

Problem of Retention of Physicians in the Ministry of Health

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Abstract. The purpose of this study is (1) to find out the level of job satisfaction of Ministry of Health physicians, and (2) to examine differences of job satisfaction between Saudi and non-Saudi physicians. A total sample of (442) physicians was used in this study: (166) Saudi and (276) non-Saudis. A self administered questionnaire was distributed to the selected sample in three Ministry of Health hospitals: Central Hospital in Riyadh, King Fahad Hospital in Jeddah and Dammam Central Hospital. Six variables were investigated in this study which include (work condition, pay, supervision, promotion, co-worker, social environment). Results showed that physicians at the three Ministry of Health hospitals indicated very low satisfaction to moderate or middle satisfaction. None of the sample expressed moderately high satisfaction or very high satisfaction. Also significant differences were found between Saudi and non-Saudis in terms of pay, supervision and promotion, when Saudi physicians expressed low satisfaction in those variables.

Introduction

The Ministry of Health and other health service providers are exerting efforts to raise the standard of care through the provision of a number of government supported health services. For the most part these services are provided free of charge. The development of the health system since 1970 has been impressive, as shown in Table 1.

As a result of such rapid development in the provision of health care and the shortage of native Saudi medical manpower, the Kingdom of Saudi Arabia has been compelled to use non-Saudi professionals in these fields. This is evident when 91% of physicians, 91% of nurses, and 70% of paramedicals of the Ministry of Health are non-Saudis [1].

Table 1. Development of health services manpower in Saudi Arabia, 1970 – 1988

Source	1970	1988
MOH hospitals	47	162
/ beds	/7165	/6315
Physicians	789	11,940
Nurses	2253	27,940
Paramedicals	910	9,002
Private hospitals	20	55
/ beds	/955	/5956
Physicians	181	1890
Nurses	676	5341
Paramedicals	152	1206
Other govt. agencies hoispital	N/A*	31
/ beds	N/A	/6577
Physicians	N/A	4214
Nurses	N/A	9200
Paramedicals	N/A	2949
Health Centers		
Physicians	242	3404
Nurses	885	6670
Paramedicals	742	3512

Source: Achievements of development plans: facts and figures 1970 to 1982, Ministry of Planning, p. 160; *Annual Health Report*, 1988, Ministry of Health, pp. 3,18,264,271,282,193; *Statistical Yearbook*, 1971, Ministry of Finance, p. 105.

* N/A Not available.

There is a wide range of agreement among health professionals in the KSA that the Ministry of Health, along with other health providers, will be dependent upon foreigners to meet medical manpower requirements for the foreseeable future. Thus, retention of health professionals, particular by physicians, becomes an important health administration issue. One factor associated with retention is job satisfaction.

Wolf stated that a hospital may spend more than US\$ 2,500 to replace a registered nurse who quits the job in the U.S. [2]. The situation is even worse for the KSA where medical manpower must be recruited from abroad.

According to an estimate done by Girmay, to recruit a physician for such hospitals as King Faisal Specialist Hospital and Research Center, the Military Hospital or the National Guard Hospital may take at least 6 months, and these hospitals may

spend over US\$ 4,000 to recruit one physician [3]. This is because they have to compete in the international market and pay expenses of tickets, recruitment fees, costs associated with moving support services such as telex, telephone, furnishing allowance, and time spent in all these activities.

Concern over the potential shortage of physicians and above all the use of non-Saudis has centered attention on the two problems of attraction and retention. Several recent reports such as KFSH&RC and Military Hospital Annual Reports have suggested that the average length of stay of non-Saudi physicians is becoming a serious problem [4]. According to Girmay's estimates, the average length of stay of a non-Saudi physician at KFSH&RC and Military Hospitals is 2.3 years [5], indicating that retention of non-Saudi physicians is one of the most important health policy issues.

While the existing literature contains many valuable clues regarding the nature and source of satisfaction among physicians, there is no single systematic study that looks at systems that depend upon foreigners in such magnitude. Besides, there is some evidence to suggest that MOH Saudi physicians are attracted to other health providers such as Military, National Guard, and KFSH&RC hospitals because of better work conditions [6]. Thus, retaining Saudi physicians in the Ministry of Health becomes another important issue.

Several research studies in the delivery of health care strongly suggest that staff turnover is, for the most part, an outcome of work dissatisfaction [7,8]. The implications of not being able to retain physicians for the KSA health delivery systems are many. The most obvious consequence is the financial cost associated with turnover. Turnover results in higher costs for recruitment, selection and training. A more important consequence is that turnover may adversely affect the quality of care given to patients [9,10]. Additionally, high turnover rates may have a demoralizing effect, resulting in lower levels of productivity and further increasing turnover.

The intent of the present study is: (1) to measure the level of job satisfaction of Ministry of Health physicians, and (2) to examine differences in job satisfaction between Saudi and non-Saudi physicians.

The significance of finding ways to address the problems associated with the retention of Saudi and non-Saudi physicians such as job satisfaction cannot be over-emphasized given the acute shortage of health manpower.

Methodology

Subjects

The sample population for the study was taken from three selected Ministry of Health general service hospitals. These three hospitals were selected because of their size and similar characteristics. They are the largest hospitals in terms of beds and patient services; all are in large cities. As a result, these hospitals have the highest number of Saudi physicians, *i.e.* Riyadh 33%, Jeddah 57% and Dammam 28%. The three hospitals are: Riyadh Central Hospital opened in 1956 with bed capacity of 1110; King Fahad Hospital in Jeddah, opened in 1982 with a bed capacity of 619; and Dammam Central Hospital complex, opened in 1963 with a bed capacity of 446.

The target population for this study was physicians who had worked in one of these three hospitals.

Sampling Procedure

Each hospital was asked to furnish separately the names of Saudi and non-Saudi physicians who worked in the respective hospitals. Based on the lists furnished by these hospitals, using a random starting point, a systematic random sampling procedure picking every other name was used to develop a 50% sample.

For Riyadh central hospital, 55 of 110 Saudi physicians were selected. Of 272 non-Saudi physicians, 136 were selected. Data were collected from these samples over a period of two months and half (June 15, 1989 to August 30, 1989).

For Jeddah Central Hospital, 79 of 159 Saudi and 59 of 118 non-Saudi physicians were selected. Data from the physicians were collected over a period of about three months (May 1, 1989 to July 30, 1989).

For Dammam Central Hospital 32 of 64 Saudi and 81 of 162 non-Saudi physicians were chosen. Data were collected over a period of about two months (June 20, 1989 to August 23, 1989).

Methods Used in Collecting Data

The self-administered questionnaire was distributed to 166 Saudi and 276 non-Saudi physicians in the three selected Ministry of Health hospitals. The questionnaire included items on work conditions, pay, supervision, co-workers, promotion-on-the-job and social environment indicators. Items for these six broad categories were developed by the researchers after a thorough investigation of available literature [11].

A letter explaining the purpose of the research accompanied each questionnaire. The researchers also had a meeting with the three hospitals directors to explain the purpose of the research and request cooperation and was followed up by telephone. The physicians participating in the study were guaranteed complete anonymity and confidentiality.

The instrument measured attitudes of physicians in the three selected hospitals associated with different facets of job situation. Respondents were asked to rate job facets on a five point Likert type satisfaction scale of agreement/disagreement.

The Likert format lends itself to a rather straight-forward method of index construction; with five response categories numerical values of 5 to 1 were assigned to responses taking the "direction" of the statement into account. A score of 5 was assigned to "strongly agree" responses to positive statements and 1 to "strongly disagree" responses, reversing the score with negative statements.

The questionnaire was pretested with 30 randomly selected physicians from Riyadh Central Hospital. Based on these results, the questionnaire was revised. Non of the pre-tested questionnaires were included in the final sample. Considering the possible sources of error such as language, the researchers provided the questionnaire both in English and Arabic. All physicians preferred to answer in English.

The dependent variable is the satisfaction score. The control variables are the demographics and the independent variable is nationality (Saudi and non-Saudi physicians).

Operational Definitions

1. Work conditions are measured in terms of the challenge the work provides, security of the job, the availability of medical tools and equipment, the conduciveness of the work place to do the job, accessibility of information regarding the job.
2. Pay is measured in terms of salary, yearly increment and overtime.
3. Supervision is measured in terms of the supervisor's proper attention to the physicians' opinions when decisions are made which affect work and the genuine concern for physicians's general needs at work.
4. Promotion is measured in terms of physician promotion, *i.e.*, civil service bureau rules and regulation and the advancement of physicians on the job.
5. Co-worker is measured in terms of friendship and communication among colleagues in the hospital.

6. Social environment is measured in terms of the friendship of physicians outside work and the social life of physicians in the Kingdom.

Limitations of the Study

1. The researchers recognize the broadness of the subject - it is difficult if not impossible to encompass all the attributes of job satisfaction in this type of endeavor. However, this exploratory study should help the Ministry of Health administrators and health planners to begin to appreciate this important managerial issue.

2. The second limitation was representative of the sample to physicians working in the MOH and possible limits due to choice of sites and external validity.

3. The study is exploratory, the first major study of this type conducted in the Kingdom. Its intent is to discover more than to fully describe. Complete description must await a larger study protocol. For example, an expanded design would permit personal interviews that would elaborate upon initial findings; more hospitals could be included (systematically sampled); more personnel (including nurses and paramedicals) might be contacted; realistic cost estimates of both recruiting and turnover might be added.

4. Pearson correlations as a test of convergent and divergent validity as a procedure was not done. A Pearson product moment correlation could have confirmed that each item is a discrete major and examined the correlation coefficient. In future study, such procedure should be considered.

Data Analysis and Discussion

The data are analyzed and presented in two parts: the first deals with overall physician satisfaction; the second part attempts to find out if there is any significant difference between Saudi and non-Saudi physicians.

In order to answer the second part of the research question, the researchers developed a Likert scale position (\bar{X} position of respondent), retaining the discrete \bar{X} score and also assigning respondents to a collapsed scale position as shown in the following:

- | | | |
|----|------------|---------------------------------|
| 1. | 1.0 to 1.7 | Very low satisfaction |
| 2. | 1.8 to 2.5 | Moderately low satisfaction |
| 3. | 2.6 to 3.4 | Moderate or middle satisfaction |
| 4. | 3.5 to 4.2 | Moderately high satisfaction |
| 5. | 4.3 to 5.0 | Very high satisfaction |

The overall response rate was 59.3 percent; that for Saudi physicians was 59 percent and non-Saudi physicians 59.4 percent. Besides, the response rate for Riyadh was 62%, Jeddah 54% and Dammam 60%.

In order to put the satisfaction of physicians into perspective, the sample of MOH Saudi physicians (N = 98) was compared with MOH non-Saudi physicians (N = 164) as it relates to work conditions, pay, supervision, co-workers, promotion and social environment. Chi-square and overall satisfaction results are presented in Table 2.

Table 2 shows that both Saudi and non-Saudi physicians range from a very low satisfaction scale position (1.0 to 1.7) to a moderate or middle satisfaction scale position (2.6 to 3.4) *None of the samples falls into the scale position of moderately high satisfaction (3.5 to 4.2) and very high satisfaction (4.3 to 5.0)*. This finding should be viewed with some concern because even a modest amount of dissatisfaction may affect job performance and turnover.

The fact that none of the physicians (Saudi or non-Saudi) falls into the scale position of moderately high satisfaction and very high satisfaction demonstrates that there is dissatisfaction. This dissatisfaction could be partly attributed to the fact that during the rush to development, the primary focus of health planners and administrators was on the construction of health services, provision of medical equipment and commissioning these health services. Attention to maintenance and managerial issues such as job descriptions, satisfaction, retention, etc. was of secondary importance. However, most of the construction of health service has been completed, the necessary medical equipment is already in place, and it is time to shift the focus to managerial issues as they relate to retention, turnover, and job satisfaction.

A recent study by Al-Khatani [12] on job satisfaction of physicians at the Military Hospital (Al-Kharj) in Riyadh found pay, promotion and supervision to be major concerns. The findings seem to confirm the overall trend of budget constraints of the Kingdom of Saudi Arabia since the price of oil and its demand have significantly declined. As a result fringe benefits such as annual reward and bonuses have been terminated; housing allowances have been substantially reduced and overtime work is discouraged.

The clear purpose of the government in investing substantial resources in the health delivery system is to provide quality care to its citizens. However, quality health services do not come solely with the construction and acquiring of sophisticated medical equipment but in combination with proper attention given to managerial issues such as problem of retention as manifested in job satisfaction.

Table 2. Distribution, percentage and Chi-Square of MOH physicians job satisfaction as measured by work condition, pay, supervision, promotion and social environment

Mean Position of Respondents	Work Condition		Pay*		Supervision*		Promotion*		Co-workers		Social Environment	
	Saudi	N-Saudi	Saudi	N-Saudi	Saudi	N-Saudi	Saudi	N-Saudi	Saudi	N-Saudi	Saudi	N-Saudi
1. Very low satisfaction (1.0 to 1.7)	12 12.24%	18 10.98%	24 24.49%	24 14.63%	18 18.37%	22 13.41%	41 41.84%	45 27.44%	12 12.24%	15 9.15%	44 44.90%	55 33.54%
2. Moderate satisfaction (1.8 to 2.5)	32 32.65%	47 28.66%	61 62.24	90 54.88%	32 32.65%	35 21.34%	9 9.18%	31 18.90%	86 87.76%	49 90.85%	39 39.80%	81 49.39%
3. Moderate or Middle satisfaction (2.6 to 3.4)	54 55.10%	99 60.37%	13 13.27%	50 30.49%	48 48.98%	107 65.24%	48 48.98%	88 53.66%	-	-	15 15.31%	28 17.07%
4. Moderately high satisfaction (3.5 to 4.2)	-	-	-	-	-	-	-	-	-	-	-	-
5. Very high satisfaction (4.3 to 5.0)	-	-	-	-	-	-	-	-	-	-	-	-
Total	98 100%	164 100%	98 100%	164 100%	98 100%	164 100%	98 100%	164 100%	98 100%	164 100%	98 100%	164 100%
	$X^2 = 0.702$ $P = 0.704$	$X^2 = 11.397$ $P = 0.003^*$	$X^2 = 6.798$ $P = 0.033^*$	$X^2 = 7.928$ $P = 0.019^*$	$X^2 = 0.637$ $P = 0.425$	$X^2 = 5.107$ $P = 0.164$						

* Significance Level $P < 0.05$

Since this is the first major investigation of the issue of attracting and retention of MOH physicians, the findings and possible explanation should be explored further and hence worthy of prompt and serious attention.

The findings also indicate that there is a significant difference in terms of satisfaction between Saudi and non-Saudi physicians with respect to pay ($P < 0.003$), supervision ($P < 0.033$) and promotion ($P < 0.019$). This is, non-Saudi physicians appear to be slightly more satisfied with pay, supervision and promotion than Saudi physicians working in the three hospitals of the Ministry of Health (MOH). The remaining three categories *i.e.*, work conditions, co-workers, and social environment, appear to have virtually no impact on satisfaction between Saudi and non-Saudi MOH physicians.

The concept of “reference group” and “relative deprivation” posits that people do not evaluate their position in life with absolute, objective standards, but on the basis of their relative position vis-a-vis others. That is, they compare themselves with their “reference group”, and they will feel “relatively deprived” if they do not compare favorably in that regard [13].

The majority of non-Saudi physicians of the Ministry of Health come from developing countries. In this study, out of 164 non-Saudi physicians, 97% came from developing countries such as Egypt, Sudan, Palestine and Syria.

If the above argument is valid, then non-Saudi physicians in the MOH hospitals compare themselves with the “reference group” in their respective countries which are paid substantially less money than them and hence do not feel “deprived”. Non-Saudi physicians appear to be more satisfied with pay compared to Saudi physicians. Besides, non-Saudi physicians generally come to Saudi Arabia with the specific goal of saving money and consider their job as temporary and may give less significance to the promotion and supervision aspects of job satisfaction, as compared with Saudi physicians.

On the other hand, the expectation of Saudi physicians in terms of pay, promotion and supervision appears to be somewhat higher than non-Saudi physicians. This may be due to the fact that demands put on Saudi physicians by the extended family and the society as a whole are higher than the demand put on non-Saudi physicians for the simple reason that Saudi physicians are compared with Saudi counterparts. If a suggestion can be made based on these data, it is to look into the structure of salary, supervision and promotion arrangements in order to increase the level of satisfaction among the physicians.

Physicians enter the job with a specific set of work values. These values are influenced by educational experience, environment, length of experience, age, expectations, etc. Therefore, the researchers held constant the possible moderating effects of region, age, gender, education, length of experience (where appropriate) for pay, supervision and promotion where statistically significant differences had been found (See Tables 3,4 and 5).

Table 3. Saudi and Non-Saudi physician satisfaction regarding pay controlling for region, marital status, educational level and age.

Region	X ²	P	Educational level	X ²	P
Riyadh	7.682	0.021*	BS and less	5.523	0.063
Jeddah	3.893	0.143	MS+	7.995	0.018*
Dammam	1.470	0.480			
Marital status			Age		
Single	5.654	0.059	≤ 30 yrs	7.825	0.020*
Married	7.386	0.025*	31-40 yrs	7.509	0.023*
			41+	0.391	0.0822

*Significant level $P < 0.05$

As can be seen, significant differences emerged between Saudi and non-Saudi physicians in the Riyadh region ($P < 0.021$), among married physicians ($P < 0.025$), among physicians who hold Masters' degree and above ($P < 0.018$), and among physicians who are thirty years old or younger ($P < 0.020$), or between 31-40 years of age ($P < 0.023$).

The significant differences between Saudi and non-Saudi physicians may be attributed to the fact that there are more and more highly specialized government supported hospitals in Riyadh than in Jeddah and Dammam. As such, Saudi physicians working in the Ministry of Health hospital may compare themselves for instance with KFSH&RC where the salary, benefits, accommodations and prestige are substantially higher than MOH hospitals. Besides, the rapid development over a short period of time also might have contributed to the rising expectations of Saudi physicians as shown in the age groups of less than 40 years of age ($P < 0.020$; $P < 0.023$).

Table 4 shows that Saudi physicians who have 2 years of experience or less inside the Kingdom and who are equal and less than 30 years of age or younger are less satis-

fied with their supervision than non-Saudi physicians who are in the same category ($P < 0.045$, $P < 0.22$).

The significant relationship may be due to the different expectations of these two groups of physicians. That is, the young Saudi physicians may have higher expectations regarding supervision than non-Saudi physicians.

Table 4. Saudi and non-Saudi physician satisfaction regarding supervision controlling for region, length of experience and age.

Region	X ²	P	Length of experience in the Kingdom	X ²	P
Riyadh	4.712	0.095	< 2 yrs	6.216	0.045*
Jeddah	3.020	0.221	2-4 yrs	3.187	0.203
Dammam	1.158	0.561	4+ yrs	2.566	0.277
Age					
30 yrs	7.624	0.022*			
31-40 yrs	1.927	0.381			
41+	1.377	0.502			

* Significance level $P < 0.05$

Table 5. Saudi and non-Saudi physicians satisfaction regarding promotion controlling for region, marital status, length of experience outside the Kingdom, age, length of experience inside the Kingdom.

Region	X ²	P	Age	X ²	P
Riyadh	0.427	0.808	≤ 30	0.612	0.736
Jeddah	8.865	0.012*	31 - 40	5.940	0.051*
Dammam	3.515	0.172	41 +	0.989	0.610
Marital status					
Length of exp. inside the KSA					
Single	1.29	0.533	< 2 yrs	4.743	0.093
Married	7.600	0.022*	2-4 yrs	0.324	0.851
			4+	10.613	0.005*
Length of experience outside the KSA					
5 yrs and less	6.431	0.040*			
5 yrs and more	0.471	0.790			

* Significance level $P < 0.05$

When it comes to promotion, Saudi physicians in Jeddah ($P < 0.012$), within the age of 31-40 ($P < 0.051$), who are married ($P < 0.022$), who have over 4 years of experience inside the Kingdom ($P < 0.005$), and who have 5 years or less experience outside the Kingdom of Saudi Arabia ($P < 0.040$) are less satisfied with their promotion than non-Saudi physicians.

To increase job satisfaction and hopefully retain physicians for longer periods of time, several job satisfaction indicators as they relate to working conditions, pay, supervision, promotion, co-worker relationship and social environment require improvement.

First and foremost, analysis suggests that it is necessary to focus on all categories of physicians satisfaction. In this regard, efforts must be made by these hospitals to increase the participation and involvement of physicians as well as other personnel who could deal with larger organizational problems such as recruitment, retention, salary procedure, promotion and supervision. Such participation and involvement in the decision-making process conveys to the physicians the notion that they are important contributors to these hospitals.

Besides, given the present situation in the health care system and overall decline of funds, it is vital that realistic training programs for physicians be developed. That is, all the duties, responsibilities and authorities associated with the job would be thoroughly discussed and understood in order to avoid unrealistic job expectation.

The evidence presented here further suggests that improvement in the quality of immediate supervision and promotion, particularly with Saudi physicians, would help to increase the level of job satisfaction. Besides, physicians salaries must adequately reflect the level of training and importance in the health care system.

However, increase in pay without increase in intrinsic rewards and quality of supervision may have little effect on job satisfaction. Thus, hospital administrators and health planners should examine all facets of physician job satisfaction.

Summary and Conclusion

In summary, the preceding analysis indicated that;

1. Physicians at the three MOH hospitals reports very low (1.0 to 1.7) to moderate or middle satisfaction (2.6 to 3.4) level in terms of all categories of job satisfac-

tion. None of the sampled physicians expressed moderately high satisfaction (3.5 to 4.2) or very high satisfaction (4.3 to 5.0).

2. Within the scale position of a very low to a moderate or middle satisfaction, a significant difference was found between Saudi and non-Saudi physicians in terms of pay, supervision and promotion. The remaining three categories (co-worker relationship, work condition and social environment) appear to have virtually no impact on satisfaction between Saudi and non-Saudi physicians.

3. By controlling for demographics on the pay, supervision and promotion dimensions.

1. Region, marital status, educational level and age categories were significant in terms of pay.
2. Age and length of experience inside the Kingdom were significant in terms of supervision.
3. Region, marital status, length of experience outside the Kingdom, age, and length of experience inside the Kingdom were significant.

Retention of Saudi and non-Saudi physicians is an important health policy issue, primarily because the Saudi health delivery system will depend on non-Saudi physicians for a long period of time. Secondly, health planners should also view the dissatisfaction of Saudi physicians with concern. The significance of encouraging the Saudi cadre of physicians to participate in the entire process of developing pay, supervision, and promotion aspects and to face these challenges as active rather than passive participants must be considered as vital to improve satisfaction levels.

In short, the finding of this study should be viewed within the context of these three Ministry of Health (MOH) hospitals and these findings demand further, in-depth investigation. Further research on physicians job satisfaction in all Ministry of Health hospitals is necessary as well. This research may provide a basis for hospital administrators and health planners in the Ministry of Health to consider the retention issue as it is manifested in these job satisfaction indicators and to address them.

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1-4

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Please use a check mark within the parenthesis () to indicate your response to each question:

Part I: Factual data

5. Age
- a. () Less than 25 years
- b. () 25-30 years
- c. () 31-35 years
- d. () 36-40 years
- e. () 41-50 years
- f. () 50+ years
6. Sex
- a. () Male
- b. () Female

7-8 Nationalities

- a. Saudi
- b. Indian
- c. Egyptian
- d. Syrian
- e. Palestinian
- f. Sudanese
- g. Pakistani
- h. Jordanian
- i. Asian (specify) -----
- j. European (specify) -----
- i. Other (specify) -----

9. Marital status

- a Single
- b. Married
- c. Divorced
- d. Widowed

10. If you are married, is your family with you

- a. Yes
- b. No

11. Number of children

- a. None
- b. 1-2
- c. 3-4
- d. 4+

12. Monthly income

- a. Less than 5000
- b. 5001-7000
- c. 7001-9000
- d. 9001-11,000
- e. 11,000-13,000
- f. 13,001-15,000
- g. 15,001-18,000
- h. 18,000+

13. **Length of experience in the Kingdom**
- a. () Less than 1 year
 - b. () 1-2 years
 - c. () 3-4 years
 - d. () 4-5 years
 - e. () 5+ years
14. **Length of experience outside the Kingdom in the field**
- a. () Less than 1 year
 - b. () 1-5 years
 - c. () 6-10 years
 - d. () 10+ years
15. **Educational level (Degree held)**
- a. () Diploma
 - b. () B.S. of Medicine, MBBS
 - c. () Master of Medicine
 - d. () MRCP, FRCP
 - e. () FACHAR2T
 - f. () American Board
 - g. () Arab Board
 - h. () MD
 - i. () Other (specify) -----

Part II:

Would you please indicate your level of agreement with the statement below:

- SA = Strongly agree
 A = Agree
 U = Undecided
 D = Disagree
 SD = Strongly disagree

Work:	SA	A	U	D	SD
15. The work I do is stimulating and challenging	()	()	()	()	()
16. I am happy with my job	()	()	()	()	()

- 17. I sincerely look forward to coming to work every day () () () () ()
- 18. I am thinking of leaving my job () () () () ()
- 19. When I need help in this hospital, I frequently don't know whom to turn to () () () () ()

Supervision:

- 20. When I need my boss, I don't have problem in talking to him () () () () ()
- 21. My boss in this hospital provides a good example for me to follow () () () () ()
- 22. My boss has a genuine concern over my general problems () () () () ()
- 23. I feel that my boss pays proper attention to my opinion when decisions are made which affect work () () () () ()
- 24. Whenever it is appropriate, my boss asks my opinion on things before making a decision () () () () ()

Pay:

- 25. I am satisfied with my salary () () () () ()
- 26. I am satisfied with my yearly income () () () () ()
- 27. I am satisfied with my overtime () () () () ()
- 28. I feel that the salary I get is comparable with the amount of work I do () () () () ()
- 29. I feel my salary is equal to doctors of similar qualification in private hospital () () () () ()

Promotion:

- 30. I am satisfied with the rules and regulation of Civil Services Bureau in the Kingdom regarding the medical doctors promotion () () () () ()
- 31. I feel the chance for advancement in this job is good () () () () ()

Co-workers:

32. I feel the work atmosphere in this hospital is friendly () () () () ()
33. I don't feel happy with my relationship with my colleagues () () () () ()
34. I feel I get less cooperation from my colleagues () () () () ()
35. The workload does'nt allow me to make friendship with my colleagues () () () () ()
36. I don't participate in professional activities such as seminars, research, inservice training etc. in this hospital () () () () ()

Social Environment:

37. For non-Saudi social life in the Kingdom is pleasant () () () () ()
38. For Saudi social life in the Kingdom is pleasant () () () () ()
39. It is easy to make friendship outside work () () () () ()
40. It is easy to see my colleagues outside of work () () () () ()
41. It is difficult to make friends outside of work because of language barrier () () () () ()

مشكلة الاحتفاظ بالأطباء في وزارة الصحة

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ملخص البحث . يهدف هذا البحث إلى التعرف على مشكلة الاحتفاظ بالأطباء في وزارة الصحة في المملكة العربية السعودية والعوامل التي تساعد على استقرارهم في العمل . وقد استخدم الرضا الوظيفي كمعيار مؤثر على درجة الاستقرار الوظيفي ، لذلك فقد ركز هذا البحث على معرفة :

- ١ - مستوى الرضا الوظيفي بين الأطباء في وزارة الصحة .
- ٢ - التعرف على مستويات الظروف إن وجدت في الرضا الوظيفي بين الأطباء السعوديون وغير السعوديون .

تم جمع معلومات هذا البحث بواسطة استبيان تم تصميمه من قبل الباحثين وتوزيعه على عينة بلغ مجموعها (٤٤٢) طبيياً منهم (١٦٦) سعودياً و(٢٧٦) غير سعودي . وقد شملت الدراسة ثلاث مستشفيات يمثلون العينة المختارة وهي :

- أ - مستشفى الرياض المركزي .
- ب - مستشفى الملك فهد بجدة .
- ج - مستشفى الدمام المركزي .

ولتحقيق أهداف الدراسة فقد تم فحص ست متغيرات في الرضا الوظيفي هي (بيئة العمل - المرتب - الإشراف - الترقية - العلاقات الاجتماعية بين العاملين والبيئة الاجتماعية خارج العمل) . وأظهرت نتائج الدراسة أن أفراد العينة أبدوا شعوراً متدنياً يتدرج بين المنخفض جداً والمتوسط ، ولم يعبر أى منهم عن درجة عالية في الرضا ، كما أشارت النتائج كذلك إلى ظهور ظروف ذات دلالات معنوية بين السعوديين وغير السعوديين في ثلاث متغيرات هي (المرتب - الإشراف والترقية) حيث عبر الأطباء السعوديون عن درجة من الرضا المنخفض عن المرتب والإشراف والترقية ، بعكس زملاءهم من الأطباء من الجنسيات الأخرى .