Research Proposal For

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Job satisfaction and intention to quit: an empirical analysis of nurses in Kuwait

Research Abstract

The study aim is to identify the facets influencing job satisfaction and intention to quit of nurses in Kuwait. Purpose of the study is to assess the degree of the job satisfaction, and level of intention to change jobs of these groups. Two hypotheses were formulated. Dissatisfaction with the job nature, income and social prestige of nurses would result in intentional of withdrawing from nursing and - or the nursing profession and dissatisfaction with the supervisor, patient, colleague, promotional opportunity, education a training, workload and shift duty would elicit intention of leaving the present working sector. The variable of intention to quit was adopted here to stand for nurse's job commitment. A result, a more practical and long-term plan could be recommended to improve the future retention and recruitment of nurses in Kuwait.

INTRODUCTION

 "If there is one system that holds the potential to reverse the trend of growth and speed up the decline in nation's fortunes, it's health system" **(M.A. Al-Bustan, 87)**. There has been great development in Kuwait's health care delivery system since 1970s till 1990s, the progress was linear-the number of hospitals increased from 11 to 16 and the number of Primary Health Care Clinics, from 53 to 68. The various facilities within the latter showed expansion. For example, the number of dental clinics went up from 94 in 1980 to 222 in 1989; maternal care centers 18 to 24; childcare centers from 28 to 43 and preventive care centers, from 23 to 30. The number of beds increased by 14 percent; physicians by 39 percent dentists, by 87 percent; nurses by 24 percent; and pharmacists by 43 percent. **(AL-Ansari &AL-Enezi, 17)**

The linear progress was seen till 1989 suffered from a setback due to Iraqi aggression which led to a collapse in all infrastructure aspects of health care. The number of clinics, hospital beds, allied health forces

 all showed a significant decrease as compared to 1989 levels. This phenomenon isn't very surprising, as the year 1991 was the year of great upheavals. The country was under occupation until February 1991 and devoid of most its inhabitants. After the liberation, and for quite sometimes afterwards.

People both natives and expatriates tricked back to the liberated country. The signs of recovery became visible. However, recent years a downward trend has been recorded in some health care indicators.

Comparison of the 3 last decades reveals a decrease in the number of physicians per thousand populations. Simultaneous increase in population per doctor. There are indications that the national policy of gradual kuwaitization in the public services is bearing fruit. The percentage of Kuwaiti physicians and dentist in Kuwait's health care system (both government and private) increased. Respectively, on the other hand the percentage of Kuwaiti nurses decreased.

To upgrade the technical standard of physicians and qualifying those with training emerged idea of establishing the Institute of Nursing in 1962 and Kuwait

Institute for medical specialization in 1984. In 2000, Kuwait had five government general hospital- one in each health region plus the specialized Sabah Medical Center (include the Sabah General Hospital); 9 specialized hospitals; and 23 diabetes clinics.

During such changes, morale and job satisfaction of health care professionals naturally warrants the community's attention. The morale and job satisfaction of nurses needed to be high, so that the implementation of changes could be carried out smoothly. Specifically, the nursing profession was the most direct contacts with patients; and yet it also suffered a serious shortage of manpower (Hakeem et al, 1999). In turn the workload of nurses increased. Thus, nurse's job satisfaction was an important issue for academics, administrators and policy makers in health care system.

Although the Ministry of Health has worked out and implemented a series of recruitment and retention strategies, it could not be denied that Kuwait is still facing the problem of a critical shortage of nurses. The shortage of nurses not only affects the implementation of the changes but also influences the day-to-day running of health care services." Shortage of the manpower in health sector is considered one of the main problems affecting the quality health service, especially developing countries" (A. Al-Awadhi, 1987).

In Kuwait, hundreds of staff nurses leave nursing every year. A total of 9% governmental nurses left the services in the 10 month of 2007, compared to 10% 2003; and 7% in 2000; and 6% in 1999(Department of Statistics & Medical Records Health & Vital Statistics Division 2001)   . Although the tendency of an increasing turnover rate has slackened, the figure still remains at a high level of about 10 % at present.

Nursing job satisfaction and turnover has long been a concern for many years in many countries. However, there remains a serious problem in the conduct of research on the job satisfaction and turnover of nurses in Kuwait. Nowadays, there is a critical imbalance in turnover and recruitment of nurses in Kuwait, and the condition needs to be addressed as the high turnover rate.

This study is a descriptive survey and data were collected through an English self-administered questionnaire that was modified from the "Nurse's job Satisfaction Measure". The sample was selected by non-probability sampling method. After sampling, the development of instrument is illustrated. The dependent and independent variables are defined after the identification of hypotheses. In order to establish the validity of the instrument, a pilot study is carried out.

After data collection, the data were processed. Univariate Data Analysis, Bivariate Data Analysis, and multivariate Data Analysis then analyzed them. The results were presented both descriptive and graphically. An in-depth discussion of the results was made. Prior to the conclusion of the is paper, the limitation and recommendation were identified.

LITERATURE REVIEW

Nurse's satisfaction retention has been important issues for Minster of Public Health in Kuwait. After the increase number of quitting and staff turnover can affect your bottom

The relationship between environment and individual's wellbeing were illustrated in the Person-Environment-Fit Theory. Caplan (1984) related job satisfaction to ' goodness of fit ' between the needs and abilities of individual, and the opportunities and demands of the environment. 'Needs supply fit' explain how the needs and values of the individual fir with supplies and opportunities which existed in a particular environment. 'Abilities demand fit' looked at the demands of the environment and the abilities of the individual to meet these demands.

Stamps and Piedmont (1986) proposed the Social-Reference-Group Theory to describe job satisfaction by connecting with group influence. Job satisfaction was a function of the characteristics of the job that met the desires of the groups. Additionally, a worker looked for Guidance in evaluating his or reality. Nevertheless, the satisfaction of the individual was based on the satisfaction of peer group. The group might desire certain job factors, then, if an individual could get those particular factors in his work, the individual would be more satisfied with the job.

The most obvious methods for a manager to improve unite staffing is to decrease turnover of nursing personnel. Annual nursing turnover is the percentage of employed nurses who are separated from their jobs during a year's time. Annual turnover rates of nursing personnel are usually higher than for women employees in other industries (Institute of Medicine, 1993; Prine and Muller, 1991).

At regular intervals, the attitudes of current employees should be surveyed to identify sources of job satisfaction or dissatisfaction. An attitude survey of registered and practical nurses in a university hospital revealed that turnover could be predicted by " leavers" and " stayers" different responses to selected survey items. In general, "leavers" reported lower overall job satisfaction, lower satisfaction with supervision,

lower satisfaction with opportunities to use personal abilities, and increased feeling of tension and pressure." Stayers " were generally older, had more seniority in the agency, and were better job performers than "Leavers". Researchers concluded that nurse's principal motivation for resignation from the studied hospital was frustration of employee's needs for growth and development (Seybolt et al., 1978).

If correlation studies have identified personal, educational, or experiential qualifications that correlate with satisfaction in a particular position, job requirements should be rewritten to include those qualifications, so as to ensure the selection of the best-qualified candidate for each job.

In a study of new graduate staff nurses, the most significant cause for dissatisfaction was assignment of too much responsibility too soon, with the result that the neophyte felt overwhelmed by the supervisor's expectations for her or his clinical performance Cronin-Stubbs, (1977). A survey of register nurses in medical surgical unites of several acute care hospitals revealed a significant correlation between perceived work overload and intent to resign Jolla, (1990). This research concluded that registered nurse turnover could be decreased if nonprofessional duties now performed by registered nurses were assigned to personnel with less education and training. This expert and others advise that the primary nursing concept be refined to allow for a "nurse extender" or "practice partner" role. A nurse extender is a practical nurse, a nurse aide, a respiratory therapist, an electrocardiograph technician or technician of another type, who paired with an RN who serves as primary nurse for a caseload of patient.

One study of employee motivation revealed that job satisfaction is related to different factors for groups with different educational backgrounds. For ancillary nursing personnel, job satisfaction resulted from the feeling of being a member of the "hospital team." For technical nursing personnel, job satisfaction resulted from being viewed as " skilled professionals" and having the opportunity to acquire new skills. For professional nursing personal job satisfaction resulted from a supportive interpersonal environment and the opportunity to shape agency policies Carey et al., (1997).

Nursing home nursing assistants were surveyed in the northwest to determine whether the assistants' turnover rates were related to satisfaction of survival, security, belonging, esteem, and self-actualization needs Maslow, (1970). Finding revealed the following relationships among need satisfaction and job turnover for studied nursing assistants. Employees who received the highest pay and spent least for food and shelter (survival needs); who felt they were a valued member of their work group, felt "needed" by their patients, and had a head nurse who "listened" to their concerns (security and belonging needs) had longest job tenure. Those who ranked themselves highest in nursing skills (self-esteem) had the longest job tenure.

A survey of nurses in four acute care hospitals in a Southeastern metropolitan area revealed that nurse managers' leadership style was significantly correlated with staff nurses' job satisfaction (Lukas, 1991). Staff nurses in this study reported a preference for the consulted style of management which is characterized by considerable confidence in subordinates' abilities, both downward and upward communication, motivation through rewards, involvement, and occasional punishment, moderate delegation of responsibility to subordinates, and consultation with subordinates about management decisions (Likert and Likert 1976).

Job satisfaction is defined as one's affective response to the job. However, studies show that an individual's job is not a unitary attitude object. Instead, job satisfaction has several dimensions. According to Locke (1976), the following are job dimensions about which workers develop attitudes on a like-dislike continuum: nature of the work; pay; promotion opportunity; recognition; working conditions; benefits; supervision; coworkers; and clients. According to "Locke", a worker's rating of any dimension as very positive or very negative indicates that the dimension is important enough to provoke string feelings. Conversely, neutral feelings of satisfaction about a specific job dimension means that the dimension has little significance for worker's total job satisfaction.

Some believe that job satisfaction reflects a degree of congruity between a worker's expectations of the job and experience of the job Locke, (1976) Vroom, (1964) White and Mitchell (1979) claim that the degree of job satisfaction is influenced by a worker's perceptions of the other workers' satisfaction in the same job. Herzberg (1966) claims that a worker's job satisfaction results from a different set of

factors from those that cause job dissatisfaction. According to Herzberg, job satisfaction depends on the amount of autonomy, responsibility, recognition, and achievement afforded by the job; and dissatisfaction is associated with work environment and conditions. On the other hand, Katz and Van Maanen (1977) claim that job satisfaction derives from distinct factors: job properties (similar to Herzberg's satisfies); interactional context for work (one of Herzberg's environment factors); and work policies (an-other Herzberg's environment factors).

Several studies revealed that nurses experience low levels of job satisfaction. In a study of several types of health care personnel, the lowest job satisfaction was reported by hospital staff nurses Hurka, (1974). Survey of nurses in Chicago and San Francisco McClosky, (1974) revealed that psychological rewards, such as educational opportunities, career advancement systems, peer recognition, and research opportunity, and "safety" rewards, such as salary increase, extended vacation, and such as salary increase, extended vacation, and improve work schedules, produced greater job satisfaction than did social rewards, such as socializing with peers and sharing opinions and feelings.

In a study by Moser and Kerkorian (1999), hospice nurses found interaction with clients and family a greater source of job satisfaction than working conditions. In a study by Thiry (1998), nurses reported their greatest job satisfaction from pleasant superior-subordinates' relationships and their greatest dissatisfaction from inadequate job information and ineffective conflict handing.

In a survey of Florida nurses Ginsberg et al. (2000), one-third of respondents reported substantial job dissatisfaction, and one-half reported dissatisfaction with the nursing career. For this nurse, the major reasons for job dissatisfaction were inadequate salary, devaluation of nursing work, and difficult duty hours. In a survey of Texas nurses (Wendell et al., 1981), the primary causes of job dissatisfaction for employed nurses were inadequate salaries, excessive paperwork, lack of administrative support, and lack of in-service education. Unemployed nurses reported difficult work schedules and unsatisfactory relations with physicians as reasons for leaving nursing. unionized nurses reported dissatisfaction with salary, bonus policy, and compensation for education and experience; but satisfaction with grievance procedures and fringe benefits. Nonunionized nurses reported dissatisfaction with

grievance procedures, fringe benefits and compensation for education, but satisfaction with salary.

Many studies have shown that rates of nursing staff turnover are often too high, In an American Health Care Association RN Manpower Survey, 82% of nursing homes responding needed more nurse aides, 76% were short of licensed practical nurses (LPNs) and 71% reported a shortage of RNs. The American Nurses' Association 1991 survey estimated the vacancy rate for nursing homes at 19%, compared to 13% for home health care agencies.

Rates of turnover in different studies tend to vary. Turnover rates fluctuate according to type of facility, administration, location and characteristics of the current workforce, but also result from varying assessment methods. Some studies include only voluntary separations, while others include all types of separations. Anticipated turnover, rather than actual turnover, has been the subject of investigation in several studies. Also, in recent years, researchers have begun to assess not only when workers leave, but who is leaving, where they are going and why.

Models of turnover Israel in the literature usually are causal and multi-staged. They begin with job and/or personal factors as the initial cause(s) and consider satisfaction/dissatisfaction as a mediating factor. Other variables tend to vary with the model. Several models add mobility or opportunity to leave as a predictive variable; Some emphasize within-person expectations, attitudes and responses, while others include "objective" characteristics of the person and/or the environment. Concern over job satisfaction of employees in business and industries have increased in the past few decades.

To conclude, concern over job satisfaction of employees in the health care field has increased in the past few decades. Job satisfaction is defined as the pleasurable or positive emotional sate resulting from the appraisal of one's job or job experience, and there are many theories explaining the concept of job satisfaction. These include Two-Factor Theory, Need-Fulfillment Theory, Person-environment-Fit Theory, and Social-Reference-Group Theory. The turnover models can be used to evaluate the specific propositions about the relationships between variables in job satisfaction.

In the literature, there is a commonly assumption that individual's dissatisfaction with their current work role is the major cause of turnover; therefor the relationship between job satisfaction and turnover was examined. Some studies reported that there was a significant relation between job satisfaction and turnover, e.g., hunter et al., (1986) while some did not.

PURPOSE OF THE PRESENT STUDY

According to these findings from the previous literature, the purpose of the present study is to discuss the relationship between job satisfaction and intention to change jobs among nurses in State of Kuwait.

Assess the degree the job satisfaction, level intention to change jobs of these groups. Two hypotheses were formulated. Dissatisfaction with the job nature, income and social prestige of nurses would result in intentional of withdrawing from nursing and - or the nursing profession and dissatisfaction with the supervisor, patient, colleague, promotional opportunity, education training, workload and shift duty would elicit intention of leaving the present working sector.

The variable of intention to quit was adopted here to stand for nurse's job commitment. A result, a more practical and long-term plan could be recommended upgrade future retention and recruitment nurses Kuwait.

Aims

1. How satisfied were nurses with their jobs?
2. Do Nurses want to change jobs?
3. What is the intention of nurses in changing job: move to other health care sectors or leaving the nursing professional?
4. Does nurse's job dissatisfaction cause intention of quitting?

METHODOLOGY

After decades of research in organization psychology, organization behavior and human resources management, relationships among some job-related variables (e.g., job satisfaction and turnover) has been discovered and conclusions thereon mad in other countries.

However, the reliability and validity of these instruments might be questionable (Cornelia M Roland, 2007) when they were used in the Egypt community as the culture, society climate, norms and values of nurses might be different. The nurses in Kuwait were growing synapse of eastern and western culture. They were educated within British Education system and Canadian system and American system. But their norms and values were deeply influenced by Arabic culture.

This introduced difficulties concerning conclusion of causal relationships in the analysis of result. The institutional and cultural differences of many results. The institutional and cultural differences of various societies and the special characteristics of particular professions needed to be considered. Hole (1996) noted that cross-cultural and cross-setting measures of job satisfaction are intrinsically invalid and unreliable. Therefore, deviation of results might be predicted if the instruments were adopted as the measuring tools. Obviously, a locally developed instrument tool was more preferable.

Research Design

It's a descriptive study, and its used survey approach to explore the -phenomena of concern. Data collected through an English self-administered questionnaire that was modified from the instrument by Kwong M (1995). The questionnaire was distributed to 3 Medical areas in Kuwait, which are Farwaniya -Adan - Shuwaikh, and returned anonymously and on a voluntary basis.

Sampling Procedure:

The study subjects were the nurses in Kuwait. The population under study included the full-time nurses, which are working in the Ministry of Public Health in three medical areas in Kuwait. In the first stage of sampling, 3 Medical areas had been chosen out of 6 Medical areas. Three Medical areas were randomly selected from 6 medial areas. Then 104 Nurses were randomly chosen from the medical area.

It was difficult to obtain a complete list of Nurses from hospital authority, therefor; a convenience sampling method has been adopting in selecting the samples. After the hospitals are selected, four wards from each hospital are selected randomly.

The questionnaires, with a covering letter explaining the conditions of the voluntary participation and confidentiality of the contained data, were then distributed to all the nursing confidentiality of the contained data, were then distributed to all the nursing staff of the selected wards. A total of 311 Nurses were chosen into this study. Distribution, collection of the questionnaire was completed between February and April 2019.

Development of Instrument

The instrument developed to measure the impact of job satisfaction on the turnover was structured questionnaire was modified from the questionnaire which was developed by Kwong M, (1995). Some alterations were made and several variables have been made and several variables have been added to the questionnaire.

The instrument consisted of demographic data and 38 items, which were measured on a five-point Likert scale. Questions in first section collected the socio-demographic data, so as to identify relationship between these variables.

The second section reflected the intention to change job among nurses. What as intention to change job? And to clarify the concept, this variable was delineated in to two dimensions.

Intention to change job was differentiated into intention to change working sector and intention to leave nursing profession. Change working in intention to change working sector was referring to a change of working environment, such as, internal transfer within the hospital, transfer to other hospital, change to health department, change to old age home, work in private general practitioner clinic or out-patient department but still practicing nursing. The intention to leave the nursing job referred changing nature their jobs. They would quit nursing and work in other occupations, such as, medical product sales or correctional service officer or others. The job natures of these occupations were not related to nursing practice.

Intention to change job was also understood in two directions. The first was desired to change jobs, which was conceptually defined as nurse's inclination to change jobs. They were thinking of quitting, if they had the opportunity to meet other alternatives, they would accept the alternative. The second, nurses action tendency to

leave, was regarded as respondents action tendency to leave which referred to respondents who were actively searching for alternative work and thus creating the opportunity of quitting.

Four types of intention to change jobs included:

1. Desire to change working setting. (DCWS)
2. Desire to leave nursing profession. (DLNP)
3. Action tendency to change working setting. (ACWS)
4. Action tendency to leave nursing profession. (ALNP)
5.

This section considered nurses expectations of their future satisfaction of the work values and career plans and evaluated the relationships between job satisfaction, In third section, questions were measure job satisfaction level of nurses. Corresponding to Pasternak's finding in 1988, job nature, patient, promotional opportunity, education and training were related to motivation factors of Herzberg or the two upper levels of Maslow's needs. In addition to income, supervision, colleagues, and social prestige workload and shift duty were associated with the hygiene factors or three lower levels of needs.

The ten dimensions of nurse job satisfaction included were:

1. Job Nature. (SATNUR)
2. Income. (SATINC)
3. Social Prestige of Nurses. (SATPRE)
4. Supervisor. (SATSUP)
5. Colloquy. (SATCAL)
6. Patient. (SATPAT)
7. Promotion Opportunity. (SATEDU)
8. Education and Training. (SATEDU)
9. Workload. (SATLOA)
10. Shift Duty. (SATSD)

Among the ten dimensions of nurse's job satisfaction. It was anticipated that the nursing profession as a whole would share satisfaction with job nature, income and social prestige of nurses. Satisfaction with supervisor, patient, colleague, promotional opportunities, education and training, workload, and shift duty were considered as related to particular of hospital in the context of Kuwait.

1. Dissatisfaction with the job nature, income and social prestige of nurses would result in intention of withdrawing from nursing and/or the nursing profession.
2. Dissatisfaction with the supervisor, patient, colleague, promotional opportunity, education and training workload and shift duty would elicit intention of leaving the present sector.

EXPLORE VARIABLES

1. Desire to leave nursing profession. (DLNP)

Was defined as nurses' propensity to give up nursing if they had the opportunity to do so. Three-item scale was employed to measure this attitudinal construct on 5-point Likert scale.

- I would quit nursing for another occupation paying a slightly lower salary. (DLLOWERS)
- I would quit nursing for another occupation paying an equal salary. (DLEQUALS)
- I would quit nursing for another occupation paying a higher salary. (DLHIGHERS)

2. Desire to change working sector. (DCWS)

Desire to change work sector was define as nurses' inclination to change working sector if they have the opportunity to do so. A three-item scale was employed to measure this attitudinal construct on 5-point Likert scale.

- If offered employment in another health care sector offers me a job, I shall accept even though the opportunity of promotion may be slightly lower than in my present one. (DCLOWERP)

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- If offered a similar level position in anther health care sector, I shall accept it. (DCEQUALPOSITION)

- If offered employment with higher opportunity of promotion in other health care sector, I shall accept it. (DCHIGHERP)

3. Action tendency to leave nursing profession. (ALNP)

Investigate Nurses' intentions to find jobs in other occupational sectors. That means the nurses would give up nursing practice. To measure this construct, the respondents had to indicate their degree of agreement.

- I intend to actively seek employment in another field in the near future. (ALNUR)

4. Action tendency to change work sector. (ACWS)

This was defined as nurse's intentions to fine a nursing job in another health care sector 5-point Likert scale was employed to measure this attitude.

- In the near future, I shall actively seek employment to in another health care sector. (ACWS)

INDEPENDENT VARIABLES

Job Satisfaction was the independent variable. The following items were used to measure nurses' extent of job satisfaction.

Satisfaction with job nature (SATJNUR)

- I always enjoy providing nursing care.
- I get feelings of worthiness and accomplishment from my work.
- I always think of my job as challenging.
- I always think of my job as Varied.
- I can to endure the pressure of the nursing profession.

1. **Satisfaction with income (SATINC)**

   - I am satisfied with my present income.

   - Compared with other occupations nursing is fairly well paid.

   - I am satisfied with the annual salary increment.

   - Income from nursing provides me with a comfortable life style.

2. **Satisfaction with social prestige of nurse (SATPRE)**

   - In Kuwait, nurses are respected.

   - I am proud of being a nurse

   - In Kuwait, the social status of nurse is quite high.

3. **Satisfaction with supervisor (SATSUP)**

   - I always receive support and guidance from my supervisors.

   - I always receive respect and fair treatment from my supervisors.

   - When my supervisors criticize a nurse, their manners are appropriate.

   - The opinions of nurses are always taken seriously by my supervisors.

   - My supervisors always respect the autonomy of nurses.

4. **Satisfaction with colleague (SATCOL)**

   - Most of my colleagues are willing to accept the opinions of others.

   - Most of my colleagues seldom intervene in my job unnecessarily.

   - When my colleagues pass an opinion on my job, their manners are appropriate.

   - I feel part of team.

   - I can get help from my colleagues.

5. Satisfaction with patient (SATPAT)

- My patients value the efforts imposed my works.
- Most of my patients respect the nurse.

6. Satisfaction with promotional opportunity (SATPRO)

- In the foreseeable future, I expect to have a promotion opportunity in my present hospital.
- If a promotion opportunity is available, my chance is better than those of my competitors are.
- There are sufficient opportunities for the promotion of nurses.

7. Satisfaction with education and training (SATEDU)

- I have adequate nursing training in dealing with patient care.
- I think my nursing training is of adequate professional standard.
- I have time off to attend courses.
- I can get sponsorship to attend courses.

8. Satisfaction with workload (SATLOA)

- I have enough time for patient care.
- The overall staffing level is appropriate.
- I spend limited amount of time on non-nursing.
- My works matches my job description.

9. Satisfaction with shift duty (SATSD)

- I like shift duty.
- Shift duty allows me enough time to handle my personal affairs.
- Shift duty does not affect my social life.

Pilot Study

A pilot study was done on the staff nurses in Al-Razi Hospital in Kuwait in January 2019. The participants were not included core study. They were requested to complete the pre-test-and re-test with a time within two weeks. The time expender of the completion of the questionnaire was 15 minutes. Modifications of the questionnaire were made some wording arrangement of presentation after the pilot study.The correct validity of the instrument has been established after the validation. The overall items analysis of test and re-test reliability was 0.81 and level of significant of $p<0.01$ was obtained.

PRESENTATION OF DATA

Data Processing

include:

1. Deciding whether use data collection instrument for analysis.
2. Editing.
3. Coding.
4. Keypunching. On the computer entering and verifying readable from.
5. Converting the data deck into a computer readable form.
6. Cleaning the data set.
7. Generating new variables as necessary.
8. Weighting the data in accordance with the sampling plan and results.
9. Storing the data set on desk for further analysis.

After the collection of questionnaires, the data had been coded according to the coding manual, a computer software package "SPSS" program. Was used to keypunch the data. Hence, a data set was created and several statistical programmers were written in order to clean the incorrect records. After the process of cleaning the data file set, no record was deleted from the data set as a result of serious data error. As a result, all 311 cases were retained from the survey and then were used for further study.

Univariate data Analysis

In order to estimate the preliminary results, univariate data analysis was applied for every question in the questionnaire. The analyses were mostly done for descriptive purposes. Therefore, frequency and means plots were used to create descriptive charts such as tables, pie chart, bar charts and so on. Some hypothesis testing of university data were also applied in the analysis, T-test was used instead of the Z-test because the population variance of the variables was unknown.

Bivariate Data Analysis

Bivariate data analysis was used to see whether there was any correlation between two variables. Two-Way contingency Tables, which were the matrix display of the categories about two variables, containing frequency count of the number of the number of objects on each bivariate category. Besides, concerning hypothesis testing, Chi-square test as well as T-test was used to monitor if there was a relationship between them. The Chi-square tests were applied on two nominal variables while the t-tests were applied on two interval variables.

Multivariate Data Analysis

Basically, the multivariate analysis divided into interdependences and dependence procedures. The fundamental differentiating aspect between the two procedures was whether one or more variables have been designated as dependent on other variables. As one or more variables in the survey were designated as being predicted by set of independent variables, dependence methods were applied. Multiple regressions and the analysis of variance were adopted in the survey.While applying the multiple. It required that both the dependent and independent variables should be interval scaled. Also, it assumed that the underlying relationship was linear, in spite of the fact that data transformations could overcome this latter problem. Finally, as the sample size should be large enough to give many observations for each independent variable, multiple regressions could be applied properly.

In this study, the dependent variables like DLNP, ALNP, DCWS and ACWS could be studied as well as they could be transformed into interval scale. Besides, for the independent variables like SATNUR, SATINC, SATPRE, SATSUP, SATCOL, SATPAT, SATPRO, SATEDU, SATLOA and SATSD could also be studied because they might roughly be regarded as a nominal scale.

Demographic Sample Characteristics:

The total number of questionnaires which distributed was 311 questionnaires, 78.5 % of the respondents' females (N = 245).   The age distribution respondents showed that 26.2 % were aged between 26 – 30 years, while 21.9 % represents the age group 31 – 35 years old. Figure (1) shows the age distribution of the respondents.
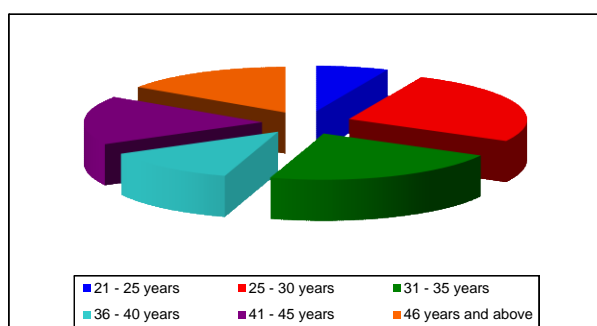
Figure (1) Age distribution of the sample

Table (1) shows the marital status of the respondents by their qualifications.

Table (1) Marital status by qualification of the sample

	General nursing		Psychiatric Nurse		Others		Total	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Single	39	18.5 %	4	18.2 %	2	18.2 %	56	18.5 %
Married	167	79.1 %	18	81.8 %	9	81.8 %	239	79.1 %
Divorced	5	2.4 %	-	-	-	-	5	2.4 %
Total	211	100 %	22	100 %	11	100 %	22	100 %

The distribution of the highest academic qualification of the sample is shown in the Figure (2). Most of the sample has Diploma (49%) or Bachelor (35%) degree.

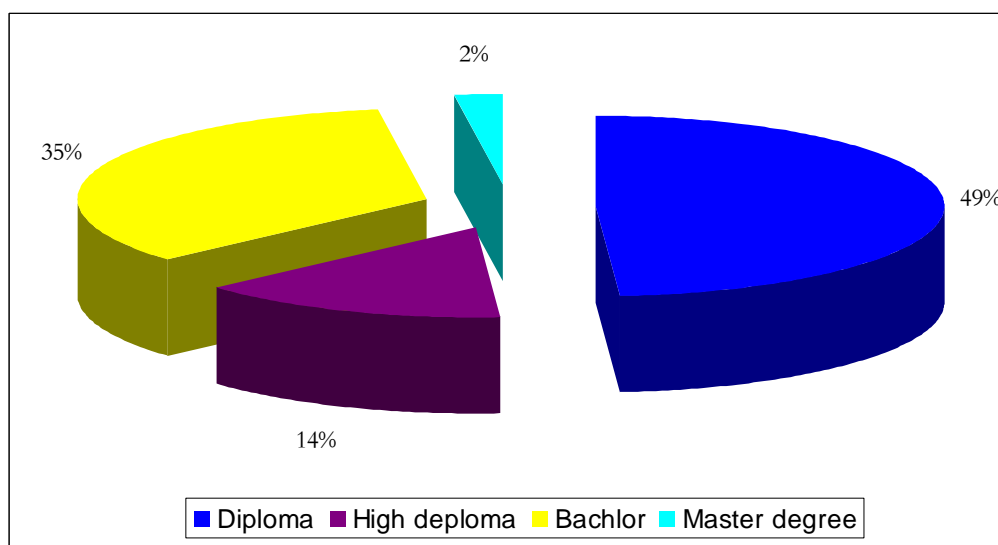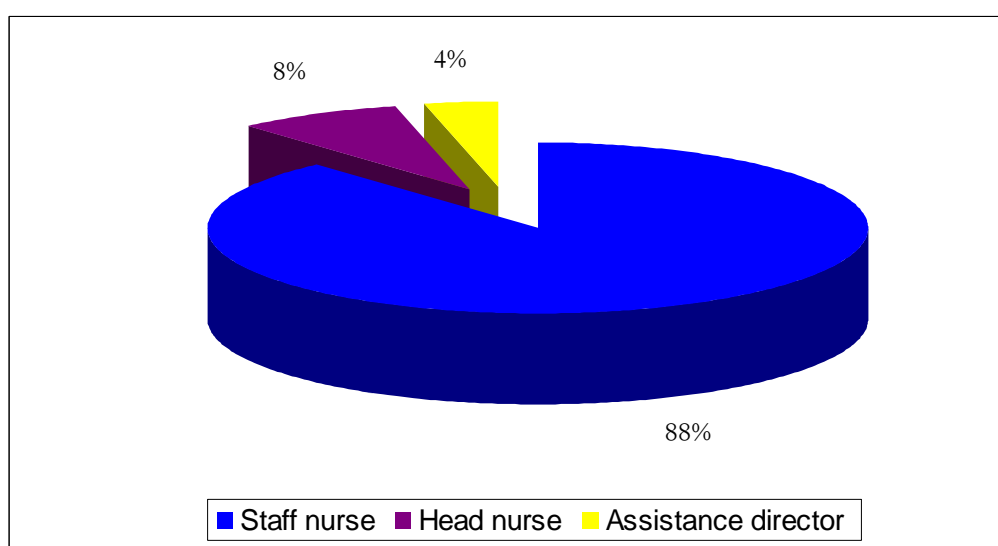Figure (2) Academic qualification of the sample

Figure (3) current position respondents. Most respondents working as staff nurse.

Figure (3) Current position of the study's respondents

Figures (4) illustrates years of experience of the sample. It is shown that 31.7 % of the data had 16 years and more of experience, while 17.8 % of the sample had 11 – 15 years of experience.

Figure (4) Level of experience for the sample
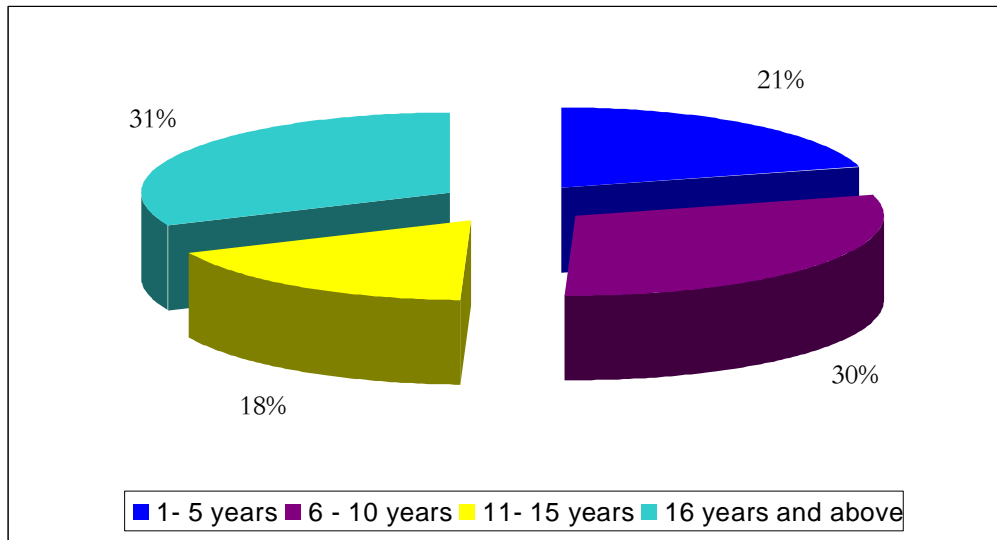
Finally, as for the current area of practice 19.1 % of the respondents work in the Orthopedic unit, while only 1.4 % of the respondents work in the Oncology unit, the graph below shows the distribution of the current area of practice:

(Graph No (6) illustrates Functional Specialization Variable of the sample)
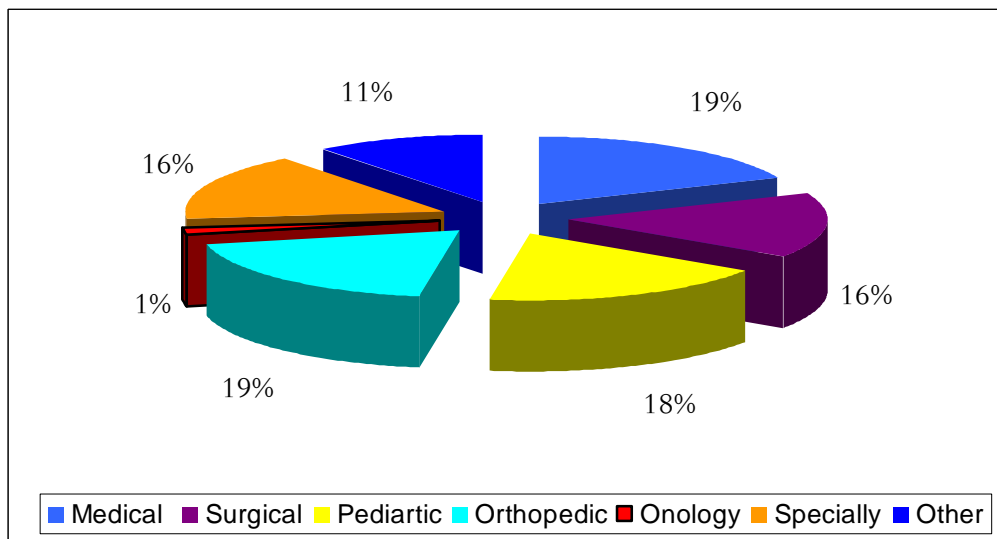
Analysis of the Dependent Variables

Variable "desire to leave nursing profession "is indicating that the sample are disagree with leaving the nursing profession and almost 7 % of the respondents agree with leaving the nurse profession. CRONBACH ALPHA = 0.6538.

The variable "desire to change work sector "shows that the sample are disagree with and almost 17 % of the respondents agree with it. CRONBACH ALPHA = 0.6391.

The variable "Action tendency to leave nursing profession "57 % of the respondents are disagree with it and only 17 % of the sample agree on "Action tendency to leave nursing profession ". CRONBACH ALPHA = 0.5267.

The variable "Action tendency to change nursing profession "47 % of the respondents are disagree with it and only 23 % of the sample agree on "Action tendency to change nursing profession ". CRONBACH ALPHA = 0.5734.

The frequency distribution of the score DLNP was as follows: 7.4 % of the sample are agree to leave the nursing profession however, more than 70 % of them were disagree to leave the nursing profession. Table (2) shows percentage of the items related to "desire to leave nursing profession "variable.

Table (2) Sample response rates for desire to leave nursing profession variable

Item	Satisfaction	Neutral	Dissatisfaction
I would quit nursing for another occupation paying a slightly lower salary.	4.6 %	3.5 %	91.9 %
I would quit nursing for another occupation paying an equal salary.	13.4 %	9.8 %	76.9 %
I would quit nursing for another occupation paying a higher salary.	36.1 %	13.4 %	50.5 %

Referring to the desire to change work sector variable, the frequency distribution was as follows: 39.7 % of the sample were disagreed, while 17.5 % of them were agreed. Table (3) shows percentages of the items related with this variable.

Table (3) Sample response rates for desire to change work sector variable

Item	Satisfaction	Neutral	Dissatisfaction
If offered employment in another health care sector offers me a job, I shall accept even though the opportunity of promotion may by slightly lower than in my present one.	10.0 %	14.9 %	76.1 %
If offered a similar level position in another health care sector, I shall accept it.	26.9 %	21.0 %	52.1 %
If offered employment with higher opportunity of promotion in other health care sector, I shall accept it.	61.6 %	17.0 %	21.4 %

As for action tendency to leave nursing profession variable (as operationalized by: I intend to actively seek employment in another field in the near future item), it was found that 18.3 % of the sample were agreed while 58.5 % of them disagreed. With regard to action tendency to change work sector variable (as operationalized by: In the near future, I shall actively seek employment to another health care sector item), it was found that 24.4 % of the sample were agreed however, 48.4 % of the sample disagreed.

Analysis of the Independent Variables

Ten factors are measuring the extent of job satisfaction. Study hypothesized that extent satisfaction with job nature, income, and social prestige of nurses was related to the nursing profession while the satisfaction with their supervisor, patient, colleague, promotion opportunity, education, training, workload and finally shift duty were considered as related to the particular situation of health care sector.

Each item was measured on a 5-point Likert scale measuring from "5" (strongly agree); to "1" (strongly disagree). In order to understand whether the independent variables were internally consistent and reliable, Cronbach's alpha coefficient was calculated. Table (4) shows Cronbach's alpha values, mean and standard deviation for each independent variable.

Table (4) Cronbach's alpha values, means, and SDs for independent variables

Factor	Alpha	Mean	S. D
Job nature	0.6405	4.08	0.69
Income	0.7551	2.98	0.92
Social prestige of nurse	0.4615	3.00	0.80
Supervisor	0.8621	3.44	0.85
Colleague	0.6517	3.77	0.57
Patient	0.5693	2.91	0.92
Promotional opportunity	0.5690	2.87	0.81
Education and training	0.5236	3.35	0.72
Workload	0.4938	3.27	0.73
Work duty	0.8097	3.89	0.89

Table (4) reveals that the target respondents were most satisfied with the job nature, since its mean was the highest among the ten variables. However, the Income is the most unsatisfied factor among the ten factors since its mean was the lowest among them.

Correlation analysis among variables

Correlational analysis is used to study the hypotheses that dissatisfaction with the nature of the job, income and social prestige of nurses would result in the intention of quitting from nursing profession. and that dissatisfaction with the supervisor, patient, colleague, promotion opportunity, education and training, workload, and shift duty would elicit the intention of leaving the present health care sector, Therefore, for model one it involves the independent variables DLPN, and ALNP together with the independent variables SATNUR, SATINC, and SATPRE. Table (5) illustrates correlation coefficients among variables.

Table (5) correlation coefficients among the study's variables

	DLNP	ALNP	SATNUR	SATINC
ALNP	0.414 **			
SATNUR	-0.303 **	-0.082		
SATINC	-0.214 **	-0.154 **	0.127 *	
SATPRE	-0.224 **	-0.186 **	0.237 **	0.506 **

** Sig. at 0.01 level   * Sig. at 0.05 level

As shown in Table (5) a negative correlation between the dependent variables three independent variables since correlation coefficient between then are negative and significant. This means that the more satisfaction of the nurse the less is the desire to leave the profession, and will be no action to leave nursing profession.

In addition, correlations among the dependent variables: DCWS and ACWS and the independent variables: SATSUP, SATCOL, SATPAT, SATPRO, SATEDU, SATLOA, and SATSD, Table (6).

Table (6) correlation coefficients among dependent and independent variables

	DCWS	ACWS
ACWS	.546**	
SATSUP	-.215**	-.214**
SATCOL	-.129	-.064
SATPAT	-.044	-.062
SATPRO	.072	.133
SATEDU	-.053	-.031
SATLOA	-.096	-.068
SATSD	-.191	-.110

**** Sig. at 0.01 level**

As shown in Table (6) there were a weak correlation among independent the dependent variables; since correlation coefficient not significance with most variables (except for ACWS with DCWS, and SATSUP with DCWS and ACWS), and the other variables have weak and negative correlations with the dependent variables. Hence it indicates that the higher the job satisfaction of a given nurse the lower the nurses intention to change the working sector.

REGRESSION ANALYSES.

Multiple linear Regression is used understand relation between job satisfaction and intention to leave nursing profession, as well as relationship between job satisfaction and change working sectors. In this analysis, a predictor variable would enter the regression model with the acceptable level of significance and the coefficient of the determination (R-square) would be as large as possible. Then, another predictor variable would be entered to the model in the same manner while the acceptable level of significance (0.05) had not just been violated. Considered relevant variables were entered so that the method itself identified the significant predictor and extracted decreasingly important factors.

Job satisfaction and intention to leave nursing profession

Table (7) summarize the regression analysis for job satisfaction variables as the independent variables and intention to leave nursing profession variables as dependent variables. Although the models were significant, the total explanatory

power for both DLNP and ALNP were not high. The three independent variables explained 11.9 % of the DLNP variance, and only 3.1% of the ANLP variance.

Table (7) summarize results for the regression analysis for Job satisfaction and intention to leave nursing profession

Beta coefficient		
	DLNP	ALNP
SATNUR	-.432 **	-.044
SATINC	-.185 **	-.080
SATPRE	-.093	-.305 **
Multiple R	0.353	0.186
R - Square	0.119	0.031

The Beta coefficient revealed that nurse's satisfaction with the job nature was the most powerful predictor of their desire to leave nursing profession (DLNP). Satisfaction with income was the next one; however, the explanatory power of satisfaction with social prestige was found to be trivial and insignificant.

On the other hand, satisfaction with social prestige for nurse was the most powerful predictor of nurse action tendency to leave the profession, and both satisfaction variable (SATNUR and SATINC) was both trivial and insignificant.

So, we conclude that action tendency to leave nursing profession is affected by the satisfaction of social prestige, and the satisfaction of job nature and the satisfaction of the income are effect in the decision of leaving the nursing profession.

Job satisfaction and intention to change nursing profession

Table (8) summarize results for the regression analysis for job satisfaction variables as the independent variables and intention to change nursing profession variables as dependent variables.

Table (8)

The Beta coefficient		
	DCWS	ACWS
SATSUP	-.216 **	-.386 **
SATCOL	-.042	-.014
SATPAT	-.005	-.058
SATPRO	.148 **	.308 **
SATEDU	.008	-.047
SATLOA	.011	-.018
SATSD	-.134 **	-.052
Multiple R	0.278	0.287
R - Square	.068	.076

As shown in Table (8), the total explanatory power for DCWS is 6.8 % and for ACWS was 7.6 %. However, the Beta coefficient revealed that nurse's satisfaction with satisfaction with supervisor SATSUP the most powerful predictor on the desire to change nurse working sector, then comes the variable satisfaction with shift duty SATSD, and finally the variable satisfaction with promotional opportunity SATPRO is the lowest variable that effect on the DCWS, while the other variables were insignificant with the dependent variable DCWS.

On the other hand, the Beta coefficient shows that the variable satisfaction with supervisor SATSUP is the most powerful variable among the seven independent variables that effect on ACWS; and the next variable was satisfaction with promotional opportunity, and the rest of the variables were insignificance with the dependent variable Action tendency to change work sector**.**

<u>Conclusion</u>

The nursing profession, health care system and Kuwait are facing lots of changes in this period. During this period, Kuwait needs large effective and efficient working forces of nurses to maintain the health care services of the community.

However, nursing is confronted with the problems of recruitment. The recruitment of nurses cannot replace the loss, and as a result, the shortage of nurses is aggregated. The loss of nurses results in the loss of knowledge. The consequence will be a reduction in the quality of patient care. On the other hand, it is expensive to retain, recruit, and train nurses. Studies on job satisfaction and turnover very important issue if the provision of care is be maintained the hospital budgets are managed more efficiently.

nursing profession and almost 38% of the sample are disagree inn changing work sector. On the other hand, 57% of the respondents are disagree with action tendency to leave nursing profession and 47% of the respondents are disagree with action tendency to change nursing profession. Also, the study shows that the target respondents were most satisfied with the job nature. However, the promotional opportunity is the most unsatisfied factors among the ten factors.

From the analysis of the correlation among variables it shows that there is a negative relation between the dependent variables and their independent variables and also these are significant which means that the more satisfaction of the independent variables the less is the desire to leave the profession and it will be no action to leave nursing profession. Also, from the finding we can conclude is that the higher the job satisfaction of nurse the lower the nurse intention to change the work sector.

Also, the study reveals that nurse satisfaction with job nature was the most powerful predictor of their desire to leave nursing profession. On the other hand, satisfaction with social prestige of the nurse was the most powerful predicator of nurse action tendency to leave the profession.

Finally, Supervisor is the most powerful predictor on the desire to change work sector.

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