavioral aspects linked to one's occupation. It encompasses an employee's sentiments and perceptions towards their job, as well as their evaluation of it. Additionally, job satisfaction reflects the level of enjoyment an individual derives from their work.^{1,2} Within the healthcare sector, nurses constitute the largest portion of the workforce, comprising approximately 19.3 million out of the 43.5 million health workers worldwide (2020).

Consequently, the active involvement of this workforce is crucial for improving healthcare services and enhancing patient care.³

Nurses constitute the largest portion of the healthcare workforce and play a vital role in the functioning of the healthcare system. However, numerous countries are facing challenges in maintaining an adequate number of nurses due to shortages and high turnover rates.⁴ The nursing profession experiences a significant organizational turnover compared to other healthcare

workers, which is a matter of great concern. The World Health Organization (WHO) has estimated a shortage of 590,000 nurses in Europe alone, highlighting the severity of the issue. Job satisfaction among nurses is a global problem that needs to be addressed, as it not only affects the quality and safety of patient care but also contributes to nurses leaving their current positions and even the profession itself.⁵

Numerous research studies have demonstrated that organizations have the ability to acknowledge their employees through various means, such as public affirmation, written commendation, financial incentives, or a formal rewards system within the organization.³ However, it has been found that employee recognition holds greater significance than mere compensation packages, as it plays a crucial role in motivating employee creativity.⁶ Job dissatisfaction, on the other hand, has a negative impact on productivity, creativity, and job tenure and is closely associated with employee turnover, the intention to quit, and burnout. Intrinsic factors are considered to be the most influential factors in motivating nurses, as they enhance their sense of belonging within the profession.^{7,8}

Based on the theories of Herzberg and Maslow, the satisfaction of nurses in providing care to patients and their families is considered the highest form of intrinsic motivation and accomplishment.⁹ Recognition, as an intrinsic motivator, has a positive correlation with job satisfaction among participants and is deemed more valuable than compensation packages, thereby fostering work motivation. The research findings align with those from the North-West Province, indicating that participants experienced low job satisfaction due to a lack of acknowledgment for their well-performed work.² The study further reveals that nurses' satisfaction is primarily derived from recognition. Moreover, these findings are consistent with studies conducted in various countries, such as Jordan, England, Turkey, Antalya, Malaysia, Ethiopia, and Pakistan.^{3,10-13}

Ghazi Baker and Dhafer Alshehri (2020) found a substantial positive correlation between job satisfaction and age, nursing experience, and salary satisfaction. This implies that as nurses grow older, gain more experience,

and feel satisfied with their wages, their job satisfaction tends to increase.¹⁴ Moreover, the research suggests that creating a better working environment can lead to higher job satisfaction among nurses. Consequently, this enhanced job satisfaction is expected to contribute to increased nurse productivity and efficiency, ultimately improving their overall performance.¹⁵

In order to attain fulfilling and gratifying careers, nurses must prioritize the adoption of strategies aimed at mitigating the fatigue and ineffectiveness resulting from escalating work pressures. By fostering a sense of commitment among the staff, they can enhance their productivity and efficiency. Recognizing the long-term benefits, hospitals should allocate resources towards the professional growth of their nursing personnel, including the implementation of comprehensive orientation programs and the provision of an improved working environment. This will not only contribute to a better working atmosphere,¹⁶ but also elevate job satisfaction levels.¹⁷

According to reports, there has been a lack of extensive research conducted in the West Bank of Palestine. The examination of job satisfaction among nurses in this region was deemed pertinent due to the notable rise in the number of hospital beds and the necessity to recruit nurses from the existing pool of qualified candidates. By the year 2021, it was projected that there would be a total of 89 active hospitals in Palestine. These hospitals would provide a combined total of 7,769 beds, which includes beds in mental and neurological facilities. The ratio of beds to residents would be 14.9 beds per 10,000 residents, and there would be 1.7 hospitals for every 100,000 residents.

Currently, there are 54 hospitals in the West Bank, with a total of 4,182 beds, including a mental and neurological hospital. This translates to a ratio of 13.4 beds for every 10,000 people and 1.7 hospitals for every 100,000 people. Out of the total beds in Palestine, 5,521 beds are located in public hospitals, accounting for 71.1% of all beds. In the West Bank and Gaza Strip, the percentages of beds in public hospitals are 71.4% and 70.7%, respectively. Specialist hospitals in Palestine make up 22.7% of all hospital beds, with West Bank hospitals accounting for 21.0% and Gaza Strip hospitals accounting for 24.8% of

specialist beds.¹⁸

Based on the report by the Palestinian Ministry of Health,¹⁹ there were a total of 14,593 nurses employed in the healthcare industry. Out of these, 10,557 nurses were working in the West Bank, while 4,036 were located in the Gaza Strip. The Ministry of Health employed 5,723 nurses during the same year, with 2,652 working in the West Bank and 3,017 in the Gaza Strip.

The reason for choosing this study is that the last study conducted in Palestine was in 1996. Since then, there have been significant changes, such as an increase in the number of hospitals and fluctuations in the number of nursing staff due to turnover. Therefore, it is necessary to conduct a new study to understand the current situation and address any potential issues related to job satisfaction among nurses in Palestine.¹⁶

The Palestinian study found no notable variances in patient satisfaction levels based on accreditation status. These findings emphasize the significance of considering the patient's viewpoint in the healthcare system and highlight the importance of incorporating it to guarantee the provision of high-quality services by healthcare organizations.²⁰

Objectives

This study aimed to assess the degree of job satisfaction among nursing professionals and healthcare providers working in both private and governmental hospitals. Additionally, the study aimed to identify the various factors that influence job satisfaction in this particular population.

Methods

Study Design

For this study, a quantitative, cross-sectional analytical design was selected. This design offers numerous advantages, including cost-effectiveness and the ability to investigate multiple factors in a quantitative manner. By utilizing this design, the researchers can establish a comprehensive understanding of the relationship between participant demographic factors and the different aspects related to job satisfaction.

Setting

The aim of this study was to assess the level of job satisfaction among healthcare workers in various departments. The researcher employed a well-established methodology that was built upon three key principles:

- The survey encompassed a representative sample from all regions of the West Bank, including governorates like Ramallah, Hebron, and Nablus.
- The survey targeted employees from diverse departments, such as nursing, X-ray, laboratories, and physicians.
- The questionnaire was distributed among employees from different segments, including those working in private or public hospitals, individuals of both genders, and employees from various departments.

Population

The target population for this research comprised all healthcare employees in the West Bank, estimated to be 180,137 individuals. To ensure comprehensive results, the researchers chose to include multiple segments, such as individuals of both genders, different education levels, marital status, working shifts, length of experience, and benefits. The sampling method employed was non-randomized convenience sampling, and a total of 377 participants responded to the survey (as initially calculated using a sample size calculator). Data collection took place from March 30 to April 30, 2023.

Inclusion and exclusion Criteria

Our objective was to ensure that all healthcare providers are included in the sample we collect, as we aimed to compare different categories of nurses based on their experience, age, and level of education. However, we excluded nurses who had not completed the questionnaire.

Data collection tool and process

To gather data, we utilized a self-administered questionnaire known as the Mueller/McCloskey satisfaction scale, which was developed based on previous study.²¹ The questionnaire consisted of 31 items, including demographic data, educational and experience information, salary satisfaction, vacation satisfaction, and communication satisfaction. Each item was rated on a 6-point Likert scale, ranging from "very satisfied" to "choose

not to respond."

The survey was created using Google Forms and distributed to healthcare providers through the snowball method. Data collection ceased once the desired sample size was achieved. To assess the validity and reliability of the questionnaire, we sought feedback from doctors and students at the MUC. They provided positive feedback and suggested minor modifications, such as improving the demographic data section and making some changes to the sentences.

In terms of scale reliability, we conducted a Cronbach's alpha test, which yielded a result of 0.934 (93.4%). This indicates a very high level of internal consistency, suggesting that the 31-item satisfaction scale can be utilized in various studies and replicated with other populations. Furthermore, it can be generalized to the entire population of healthcare providers, including those who participated in the current study.

Sample size

A preliminary investigation, known as a pilot study, was undertaken before the final data collection process. This pilot study involved a subset of 10% of the total sample size that had been calculated. Its purpose was to gather feedback from participants regarding the clarity and comprehensibility of the survey questions, as well as to assess the reliability of the measurement scale being used.

Statistical analysis

Descriptive and analytical analyses were conducted using the Statistical Package for Social Sciences (SPSS version 27). Parametric tests, such as the independent sample t-test, were utilized for data that followed a normal distribution. On the other hand, the one-way ANOVA test was employed for variables that were non-dichotomous. Additionally, Pearson correlation tests were conducted to explore potential relationships between numerical variables.

Ethical consideration

The study followed the principles described in the Declaration of Helsinki, a set of ethical criteria for human medical research developed by the World Medical Association in 2018. The researchers acknowledged the

personal and private nature of research and recognized their ethical responsibility to uphold key ethical standards, such as respecting informed consent, beneficence, veracity, and justice. In order to ensure ethical conduct, the researchers implemented the following measures:

- Obtaining permission from the relevant department officials.
- Handling and treating all data and results with strict confidentiality.
- Identifying healthcare providers using serial numbers instead of their names.
- Restricting access to the data solely to the researcher.

To safeguard the confidentiality of sensitive information, a legal agreement was signed between the researchers and the university, ensuring that the information would remain confidential between the researchers and their supervisors.

Results

Table 1 presents the demographic characteristics of the healthcare providers. It is noteworthy that a majority of them (55.1%) are employed in the private sector, while 40.8% fall within the age range of 25 to 35. The distribution of gender is almost equal, with males accounting for 51.4% and females for 48.6%. Furthermore, the participants are evenly divided between being married (48.3%) and single (48.4%). In terms of habitation, the majority (46.2%) live in cities, followed by villages (21.1%) and towns (28.3%). The largest professional group among healthcare providers is registered nurses (42.1%), with 77.3% of them occupying non-administrative roles. Additionally, 58.6% of healthcare providers hold a bachelor's degree in their respective fields. As for work-related details, 54.3% of the participants experience irregular shifts, and 36.8% work for 36–40 hours per week. It is worth mentioning that nearly half of the healthcare providers have less than 5 years of experience, and approximately two-thirds have previous work experience elsewhere. The average duration of experience within the current hospital is 5.71 ± 5.98 years, while outside the hospital it is 3.95 ± 5.09 years. On average, healthcare providers have spent 5.02 ± 5.42 years in their current department.

Table 1. Demographic data in healthcare providers (n=370)

Variable	Values	Frequency
Sector	Governmental sector	166 (44.9)
	Private sector	204 (55.1)
Age	Younger than 25 years old	120 (32.6)
	25 – 35 years old	150 (40.8)
	36 – 45 years old	67 (18.2)
	Older than 45 years old	33 (8.4)
Gender	Male	191 (50)
	Female	191 (50)
Social status	Single	208 (48.3)
	Married	209 (48.4)
	Widowed	5 (1.2)
	Divorced	8 (2.1)
Number of children	Zero	204 (55.1)
	One child	29 (7.9)
	2 children	43 (11.6)
	3 children	37 (10.0)
	4 children	37 (10.0)
	5 children or more	20 (5.6)
Residency	City	171 (46.2)
	Village	78 (21.1)
	Town	105 (28.3)
	Camp	16 (4.4)
Job title	Specialist	25 (6.7)
	Resident doctor	25 (6.7)
	Registered nurse	155 (42.1)
	Practical nurse	49 (13.2)
	Allied medical sciences	74 (20.1)
	Others	42 (11.1)
Current job position	Administration	84 (22.7)
	Non-administrative job	286 (77.3)
Educational level	Diploma	73 (19.6)
	Bachelor	217 (58.6)
	Master	59 (16.1)
	PhD	21 (5.6)

Shift rotation consistency	Yes	169 (45.7)
	No	201 (54.3)
Total experience years	Less than 5 years	176 (47.4)
	5 – 10 years	94 (25.2)
	11 – 16 years	45 (12.4)
	More than 16 years	55 (14.7)
Work hours per week	35 hours and less	133 (35.8)
	36 – 40 hours	1136 (36.8)
	40 hours and more	101 (27.1)
Worked outside current hospital	Yes	244 (65.9)
	No	126 (34.1)
Experience outside current hospital	Mean ± SD	3.949±5.088
Experience inside current hospital	Mean ± SD	5.713±5.981
Experience in the current ward	Mean ± SD	5.015±5.417

Table 2 illustrates the satisfaction levels of healthcare providers, indicating an overall positive trend. The findings reveal that participants expressed satisfaction with various aspects, including their monthly salary (31.6%), yearly vacations and holidays (32.3%), and work hours (37.9%). Furthermore, they reported satisfaction with their interaction with co-workers (50.5%), other healthcare teams (53.4%), and control over their work environment (41.3%). However, certain items received neutral satisfaction ratings, such as the duration of maternity leave (24.3%) and affiliation with the administrative committee (35.4%). Comparatively, lower levels of satisfaction were observed in participation in research (16.0%) and decision-making processes (34.2%). The accompanying figure provides a visual representation of the distribution of participants' satisfaction responses.

Table 2. Distribution of healthcare providers' responses to satisfaction scale items

Statement (didn't want to choose)	SS		S		N		US		SUS	
	F	%	F	%	F	%	F	%	F	%
1. Monthly salary (n = 18)	34	9.3%	227	31.6%	56	15.1%	78	21.1%	67	18.1%
2. Yearly vacations and holidays (n = 12)	34	9.3%	112	32.3%	63	17.2%	83	22.5%	57	15.5%
3. Benefits group (insurance and retirement) (n=26)	28	7.7%	101	27.7%	81	21.9%	68	18.4%	68	18.4%
4. Work hours (n = 11)	42	11.4%	140	37.9%	73	19.8%	66	17.9%	39	10.5%
5. Flexibility in work hour arrangement (n = 11)	52	14.2%	134	36.2%	76	20.6%	54	14.6%	43	11.6%
6. Chance to work consequent workdays (n = 21)	41	11.2%	116	31.4%	101	27.2%	56	15.2%	36	9.8%
7. Work in part-time job outside the hospital (n=18)	47	12.7%	89	24.2%	106	28.6%	57	15.3%	53	14.2%
8. Weekends given in any month (n = 10)	55	15.0%	126	34.0%	74	19.9%	61	16.6%	44	11.9%

9. Flexibility in weekend arrangement (n = 9)	48	13.3%	130	35.0%	75	20.3%	59	15.9%	49	13.3%
10. Compensation of working at weekends (n = 23)	41	11.2%	96	25.9%	95	25.7%	72	19.6%	45	12.1%
11. Maternity leave duration (n = 18)	71	19.3%	104	28.1%	35	14.3%	65	17.6%	59	15.9%
12. Facilities for children care in the institution (n=11)	61	16.4%	89	24.2%	113	30.5%	26	7%	70	18.9%
13. Dealing with direct supervisor (n = 8)	67	18.2%	159	42.9%	65	17.5%	39	10.5%	34	9.1%
14. Dealing with co-workers (n = 10)	95	25.7%	187	50.5%	49	13.3%	16	4.4%	14	3.7%
15. Dealing with healthcare team (n = 7)	82	22.1%	198	53.4%	50	13.5%	21	5.8%	13	3.5%
16. How services are provided in your unit (n = 10)	55	14.9%	189	51.2%	75	20.2%	25	6.7%	17	4.7%
17. Social communication in work (n= 7)	62	16.7%	171	46.3%	69	18.6%	38	10.2%	24	6.5%
18. Social communication after work (n = 12)	54	14.7%	161	43.4%	84	22.8%	37	10.0%	23	6.3%
19. Interaction with other healthcare providers (n=7)	44	11.9%	176	47.6%	96	25.9%	34	9.1%	15	4.0%
20. Interaction with college teachers and lecturers (n= 11)	61	16.4%	118	31.9%	117	31.6%	34	9.1%	30	8.0%
21. Chance to get affiliated in administrative committees (n = 11)	46	12.3%	82	22.1%	131	35.4%	59	16.0%	41	11.0%
22. Take control of your work environment (n = 7)	39	10.6%	153	41.3%	91	24.6%	45	12.2%	35	9.6%
23. Chances of professional improvement (n = 18)	28	7.5%	103	27.9%	81	21.8%	72	19.5%	70	19.0%
24. Appreciation by administration (n = 10)	58	15.7%	117	31.5%	77	20.9%	57	15.3%	51	13.8%
25. Appreciation by co-workers (n = 13)	65	17.6%	141	38.1%	95	25.6%	40	10.8%	59	4.7%
26. Encouragement and positive feedback (n = 7)	45	12.4%	120	32.4%	90	24.2%	59	16.0%	49	13.4%
27. Participation in research (n = 12)	48	13.0%	59	16.0%	113	30.6%	62	16.9%	76	20.5%
28. Participation in publication (n = 18)	45	12.3%	63	16.9%	104	28.2%	68	18.4%	74	20.0%
29. Responsibility borders and amount (n = 13)	49	13.2%	138	37.4%	87	23.5%	57	15.5%	27	7.3%
30. Control over work conditions (n = 10)	78	21.0%	175	47.4%	50	13.6%	37	10.0%	20	5.4%
31. Participation in decision-making (n = 20)	40	10.5%	129	34.2%	98	26.3%	48	13.0%	35	11.6%

SS = Strongly satisfied, S = Satisfied, N = Neutral, US = Unsatisfied, SUS = Strongly unsatisfied. The data shown are available data, there was a sixth option for "I don't want to choose" that was excluded from tables and analysis, because it affects relationships. Large number of maternity leave "I don't want to choose" responses is due to the choose by male participants. Percentages are of the available answers.

The satisfaction score for each healthcare providers was calculated by aggregating the results from all 31 items. This summation was then transformed into a score of 100% by dividing it by 31 and multiplying by 20. The average satisfaction score for all healthcare providers was 64.75% (SD=13.00). Based on the classification provided in Table 3, which is derived from previous research, the mean satisfaction score suggests an overall high level of satisfaction.

Table 4 illustrates the notable variations in the correlation between the number of children and satisfaction among healthcare providers. Specifically, there is a significant difference between Healthcare providers with zero children and those with three children ($p=0.012$). In this case, the satisfaction score is, on average, 7.021% higher among healthcare providers with three children. Additionally, there is a significant difference

between healthcare providers with one child and those with three children ($p=0.002$). Among Healthcare providers with one child, the mean satisfaction score is 11.133% higher compared to those with three children. Similarly, there is a significant difference in satisfaction scores between healthcare providers with one child and those with five or more children (mean difference of 11.156% higher in the group with one child, $p=0.014$). However, there were no significant differences observed among the other groups with varying numbers of children.

Table 3. Distribution of satisfaction categories among healthcare providers

Satisfaction category	Satisfaction range	Frequency (%)
Generally unsatisfied	Total score < 60%	145 (33.6)
Generally satisfied	60 – 79.9%	237 (54.9)
Very satisfied	80% and above	50 (11.6)

Table 4. Relationship between satisfaction score and variables related to healthcare providers

Variable	Values	Mean satisfaction	Test	Test value	p-value
Sector	Governmental	65.39%	Independent sample t-test	1.034	0.302
	Private	64.11%			
Age	< 25 Years	63.85%	One-way ANOVA	4.200	0.006
	25 – 35 Years	63.21%			
	36 – 45 Years	67.49%			
	> 45 Years	69.95%			
Gender	Male	65.68%	Independent sample t-test	1.556	0.120
	Female	63.76%			
Social status	Single	63.55%	Independent sample t-test	- 2.038	0.042
	Married	66.16%			
Children	Zero	63.47%	One-way ANOVA	4.698	< 0.001
	One	59.35%			
	Two	64.92%			
	Three	70.49%			
	Four	66.98%			
	Five or more	70.51%			
Residency	City	65.17%	One-way ANOVA	0.176	0.912
	Village	64.07%			
	Town	64.51%			
	Camp	65.26%			
Job title	Specialist	67.03%	One-way ANOVA	1.248	0.286
	Resident doctor	61.49%			
	Registered nurse	64.19%			
	Practical nurse	63.21%			
	Allied medical sciences	65.92%			
	Others	67.18%			
Current job position	Department manager	70.52%	One-way ANOVA	6.925	< 0.001
	Nursing supervisor	70.42%			
	Administration	66.83%			
	Non-administrative job	63.30%			
Educational level	Diploma degree	65.08%	One-way ANOVA	1.388	0.246
	Bachelor's degree	64.36%			
	Master's degree	64.16%			
	PhD degree	69.89%			
Shift rotation consistency	Yes	68.06%	Independent sample t-test	5.013	< 0.001
	No	61.93%			
Total experience years	Less than 5 years	63.25%	One-way ANOVA	2.601	0.044
	5 – 10 years	64.54%			
	11 – 16 years	65.73%			
	More than 16 years	68.29%			

Discussion

The findings indicate that a significant proportion of healthcare professionals are employed in the private sector, accounting for 55.1% of the total. The age group between 25 and 35 years old is the most prevalent, representing 40.8% of the participants. In terms of gender distribution, males make up 51.4%, while females account for 48.6%. Furthermore, the study reveals that almost half

of the participants are either single (48.3%) or married (48.4%), which is consistent with the findings of Alsaraireh's study.¹⁷ These results also align with previous studies, as they suggest that female and married nurses tend to experience higher levels of job satisfaction compared to their male and single counterparts.^{17,22}

The outcomes of a research study examining various factors that impact the satisfaction levels of employees in

the healthcare industry reveal several significant findings. The analysis of the data indicates that different variables have an influence on the overall satisfaction of healthcare professionals. Notably, the study observes that older employees, specifically those aged 45 and above, report higher levels of satisfaction compared to their younger counterparts. This discovery suggests that as employees accumulate more experience and progress in their careers, their satisfaction levels tend to increase. The findings are consistent with prior studies, such as those done by Alsaireh et al and Torkelson et al.^{17,22} Additionally, the research findings indicate that female nurses and married nurses tend to experience higher job satisfaction, whereas male nurses and single nurses tend to have lower job satisfaction. Interestingly, this conclusion contradicts Behmann's²³ study, which revealed that male workers were more pleased than females. This discrepancy may be attributed to different contextual factors.

Workplace environment: Differences in workplace culture, possibilities for career progression, and support from coworkers and superiors can all have a substantial influence on how satisfied various groups of people are with their jobs. Gender and marital status can also influence how people perceive employment duties and responsibilities, which can have an impact on job satisfaction. For instance, societal expectations may shape the way male and female nurses perceive their professional roles and the challenges they encounter.

Social status and number of children: The social status and number of children an employee has can also play a role in job satisfaction. Married employees and those with larger families, specifically three children or more, tend to report higher levels of satisfaction compared to their single counterparts or those with fewer children. This suggests that having family and social support may contribute positively to overall job satisfaction. These findings are consistent with prior studies by Ajamieh in 1996 and Gedif et al. in 2018, which support the idea that various personal and societal variables might impact work satisfaction.^{11,24}

Job title: A total of 38 studies were chosen for this review, with the most frequently reported factors associated with nurses' job satisfaction being the physical working environment and authority and freedom. The study,

conducted by Yasin et al.,²⁵ reveals that the "specialists" exhibit the highest percentage scores on average, while the "resident doctors" have the lowest percentage scores, closely followed by the "practical nurses.". The non-significant ANOVA result suggests that the observed differences in performance among these categories are likely due to chance or random variation. This might be impacted by factors like limited sample numbers, measurement mistakes, or other unaccounted-for variables that affect performance. Furthermore, considering variables like workload, experience, and training could offer more insights into the observed variations in performance.

Current job position: The investigation uncovered that individuals occupying administrative positions, such as department managers and nursing supervisors, expressed notably higher levels of satisfaction in comparison to those in non-administrative roles. This discovery implies that the extent of authority and responsibility within a job position could have an influence on overall contentment. The study also indicated that employees in administrative positions exhibited a greater sense of fulfillment and achievement in their roles, potentially stemming from their ability to shape team dynamics and organizational outcomes. Numerous studies have demonstrated that senior managers generally experience higher levels of satisfaction than middle- and first-line managers, while middle managers tend to be more satisfied than first-line managers.^{26,27}

Shift rotation consistency: The satisfaction levels of employees who have consistent shift rotations were found to be higher than those who do not have consistent rotations. This emphasizes the potential influence of a predictable work schedule on employee satisfaction and work-life balance. A similar study done by Alcaraz et al., had comparable findings, corroborating this finding.²⁶

Total experience years: The study revealed that employees with a longer tenure (more than 16 years of experience) reported higher satisfaction levels compared to those with less experience. This observation suggests that an increased duration of employment may contribute to job satisfaction. Furthermore, job satisfaction was found to increase with age.^{26,27}

However, it is important to note that while some variables showed statistically significant associations with job satisfaction levels, others did not exhibit significant differences. These findings illustrate the complexities of work satisfaction, which can be impacted by a variety of interconnected elements such as personal, professional, and organizational characteristics. Furthermore, this analysis provides valuable insights for healthcare organizations seeking to enhance employee satisfaction and retention by addressing specific factors that contribute to overall job satisfaction among their workforce.

Conclusions

The current findings indicate that the majority of healthcare providers, specifically 55%, are employed in the private sector, while 44% work in the governmental sector. Notably, healthcare providers aged between 36 and 45 exhibited a higher level of satisfaction, particularly among the younger employees. We believe that as individuals grow older, their coping mechanisms and overall satisfaction tend to improve, potentially enabling them to better manage stressors. Furthermore, our analysis revealed no significant difference in satisfaction levels between male and female healthcare providers, except for the aspect of maternity. Interestingly, married employees reported higher levels of satisfaction compared to their single counterparts. Overall, more than half of the sample, specifically 54.9%, expressed a general sense of satisfaction.

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Competing interests

The authors declare that they have no competing interests.

Abbreviations

World Health Organization: WHO.

Authors' contributions

All authors read and approved the final manuscript. All authors take responsibility for the integrity of the data and the accuracy of the data analysis.

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The data used in this study are available from the corresponding author on request.

Ethics approval and consent to participate

The study was conducted in accordance with the Declaration of Helsinki. Institutional Review Board approval was obtained. The present study did not interfere with the process of diagnosis and treatment of patients and all participants signed an informed consent form.

Consent for publication

By submitting this document, the authors declare their consent for the final accepted version of the manuscript to be considered for publication.

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