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The Relationship Between Quality Of Work Life And Turnover Intention Of Primary Health Care Physician In Saudi Arabia 2024

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Abstract

Background: Physician and other health professionals' devotion has been found to be influenced by QWL. There is, however, a dearth of trustworthy data regarding primary health care (PHC) physician ' QWL and desire to leave. The purpose of this study was to investigate the connection between Saudi Arabian PHC physician ' turnover intention and QWL.

Methods : In this study, a cross-sectional survey was employed. The Anticipated Turnover Scale, demographic questionnaires, and Brooks' Quality of Work Life survey were used to gather data. The questionnaire was filled out by 300 PHC physician in the Jazan Region of Saudi Arabia (RR = 87%). ANOVA, t-test, descriptive statistics, General Linear Model (GLM) univariate analysis, standard multiple regression.

Results: Nearly 40% of the respondents indicated that they intended to leave their present PHC centers, indicating that they were not happy with their work lives. QWL has a substantial relationship with turnover intention. QWL accounted for 26% of the variance in turnover intention using standard multiple regression, $p < 0.001$, with $R^2 = .263$. **Conclusions:** It is crucial to establish and preserve a pleasant work environment for PHC physician in order to increase their job satisfaction, lower attrition, boost output, and improve physician care results.

Keywords: physician , Primary health care, Quality of work life (QWL), Saudi Arabia, intention of turnover.

Introduction :

Healthcare systems are said to be built on the shoulders of medical professionals in general and doctors in particular. Healthcare businesses around the world are currently dealing with a severe staffing shortage and challenges in human resource management. Rodríguez-Fernández et al., 2021). Employee work satisfaction

and the dedication of health professionals to their company or employer are regarded as two of the most important determinants of organizational effectiveness.

Every day, healthcare workers face numerous obstacles that lead to job dissatisfaction, which has been connected to stress, medical errors, desire to quit, (6 Shields MA, Ward M ., 2001; Blaauw et al. 2004) a decline in the standard of care, higher medical expenses, and decreased patient compliance with medical guidance and burnout in the workplace.(Dolan , 2011,8–10 Workplace commitment and professionals' desire to leave may also be positively impacted by work-life quality factors as workload, working hours, and work-life balance. Astrantia et al 2002.) . Given the significance of high-quality work, doctors must feel appreciated and respected within an organization and be able to "have a voice" about their professional responsibilities and experience.(Ibrahim et al , 2020)

Previous research has argued the importance of quality of work life (QWL) to the commitment of health professionals[Gifford et al (2002). Brooks [2001] defined QWL as “the degree to which registered physician s are able to satisfy important personal needs through their experiences in their work organization while achieving the organization’s goals. By evaluating QWL, companies can learn how physician s' work experiences, job satisfaction, and organizational commitments are impacted by their work settings and home life difficulties(Astrianti 2011). High QWL is crucial for businesses to draw in new hires and keep existing ones, claim Lees and Kearns [2023]. However, there is a dearth of research on primary health care (PHC) physician s' QWL and turnover intention.

Numerous studies have looked into physician s' QWL, however most of them are hospital-based studies conducted in western nations. There are currently no studies that concentrate exclusively on PHC physician s. Furthermore, no published studies have examined the connection between turnover intention and QWL among this group of physician s. Additional research on QWL in various healthcare environments, particularly PHC institutions, is desperately needed. This requirement is exacerbated in Saudi Arabia, where there is a persistent scarcity of Saudi medical professionals, particularly physician s, and a high rate of employee turnover (Radosavljevic et al., 2017)

A few studies carried out in Saudi Arabia's main cities have revealed that physician , especially PHC physician , are not happy with their jobs (*Shanafelt, et al. 2019) In a survey research aimed at determining the degree of work satisfaction among PHC professionals in the Al-Madinah region, 52.4% of staff physician expressed extreme dissatisfaction, according to Al Juhani and Kishk 2014. PHC physician ' performance may suffer as a result of this discontent, which could therefore lower the standard of healthcare results. Additionally, it may lead to a behavioral intention to quit their job, which they may eventually accomplish. Prior research on PHC physician s in Saudi Arabia concentrated solely on job satisfaction, leaving out other crucial elements that make up the QWL approach, such as work/home life, work design, work context, and other external factors [16]. Therefore, a study to investigate and evaluate QWL and associated factors among PHC physician s in the Saudi healthcare system is required.

The results could be useful in formulating plans to draw and keep more physician s in PHC organizations, especially in this period of PHC transition. Otherwise, Saudi Arabia's PHC facilities risk losing talented physician s who could rather work for other national or international systems and organizations that offer suitable working conditions due to competition to recruit certified physician s.

One of the most prominent Middle Eastern nations to embrace and apply the PHC strategy is Saudi Arabia [18]. A ministerial directive was issued in Saudi Arabia to combine the current services, including old health offices, maternity and child health centers, and minor dispensaries, into single units known as PHC centers in compliance with the Alma-Ata statement made at the WHO General Assembly in 1978 [19]. PHC centers provide the general public with primary healthcare services, including both curative and preventive treatment. Cases requiring advanced care are sent to the second level of care (public hospitals) through an organized referral system. Referral hospitals, the third tier of healthcare, receive cases requiring higher levels of treatment [19].

PHC executives must evaluate their QWL and comprehend their organizational and career goals because human resources are crucial to delivering high-quality PHC services. These processes could guarantee the ongoing enhancement of the medical care being given.

Aim of the study:

The purpose of the present paper, therefore, was to examine the relationship between QWL and turnover intention of PHC physician in Saudi Arabia. The main questions of this study

were as follows: (a) are there significant relationships between turnover intention and the selected demographic variables of PHC physician s; and (b) are the QWL dimensions (i.e. work life/home life, work design, work context and work world) useful in predicting turnover intention.

MATERIALS AND METHODS

Study design and setting

In order to investigate quality of work life, and intention to leave among physician working in Saudi Arabia' public health system, a cross-sectional study employing a quantitative survey with self-administered questionnaires was used. All five major public hospitals' physician , one from each geographic area, the medical and public health services' headquarters, and the Ministry of Health's administrative offices in Saudi Arabia participated in the study. The self-administered questionnaires were distributed and collected between January to March 2024

Subject :

Participants

Study participants included all physician who worked in the public healthcare sector of Saudi Arabia (census) in 2024. The number of all physician who worked in the public healthcare sector of Saudi Arabia was calculated based on the number of physician reported by the directors of public hospitals and healthcare centres. inclusion criteria were applied for the final study sample, namely: being physician , working in public healthcare sector of Saudi Arabia for more than 6 months, having a permanent job position or working based on a contract.Out of 490 physician working in the public sector. 239 were accepted to participate in this research.

Instruments

This study included two instruments in addition to the demographic questions. These consist of the Brooks' survey of QNWL and the Anticipated Turnover Scale (ATS). Hinshaw and Atwood created the ATS survey in 1978 to investigate physicians' intentions to leave . With a 7-point Likert scale that goes from "agree strongly" to "disagree strongly," the ATS is a self-administered, 12-item test . The items on the instrument dealt with an employee's certainty of quitting their work and the amount of time they expected to do so. The sum of each item on the scale was divided by the total number of items to determine the overall score. Higher ratings indicate a stronger desire to quit the current role. Means of responses above 3.5According to Hinshaw and Atwood (1984)

Data collection and analysis

Following consent from the Saudi Arabian Ministry of Health to carry out the study, Queensland University of Technology's ethics approval was acquired. Through the PHC Department in Jazan, the survey was sent to PHC physicians. A survey package containing a cover letter, questionnaire, and personal envelope was given to each nurse. The cover letter described the research, gave the researchers' contact information, and described the measures taken to ensure confidentiality. Respondents' names or other identifying information were not needed. By means of the information letter, each responder in each PHC center was asked to seal the completed survey in its own envelope.

Following that, all physician working at the same location were told to seal their surveys in a separate, large, labelled package that was supplied and send it back to the PHC Department by internal mail. The fact that participation was entirely optional was explained to the participants. Consent to participate was shown by the completed questionnaires that were returned. A other publication that was published elsewhere provides more information on the data collection process [38]. The analysis was conducted using SPSS v24 for Windows and included descriptive statistics, t-test, ANOVA, General Linear Model (GLM) univariate analysis, standard multiple regression

Results

The majority of physicians were Saudi (72.2%), Arab (73.8%), male (50.3%), and Most respondents (81.8%) reported being married, having dependent individuals (82.9%), and having children (61%). As an physician , the average work experience was 11.3 years, of which 6.6 years were spent in the current PHC company and 6.1 years in the current role.

Table 1: Socio demographic data distribution :

Socio demographic data	**No(%)**
Age	Mean(SD)=47.9 (9.2)
Gender	
Female	119 (49.8)
Male	120 (50.2)
Not married	42 (18.2)
Married	189 (81.8)
Children	
Yes	192 (82.1)
No	42 (17.9)
Workplace Public hospitals	174 (72.8)
Health centers	65 (27.2)
Job position Internal medicine	196 (82.0)
Surgical	43 (18.0
Master’s degree	
Yes	115
No	133 (57.1)
Years of experience in public health sector	**12.9 (8.6)**
Years of experience in private sector	**4.2 (5.7)**

Table 2 The range of potential scores on Brooks' scale is 42–252. A high total score denotes a high QWL, whereas a low total score denotes a poor overall QWL. The respondents were unhappy with their work lives, as seen by their range score of 45–218 (M = 139.45), which is below the average score on Brooks' scale.

Table 2: Overall scores for quality of work life*

Dimensions	**Mean ±SD**	**Level**
Work life/home life	28.26 ± 5.10	Moderate
Work design	59 41.21 ± 6.08	Moderate
Work context§	89.69 ± 13.94	High
Work world	20.79 ± 4.01	Moderate/high

Overall	179.99 ± 24.17	Moderate

According to research on turnover intention, around 40% of respondents said they planned to quit their present PHC facility. Demographic factors and intention to leave .To determine whether there is a correlation between the demographic characteristics and the intention to leave, an ANOVA and an independent samples t-test were performed. Turnover intention was shown to be significantly correlated with age, married status, gender, and dependent children. For these demographics, the eta squared test shows that the variation in turnover intention scores has a modest to medium effect size. Turnover intention did not significantly correlate with dependent adult demographics, nationality, ethnicity, or PHC location. According to the findings, turnover intention was strongly correlated with only two demographic characteristics ($p < 0.05$). These were dependent adults of a certain gender. see table 3

Table 3 Turnover intention by demographic variables using t-test and ANOVA

Items	Mean (SD)	t/F-value	P-value
Gender		3.48	0.001
Male	43.99 (13.61)		
Female	39.71(11.62)		
Age		7.24	<0.001
20-29 years	43.20 (11.87)		
30-39 years	41.79 (13.48)		
40-49 years	35.93 (11.58)		
50-59 years	38.36 (9.46)		
Marital status		2.98	0.052
Never married	43.37 (12.89)		
Married	40.48 (12.29)		
Divorced/Widowed	37.42 (12.21)		
Dependent children **Yes**	39.97 (12.56	2.59	0.010
No	42.89 (12.12)		

Results of turnover intention and QWL

In this instance, the work context had the highest beta value (-.387), followed by the work design (-.112). This indicates that, after controlling for the variation explained by every other variable in the model, the work context variable contributes the most distinctively to the explanation of turnover intention. Work design was the other important variable ($p < 0.05$). It contributed less because its beta value (-.112) was lower than the work context value. Despite the fact that each of the work life/home life and work world

dimensions had bivariate associations with turnover intention that were significantly different from zero (see Table 4),

The four aspects of QWL (work life/home life, work design, work context, and work world) and turnover intention, the dependent variable, were subjected to a typical multiple regression. Overall, understanding the PHC physician ' scores for the four QWL aspects helped to explain 26% of their intention to leave. Regression's R2 =.263 and F(4,491), 43.71, $p < 0.001$ were substantially different from zero (see Table 5).

Table 4 Correlation between QWL variables and turnover intention Variables *

	Turnover Intention	**Work life/home life**	**Work Design**	**Work Context**
Work life/home life	-.245**			
Work Design	-.408**	.446**		
Work Context	-.497**	.424**	.667**	
Work World	-.291**	309**	.444**	..418**

Table 5 Model summary for standard multiple regression of the QWL dimensions on the turnover intention scores

Model	**R**	**R2**	**Adjusted R2**	**Std. Error of the Estimate**
1	.512a	.263	.257	10.625

a. **Independent Variables: (Constant), Work life/Home life, Work Design, Work Context, Work World.**

Note. Dependent Variable: Turnover intention.

Discussion :

This is the first study in Saudia Arabia to examine the degree of QWL and intention to leave among doctors working in the country's public health system. In conclusion, we looked into the demographics of doctors employed by Saudia Arabia ' public hospitals and healthcare facilities, their degree of QWL in relation to their intention to leave. 72.8% of doctors employed at Saudia Arabia public hospitals and healthcare facilities stated that they intended to quit their positions. The study also found a negative correlation between intention to depart and QWL

furthermore, the findings of this study show that age, gender, and medical specialism are among the demographics that have an impact on physician ' intentions to depart. Effective QWL techniques can raise staff morale and increase organizational efficacy in healthcare contexts [41]. Furthermore, QWL can enhance nurse workforce recruitment and retention as well as the quality of care delivered [36, 42].

Relationship of QWL and turnover intention

The results showed that 19% of the variation in turnover intention could be explained by the QWL dimensions. Nonetheless, 32.1% of the variation in physicians' turnover intention was explained by the

model as a whole (demographics and QWL components). The models assessed by Tourangeau and Cranley [64], Shader et al. (2001), Gregory, Way, LeFort, Barrett and Parfre 2007, Sourdif [73], and Larrabee et al. [2003] that explained 34%, 31%, 31%, 26%, and 25.5% of the variance in turnover intention are comparable to our findings.

The most powerful component is the work context dimension. The work design dimension, followed by the distinctive contribution to describing turnover intention. Coworkers, professional possibilities, management and supervision, and the work environment are some of the elements that make up the "work context" dimension. In earlier studies, these factors were linked to turnover intention (Ali Jadoo, et al(2015)It was discovered that the "work design" variables had an effect on the PHC physician ' intention to leave. Job satisfaction, workload, shortage of personnel, lack of autonomy, non-medical care duties, interruptions, time constraints, and patient care are some of these characteristics [Hashempour, et al ;2018].

Using multiple regression analysis, it was determined that while the bivariate correlations between turnover intention and each of the work life/home life and work world dimensions were statistically different from zero, they did not significantly influence turnover intention among PHC physician . It is impossible to ignore how these two factors affect the nurse's intention to leave. Previous studies have found that a number of factors, including family demands, working hours, pay, and the public perception of medical care, are significant predictors of physician ' desire to leave (Labrague, , et al 2018; Alzayed, & Murshid, (2017).

One could claim that not all of the variables of these dimensions were covered by the questionnaire items pertaining to work world and home life/work life. More diversity in physician ' intentions to leave could be explained by adding more variables to the scale. (Kroezen, et al (2015). About 40% (40.4%, n = 205) of the physician respondents who used the ATS said they planned to quit their current position. This data lends credence to the idea that physician generally [Hashempour, et al., (2018). and physician employed in Saudi Arabia have high turnover and turnover intention. To ascertain the factors associated with physician ' intention to leave their hospital, Saeed [49] carried out a study in Riyadh. Three Riyadh hospitals provided the data. 275 (56.4%) of the 488 respondents said they planned to quit their jobs. Al-Ahmadi (2014)] gathered information from 434 physicans working in nine psychiatric hospitals randomly selected from various geographic regions of Saudi Arabia. Results showed that 37% of physician had the intention to leave the institu institution. Most recently, Zaghloul, et al.(2012)studied the intention of 276 physician to stay at a university hospital in Al-Khobar, Saudi Arabia.

The results showed that 47 physician , or roughly 17% of the sample, agreed that they intended to quit. Furthermore, over 50% of the participants expressed uncertainty regarding their precise intention to depart. Similar results were also found in Saudi Arabian studies on health workers other than physician . For instance, according to Al-Ahmadi's (2013) research, roughly 38% of participants said they intended to leave the hospital where they were currently receiving care. Nonetheless, this study is the first to examine turnover intention in Saudi Arabia's PHC industry.

Demographic factors and intention to leave

The study's conclusions showed a strong correlation between the intention to leave and the following demographic factors: gender, age, marital status, dependent children, education level, medical care tenure, organizational tenure, positional tenure, and monthly salary. In line with earlier studies, younger physician were more likely than older physician to express a desire to leave Chung & Kowalski. (2012).. However, a number of studies have found that older physician are happier with their jobs and are hence less likely to have plans to leave (Faragher, et al., 2005).) It could be expensive and unworthy for older physician to leave the organization (before being retained) because they may have deep personal attachments to it [Somers, et al (2019).].

The intention of male respondents to quit their current job was higher. Regarding the connection between gender and each employee's level of happiness and intention to leave, the literature is inconsistent.

Numerous medical care research provide credence to the idea that female physician are more content with their jobs and are more likely to stick around [60–64]. Gender and employee satisfaction and desire to leave were not shown to be related in other studies [Shanafelt, et al., . (2019,]. One may argue that male physician were more likely to quit their existing jobs for two reasons and were less content with their work lives: First, about 99% of the male physician in this study (n = 164) were Saudis, making up 32.7% of the total (n = 166/508). Saudi men are in charge of their parents and families. However, contrary to the Saudi female physician , the Saudi male physician do not have the opportunity to work in their living areas − Saudi female physician are Compared to those without children, individuals with children were less likely to say they intended to leave.

Parent physician ' obligations to their family members, including their children, "as breadwinners" may be the cause of this. Financial obligations to children, such as pressure to pay for their education, may make people more likely to stay in their current jobs, claim Phillipson and Smit (Gregoriou, et al (2023)..]. Previous studies [Adeoye, et al., 2023) provided evidence for this. Years of experience providing medical care, with the company, and in the current role were found to be negatively correlated with turnover intention. The more years of experience, the lower the turnover intention. This result is in line with earlier studies [Jaber, et al (2024)

One may claim that physician with more years of experience may have become accustomed to their work, responsibilities, coworkers, overall workplace, and organization's structure; hence, they have formed a strong sense of loyalty to their position, work, and organization. As a result, they have no plans to quit their company.

Conclusions

To sum up, implementing fundamental and major changes to medical services, creating effective health policies, promoting participation, and gaining doctors' consent and alignment with changes to their jobs could all help to improve physician retention.49 Our results emphasize the necessity of concerted measures to reduce the number of doctors who actually quit providing direct patient care as well as the levels of physician ' desire to quit.34 According to recent research, enhancing working conditions in Saudia Arbia' public hospitals and health centers requires an awareness of those characteristics and how they affect doctors' intentions to leave their organization.

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