

The Reality of Quality of Work Life and Its Effect on Organizational Commitment of Physicians and Nurses Working in the Ministry of Health in the Kingdom of Saudi Arabia

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Abstract

This study tried to focus on a modern and important concept, that is quality of work life and its elements availability in a sector that is considered one of the most influential sectors in Saudi society, which is the health sector., The study attempted to link this concept with an issue that is considered one of the most important issues in health sector, which is job dropout and non-organizational commitment for physicians and nurses who are working in the Ministry. Therefore, the study aimed to find out the relationship between quality of work life available in hospitals and health centers and the extent of organizational commitment availability among physicians and nurses. Due to population large size, this study was limited to select a convenient sample from hospitals and health centers employees in Riyadh city. 500 questionnaires were distributed to hospitals employees, 418 questionnaires were recollected, so the response rate is (83.6%), All questionnaires were statistical analyzed, Therefore the study concluded, a set of results, the most important of which are: There is an appropriate level quality of work life dimensions in Ministry of Health in the Kingdom of Saudi Arabia, which caused physicians and nurses feeling of job satisfaction and increase organizational commitment of. The study concluded that wages, reward, safety, job stability and physical work conditions are the most influential aspects in increasing organizational commitment. It was also found that there are some negatives in incentives, rewards, and annual increases provided to physicians and nurses, as well as physicians and nurses poor participation who are working for the ministry for long periods of time, providing means of security and protection from job hazards. The study recommended a set of recommendations, the most important of which are: Increasing interest in all aspects of quality of work life in this study, and granting more material and moral incentives to maintain physicians and nurses working for the Ministry for long periods And to reduce the great pressure on physicians and nurses and protect them from professional hazards and to place the right man in the right place in leadership positions in the ministry.

Keywords: *Quality of Work Life, Organizational Commitment, Ministry of Health.*

Introduction

New organizations face great challenges in a rapidly changing world. Among these challenges is retaining efficient and distinguished human resources, which requires constant concern of human resources and providing high-quality and distinguished life that helps in increasing their loyalty, affiliation and motivates them to continue working for long periods in the organizations they work in. So, this in its turn leads to increase productivity, products and services quality of these organizations.

Among the important sectors which most world countries are interested is the health sector due to its great importance that affecting citizen's lives and health. Since this sector witnessed rapid development and continuous improvement in the Kingdom of Saudi Arabia and this is what the National Transformation Program (2020) aims to achieve Kingdom's vision in (2030). In order to provide distinct health service to citizens and residents in the Kingdom of Saudi Arabia, to achieve this goal the interest increased in all areas of Saudi health sector, including providing support and interest in human resources, maintaining, empowering and developing their work capabilities to carry out the tasks required in best possible way.

Research Problem and Questions

Physician and nurses of governmental health sector weak in organizational commitment and job dropout is considered as an important issue in many Arab countries, including the Kingdom of Saudi Arabia. The importance of this issue increases as interest in justice, achieving equality, and achieving safe and stable environment for workers decreases.

So, this study aims to investigate the relationship between two variables that have not been sufficiently taken in consideration in this important sector. So, the study problem emerges in seeking to answer the following question: "What is the reality of the quality of work life and its impact on organizational commitment level of physician and nurses working in the Ministry of Health in the Kingdom of Saudi Arabia.

To define the study problem accurately, an exploratory study (Pilot Study) was conducted on 28 physician and nurses, which researcher was able to contact them in Ministry of Health hospitals in the Kingdom of Saudi Arabia in Riyadh region to investigate their views on research issue. Questionnaire statements responses found that there is a high degree of agreement regarding quality of work life dimensions importance and their impact on employees' organizational commitment in these hospitals.

The Importance of the Study

The study importance emerged by its focus on new and important concept in our current era and the availability of its elements in a sector that is considered one of sectors that affect citizens and residents in the Kingdom of Saudi Arabia that is: the health sector.

The study importance also emerges by trying to show the relationship between quality of work life available for an important category of community, namely physicians and nurses, and their organizational commitment in hospitals and health centers. The study importance stems from the fact that it will open new horizons for research areas in quality of work life concept in other sectors. The study results and recommendations will also contribute to providing some information to decision-makers in Ministry of Health in the Kingdom of Saudi Arabia and thus help them take appropriate measures.

Study Objectives

This study aims to achieve the following:

1. To investigate the reality of quality of work life and organizational commitment level in the Ministry of Health in the Kingdom of Saudi Arabia from the viewpoint of physicians and nurses.
2. To measure the extent of quality of work life dimensions availability and employee's organizational commitment level in Ministry of Health in the Kingdom of Saudi Arabia.
3. To find out the relationship between quality of work life elements and organizational commitment level.
4. To identify the statistical differences in respondents' responses means regarding quality of work life and organizational commitment level.
5. To introduce recommendations and suggestions to help decision-makers in the study topic.

Study Methodology

Study Method: This study is based on the descriptive analytical method.

Data Sources: It was relying on two types of sources of data collection: (Secondary Data), it has been obtained through Arabic and English books and periodicals, formal reports, journals, thesis, and articles issued by official authorities, and (Primary Data), by developing a questionnaire to collect the needed data from study population.

Study Limitations: The study was limited to all physicians and nurses in hospitals and health centers affiliated to Ministry of Health in Riyadh region, and it was carried out from 9/1/2019 to 1/3/2020.

Study population and sample: The study population includes all physicians and nurses working in the Ministry of Health in Riyadh city in the Kingdom of Saudi Arabia. The number of physicians in Ministry of Health hospitals in Riyadh city is (7261), the nurse's number is (18,409 nurses), and because the large size of study population and in order to select a representative sample of this population a random sample employee in these hospitals and health centers was used. 500 questionnaires were distributed over the study sample. 418 questionnaires were recollected, so the response rate was (83.6%).

Study Instrument: Based on data nature of the researcher found that questionnaire is the most appropriate instrument to achieve study objectives. The researcher designed an initial questionnaire and submitted to a group of referees who provide advice and guidance, and then initial field test study was carried out on a sample of 28 physician and nurses. Some proper modifications were made to form the questionnaire in its final form, which has been distributed to all samples subjects the sample in order to collect the required data for the study.

The questionnaire was divided into two parts as follows:

First Part: study population personal data consisted of 6 statement.

Second Part: it handled study sample trends regarding Quality of Work Life and Its Effect on Organizational Commitment of Physicians and Nurses Working in the Ministry of Health in the Kingdom of Saudi Arabia and was divided into two dimensions as follows:

First dimension: it handled Quality of Work Life, and consisted of 38 statements that were divided into the following elements: (Promotion opportunities and job progress by statements 1-6, Job security and stability by statements 7-12, Financial Rewards and Wages by statements 13-19, Involvement in Decisions Taking by statements 20-25, Working Conditions by statements 26-32, Work Life and Personal Life Balance by statements 33-38.

Second dimension: discuss organizational commitment level, and consisted of 12 statements 39-50.

Instrument Validity and Reliability: questionnaire statements were structured to ensure its statements validity and reliability as follows:

Instrument's statements validity: the questionnaire was presented to sex of professional referees. all necessary steps were made either deletion and modify in light of provided suggestions by referees.

Validity of structural consistency of study dimensions : Table (1) shows Correlation coefficients between mean of each dimension axes of with total mean of questionnaire statements, which shows that indicated correlation coefficients are significant at 0.05 level, which ranged between (0.798 -0.868), since significance level of each statement is less than 0.05 and R calculated value is more than R tabulated value.

Table (1): correlation coefficient between mean of each study dimension and total mean of questionnaire statements

First dimension: Quality of work life	correlation coefficient	significant level
Promotion opportunities and job progress	0.809	0.000
Job security and stability	0.862	0.000
Financial Rewards and Wages	0.798	0.000
Involvement in Decisions Taking	0.837	0.000
Working Conditions	0.856	0.010
Work Life and Personal Life Balance	0.868	0.012
Second dimension: organizational commitment level	0.864	0.000
All paragraphs	0.841	0.000

Questionnaire's Statements Reliability: reliability steps were made on pilot sample using Cronbach's Alpha to measure questionnaire reliability. Table (2) shows that reliability coefficients are high.

Table (2) Reliability coefficient (Split Half and Cronbach Alpha)

First dimension: Quality of work life	Cronbach Alpha
Promotion opportunities and job progress	0.911
Job security and stability	0.904
Financial Rewards and Wages	0.885
Involvement in Decisions Taking	0.892
Working Conditions	0.923
Work Life and Personal Life Balance	0.886
Second dimension: organizational commitment level	0.893

Literature Review

First: quality of work life

Quality of work life concept: There are many definitions for quality of work life, for example it is defined: as excellence degree and work conditions practiced by organizations for the purpose of developing and advancing life at work, which will be reflected positively on work productivity (Shani & Kumar,2013). Sellar (2017) defined it as: The state of employees satisfaction with physical and moral environment provided by organization ".Al- Barbary(2016) defines quality of work life: as work environment in which physical and moral factors with their various dimensions are well available, which is positively reflected on employee, so he feels with job satisfaction and secure." Based on the above mentioned, the researcher defines it "as a set of programs and systems provided by organization to its employees that lead to their feelings of happiness and job satisfaction, which will positively reflect on their performance and loyalty to organization they work in".

The importance of quality of work life: (Al-Salem, 2009), Tripathy (2017), explained that there is a positive impact in organizations if quality of work life dimensions available as follows:

1. Increase employees' belonging, loyalty, job satisfaction, and achieve integration between organization's goals and their goals.
2. The low rate of work turnover and absence low rate in organization.
3. An improvement in human relations in organization and decrease conflict between management and employees

4. Enhancing quality culture, learning and creativity, and thus best and optimal investment of human resources in organization.

Quality of Work Life Dimensions

The quality of work life includes different dimensions due to different in work nature, since the importance of each dimension varies according to employees need and its suitability to their conditions. The researcher reviewed many previous studies to identify quality of work life dimensions such as: Hamadan (2019), Abu Shamala (2018), Al Omari Al-Yafi (2017), Al-Shatti (2016), Muhammad(2016) and Al-Ramidi and Muhammad (2020) where the researcher considers the importance of having these dimensions available to physicians and nurses in the Ministry of Health in the Kingdom of Saudi Arabia, as follows:

1. Opportunities for promotion and job progress: Promotion is one of the types of material and moral incentives at the same time, and it has a great role in satisfying the needs and desires of workers and ensuring that those with expertise remain in the service of the organization (Dessler, 2011), (Halima & Bouzarzour, 2011). The researcher believes that it is necessary to create competitive environment based on self-development among employees and avoiding injustice and bias in promotions.
2. Job security and stability: Job security leads to stability sense and belonging, raising morale, improving performance level and increasing productivity. The researcher believes that job security contributes to employee's adaptation to work environment and eliminates despair and frustration.
3. Financial rewards and wages: Wages are the money amounts paid to employees in exchange for work they do; therefore, they are an important factor in employee stability and job satisfaction (Al-Shammari, 2013), (Desler, 2011), (Greenberg, 2014). The researcher believes that it is necessary to be fair in granting wages and financial rewards to create a good relationship between management and employees and prevent feelings of resentment towards the organization.
4. Involvement in decisions-taking: providing employees with the opportunity in decision-making has a great role in raising their morale and enhancing their belonging to organization (Al-Zahrani, 2013). The researcher believes that employees' involvement in decision-making plays a role in reducing conflict within the organization as a result of feeling employee is important and convinced of decisions taken.
5. Physical work conditions: Physical work conditions have a direct impact on employee's health since it is necessary to provide high quality work conditions and healthy and low-risk work environment must be provided at work. The researcher believes that organization's location, appearance, the availability of good lighting and ventilation are among the factors that help employees to has good performance.
6. Personal life and work life balance: it is the arrangements in which organization aims to create a suitable work environment characterized by balance and flexibility between employee's personal life and his daily work in organization (Roman, Orens, 2010). The researcher believes that providing this balance has a great role in mitigating work pressure, reducing absenteeism rates, increasing job satisfaction and productivity. This is made through social welfare programs for employees and their families, training courses, granting employees the right to obtain academic qualifications and other steps that the organization can take to satisfy employee's personal desires and needs.

Second: Organizational commitment

Organizational commitment concept: It is an emotional state that drives the individual to associate with the organization and adopt its goals and sincerity in his work in order to achieve these goals (Koueider, 2017) (alsharah, 2018).

Quality of work life and its relationship to organizational commitment:

Improving work conditions is considered as the main goal of quality of work life programs from employees' point of view, while the primary goal from the organization's point of view is to increase organizational effectiveness. Many studies indicated that quality of work programs have an impact on improving job performance. Attracting competencies to work in the organization, increasing employee loyalty and increasing job satisfaction (Al-Dahdouh, 2015), (Al-Barbari, 2016), (Al-Shanti, 2016), (Eren & Hisar, 2016).

Previous Studies

Several studies have addressed the quality of work life among the most important the following; Al-Ramidi and Muhammad, (2020), study aimed to find out the impact of quality of work life on performance and organizational effectiveness in Egyptian tourism companies. The study concluded that there is a positive impact on quality of work life in Egyptian tourism companies. The study recommended that there is a need to amend wages, bonuses and more job stability for workers.

Ahmed, and Shashuaa (2019), study aimed to measure the dimensions of job quality of work life dimensions and their impact on job performance in Battimal Corporation. The study concluded that there is a statistical impact of quality of work life on employee's performance. The study also found that wages, salaries and financial rewards are the most important dimensions of quality of life.

Shamilan, (2019) study aimed at benefiting from employees' ideas in improving the quality of work life in the Saudi government sector. The study concluded that there are some problems and obstacles related to mismanagement and dealing with subordinates. The study recommended the need to attention to material to employee psychological aspects of the and the good selection of administrative leaders.

Hammadneh, (2019) study aimed at identifying quality of work life level among faculty members at Jordan University of Science and Technology. The study found that there is a high level of quality of work life in all dimensions at the university; the study indicated the necessity of conducting more studies on this topic in Jordanian universities other.

Shawash, Al-Ashwal,(2018) study aimed to know the Impact of quality of work life on organizational silence among University of Dar as Salaam employees . The results indicated that employees have medium levels of quality of work life and organizational silence. The study recommended the necessity of increasing attention to dimensions of job quality and reviewing, salaries, incentives and reducing fear in subordinates.

Finally, Al-Barbari, (2016) study aimed to find out job quality dimensions availability and their impact on reducing job burnout in Al-Aqsa media network. The study concluded that job quality dimensions level was medium; the study recommended that there is a need to enhance quality of work life dimensions availability for reducing the feeling of job burnout.

This study differs from previous studies in study sample selection and population, namely physician and nurses in an important and vital sector that has an impact on citizen's health and residents in Saudi Arabia, the health sector. The study also addressed comprehensive determinants of quality of work life (Promotion opportunities and job progress, Job security and stability, Financial Rewards and Wages, Involvement in Decisions Taking, Working Conditions, Work Life and Personal Life Balance). The researcher also expects that there will be a practical impact upon informing top management of study recommendations to take positive decisions for retaining physicians and nurses and increase their organizational commitment in hospitals, and health centers in Ministry of Health in the Kingdom of Saudi Arabia.

Data Analysis

Study's sample: characteristics

The following tables shows the most important results of collected data analysis from study sample:

Table 3: Sample Distribution According to Gender

Gender	Frequency	Percentage%
male	246	58.9
female	172	41.1
Total	418	100

Table (3) indicates that males' percent in study sample was 58.9 % of the total study sample, while female percent was 41.1 %.

Table 4: Sample distribution according to Age

Age	Frequency	Percentage%
Less than 30	194	46.4
31- 40 years	179	42.8
41-50 years	32	7.7
More than 50 years	13	3.1
Total	418	100

Table (4) indicates that 46.4 % of study sample, are of age group less than 30 years, and it is the highest percent of the total study sample. This reflects the concentration of this group in Saudi Ministry of Health, while the age group (31-40) years ranked the second with 42.8 % of the total sample, 7.7 % of the total sample are of the age group between 41-50 years. Age group (50 +) ranked the last with 3.1 %, of the total sample.

Table 5: Sample distribution according to educational level

Educational Level	Frequency	Percentage%
diploma	14	3.4
bachelor's degree	384	91.8
master's degree	20	4.8
Total	418	100

Table (5) results indicate 91.8 % of sample is concentrated in those who have bachelor's degree While 4.8 % of the total sample have master degree, those who have diploma ranked the third with 3.4 % of the total sample.

Table 6: Sample distribution by years of experience

Experience	Frequency	Percentage%
Less than 5 years	165	39.5
5-10 years	204	48.8
11-20 years	27	6.4
More than 20 years	22	5.3
Total	418	100

Table (6) indicates that study sample is concentrated on those who have experience 5-10 years with 48.8% of the total sample, those who have Less than 5 years' experience ranked the second amounting 39.5 % of

the total sample, while the percent of those who have experience 11-20 with 6.4% of total sample. Finally, employees whom their experience more than 20 years, amounting 5.3 %.

Table7: Study sample distribution according to work place

work place	Frequency	Percentage%
hospital	285	68.1
health center	133	31.9
Total	418	100

Table (7) shows that the highest percent of respondents of study sample was hospitals 'employees amounting (68.1), due to existence of physicians and nurses' large numbers that can be contacted in the hospital while number is less in health center, while health centers employee's percent number was (31.9) of sample's subjects.

Table 8: Sample Distribution According to career

career	Frequency	Percentage%
physician's	144	34.5
nurse's	274	65.5
Total	418	100

Table (8) demonstrates that nurse's percent is higher than physician's percent, since nurse's percent was (65.5) while physicians' percent was (34.5). This is because nurse's number is much more than physician's number in any hospital or medical center. As physicians' number in Ministry of Health hospitals in Riyadh is (7261) and nurse's number is (18,409).

Questionnaire statements analysis

(T) test was used to determine the study sample response mean on questionnaire statements.

Quality of work life statements analysis

Table (9) mean and significant value (Sig.) for Promotion opportunities and job progress statements

No.	Statement	Mean	Relative mean	Test value	Sig.	ranking
1	Principles and promotion standard s are clear to all	4.32	86.4	14.08	0.000	1
2	Promotions are awarded fairly and equitably to all employees	3.63	72.6	12.78	0.211	5
3	Top management in Ministry of Health applies the policy of placing right man in right place	2.94	58.8	10.45	0.110	6
4	Promotions are granted on professional competence basis in performance	3.96	79.2	12.89	0.000	3
5	The approved promotion policy prevents conflicts occurrence between workers in Ministry of Health	3.72	74.4	13.98	0.000	4
6	Development and training programs are provided to qualify Ministry of Health employees to advance in their career path	4.08	81.6	12.43	0.000	2
	Total	3.78	75.6	12.85	0.001	

Table above indicates that study sample responses for statements related to the first dimension of quality of work life were high for statements (1, 6). This means that there are clear principals for promotion and there is an interest in physicians career path and nurses working in Saudi Ministry of Health, and medium for the rest of statements, save the third statements, which was below the level. This gives an indication that top management in Saudi Ministry of Health does.

Table (10) mean and significant value (Sig.) for Job security and stability statements

No.	Statement	Mean	Relative mean	Test value	Sig.	ranking
7	I feel job security and stability in my work	4.17	83.4	10.83	0.001	2
8	I don't have any concerns about being fired in the future	4.03	80.6	13.12	0.000	4
9	I feel comfortable in my work and do not have a desire in the future to search for an alternative job opportunity outside Ministry of Health	4.14	82.8	10.98	0.002	3
10	I work in an atmosphere characterized by mutual trust and safety between all parties	4.21	84.2	11.34	0.000	1
11	I expect a better future in the current job	3.29	65.8	14.29	0.000	5
12	The Ministry of Health retains its employees for long periods	2.45	49.1	12.05	0.000	6
	Total	4.01	80.04	12.95	0.000	

Table above indicates that study sample agreement was high for statements (7 to 10), this means that there is a feeling of security and job stability for physicians and nurses who are working in Saudi Ministry of Health, and the responses were medium for statement No. (11), the results showed low mean for statement no. (12) Response. The reason may be due to existence of a group of non-Saudis who work in medical jobs, and therefore they do not be retained in these jobs for long periods and are replaced by Saudi physicians and nurses.

Table (11) mean and significant value (Sig.) for Financial Rewards and Wages statements

No.	Statement	Mean	Relative mean	Test value	Sig.	ranking
13	I am satisfied with the annual increases and bonuses that are added to my salary annually	2.53	50.6	11.3	0.000	7
14	I am not thinking of providing another income supplement to my current income from Ministry of Health	3.23	64.6	13.87	0.000	5
15	The income that I receive from the ministry is sufficient to meet living requirements	3.56	71.2	18.87	0.000	4
16	Salaries are paid regularly and permanently without any delay	4.95	93.1	11.31	0.001	1
17	No salary deductions are made without clear reasons or penalties	4.28	85.7	17.21	0.000	3
18	Ministry is able to fulfill its obligations to deliver salaries to its workers in the long run	4.60	92.1	14.65	0.003	2
19	The Ministry is keen to provide rewards and incentives for its distinguished employees	3.02	60.4	15.42	0.000	6
	Total	3.73	74.7	15.65	0.000	

Results of quality of work life dimensions show that statements (16, 17, and 18) have the highest responses mean, respectively. This indicates that salaries regularity and sustainability and the financial capacity of all state institutions in the Kingdom of Saudi Arabia. The results also showed that the rest of statements responses were medium. Statement no. (19) was the lowest. This indicates that there are some negatives in incentives system provided to physicians and nurses in Saudi Ministry of Health, while statement no. (13) Was less than medium, which means that there is a state of dissatisfaction with increases and bonuses that are added to physicians and nurses per annum.

Table (12) mean and significant value (Sig.) Involvement in Decisions Taking statements

No.	Statement	Mean	Relative mean	Test value	Sig.	ranking
20	The Ministry encourages employees to express their opinions and make suggestions to improve work performance	2.37	47.4	12.87	0.001	6
21	I participate in solving problems related to my work in the Ministry	3.26	65.2	11.98	0.235	1
22	The direct manager delegates part of his powers to subordinates	3.04	60.8	10.81	0.000	3
23	The direct manager gives complete information to subordinates about business goals and results	3.15	63.1	10.65	0.000	2
24	Top management in the ministry encourages employees for excellence and implements creative ideas at work	2.70	54.1	10.54	0.000	4
25	The direct manager encourages group discussion of working methods	2.62	52.5	10.12	0.000	5
	Total	2.86	57.2	11.09	0.001	

The table above indicates that statement numbers (21, 22, and 23), respectively, were medium., This indicates that there is a moderate participation by physicians and nurses in solving problems related to their work, as well as delegation of powers and providing subordinates with work goals, were medium.

Table (13) mean and significant value (Sig.) Working Conditions statements

No.	Statement	Mean	Relative mean	Test value	Sig.	ranking
26	Medical devices, equipment and tools are available for work	4.41	88.2	15.32	0.000	2
27	The Ministry provides transportation to workplace	2.26	45.2	11.71	0.000	7
28	The Ministry provides safety and protection means from job hazards in the workplace	3.11	62.2	12.98	0.000	4
29	There is adequate lighting, ventilation and cleanliness in workplace	4.63	92.6	17.07	0.000	1
30	The Ministry provides suitable and comfortable places during the break	3.12	62.4	10.32	0.000	3
31	There are comfortable and clean places to stay in workplaces during physicians 'and nurses' shifts	3.09	61.8	12.32	0.000	5
32	The Ministry provides health staff with meals and drinks at any time	2.67	53.4	10.67	0.000	6
	Total	3.33	66.5	13.95	0.000	

While the responses mean for the rest of the statements were low. This indicates physicians and nurse's weak participation in decision-making in the Ministry of Health, and weakness in implementing creative ideas. The researcher believes that reason may be due to the nature of these professions and existence of great pressure and their preoccupation in daily work.

The table above shows that statements numbers (29 and 26) respectively had the highest mean for study sample responses, therefore this indicates that there is proper r ventilation, lighting and cleanliness in hospitals and health centers in the Kingdom of Saudi Arabia. Study sample responses also indicate the availability of medical devices and equipment needed to work in hospitals of. Ministry of Health. Results also showed that paragraphs numbers (27 and 32) were below the level, which means that the Ministry does not provide means of transportation to workplace, and it does not provide meals and drinks to health staff during work, and the rest of the paragraphs were within the average This indicates the lack of great interest from top departments in Ministry of Health to provide comfortable and clean places to sleep while physicians and nurses are on duty, as well as with regard to providing security and protection against job hazards in the workplace.

Table (14) mean and significant value (Sig.) Work Life and Personal Life Balance statements

No.	Statement	Mean	Relative mean	Test value	Sig.	ranking
33	I have enough time after my job to do my personal and social duties	2.58	51.6	9.98	0.001	4
34	The Ministry is concerned with employee preferences and desires by providing cultural and sports programs	1.22	24.4	8.97	0.000	6
35	The Ministry takes into consideration employee's personal circumstances	2.94	58.8	10.76	0.003	3
36	The Ministry provides flexible work schedules to perform required tasks	4.42	88.4	11.45	0.002	1
37	The Ministry provides training and development programs for physicians and nurses	4.07	81.4	11.03	0.003	2
38	The Ministry is interested in building a network of social relations for employees and their families through social visits and recreational trips	1.48	29.6	9.76	0.002	5
	Total	2.79	55.7	9.39	0.002	

The table above indicates that paragraphs numbers (36 and 37) were high, which indicates the availability of flexible work schedules, and the reason may be working (24) continuous hours in hospitals and the night shifts for physicians and nurses, as well as it is clear by study sample responses that e availability of training and development of physicians s and nurses and the interest in this aspect in Saudi Ministry of Health, while the rest of paragraphs were below the level and this indicates the lack of time for this category of employees in Saudi Ministry of Health and their inability to carry out their personal and social duties, as well as the lack of interest of Ministry of Health in their tendencies and desires in providing cultural and sports programs and building social relationships for them and their families.

Organizational Commitment Level statements analysis

Table below shows that all paragraphs related to dependent variable were high and more than medium, which indicates that there is a strong affiliation among physicians and nurses in Saudi Ministry of Health, where paragraphs numbers (45, 43, 41, 40) ranked the first, second and third, respectively.

Table (15) mean and significant value (Sig.) for Organizational Commitment Level statements

No.	Statement	Mean	Relative mean	Test value	Sig.	ranking
39	I appreciate Ministry of Health for building my career	4.16	83.2	19.22	0.000	7
40	I feel proud and belonging to Ministry of Health	4.31	86.2	18.21	0.000	4
41	There is an agreement between my values and those of Ministry of Health	4.35	87.1	12.65	0.000	3
42	I feel obligated to stay in the Ministry of Health for long periods	3.12	62.4	18.50	0.001	11
43	The Ministry of Health deserves my loyalty and sincere	4.53	90.6	11.09	0.000	2
44	My relationship with colleagues is brotherhood relationship in workplace	3.86	77.3	18.76	0.000	8
45	I care about reputation and future of the Ministry of Health	4.84	96.8	19.54	0.000	1
46	I feel that I am part of Ministry of Health and have a permanent commitment to it	3.67	73.4	17.34	0.002	9
47	I think that my current employer is one of the best places to join	3.04	60.8	19.05	0.001	12
48	I am looking forward for promotion and obtaining an advanced position in the Ministry	3.18	63.6	14.32	0.000	10
49	I exert my best efforts to achieve Ministry's objectives	4.19	83.8	16.11	0.000	6
50	I feel that Ministry's problems are part of my own problems	4.29	85.8	17.21	0.000	5
	Total	3.97	79.3	16.76	0.000	

Which gives an indication of interest of this group in the reputation of their ministry, their devotion, and their feeling of pride in their belonging to it? Subject's responses showed that paragraphs numbers (48, 42, and 47) were about medium. And this indicates that there is a medium degree for these paragraphs.

The reason may be due to physicians and nurses in the Ministry of Health unwillingness to continue and stay for long time in government work, and their view to work elsewhere since there are temptations and financial privileges for this group, physicians in particular in private sector.

Hypotheses Testing

The First Main Hypothesis: There is a statistically significant relationship between quality of work life dimensions (Promotion opportunities and job progress, Job security and stability, Financial Rewards and Wages, Involvement in Decisions Taking, Working Conditions, Work Life and Personal Life Balance) and organizational commitment level of physicians and nurses in ministry of health in the kingdom of Saudi Arabia.

To test this hypothesis, (Pearson Correlation Coefficient) test was used, as shown in the following table:

Table (16) The correlation coefficient between quality of work life dimensions and organizational commitment level

Hypotheses	correlation coefficient	SIG.
First sup hypothesis	0.493	0.000
Second sup hypothesis	0.563	
Third sup hypothesis	0.427	
Forth sup hypothesis	0.406	
Fifth sup hypothesis	0.612	
Sixth sup hypothesis	0.582	
There is a statistically significant relationship between quality of work life dimensions and organizational commitment level	0.568	

Table No. (16) shows the correlation coefficient for quality of work life all dimensions is equal to (0.586). Sig value is equal to (0.000) which is less than the significance level (0.05). This means that there is a statistically significant relationship between quality work life six dimensions and organizational commitment level. Consequently, this result indicates that there is an adequate level of quality work life in Ministry of Health in the Kingdom of Saudi Arabia that cause the feeling of job satisfaction and increase physicians and nurse's organizational commitment of. Based on, as long as interest in quality of work life dimensions level increases, the greater the level of organizational commitment of such employees increases., the result can be generalized to the rest of the hospitals and health centers in the Kingdom of Saudi Arabia.

The Second Main Hypothesis: The quality of work life dimensions (Promotion opportunities and job progress, Job security and stability, Financial Rewards and Wages, Involvement in Decisions Taking, Working Conditions, Work Life and Personal Life Balance) have a statistically significant impact on organizational commitment level of physicians and nurses in Ministry of Health in the Kingdom of Saudi Arabia.

To test this hypothesis, multiple linear regression was used, Table No. (17) shows that:

Table No. (17) Multiple Regression Analysis

Dependent Variable	Regression Coefficients	T value	Adjusted Determination Coefficient	Sig.
Fixed Amount	3.961	11.620	0.521	0.000
Promotion opportunities and job progress	0.316	4.011		0.001
Job security and stability	0.231	3.025		0.000
Financial Rewards and Wages	0.265	2.098		0.012
Involvement in Decisions Taking	0.098	1.331		0.003
Working Conditions	0.209	2.912		0.220
Work Life and Personal Life Balance	0.084	0.621		0.018
Multiple Correlation Coefficients=0.786				
F value=24.629				
Sig.=0.000				

Table No. (17) shows that (52.1) % of the change in organizational commitment level was interpreted by independent variables, and the rest percent may be due to other variables that affect organizational commitment level in Saudi Ministry of Health. F calculated value = (24,629), and Sig value = (0.000), which means that there is a statistically significant relationship between dimensions of quality work life

and organizational commitment level. Table also shows that independent variable (wages and rewards) has the first rank in terms of impact on organizational commitment, since the impact size is (0.265), followed by safety and job stability, then physical work conditions. The research concluded that these dimensions are very important for physicians and nurses in Saudi Ministry of Health and it is necessary to increase attention, in particular, in light of a clear dropout of this class and its move to private business.

The third main hypothesis: There are statistically significant differences between subject's responses means regarding the relationship of quality of work life and organizational commitment level of physicians and nurses in Ministry of Health in the Kingdom of Saudi Arabia due to personal and functional variables (sex, age, and years of experience, qualification, workplace, and career).

As for age, educational level and years of experience, ANOVA test was used, the obtained results are shown in the following tables:

Table (18) One Way ANOVA test results - Age

Dimensions	Means				Test value	Sig.
	Less than 30	31- 40 years	41-50 years	More than 50 years		
Promotion opportunities and job progress	3.97	3.91	4.08	4.45	3.983	0.003
Job security and stability	3.90	3.89	4.65	4.77	2.958	0.000
Financial Rewards and Wages	3.94	3.98	4.02	4.89	4.289	0.002
Involvement in Decisions Taking	3.87	3.34	3.96	4.56	3.934	0.000
Working Conditions	4.07	3.76	4.12	4.34	6.945	0.000
Work Life and Personal Life Balance	4.12	3.88	3.87	4.70	8.985	0.001
quality of work life	3.98	3.79	4.07	4.62	6.981	0.003
organizational commitment level	3.75	3.65	3.98	4.22	5.173	0.002
All Dimensions	3.87	3.72	4.02	4.42	6.074	0.001

Table above shows that Sig value is less than (0.05) level, so it can be concluded that there are statistically significant differences between study sample estimates means due to age, in favor of those over 50 years old, followed by age group ranged between 41-50 years. Therefore, these groups are more satisfied and convinced with their wages and rewards. They usually have reached the stage of satisfying their basic needs and have achieved what they wish, as well as this group have more sense of stability and job security and thus have loyalty and organizational commitment more than others towards the work in the ministry.

Table (19) One Way ANOVA test results – Education Level

Dimensions	Means			Test value	Sig.
	diploma	bachelor's degree	master's degree		
Promotion opportunities and job progress	3.96	4.24	5.53	5.87	0.623
Job security and stability	3.83	4.09	4.76	6.12	0.678
Financial Rewards and Wages	3.92	3.54	3.96	4.96	0.546
Involvement in Decisions Taking	3.76	3.97	3.97	4.97	0.701
Working Conditions	4.45	4.35	4.34	6.39	0.654
Work Life and Personal Life Balance	4.02	3.87	3.87	5.75	0.572
quality of work life	3.99	4.01	3.49	5.67	0.629
organizational commitment level	3.76	3.85	4.12	5.07	0.485
All Dimensions	3.88	3.93	3.81	5.37	0.557

The table above shows that Sig value was more than significance level (0.05). So, it can be concluded that there are no statistically significant differences between study sample estimates means due to scientific qualification, in other words study sample responses were similar regarding quality of work life and its impact on organizational commitment level regardless of academic qualification. The reason behind this result may be because (91.8) percent of the study sample hold a bachelor's degree.

Table (20) One Way ANOVA test results – experience in the ministry

Dimensions	Means				Test value	Sig.
	Less than 5 years	5-10 years	11-20 years	More than 20 years		
Promotion opportunities and job progress	3.96	3.90	4.14	4.02	7.939	0.602
Job security and stability	3.76	4.21	4.04	4.29	9.928	0.611
Financial Rewards and Wages	4.29	4.19	4.08	4.32	6.749	0.001
Involvement in Decisions Taking	3.91	3.67	3.56	3.89	9.380	0.564
Working Conditions	4.03	4.01	4.12	3.68	10.387	0.611
Work Life and Personal Life Balance	4.23	3.45	3.92	4.47	9.567	0.002
quality of work life	4.03	3.90	3.98	4.11	8.567	0.004
organizational commitment level	4.01	4.04	4.01	4.19	8.239	0.564
All Dimensions	4.02	3.97	3.99	4.15	8.367	0.005

The table above shows that wages and rewards dimension and balance between work life and personal life dimension is Sig value less than (0.05) , so it can be concluded that there are statistically significant differences in these two dimensions between study sample estimates means due to years of experience, since study sample responses were different regarding quality of work life and its impact on organizational commitment level regardless of years of experience., The table also shows that Sig value for the rest of dimensions was more than (0.05) level. Therefore, it can be concluded that there are no statistically significant differences for these dimensions between study sample estimates means due to years of experience in other words, the study sample responses for these dimensions were similar regardless of years of experience.

As for gender, work place, career, T test were used for two independent samples to determine if there were statistically significant differences. the obtained results are shown in the following tables:

Table (21) Results of T test for two independent samples- gender

Dimensions	Means		Test value	Sig.
	male	female		
Promotion opportunities and job progress	4.21	4.87	1.623	0.681
Job security and stability	4.62	3.92	1.287	0.465
Financial Rewards and Wages	4.28	3.97	0.965	0.523
Involvement in Decisions Taking	4.68	4.19	1.905	0.539
Working Conditions	4.25	4.09	0.876	0.628
Work Life and Personal Life Balance	4.61	3.83	1.634	0.611
quality of work life	4.45	4.15	1.381	0.575
organizational commitment level	4.23	4.34	0.974	0.508
All Dimensions	4.34	4.25	1.498	0.542

Table above shows that there are no statistically significant differences between study sample's responses due to gender, since the significant value (Sig) is greater than the significance level (0.05). in other words, study sample responses were similar regarding quality of work life and its impact on organizational commitment level regardless of gender.

Table (22) Results of T test for two independent samples- work place

Dimensions	Means		Test value	Sig.
	hospitals	health centre		
Promotion opportunities and job progress	4.09	4.48	1.720	0.643
Job security and stability	4.11	3.93	1.839	0.521
Financial Rewards and Wages	3.49	4.04	0.309	0.587
Involvement in Decisions Taking	4.32	4.10	1.367	0.595
Working Conditions	3.98	4.12	0.895	0.692
Work Life and Personal Life Balance	3.69	3.73	1.598	0.619
quality of work life	3.95	4.07	1.492	0.585
organizational commitment level	4.03	4.01	0.954	0.519
All Dimensions	3.99	4.04	1.484	0.548

Table above shows that there are no statistically significant differences between study sample's responses due to work place, since the significant value (Sig) is greater than the significance level (0.05). In other words, study sample responses were similar regarding quality of work life and its impact on organizational commitment level regardless of work place. The reason for this may be that physicians and nurses in Saudi Ministry of Health have the same conditions, whether their work in hospital or in health center.

Table (23) Results of T test for two independent samples- career.

Dimensions	Means		Test value	Sig.
	physicians	nurse's		
Promotion opportunities and job progress	4.43	4.02	1.298	0.003
Job security and stability	4.03	4.21	1.156	0.002
Financial Rewards and Wages	3.94	4.09	0.987	0.000
Involvement in Decisions Taking	4.65	3.59	1.956	0.001
Working Conditions	4.32	4.07	0.932	0.000
Work Life and Personal Life Balance	4.18	3.97	1.387	0.001
quality of work life	4.25	3.99	1.426	0.001
organizational commitment level	4.03	3.93	0.856	0.001
All Dimensions	4.14	3.96	1.376	0.001

Table above shows that Sig value is less than (0.05) level, so it can be concluded that there are statistically significant differences between study sample estimates means due to career, in favor of physicians. Therefore, these group are more satisfied and convinced with their wages and rewards. They usually have reached the stage of satisfying their basic needs and have achieved what they wish more than nurses, as well as physicians have more sense of stability and job security and involvement in Decisions Taking, and thus have loyalty and organizational commitment more than others towards the work in the ministry.

Results Discussion & Recommendations:

The Results Discussion

1. The results showed that there is statistically significant relationship between quality of work life six dimensions and organizational commitment level. This means that there is an appropriate level of quality of work life dimensions in Ministry of Health in the Kingdom of Saudi Arabia, which caused job satisfaction feeling and an increase in organizational commitment among physicians and nurses.
2. The results showed that the independent variable, wages and rewards, ranked first in terms of affecting organizational commitment, followed by job security and stability, and finally physical work

conditions. Therefore, it can be concluded that these dimensions are very important for physicians and nurses in Saudi Ministry of Health.

3. It was found that there are statistically significant differences between study sample estimates means due to age, in favor of those over 50 years old, followed by age group ranged between 41-50 years, therefore it can be said that these groups are more satisfied and convinced with their wages and rewards and they are usually have reached the stage of satisfying the basic needs and have achieved what they wish. Also, this group feels more stable and job secure. Thus they have loyalty and organizational commitment more than others towards work in the ministry.
4. The study results revealed that there are clear standards for promotion and there is an interest in career path of physicians and nurses who are working in Saudi Ministry of Health, but it was revealed that top management in Saudi Ministry of Health is not interested in implementing policy of placing right man in right place in leadership positions in the ministry.
5. The results showed that physicians and nurses working in Saudi Ministry of Health had a feeling of security and job stability, and feeling with satisfaction at work.
6. It was found through study sample responses means that Ministry of Health did not take care in maintaining physicians and nurses for long periods.
7. The study results showed salaries regular and sustainability in Saudi Ministry of Health, but some negatives were found in incentives system provided to physicians and nurses in Saudi Ministry of Health, and it was also found that there was a state of dissatisfaction with increases and rewards that are added to salaries of physicians and nurses annually.
8. The results showed physicians and nurse's poor participation in making decisions and implementing creative ideas in the Ministry of Health, due to these professions nature and great pressure of patients and their preoccupation with daily work.
9. The study results showed that there is adequate ventilation, lighting, and cleanliness, and the availability of medical devices and equipment needed to work in hospitals and health centers in the Kingdom of Saudi Arabia.
10. Through this study it was clear that Ministry of Health did not provide transportation for physicians and nurses to reach the workplace, the failure to provide meals and drinks to health staff during work, as well as weak interest of top managements in Ministry of Health to provide means of security and protection from job hazards in workplace, and failure to provide comfortable places and clean to stay overnight while the physicians and nurses are on duty, and Ministry of Health has shown no interest in the tendencies and desires of this group in providing cultural and sports programs and building social relations for them and their families.
11. The results showed availability of flexible work schedules for physicians and nurses, as well as availability of training and development for physicians and nurses, and interest in this aspect in Saudi Ministry of Health.
12. The results showed that physicians and nurses in Saudi Ministry of Health have loyalty, strong affiliation, and concern for their ministry reputation, as well as their sense of loyalty and pride in their affiliation with Ministry of Health in the Kingdom of Saudi Arabia.

Study Recommendations

Based on the results the study recommends the following:

1. It is necessary to increase top management in Saudi Ministry of Health interest in all aspects related to quality of work life due to its great role in retaining medical staff of the Ministry and increasing their organizational commitment, especially those dimensions that physicians and nurses in the Ministry have shown are more important than others, which are wages, rewards, safety and stability Career and physical working conditions.
2. Top management in Saudi Ministry of Health should place temptations and grant material and moral incentives to maintain physicians and nurses working for long periods, as well as increase its interest in

promotion standards, establish clear career path for physicians and nurses, and apply the policy of placing the right man in the right place in leadership positions in the ministry.

3. It is imperative that top management in Saudi Ministry of Health to be concerned with physicians and nurse's participation in making decisions and implementing creative ideas, especially with regard to the work they should implement.
4. It is necessary for Saudi Ministry of Health to use continuously flexible work method for physicians and nurses, and to apply best methods applied internationally in this field, as well as to pay attention to everything that physicians or nurses acquire new knowledge and skills by providing continuous development and training programs.
5. The Ministry of Health in the Kingdom of Saudi Arabia must reduce great pressure on physicians and nurses as a result of reviewing large number of patients per day, and this is can be done by recruiting more physicians and nurses in the ministry to reduce this pressure
6. It is necessary for Ministry of Health to take in consideration providing transportation for physicians and nurses to reach the workplace in a timely manner. It is also necessary to pay attention to provide meals and drinks to health staff during work.
7. Saudi Ministry of Health must increase its interest in providing security and protection against job hazards in workplace for physicians and nurses, as well as providing comfortable and clean places for them to sleep during their night shift.

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