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Determinants of Job Satisfaction among Women in the Saudi Healthcare Sector: Evidence from a Perception Study

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Abstract

Extensive evidence indicates that female employees in Saudi Arabia encounter various forms of unequal workplace practices, despite ongoing initiatives aimed at promoting gender equality. This study seeks to evaluate the satisfaction of Saudi women employed in the health sector regarding selected workplace factors, including those that facilitate access to opportunities, benefits, and participation in decision-making. This cross-sectional study utilized closed-ended questionnaires administered to 261 Saudi women working in the healthcare sector.

The majority of participants were aged 25 to 34 years (59%), and more than half were employed in the public sector (53%). Fifty-eight percent held clinical positions, 25% were in administrative roles, and 37% had more than 19 years of professional experience. The results demonstrated a significant relationship between job satisfaction among female healthcare workers and factors related to the work environment, training and development, and their involvement in decision-making processes. Most participants reported feeling empowered when assigned equitable responsibilities and when provided opportunities to attain managerial positions within their organizations. Creating a supportive work environment that offers advancement opportunities can improve job satisfaction among female employees.

Keywords: Satisfaction, Woman, Education, Training, Opportunities

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Introduction

The increasing empowerment and rising job satisfaction of female employees in the healthcare sector are essential factors enabling Saudi women to achieve success and advancement in their professional careers. Saudi society has historically been characterized as masculine, with clearly defined, rigid, and distinct gender roles [1–3]. Accordingly, within such a collectivist culture that emphasizes conformity and expects individuals to align their personal and professional goals with established social norms, women who pursue careers beyond traditional domestic expectations are often viewed as deviating from cultural standards and challenging societal traditions [4, 5]. Nevertheless, Saudi Arabia has made notable progress in advancing women's empowerment, which researchers attribute to the persistence and determination of Saudi women in advocating for their rights and greater empowerment. It is increasingly recognized that empowering women enhances both the availability and quality of human resources necessary for national development and progress [2, 3, 6, 7]. Saudi Arabia's long-term strategic plan outlines national objectives for economic, social, and political advancement, with particular emphasis on diversifying the economy and reducing reliance on oil revenues.8 Regarding the healthcare sector, Saudi Arabia seeks to

empower women by ensuring equal opportunities for their active participation in the development and advancement of healthcare services. These objectives include increasing women's representation in the healthcare workforce and strengthening their leadership roles and empowerment within the sector [8].

The existing literature on female professionals in the healthcare sector has identified several organizational factors that contribute to their empowerment. These include the formal recognition and identification of workplace barriers such as gender bias, stereotyping, and sociocultural constraints, alongside institutional efforts to mitigate these challenges and acknowledge women's professional contributions [9–11]. In parallel, although healthcare institutions have expanded initiatives to raise awareness of gender equality, research suggests that the implementation of gender parity policies has largely been shaped by managerial and leadership interpretations of equality within restrictive cultural and social frameworks [9, 12].

Several studies have associated women's empowerment in Saudi Arabia's healthcare workforce with improved access to education and professional training, enabling advancement into senior and leadership positions [5, 13–15]. However, women remain underrepresented in managerial roles when compared with men [13, 15]. Conversely, other findings argue that equality in educational and training opportunities has not yet been fully realized, particularly in relation to advanced academic attainment such as master's and doctoral degrees [10, 16, 17]. This gap is further reflected in limited female participation in strategic decision-making, which tends to occur mainly when women occupy managerial positions. Nevertheless, continued efforts by Saudi women to secure improved educational and employment opportunities are gradually producing positive outcomes. Some scholars suggest that these developments have expanded access to leadership roles and increased female participation in strategic decision-making [12, 18, 19]. Despite this progress, it remains uncertain whether these challenges are particularly pronounced in Saudi Arabia's healthcare sector, underscoring the need for the present study.

The representation of women in the Saudi healthcare workforce remains comparatively low. Reported figures show that women account for 37% of pharmacists, 36.4% of dentists, 36.3% of physicians, and 24.4% of allied health professionals [20]. Nursing is the only category in which women constitute the majority, at 61.8% [20]. Although female participation in healthcare employment is rising [12, 18, 19], disparities in remuneration, including wages, salaries, and allowances, persist. For instance, the World Economic Forum ranks Saudi Arabia 127th out of 146 countries in pay equality, a finding reinforced by Stoeger *et al.*, who identified substantial gender-based wage gaps [21, 22]. Therefore, despite notable advancements in women's empowerment, full workplace gender equity in terms of opportunities has not yet been achieved [21–25]. Moreover, many women continue to report that, while numerous institutional barriers have been reduced, equitable representation in employment opportunities remains lacking [26–28]. Consequently, it is important to investigate further how female employees perceive their work environments, particularly in the healthcare context.

Materials and Methods

A cross-sectional design was employed, with nonprobability sampling guided by predefined inclusion and exclusion criteria. The target population consisted exclusively of Saudi female employees working in governmental hospitals within the healthcare sector, including medical, administrative, and technical staff, across both governmental and non-governmental hospitals in Saudi Arabia.

Ethical approval for this study was granted by the Institutional Review Board (IRB) at Prince Sultan Military College of Health Science (IRB-2023-CLS-001). Data were collected through an online survey administered between December 2022 and February 2023. Standardized closed-ended questionnaires were distributed via Google Forms across five regions of Saudi Arabia. In total, 261 completed responses were obtained. Informed consent was obtained at the beginning of the online questionnaire.

The researchers developed an electronic, structured questionnaire to align with the study's primary aim, using a three-point Likert response format (1 = agree, 2 = undecided, 3 = disagree). To ensure validity in terms of clarity and relevance, the instrument was reviewed by a group of subject-matter experts. The estimated time to complete the survey was approximately 10 minutes.

The questionnaire consisted of 45 items. Of these, 7 items focused on demographic and employment-related information. A further 12 items were designed to evaluate aspects of the workplace environment, including having a dedicated office space for administrative tasks, perceptions of a positive organizational climate, and access to private and comfortable facilities such as rest areas and cafeterias. Additionally, 14 items examined access to privileges and career opportunities, such as preferential allocation of opportunities to Saudi women, female representation in leadership and managerial positions, and the provision of both financial and non-financial rewards for high-performing female employees. Another 12 items assessed participation in work processes and decision-making, including women's involvement in organizational decisions, the level of managerial confidence in female employees, and the extent to which supervisors consider women's ideas and feedback.

To evaluate the instrument's reliability, a pilot study was conducted with 60 participants. Internal consistency across the three domains was measured using Cronbach's alpha, yielding reliability coefficients of 0.785, 0.859, and 0.823, respectively. A mean score was subsequently computed to represent the overall performance of each thematic area.

The collected data were analyzed using the Statistical Package for the Social Sciences (SPSS) software (SPSS Inc., Chicago, IL, USA), version 26. Descriptive statistics were reported using frequencies and percentages. For each domain, an average score was derived from the sum of its corresponding items. These mean scores were then rounded to the nearest whole number to align with the three-point Likert scale (1 = agree, 2 = undecided, 3 = disagree). Furthermore, chi-square tests were employed to examine associations between demographic/work-related variables and the three study domains. When the expected cell counts were fewer than 5, Fisher's exact test was used. Statistical significance was set at $P \leq 0.05$.

Results and Discussion

The demographic characteristics of the population

Table 1 summarizes the distribution of demographic and occupational variables among the 261 female participants included in the study. Most respondents were in the 25–34-year age group (59%), followed by those aged 35–44 years (30%). More than half of the sample were employed in governmental healthcare institutions (53%), while 35% worked in military hospitals. Regarding job roles, 58% occupied clinical positions, whereas administrative and technical roles accounted for 25% and 17%, respectively. Regarding marital status, 58% were married, and 34% were single.

Regarding educational qualifications, the majority held a Bachelor's degree (64%), followed by those with a Master's degree (16%), while 7% had a Ph.D. or higher. Regarding professional experience, 37% reported more than 19 years of service, and 31% reported between 5 and less than 10 years of service.

Table 1. Demographic and work-related characteristics for women working in the health sector in Saudi Arabia (n = 261)

Variable	Percentage (%)	Frequency (n)
Where do you work?		
Government sector	53	137
Military sector	35	91
Private sector	13	33
What is your job title?		
Administrative positions	25	66
Clinical positions	58	151
Technical positions	17	44
Age group?		
Under 25 years	6	16
25 to under 35 years	59	153
35 to under 45 years	30	77
45 years and above	6	15
Marital status		
Divorced	7	17
Married	58	152
Single	34	89
Widowed	1	3
Academic qualifications		
Bachelor's degree	64	167
Master's degree	16	42
Ph.D. and above	7	17
Below a bachelor's degree	13	35
Years of experience		
Less than 2 years	10	27
2 to less than 5 years	21	55
5 to less than 10 years	31	82
More than 10 years	37	97

The association between female workers' satisfaction and factors enabling Saudi women in the health sector

When exploring how satisfaction among female healthcare employees relates to workplace environmental conditions, statistically significant relationships were identified between satisfaction and several variables, including job title, age group, marital status, educational level, and years of experience (P-value = 0.029, < 0.0001, < 0.0001, < 0.0001, and 0.0347, respectively). The analysis indicated that nearly half of the respondents reporting satisfaction with their work environment were females aged 25–34 (49%). In contrast, 48% of satisfied participants were mainly in administrative and technical positions. A higher proportion of satisfaction was also observed among married women (61%), compared with other marital

categories. In terms of education, the majority of satisfied respondents (60%) had completed a bachelor's degree. Additionally, women with more than 10 years of experience accounted for 37% of those expressing higher satisfaction levels compared with less experienced counterparts **(Table 2)**.

Table 2. The Association of female workers' satisfaction with the environmental factors to enable Saudi women in the health sector

Variable	P-value	Environmental factors (disagree)	Environmental factors (undecided)	Environmental factors (agree)
Where do you work?				
Government sector	0.526	11 (55%)	90 (54%)	36 (48%)
Military sector		6 (30%)	53 (32%)	32 (43%)
Private sector		3 (15%)	23 (14%)	7 (9%)
Job title				
Administrative positions	0.029	4 (20%)	33 (20%)	29 (39%)
Clinical positions		11 (55%)	104 (63%)	36 (48%)
Technical positions		5 (25%)	29 (17%)	10 (13%)
Age group				
Less than 25 years	< 0.0001	1 (5%)	8 (5%)	7 (9%)
25 to under 35 years		9 (45%)	107 (64%)	37 (49%)
35 to under 45 years		7 (35%)	45 (27%)	25 (33%)
45 years and above		3 (15%)	6 (4%)	6 (8%)
Marital status				
Divorced	< 0.0001	0 (0%)	10 (6%)	7 (9%)
Married		17 (85%)	89 (54%)	46 (61%)
Single		3 (15%)	66 (40%)	20 (27%)
Widowed		0 (0%)	1 (1%)	2 (3%)
Academic qualifications				
Bachelor's degree	< 0.0001	13 (65%)	109 (66%)	45 (60%)
Master's degree		4 (20%)	28 (17%)	10 (13%)
Ph.D. and above		1 (5%)	10 (6%)	6 (8%)
Below a bachelor's degree		2 (10%)	19 (11%)	14 (19%)
Years of experience				
Less than 2 years	0.0347	1 (5%)	17 (10%)	9 (12%)
2 to less than 5 years		2 (10%)	45 (27%)	8 (11%)
5 to less than 10 years		9 (45%)	51 (31%)	22 (29%)
More than 10 years		8 (40%)	53 (32%)	36 (48%)

In relation to satisfaction with workplace privileges and available opportunities, significant associations emerged across all examined socio-demographic and occupational variables, including work sector, job title, age, marital status, academic qualification, and years of experience (P-value = < 0.0001, 0.0005, < 0.0001, 0.0002, < 0.0001, and < 0.0001, respectively). The findings showed that 57% of women who were satisfied with privileges and opportunities were employed in the government sector, exceeding those in the military and private healthcare settings. Higher satisfaction was also more evident among clinical staff than among administrative and technical personnel, and among participants aged 25–34 years. Married respondents represented 59% of those satisfied in this domain, and the same proportion was observed among those holding a bachelor's degree when compared with other marital and educational groups. Furthermore, 38% of participants with more than 10 years of experience reported greater satisfaction compared with those with shorter professional histories **(Table 3)**.

Table 3. The association between female workers' satisfaction with privilege and opportunity factors and Saudi women's empowerment in the health sector.

Variable	P-value	Privileges and opportunities factors (disagree)	Privileges and opportunities factors (undecided)	Privileges and opportunities factors (agree)
Where do you work?				
Government sector	< 0.0001	5 (36%)	66 (50%)	66 (57%)
Military sector		8 (57%)	45 (34%)	38 (33%)
Private sector		1 (7%)	20 (15%)	12 (10%)
Job title				
Administrative positions	0.0005	5 (36%)	30 (23%)	31 (27%)
Clinical positions		8 (57%)	77 (59%)	66 (57%)
Technical positions		1 (7%)	24 (18%)	19 (16%)

Age group				
Less than 25 years	< 0.0001	0 (0%)	6 (5%)	10 (9%)
25 to under 35 years		8 (57%)	79 (60%)	66 (57%)
35 to under 45 years		5 (36%)	37 (28%)	35 (30%)
45 years and above		1 (7%)	9 (7%)	5 (4%)
Marital status				
Divorced	0.002	1 (7%)	10 (8%)	6 (5%)
Married		6 (43%)	77 (59%)	69 (59%)
Single		7 (50%)	43 (33%)	39 (34%)
Widowed		0 (0%)	1 (1%)	2 (2%)
Academic qualifications				
Bachelor's degree	< 0.0001	7 (50%)	91 (69%)	69 (59%)
Master's degree		4 (29%)	20 (15%)	18 (16%)
Ph.D. and above		1 (7%)	6 (5%)	10 (9%)
Below a bachelor's degree		2 (14%)	14 (11%)	19 (16%)
Years of experience				
Less than 2 years	< 0.0001	0 (0%)	9 (7%)	18 (16%)
2 to less than 5 years		1 (7%)	30 (23%)	24 (21%)
5 to less than 10 years		7 (50%)	45 (34%)	30 (26%)
More than 10 years		6 (43%)	47 (36%)	44 (38%)

Similarly, analysis of the work performance and decision-making domain demonstrated statistically significant associations with employment sector, job classification, age, marital status, academic background, and professional experience (P-value = 0.0004, 0.0002, 0.0001, 0.005, < 0.0001, and < 0.0001, respectively). The majority of satisfied respondents within this category were employed in governmental institutions (56%) and predominantly worked in clinical roles (58%). Most were also within the 25–34-year age bracket (55%) and were married (58%). Regarding education, 63% of satisfied participants held a bachelor's degree, while 40% had accumulated more than 10 years of work experience **(Table 4)**.

Table 4. The association between female workers' satisfaction with work and decision-making factors to enable Saudi women in the health sector.

Variable	P-value	Doing work and decision-making factors (disagree)	Doing work and decision-making factors (undecided)	Doing work and decision-making factors (agree)
Where do you work?				
Government sector	0.0004	4 (44%)	49 (49%)	84 (56%)
Military sector		5 (56%)	36 (36%)	50 (33%)
Private sector		0 (0%)	16 (16%)	17 (11%)
Job title				
Administrative positions	0.0002	3 (33%)	20 (20%)	43 (28%)
Clinical positions		5 (56%)	59 (58%)	87 (58%)
Technical positions		1 (11%)	22 (22%)	21 (14%)
Age group				
Less than 25 years	0.0001	0 (0%)	6 (6%)	10 (7%)
25 to under 35 years		6 (67%)	64 (63%)	83 (55%)
35 to under 45 years		3 (33%)	24 (24%)	50 (33%)
45 years and above		0 (0%)	7 (7%)	8 (5%)
Marital status				
Divorced	0.005	0 (0%)	9 (9%)	8 (5%)
Married		7 (78%)	58 (57%)	87 (58%)
Single		2 (22%)	33 (33%)	54 (36%)
Widowed		0 (0%)	1 (1%)	2 (1%)
Academic qualifications				
Bachelor's degree	< 0.0001	5 (56%)	67 (66%)	95 (63%)
Master's degree		3 (33%)	13 (13%)	26 (17%)
Ph.D. and above		0 (0%)	6 (6%)	11 (7%)
Below a bachelor's degree		1 (11%)	15 (15%)	19 (13%)
Years of experience				
Less than 2 years	< 0.0001	0 (0%)	7 (7%)	20 (13%)
2 to less than 5 years		2 (22%)	23 (23%)	30 (20%)

5 to less than 10 years	4 (44%)	38 (38%)	40 (26%)
More than 10 years	3 (33%)	33 (33%)	61 (40%)

The outcomes of this study indicate that demographic characteristics of female employees—including age, marital status, educational attainment, occupational role, years of experience, and workplace setting—play a substantial role in shaping their perceptions of the work environment, available opportunities, and participation in decision-making processes. The findings are organized into three thematic areas that correspond to the study objectives: factors related to women's empowerment in the workplace, factors related to privileges and opportunities, and factors related to work execution and decision-making.

The results provide important insights into female job satisfaction across three core empowerment dimensions in Saudi healthcare settings: teamwork, workplace positivity, and organizational attentiveness. Among these, teamwork emerges as a particularly influential motivating factor for women, especially when collaborative work is conducted alongside male colleagues. This observation aligns with previous literature, which emphasizes that women's empowerment is closely associated with equal access to employment opportunities alongside men [1, 2, 6, 7]. The findings further suggest a mutually beneficial dynamic when male and female employees collaborate, which may contribute to enhanced organizational outcomes. This highlights the potential value for Saudi healthcare institutions in strengthening gender-inclusive teamwork, which may not only improve productivity but also increase job satisfaction among female staff and generate broader organizational benefits.

Furthermore, the findings suggest that the Saudi healthcare system has invested considerable effort in improving women's workplace experiences, as reflected in the generally positive perceptions reported by female participants. Consistent with the arguments presented by Al-Qahtani *et al*. [3] and Alsubaie and Jones [23], which underscore the importance of supportive and positive work environments in fostering women's empowerment, the present study reinforces the essential role of cultivating a constructive organizational climate. Nevertheless, the results also imply that achieving such an environment requires Saudi Arabian healthcare institutions to explicitly prioritize female employee satisfaction. For example, the data show that women value having their personal circumstances acknowledged in the workplace, which aligns with earlier studies highlighting the importance of autonomy and control over professional roles [9, 12]. Accordingly, enhancing Saudi women's satisfaction may depend on strengthening their involvement in both collaborative work processes and broader organizational productivity.

The findings further highlight important implications for the relationship between women's satisfaction and fairness in compensation, echoing Stoeger *et al*. 's emphasis on pay equity as a central component of perceived empowerment [22]. It is widely recognized that remuneration is a primary motivator in employment; therefore, satisfaction with fair compensation is likely to enhance both motivation and performance. The results of this study suggest that gender-based pay equity is relatively well maintained in the healthcare sector, which appears to positively influence female employees' satisfaction levels. However, this contrasts with earlier studies reporting persistent wage disparities between men and women [21, 22]. This inconsistency may be explained by sector-specific improvements within healthcare institutions. Consequently, it may be inferred that the Saudi healthcare sector is potentially more advanced than other sectors in promoting equitable compensation for women. However, such an assumption would require further comparative, sector-based investigation to confirm.

Additionally, the study demonstrates that female employees' satisfaction is strongly associated with access to equitable training and professional development opportunities, a finding supported by previous research [5, 13, 14]. The results indicate that women in the healthcare sector perceive equal access to training and development opportunities as their male counterparts do, as reflected in their increased representation in managerial and leadership positions. However, these findings are inconsistent with other studies, which suggest that equality in access to training and in leadership representation has not yet been fully achieved in Saudi Arabia [10, 16, 17]. Overall, these results imply that the Saudi healthcare sector has made notable progress in expanding access to career development opportunities for women, thereby enhancing their job satisfaction and contributing to the broader national objectives of workforce development and empowerment.

The results of this investigation also shed key insights on the role of being able to perform work and participate in decision-making in shaping women employees' satisfaction. Participants indicated that most female workers perceived their input in workplace decisions as appreciated, which aligns with earlier research showing that when women are given opportunities to participate in strategic decision-making, both their satisfaction and productivity improve [12, 18, 19]. This suggests that involvement in decision-making processes serves as a key motivational factor for female employees, which may explain the higher satisfaction levels observed across different job categories (administrative, clinical, technical), workplace settings (governmental, military, private), and varying lengths of experience.

In essence, decision-making-related motivation, as reflected in this study, implies that employees who perceive themselves as having influence or control over workplace decisions tend to report higher satisfaction. Nevertheless, this also raises questions regarding the level and nature of decision-making in which women are engaged. The findings suggest that participation in higher-level or strategic decisions is likely to yield stronger satisfaction outcomes than involvement in routine or lower-level decisions, consistent with previous studies emphasizing the empowering effect of women's engagement in

strategic decision-making processes [12, 18, 19]. Accordingly, regardless of the decision type, the act of being heard and having one's opinions and suggestions acknowledged appears central to enhancing satisfaction among female employees. Additionally, the results indicate that perceptions of fairness in task allocation relative to male colleagues significantly contribute to higher satisfaction levels among women. However, this interpretation may overlook inherent differences in role-specific capabilities between genders.

The findings of this study carry important implications for human resource management and policy development within Saudi Arabia's healthcare sector. They indicate that the sector has made notable progress in increasing female representation, which may foster a positive perception that encourages more women to pursue careers in healthcare, supported by perceived improvements in gender equity. Furthermore, while earlier studies have highlighted persistent inequalities in workplace opportunities for women, the present findings do not negate such issues in other sectors; rather, they reflect developments specific to the healthcare field. This suggests that existing policies aimed at eliminating workplace gender discrimination should be reassessed and selectively implemented within healthcare contexts. Doing so may help align theoretical assumptions with the practical realities identified in this study, ultimately improving satisfaction among female employees and supporting broader national objectives.

Conclusion

This study suggests that although Saudi women still encounter inequalities in the workplace regarding treatment, access to training and development, and career advancement, meaningful progress is evident within the healthcare sector. The findings indicate that aligning workplace environments with women's professional status and aspirations can significantly enhance their satisfaction levels. In particular, the study highlights that factors such as teamwork, a positive organizational climate, equitable access to opportunities, participation in decision-making, and feeling valued are essential determinants of women employees' satisfaction.

The implications of these findings are particularly relevant for guiding Saudi healthcare organizations toward prioritizing the creation of fair and inclusive work environments, which may positively influence both satisfaction and productivity among female staff. Moreover, the results suggest that the healthcare sector has made considerable advances in promoting women's rights and interests within the workplace, reinforcing the need for continued policy development in this area. Therefore, healthcare institutions in Saudi Arabia should develop and implement workplace policies that ensure equal treatment of women and men across all professional domains.

Although the study's relatively large sample size and quantitative design represent strengths, certain limitations should be acknowledged. The reliance on closed-ended survey instruments restricted the depth of the findings and limited the exploration of participants' experiences. Future research is therefore recommended to adopt mixed-methods approaches, combining quantitative surveys with qualitative interviews, to obtain richer, more comprehensive insights into women's job satisfaction in the Saudi healthcare sector.

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