



Factors Influencing Saudi Nurses Turnover "Empirical Study In Ministry Of Health Hospitals- Jeddah City

Raniah. H. Alharthi^{1*}, Taya. M. Abdalsalam², Dalal. F. Abduljabar³, Duaa. A. Alharbi⁴, Rawan. J. Magliah⁵, Shekha. A. Alhatemi⁶, Rawan. H. Alahmadi⁷, Aishah. R. Alsolami⁸, Norah. A. Alzahrani⁹, Reham. B. Alshengiti¹⁰, Maryam. A. Alzahrani¹¹, Tahani. M. Alahdal¹², Amira. K. Bakashwin¹³, Khaleda. B. Altunbakti¹⁴, Afraa. N. Kutbi¹⁵.

^{1*,2,3,4,5,6,7,8,9,10,11,12,13,14,15}Ministry of Health- Jeddah First Health Cluster, Health cluster in Makkah, Saudi Arabia

***Corresponding Author:** Raniah. H. Alharthi

*Ministry of Health- Jeddah First Health Cluster, Health cluster in Makkah, Saudi Arabia

Preface

This chapter contains the research problem, importance, objectives, hypothesis, conceptual model, important terminologies that reported in this research, ethical approval, research limitation and structure.

1. 1. Introduction

Health systems around the world is facing a lot of growing challenges day after day. The most important challenge is increasing health needs, beside lack of physical and human funding. On the other hand, on the other hand, the whole world has faced a growing shortage of nursing staff because of different and altered reasons from one country to another. Historically, nursing profession is a female career as most of the workers in this profession are women more than men. In Saudi society, nursing profession has faced many challenges and issues, and it was one of the most unjustly professions in the community because of society's perception, atavism tradition, so a big number of nurses would reluctance to continue in the profession for either work- related reasons or personal reasons, in other words nursing turnover. Although nursing shortage is considered a global problem but this problem appears to be the most significant problem in Saudi Arabia. This not only because of shortage in nursing staff but also shortage in local nursing staff. Exposure to the problems of nursing is repeatable either as work environment problems or personal problems. Whilst the personal problem could be different between eastern society and western, country to other and even from one individual to other. Society and social relation in eastern country usually impacted on individual and particularly on health practitioners because of their opened work environment in closed society. by focusing and studying such problem in Saudi Arabia, it would to assist in finding solutions for nursing problems and reduce turnover rate. This research will explore the problem of Saudi nursing turnover and how factors such family obligations, guardian's decision, society perception and demographic variables affecting nurses continuity in their profession

1. 2. Research Problem

According to the statistics of Nursing Administration at the Directorate of Health Affairs in Jeddah, on month of Rabiea Althani 1437 as following

	Saudi Nursing		Non Saudi Nursing	
	Female	Male	Female	Male
Under Nursing Administration	2614	1029	2114	72
Out of Nursing Administration	76	133	19	3
Total of nursing out of Nursing Admin.	209	231 = 3.8%	22	
Total nurses No.	2690	1162	2133	75
Total No (Nationality)	3852		2208	
Total No. of Nursing	6060			

Table No. (1): Statistics of Nursing Staff from Nursing Administration at Directorate of Health Affairs in Jeddah

The total number of nursing in Jeddah is 6060 whist the number of Saudi nurses is 3852. This means that the percentage of saudization is 63.5 % .On the other hand, the total number of nurses who are working out of nursing department under other administration is 231 nurses, which means that 3.8% of nurses quit working in nursing profession (Directorate of

Health Affairs in Jeddah, 1437). One of the main problems in Ministry of Health hospitals is increasing the number of nurses who leave the nursing profession by decision and support of the hospital administration or without. The turnover in the nursing field is linked to many reasons which could be related to nursing profession itself, the organization, personal and social reasons. The turnover of nurses and leaving their work has a direct effect on nursing performance as well as results in low productivity (Alsaqri, 2014). Moreover, turnover is highly costing for any health organization because the organization will spend a lot of money on staff training programs to teach the new employees till they become qualified nurses. This research will focus on personal obligations, family relations and social perception as reasons that lead Saudi nurses to quit working in the nursing profession (MOH, 2012).

1.3. Research Importance

The interest in addressing the issue of nursing turnover is emerging from the importance of the health sector and the services that this sector provides to the society. The health sector is considered one of the vital sectors in any country because it delivers preventative and curative services to individuals and the community. Nursing is one of the most important jobs in the health sector, which is characterized as humanitarian, ethical and scientific profession and depends essentially on the science and medical knowledge profession which stems from a natural sense of protecting family and giving care to children. Nursing is indispensable in any society and it's not possible to practice medicine without it at any time (Chua, Commu, and Login, 2014).

1.3.1 Practical destination

It is expected that the results of this study contribute to provide data and information that helps decision makers in Saudi hospitals in

- Improving work atmosphere and enhance the Saudization in the nursing field.
- Developing strategies and rules to reduce Saudi nursing turnover.
- Expand future plan according to research results in order to: put specific mechanisms for acceptance in nursing colleges, determine the needs of nursing manpower, decrease the cost of turnover in the nursing profession.

1.3.2. Scientific destination

At the scientific level of research importance stems from trying to deepen the intellectual foundation for productivity, relevance and factors that affect nursing turnover.

- This research addresses the problem of nursing turnover among Saudi nurses and the most affecting factors for this issue; by studying the influence of female guardian, family responsibilities, social perception and demographic variables, which would be a complementing for previous nursing turnover researches that did not discuss such factors.
- This research will add a new scientific knowledge for nursing researches that has discussed the dilemma of nursing turnover; which has been specified for Saudi nurses due to lack of researchers that studied Saudi nursing problems and can use the results in future research.

1. 4. Research Objectives

This research aims to achieve the following goals

To Identify:

- 1- The effect of family obligations to form intention for leaving the nursing profession.
- 2- The impact of guardian opinion (or partner) on nurse's decisions to leave their profession.
- 3- The impact of society perception on nurses' thoughts to leave the nursing profession.

1. 5. Research Hypothesis

The hypothesis have been determined according to each independent variable

- 1- There is a statistically significant relationship between family obligations and Saudi nurses' turnover.
- 2- There is a statistically significant relationship between guardians' opinion (partner) and Saudi nurses' turnover.
- 3- There is a statistically significant relationship between the social perception and Saudi nurses' turnover.

1. 6. Conceptual Model

The conceptual model was built as following in order to clarify the relationship in between the study variables and how they are affecting each other to result turnover attitude and intention among Saudi nurses. The following diagram indicates those elements as dependent and independent variables. The independent variables are family responsibilities, impact of guardian and demographic variables). The dependent variables are nursing turnover and the intention to leave the nursing profession.

Independent variables

Elements impact on nurses' which direct them to turnover

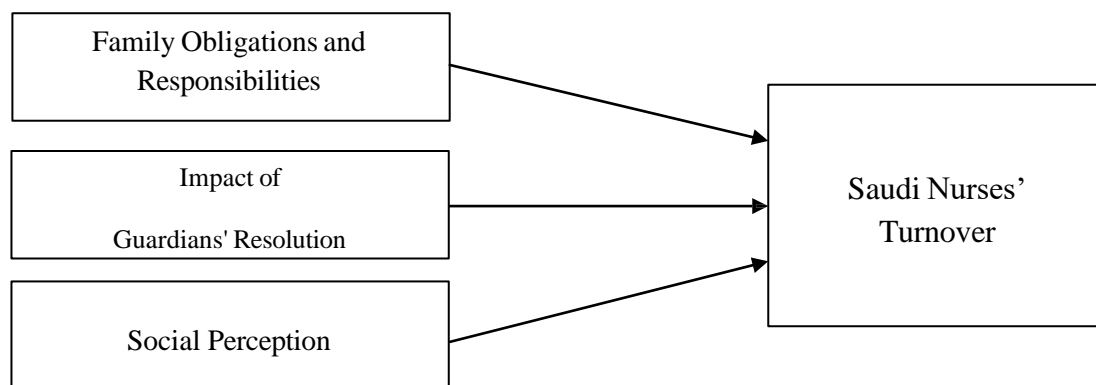


Figure (1) Conceptual Model Chart

1.6.1. Conceptual Definition

Independent variables in this study define as following

- 1- Family obligations:** it is what a person responsible to do and demanding about thing or specific acts, which is the circumstance that a person is valid for culpability on its binding and its consequences.
- 2- Guardians' resolution:** it is the decision that will be taken by a male who has a legal authority by Islamic law instead of his recommended female either would be his wife, daughter or sister.
- 3- Social perception:** it is the circumstance of how people in specific society form impression or inherit an opinion about specific matter or issue in the same society.

1.6.2. Operational Definition

Independent variables measured in this study as following

- 1- Family obligations:** this variable has been measured by using a family embeddedness questions that examine how family responsibilities led nurses to leave their work in nursing profession. This part contains of seven questions, the first three are concerning how work duties affect on nurses' responsibilities at home such physical and psychological fatigue, not attending family events and using wrong behaviour at home. The last three questions are concerning about family responsibilities and its impact on work duties. These questions are studying how obligations at home lead nurses to low performance.
- 2- Guardians' resolution:** this variable has been measured by developing five question about guardian's opinion in (acceptance or refusing of nursing profession, nature of nursing work, opportunity of development).
- 3- Social perception:** after reviewing previous researches that studied nursing turnover and opinion of Saudi society about nursing profession, three questions has been developed to measure receptivity of Saudi society the nursing profession. The questions cared to investigate if Saudi families hiding that any member work in nursing from society, which could be because of negative image of nurses in Saudi society, and finally if nursing profession provides a good relations and afford advantages for nurses' families.

Whereas, dependent variable in this study measured in two parts as following;

- 1- Reasons of turnover:** this part contains of seven main reasons could be one or more than one that led nurses to quit working in their profession.
- 2- Impact of turnover:** it contains of six effects as a result of nurses turnover their work in nursing profession. Participants will choose the effect of leaving nursing from their personal point of view.

1. 7. Research Terminology

- ❖ **Turnover:** is ceased the individual to be a member in any organization which paid in cash for the provision of specific services in a certain way (Alhamdi, 2014).
- ❖ **Social Perception:** is the process of forming a specific envisage or create perceived as impression about individual's behavior and people attitudes in specific society. The thoughts of society will compose through an individual's think, ideas and understanding matters of what they may accept or not, which builds an image about specific matters in this society (Hala, 2013).
- ❖ **Guardian:** The legal authority granted to a qualified and competent person to protect the rights of another person. This assigned person could be the father, brother or the husband (Kabarrah, 2008:23).

1. 8. Ethical Approval

- This research submitted to Research Ethical committee in KAU in order to state the ethical spectrs.

- The research obtained the approval from Directorate of Health Affairs-Jeddah (Medical Research and Studies Department).
- Letters of approval from medical research department to conduct research in (King Fahd Hospital, Psychiatric Hospital, Eye Hospital, AlAziziyah Hospital and AlMosadia Hospital "maternity and children hospital- MCH").
- The participant signed on informed consent to participate in this research.
- The information collected and used for this study will be kept confidential and could be disclosed or published for the purpose of research only.

1. 9. Research Limitations

Temporal Border: The research conducted during the second semester of 1437. **Location Border:** Five of the Ministry of Health Hospitals in Jeddah City (King Fahd Hospital, Psychiatric Hospital, Eye Hospital, AlAziziyah Hospital and AlMosadia Hospital "maternity and children hospital- MCH").

Human Border: Saudi nursing staff at above mentioned hospitals including (nursing assistance, registered nurses, head nurses and other nurses in nursing administration).

1. 10. Research Structure

The study will have chapters along with references and appendices. The structure of the research is as follows:

- **Chapter One:** Introduction
- **Chapter Two:** Review of Literature
- **Chapter Three:** Methodology
- **Chapter Four:** Data Analysis, Results and Discussion
- **Chapter Five:** Summary, Recommendations and Conclusion

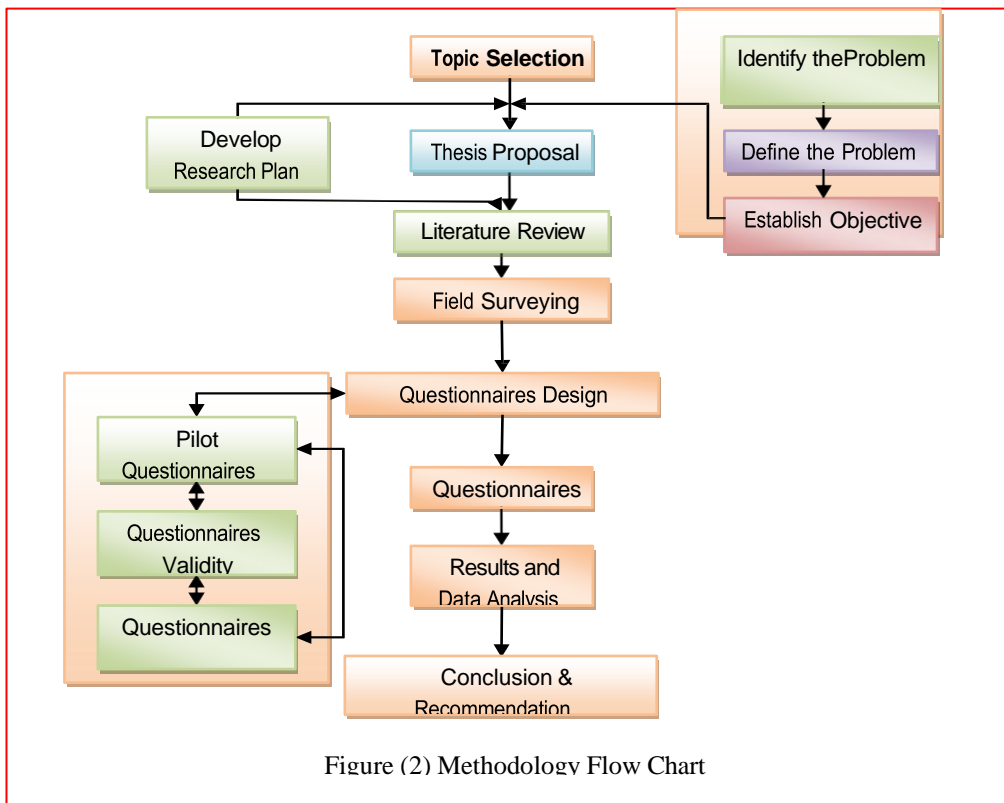


Figure (2) Methodology Flow Chart

Figure (1) Methodology flowchart, leads to achieve the research objective.

The first phase of the research; thesis proposal included identifying and defining the study problem, followed by objectives establishment and finally development of research plan.

The second phase of the research included a summary of the comprehensive literature review. Literatures on claim management were reviewed.

The third phase of the research included a field survey which was conducted on "Saudi Nurses as Empirical Study in Ministry of Health Hospitals in Jeddah"

The fourth phase of the research focused on the modification of the questionnaire design, through distributing the questionnaire to pilot study, The purpose of the pilot study was to test and prove that the questionnaire is clear to be answered in a way that help to achieve the target of the study. The questionnaire was modified based on the results of the

pilot study.

The fifth phase of the research focused on distributing questionnaire. This questionnaire was used to collect the required data in order to achieve the research objective.

The sixth phase of the research was data analysis and discussion. Statistical Package for the Social Sciences (SPSS) was used to perform the required analysis.

The final phase includes the conclusion and the recommendations on this study.

CHAPTER TWO: REVIEW OF LITERATURE

Preface

This chapter presents the literature review and detail for some of previous researches that had studied the factors that affect the Saudi nurses and their nursing profession. Literature review is a critical summary of research on a topic of interest, often prepared to put a research problem in context.

Nursing is considered a vital and a basic sector in any health care system. Nursing usually is composed the largest number of health professionals in any hospital or health organization. Because of increasing the number in population for last years, it is necessary to increase the health services organizations as well as multidisciplinary health professionals and the most important professionals who are giving care for patients during 24 hours a day who is nursing staff (MOH, 2012).

For the last decade, nursing profession suffers from a significant shortage specifically in Saudi nurses. Therefore, the Ministry of Health (MOH) and the health organizations have dependent completely on expatriate nurses (Almalki, FitzGerald and Clark, 2012). Twenty years ago, the kingdom has taken a step to Saudis a lot of professions. The health sector was one of the most important sectors that the MOH aimed to Saudis its professionals' (MOH, 2012).

Pushing a big number of Saudi nurses in health settings and hospitals contributes to more productivity in these health organizations, which leads to increase patient's satisfaction. The patients feel satisfied because it is easy to deal with a nurse from the same social culture, religion and speaking the same language (Almalki, FitzGerald and Clark, 2011). Many challenges are facing the nursing career life such as prevailing tradition, chronic staff shortage, lack of educational development and subspecialties. Therefore, there are various forms of problems that are linked to the shortages in Saudi Arabia for instance socio-cultural factors which influenced the prevailing negative images (Lamadah and Sayed, 2014). Additionally, the family obligations have a big impact on work life of nursing which could be conflicted with work duties. If the family is not supporting the career life, at the end, it would lead the nurse to leave the nursing profession (Alasmari and Douglas, 2012). Moreover, the scientific background and personal or demographic variables can have an obvious impact on nurses decision to continue or leave their profession (Almalki et al., 2011).

The purpose of this research to figure out the influence of family obligation and social perception on nurses decision regarding leaving or continuing in their profession as well as the impact of guardian opinion on female Saudi nurses decisions. Furthermore, to discuss how demographic variables affecting differently on thoughts of Saudi nurses in having intention to leave their nursing profession. This study will explore these variables.

2. 1. Nursing Overview

Nursing is known as a science and art of care for individual and community (Almalki et al., 2011). The science outlook of nursing appears in the scientific knowledge side about the diseases, their mechanisms and the treatment and drawing nursing care plan according to each patient's needs, while the art side appears in how nurses are skilful to change this information and knowledge into practice to deliver the proper care for patients according to their specific requirements. To perform the nursing practice both side of science and art are important and cannot be separated to achieve nursing' profession mission (Chua et al., 2014).

The most reasons for working in nursing profession would be;

- ❖ Nursing is a rewarding career.
- ❖ Family members working in nursing.
- ❖ Career security.
- ❖ A lot of opportunity to have a job.
- ❖ High salary in comparison to other jobs out of health services.
- ❖ Interest in health science.
- ❖ Self realization at work (Eley, Eley and Rogers- Clark, 2009).

2. 2. Nursing Education in Saudi Arabia

2. 2. A. Past Nursing Education Development

For the last twenty years the nursing education in the kingdom has developed by the support of MOH and Ministry of Higher Education (MOHE); then health sectors

such National Guard and Private health participate in this evolution. The development included improvement in nursing curriculum, training and practice which resulted in high productivity (Almalki et al., 2011).

The nursing education history started when MOH cooperated with World Health organization (WHO) to open the first formal health institute in 1958 in Riyadh. This institute targeted the student who graduated from primary school. After one year of study, the first batch graduated which included a fifteen male nurses (Almalki et al., 2011; Almutairi, Idrus and Muradi, 2013).

In 1961, MOH opened a two years nursing program in Riyadh and Jeddah which contributed to graduation of thirteen Saudi female nursing assistants. During the next few years, MOH originated a Health Education and Training Department to supervise the nursing schools and health institutes around the kingdom. Since then, this department has limited the enrolment in nursing institutes for students who graduated from intermediate school (Almutairi et al., 2013). Also, the years of the study in these institutes were increase up to three years. Afterwards, it has opened a lot of nursing colleges and institutes around the Kingdom which reach a 48 health institutions took an effective role in nursing education. At the end of 1992, some nursing intermediate colleges set conditions to join the new nursing programs such high secondary school graduated and old nursing school graduated (Tumulty, 2001).

In 1976, King Saud University in Riyadh established a division for bachelor of nursing and the next year MOHE opened the second and third division for bachelor of nursing at King Abdul-Aziz University in Jeddah and in Dammam University for female which requires a higher secondary school graduated and science background to join the bachelor course (Almutairi et al., 2013). After eleven years the university of King Saud initiated the Nursing Master Program in 1987, which was the first master nursing course in the Gulf Countries (Almalki et al., 2011).

2. 2. B. Recent Nursing Education

In 2008 to promote the nursing education and the quality of nursing practice MOH has transferred all the nursing institutes and colleges under MOHE. Because of MOHE has a large facilities and resources to support academic education levels in nursing (Tumulty, 2001).

2. 2. C. Certificates Registration and Accreditation

Currently, the nursing staff should have a certificate of accreditation from Saudi Committee for Health Specialists (SCHS). The SCHS plays a main role in health science professions development and in systemizing the scope of practice. It certifies the nursing staff as following; the nursing diploma holders classified as technical nurses while the bachelor holders classified as a nursing specialists. The master nursing categorized as a senior specialists as well as PHD holders whilst the PHD holders with experience of three years are classified as nursing consultants. The registration in SCFHS and renewing it is compulsory in recent years for all health professionals. To renew the registration, it requires attending a certain number of educational hours every year in order to ensure improvement and updating health professional's information's (Almalki et al., 2011).

2. 3. Nursing Challenges

Every day nursing profession is facing various challenges to provide efficient care to patients. A lot of studies have looked for different nursing challenges that could interfere with work flow to know the nature of these problems since it has a significant impact on nursing productivity and performance. The most common factors that influence nursing profession productivity are: Job dissatisfaction, poor social image, working with men, failure to get family agreement to work in nursing, long working hours, changing the duty pattern, lack of respect, low salary, lack of career development, low educational growth opportunities and some other factors related to the health organizations and nursing practice such performing many tasks which is non- nursing job and poor administrative rules (Almutairi et al., 2013). These kind of challenges make nurses feel unsatisfied with their vocation and subsequently leave their work in nursing (Aldossary, While and Barriball, 2008)

2. 3. A. Social Image (Society Perception)

Nursing profession is considered as one of the new professions in Saudi society in spite of the existence of this profession from an early era of Islam. Because of recency of this profession additionally to community tradition and culture, the majority of pioneer people who joined the nursing profession, were non- indigenous Saudis characterize with more freedom related to their tradition and culture (Lamadah and Sayed, 2014). In comparison to indigenous Saudis who are conservative in their life style. The misunderstanding of society about the role of nursing profession as a doctor assistance or first class maid despite of that nursing is an art and science profession. All these issues make the society disrespect nurses and generating a negative image in the community about nurses and their profession which considers one of the major challenges for this career in Saudi Arabia (Lamadah and Sayed, 2014). With increasing the demands and needs to have a high income in order to meet the requirements during this era, the number of Saudi nurses has been increase because of financial reasons (high salary in nursing profession compared to other professions) and job security. But as a result of lack of rules and regulations of accountability to staff leads to un-commitment and un-loyalty to nursing profession, which contribute to turnover (Shamsuzzoha and Shumon, 2007). On the other hand, Saudi male nurses who

choose to work in nursing profession as well faced a lot of challenges and criticisms either from their families or friends (Gilmartin, 2013). According to Lamadah and Sayed on 2014, Saudi male nurse confess that his mother hid from their relatives that her son is working in nursing. In the same study of Lamadah and Sayed (2014), it has reported that 25% of nurses have believed that this profession is contrary to prevailing traditions. Many studies have been conducted in Saudi Arabia and middle east countries have proven that particular factors affecting the decision of new generation choice the nursing as a desirable profession. The most important factor is presenting nursing and nurses in media poorly and incorrect image which in somehow asserts and enhances the society perception not only about this profession but for any matter in society (Gilmartin, 2013). Beside unavailability of counselling and career advisory services at academic or university level (Gilmartin, 2013).

2.3.B. Family Responsibilities and Guardians' (Partner) Opinion

Saudi nurses a particularly female (nursing mostly is a female career) suffers every day especially in our country because of various reasons related to its culture and traditions. One of the major difficulties and problems affecting the practical life of nurse is family responsibilities. These difficulties could be related to family obligations such caring of family members and children especially, with lacking of affordable and good quality of nursery homes (children care facilities) that would give care to children (24 hours /7days a week) during the shift duties of nurses. Some studies stated that as a result of unavailability of public transportation, beside not allowing the female to drive which could also be a big challenge for nurses who don't have a private driver or someone can bring them to duty, who consider a first level relative (named as Mahram). Long working hours and changing the shift pattern factors make society especially men not accepting the idea of marrying a female who works as a nurse because of the continues and long absences from home; moreover, mingling with men such as patients and colleagues is unacceptable in our culture; in comparison to other professions as teachers (Lamadah and Sayed, 2014). Thus, society perception and family obligations will make pressure on nurses to quit working in their profession. Such issues cause that MOH and health organization in Saudi Arabia lose married Saudi nurses and lead to shortage and absenteeism "turnover attitudes" (Gilmartin, 2013). Therefore, it affects on the health care system and its performance (Almutairi et al., 2013). According to Moores, Singh and Tun(1983 cited in Lamadah and Sayed 2014)the qualified and success Saudi nurses in their career were encouraged and supported by their families or partners, which has a significant positive impact on their career.

2.4. Turnover

Turnover is defined as "the movement of person into or out of the place". While the definition of employee turnover is describing the process of moving into, out or replace the employees in the organization (Rajan, 2013). At the time that the MOH aimed to saudize the nursing field, it has been appeared the phenomenon of job turnover in nursing field which disclosure the need to establish nursing job standard, stabilize the work environment and achieve high quality of care (Almalki et al., 2011). The issue of turnover is considering one of the big challenges in any job since it influences the process of delivering the service to customers (Almalki et al., 2011). Turnover represents a real problem in nursing field in many countries; it causes a physical stress on retained nurses and financial consequences on the Ministry of Health and any health organization (Aldossary et al., 2008)

2.4.A. Classification of Turnover

The classification of turnover from two to five types as following functional and dysfunctional turnover, avoidable and unavoidable turnover, voluntary and involuntary turnover, skilled and unskilled turnover and the last type of turnover is internal and external turnover (Rajan, 2013). This research is concern the last type of turnover which is internal and external turnover. The internal occurs when nurses move into the organization from nursing department (administration) to other one whilst the external is moving nurses out of the organization completely (Rajan, 2013). In both circumstances, the nurse won't continue working as a nurse after she turned over her job.

2.4.B. Turnover Disadvantages

The turnover has been a complicated issue particularly in nursing since it has a sever effects on nursing profession and nursing administration (Almalki et al., 2012). One of the major negative influences of turnover is increasing the work load on nurses which leads to poor nursing performance output, low productivity, more mistakes in practice and as a result diminish patient satisfaction (Almalki et al., 2011). Declining in patient satisfaction is produced by long hospitalization, inability to meet their health care requirements which results from low quality of care (Almalki et al., 2012; Shamsuzzoha and Shumon,2007). This usually occurs when a large number of senior nurses leave the vocation which produced experience and knowledge loose (Shamsuzzoha and Shumon,2007). Such issues in work caused boredom feeling, increase absenteeism in between the new or remain nurses which might kill their work love (Lamadah and Sayed, 2014); because of stress with few opportunities to learn or gain experience; without supportive training programs which cost a lot of money for the organization (Shamsuzzoha and Shumon,2007). Eventually, these factors lead to leave nursing intentionally or at least have the intention to leave their profession in the first opportunity. Therefore, working life in such situations with increasing the workload becomes stressful and considered one of the aspects that affecting nurses directly either positively or negatively; thus, either they will leave or continue as a personal challenge in this profession (Almalki et al., 2012). Consequently, the turnover contributes to staff shortage and financially costing the organization. Qualified

nurses leave their profession for a number of reasons could be related or not to their profession (Al-Ahmadi, 2014). Next paragraph will talk about factors that cause nurses turnover.

2.4.C. Reasons for Nursing Turnover

A lot of factors in or out of the work environment could lead nurses to quit working in nursing profession. The causes of turnover in work atmosphere mainly because of work dissatisfaction and infelicity. The infelicity can results from insufficient training and improper staff development plan which may be caused by ineffectual supervision (Almalki et al., 2011; Alsaqri, 2014), bad relationship of staff with their superiors, unsupportive administration (Shamsuzzoha and Shumon,2007), excess workload, long working hours, time of shifts is not fixed (Lamadah and Sayed, 2014), doing some tasks not related to nursing job which increase the stress on clinical bed side nurses. What's more, the most frustrating in nursing profession is the lack of professional and educational advancement as well as it does not supported reasonably from senior administrations (Gilmartin, 2013). On the other hand, female nurses could leave their work for individual reasons such pregnancy plan, parenting care, inflexible schedule or refusal of husband to work in mingling environment (Shamsuzzoha and Shumon,2007)and some others preferred personal priorities for work (Lamadah and Sayed, 2014).

According to Eley et al. (2009) Intention to leave nursing could be as a result of one or a complex of factors. To Support nurses and control the turnover in nursing administration should maintain factors such rewards and incentives to retain nurses in their profession (Almalki et al., 2012) and subsequently, it will stabilize the productivity of nurses which accordingly will enhance patient satisfaction (Shamsuzzoha and Shumon,2007).

2. 5. Previous Studies

2.5.1. Previous Studies Conducted on Demographic Variables

Al-Ahmadi has done a research on 2014 entitled (Anticipated nurses' turnover in public hospitals in Saudi Arabia).It aimed to study Anticipated Nurses' Turnover in Public Hospitals in Saudi Arabia and how work environment, organizational factors and personal variables impact on turnover intention. This study conducted in 80 MOH hospitals in Saudi Arabia, the questionnaire was distributed to these hospitals with assistance of MOH and regional health affairs. The sample composed from 5423 registered nurses whilst the respond rate had reached 54% who participated voluntarily in this cross-sectional self- administering questionnaire. The researcher measured an individual's intention to leave their hospitals utilizing a single- item scale which stated as "I plan to leave this facility within five year?", Other variables were measured in this research; personal elements, work environment and organizational factors. The outcomes that Al-Ahmadi presented in her paper were first; anticipated turnover of Arab nurses was influenced clearly by educational level. The Bachelor's holders had the highest level of turnover intention, followed by the master's degree holders which were significantly different from diploma's holders who had the lowest level of turnover intention. With regard of salary level, nurses who were receiving less than SR 4000 had the highest anticipated turnover rate. In addition, the older nurses and nurses with long years of experience indicated higher anticipated turnover. Specific elements of work environment were clearly having a statistical importance tendency on nurses turnover. Elements such non-nursing tasks, nurses in supervisory position or with clerical tasks revealed a higher turnover rate. Nevertheless, there was no significant differences in nurses turnover intention in regard of marital status. Ultimately, the female nurses had higher turnover percentage than male nurses. Alahmadi recommended to do an exit interview to specify turnover reasons among turnover nurses, researcher suggested to establish a sustainable long-term shared vision to increase commitment to effect organizational changes (Al-Ahmadi, 2014).

Ahmadi study are similar to this study in the aim since both studies investigated nurses turnover in public hospitals in Saudi Arabia both studies also used the same methodology of analytic cross-sectional survey. In comparison of studies variables; Alahmadi's used variables of work environment added to demographic variables. However, this study used social factors and relations' responsibilities added to demographic variables.

The second study conducted by Almalki, FitzGerald and Clark on 2012, in Jazan Region, Saudi Arabia. The study named (The Relationship between quality of work life and turnover intention of primary health care nurses in Saudi Arabia) which aimed to investigate the correlation between quality of work life (QWL) and turnover intention among primary health care (PHC) nurses in Saudi Arabia. the researchers used a cross-sectional survey and they collected data using Brooks' survey to assess quality of nursing work life (QNWL). The response rate was 87% which equal 508 nurses, who filled up properly the questionnaire. The outcomes for this study were; four demographic variables were strongly related to turnover intention (gender, dependent adult, positional tenure and payment per month); 40% of the participants were dissatisfied with their working life in health centers which revealed a high percentage of turnover intention. The turnover was mainly related to QWL in PHC centers. Therefore, the research conclusion was to establish a healthy working life in PHC centres to elevate nurses satisfaction, enhance their performance and diminish the turnover. Researchers suggested to conduct an intervention study with regards of their recent study to improve QWL in PHC and enhance nurses retention and they also recommend to conduct a serious of comparative studies focusing on variables that could effect on QWL and lead nurses to turnover in different health organizations either governmental or private and hospitals or centres (Almalki et al., 2012).

The previous study aimed to investigate turnover of nurses at PHC as effect of QWL, so the variables was only QWL

added to nurses demographic variables. Almalki et al. study targeted all nurses in PHC. whilst, my study aimed to study how social relations and responsibilities impact on female nurses and lead them to turnover. Both studies used cross-sectional survey with difference in population and sampling because previous study did not specify a specific nationality or gender for participant nurses; whereas, I studied Saudi female nurses only in governmental hospitals.

Third research conducted by Eley, Eley and Rogers- Clark on 2009, the study titled (Reasons for entering and leaving nursing: an Australian regional Study) in Queensland state, Australia. This study aimed to compare and contrast the reasons that nurses and nursing students provide for entering and leaving nursing career. The study used a cross-sectional cohort design as a quantitative study with online survey. This research targeted the regional public health services and regional university. There were a 259 registered nurses and 272 nursing students. The hypothesis tested and assessed using the Chi-square and Z-test statistics. The results of this study were as following: the essential reasons were specified by registered nurses and students for entering the nursing field as following (self interest, the vocation and altruism). However, the factors that led nurses to leave their profession are different in between several groups and ages as followings: the registered nurses stated factors such disillusionment with nursing. Whereas, nursing students and registered nurses under 30 years (63%) identified three factors: starting a family, family responsibilities and practicing of another career as a main factors affecting their leaving decision. Whilst, the student aged above 30 years were leave their nursing career because of health concerns or disillusionment. Thus, it mean the younger nurse leave nursing because their desire to start a family and family responsibilities (Eley et al., 2009).

The study of Eley et al was an analytic and comparative research concerning reasons of studying and leaving nursing profession. It was across-sectional cohort design, on line survey. But my study aimed to study a definite variable (family responsibilities, social relations and perception). While both studies are cross sectional survey but my questionnaire was a paper based questionnaires.

Alasmari and Douglas performed study on 2012 under title of (Job Satisfaction and intention to leave among critical care nurses in Saudi Arabia). this research aimed to investigate the relationship between the satisfaction of registered nurses' in critical care and their turnover intention in Saudi Arabia. the study applied a cross-sectional survey to describe the relationship in between the study variables (demographic data, job satisfaction and intention to leave profession). The data collected from 182 registered critical care nurses at King Abdul-Aziz University Hospital. The results of this study were as following; a specific demographic variables were affecting nurses intention to leave including age, experience length in critical care, and parental status. Whilst, there were three job satisfaction variables influenced on ICU nurses turnover decision which comprised workload, promotional opportunity, administrative professional support and payment. Researchers recommended to find solution to decrease overload work, put systematic process for nursing promotion and incentives. Finally they suggested to use this study as a basis for future research to address nursing shortage issue in Saudi Arabia (Alasmari and Douglas, 2012).

In comparison of Alasmari and Douglas research to my study, they aimed to study the correlation between job satisfaction of nurses in ICU and turnover intention. While my research is concerning social factors more than work related factors. So accordingly the variables of both researches were vary according to each study aim. Bothe studies utilized cross-sectional survey. My study conducted in five governmental hospitals in different nursing department Jeddah city. Whereas, Alasmari and Douglas performed their study in only King Abdul-Aziz University hospital in ICU department. My research targeted female Saudi nurses, while Alasmari and Douglas targeted ICU nurses in regardless their nationality and gender.

2.5.2. Previous Studies Concerning Family Obligations

Saeed conducted on 1995 under title of Factors which influence nurses' intention to leave the hospital in Riyadh city. This study aimed to identify factors that influence nurses' intention to leave their hospitals in Riyadh city specifically socio-demographic and work related variables. Researcher used a self administered questionnaire and data collected from three governmental hospitals in Riyadh city. 488 questionnaire were filled up by registered nurses. The researcher found that 43.6% (213) nurses intended to stay. Whereas, 56.35% (275) of the registered nurses intended to leave their nursing profession. In comparison of the two groups in term of their socio-demographic variables are considerably different; the variables that affecting nurses turnover decision were educational level, marital status and salary level. The most factors influenced the nurses who intended to leave their work were primarily family and personal reasons. As for the causes of work-related reasons nurses leave because of lack of respect in work environment following with job dissatisfaction, overload work, low salary, lack of professional growth, and ultimately, poor administration. The researcher suggested to put strategies to limit nurses turnover by studying reasons of leaving profession according to each department/organization, establish a systematic professional development (Saeed, 1995).

The research of Saeed, which aimed to specify factors that influenced nurses intention to turnover, was comparable to my study. Bothe studies concerned socio-demographic factors and utilized self administrative questionnaire. Whereas, they were different in sampling and study location because Saeed targeted registered nurses from three governmental hospitals

in Riyadh city in regardless their gender and nationality; whereas' my study targeted female Saudi nurses in five governmental hospitals in Jeddah city.

2.5.3. Previous Studies Concerning the Social Perception and guardian's (partner) opinion

Al-Omar carried out a study under title of (Knowledge, attitudes and intention of high school students towards the nursing profession in Riyadh city) on 2004 about nursing turnover in Saudi Arabia. The study aimed to identify high school student perception and why they avoid working in nursing profession, and to examine the social influence on anticipated turnover factors. Al-Omar targeted high school student and Saudi female nurses. The researcher utilized a descriptive analytic stratified random sampling. 503 questionnaires filled up properly and returned to researcher but 479 were only valid for analysis. he found that social issues affecting negatively the decision of Saudi nurses to continue in nursing profession; these factors mainly were poor public image, family disagreement, culture values, social prestige, nature of nursing job such long working hours, mixing with men and finally the fear of not getting married because the young male are not willing to married a nurse. The recommendation for this study were reducing working hours as nursing is hard job comparing to other professions, improve work environment and establish child nurseries in each hospital to take care for practitioners' kids, finally allowing Saudi nurses to work for morning shift only (Almutairi et al., 2013).

The Literature review of Almutairi et al. indicated many social issues contributes to leave nursing profession among Saudi nurses. Most issues that could elevate nurses' intention of turnover as following: negative image of nurses in society, family rejection, old traditions, nature of nursing work such shift rotation, long duty hours, working during national holidays and mingling with men. Regarding Saudi female nurses the issue of partner's opposing to work in nursing which linked to some or all of previous reasons. The recommendations of this paper were stress on the importance of preparing and training nurses with necessary and required skill and knowledge, provide suitable work environment for Saudi female nurses such provide child care facilities, working morning shift and reducing working hours (Almutairi et al., 2013).

Comparing the literature review of Almutairi et al. to my research, this research is analogical to my research since it was concerning social issues that could contribute to leave nursing profession. The combined variables were social relations and perception. Despite there is a lot of previous researches concerned nursing, many researchers looked for and investigate the work life environment such job satisfaction, work load and quality of work. In addition, researches that studied nursing turnover intention concerned the same factors. On the other hand, there were no enough particular studies discussed factors such family obligations and social perception. Whereas, my research discussed the turnover issue among Saudi nurses only which give a point of strength for this research. This study utilized independent factors that have a great impact in Saudi society. The factors illuminated in my research were Personal (demographic) variables, family responsibilities, guardian's resolution and social perception.

CHAPTER THREE: METHODOLOGY

Preface

This chapter describes the methodology that was used in this research. The adopted methodology to accomplish this study used the following techniques: the information about the research design, population, study location, statistical analysis, questionnaire design, content validity and pilot study.

3.1. Research Design

This research utilized an exploratory cross-sectional survey which is designed to study the influence of family obligations on the intention of nurses to leave their job and also the effect of demographic variables on nurses turnover. The participants used a paper based self administered questionnaire and online survey questionnaire. The study used a descriptive and analytic approach as deemed appropriate to the subjective of the research, that aimed to describe the phenomenon of Saudi nursing turnover through identification, analyzing and interpreting dependent variables and link the gathered data to make sure of hypotheses validity to achieve research objectives up to the conclusion and recommendations. Descriptive method utilized to describe the phenomenon of nurses turnover and illustrate the relationship in between study variables and specify reasons that could led to this phenomenon by gathering facts and data then analyze and subject to study hypothesis. Thus, it would reach to results and conclusions on the subject of research. The sample used in this study shall be representative of the population. Subsequently, the results will representative of the population. Analytic method has applied to study the correlation of two variables in the research by using Chi-square test $(\chi^2 = \frac{(n-1)S^2}{\sigma^2})$, this test was used because the data has been collected in this study disaggregated data (divided into groups). In addition, Chi-square test determines the strength of the relationship between dependent and independent variables. Finally, Chi-square tests hypotheses on each variable separately.

The questionnaire has been developed after review many researches and questionnaires related to nursing turnover added to demographic data that affect turnover in order to take advantage of them in studying factors to be modified questionnaire as well as in interpreting results and making recommendations.

3.2. Population and Sampling

This research targeted the Saudi Nursing staff at MOH hospitals. It was chosen the city of Jeddah because of sufficient number of hospitals which have appropriate number of Saudi Nurses. The number of MOH hospitals at Jeddah is seven.

According to statistical year book on 1435, the number of Saudi female nurses in MOH hospitals at Jeddah is 2822 (MOH, 2014). However, due to got the approval from five hospitals only through Directorate of Health Affairs which have 2342 nurses (MOH, 2014). The questionnaire was distributed in these hospitals for Saudi female nurses in various departments with the assistance of nursing administration.

3.3. Study Location

Approval obtained from Directorate of Health Affairs in Jeddah to do the research survey in five hospitals which have different specialties.

- **King Fahd Hospital (KFH):** Established in 1980 (1400 HD) during the reign of King Fahd bin Abdul-Aziz, the bed capacity is 504 beds. KFH is considered one of the largest referral hospital in western region and a training center to health practitioners since it has various specialized medical departments such as dental center, kidney center, heart center, Prince Sultan laparoscopic surgery center and other critical and specialized departments.
- **Maternity and Children Hospital (AlMosadia Hospital):** MCH was established in 1977, the bed capacity is 518.
- **Psychiatric Hospital:** established in 1988, the bed capacity is 125.
- **Eye Hospital:** establish in 1950, the bed capacity of Eye Hospital is 100 .
- **Al-Aziziyah Hospital:** established in 1989, the bed capacity is 125. (General Directorate of Health Affairs in Makkah, 2016)

3.4. Data Collection

After ethical approval obtained from King Abdul-Aziz University and Directorate of Health Affairs research committee, questionnaires were distributed to participant in different hospitals as a paper and online survey with assistance of nursing administration and nurse managers in each department. The questionnaire requires nearly seven – ten minutes to fill up the survey. All questionnaires were returned back to nursing administrations in each hospital in sealed envelopes within one week period.

The questionnaire included a covering letter, questionnaire and envelop. The survey contains of a total 49 items assessing the research variables. The covering letter explains the study goal, participation consent and confidentiality, in addition to researcher email.

The survey has divided into five indices:

- 1- **Demographic variables:** contains of two sections: the first section covered the personal data which included: age, gender, marital status, educational level, guardian, parental status. The second section is concerned the occupational data: current position, length of working in nursing profession, length of working in current position, personal career goals which was assessed using the job embeddedness items that included four items from fit-organization subscale (Burch, Lee & Mitchell, 2014). All elements were measured by using a five points Likert scale (1= strongly disagree, 2= disagree, 3=neutral, 4= agree, 5=strongly agree).
- 2- **Family embeddedness:** The first section covered the family's opinion and supportiveness, the higher score in this section represents a great stability condition and family support with four items. Whilst the second section examined the influence of family obligations on the work duties and vice versa which contains seven questions, the higher score shows the negative impact of work on family life or vice versa.
- 3- **Opinion of guardian (partner):** 5 items developed to measure how guardian or partner accept or reject the nature of nursing profession.
- 4- **Social embeddedness:** 3 items from link-community subscale used to measure the acceptance of working in nursing profession in Saudi society (Burch et al., 2014). 5- **Intention to leave:** :this part is evaluation nurses intention to leave their nursing profession since a lot of nursing research found a clear relationship between intention to quit working in nursing or retention and actual turnover. The score of 5 or 1 is indicating a definite intention either to leave or to continue in nursing profession.
- 6- **Reasons of turnover and impact of turnover:** the last two sections of the questionnaire to clarify the most common reasons that lead nurses to quit working in nursing profession followed with determining the highest impact of turnover on nursing profession from nurses' opinion. All parts of the survey measured by using a five points Likert scale.

3.5. Statistical Analysis

Data was collected during the first week of May, 2016. The data analyzed statistically through using the Statistical Package of the Social Science Program (SPSS)- English software (version 20) to investigate the conceptual elements and thesis. Several statistical methods were used to analyze the data as follows:

1. **Descriptive statistics** (Frequencies , Percentages, Means, Standard Deviation) to describe variables.
2. **Cronbach's Alpha:** Split half to find reliability of the study tool.
3. **Pearson Correlation:** to find relation between variables and internal consistency by correlation between one filed and all the fields of the questionnaire that have the same level of similar scale.
4. **One way Anova:** to find differences between the demographic data (age, marital status, educational levels, the

guardian, age of children under nurses responsibilities who is under 3 years old, current job position, duration of work in nursing, duration of work in current position) and study axes.

5. Chi-Square test: to determine the relationship strength in between dependent and independent variables, in addition to examines study hypotheses on each variables separately.
6. **Independent sample t-test and LSD test:** to find differences between demographic variables (gender, having kids, children who need special care) and other study axes / To find out significances (statistically significant) the difference between the two means and study variables.

3. 6. Questionnaire Content

The questionnaire was provided with a covering letter explaining the purpose of the study, the way of responding, the aim of the research and the security of the information in order to encourage a high response. The questionnaire included multiple choice questions, the variety in these questions aims first to meet the research objectives and to collect all the necessary data that can support the discussion, results and recommendations in the research. The respondent can answer the closed questionnaire item follows likert scale by assigning it with a number from 1 to 5 indicating the acceptance degree of this item, where (5) represents the highest acceptance degree about an item and (1) represents the lowest acceptance degree about it as illustrated in table No.(2).

Table No.(2) likert scale

Level	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Scale	1	2	3	4	5
Weight mean	20%-36%	36%-52%	52%-68%	68%-84%	84%-100%
Range	1-1.8	1.8-2.6	2.6-3.4	3.4-4.2	4.2-5

3. 7. Pilot Study

In order to test the feasibility, relevance and practicability of the pilot study was conducted before collecting the results of the sample. It provides a trial run for the questionnaire, which involves testing the word of question, identifying ambiguous questions, testing the techniques that used to collect data, and measuring the effectiveness of standard invitation to respondents. In the pilot study I have used 108 questionnaires.

3.7.1. Validity of the Research

The validity of the research defined as a determination of the extent to which the instrument actually reflects the abstract construct being examined. "validity refers to the degree which an instrument measures what it is supposed to be measuring". High validity is the absence of systematic errors in the measuring instrument. When an instrument is valid; it truly reflects the concept it is supposed to measure. Achieving good validity required the care in the research design and sample selection . The amended questionnaire was by the supervisor and some of expertise in administration and particular in Health Services Administration to evaluate the procedure of questions and the method of analyzing the results. The expertise agreed that the questionnaire was valid and suitable enough to measure the purpose that the questionnaire designed for.

3.7.2. Content Validity of the Questionnaire

To evaluate the content validity the tool was submitted to two groups of experts. The first was requested to evaluate and identify whether the questions agreed with the scope of the items and the extent to which these items reflect the concept of the research problem. The other was requested to evaluate that the instrument used is valid statistically and that the questionnaire was designed well enough to provide relations and tests between variables. The two groups of experts did agree that the questionnaire was valid and suitable enough to measure the concept of interest with some amendments.

3.7.3. Statistical Validity of the Questionnaire

To ensure the validity of the questionnaire, two statistical tests should be applied. The first test is Criterion-related validity test (Pearson test) which measure the correlation coefficient between each item in the field and the whole field. The second test is structure validity test (Pearson test) that used to test the validity of the questionnaire structure by testing the validity of each field and the validity of the whole questionnaire. It measures the correlation coefficient between one field and all the fields of the questionnaire that have the same level of similar scale.

3. 8. Criterion of Reliability

1) Internal consistency:

Internal consistency of the questionnaire is measured by a scouting sample, which consisted of twenty five questionnaires, through measuring the correlation coefficients between each question in one field and the whole filed. Table's No. (3-4) below shows the correlation coefficient and p-value for each field items. As show in the table the p- Values are less than 0.05 or 0.01,so the correlation coefficients of this field are significant at $\alpha = 0.01$ or $\alpha = 0.05$, so it can be said that the paragraphs of this field are consistent and valid to be measure what it was set for.

Table No. (3) The correlation coefficient between each question in the field and the whole field of (Professional personal goals at work)

No.	Question	Pearson coefficient	p-value	Cronbach's Alpha
1	I can reach my professional goals working as a nurse	.751**	.000	0.738
2	I feel good about my professional growth and development	.735**	.000	0.732
3	The privileges on nursing work are good	.752**	.000	0.704
4	My professional opportunities are excellent as being a nurse	.683**	.000	0.752
5	I feel that people at work respect me a great deal	.683**	.000	0.741
		.173**	.000	0.775

Previous Table shows internal consistency with (Pearson correlation) and validity with (Cronbach's Alpha) for professional personal goals at work axis, we find the Pearson coefficient for each item (question) is significant also Cronbach's Alpha greater than 0.6, which indicates that there is internal consistency and validity for elements of this axis.

Table No. (4) The correlation coefficient between each question in the field and the whole field of (Family Embeddedness)

No.	Question	Pearson coefficient	p- value	Cronbach's Alpha
1	My family is fully aware and knowing about my work as a nurse	.827**	.000	0.808
2	My family accept and support my nursing career	.884**	.000	0.770
3	My family know the place of my work at hospital and accepted	.826**	.000	0.817
4	My family is trusting that nursing profession is completely fit for me and suits my professional goals	.828**	.000	0.822
		.119**	.003	0.846

Table Number (4) shows internal consistency with (Pearson correlation) and validity with (Cronbach's Alpha) for Family Embeddedness axis, it has found that the Pearson coefficient for each item (question) is significant also Cronbach's Alpha is greater than 0.6 which indicates that there is internal consistency and validity for Elements of this axis.

Table No.(5) The correlation coefficient between each question in the field and the whole field of The impact of work on Family Obligations(Work interferes with Family responsibilities)

No.	Question	Pearson coefficient	p- value	Cronbach's Alpha
1	21- The physical and psychological fatigue because of work prevent me enjoying my time out of work	.802**	.000	0.797
2	22- Sometimes I will get absent of family responsibilities because of fulfill of work duties	.827**	.000	0.777
3	23- Effective behavior at work leads to counter-productive at home	.822**	.000	0.774
		.508**	.000	0.803

Table number (5) above shows internal consistency with (Pearson correlation) and validity with (Cronbach's Alpha) for work interferes with family responsibilities axis. It has found that the Pearson coefficient for each item (question) is significant also Cronbach's Alpha is greater than 0.6 which indicates that there is internal consistency and validity for elements of this axis.

Table No.(6) The correlation coefficient between each question in the field and the whole field of The impact of work on Family Obligations(Impact of family life on the professional duties)

No.	Question	Pearson coefficient	p- value	Cronbach's Alpha
1	The time I spent with my family often let me get absent of my professional duties which could be helpful to me in my career	.703**	.000	0.792
2	I can't concentration in my work duties because of pressure at home	.834**	.000	0.748
3	Tension in family life often affects my career and my performance at work	.808**	.000	0.707
No.	Question	Pearson coefficient	p- value	Cronbach's Alpha
4	Effective behavior at home leads to counter- productive at work	.784**	.000	0.720
		.564**		0.768

Above table shows internal consistency with (Pearson correlation) and validity with (Cronbach's Alpha) for Work interferes with Family responsibilities axis. It has found that the Pearson coefficient for each item (question) is significant and also Cronbach's Alpha is greater than 0.6 which indicates that there is internal consistency and validity for elements of this axis.

Table No.(7) The correlation coefficient between each question in the field and the whole field of guardian opinion /partner

No.	Question	Pearson coefficient	p- value	Cronbach's Alpha
1	Its easy to get the permission of the guardian (partner) to work in nursing profession	.474**	.000	0.611
2	My guardian proud of me as being a nurse and doesn't hide that I am a nurse	.506**	.000	0.624
3	My guardian (partner) opposed my profession because of mixing with male	.186**	.000	0.610
4	My guardian (partner) opposed my profession because of long working hours & shift rotation	.367**	.000	0.514
5	My guardian (partner) believe that I have a good opportunity for career development as a nurse	.518**	.000	0.614
		.379**		0.535

Table number (7) shows internal consistency with (Pearson correlation) and validity with (Cronbach's Alpha) for guardian opinion/ partner axis, I found that the Pearson coefficient for each item (question) is significant and Cronbach's Alpha greater than 0.6 which indicates that there is internal consistency and validity for elements of this axis.

Table No.(8) The correlation coefficient between each question in the field and the whole field of Social Embeddedness

No.	Question	Pearson coefficient	p- value	Cronbach's Alpha
1	I am hiding my work as a nurse in the society	.748**	.000	0.625
2	My family hiding that I am a nurse because of poor social image and not respecting this profession	.774**	.000	0.614
3	My work as a nurse provide a good social relations	.400**	.000	0.664
		.160**		0.641

This table shows internal consistency with (Pearson correlation) and validity with (Cronbach's Alpha) for Social Embeddedness axis, It has found that the Pearson coefficient for each item (question) is significant and the Cronbach's Alpha is greater than 0.6which indicates that there is internal consistency and validity for elements of this axis.

Table No.(9) The correlation coefficient between each question in the field and the whole field of Intention of professional turnover

No.	Question	Pearson coefficient	p- value	Cronbach's Alpha
1	I intend to stay in my current profession and build my career	.393**	.000	0.784
2	I have a clear plan and prior intention to leave my profession as a nurse	.504**	.000	0.747
		.310**	.000	0.799

Above table shows internal consistency with (Pearson correlation) and validity with (Cronbach's Alpha) for Intention of professional turnover axis, it has found that the Pearson coefficient for each item (question) is significant and the Cronbach's Alpha is greater than 0.6 which indicates that there is internal consistency and validity for elements of this axis.

Table No.(10) The correlation coefficient between each question in the field and the whole field of main reasons for you to leave your work in nursing profession

No.	Question	Pearson coefficient	p-value	Cronbach's Alpha
1	Interfering the family obligations with work duties	.675**	.000	0.740
2	Lack of family support	.602**	.000	0.784
3	Lack of society respect for nursing profession	.697**	.000	0.765
4	Problems and tensions of personal life	.757**	.000	0.752
5	disillusion in nursing profession	.722**	.000	0.751
6	Lack of nursing administration support	.677**	.000	0.755
7	Overload work in nursing profession	.665**	.000	0.740
		.597**	.000	0.783

Table shows internal consistency with (Pearson correlation) and validity with (Cronbach's Alpha) for main reasons for nurses to leave their work in nursing profession axis. It has found that the Pearson coefficient for each item (question) is significant and also Cronbach's Alpha is greater than 0.6 this indicates that there is internal consistency and validity for Elements of this axis.

Table No.(11) The correlation coefficient between each question in the field and the whole field of impact of Turnover on nursing profession

No.	Question	Pearson coefficient	p- value	Cronbach's Alpha
1	Increase nursing shortage	.712**	.000	0.815
2	Unable to meet patients need	.800**	.000	0.784
3	Low quality of nursing care	.773**	.000	0.792
4	Increase work load on retain nurses	.730**	.000	0.800
5	Change in nurses' behavior toward their job	.702**	.000	0.797
6	Turnover costly for hospitals due to increase training programs for new nurses	.606**	.000	0.862
		.567**	.000	0.835

Table number (11) shows internal consistency with Pearson correlation and validity with (Cronbach's Alpha) for impact of Turnover on nursing profession axis. It has found that the Pearson coefficient for each item (question) is significant and Cronbach's Alpha is greater than 0.6 which indicates that there is internal consistency and validity for elements of this axis.

CHAPTER FOUR: DATA ANALYSIS, RESULTS AND DISCUSSION

Preface

This chapter presents the statistical results of data analysis to answer questions and prove summation which developed by researcher, as following:

4.1. Descriptive analysis of demographic data

4.1.1. Age

Age group	Frequency	Percent
20 to 30	351	48.4
31 to 40	265	36.6
41 to 50	86	11.9
51 to 60	23	3.2

Table No.(12)

The table shows the frequencies and percentages of individuals answers according to their age. Most of the age distribution in between (20 to 30) were (48.4%),(36.6%) were for (31 to 40 years), (41 to 50years) the percentage was (11.9%) and the lowest percentage was (3.2%) for (51 to 60 years). This indicates that the largest proportion of participants were in the category of age of (20-30 years).

4.1.2. Marital Status

Marital Status	Frequency	Percent
Single	186	25.7
Married	472	65.1
Divorced	62	8.6
Widow	5	.7

Table No.(13)

This table and next figure reveals the percentage of respondents' marital status. It can be seen very clearly that married have the highest percentage which was (65.1%), followed with single percentage which was (25.7%), divorced with (8.6%), In other hand, widows registered the lowest percent which was (0.7%).This indicates that major proportion of respondents 65.1% were married nurses.

4.1.3. Educational Level

Educational Level	Frequency	Percent
Diploma	426	58.8
Bachelor	265	36.6
Master	31	4.3
PHD	3	0.4

Table No.(14)

The table describes the educational level among respondents' nurses. It is clear that the highest percent is diploma level (58.8%). Whereas, the level of Bachelor, Master and PHD recorded (36.6%,4.3%,0.4%) respectively. This indicates that majority of participants 58.8% were diploma holders.

4.1.4. Specifying the Guardian

Guardian	Frequency	Percent
Partner (Husband)	472	63.5
Father	170	25.1
Brother	83	11.4

Table No.(15)

The table describes the proportion of who's nurses guardian. Most of participants nurses' guardians were their husbands which recorded (63.5%). Whereas, guardians fathers were (25.1%) and the guardians brothers were the lowest percentage (11.4%). This indicates that most of participants' guardians 63.5% were their husbands.

4.1.5. Having Kids (Q: Do you have kids?)

Answer	Frequency	Percent
Yes	461	63.16
No	264	36.4

Table No.(16)

The table indicates the percentage of having kids in between respondents' nurses. Most of respondents' nurses having kids (63.16%), while only (36.4%) of them don't have kids.

4.1.6. Age of children under responsibility of nurses

Age	Frequency	Percent
Under 3 years old	193	26.6
3 – 6 years old	144	19.9
7 – 10 years old	80	11.0
11 – 14 years old	37	5.1
15 -18 years old	79	10.9
More than one	7	0.9
None	185	25.5

Table No.(17)

The table describes the age of children under participants nurses' responsibility, first (25.5%) of the nurses haven't children, about(26.6%) of respondents nurses have children under 3 years old, (19.9%) of nurses have a children between (3-6) years old, (11%) of participant nurses have children between (7-10) years old. Whilst, (10.9%) of nurses have children from (15-18) years old, (5.1%) of nurses have children between (11-14) years old. And finally (0.9%) of the participants nurses have children more than a choice of the different age categories. This indicates that the highest percentage of participant nurses' kids were under three years old.

4.1.7. Children or a family member need care (Q: During your presence at work" Is there one of your children or a family member need special care?)

Answer	Frequency	Percent
Yes	459	63.3
No	266	36.7

Table No.(18)

The table describes the percentage of children / or a family member who need special care; most of respondents nurses have got children need special care (63.3%).

Whereas, only (36.7%) of participants nurses having kids who do not need special care or they don't have any kids.

4.1.8. Current Job Position

Position	Frequency	Percent
Nursing Assistance	37	5.1
Registered Nurse	458	63.2
Head Nurse	103	14.2
Administrative work (Manager, Supervisor, Coordinator, Clerical Nurse...)	127	17.5

Table No.(19)

The table describes the nurses' current job position, most of participant nurses were Registered Nurse (63.2%), followed by (17.5%) Administrative nurses (Manager, Supervisor, Coordinator, Clerical Nurse...), then (14.2%) of head nurses, and (5.1%) were nursing Assistances. This indicates that majority of respondents 63.2% were registered nurses.

4.1.9. Duration of work in nursing

Duration	Frequency	Percent
1-5 years	146	18.
6-10 years	185	25.6
11-15 years	32	4.4

16-20 years	357	52.0
21-25 years	0	0
26 years – more	0	0

Table No.(20)

The table describes Duration of work in nursing profession. Most of participants nurses worked from (16-20) years which recorded (52%), (6-10) years (25.6%), (18%) (1-5) years and (4.4%) for (11-15) years. This shows that most of respondents nurses 52% worked in nursing profession in between 16-20 years.

4.1.10. Duration of work in current position

Current Position	Frequency	Percent
1 - 5 years	434	59.9
6 - 10 years	176	24.3
11 – 15 years	59	8.1
16 – 20 years	28	3.9
21 years - more	28	3.9

Table No.(21)

The table describes duration of work in current position, most of nurses worked in their current position from (1 to 5) years with percentage of (59.9%) followed by (24.3%) who worked in their position (6 - 10 years), next who worked with (11 – 15 years) (8.1%), whilst the lowest percent for nurses worked (16 – 20 years and 21 years and more) each position recorded (3.9%). This shows that the highest percentage of participants nurses worked in their current position from 1-5 years.

4.2. Basic Information

4. 2.First:Professional personal goals at work

The statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Std. Deviation	Mean	Over all	Order	Chi Square	P-value
	%	%	%	%	%						
11- I can reach my professional goals working as a nurse	9.4	18.1	20.7	42.6	8.4	1.1	3.2	Neutral	1	187.3	0.00
12- I feel good about my professional growth and development	15.2	22.9	15.7	37.9	8.0	1.2	3.0	Neutral	2	197.4	0.00
14- My professional opportunities are excellent as being a nurse	23.3	28.6	20.7	22.5	4.3	1.2	2.6	Neutral	3	123.3	0.00
13- The privileges on nursing work are good	31.2	30.6	17.2	16.3	3.3	1.2	2.3	Disagree	4	178.3	0.00
15- I feel that people at work respect me a great deal	32.7	25.2	20.6	18.2	2.8	1.3	2.3	Disagree	5	611.3	0.00
	22.4	25.1	19.0	27.5	5.4	1.2	2.7	Neutral			

Table No.(22)

The cross table shows some attributes of personality with satisfaction and dissatisfaction for Professional personal goals at work that reveals the previous items in descending order according to overall mean.

- I can reach my professional goals working as a nurse (9.4%, 18.1%, 20.7%, 42.6%, 8.4%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.1) and mean (3.2).
- I feel good about my professional growth and development (15.2%, 22.9%, 15.7%, 37.9%, 8.0%) for strongly

disagree , disagree, neutral, agree, strongly agree respectively with standard deviation (1.2) and mean (3.0).

- My professional opportunities are excellent as being a nurse (23.3%, 28.6%, 20.7%, 22.5%, 4.3%) for strongly disagree , disagree, neutral, agree, strongly agree respectively with standard deviation (1.2) and mean (2.3).
- The privileges on nursing work are good (31.2%, 30.6%, 17.2%, 3.3%,8.0%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.2) and mean (2.3).
- I feel that people at work respect me a great deal (32.7%, 25.2%, 20.6%, 18.2%, 2.8%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.3) and mean (2.3).

The chi-square for each phrase according to p-value are all less than (0.05) which indicates that there is a significant differences for this axis on individual answers. The participants nurses did not give a clear answers about their professional personal goals. The total mean was (2.7) which means they were neutral. This because employment in nursing profession is easiest than other field such education, which reveals the great need for nurses recently. On the other hand, presence of nursing institutions which graduated nurses with different nursing diploma levels who mostly looking for job security and financial support. This beside that the higher salary of nursing profession more than other female professions. This is in addition to the long lasting nursing profession problem of motivation and incentives lacking which make nurses not interested in professional development.

4.2. Second: Family Embeddedness Analysis

This axis used to study the hypothesis "There is a statistically significant relationship between family obligations and Saudi nurses' turnover". It has been used different elements to assess how family obligations and work duties interference are affecting nurses' continuity in their profession.

4.2.2nd.A. Family's opinion about Nursing profession

The statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Std. Deviation	Mean	Over all	Order	Chi Square	P-value
	%	%	%	%	%						
16- My family is fully aware and knowing about my work as a nurse	3.2	6.8	10.1	52.8	27.2	0.96	3.94	Agree	1	339.2	0.00
18- My family know the place of my work at hospital and accepted	3.7	6.5	11.4	51.2	27.0	0.99	3.91	Agree	2	559.7	0.00
17- My family accept and support my nursing career	3.9	10.6	16.8	43.4	25.1	1.07	3.75	Agree	3	269.3	0.00
19- My family is trusting that nursing profession is completely fit for me and suits my professional goals	7.2	12.1	18.5	42.6	19.3	1.15	3.55	Agree	4	883.1	0.00
	4.5	9.0	14.2	47.5	24.7	1.0	3.8	Agree			

Table No.(23)

The cross table shows some attributes of personality with Family's opinion about Nursing profession and it will be illustrated as following in descending order according to overall mean.

- My family is fully aware and knowing about my work as a nurse (3.2%, 6.8%, 10.1, 52.8%, 27.2%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (0.96) and mean (3.94).
- My family know the place of my work at hospital and accepted (3.7%, 6.5%, 11.4%, 51.2%, 27.0%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (0.99) and mean (3.91).
- My family accept and support my nursing career (3.9%, 10.6%, 16.8%, 43.4%, 25.1%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.07) and mean (3.75).

- My family is trusting that nursing profession is completely fit for me and suits my professional goals (7.2%, 12.1%, 18.5%, 42.6%, 19.3%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.15) and mean (3.55).

The chi-square values for each phrase and p-values are less than (0.05), which indicate that there is a significant differences on individual answers. Moreover, most of answers were positive, which means that most of participants agreed on the elements of this axis. The total mean is (3.8), reveals to likert scale the overall mean falls in fourth level (Agree). Thus, majority of respondents agreed for statements of this axis. This could be as a result of recent awareness about nursing profession importance and nurses role first in health organizations and in community which may be due to the presence of members and families with high educational levels in our community during last years that assisted in modifying the way of thinking and looking differently to working women and their importance role in society and in building healthy families. On the other hand, the difficulty of obtaining job in unhealthy field such schools or companies comparing to health field which currently easy to study and obtain work in it, because of different certificate levels (assistance, low / high diploma, bachelor degree) and MOH enhancing the Saudization in hospitals and health organizations.

4.2.2nd. B. The impact of work on family obligations

1- Work interferes with Family responsibilities

The statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Disagree	Std. Deviation	Mean	Over all	Order	Chi Square	P-value
	%	%	%	%	%						
20- The physical and psychological fatigue because of work prevent me enjoying my time out of work	1.5	5.7	6.9	24.6	61.1	0.7	4.4	Strongly Agree	1	818.9	0.00
21- Sometimes I will get absent of family responsibilities because of fulfill of work duties	2.1	4.3	4.3	33.8	55.3	0.9	4.4	Strongly Agree	2	338.9	0.00
22- Effective behavior at work leads to counter-productive at home	3.4	9.8	14.1	35.9	36.3	1.1	3.9	Agree	3	53.4	0.00
	2.3	6.6	8.4	31.4	50.9	1.0	4.2	Strongly Agree			

Table No.(24)

The cross table indicates some attributes of work interferes with Family responsibilities which will be revealed previous items as following in descending order according to overall mean.

- The physical and psychological fatigue because of work prevent me enjoying my time out of work (1.5%, 5.7%, 6.9%, 24.6%, 61.1%) for strongly disagree, disagree, neutral, agree ,strongly agree respectively with standard deviation (0.7) and mean (4.4).
- Sometimes I will get absent of family responsibilities because of fulfill of work duties (2.1%, 4.3%, 4.3%, 55.3%) for strongly disagree, disagree, neutral, agree ,strongly agree respectively with standard deviation (0.9) and mean (4.4).
- Effective behavior at work leads to counter-productive at home (3.4%, 9.8%, 14.1%, 35.9%, 36.3%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.1) and mean (3.9).

The chi-square values for each phrase and p-values are less than (0.05), this indicate that a significant differences on participants answers. Through the overall mean (4.2) which is located in the fifth category of likert scale, means that majority of respondents are strongly agree with statements of this axis. Respondents nurses were strongly agreed with element of (the physical and psychological fatigue caused by work prevent me enjoying my time out of work), which recorded mean (4.4) following with same value of mean for the element (sometimes I will get absent of family responsibilities because of work duties).This could be because of great responsibility rests on nurses at work, including

long working hours, nursing care procedures, following patients health and dealing with many health practitioners, beside the chronic problem of nursing shortage, all lead to physical and mental stress. Thus, imbrications of responsibilities make these nurses cannot be present during family obligations or events.

2- Impact of family obligations on the professional duties

The statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Std. Deviation	Mean	Over all	Order	Chi Square	P-value
	%	%	%	%	%						
25- Tension in family life often affects my career and my performance at work	7.2	20.4	18.5	34.3	19.2	1.21	3.4	Agree	1	109.4	0.00
24- I can't concentrate in my work duties because of pressure at home	9.9	22.8	20.0	32.6	14.2	1.22	3.2	Neutral	2	135.9	0.00
26- Effective behavior at home leads to counter-productive at work	9.8	23.6	21.5	31.7	12.8	1.20	3.1	Neutral	3	112.3	0.00
23- The time I spent with my family often let me get absent of my professional duties which could be helpful to me in my career	14.2	25.4	20.8	25.8	13.0	1.27	3.0	Neutral	4	239.6	0.00
	10.3	23.1	20.2	31.1	14.8	1.2	3.2	Neutral			

Table No.(25)

The cross table shows some attributes of Impact of family life and obligations on the professional duties which will be revealed as following in descending order according to overall mean:

- Tension in family life often affects my career and my performance at work (7.2%, 20.4%, 18.5%, 34.3%, 19.2%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.21) and mean (3.38).
- I can't concentrate in my work duties because of pressure at home (9.9%, 22.8%, 20%, 32.6%, 14.2%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.22) and mean (3.18).
- Effective behavior at home leads to counter-productive at work (9.8%, 23.6%, 21.5%, 31.7%, 12.8%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.20) and mean (3.14).
- The time I spent with my family often let me get absent of my professional duties which could be helpful to me in my career (14.2%, 25.4%, 20.8%, 25.8%, 13%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.27) and mean (2.98).

The total mean is (3.2), which corresponds to a neutral answers in likert scale. This indicates that the majority of respondents nurses did not give a clear opinion in terms of being negative or positive to elements of this axis (professional duties affected by family obligations). P-values in each statements are less than (0.05), which indicate that a significant differences on nurses answers. Whereas, Respondents nurses were agreed only with statement of (tension in family life often affects my career and performance at work). This could be as a result of the Ability of participants nurses to self-control and separating responsibilities, family tensions and work commitments.

Through the two previous results of prior tables, total overall mean is (3.7) which reveals that most of participants completely agree on having a clear impact either of work or family obligations on nurses' daily life or vice versa. Interference of responsibilities and obligations on nurses life sometimes could be a consequence of inability to manage and control life/ work tensions which contributes to either ignore or do some over another count. The above previous results prove the hypothesis of (there is a statistically significant direct relationship between family obligations and Saudi nurses' turnover).

4. 2. Third: Guardian Opinion /Partner

This axis used to study the hypothesis " There is a statistically significant relationship between guardians' opinion (partner) and Saudi nurses' turnover". It has been used different statements to assess how guardian's/ partner's opinion impact on participants nurses.

The statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Std. Deviation	Mean	Over all	Order	Chi Square	P-value
	%	%	%	%	%						
28- My guardian proud of me as being a nurse and doesn't hide that I am a nurse	6.5	10.5	13.9	42.8	26.2	1.2	3.7	Agree	1	314.6	0.00
30- My guardian (partner) opposed my profession because of long working hours & shift rotation	7.7	13.5	14.3	26.1	37.9	1.3	3.7	Agree	2	97.9	0.00
27- Its easy to get the permission of the guardian (partner) to work in nursing profession	7.7	18.3	18.5	41.5	13.7	1.2	3.4	Agree	3	212.2	0.00
31- My guardian (partner) believe that I have a good opportunity for career development as a nurse	6.8	14.2	25.7	40.8	12.1	1.1	3.4	Agree	4	268.1	0.00
29- My guardian (partner) opposed my profession because of mixing with male	19.6	33.7	17.9	16.6	11.9	1.3	2.7	Neutral	5	725.8	0.00
	9.7	18	18.1	33.6	20.4	1.2	3.4	Agree			

Table No.(26)

The cross table shows some attributes of guardian opinion/ partner, it reveals axis items as following in descending order according to overall mean.

- My guardian proud of me as being a nurse and doesn't hide that I am a nurse (6.5%, 10.5%, 13.9%, 13.9%, 42.8%, 26.2%) for strongly disagree, disagree, neutral, agree, strongly agree, respectively with standard deviation (1.2) and mean (3.7).
- My guardian (partner) opposed my profession because of long working hours & shift rotation (7.7%, 13.5%, 14.3%, 26.1%, 37.9%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.2) and mean (3.4).
- It's easy to get the permission of the guardian (partner) to work in nursing profession (7.7%, 18.3%, 18.5%, 41.5%, 13.7%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.2) and mean (3.4).
- My guardian (partner) believe that I have a good opportunity for career development as a nurse (6.8%, 14.2%, 25.7%, 40.8%, 12.1%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.1) and mean (3.4).
- My guardian (partner) opposed my profession because of mixing with male (19.6%, 33.7%, 17.9%, 16.6%, 11.9%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.1) and mean (3.4).

P- values for all axis statements are less than (0.05) which indicate that there is a significant differences in nurses answers. The total standard deviation is (1.2) and the total mean is (3.4). Therefore, It is clear that respondents are agreed that the guardian have an obvious impact on their choosing and continuity in nursing profession. This could be as a result of our society traditions since that guardians almost interfere with their bespoke. The custody of the man's affect Saudi women negatively, and put limitation for their vision, aspirations, goals and abilities regardless of their social or economic class to which they belong. This result proved the hypothesis of (there is a statistically significant direct relationship between guardians' opinion (partner) and Saudi nurses' turnover).

4.2. Four: Social Embeddedness

This axis used to study the hypothesis " There is a statistically significant relationship between the social perception and Saudi nurses' turnover". It has been used different statements to assess how society impact on participants nurses.

The statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Std. Deviation	Mean	Over all	Order	Chi Square	P-value
	%	%	%	%	%						
34- My work as a nurse provide a good social relations	13.0	20.3	25.9	30.5	10.1	1.2	3.0	Neutral	1	687.6	0.00
33- My family hiding that I am a nurse because of poor social image and not respecting this profession	55.3	26.5	7.7	5.9	4.1	1.1	1.8	Disagree	2	106.6	0.00
32- I am hiding my work as a nurse in the society	55.6	28.3	7.3	6.1	2.5	1.0	1.7	Strongly Disagree	3	82.7	0.00
	41.3	25	13.6	14.2	5.6	1.1	2.2	Disagree			

Table No.(27)

The cross table shows some attributes of Social Embeddedness. It will be illustrated as following in descending order according to overall mean:

- My work as a nurse provide a good social relations (13%, 20.3%, 25.9%, 30.5%, 10.1%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.2) and mean (3.0).
- I am hiding my work as a nurse in the society (55.3%, 26.5%, 7.7%, 5.9%, 4.1%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.1) and mean (1.8).
- I am hiding my work as a nurse in the society (55.6%, 28.3%, 7.3%, 6.1%, 2.5%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.0) and mean (1.7).

P- values for this axis statements are less than (0.05) which indicate that there is a significant differences in nurses answers. The total standard deviation is (1.1) and the total mean is (2.2) for previous statements corresponds to disagree category in likert scale, which means that respondents disagreed that the society have an obvious effect on their decision in continuity in nursing profession. This reveals increased society awareness and acceptance of nursing profession and its importance role in health care. This result prove invalidity of the hypothesis (there is a statistically significant relationship between the social perception and Saudi nurses' turnover).

4.2. Fifth: Intention of Professional Turnover

This part used to assess the intention of turnover among participant nurses.

The statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Std. Deviation	Mean	Over all	Order	Chi Square	P-value
	%	%	%	%	%						
36- I have a clear plan and prior intention to leave my profession as a nurse	7.4	13.5	16.7	38.6	22.9	1.92	3.67	Agree	1	32.9	0.00
35- I intend to stay in my current profession and build my career	15.6	17.2	17.8	27.4	21.8	1.38	3.23	Neutral	2	389.3	0.00
							3.45	Agree			

Table No.(28)

The cross table shows some attributes of Intention of professional turnover which will be revealed as following in descending order according to overall mean.

- I have a clear plan and prior intention to leave my profession as a nurse (7.4%, 13.5%, 16.7%, 38.6%, 22.9%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.92) and mean (3.67).
- I intend to stay in my current profession and build my career (15.6%, 17.2%, 17.8%, 27.4%, 21.8) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.38) and mean (3.23).

Total mean for turnover intention statements (3.45). It indicates that majority of participants' have a potential intention to leave their nursing profession any time at some point or another during their career life.

4. 3. Reasons for leaving the Nursing Profession

(Q: What are the main reasons for you to leave your work in nursing profession?)

This section utilized to prioritize reasons of leaving nursing profession from participants nurses' point of view.

The statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Std. Deviation	Mean	Over all	Order	Chi Square	P-value
	%	%	%	%	%						
Lack of nursing administration support	2.6	8.1	10.9	27.7	50.2	1.0	4.3	Strongly Agree	1	193.5	0.00
disillusion in nursing profession	11.3	21.2	16.8	27.7	21.8	1.1	4.2	Strongly Agree	2	15.4	0.00
Interfering the family obligations with work Duties	7.4	13.5	16.7	38.8	22.9	1.20	3.6	Agree	3	160.5	0.00
Lack of society respect for nursing profession	20.0	23.3	14.5	20.8	20.4	1.2	3.5	Agree	4	54.9	0.00
Problems and tensions of personal life	9.0	13.8	16.6	35.9	23.9	1.3	3.3	Neutral	5	545.2	0.00
Lack of family support	24.3	37.4	16.0	13.8	7.6	1.4	3.0	Neutral	6	714.9	0.00
Overload work in nursing profession	2.5	4.0	8.4	30.6	53.9	1.2	2.4	Disagree	7	605.2	0.00

Table No.(29)

The table above illustrates the reasons for turnover among Saudi nurses, which reveals these reasons in descending order according to overall mean.

- Lack of nursing administration support (2.6%, 8.1%, 10.9%, 27.7%, 50.2%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.0) and mean (4.3).
- Disillusion in nursing profession (11.3%, 21.2%, 16.8%, 27.7%, 21.8%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.1) and mean (4.2).
- Interfering the family obligations with work Duties (7.4%, 13.5%, 16.7%, 38.8%, 22.9%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.20) and mean (3.6).
- Lack of society respect for nursing profession (20%, 23.3%, 14.5%, 20.8%, 20.4%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.2) and mean (3.5).
- Problems and tensions of personal life (9%, 13.8%, 16.6%, 13.8%, 7.6%) for strongly disagree, disagree, neutral, agree, strongly agree, respectively with standard deviation (1.3) and mean (3.3).
- Lack of family support (24.3%, 37.4%, 16%, 13.8%, 7.6%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.4) and mean (3.0).
- Overload work in nursing profession (2.5%, 4%, 8.4%, 30.6%, 53.9%)for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.2) and mean (2.4).

The above table indicates the most reasons in or out of work atmosphere influenced on Saudi nurses and lead them to quit their work. Whereas, the below points in table refers to the least influence reasons.

4. Impact of turnover on Nursing profession

(Q:What do you think is the impact of Turnover on nursing profession?)

The statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Std. Deviation	Mean	Over all	order	Chi Square	P-value
	%	%	%	%	%						
Increase work load on retain nurses	1.8	2.8	5.1	33.5	56.7	0.85	4.41	Strongly Agree	1	346.2	0.00
Change in nurses' behavior toward their job	1.8	3.2	6.3	33.4	54.9	0.88	4.37	Strongly Agree	2	407.2	0.00
Increase nursing shortage	3.7	5.0	7.3	36.3	47.3	1.02	4.19	Agree		863.8	0.00
Low quality of nursing care	3.6	9.2	10.8	36.0	39.7	1.10	4.00	Agree	4	800	0.00
Unable to meet patients need	3.9	11.6	11.3	38.1	34.8	1.13	3.89	Agree	5	106.7	0.00
Turnover costly for hospitals due to increase training programs for new nurses	8.8	13.7	20.6	28.8	26.9	1.27	3.52	Agree	6	346.2	0.00

Table No.(30)

The cross table shows some attributes of impact of turnover on nursing profession it reveals the following in descending order according to overall mean:

- Increase work load on retain nurses (1.8%, 2.8%, 5.1%, 33.5%, 56.7%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (0.85) and mean (4.41).
- Change in nurses' behavior toward their job (1.8%, 3.2%, 6.3%, 33.4%, 54.9%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (0.88) and mean (4.37).
- Increase nursing shortage (3.7%, 5%, 7.3%, 36.3%, 47.3%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.02) and mean (4.19).
- Low quality of nursing care (3.6%, 9.2%, 10.8%, 36%, 39.7%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.10) and mean (4.0).
- Unable to meet patients need (3.9%, 11.6%, 11.3%, 38.1%, 34.8%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.13) and mean (3.89).
- Turnover costly for hospitals due to increase training programs for new nurses (8.8%, 13.7%, 20.6%, 28.8%, 26.9%) for strongly disagree, disagree, neutral, agree, strongly agree respectively with standard deviation (1.27) and mean (3.52).

This table points most important implications of nurses turnover on nursing profession in descending order. According to participants nurses, the most impact of turnover is increasing workload on retain nurses followed with change in retained nurses' behavior toward their work, increase nursing shortage and decrease in quality of nursing care.

4. 5. Demographic Data Analysis (T-test)

This test has been used to find a statistical significant differences in between study variables (in between demographic data and other independent variables)

1- Age

Axes	S.O.V	Sum of Squares	df	Mean Square	F	Sig.
Professional personal goals at work	Between Groups	428.819	3	142.940	8.066	.000
	Within Groups	12351.942	697	17.722		
	Total	12780.762	700			
Family's opinion about Nursing profession	Between Groups	122.477	3	40.826	3.369	.018
	Within Groups	8687.346	717	12.116		
	Total	8809.822	720			
Work interferes with Family responsibilities	Between Groups	52.888	3	17.629	2.994	.030
	Within Groups	4198.043	713	5.888		
	Total	4250.932	716			
Impact of family life on the professional duties	Between Groups	99.204	3	33.068	2.264	.080
	Within Groups	10354.956	709	14.605		
	Total	10454.160	712			
guardian opinion (partner)	Between Groups	31.074	3	10.358	1.593	.190
	Within Groups	4616.920	710	6.503		
	Total	4647.994	713			
Social Embeddedness	Between Groups	1.359	3	.453	.102	.959
	Within Groups	3157.404	714	4.422		
	Total	3158.763	717			
Intention of professional turnover	Between Groups	8.727	3	2.909	1.954	.120
	Within Groups	1067.495	717	1.489		
	Total	1076.222	720			
main reasons	Between Groups	301.543	3	100.514	2.804	.039
	Within Groups	24876.453	694	35.845		
	Total	25177.996	697			
Impact of Turnover on nursing profession	Between Groups	64.820	3	21.607	1.001	.392
	Within Groups	15102.361	700	21.575		
	Total	15167.180	703			

Table No.(31)

The table above shows one way anova test to find differences between age group in all study axes according to p-value of (F) for each axes. It has been found that four axes (professional personal goals at work, family's opinion about nursing profession, work interferes with family responsibilities, main reasons) having statistical significance between age groups at (0.05) level. Because the p-value is less than (0.05) in these axes. Thus, the age have clear influence in participants answers.

2- Marital Status

Axes	S.O.V	Sum of Squares	df	Mean Square	F	Sig.
Professional personal goals at work	Between Groups	121.881	3	40.627	2.231	0.083
	Within Groups	12654.380	695	18.208		
	Total	12776.260	698			

Family's opinion about Nursing profession	Between Groups	286.366	3	95.455	8.024	0.000
	Within Groups	8505.411	715	11.896		
	Total	8791.777	718			
Work interferes with Family responsibilities	Between Groups	72.839	3	24.280	4.145	0.006
	Within Groups	4164.456	711	5.857		
	Total	4237.295	714			
Impact of family life on the professional duties	Between Groups	233.437	3	77.812	5.396	0.001
	Within Groups	10196.160	707	14.422		
	Total	10429.598	710			
guardian opinion (partner)	Between Groups	36.503	3	12.168	1.878	0.132
	Within Groups	4587.087	708	6.479		
	Total	4623.590	711			
Social Embeddedness	Between Groups	12.180	3	4.060	.919	0.431
	Within Groups	3144.015	712	4.416		
	Total	3156.196	715			
Intention of professional turnover	Between Groups	.372	3	.124	.083	0.969
	Within Groups	1073.369	715	1.501		
	Total	1073.741	718			
main reasons	Between Groups	143.522	3	47.841	1.324	0.265
	Within Groups	25006.955	692	36.137		
	Total	25150.477	695			
Impact of Turnover on nursing profession	Between Groups	43.033	3	14.344	.663	0.575
	Within Groups	15095.646	698	21.627		
	Total	15138.679	701			

Table No.(32)

This table displays one way anova test to find differences between marital status and how its influence on each of study axes according to p-value of (F). It has found that in three axes of (family's opinion about nursing profession, work interferes with family responsibilities and impact of family life on the professional duties) having statistical significance between marital status groups in these axes at (0.05) level. the p-value is less than (0.05), which indicates that there is significant differences between marital status groups. Therefore, marital status have influenced the participants answers on these three axes.

3- Educational Level

Axes	S.O.V	Sum of Squares	df	Mean Square	F	Sig.
Professional personal goals at work	Between Groups	34.560	3	11.520	.629	0.596
	Within Groups	12723.529	695	18.307		
	Total	12758.089	698			
Family's opinion about Nursing profession	Between Groups	26.257	3	8.752	.714	0.544
	Within Groups	8759.273	715	12.251		
	Total	8785.530	718			
Work interferes with Family responsibilities	Between Groups	1.772	3	.591	.099	0.960
	Within Groups	4221.884	711	5.938		
	Total	4223.656	714			

Impact of family life on the professional duties	Between Groups	19.241	3	6.414	.435	0.728
	Within Groups	10423.403	707	14.743		
	Total	10442.644	710			
guardian opinion (partner)	Between Groups	64.560	3	21.520	3.349	0.019
	Within Groups	4549.030	708	6.425		
	Total	4613.590	711			
Social Embeddedness	Between Groups	34.415	3	11.472	2.615	0.050
	Within Groups	3123.909	712	4.388		
	Total	3158.324	715			
Intention of professional turnover	Between Groups	23.255	3	7.752	5.297	0.001
	Within Groups	1046.436	715	1.464		
	Total	1069.691	718			
main reasons	Between Groups	44.695	3	14.898	.411	0.745
	Within Groups	25125.652	693	36.256		
	Total	25170.347	696			
Impact of Turnover on nursing profession	Between Groups	176.811	3	58.937	2.749	0.042
	Within Groups	14987.693	699	21.442		
	Total	15164.504	702			

Table No.(33)

The table above points out one way anova test to find differences between educational level of participants and its influence on their answers about study axes according to p-value of (F) for each axis separately. It has found that four axes (guardian opinion /partner, social embeddedness, intention of professional turnover, impact of turnover on nursing profession)having statistical significance between educational level groups at (0.05) level. The p-value is less than (0.05) in these four axes, which shows a significant clear influence of educational level on participant answers of these axes.

4- Specifying the guardian

Axes	S.O.V	Sum of Squares	df	Mean Square	F	Sig.
Professional personal goals at work	Between Groups	12.373	3	4.124	.225	0.879
	Within Groups	12573.717	685	18.356		
	Total	12586.090	688			
Family's opinion about Nursing profession	Between Groups	324.493	3	108.164	9.193	0.000
	Within Groups	8283.172	704	11.766		
	Total	8607.665	707			
Work interferes with Family responsibilities	Between Groups	61.729	3	20.576	3.540	0.014
	Within Groups	4068.430	700	5.812		
	Total	4130.159	703			
Impact of family life on the professional duties	Between Groups	205.832	3	68.611	4.772	0.003
	Within Groups	10007.025	696	14.378		
	Total	10212.857	699			
guardian opinion (partner)	Between Groups	36.622	3	12.207	1.907	0.127
	Within Groups	4468.057	698	6.401		
	Total	4504.679	701			
	Between Groups	3.464	3	1.155		

Social Embeddedness	Within Groups	3136.003	702	4.467	.258	0.855
	Total	3139.467	705			
Intention of professional turnover	Between Groups	2.221	3	.740	.498	0.684
	Within Groups	1046.779	704	1.487		
	Total	1049.000	707			
main reasons	Between Groups	123.241	3	41.080	1.147	0.329
	Within Groups	24380.709	681	35.801		
	Total	24503.950	684			
Impact of Turnover on nursing profession	Between Groups	64.869	3	21.623	1.016	0.385
	Within Groups	14624.228	687	21.287		
	Total	14689.097	690			

Table No.(34)

The table above shows One way anova test to find differences between the different respondents groups according to the difference of their guardian for each group and its impact on all research axes according to p-value of (F). It has found that three axes of (family's opinion about nursing profession, work interferes with family responsibilities and impact of family life on the professional duties) having statistical significance between nurses' guardian groups. The p-value is less than (0.05) which indicates that there is significant differences between different guardian groups answers for these axes.

5- Having kids (Do you have kids?)

Axes	Do you have kids	Mean	Std. Deviation	t-test	p- value
Professional personal goals at work	Yes	13.61	4.21	1.135	0.257
	No	13.23	4.41		
Family's opinion about Nursing profession	Yes	14.76	3.50	4.02-	0.000
	No	15.84	3.40		
Work interferes with Family responsibilities	Yes	12.86	2.46	2.45	0.014
	No	12.40	2.37		
Impact of family life on the professional duties	Yes	12.94	3.97	2.63	0.009
	No	12.18	3.55		
guardian opinion (partner)	Yes	16.98	2.69	1.39	0.165
	No	16.72	2.25		
Social Embeddedness	Yes	6.39	2.10	-2.19	0.028
	No	6.75	2.07		
Intention of professional turnover	Yes	6.49	1.21	-.251	0.802
	No	6.52	1.25		
main reasons	Yes	24.27	6.23	.308	0.758
	No	24.13	5.65		
Impact of Turnover on nursing profession	Yes	24.31	4.81	-.349	0.727
	No	24.44	4.38		

Table No.(35)

The table above illustrates independent sample t-test to find differences between having children or doesn't have in all axes according to p-value of (t -test). For each axes, it has found that the axes of (family's opinion about nursing profession, work interferes with family responsibilities, impact of family life on the professional duties) having statistical significance

between two groups of nurses answers. The p-value is less than (0.05) for these three axes which indicates that there is a significant differences between two groups in these axes.

6- Age of children under nurses' responsibility.

Axes	S.O.V	Sum of Squares	Df	Mean Square	F	Sig.
Professional personal goals at work	Between Groups	239.915	7	34.274	1.938	0.062
	Within Groups	9073.590	513	17.687		
	Total	9313.505	520			
Family's opinion about Nursing profession	Between Groups	175.153	7	25.022	1.991	0.054
	Within Groups	6648.076	529	12.567		
	Total	6823.229	536			
Work interferes with Family responsibilities	Between Groups	173.778	7	24.825	4.246	0.000
	Within Groups	3063.972	524	5.847		
	Total	3237.750	531			
Impact of family life on the professional duties	Between Groups	259.642	7	37.092	2.509	0.015
	Within Groups	7715.633	522	14.781		
	Total	7975.275	529			
guardian opinion (partner)	Between Groups	26.957	7	3.851	.539	0.805
	Within Groups	3726.072	522	7.138		
	Total	3753.028	529			
Social Embeddedness	Between Groups	38.337	7	5.477	1.228	0.286
	Within Groups	2351.307	527	4.462		
	Total	2389.645	534			
Intention of professional turnover	Between Groups	11.483	7	1.640	1.142	0.335
	Within Groups	761.001	530	1.436		
	Total	772.483	537			
main reasons	Between Groups	129.216	7	18.459	.479	0.850
	Within Groups	19676.187	511	38.505		
	Total	19805.403	518			
Impact of Turnover on nursing profession	Between Groups	137.770	7	19.681	.879	0.523
	Within Groups	11463.607	512	22.390		
	Total	11601.377	519			

Table No.(36)

The table above presents one way anova test to find differences between children ages under nurses responsibility in all axes according to p-value of (t -test) for each axes separately. It has found that the axes of (family's opinion about nursing profession, work interferes with family responsibilities and impact of family life on the professional duties) p-value is less than (0.05), this points out that there is a significant statistical differences in these axes.

7- Children or a family member need care(Q: During your presence at work" Is there one of your children or a family member need special care?)

Axes	Answer	Mean	Std. Deviation	t-test	p- value
Professional personal goals at work	Yes	13.4522	4.45108	.878	0.380
	No	13.1027	4.02271		
Family's opinion about Nursing profession	Yes	15.5042	3.51218	2.213	0.027
	No	14.8070	3.28895		
Work interferes with Family responsibilities	Yes	12.6540	2.32855	-.624	0.533
	No	12.7930	2.46324		
Impact of family life on the professional duties	Yes	12.5489	3.75317	-1.464	0.144
	No	13.0622	3.76493		
guardian opinion (partner)	Yes	16.8361	2.63905	.058	0.954
	No	16.8222	2.55728		
Social Embeddedness	Yes	6.3473	2.15002	-1.308	0.192
	No	6.6053	2.11193		
Intention of professional turnover	Yes	6.5378	1.18207	1.541	0.124
	No	6.3728	1.12894		
main reasons	Yes	24.0217	5.98575	-.691	0.490
	No	24.3973	5.59373		
Thinking about impact of Turnover on nursing profession	Yes	24.3348	4.69564	-.313	0.754
	No	24.4690	4.45335		

Table No.(37)

The table above shows independent sample-test to find differences between children needs special care in study axes, according to p-value of (t-test) for each axes. It has found that the p-value is less than (0.05) for the axis of (family's opinion about nursing profession) which shows statistical significance between two groups in this axis.

8- Current Job Position

Axes	S.O.V	Sum of Squares	df	Mean Square	F	Sig.
Professional personal goals at work	Between Groups	367.754	3	122.585	6.940	0.000
	Within Groups	12187.279	690	17.663		
	Total	12555.033	693			
Family's opinion about Nursing profession	Between Groups	102.730	3	34.243	2.829	0.038
	Within Groups	8595.092	710	12.106		
	Total	8697.822	713			
Work interferes with Family responsibilities	Between Groups	72.606	3	24.202	4.126	0.006
	Within Groups	4141.238	706	5.866		
	Total	4213.844	709			

Impact of family life on the professional duties	Between Groups	111.842	3	37.281	2.559	0.054
	Within Groups	10227.576	702	14.569		
	Total	10339.418	705			
guardian opinion (partner)	Between Groups	8.670	3	2.890	.451	0.716
	Within Groups	4500.736	703	6.402		
	Total	4509.406	706			
Social Embeddedness	Between Groups	4.831	3	1.610	.364	0.779
	Within Groups	3124.328	707	4.419		
	Total	3129.159	710			
Intention of professional turnover	Between Groups	.474	3	.158	.106	0.957
	Within Groups	1060.025	710	1.493		
	Total	1060.499	713			
main reasons	Between Groups	652.478	3	217.493	6.119	0.000
	Within Groups	24419.525	687	35.545		
	Total	25072.003	690			
Thinking about impact of Turnover on nursing profession	Between Groups	85.425	3	28.475	1.320	0.267
	Within Groups	14949.936	693	21.573		
	Total	15035.360	696			

Table No.(38)

The table above illustrates one way anova test to find differences between nurses current job position in study axes. According to p-value, It has found that (professional personal goals at work, family's opinion about nursing profession, work interferes with family responsibilities, impact of family life on the professional duties and main reasons) their p-value is less than (0.05). This indicates that there is a significant differences between current job position answers in these axes at (0.05) level.

9- Duration of work in nursing

Axes	S.O.V	Sum of Squares	Df	Mean Square	F	Sig.
Professional personal goals at work	Between Groups	265.529	5	53.106	2.992	0.011
	Within Groups	12229.357	689	17.749		
	Total	12494.886	694			
Family's opinion about Nursing profession	Between Groups	80.027	5	16.005	1.305	0.260
	Within Groups	8694.259	709	12.263		
	Total	8774.285	714			
Work interferes with Family responsibilities	Between Groups	29.319	5	5.864	.997	0.419
	Within Groups	4146.110	705	5.881		
	Total	4175.429	710			
Impact of family life on the professional duties	Between Groups	79.876	5	15.975	1.085	0.368
	Within Groups	10340.700	702	14.730		
	Total	10420.576	707			
guardian opinion (partner)	Between Groups	7.264	5	1.453	.221	0.954
	Within Groups	4616.164	702	6.576		
	Total	4623.428	707			
	Between Groups	16.200	5	3.240	.730	0.601

Social Embeddedness	Within Groups	3132.922	706	4.438		
	Total	3149.122	711			
Intention of professional turnover	Between Groups	12.432	5	2.486	1.691	0.134
	Within Groups	1042.310	709	1.470		
	Total	1054.741	714			
main reasons	Between Groups	65.368	5	13.074	.362	0.874
	Within Groups	24746.846	686	36.074		
	Total	24812.214	691			
Impact of Turnover on nursing profession	Between Groups	45.941	5	9.188	.427	0.830
	Within Groups	14876.168	692	21.497		
	Total	14922.109	697			

Table No.(39)

The table above displays one way anova test to find differences between duration of work in nursing for the respondent nurses in research axes. According to p-value of (F) for each axes, I found that the axis of (professional personal goals at work) its less than (0.05), which indicates that there is a significant differences between duration of work in nursing in this axis at (0.05) level.

10- Duration of work in current position

Axes	S.O.V	Sum of Squares	df	Mean Square	F	Sig.
Professional personal goals at work	Between Groups	68.728	4	17.182	.938	0.441
	Within Groups	12658.145	691	18.319		
	Total	12726.874	695			
Family's opinion about Nursing profession	Between Groups	174.304	4	43.576	3.599	0.006
	Within Groups	8607.555	711	12.106		
	Total	8781.859	715			
Work interferes with Family responsibilities	Between Groups	85.033	4	21.258	3.641	0.006
	Within Groups	4127.595	707	5.838		
	Total	4212.628	711			
Impact of family life on the professional duties	Between Groups	93.722	4	23.430	1.614	0.169
	Within Groups	10202.668	703	14.513		
	Total	10296.390	707			
guardian opinion (partner)	Between Groups	36.887	4	9.222	1.411	0.229
	Within Groups	4600.842	704	6.535		
	Total	4637.729	708			
Social Embeddedness	Between Groups	32.729	4	8.182	1.861	0.115
	Within Groups	3112.679	708	4.396		
	Total	3145.408	712			
Intention of professional turnover	Between Groups	4.775	4	1.194	.795	0.529
	Within Groups	1068.174	711	1.502		
	Total	1072.950	715			
main reasons	Between Groups	204.476	4	51.119	1.420	0.226
	Within Groups	24774.773	688	36.010		
	Total	24979.250	692			
Impact of Turnover on nursing profession	Between Groups	104.877	4	26.219	1.222	0.300
	Within Groups	14895.501	694	21.463		
	Total	15000.378	698			

Table No.(40)

The table above presents one way anova test to find differences between duration of work in current position in study axes. According to p-value of (F) for each axes, Ithas found that (family's opinion about nursing profession and work interferes with family responsibilities) their p-value is less than (0.05). This shows that there is a significant differences between current job position answers in these two axes.

4. 6. LSD Test

This test has been used to find the direction of differences in between study variables

1- Age

Dependent Variable	(I) Age	(J) Age	Mean Difference (I-J)
Professional personal goals at work	20 to 30	31 to 40	.09686
		41 to 50	-1.87465-*
		51to 60	-2.99284-*
	31 to 40	20 to 30	-.09686-
		41 to 50	-1.97151-*
		51to 60	-3.08970-*
	41 to 50	20 to 30	1.87465*
		31 to 40	1.97151*
		51to 60	-1.11819-
	51to 60	20 to 30	2.99284*
		31 to 40	3.08970*
		41 to 50	1.11819
Family's opinion about Nursing profession	20 to 30	31 to 40	.61099*
		41 to 50	.46521
		51to 60	-1.39975-
	31 to 40	20 to 30	-.61099-*
		41 to 50	-.14578-
		51to 60	-2.01075-*
	41 to 50	20 to 30	-.46521-
		31 to 40	.14578
		51to 60	-1.86496-*
	51to 60	20 to 30	1.39975
		31 to 40	2.01075*
		41 to 50	1.86496*
Work interferes with Family responsibilities	20 to 30	31 to 40	.03352
		41 to 50	.57505*
		51to 60	1.25052*
	31 to 40	20 to 30	-.03352-
		41 to 50	.54152
		51to 60	1.21700*
	41 to 50	20 to 30	-.57505-*
		31 to 40	-.54152-
		51to 60	.67548
	51to 60	20 to 30	-1.25052-*
		31 to 40	-1.21700-*
		41 to 50	-.67548-

Table No.(41)

The considerable significant difference to the axis of professional personal goals were centralized in the age group of(51-60)years old followed with(41-50) age group, which indicates that these categories were very specific in their

professional goals more than other age groups. In addition to this, the same aged categories with the same order had their families accepted their profession and supported them completely to build their professional position. However, major considerable statistical differences to the axis of work interference with family responsibilities appeared in the category of (20-30) years old, followed directly by category of (31- 40) years old.

2- Marital Status

Dependent Variable	(I) Marital Status	(J)Marital Status	Mean Difference (I-J)
Family's opinion about Nursing profession	Single	Married	1.34553*
		Divorced	.05423
		Widow	1.03784
	Married	Single	-1.34553-*
		Divorced	-1.29130-*
		Widow	-.30769-
	Divorced	Single	-.05423-
		Married	1.29130*
		Widow	.98361
	Widow	Single	-1.03784-
		Married	.30769
		Divorced	-.98361-
Work interferes with Family responsibilities	Single	Married	-.51364-*
		Divorced	.35144
		Widow	-1.63243-
	Married	Single	.51364*
		Divorced	.86508*
		Widow	-1.11879-
	Divorced	Single	-.35144-
		Married	-.86508-*
		Widow	-1.98387-
	Widow	Single	1.63243
		Married	1.11879
		Divorced	1.98387
Impact of family life on the professional duties	Single	Married	-1.02237-*
		Divorced	.20573
		Widow	2.44444
	Married	Single	1.02237*
		Divorced	1.22810*
		Widow	3.46681*
	Divorced	Single	-.20573-
		Married	-1.22810-*
		Widow	2.23871
	Widow	Single	-2.44444-
		Married	-3.46681-*
		Divorced	-2.23871-

Table No.(42)

In regard of Marital Status, the major significant difference for the axis of family's opinion (acceptance) about nursing profession appeared in the category of single nurses followed with divorced nurses category which indicates that families of these two categories are fully aware and supportive for their nurses. In contrast to the axis of work interferences with family responsibilities, the considerable statistical differences was in the category of married nurses as well as axis of family life impacts on professional duties.

3- Specifying the guardian

Dependent Variable	(I) Please specify the guardian	(J) Please specify the guardian	Mean Difference (I-J)
Family's opinion about Nursing profession	Partner (Husband)	Father	-1.36905-*
		Brother	-1.50407-*
	Father	Partner (Husband)	1.36905*
		Brother	-.13502-
	Brother	Partner (Husband)	1.50407*
		Father	.13502
Work interferes with Family responsibilities	Partner (Husband)	Father	.65724*
		Brother	.17769
	Father	Partner (Husband)	-.65724-*
		Brother	-.47955-
	Brother	Partner (Husband)	-.17769-
		Father	.47955
Impact of family life on the professional duties	Partner (Husband)	Father	1.19087*
		Brother	.88860
	Father	Partner (Husband)	-1.19087-*
		Brother	-.30227-
	Brother	Partner (Husband)	-.88860-
		Father	.30227

Table No.(43)

The major statistical considerable answers for the axis of family's opinion about nursing profession presented in the category of nurses whom their guardian is brother and next to it, nurses who their guardian is father. This indicates that those nurses' brothers are not accepting well that their sisters working in nursing profession. However, nurses who their guardian is their partner (husband) had the major significant result in both axes of the impact of work on family life obligations, and vice versa.

4- Current Job Position

Dependent Variable	(I) Current Job Position	(J) Current Job Position	Mean Difference (I-J)
Professional personal goals at work	Nursing Assistance	Registered Nurse	1.19015
		Head Nurse	-.06753-
		Administrative	-.53371-
	Registered Nurse	Nursing Assistance	-1.19015-
		Head Nurse	-1.25768-*
		Administrative	-1.72386-*
	Head Nurse	Nursing Assistance	.06753
		Registered Nurse	1.25768*
		Administrative	-.46618-
	Administrative	Nursing Assistance	.53371
		Registered Nurse	1.72386*
		Head Nurse	.46618
Family's opinion about Nursing profession	Nursing Assistance	Registered Nurse	.16541
		Head Nurse	-.26948-
		Administrative	-.83483-
	Registered Nurse	Nursing Assistance	-.16541-
		Head Nurse	-.43489-
		Administrative	-1.00025-*
	Head Nurse	Nursing Assistance	.26948
		Registered Nurse	.43489
		Administrative	-.56536-

	Administrative	Nursing Assistance	.83483
		Registered Nurse	1.00025*
		Head Nurse	.56536
Work interferes with Family responsibilities	Nursing Assistance	Registered Nurse	-.66483-
		Head Nurse	-.24191-
		Administrative	.11626
	Registered Nurse	Nursing Assistance	.66483
		Head Nurse	.42292
		Administrative	.78109*
	Head Nurse	Nursing Assistance	.24191
		Registered Nurse	-.42292-
		Administrative	.35816
Administrative	Nursing Assistance	-.11626-	
	Registered Nurse	-.78109-*	
	Head Nurse	-.35816-	
Impact of family life on the professional duties	Nursing Assistance	Registered Nurse	-.03401-
		Head Nurse	1.07516
		Administrative	.45582
	Registered Nurse	Nursing Assistance	.03401
		Head Nurse	1.10918*
		Administrative	.48983
	Head Nurse	Nursing Assistance	-1.07516-
		Registered Nurse	-1.10918-*
		Administrative	-.61935-
	Administrative	Nursing Assistance	-.45582-
		Registered Nurse	-.48983-
		Head Nurse	.61935
main reasons	Nursing Assistance	Registered Nurse	-2.66154-*
		Head Nurse	-1.04528-
		Administrative	-.58972-
	Registered Nurse	Nursing Assistance	2.66154*
		Head Nurse	1.61626*
	Head Nurse	Administrative	2.07182*
		Nursing Assistance	1.04528
		Registered Nurse	-1.61626-*
	Administrative	Administrative	.45556
		Nursing Assistance	.58972
		Registered Nurse	-2.07182-*
		Head Nurse	-.45556-

Table No.(44)

The most statistically significant differences in answers of nurses in regarding of current job position and their professional goals were in the administrative category followed with category of head nurses. This means that nurses who work in administrative works have a clear and specific professional goals more than other categories followed with head nurses. Similarly, major significant answers in the axis of family opinion about nursing profession were in administrative category. It could be supported be families as a result of office work or being far from dealing every day with different people, almost being isolated and not like those who work with patients and other co-workers. Whereas, registered nurses had the major significant differences in the axis of work interferences with family responsibilities. Furthermore, major statistical differences appeared again with main reasons for leaving nursing profession in the category of registered nurses. Finally, head nurses followed with subsequently registered nurses had considerable differences in the axis of family life impacts on professional duties.

4. 7. Discussion

The findings of this research focused on four variables and how these variables lead nurses to turnover. First, questionnaire was concerning demographic characteristics for participant nurses. The outcomes related to nurses' age was as following; most participants categorized in (20-30) years have work interferences with their family responsibilities followed by category of (31-40) years. This could predicts a potential plan for professional turnover. Similarly, married nurses have a high clash between work duties and family obligations in both tendencies which lead these nurses to face resistance and

problems with their families and husbands. The data analysis showed that 63% of married nurses having kids required maternal care. My findings compatible with prior studies findings which proved that married nurses will turned over their profession because of family responsibilities (Almutairi et al., 2013; Almalki et al., 2012). Whereas, single and divorced nurses have more stabilized family embeddedness status. According to LSD test, single and divorced nurses obtained the greatest family support; in addition to nurses who worked in administrative job. In term of guardian, brothers guardian were the most radical and not supportive to nurses. In regards of job position, registered nurses recorded the highest influence of work on their family obligations and vice versa, too. Therefore, they were more definite in stating their turnover reasons. Head nurses as well proved that their family life impact negatively on their professional duties. Previous researches findings were concordance with this research results related to nurses' age and working tenure. Eley et al. (2009) stated that nurses at the age of thirty quitted working in their profession because of family responsibilities and having plan to start family. Additionally, result of another study done in 2012 clarified that young nurses and length of working in nursing are factors could led nurses to turnover (Alasmari and Douglas, 2012; Almalki et al., 2012). Through prior findings, demographic characteristics such (age, marital status, nursing working tenure, guardian of Saudi nurses and job position) had a significant and forceful relations which could increase nurses turnover as proved by many research papers (Almalki et al., 2012; Almutairi et al., 2012; Alasmari and Douglas, 2012; Eley et al. 2009). On the other hand, Al- Ahmadi results was contradicted with my result related nurses age and their job position. It found that older nurses have higher turnover intention and those who are in supervisory and administrative position had turnover tendency.

Majority of participants did not give a clear answers about their professional goals in their nursing career. 61.8% of nurses disagreed that the privileges on nursing profession are good as well as 57.9% disagreed that people at work respect them which enhanced turnover intention. Nurses in age category of (51-60) followed with age category (41-50) were specified in their professional goals. This proved the result of professional goal establishment with increasing tenure in nursing. As for current job position, administrative and head nurses were also obvious about their professional goals.

Second part of this research concerned to study the family embeddedness. This axis contains three sections, The first section evaluates family opinion about nursing profession. Most participants' answers were consistent with elements of this axis. It indicates that majority of respondent nurses' families are understanding and accepting completely nursing profession. Thus, 72.2% of respondents' families are agreed and supporting their nurses to work in nursing profession. The next section assessed the impact of work on family obligations. The results divided into two parts according to the direction of effect. The first result have shown that vast majority of participant 82.3% were influenced by their family obligations. On other words, participant nurses were strongly agreed that the work impacted negatively their family responsibilities physically and psychologically. Next findings were related to the impact of family life on professional duties. The result clarified that 45.9% of respondent nurses only have agreed that their family responsibilities influenced their performance at work. Through two previous results, majority of participant nurses have agreed that there is obvious impact of work on family obligations at home and vice versa. The finding in this part is consistent completely with a number of previous researches findings. Almutairi et al. (2012) stated in their paper that one of the basic reasons that played an important role in quitting work in nursing profession was family responsibilities. In addition, Eley et al (2009) who found that most of young nurses left their profession because of reasons related to their personal life.

In the following part which assessed guardian opinion/partner (husband), 54% of respondent nurses proved that their guardians are agreed, accepted and proud for their nursing work. Despite that 64% of guardians opposed and displeasure because of long working hours in nursing shifts. Nevertheless, 28.5%, 17% respectively of nurses' guardian are opponents (disagree) and neutral (conservative) for working in nursing profession due to mixing with men. The result was contrary to some previous studies and correspond with others. Almutairi et al. (2012), cites Al-Omar (2004) who concluded that nurses' families and partners usually disagreed about nursing work because of many factors. These factors precisely was because of nursing career nature; such long duty hours, shifts rotation and mingling with men. These findings were cited frequently as a considerable deterrents for nurses to continue in their profession (Lamadah and Sayed, 2014). Above mentioned findings were matched to items that specified in my study results.

In regards of social perception, most participants 66.3% answered that society does not affect or influenced their choice of nursing profession. In addition, nurses and their families are not hiding their profession as a nurse. On the other hand, 40.6% of respondent nurses confirmed that nursing profession provides a good social relations for them and for their families. The findings of this section absolutely opposed to many previous researches, since many researches have proved that image of nurse as a doctor assistance, Arabic culture and prevailing traditions have placed poor impression in the mind of society about nursing profession which subsequently influenced Saudi nurses decision to continue in their profession (Almutairi et al., 2012; Alahmadi, 2014; Lamadah and Sayed, 2014; Almalki et al., 2012).

Majority of participants' (60%) have a potential intention to leave their nursing profession any time at some point or another during their career life for reasons that could be related to their family/ social life or could be related to their work in nursing profession. Lack of support from nursing administration followed with disillusion in nursing profession are the most important reasons that could lead participant nurses to quit working in their profession followed with interferences of family obligations with work duties, and finally society perception and lack of respect for nurses. Whereas, life tensions, guardian objection and work overload are not essential reasons for them to leave their work in nursing. Disillusionment

in nursing profession was a main reason also in the research result of Eleyet al. (2009). In another research, Saeed (1995, cited in Almutairi et al. 2012) 56.35% of nurses desired to quit their work in nursing mainly because of family and individual reasons, which means that my study is supporting and compatible with previous studies findings.

In terms of assessing turnover intention in between participant nurses, more than half of nurses 61.5% answered that they have a clear and prior intention to leave their nursing profession. This is because of one or many of previous reasons. Anticipated turnover factors was comparable with those from studies of (Lamadah and Sayed, 2014; Eleyet al., 2009; Almutairi et al., 2012), but disparity in the priority for each study sample. In contrast to those who have a plan to build their future career in nursing profession were only 49.2%. This shows that majority of respondent nurses are having a potential turnover intention.

Eventually, The great impact of nursing turnover according to participant nurses in descending order as following: increase in workload on retain nurses, changing nurses behavior toward their job, rise of nursing shortage, low quality of care, inability to meet patients needs and finally increase cost of training programs in the organization.

To summarize the study results, there was a direct significant statistical relation between some demographic characteristics (age, marital status, nurse guardian, current job position, having kids, duration in nursing profession) and nurses turnover or intention to leave profession. Moreover, there was a clear direct relationship between family obligations and Saudi nurses turnover which interpreted as whenever family responsibilities become greater will overlapped with work duties and consequently will increase nurses turnover. Concerning guardian opinion findings, almost half of the sample proved that their guardians were proud and supportive although that they opposed some issues related to the nature of job. This considered as a partial direct relation in between guardian opinion and turnover. whereas, there was no significant relation linked society perception and Saudi nurses turnover.

CHAPTER FIVE:SUMMARY, RECOMMENDATIONS AND CONCLUSION

Preface

This chapter will summarize this research and discuss the recommendations according to research results and discussion, followed with study conclusion.

5. 1. Summary

In summary, the purpose of this research thesis to analyze some factors that could impact on nurses decision regarding leaving or continuing in their profession such family obligations, guardian opinion, social perception and demographic variables what contained in this research. The research included five chapters, each chapter covered different aspects of study phases. The first chapter is prefatory and defined basic research information such research problem, importance, objectives, hypothesis, conceptual model, ethical approval and finally research limitation and structure. Chapter two concerned review of literature and divided into two parts. The first part comprised literature review and the second part looks at previous studies added to a comparison to this study. Third chapter provides an outline of methodology that has been used in this research. Part one illustrates the research design which was exploratory cross-sectional survey as descriptive and analytic approach following with population, sampling and study location. Part two explains the statistical analysis methods that have been used in analyzing research results and questionnaire content and reliability. Chapter four includes study results and discussion. Eventually, Chapter five contains of three parts. Part one is summarizing research content while the second part is concerned about recommendation according to results. Last part is concluding this research.

5. 2. Recommendation

Health organization in collaboration with MOH require to establish steady strategic plan in order to stabilize work atmosphere for Saudi nurses. This could assist in reducing turnover rate and enhance Saudi nurses retention, which resulted in increase the quality of health care performance.

- ❖ Promote and enhance nurses to accommodate their professional goals through developing activities into their organization such as participating in community health activities, events and nursing days and on other hand, offering a high privilege and compensations for nurses to overcome turnover problem.
- ❖ Provide affordable child care centres in each health organization which work during nurses shifts, and gives an opportunity for part time and flexible scheduling to solve the issue of responsibilities conflict.
- ❖ To address stress issues by sending nurses to stress management courses according to each individual needs if family obligations overlapped with work commitments.
- ❖ Put limitation for legal men's custody especially on the adult women in regards of decision related their educational future, career, marriage and must promote equity between men and women as stipulated in Islamic law and sufficiency guardianship of matters that are contrary to religion

- ❖ Use social media to reinforce and increase society awareness about nursing profession to modify the negative perception about nurses' work and also to clarify their primary role in health sectors.

5. 3. Conclusion

This study is a complement for previous researches that have studied Saudi nurses turnover and its factors. The key results in this study were perceiving interference of family and work responsibilities, nurses' guardians decision, social relations and how they led nurses to turnover. There was a direct statistical significant relation between these aspects and turnover intention except social perception. Majority of participant nurses did not prove that society opinion about nurses and nursing profession impacted their choice to continue in nursing profession which means that there was no statistical significance in between society perception and Saudi nurses turnover. Many of previous researches results that discussed the perception of Saudi society about nursing profession were completely inconsistent with results of this study, because of the nature of society in Arab countries and prevailing tradition in Saudi Arabia. On the other hand, this research support and compatible with previous researches' results with regard of nurses' age, marital status and having family responsibilities, these categories always having the highest tendency rate for turnover their profession, because of responsibilities pressure, which proven in different countries and in between different nurses' nationalities. The following result was concerning nurse guardian's pinion about nursing profession, this study proved that almost half of study sample were not supportive while the other half are supportive but displeasure because of some specific issues related to nurses work which also had been proved by previous researches. By finding solutions for study variables that linked directly to turnover, this would reduce turnover rate and rise Saudi nurses retention to maintain safe nursing practice since the shortage in manpower in any hospital caused inadequate care and low performance of the organization. The information in this study may used by nursing administration in different Saudi health organizations to address the issue of Saudi nursing turnover or conduct more researches about actual turnover rate among Saudi nurses to have an objective data and ascertain factors that contribute registered nurses especially to turnover. On the Other side, Media and news papers are responsible to explore the importance of nursing as worthwhile profession and reconstruct the image of nurses in Saudi society.

INDEX



الوليد العزخ السعد
وسارح التعل العبل جبعع الول عذ العش
ملخ القصب و الدارح

بسم الله الرحمن الرحيم
السلام عليكم ورحمة الله وبركاته

بين يدي سعادتكم استبينة لجمع البيانات الخاصه ب (العوامل المؤثرة على ترك المرضات السعوديات مهنة التمريض "الدراسة تطبيقية في مستشفيات وزارة الصحة في مدينة جدة **)، هذه الدراسة تهدف الى الكشف عن مدى تأثير كلام من

الإلتزامات العائلية

رأي ولي الأمر

المجتمع

في قرار الاستمرار أو ترك العمل في مهنة .

حيث أن مشاركتكم تعتبر جانب كبير من الأهمية ، فقد تم اختياركم كأحد المشاركين في تعبئة الاستبانة الخاصة بهذا البحث. أملين منكم وضع إجابات صريحة و واضحة على كامل الأسئلة المرفقة. علما أن هذه البيانات سوف تعامل بسرية تامة و سوف تستخدم لأغراض البحث العلمي فقط.

مع خالص الشكر و التقدير لتعاونكم معنا ،،،

الباحثة :رائية حماد الحارثي
قسم إدارة خدمات صحية و مستشفيات



Kingdom of Saudi Arabia Ministry of Higher education King Abdul- Aziz University
Faculty of Economics and Administration

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

I am presenting in this paper questionnaire to collect data about (*actors influencing Saudi nurse turnover " Empirical Study in Ministry of Health Hospitals in /eddah city"*). This research Targeted to investigate the influence of

- Family Obligations
- Guardian Opinion
- Social perception

In nurses decision either to leave or continue in nursing profession

Your participation in this research is considered a great importance in our study and hoping from you to fill up the answers clearly and explicitly. Noted that the information collected in this research will kept confidential and will be used only for research purpose.

sincere thanks and appreciation for your cooperation ,,,

Researcher: RaniahAlharthi

Health Services and Hospital Management Master

Part One: Demographic Data

1- Age

20- 30

31- 40

41- 50

51- 60

2- Marital Status Single Married Divorced Widow

3- Educational Level Diploma Bachelor

Master PHD

4- Please specify the guardian: Partner (Husband)

Father Brother

5- Do you have kids

Yes

No

6- Age of children under your responsibilities Under 3 years old

3 – 6 years old

7 – 10 years old

11 – 15 years old

15 – 18 years old

7- During your presence at work " Is there one of your children needs special care ?

Yes

No

8- Current Job Position Nursing Assistance Registered Nurse Head Nurse

Administrative work (Manager, Supervisor, Coordinator, Clerical Nurse...)

9- Duration of work in nursing 1-5 years

6-10 years

11-15 years

16-20 years

21-25 years

26 years - more

10-Duration of work in current position 1 - 5 years

- 6 - 10 years
- 11 – 15 years
- 16 – 20 years 21 years - more

Please mark (√) in the box in front of statement that corresponds with your opinion.

(Professional personal goals at work)					
The statement	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
11- I can reach my professional goals working as a nurse					
12- I feel good about my professional growth and development					
13- The privileges on nursing work are good					
14- My professional opportunities are excellent as being a nurse					
15- I feel that people at work respect me a great deal					

Part Two: Family Embeddedness

Please mark (√) in the box in front of statement that corresponds with your opinion.

The statement	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
Family's opinion about Nursing profession	16- My family is fully aware and knowing about my work as a nurse				
	17- My family accept and support my nursing career				
	18- My family know the place of my work at hospital and accepted				
	19- My family is trusting that nursing profession is completely fit for me and suits my professional goals				

The impact of work on Family Obligations

Please mark (√) in the box in front of statement that corresponds with your opinion.

The statement	1 Strongly Disagree	2 Disagree	3 Neutral	4 agree	5 Strongly agree
Work interferes with Family responsibilities	20- The physical and psychological fatigue because of work prevent me enjoying my time out of work				
	21- Sometimes I will get absent of family responsibilities because of fulfill of work duties				
	22- Effective behavior at work leads to counter-productive at home				
Impact of family life on the professional	23- The time I spent with my family often let me get absent of my professional duties which could be helpful to me in my career				

duties	24- I can't concentration in my work duties because of pressure at home					
	25- Tension in family life often affects my career and my performance at work					
	26- Effective behavior at home leads to counter-productive at work					

Part Three: guardian opinion (partner)

- Please mark (√) in the box in front of statement that corresponds with your opinion.

The statement	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
27- Its easy to get the permission of the guardian (partner) to work in nursing profession					
28- My guardian proud of me as being a nurse and doesn't hide that I am a nurse					
29- My guardian (partner) opposed my profession because of mixing with male					
30- My guardian (partner) opposed my profession because of long working hours & shift rotation					
31- My guardian (partner) believe that I have a good opportunity for career development as a nurse					

Part Four: Social Embeddedness

- Please mark (√) in the box in front of statement that corresponds with your opinion.

The statement	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
32- I am hiding my work as a nurse in the society					
33- My family hiding that I am a nurse because of poor social image and not respecting this profession					
34- My work as a nurse provide a good social relations					

Part Five: Intention of professional turnover

- Please mark (√) in the box in front of statement that corresponds with your opinion.

The statement	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
35- I intend to stay in my current profession and build my career					
36- I have a clear plan and prior intention to leave my profession as a nurse					

What are the main reasons for you to leave your work in nursing profession ?

The statement	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
37- Interfering the family obligations with work Duties					
38- Lack of family support					
39- Lack of society respect for nursing profession					
40- Problems and tensions of personal life					
41- disillusion in nursing profession					
42- Lack of nursing administration support					
43- Overload work in nursing profession					

What do you think is the impact of Turnover on nursing profession?

The statement	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
44- Increase nursing shortage					
45- Unable to meet patients need					
46- Low quality of nursing care					
47- Increase work load on retain nurses					
48- Change in nurses' behavior toward their job					
49- Turnover costly for hospitals due to increase training programs for new nurses					

Any note will be counted important in my research

.....

Permission to use Job Embeddedness Questionnaire

Jan 27 at 5:21 PM Dear Mr. Terry,

I am Raniah Alharthi, student at King Abdullasis University, Jeddah in Saudi Arabia I have enrolled in Master of Health Services Administration

I really in need to use the questionnaire of (Job Embeddness Items) in my Master Research, My research will cover the turnover among Saudi nurses and the impact of family obligation on the intention of turnover.

I would like to have the permission from you please. Is it a possible to use it?

My supervisor for this research is Dr. Amal Damanhouris her emailis (nmshd@hotmail.com)

I will wait for your reply Kind regards.

Raniah Hammad Alharthi

Intermediate University degree in Health Science, Nursing Nursing B.S.C @ La trobe University, Australia

Urology & VIP Departments Nursing Supervisor king Fahd Hospital, Jeddah

Saudi Arabia raniah.alharthi@yahoo.com

Terry Mitchell <trm@uw.edu> To'Raniah Alharthi'

CC'Tom Lee'

Jan 27 at 7:54 PM

Hi Raniah thanks for reaching out and asking about the Job Embeddedness questionnaire. You have my permission to use it. I have copied Professor Tom Lee who is a joint creator of this instrument and he can respond as well. Good luck with your research.

Terry mitchell

Terence Mitchell Professor Emeritus

Foster School of Business University of Washington

Tom Lee <orcas@uw.edu>
ToTerence R. Mitchell 'Raniah Alharthi' CCnmshd@hotmail.com
Jan 27 at 8:03 PM Dear Raniah,
Thank you for your interest in our research and in job embeddedness.

Tom Lee

Thomas W. Lee

Hughes M. Blake Professor of Management & Associate Dean for Academic and Faculty Affairs

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