TOBNA journal for Academic scientific studies ISSN 2661-7633 / EISSN 2716-8883
Year: 2025 Vol : 08 No : 02 Page : 1933 - 1948

Occupational Contentment and Its Relationship to the Quality of Health Services from Nurses' Perspectives: A Field Study at Ibn Rochd Hospital, Souk Ahras

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Send Article Date: 2025-08-08 **Date of acceptance of the article 2025-12-03**

Abstract:

This study investigated the effect of occupational contentment among nurses at Ibn Rochd Hospital in Souk Ahras on healthcare service quality. Institutional success largely depends on occupational contentment as a key organizational factor. The research assessed both employee satisfaction levels and the quality of provided healthcare services. A descriptive methodology was applied, with 78 nurses selected through stratified random sampling. Questionnaires served as the main data collection tool, and SPSS was used for analysis. Results indicated high ratings for both satisfaction and service quality. A strong statistical relationship was found between nurse satisfaction and the quality of healthcare delivery.

key words: Occupational contentment; Healthcare Service Quality; Nurses; Ibn Rochd Hospital; SPSS Analysis.

Introduction:

An organization functions as a unified social entity which performs multiple activities and administrative duties to achieve strategic targets. Human resources stand as the fundamental organizational element which drives all operations while determining whether an organization will succeed or fail. Human resources represent a crucial element for competitive success so management must prioritize meeting their fundamental needs which includes occupational contentment. The organization benefits from satisfied employees who become loyal and committed which enables achieving both organizational and societal targets.

Most organizations work to build a competent workforce through recruitment selection and ongoing training programs and reward systems and motivation systems to boost employee satisfaction and performance. Organizational success through human resource contributions is determined by employee satisfaction because motivated and satisfied staff members produce high performance levels while dissatisfied employees generate decreased results.

A nurse's occupational contentment stems from their feelings of comfort about multiple aspects in their work environment which includes task characteristics and interpersonal relationships and working conditions and

compensation fairness and administrative supervision. A satisfied nurse demonstrates their dedication to work tasks by maintaining positive relationships with colleagues and patients while following established schedules and service delivery protocols. The expression of occupational contentment leads individuals to perform their duties with dedication while showing loyalty to their organization and a commitment to produce outstanding results.

Institutional objectives depend on occupational contentment as a psychological factor to achieve their goals within both production-based organizations for goods and service-based organizations for quality service delivery. Employee satisfaction directly influences the performance of hospitals as they represent service organizations during the healthcare delivery process. The quality of health services receives major improvement from this factor which serves as the fundamental measurement for institutional standing within its field and community.

Healthcare service quality and occupational contentment share common traits because both represent modern administrative concepts which have drawn significant research interest from multiple scholarly disciplines. Healthcare institutions along with their patients require these elements as basic necessities. Healthcare institutions now prioritize quality service standards as a fundamental objective since they directly support economic and social growth.

The increasing occurrence of diseases combined with the healthcare sector's decline requires all material and human resources to function together under healthcare quality standards. The survival and continuity of these institutions depend on patient-centered attention as their fundamental foundation.

Healthcare service quality exceeds standard service concepts because it establishes critical benchmarks to enhance medical care. Healthcare delivery must align with modern scientific breakthroughs and advanced technology while adapting to economic and social progress and technological developments and worldwide healthcare trends. The quality of healthcare delivery depends on providers' promptness and precision and ethical behavior which makes patients feel they are essential members of the institution.

Accordingly, this study aims to shed light on these variables by addressing the following research questions:

- Is there a correlation between occupational contentment and the quality of healthcare services among the study sample at Ibn Rushd Hospital in Souk Ahras?
- What is the level of occupational contentment among the study sample at Ibn Rushd Hospital in Souk Ahras?

- What is the level of healthcare service quality among the study sample at Ibn Rushd Hospital in Souk Ahras?

Study Hypotheses

- There is a correlation between occupational contentment and the quality of healthcare services among the sample at Ibn Rushd Hospital in Souk Ahras.
- The level of occupational contentment among the sample at Ibn Rushd Hospital in Souk Ahras is high.
- The level of healthcare service quality among the sample at Ibn Rushd Hospital in Souk Ahras is moderate.

Study Objectives

- To examine the relationship between occupational contentment and the quality of healthcare services among the study sample at Ibn Rushd Hospital in Souk Ahras.
- To determine the level of occupational contentment among the study sample at Ibn Rushd Hospital in Souk Ahras.
- To assess the level of healthcare service quality among the study sample at Ibn Rushd Hospital in Souk Ahras.

Study Significance

- The research evaluates how different occupational contentment elements among nurses affect the quality of health services during their work in the "white army". The research sample represents a powerful segment in society which is especially crucial during disease outbreaks and epidemics such as COVID-19. Healthcare institutions require this relationship as a core competitive element which drives their sustainability and operational continuity.
- The research serves practical value for healthcare organizations because it studies the healthcare sector's essential need for occupational contentment to deliver health services that will satisfy patient expectations. Human life preservation stands as the main reason this sector maintains its vital position.
- The research achieves its importance through the creation of an unbiased evaluation system which measures healthcare service quality based on nursing staff feedback.

THE FIRST TOPIC: OPERATIONAL DEFINITIONS OF STUDY CONCEPTS

- Occupational contentment: Nurses experience contentment in their hospital roles because of adequate financial compensation and positive supervisor-subordinate relationships and clear policies and procedures and provided benefits which collectively enhance their workplace satisfaction.

- The quality of healthcare service refers to delivering optimal high-quality services through prompt responses and timely provision. Additionally, it requires patients to trust the hospital and be loyal to it while nurses deliver standard-appropriate care to every patient.

THE SECOND TOPIC: LITERATURE REVIEW

- Study by Mokhtar Atiyah Bin Al-Saad and Halima Ali Amshiri (2017):[1] The research examined service quality at Al-Khums Teaching Hospital through patient feedback while studying how demographic variables influenced their average responses to service quality levels. The researchers selected a descriptive approach because it provided the most appropriate framework for their study objectives. A purposive sample of 152 beneficiaries was selected from the population, which included all patients using inpatient services and all beneficiaries of outpatient clinic services. The main data collection tool was a questionnaire of 27 items covering dimensions of healthcare service quality: reliability, tangibility, responsiveness, assurance, and empathy. Patients rated the hospital services poorly across all five quality dimensions (reliability and tangibility and responsiveness and assurance and empathy). No statistical difference emerged between male and female participants as well as participants of different ages and educational levels and hospital visit reasons and healthcare specialty requirements. The frequency of hospital visits resulted in statistically significant differences in mean responses among patients.
- The 2014 research conducted by Godfrey Ssegawa[2] showed that occupational contentment factors have direct effects on employee performance in Unilever Kenya and Kenya University. The research explored which elements influenced occupational contentment in Kenyan organizations through Unilever Kenya employee analysis and how these factors affected their performance. A stratified random sampling technique was applied to select 92 participants from 796 employees who worked across multiple organizations. The study employed a descriptive research approach based on researcher-designed questionnaires which produced results through descriptive statistical analysis. The main findings showed:
  - Leadership style determines occupational contentment at a rate of 80.85% when compared to other external factors including work environment, wage structure, team collaboration, job nature, coworkers, job security, and promotion opportunities.
  - Job responsibility plays a critical role in occupational contentment since it explains 90.85% of the variance when compared to internal elements

that include autonomy, recognition and development, and employee participation levels.

The data shows that employee performance receives a significant boost from occupational contentment when compared to individual factors which include absenteeism and the quality and quantity of work alongside safety practices and employee creativity and cost-effectiveness and organizational commitment and participation in company goal meetings.

THE THIRD TOPIC: THEORETICAL LITERATURE ON THE STUDY CONCEPTS

The definition of occupational contentment according to Tampo and Landi equates to workers' emotional responses about their employment similar to how the term "quality of life" describes individual life perceptions.[3]

According to Miste and Hetveron occupational contentment stands as the fundamental element which determines work life quality that measures how well an organization satisfies its employee needs.[4]

Occupational contentment according to Herbert represents the emotional responses of workers about their employment which can be evaluated through both actual job provisions and employee-based job expectations.[5]

The emotional response of individuals towards their jobs or job-related benefits represents occupational contentment according to Edwin and Louk.[6] According to Vroom occupational contentment stems from the alignment between personal work experiences and the positive rewards which the job delivers.[7]

These definitions demonstrate multiple perspectives on occupational contentment. Occupational contentment consists of the following elements:

- A state of comfort and acceptance regarding the fulfillment of needs and desires provided by the job and work environment.
- Positive reactions to the extent the job achieves individuals' goals and objectives.
- A personal judgment and perception regarding certain variables and conditions, making it subject to some degree of influence.
- A connection to the broader concept of the internal quality of work life.

From this, we can infer that occupational contentment is "an individual's acceptance of their work and their feeling of happiness in performing it, which motivates enthusiasm and willingness toward the job, encourages productivity and commitment, and reflects positively on their performance and personal life, enabling self-fulfillment and the satisfaction of personal desires."

TOBNA journal for Academic scientific studies ISSN 2661-7633 / EISSN 2716-8883
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FIRST REQUIREMENT: THE IMPORTANCE OF OCCUPATIONAL CONTENTMENT

Management needs to understand occupational contentment because this research shows employee perspectives about their work which enables leaders to identify problems that need resolution. The evaluation of employee problems leads to solution implementation which enhances organizational development and service quality and boosts productivity levels.[8]

Employee satisfaction serves as a fundamental performance indicator which many organizations use for evaluation purposes. Organizations that achieve high employee satisfaction obtain equivalent benefits that they normally pursue through their wage policies and incentive plans and service delivery frameworks. Poor employee satisfaction results in increased workplace accidents together with higher absenteeism rates as well as staff turnover and employee movement to competing organizations. The lack of satisfaction leads to worse labor issues and more employee complaints regarding workplace conditions and triggers the establishment of labor unions which fight for worker rights. The presence of dissatisfaction results in an unhealthy organizational atmosphere.[9]

SECOND REQUIREMENT: CONCEPT OF SERVICE QUALITY

The delivery of all required health services through current medical science and technological methods to fulfill patient and hospital visitor needs represents service quality according to Jones and Lee.[10]

The quality of health services according to Donabedian means using medical science and technology to obtain maximum health benefits while avoiding any rise in associated risks. The quality components identified by Donabedian include: technical quality which measures care effectiveness for health outcomes; interpersonal quality which measures patient need fulfillment; and amenities which encompass factors related to service delivery environment and organization.[11]

Healthcare service quality represents the delivery of safer healthcare services which are accessible and reliable to recipients who will then experience higher satisfaction while society develops a better view of healthcare.[12]

The best definition exists as one which places patients at the center to help them understand healthcare systems and incorporates their viewpoints for service quality assessment. Healthcare service quality from beneficiary perspective means receiving healthcare services which achieve desired results through compliance with health standards and ethical principles using competent resources and latest medical equipment while maintaining prompt access to high-quality services.

Firstly: Objectives of Health Service Quality[13]

- To obtain patients' opinions and measure their satisfaction with health services, a vital tool for administrative research, healthcare planning, and policy-making.
- To ensure the physical and psychological well-being of beneficiaries by providing health services that meet appropriate quality standards.
- To develop and improve communication between health service beneficiaries and providers.
- To enable healthcare organizations to perform their duties efficiently and effectively.
- To enhance employee morale, as a healthcare organization that inspires trust and a sense of purpose among its staff improves morale and, in turn, outcomes.
- The organization aims to fulfill the satisfaction needs of beneficiaries through delivering superior health services which align with established standards and respond to their varied requirements. By fulfilling these standards the healthcare institution builds strong trust with patients who become loyal clients and continue using its services while enhancing its public reputation.
- Healthcare institutions reach their highest standards when they focus on protecting community health and safety since this represents the core reason for implementing quality principles in healthcare organizations.

The primary objectives of healthcare organizations and all other institutions exist to preserve their reputation while maintaining continuous and sustainable service delivery. These organizations create and apply straightforward effective strategies to reach their quality benchmarks. Organizations pursue continuous improvement initiatives which focus on employee performance enhancement that leads to superior quality operations. Such efforts ultimately build patient trust and secure their satisfaction with the nursing services provided, which is the intended outcome.

THE FOURTH TOPIC: APPLIED ASPECT OF THE STUDY

FIRST REQUIREMENT: TEMPORAL SCOPE

The field study was conducted from November 2024 to the end of June 2025. During this period, field visits were carried out almost daily at appropriate times. The timeframe was divided into two phases:

- The first phase involved visits to familiarize with the hospital environment and its departments, complete administrative procedures to authorize the visits, conduct a preliminary exploratory study, identify the exploratory sample, and administer the preliminary questionnaire.

- The second phase consisted of administering the main instrument (the questionnaire) to the study sample, which comprised nurses.

SECOND REQUIREMENT: RESEARCH METHODOLOGY

The descriptive methodology was chosen as the most fitting approach because of the nature of the study variables. Through data collection this method facilitates both diagnosis and description of occupational contentment and health service quality which leads to a full qualitative and quantitative understanding of reality. This study method allows researchers to study the link between occupational contentment and health service quality and to measure differences in population characteristics and sample details.

THIRD REQUIREMENT: STUDY POPULATION AND SAMPLE

Two separate samples were chosen to meet the study objectives and nature while ensuring valid results. The study population consists of nurses and patients who work at Ibn Sina Hospital located in Annaba Province. The hospital's nursing staff across all departments reaches 140 staff members but this number does not include trainees.

The sample selection process used stratified random sampling to choose participants based on department variables which allowed researchers to obtain general conclusions from this smaller subset of the original population. The study sample consisted of 85 participants. The number from each stratum (department) was calculated using the formula:

(Stratum size × Total sample size) / Total population size.

For example, the Cardiology Department comprises 14 individuals; thus, the sample size for this department was calculated as:

14 × 85 / 140 = 9 individuals.

The following table details the number of nurses in each department and the corresponding sample size from each stratum:

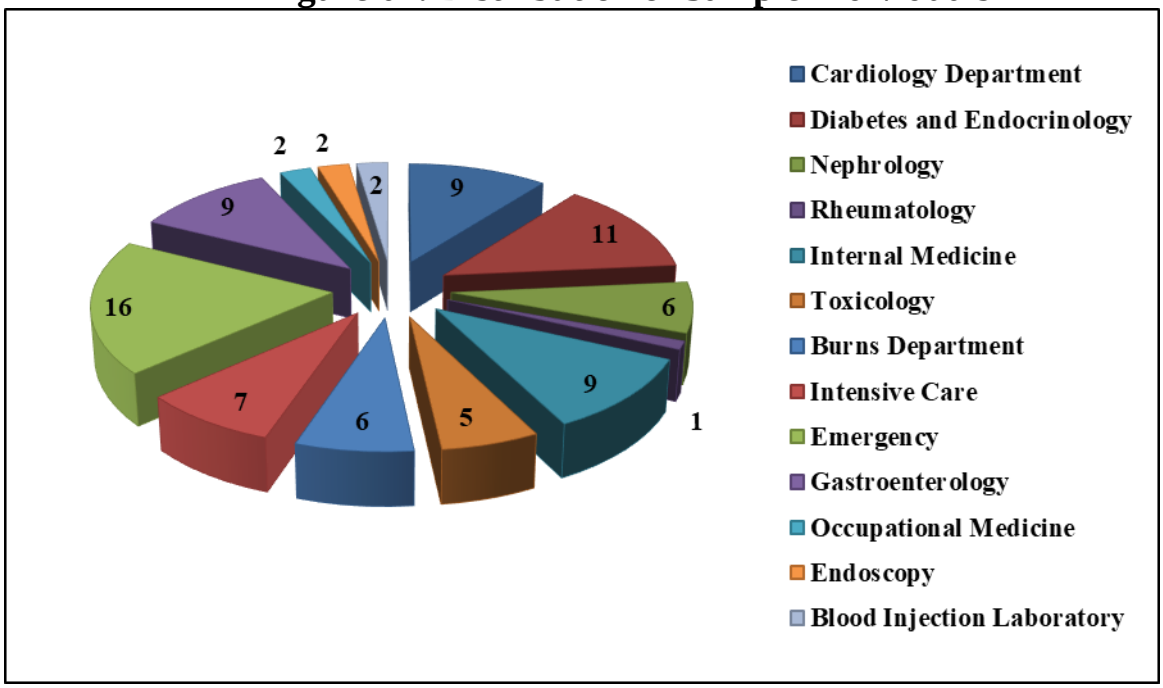
Table 01: Distribution of Sample Members by Department.

Department	Stratum Size	Sample Size Taken
Cardiology Department	14	9
Diabetes and Endocrinology	18	11
Nephrology	10	6
Rheumatology	1	1
Internal Medicine	14	9
Toxicology	8	5
Burns Department	10	6
Intensive Care	12	7

TOBNA journal for Academic scientific studies ISSN 2661-7633 / EISSN 2716-8883
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Emergency	27	16
Gastroenterology	15	9
Occupational Medicine	3	2
Endoscopy	4	2
Blood Injection Laboratory	4	2
Total	140	85

Figure 01: Distribution of Sample Individuals



Firstly: Data Collection Instruments

A questionnaire was designed to measure each of the study's variables independently. The first section collected demographic data of the sample individuals, the second section measured the variable of work ethics, and the third section assessed the variable of healthcare service quality.

1. Occupational contentment

This section comprised 40 items distributed across various dimensions of occupational contentment, as detailed below.

2. Healthcare Service Quality

This section also included 40 positively framed items, divided into five dimensions of healthcare service quality.

A seven-point Likert scale was employed, with response options ranging from "Strongly Disagree," "Disagree," "Somewhat Disagree," "Don't Know," "Somewhat Agree," "Agree," to "Strongly Agree." These were assigned weights in

descending order as follows: 7, 6, 5, 4, 3, 2, 1. It is important to note that all questionnaire items were positively worded.

Table 02: Correlation Coefficients Between the Dimensions of the Occupational contentment Questionnaire and the Overall Score

Axis	Domain	r	sig
A1	Occupational contentment	0.825	0.002
A2	Satisfaction with Colleagues	0.798	0.005
A3	Satisfaction with Supervision	0.811	0.002
A4	Satisfaction with Salary	0.659	0.027
A5	Satisfaction with Promotion Opportunities	0.776	0.005
A6	Satisfaction with Working Conditions	0.8	0.003

All correlation coefficients which measure dimensions against total scores in Table 2 showed positive results that reached statistical significance at the 0.05 level. The correlation coefficients span from 0.65 to 0.82 across the different dimensions. The results show that every dimension within the occupational contentment questionnaire contains sufficient internal consistency reliability which makes it suitable for application.

Table 03: Correlation Coefficients Between the Dimensions of the Healthcare Service Quality Questionnaire and Its Overall Score

Axis	Domain	r	sig
A1	Reliability	0.702	0.016
A2	Tangibility	0.605	0.048
A3	Responsiveness	0.605	0.049
A4	Trust	0.835	0.001
A5	Empathy	0.612	0.046

The analysis of Table 3 shows positive statistically significant correlations between dimension scores and total questionnaire scores at the 0.05 significance level. The observed correlation values span between 0.60 as the minimum and 0.83 as the maximum. Each dimension within the healthcare service quality questionnaire demonstrates sufficient internal consistency reliability making them suitable for application.

FOURTH REQUIREMENT: QUESTIONNAIRE RELIABILITY

Firstly: Split-Half Reliability Method

This method involves dividing the questionnaire into two equal halves, separating odd-numbered and even-numbered items. The following table presents

the correlation results between the two halves, alongside the Spearman-Brown and Guttman coefficients.

Table 04: Reliability Results Using the Split-Half Method

Occupational contentment Questionnaire			Health Service Quality Questionnaire		
Questionnaire Split	Number of Items	Cronbach's Alpha Value	Questionnaire Split	Number of Items	Cronbach's Alpha Value
First Half	40	0.722	Second Half	40	0.797
Pearson Correlation Coefficient			0.652		
Spearman-Brown Corrected Coefficient			0.789		
Guttman Coefficient			0.77		

The correlation coefficient between the two halves of the questionnaire is calculated, and the Spearman-Brown correction formula is applied to adjust for length differences inherent in split-half reliability. Given that the two halves differ in their Cronbach's alpha values and Pearson correlation, the Guttman coefficient—estimated at 0.770—is considered, indicating a high level of reliability.

Secondly: Statistical Analysis Methods

A set of appropriate statistical methods was used in the Statistical Package for the Social Sciences (SPSS). The selection of these methods was based on the results of normality tests conducted before hypothesis testing to determine the most suitable statistical techniques. The following table summarizes the verification of the normality assumption for the variable under study:

Table 05: Normality Test Results for the Variable Under Study

Variables	Kolmogorov-Smirnov			Shapiro-Wilk			Decision
	Statistic	df	Sig	Statistic	df	Sig	
Occupational contentment	0.12	78	0.007	0.953	78	0.006	Significant
Quality	0.117	78	0.01	0.939	78	0.001	Significant

The analysis of the table data and the results from Kolmogorov-Smirnov and Shapiro-Wilk tests about occupational contentment and health service quality scores of nurses and patients show statistical significance at 0.05 alpha level. The distribution of data exists in a non-normal pattern according to the analysis. All statistical methods used in this analysis were non-parametric because of the data distribution being non-normal.

The Spearman correlation coefficient measured the relationship between the two variables. The Spearman correlation coefficient stands as a leading method to

evaluate correlational relationships once researchers check the distribution patterns of occupational contentment and health service quality through SPSS version 25 scatter plots. The visual check showed that the study variables maintained a linear connection.

FIFTH REQUIREMENT: Presentation and Discussion of the First Hypothesis

The study introduced its initial hypothesis which stated that nurses at Ibn Rushd Hospital—Souk Ahras show a correlational relationship between their occupational contentment levels and health service quality. The Spearman correlation coefficient was used to test the first hypothesis after confirming the linearity assumption.

Table 06: Relationship between Occupational contentment and Quality of Health Service among Nurses

Rho de Spearman		Quality of Health Service	Decision
Occupational contentment	Correlation Coefficient	**0.588	Significant correlation at α = 0.01 (**)
	Sig	0	
	Sample Size	78	

The Spearman correlation coefficient between occupational contentment scores and quality of health service scores of the study sample reached 0.58 which showed a moderate positive correlation according to Table 6. The data shows that higher occupational contentment scores directly relate to better quality of health service scores and vice versa. The analysis showed statistical significance at the 0.01 alpha level (α = 0.01). The null hypothesis of no relationship was rejected because of these results.

The finding supports the research hypothesis that occupational contentment relates to service quality among nurses at Ibn Rushd Hospital—Souk Ahras. These results have a 99% confidence level and a 1% chance of error.

SIXTH REQUIREMENT: PRESENTATION AND DISCUSSION OF THE SECOND SUB-HYPOTHESIS

The second sub-hypothesis states: "The level of occupational contentment is high among nurses at Ibn Rushd Hospital—Souk Ahras." To test this hypothesis, the chi-square goodness-of-fit test (χ^2) was used. The results are shown in the following table:

Table 07: Chi-square Test for Assessing the Level of Work Ethics among Nurses

Levels	Observed Frequency	P (%)	Expected Frequency	Difference Between	Chi-Square	df	Sig	Decision

				Frequencies				
Very Low	0	0%	15.6	-15.6	138.667	4	0	Significant at 0.01 level
Low	0	0%	15.6	-15.6				
Medium	0	0%	15.6	-15.6				
High	26	33%	15.6	10.4				
Very High	52	67%	15.6	36.4				
Total	78	100%	//	//				

According to Table 7 the study sample contained 78 nurses who scored 52 in the "very high" category and 26 in the "high" category. No nurses in the sample demonstrated scores in the "very low", "low", or "medium" categories. The chi-square test was used to confirm statistical significance between these frequency and percentage variations. The test statistic value stands at 138.66 with 4 degrees of freedom which reaches statistical significance at $\alpha = 0.01$. The statistical analysis shows a significant difference in favor of the highest level "very high" among the five levels. The analysis shows that nurses maintain an exceptionally high level of occupational contentment. The second sub-hypothesis receives support from this finding which confirms that nurses at Ibn Rushd Hospital—Souk Ahras have a high occupational contentment level with 99% confidence and 1% error margin.

SEVENTH REQUIREMENT: PRESENTATION AND DISCUSSION OF THE THIRD SUB-HYPOTHESIS

The third sub-hypothesis states that "The level of quality of health service is high among nurses at Ibn Rushd Hospital—Souk Ahras." To test this hypothesis, the chi-square goodness-of-fit test was again utilized. The results are presented in the following table:

Table 08: Chi-square Test for Assessing the Level of Quality of Health Service among Nurses

Levels	Observed Frequency	Percentage	Expected Frequency	Difference Between Frequencies	Chi-Square	df	Sig	Decision
Very Low	0	0%	15.6	-15.6	136.321	4	0	Significant at 0.01 level
Low	0	0%	15.6	-15.6				
Medium	2	3%	15.6	-13.6				
High	23	29%	15.6	7.4				
Very	53	68%	15.6	37.4				

High								
Total	78	100%	//	//				

Conclusion:

Numerous scientific fields study occupational contentment along with health service quality yet humanities and social sciences show limited research on these critical aspects that maintain organizational success especially within healthcare settings. The current research addresses the gap by establishing connections between occupational contentment and health service quality through an exploration of psychological and organizational factors which boost employee efficiency and service quality.

The field needs thorough scientific investigation to better understand the complex relationship between occupational contentment and health service quality. The research establishes essential directions for upcoming studies while pointing out important variables which previous studies failed to examine.

The study produces multiple suggestions along with directions for upcoming research based on its results.

- The study recommends turning nurse occupational contentment decline factors into supportive elements that promote professional fulfillment and positive behavior.
- The organization should establish a routine method to collect patient feedback about nurse performance to both highlight beneficial elements and improve quality through handling negative feedback.
- The organization should determine comfort-enhancing elements for patients which should guide future hospital designs through quality improvements and organizational staff satisfaction enhancements.
- Nurses who display negative behaviors damaging institutional reputation or patient relationships should face disciplinary measures which must be administered with fairness and consistency.
- The organization should make nurse needs its top priority by establishing comfortable working spaces and modern equipment to boost staff satisfaction which will enhance healthcare service quality.

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