

The Retention Policy Determinants and Physicians Job Satisfaction and Organizational Commitment: A Study of Hospitals in Saudi Arabia

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Abstract. The current research aims to examine the retention policy determinants and physician's job satisfaction and organizational commitments in Saudi Arabia hospitals. The current research consists of the independent variables signified by retention policy determinants (namely organizational components, job analysis and design, organizational career opportunities, rewards, and employee relationships) and dependent variable which signified by job satisfaction and organizational commitment. In order to investigate the association between independent and dependent variables the quantitative technique was used to gather primary data through a questionnaire, which was administered in all the hospital sectors in Jeddah city with hospital physicians. The research population consists of 2870 physicians (consultant, specialist, and resident) from 5 public and private hospitals in Jeddah. The sample of this study was 10% of the total research population accounted 287 physicians. The researcher retrieves 198 valid research questionnaires. A purposive sampling technique was used to select the participants. The results validate significant differences have an effect on of the retention policy determinants have a significant influence on the physician job satisfaction. The result shows that five out of five variables are significant (organizational components, job analysis and design, organizational career opportunities, rewards, and employee relationships) on physician job satisfaction and also physician organization commitment. The current research contributes to the academic and medical filed knowledge as being one of the first attempts to explore practically the impact of retention policy determinants on physician job satisfaction. Additionally to distinguishing the fundamental roles of human resources and retention policy in enhancing the physician job satisfaction, this research amalgamates, purifies and expands the experiential work conducted in the field of health services marketing in Saudi Arabia. It elevates many inferences for executives in these hospitals, such as considering the importance of influences retention policy on physician job satisfaction.

Keywords: Retention policy determinants, physician job satisfaction and organizational commitment, Saudi Arabia

1. INTRODUCTION

There are some common areas that affect employee retention. If all of these components are present to meet individual employee expectations, then there is a greater likelihood that voluntary and controllable turnover will be lower, resulting in increased retention (Flynn et al, 2007). Retention is “a voluntary move by an organization to create an environment which engages employees for the long term” (Chaminade, 2007, p. 1). An additional comprehensive and current definition of the concept of retention is “to prevent the loss of competent employees from leaving productivity and profitability” (Chiboiwa et al, 2010, p. 2104). A number of people observe member of staff retention as the effect of the execution of policies and procedures that assist employees to stay with the organization because of the stipulation of a job environment that convenes their needs (Baer et al, 1996). Employee retention, according to Harvard Business Essentials, is the “converse of turnover—turnover being the sum of voluntary and involuntary separations between an employee and his or her company” (cited in Starosta, 2006, p. 60). However, Waldman and Arora (2004), assume that arguing member of staff retention inside the context of employee turnover is inadequate; as an alternative, spotlight should be on the method in which employee retention promotes the preservation of a workforce that is able to meet the organization’s needs. The retention of high caliber physicians is a benefit to a hospital because physician’ knowledge and skills are vital to a hospital’s capability to be economically competitive (Kyndt, et al., 2009). Physicians retention grow to be gradually more vital to hospitals since periodic employee shortages can lessen the availability of high performing staff (Jones and Skarlicki, 2003); therefore physicians are pointed for improved employment opportunities, and hospitals are looking for to progress the output of their staff (Leeves, 2000). Though, there are challenges in attempting to keep staff (Taplin and Winterton, 2007). Human resources managers be able to find that attracting and retaining talent is a dilemma (Samuel and Chipunza, 2009) for the reason that of surrounded rationality, mainly of socio/cultural norms linked with the state (Metcalf, 2008). Researchers reveal that hospitals employ many techniques to retain their medical and administrative staff, such as having compensation, training and development, competitive work environment, and additional benefits. Physician retention is the core aim and the foremost concern for most hospitals. The purpose of the present study is to identify the retention policy determinants and physicians job satisfaction and organizational commitment in Saudi hospitals. Conclusion of this research are helpful and beneficial for the hospital decision makers in applying proper strategies to construct successful retention policy in their hospitals.

2. LITERATURE REVIEW

Organizations are more concerned on the subject of retention of their human resources since intent to go away is unsatisfactory for both employees and employers. Lockwood and Ansari (1999) stated that organizations have to tolerate the charge of hiring, and the cost of losing, their manpower; consequently, organizations strive to remain their current employees. In fact, this retention of human resources and their valued skills assists the organization to protect their investment of staff raining, which causes poorer loss of intellectual capital and yields superior retention (Acton and Golden, 2003). Reviewing a wide range of studies and situations faced by hospitals and employees, it appears that there are some common areas that affect physician retention. There are some retention determinants which are important to take in considerations by hospital management during formulate their retention policy.

2.1 Organizational Components: organizations that have positive, distinctive cultures and values have fewer turnovers. Organizational culture is “a model of common values and beliefs giving members of an organization sense and providing them with rules for behavior” (Flynn et al, 2007). Organizational culture figures its members’ reactions and defines what an organization be able to or is eager to do. Many organizations employees have seen a decline in job security more the past decade due to downsizings, layoffs, mergers and acquisitions, and organizational restructuring. Employees who work in organizations where job permanence and security is high tend to have superior retention rates. As a wide-ranging concept that comprised belief, ideology, custom, norm, tradition, knowledge, and technology, organizational culture is an vital cause that influences the behavior of an organization and its staff (Park and Kim, 2009).

2.2 Job Analysis and Design: is the method of receiving comprehensive information about a career (De Cieri and Kramar, 2008), which might offer information for a diversity of purposes, including

determining training needs, development criteria, and suitable pay and efficiency. Job design compacts with making decisions about tasks that will be necessary in a specified job (De Cieri and Kramar, 2008). There are two specific factors at play here. The first concerns the necessity to meet the organization's needs in terms of productivity, achievement and quality, whereas the second relates to the needs of individual employees and the requirement to provide them with a work environment that is challenging and rewarding (Armstrong, 2009). The effectiveness of human resources performs requires that the job be clearly understood by both jobholders and the organization. The practice of job analysis provides this understanding (Siddique, 2004), and it has been suggested that organizations actively following this practice as an human resources planning strategy are probable to add value or creating a competitive advantage (Dessler, 2003). The eventual principle of job analysis is to progress organizational performance, helping the organization generate a suitable infrastructure by defining the tasks to be executed as well as the timelines for performing them. Job analysis thus has the possibilities to make a contribution to organizational performance both directly and interactively with other key human resources practices (Siddique, 2004). It has been argued that job analysis and design can improve performance of the employees and job satisfaction (Moyes, 2008).

2.3 Organizational Career Opportunities: workers in all types of jobs consistently seek career opportunities and development efforts, which affect employee retention. Some programs, typically offered as benefits by many healthcare employers, allow employees to pursue additional educational and training opportunities. Employees who participate in these programs have been found to have higher retention rates than individuals who do not do so. Yet, organizations have to recognize ways to utilize the employees' novel knowledge and capabilities within the hospital. Otherwise, employees are more likely to take their new capabilities to another employer because they feel their increased "value" is not being recognized (Flynn, 2007). Training is not purely a means of arming staff with the skills they need to execute their tasks and duties: moreover, it is believed to be delegate of an employer's commitment to their employees. Investment in training measures and the completion of development schemes are becoming increasingly acknowledged as vital elements of human resources management (Oakland and Oakland, 2001), and studies in different sectors have all resulted a positive correlation between investment in training and human resources commitment (Bassi and Buren, 1999). One study completed by Irving and Thomas (1997) and Marchington and Wilkinson (1997) focus on employee commitment amongst hospital executives, nurses, service workers, and clerical employees, as well as on engineers from a research laboratory; both prove that employees were more committed to their careers and the achievement of the objectives of the organization when they felt that the organization cared about their training and development needs. In conclusion, suitable training contributes positively to employee retention for the reason that it builds employees feel recognized for their strengths, and it creates possibilities to develop their qualities (Kyndt, et al., 2009; Visser, 2001).

2.4 Rewards: different studies of human resources professionals reveal that one critical factor to retention is to have competitive compensation practices compare with other providers. Benefits must be competitive, which means they must be "close" to what other employers are providing (typically within 10%) and what individuals believe to be reliable with their capabilities, knowledge, skills, and performance (Mathis and Jackson, 2010). De Cieri and Kramar (2008) state, the pay system has an vital role in implementing strategies. The way people are paid influenced the quality of their job, their attitude towards customers, and their eagerness to be stretchy and learn new skills (Milkovich, et al, 1991). De Cieri and Kramar (2008) state that a high level of pay and/or benefit relative to that of competitors can guarantee that a organization recruits and retains high caliber employees. Pay may be one system staff calculate whether the time they use and the effort they place into working are worthwhile (Ryan and Sagas, 2009). A factor affecting health worker motivation and retention extant literature has identified two broad categories of incentives for health worker motivation and retention. These are financial incentives (salary supplements, benefits and allowances) and non-financial incentives (improved working and living conditions, continuing education and professional development, supervision and managements, etc.) (Henderson and Tulloch, 2008). The environment in which health workers provide care can also be an incentive for retention.

2.5 Employee Relations: the universal approach to relations with employees can powerfully affect a organization's possible to win a competitive advantage (De Cieri and Kramar, 2008). Many studies have found that employees are more disposed to stay when they have strong relationships with their job colleagues (Clarke, 2001); that staff who work as a team are more probable to feel an increased commitment to the work department efforts and the organization as a whole; and that employees be inclined to remain in organizations where they have recognized a strong teamwork relationship at the work environment (Clarke, 2001). Retention is based on the relationships that employees have in organizations.

2.6 Job Satisfaction and Organizational Commitment

Job satisfaction refers to the emotions the personnel feels about his/her work, and how he/she responds to them (Shiu and Yu, 2010). Job satisfaction is a generally studied concept in many professional fields, including the health care industry. Robbins (1996) hypothesized that job satisfaction stands for the general attitudes that a worker has toward his/her job, with a high level of job satisfaction representing a positive attitude. Job satisfaction refers to a joyful or positive emotional state regarding work or the work experience (Suzuki et al, 2006). Level of job satisfaction depends on the variation between actual gains and expected gains, and can be divided into two constructs: internal satisfaction and external satisfaction (Shimizu et al, 2005; Castle et al, 2007). The concept of organizational commitment has become a vital research topic in the field of organizational behaviors. Porter et al (1974) proposed that organizational commitment is the degree of an individual's identification with, and loyalty to, a specific organization, and includes: (1) value commitment: strong belief in, and acceptance of, organizational objectives and values; (2) effort commitment: willingness to dedicate greater effort to benefit the organization; (3) retention commitment: willingness to remain as a member of an organization (Lambert et al, 2006; Moss et al, 2007). Organizational commitment means an individual is attached emotionally to an organization, including identification with, and acceptance of, organizational objectives and values; mental devotion to, and concentration on, a job role; and loyalty to, and affection for, the organization (Dee et al, 2006). Consequently, the concept of organizational commitment embraces the following employee factors: (1) desire to strive to the fullest in order to represent an organization; (2) desire to remain with an organization; (3) feelings of belonging and loyalty to an organization; (4) acceptance of major organizational goals and values; (5) positive evaluation of an organization.

3. RESEARCH PROBLEM

The research problem evolves about exploring the physician's retention determinants. This research attempts to respond the following questions:

1. Is the retention policy achieving the physician's job satisfaction in Saudi hospitals?
2. Are the organizational components achieving the physician's job satisfaction in Saudi hospitals?
3. Are the organizational career opportunities achieving the physician's job satisfaction in Saudi hospitals?
4. Are the reward and incentives achieving the physician's job satisfaction in Saudi hospitals?
5. Is the work/life balance achieving the physician's job satisfaction in Saudi hospitals?
6. Are the employee relationships with supervisors and co-workers achieving the physician's job satisfaction in Saudi hospitals?

4. THE RATIONALE OF THE RESEARCH

The research value spotlight on that determination and learning of elements influencing physician's retention are extremely vital issue that help the hospitals administration to accurately advance physicians job satisfaction which leads to staff retention of health services in hospitals in Saudi Arabia. This research will make a positive contribution in the direction of retention policy influences job satisfaction and organization commitment in the health services in Saudi Arabia. The research outcomes can fundamentally assist the hospitals managers to scheme all the aspects of their hospitals, and to focus

on retention policy concept and its variables, which may in turn influence positively the hospital physician's satisfaction and organizational commitment, and this ultimately can improve the overall performance of the searched hospitals.

5. RESEARCH OBJECTIVES

Based on the above section highlighting the research problem and relevant literature of the Saudi hospitals, the research objectives are:

1. To reveal the adoption of retention determinants in the Saudi hospitals.
2. To determine the factors which constitute retention policy in the Saudi hospitals?
3. To investigating the effect of retention determinants on physicians job satisfaction.
4. To investigating the effect of retention determinants on physicians organizational commitments.

6. RESEARCH METHODOLOGY

This type of research is a cross-sectional study survey in which all the hospital sectors operating in Jeddah health market (MOH, Armed Forces, National Guards, teaching, and private sector hospitals) are included in the current research. The researchers were selected the biggest (in terms of inpatient beds) hospital from each sectors to be the research sample. Therefore, all the physicians (consultant, specialist, and residents) in these hospitals were called and attracted to participate in the research survey, the number accounted (287) 10% of the total population (2870) physician. The researchers gathered 210 questionnaires, yielding a response rate of 73 per cent. Finally, 198 (94 per cent) questionnaires were fully and correctly completed. All data collection procedures were designed to ensure the anonymity. The sample of this research typically held purposive sample.

It ought to renowned that every research questionnaire was personally handed and instructions were given to each physicians before carrying out the questionnaire. In terms of demographic findings, (70.4%) of respondents were males, and the remaining (29.6%) were females. In terms of the age group of respondents, it is interested to note that (27.4%) of them are less than (26) years, whereas (29.1%) fell into the (26-30) age group, whereas (15.1%) fell into the (31-35) age group, whereas (12.3%) fell into the (36-40) age group, whereas (8.4%) fell into the (41-45) age group, only (7.8%) are above this group. As for the educational levels of those customers, the majority (60.9%) were university degree holders, and some those (10.1%) of these, have postgraduate degree. In terms of the respondents nationalities (60%) of respondents were Saudi, whereas (40%) non Saudi. Regarding to their experiences in health services organizations the majority of them were (16-20) years which represented (75%). Regarding to hospital size (100%) were big hospital. Regarding the occupational level of the research respondents the majority of them were specialist accounted (55%), where as the consultant and residents accounted (20%) and (25%) respectively. Finally, hospital ownerships distribution in the (Armed Forces, National Guard, King Abdul-Aziz University Hospital, Ministry of Health, and Fagih the private hospital) (20, 27, 17, 30, and 6) respectively.

6.1 Data Collection

The research questionnaire was designed based on previous empirical literature. The questionnaire design was pre-tested and redesigned through personal interviews with hospital physicians by undertaking the pilot study work (Aaker et al, 2001).

The research questionnaire was used as primary data collection method as shown in (Table1, 2, 3). The components of retention policy, physicians satisfaction, and organizational commitments items were measured on 5-point Likert- scale ranging from 5 (strongly agree) to 1 (strongly disagree). For the retention policy, physicians satisfaction, and organizational commitments dimensions, the research respondents were asked to indicate the degree of agreement or disagreement on the retention items that hospitals used retention policy determinants technique in order to achieve physician satisfaction.

Multiple items were used to assess their measurement properties. Consistent with the literature, the scale items selected for the dependent variable were direct measures of physician satisfaction with influences received from adoption of retention policy as independent variables. This format has been recommended for human resources and health services management.

Both the independent and dependent variable (s) deployed in the research are explained in Table 1, 2 and 3 according to the proposed hypotheses

Table 1. Retention Policy Dimensions: Independent Variables

Hospital organizational components (independent variable)
Hypothesis 1: There is a positive significant relationship between organizational components and physician job satisfaction.
Hospital organizational components in Saudi hospitals was measured on: Hospital management has a positive and distinctive culture, Hospital management has a positive and distinctive values, Hospital management is keen to provide the physicians with rules of behavior, Hospital culture shapes its physicians responsibilities and defines what a hospital can or is willing to do, The hospital consider the job continuity and security due to downsizing and layoffs.
Career opportunities (independent variable)
Hypothesis 2: There is a positive significant relationship between career opportunities and physician job satisfaction.
The measure for this factor consists of: The hospital working on the development of its physicians to achieve better performance. The hospital considers develop knowledge and skills of physicians as an investment. The process of developing the knowledge and skills of physicians is an ongoing process in our hospital. The hospital is keen on the education of its physicians "Why are they doing this" and not just "how to accomplish these acts". The hospital physicians receive training to be able to perform the health service correctly. The hospital considers career planning of physicians as an excellence.
Rewards (independent variable)
Hypothesis 3: There is a positive significant relationship between reward and incentives and physician job satisfaction.

Reward and incentives in the in Saudi hospitals was measured on: The measurement system of performance and rewards in the hospital encouraged to work well. The hospital is keen to measure and reward employee performance that contributes to achieving its vision. The hospital has a competitive compensation practices. The hospital has a competitive benefits practice.

Hospital physicians that provide excellent services, they will get a good reward. The hospital has special benefits and perks. The hospital has a differentiation of compensation. The hospital has a tangible recognize (e.g. physician of the month). The hospital has intangible recognize (e.g. acknowledgement of effort).

Job Design and Work (independent variable)

Hypothesis 4: There is a positive significant relationship between work/life balance and physician job satisfaction.

work/life balance in the in Saudi hospitals was measured on: Hospital management gives me good job responsibilities and autonomy. Hospital management gives me opportunities for promotion. Hospital management interested in my suggestions leading to change the working environment. Hospital management gives flexible work scheduling. The hospital management is trying hard to make my work enjoyable as possible. The hospital is keen to provide suitable working environment. Hospital management gives flexible work/life balance (e.g. flexible time off).

Employee Relationships (independent variable)

Hypothesis 5: There is a positive significant relationship between Employee Relationships and physician job satisfaction.

Employee Relationships in the in Saudi hospitals was measured on: Hospital management is keen to creating understanding among employees. Hospital management is keen to building ownership among employees. Hospital internal communications is the key to providing information to all employees. Hospital management is attention to treat with all physicians in fair and non-discriminatory. Hospital management is keen to support the physicians. Supervisors are keen to support the physicians. Hospital Management is keen to enhance the co-workers relations.

Table 2. Job satisfaction Dimension: Dependent Variables

Job satisfaction (dependent variable)

Job satisfaction in the Saudi hospitals was measured on: I'm satisfied with overall job, I'm satisfied with career opportunities. I'm satisfied with the hospital's policies, I'm satisfied with support from the hospital, I'm satisfied with opportunities for advancement.

Table 3. Organizational commitment Dimension: Dependent Variables

Organizational commitment (dependent variable)

Organizational commitment in the Saudi hospitals was measured on: I would be very happy to spend the rest of my career with this hospital. I enjoy discussing my hospital with people outside of it. I really feel as if this hospital's problems are my own. I think that I could easily become as attached to another hospital as I am to this one. I do not feel like "part of the family" at my hospital. I do not feel "emotionally attached" to this hospital. This hospital has a great deal of personal meaning for me.

7. RESEARCH VARIABLE ANALYSIS RESULTS AND DISCUSSION

The general hypothesis for this section is “There is a positive significant relationship between retention policy determinants and physician job satisfaction”.

Table 5 shows the coefficient of the multiple regression model/ physician job satisfaction, (N=198).

Table 5. Coefficient of the multiple regression model/ physician job satisfaction

Model	Unstandardized coefficient		Standardized coefficient	T	Sig
	B	Std. error	Beta		
Hospital organizational components	1.440 0.265	0.125 0.315	0.533	16.51 9.222	0.004
Career opportunities	2.440 0.365	0.135 0.365	0.514	18.51 9.542	0.012
Rewards	2.153 0.461	0.151 0.044	0.546	14.237 10.390	0.044
Job design and work	1.784 0.546	0.139 0.039	0.662	12.862 14.066	0.030
Employee relationships	1.469 0.591	0.151 0.040	0.684	9.705 14.926	0.000

Dependent variable: Job satisfaction

$$Y = B0 + B1X1 + B2X2 + B3X3 + B4X4 + B5X5 + E$$

$$Y = 0.654 + 0.212X1 + 0.365X2 + 0.433X3 + 0.627X4 + 0.485X5 + E$$

Where:

Y = the predicted value on physician job satisfaction

B0 = the *Y* intercept, the value of *Y* when all *Xs* are zero

X1 = Hospital organizational components

X2 = Career opportunities

X3 = Rewards

X4 = Job design and work

X5 = Employee relationships

These coefficients as shown in table 5 are referred to as B values, which indicate the individual contribution of each predictor to the model. By replacing the B values into the above equation, the model becomes defined. In this way, the B values inform the relationship among the physician job satisfaction and the influences of the retention policy determinants. If the value is positive, this indicates a positive relationship between the predictor and the outcome, whereas a negative coefficient represents a negative relationship.

Viewing the B value under the first column, employee relationships has the highest positive relationship with the outcome variable physician job satisfaction (B=0.591). In the same vein, the other four components (hospital organization components, career opportunities, rewards, and job design and work) are significantly related to the physician job satisfaction (P-value=0.265, 0.365, 0.433, 0.546) respectively.

Table 6. Coefficient of the multiple regression model/ physician organizational commitment (N=198).

Table 6. Coefficient of the multiple regression model/ physician organizational commitment

Model	Unstandardized coefficient		Standardized coefficient	T	Sig
	B	Std. error	Beta		
Hospital organizational components	1.330 0.212	0.133 0.332	0.622	14.511 10.222	0.004
Career opportunities	3.411 0.365	0.135 0.245	0.658	17.512 8.542	0.002
Rewards	2.141 0.433	0.151 0.133	0.611	13.237 11.320	0.003
Job design and work	1.542 0.627	0.188 0.057	0.731	11.822 12.076	0.006
Employee relationships	1.526 0.485	0.166 0.019	0.698	10.711 15.967	0.010

Dependent variable: Organizational commitment

$$Y = 0.654 + 0.212X_1 + 0.365X_2 + 0.433X_3 + 0.627X_4 + 0.485X_5 + E$$

Where:

Y = the predicted value on organizational commitment

These coefficients as shown in table 6 are referred to as B values, the B values inform the relationship among the organizational commitment and the influences of the retention policy determinants.

Viewing the B value under the first column, job design and work has the highest positive relationship with the outcome variable physician organizational commitment (B=0.627). Similarly, the other four components (hospital organization components, career opportunities, rewards, and employee relationships) are significantly related to the physician job satisfaction (P-value=0.212, 0.365, 0.433, 0.485) respectively.

8. CONCLUSION AND RECOMMENDATION

The results of this research bear a number of significant empirical conclusions for researchers and practitioners in hospitals.

8.1 Retention policy determinants Components

It is found that there is a significant impact of retention policy determinants on the physicians job satisfaction and organizational commitment. The empirical conclusion that could be drawn from this research is a multifaceted one. This is mainly because this research had to investigate both controllable and uncontrollable issues (retention policy determinants on the physicians job satisfaction and organizational commitment). These main empirical conclusions are as follows.

Physicians satisfaction is a necessary issue in health service organizations to ensure these organizations' success. Conversely, the physicians dissatisfaction leads to turnover phenomena. It is vital to hospital management and human resources management in particular to acts on behalf of the whole hospital or with

coordination in dealing with retention policy factors namely hospital organizational components, career opportunities, rewards, job design and work, employee relationships . These are the factors that the hospital is attempting to win via the human resources strategy application and the services delivered. This research argues that such strategy does not evolve simply by chance, but through a planned effort

by the hospital management. Such effort would be insufficient and inadequate without considering five retention policy determinants. The link between these factors and the physicians job satisfaction was based on findings from the literature, pilot interviews, the qualitative study and results of this research sample survey. The framework suggests that physicians job satisfaction as a core construct in this research receives its vital role through the effect of retention policy on physicians job satisfaction.

8.2 Limitations and avenues for future research

While this study has provided valuable insight, there are some limitations, which may limit generalisability: One major difficulty with this research is that no studies have been previously performed

regarding the implementation of retention policy determinants factors influencing physicians job satisfaction among Saudi health market. Although this will add to the originality and value of this study, the research will not have the added benefit of learning from others' mistakes.

In conducting this research a number of areas were identified for further research and future study. These areas include:

1. Studying the proposed model in other Gulf region and Arab countries in order to gain more validation for the model and more generalized findings.
2. Studying other service sectors in order to develop a model that represents the service sector more generally, rather than representing the health sector alone.
3. The same model could be used in a comparative study between the service sector and the industrial sector in order to test the differences of retention policy determinants in both sectors and ascertain whether the model could be more standard across a range of industries.

In summary, this research makes a positive contribution in the direction of retention policy determinates influences on physicians job satisfaction in the in Saudi hospitals. However, this research sought to overcome the limitations it encountered with the most methodological sound techniques and it should be followed by other efforts in the same direction. This research and similar studies will encourage other researchers to engage in more studies regarding the retention policy factors that influence physicians job satisfaction in the hope that such efforts will improve the relationship between the hospital, its managers and its patients with regard to greater mutual and common advantages and benefits.

References

- Acton, T., & Golden, W., (2003). Training the Knowledge Worker: A Descriptive Study of Training Practices in Irish Software Companies. *Journal of European Industrial Training*, 27(2), p 137-146.
- Ahmad, A, & Al-Zu'bi, H, (2011), E-banking Functionality and Outcomes of Customer Satisfaction: An Empirical Investigation", *International Journal of Marketing Studies*, 3(1), 50-65.
- Ahmad, A; Al-Qarni, A; Alsharqi, O; Qalai, D; & Kadi, N. (2013), The Impact of Marketing Mix Strategy on Hospitals Performance Measured by Patient Satisfaction: An Empirical Investigation on Jeddah Private Sector Hospital Senior Managers Perspective, *International Journal of Marketing Studies*, 5 (6).
- Armstrong, M. (2008). *Strategic Human Resource Management: A Guide to Action*. 4th Ed. USA: Kogan Page Ltd.

- Bakar, C., Akgun, H.S. & Assaf, A.F. (2007). The role of expectations in patients' hospital assessment: A Turkish hospital example. *International Journal of Health Care Quality Assurance*. Vol. 21, No. 5, pp. 503-516.
- Baer, E., Fagin, C., & Gordon, S., (1996). *Abandonment of the Patient: The Impact of Profit-Driven Health Care on the Public*. New York: Springer Publication Company.
- Bassi, L., & Buren, M. V. (1999). Valuing investments in intellectual capital. *International Journal of Technology Management* 18(5), 414-432.
- Castle, G., Engberg, J., & Anderson, A. (2007). Job satisfaction of nursing home administrators and turnover. *Medical Care Research and Review*, 64 (2), 191–211. <http://dx.doi.org/10.1177/1077558706298291>
- Chaminade, B (2007). A retention checklist: how do you rate? www.humanresourcesmagazine.co.au. Accessed, 28 November, 2007.
- Chiboiwa, M; Samuel, M; & Chipunza, C, (2010), An examination of employee retention strategy in a private organisation in Zimbabwe, *African Journal of Business Management*. 4(10), pp. 2103-2109, Available online at <http://www.academicjournals.org/AJBM> ISSN 1993-8233 ©2010 Academic Journals
- Clarke, K. (2001). What businesses are doing to attract and retain employees - becoming an employer of choice. *Employee Benefits Journal*, 26(1), 34-37.
- De Cieri, H., Kramar, R., Noe, R. A., Hollenbeck, J. R., Gerhart, B., & Wright, P. M. (2008). *Human resource management in Australia: Strategy/ people/ performance* (3rd ed.). Sydney: McGraw-Hill Irwin.
- Deckop, J., Konrad, A., Perlmutter, D., & Freely, J., (2006). The Effect of Human Resource Management Practices on the Job Retention of Former Welfare Clients. *Human Resource Management*, 45(4), 539-559.
- Dee, J. R., Henkin, A. B., & Singleton, C. A. (2006). Organizational commitment of teachers in urban schools – Examining the effects of team structures. *Urban Education*, 41 (6), 603–627. <http://dx.doi.org/10.1177/0042085906292512>
- Dessler, G. (2003). *Human resource management* (9th ed.). Englewood Cliffs: Prentice Hall.
- Dieleman M, Viet Cuong P, Vu Anh L, & Matrineau T (2003). Identifying factors for job motivation of rural health workers in North Viet Nam. *Human Resources for Health*. 1 (10). Available from (<http://www.human-resourceshealth.com/content/1/1/10>).

- Harpaz, I., & Meshoulam, I. (2009). The meaning of work, employment relations, and strategic human resources management in Israel. *Human Resource Management Review*, 20(3), 1-12.
- Henderson, L; Tulloch, J, (2008), Incentives for retaining and motivating health workers in Pacific and Asian countries, *Hum Resource for Health*; 6(18) doi: .1186%2F1478-4491-6-18"10.1186/1478-4491-6-18
- Irving, D., & Thomas, M. (1997). How to stay flexible and elude fads. *Quality Progress*, 30(3), 55-60.
- Jones, D., & Skarlicki, D., (2003), The Relationship Between Perceptions of Fairness and Voluntary Turnover among Retail Eemployees. *Journal of Applied Social Psychology*, 33(6), 1226-1243.
- Kyndt, E., Dochy, F., Michielsens, M., & Moeyaert, B., (2009), Employee retention: Organisational and personal perspectives. *Vocations and Learning*, 2(3), 195-
- Lambert, G., Pasupuleti, S., Cluse-Tolar, T., Jennings, M., & Baker, D. (2006). The impact of work-family conflict on social work and human service worker job satisfaction and organizational commitment: An exploratory study. *Administration in Social Work*, 30 (3), 55-74. http://dx.doi.org/10.1300/J147v30n03_05
- Leeves, G. (2000), Worker Turnover: Hires, Separations and Employment Growth at the Employer Level. *Australian Journal of Labour Economics*. 4(4), p. 280-295.
- Lockwood, D., & Ansari, A., (1999) Recruiting and Retaining Scarce Information Technology Talent: A Focus Group Study. *Industrial Management & Data Systems*, 99(6), 251-256.
- Marchington, M., & Wilkinson, A. (1997). *Core personnel and development*. London: Institute of Personnel and Development. Metcalfe, B.
- Mathis, R., & Jackson, J. (2010). *Human resource management* (13th ed.). Boston: South-Western College Pub.
- Milkovich, G., Gerhart, B., & Hannon, J. (1991). The effects of research and development intensity on managerial compensation in large organizations. *The Journal of High Technology Management Research*, 2(1), 133-150.
- Moncarz, E., Zhao, J., & Kay, C., (2009), An Exploratory Study of US Lodging Properties' Organizational Practices on Employee Turnover and Retention. *International Journal of Contemporary Hospitality Management*, 21(4), 437
- Moss, A., McFarland, J., Ngu, S., & Kijowska, A. (2007). Maintaining an open mind to closed individuals: The effect of resource availability and leadership style on the association between openness to experience and organizational commitment. *Journal of Research in Personality*, 41(2), 259-275. <http://dx.doi.org/10.1016/j.jrp.2006.03.009>

- Moyes, G., Shao, L., & Newsome, M. (2008). Comparative analysis of employee job satisfaction in the accounting profession. *Journal of Business & Economics Research*, 6(2), 65-82.
- Oakland, S., & Oakland, J. (2001). Current people management activities in worldclass organizations. *Total Quality Management & Business Excellence* 12(6), 773-779.
- Park, J; Kim, T, (2009) "Do types of organizational culture matter in nurse job satisfaction and turnover intention?", *Leadership in Health Services*, Vol. 22 Iss: 1, pp.20 – 38
- Porter, L. W., & Lawler, E. E. (1968). What job attitudes tell about motivation. *Harvard Business Review*, 46 (1), 118– 126.
- Porter, W., Steer, M., Mowday, T., & Boulian, V. (1974). Organizational commitment, job satisfaction, and turnover among psychiatric technicians. *Journal of Applied Psychology*, 59, 603–609. <http://dx.doi.org/10.1037/h0037335>
- Robbins, P. (1996). *Organization behavior: Concept, controversies, and applications*. Englewood Cliffs, NJ Prentice-Hall
- Ryan, T., & Sagas, M. (2009). Relationships between pay satisfaction, work-family conflict, and coaching turnover intentions. *Team Performance Management*, 15(3/4), 128-140.
- Samuel, M., & Chipunza, C., (2009) *Employee Retention and Turnover: Using Motivational Variables as a Panacea*, *African Journal of Business*, 3(8)
- Shiu, M., & Yu, T. (2010). Internal marketing, organisational culture, job satisfaction, and organisational performance in non-life insurance. *The Service Industry Journal*, 30(6), 793-809. <http://dx.doi.org/10.1080/02642060701849840>
- Shimizu, T., Eto, R., Horiguchi, I., Obata, Y., Feng, Q. L., & Nagata, S. (2005). Relationship between turnover and periodic health check-up data among Japanese hospital nurses: A three-year follow-up study. *Journal of Occupational Health*, 47 (4), 327-333. <http://dx.doi.org/10.1539/joh.47.327>
- Siddique, C. (2004). Job analysis: A strategic human resource management practice. *The International of Human Resource Management*, 15(1), 219-244.
- Starosta, M., (2006) *Engaging Employees: Retention Strategies for Today's Growing Businesses*, Master's thesis, Royal Roads University, Victoria
- Suzuki, E., Itomine, I., Kanoya, Y., Katsuki, T., Horii, S., & Sato, C. (2006). Factors affecting rapid turnover of novice nurses in university hospitals. *Journal of Occupational Health*, 48 (1), 49–61. <http://dx.doi.org/10.1539/joh.48.49>

- Tadeka, F., Ibaraki, N., Yokoyama, E., Miyake, T., & Ohida, T. (2005). The relationship of job type to burnout in social workers at social welfare offices. *Journal Occupational Health*, 47(2) 119-125. <http://dx.doi.org/10.1539/joh.47.119>
- Taplin, I., & Winterton, J., (2007), The Importance of Management Style in Labour Retention, *International Journal of Sociology and Social Policy*, 27(1/2), 5-15 taxonomy. *The Academy of Management Review*, 7(1), 117-123.
- Waldman, D., & Arora, S. (2004) Measuring Retention Rather than Turnover: A Different and Complementary HR Calculus. *People and Strategy*, 27(3), 6-9.