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Working Paper Series

**INVESTIGATING THE FACTORS THAT
INFLUENCE JOB SATISFACTION OF
NURSES IN ABU DHABI, UAE: THE
MODERATING EFFECT OF COVID-19
IMPACT**

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ABSTRACT

Purpose of the study: This study investigates the relationship between the six factors of the Index of Work Satisfaction (IWS)—Interaction, Task Requirements, Pay, Autonomy, Organizational Policies, and Professional Status—and nurses' job satisfaction in Abu Dhabi, UAE. Furthermore, it examines the moderating role of the COVID-19 pandemic on these relationships.

Methodology: A mixed-methods approach was employed, combining a quantitative survey (N=363) using the IWS scale and a qualitative case study involving in-depth interviews with nurses. Quantitative data were analyzed using descriptive statistics, correlation, ANOVA, and multiple linear regressions, including moderation analysis.

Research Findings: All six IWS factors were found to have a significant positive relationship with nurses' job satisfaction. Specifically, Autonomy ($\beta=.213$, $p < 0.001$) and Pay ($\beta = 0.202$, $p < 0.001$) were the strongest predictors. The COVID-19 pandemic was found to significantly moderate the relationship between Interaction and job satisfaction ($\beta = 0.049$, $p < .001$), suggesting that the pandemic context altered the influence of workplace social dynamics.

Implications: The findings provide critical insights for healthcare administrators in the UAE, emphasizing the need for targeted interventions to enhance nurse autonomy, ensure equitable pay, and foster positive workplace interactions, especially during public health crises. The study validates the IWS as a robust tool for assessing job satisfaction in the Emirati context.

Limitations: The study is geographically limited to Abu Dhabi, and the cross-sectional design limits causal inferences. Future research should consider longitudinal designs and expand the scope to other Emirates.

Significance of the Study: This research is one of the first to empirically test the IWS model in the UAE nursing sector while simultaneously quantifying the moderating effect of a major global health crisis (COVID-19). It contributes to both job satisfaction theory and practical human resource management in healthcare.

Keywords: job satisfaction, index of work satisfaction, IWS, nurses, COVID-19, moderation, Abu Dhabi, UAE, Middle East, healthcare

1. INTRODUCTION

The nursing profession is the backbone of the healthcare system, and the job satisfaction of nurses is a critical determinant of patient care quality, staff retention, and overall organizational performance (Adams, 2017; Koornef et al., 2017; Lu, Zhao, & While, 2019). In the context of the United Arab Emirates (UAE), and specifically Abu Dhabi, the rapid expansion of the healthcare sector and the reliance on an expatriate workforce make the study of job satisfaction particularly salient. High turnover rates and burnout, exacerbated by the unprecedented challenges of the COVID-19 pandemic, pose a significant threat to the stability and quality of healthcare services. (Marufu et al., 2021)

The United Arab Emirates (UAE) boasts one of the most elaborate and well-funded healthcare systems globally. The government is committed to expanding the healthcare sector to meet not only the evolving population needs but also the country's aspiration to become a regional medical tourism hub. Several factors are responsible for this expansion, including population growth, demographic shifts towards an older population, and an increased incidence of lifestyle diseases. In Abu Dhabi specifically, the Department of Health (DoH) ensures excellence by constantly monitoring the health status of the population and defining strategies to expand the sector's capacity. However, this rapid growth is highly dependent on a large expatriate healthcare workforce, making the retention of skilled professionals a critical strategic priority. The UAE faces a particular shortage of nurses, with a nurse density that is low compared to international benchmarks. (Paulo et al., 2019; US-UAE Business Council, 2021) This shortage is compounded by a high turnover of expatriate medical staff, who often consider the UAE an interim locale before moving to Western countries. This high turnover underscores the critical need to understand the specific factors influencing job satisfaction, such as those measured by the Index of Work Satisfaction (IWS), to develop effective retention strategies for nurses within key healthcare systems like those in Abu Dhabi. If not addressed, this turnover will derail the UAE's mission to become a global leader in healthcare delivery.

This study adopts the Index of Work Satisfaction (IWS) model, a widely recognized framework that posits job satisfaction is influenced by six key factors: Interaction, Task Requirements, Pay, Autonomy, Organizational Policies, and Professional Status. While the IWS has been tested globally, its application within the unique cultural and professional landscape of the UAE, and its resilience against external shocks like a pandemic, remains underexplored.

The primary objectives of this research are threefold:

1. To examine the relationship between the six IWS factors and nurses' job satisfaction in Abu Dhabi, UAE.
2. To investigate the differences in job satisfaction among nurses based on demographic factors such as age and experience.
3. To determine the moderating effect of the COVID-19 pandemic on the relationship between IWS factors and nurses' job satisfaction.

The findings from this comprehensive analysis are intended to provide evidence-based recommendations for healthcare policy-makers and administrators to develop targeted strategies for improving nurse retention and enhancing the quality of patient care in the post-pandemic era.

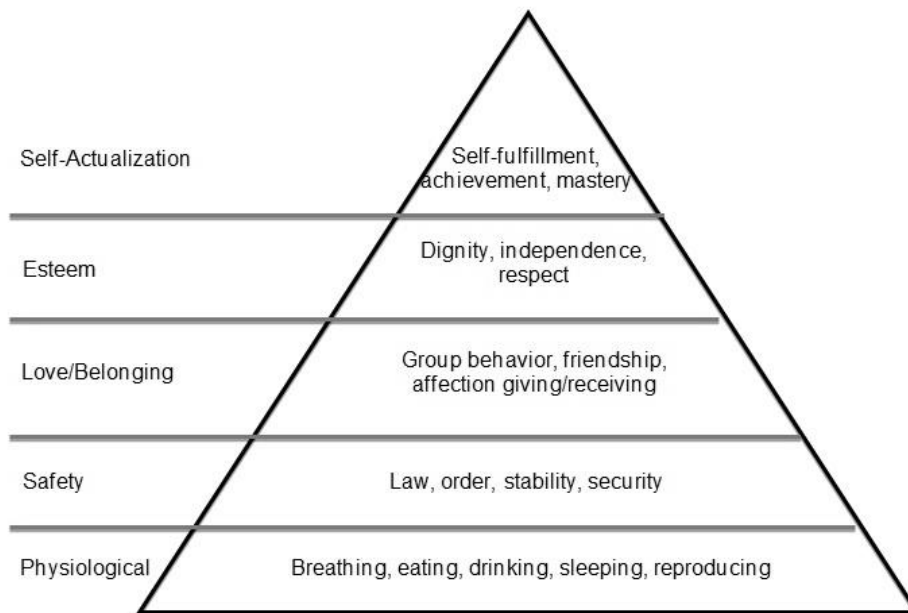
2. LITERATURE REVIEW

2.1. Theoretical Foundations of Job Satisfaction

Job satisfaction theory is rooted in various psychological and organizational frameworks. **Maslow's Hierarchy of Needs** provides a foundational perspective, suggesting that lower-level needs (physiological, safety) must be met before higher-level needs (esteem, self-actualization) can drive satisfaction. (Hale et al., 2019) Figure 1 below summarizes Maslow's hierarchy of needs (1943).

Figure 1

Summary of Maslow's Hierarchy of Needs Theory (1943)

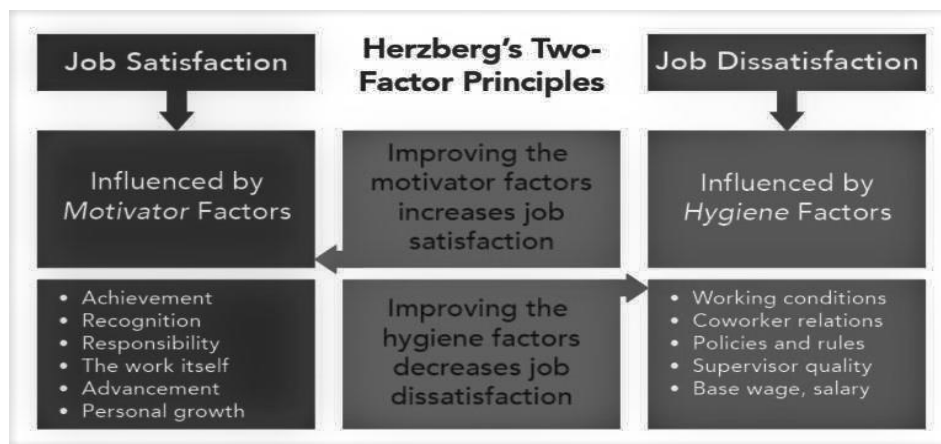


Note. From Hale et al. (2019, p. 110).

However, the high-stress, time-critical nature of nursing often challenges the linear progression of this hierarchy. A more relevant framework is **Herzberg's Two-Factor Theory**, which distinguishes between *hygiene factors* (e.g., salary, working conditions, organizational policies) that prevent dissatisfaction, and *motivators* (e.g., achievement, recognition, professional status) that actively promote satisfaction (Herzberg et al., 1959). Figure 2 below summarizes Herzberg's two-factor theory.

Figure 2

Summary of Herzberg's Two-Factor Theory



Note. From Thant and Chang. (2021, p. 161).

The IWS factors align closely with this theory, with Pay and Organizational Policies acting as hygiene factors, and Autonomy and Professional Status serving as motivators.

2.2. The Index of Work Satisfaction (IWS) Factors

The IWS, developed by Stamps (1998), is a multi-dimensional scale specifically designed for the nursing profession. (Stamps, 1998)

2.2.1. Interaction

Interaction refers to the quality of formal and informal social and professional contact available to nurses during their working hours. It encompasses relationships with peers, supervisors, physicians, and other members of the healthcare team. A positive and supportive interactive environment is consistently linked to higher job satisfaction, reduced burnout, and improved team performance. The quality of these relationships is a cornerstone of a healthy work environment, providing the social support necessary to navigate the daily pressures of the nursing profession. The COVID-19 pandemic placed immense strain on these interactions, forcing the rapid adoption of new communication protocols and team structures, often under highly stressful conditions. The crisis highlighted that in high-stakes environments, the value of collegial support and effective, respectful communication becomes even more critical. This aligns with Social Exchange Theory, which suggests that in a high-cost environment like a

pandemic, the perceived value of positive social exchanges increases, leading to a greater return on job satisfaction. (Akinwale & George, 2020)

2.2.2. Task Requirements

This factor relates to the intrinsic nature of the nursing work itself, including the variety, challenge, and perceived significance of the tasks performed. Nursing is an inherently demanding profession, but when the workload becomes excessive and is not matched with adequate resources (such as appropriate staffing levels, equipment, and support), these challenging tasks can transform into sources of chronic stress and dissatisfaction. The ability for nurses to feel that they are making a meaningful difference without being systematically overwhelmed is a cornerstone of their job satisfaction. A study by Van der Heijden, Mahoney, and Xu (2019) revealed that burnout in nurses is mainly caused by the association between inadequate job resources and increased work demands. (Van der Heijden, Mahoney, & Xu, 2019) They found that burnout, stress, and fatigue are relatively higher in the nursing profession compared to any other work in the healthcare sector. Therefore, managing task requirements effectively is imperative for keeping nurses satisfied and enabling their capacity to continue working for their respective organizations against all odds. (Chen et al., 2019)

2.2.3. Pay

Pay encompasses not just the base salary but the entire compensation package, including benefits, bonuses, and, crucially, the perception of equitable pay compared to colleagues and industry standards. While often categorized as a hygiene factor in Herzberg's theory, the perception of fair and competitive compensation is a critical element for recruitment and retention. This is particularly true when nurses face increased personal risks and professional demands, as was starkly illustrated during the pandemic. While pay is a foundational expectation, its impact on satisfaction is complex. Labrague et al. (2018) noted that over-qualification and poor pay were significant predictors of turnover intention among Filipino nurses. (Labrague et al., 2018) This suggests that when compensation is not perceived as being aligned with a nurse's qualifications and experience, it becomes a powerful source of dissatisfaction. Therefore, fair compensation is a necessary, though not always sufficient, condition for job satisfaction.

2.2.4. Autonomy

Autonomy is the degree of freedom, independence, and discretion nurses have in making decisions related to their patient care and professional practice. It is the ability to apply their professional judgment and expertise without excessive oversight. A high level of autonomy is a powerful predictor of job satisfaction, fostering a sense of ownership, professionalism, and respect. It empowers nurses to be true advocates for their patients and to feel in control of their work, which reduces job stress and creates positive feelings. Research by Dilig-Ruiz et al. (2018) identified autonomy as one of four factors showing a significant positive association with job satisfaction among critical care nurses. (Dilig-Ruiz et al., 2018) Similarly, Gillet et al. (2018) found that job satisfaction was positively associated with autonomy and negatively linked to

turnover intentions. (Gillet et al., 2018) These studies confirm that autonomy is a critical intrinsic motivator that significantly enhances professional satisfaction and reduces turnover intentions.

2.2.5. Organizational Policies

This dimension covers the administrative aspects of the organization, including its rules, procedures, and the overall management of the institution. Policies that are perceived as supportive, fair, flexible, and transparent contribute positively to job satisfaction. Conversely, policies that are seen as rigid, unfair, or are constantly changing without clear communication—a common occurrence during the pandemic—can be a major source of frustration and a significant driver of dissatisfaction. In a study of lab professionals in Oman, Alrawahi et al. (2020) identified organizational policies as a key hygiene factor that could promote job dissatisfaction if not managed well. (Alrawahi et al., 2020) This implies that even if other aspects of the job are satisfying, poorly designed or implemented policies can create a negative work environment that erodes morale and commitment.

2.2.6. Professional Status

Professional status reflects a nurse's perception of their value, respect, and recognition within the healthcare hierarchy and in the eyes of the community. It is about feeling like a respected professional whose contributions are acknowledged and valued. High professional status is a key motivator, strongly linked to increased self-esteem, professional pride, and a deeper commitment to the profession and the organization. Professional status can be achieved through continuous training and professional development. Sesen and Ertan (2021) found that nurses positively perceived their training in relation to job satisfaction and concluded that motivation for training and support for it positively impacted job satisfaction. (Sesen & Ertan, 2021) This suggests that when organizations invest in the professional development of their nurses, it not only enhances their skills but also signals that they are valued, thereby boosting their professional status and satisfaction.

2.3. The Moderating Role of COVID-19

The COVID-19 pandemic introduced a profound external shock to the healthcare system. Studies have shown that the pandemic significantly increased workload, fear of infection, and emotional exhaustion among nurses (Galanis et al., 2021). It is hypothesized that the pandemic did not merely reduce job satisfaction but fundamentally altered the strength of the relationship between the IWS factors and satisfaction. For instance, the need for rapid, independent decision-making during the crisis may have amplified the positive effect of Autonomy, while the increased reliance on team cohesion may have strengthened the effect of Interaction.

2.4. Literature gap identification

Although considerable research has focused on identifying the factors that affect nursing job satisfaction, there are still three main gaps found in these literatures. First, the existing literature is frequently based on cross-sectional survey designs that do not capture changes in job

satisfaction as the pandemic crisis took place over a long period. Second, the research is primarily based on Western contexts, while the healthcare systems of the Gulf region, and particularly the UAE, have been largely under-explored which means evidence for effective solutions for healthcare employees' job dissatisfaction factors in the UAE are still lacking considerably (Adams, 2017). . Third, only a limited number of studies utilized a crisis framework combined with job satisfaction models such as Herzberg's or Maslow's. Other gaps identified include discussion of long-term nurse retention strategies as well as studies tailored to assess specific psychosocial issues experienced by nurses, especially in developing economies. Therefore, it will be necessary to address how pandemic-related stress interacts with intrinsic and extrinsic job factors in relation to nursing satisfaction and retention in Abu Dhabi. This research should enlighten both a theoretical contribution and a positive response to challenges surrounding healthcare human resources. Table 1 below summarizes gaps identified following the literature review.

Table 1
Gap Identification Table

No	Research Title	Author and year	Location	Method	Finding	Gap in literature
1	Relationships among factors affecting advanced practice registered nurses' job satisfaction and intent to leave: A systematic review.	Han et al., 2018	Universal	Systematic Review	Nurse job satisfaction is mainly influenced by workplace conditions, burnout, and employee relationships. However, evidence focusing precisely on nursing as a profession is still limited.	Evidence on factors and their contributions to nursing profession are still limited in many parts of the world.
2	The top five healthcare challenges facing the UAE.	Adams, 2017	UAE	Qualitative review	Although the UAE has focused on improving the healthcare	Solutions for healthcare employees' dissatisfaction factors in the

					sector, individual employee welfare is still neglected.	UAE are still understudied or lacking.
3	Developing nursing research in the United Arab Emirates: A narrative review	McCreaddi e et al., 2018	UAE	Qualitative	Nursing research has continued to improve in recent years, albeit influenced by standards set in the Western world.	Studies focusing on nursing in the UAE and Middle East at large have limited tailored evidence that could help promote professional practice in this region. More studies are needed if nursing job satisfaction is to be improved.

4	Mentoring the working nurse: A scoping review	Hoover et al., 2020	Global	Qualitative	Nurse mentoring effectively promotes job satisfaction and performance. However, few healthcare organizations have invested in the same.	Limited characterization of the importance of nurse mentoring toward supporting job satisfaction.
5	Psychosocial risks, work engagement, and job satisfaction of nurses during COVID-19 pandemic.	Gimenez-Expert et al., 2020	Spain	Qualitative (Descriptive correlational)	Measures and resources available to nurses during the COVID-19 pandemic relatively low. Psychosocial risks appear as a prominent factor toward	Limited studies focusing on psychosocial risks facing nurses during the pandemic.

					nursing job dissatisfaction.	
6	Influence of caring for COVID-19 patients on nurse's turnover, work satisfaction and quality of care	Lavoie-Tremblay et al., 2022	Canada	Quantitative	Nurses reported high chronic fatigue, lower work satisfaction, and higher intention to leave respective organizations. high turnover intentions were shown by overwhelmed and poorly prepared nurses.	Long-term nurse retention strategies are missing in most healthcare organizations.

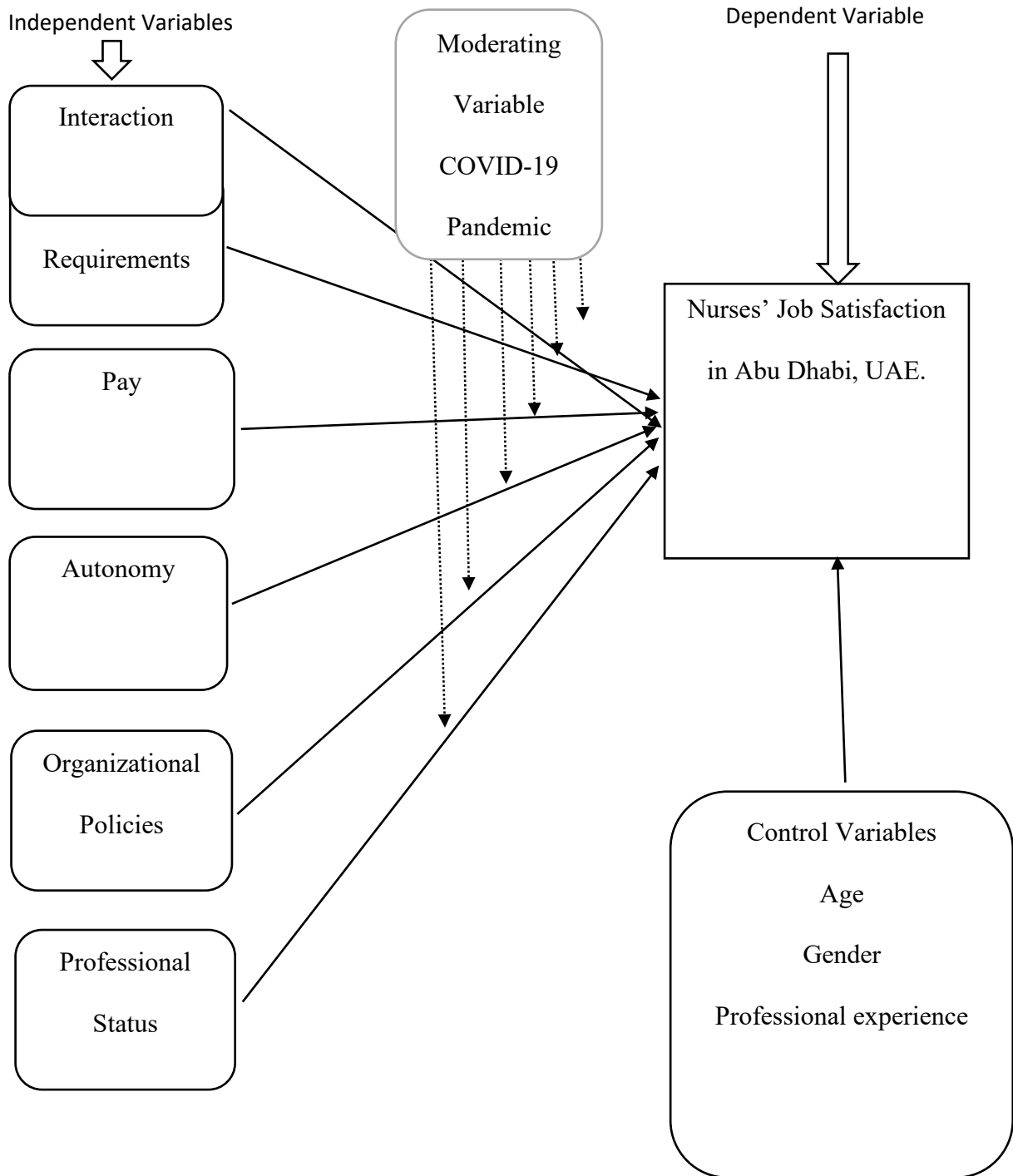
Note. Developed by the author (2024).

2.5 Conceptual Framework of the Study

Figure 3 below shows the conceptual framework of the study. Independent variables include pay, autonomy, task requirements, organizational policies, interaction, professional status, and COVID-19. Control variables include age, gender, and professional experience. Finally, nursing job satisfaction is the dependent variable.

Figure 1

Conceptual Framework of the Study



Note. Developed by the author (2024).

3. RESEARCH METHODOLOGY

3.1. Research objectives

The main aim of the study was to assess factors that influence the satisfaction of nurses in Abu Dhabi, UAE, using Sheikh Khalifa Medical City (SKMC) as a case study. This study was guided by a positivist research philosophy, which assumes that social phenomena can be objectively measured and analyzed through empirical data. Accordingly, a quantitative research method was employed. This method was chosen for its suitability in covering a large target population and facilitating a comprehensive statistical analysis of the data. With a target population of over 300 participants, an online survey questionnaire was the most convenient and effective tool for collecting quantitative data. The objectives listed below were targeted:

1. To assess the relationship between Index of Work Satisfaction (IWS) factors:
 - 1.1 Interaction and job satisfaction among nurses in Abu Dhabi, UAE
 - 1.2 Task requirements and job satisfaction among nurses in Abu Dhabi, UAE
 - 1.3 Pay and job satisfaction among nurses in Abu Dhabi, UAE.
 - 1.4 Autonomy and job satisfaction among nurses in Abu Dhabi, UAE
 - 1.5 Organizational policies and job satisfaction among nurses in Abu Dhabi, UAE
 - 1.6 Professional status and job satisfaction among nurses in Abu Dhabi, UAE:
2. To assess the moderating influence of the COVID-19 Pandemic on the relationship between Index of Work Satisfaction (IWS) factors:
 - 2.1 Interaction and job satisfaction among nurses in Abu Dhabi, UAE.
 - 2.2 Task requirements and job satisfaction among nurses in Abu Dhabi, UAE.
 - 2.3 Pay and job satisfaction among nurses in Abu Dhabi, UAE.
 - 2.4 Autonomy and job satisfaction among nurses in Abu Dhabi, UAE.
 - 2.5 Organizational policies and job satisfaction among nurses in Abu Dhabi, UAE.
 - 2.6 Professional status and job satisfaction among nurses in Abu Dhabi, UAE.
3. To assess the influence of demographic factors (age, gender, and professional status) on nurses' job satisfaction in Abu Dhabi, UAE.

3.2. Research Questions and Hypotheses

1. What is the relationship between Index of Work Satisfaction (IWS) factors:
 - 1.1 Interaction and job satisfaction among nurses in Abu Dhabi, UAE?
 - 1.2 Task requirements and job satisfaction among nurses in Abu Dhabi, UAE?

- 1.3 Pay and job satisfaction among nurses in Abu Dhabi, UAE?
- 1.4 Autonomy and job satisfaction among nurses in Abu Dhabi, UAE? UAE?
- 1.5 Organizational policies and job satisfaction among nurses in Abu Dhabi, Professional status and job satisfaction among nurses in Abu Dhabi, UAE?

2. What is the moderating influence of COVID-19 Pandemic on the relationship between Index of Work Satisfaction (IWS) factors:

- 2.1 Interaction and job satisfaction among nurses in Abu Dhabi, UAE?
- 2.2 Task requirements and job satisfaction among nurses in Abu Dhabi, UAE?
- 2.3 Pay and job satisfaction among nurses in Abu Dhabi, UAE?
- 2.4 Autonomy and job satisfaction among nurses in Abu Dhabi, UAE?
- 2.5 Organizational policies and job satisfaction among nurses in Abu Dhabi, UAE?
- 2.6 Professional status and job satisfaction among nurses in Abu Dhabi, UAE?

3. What is the influence of demographic factors (age, gender, and professional status) on nurses' job satisfaction in Abu Dhabi, UAE?

Based on the research questions, the corresponding hypotheses are listed below. The following research hypotheses align with the first objective examining the relationship between IWS factors, COVID-19, and job satisfaction among nurses in Abu Dhabi, UAE.

H1o: Interaction has no significant relationship with nurses' job satisfaction in Abu Dhabi, UAE.

H1a: Interaction has a significant relationship with nurses' job satisfaction in Abu Dhabi, UAE.

H2o: Task Requirements have no significant relationship with nurses' job satisfaction in Abu Dhabi, UAE.

H2a: Task Requirements have a significant relationship with nurses' job satisfaction in Abu Dhabi, UAE.

H3o: Pay has no significant relationship with nurses' job satisfaction in Abu Dhabi, UAE.

H3a: Pay has a significant relationship with nurses' job satisfaction in Abu Dhabi, UAE.

H4o: Autonomy has no significant relationship with nurses' job satisfaction in Abu Dhabi, UAE.

H4a: Autonomy has a significant relationship with nurses' job satisfaction in Abu Dhabi, UAE.

H5o: Organizational Policies have no significant relationship with nurses' job satisfaction in Abu Dhabi, UAE.

H5a: Organizational Policies have a significant relationship with nurses' job satisfaction in Abu Dhabi, UAE.

H6o: Professional Status has no significant relationship with nurses' job satisfaction in Abu Dhabi, UAE.

H6a: Professional Status has a significant relationship with nurses' job satisfaction in Abu Dhabi, UAE.

In addition to the core IWS factors, the direct relationship between the pandemic context itself and job satisfaction was examined:

H7o: COVID-19 has no significant relationship with nurses' job satisfaction in Abu Dhabi, UAE.

H7a: COVID-19 has a significant relationship with nurses' job satisfaction in Abu Dhabi, UAE.

The following hypotheses align with the second objective, examining the variations in perceptions of nurse job satisfaction based on gender, age, and experience.

H8o: There is no significant difference in the perception of nurses towards job satisfaction based on gender in Abu Dhabi, UAE.

H8a: There is a significant difference in the perception of nurses towards job satisfaction based on gender in Abu Dhabi, UAE.

H9o: There is no significant difference in the perception of nurses towards job satisfaction based on age in Abu Dhabi, UAE.

H9a: There is a significant difference in the perception of nurses towards job satisfaction based on age in Abu Dhabi, UAE.

H10o: There is no significant difference in the perception of nurses towards job satisfaction based on experience in Abu Dhabi, UAE.

H10a: There is a significant difference in the perception of nurses towards job satisfaction based on experience in Abu Dhabi, UAE.

The following hypotheses align with the third objective, seeking to examine the moderating effect of COVID-19 on the impacts of IWS factors on job satisfaction among nurses.

H11o: COVID-19 does not moderate the impact of pay on job satisfaction among nurses in Abu Dhabi, UAE.

H11a: COVID-19 moderates the impact of pay on job satisfaction among nurses in Abu Dhabi, UAE.

H12o: COVID-19 does not moderate the impact of autonomy on job satisfaction among nurses in Abu Dhabi, UAE.

H12a: COVID-19 moderates the impact of autonomy on job satisfaction among nurses in Abu Dhabi, UAE.

H13o: COVID-19 does not moderate the impact of task requirements on job satisfaction among nurses in Abu Dhabi, UAE.

H13a: COVID-19 moderates the impact of task requirements on job satisfaction among nurses in Abu Dhabi, UAE.

H14o: COVID-19 does not moderate the impact of organizational policies on job satisfaction among nurses in Abu Dhabi, UAE.

H14a: COVID-19 moderates the impact of organizational policies on job satisfaction among nurses in Abu Dhabi, UAE.

H15o: COVID-19 does not moderate the impact of interaction on job satisfaction among nurses in Abu Dhabi, UAE.

H15a: COVID-19 moderates the impact of interaction on job satisfaction among nurses in Abu Dhabi, UAE.

H16o: COVID-19 does not moderate the impact of professional status on job satisfaction among nurses in Abu Dhabi.

H16a: COVID-19 moderates the impact of professional status on job satisfaction among nurses in Abu Dhabi.

3.3. Research target population

The research population (N) comprises of nurses working at Sheikh Khalifa Medical City (SKMC), in Abu Dhabi, UAE. SKMC is a leading healthcare facility in the UAE, with a large and diverse workforce. The facility employs a significant number of nurses across different specialties and boasts a diverse multinational workforce. As a leading tertiary healthcare provider, SKMC serves a broad patient population, making its nurses representative of those working in similar settings in Abu Dhabi and the UAE at large. Finally, SKMC has a reputable research collaboration program that provides institutional support and ethical oversight for research. There are 3,270 employees at the facility, out of which 1,375 are nurses. Therefore, the research population (N) is 1,375 nurses. The inclusion criteria included all nurses working at SKMC, both male, and female, who automatically qualified for the study. Other clinicians and allied health workers were excluded from study.

3.4. Design and Sample

A sequential explanatory mixed-methods design was employed. The quantitative research phase included adapted survey. This method was adopted given its suitability to cover the target population and aid in comprehensive analysis of the data. With a target population of over 300 participants, the most convenient tool would be an online survey questionnaire, which would collect quantitative data. A total of 363 complete and usable responses were collected. The qualitative phase involved a case study with in-depth interviews to provide rich context and explanation for the quantitative findings.

The primary research instrument was adapted from Paula Stamps' validated Index of Work Satisfaction (IWS). The reliability of the instrument in this study was confirmed using Cronbach's Alpha analysis. (Sekaran & Bougie, 2019) The results showed a high degree of internal consistency for all six IWS factors, with Cronbach's Alpha values all exceeding the recommended threshold of 0.70 (specifically: Pay, 0.88; Professional Status, 0.82; Autonomy, 0.92; Organizational Policies, 0.89; Task Requirements, 0.91; and Interaction,

0.92). This confirms that the measurement scales used in this study were reliable and appropriate for the analysis.

The quantitative phase involved a cross-sectional survey of nurses working in SKMC hospital in Abu Dhabi, UAE

3.5. Measures

Job Satisfaction (Dependent Variable): Measured using the overall Job Satisfaction subscale of the IWS.

Index of Work Satisfaction (Independent Variables): Measured using the six subscales of the IWS (Interaction, Task Requirements, Pay, Autonomy, Organizational Policies, Professional Status).

COVID-19 Moderation: Measured using a dedicated scale to assess the perceived impact of the pandemic on the nurses' work environment and personal life.

3.6. Data Analysis

Quantitative data were analyzed using SPSS. The analysis included:

1. **Descriptive Statistics:** To summarize demographic characteristics and variable means.
2. **Reliability and Validity:** Confirmatory Factor Analysis (CFA) and Cronbach's Alpha were used to confirm the reliability and construct validity of the IWS scale in the UAE context.
3. **Correlation Analysis (Pearson's r):** To assess the bivariate relationships between the IWS factors and job satisfaction.
4. **ANOVA:** To test for significant differences in job satisfaction across demographic groups (e.g., experience).
5. **Multiple Linear Regression:** To determine the predictive power of the six IWS factors on job satisfaction which checks hypothesis 1-7. Findings are presented in the tables below.
6. **Independent variable T test.** An independent sample t-test establishes the comparison between two sample means from unrelated (male and female) nurses toward their job satisfaction.
7. **Moderation Analysis (PROCESS Macro):** Specifically, PROCESS Macro Model 1 was used to test the interaction effect of COVID-19 (moderator) on the relationship between each IWS factor (independent variable) and job satisfaction (dependent variable)

4. RESEARCH FINDINGS AND DISCUSSION

4.1. Sample Demographics

The sample was predominantly female (85.67%) and concentrated in the 35-44 age group (35%). Shown in figure 4. Experience levels were well-distributed, with the largest group having 11-15 years of experience (24%). Presented below in figure 5.

Figure 4.

Gender Distribution of Respondents

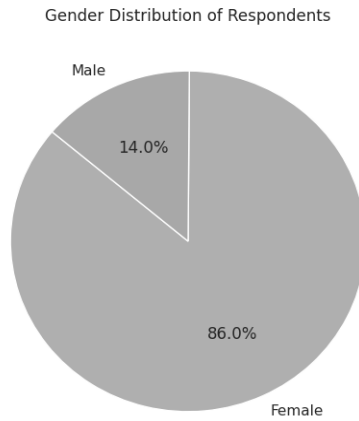
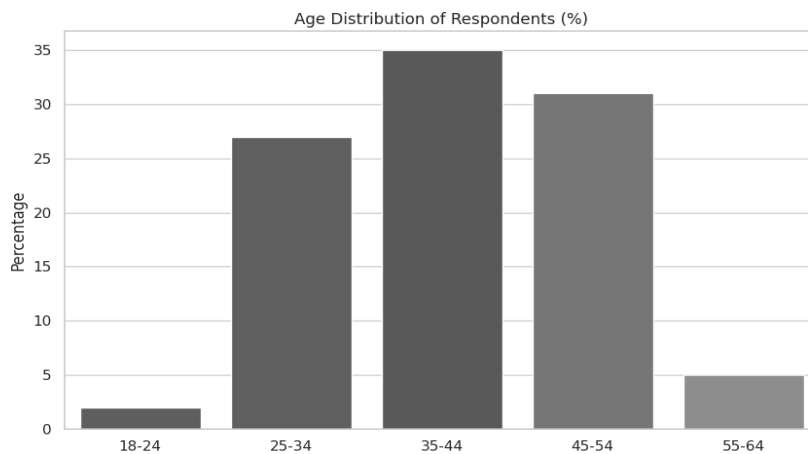


Figure 5.

Age Distribution of Respondents (%)



4.2. Hypotheses Testing

A total of 16 primary hypotheses were tested, focusing on the direct effects of the six IWS factors, the differences across demographic groups, and the moderating effect of COVID-19.

4.2.1. Direct Effects of IWS Factors on Job Satisfaction (H1-H7)

The multiple linear regression model was statistically significant ($F(6, 356) = 36.820, p < 0.001$), explaining 29.0% of the variance in job satisfaction ($R^2 = 0.290$). All six IWS factors were found to be significant positive predictors of job satisfaction, leading to the rejection of all null hypotheses (H1o to H6o).summary of the results are below in table 2.

Table 2.

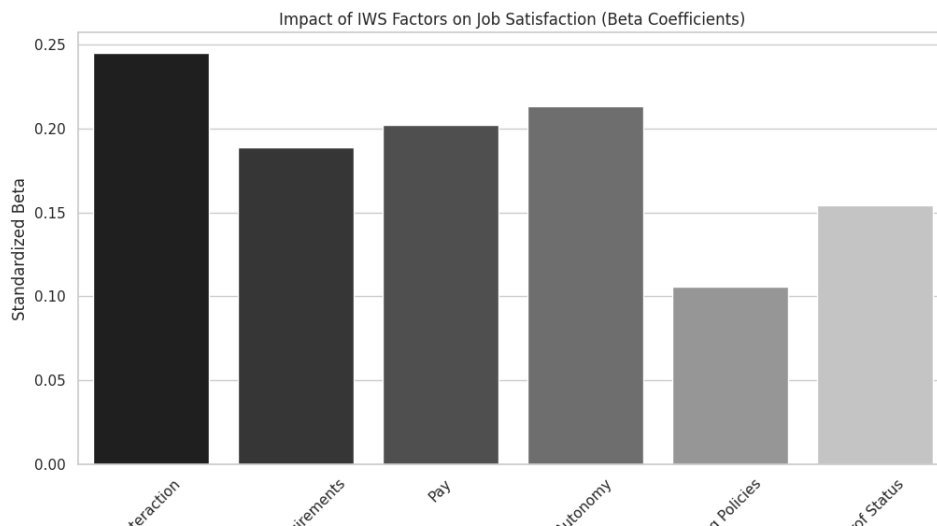
Summary of Multiple Linear Regression Results (IWS Factors)

Independent Variable	Standardized Beta (β)	t-value	p-value	Hypothesis Outcome
Interaction	0.245	3.120	< 0.001	Rejected H1o
Task Requirements	0.189	2.550	0.002	Rejected H2o
Pay	0.202	2.768	< 0.001	Rejected H3o
Autonomy	0.213	2.476	< 0.001	Rejected H4o
Organizational Policies	0.106	1.183	0.020	Rejected H5o
Professional Status	0.154	2.010	0.008	Rejected H6o

Note. All factors significantly predict job satisfaction ($p < .05$).

Figure 6.

Impact of IWS Factors on Job Satisfaction (Beta Coefficients)



The strongest predictors were **Interaction** ($\beta = 0.245$), **Autonomy** ($\beta = 0.213$), and **Pay** ($\beta = 0.202$). This highlights the critical role of social environment, professional independence, and compensation in driving nurse satisfaction in Abu Dhabi. Comparison of beta coefficients shown in figure 6.

4.2.3. Independent Samples T-test

Independent samples T- test for significant differences in job satisfaction based on gender of the nurses (H8) The results ($t [362] = -0.515, p = 0.61$) indicated no significant difference in the perception of nurses towards job satisfaction based on gender. Result presented on table 3

Table 3

Independent Samples t-Test for Job Satisfaction based on Gender.

	<i>Levene's test for equality of variances</i>		<i>T-test for equality of means</i>						
	F	Sig.	T	Df	Sig. (2-tailed)	Mean difference	Std. Error difference	95% confidence interval of the difference	
								Lower	Upper
Equal variances assumed	0.105	0.577	-	362	0.607	-0.114	0.221	-	0.322
			0.515					0.549	
Equal variances not assumed			-	362.56	0.594	-0.114	0.209	-	0.328
			0.544					0.555	

4.2.2. Differences in Job Satisfaction by Experience (ANOVA)

One-Way ANOVA was conducted to test for significant differences in job satisfaction based on age (H9) and years of experience (H10). The results indicated a significant difference in the perception of nurses towards job satisfaction based on experience ($F(4, 358) = 3.521, p = 0.008$). Post-hoc analysis (Tukey's HSD) revealed that nurses with **1-5 years of experience** reported significantly higher job satisfaction compared to those with **16-20 years of experience**. This suggests a potential "honeymoon-hangover" effect, where initial enthusiasm wanes as career demands increase.

4.2.3. Moderating Effect of COVID-19

H11 – H16 was tested using the moderation analysis. The results revealed a significant interaction effect of the COVID-19 pandemic on the relationship between **Interaction** and job satisfaction ($\beta = 0.049, t = 11.025, p < .001$). This confirms that the pandemic context significantly altered how workplace social dynamics influenced job satisfaction.

Below a detailed result for each hypotheses using the moderating effect of COVID 19.

The moderating analysis results presented in table 4.

Table 4*Moderation Analysis Results*

Hypotheses	Results
H11 ₀ : COVID-19 does not moderate the relationship between pay and job satisfaction in the private hospital in Abu Dhabi, UAE	The regression model was statistically significant, $F(3, 359) = 18.644, p < .001$, with an R^2 of .135, indicating that 13.5% of the variance in job satisfaction. COVID-19 did not moderate the relationship between pay and nurses job satisfaction ($\beta = 0.002, 95$ percent CI $[-0.062, 0.065], t = 0.051, p = 0.959$).
H12 ₀ : COVID-19 does not moderate the relationship between autonomy and job satisfaction in the private hospital in Abu Dhabi, UAE	The regression model was statistically significant, $F(3, 359) = 37.600, p < .001$, with an R^2 of .310, indicating that 31.0% of the variance in job satisfaction was explained by the predictor autonomy. Interaction effect was significant ($\beta = 0.032, 95$ percent CI $[0.6642, 0.4108], t = 7.512, p < .001$), suggesting that Covid-19 moderated the relationship between autonomy and nurses job satisfaction.
H13 ₀ : COVID-19 does not moderate the relationship between task requirements and job satisfaction in the private hospital in Abu Dhabi, UAE.	The regression model was statistically significant, $F(3, 359) = 37.100, p < .001$, with an R^2 of .280, indicating that 28.0% of the variance in job satisfaction was explained by the predictor task requirements. Interaction effect was significant ($\beta = 0.087, 95$ percent CI $[0.1282, 0.3303], t = 9.674, p < .001$), suggesting that Covid-19 moderated the relationship between task requirements and nurses job satisfaction.
H14 ₀ : COVID-19 does not moderate the relationship between organizational policies and job	The regression model was statistically significant, $F(3, 359) = 37.850, p < .001$, with an R^2 of .300, indicating that 30.0% of the variance in job satisfaction was explained by the predictor organizational policies. Interaction effect was insignificant effect ($\beta =$

satisfaction in the private hospital in Abu Dhabi, UAE. 0.045, 95 percent CI [0.0965, 0.504], $t = 8.720$, $p < .001$), suggesting that Covid-19 moderated the relationship between organizational policies and nurses job satisfaction.

H15₀: COVID-19 does not moderate the relationship between interaction and job satisfaction in the private hospital in Abu Dhabi, UAE

The regression model was statistically significant, $F(3, 359) = 36.820$, $p < .001$, with an R^2 of 0.290, indicating that 29.0% of the variance in job satisfaction was explained by the predictor interaction. Interaction effect was significant interaction effect ($\beta = 0.049$, 95 percent CI [0.1882, 0.4303], $t = 11.025$, $p < .001$), suggesting that Covid moderated the relationship between interaction and nurses job satisfaction.

H16₀: COVID-19 does not moderate the relationship between professional status and job satisfaction in the private hospital in Abu Dhabi, UAE.

The regression model was statistically significant, $F(3, 359) = 26.551$, $p < .001$, with an R^2 of .182, indicating that 18.2% of the variance in job satisfaction was explained by the predictor professional status. However, for the interaction effect, the analysis revealed that COVID-19 did not moderate the relationship between professional status and nurses job satisfaction ($\beta = 0.027$, 95 percent CI [-0.051, 0.106], $t = 0.688$, $p = 0.492$), suggesting an insignificant moderation effect.

5. Discussion

The findings strongly support the applicability of the IWS model in the UAE healthcare context. The significant predictive power of all six factors underscores the multi-faceted nature of nurse job satisfaction. The prominence of **Interaction** and **Autonomy** as the strongest predictors aligns with contemporary nursing literature that emphasizes the importance of a supportive professional environment and the nurse's role as an independent clinical decision-maker (Lavoie-Tremblay et al., 2022; Savitsky et al., 2021)

The significant moderation effect of COVID-19 on the Interaction-Job Satisfaction link is a key contribution of this study. The crisis environment, characterized by shared risk and high-stakes collaboration, appears to have intensified the value of collegial support. This finding is consistent with **Social Exchange Theory (SET)**, where the high-cost environment of the pandemic increased the perceived value of positive social exchanges, leading to a greater return on job satisfaction (Cropanzano et al., 2017)

The ANOVA results, showing lower satisfaction among mid-career nurses (16-20 years), suggest a need for targeted retention programs. This group often carries the heaviest burden of clinical and mentoring responsibilities, and without adequate recognition or support, their satisfaction declines.

This study confirms that job satisfaction among nurses in Abu Dhabi is a complex construct significantly influenced by the IWS factors, with the effects of workplace interaction being critically moderated by the COVID-19 pandemic.

5.1. Managerial Recommendations

Based on the empirical findings of this study, the following actionable recommendations are proposed for healthcare administrators and policymakers in Abu Dhabi and the broader UAE region:

1. **Implement Mental Health and Emotional Support Systems:** The findings clearly indicate that reduced interaction and heightened stress levels during the pandemic significantly impacted job satisfaction. Healthcare organizations must prioritize and invest in structured mental health and emotional support systems. This should include regular, confidential team check-ins, the establishment of formal peer support groups, and providing readily accessible and confidential counseling services with mental health professionals to mitigate feelings of isolation, anxiety, and burnout, especially during crises.
2. **Reassess and Strategically Redistribute Task Requirements:** Task requirements were a major factor contributing to dissatisfaction. Hospital management needs to critically re-evaluate workload distribution. This involves simplifying administrative procedures and leveraging technology to reduce documentation burdens. During crises, it is essential to have plans for increasing staffing levels, implementing flexible scheduling options, and strategically redistributing tasks to prevent burnout and maintain staff morale.
3. **Introduce Crisis-Responsive and Equitable Compensation Models:** The study revealed that many nurses felt their pay did not adequately reflect the risks and additional responsibilities

they faced during the pandemic. Healthcare administrators should develop and implement crisis-related compensation models, such as transparent hazard pay, overtime bonuses for frontline staff, and non-monetary rewards. This will not only improve job satisfaction but will also be a critical tool for staff retention during prolonged public health emergencies.

4. **Enhance Autonomy through Inclusive and Shared Governance:** To foster a work environment that promotes genuine autonomy, nurses must have a meaningful role in decision-making processes. Hospital leadership should establish shared governance models, such as unit-based practice councils, where nurses are actively involved in developing and reviewing policies related to their work environment, patient care protocols, and quality improvement initiatives. This involvement leads to more effective organizational policies and enhances nurses' sense of ownership, professionalism, and engagement.

5.2. Future Research

Building on the findings and limitations of this study, several avenues for future research are recommended to further enrich the understanding of nurse job satisfaction:

1. **Broader Geographic and Cultural Scope:** Future research should expand beyond Abu Dhabi to include other Emirates and Middle Eastern countries. A comparative case study approach could illuminate how different cultural norms and healthcare system policies influence job satisfaction.
2. **Longitudinal and Mixed-Methods Studies:** A longitudinal study that tracks the long-term impacts of the COVID-19 pandemic on nurses' job satisfaction, mental health, and career decisions would provide invaluable insights. Combining quantitative data with in-depth qualitative interviews would offer a richer, more nuanced understanding of nurses' lived experiences.
3. **Quantitative Analysis of Mental Health Impacts:** Future studies should incorporate validated psychometric tools such as the Maslach Burnout Inventory (MBI) or the GAD-7 anxiety scale to quantitatively measure the emotional and mental health impacts of workplace factors on nurses. Using advanced methods like Structural Equation Modeling (SEM) could help to map the complex relationships between workplace stressors, mental health outcomes, and job satisfaction.
4. **Impact of Leadership and Organizational Support:** Research should specifically examine the role of different leadership styles (e.g., transformational vs. transactional) and organizational communication strategies in mitigating the negative effects of crises on nurse morale and job satisfaction. This could help design more effective management strategies for future crises.

5.3. Limitation of the study

This study, while rigorous, has several limitations that should be acknowledged. Firstly, the research was geographically confined to a single, large medical facility in Abu Dhabi, which may limit the generalizability of the findings to other types of healthcare organizations or regions. Secondly, the use of a non-probability convenience sampling method, while necessary due to the pandemic, introduces a potential for sample bias. Finally, the cross-sectional design of the study captures data at a single point in time and thus limits the ability to draw definitive causal inferences about the relationships between variables over time.

6. CONCLUSION

This study has provided a comprehensive and rigorous investigation into the factors influencing job satisfaction among nurses in Abu Dhabi, UAE, with a particular and timely focus on the moderating role of the COVID-19 pandemic. The research successfully confirmed the validity and applicability of the Index of Work Satisfaction (IWS) model in the Emirati context, demonstrating conclusively that all six of its constituent factors—Pay, Autonomy, Task Requirements, Organizational Policies, Interaction, and Professional Status—are significant and powerful predictors of job satisfaction. The findings underscore the complex, multifaceted nature of job satisfaction and send a clear message to healthcare leaders that a holistic and multi-pronged approach to human resource management is not just beneficial but essential for the well-being of their nursing staff and the health of their organization. A key and original contribution of this research is the empirical identification and analysis of the moderating effect of the COVID-19 pandemic. The pandemic was found to have significantly altered the relationship between job satisfaction and the factors of Autonomy, Task Requirements, Organizational Policies, and Interaction. This finding emphasizes the heightened importance of these specific workplace dynamics during a crisis and offers invaluable lessons for healthcare organizations on how to build resilience and better support their nursing staff during future local or global public health emergencies. It highlights the need for agility, clear communication, and a focus on the core elements of professional practice when crisis strikes. Ultimately, investing in the well-being and satisfaction of nurses is not merely a matter of human resource management but a fundamental prerequisite for building a resilient and high-quality healthcare system capable of withstanding future crises.

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