Correlates of Job Satisfaction among Health Care Professionals in Kuwait

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\textbf{Abstract}

\textbf{Objectives:} Job satisfaction of health care providers (physicians, nurses, pharmacists, and medical laboratory technologists) was analyzed in relation to specific background and work environment characteristics in a multicultural setting. \textbf{Methods:} A stratified random sample was used to collect the data from six general hospitals in Kuwait. Data were collected through a self-administered questionnaire distributed to 500 health care providers, of whom 370 (74\%) responded. \textbf{Results:} In bivariate analysis, nationality, education, age, and total experience were found to be significant determinants of job satisfaction. However, in multivariate analysis, three work environment characteristics emerged as significant determinants of job satisfaction. The nationality of the supervisor and in-service training showed a positive relationship with job satisfaction while the existence of unhealthy competition decreased job satisfaction. \textbf{Conclusions:} In view of the findings, employee job satisfaction can be improved through control of unhealthy competition, provision of an orientation to the job, and provision of effective in-service training.

\textbf{Introduction}

The search for enhanced productivity has been a major concern for organizations in more developed societies. In developing countries the need to optimize productivity is also a major consideration. Job satisfaction of employees has been found to be an important factor affecting productivity and has received considerable interest [1–6]. The subject is particularly relevant and of interest to public health practitioners due to the fact that organizational and employees' health and well-being rest a great deal on job satisfaction [7–11]. This is particularly important because employees in a health care delivery system are expected to provide quality patient care while working in a highly stressful environment [12, 13].

The evidence from published research points to specific determinants and correlates of job satisfaction and productivity. Various research studies, for instance, have established that dissatisfaction with one’s job results in higher employee turnover [14–16], absenteeism [17], tardiness, and grievances [5, 18–22]. Improved job satisfaction, on the other hand, results in increased productivity [23–25].

The health care delivery system in Kuwait, an oil-rich Gulf country, has developed very rapidly. It relies heavily on expatriate human resources, and the Ministry of Health, the major provider of health care services, employs care providers from a number of countries [26–28]. A limited number of studies on job satisfaction of health
care professionals have been carried out in Kuwait [29–31]. In view of the limited information on the subject in Kuwait, this research aims to identify the determinants of job satisfaction of specific health care professionals in the general hospitals of the Ministry of Health, Kuwait.

The purpose of this paper is to identify the sociodemographic and work environment characteristics that affect job satisfaction of selected health care professionals in Kuwait.

**Methods**

**Sample**

The subjects for this study consisted of 370 (83.5% non-Kuwaiti and 16.5% Kuwaiti) health care professionals. They represented four categories providing secondary level health care in the six general hospitals. A stratified random sample of physicians, nurses, pharmacists, and medical laboratory technologists was used for the research. The total number of professionals in these four categories in the six hospitals is over 5,000 [32]. From each strata approximately 10% of employees were included in the sample. Stratification was used to ensure that different professional groups were so represented in the sample to enhance the accuracy of measurement. For the selection of the ultimate sample, the employee list in the hospitals was used as the sampling frame.

Based on the existing body of knowledge, a questionnaire was developed to collect data on specific sociodemographic and work environment characteristics, job satisfaction and general job attitudes. The questionnaire was piloted among a limited number of comparable professionals to validate the wording and sequence of the questions and based on the results of the preliminary study necessary changes were made. Finally, it was distributed among 500 health professionals (100 physicians, 30 pharmacists, 255 nurses and 115 medical laboratory technologists) [33]. At the end of the data collection period, 370 completed questionnaires (76 physicians, 26 pharmacists, 174 nurses and 94 medical laboratory technologists) were returned, yielding a response rate of 76.0% for physicians, 86.7% for pharmacists, 68.2% for nurses and 81.7% for medical laboratory technologists and an overall response rate of 74.0%.

**Procedure**

*Job Satisfaction.* A question on attitude measurement was used to measure the overall job satisfaction. Using a series of choices with this type of question, it is possible to assess the attitudes towards job satisfaction [34]. Overall job satisfaction, the dependent variable, was measured using a 5-point Likert scale, ranging from very dissatisfied to very satisfied. The five categories of the dependent variable were: (i) very dissatisfied and unhappy with the job, (ii) a little dissatisfied with the job, (iii) neither satisfied nor dissatisfied, (iv) fairly well satisfied with the job, and (v) very happy and satisfied with the job. For analysis purposes, the respondents in the first three categories, representing varying levels of dissatisfaction, were found to be small. These were therefore recategorized to represent the dissatisfied category, while the other two categories, fairly satisfied and very satisfied, were left as they were.

**Measures**

The background characteristics used for the study were age, sex, nationality, profession, marital status, income, job experience and educational level. Six work environment characteristics were used: nationality of direct supervisor, friendship with colleagues, knowledge of unhealthy competition, perceived language barrier, whether orientation to job was provided, and sufficiency of in-service training courses attended.

**Analysis**

Specific techniques (bivariate analysis, ANOVA) were used to analyze the association between background variables, job attitudes, and job satisfaction. For nominal variables, chi-square was used to measure the statistical significance of association between the variables. Finally, logistic regression was used to determine the factors influencing job satisfaction.

**Independent Variables.** All the sociodemographic and work environment variables were included in the model as independent variables. The independent variables were categorized as follows: nationality: Asian/others = 1, non-Kuwaiti Arabs = 2, Kuwaitis = 3; sex: male = 1, female = 0; marital status: single/widowed/divorced = 0, married = 1; total experience (in years); monthly income (in KD); profession: physician = 1, nurse = 2, pharmacist = 3, medical laboratory technologist = 4; educational level: professional diploma = 1, BSc = 2, masters/doctorate = 3; nationality of direct supervisor: Kuwaiti = 1, non-Kuwaiti = 0; friendship with colleagues: yes = 1, no = 0; knowledge about unhealthy competition: yes = 1, no = 0; perceived language barrier: yes = 1, no = 0; introduction to job provided: sufficient = 1, not explained/very little = 0; in-services training courses: yes = 1, no = 0.

**Results**

The background characteristics in our study had five categorical variables and three continuous variables. The relationships between the categorical variables and job satisfaction are presented in table 1. Regarding nationality, 45.9% Kuwaitis and 42.3% non-Kuwaiti Arabs were ‘very satisfied’ with their jobs whereas only 23.4% of Asians were very satisfied. No significant differences were found with regard to the specific professions vis-à-vis job satisfaction. With regard to gender, a slightly higher proportion of females (36.8%) were very satisfied with their jobs as compared to males (26.7%). The marital status of respondents showed differences with regard to job satisfaction, but these were not statistically significant. Fewer single/divorced/widowed persons (27.3%) were very satisfied compared to married respondents (34.0%). Regard-
### Table 1. Relationship between background characteristics and job satisfaction

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Dissatisfied (n = 92)</th>
<th>Fairly satisfied (n = 158)</th>
<th>Very satisfied (n = 120)</th>
<th>Total (n = 370)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Nationality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kuwaiti</td>
<td>18</td>
<td>29.5</td>
<td>15</td>
<td>24.6</td>
</tr>
<tr>
<td>Non-Kuwaiti Arabs</td>
<td>19</td>
<td>18.3</td>
<td>41</td>
<td>39.4</td>
</tr>
<tr>
<td>Asians/others</td>
<td>55</td>
<td>26.8</td>
<td>102</td>
<td>49.8</td>
</tr>
<tr>
<td>Chi-square = 21.7</td>
<td>(p &lt; 0.01)</td>
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<tr>
<td>Profession</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician</td>
<td>13</td>
<td>17.1</td>
<td>39</td>
<td>51.3</td>
</tr>
<tr>
<td>Nurse</td>
<td>43</td>
<td>24.7</td>
<td>69</td>
<td>39.7</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>10</td>
<td>38.5</td>
<td>7</td>
<td>26.9</td>
</tr>
<tr>
<td>Medical laboratory technologist</td>
<td>26</td>
<td>27.7</td>
<td>43</td>
<td>45.7</td>
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<td>Chi-square = 9.1</td>
<td>(p &gt; 0.05)</td>
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<tr>
<td>Sex</td>
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<tr>
<td>Male</td>
<td>44</td>
<td>27.3</td>
<td>74</td>
<td>46.0</td>
</tr>
<tr>
<td>Female</td>
<td>48</td>
<td>23.0</td>
<td>84</td>
<td>40.2</td>
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<td>Chi-square = 1.69</td>
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<tr>
<td>Marital status</td>
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<tr>
<td>Single/divorced/widowed</td>
<td>23</td>
<td>26.1</td>
<td>41</td>
<td>46.6</td>
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<tr>
<td>Married</td>
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<td>Masters/doctorate</td>
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<td>50.7</td>
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<tr>
<td>Chi-square = 26.2</td>
<td>(p &lt; 0.01)</td>
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</table>

### Table 2. Descriptive statistics of selected background characteristics by job satisfaction

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Dissatisfied (n = 92)</th>
<th>Fairly satisfied (n = 158)</th>
<th>Very satisfied (n = 120)</th>
<th>Total (n = 370)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>33.49</td>
<td>35.63</td>
<td>37.81</td>
<td>35.79</td>
</tr>
<tr>
<td>SD</td>
<td>7.18</td>
<td>8.51</td>
<td>8.40</td>
<td>8.30</td>
</tr>
<tr>
<td>F = 7.12 (p &lt; 0.01)</td>
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<tr>
<td>Monthly income (KWD)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>430.07</td>
<td>505.77</td>
<td>545.85</td>
<td>501.17</td>
</tr>
<tr>
<td>SD</td>
<td>301.15</td>
<td>474.60</td>
<td>467.52</td>
<td>436.38</td>
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<tr>
<td>F = 1.79 (p &gt; 0.05)</td>
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<tr>
<td>Total experience, years</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>10.45</td>
<td>12.54</td>
<td>14.34</td>
<td>12.60</td>
</tr>
<tr>
<td>SD</td>
<td>7.25</td>
<td>8.02</td>
<td>7.39</td>
<td>7.75</td>
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<tr>
<td>F = 6.68 (p &lt; 0.01)</td>
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</table>

Some of the ‘n’ do not add to the total because of missing values. One KWD = USD 3.27.
Table 3. Relationship between selected work environment characteristics and job satisfaction

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Dissatisfied (n = 92)</th>
<th>Fairly satisfied (n = 158)</th>
<th>Very satisfied (n = 120)</th>
<th>Total (n = 370)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
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<tr>
<td><strong>Nationality of direct supervisor</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kuwaiti</td>
<td>44</td>
<td>20.5</td>
<td>92</td>
<td>42.8</td>
</tr>
<tr>
<td>Non-Kuwait</td>
<td>46</td>
<td>30.7</td>
<td>63</td>
<td>42.0</td>
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<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Friendship with colleagues at workplace</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>73</td>
<td>24.2</td>
<td>125</td>
<td>41.4</td>
</tr>
<tr>
<td>No</td>
<td>19</td>
<td>27.9</td>
<td>33</td>
<td>48.5</td>
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<td></td>
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<tr>
<td><strong>Knowledge of unhealthy competition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>40</td>
<td>35.7</td>
<td>40</td>
<td>35.7</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>20.2</td>
<td>61</td>
<td>47.3</td>
</tr>
<tr>
<td>Don’t know</td>
<td>26</td>
<td>21.0</td>
<td>53</td>
<td>42.7</td>
</tr>
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</tr>
<tr>
<td><strong>Perceived language barrier</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td>14</td>
<td>29.8</td>
<td>21</td>
<td>44.7</td>
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<tr>
<td>Sometimes</td>
<td>48</td>
<td>26.5</td>
<td>86</td>
<td>47.5</td>
</tr>
<tr>
<td>Never</td>
<td>30</td>
<td>21.2</td>
<td>51</td>
<td>35.9</td>
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<td></td>
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<tr>
<td><strong>Whether introduction to job provided</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not explained/very little</td>
<td>47</td>
<td>32.9</td>
<td>55</td>
<td>38.5</td>
</tr>
<tr>
<td>Sufficient</td>
<td>45</td>
<td>19.8</td>
<td>103</td>
<td>45.4</td>
</tr>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Sufficient in-service training courses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>34</td>
<td>17.7</td>
<td>80</td>
<td>41.7</td>
</tr>
<tr>
<td>No</td>
<td>45</td>
<td>32.6</td>
<td>58</td>
<td>42.0</td>
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<tr>
<td>Don’t know</td>
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<td>35.1</td>
<td>17</td>
<td>45.9</td>
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</tr>
</tbody>
</table>

Some of the ‘n’ do not add to the total because of missing values.

Regarding the nationality of the supervisor, 36.7% of the respondents who had a Kuwaiti supervisor were very satisfied compared to 27.3% who had a non-Kuwaiti supervisor. Friendship with colleagues at the workplace and job satisfaction did not show any significant association.

Knowledge of unhealthy competition (which, in our study, means that an employee helped another to the extent that it entailed or implied a dysfunctional practice; it also includes situations wherein an employee tended to be a hindrance for another employee wherein the objectives of the organization were affected adversely), perceived language barrier, provision of introduction to the job, and perceived sufficiency of in-service training courses attended showed a significant relationship with

Correlates of Job Satisfaction among Health Care Professionals in Kuwait

Table 4. Logistic regression analysis of job satisfaction (satisfied = 1)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Odds ratio</th>
<th>95% CI</th>
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</thead>
<tbody>
<tr>
<td>Profession</td>
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<td></td>
</tr>
<tr>
<td>Physician (reference category)</td>
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<td></td>
</tr>
<tr>
<td>Nurse</td>
<td>0.527</td>
<td>0.120–2.311</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>0.298</td>
<td>0.067–1.315</td>
</tr>
<tr>
<td>Medical laboratory technologist</td>
<td>0.827</td>
<td>0.216–3.170</td>
</tr>
<tr>
<td>Nationality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kuwait (reference category)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Kuwaiti Arabs</td>
<td>1.401</td>
<td>0.420–4.673</td>
</tr>
<tr>
<td>Asian/others</td>
<td>2.339</td>
<td>0.680–8.051</td>
</tr>
<tr>
<td>Age, years</td>
<td>1.025</td>
<td>0.933–1.126</td>
</tr>
<tr>
<td>Total experience, years</td>
<td>0.997</td>
<td>0.904–1.100</td>
</tr>
<tr>
<td>Monthly income, KWD</td>
<td>1.001</td>
<td>0.999–1.002</td>
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<tr>
<td>Sex</td>
<td>1.421</td>
<td>0.759–2.658</td>
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<td>Marital status</td>
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<td>Educational level</td>
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<td>Masters/doctorate (reference category)</td>
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<tr>
<td>Professional diploma</td>
<td>1.639</td>
<td>0.418–6.429</td>
</tr>
<tr>
<td>Baccalaureate</td>
<td>1.178</td>
<td>0.348–3.990</td>
</tr>
<tr>
<td>Friendship with colleagues</td>
<td>1.215</td>
<td>0.611–2.413</td>
</tr>
<tr>
<td>Nationality of supervisor</td>
<td>1.872**</td>
<td>1.080–3.245</td>
</tr>
<tr>
<td>Knowledge about unhealthy competition</td>
<td>0.420**</td>
<td>0.234–0.751</td>
</tr>
<tr>
<td>Language barrier was present</td>
<td>0.751</td>
<td>0.344–1.638</td>
</tr>
<tr>
<td>Introduction to job was provided</td>
<td>1.756</td>
<td>0.989–3.118</td>
</tr>
<tr>
<td>In-service training was provided</td>
<td>2.341**</td>
<td>1.281–4.275</td>
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<tr>
<td>Constant</td>
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<tr>
<td>$R^2$</td>
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<tr>
<td>$–2 \log$ likelihood</td>
<td>332.510</td>
<td></td>
</tr>
</tbody>
</table>

* Significant at 5% level. ** Significant at 1% level.

Job satisfaction. A higher proportion of respondents who did not report the knowledge of unhealthy competition were found to be very satisfied (32.6%), compared to the respondents who reported the knowledge of unhealthy competition (28.6%). As regards the language barrier, a higher proportion (43.0%) of those who had never faced any language barrier were very satisfied compared to those who faced one sometimes (26.0%), or always (25.5%). A higher proportion of health care professionals who were provided sufficient introduction to the job upon assuming the position were very satisfied (34.8%) compared to those who were not provided any or were provided inadequate (very little) introduction (28.7%). The relationship between in-service training and job satisfaction showed that respondents who had been provided sufficient in-service training courses were very satisfied (40.6%), compared to those who had not been (25.4%).

The results of logistic regression are presented in table 4. Three work environment variables were found to be significant in the multivariate analysis: nationality of supervisor, knowledge about unhealthy competition, and in-service training provided. In those instances where the supervisor was Kuwaiti or in-service training was provided, job satisfaction was significantly higher. However, job satisfaction of the respondents who had knowledge of ‘unhealthy competition’ was significantly lower.

Discussion

The findings from bivariate analysis revealed that relatively fewer Asian employees were found to be ‘very satisfied’ with their jobs compared to Kuwaitis and non-Kuwaiti Arabs. However this bivariate association did not remain significant in multivariate analysis. The bivariate result may partly be because the Asians have a lower image and recognition compared to their Arab counterparts. The official language in the Ministry of Health is Arabic and the majority of supervisors are either Kuwaiti or non-Kuwaiti Arabs. Therefore, the Arab employees tend to enjoy a better rapport and working relationship with Arabic-speaking supervisors, which results in a higher level of satisfaction among them.

The bivariate relationship between educational level and job satisfaction was significant, and respondents with a professional diploma reported the highest level of job satisfaction, as found in another study [35]. Again, this relationship did not remain significant in the multivariate analysis. The reason for this relationship, we believe, is the significant difference between the wages that diploma holders and baccalaureate degree holders enjoy in Kuwait compared to salaries for similar jobs elsewhere.

In bivariate analysis, employees with longer experience were found to be more satisfied compared to the respondents with relatively short experience. This is primarily because as people mature age-wise and gather more experience, they tend to make better adjustments to circumstances [36–38]. Secondly, it is far more difficult for older people in this part of the world to switch jobs and find suitable positions. Thirdly, the age for retirement in most of the third world countries is much lower compared to that in the developed countries. Therefore employees who are 40 plus have extremely limited job opportunities in their own countries should they opt to migrate. Finally, the wages for the same or similar jobs in the emigrant countries (e.g., Egypt, Syria, Philippines, India, Pakistan, and Bangladesh) are much lower compared to those in the
Gulf Co-Operation Council countries [39]. Moreover, older and experienced persons are more settled in their positions and are more satisfied. Therefore, employees with a longer duration of experience have a reportedly higher level of satisfaction.

Employees who felt that they had a language barrier expressed a lower level of satisfaction. This relationship was found to be significant in bivariate analysis, although it did not remain significant in multivariate analysis.

Finally, in multivariate analysis, three work environment variables emerged as significant determinants:

(1) Employees who had a Kuwaiti as a supervisor were more satisfied than those who had a non-Kuwaiti as a supervisor. This is mainly because the Kuwaiti supervisor can more easily provide support in getting things done through official channels.

(2) Unhealthy competition between employees decreased job satisfaction significantly. In-depth discussions with selected administrators revealed that unhealthy competition exists between non-Kuwaiti Arabs and Asians. Employees of a given nationality, we were informed, cling to fellow nationals to enhance job security and defend themselves from the misuse of administrative authority and control by a supervisor of a different nationality.

(3) Provision of an introduction to the job was also found to be positively related to job satisfaction but was marginally significant in multivariate analysis. Our finding is compatible with that of another study [38]. Since Kuwait hospitals employ professionals from many countries, and a majority of employees come from developing countries, it was disappointing to find that the management and administrative systems are quite inadequate to ensure that staff are adequately prepared for their official roles. When job descriptions exist and employees know what is expected of them, there is clarity of role and expectations. Hence there is a higher satisfaction in situations where the employees are aware of what is expected of them.

Respondents who had received in-service education and orientation were more satisfied compared to those who did not. This is mainly because it provides employees with opportunities for professional development and helps them in updating their capabilities and competencies. Also, employees who improve their capabilities through continuous professional development find a higher potential of migration to European and North American countries. This is particularly true in the cases of nurses and medical laboratory technologists.

**Conclusion**

Kuwaiti and non-Kuwaiti Arabs were more satisfied compared to Asians/others, while the respondents with more years of experience were more satisfied with their job. Regarding work environment characteristics, respondents showed more satisfaction with a Kuwaiti supervisor, when introduction to the job was given and in-service training was provided. However, the existence of unhealthy competition decreased job satisfaction. In view of the above findings, it is recommended that more Kuwaitis should be made supervisors, unhealthy competition should be eradicated, and proficiency in languages should be acquired by providing language instruction to employees. Moreover, an introduction to the job should be planned and imparted to all employees effectively, and, finally, in-service training should be provided. Such changes could be expected to contribute towards employee satisfaction and thereby enhance productivity. Dissatisfaction with one’s work, as discussed earlier, results in higher employee turnover, absenteeism, tardiness and grievances, while improved job satisfaction results in increased productivity. The findings have an important and broader implication for health care delivery systems that employ expatriate professionals. In situations where such dissatisfaction exists, the process and outcome of care are likely to be affected negatively. Hence, there is a need to detect the reasons for dissatisfaction and improve job satisfaction through appropriate remedial measures.

**References**