

Job satisfaction among expatriate nurses during the COVID-19 pandemic: A cross-sectional study

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Abstract

Aim: To investigate the association between job resources, job satisfaction, and moderating effect of COVID-19 anxiety and practice setting among expatriate acute care nurses in Qatar.

Background: Expatriate nurses are more vulnerable to reduced job satisfaction. Increased COVID-19 anxiety and reduced perceived job resources among acute care nurses impact their job satisfaction more than that of general ward nurses.

Method: An online survey was used to recruit 293 expatriate acute care nurses from four public hospitals in Qatar. Data were collected between June and October of 2021. Structural equation modeling was used for data analysis. We ensured to follow STROBE guidelines when doing this research.

Results: Job resources were a significant predictor of job satisfaction among expatriate acute care nurses ($\beta = 0.80$, 95% CI: 0.73–0.85, $p < 0.001$). There was no significant moderating effect of COVID-19 anxiety ($\beta = 0.055$, 95% CI: –0.61 to 0.151, $p = 0.329$) or workplace setting on this relationship ($\chi^2 = 0.077$, $df = 1$, $p = 0.781$).

Discussion: Our study found that the relationship between job resources and acute care nurses' job satisfaction is consistent across different workplace settings regardless of the level of COVID-19 anxiety. This is in line with previous studies that have highlighted the importance of job resources in determining nurses' job satisfaction.

Conclusion: The study emphasizes the need for sufficient job resources for improved job satisfaction among expatriate acute care nurses in Qatar, especially during the COVID-19 pandemic.

Implications for nursing policy: Nursing leaders must prioritize adequate resources such as staffing, proper training, and policies that increase nurse autonomy to improve job satisfaction and reduce the negative effects of dissatisfaction.

KEYWORDS

Acute care, anxiety, COVID-19, expatriate nurses, job resources, job satisfaction

INTRODUCTION

The COVID-19 pandemic has had a significant impact on healthcare systems worldwide. The sudden and rapid spread of the virus overwhelmed many healthcare systems, leading to shortages of personal protective equipment, beds, and other resources (Sen-Crowe et al., 2021). Qatar maintained a rela-

tively low number of COVID-19 cases and deaths compared with other countries who had struggled to contain the spread of the virus and had experienced high numbers of cases and deaths (Al Khal et al., 2020).

Nurses have always played a crucial role in healthcare systems, but their importance was highlighted even more during the COVID-19 pandemic. Nurses who cared for COVID-19

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patients reported lower job satisfaction compared with those who did not provide care to such patients (Lavoie-Tremblay et al., 2022). This decline in job satisfaction has also been linked to an increase in nurses' turnover, as nurses may seek employment in other healthcare settings or leave the profession altogether (Lavoie-Tremblay et al., 2022). During the COVID-19 pandemic, nurses needed to adapt to increased patient loads, longer work hours, and added responsibilities, including caring for critically ill patients (Villar et al., 2021). Nurses' job satisfaction and turnover rate have a direct impact on the effectiveness of the healthcare system's response to the COVID-19 pandemic.

In Qatar, the majority of nurses are expatriates from at least 45 different countries (Hamad Medical Corporation, n.d). In consequence, they face unique challenges such as cultural and language barriers and working with diverse populations (Al-Komah et al., 2020). The pandemic affected nurses in Qatar leading to increased stress and workloads and higher turnover intentions compared with the pre-pandemic period (Nashwan et al., 2021). Despite the significance of this trend, no studies have been conducted to examine the impact of COVID-19 on expatriate acute care nurses' job satisfaction in Qatar.

Several definitions of job satisfaction have been offered in the literature. It has been characterized as being appreciated and rewarded by supervisors, the degree and quality of communication with coworkers and supervisors, and relationships with coworkers (Aziri, 2011). It has also been characterized by nurses' job conditions and fringe benefits, nature of the work and the organization, compensation, opportunities for personal growth and promotion, job security, and the quality of supervision and coaching (Aziri, 2011). Liu et al. (2016) defined nurses' job satisfaction as "...nurses' positive feeling response to the work conditions that meet [their] desired needs as the result of their evaluation of the value or equity in their work experience" (p. 87).

Better job resources have been associated with higher job satisfaction during the COVID-19 pandemic (Rashmi & Kataria, 2021). Job resources are the "...physical, psychological, social, or organizational aspects of the job that are either/or: functional in achieving work goals; reduce job demands and the associated physiological and psychological costs; stimulate personal growth, learning, and development" (Bakker & Demerouti, 2007, p. 312). This study described job resources to include perception of adequate training, adequate staffing, and autonomy and control over their work environment.

The emergence of COVID-19 negatively influenced frontline nurses' mental health (Labrague & de Los Santos, 2021). Nurses' fear of contracting the disease while caring for COVID-19 patients has been associated with increased psychological stress, decreased job satisfaction, and increased intention to leave their organization and profession (Labrague & de Los Santos, 2021). Therefore, anxiety from COVID-19 moderates the relationship between job resources and job satisfaction. This may be particularly true in acute care nursing, as high COVID-19 anxiety may reduce job satisfaction despite the perception of high job resources.

Nurses in critical care units have reported lower job satisfaction than those who work in general wards (Mrayyan, 2006). Furthermore, medical/surgical nurses reported higher job satisfaction than intensive care nurses and emergency nurses (Albashayreh et al., 2019). The demand for critical care nurses increased dramatically during the COVID-19 pandemic. These nurses reported an increase in their workload, fear of becoming infected, deficiency in communication with management, being emotionally exhausted, and difficulty in venting their emotion (González-Gil et al., 2021). Consequently, critical care nurses may have different expectations of the impact of job resources on their job satisfaction compared with general ward nurses.

No studies from Qatar were found that assess the relationship between job resources, job satisfaction, and COVID-19 anxiety among expatriate nurses in Qatar. Expatriate nurses have been found to have lower job satisfaction compared with local nurses (Yasin et al., 2017) due to factors such as separation from family, language barriers, fair remuneration, and lack of professional development opportunities (Almansour et al., 2021). This research aims to study the relationship between job resources and job satisfaction, and the moderating effect of COVID-19 anxiety and practice settings on this relationship in the context of Qatar. The following hypotheses were tested (see Figure 1):

H₁: Job resources in nursing positively influence acute care nurses' job satisfaction.

H₂: Anxiety from COVID-19 has a negative moderating effect on the relationship between job resources in nursing and acute care nurses' job satisfaction.

H₃: The positive effect of job resources in nursing on acute care nurses' job satisfaction is stronger for nurses working in critical care units than nurses working in inpatient wards.

METHODS

Design and sample

A descriptive correlational cross-sectional survey design was used for the purposes of this study. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines were used for reporting this study. The sample was composed of expatriate acute care registered nurses (RNs) working in Qatar. Inclusion criteria were acute care nurses working more than six months in Qatar, working during the COVID-19 pandemic, and practicing in acute care settings. Exclusion criteria were working in leadership positions or not providing direct patient care.

Instruments

In addition to demographic data, three instruments were used in this study to assess job satisfaction, job resource perception, and COVID-19 anxiety. Permissions were obtained from the authors of these instruments for their use in this study.

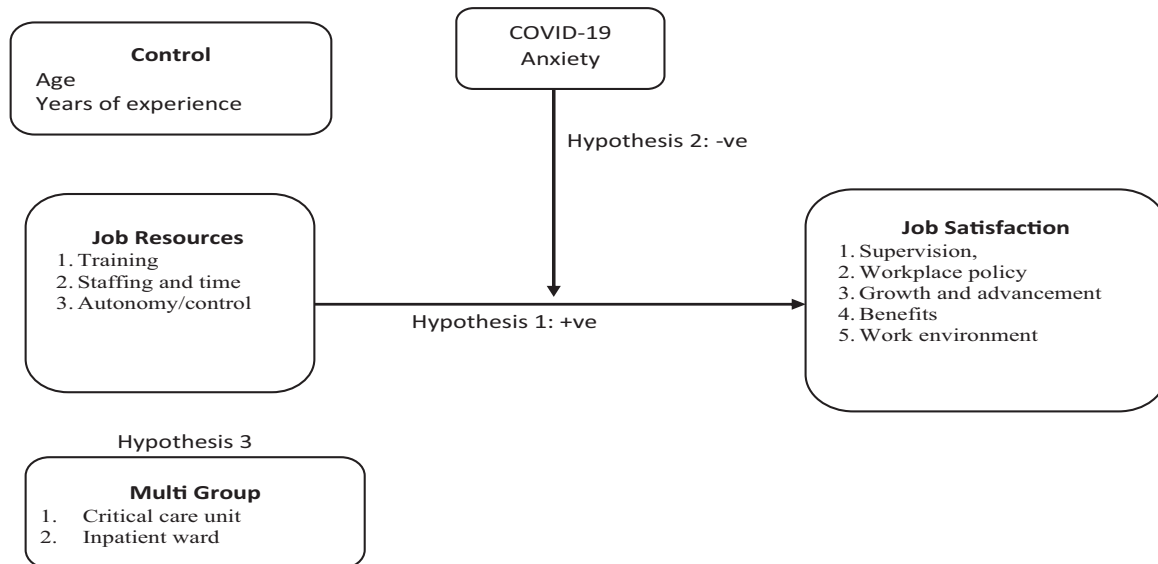


FIGURE 1 The tested study model.

Job satisfaction

The Acute Care Nurses Job Satisfaction Scale-Revised (ACNJSS-R) assessed job satisfaction in our study (Yasin et al., 2022). The ACNJSS-R evaluates satisfaction across five factors: supervision, workplace policy, growth and advancement, benefits, and work environment. The scale consists of 13 items, measured using a Likert scale of one to six (1 being “strongly disagree” and 6 being “strongly agree”). The ACNJSS-R was validated in Qatar, showing good convergent, discernment, and criterion validity. Its composite reliability and maximal reliability were above 0.7 for all factors (Yasin et al., 2022).

Job resources

The Job Resources in Nursing (JRIN) scale by Penz et al. (2018) was adapted to create the job resources questionnaire for this study. The original 24-item scale used a Likert scale, rated from one (strongly disagree) to five (strongly agree). The final six-factor structure had a 63% variance explanation and a Cronbach’s alpha of 0.88. Certain factors were selected based on relevance to acute care nursing after using confirmatory factor analysis, resulting in adequate training (2 items), staffing and time (2 items), and autonomy/control (3 items). The scale used a Likert scale format, rated from one (strongly disagree) to five (strongly agree).

Coronavirus anxiety

This study examined anxiety from the COVID-19 pandemic using the Coronavirus Anxiety Scale ([CAS] Lee et al., 2020). In the original study, the authors reported high reliability ($\alpha = 0.92$) for the final scale. Validity was evaluated using a

multigroup CFA. The final scale was composed of five items with a possible range from zero (not at all) to four (nearly every day over the last two weeks). This study returned three items based on measurement model analysis.

Data collection

An anonymous online survey was administered to 1,500 acute care RNs working in four public hospitals in Qatar between June and October 2021. The survey was sent through email to potential participants and was collected through the QualtricsXM platform. Out of 310 e-questionnaires received, 293 were used for analysis with a response rate of 19.5%. Extreme outliers were removed for accurate data analysis.

Data analysis

Data analysis was performed using IBM SPSS and Amos. Structural equation modeling (SEM) was used with case and variable screening. Missing data were imputed, unengaged responses were excluded, and outliers and influential data were evaluated for multicollinearity. Bootstrapping was used to address nonnormal distribution (Byrne, 2016). Validity and reliability were assessed using the master validity tool (Gaskin et al., 2019). The final measurement model demonstrated good fit as evidenced by $\chi^2/df = 1.495$, RMSEA = 0.041 with 90% CI: 0.031–0.051, SRMR = 0.0394, CFI = 0.973, TLI = 0.964. The validity and reliability are reported in Table 1.

Ethical considerations

The study was carried out in the spirit of the Declaration of Helsinki. The participants provided written consent using the online survey management system. Furthermore,



TABLE 1 Validity and reliability.

	CR	MaxR(H)	AVE	MSV	Factors correlation with the AVE square root		
					JS	CA	JR
JS	0.903	0.653	0.509	0.924	0.808		
CA	0.901	0.753	0.055	0.912	−0.162*	0.868	
JR	0.773	0.538	0.509	0.806	0.713***	−0.235**	0.733

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

CR: composite reliability, MaxR(H): maximum reliability, AVE: average variance extracted, MSV: maximum shared variance, JS: job satisfaction, CA: coronavirus anxiety, JR: job resources.

participants' personal data were kept anonymous and confidential in a locked cabinet at the primary investigator's office and under 24/7 security surveillance. This study was approved by the University of Calgary Conjoint Health Research Ethics Board (REB21-0406_MOD2) and the Institution Review Board at Hamad Medical Corporation (MRC-02-21-290).

RESULTS

Sample characteristics and the level of study variables

Table 2 presents the demographic characteristics of the participants in the study. More than two-thirds of the participants were aged between 31 and 40 years, and the majority were female and married. Almost two-thirds had a clinical experience of more than 11 years, and more than three-quarters had a bachelor's degree in nursing. The majority of participants worked in general wards (47%), followed by critical care units (38%). Finally, the participants perceived a high level of job satisfaction and job resources while showing a low level of COVID-19 anxiety.

SEM

Verification of hypothesis 1

Before testing hypothesis 1, we controlled for age and working experience as possible confounding variables. The null hypothesis was rejected, and JRIN were found to positively influence acute care nurses' job satisfaction ($\beta = 0.80$, 95% CI: 0.73–0.85, $p < 0.001$). However, there was no relationship between job satisfaction and the control variables. Goodness of fit: $\chi^2/df = 1.58$, RMSEA = 0.045 with 90% CI: 0.0–0.076, SRMR = 0.017, CFI = 0.996, TLI = 0.992. Job resources accounted for 63% of the variance in job satisfaction. See Table 3 for more details.

Verification of hypothesis 2

We standardized job resources and CAS scores to test for the moderating effect on the relationship between job resources and acute care nurses' job satisfaction. Then, we created a

TABLE 2 Sample characteristic (n = 293).

Characteristic	Category	Frequency	Percentage
Age (years)	Less than 30	41	14
	Between 31 and 40	204	69.6
	Between 41 and 50	40	13.7
	More than 50	8	2.7
Gender	Male	79	27
	Female	208	71
	Not answered	6	2
Marital status	Single	55	18.8
	Married	230	78.5
	Divorced	1	0.3
	Widowed	1	0.3
Education level	Not answered	6	2
	Diploma	16	5.5
	Bachelor	242	82.6
Total experience (years)	Graduate	35	11.9
	Less than 11	112	38.2
	Between 11 and 20	155	52.9
Working area	More than 20	26	8.9
	Inpatient ward	137	46.8
	Critical care unit	111	37.9
	Other areas	45	15.4
	Mean		SD
Job satisfaction		4.1307	.89
Job resources		3.1760	.68
COVID-19 anxiety		1.3959	.71

TABLE 3 Relationship between job resources and job satisfaction.

Path	β	95% CI		p -value
		Lower	Upper	
JS < — JR	0.798	0.734	0.848	0.000
JS < — AGE	−0.109	−0.290	0.065	0.213
JS < — EXP	0.133	−0.036	0.304	0.109

JS: job satisfaction, JR: job resources.

new interaction variable by multiplying the standardized job resources and CAS scores. However, after adding the interaction variable and CAS scores to the model, we did not find a significant moderating effect ($\beta = 0.055$, 95% CI: −0.61 to 0.151, $p = 0.329$).

Verification of hypothesis 3

The chi-square test of statistical difference between the "unconstrained" and "constrained" models was used to test for the moderating effect of the workplace setting (critical care vs. general ward) on the relationship between job resources



and acute care nurses' job satisfaction. We used the automated multigroup analysis function of Amos to perform the chi-square difference test. We freely estimated the two models except for constraining the path between job resources and acute care nurses' job satisfaction. We found no significant moderating effect of working area on this relationship ($\chi^2 = 0.077$, $df = 1$, $p = 0.781$).

DISCUSSION

This study is the first in the region to assess the interplay of job satisfaction, job resources, and COVID-19-related anxiety among acute care nurses. This study investigated the interplay between job satisfaction, job resources, workplace setting, and anxiety experienced by acute care nurses during the COVID-19 pandemic.

Most reported studies indicate a decrease in nurses' job satisfaction during the COVID-19 pandemic compared with pre-COVID-19 period. For example, Makowicz et al. (2022) in their multicounty study showed a significant decrease in nurses' job satisfaction due to working during the pandemic. The highest decrease was in the assessment of working conditions, which may include job resources and workload. Furthermore, job satisfaction for nurses caring for COVID-19 patients was lower than those who did not (Savitsky et al., 2021). Conversely, our findings showed that nurses' job satisfaction was high despite the pandemic. This may be attributed to the unique composition of the nursing workforce in Qatar, which mostly consists of expatriate nurses who may have different expectations of job satisfaction compared with local nurses (Yasin et al., 2017).

In this study, results indicated that job resources were a significant predictor of job satisfaction among nurses. Although our study was conducted during COVID-19, previous studies from the pre-COVID period reported similar findings. For example, the literature review by Lu et al. (2019) concluded that acute care nurses' job satisfaction significantly improved when their job resources were adequate. Moreover, recent studies conducted during the COVID-19 pandemic are consistent with our findings and underscore the importance of the availability of job resources such as training, adequate staffing, and autonomy/control in nurses' job satisfaction (Baisa & Nilasari, 2022; Rashmi & Kataria, 2021). Qatar, being a wealthy country with a relatively small population, was able to respond effectively to the COVID-19 pandemic by investing in a large number of resources for healthcare institutions (Al Khal et al., 2020). This may explain the relatively high job satisfaction and job resources scores in this study.

JRIN, such as adequate training and staffing ratios, and job-related autonomy/control, are significant determinants of nurses' job satisfaction (Al Sabei et al., 2020). In our study, the perceived positive effect of job resources on acute care nurses' job satisfaction was the same for nurses working in critical care units and those working in general wards. This may be explained because adequate job resources were available in both practice settings. In a previous study, a large sample of

nurses working in Qatar reported moderately high job satisfaction. Job satisfaction was influenced by the adequacy of job resources in different areas of patient care such as critical care and general wards (Mahfoud et al., 2018).

In this study, anxiety from COVID-19 was not found to influence the relationship between job resources and acute care nurses' job satisfaction. Although earlier literature highlighted the influence of COVID-19 anxiety on nurses' job satisfaction (Lavoie-Tremblay et al., 2022), this was not the case in our study. In contrast, our study showed lower than average anxiety levels among nurses. A plausible explanation may be that data were collected when effective COVID-19 vaccines were rolled out in Qatar. Moreover, during this period, daily recorded positive cases were significantly low (Qatar Open Data Portal, 2022). Furthermore, Qatar recorded one of the lowest COVID-19 mortality rates globally (Noor et al., 2020). This may explain the reason the participants in this study reported a low level of COVID-19 anxiety. The low level of anxiety may limit its effect on job satisfaction.

Limitations

The limitations of this study include its cross-sectional design, which does not allow for causal conclusions, and its reliance on self-reported measures, which may not accurately reflect the nurses' job satisfaction or anxiety related to COVID-19. The convenient sampling method used in this study and the low response rate may also limit the external validity of the findings. Additionally, the low COVID-19 morbidity and mortality at the time of data collection may have weakened the impact of COVID-19-related anxiety on the relationship between job satisfaction and job resources, leading to a potential Type II error. To improve validity, future studies may consider using random sampling and longitudinal studies to understand changes in COVID-19 anxiety and its impact on nurse job satisfaction over time.

CONCLUSIONS

This study was the first to highlight the importance of the adequacy of job resources for improved job satisfaction among acute care nurses in Qatar. This is especially critical during a pandemic event when adequate training and staffing ratios and job-related autonomy/control may be reduced. Furthermore, as the COVID-19 pandemic situation continues to be a global threat, its impact on acute care nurses' job satisfaction seems evident regardless of the area of acute care nurses' work settings.

IMPLICATIONS FOR NURSING AND NURSING POLICY

These findings indicate that challenges in job resources have a significant impact on expatriate acute care nurses' job



satisfaction. Therefore, nurse managers and decision-makers must address these challenges. First, maintaining adequate, safe staffing ratios will improve nurses' job satisfaction and prevent undesired patient outcomes. Inadequate numbers of nurses have been shown to negatively affect the quality of patient care, missed care, and reduced nurses' job satisfaction (Cho et al., 2020). Second, appropriate training for nurses, especially COVID-19 infection control, is necessary to improve job satisfaction. Training will improve nurses' confidence, reduce their anxiety, and ultimately improve job satisfaction. Finally, policies are needed to improve nurses' autonomy and control over their work environment. These policies will provide the base for structural empowerment that improves nurses' job satisfaction.

AUTHOR CONTRIBUTIONS

Study design: Yasin M. Yasin, Fadi Khraim and Vahe Kehyayan; **Data collection:** Yasin M. Yasin; **Data analysis:** Yasin M. Yasin; **Study supervision:** Yasin M. Yasin; **Manuscript writing:** Yasin M. Yasin, Fadi Khraim and Vahe Kehyayan; **Critical revisions for important intellectual content:** Yasin M. Yasin, Fadi Khraim and Vahe Kehyayan.


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CONFLICTS OF INTEREST STATEMENT

The authors declare no conflict of interest.

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