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## Factors Influencing Saudi Nurse Turnover: An Empirical Investigation in Ministry of Health Hospitals in Jeddah City

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### Abstract

*Health systems worldwide are grappling with an increasing array of challenges on a daily basis. One of the most pressing issues is the growing demand for healthcare services, accompanied by inadequate physical and human resources. Additionally, the global shortage of nursing staff has become a critical concern, driven by various reasons that differ from one country to another. Traditionally, nursing has been viewed as a predominantly female profession, with women making up the majority of the workforce. This research aims to explore the reasons behind nursing turnover in Saudi Arabia and will address issues such as family responsibilities, guardianship decisions, societal perceptions, and demographic influences on nurses' ability to remain in their profession.*

**Keywords:** Empirical Investigation, Ministry of Health, Jeddah City.

### 1.1 Introduction

In Saudi Arabia, the nursing profession has faced significant challenges and societal stigma. Historically, it has been one of the most undervalued professions in the community due to societal perceptions and deeply rooted traditional beliefs. This has often led to a substantial portion of nurses choosing to leave the profession, either due to work-related challenges or personal issues, contributing to what is termed as nursing turnover. While nursing shortages are a global phenomenon, the problem is particularly evident in Saudi Arabia, not just in terms of the overall lack of nursing staff but also due to the scarcity of local Saudi nurses. The recurring problems faced by nurses can stem from both workplace environments and personal circumstances. Personal challenges in this context vary significantly depending on cultural differences,

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geographic location, and individual circumstances. In many Eastern societies, such as Saudi Arabia, societal and family dynamics exert a profound influence on individuals, especially healthcare professionals, whose work often exposes them to various social interactions in tightly knit communities. By focusing on and analyzing the issue of nursing turnover in Saudi Arabia, it becomes possible to identify factors contributing to this problem and develop solutions to mitigate it.

## 1. 2. Research Problem

Based on the statistical data provided by the Nursing Administration at the Directorate of Health Affairs in Jeddah, during the month of Rabiea Althani 1437, the following information was reported

|  | 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 nurses currently employed in Jeddah is 6,060, with Saudi nurses comprising 3,852 of the total. This indicates a Saudization percentage of 63.5%. Additionally, 231 nurses are working outside the nursing profession under different administrative roles, accounting for 3.8% of nurses who have left the field (Directorate of Health Affairs in Jeddah, 1437). A key issue faced by Ministry of Health hospitals is the increasing number of nurses departing from the profession, whether influenced by hospital administration or of their own accord. The turnover in the nursing field arises from various factors, which may be tied to the nature of the profession, organizational dynamics, personal circumstances, or social considerations. Such turnover not only impacts nursing performance but also leads to reduced productivity (Alsaqri, 2014). Moreover, nurse turnover imposes high costs on healthcare organizations due to the financial resources invested in training new staff to ensure they become fully qualified professionals. This

study aims to explore personal obligations, familial connections, and societal perceptions as contributing factors driving Saudi nurses to leave the nursing profession (MOH, 2012).

### **1.3. Research Importance**

The growing interest in addressing nursing turnover stems from the critical role of the healthcare sector and the essential services it offers to society. Recognized as one of the most significant sectors in any nation, healthcare provides both preventative and curative services that are vital to the well-being of individuals and communities. Within this sector, nursing occupies a pivotal position as a profession distinguished by its humanitarian, ethical, and scientific foundations. It is deeply rooted in medical knowledge and scientific principles, driven by an innate sense of responsibility to safeguard and care for others, particularly families and children. Nursing is an indispensable component of healthcare systems, as its absence would render the practice of medicine impossible at any time (Chua, Commu, and Login, 2014).

#### **1.3.1 Practical destination**

The outcomes of this study are anticipated to facilitate the provision of data and information that support decision-makers in Saudi hospitals in several key areas:

- Enhancing the work environment and promoting Saudiazation within the nursing sector.
- Formulating strategies and policies aimed at reducing turnover rates among Saudi nursing staff.
- Informing future planning efforts based on research findings in order to: establish specific mechanisms for admission into nursing colleges, identify the workforce needs within the nursing profession, and minimize the financial impact associated with turnover in the field of nursing.

#### **1.3.2. Scientific destination**

At a scientific level, the significance of this research lies in its effort to enhance the intellectual foundation for understanding productivity, relevance, and the factors contributing to nursing turnover. This study specifically examines the issue of nursing turnover among Saudi nurses and identifies the most influential factors affecting this concern. It explores the impact of aspects such as female guardianship, family responsibilities, societal perceptions, and demographic variables. By focusing on these areas, it complements previous nursing turnover studies that have not thoroughly addressed these factors. Additionally, this research will contribute new scientific insights to nursing studies dealing with the challenge of nursing turnover.

## **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 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 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 nursing profession.

Independent variables

Elements impact on nurses' which direct them to turnover

### 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

The independent variables measured in this study are as follows:

1. **\*\*Family Obligations\*\*:** This variable was assessed using a set of family embeddedness questions designed to evaluate how family responsibilities influence nurses to leave the nursing profession. The section consists of seven questions. The first three focus on how work responsibilities affect nurses' personal lives, such as experiencing physical and psychological fatigue, missing family events, and displaying inappropriate behavior at home. The remaining four examine the impact of family obligations on work-related performance, highlighting how household responsibilities may contribute to reduced productivity at work.
2. **\*\*Guardians' Resolution\*\*:** This variable was measured through five questions exploring guardians' perspectives on the nursing profession. These questions assessed acceptance or rejection of the profession, perceptions regarding the nature of nursing work, and its potential for career development.
3. **\*\*Social Perception\*\*:** Based on a review of prior research examining nursing turnover and societal attitudes toward the nursing profession in Saudi Arabia, three questions were developed. These investigate the societal acceptance of nursing as a profession, whether families hide a member's occupation as a nurse due to stigma or negative societal views, and whether the nursing profession fosters valuable relationships or offers benefits to the nurses' families.

The dependent variable in this study was measured in two components:

1. **\*\*Reasons for Turnover\*\*:** This section comprises seven primary reasons that may drive nurses to leave the profession. Participants could select one or multiple factors contributing to their decision to quit.

2. **\*\*Impact of Turnover\*\***: This section identifies six potential consequences resulting from nurses leaving the profession. Participants were asked to express their personal perspectives on the effects of turnover within the nursing field.

### 1. **7. Research Terminology**

**Turnover** is defined as the cessation of an individual's membership in an organization in exchange for payment for specific services rendered in a particular manner (Alhamdi, 2014).

**Social perception** involves the process of forming a concrete impression or creating a vision based on individuals' behaviors and societal attitudes. It reflects the collective thoughts, ideas, and understanding within a society regarding what is accepted or rejected. This, in turn, shapes a societal image about specific matters (Hala, 2013). A guardian refers to the legal authority granted to a qualified and competent person to protect another individual's rights. This role may be assigned to the father, brother, or husband (Kabarah, 2008:23).

**Ethical Approval**: - This research was submitted to the Research Ethics Committee at King Abdulaziz University (KAU) for ethical review and consideration. - Approval was obtained from the Directorate of Health Affairs in Jeddah through its Medical Research and Studies Department. - Permission letters were issued by the medical research department to conduct this research in King Fahd Hospital, Psychiatric Hospital, Eye Hospital, Al Aziziyah Hospital, and Al Mosadia Hospital (Maternity and Children Hospital - MCH). - Participants signed informed consent forms to confirm their voluntary participation in this study. - All collected data will be kept confidential and will be used or published strictly for research purposes.

### 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).

## REVIEW OF LITERATURE

### *Preface*

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).

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.

### 1. 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, it is required that nursing staff possess a certificate of accreditation issued by the Saudi Commission for Health Specialties (SCFHS). The SCFHS plays a pivotal role in the development of health science professions and in defining the scope of practice within the healthcare domain. The commission classifies nursing practitioners based on their academic qualifications as follows: diploma holders are designated as technical nurses, bachelor's degree holders are recognized as nursing specialists, and those with a master's degree are categorized as senior nursing specialists. Furthermore, individuals holding a Ph.D. are classified as senior specialists; however, those with a Ph.D. and at least three years of professional experience may advance to the rank of nursing consultant. In recent years, registration with the SCFHS, as well as periodic renewal, has become mandatory for all healthcare professionals. To renew registration, healthcare providers are required to complete a specified number of continuing education hours annually. This requirement ensures ongoing professional development and the updating of knowledge in line with advancements in healthcare practice (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)

The nursing profession in Saudi society is still relatively new, despite its historical roots dating back to the early era of Islam. Due to the profession's recent development and the entrenched traditions and cultural norms of the community, many of the early entrants into the nursing field were non-indigenous Saudis, who tend to embrace greater social flexibility compared to the more conservative lifestyles of native Saudis. This disparity is highlighted when examining society's perception of nursing. Despite being a profession that encompasses both art and science, nursing is often misunderstood as merely an auxiliary role to doctors or even likened to domestic work. Such misconceptions contribute to widespread societal disrespect for nurses, fostering a negative image that remains one of the profession's significant challenges in Saudi Arabia. Over time, economic pressures and the need for higher incomes have led to an increase in the number of Saudi nationals entering the nursing profession, driven mostly by the promise of competitive salaries and job security.

### 2. 3. B. Family Responsibilities and Guardians' (Partner) Opinion

Saudi nurses, predominantly women (as nursing is largely considered a female profession), face numerous daily challenges, particularly in the context of cultural and traditional norms in the country. One of the major difficulties impacting their professional lives stems from family responsibilities. These obligations often include caring for family members and children, compounded by the lack of affordable and high-quality childcare facilities that operate around the clock (24/7) to accommodate the demanding shifts of nurses. Studies have highlighted additional barriers, such as the absence of public transportation and restrictions on women driving, which create significant challenges for nurses who do not have a private driver or a close male relative (Mahram) to transport them to work. Long working hours and irregular shift patterns further compound these difficulties, leading to societal resistance—especially among men—toward marrying women in the nursing profession. This resistance is fueled by cultural concerns, such as nurses' prolonged absences from home and the perceived impropriety of interacting with male patients and colleagues. These attitudes are notably different from how other professions, like teaching, are perceived (Lamadah and Sayed, 2014). Such societal pressures and family obligations often force Saudi nurses to leave their careers, which in turn results in significant challenges for the Ministry of Health (MOH) and healthcare institutions. The resulting shortage of married Saudi nurses contributes to absenteeism and turnover tendencies (Gilmartin, 2013).

### 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

#### 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 issue of turnover presents a significant challenge in the nursing profession, primarily due to its profound impact on both the discipline itself and nursing administration. According to Almalki et al. (2012), one critical consequence of turnover is an increased workload for remaining nurses. This heightened workload often results in a decline in nursing performance, reduced productivity, higher rates of practice-related errors, and, subsequently, diminished levels of patient satisfaction (Almalki et al., 2011). A decrease in patient satisfaction is typically associated with extended hospital stays and the inability to adequately meet patients' healthcare needs due to the delivery of suboptimal care (Almalki et al., 2012; Shamsuzzoha and Shumon, 2007). These challenges are exacerbated when a significant number of experienced senior nurses leave the profession, leading to a pronounced loss of expertise and institutional knowledge (Shamsuzzoha and Shumon, 2007). Such workplace disruptions contribute to a sense of monotony and dissatisfaction among both newly recruited and remaining nurses, often resulting in increased absenteeism and diminished enthusiasm for their roles (Lamadah and Sayed, 2014). Many nurses report feeling overwhelmed by high stress levels combined with limited opportunities for professional development or skill acquisition, particularly in environments lacking adequate training programs that are often financially burdensome for healthcare organizations to implement (Shamsuzzoha and Shumon, 2007). Ultimately, this cumulative strain can drive nurses to leave the profession entirely, or at the very least, foster an intention to seek alternative career opportunities as soon as feasible. Consequently, such conditions render the nursing profession increasingly stressful (Al-Ahmadi, 2014). The subsequent section will delve deeper into the specific factors contributing to nurse turnover.

#### 2.4.C. Reasons for Nursing Turnover

Various factors, both within and beyond the work environment, can prompt nurses to leave the nursing profession. The primary causes of workplace turnover often stem from job dissatisfaction and overall unhappiness. This dissatisfaction may arise due to inadequate training and poorly planned staff development, which could be a result of ineffective supervision (Almalki et al., 2011; Alsaqri, 2014). Additionally, strained relationships between staff and superiors, unsupportive administrative practices (Shamsuzzoha and Shumon, 2007), excessive workloads, extended working hours, and inconsistent shift timings (Lamadah and Sayed, 2014) contribute significantly to workplace stress. Nurses may also experience increased pressure when tasked

with duties unrelated to their core responsibilities. Female nurses, in particular, might choose to leave their jobs for personal reasons such as pregnancy planning, childcare responsibilities, inflexible work schedules, or instances where their partners disapprove of working in mixed-gender environments

(Shamsuzzoha and Shumon, 2007). Others may prioritize personal preferences over professional commitments (Lamadah and Sayed, 2014). According to Eley et al. (2009), the intention to leave nursing may result from a single factor or a combination of complex contributing causes. To address these challenges and mitigate turnover rates, nursing administrations should focus on implementing rewards and incentives to retain nurses within the profession (Almalki et al., 2012). This approach not only helps stabilize workforce productivity but also enhances patient satisfaction as a direct outcome (Shamsuzzoha and Shumon, 2007).

## 2. 5. Previous Studies

### 2.5.1. Previous Studies Conducted on Demographic Variables

Al-Ahmadi's 2014 research, *\*Anticipated Nurses' Turnover in Public Hospitals in Saudi Arabia\**, focused on understanding how a combination of work environment, organizational factors, and personal variables influence nurses' intention to leave their positions. Conducted across 80 Ministry of Health (MOH) hospitals in Saudi Arabia, the study involved distributing questionnaires with the assistance of the MOH and regional health authorities. A total of 5,423 registered nurses formed the sample, and the response rate reached 54% through voluntary participation in the study's cross-sectional, self-administered questionnaire. To measure turnover intent, participants responded to a single-item scale question: "I plan to leave this facility within five years?" Other factors studied included personal elements, work environment characteristics, and organizational aspects. The findings revealed several key points. First, educational level significantly influenced turnover intention, with bachelor's degree holders reporting the highest turnover intention compared to diploma holders, who reported the lowest levels. Nurses earning less than SAR 4,000 also showed a high likelihood of changing jobs. Moreover, older nurses and those with longer work experience exhibited a greater tendency to leave. Certain work environment elements, such as being assigned non-nursing tasks or occupying supervisory or clerical roles, were associated with increased anticipated turnover. Interestingly, marital status had no significant impact on turnover intention, but female nurses recorded higher turnover rates than their male colleagues. Al-Ahmadi recommended implementing exit interviews to determine precise reasons for turnover and suggested establishing a sustainable long-term vision to enhance organizational commitment and retention. Al-Ahmadi's research overlaps with this study in its aim—both investigate nurses' turnover in Saudi public hospitals using a similar methodology: an analytic cross-sectional survey. However, while Al-Ahmadi emphasized variables such as work environment and demographic factors, the current study incorporates additional social factors and relational responsibilities into its analysis. The second study, conducted by Almalki, FitzGerald, and Clark in 2012, was set within the Jazan region of Saudi Arabia and titled *\*The Relationship Between Quality of Work Life and Turnover Intention of Primary Health Care Nurses in Saudi Arabia\**. Its aim was to examine the link between Quality of Work Life (QWL) and turnover intention among primary health care (PHC) nurses. Data collection was based on Brooks' model for assessing nursing work life quality (QNWL), with a response rate of 87%, representing 508 properly completed questionnaires. Results indicated that four specific demographic factors were strongly related to turnover intent: gender, dependent adults at home,

positional tenure, and monthly income. Furthermore, 40% of participants expressed dissatisfaction with their professional lives in health centers, correlating with increased turnover intentions. The research attributed this dissatisfaction primarily to QWL issues. The study's conclusion underscored the necessity

### **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 questionnaires 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 (Saeed, 1995).

The research of Saeed, which aimed to specify factors that influenced nurses' intention to turnover, was comparable to my study. Both 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 recommendations 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(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.

## METHODOLOGY

### 1.1. 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 nurse's 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.

## 1.2. *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.

## 1.3. *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)

## 1.4. *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.

### 1.5. 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 field 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.

### 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.

#### 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.

### 3.7.2. 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.(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.

## DATA ANALYSIS, RESULTS AND DISCUSSION

### 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 50 years) 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 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 68.5% 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 |
|  | <b>22.4</b> | <b>25.1</b> | <b>19.0</b> | <b>27.5</b> | <b>5.4</b> | <b>1.2</b> | <b>2.7</b> | 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).

## 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.

### 4.2.2<sup>nd</sup>.A. Family's opinion about Nursing profession

| The statement  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Std. Deviation | Mean | Overall 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.

#### 4.2.2<sup>nd</sup>. 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 |
|--|-------------------|----------|---------|-------|-------------------|----------------|------|----------------|-------|------------|
|  | %                 | %        | %       | %     | %                 |                |      |                |       |            |
| 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      |

|  |     |     |      |      |      |     |     |                |   |       |
|--|-----|-----|------|------|------|-----|-----|----------------|---|-------|
| 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 |
| 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  |
|  | 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 | C.I. Score |
|---|-------------------|----------|---------|-------|----------------|----------------|------------|----------|-------|------------|
|   | %                 | %        | %       | %     | %              |                |            |          |       |            |
| 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      |
| 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      |
| 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      |
| 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      |
|   | 10.3              | 23.1     | 20.2    | 31.1  | 14.8           | 1.2            | <b>3.2</b> | 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 | 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<br>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 | Overall 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.

| <i>The statement</i>  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Std. Deviation | Mean | 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 | Overall 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<br>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<br>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)

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             | 25177.9<br>96 | 697 |        |       |      |
| Impact<br>Turnover<br>of<br>nursing<br>profession | Between<br>Groups | 64.820        | 3   | 21.607 | 1.001 | .392 |
|   | Within Groups     | 15102.3<br>61 | 700 | 21.575 |       |      |
|   | Total             | 15167.1<br>80 | 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.

#### 1- Marital Status

| Axes   | S.O.V             | Sum of Squares | df  | Mean Square | F     | Sig.  |
|--|-------------------|----------------|-----|-------------|-------|-------|
| Professional<br>personal goals<br>at work          | Between<br>Groups | 121.881        | 3   | 40.627      | 2.231 | 0.083 |
|  | Within Groups     | 12654.3<br>80  | 695 | 18.208      |       |       |
|  | Total             | 12776.2<br>60  | 698 |             |       |       |
| Family's<br>opinion<br>about Nursing<br>profession | Between<br>Groups | 286.366        | 3   | 95.455      | 8.024 | 0.000 |
|  | Within Groups     | 8505.41<br>1   | 715 | 11.896      |       |       |
|  | Total             | 8791.77<br>7   | 718 |             |       |       |
|  | Between<br>Groups | 72.839         | 3   | 24.280      |       |       |

|  |                |           |     |        |        |       |
|--|----------------|-----------|-----|--------|--------|-------|
| Work interferes with Family responsibilities                                       | Within Groups  | 4164.456  | 711 | 5.857  | 4.145  | 0.006 |
|  | Total          | 4237.295  | 714 |        |        |       |
| Impact of family life on the professional duties of the guardian opinion (partner) | Between Groups | 233.437   | 3   | 77.812 | 5.396  | 0.001 |
|  | Within Groups  | 10196.160 | 707 | 14.422 |        |       |
|  | Total          | 10429.598 | 710 |        | 1.878  | 0.132 |
|  | Between Groups | 36.503    | 3   | 12.168 |        |       |
| Social Embeddedness  | Within Groups  | 4587.087  | 708 | 6.479  | .919   | 0.431 |
|  | Total          | 4623.590  | 711 |        |        |       |
| Intention of professional turnover   | Between Groups | 12.180    | 3   | 4.060  | .083   | 0.969 |
|  | Within Groups  | 3144.015  | 712 | 4.416  |        |       |
|  | Total          | 3156.196  | 715 |        | .372   |       |
|  | Between Groups | .372      | 3   | .124   |        |       |
| main reasons   | Within Groups  | 1073.369  | 715 | 1.501  | 1.324  | 0.265 |
|  | Total          | 1073.741  | 718 |        |        |       |
|  | Between Groups | 143.522   | 3   | 47.841 | 43.033 |       |
|  | Within Groups  | 25006.955 | 692 | 36.137 |        |       |
|  | Total          | 25150.477 | 695 |        | 14.344 |       |
|  | Between Groups | 43.033    | 3   | 14.344 |        |       |

|  |               |           |     |        |      |       |
|--|---------------|-----------|-----|--------|------|-------|
| Impact of Turnover on nursing profession | Within Groups | 15095.646 | 698 | 21.627 | .663 | 0.575 |
|  | 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.

## 2- 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.

### 3- 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 |             |       |       |
|  | Between Groups | 205.832        | 3   | 68.611      |       |       |

|  |                |           |     |        |       |       |
|--|----------------|-----------|-----|--------|-------|-------|
| Impact of family life on the professional duties | Within Groups  | 10007.025 | 696 | 14.378 | 4.772 | 0.003 |
|  | 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 |        |       |       |
| Social Embeddedness                              | Between Groups | 3.464     | 3   | 1.155  | .258  | 0.855 |
|  | Within Groups  | 3136.003  | 702 | 4.467  |       |       |
|  | 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.

#### 4- 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           |        |         |
|  | Yes              | 24.31 | 4.81           |        |         |

|  |    |       |      |        |       |
|--|----|-------|------|--------|-------|
| Impact of Turnover on nursing profession | No | 24.44 | 4.38 | -0.349 | 0.727 |
|--|----|-------|------|--------|-------|

**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.

#### 5- 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                                    | Between        | 259.642        | 7   | 37.092      |       |       |

|  |                |           |     |        |       |       |
|--|----------------|-----------|-----|--------|-------|-------|
| family life on the professional duties   | Groups         |           |     |        | 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 theses axes.

- 6- 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    | 13.452<br>2 | 4.45108        | .878   | 0.380   |
|  | No     | 13.102<br>7 | 4.02271        |        |         |
| Family's opinion about Nursing profession        | Yes    | 15.504<br>2 | 3.51218        | 2.213  | 0.027   |
|  | No     | 14.807<br>0 | 3.28895        |        |         |
| Work interferes with Family responsibilities     | Yes    | 12.654<br>0 | 2.32855        | -.624  | 0.533   |
|  | No     | 12.793<br>0 | 2.46324        |        |         |
| Impact of family life on the professional duties | Yes    | 12.548<br>9 | 3.75317        | -1.464 | 0.144   |
|  | No     | 13.062<br>2 | 3.76493        |        |         |
| guardian opinion (partner)                       | Yes    | 16.836<br>1 | 2.63905        | .058   | 0.954   |
|  | No     | 16.822<br>2 | 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        |        |         |
|  | Yes    | 24.021<br>7 | 5.98575        | -.691  | 0.490   |

|  |     |             |         |       |       |
|--|-----|-------------|---------|-------|-------|
| main reasons   | No  | 24.397<br>3 | 5.59373 |       |       |
| Thinking about<br>impact of Turnover<br>on nursing<br>profession | Yes | 24.334<br>8 | 4.69564 | -.313 | 0.754 |
|  | No  | 24.469<br>0 | 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.

## 7- 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          | 4213.84<br>4  | 709 |         |       |       |
| Impact of family life on the professional duties | Between Groups | 111.842       | 3   | 37.281  | 2.559 | 0.054 |
|  | Within Groups  | 10227.5<br>76 | 702 | 14.569  |       |       |
|  | Total          | 10339.4<br>18 | 705 |         |       |       |
| guardian opinion (partner)                       | Between Groups | 8.670         | 3   | 2.890   | .451  | 0.716 |
|  | Within Groups  | 4500.73<br>6  | 703 | 6.402   |       |       |
|  | Total          | 4509.40<br>6  | 706 |         |       |       |
| Social Embeddedness                              | Between Groups | 4.831         | 3   | 1.610   | .364  | 0.779 |
|  | Within Groups  | 3124.32<br>8  | 707 | 4.419   |       |       |
|  | Total          | 3129.15<br>9  | 710 |         |       |       |
| Intention of professional turnover               | Between Groups | .474          | 3   | .158    | .106  | 0.957 |
|  | Within Groups  | 1060.02<br>5  | 710 | 1.493   |       |       |
|  | Total          | 1060.49<br>9  | 713 |         |       |       |
| main reasons                                     | Between Groups | 652.478       | 3   | 217.493 | 6.119 | 0.000 |
|  | Within Groups  | 24419.5<br>25 | 687 | 35.545  |       |       |
|  | Total          | 25072.0<br>03 | 690 |         |       |       |
| Thinking about impact of Turnover on             | Between Groups | 85.425        | 3   | 28.475  | 1.320 | 0.267 |
|  | Within Groups  | 14949.9<br>36 | 693 | 21.573  |       |       |

|                    |       |           |     |  |  |  |
|--------------------|-------|-----------|-----|--|--|--|
| nursing profession | 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.

## 8- 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                     | Between Groups | 79.876         | 5   | 15.975      | 1.085 | 0.368 |

|  |                |           |     |        |       |       |
|--|----------------|-----------|-----|--------|-------|-------|
| the professional duties                  | 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 |        |       |       |
| Social Embeddedness                      | Between Groups | 16.200    | 5   | 3.240  | .730  | 0.601 |
|  | 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  
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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.

#### 9- 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                        | Between Groups | 4.775          | 4   | 1.194       | .795  | 0.529 |
|  | Within Groups  | 1068.174       | 711 | 1.502       |       |       |
|  | Total          | 1072.950       | 715 |             |       |       |

| turnover                                 |                |           |     |        |       |       |
|--|----------------|-----------|-----|--------|-------|-------|
| 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 profession Nursing    | 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 profession Nursing    | 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) |
|--------------------|---------------------------------|---------------------------------|-----------------------|
|                    | Partner (Husband)               | Father                          | -1.36905-*            |
|                    |                                 | Brother                         | -1.50407-*            |
|                    | Father                          | Partner (Husband)               | 1.36905*              |
|                    |                                 | Brother                         | -.13502-              |
|                    |                                 | Partner (Husband)               | 1.50407*              |

|  |  |                   |            |          |
|--|--|-------------------|------------|----------|
| Family's opinion about Nursing profession    | Brother  | 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. 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.

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).

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.

## SUMMARY, RECOMMENDATIONS AND 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.

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