

HEALING ENVIRONMENTS: A COMPREHENSIVE STUDY ON THE WORK-LIFE QUALITY OF NURSES IN MOH HEALTHCARE FACILITIES

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Abstract

Nurses are the backbone of the healthcare system, providing diverse and essential services to promote health and deliver quality care. Their roles have evolved beyond institutional care, encompassing a wide range of disciplines within healthcare organizations. Despite their significant contributions, nurses often remain an overlooked and undervalued workforce in the healthcare industry. This invisibility is concerning, especially in the face of today's complex healthcare landscape, where nurses encounter various challenges. These challenges include manpower shortages, long working hours, workplace hazards, and the immense pressure of their roles. Moreover, the healthcare environment can be fraught with violence, which directly impacts care settings and services.

One key aspect that influences the well-being of nurses and their performance is the quality of life (QOL). Quality of Life is a subjective evaluation of one's life based on cultural, societal, and personal values, encompassing their goals, expectations, standards, and concerns. It is intricately linked to their work environment and their relationships within it.

The concept of Quality Work Life (QWL) has gained prominence as a critical issue. Many studies have explored this topic across various settings, emphasizing the need to enhance the quality of work-life for nurses. This paper delves into the challenges and opportunities for improving the QWL of nurses in the healthcare sector.

Keywords: nurses, healthcare, quality of life, quality work life, healthcare challenges

Introduction

Nurses are the most diverse and largest personnel in the health care system. The word nurse originated from the Latin word "Nutritious" which means someone who nourishes fosters and protects. The role of nurses in the health care domain is expanding and their performance is not limited to institutional care alone and extended to various disciplines in a health care organization¹.

The nurses are the strongest key pillars in providing quality care services and they play a vital role in maintaining health status and achieving health-related targets like health promotion, prevention of disease, restoration of health, institutional care, and rehabilitation services. However, these nurses stay an invisible workforce of health care industry².

The evolution in health care and global demand for quality patient care, nurses are facing numerous challenges in today's complex care environment like shortage of manpower, working hours, workplace hazards and work pressure violence is directly linked to care settings and services

Quality of Life is defined as an individual's insight into their place in life from the perspective of the traditions and value systems in which they exist and in relation to their goals, prospect, standards, and concerns⁵. QWL is the relationship between employees and the total working environments. Today, Quality Work life has become an important issue and many studies have been published on the topic from various settings⁷. However, it is always pointing out the need to improve the quality of work-life.

Nurses are well trained to give excellent patient care to increase the quality life of their patients, on the other hand, their own quality of work-life has been ignored⁸. Quality of nursing work Life is an extensive and wide program designated to promote employee satisfaction, strengthening workplace learning, and serving employees to manage change and transition⁹.

Healthy work environment is an important aspect of people's lives and most people spend a large part of their working lives at work, understanding the crucial factors like job satisfaction, relationship with co-workers, professional development opportunities,¹⁰ salaries financial benefits and equities are the essential components to improve the employee performance and productivity¹¹. In nursing perceptive to have an employee's satisfaction and to retain the employee in an organization, quality of work-life is indispensable

Reviewing the earlier studies many elements were found to have a significant relationship with the quality of work life. The most often examined components are socio-demographic variables like education, experience, marital status, and gender¹³ on other hand significance difference was found with the work environments like the low levels of respect, appreciation, and support and poor communication and interaction with the co-workers.¹⁴

Focusing on improving the quality of work-life and improving employee satisfaction and strengthening the organizational climate¹⁵ with this background the present study was undertaken to check the quality of nursing worklife and its factors among nurses working under the Ministry of Health Hospitals in Najran Region.

Materials and Methods

The research was carried out at the Ministry of Health Hospitals in the Najran region, Saudi Arabia, between January to May 2019. The total number of Ministry of Health Hospitals in the Najran region was 10. They were distributed throughout urban and rural areas. The samples were selected through a multistage stratified random sampling technique. The hospitals were allocated randomly into rural and urban and there were 5 Hospitals in rural and 5 in urban. The estimated sample size was 592 and it was made the sample size to be 600 and it was planned to select $600/10=60$ nurses from the selected hospitals and from each hospital, 60 nurses were selected randomly from the list of nurses working at each department. After selecting the participants, the researcher obtained the basic information from the study participants and explained the purpose of the study and obtained informed consent. The tool used for the study was Brooks & Anderson's to measure the Quality of nursing Work Life¹³ and it's a self-completion questionnaire with 47 items for subscales which focus on work environment dimension (9 items), work design (11 items), work context dimension (15 items), work-life/home life (7 items) and works world dimension (5 items) is scored on a six-point Likert scale in terms of strongly disagree, moderately disagree, disagree, agree, moderately agree, strongly agree. The score on each item was summed up to obtain the total score and the subscale scores were obtained by summing up the score obtained in the subscales.

The research study was conducted after obtaining official written approval from the Institutional Review Board, Directorate of General Affairs, Najran. Permission was also obtained to conduct the study from various hospital authorities. The tool was translated in Arabic and English language and distributed to selected study participants and they were instructed to respond to the questionnaire. After seven days the researcher himself went back to the hospital and collected the questionnaire. The incomplete data was eliminated. Confidentiality, anonymity, and rights of the participants were fully ensured throughout the study period. Data was analyzed by using descriptive statistics as frequency and percentage.

Results

Table 1: Percentage Distribution of the nurses based on Socio- demographic characteristics

Variable	Category	Number	Percentage %
Age	20-30	154	27%
	30-40	158	28%
	40-50	136	24%
	50-60	116	21%
Gender	Female	384	68%
	Male	180	32%
Civil status	Single	224	40%
	Married	340	60%
Professional Qualification	Diploma	184	33%
	Bachelor	380	67%
Nationality	Saudi	222	39%
	Non- Saudi	342	61%
Nursing Experiance	<5 years	163	29%
	5 to 10 years	142	25%
	10 to 15	131	23%
	>10 years	128	23%
Position	Nurse	460	82%
	Head Nurse/Supervisor	104	18%
Area of working	ICU	132	24%
	Emergency	124	22%
	Ward	164	29%
	Others	144	25%
Average working hours per week	<48 per week	442	78%
	>48 hours per week	122	22%
Flexible duty Schedule	Yes	386	68%
	No	178	32%
No of Night duties	5-7	234	41%
	8-10	330	59%
Monthly Income	<5000 SR	326	58%
	>5000 SR	238	42%

Table:2 Factors influencing the quality of nursing work life among nurses working at the Ministry of Health Hospitals.

NO	ITEMS	AGREE		DISAGREE	
		No	Per cent age	No	Per cent age
	WORK ENVIRONMENT DIMENSION				

1	My hospital work environment is good and highly motivating	254	45%	310	55%
2	Working conditions are good in my department.	294	52%	270	48%
3	It is hard to take time off during our work to take care of personal or family Matters	194	34%	370	66%
4	My hospital authority offers sufficient opportunities to develop my own abilities	224	40%	340	60%
5	The hospital authority or superiors provides enough information to discharge my responsibilities	394	70%	170	30%
6	I have given a lot of work empowerment to decide about my own style and pace of work.	242	43%	322	57%
7	I feel safely protected against damage(Physical, Moral, Verbal)at work	412	73%	152	27%
8	The hospital provides a secure environment	420	74%	144	26%
9	Break area /locker room for the nursing staff in my area is comfortable	246	43%	318	57%
	WORK DESIGN DIMENSION				
10	I am satisfied with my job	366	65%	198	35%
11	I am over worked	454	80%	110	20%
12	I perform many non-nursing tasks	446	79%	118	21%
13	I have Adequate staffs available in my work unit to meet the needs of the clients	246	44%	318	56%
14	I have enough time to do my job well	286	51%	278	49%
15	I am able to provide good quality patient care	446	80%	118	20%
16	I have the autonomy to make patient care decisions	320	57%	244	43%
17	I receive a sufficient amount of assistance from support personnel.	242		322	
18	I receive quality assistance from support personnel (the dietary aides, housekeeping, patient care technicians and nursing assistants).	240	43%	324	57%
19	I have experienced many interruptions in my daily work routine	264	47%	300	53%
20	I am able to communicate well with my nurse manager/supervisor	412	73%	152	27%
	WORK CONTEXT DIMENSION				
	Management and Supervision				
21	My nurse Manager /Supervisor provides adequate supervision	342	61%	222	39%
22	I am able to participate in decisions made by my nurse manager/ supervisor	228	40%	336	60%
23	Upper-level management has respect for nursing	286	51%	278	49%
24	I receive feedback on my performance from my nurse manager/ supervisor	326	58%	238	42%
25	Nursing policies and procedures facilitate my work	486	86%	78	14%

26	I am recognized for my accomplishments by my nurse manager/ supervisor	186	33%	378	67%
	Relation and cooperation with co-workers				
27	There is teamwork in my work setting	318	56%	246	44%
28	I communicate well with the physicians in my work setting	410	73%	154	27%
29	I feel respected by physicians in my work setting	442	78%	122	22%
30	I am able to communicate with the other staff	508	89%	56	11%
31	Friendships with my co-workers are important to me	278	49%	286	51%
32	I feel a sense of belonging to my workplace	384	68%	180	32%
	Professional Development Opportunities				
33	I receive support to attend in-services and continuing education programs	246	44%	318	56%
34	My work setting provides career advancement opportunities	196	35%	368	65%
35	It is important to me to have support from my hospital in pursuing higher studies	284	50%	280	50%
	WORK -LIFE/HOME LIFE DIMENSION				
36	My energy left after work.	184	33%	380	67%
37	I am able to balance work with family needs	244	43%	320	57%
38	I am able to arrange for day-care when my child is ill	224	40%	340	60%
39	I am able to arrange for child-care when I am at work	196	34%	368	66%
40	The system of working schedule negatively affect my life	412	73%	152	27%
41	I need support to care my elderly parents	268	48%	296	52%
42	My organization Policy for vacation is appropriate for me and my family	442	78%	122	22%
	WORK WORLD DIMENSION				
43	I believe my Society has an accurate image of nurses	246	43%	318	57%
44	I would able to find my same job in another organization with about the same salary and benefits.	346	61%	218	39%
45	My salary is adequate	164	29%	400	71%
46	My work impacts the lives of patients /families	476	84%	88	16%
47	My job is secure	368	65%	196	35%

Table 1: Socio-demographic characteristics of the nurses working at the Ministry of Health Hospitals in the Najran region.

The quality of the Nursing work-life questionnaire was distributed to 600 the Ministry of Health Nurses and the overall response rate was 97%(n=584). The incomplete questionnaires were removed and overall the response rate was 94%(n=564). The present study findings reported that the majority of the respondents were in the age group of 30 to 40 years and most of the respondents were female (n=384,68%). Regarding the civil status most of the respondents were married (n=340,60%) and the majority of the nurses had a Bachelor's degree (n=380, 67%).In relation to the Nationality majority of the respondents were Non-Saudis (n=342,61%) and the majority of them belong to the Nurse class (n=460, 82 %). In describing the work-related characteristics, the majority of the nurses have experience of fewer than 5 years. Regarding the working hours, the majority of them are after the 48

hours per week schedule according to the Ministry of Health standards and 330 (59%) nurses had done 8 to 10 days of night duty in a month and the majority of them stated that their duty schedule was flexible. Regarding the salary, most of them received a monthly salary of fewer than 5000 Saudi Riyals (n=326, 58%).

Table 2: Table 2: Describing the quality of work-life among nurses in various dimensions.

The Brooks and Anderson the 6-Point scale was collapsed into two categories: Agree and Disagrees. The Agree category contains a positive response (agrees, moderately agree and strongly agree) while disagreeing the category contains negative responses (strongly disagree, moderately disagree and disagree) and table 2 shows the number and percentage of nurse respondents for each category.

1. Work environment dimension

The present study reported that the majority of nurse respondents perceived that they were satisfied with the items in the dimension of the work environment life. 74 % (n=420) respondents felt that the hospital provides a safe and secure work environment and 73% (n=412) nurses reported that safe to personal harm (Physical, Moral, Verbal) at work and 70% (n=394) respondent were satisfied with the hospital authority and superiors to provide adequate information to deliver the responsibility to the patient. Despite the respondents were expressing that they were not satisfied with many working factors. approximately % (n=370) nurses reported that it's hard to take off during working days to take care of personal and family members and 57% (318) nurses expressed that they do not have a break area and enough lockers in their work unit.

2. Work-design dimension

Factors related to the nursing workforce were the most important factors in the work design dimension. Eighty percent (n=446) of respondents indicated that they are agreed to give good quality of nursing care and 80 % (n=454) of the respondents stated that their workload is heavy. Seventy-nine percent (n=446) reported that they are performing many non-nursing tasks and 65% (366) nurses expressed that they are satisfied with their job. The respondents were not satisfied with the received quality help from support people (the dietary aides, housekeeping, patient care technicians and nursing assistants and 318 (56%) respondents reported that there are not enough registered nurses available in the work unit to meet the needs of the client. Approximately 43% (n=244) nurses stated that they do not have the autonomy to make patient care decisions.

3. Work context dimension

a). Management and supervision

Factors related to management and supervision issues. The majority of the respondents 86% (n=486) reported that the nursing policies and procedures were supportive enough to facilitate the work and about 61% (n=342) reported that they are receiving adequate supervision from their nurse manager /supervisor. The respondents reported that do not receive enough feedback and for their accomplishments 67% (n=378) and 60% (n=336) of the nurses do not have the chance to take part in the decision-making process.

b). Relation and cooperation with co-workers

In terms of relation and cooperation with the co-workers the respondents reported that they are positively satisfied with the domains of co-workers. Eighty-nine percent (n=508) stated that they have good communication with other coworkers and 78% (n=442) reported that they were respected by the physicians in work setting and reported that 56% (n=318) there was teamwork in their work setting and 68% (n=384) agreed that they feel a sense of belonging in the workplace.

c). Professional development opportunities:

In terms of professional development opportunities, the majority of the nurses agreed that its important domain have the opportunity further professional training and education. 65%(n=368) claimed that their work organizations do not give adequate opportunities for career advancement and 56%(n=316) reported that they do not receive support to attend in-service and continuing nursing education program and 50 %(n=280) stated that the hospital does not support for pursuing the higher studies.

4. Work life/Home life dimension

The majority of the nurse respondents show that they were not satisfied with the dimension of work life. Approximately 78%(n=442) respondents felt that the policy for vacation was right for nurses and for their families. 73%(n=412) of respondents agreed that they are not happy with the working hours which negatively affects their day-to-day life and 67%(n=380) of the nurses reported that they have no energy left after the work and 66%(n=368) nurses reported that their need to have childcare services and 60%(n=340) agreed that it is important to have childcare services near to the hospital premises

5. Work world dimension

The majority of the respondents were satisfied with the work world dimension. 84%(n=476) nurses believed that nursing work positively affects the lives of patients which indicates that nurses have excellent skills in providing quality care to the patient, family, and community. Approximately 61 %(n=346) nurses perceived that they will not find a similar job in other organizations and almost 65%(n=368) believe that their present job is safe and secure. About 71%(n=318) nurses reported that they were not satisfied with their current salary and 57%(n=43%) nurses in this study did not believe that society has an exact image of nurses.

Discussion:

The quality of work-life is a subjective experience linked with personal feelings and perceptions of the nurses¹⁸. The comprehensive assessment of the quality of work-life among nurses will enhance the organizational commitment, increase productivity, and cut the turnover of the nurses¹⁹. Hospital is the most demanding workplace for the nurses, therefore paying attention to their work environment thus nursing quality life needs to be strengthened. The purpose of the study was to assess the quality of work-life and its factors among nurses in the Najran region, Saudi Arabia. The present study findings reported that 56% of the respondents were satisfied and 44% were unsatisfied with their quality of work-life. However, the study findings are consistent with a study conducted by Mohamed et al on the quality of work-life among primary health care nurses in the Jazan region and reported that primary healthcare nurses were dissatisfied with their work life⁷. Similarly, Hamdan conducted a study on the quality of work-life among nurses in the Hail region and described that nurses had a moderate quality of work-life.

The present study has five major domains and 47 sub-items are included. The present study findings reported that 53% of the respondents were satisfied with safe and secure environment and they were highly motivated to work effectively. Nurses have the potential way of improving health and health care for all, and to realize the potential, they must have an environment with safe and secure and staffing²¹. The World Health Organization (WHO) defines a healthy environment is a place of "physical, mental, and social well-being," supporting optimal health and safety²². The present study identified that the majority of the participants were satisfied with the factors like working conditions, information to discharge the responsibilities, safe and secure environment. On the other hand, they were dissatisfied with the working hours, insufficient opportunities, decision-making process, and break area. The present study findings are consistent with a study conducted by Hays et al on work environment and quality of work among nurses and reported that a healthy environment reinforces the nurses to work

effectively. Similarly, another study was conducted by Su hash et al on the quality of work-life of nurses working at tertiary health care hospital and reported that 50% of the nurses were satisfied with work environment²⁴

In the present study almost of the participants were satisfied with the work design dimension and they reported that they were satisfied with their job, despite the shortage of staff in their unit still they were able to give better quality care to the patients and the majority of the participants described that they were able to communicate freely with their supervisor. The respondents were unsatisfied with workload and performing the non-nursing a task which brings them unnecessary pressure and change their perception towards their work design²⁵and also reported that they don't have autonomy in decision-making process and most of the participants reported that they are facing a lot of challenges and many interpretations in performing many non-nursing tasks which affect their quality of work-life negatively. The study results consisted of a study conducted by Hassan on the role of the nurse managers in improving employee's performance and satisfaction²⁶ and reported that employees satisfaction is the most essential element in the organization and stressed that their responsibilities take greater part in achieving the organizational goals²⁷. Several studies have reported about the nurses working condition, overwork, performing a non-nursing the task and destruction of daily work but there was no significant improvement was observed and negatively impact the performance of the employees.

The respondents were not satisfied with the management practices were identified as one of the problematic areas in the 'work context' dimension are lack of supervision, feedback, participation in decision making and respect showed by upper-level management and working hard without appreciation and recognition of the performance of nurses has a direct influence on the work dimension. The respondents were satisfied with the nursing policies and procedures, communication, teamwork and a sense of belonging in the workplace. The study results were supported by Abu Al Rub et al conducted a study on quality of work and nursing recognition and reported that there was a significant relationship with staff turnover and appreciation and also emphasized that nurses need to be recognized for their hard work and dedication. ²⁸. Regarding the carrier development and opportunities majority of the respondents were dissatisfied with educational programs and there was no support from an employer to pursue higher studies which negatively affect the quality work of an employee. The present study results were supported by several studies that have been conducted and reported that the health care professional need to have updated knowledge and skills to give quality patient care²⁹. The study reported that most of the nurses stated that they were dissatisfied with the work-life dimension and disclosed that they don't have energy, after the duty and not able to balance between the work and family needs. The system of working schedule greatly affects the routine life and no supportive services available to care for the elderly parents and kids and they were unable to balance between the work-life and family life.

Regarding the work world dimension, most of the nurses reported that they were dissatisfied with the salary and financial incentives are one of the essential factors that affect the quality of work-life among nurses. Several studies have reported the salary-related issues. However, there was no solution was found. Most of the respondent was satisfied with the image in the society job satisfaction. The study results were supported by Zakari conducted a study on professional ethics among Saudi nurses and reported that Saudi nurses have high professional qualities ³⁰.

Similarly, Moeed conducted a study on Job satisfaction among nurses and the results revealed that nurses have a high level of job satisfaction. There are several factors that affect the quality of work-life however this current study intensively analyzed the quality of work-life among nurses in the Najran region.

Conclusion

The purpose of the study was to assess the quality of work-life among Ministry of Health nurses in Najran, Saudi Arabia. Findings reported that the majority of the nurses were not satisfied with their quality of work life. Nursing is a unique profession and facing various threats in day-to-day practice and it is an essential need to focus on their quality of life to promote their work environment. Nursing administrators need to create effective strategies to enhance better quality of life for the nurses.

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