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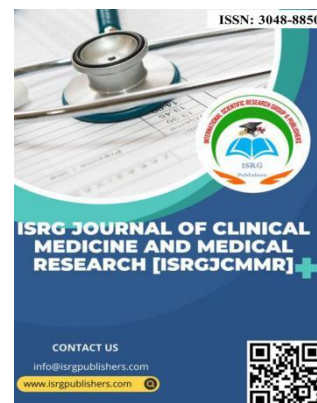
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Work Performance, Organizational Commitment and Job Satisfaction Among Foreign Nurses in The Northern Border Region of Saudi Arabia

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Abstract

Objective: This study examined these constructs among foreign nurses in public hospitals in the Northern Border region of Saudi Arabia.

Methods: A cross-sectional quantitative design was used. Total population sampling was applied to foreign nurses working in 12 secondary and tertiary hospitals among 501 nurses. Data were collected using three validated instruments assessing work performance, organizational commitment, and job satisfaction, ensuring the reliability and construct validity of the measured variables. Descriptive statistics were computed, and independent t-tests and one-way ANOVA were used to examine differences by demographic profile.

Results: Foreign nurses reported high task and contextual performance and low counterproductive work behaviour, indicating generally strong performance levels. Organizational commitment was moderate, with affective and normative commitment slightly higher than continuance commitment. Job satisfaction was also moderate: supervision, nature of work and coworkers had the highest mean scores, whereas fringe benefits, communication and operating conditions were lowest. Most dimensions of performance, commitment and satisfaction did not differ significantly by age, gender, education, area of assignment or length of service. Significant differences were observed only for counterproductive work behaviour and communication by hospital level, and for promotion and fringe benefits by nationality.

Conclusion: Foreign nurses in this region appear to function at a high-performance level and display moderate organizational commitment and job satisfaction, with particular strength in intrinsic and relational aspects of work. Dissatisfaction is concentrated in structural and financial domains, and meaningful variation is driven more by hospital level and nationality than by basic demographic characteristics

Keywords: Foreign Nurses, Work Performance, Organizational Commitment, Job Satisfaction, Saudi Arabia

Introduction

Healthcare systems globally continue to experience sustained nursing shortages, escalating service demands, and increasing expectations for quality and patient safety. These pressures have intensified dependence on internationally recruited nurses, particularly in countries with rapidly expanding healthcare systems and limited domestic workforce supply. World Health Organization (WHO) 2020 (1). Foreign nurses now constitute a substantial proportion of hospital staff in many regions, functioning as a critical stabilizing force in service delivery. Despite their central role, concerns persist regarding workforce sustainability, particularly in relation to performance consistency, organizational attachment, and job satisfaction under contract-based employment arrangements (2,3).

Saudi Arabia exemplifies this reliance on foreign nurses. The country continues to rely heavily on foreign nurses, who still constitute 56% of the national nursing workforce as of 2025, remains critical for sustaining public health services in remote regions and the private sector where Saudi representation remains as low as 6.7% (4, 5). While foreign nurses contribute significantly to operational continuity, their employment context is characterized by unique structural conditions, including fixed-term contracts, limited promotion pathways, cultural adjustment demands, and varying institutional support systems (2, 3). These conditions may shape not only their attitudinal responses to work but also their behavioral performance and longer-term organizational commitment.

Moreover modern healthcare research has shifted from viewing work performance as mere task completion to a multidimensional construct comprising task performance, contextual performance, and counterproductive work behavior (6). This integrated behavioral perspective is particularly vital for evaluating foreign nurses, as it captures both their technical clinical execution and their broader contributions to team synergy and organizational effectiveness (7). Ultimately, balancing these dimensions is essential for maintaining high-quality care, ensuring patient safety, and achieving long-term institutional stability in diverse medical environments. Alongside performance, organizational commitment remains a central construct in understanding workforce stability. The Three-Component Model conceptualizes commitment as affective (emotional attachment), continuance (perceived costs of leaving), and normative (sense of obligation) (8). For foreign nurses, these components may operate differently from domestic nurses due to contractual employment, mobility considerations, and cultural expectations (3, 5). Emotional attachment may be shaped by professional integration and leadership support, while continuance commitment may reflect economic considerations and employment alternatives. Normative commitment may be influenced by professional ethics and cultural norms emphasizing duty and responsibility. Identifying the dominant forms of commitment among foreign nurses provides insight into retention dynamics beyond simple turnover intention.

Job satisfaction represents another key attitudinal dimension influencing both performance and commitment (9). In nursing research, satisfaction has been linked to supervision quality, promotion opportunities, compensation, work conditions, and interpersonal relationships

(10,11). Among foreign nurses, satisfaction may be particularly sensitive to perceptions of fairness, communication practices, and

alignment between contractual expectations and actual work conditions (11,12). Empirical studies in Saudi Arabia have generally reported moderate job satisfaction among foreign nurses (3, 12), however, findings regarding demographic differences and organizational predictors have been inconsistent.

Evidence on whether demographic factors influence nurses' workplace perceptions remains mixed. For example, Aljohani et al. (13) reported that age and years of experience significantly shaped psychiatric nurses' perceptions of their work environment in Saudi Arabia, whereas Adolfo et al. (14) found no significant association between demographic variables and job satisfaction among registered nurses. Moreover, work performance, organizational commitment, and job satisfaction are often examined separately, particularly among foreign nurses in peripheral regions in the country.

Addressing these gaps, the present study adopts an integrated framework examining work performance, organizational commitment, and job satisfaction concurrently, applies validated instruments, and focuses on a peripheral Saudi region. Using a census of foreign nurses in public hospitals, it enhances contextual relevance and strengthens the representativeness of findings. Accordingly, this study examined the levels of task performance, contextual performance, and counterproductive work behavior; assessed affective, continuance, and normative commitment; and evaluated job satisfaction across multiple facets among foreign nurses in Saudi Arabia. It further explored whether these outcomes differed by demographic profile and examined the interrelationships among performance, commitment, and satisfaction. By clarifying the extent to which demographic versus organizational factors shape foreign nurses' work experiences, the study contributes to ongoing debates regarding workforce stability, performance sustainability, and retention strategies in contract-based healthcare systems. Finally, the study extends existing nursing and organizational behavior literature by providing region-specific, integrative evidence on foreign nurses' behavioral and attitudinal outcomes within a public healthcare system.

Aims

This study investigates these interrelations among foreign nurses employed in public hospitals in the Northern Border region of Saudi Arabia. Specifically, it examines (a) levels of work performance, organizational commitment, and job satisfaction; (b) whether these variables differ across demographic characteristics; and (c) the extent to which they are statistically associated.

Study Objectives

This study aimed to:

1. Assess levels of work performance (task, contextual, and counterproductive dimensions), organizational commitment (affective, continuance, and normative), and job satisfaction (nine subdomains) among foreign nurses.
2. Determine whether these variables differ across demographic characteristics (age, sex, nationality, educational attainment, area of assignment, length of service, and hospital level).
3. Examine the relationships among work performance, organizational commitment, and job satisfaction.

Conceptual Framework

The conceptual framework of the study is grounded in established organizational behavior theory. It integrates the multidimensional model of individual work performance (15,16) the Three-Component Model of organizational commitment (8) and the facet-based structure of job satisfaction (9). As illustrated in Figure 1, demographic characteristics are examined as grouping variables in relation to work performance, organizational commitment, and job satisfaction. Additionally, the framework posits direct associations among work performance, organizational commitment, and job satisfaction. This model provides the theoretical basis for the present study.

Methods

Study Design and Setting

A cross-sectional quantitative design was employed to examine work performance, organizational commitment, and job satisfaction among foreign nurses employed in public hospitals in the Northern Border region of Saudi Arabia. Data were collected from twelve public hospitals located across the Northern Border region, which comprises the governorates of Ar'ar, Rafha, and Turayf.

Participants and Sampling

The sampling frame consisted of all foreign national nurses employed in the public hospitals (N = 628). Total population sampling was adopted. After excluding 15 nurses who participated in pilot testing, 613 eligible nurses were invited to participate. A total of 501 completed questionnaires were returned and deemed valid for analysis (response rate = 81.7%).

Inclusion criteria were: (a) non-Saudi nationality, (b) currently employed in an MOH hospital in the region, and (c) minimum of six months of service. Saudi nationals, nurses on leave, part-time staff, and those with less than six months of employment were excluded.

Measures

Work Performance

Work performance was evaluated using the Individual Work Performance Questionnaire (IWPQ), originally developed by Koopmans et al. (15,16) This 18-item instrument measures three distinct dimensions: task performance (5 items), contextual performance (8 items), and counterproductive work behavior (5 items). Participants responded via a 5-point Likert scale, ranging from 0 (*seldom*) to 4 (*always*). The IWPQ has established robust psychometric properties across diverse occupational sectors and has been successfully adapted into multiple cultural contexts, including American-English (17) Turkish (18), Indian (19) and Peruvian (20) settings. In the current study, the scale demonstrated strong internal consistency, with Cronbach's alpha coefficients of .758 for task performance, .755 for contextual performance, .904 for counterproductive work behavior, and .867 for the total scale. Permission to use the tool was granted by the authors via email.

Organizational Commitment

Organizational commitment was assessed using the revised Three-Component Model (TCM) Employee Commitment Survey developed by Meyer and Allen (8), measuring affective, continuance, and normative commitment (6 items each). Responses were rated on a 4-point agreement scale (1 = strongly disagree to 4 = strongly agree). The IWPQ has established robust psychometric properties across diverse occupational sectors and has been

successfully adapted into multiple cultural contexts such Malaysia (21) and South Korea (22). In this study, internal consistency coefficients were: affective commitment ($\alpha = .771$), continuance commitment ($\alpha = .784$), normative commitment ($\alpha = .803$), and overall scale ($\alpha = .859$). Permission to use the instrument was obtained from the original author via email.

Job Satisfaction

Job satisfaction was measured using the Job Satisfaction Survey (JSS) developed by Spector (9) consisting of 36 items across nine subscales: pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication. Responses were rated on a 4-point agreement scale. The tool has established robust psychometric properties across diverse occupational sectors and has been successfully adapted into multiple cultural contexts such Iranian (23), Italian version (24) and Chinese version (25,26). In this study the overall internal consistency in this study was high ($\alpha = .902$), with subscale alphas ranging from 0.704 to 0.841. Permission to use and adapt the JSS was formally granted by the author.

Validation and Reliability

Content validity was established through expert review by nursing administrators and academic specialists in research methodology. Minor contextual modifications were incorporated to ensure relevance to the Saudi healthcare setting. Pilot testing was conducted among 15 expatriate nurses not included in the final sample. All scales demonstrated acceptable internal consistency ($\alpha \geq .70$), supporting reliability for the main data collection.

Data Collection Procedure

After institutional approvals were secured, data were collected electronically via SurveyMonkey. Invitations were distributed through institutional email and secure messaging platforms. Participation was voluntary and anonymous. Data collection continued until maximal response was achieved.

Ethical Considerations

Ethical approval was granted by the Institutional Ethics Review Committee of XXX (Reference No. 2025-IERC-00036v2) and by the Institutional Review Board of XXX (IRB Log No. NIC-IRB-25-04-21). Participation was voluntary, and informed consent was obtained electronically prior to survey access. No personally identifiable information was collected. Data were securely stored and accessible only to the researcher.

Statistical Analysis

Data were analyzed using SPSS. Descriptive statistics (frequencies, means, standard deviations) were computed to summarize demographic characteristics and levels of the primary variables. Group differences were examined using independent samples t-tests (for dichotomous variables) and one-way analysis of variance (ANOVA) (for variables with three or more categories). Tukey's HSD post hoc analysis was conducted when ANOVA results were significant. Pearson product-moment correlation coefficients were calculated to assess associations among work performance, organizational commitment, and job satisfaction. Statistical significance was set at $p < .05$.

Demographic Profile of the Expatriate Nurses

Table 1 presents the demographic profile of the 501 expatriate nurses. The sample was predominantly female (97.6%). Most respondents were between 26–40 years old (75.1%), indicating a largely early- to mid-career workforce. Indian nurses comprised the

largest nationality group (43.9%), followed by Filipino nurses (28.9%). The majority held a Bachelor of Science in Nursing degree (87.0%).

In terms of assignment, the largest proportions were deployed in the Emergency Department (20.8%) and other specialized units (20.2%), with 14.2% assigned to Adult ICU/CCU. Nearly half of the respondents (45.3%) had 2–5 years of service. Hospital affiliation was relatively balanced, with 51.3% employed in secondary hospitals and 48.7% in tertiary facilities. Overall, the sample reflects a predominantly female, mid-tenure expatriate nursing workforce concentrated in high-demand clinical areas.

Descriptive Statistics for Work Performance Dimensions

As shown in Table 2, respondents reported high levels of task performance ($M = 3.45$, $SD = 0.73$) and contextual performance ($M = 3.16$, $SD = 0.84$). In contrast, counterproductive work behavior was low ($M = 1.48$, $SD = 0.84$). The overall mean score for work performance was 2.70 ($SD = 0.80$), indicating generally favorable performance outcomes among expatriate nurses.

Descriptive Statistics for Organizational Commitment Dimensions

As presented in Table 3, respondents reported moderate levels of organizational commitment across all dimensions. Normative commitment ($M = 2.84$, $SD = 0.75$) and affective commitment ($M = 2.83$, $SD = 0.77$) yielded comparable mean scores, while continuance commitment was slightly lower ($M = 2.70$, $SD = 0.80$). The overall mean for organizational commitment was 2.79 ($SD = 0.77$). These findings indicate that expatriate nurses demonstrate a generally positive level of emotional attachment and sense of obligation toward their organization, with comparatively lower commitment driven by cost-based considerations.

Descriptive Statistics for Job Satisfaction Dimensions

Table 4 presents the descriptive statistics for job satisfaction dimensions. Among the nine facets, supervision yielded the highest mean score ($M = 3.15$, $SD = 0.71$), followed by nature of work ($M = 2.92$, $SD = 0.69$) and coworkers ($M = 2.70$, $SD = 0.75$). Moderate mean scores were observed for promotion ($M = 2.66$, $SD = 0.76$), pay ($M = 2.54$, $SD = 0.75$), and contingent rewards ($M = 2.54$, $SD = 0.73$). Lower mean scores were recorded for fringe benefits ($M = 2.45$, $SD = 0.74$), communication ($M = 2.36$, $SD = 0.81$), and operating conditions ($M = 2.18$, $SD = 0.70$), indicating comparatively weaker satisfaction in these areas. Overall, the results suggest that expatriate nurses reported relatively stronger satisfaction with supervisory support and the intrinsic nature of their work, while expressing lower satisfaction with structural and procedural aspects of the organization.

Differences in Work Performance, Organizational Commitment, and Job Satisfaction by Demographic Profile

As shown in Table 5, no statistically significant differences were observed in task performance or contextual performance across demographic variables (all $p > .05$). However, counterproductive work behavior differed significantly by hospital level ($p = .027$), indicating variation between nurses employed in secondary and tertiary facilities. Organizational commitment dimensions (affective, continuance, and normative) did not differ significantly across any demographic characteristics (all $p > .05$). For job satisfaction, significant differences emerged for promotion ($p = .038$) and fringe benefits ($p = .004$) across nationality groups. In addition, communication differed significantly by hospital level ($p = .008$). No other job satisfaction dimensions showed statistically

significant differences across demographic variables. Overall, demographic characteristics were largely unrelated to work performance and organizational commitment, with limited differences observed in selected job satisfaction domains and counterproductive work behavior.

Discussion

This study examined the levels and interrelations of work performance, organizational commitment, and job satisfaction among expatriate nurses in the Northern Border region of Saudi Arabia, with particular attention to demographic characteristics. Several results were reported in this investigation:

The findings indicate that foreign nurses reported high levels of task and contextual performance, alongside low counterproductive work behavior. This pattern suggests that foreign nurses perceive themselves as meeting core clinical responsibilities while also contributing positively to the organizational environment. Elevated task performance aligns with evidence that foreign nurses working in structured healthcare systems often demonstrate strong adherence to clinical standards and procedural protocols (27,28). The relatively high contextual performance further reflects adaptive engagement, consistent with the multidimensional performance framework proposed by Koopmans et al. (15,16), which emphasizes the importance of cooperative and discretionary behaviors in complex healthcare settings. In multicultural hospital environments, such behaviors may also facilitate professional integration and team cohesion (29). The low counterproductive work behavior level contrasts with studies linking high workload and stress to withdrawal and deviance in nursing populations (12,30). This discrepancy may reflect structured supervision or employment stability mechanisms. However, potential self-report bias should be considered when interpreting these findings. Overall, the results suggest a technically competent and behaviorally adaptive foreign nursing workforce.

Next, the findings indicate that foreign nurses demonstrated moderate levels of organizational commitment across affective, continuance, and normative dimensions. Normative and affective commitment emerged slightly stronger than continuance commitment, suggesting that attachment to the organization is shaped more by emotional connection and a sense of professional obligation than by perceived costs associated with leaving. This pattern reflects a workforce that identifies with institutional values while maintaining a degree of mobility rather than dependency. Such results are consistent with Meyer and Allen's Three-Component Model of commitment (8), which posits that emotional attachment and moral obligation frequently coexist within structured organizational environments. Research involving foreign nurses in Gulf healthcare systems has similarly documented moderate affective and normative commitment, often linked to professional identity, institutional support, and collectivist cultural norms that emphasize duty and loyalty (10,31). The comparatively lower continuance commitment suggests that foreign nurses may not remain solely due to contractual constraints or limited employment alternatives. This contrasts with earlier migration-focused literature that framed expatriate retention primarily in economic terms (32). Overall, the results point to a form of organizational attachment grounded more in professional alignment and ethical responsibility than in necessity alone.

The perceived job satisfaction among foreign nurses, was generally

moderate. This pattern closely mirrors findings from other studies using the in nursing and healthcare settings, where nature of work, coworkers and supervision typically yield the highest facet scores, whereas pay, promotion, fringe benefits and operating procedures are consistently among the least satisfactory aspects (33). In a survey of healthcare professionals in one study in China, for example, respondents were dissatisfied with salary and promotion but more positive about intrinsic aspects of their work (34). Similar results were reported among nurses in government hospitals in separate studies in India (35) and one study in Malaysia (36) with nature of work, supervision and coworkers ranking highest and fringe benefits and promotion lowest. Overall these comparisons suggest that foreign nurses derive much of their satisfaction from the professional and relational features of nursing, whereas structural and financial conditions remain relatively weak points in their work experience.

The results show that, overall, work performance and organizational commitment did not differ significantly by age, gender, nationality, educational attainment, area of assignment or length of service. Task performance, contextual performance and all three forms of commitment were statistically similar across groups, suggesting a relatively uniform experience of work and organizational attachment among foreign nurses in this setting. Only four outcomes showed significant differences. Counterproductive work behaviour (CWB) was higher among nurses working in tertiary hospitals. The findings that counterproductive work behavior is higher among nurses in tertiary hospitals align with recent research identifying high-acuity specialized settings as primary drivers of occupational strain, where complex clinical demands and high patient mortality significantly increase the risk of stress-related deviance (3,10). However, the low overall mean for CWB in this sample suggests that strong organizational support and individual psychological resilience may act as critical buffers, preventing systemic stress from escalating into the higher levels of counterproductive behavior often reported in larger, more volatile tertiary facilities (37). In terms of job satisfaction, Saudi nurses report higher satisfaction with fringe benefits and extrinsic rewards than expatriate nurses, whereas expatriates report higher satisfaction with professional promotion and growth opportunities (38). This partly agrees with literature showing that nationality can shape satisfaction through contract conditions and expectations (33), but differs from studies that nurses in specific environments, such as primary care or collaborative hospital settings, can report satisfaction levels that equal or even exceed those of their physician counterparts (39).

Finally, higher communication satisfaction in tertiary hospitals is in line with work suggesting that larger institutions may have more formal communication systems. This results aligns with recent research which suggests that large-scale institutions effectively utilize standardized organizational frameworks to overcome the communication barriers inherent in complex environments (40). Beyond structural protocols, the logistical superiority of tertiary centers provides a distinct advantage; as Purnamasari et al. (41) highlight, the advanced digital infrastructure in these settings facilitates seamless inter-professional data integration. By streamlining information flow, these systems effectively eliminate the clinical ambiguities and 'siloe'd' communication patterns more frequently encountered in resource-constrained primary or secondary facilities. Consequently, these findings suggest that the maturity of a facility's communication ecosystem is not merely a

byproduct of institutional size, but a strategic adaptation to the cognitive and logistical demands of complex patient care."

Limitations

Several limitations should be considered when interpreting these findings. First, the cross-sectional design precludes any causal inference regarding the relationships among work performance, organizational commitment, and job satisfaction. Second, all data were obtained through self-report questionnaires, which introduces the risk of social desirability bias, particularly for counterproductive work behaviour and sensitive job satisfaction items. Third, the study was conducted among foreign nurses in public hospitals in the Northern Border region of Saudi Arabia, which may limit the generalizability of the results to other regions, private institutions, or non-hospital settings. Fourth, although the sample size was large, the study did not include qualitative data that might have provided deeper insight into contextual mechanisms behind the observed statistical patterns.

Conclusion

This study described work performance, organizational commitment and job satisfaction among foreign nurses in public hospitals in the Northern Border region of Saudi Arabia. Foreign nurses reported high task and contextual performance and low counterproductive work behaviour, indicating generally strong professional functioning. Organizational commitment was at a moderate level, with affective and normative commitment slightly stronger than continuance commitment, suggesting that attachment to the organization is based more on emotional ties and a sense of obligation than on perceived costs of leaving. Job satisfaction was also moderate, with higher satisfaction in supervision, nature of work and coworkers, and lower satisfaction in fringe benefits, communication and operating conditions.

Demographic characteristics showed limited influence. Most dimensions of performance, commitment and satisfaction did not differ significantly across age, gender, education, area of assignment or length of service, with only a few differences by hospital level and nationality. Overall, the findings portray a largely homogeneous group of foreign nurses who perform well, exhibit moderate organizational commitment, and are most satisfied with intrinsic and relational aspects of their work.

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Author Contributions: The author was responsible for conceptualization, methodology, data collection, analysis, and manuscript preparation.

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Table 1 Demographic Profile of the Expatriate Nurses (N = 501)

Variable	Category	Frequency	Percentage
Age	20–25 years	19	3.8
	26–30 years	138	27.5
	31–35 years	121	24.2
	36–40 years	117	23.4
	41–45 years	44	8.8
	46–50 years	29	5.8
	51–55 years	26	5.2
	56–60 years	7	1.4
Sex	Male	12	2.4
	Female	489	97.6
Nationality	Filipino	145	28.9
	Indian	220	43.9
	Egyptian	16	3.2
	Nigerian	28	5.6
	Others	92	18.4
Highest Educational Attainment	Diploma	25	5.0
	BSN	436	87.0
	With Master's units	19	3.8
	Master's degree holder	16	3.2
	With Doctorate units	2	0.4
	PhD	1	0.2
	Postgraduate diploma	2	0.4
Area of Assignment	Emergency Department	104	20.8
	Medical Ward	53	10.6
	Surgical Ward	27	5.4
	Adult ICU/CCU	71	14.2
	PICU/NICU	53	10.6
	Pediatric Ward	29	5.8
	OB-Gyne Ward	17	3.4

	Administrative & Education	46	9.2
	Others	101	20.2
Length of Service	6 months–1 year	72	14.4
	2–5 years	227	45.3
	6–10 years	98	19.6
	11–20 years	77	15.4
	21–30 years	25	5.0
	31–40 years	2	0.4
Level of Hospital Affiliation	Secondary	257	51.3
	Tertiary	244	48.7

Table 2. Descriptive Statistics for Work Performance Dimensions (N = 501)

Dimension	Weighted Mean	Standard Deviation
Task Performance	3.45	0.73
Contextual Performance	3.16	0.84
Counterproductive Work Behavior	1.48	0.84
Grand mean	2.70	0.80

Table 3. Descriptive Statistics for Organizational Commitment Dimensions (N = 501)

Dimension	Weighted Mean	Standard Deviation
Affective Commitment	2.83	0.77
Continuance Commitment	2.70	0.80
Normative Commitment	2.84	0.75
Grand mean	2.79	0.77

Table 4. Descriptive Statistics for Job Satisfaction Dimensions (N = 501)

Dimension	Weighted Mean	Standard Deviation
Pay	2.54	0.75
Promotion	2.66	0.76
Supervision	3.15	0.71
Fringe Benefits	2.45	0.74
Contingent Rewards	2.54	0.73
Operating Conditions	2.18	0.70
Coworkers	2.70	0.75
Nature of Work	2.92	0.69
Communication	2.36	0.81
Grand mean	2.61	0.74

Table 5 Differences in Work Performance, Organizational Commitment, and Job Satisfaction by Demographic Profile (N = 501)

Variable	Age	Gender	Nationality	Education	Area	Service	Hospital Level
Work Performance							
Task Performance	.317	.180	.486	.635	.422	.527	.341
Contextual Performance	.110	.828	.512	.425	.355	.443	.436
Counterproductive Work Behavior	.675	.386	.570	.316	.075	.162	.027*
Organizational Commitment							
Affective Commitment	.140	.258	.097	.300	.914	.162	.691
Continuance Commitment	.651	.905	.721	.474	.191	.799	.243
Normative Commitment	.801	.549	.975	.641	.751	.102	.383
Job Satisfaction							
Pay	.949	.940	.820	.801	.672	.632	.054
Promotion	.617	.350	.038*	.754	.242	.651	.339
Supervision	.425	.091	.310	.934	.808	.160	.530
Fringe Benefits	.957	.986	.004*	.239	.576	.463	.746
Contingent Rewards	.352	.149	.378	.961	.562	.191	.554
Operating Conditions	.089	.993	.588	.841	.296	.229	.098
Coworkers	.230	.677	.196	.685	.065	.684	.963
Nature of Work	.519	.586	.233	.335	.160	.183	.477

Communication	.844	.985	.224	.184	.953	.137	.008*
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Note. Bold values indicate statistical significance at $p < .05$.
Independent samples t-test was used for Sex and Hospital Level;
One-way ANOVA was used for other profile variables.

Variable	Age	Gender	Nationality	Education	Area	Service	Hospital Level
Work Performance							
Counterproductive Work Behavior	.675	.386	.570	.316	.075	.162	.027*
Job Satisfaction							
Promotion	.617	.350	.038*	.754	.242	.651	.339
Fringe Benefits	.957	.986	.004*	.239	.576	.463	.746
Communication	.844	.985	.224	.184	.953	.137	.008*