

Factors Affecting the Satisfaction of Women Employees in Health Sector: A Perception Study in Saudi Arabia

Rawan M Maawadh¹, Thekra N Al-Maqati¹, Maryam Hamad Alenezi², Eman Alenezi³, Amal Alsubaie⁴, Amal Mohsen Alghamdi⁵, Afrah AlSubaie⁶, Mashael Mufleh Alruwaili⁷, Haya Ali AlAnazi⁷, Entisar Albugami⁸, Naifah Ahmed Alanazi⁹, Khaled Ahmed Alhmdan¹⁰, Fahad Farhan Alshammari¹¹, Abeer Madkhali¹²

¹Clinical Laboratory Science Department, Prince Sultan Military College of Health Science, Dammam, 31448, Saudi Arabia; ²Medical Admin & Excellence Allowance Committee Department, King Fahd Military Medical Complex, Dhahran, Saudi Arabia; ³Preventive Medicine Department, King Fahd Military Medical Complex, Dhahran, Saudi Arabia; ⁴Family Medicine Department, King Fahd Military Medical Complex, Dhahran, Saudi Arabia; ⁵Internal Medicine Department, King Fahd Military Medical Complex, Dhahran, Saudi Arabia; ⁶Urology and Nephrology Department, King Fahd Military Medical Complex, Dhahran, Saudi Arabia; ⁷Patient Education Department, King Fahd Military Medical Complex, Dhahran, Saudi Arabia; ⁸Family Medicine Department, Prince Sultan Military Medical City, Riyadh, Saudi Arabia; ⁹Cardiac Department, King Fahd Military Medical Complex, Dhahran, Saudi Arabia; ¹⁰Health Informatics Department, King Fahd Military Medical Complex, Dhahran, Saudi Arabia; ¹¹Laboratory Department, King Fahd Military Medical Complex, Dhahran, Saudi Arabia; ¹²Quality and Patient Safety Administration Department, Dammam Medical Complex, Dammam, Saudi Arabia

Correspondence: Rawan M Maawadh, Clinical Laboratory Science Department, Prince Sultan Military College of Health Science, P.O. Box 33048, Dammam, 31448, Saudi Arabia, Email rmaawadh@psmchs.edu.sa

Purpose: Broad evidence points out that women workers in Saudi Arabia face a range of inequitable work practices despite continued efforts for gender equality. The study aims to assess the satisfaction of Saudi women working in the health sector among certain factors in the work environment, factors that enable them to gain opportunities and benefits and make decisions.

Patients and Methods: This is a cross-sectional study, which involved the use of closed-ended surveys on 261 Saudi women working in the healthcare sector.

Results: Most of the females were aged between 25 and 34 years (59%) and more than half of them worked in the governmental sector (53%). Fifty-eight percent of the females hold clinical jobs, 25% of the administrative jobs were 37% of them have more than 19 years of working experience. The finding showed a significant association between female workers in health sector satisfaction with factors related to the workplace environment, training, and development, and their involvement in decision-making.

Conclusion: Most women felt empowered when they received equitable tasks and were able to reach managerial-level positions in their organizations. Establishing a positive work environment characterized by opportunities has the potential to enhance women workers' satisfaction.

Keywords: satisfaction, woman, education, training, opportunities

Introduction

The growing empowerment and increasing satisfaction of female workers in the health sector play a vital role in enabling Saudi women to excel and succeed in their careers. Saudi Arabia's society has long been understood as masculine, which is characterized by setting explicit, strictly defined, and unique gender roles.¹⁻³ Subsequently, in such a collectivist society that mandates group conformity, including expecting individuals to adjust their career and personal aspirations to maintain the social order, women opting to pursue careers outside their predetermined domestic roles are perceived as social deviants challenging cultural traditions.^{4,5} However, Saudi Arabia has progressed based on women's empowerment, which scholars attribute to the determination and resilience of Saudi Arabian women in fighting for their rights and empowerment. The realization that women's empowerment enhances the quantity and quality of human resource

availability for development and aspirations.^{2,3,6,7} Saudi has a long-term plan that outlines its goals and objectives for economic, social, and political development, with a focus on diversifying its economy and reducing its dependence on oil revenue.⁸ In regard to the health sector, Saudi aims to empower women in the health sector, by providing them with equal opportunities to contribute towards the growth and development of the healthcare sector. The goals include increasing the participation of women in the healthcare workforce, as well as promoting women's leadership and empowerment in the sector.⁸

For women in the healthcare sector, research has identified several workplace-related factors empowering women that include institutional identification of barriers (gender discrimination, stereotypes, social restrictions) and addressing them and recognition of women in their work roles.^{9–11} Besides, healthcare institutions have increased their gender equality awareness campaigns, but scholars also note that the adoption of gender parity policies has mostly relied on leadership and management views of gender equality amidst restrictive social-cultural norms.^{9,12}

Some studies report that women empowerment being observed in Saudi Arabia for women in the healthcare sector is more associated with increased education and training opportunities, which has made it possible for women to be promoted to senior leadership and management positions.^{5,13–15} Nonetheless, their number in managerial positions continues to be low compared to that of men.^{13,15} Conversely, there are arguments that gender parity in education and training opportunities is yet to be achieved, especially when it comes to the number of women attaining higher education levels such as doctorates or masters.^{10,16,17} Such is attributed to some reports revealing their low involvement in strategic decision-making, except only when one is in a managerial position. However, Saudi women's incessant fight for better education and job opportunities is being achieved. Some agreed that such has opened up numerous opportunities for more Saudi women to be involved in managerial positions and strategic decision-making processes.^{12,18,19} However, whether these issues are more prominent in the healthcare sector in Saudi Arabia is unknown, which prompts the execution of this study.

The number of women employed in Saudi healthcare remains low, with statistics showing pharmacists, dentists, physicians, or allied personnel as comprising 37%, 36.4%, 36.3%, and 24.4%, respectively, of the entire workforce.²⁰ It is only in nursing that the majority of women are employed, which comprises 61.8%.²⁰ Nonetheless, although the number of women being employed in Saudi healthcare is increasing,^{12,18,19} there is evidence of gender disparities in wages or salaries and allowances. For instance, a report by the World Economic Forum indicates that Saudi Arabia ranks 127th out of 146 countries in terms of equal pay, which is confirmed by Stoeger et al's study that found significant gender pay disparities.^{21,22} Therefore, despite progress toward women's empowerment, gender equity in the workplace is yet to be achieved in terms of opportunities.^{21–25} Besides, the majority of women still feel that although a majority of institutional barriers have been eliminated, they are yet to receive equal representation in various employment opportunities.^{26–28} Therefore, it becomes essential to examine how women workers perceive their work environments with a specific focus on healthcare.

Materials and Methods

A cross-sectional study was conducted with a non-probability sampling method due to our inclusion and exclusion criteria. The study population consists of only Saudi biological females working in the governmental hospitals in the health sector wither they have medical, administrative, or technical staff in the governmental or non-governmental hospitals in Saudi Arabia.

This study was approved by the Institutional Review Board (IRB) office at Prince Sultan Military College of Health Science (IRB-2023-CLS-001). The data was collected through online questionnaires between December 2022 and February 2023, where standardized close-ended questions were asked via Google Forms in the five regions in Saudi Arabia. A total of 261 responses to the questionnaires were received. Informed consent was obtained on the first step of the online questionnaires.

A structured online questionnaire was designed and prepared by the researchers according to the primary objective of the study with a three-point Likert scale (1 = agree, 2 = undecided, 3 = disagree). A panel of experts reviewed the questionnaire to ensure its clarity and appropriateness. The questionnaire completion time will be estimated to be approximately 10 min. A total number of 45 questions, including 7 questions assessing demographic and work-related

questions, 12 questions assessing workplace environment, such as I have my own office that enables me to do my clerical work, the workplace environment is positive, and the administration provides comfortable rest areas and cafeterias that grant privacy. In addition, 14 questions were included to assess privileges and opportunities, for example prioritizing opportunities and advantages are given to Saudi females over others, women holding managerial and leadership positions, and excellent female workers get financial and moral rewards. Moreover, 12 questions were assessing doing work and decision-making for instance, woman contributes at my workplace in making decisions, the administration trusts in my work as a woman and Managers listen to my suggestions and viewpoints. A pilot study was conducted with 60 participants to test and measure the reliability of the questions. Cronbach's alpha was used to assess the reliability and internal consistency of the questionnaire depending on the three themes were revealed a reliability coefficient (Cronbach's alpha) of 0.785, 0.859, and 0.823, respectively. A mean score was calculated to determine the score for the three themes.

The data collected from the survey will be using Statistical Package for the Social Sciences (SPSS1) software (SPSS Inc., Chicago, IL, USA) version 26. Descriptive statistics will be calculated as frequency and percentage. The average of each theme will be calculated out of the total point of each domain points. Then, the mean score was to the nearest discrete number to represent the three-point Likert scale as (1 = agree, 2 = undecided, 3 = disagree). In addition, chi-square test was used to investigate the association between demographics and work-related questionnaires and the three domains of the study. Fisher's exact test was used when one or more of the cell counts in the results table is less than five. A p-value was statistically significant at 0.05 level.

Results

The Demographic Characteristics of the Population

Table 1 shows the frequency and percentage of the demographic and work-related characteristics for the total number of 261 females who were included in the study. Most of our participants were aged between 25 and 34 years (59%) followed by females between the age of 35 and 44 years (30%). More than half of the females work in the governmental sector (53%), whereas (35%) of them work in military hospitals. Around (58%) hold clinical jobs and the rest occupy technical (17%) and administrative jobs (25%). Around (58%) are married females and (34%) are single. For the academic qualifications, there are (64%) with a Bachelor's degree, (16%) with a Master's degree, and (7%) with a Ph.D. and above. (37%) of our participants have more than 19 years of working experience and (31%) have from 5 years to less than 10 years.

The Association Between Female Workers' Satisfaction with the Factors Enabling Saudi Women in the Health Sector

When investigating the association of the satisfaction of female workers in the health sector with environmental factors, we found a significant association between job title, age groups, marital status, academic qualifications, and years of experience with the workplace environment (p-value= 0.029, <0.0001, <0.0001, <0.0001, and 0.0347), respectively. The results showed that 48% of females were satisfied with their work environment compared to those in administrative jobs and technical jobs. In addition, 49% of pleased females were between the age of 25 years and 34 years compared to other age groups. Additionally, 61% of married females agreed positively to questions asked in this domain compared to other marital statuses. In regard to academic qualifications, 60% of satisfied females hold a bachelor's degree compared to other degrees. (37%) females who have more than 10 years of experience are more likely to be pleased compared to those with fewer years of experience (Table 2).

In addition, when we asked about privileges and opportunities for females in the workplace, we found a significant association with work sectors, job titles, age groups, marital status, academic qualifications, and years of experience (p-value= <0.0001, 0.0005, <0.0001, 0.0002, <0.0001, and <0.0001), correspondingly. The results indicated that (57%) of satisfied females with privileges and opportunities were working in the governmental sectors in comparison with other military and private sectors, occupying clinical jobs in contrast to administrative and technical jobs, and aged between 25 and 34 years compared to other age groups. Moreover, 59% of satisfied females were married with a Bachelor's degree in

Table 1 Demographic and Work-Related Characteristics for Women Working in the Health Sector in Saudi Arabia (N=261)

Variable	Frequency (n)	Percentage (%)
Where do you work?		
Government sector	137	53
Military sector	91	35
Private sector	33	13
What is your job title?		
Administrative jobs	66	25
Clinical jobs	151	58
Technical jobs	44	17
Your age?		
Less than 25	16	6
From 25 – less than 35	153	59
From 35 – less than 45	77	30
From 45 and above	15	6
Marital Status		
Divorced	17	7
Married	152	58
Single	89	34
Widowed	3	1
Academic Qualifications		
Bachelor	167	64
Master	42	16
Ph.D. and above	17	7
Under bachelor	35	13
Years of Experience		
Less than two years	27	10
From 2- Less than 5 years	55	21
From 5 Less than 10 years	82	31
More than 10 years	97	37

comparison to other marital statuses and academic qualifications. Thirty-eight percent females have more than 10 years of experience and were more pleased in contrast to those with fewer years of experience (Table 3).

Furthermore, the questions addressing doing work and decision-making were associated with work sectors, job titles, age groups, marital status, academic qualifications, and years of experience (p -value= 0.0004, 0.0002, 0.0001, 0.005, <0.0001, and <0.0001), respectively. Similar to the previous theme, most satisfied females were in the governmental sectors (56%), occupying clinical jobs (58%), between the age of 25 and 34 years (55%), who are married (58%), earned a Bachelor's degree (63%) and have more than 10 years' experience (40%) (Table 4).

Discussion

From the results of this investigation, it is apparent that female demographic constitution such as age, marital status, education, profession, work experience, and workplace is critical in women's perception regarding work environment, opportunities, and decision-making. The results are presented based on three themes, which match the objectives of this investigation. These themes include women empowerment factors related to the workplace environment, women empowerment factors related to privileges and opportunities and women empowerment for doing work and decision-making.

Table 2 The Association of Female Workers' Satisfaction with the Environmental Factors to Enable Saudi Women in the Health Sector

Variable	Environmental Factors			
	Agree	Undecided	Disagree	p-value
Where do you work?				
Government sector	36 (48%)	90 (54%)	11 (55%)	0.526
Military sector	32 (43%)	53 (32%)	6 (30%)	
Private sector	7 (9%)	23 (14%)	3 (15%)	
What is your job title?				
Administrative jobs	29 (39%)	33 (20%)	4 (20%)	0.029
Clinical jobs	36 (48%)	104 (63%)	11 (55%)	
Technical jobs	10 (13%)	29 (17%)	5 (25%)	
Your age?				
Less than 25	7 (9%)	8 (5%)	1 (5%)	<0.0001
From 25 – less than 35	37 (49%)	107 (64%)	9 (45%)	
From 35 – less than 45	25 (33%)	45 (27%)	7 (35%)	
From 45 and above	6 (8%)	6 (4%)	3 (15%)	
Marital Status				
Divorced	7 (9%)	10 (6%)	0 (0%)	<0.0001
Married	46 (61%)	89 (54%)	17 (85%)	
Single	20 (27%)	66 (40%)	3 (15%)	
Widowed	2 (3%)	1 (1%)	0 (0%)	
Academic Qualifications				
Bachelor	45 (60%)	109 (66%)	13 (65%)	<0.0001
Master	10 (13%)	28 (17%)	4 (20%)	
Ph.D. and above	6 (8%)	10 (6%)	1 (5%)	
Under bachelor	14 (19%)	19 (11%)	2 (10%)	
Years of Experience				
Less than two years	9 (12%)	17 (10%)	1 (5%)	0.0347
From 2- Less than 5 years	8 (11%)	45 (27%)	2 (10%)	
From 5 Less than 10 years	22 (29%)	51 (31%)	9 (45%)	
More than 10 years	36 (48%)	53 (32%)	8 (40%)	

The findings of this investigation shed key insights relating to women's satisfaction based on three key empowering factors prevalent in Saudi healthcare environments, which include teamwork, positivity, and concern. Emphasis on team spirit is observed to be a critical motivator for women, especially when they are engaged as a team with their male counterparts, which is consistent with scholarly reports that have cited women empowerment as characterized by women accessing equal work-based opportunities as men.^{1,2,6,7} The findings seemingly suggest a symbiotic relationship when women work together with men, which then undoubtedly may lead to the production of exceptional results. Such a revelation implies that Saudi healthcare institutions may need to leverage such insight by enhancing gender-parity team spirits, which not only improves productivity but also enhances workplace satisfaction among women, which may also have ripple positive benefits to the organization.

Additionally, the results of this study illuminate the Saudi healthcare sector as having put considerable effort into enhancing women's experiences at work, which is evident in the observed positive viewpoint of the medical sector among a majority of women. Just as Al-Qahtani et al's and Alsubaie and Jones's postulations emphasize the importance of a positive work environment in empowering women,^{3,23} results from this investigation also point to the indispensability of creating a positive workplace environment. However, the findings of this study also suggest that the creation of such a positive work environment may require Saudi healthcare institutions to prioritize women's satisfaction levels. For instance, the findings reveal that women cherish their personal circumstances being considered at work, which

Table 3 The Association of Female Workers' Satisfaction with the Privileges and Opportunities Factors to Enable Saudi Women in the Health Sector

Variable	Privileges and Opportunities Factors			
	Agree	Undecided	Disagree	p-value
Where do you work?				
Government sector	66 (57%)	66 (50%)	5 (36%)	<0.0001
Military sector	38 (33%)	45 (34%)	8 (57%)	
Private sector	12 (10%)	20 (15%)	1 (7%)	
What is your job title?				
Administrative jobs	31 (27%)	30 (23%)	5 (36%)	0.0005
Clinical jobs	66 (57%)	77 (59%)	8 (57%)	
Technical jobs	19 (16%)	24 (18%)	1 (7%)	
Your age?				
Less than 25	10 (9%)	6 (5%)	0 (0%)	<0.0001
From 25 – less than 35	66 (57%)	79 (60%)	8 (57%)	
From 35 – less than 45	35 (30%)	37 (28%)	5 (36%)	
From 45 and above	5 (4%)	9 (7%)	1 (7%)	
Marital Status				
Divorced	6 (5%)	10 (8%)	1 (7%)	0.002
Married	69 (59%)	77 (59%)	6 (43%)	
Single	39 (34%)	43 (33%)	7 (50%)	
Widowed	2 (2%)	1 (1%)	0 (0%)	
Academic Qualifications				
Bachelor	69 (59%)	91 (69%)	7 (50%)	<0.0001
Master	18 (16%)	20 (15%)	4 (29%)	
Ph.D. and above	10 (9%)	6 (5%)	1 (7%)	
Under bachelor	19 (16%)	14 (11%)	2 (14%)	
Years of Experience				
Less than two years	18 (16%)	9 (7%)	0 (0%)	<0.0001
From 2- Less than 5 years	24 (21%)	30 (23%)	1 (7%)	
From 5 Less than 10 years	30 (26%)	45 (34%)	7 (50%)	
More than 10 years	44 (38%)	47 (36%)	6 (43%)	

is consistent with previous literature that identifies the power of creating an environment that gives women more control of their work roles.^{9,12} It then becomes affirmative that one of the areas that can be addressed to enhance Saudi women workers' satisfaction would be the consideration of their contributions to both work dynamics (ie, teamwork) and the overall productivity of the healthcare organizations.

The results of this study reveal invaluable insights on how women worker's satisfaction levels may have a bearing on equality when it comes to remuneration, which reflects Stoeger et al's call on parity in salaries, wages, or allowances as key for women's perception on women empowerment.²² It should be recalled that one of the key motivations to work is remuneration, which implies that when one is satisfied that they are well remunerated, the potential for them to be satisfied and work hard increases. The findings of this investigation illuminate that gender parity in remuneration is maintained within the healthcare sector, which has positively impacted female workers' satisfaction, but such a revelation is contrary to previous reports indicating significant pay gaps between women and men.^{21,22} However, such inconsistency between this study's findings and previously reported data on gender pay gaps may be explained based on the industry-specific improvements. Subsequently, it becomes affirmative to allude that the Saudi healthcare sector may be outperforming other sectors in terms of pushing for fair and equitable remuneration for women, but such hypotheses may require sector-specific comparisons if plausible inferences were to be made.

The results of this investigation also note women worker's satisfaction as aligned to the availability and accessibility to equitable professional development and training opportunities at work, whose importance is also mirrored in previous

Table 4 The Association of Female Workers' Satisfaction with the Doing Work and Decision-Making Factors to Enable Saudi Women in the Health Sector

Variable	Doing Work and Decision-Making Factors			
	Agree	Undecided	Disagree	p-value
Where do you work?				
Government sector	84 (56%)	49 (49%)	4 (44%)	0.0004
Military sector	50 (33%)	36 (36%)	5 (56%)	
Private sector	17 (11%)	16 (16%)	0 (0%)	
What is your job title?				
Administrative jobs	43 (28%)	20 (20%)	3 (33%)	0.0002
Clinical jobs	87 (58%)	59 (58%)	5 (56%)	
Technical jobs	21 (14%)	22 (22%)	1 (11%)	
Your age?				
Less than 25	10 (7%)	6 (6%)	0 (0%)	0.0001
From 25 – less than 35	83 (55%)	64 (63%)	6 (67%)	
From 35 – less than 45	50 (33%)	24 (24%)	3 (33%)	
From 45 and above	8 (5%)	7 (7%)	0 (0%)	
Marital Status				
Divorced	8 (5%)	9 (9%)	0 (0%)	0.005
Married	87 (58%)	58 (57%)	7 (78%)	
Single	54 (36%)	33 (33%)	2 (22%)	
Widowed	2 (1%)	1 (1%)	0 (0%)	
Academic Qualifications				
Bachelor	95 (63%)	67 (66%)	5 (56%)	<0.0001
Master	26 (17%)	13 (13%)	3 (33%)	
Ph.D. and above	11 (7%)	6 (6%)	0 (0%)	
Under bachelor	19 (13%)	15 (15%)	1 (11%)	
Years of Experience				
Less than two years	20 (13%)	7 (7%)	0 (0%)	<0.0001
From 2- Less than 5 years	30 (20%)	23 (23%)	2 (22%)	
From 5 Less than 10 years	40 (26%)	38 (38%)	4 (44%)	
More than 10 years	61 (40%)	33 (33%)	3 (33%)	

studies.^{5,13,14} This investigation reports that women workers in the healthcare sector are satisfied that they have equal training and development opportunities as men, which is also observed to be attributed to the number of women holding managerial and leadership positions. Nevertheless, the study's findings contradict recent discoveries that such parity in terms of training opportunities and occupation of leadership positions is yet to be realized in Saudi Arabia.^{10,16,17} Subsequently, what these insights suggest is that the Saudi healthcare sector has substantively enhanced access and availability of work-related opportunities for women, which is observed to increase women workers' satisfaction levels, which is key in efforts towards Saudi goals.

The results of this investigation also shed key insights on the role of being able to do work and make decisions on women workers' satisfaction. Workers reveal that most women felt their contribution to workplace decision-making was valued is consistent with prior findings that observed that when women are offered an opportunity to contribute to strategic decisions, their satisfaction, as well as productivity, improved.^{12,18,19} It appears therefore that involvement in decision-making processes among female workers is a motivation, which then explains the observed higher levels of satisfaction irrespective of their job title (administrative, clinical, technical), workplace (government, military, private), or work experience. Arguably, the basic meaning of decision-making-based motivation as observed in this investigation is that when an employee becomes aware that they can exert influence, or can control specific decisions at the workplace, their satisfaction levels increase. However, such may also attract the question of the nature of decision-making that women are involved in. For instance, the findings highlight the

possibility that being involved in strategic decision-making is likely to enhance satisfaction levels compared to low-level decision-making, which is in agreement with other studies' arguments of women's involvement in strategic decision-making has a more empowering implication.^{12,18,19} What such suggests is that irrespective of the decisions that women make, being listened to including their suggestions and viewpoints being considered is crucial in enhancing women workers' satisfaction levels. Moreover, the findings of this study also highlight that the feeling that one receives fair work assignments as men have a profound effect on women workers' satisfaction level, but such a revelation ignores the differential abilities of men and women in specific work roles.

The findings of this investigation have key implications for Saudi Arabia's healthcare sector in terms of human resource issues and policymaking. The findings highlight the Saudi healthcare sector as having made significant progress in women's representation. Such creates a positive message throughout the healthcare sector, where a majority of women may pursue their careers in this industry due to the perceived or reported levels of gender representation and equity. Moreover, considering that previous reports had indicated continuing inequality in opportunities for women in the workplace, the current investigation does not counteract such inferences for other sectors, but rather only highlights the trend in the healthcare sector. What such suggests is that current policies towards eliminating women discrimination in the workplace should be reviewed and those relevant ones applied specifically to healthcare, which can help merge the inherent hypotheses with the realities reported in this study to further enhance women workers' satisfaction to facilitate the realization for Saudi goals.

Conclusion

This investigation has insinuated that although Saudi women continue to face disparities in the workplace in terms of treatment, training and development, and career progression opportunities, there seems to be significant progress in the healthcare sector. The study has revealed that when the work environments are adjusted to reflect the status and aspirations of women, it becomes possible to derive a higher level of satisfaction among these women. In particular, the investigation has noted the indispensability of a work environment defined by teamwork, positivity, equitable opportunities, involvement in decision-making, and being valued as invaluable factors that enhance women workers' satisfaction.

The implications of this study's findings are in guiding Saudi healthcare organizations to start prioritizing establishing equitable work environments, which may have a strong influence on the satisfaction and productivity levels of women. Besides, the findings offer insights that highlight the healthcare sector as having made significant progress in enshrining the rights and interests of women in their work environment, hence the need for policies that further strengthen this. Therefore, through this study, Saudi healthcare organizations should establish and effectively implement workplace policies and standards that encourage and treat women similarly to men in all scopes of work.

Although the sample size, including the quantitative method used, was a key strength of this study, several limitations were observed. The use of quantitative surveys with closed-ended questions limited the depth of insights derived from this investigation. Subsequently, future studies should consider adopting both surveys and interviews to facilitate the generation of both qualitative and quantitative data that could offer more in-depth insights into female workers' satisfaction within the Saudi healthcare sector.

Institutional Review Board Statement

The study was conducted in accordance with the Declaration of Helsinki, and approved by the Institutional Review Board of Prince Sultan Military College of Health Science (protocol code: IRB-2023-CLS-001 and date of approval: 22 Dec. 2022).

Disclosure

The authors report no conflicts of interest in this work.

References

1. Tlaiss HA, Khanin D. Cultural trespassers or disruptors? Femininity reinvented and the career advancement strategies of Saudi women senior managers. *Human Relations*; 2023.

2. Varshney D. The strides of the Saudi female workforce: overcoming constraints and contradictions in transition. *J Int Women's Stud.* 2019;20(2):359–372.
3. Al-Qahtani AM, Elgzar WT, Ibrahim HA, El Sayed HA. Empowering Saudi women in higher educational institutions: development and validation of a novel women empowerment scale. *Afr J Reproduct Health.* 2021;25(1):13–25. doi:10.29063/ajrh2021/v25i1s.2
4. Aldossari M, Calvard T. The politics and ethics of resistance, feminism and gender equality in Saudi Arabian organizations. *J Bus Ethics.* 2021;1–18.
5. Ilyas M, Ishaq M, Hussain AM. Saudi students' perceptions of women's participation in the labour market. *Int J Employment Studies.* 2021;29(1):6–37.
6. Topal A. Economic reforms and women's empowerment in Saudi Arabia. *Elsevier.* 2019;102253.
7. Al-Rashdi NAS, Abdelwahed NAA. The Empowerment of Saudi Arabian Women through a Multidimensional Approach: the Mediating Roles of Self-Efficacy and Family Support. *Sustainability.* 2022;14(24):16349. doi:10.3390/su142416349
8. 2022 KoSA. Saudi Vision; 2030. Available from: <https://www.vision2030.gov.sa/v2030/overview/>. Accessed March 7, 2024.
9. Alghamdi F. Saudisation and women's empowerment through employment in the health care sector. 2014.
10. Alselaimei R, Allui A. Female Employment in Saudi Arabia. *Legislative Encouragements Socio-Cultural Support.* 2018;88.
11. Parveen M. Women empowerment: new paradigm shift of Saudi women into labor workforce. *Society Business Rev.* 2021;17(1):66–91.
12. Alluhidan M, Tashkandi N, Alblowi F, et al. Challenges and policy opportunities in nursing in Saudi Arabia. *Human Resources Health.* 2020;18(1):1–10. doi:10.1186/s12960-020-00535-2
13. Al-Dossary R. The Saudi Arabian 2030 vision and the nursing profession: the way forward. *Int Nursing Rev.* 2018;65(4):484–490. doi:10.1111/inr.12458
14. Alsufyani AM, Alforihidi MA, Almalki KE, Aljuaid SM, Alamri AA, Alghamdi MS. Linking the Saudi Arabian 2030 vision with nursing transformation in Saudi Arabia: roadmap for nursing policies and strategies. *Int J Af Nursing Sci.* 2020;13:100256. doi:10.1016/j.ijans.2020.100256
15. Salvador JT, Al-Madani MM, Al-Hussien AM, et al. Revisiting the roles of neonatal intensive care unit nurses towards vision 2030 of Saudi Arabia: a descriptive phenomenological study. *J Nursing Manage.* 2022;30(7):2906–2914. doi:10.1111/jonm.13637
16. Albejaidi F, Nair KS. Building the health workforce: Saudi Arabia's challenges in achieving Vision 2030. *Int J Health Plann Manag.* 2019;34(4):e1405–e1416. doi:10.1002/hpm.2861
17. Al-Yateem N, Almarzouqi A, Dias J, Saifan A, Timmins F. Nursing in the United Arab Emirates: current challenges and opportunities. *J Nurs Manage.* 2020;29(2):109–112. doi:10.1111/jonm.12984
18. Alfarran A, Pyke J, Stanton P. Institutional barriers to women's employment in Saudi Arabia. *Equality Diversity Inclusion.* 2018;37(7):713–727. doi:10.1108/EDI-08-2017-0159
19. Samargandi N, Al Mamun M, Sohag K, Alandejani M. Women at work in Saudi Arabia: impact of ICT diffusion and financial development. *Technol Soc.* 2019;59:101187. doi:10.1016/j.techsoc.2019.101187
20. Saleh S Gender distribution of health workers Saudi Arabia 2018, by occupation; 2022. Available from: <https://www.statista.com/statistics/1194861/saudi-arabia-gender-share-of-health-workers-by-job>. Accessed March 7, 2024.
21. Saadia Zahidi VR, Baller S, Piaget K, Kali Pal K. *World Economic Forum.* Global Gender Gap Report; 2022.
22. Stoeger H, Almulhim N, Ziegler A. Correspondence Heuristic and Filter-Empowerment Heuristic: investigating the Reversed Gender Achievement Gap in a Sample of Secondary School Students in Saudi Arabia within the Framework of Educational and Learning Capital. *Educ Sci.* 2022;12(11):811. doi:10.3390/educsci12110811
23. Alsubaie A, Jones K. An overview of the current state of women's leadership in higher education in Saudi Arabia and a proposal for future research directions. *Admin Sci.* 2017;7(4):36. doi:10.3390/admsci7040036
24. Syed J, Ali F, Hennekam S. Gender equality in employment in Saudi Arabia: a relational perspective. *Career Dev Int.* 2018;23(2):163–177. doi:10.1108/CDI-07-2017-0126
25. Barry A. Equal Opportunity in Education and Employment in Saudi Arabia: heading in the Right Direction but Challenges Remain. *Educ Planning.* 2021;28(1):7–21.
26. Bursztyn L, González AL, Yanagizawa-Drott D. Misperceived social norms: women working outside the home in Saudi Arabia. *Am Econ Rev.* 2020;110(10):2997–3029. doi:10.1257/aer.20180975
27. ALobaid AM, Gosling C, McKenna L, Williams B. Perceptions of EMS leaders and supervisors on the challenges faced by female paramedics in Riyadh Saudi Arabia: a qualitative study. *Int J Em Services.* 2021;10(2):235–246. doi:10.1108/IJES-09-2020-0055
28. Harun RAT, Almustafa R, AIKhalifah Z, et al. Role models as a factor influencing career choice among female surgical residents in Saudi Arabia: a cross-sectional study. *BMC Med Educ.* 2022;22(1):1–9. doi:10.1186/s12909-022-03181-5

The Journal of Healthcare Leadership is an international, peer-reviewed, open access journal focusing on leadership for the health profession. The journal is committed to the rapid publication of research focusing on but not limited to: Healthcare policy and law; Theoretical and practical aspects healthcare delivery; Interactions between healthcare and society and evidence-based practices; Interdisciplinary decision-making; Philosophical and ethical issues; Hazard management; Research and opinion for health leadership; Leadership assessment. The manuscript management system is completely online and includes a very quick and fair peer-review system. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.