

Factors Influencing Saudi Nurses Turnover “Empirical Study in Ministry of Health Hospitals- Jeddah City”

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Abstract— This study targeted to investigate the impact of family responsibilities and relations on Saudi nurses and how they direct nurses to turnover their profession. Depending on this research and its findings which presented in this paper, it contributes to reduce Saudi nursing turnover and may use to build detailed studies to overcome Saudi nurses' turnover. **Design and Methods:** this study used a cross-sectional survey. The questionnaire targeted female Saudi nurses. The respond rate from 800 questionnaire distributed in five MOH hospitals was 90.6%. After excluded the uncompleted answers, 725 nurses' data were analyzed to study research variables. Descriptive statistic utilized to obtain results were frequencies, percentage, means, Standard deviation, anova test, LSD test, which applied for analysis in SPSS v20. The study outcomes were found significant differences between study variables and nurses turnover. Study findings adds to existing researches on Saudi nurses turnover and specify a direction to next studies that aimed Saudi nurses in era of Saudizing the health sectors. In the domain of increase the responsibility of MOH to put suitable strategies and interventions to prevent nursing turnover.

Index Terms— Nurses, Nursing Profession, Turnover, Turnover factors, Saudi Nurses, Intention to leave, Saudi Arabia

I. INTRODUCTION

The health systems around the world are facing a lot of growing challenges day after day. The most important challenge is increasing health needs, beside lack of physical and human funding. On the other hand, the whole world has faced a growing shortage of nursing staff because of different and altered reasons from one country to another. Historically, nursing profession is a female career as most of the workers in this profession are women more than men. In Saudi society, nursing profession has faced many challenges and issues, and it was one of the most unjustly professions in the community because of society's perception, atavism tradition, so a big number of nurses would reluctance to continue in the profession for either work-related reasons or personal reasons, in other words nursing turnover. Although nursing shortage is considered a global problem but this problem appears to be the most significant problem in Saudi Arabia. This not only because of shortage in nursing staff but also

shortage in local nursing staff. Exposure to the problems of nursing is repeatable either as work environment problems or personal problems. Whilst the personal problem could be different between eastern society and western, country to other and even from one individual to other. Society and social relation in eastern country usually impacted on individual and particularly on health practitioners because of their opened work environment in closed society. by focusing and studying such problem in Saudi Arabia, it would to assist in finding solutions for nursing problems and reduce turnover rate. This research will explore the problem of Saudi nursing turnover and how factors such family obligations, guardian's decision, society perception and demographic variables affecting nurses continuity in their profession.

Due to increasing in 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). Many challenges are facing the nursing career life such as prevailing tradition, chronic staff shortage, lack of educational development and subspecialties. Therefore, there are various forms of problems that are linked to the shortages in Saudi Arabia for instance socio-cultural factors which influenced the prevailing negative images (Lamadah and Sayed, 2014). Additionally, the family obligations have a big impact on work life of nursing which could be conflicted with work duties. If the family is not supporting the career life, at the end, it would lead the nurse to leave the nursing profession (Alasmari and Douglas, 2012). Moreover, the scientific background and personal or demographic variables can have an obvious impact on nurses decision to continue or leave their profession (Almalki et al., 2011).

II. REVIEW LITERATURE

Rajan, 2013 defined employee turnover as the process of moving into, out or replace the employees in the organization. Jones, 1990 defined nursing turnover as the process where nursing staff transfer or leave within the hospital this encompasses voluntary as well as involuntary, internal as well as external turnovers. Price and Mueller 1981 stated that turnovers are said to be a product of job satisfaction and commitment, which in turn are

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influenced by demo-graphics, organizational factors, and environmental factors such as alternative job opportunity outside the organization. **Parusuraman, 1989** in his study assessed the role of time lag as determining relationships between the variables found consistently to explain and predict turnover across studies, confirming that intention to leave the organization was the most immediate determinant of actual turnover. **Irvine and Evans (1995)** presented a model based on **Mueller and Price's (1990)** stated a theory that various disciplinary perspectives contribute to the explaining nurse turnover: economists give special importance to the individual choice and labor market variables; sociologists give special importance to the structural characteristics of the work environment and the work content; and psychologists emphasize on individual variables and intra-psychic processes. **Mueller and McCloskey** in their study stated that includes eight factors responsible for satisfaction; scheduling, family/work balance, extrinsic rewards, co-workers, interaction, praise/recognition, professional opportunities and control responsibility. **Lum et.al, 1998 and Tzeng, 2002 et.al** in their study expressed that job dissatisfaction has been frequently been identified as the prime reason for nurses leaving their jobs. **Angerami et.al 2000** expressed that nurses' motives to remain in their profession related to the level of attachment to nursing, even though if their work was not been recognized and they were poorly paid. **Davidson et.al 1997, Tai et.al 1998** in their study mentioned that heavy workload increases job tension and hence decreases job satisfactions, which further in return increase the likelihood of turnover

Almutairi et al., 2013 in his study stated that there are several factors that influence nursing profession productivity which 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. (**Lamadah and Sayed, 2014**) in their study mentioned misunderstanding in the society about the role of nursing profession as a doctor assistance or first class maid despite of that nursing is an art and science profession this makes the society disrespect nurses and generating a negative image in the community which considers one of the major challenges for this career in Saudi Arabia. **Gilmartin, 2013** in his study stated Saudi male nurses who choose to work in nursing profession faced a lot of challenges and criticisms either from their families or friends. **Lamadah and Sayed (2014)**, it has reported by **Hamdi and AlHyder (1995)** that 25% of nurses have believed that this profession is contrary to prevailing traditions. **Gilmartin, 2013** presented in his study that nursing and nurses in media poorly and incorrect portrayed which somehow asserts and enhances the society perception not only about this profession but for any matter in society. (**Lamadah and Sayed, 2014**) further added that long working hours and changing the shift pattern factors make society especially men not accepting the idea of marrying a female who works as a nurse because of the continues and long absences from home; moreover, mingling with men such as patients and colleagues is

unacceptable in Saudi culture; in comparison to other professions. Thus, society perception and family obligations will make pressure on nurses to quit working in their profession. **Gilmartin, 2013** further added that the above mentioned issues cause MOH and health organization in Saudi Arabia to lose married Saudi nurses and lead to shortage and absenteeism"turnover attitudes". According to **Moores, Singh and Tun (1983 cited in Lamadah and Sayed 2014)** the qualified and success Saudi nurses in their career were encouraged and supported by their families or partners, which has a significant positive impact on their career. **Almalki et al., 2012** stated that turnover has been a complicated issue particularly in nursing since it has a sever effects on nursing profession and nursing administration. He further added that major negative influences of turnover is increasing the work load on nurses which leads to poor nursing performance output, low productivity, more mistakes in practice and as a result diminish patient satisfaction. Declining in patient satisfaction is produced by long hospitalization, inability to meet their health care requirements which results from low quality of care supported by **Shamsuzzoha and Shumon, 2007**. **Shamsuzzoha and Shumon, 2007** stated that turnover of experience nurses causes loss to the expertise in the hospital. **Lamadah and Sayed, 2014** extended that loss of experinece nurses increase absenteeism in new nurses. **Shamsuzzoha and Shumon, 2007** further supported that due to increase in stress with limited opportunities to learn or gain experience; without supportive training programs costs to the organization. Eventually, these factors lead to leave nursing intentionally or at least have the intention to leave their profession in the first opportunity. **Almalki et al., 2012**, working life in such situations with increasing the workload becomes stressful and considered one of the aspects that affecting nurses directly either positively or negatively; thus, either they will leave or continue as a personal challenge in this profession. Consequently, the turnover contributes to staff shortage and financially costing the organization. Qualified nurses leave their profession for a number of reasons could be related or not to their profession. **Miyuki Takase et.al, 2016** mentioned that fulfillment of psychological contract & advancement opportunities are important aspects for reducing nurses and turnover intentions especially among the young nurses. **Schmidt et.al, 2013** in their studies stated that precipitating and preventative factors both are involved in nurse turnover. They added that PCF and advancement opportunities are important factors that are involved in reducing nurses' turnover intentions. Other relevant nurse turnover issues include the aging nurse workforce, imminent nurse retirement, the loss of experienced nurses, and the projected rising nursing shortage. These concerns create a renewed critical shortage for registered nurses that demands priority attention on factors contributing to increased nurse turnover (**American Nurses Association, 2015**). **Olivia Numminen et.al 2015** in their study mentioned that higher general competence level indicates higher occupational commitment. They added that newly graduated nurses occupational commitment was positive, especially in affective dimension. Satisfaction with respect to nursing, and less intention to change the occupation seems to be the strongest factors associated with the occupational commitment through

affective dimension. **Yi Liu et.al, 2015** in their study mentioned that work-related fatigue is one of the major determinant of new nurses which results to leave their job. They suggested that attention need to be paid to reduce fatigue among new nurses. **Jill Clendon et.al, 2017** in their study stated that demographic and societal changes which are related to caregiving have intense impact for nursing. They further stated that workplace support is essential part to ensure nurse to continue to work.

Previous research by **Spector and Jex** has revealed quantitative work load is correlated with the role conflict and frustration, **Basinska and Wilczek-Ruzyczka, 2011** further added that fatigue after the working day and burnout **Pisantietal., 2011**. The study further stated that high workload is related to develop anxiety and uncertainty ; **Beehr and Bhagat, 1985**) as employee who has burden and work too much may neglect some aspects of work life or family life.

Grzywacz et.al, 2000 in their study mentioned that conflict between the professional and family life is bilateral to the consequences of the excessive job demands which further can be transferred into family life and *vice versa* in nut shell troubles at home can be reflected on to work.

III. RESEARCH METHODOLOGY

3.1. Research Objectives:

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

3.2 Research Hypothesis

1. The hypothesis have been determined according to each independent variable
2. There is a statistically significant relationship between family obligations and Saudi nurses' turnover.
3. There is a statistically significant relationship between guardians' opinion (partner) and Saudi nurses' turnover.
4. There is a statistically significant relationship between the social perception and Saudi nurses' turnover.

3.3 Research Design

$$\chi^2 = \frac{(n-1)S^2}{\sigma^2}$$

This research utilized an exploratory cross-sectional survey which is designed to study the influence of family obligations on the intention of nurses to leave their job and also the effect of demographic variables on nurses turnover. The participants used a paper based self administered questionnaire and online survey questionnaire. The study used a descriptive and analytic approach as deemed appropriate to the subjective of the research, that aimed to describe the phenomenon of Saudi nursing turnover through identification, analyzing and interpreting dependent variables and link the gathered data to make sure of hypotheses validity to achieve research objectives up to the conclusion and recommendations. Descriptive method utilized to describe the phenomenon of

nurses turnover and illustrate the relationship in between study variables and specify reasons that could led to this phenomenon by gathering facts and data then analyze and subject to study hypothesis. Thus, it would reach to results and conclusions on the subject of research. The sample used in this study shall be representative of the population. Subsequently, the results will representative of the population. Analytic method has applied to study the correlation of two variables in the research by using Chi-square test (), this test was used because the data has been collected in this study disaggregated data(divided into groups). In addition, Chi-square test determines the strength of the relationship between dependent and independent variables. Finally, Chi-square tests hypotheses on each variable separately.

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

3.4 Sampling

This research targeted the Saudi Nursing staff at MOH hospitals. It was chosen the city of Jeddah because of sufficient number of hospitals which have appropriate number of Saudi Nurses. The number of MOH hospitals at Jeddah is seven. According to statistical year book on 1435, the number of Saudi female nurses in MOH hospitals at Jeddah is 2822 (MOH, 2014). However, due to got the approval from five hospitals only through Directorate of Health Affairs which have 2342 nurses (MOH, 2014). The questionnaire was distributed in these hospitals for Saudi female nurses in various departments with the assistance of nursing administration.

3.5 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.

3.6 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:

- ✓ **Descriptive statistics** (Frequencies, Percentages, Means, Standard Deviation) to describe variables.
- ✓ **Cronbach's Alpha**: Split half to find reliability of the study tool.

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

4. DATA ANALYSIS & INTERPRETATION

The impact of work on family obligations

1- Work interferes with Family responsibilities

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

2- Impact of family obligations on the professional duties

The statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Std. Deviation	Mean	Over all	Order	Chi Square	P-value
	%	%	%	%	%						
25- Tension in family life often affects my career and my performance at work	7.2	20.4	18.5	34.3	19.2	1.21	3.4	Agree	1	109.4	0.00
24- I can't concentrate in my work duties because of pressure at home	9.9	22.8	20.0	32.6	14.2	1.22	3.2	Neutral	2	135.9	0.00
26- Effective behavior at home leads	9.8	23.6	21.5	31.7	12.8	1.20	3.1	Neutral	3	112.3	0.00

to counter-productive at work											
23- The time I spent with my family often let me get absent of my professional duties which could be helpful to me in my career	14.2	25.4	20.8	25.8	13.0	1.27	3.0	Neutral	4	239.6	0.00
	10.3	23.1	20.2	31.1	14.8	1.2	3.2	Neutral			

3-Guardian Opinion /Partner

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

Social Embeddedness

The statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Std. Deviation	Mean	Over all	Order	Chi Square	P-value
	%	%	%	%	%						
34- My work as a nurse provide a good social relations	13.0	20.3	25.9	30.5	10.1	1.2	3.0	Neutral	1	687.6	0.00

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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			

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-*
		51 to 60	-2.99284-*
	31 to 40	20 to 30	-.09686-
		41 to 50	-1.97151-*
		51 to 60	-3.08970-*
	41 to 50	20 to 30	1.87465*
		31 to 40	1.97151*
		51 to 60	-1.11819-
	51 to 60	20 to 30	2.99284*
		31 to 40	3.08970*
		41 to 50	1.11819
Family's opinion about Nursing profession	20 to 30	31 to 40	.61099*
		41 to 50	.46521
		51 to 60	-1.39975-
	31 to 40	20 to 30	-.61099-*
		41 to 50	-.14578-
		51 to 60	-2.01075-*
	41 to 50	20 to 30	-.46521-
		31 to 40	.14578
		51 to 60	-1.86496-*
	51 to 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*
		51 to 60	1.25052*
	31 to 40	20 to 30	-.03352-
		41 to 50	.54152
		51 to 60	1.21700*
	41 to 50	20 to 30	-.57505-*
		31 to 40	-.54152-
		51 to 60	.67548

	51to 60	20 to 30	-1.25052-*
		31 to 40	-1.21700-*
		41 to 50	-.67548-

2-Marital Status

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

3- Specifying the guardian

Dependent Variable	(I) Please specify the guardian	(J) Please specify the guardian	Mean Difference (I-J)
Family's opinion about Nursing profession	Partner (Husband)	Father	-1.36905-*
		Brother	-1.50407-*

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	Father	Partner (Husband)	1.36905*
		Brother	-.13502-
	Brother	Partner (Husband)	1.50407*
		Father	.13502
Work interferes with Family responsibilities	Partner (Husband)	Father	.65724*
		Brother	.17769
	Father	Partner (Husband)	-.65724-*
		Brother	-.47955-
	Brother	Partner (Husband)	-.17769-
		Father	.47955
Impact of family life on the professional duties	Partner (Husband)	Father	1.19087*
		Brother	.88860
	Father	Partner (Husband)	-1.19087-*
		Brother	-.30227-
	Brother	Partner (Husband)	-.88860-
		Father	.30227

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. The research findings compatible with prior study's findings which proved that married nurses will turnover their profession because of family responsibilities. 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, brother's guardian was 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.

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

Second part of this research is concerned about 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 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 has 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.

This part assess guardian opinion/partner (husband), 54% of respondent nurses proved that their guardians agreed and accepted their nursing work. Whereas 46% of the guardians opposed and expressed displeasure due to long working hours in nursing profession. 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 considerable deterrents for nurses to continue in their profession (Lamadah and Sayed, 2014). Above mentioned findings were matched to items that specified in my study results.

In regards of social perception, most participants 66.3% answered that society does not affect or influenced their choice of nursing profession. In addition, nurses and their families are not hiding their profession as a nurse. On the other hand, 40.6% of respondent nurses confirmed that nursing profession provides a good social relations for them and for their families. The findings of this section absolutely opposed to many previous researches, since many researches

have proved that image of nurse as a doctor assistance, Arabic culture and prevailing traditions have placed poor impression in the mind of society about nursing profession which subsequently influenced Saudi nurses decision to continue in their profession (Almutairi et al., 2012; Alahmadi, 2014; Lamadah and Sayed, 2014; Almalki et al., 2012).

Majority of participants' (60%) have a potential intention to leave their nursing profession any time at some point or another during their career life for reasons that could be related to their family/ social life or could be related to their work in nursing profession. Lack of support from nursing administration followed with disillusion in nursing profession are the most important reasons that could lead participant nurses to quit working in their profession followed with interferences of family obligations with work duties, and finally society perception and lack of respect for nurses. Whereas, life tensions, guardian objection and work overload are not essential reasons for them to leave their work in nursing. Disillusionment in nursing profession was a main reason also in the research result of Eleyet al. (2009). In another research, Saeed (1995, cited in Almutairi et al. 2012) 56.35% of nurses desired to quit their work in nursing mainly because of family and individual reasons, which means that my study is supporting and compatible with previous studies findings.

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

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

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

5. 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 statistical significant relation between these aspects and turnover intention. By finding solutions for these issues, it 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. The information in this study may use by nursing administration in different Saudi health organizations to address the issue of Saudi nursing turnover. Also, Media and newspapers are responsible to explore the importance of nursing as worthwhile profession and reconstruct the image of nurses in Saudi society

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