Perception among Saudi Physiotherapists on Job Satisfaction – A Qualitative Study

Thamer Mugheeb¹* Col. Abdullah Al Shehri² Khaled Al Amoudi³ Abdullah Al Mutairi⁴

¹ Senior Physiotherapist Prince Sultan Military Medical City- Riyadh KSA

² PhD in Physiotherapy, Director of Physiotherapy, Department at Prince Sultan, Military Medical City, Riyadh Saudi Arabia

³ Senior Physiotherapist Prince Sultan Military Medical City- Riyadh KSA

⁴ Physiotherapist Prince Sultan Military Medical City- Riyadh KSA

Abstratct –

Study Objectives: Job satisfaction has been shown to be influential on staff retention level and work productivity, but no study has been conducted with physiotherapists in Saudi setting.

Design: A qualitative research design was used in this study.

Methods: A qualitative study using snowball sampling was done in two phases. First phase was a focus group done with five physiotherapists studying at MSc and PHD level in the UK to refine the topic guide and provide the researcher with interview experience and the second stage was Skype and telephone semi structured interviews with twelve physiotherapists working at four different hospitals in Riyadh city. Semi structured interview was conducted to gain in-depth insight of the physiotherapists regarding job satisfaction. Thematic analysis was used to obtain the main themes.

Results: Saudi physiotherapists are generally satisfied with their job. Main reasons for satisfaction were patient satisfaction, salary and relation with colleagues. They considered injustice in the new pay hierarchy system, autonomy, high workload and poor public recognition as main factors that might lead to poor satisfaction at work. Saudi physiotherapists in this study did not consider immigration to work abroad as an option; however they suggest that actions should be taken by stakeholder to improve their satisfaction and allow them to provide better quality of service for patients .Future research is required to explore the opinions of physiotherapists working in both governmental and private setting across the kingdom to identify the influence of clinical settings on job satisfaction and how the physiotherapists view their role to develop the profession in KSA.

Conclusion: The study results has revealed that Saudi physiotherapists working in Riyadh city are satisfied, main reasons for satisfaction were patient satisfaction, salaries and relation with colleagues. They considered injustice in the new pay hierarchy, autonomy, high workload and poor public recognition as the main factors that might lead to poor satisfaction. Saudi physiotherapists in this study did not consider immigration to work abroad as an option; however they suggest that actions should be taken by stakeholder to improve their satisfaction by improving the public awareness, implement fairer pay hierarchy and decrease the workload to allow them to provide better quality of care for patients .Future research is required to explore the opinions of physiotherapists working in both governmental and private setting to identify the influence of clinical settings on job satisfaction and how the physiotherapists view their role to develop the profession in KSA.

-----X-----X------X------

INTRODUCTION

Job satisfaction is defined as a pleasant emotional status 'resulting from the appraisal of one's job .It

refers to the employee overall evaluation of work and their experiences related to ones beliefs, expectations and capabilities. Job satisfaction considered as a key factor that could affect the

160

employer's work performance .For organisations, measuring employee's satisfaction is essential, as satisfied workers always lead to satisfied service user .The topic of job satisfaction is of wide interest for researchers and most frequently studied in organisational behaviours research. It is also considered as an important variable in research and concept of different aspects of organisational phenomena ranging from job design to supervision .The model of job satisfaction traditionally based on exploring all aspects of individuals feeling in relation to their job. However, satisfaction and dissatisfaction does not only rely on the nature of the job, it also depends heavily on the individual expectations of what their job should provide. Maslow has published his theory of the five level hierarchies of human needs. These five needs included physiological needs, safety, belongings and love esteem to selfactualisation. Considering this theory, job satisfaction is approached by the researchers as a need fulfilment (Conrad et al. 1985).With increasing the emphasis on the impact of cognitive processes on individuals' satisfaction, the concept of need fulfilment is now less accepted by the researchers and the attitudinal aspect has become more popular in the study of job satisfaction Other theory of exploring job satisfaction started by Herzberg and Mausner in which satisfaction and dissatisfaction were considered as a two separate factors and sometime they might be unrelated phenomena. In this theory intrinsic and extrinsic factors were identified, Intrinsic factors were considered and named as motivators and related to the nature and experience of doing work. These motivators included achievement. recognition, work itself and responsibility. These factors always found to have a positive impact on job satisfaction therefore they considered as job satisfiers. The extrinsic factors or namely called hygiene factors included organisation policies and guidelines, admiration processes, amount and method of supervision, wages, interpersonal relation at work and working environment and conditions. This theory of theory by Herzberg and Motivation-hygiene Mausner's are the most commonly used in studies around job satisfaction and used by the researchers to design practical steps to develop assessment tools for job satisfaction (Price et al 2002). Table (1) explore the different definitions of job satisfaction and theories used to inform these definitions

Table 1.

Definition of job satisfaction

	Related theory
The individual matching of personal needs to the perceived potential of the occupation for	Maslow's human needs theory (Maslow, 1954)

satisfying those needs (Kuhlen, 1963)	
Need fulfilment, that is, whether or not the job met the employee's physical and psychological needs for the things within the work situation (Worf, 1970)	
A match between what individuals perceive they need and what rewards they perceive they receive from their jobs (Conrad et al., 1985)	
A function of satisfaction with the various elements of the job (<u>Herzberg</u> <u>and Mausner</u> , 1959)	Herzberg and Mausner's motivation-hygiene theory (Herzberg and Mausner, 1959)
All the feelings that an individual has about his job (Gruneberg, 1976)	Focus on cognitive process (Spector, 1997)
The affective orientation that an employee has towards his or her work (<u>Price, 2001</u>)	

Job satisfaction has been described as essential element that affect individuals performance in workplace (Landeweerd and Boumans, studies 1988).Many have illustrated that promotes satisfaction with one's profession motivation at work, wise career decisions and productivity. On the contrary, dissatisfaction leads to high employee turnover, burn out and absenteeism. Therefore the concept of job satisfaction and factors affecting it has been discussed in different work setting. Within the healthcare field, subject of job satisfaction attracted a significant interest by health practitioners considering that organizational and employees' well-being has a great impact on job satisfaction.

This is mainly because employees in a healthcare delivery system are expected to provide quality patient care while working in a highly stressful environment. Researchers attempted to identify and explore each element of job satisfaction and measure its effect on individual's work performance in different work settings. Studies in different countries have been conducted to explore job satisfaction among health professionals in attempt

161

to improve the recruitment and retention of employees in the health sector (Downey et al 1975). A quantitative survey study by Aiken et al (2001) has investigated job satisfaction among nurses in five countries, level of satisfaction varied between 17% to 41 % and third of the sample in UK and fifth of the US base sample was planning to leave their job within one year of data collection. Causes of dissatisfaction were mainly because they have no role in developing their own work schedules; however, causes of satisfaction were mainly related to the range of opportunities for advancement in their career and salaries. Considering that nursing is a well-established profession with a wide range of opportunities and variety of work settings, these results were considered as a choking by the author.

Physiotherapists were once defined as technical assistants who work under the supervision of medical doctors, over the time there was a move towards changing and expanding this role to provide with more freedom and independence in the clinical decision making process (Kumar 2010; .With the dramatic increase in number of physiotherapists globally and increase the variety of clinical settings (e.g. private clinics, community, hospital based, sports clubs) exploring job satisfaction among physiotherapy has attracted the attention of researchers.

The topic of job satisfaction has been found in a number of studies in the Physiotherapy Literature. These studies concluded that satisfied staff are less likely to consider changing positions and more likely to remain in their chosen career. Therefore, there are huge benefits for both organisations and workers in enhancing job satisfaction.

Barnes and Crutchfield conducted a survey study in US to compare job satisfaction among physiotherapists and physiotherapy managers. The study used 16-factor scale to explore two main elements of satisfaction, motivators and Hygiene as described by Herzberg and Mausner . The study results have shown high level of satisfaction among both groups with regards salary, work responsibility and work and personal achievement. Policies and administrations of organization was the main factor that participants were not satisfied with. Work performance, monotony, correlation with work colleagues, salary and responsibilities are different factors that found to affect job satisfaction.

Most of the previous researches have used a survey tool in order to recruit a bigger sample size to help generalizability of the results on the wider professionals. Although survey might provide a wider outreach, however it does not allow the researcher to explore the various issues that the participants felt were important to them and possible beliefs and opinions that might affect job satisfaction (Roberts and Davenport 2002). Saudi health system is passing through a process of transformation and change. Physiotherapy in KSA is a young profession. Since the early 1980's the kingdom has been working on a health development programme, aiming to improve the quality of service and expand the health services to the rural areas of the kingdom. With lack of qualified Saudi physiotherapists, the physiotherapy service was heavily relying on overseas physiotherapists. However, as a part of the reform process, many physiotherapy schools were established and large number of Saudi physiotherapists qualifies every year to minimise the dependency on overseas physiotherapists. However. there is still no professional legalisation related to physiotherapy profession in KSA. According to the current regulations, physiotherapists are not allowed to work privately unless they are under supervision of medical doctor. In hospitals they can't prescribe treatment programme independent from the medical doctors. Nothing is known about the level of job satisfaction among Saudi physiotherapists. Understanding the level of job satisfaction and factors affecting it among Saudi physiotherapists is essential to help stakeholders, health organisation and employers to take the necessary actions to improve the level of satisfaction which has a great impact on quality of service provided to the public. (Park et al 2003)

MATERIALS AND METHODS:

Subjects: Twelve participants were selected based on the inclusion and exclusion criteria's. Ethical approval was taken from Sheffield Hallam University and the proposal for study was approved by the dissertation management group. Participants names were anonymous. The participants were given the freedom of voluntary participation. Snowball sampling was used to recruit the participants in this study (Biernacki and Waldorf 1981) .In snow sampling technique the researcher gather the study subjects through the identification of initial subjects who is used to provide the names of other prominent sample and these samples may themselves open possibilities for an expanding web of contact and inquiry. (Atkinson and Flint 2001).

RESEARCH DESIGN:

A qualitative research design was used in this study. The methods consisted of two phases; in the first phase was a focus group among five Saudi physiotherapists studying in UK. This pilot study phase was helpful to help the novice researcher to take the interviewing experience. Pilot study also helps in identifying the potential practical problems, refining the study topic guide and recognize whether the sampling frame and technique are effective (Teijlingen and Hundley 2001).Following the first phase and considering the participants responses, the main researcher has reflected on the focus group process and topic guide was modified accordingly and sent back by email to all the five participants to ensure that questions included in the topic guide were appropriate to explore all aspect of job satisfaction, and if there are other questions could be added, removed or modified to improve the validity of the topic guide. All participants have agreed with the modification that was made to the topic guide.

Second phase was the main study in which a semi structured interviews conducted among twelve Saudi physiotherapists work in governmental hospitals based in Riyadh city. Clifford stated that Semi structured interview is helpful to explore various issues that the participants felt were important to them by unfolding their attitudes, beliefs and values. It ensures that the participants answer is not biased by other opinions (Barriball and While 1994):

Inclusion Criteria:

- Qualified physiotherapists in a permanent or temporary paid Job with minimum of one year experience in KSA. Rationale: This is because to allow participation of physiotherapists with variable experience.
- Have worked in governmental hospital in Riyadh. Rationale: This is where the study aims to provide the results of this research to.

Exclusion Criteria:

- Must not have less than 1 year job experience Rationale: Those with less than 1 year job experience might not able to reflect on their experience.
- Physiotherapists work outside Riyadh city. Due to time limitation researcher it might be challenging to recruit sample that represent the whole Kingdom. Also recruiting participants from once big city like Riyadh who work under nearly similar circumstances might decrease the number of work environment related variables and improve the validity of the study results.
- Unwillingness to participate Rationale: According to the ethics in research it is unethical to force a person to participate in a study.

DATA ANALYSIS:

Thematic analysis was used to analyse the data in this study. Thematic analysis is a process of identification of main ideas and themes within the data that is taken from the interview script, through a process of reading and re-reading, it is considered as a form of pattern recognition within the data (Braun and Clarke 2006; Rice et al 1999, Daly et al 1997).The different phases of thematic analysis as described by Braun and Clarke (2006).

The data analysis was performed by the primary researcher and independent reviewer, Themes were generated and agreed by both researchers to minimise the chances of bias.

RESULTS:

Themes:

The themes that have been generated will explain the reasons behind the job satisfaction as well as dissatisfaction among physiotherapists in KSA.

1- Job satisfaction:

Level of satisfaction:

All participants were generally satisfied with their job, they like their job as a physiotherapist as it gives them chance to be in direct contact with patients to help them.

P3" I have to say I'm satisfied, I did not know much about physiotherapy before I join the university, but I always wanted to see patients and help them get better"

P5" It is a respected profession, few issues here and there, but generally I'm satisfied, you know, I'm happy to be physiotherapist"

P9" Looking back I think I made a good decision when I chose physiotherapy and not radiotherapy or pharmacy, I have direct contact with patients and can help them, I'm happy with my job"

1- Reasons for Job Satisfaction

The following factors were considered by the participants as main reasons for job satisfaction: Patient Satisfaction, salary and relation with colleagues.

P1" I think I'm satisfied in my job ,for me happy patients are the main factors that make me satisfied, however , salary is important factor as well considering the increase in living cost in Riyadh."

P4" I always get satisfied at work if my patients are improving, there is nothing in the world better than relieving other's pain. I also consider salary is important thing that make me satisfied, but you know what, my colleagues at work are really supportive , they always make the work environment enjoyable, this make a big difference"

P10" to help patient to be independent is a big success that make me satisfied, I always feel happy when I see smile on patient's face . I feel that salary is a big thing that makes me satisfied at work, I think this important for everyone. I'm happy at work because of the informal and friendly environment, colleagues and manager are supportive and always there is a good friendly work relationship.

2- Reasons for dissatisfaction:

Injustice in the salary hierarchy in ministry of health was a major reason for dissatisfaction. Participants were generally satisfied with their salaries, but they feel that they have been disadvantaged with the recent changes in salary hierarchy was biased to medical doctors.

P1" The new changes to salary hierarchy is really unfair, it made physiotherapists at the lower end of the wages school, I can't believe that our salaries is very close to technical staff who only have two years degree"

P4"Doctors have made these changes to take all the benefit , without considering physiotherapists and other allied health professionals, I feel really frustrated , you know, we have a big workload, but our salaries does not reflect the hard work we do in this new pay scale system"

Public recognition was also considered as a major reason for dissatisfaction, physiotherapy is not well known among public, which lead to poor or misunderstanding of role of physiotherapists.

P2" People in KSA still not fully aware of our role, they always think about massage and machines that gives colours and sounds i.e. electrotherapy, this make me always frustrated"

P5" what make me really upset is a patient asking me for massage, people still think about physiotherapy as just massage, the good news is some of them when they see the treatment outcomes they get interested and ask about what else we can do and our degree etc.."

P7 "There is lack or I could say absence of public awareness, people always know doctors, they do not know what we can do for them. Saudi physiotherapy association should do something about that, I know it is a long process but I think we are in a abetter situation compared to what it was many years ago when number of physiotherapists was very low"

Lack of autonomy was an important reason for dissatisfaction; they felt that this issue is related to the medical dominance not to their lack of knowledge and expertise. P9" We can make clinical decisions about out our patients, if doctors give us a chance, but to be honest, this is variable some doctors do understand our role and how it is important e.g. in orthopaedic wards they know that post-operative rehab is a key in success of surgery "

P12" Doctors feel that if we make the patient better, he will undervalue their role, therefore they do not refer patients to us unless they really have no clue, and always write vague recommendations to us to give patient the impression that they know better what physiotherapist should do for the patients, this is a major reason for satisfaction"

P11" Our autonomy is dependent on our knowledge and medical doctors, I think we can make clinical decisions about our patients, but doctors sometimes is a major barrier, I remember a patient referred to me by one of the orthopaedic doctors, who diagnosed him with shoulder problem, however when the patient came to me I found the problem referred from cervical spine ,he got better when I treated his neck, when the doctor knew about that , oh my god it was a big problem, I was nearly lost my job.. Could you imagine how this might affect my satisfaction"

Participants also considered that workload and patient adherence to treatment have an effect on their autonomy, with heavy workload they feel physically and mentally exhausted also they find it difficult to provide the patient with the quality of care that they feel satisfied with.

P4" sometimes, you know, I do not feel happy with my patient management because of the time constrain, If I have 30 patients a day that leave me with very little to do with everyone, in addition to the VIP patients who need more time, this made me physically and mentally stressed and unhappy with what I do for my patients, when we discuss this with the management they are not always helpful "

P6" Sometimes at the end of the day I feel really tired, the workload is high , really high. I know this might be the case with other health professional in the hospital, but our job is physically demanding"

P8" Patients sometimes miss sessions and ignore our advices, then they come back with same problem blaming me for their problem, they feel that we have to do everything for them, this is really frustrating, unfortunately, most of the patients who don not improve are like that "

3- Working overseas:

Participants are not willing to relocate or travel to work overseas, but they might consider traveling to study a post graduate degree or short courses. Although there are few issues that affect their level of satisfaction but they generally feel satisfied and do not consider working overseas as an option, they find it difficult to leave their families and friends.

P1" travelling abroad is not an option unless it is for education, few friends have travelled to study abroad and would like to do so if there is a chance, but not for work"

P3" Travelling is good, but for short period of time to study, but not permanently, I can't imagine leaving my family and friends here, I'm happy with I have here is my country"

P8" I know working abroad might help my career progression, particularly in Europe or USA, but I think family and social life is important part of my satisfaction, I brought up in this culture, I don't think I can easily adopt to western culture".

4- What is needed to improve physiotherapists' job?

All participants felt that their job satisfaction is related to the development in the profession as a whole. They felt that there is a need for development in the physiotherapy field in KSA and better public recognition of physiotherapy will impact positively on their work environment, salaries and autonomy.

P2" I think public awareness is very important to initiate a process of change in physiotherapy in KSA, if the profession has a clear boundaries that is well recognised by the public , the government will respond to that by supporting us providing better service"

P6" If our role is well known like doctors, the demand on physiotherapists will be higher and the whole profession will rise, you know this will boost our satisfaction "

Participants felt that the government need to consider the needs of the Saudi physiotherapists if they really need to implement the Saudization process.

P7" everybody talking about Saudization, if they need it to be implemented they have to improve the satisfaction of the Saudi physiotherapists` by offering them competitive salaries and develop listen to their needs, I think the Saudi physiotherapy association should act as our voice and let the government know

DISCUSSIONS:

The aim of this study was to explore job satisfaction among Saudi physiotherapists.

Saudi physiotherapists seem to be generally satisfied with their jobs; however, they highlighted few factors

that might affect their level of satisfaction. Patient Satisfaction was a main reason of physiotherapists satisfaction in this study, participants stated that helping patient to get better and the consequent positive feedback from patient is a big motive that affects their level of satisfaction and encourage them to perform better at work. This might give some evidence that positive feedback can lead to increase confidence level and hence satisfaction. Foster and Sayers (2012) has stated that positive feedback from patients lead to better therapeutic relationship and consequently better satisfaction work. at Physiotherapists always concerned about patient care and the comments they receive from their patients could be considered as an outcome measure of the treatment quality and productivity physiotherapists try to evaluate themselves against it. In a study by Gyllensten et al. (1999) physiotherapist were found to focus their attention the patient by attentively listening to their complaint and feedback in order to provide them with the most appropriate treatment and to help them to be responsible for their own health, this could help physiotherapist feel liberated as when their patient understands their treatment protocol and adheres to it. This decreases their stress level and consequently improves physiotherapist's level of satisfaction at work.

The participants in this study stated that patient improvement is essential to boost their satisfaction; their desire to help patients become independent came as a priority. Foster and Sayers (2012) has stated that the compassionate emotions towards patient is a key motive to keep them always eager to solve patients problems and therefore provides the therapists with a feeling of fulfilment.

On the other side physiotherapists in this study indicated that patients might be a reason for dissatisfaction as well, when patients do not adhere to the treatment program, they do not improve and it became difficult for the physiotherapist to achieve the treatment objective, Therapists in this study stated that these patients sometimes blame them for the poor treatment, because of that therapists might question their professional confidence which add to their work stresses and consequently poor satisfaction. This negative emotion maybe due to the fact that patients have unrealistic expectation and are dependent on therapist for input, when their expectations were not met they feel dissatisfied. Other reason could be related to that fact that exercise is not popular in the Saudi culture, this might justify the patient's poor adherence to home exercise program. However, this might be an issue with novice more than experienced therapists, considering that experienced physiotherapists is more able to manage these stresses related to patients attitude (Hills and Kitchen 2007, Foster and Sayers 2012).

Salary was a reason of satisfaction in this study; physiotherapist was satisfied with their salaries. Salary could be a main reason for job satisfaction or dissatisfaction; in previous studies it was one of the main reasons for health professionals to quit their job (Huey and Hartley 1988). A previous study done showed that less pay scale lead to decrease in quality of work in health professionals (Coomber and Barriball 2007). The participated have raised concerns regarding the injustice in the new pay hierarchy, they felt that medical doctors who designed the new health professionals payment system have made it unfair for physiotherapists. Injustice at workplace has a major impact on satisfaction and productivity (Lum et al 1998).

Relation with colleagues was found to be a reason for satisfaction; participants have appreciated the positive role of good relation with colleagues on their satisfaction level. This friendly work relationship was considered as an important factor that helps health workers motivation and improves their satisfaction. (Franco et al 2000).

Recognition and appreciation by community is a major cause of satisfaction (Ohman et al 2005, Davanzo 1978).Poor public recognition was one of the causes of dissatisfaction of physiotherapists in this study, patients are not aware of physiotherapy as a profession, therefore they underestimate the role of physiotherapists compared to medical doctors. This was considered as an issue for the Nigerian physiotherapists (Oyeyemi2001).

Autonomy was considered by the participants in this study as a factor that affect their satisfaction; therapists explored different factors that might affect their autonomy; these factors are related to workload, dominance of medical doctors and patient understanding of physiotherapy. A study done by Chanou and Sellars (2009) showed that lack of autonomy in therapist lead to internal restraint in further promoting the recognition of the career and affect the therapist ability to challenge their skills and move forward.

Participants have raised concerns about the high workload and its effect on their satisfaction. In a questionnaire by Ogiwara (2006) Japanese physiotherapists have complained of the high level of physical and mental stresses at work that lead to work related musculoskeletal disorders, same concerns were raised by 78% of physiotherapists in a survey done among Zimbabwean physiotherapists (Useh, Igumbor and Madzivire 2003). This was mainly due to the high work load and lack of staff. This issue of high workload and associated stresses and injuries might have a major effect on quality of care if not considered by the managers and health commissioners in Saudi.

Physiotherapists in this study have not considered immigration to work in other countries as a

preference, they felt happy at their jobs and with what they can offer to the patients, they found it difficult to leave family and friends in KSA and move to live abroad. However, they considered travelling for study as a possible option.

In a study by Onigbinde (2006) most of the participants were not satisfied with their salaries and work environment and wanted to work in western countries. The difference between both results might be due to the economical differences between the two countries and consequently on average salary of physiotherapists.

Therapist felt that the action should be taken by stakeholders to improve physiotherapist's job satisfaction by amending the new pay hierarchy, employ more physiotherapists to decrease the workload and recognise and value the role of physiotherapy in the health system. They felt that the Saudi association of physiotherapy should act as a link to raise these matters with the ministry of health. It also has to provide standard rules and help protect the title as it is crucial for patient safety (Remennick and Shakhar 2003).

Study Implications:

This is the first study to be conducted in KSA to explore the satisfaction of Saudi physiotherapists, Previous studies have been conducted in developing and developed countries, the results of previous studies have indicated good level of satisfaction in developed countries and less satisfaction in developing countries, KSA is a developing country with huge resources, manpower is an essential part of these resource. Health is a major pillar of the development of any nation; therefore paying attention to the needs of Saudi physiotherapists that raised by this study results will improve their level of satisfaction and consequently improve the quality of service.

Reflection:

The strength of this study is that pilot study was conducted to help the researcher to refine the topic guide and give him experience of conducting interview. The focus group participants have agreed that the modification in the topic guide will improve the clarity of the topic guide questions to help achieving the study objectives. Other strength of this study is recruiting an independent reviewer to review the data and agree the theme with the main researcher to improve the rigour of this study. The main study was a semi structured interview that helped the researcher to get in-depth understanding of the participants believes and perceptions.

Researcher experience is one of the limitation of this study, the researcher feel that he could have obtained more in-depth understanding of the participants opinions if he prompted them differently, by the last interview the researcher was able to give more prompting to the participants compared to the first one. The study was conducted among physiotherapists working in governmental hospitals in Riyadh city which might limit the generalizability of the results to Saudi physiotherapists in other cities and those working in different clinical settings.

FUTURE RESEARCH:

Although this study has provided general overview of level and reasons of satisfaction of Saudi physiotherapists, however, future research is required using larger sample size that represents the whole kingdom. A survey might be conducted among Saudi physiotherapists working in governmental and private setting to measure the level and reasons of satisfaction among the both groups. This might reveal how the clinical setting might affect level of satisfaction.

In this study the participants have not identified their role in leading the change and improving public awareness, therefore a qualitative study might be conducted to explore the physiotherapist's opinions regarding that matter.

CONCLUSION:

The study results has revealed that Saudi physiotherapists working in Riyadh city are satisfied, reasons for satisfaction were main patient satisfaction, salaries and relation with colleagues. They considered injustice in the new pay hierarchy, autonomy, high workload and poor public recognition as the main factors that might lead to poor satisfaction. Saudi physiotherapists in this study did not consider immigration to work abroad as an option; however they suggest that actions should be taken by stakeholder to improve their satisfaction by improving the public awareness, implement fairer pay hierarchy and decrease the workload to allow them to provide better quality of care for patients .Future research is required to explore the opinions of physiotherapists working in both governmental and private setting to identify the influence of clinical settings on job satisfaction and how the physiotherapists view their role to develop the profession in KSA.

REFERENCES:

- AIKEN , L., CLARKE, S., Sloane, D., SOCHALSK, J., BUSSE, R.,CLARKE larke, H., GIOVANNETTI, P., HUNT, J., RAFFERTY, A.,SHAMIAN , J., (2001). Nurses' reports on hospital care in fivecountries. Health Affairs 20 (3), pp. 43–53.
- ATKINSON, Rowland and FLINT, John (2001). Snowball Sampling. The SAGE

Encyclopedia of Social Science Research Methods, (33).

- BIERNACKI, Patrick and WALDORF, Dan (1981). Snowball Sampling: Problems and Techniques of Chain Referral Sampling. SOCIOLOGICAL METHODS & RESEARCH, 10 (2), pp. 141-163.
- BARRIBALL, K. Louise and WHILE, Alison (1994). Collecting data using a semi-structured interview: a discussion paper. *Journal of Advanced Nursing*, 19, pp. 328-335.
- BRAUN, Virginia and CLARKE, Victoria (2006). Using thematic analysis in psychology. *Qualitative research in psychology,*
- Conrad K.M, Conrad K.J , Parker J.E (1985). Job satisfaction among occupational health nurses Journal of Community Health Nursing, 2, pp. 161–173.
- CLIFFORD, Nicholas J., et. al. (2010). Key Methods in Geography. vol.2. SAGE. 1412935083.
- COOMBER, Billie and BARRIBALL, K. Louise (2007). Impact of job satisfaction components on intent to leave and turnover for hospital based nurses: A review of the research literature. *International Journal of Nursing Studies.*, 44 (2), pp. 297–314.
- CHANOU, Konstantina and SELLARS, Julie (2009). The Perceptions of Athenian Physiotherapists on the Referral Service in Greece and Its Impact on Professional Autonomy. *physiother. Res. Int*, 15 (2010), pp. 49–56.
- DOWNEY, H. Kirk, HELLRIEGEL, Don and SLOCUM, John W. (1975). Congruence between Individual Needs, Organizational Climate, Job Satisfaction and Performance. *The Academy of Management Journal*, 18 (1), pp. 149-155.
- DALY, J, KELLEHEAR, A and GLIKSMAN, M (1997). the public health researcher: A methodological approach. Oxford University.
- DAVANZO, Julie (1978). Who moves and Why. Journal of economic issues, 1 (1), pp. 55-57.
- FRANCO LM, BENNETTE S, KANFER R and STUBBLEBINE P. (2000). Health Worker Motivation in Jordan and Georgia: a

www.ignited.in

synthesis of results Bethesda: Partnerships for Health Reform, Abt Associates.

- FOSTER, Clare and SAYERS, Janet (2012). Exploring, physiotherapists' emotion work in private practice. *NEW ZEALAND JOURNAL OF PHYSIOTHERAPY*, 40 (1), pp. 17-23.
- GYLLENSTEN, AMANDA LUNDVIK, et. al. (1999). Interaction between patient and physiotherapist: a qualitative study reflecting the physiotherapist's perspective. *Physiotherapy Research International*,4 (2), pp. 89-109.
- HILLS, Rosemary and KITCHEN, Sheila (2007). Development of a model of patient satisfaction with physiotherapy. *Physiotherapy Theory and Practice*, 23 (5), pp. 255-271.
- HUEY, F.L and HARTLEY, S (1988). What keeps nurses in nursing? 3,500 nurses tell their stories. *American Journal of Nursing*, 88, pp. 181-188.
- KUMAR, Senthil P (2010). (R) Evolution of Professional Autonomy in Physical Therapy Practice-A Century-Long Walk Through PubMed from 1910-2010. Journal of Physical Therapy (JPT), 2 (1), pp. 1-10.
- LANDWEERED, J.A., BOUMANS, N.P.G., (1988). Nurses' worksatisfaction and feelings of health and stress in threepsychiatric departments. International Journal of Nursing Studies 25, pp. 225–234.
- LUM, L., KERVIN, J.C., KATHLEEN, R. F., SIRIOLA, W. (1998). Explaining nursing turnover intent: job satisfaction, pay satisfaction, or organizational commitment? Journal of Organizational Behavior.19 (3) pp. 305- 320.
- OGIWARA, S. and ARAKI, H. (2006). Job satisfaction among physiotherapists in Ishikawa Prefecture, Japan. *Journal of Physical Therapy Science*, 18, pp. 127-132.
- OHMAN, ANN, HAGG, KERSTIN and DAHLGREN, LARS (2005). A stimulating, practice-based job facing increased stress - Clinical supervisors' perceptions of professional role, physiotherapy education and the status of the profession. *Advances in Physiotherapy.*, 7, pp. 114-122.
- OYEYEMI, Adetoyeje Y. (2001). Job satisfaction traits of Nigerian physical therapists. *Physiotherapy Theory and Practice*, 17, pp. 257–268.

- ONIGBINDE, Ayodele Teslim (2006). The Impact of Internship Programme And Its Effects On The Physiotherapy Practice In Nigeria. *Nigerian Journal of Medical Rehabilitation* (*NJMR*), 11 (2), pp. 86-91
- PARK, J. R, et. al. (2003). Attractiveness of Physiotherapy in the National Health Service as a Career Choice Qualitative study. *Physiotherapy*, 89 (10), pp. 575-583.
- ROBERTS, Darryl R. and DAVENPORT, Thomas O. (2002). Job Engagement: Why It's Important and How to Improve It. *Employment Relations Today*, pp. 21-29.
- RICE, PRANEE, Liamputtong and DOUGLAS, Ezzy (1999). Qualitative research methods: A health focus. *Melbourne: Oxford University Press*,
- REMENNICK, Larissa and SHAKHAR, Gila (2003). You Never Stop Being a Doctor: The Stories of Russian Immigrant Physicians Who Converted to Physiotherapy. *health: An Interdisciplinary Journal for the Social Study of Health,Illness and Medicine*, 7 (1), pp. 87–108.
- TEIJLINGEN, Edwin R. van and HUNDLEY, Vanora (2001). The importance of pilot studies. *Winter*, (35)
- USEH, U, IGUMBOR, E.U. and MADZIVIRE, D.M. (2003). Occupational Injuries Among Physiotherapists: A Case Study in Zimbabwe. *African Safety Promotion:A Journal of Injury and Violence Prevention*, pp. 26-33.

Corresponding Author

Thamer Mugheeb*

Senior Physiotherapist Prince Sultan Military Medical City- Riyadh KSA