

Assess the relationship between job satisfaction, presenteeism, and intention of turnover from the prospective of the nursing staff at the primary healthcare

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ABSTRACT

One major factor contributing to the lack of health human resources is primary healthcare personnel' turnover issues. Aim of the study: The purpose of this study is to ascertain the association between primary health care workers' intentions to leave their jobs and workplace stress, as well as the mediating roles that presenteeism and job satisfaction play in this relationship.

Method: Using quota sampling and stratified random sampling, 800 primary healthcare personnel were chosen in March 2024 from Jeddah, Saudi Arabia. Primary health care providers' presenteeism, job stress, job satisfaction, and intention to leave were all measured using validated instruments.

Results : The study participants reported a higher turnover intention, with primary health care professionals scoring 2.15 ± 1.03 . There were notable disparities in sex and occupation, with primary health care providers more likely to intend to leave if they were male or a doctor. Additionally, this study found a significant negative correlation ($-0.347, P < 0.001$) between job satisfaction and turnover intention, a significant positive correlation ($0.153, P < 0.001$) between presenteeism and turnover intention.

In conclusion Both the negative correlation between job satisfaction and turnover intention and the positive correlation between job stress and presenteeism and turnover intention were validated. Furthermore, our research validated the mediation function of presenteeism and job satisfaction in the association between job stress and intention to leave. This study offers empirical support for addressing the issue of primary healthcare personnel' turnover.

Keywords: Presenteeism, job satisfaction , primary healthcare personnel, and intention to leave

INTRODUCTION

Global healthcare systems face significant challenges due to the ageing population and the rising incidence of chronic illnesses, particularly in nations with fragmented healthcare systems (Cai., 2010; Mendis, et al., 2015; Barnett, , et al., 2012). Many nations started implementing reforms to advance the context of Healthcare in order to lower overall costs and improve the quality and accessibility of healthcare integration of care, including the Chinese Yiliant1 and the US Kaiser Healthcare Group (Huang, & Zhang, 2019).; Schmitt, 2017); Jacobs, et al., 2012)

Primary healthcare providers (PCPs) were crucial in advancing care integration, particularly with regard to healthcare coordination and continuity(Mastellos, et al., 2014; Mitchell, et al., 2019, July). ; Jin, Y., Wang, et al., 2019). It is acknowledged that PCPs' job satisfaction is an vital component of global healthcare systems, which is known to be connected to a number of variables (Naehrig, et al., 2021). Lots of Several elements have been thoroughly examined in the literature, including comprehensive analyses (Le Floch, et al., 2016; Laserna

Jimenez, C., Casado Montanes, et al., 2022). Additionally, the integrated care reform, there was mounting proof that the association between care integration and the employment contentment among PCPs. On the one hand, research findings showed PCPs' level of job satisfaction impacted the calibre and coordination of healthcare by impacting their work output, teamwork and job stability [Luboga, et al., 2011; Francetic, et al., 2019).

However, the results of a growing body of research on the impact of integrated care on PCPs' job satisfaction varied from study to study. According to some research, PCPs' job satisfaction increased as a result of improved working conditions, professional growth, and interpersonal interactions brought about by care integration (Walter, et al., 2019; Waddimba, et al., 2016). However, several research asserted that the increased workload and stress associated with integrated care had a detrimental effect on PCPs' job satisfaction Wang, ,& Shi, 2021; Liu, et al., 2023).

The lack of human resources in China's primary healthcare facilities is still a major issue in spite of these initiatives [Li, Xet al., 2017). In primary healthcare, turnover is a major contributor to a lack of human resources, which raises operational costs for hospitals and may jeopardise care quality (American College of Physicians. (2008).). The People's Republic of China's National Health Commission reports that between 2010 and 2021, the proportion of primary healthcare workers to all medical personnel in China fell from 40.0 to 31.7% Ning, et al 2023).

The probability that a person would eventually voluntarily quit their position is known as turnover intention Huffman,et al . (2022).Numerous studies have demonstrated that turnover intention reflects an organization's management level and is a reliable indicator of actual turnover behavior.Studies carried out in Iraq [13] and Italy [14] have found that health care workers at teaching, tertiary, general, district, or acute hospitals have high turnover intention rates. (Sasso, et al., (2019; Huffman,et al . (2022).

An employee's assessment and attitude towards different facets of their work environment and content are included in the multifaceted concept of job satisfaction Sasso, et al., (2019). According to Mob-ley's heuristic model of the employee withdrawal decision-making process, turnover intention and job satisfaction are substantially correlated Huffman,et al . (2022).

Job satisfaction is a significant antecedent characteristic that affects medical staff turnover intention, according to numerous studies, and there is a negative correlation between the two 2017 survey of general practitioners in China revealed a direct inverse relationship between job satisfaction and their intention to quit [39]. In a similar vein, a survey carried out in Egypt during the COVID-19 epidemic showed that frontline physicians' job satisfaction was a strong negative predictor of their desire to leave (Lu, Y., Hu, X. M., Huang, X. L., Zhuang, X. D., Guo, P., Feng, L. F., ... & Hao, Y. T. (2017); Zhang,et al . (2021).

Presenteeism and turnover intention

When a person decides to stay on the job even though they are sick or poorly, this is known as presenteeism [43]. In addition to having a detrimental effect on workers' health, presenteeism can result in decreased productivity, mistakes at work, or lower service quality (Gilbreath, B., & Karimi, L. (2012).). According to the conservation of resources (COR) theory, when people commit significant resources—like time, energy, and opportunities—but get less in return, bad things happen (Hobfoll, S. E., Halbesleben, J., Neveu, J. P., & Westman, M. (2018).

Significant of the study

To preserve the quality of health services and performance, primary healthcare providers who are ill might need to put in additional effort. To lessen resource losses, people may turn to strategies like turnover if the benefits they obtain don't improve or even cause more losses.

Primary healthcare providers frequently experience presenteeism(Yang, et al., (2016).) and job satisfaction and stress are important predictors of presenteeism. Yang's survey indicates that high levels of stress among healthcare professionals lower their motivation for their jobs and raise the risk of presenteeism [26]. A Korean study found that presenteeism among shiftwork nurses was positively correlated with occupational stress [47]. Similarly, presenteeism mediated the relationship between job stress and turnover intention, and a survey of Korean occupational therapists revealed a high correlation between stress and presenteeism (Baek, et al2022)

Aim of the study

Assess the relationship between job satisfaction, presenteeism, and intention of turnover from the prospective of the nursing staff at the primary healthcare

METHODS

Design

correlational descriptive research design was utilized to conduct this study

Sampling

A representative sample of participants in this phase was chosen using a multistage stratified cluster sampling technique. The Jeddah region was split up into eight sectors (strata) in stage 1, with a coordinating center overseeing six to nineteen PHCs for each sector. As a result, 18 PHC in total will be targeted. An equal number of individuals will be chosen for stage 2 from each

Sample size

The intended sample size, with 5% type 1 error, 95% CI, and 80% statistical power, was determined to detect an unknown satisfaction rate ($P=50\%$) with TBC among an infinite population. The sample size was determined to be 385 patients, rounded to the nearest 800

Tools

Three tools were utilized to conduct this research:

Job Description Index Scale

It was developed by Smith, (1969). And adapted by the researchers. It was used to assess job satisfaction among studied nurses in the PHCs. The internal consistency with a Cronbach's Alpha coefficient of 0.659. It classified into dimensions; including compensation, colleague relationships, work environment, career development, hospital management, job meaning, occupational risk, workload, and overall satisfaction with nine items. A 5-point Likert scale ranging from 1 (very dissatisfied) to 5 (very satisfied) was used to rate each item, with higher scores indicating greater job satisfaction among the study participants.

Mobley Model of Employee Turnover Behavior

It was developed by Zhang, Meng, Yang, & Liu, (2018). The scale consisted of three items in this study: "I have considered quitting my current position." "Within the next year, I plan to search for a new job." and "If presented with the opportunity, I would definitely accept a new and improved job." Each item was rated on a 5-point Likert scale, with higher scores indicating a stronger inclination to leave the job. In current study, the scale had good internal consistency reliability, with a Cronbach α of 0.79.

The Stanford Presenteeism Scale-6 (SPS-6),

It was developed by Koopman et al 2002., it was used in this study to measure attendance problems among primary health care workers. Two dimensions—completing work (4 items) and avoiding distractions (2 items)—that assess work results and procedures, respectively, make up the Chinese version of the scale [55]. Each item was given a 5-point Likert scale, with 1 denoting "strongly disagree" and 5 denoting "strongly agree." The avoidance of distraction dimension had two reverse-scored items and positive-scored items overall. The total score was calculated by summing the individual item scores, with a range of 6–30. Higher scores on the SPS-6 scale indicate more severe presenteeism problems, according to Koopman et al [54]. The scale has demonstrated good internal consistency reliability in the Chinese population, as indicated by a Cronbach's coefficient of 0.692. In addition, We also gathered the survey participants' demographic information, such as their sex, age, marital status, degree of education, department, professional title, and number of years of work experience.

Ethical consideration

The participated nurses and physicians were instructed by the researchers about aim and benefits of the study and verbal agreement was taken before data collection. The participants were assured that their participation was totally voluntary. Information obtained was treated with utmost confidentiality.

Data collection

Preparation of data collection tools was carried out over a period of three months from March to May 2024 after extensive literature of review. The tools were translated into Arabic format. Then the tools were revised for content validity by 5 juries who were experts in the related field, for clarity, relevance, comprehensiveness, and applicability. Official letter was taken from the Authorized person in the pre mentioned primary healthcare to facilitate collection of data, and then oral consent was taken from nurses. 40 of study subject was conduct for pilot study were included in pilot study to identify the clarity, time needed and applicability of the tool.

The data collection was taken in two months from June to August 2024. The data collected by researchers through distributing the questionnaire to nurses and physicians during her work hours, after meeting with unit managers and study subjects to explain the aim of the study to accept their participation as well as organizing and arranging the nurse's participation according to units needs and activities, the average number of collected questionnaire from both physicians and nurses were between 4-5 per day. The collaboration questionnaire took from 15-20 minutes and patient safety climate questionnaire took 20-25 minute to be completed

Statistical design

A compatible personal computer (PC) was used to store and analyze data. The Statistical Package for Social Studies (SPSS), version 24 was used. Data were coded and summarized percentage distribution for qualitative variables. Comparison was performed using chi square test. Correlation among variables was done using Pearson correlation coefficient.

RESULTS

Table 1 shows that 25% of participants were men and 75% of participants were women. Of all responders, 20.2% were primary healthcare providers between the ages of 18 and 30, 50.5% were between the ages of 31 and 45, and 29.3% were above the age of 45. Sixty percent of the participants were married, compared to 40 % who were widowed, divorced, or single. Of those surveyed, 36.1% held a bachelor's degree or more, while 63.9% had technical nursing degree Of the participants, about half had worked for less than ten years, 21.9% between ten to twenty years, and 29.0% for more than twenty years.

Table 1: Frequency distribution of the studied nurses in the primary healthcare

Socio demographic data	No	%
Sex		
Male	200	25
Female	600	75
Age		
Less than 25	161	(20.2)
25< 30	400	(50.5)
30<40	200	(29)
More than 40	39	
Marita status		
Single	240	30
Married	480	60
Divorced	48	6
Widow	12	4
Education level		
Technical nurses	151	36.1
Bachelor's degree	449	63.9
Working experience		
< 10	345	49.1
10–20	104	(21.9)
> 20	304	29.0

Table 2: mean and standard deviation of studied nurses according to their perception of turnover, job satisfaction , and presenteeism.

The scores of job satisfaction, and presenteeism are shown in Table 2., the studied nurses perceived high level of job satisfaction (32.36 ± 7.16), and moderately perceived presenteeism (13.03 ± 4.43 And also was 2.15 ± 1.03 for turnover intention

Items	Mean \pm SD
Job satisfaction	37.36 \pm 7.16
Presentism	16.03 \pm 1.43
Turnover intention score	2.38 \pm 1.03

Table 3: It can be seen that there were significant positive correlation between job satisfaction and each of presenteeism and turnover intention($r=-0.370^{**}$ and -0.528^{**}) respectively . Moreover turnover intention was positively significant correlated with presenteeism ($r=0.437^{**}$)

	Job satisfaction	Presenteeism	Turnover intention
Job satisfaction	1		
Presenteeism	-0.370^{**}	1	
Turnover intention	-0.528^{**}	0.437^{**}	1

Table 4 show that

Table 1 shows the turnover intention scores of primary healthcare personnel with various attributes. The intention to leave was higher among respondents who were male, and held a bachelor's degree or higher. There were notable variations in the groups' job satisfaction scores according to sex ($P = 0.001$), age ($P < 0.001$), marital status ($P = 0.014$), occupation ($P = 0.007$), and years of work experience ($P = 0.001$). Additionally, the analysis of variance revealed that the presenteeism ratings varied significantly by sex ($P < 0.001$).

Table 4: The relationship between job satisfaction, presenteeism, and turnover intention according to studied nurses

Socio demographic characteristics	Turnover intention	Job satisfaction	Presenteeism
Sex			
Male	2.36 ± 1.10	30.92 ± 6.97	14.21 ± 4.49
Female	2.07 ± 0.99	32.87 ± 7.17	12.61 ± 4.33
T /F(p value)	3.230**	-3.192**	4.277**
Age			
Less 25	3.10 ± 1.02	34.33 ± 7.40	11.98 ± 3.49
25<30	2.12 ± 1.01	32.30 ± 6.98	12.94 ± 4.27
30<40	2.14 ± 1.03	31.12 ± 7.05	12.98 ± 2.49
More than 40	2.50 ± 0.06	32.30 ± 6.98	13.44 ± 1.41
T /F(p value)	1.091(0.337)	8.317**	1.779(1.23)
Marital status			
Single	2.12 ± 1.03	35.06 ± 5.24	15.14 ± 1.07
Married	2.15 ± 1.03	34.83 ± 6.62	13.00 ± 3.50
Divorced	2.12 ± 1.01	31.06 ± 4.24	14.14 ± 2.07
Widow	2.14 ± 1.03	30.06 ± 3.24	11.00 ± 4.50
T /F(p value)	-0.287(0.774)		
Educational level			
Technical nurses	2.11 ± 1.00	32.39 ± 7.13	13.18 ± 4.26
BSCs nurses	2.22 ± 1.08	32.31 ± 7.23	12.75 ± 4.70
T /F(p value)	-1.351(0.177)	0.144(0.886)	1.206(0.228)
Working years			
< 10	2.16 ± 1.01	33.40 ± 7.20	12.77 ± 4.34
10–20	2.23 ± 1.05	31.08 ± 6.96	13.38 ± 4.26
> 20	2.07 ± 1.03	31.58 ± 7.02	13.19 ± 4.69
	1.915(0.383)	7.416**	1.185(0.306)

DISCUSSION

Primary care providers' intention to leave is a serious problem that needs immediate attention. In order to guarantee universal and equitable access to high-quality healthcare, primary health care providers must be adequately resourced (Li, et al., 2020). The purpose of this study was to investigate the relationships between primary healthcare workers' job satisfaction and absenteeism and their intention to leave. Staff members in primary healthcare facilities in this study had an average turnover intention score of 2.15 (with a standard deviation of 1.03). Respondents reported moderate turnover intention. The results of our study differ from those of other nations in certain ways. 11.8% of primary care physicians in England said they had a strong desire to quit their jobs, according to a research (Hann, et al., 2011). According to a study conducted in South Africa, half of the rural nurses polled took turnover into account [Delobelle et al., 2011]. To ascertain the prevalence of turnover intention among primary healthcare personnel in China, a meta-analysis was carried out (He, et al., 2020). Gu's study in Shanghai City reported the greatest prevalence of 54.3%, whereas the pooled prevalence was 30% and Liu's study in Shaanxi Province reporting the lowest prevalence of 10.5%. The diversity in number, gender, age, and educational background of primary care staff across different regions in China may have implications for the varying levels of turnover intention observed in these areas. A national survey conducted in China has revealed that highly educated primary healthcare professionals exhibit a greater intention to leave their positions [64]. Previous survey found that the percentage of primary healthcare professionals with a college degree or higher in Jilin Province is 44.00%, lower than the national average of 55.80%.

According to our research, among primary healthcare personnel, job satisfaction was negatively correlated with their intention to leave. Our findings are consistent with other studies that found job satisfaction to be a significant factor influencing primary care practitioners' decision to leave China. Another research corroborated the negative correlation between job satisfaction and turnover intention [68], whereas Gu et al. reported that primary health care workers in rural parts of China were unhappy with their work situation. A prior study examined job satisfaction among 360 nurses. In Saudi Arabia reported only modest overall satisfaction. (Ahmadi 2002). Other works have shown. The work environment significantly affects job happiness.

According to Kaddourah et al. (2013), nurses play a critical role. In this study, 50% of participants were content, whereas 40% were unsatisfied with their jobs. Surprisingly, nurses with lower levels of education were more satisfied than those with university degrees. The evaluation found only one study on Saudi nurse retention, with no overall statistics available. This survey found that satisfied nurses are more likely to remain on. It's unclear if any additional studies have produced a different finding (Alsubaie, & Isouard, 2019).

Our study found a strong association between absenteeism and intention to leave among primary healthcare personnel. Previous studies found that presenteeism has a significant impact on turnover intention. Primary care workers' high workload can result in increased sickness behaviour, worsening their health. Primary care workers with poor health may require additional resources to ensure quality work, but may not receive adequate remuneration. This can lead to a negative work experience and increased likelihood of leaving. Kang's study on nurses found that presenteeism significantly increased the chance of leave among clinical nurses with more than six years of experience [Alsubaie, & Isouard, 2019].

Our research demonstrated a considerable link between absenteeism and intention to depart among primary healthcare workers. Previous research has shown that presenteeism has a significant impact on turnover intention. The heavy workload of primary care providers can lead to greater illness behavior, compromising their health. Primary care personnel in poor health may need additional resources to ensure quality work, yet they may not be adequately compensated. This can lead to an unpleasant work experience and a higher risk of leaving. Kang's study on nurses discovered that presenteeism significantly increased the likelihood of leaving among clinical nurses with more than six years of experience (Kaddourah et al. 2013)

CONCLUSIONS

our study examined the correlation between intention to leave, job satisfaction, and presenteeism among healthcare professionals in primary care facilities. Presenteeism positively correlated with turnover intention, but job satisfaction negatively correlated. These findings underscore the need to reduce job stress to promote job satisfaction and presenteeism among primary health care providers, providing scientific proof for the problem of turnover. Managers must create and implement effective methods to reduce occupational stress for primary health care staff.

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