

# THE ADAPTABILITY OF HEALTHCARE STAFF IN THE DORMITORY AT KING SAUD MEDICAL CITY

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## ABSTRACT

This study explores how healthcare professionals adapt to dormitory living at King Saud Medical City and examines its implications for their well-being, job performance, and retention within the health system. A quantitative approach was applied using an online survey to gather structured data from 558 health staff in the dormitory. The objective was to identify critical challenges related to comfort, privacy, social support, and their impact on workforce productivity and quality of life. The findings revealed that 51.7% (n = 288) of participants reported experiencing stress or fatigue due to suboptimal dormitory conditions, while only 22.1% (n = 123) disagreed, and 26.2% (n = 146) were neutral. A statistically significant correlation was found between dissatisfaction and stress ( $\chi^2 = 351.010$ ,  $df = 4$ ,  $p < 0.001$ ; Cramér's  $V = 0.561$ ), with poor privacy and lack of social support being the most cited concerns. These results highlight dormitory conditions as a key determinant of staff well-being, with clear implications for human resources for health (HRH) strategies. Addressing staff housing quality as part of health systems strengthening can improve workforce resilience, retention, and care quality. We propose targeted recommendations, including cross-sector collaboration with non-profit housing organizations, to ensure sustainable, inclusive, and person-centered staff accommodation solutions.

**Keywords:** Health workforce, adaptability, dormitory, health systems strengthening, Saudi Arabia.

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## INTRODUCTION

Staff performance and well-being in the healthcare industry are highly dependent on the living and working conditions where they reside and operate. Overcoming dorm life entails mastering experiences such as shared spaces, less private space, living together, and proximity to support figures or emotional supports. Studies have identified dormitory conditions to have a direct relation with mental well-being and satisfaction with work across diverse industries, such as the health sector (World Health Organization [WHO], 2018). For health practitioners who face challenging working conditions every day, their quality of rest and the quality of social support they gain within their living conditions can affect patient outcomes and quality of performance on the job directly (Liu et al., 2019). Further, cultural values, language, and social norms can influence the ability of individuals of different nationalities to acclimatize to such settings (Chen et al., 2020).

Housing status among health workers plays an important role in their performance at work. Unhealthy dwelling is associated with physical and mental diseases, thus resulting in the impairment of the ability of health professionals to function effectively at work, such impairment can ultimately impact patient care quality (Crore & Higgins, 2002). It has been studied that individuals living in suboptimal dormitory conditions score lower on their physical and mental health, along with an improvement in the frequency of medical consultations. For example, Palsios et al. (2017) reported a general increase of 11% in medical consultation center visits among subjects under suboptimal dormitory conditions, as well as an increase of 20% among respondents who are 64 years and older. These findings set the context for the significance of improving the quality of housing among healthcare workers to stabilize and maximize the workforce. The Saudi Arabian healthcare industry is greatly dependent on expatriate staff, including nurses, physicians, and allied healthcare professionals. Attractive wages and institutional housing are often provided to recruit such professionals (Almalki et al., 2023). Despite the financial rewards, the local environment and culture sometimes pose challenges for foreign healthcare workers. These range from cultural alienation and unfamiliarity with local customs to language alienation, and all these tend to harm job satisfaction and performance (Almutairi et al., 2015). Language and cultural diversity among nurses can further hinder communication across healthcare teams as well as patient-staff relations, impacting care quality (Almutairi & McCarthy, 2012).

It's significant to be mindful of diverse healthcare workers from different national backgrounds in creating friendly and inclusive care culture. Multicultural backgrounds would have different notions and expectations toward shared living. For example, collectivist residents might naturally prefer communal common spaces and group activities, while their individualistic counterparts would struggle to operate with privacy and self-governance. Identifying which groups adjust better—and why—can be most helpful for administrators to design dorm programs that are sensitive to cultural realities to improve residents' quality of life and performance.

Globally, medical facilities are increasingly aware of the necessity to provide adequate housing in a bid to attract and retain high-quality employees. Among the countries that have implemented national staff housing programs aimed at enhancing quality of life and professional commitment are the United Kingdom, Singapore, and Australia. Similarly, in Saudi Arabia, big institutions such as King Abdulaziz Medical City have top-notch housing compounds that foster social interaction and well-being among staff (King Abdulaziz Medical City, 2019). The initiatives show recognition that heightens knowledge of how living conditions impact staff happiness and retention.

Under Saudi Arabia's Vision 2030, which emphasizes human capital and infrastructure development, the Public Investment Fund (PIF) has sponsored several projects aimed at improving the living conditions for health and public sector employees in the kingdom. Among them is the establishment of the Smart Accommodation Residential Complex Company (SARCC), which aims to offer high-value-quality homes for health and public sector employees across the nation (Public Investment Fund, 2024). This action reflects the overall policy of the nation to enhance the quality of life for its employees and give them the best working conditions for healthcare workers, realizing the imperative connection between patient care and staff satisfaction.

Despite these efforts, there is still a gap between hospital housing policies and the conditions faced by healthcare workers. Many workers still find fault with the categories of space, privacy, recreational facilities, and cultural sensitivity. This study aims to address this gap by exploring the real experience of King Saud Medical City dormitory residents.

One of the key focuses of the research is determining which nationalities have the greatest adaptation to dormitory living and why these trends occur. By examining variables such as cultural orientation, support networks, and housing preferences, the research will aim to provide actionable findings to help guide the planning of better housing systems. These findings will be of prime importance not just to promote employee well-being and turnover prevention but also to optimize the provision of healthcare services by establishing a more stable and happier workforce.

In summary, this research aims to contribute substantially to the literature on staff housing and its implications for healthcare workers in Saudi Arabia. By shedding light on the diverse experiences of residents in King Saud Medical City's dormitories and, more importantly, the adaptive role of nationality, this research aims to inform future housing policy and be an advocate for a more effective, resilient, and culturally competent healthcare system.

## METHODOLOGY

This study utilized a cross-sectional descriptive design to investigate the impact of dormitory living conditions among healthcare workers in King Saud Medical City (KSMC). The primary objective was to assess how these conditions influence [staff well-being](#), staff well-being, job satisfaction, and overall adaptability, with a focus on differences by nationality.

We collected data using a specially designed Google Form questionnaire to gather demographic data, housing satisfaction, perceived job performance, and social support. The KSMC Housing Administration conducted the survey among healthcare staff in a dormitory. We estimated the total number of potential participants to be around 500 residents, ensuring a representative sample population. Voluntary participation was allowed, and the identity of the participants ensured anonymity to allow unprejudiced and unhampered views.

One of the authors was also responsible for supervision within the dormitory during the research period. To ensure research integrity and objectivity, there was a line of demarcation drawn between the research process and supervisory roles. Data collection and analysis were distinct to ensure no bias could enter and to uphold ethical standards of research.

## RESULTS

A total of 558 female healthcare staff at King Saud Medical City participated in the study, with full responses provided for both nationality and age. The analysis revealed several important trends in demographic distribution, satisfaction levels, well-being, work performance, social support, and retention intentions in relation to dormitory living conditions.

nationality	Frequency	Percent	Valid Percent	Cumulative Percent
Saudi	31	5.556	5.556	5.556
Jordanian	12	2.151	2.151	7.706
Filipino	282	50.538	50.538	58.244
Other	6	1.075	1.075	59.319
Indian	158	28.315	28.315	87.634
Egyptian	19	3.405	3.405	91.039
Tunisian	41	7.348	7.348	98.387
Nigerian	4	0.717	0.717	99.104
Sudanese	2	0.358	0.358	99.462
Indonesian	3	0.538	0.538	100.000
Missing	0	0.000		
Total	558	100.000		

*Figure 1: Frequencies for nationality*

Most of the sample group were Filipinos (50.5%), Indians (28.3%), Tunisians (7.3%), and Saudi nationals (5.6%). The remaining were Egyptian (3.4%), Jordanian (2.2%), Indonesian (0.5%), Nigerian (0.7%), Sudanese (0.4%), and other nations (1.1%). Based on age, nearly half (49.3%) of the respondents fall in the 30–39 years group, and 24.4% of respondents fall in the 20–29 years group. Respondents of 40–49 years of age were 17.9% and above 50 years were 8.4%, which represents that a greater proportion of the respondents were middle-aged working professionals. Most of the respondent working professionals working in job occupations were nurses (89.8%), specialists (4.7%), technicians (2.0%), administrative staff (1.1%), doctors (0.4%), and other employees (2.2%).

For dorm satisfaction currently, 43.5% (n = 243) were not satisfied, 37.9% (n = 212) were neutral, whereas only 18.5% (n = 103) were satisfied. For whether dorm experience impacts influence work-life balance, 44.6% (n = 249) responded the dorm experience had a negative impact on having balance, 33.2% (n = 185) were neutral, and 22.2% (n = 124) responded with positive impacts. More than half the sample (51.7%, n = 288) had indicated fatigue or stress with the dorm facility. However, 22.1% (n = 123) of them disagreed, and 26.2% (n = 146) remained neutral.

When they were asked if there was any difference in their performance at work whether they were happy to stay at the dormitory or otherwise, 43.7% (n = 244) replied that there was no difference, 37.6% (n = 210) said they had better performance when the living condition in the dormitory was excellent, and 18.6% (n = 104) said they had worse performance. This indicates that improved living conditions could directly enhance the work capacity of over one-third of the staff.

For peer support and dorm flexibility, 39.8% (n = 222) strongly agreed that they adjusted with the help of their peers, 39.1% (n = 218) were in the middle, and 21.1% (n = 118) disagreed. While support was positively correlated with flexibility for the most part, a colossal percentage was in the middle, and such findings can indicate that programmed social interaction activities would enhance the sense of community and adaptation.

If questioned whether they would be more likely to stay at King Saud Medical City if the quality of dormitories was improved, 83.5% (n = 466) replied yes, 6.5% (n = 36) no, and 10.0% (n = 56) were undecided. This is a new and interesting finding, showing a forceful correlation between the quality of housing and employee retention. living standards can have a direct positive impact on employees' satisfaction and stability, with an eventual projection onto improved professional performance and patient care outcomes.

The chi-square test was also used to establish if there was any relationship between satisfaction with the dormitory living conditions and whether one had felt fatigue or stress due to the conditions. The finding confirmed that there was a statistically significant relationship ( $\chi^2 = 351.010$ ,  $df = 4$ ,  $p < 0.001$ ), and it was a gigantic effect size (Cramér's  $V = 0.561$ ). Of the residents dissatisfied with the dormitory, 86.4% (n = 210) had also been stressed, a giant overestimation. Of the very satisfied residents, however, 73.8% (n = 76) had also not been stressed. Results like these strongly suggest that satisfaction with the situation in the dormitories has a significant part to play in the mental well-being of healthcare workers.

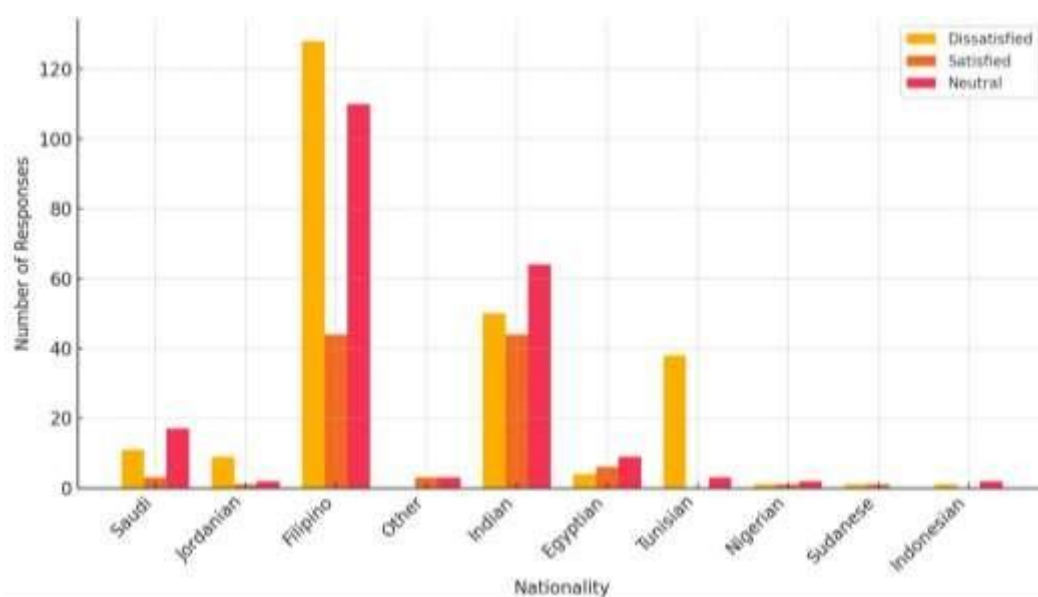


Figure 2: Association between nationality and satisfaction

The study investigated the relationship between nationality and satisfaction with dormitory living conditions. A chi-square test of independence was used to test whether satisfaction levels differed significantly across nationalities. The results indicated that there was a statistically significant association between nationality and satisfaction ( $\chi^2 = 78.032$ ,  $df = 18$ ,  $p < 0.001$ ). Among the nationalities, Tunisian staff were the most dissatisfied (92.7%, n = 38 out of 41), of whom none gave a satisfaction rating, well above expectations (expected count = 7.57 for satisfied). In contrast to this, Indian staff reported higher than expected levels of satisfaction (27.8%, n = 44 out of 158 vs. expected = 29.16). Filipino staff revealed a more evenly distributed response close to expected values. These findings suggest that satisfaction with dormitory living conditions is significantly different by nationality, possibly because of social dynamics, cultural expectations, or standards of living.

## CORRELATION BETWEEN WORK PERFORMANCE AND JOB SATISFACTION

The chi-square test of independence was used to assess the correlation between satisfaction with the dormitory situation and perceived workplace performance. The result indicated a statistically significant correlation ( $\chi^2 = 101.918$ ,  $df = 4$ ,  $p < 0.001$ ). Among those dissatisfied with dorm conditions, 86 (35.4%) said they worked better on days that they were satisfied with dorm conditions, 69 (28.4%) reported the same, and 88 (36.2%) said they performed worse. However, those satisfied with dorm conditions would be more inclined to say they had better performance (49.5%) and substantially less likely to report worse performance (3.9%) than those who were not satisfied with dorm conditions. These findings show that satisfaction with dormitory conditions significantly influences perceived work performance among healthcare staff.

We asked the respondents to indicate which improvement would most enhance their well-being in the dormitory. After grouping similar answers, the most frequently selected improvement was a combination of better room amenities, cleanliness and maintenance, and privacy, picked by 31.0% of the respondents. Better privacy alone ranked second at 15.4%, followed by better room amenities and cleanliness and maintenance at 13.3%. The most common responses, however, involved the combination of enhanced room facilities and privacy improvement (11.5%) and enhanced room facilities only (7.0%). These results indicate that staff perceive enhancements in terms of privacy, room facilities, and general maintenance as the critical factors that would enhance their experience of dormitory life.

## DISCUSSION

The findings of this study align with a growing body of evidence emphasizing that housing conditions are critical to the well-being, performance, and long-term retention of healthcare workers—a cornerstone of resilient health systems. Participants reported high levels of dissatisfaction, fatigue, and difficulty maintaining a healthy work-life balance. These indicators are well-established precursors to staff turnover and reduced system performance, especially in high-stress care environments. A key strength of this study is its identification of a statistically significant relationship between nationality and satisfaction. The clear disparity in satisfaction levels—such as high dissatisfaction among Tunisian staff and greater adaptability among Indian staff—suggests that cultural expectations and coping strategies influence how individuals engage with institutional living environments. These patterns align with previous research on the importance of cross-cultural awareness and communication in managing diverse healthcare teams (Almutairi & McCarthy, 2012). In the context of Saudi Arabia's highly multicultural health workforce, understanding these dynamics is essential for designing housing strategies that are culturally sensitive and equity oriented.

The finding that 83.5% of respondents would be more willing to stay at King Saud Medical City if dormitory conditions improved has direct implications for **human resources for health (HRH) policy**. Housing upgrades should not be seen merely as welfare initiatives but as strategic investments in workforce retention. As Almalki et al. (2023) emphasize, the integration of infrastructure with HR planning can yield measurable organizational benefits, including lower attrition rates and improved patient outcomes. These considerations are particularly relevant to health systems in middle-income countries, where resource optimization and institutional resilience are central policy goals.

## RECOMMENDATIONS

Based on study findings, several recommendations are presented to enhance healthcare worker flexibility, well-being, and job satisfaction:

- 1. Formalize Housing as a Core Element of Workforce Retention Strategies:** Given that 83.5% of participants indicated that they would be more than willing to remain longer if the quality of housing was improved, it is crucial for policy planners and HR to include dormitory quality in both national and institutional workforce retention strategies. Housing needs to be among the priority considerations for facilitating workforce stability and performance enhancement. The placement of housing quality as a strategic opportunity will foster employees' long-term satisfaction and retention (Public Investment Fund, 2024).
- 2. Develop Strategic Partnerships with Non-Profit Organizations:** It is recommended that King Saud Medical City collaborate with non-profit organizations that specialize in housing, mental health, and cultural integration. These agencies will jointly develop and institute community-building programs in the dormitory environment. Non-profits can assist in providing inclusive recreation activities, counseling services, and volunteer-based programs, which address the general well-being of healthcare staff and supplement their mental health outside of their clinical work (Salamon et al., 2012).
- 3. Create a Joint Housing Development Fund:** King Saud Medical City can look at the establishment of a joint housing development fund in collaboration with the Ministry of Health, the Health Holding Company, local charities, and the private sector CSR initiatives. The fund would be dedicated to sponsoring housing ~~upgrading~~ upgrades, mental healthcare, and community development initiatives. This collaborative effort aligns with Saudi Vision 2030's focus on cross-sectoral innovation in the delivery of public services, guaranteeing sustainable and effective housing provisions for health workers (Vision 2030, 2020).
- 4. Integrate Housing Quality into Hospital Quality and Accreditation Frameworks:** To promote institutional excellence, it is recommended that staff dormitory conditions be incorporated into hospital quality audits and accreditation standards. Indicators such as resident satisfaction and timely response to complaints. This approach supports a more comprehensive view of healthcare quality by recognizing that staff living environments impact performance, safety, and retention (National Academy of Medicine, 2019; World Health Organization, 2022).



## CONCLUSION

To reduce operational costs and promote sustainability, King Saud Medical City should establish partnerships with non-profit urban development and housing organizations. Such collaboration would support the design, implementation, and continuous evaluation of evidence-based improvements to staff living conditions. Beyond enhancing individual well-being, these interventions should be recognized as integral to health systems strengthening (HSS) efforts. By investing in equitable, culturally sensitive, and person-centered housing, the institution not only supports its healthcare workforce but also advances broader goals of resilience, quality of care, and long-term workforce sustainability (Ulrich et al., 2008; WHO, 2022; Salamon et al., 2012).

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## STATEMENTS ANONYMIZED

Informed Consent Statement: The consent was obtained from all the individuals involved in the study.  
Data Availability Statement: Data is available upon request by contacting the PI.

## CONFLICT OF INTEREST STATEMENT

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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## AUTHOR CONTRIBUTIONS

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