

## **THE IMPACT OF TRANSFORMATION POLICIES ON THE CONTENTMENT OF PRIMARY HEALTHCARE PROVIDERS: AN EXAMINATION OF EASTERN SAUDI ARABIA**

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### **Abstract**

#### **In the background**

The Health Sector Transformation Programme (HSTP), which is a component of the Saudi Arabian Vision 2030, is a strategic endeavour that seeks to improve the availability, cost-effectiveness, and standard of healthcare while placing significant emphasis on patient-centric approaches. In pursuit of this objective, the government has been imparting patient-centered care training to Primary Healthcare (PHC) centres, recognising that establishing meaningful connections with patients is essential for clinicians to arrive at well-informed judgements. Therefore, it is crucial to assess the impact of organisational factors on care quality and evaluate provider satisfaction with the quality of services they deliver. This research constitutes the initial all-encompassing evaluation of job satisfaction among primary healthcare providers in Saudi Arabia's Eastern region. It investigates the relationship between the level of employment satisfaction among PHC providers and the quality of care they provide.

**Methods:** A quantitative cross-sectional design was utilised for this study. The collection of data was conducted utilising a modified iteration of the Job Satisfaction Survey (JSS), to which three additional dimensions were appended. Furthermore, inquiries pertaining to overall attributes were integrated into the survey tool. The process of analysing the data included the computation of frequencies and percentages for univariate analysis, the application of t-tests to compare two groups, and the utilisation of ANOVA to examine relationships among multiple groups (bivariate analysis).

### **As a result**

In this research, 143 PHC providers participated in total. A total of 48% of the respondents expressed high levels of satisfaction, whereas the remaining respondents were either dissatisfied or neutral. 17% (N=94) of PHC providers expressed extreme satisfaction with supervision. Conversely, contingent rewards elicited discontent among them (3%, N=15). A statistically significant disparity was observed between the job satisfaction scores (mean (SD)=101.64 (16.209) and the intention to leave the employment (yes, no) (p-value < 0.001). Additionally, noteworthy correlations were observed between overarching attributes and specific factors including colleagues, advancement opportunities, accountability, job responsibilities, operational protocols, and communication (p-value < 0.05).

### **To conclude,**

Prehending patient care and supervision, the primary outcomes of this research indicate that PHC providers employed in PHC centres in the Eastern region experienced a high level of job satisfaction. Nevertheless, the results also unveiled that numerous facets of the profession of PHC providers necessitate deliberate restructuring, including communication and contingent compensation. Moreover, there was a significant correlation between job satisfaction score and all dimensions and the intention to abandon the job. With the aid of the study's results, policymakers and the Ministry of Health will be able to devise an employee engagement and satisfaction initiative to monitor the levels of contentment among PHC providers.

### **Introduction**

Primary health care (PHC) centres play a crucial role as the initial interface between members of the community and healthcare services [1, 2]. The Health Sector Transformation Programme (HSTP), an integral component of the Saudi Arabian 2030 vision, aims to enhance the accessibility, affordability, and quality of healthcare with a primary focus on patient-centered care [3]. To accomplish this, the government is providing patient-centered care training to PHC centres, as quality time spent with patients is crucial for making sound clinical decisions. Consequently, it is critical to evaluate provider satisfaction regarding the calibre of services rendered and the organization's influence on the quality of care [4, 5].

Job satisfaction can be defined as "the degree to which one experiences a sense of pleasure and accomplishment in their work, or the degree to which their work merits their time" [6]. Job satisfaction is crucial in the workplace for a variety of reasons, including the fact that a high level of job satisfaction correlates with increased productivity, increased employee loyalty, increased

consumer satisfaction, and decreased employee turnover [6,7,8,9]. In Saudi Arabia, there is a paucity of research examining the employment satisfaction of healthcare professionals employed in PHC centres. The majority of these studies were carried out in various regions of the Kingdom of Saudi Arabia, including Riyadh, Jazan, and Jeddah, with one examining Jeddah in relation to the Eastern region. The literature reviewed spanned the years 1999 to 2020 and examined the evolution of job satisfaction among physicians and nurses working in primary healthcare centres within the Kingdom of Saudi Arabia. The primary objective of each study was to assess the degree of job satisfaction among physicians and/or nurses through the utilisation of online questionnaires [10,11,12].

Several studies have identified the variables that influence the job satisfaction of PHC providers at PHC centres. These investigations were intended for nurses and physicians in particular. It was determined that the primary determinants of physician job discontentment were inadequate financial incentives, insufficient provision of critical medical apparatus, and insufficient administrative support. In addition, family physicians are regarded as an inferior specialty by the general public and other physicians who specialise in other fields [7, 13]. In contrast, inadequate personnel, management practices, financial incentives and salaries, opportunities for professional development, and care supplies were challenges faced by nurses [10]. These studies demonstrate that nurses and physicians encounter challenges in their professional lives. Consequently, these incentives that contribute to a decline in job satisfaction must be identified and eliminated. However, the elements that influence the employment satisfaction of physicians and nurses are discussed. Collaborative endeavours among physicians, including mass vaccinations, health education, social support, infection control, and environmental health initiatives, enhance their job satisfaction. Additionally, it was discovered that the maximum levels of satisfaction were associated with the nature of the work, autonomy in clinical decision-making, increased time spent with patients, and the absence of supplementary administrative duties [10, 14]. Conversely, nurses were impacted by the opinions of their colleagues [14]. Consequently, these incentives that contribute to greater levels of job satisfaction ought to be promoted and encouraged.

Every research study that examined the degree of job satisfaction among physicians and/or nurses utilised an internet-based survey to gather data [14, 15, 16]. The questionnaire comprises two sections: the initial portion inquires about socio-demographic information, while the subsequent part explores potential determinants of job satisfaction among physicians. The purpose of this research is to investigate the correlation between the level of job satisfaction experienced by PHC providers and the quality of care they deliver. The primary objective of this study is to determine the determinants that impact job satisfaction and examine the relationship between job satisfaction and the probability of attrition. Additionally, a modified version of the JSS was utilised in this study. The nature of the work, coworkers, communication, payment, promotion, supervision, operating procedures, contingent rewards, and communication were the eight dimensions utilised from the JSS. Three recently incorporated dimensions were included in this study: social life, patient care, and responsibility. The effect of incorporating these new dimensions into the analysis was on job satisfaction.

## Methods

### Study population

The study was undertaken in PHC centers in the Eastern region of Saudi Arabia using quantitative cross-sectional study. The target population was PHC providers (physicians, nurses, allied healthcare workers, and public health professionals) working in PHC centers in the Eastern region of Saudi Arabia. Administration staff were excluded from the study, as they do not provide direct healthcare services to patients.

### Sample size

The sample was recruited using a convenience sampling strategy. The study's sample size was calculated using the following formula:  $n = Z^2 * p * q / d^2$ , where n is the sample size, Z is the z-score for a 95% confidence level (1.96), p is the estimated proportion of PHC providers who are likely to meet the inclusion criteria (50%), q is 1-p, and d is the margin of error (10%). This calculation resulted in a minimum sample size of 94 PHC providers. This study reached 143 PHC providers who actually provide healthcare services to patients. The study's sample size was calculated using the Calculator.net website [17], the population size of PHC providers in the Eastern region was 3,611.

### Data collection methods

The study's questionnaire consists of three sections, the first section was an introduction to the questionnaire that contains the study objective, study setting, target population, and the researchers' contact information (Supplementary Table S2). As well as an explicit consent statement. The second section was adapted from JSS with few modifications. There were eight dimensions used from JSS, which were: payment, promotion, supervision, operating procedures, contingent rewards, co-workers, communication, nature of work, and in this study, there were three newly added dimensions which were: responsibility, patient care, and social life. The JSS is a well-established instrument that had been repeatedly investigated for reliability and validity [11]. The participant responses were collected using 5-domain Likert scale ranging from "strongly agree" to "strongly disagree" as follows: [5] strongly agree, [4] agree, [3] neutral, [2] disagree, and [1] strongly disagree. The third section contains general questions which are gender, age, marital status, educational level, specialty, years of experience, salary range, travel time to the PHC center, shift period, working hours, thought of leaving the job during the last two years.

### Procedure and timeline

A web-based questionnaire was distributed to the participants through social media platforms such as LinkedIn, twitter, WhatsApp and emails. The data collection process was taken place from February 2023 to April 2023.

### Analysis

This study start with a descriptive analysis of the participant characteristics and satisfaction domains, using univariate analysis for frequencies, mean and percentages. In addition, bivariate analysis using t-test and ANOVA that was applied depend on the variable type after assessing study normality. Moreover, a multilinear regression model was applied to identify the factors that

corelated with overall satisfaction score All of these tests were conducted through SPSS version 29, in 95% confidence interval level.

### Ethical considerations

Ethical approval from the Institutional Review Board at Imam Abdulrahman bin Faisal University, Dammam was obtained prior to the conduction of the study (IRB-UGS-2023-03-057). In addition to an explicit approval from participant to take part in the research and use their data for publication purposes. Written informed consent to participate in the study was obtained from all participants. All human procedures were performed in accordance with the guidelines of the Declaration of Helsinki of 1975.

### Results

#### Sample profile

Out of 276 participant received the questionnaire only 143 (52%) completed the questionnaire. Table 1 showed that most of the respondents' specialties were physicians (n = 60, 42%) followed by nurses (n = 57, 39.9%). The majority of respondents were female (n = 110, 76.9%), aged between 31 and 40 (n = 74, 51.7%), married (n = 105, 73.4%). Most of the respondents held a bachelor's degree (n = 75, 52.4%), and received a monthly salary of 10,000 to 20,000 (n = 81, 56.6%), with years of experience equal to or more than 10 years (n = 80, 55.9%). Most of the respondents worked for 8 h (n = 141, 98.6%), in the morning shift (n = 131, 91.6%), and the time that is taken from home to PHC center is 16 to 35 min (n = 45, 31.5%). 45.5% (n = 65) thought of leaving their job in the past 2 years.

#### Relation between general characteristics and perceived job satisfaction

Using bivariate analysis the relation between job satisfaction and general characteristics. No significant differences were found between perceived job satisfaction and the general characteristics, which were: gender, age, marital status, education level, specialty, years of experience, salary range, time taken from home to PHC centers, shift time, and working hours (p-value > 0.05, Table 1).

**Table 1 Distribution of general characteristics with mean of the perceived job satisfaction score N=143**

	N (%)	Mean (SD)	Test value	P-value
Gender				
Male	33 (23.1)	97.7 (20.7)	-1.528	0.129
Female	110 (76.9)	92.1 (17.7)		
Age				
21-30	33 (23.1)	96.1 (17.2)	1.492	0.229
31-40	74 (51.7)	90.9 (19.1)		

	<b>N (%)</b>	<b>Mean (SD)</b>	<b>Test value</b>	<b>P-value</b>
>41	36 (25.2)	96.3 (18.1)		
<b>Marital status</b>				
Single	27 (18.9)	94.5 (17.5)	0.140	0.869
Married	105 (73.4)	93.4 (19.2)		
Divorce / Widow	11 (7.7)	91.0 (15.0)		
<b>Education Level</b>				
Diploma degree	47 (32.9)	96.8 (16.1)	1.610	0.204
Bachelor's degree	75 (52.4)	92.7 (20.2)		
Postgraduate (Master / PhD)	21 (14.7)	88.5 (16.5)		
<b>Specialty</b>				
Physician	60 (42.0)	94.6 (19.1)	1.767	0.156
Nurse	57 (39.9)	94.6 (15.6)		
Allied healthcare <sup>a</sup>	18 (12.6)	92.3 (18.9)		
Public health	8 (5.6)	79.3 (28.1)		
<b>Years of experience</b>				
≤1	14 (9.8)	90.1 (19.4)	0.193	0.901
2 – 5	24 (16.8)	92.9 (19.9)		
6 – 9	25 (17.5)	94.6 (21.3)		
≥10	80 (55.9)	93.8 (17.2)		
<b>Salary range</b>				
<10,000	26 (18.2)	92.0 (21.6)	0.245	0.783
10,000 – 20,000	81 (56.6)	94.4 (17.2)		
>20,000	36 (25.2)	92.3 (19.3)		
<b>Time from home to PHC centers</b>				

	<b>N (%)</b>	<b>Mean (SD)</b>	<b>Test value</b>	<b>P-value</b>
0 – 15	43 (30.1)	92.8 (20.5)	0.282	0.838
16 – 35	45 (31.5)	93.6 (19.7)		
36 – 55	34 (23.8)	92.0 (14.0)		
>55	21 (14.7)	96.6 (18.9)		
<b>Shift Time</b>				
Morning	131 (91.6)	93.5 (18.0)	0.454	0.636
Afternoon	3 (2.1)	102.0 (30.1)		
Evening	9 (6.3)	90.2 (23.1)		
<b>Working Hour</b>				
8 hours	141 (98.6)	93.5 (18.3)	0.533	0.595
12 hours	2 (1.4)	86.5 (36.1)		

1. <sup>a</sup>Lab technician, Radiologist, Pharmacist

Relation between general characteristics and job satisfaction dimensions

Tables s1 in the supplementary section represented bivariate analysis results between general characteristics and job satisfaction's dimensions.

Based on the post hoc analysis physicians had significant higher satisfaction score of promotion dimension compared with allied health and public health specialist (Mean = 6.68 vs. 5.11 and 4.38 respectively,  $p = 0.002$ , Table Supplementary S1).

PHC providers with diploma degree had significantly higher satisfaction score of operating procedures dimension compared with PHC providers with bachelor's degree (Mean = 6.96 vs. 5.85 respectively,  $p = 0.01$ , Table Supplementary S1).

Single PHC providers had a significantly higher satisfaction score of co-workers dimension compared with divorce/ widow PHC providers (Mean = 10.22 vs. 8.36 respectively,  $p = 0.045$ ).

Physicians had significantly a higher satisfaction score of co-workers dimension compared with nurses (Mean = 10.03 vs. 8.79 respectively,  $p = 0.012$ ). PHC providers who work  $\leq 1$  year have significant higher satisfaction score of co-workers dimension compared with PHC providers who work  $\geq 10$  years (Mean = 10.71 vs. 9.08 respectively,  $p = 0.02$ , Table Supplementary S1).

PHC providers with diploma degree had significantly a higher satisfaction score in communication dimension compared with PHC providers with postgraduate (master/ PhD)(Mean = 3.77 vs. 2.9 respectively,  $p = 0.011^*$ , Table Supplementary S1).

PHC providers who work 8 h a day had significantly higher satisfaction score of responsibility dimension compared with PHC providers who work 12 h a day (Mean = 8.04 vs. 5.5 respectively,  $p = 0.007^*$ , Table Supplementary S1).

Patient care dimension, social life, supervision dimension and contingent rewards dimension were not statistically significant with participants' general characteristics.

#### Intention to leave the work

Table 2 showed that there was an overall a significant difference found between intention to leave (yes, no) the job and job satisfaction scores (mean (SD) = 83.58 (16.174) vs. mean = 101.64 (16.209) respectively,  $p$ -value < 0.001\*\*). This significant relationship was present for all the dimensions.

**Table 2 The relation between job satisfactions dimensions and intention to leave the job**

Dimensions	Yes $n=65$	No $n=78$	Test value	P-value
	mean (SD)	mean (SD)		
Pay dimension	5.6 (2.1)	6.7 (1.7)	-3.564(141)	0.001
Promotion dimension	5.3 (2.0)	6.6 (2.0)	-3.885(141)	<0.001
Supervision dimension	13.7 (3.8)	18.0 (4.0)	-6.552(141)	<0.001
Contingent rewards	2.7 (1.1)	3.5 (1.1)	-4.564(141)	<0.001
Operating procedures	5.1 (1.7)	7.1 (2.1)	-6.245(141)	<0.001
Co-workers	9.0 (2.5)	9.8 (2.0)	-2.192(141)	0.030
Nature of work	13.7 (3.6)	17.4 (2.7)	-6.748	<0.001
communication	3.1 (1.2)	3.7 (1.0)	-3.497	0.001
Responsibility	7.7 (1.4)	8.2 (1.2)	-2.189(141)	0.030
Patient care	12.4 (3.1)	13.8 (3.5)	-2.496(141)	0.014
Social life	5.3 (2.0)	6.9 (1.8)	-4.948	<0.001
Total job satisfaction	83.6 (16.2)	101.6 (16.2)	-6.640	<0.001

#### Overall job satisfaction score

Table 3 showed that the overall PHC providers' job satisfaction was 48% (strongly agree and agree) compared to 27% (strongly disagree and disagree). PHC providers were highly satisfied with supervision 17%.  $N = 94$ . On the other hand, PHC providers were dissatisfied with contingent rewards (20%,  $N = 85$ ). There was strong correlation between perceived and actual satisfaction scored, the more the employee rank the perceived satisfaction was satisfied they were more likely

to be actually satisfied with their work. This was more likely offered to the supervisor dimension (with mean of satisfaction 10 when they are actually disagree compared with mean of 20 when they actually agree).

**Table 3 Distributions of participant agreement level and job satisfaction domain**

Perceived satisfaction dimensions	Actual satisfactions					F value	P value
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		
	N=13	N=12	N=33	N=64	N=21		
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)		
Payment	4.3 (2.2)	6.6 (1.5)	5.6 (1.8)	6.6 (1.7)	7.1 (2.1)	6.372	<.001
Promotion	4.2 (1.6)	5.4 (1.8)	5.9 (2.0)	6.1 (1.9)	7.5 (2.5)	5.913	<.001
Supervision	9.6 (2.9)	12.5 (4.0)	15.0(3.4)	17.3 (3.6)	19.8 (3.3)	22.939	<.001
Rewards	1.6 (0.6)	1.8 (1.0)	3.0 (1.0)	3.6 (0.8)	3.8 (1.1)	20.465	<.001
Procedures	3.9 (1.5)	4.3 (1.3)	5.6 (1.6)	6.9 (1.8)	7.8 (2.0)	17.814	<.001
Coworkers	8.4 (3.5)	8.6 (1.8)	9.0 (1.8)	9.9 (2.1)	9.7 (2.3)	2.386	0.054
Communication	2.5 (1.5)	2.6 (1.0)	3.4 (1.0)	3.6 (1.0)	4.1 (1.1)	7.135	<.001
Responsibility	7.2 (1.8)	7.9 (1.3)	7.4 (1.1)	8.2 (1.2)	8.9 (1.1)	6.321	<.001
Patient care	7.3 (3.2)	12.8(1.8)	12.6 (2.2)	14.1 (2.8)	15.1 (3.2)	20.54	<.001
Social relationship	3.1 (1.3)	3.8(1.7)	5.7 (1.6)	6.9 (1.4)	7.8 (1.8)	31.01	<.001
Nature of work	9.5 (2.8)	11.8 (3.3)	14.4 (2.0)	17.4 (2.0)	18.8 (2.3)	55.457	<.001
Total perceived satisfaction	61.5 (12.5)	78.0(11.8)	87.4(11.1)	100.4(12.5)	110.2(15.8)	41.11	<.001

Multilinear regression model showed a statistical significant relation between specialty, participant from public health have lower satisfaction score compared with physicians (p value 0.016, Table 4). Additionally, years of experience had a significant relation with satisfaction (6–9 year have significant higher satisfaction score compared with less than 1 year, p value 0.03). Participant with intention to leave job have a significant lower satisfaction score compared with participant with no intention to leave their job at PHC centers.

**Table 4 Multivariable linear regression model between total perceived satisfaction score and related factors**

General characteristics	Beta	Test value	P value	Confidence Interval	
				Lower Bound	Upper Bound
<b>Gender</b>					
Male	1.00 (ref)				
Female	0.072	0.886	0.378	-3.904	10.226
<b>Age</b>					
21-30	1.00 (ref)				
31-40	0.28	1.88	0.062	-0.645	25.171
>41	-0.13	-1.32	0.189	-11.971	2.394
<b>Marital status</b>					
Single	1.00 (ref)				
Married	0.104	0.998	0.320	-4.262	12.934
Divorce / Widow	0.026	0.289	0.773	-10.642	14.286
<b>Education Level</b>					
Diploma degree	1.00 (ref)				
Bachelor's degree	-0.105	-0.923	0.358	-12.206	4.444

General characteristics	Beta	Test value	P value	Confidence Interval	
				Lower Bound	Upper Bound
Postgraduate (Master / PhD)	-0.044	-0.401	0.689	-13.506	8.952
<b>Specialty</b>					
Physician	1.00 (ref)				
Nurse	-0.027	-0.216	0.830	-10.441	8.39
Allied healthcare	-0.105	-1.174	0.242	-15.695	4.006
Public health	-0.209	-2.437	<b>0.016</b>	-30.343	-3.145
<b>Years of experience</b>					
<=1	1.00 (ref)				
2 – 5	0.113	0.847	0.399	-7.418	18.51
6 – 9	0.327	2.136	<b>0.035</b>	1.16	30.556
>=10	0.403	1.918	0.057	-0.475	30.362
<b>Salary range</b>					
<10,000	1.00 (ref)				
10,000 – 20,000	-0.062	-0.605	0.547	-9.837	5.234
>20,000	-0.024	-0.2	0.842	-11.216	9.161
<b>Shift Time</b>					
Morning	1.00 (ref)				
Afternoon	0.053	0.684	0.495	-12.828	26.368
Evening	-0.025	-0.319	0.751	-13.871	10.025

General characteristics	Beta	Test value	P value	Confidence Interval	
				Lower Bound	Upper Bound
<b>Working Hour</b>					
8 hours	1.00 (ref)				
12 hours	-0.041	-0.528	0.598	-30.593	17.709
<b>Intention to leave</b>					
Yes	1.00 (ref)				
No	0.477	6.145	<b>&lt;.001</b>	11.971	23.35

1. Bold font for statistical significant value stated for a value less than 0.05 or 0.01

#### Study limitations

This is the first study that assessed all PHC providers' job satisfaction in PHC centers in the Eastern region. Due to the uniqueness of PHC providers, their work difficulties, and the long working hours, the response rate was 52%. This might reduce the generalizability of the study. However, this study exceeded the minimum estimated sample size, which was 94 PHC providers. Additionally, this study focused only in one region, it would be better to conduct it nationally. The data collection method used in this study was a self-reporting questionnaire as most used methods to collect data based on our literature review. However, the self-reporting questionnaire leaves it up to the participants to interpret the questions. This may decrease the reliability of responses because of misinterpretation of some questions. Despite these limitations, the findings of the study provide an important contribution to the existing body of knowledge.

#### Discussion

It is crucial to assess employment satisfaction among PHC providers, as doing so can have a direct impact on patient satisfaction and the standard of care they deliver. Furthermore, elevated levels of job satisfaction are associated with enhanced productivity, devoted employees, contented customers, and reduced employee attrition.

The principal finding of this study indicates that Eastern region PHC centre providers were content with their employment. In particular, regarding oversight, patient care, the essence of the job, and accountability. In contrast to other regions, where satisfaction with the work of PHC providers stood at a mere one-third [4, 18, 19]. One could posit that leadership exerts a substantial impact on employee satisfaction [4, 20], as evidenced by the high satisfaction scores observed in this domain among the participants of the study.

Although the PHC providers in our study expressed generally high levels of satisfaction, we did identify several areas that could be enhanced. These areas encompassed communication,

promotion, contingent reward, and operating procedures. Consistent with national and international research [4, 14, 21], which has also determined that recompense and advancement are critical components of satisfaction among physicians and nurses, especially in emotionally and physically taxing settings like patient-centered care, these results support the notion that these factors are indispensable.

We were unable to identify any correlation between job satisfaction and demographic variables such as gender and age in our research. Similarly, there is no correlation between satisfaction and variables such as gender, age, nationality, or marital status, according to the research [4, 19]. Although there may be a positive correlation between satisfaction and other sociodemographic factors, years of experience and specialty are two that come to mind [22, 23]. Work-related differences may serve as the primary determinants of job stability and satisfaction.

Job satisfaction was assessed across eleven dimensions in our research. Among these dimensions, six exhibited a statistically significant correlation with the overall characteristics. The dimension of coworkers is influenced by three factors. The study revealed that PHC providers with less than one year of experience have the highest mean satisfaction score, in comparison to those with six to nine years of experience or more than ten years of experience. In addition, corroborated by the literature [22], single PHC providers have the highest mean satisfaction score in comparison to married, divorced, or widowed PHC providers.

Physicians expressed significant job satisfaction in PHC centres as a result of the collaborative collaboration they were exposed to, which afforded them invaluable support from their colleagues, according to the findings of our research. This supports prior research; it was discovered that nurses working in primary healthcare centres experienced satisfaction as a result of the physicians' communication, mutual respect, and the friendships they forged [14]. Furthermore, contentment was expressed by physicians employed in primary healthcare centres in Switzerland regarding the nurturing work atmosphere [12, 15].

The majority of participants in the current research expressed contentment with rewards and promotions due to the recognition of their endeavours and the opportunity for advancement. Other research, however, indicates that the majority of clinicians in PHC centres were unhappy with rewards and ancillary benefits because it was difficult to obtain financial incentives [11]. It was discovered that Chinese PHC clinicians were dissatisfied with their perceived lack of career advancement or promotion in technical titles and job compensation [24]. Hence, notwithstanding the contentment of our respondents regarding promotion prospects, additional diligence is required to oversee employee satisfaction.

With regard to our research, we assessed additional dimensions, including operational procedures and accountability. According to the study, allied healthcare specialties were more content with the policies and procedures implemented in PHC centres, which positively impacted the manner in which they performed their job duties. Physicians expressed contentment with the level of accountability they received for their work and believed that their participation in PHC centres affected the prevention of public health issues. It is possible to argue that employee contentment

is significantly influenced by the quality of work as it pertains to adherence to rules and regulations [25,26,27,28].

It was established that PHC providers who intended to abandon their jobs reported lower levels of job satisfaction compared to those who remained, which may indicate improved patient care, given the established correlation between job satisfaction and patient satisfaction [9, 29]. This was confirmed in Riyadh and Jeddah, where it was stated that physicians who are maladapted are unable to deliver optimal care [7, 30]. Due to the importance of physician-patient relationships in determining employee satisfaction, they may have an impact on turnover rates [31]. Primary healthcare professionals are particularly susceptible to workplace violence, which can result in discontentment with their jobs and a desire to quit [32]. In PHCs, job fulfilment is critical for the delivery of high-quality healthcare. For this reason, policymakers should routinely assess job satisfaction. Generally speaking, PHC providers in the Eastern region were contented with their jobs, although this varied by specialty, according to this study. An increase in patient satisfaction reduces attrition, thereby contributing to the enhancement of health care service quality.

### **Conclusion**

A thorough evaluation of job satisfaction among primary healthcare (PHC) providers in the Eastern region is presented in this study. The results of our study indicate that although providers, on the whole, expressed contentment with their work, there are certain aspects that could be enhanced, such as communication, promotion, contingent rewards, and operational procedures. The implications of these results underscore the significance of attending to these issues in order to potentially elevate the standard of care delivered in PHC centres and bolster job satisfaction.

While this research provides significant contributions to the understanding of job satisfaction among PHC providers, its limitations must be duly recognised. The cross-sectional design of the study restricts our capacity to establish causal connections between variables other than job satisfaction. Additionally, there may be some bias introduced by the study's reliance on self-reported data. In order to overcome these constraints, subsequent investigations ought to implement longitudinal designs and utilise objective metrics of job satisfaction and other pertinent variables. Although there are some constraints to our findings, they do lay the groundwork for future investigations and policy interventions that seek to improve the job satisfaction of PHC providers. By attending to the identified areas of concern, the Eastern region may experience enhanced healthcare infrastructure, decreased provider attrition, and improved quality of care.

### **Availability of data and materials**

All data generated or analyzed during this study are included in this published .

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