NOTTINGHAM BUSINESS SCHOOL
Nottingham Trent University

RETAINING PATIENT-CENTERED SKILLED PROFESSIONALS IN TURBULENT CONTEXT: A CASE STUDY OF LEBANESE PRIVATE HOSPITALS

ZOYA MOLLAYESS

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List of Abbreviations

CIPD	Chartered Institute of Personnel & Development
DDI	Development Dimensions International
HR	Human Resources
HRM	Human Resource Management
ILO	International Labor Organization
LMX	Leader-Member Exchange
MOH	Ministry of Health
NGO	Non-Governmental Organization
PCC	Patient-Centered Care
PWST	Proximal Withdrawal States Theory
QWL	Quality of Work-Life
RDF	Researcher Development Framework
RCUK	UK Research Council
REF	Research Excellence Framework
RQ	Research Question
SET	Social Exchange Theory
SPC	Service Profit Chain
WLB	Work-Life Balance
WHO	World Health Organization

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ABSTRACT

In the turbulent Lebanese context, the major concern of private hospitals is to retain the talented and skilled professional Patient-Centered Care (PCC) staff who contribute to improving the quality of PCC services. The purpose of this study is to investigate the retention of skilled professional employees and its relation with the internal service quality and the external service quality, PCC, in the Lebanese private hospitals

The core objectives of this study are (1) to explore the reasons why skilled professional employees are staying or leaving their jobs in Lebanese private hospitals, (2) to investigate the managers' and employees' perceptions about the impact of the quality of workplace retention drivers on the employee retention in these hospitals and (3) to study the relationship between the hospitals' employee retention and the delivery of PCC from both employees and managerial perspectives.

This research is a multiple case study guided by the pragmatism paradigm and the abductive reasoning approach. Two Lebanese private family-owned hospitals were chosen as the two case studies. The concurrent mixed methods data collection used was based on a structured questionnaire administered to skilled professionals, a study of the hospitals' archival records together with in-depth semi-structured interviews with managers.

The research findings showed that the common reasons that encouraged the skilled professionals in Lebanese private hospitals to leave their hospitals were stress, pay, and fringe benefits. The common retention drivers were flexible scheduling, quality of care, teamwork, work environment, the relationship between coworkers, and supervisor support. The major conclusion is that the internal work-life quality factors motivate the skilled professionals; thus, contributing to their satisfaction, and enhancing their engagement, leading to employee retention. The research contributed to the development of a framework, that shows cyclical relationships among internal service quality, skilled professionals' satisfaction, engagement, retention, and PCC delivery. The study has added a new lens to the employees' retention and the SPC model in general and specifically in Lebanese private hospitals.

1. INTRODUCTION

Hospitals are increasingly experimenting with workplace innovations designed to improve the quality of patient care, alleviate financial pressures and retain staff. One of the quality innovations is Patient-Centered Care (Avgar et al., 2011). Patient-Centered Care (PCC) involves tailoring health services around individual patient needs, providing high-quality comprehensive care, and fostering a healing environment for patients (Institute of Medicine, 2001; Kellerman & Kirk, 2007).

A patient-centered workforce is made of highly engaged people and teams who endeavor to provide quality PCC. Health care employees play an integral role in the coordination and delivery of PCC (Avgar, Givan, & Liu, 2011; Bernabeo & Holmboe, 2013). Shaller (2007) stated that at the heart of PCC is an attempt to establish a care delivery system that can address key patient needs and preferences while structuring work in a manner that enhances staff retention. Also, according to Newman et al. (2002), retention of hospital staff is an important key to providing quality patient care. The literature on employee retention asserts that satisfied employees who are happy with their jobs are more devoted to better performance and strive to improve their organizational customers' satisfaction (Denton, 2000).

In today's business world, organizations are operating in a turbulent environment and human resource (HR) leaders are experiencing challenges with attracting and retaining employees, especially top performers and high-potential employees (Smith & Ricci, 2015; Towers Watson, 2017). As such, employee retention has been a hot topic across industries for many years. A Towers Watson study in 2015 found that, on a global scale, more than half of all organizations have difficulty retaining their most valued employees (Towers Watson, 2016). The World Health Organization (WHO) Report (2006) gave high priority to retaining high-quality health care workers. Regards hospitals, they adopted various retention strategies such as compensation, incentives, recognition, and other motivational strategies. Employee retention has therefore become a major issue that led many researchers to study the factors associated with staff retention in the healthcare industry (Aluttis et al., 2014; Newman et al., 2002; Carter & Tourangeau, 2012).

The relationship between the quality of work-life, which includes retention drivers, employee retention, and external quality services was studied in literature by Heskett et al.'s (1994) Service

Profit Chain (SPC) Model. Hospitals can learn from this model that internal service quality contributes to employee satisfaction which drives employee retention that leads to external service value (Heskett et al., 2008). Hospitals are also engaged in the co-production concept to deliver high-quality care (Turakhia & Combs, 2017). In healthcare, coproduction is known as PCC (Ratheit et al., 2013). In coproduced services, employees need the support of the firm and its management to deliver quality service. The internal service quality may support service employees through reward, recognition, training, and the implementation of a coproduction culture. Overall, by supporting and motivating employees, they will be more satisfied (Yim, Chan & Lam, 2012). Concerning this increasingly serious issue, several related studies were conducted in Western countries. It is therefore interesting to investigate these relationships in the context of Lebanese private hospitals. The next two sections introduce the Lebanese Hospital sector and provide the history of quality and PCC in Lebanese hospitals.

1.1 The Lebanese Hospital Sector

Lebanon is a middle-income country located in the Eastern Mediterranean region. The Lebanese population was about 6.8 million citizens in 2019, based on the World Bank data website. Throughout history, Lebanon was known as 'the Middle East Hospital' due to its strong healthcare system that is based on a qualified and competent workforce. Many international healthcare rankings indicate that Lebanon is on a trajectory of continuous improvements in coverage and performance. The 2018 Healthcare Access and Quality (HCAQ) index by the international medical journal *The Lancet*, ranks Lebanon in 33rd place with 86 points. According to the Global Competitiveness Report 2018, published by the World Economic Forum, Lebanon was ranked 37 out of 140 countries, worldwide, in terms of the good performance of the health system. The Ministry of Health (MOH) is the only regulator of the health system in Lebanon; however, during the war, its role was diminished and the private sector dominated the hospital system (Ammar, 2003). After the war in 1997, the MOH started construction of new public hospitals, even though the private hospitals are still the backbone of the Lebanese health care system. Currently, there are 165 hospitals in Lebanon (Figure 1.1), 82% of which are privately owned and managed by charities, religious organizations, or private physicians' families (Khalife et al., 2017). Private hospitals vary from small to large teaching or university-owned hospitals.

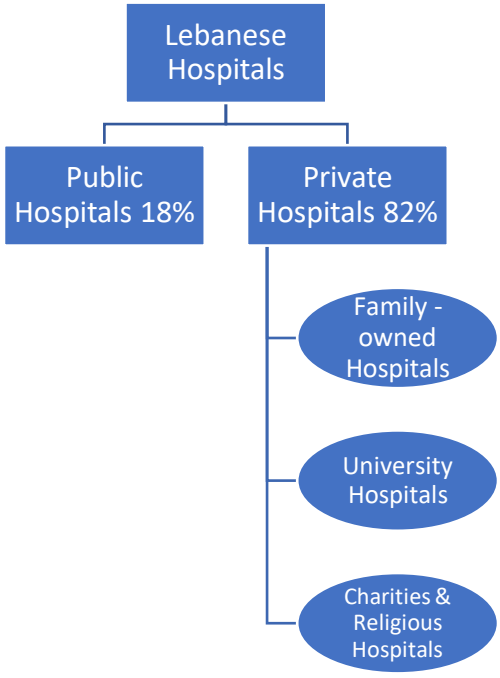

Figure 1.1 The Lebanese hospitals

1.2 Quality in Lebanese Hospitals

The quality of healthcare services in Lebanon has witnessed a paradigm shift since May 2000 from a traditional focus on physical structure and equipment to a broader multidimensional emphasis on managerial processes, performance, and output indicators (Ammar et al., 2007).

As a first step to regulating the quality of care, the Lebanese MOH introduced a mandatory national accreditation in the year 2000 (Ammar et al., 2007). They contracted with an external Australian accreditation consultancy, Overseas Projects Corporation of Victoria, to prepare the accreditation manual for acute hospitals (Ammar, 2007). The accreditation stressed patient-focused care, organizational improvement, HR management, complaints handling process, and patients' rights. Since then, the quality of hospital care in Lebanon has shifted to focus on managerial processes, performance, and output quality indicators (Ammar et al., 2007).

Hospitals in Lebanon should be accredited to maintain their licenses, and the MOH is the only accrediting body for hospitals. To serve as an incentive-based regulation, the accreditation results were linked to the hospitals' reimbursement system (Ammar et al., 2016). Therefore, most hospitals have invested in their quality systems and their human resources to be accredited. The accreditation

standards emphasize implementing PCC principles. It is worth noting that these accreditation standards were derived from those of seven developed countries that incorporate patient-centered principles into their accreditation requirements: the USA, Canada, Australia, Ireland, New Zealand, France, and the UK (Saleh et al., 2013).

In January 2019, the MOH launched the new national accreditation standards for Lebanese hospitals. The new standards cover three major themes and PCC is one of them; thus, giving more emphasis on the implementation of PCC in Lebanese hospitals (Ministry of Health, Lebanon, 2019). In addition to the MOH, the syndicate of private hospitals in Lebanon plays a remarkable role in improving the quality of care in Lebanese private hospitals, and all private hospitals are registered with the Syndicate of Private Hospitals in Lebanon (Saleh et al., 2013). Also, it is important to mention that quality and PCC have become strategic directions of several private hospitals. Many private hospitals are voluntarily investing in ISO 9001 (Quality Management System) standards and/or international accreditation programs such as the Joint Commission International and Accreditation Canada Qmentem International. The latter's international standards focus on the delivery of PCC.

To be accredited and quality certified, Lebanese private hospitals have been investing in building their HR capacities, especially in implementing PCC. However, one of the biggest challenges facing hospitals in Lebanon is the retention of a strong, capable and motivated workforce (El Jardali, et al., 2009) that can play an important role in providing PCC. In General, retaining a valuable workforce is proving one of the biggest problems that affect organizations in the competitive marketplace. Therefore, one of the critical challenges facing the Lebanese private hospitals is retaining a qualified PCC workforce that helps in providing better care and gains a competitive advantage.

After giving a small introduction to the hospital sector in Lebanon, the next section gives a brief description of the particular challenges that are related to the Lebanese context. As most employee retention studies are conducted in Western countries, their findings cannot be generalized to the Lebanese private hospitals' context.

1.3 Challenges in the Lebanese Context

Lebanon is a small country in the Middle East known as an essential commercial hub for the region due to its traditional trade culture and high literacy rate (Lebanon country profile, 2018). However, it has also been at the center of the region's conflicts, resulting in the country hosting many refugees (Lebanon country profile, 2018; Lebanon profile - Timeline, 2018). In addition, Lebanon is a country with several healthcare workforce retention challenges related to the labor market, national culture, political instability, competition, and economic recession.

1.3.1 Labor Market

According to the International Labor Organization (ILO), Lebanon does not have a Labour Market Information System, and labor market data is not systematically collected. There are severe data gaps on both the supply and demand sides (Ajluni & Kawar, 2015). Migration and emigration of workers have specific unfavorable impacts on the Lebanese economy. While the emigration of skilled Lebanese workers is generally viewed as having a positive economic impact due to the remittances sent back to Lebanon by these workers, the loss of these skilled workers within the local economy has an impact on the ability of enterprises to find the skilled workers needed to maintain and expand their businesses. The outflow of relatively well-educated and skilled Lebanese people means that those who remaining comprise a relatively less-educated domestic workforce, resulting in the expansion of low-productivity economic activities in the country (Koeltz, 2016).

The healthcare labor supply consists of new entrants to the labor market, comprising students and graduates from universities, vocational and technical education establishments, and schools. Lebanon prides itself on having high levels of education and quality institutions in the Arab world. As a result, young graduates access job opportunities in Lebanon or abroad, particularly in the Gulf. The number of university graduates increased from 29,747 in 2008–2009 to 32,070 in 2012–2013 (Ajluni & Kawar, 2015). However, despite the high levels of tertiary education, Lebanese companies complain about not finding the skilled labor they need. Lebanon was also ranked 120 out of 144 countries for brain drain losses as per the Global Competitiveness Report 2012-2013 by World Economic Forum.

The shortage of skilled professionals is one of the significant challenges for private hospitals. According to the World Health Organization's (WHO) 2017 report "World Health Statistics," Lebanon has 49.4 skilled health professionals per 10,000 population. This shortage is mainly due to the high rate of youth and skilled emigration and turnover. In addition, El-Jardali et al. (2008, 2011) contend that the migration of Lebanese nurses to Gulf countries, Europe, and the USA creates a shortage of qualified nurses, affecting the quality of care and patient safety.

1.3.2 Economic Recession

The country's economic situation is another important challenge to private hospitals. Lebanon has been going through a deteriorating economic situation for several years. Lebanese economic growth started slowing in 2011 following the Arab springs, the Syrian conflict, and internal political tensions and experienced a sharp deterioration in 2018-2019, resulting in an "economic recession" in 2019. Estimated at -1.9% in 2018, GDP growth amounted to -6.5% in 2019. GDP growth dipped into negative territory in the quarters Q1 and Q2 of 2019 as per BLOMINVEST Bank 2019 report. According to the Global Competitiveness Index 2015-2016, Lebanon has the second-worst macroeconomic environment of 140 countries.

This situation has resulted in late payments to the hospitals from the government, which has caused a decline in hospital situations (DailyStar June 15, 2019). Hospitals have incurred huge debts due to delays in reimbursement from third-party payers; Hospitals are experiencing rapidly rising material costs with no effect on service prices (DailyStar, 2014) and are managing budget cuts while still paying attention to necessary investments in infrastructure and technology. This situation has put a significant burden on the Lebanese private hospitals' survival, especially in retaining competent employees and providing high-quality care. Unfortunately, the economic decline hinders hospitals from improving retention strategies related to compensation, benefits, and training programs and helped push skilled professionals to leave their hospitals seeking better opportunities in other institutions and even outside their country, mainly in Europe, Gulf countries, and various other countries worldwide.

1.3.3 Market Competition

Healthcare market competition motivates hospitals to increase the quality of services provided which is a critical factor for attracting patients and gaining their satisfaction. The President of

Syndicate of Private Hospitals in Lebanon, Mr. Sleiman Haroun claimed that two major aspects are characterizing the quality of health care services in Lebanon, namely, human resources and technical supplies (Haroun, 2012). Also, the financial constraint that was discussed previously makes it impossible for private hospitals to compete with national and international competitors in retaining talent.

Moreover, the political situation in the Middle East has also imposed a new challenge related to the huge influx of Syrian refugees which has resulted in creating new career choices for hospital staff in Lebanon. International organizations such as United Nations, International Red Cross, and international and local nongovernmental organizations (NGOs), began to provide primary and secondary health care services for refugees. To do so, these organizations started attracting qualified and competent people working at different Lebanese hospitals. As a result, more employees started leaving Lebanese private hospitals to secure jobs with these organizations in a severe competitive atmosphere. In 2018, the Lebanese Armed Forces started to reform their health system which required more staffing and new jobs. The compensation and benefits packages of the institutions of the armed forces consist of full medical coverage, retirement plans, and scholarships which are more attractive than what is offered by private hospitals; hence, many health professionals from private hospitals started to leave their current jobs to apply to the institutions of the armed forces. Finally, to provide high-quality services and gain market share in such a highly competitive atmosphere, private hospitals have made the attraction and retention of skilled professionals a strategic priority.

1.3.4 The Lebanese National Culture

This section presents the characteristics of the Lebanese national culture using Hofstede's (1980) cultural dimensions. Hofstede's work is well-known for the study of national culture. The application of his research is used worldwide in both academic and professional management settings. In the most recent version of Hofstede's model of national culture (2011), it states that the national cultures differ based on six dimensions: Power distance: which is the extent to which the less powerful members of institutions and organizations within a country expect and accept that power is distributed unequally. This dimension deals with the fact that all individuals in societies are not equal. It expresses the attitude of the culture towards these inequalities. Lebanon scores (Figure 1.2) high on this dimension (score of 75) which means that people accept a

hierarchical order in which everybody has a place that needs no further justification. Hierarchy in an organization reflects inherent inequalities, centralization is popular, subordinates expect to be told what to do, and the ideal boss is a benevolent autocrat. In addition, high power distance organizations provide lower levels of job satisfaction which tend to decrease employee retention.

The second dimension is individualism vs collectivism, representing the degree of interdependence a society maintains among its members. In individualist societies, people tend to look after themselves and their direct family only. In collectivist societies, people belong to 'in-groups' that take care of them for loyalty. Lebanon, with a score of 40 (Figure 1.2), is considered a collectivistic society. This dimension manifests in a close long-term commitment to the member 'group', be that a family, extended family, or extended relationships. Loyalty in a collectivist culture is paramount and overrides most other societal rules and regulations. Society fosters strong relationships where everyone takes responsibility for fellow members of their group. In collectivist societies, offense leads to shame and loss of face, employer/employee relationships are perceived in moral terms (like a family link), hiring and promotion decisions take account of the employee's in-group, and management is the management of groups.

Third, masculinity vs femininity: the issue here is what motivates people to be the best (masculine) or to like what they do (feminine). A high score (masculine) on this dimension indicates that society will be driven by competition, achievement, and success, with success being defined by the winner/best in the field – a value system that starts in school and continues throughout organizational life. A low score (feminine) on the dimension means that the dominant values in society are caring for others and quality of life. Lebanon scores 65 on this dimension and is thus a masculine society. In masculine countries, people "live to work", managers are expected to be decisive and assertive, the emphasis is on competition and performance, and conflicts are resolved by fighting them out. High masculinity means that the Lebanese people tend to be competitive and driven by achievement.

Fourth, uncertainty avoidance: the extent to which the members of a culture feel threatened by ambiguous or unknown situations and have created beliefs and institutions that try to avoid these. This dimension relates to how a society deals with the fact that the future can never be known. When individuals possess high uncertainty avoidance, they seek stability, and staying in the firm

is crucial because it provides security (Hofstede, 2001). Lebanon scores 50 (Figure 1.2) on this dimension which shows no clear preference.

Fifth, long term vs short term orientation: how every society maintains links with its past while dealing with the present and future challenges. The very low score of 14 on this dimension shows that Lebanese culture is normative. Lebanese people have a vital concern with establishing the absolute truth; they are normative in their thinking. They exhibit great respect for traditions, a relatively small propensity to save for the future, and a focus on achieving quick results.

Finally, indulgence vs restraint: the extent to which people try to control their desires and impulses. This dimension is based on the way they were raised. Relatively weak control is called "Indulgence", and relatively strong control is called "restraint". The score for this dimension is 25, which means that the culture of Lebanon is one of restraint. Societies with a low score in this dimension tend towards cynicism and pessimism. Also, in contrast to Indulgent societies, restrained societies do not emphasize leisure time and control the gratification of their desires. People with this orientation perceive that their actions are restrained by social norms and feel that indulging themselves is somewhat wrong.

The national culture affects the organizational culture (House et al., 2004; Nazarian et al., 2014), which influences organizations' performance, as revealed by Nazarian et al. (2017) in their quantitative study of the hotel industry in the UK. Thus, national culture influences drivers for retention and how it is handled in different countries; for example, Hytter (2007) found that employees' retention drivers differ between France and Sweden, representing two different European cultures.

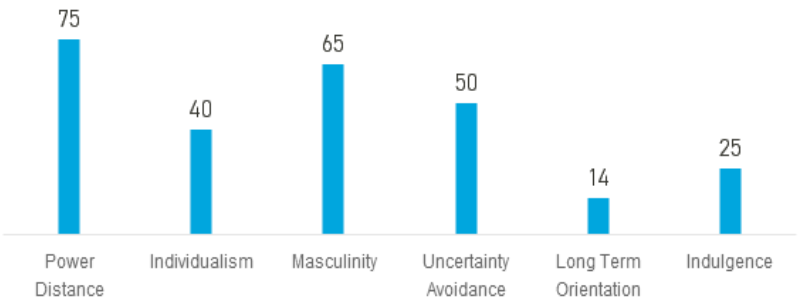

Figure 1.2 The Dimensions of the Lebanese Culture, www.hofstede-insights.com

However, despite the popularity of Hofstede's model, some critics have argued that his conceptualization of culture and its impact on people's behavior might be incorrect. The model ignores that nations consist of different ethnic units having different cultures (Mead & Andrews, 2009). The Lebanese culture is known for being a unique, diverse, and specific national culture. This culture hosts eight ethnicities and 18 religions with their traditions, customs, and cultural values (Duguleana & Popovici, 2014). According to Brewer and Venaik (2014), Hofstede's culture dimensions and scores are national or "ecological" in nature and do not apply to people living in the sampled countries. In Hofstede's analysis, the correlations of his culture variables are significant when aggregated to the national level but not significant at the individual level. Though a useful tool to provide a brief overview of the cultural features, no absolute cultural implications can be drawn about the people living in countries using Hofstede's national culture dimension scores.

1.4 Problem Statement

Retaining talented and skilled professional employees within a globally challenging business environment is a significant problem for organizations. The WHO's Kampala Declaration (2008) reflects this challenge by stressing the crucial role of retaining an effective, responsive, and equitably distributed health workforce. Added to this, the 2018 SHRM/Globoforce Employee Recognition Report revealed that the top workforce challenge is employee retention. It is challenging since losing critical employees is costly to organizations. Samuel and Chipunza (2009) contend that when high performers leave an organization, productive talent and the capacity to gain competitive advantage are lost. In the long run, specific knowledge, skills, and know-how

that long-time employees possess will be lost once they leave (Yamamoto, 2011). All these costs make employee retention an important issue for organizations to consider.

It is important to note that the Global Competitiveness Report 2017-2018 ranked Lebanon 105 out of 137 countries for the country's capacity to retain talent. The economic recession, competitive pressure, and acute shortage of competent staff have made the situation more alarming for the Lebanese private hospitals in facing the war of retaining skilled employees. These skilled professionals play an important role in improving the hospitals' quality of services. The employee retention challenges in the Lebanese context affect both public and private hospitals but the concern of this study is only with private hospitals.

Employed as a Senior HR Manager in one of the Lebanese private hospitals, the researcher has witnessed different skilled professionals' turnover trends. After the civil war and the introduction of mandatory national accreditation, private hospitals in Lebanon were growing and innovating and investing in themselves, specifically in their technology, buildings, and human resources. The challenge is how to retain qualified, skilled employees who are critical in supporting their hospitals to gain a competitive advantage. Due to the economic recession and the attractive opportunities outside the country, hospitals' skilled professionals started emigrating to Europe and Gulf. Added to this is the competition between private hospitals in retaining qualified staff. At the time of the study, the researcher was motivated to continue her professional development and enroll in the DBA program. A vital feature of a DBA is to address a real-world problem; thus, the study focused on the high turnover of skilled employees in her hospital. In 2009-2010, the turnover rate of skilled professionals was about 14%, and the primary reason for the resignation was emigration to Europe and the Gulf; however, after the Syrian war in 2012, the qualified, skilled, well-trained PCC workforce started to seek better opportunities in Lebanon in addition to emigration, maintaining an alarmingly high turnover rate.

Therefore, the researcher considered skilled professional retention a critical issue that the Lebanese private hospitals' management should consider strategically. Therefore, it was interesting for the researcher to study the skilled professional retention at the private hospitals in Lebanon, but with adding some novelty to the study perspective by using the SPC as a guide. The relationship between the quality of work-life, which includes retention factors, employee retention, and the quality of care provided, is studied in the literature by the SPC model. Hospitals can learn from

the SPC that internal service quality contributes to employee satisfaction which in turn drives employee retention that leads to external service value (Heskett et al., 2008). This model was derived from a considerable amount of research both within and outside healthcare settings. Although the model does not take into account the contextual factors that may change these relationships, it provides a useful framework to describe this relationship. However, the fact that the SPC is not thoroughly explored in Middle East hospitals, particularly in Lebanon. As most studies were mainly conducted in Western countries, it would be interesting to investigate the link between internal service quality, employee retention, and the perception of the external quality services, PCC in the context of Lebanese private hospitals.

Moreover, research gaps were identified after an extensive literature review in the field of employee retention, specifically in the context of Lebanese hospitals. Most employee retention studies and research in hospitals have been conducted in Western countries (for example, the USA, Canada, and the UK). However, with Lebanon being a developing country with its unique socio-economic context and a different cultural atmosphere, the findings in Western contexts might not apply to the Lebanese one. Furthermore, apart from academic and professional perspectives, very few studies have been conducted on Lebanese hospitals, and the available studies have only recently emerged; that is, after the introduction of national accreditation. They involved assessing the impact of accreditation on quality (El-Jardali et al., 2008), and patient safety culture (El-Jardali, Jaafar, Dimassi & Hamdan, 2010). Other studies were conducted on nurses' work environments and their intent to leave (El-Jardali, Alameddine, Dumit, Dimassi, Jamal & Maalouf, 2011), on the migration of Lebanese nurses (El-Jardali, Dumit, Jamal & Mouro, 2008) and the impact of leaving nurses (El-Jardali, Dimassi, Dumit & Mouro, 2009). However, all these studies were conducted on nursing staff and did not take into consideration, other skilled professionals. Added to this, the retention-related studies were conducted in 2009. It is therefore interesting to investigate skilled professionals' retention after ten years of these studies. More importantly, the health system in Lebanon lacks key data and information about numerous aspects of the healthcare system (Hamandi, 2015). There is no national data bank related to the Lebanese private hospitals, employee retention or turnover factors, or even the employee perception of PCC. The only data available are those collected by the individual hospital's statistical reports derived from the staff annual surveys and exit interviews, which are not shared or published.

This topic is deemed worthy of research and investigation because employee retention has become an important challenge facing Lebanese private hospitals. It is also interesting to conduct an in-depth study into the relationship between the quality of work-life, employee retention, and the delivery of PCC as perceived by the hospital workforce. Due to the inadequate data and limited research on employee retention in the Lebanese hospital industry, the research can offer an opportunity to generate novel data and offer new perspectives on employee retention.

1.5 Research Aim and Objectives

The purpose of this case study is to investigate the retention of skilled professional employees and its relation with the internal service quality and the external service quality, PCC, in the turbulent context of Lebanese private hospitals. The research findings will contribute to the development of a framework that will add novelty to the skilled professionals' retention literature and support managers and decision-makers in establishing strategies that enhance employee retention in Lebanese private hospitals.

The core objectives of this study are (1) to explore the reasons why skilled professional employees are staying/or leaving their jobs in Lebanese private hospitals; (2) to investigate the managers' and employees' perceptions about the impact of the quality of workplace retention drivers on the employee retention in these hospitals; and, (3) to study the relationship between the hospitals' employee retention and the delivery of PCC from both employees and managerial perspectives.

1.6 Research Questions and Justifications

Under the umbrella of the research aim and objectives, four research questions (RQ) were established. These RQs are essential as they guide how the whole study will be conducted. Under the guidance of SPC, the RQs help to investigate the chain from the internal quality services to skilled professionals' retention, to the external quality value, which is PCC implementation.

The reasons why employees stay are not always the same as the reasons why they leave (Steel, Griffeth & Hom, 2002). Most of the related studies in the hospital sectors focus on nursing staff, being the largest workgroup in the hospitals, also the majority of these studies were conducted in Western countries (for example, the USA, Canada, and the UK). Lebanon is a developing country with a unique socio-economic context, so the findings in the Western context might not be

generalized to the Lebanese context due to national cultural differences. In Lebanon, very few quantitative studies investigated the main reasons why nurses were leaving, as perceived by the Lebanese nursing directors (El-Jardelli et al., 2009). No studies on why skilled professionals are staying in Lebanese hospitals were conducted. Also, El-Jardelli et al.'s study was conducted on nurses' retention in 2009 and now we are in 2019 that is, ten years difference that may be accompanied by changes in the contextual forces during this period. It would be interesting to investigate the reasons for encouraging skilled professionals to stay or leave their hospitals. Thus, establishing the first research question.

- RQ1: What are the key drivers that encourage skilled professional employees to stay in, or leave, employment in Lebanese private hospitals?

Literature in the field reveals that employee retention factors are classified into personal factors and organizational factors (Kyndt et al., 2009). The personal factors are age, work location, health, and family commitments while the organizational factors are job satisfaction, supervisor support, work environment, salary, career opportunities, and job stability. Under the guidance of SPC, internal service quality refers to the organizational retention drivers. In this case, it is valuable to investigate the impact of internal service quality factors on the retention of skilled professionals in Lebanese private hospitals. The positive relationship between the organizational factors and employee retention has been studied by many scholars: The organizational culture (Abu Al Rub et al., 2017; Chatterjee, 2009; Shumba et al., 2017), leadership (Kleinman, 2004; Dasgupta, 2014; George, 2015; Abu Al Rub et al., 2017; Cowden et al., 2011; Alzahrani & Hasan, 2019), total rewards system (Carter & Tourangeau, 2012; Brown & Reilly, 2013; Aguinis et al., 2013; Gharib et al., 2017), job satisfaction (Gharib et al., 2017; Lee et al., 2018) and employee engagement (Harter, 2002; Allens, 2008; Hewitt, 2015). Moreover, the SPC model reveals the relation chain of retention-related organizational factors - employee satisfaction and engagement-employee retention. That is, it is interesting to formulate the two research questions:

- RQ2: How do managers and skilled professionals perceive the impact of the internal service quality factors (organizational culture, leadership, and total rewards systems) on skilled professionals' retention in Lebanese private hospitals?

- RQ3: How do hospital managers and skilled professionals perceive the role of employee satisfaction and engagement in the link between the internal service quality factors and employee retention?

Moreover, some scholars have studied the impact of employee retention on quality of care (Newman et al., 2001; Heskett et al., 2008; Avgar et al., 2011), and others have explored the reverse impact of quality of care on employee retention (Charmel & Frampton, 2008; Gittell et al., 2008; Ma et al., 2009). Shaller (2007) stated that at the heart of PCC is an attempt to establish a care delivery system that can address key patient needs and preferences while structuring work in a manner that enhances staff retention. Hower et al. (2019) carried out an in-depth study that mentions three levels of determinants in implementing PCC: the individual level (personality traits and skills), the organizational level, and the healthcare system level (such as regulations). The organizational level is a mediator between the individual and system levels. The PCC organizational level determinants are incentives and rewards, leadership behavior, corporate culture, employee retention, and satisfaction (Hower et al.,2019). This makes examining the relationship between skilled professionals' retention and the delivery of PCC another relevant issue. Thus, research question four is established,

- RQ4: How is the relationship between employee retention and the delivery of PCC perceived by both hospital managers and skilled professionals?

By answering these four research questions, the study can reveal the link between internal service quality and employee retention, and external service quality (PCC) in Lebanese private hospitals.

1.7 Nature of the Study

To deepen our understanding and address the shortage in related literature, a multiple case study research design was used. This research design provides an in-depth, multifaceted exploration of skilled professionals' retention in the real-life context of Lebanese private hospitals. Two Lebanese private family-owned hospitals were chosen as the two case studies. The concurrent mixed-method data collection was utilized to collect both quantitative and qualitative data. The quantitative data was collected through a structured questionnaire administered to the hospitals' skilled professionals, using close-ended and rating scale questions. The hospital skilled professionals

included in this study were nursing staff, paramedical staff (medical laboratory technicians, radiology technicians, physiotherapists, pharmacists, etc.), and administrative staff. The physicians were excluded from the study since physicians in Lebanese private hospitals were not considered employees, with the majority working on a part-time contractual basis in several private and public hospitals. As for the qualitative data, it was collected through the hospitals' archival records in addition to in-depth semi-structured interviews conducted with first-line and middle managers. Both the quantitative and qualitative data were analyzed using within-case analysis, then discussed following cross-case analysis.

1.8 Significance of the Study

The following research follows an innovative approach to investigating skilled professionals' retention in Lebanese private hospitals from the perspective of skilled professionals and managerial insight. Its originality lies in its in-depth study of the relationship between internal service quality factors, employee retention, and the delivery of PCC, guided by SPC. This chain relation is new in Lebanese hospitals and its investigation is expected to contribute to the benefits of several stakeholders: academia, students, hospital leaders, skilled professionals, and even patients. Retaining the PCC skilled professionals will add value to patient care by providing efficient PCC – thus, maintaining a distinctive health care system. Also, the study highlighted the impact of PCC beyond the patient level to reach the health care professionals' level through introducing the co-production concept. In doing so, it revealed how hospital-skilled professionals can benefit satisfactorily from the various organizational retention drivers. It is also realized that providing PCC through qualified and experienced professionals, will improve patients' health outcomes and enhance their quality of life. Moreover, this research draws hospitals' policy makers' and managers' attention to the importance of the link between internal organizational quality services and external quality services mediated by employee retention. Consequently, it can help hospital policymakers and managers to better manage their work environments and provide them with appropriate incentives and support to encourage employees to stay, by creating a satisfying and engaging atmosphere. Furthermore, CEOs, HR managers, and line managers of Lebanese hospitals and other types of businesses can benefit from this study since by highlighting the importance of employee retention, they are stimulated to examine their organizational factors or to apply the research findings to their retention strategies to improve their organizational outcomes.

Added to this, this study can contribute to academia as it can be used as a reference for future researchers to perform new studies based on its recommendations, limitations, and research gaps. It is also expected to contribute to the growing body of literature concerned with employee retention and PCC in private hospitals in Lebanon as it paves the way for further studies in the domain of employee retention in Lebanese public hospitals, and/or compares the retention strategies between the Lebanese private and public hospitals. Also, the research can open the chance to further studies related to the impact of the multigenerational workforce on retention management, the role of employee work-related stress in the field of employee retention, or considering the assessment of patients' perceptions in the study's framework. It can also attract international researchers to further study the Lebanese context and specifically, the hospital sector. In this way, it can create new connections with international experts in the field. Another way this study can be beneficial is that it can serve as supportive material for academia through lectures or seminars to students or faculty members in the field. Finally, in a more realistic tone, this study fulfills the researcher's academic need of acquiring a DBA degree. In the process of this DBA research journey, the researcher has expanded both her personal qualities and her critical thinking abilities and has improved her practice as a professional in her field.

1.9 Structure of the Study

This thesis is divided into six chapters structured in the following sequence:

Chapter one is the introduction which includes the background of the study, the main aim, the research questions that are the essential motivating factors of this study, and the reason why the researcher feels that this topic is worthy of study.

Chapter two covers the literature review of existing academics' and practitioners' studies related to employee retention and PCC in the hospital sector. It also includes the appropriate research conceptual framework.

Chapter three discusses the methodology of this research. It includes the research philosophy, approach, and strategy which inform the instruments used for this study, the sample and targeted population, the data collection method, and ethical considerations.

Chapter four presents the research findings and analysis based on within-case analysis. For each case study, the quantitative and qualitative findings together with the results are presented and analyzed.

Chapter five presents the discussion of both the quantitative and the qualitative findings using cross-case analysis.

Chapter six ends the study with the research conclusions providing answers to the research questions. It also includes the study's limitations and its impact on the stakeholders.

2. LITERATURE REVIEW

Building and retaining a patient-centered workforce is one of the top priorities of health services. Through the retention of a patient-centered workforce, hospitals can provide better patient care and higher patient satisfaction. In this chapter, the literature relating to employee retention is drawn upon to establish a conceptual framework. First, the literature review discusses various definitions of employee retention from academic and practitioner perspectives by explaining when retention is desirable and when it is not. Following this, a summary of both academics' and practitioners' studies about the reasons or factors that cause employees to stay or leave is presented. Then the literature review explores two key elements of the Service Profit Chain (SPC): the direct link between internal quality services and the external quality service, designated as PCC. Drawing on internal and external SPC literature, the relationship between the internal service quality, employee retention, and the quality of care (PCC) at the hospitals is then reviewed. An analysis of the most relevant literature on the impact of organizational-related retention factors is given, namely the organizational culture, leadership, management support, total rewards, and work-life balance on employee retention. This is followed by a section about the impact of employee satisfaction and engagement on retention. Finally, the relationship between employee retention and PCC is also reviewed. At the end of this chapter, the conceptual framework is presented.

2.1 Employee Retention

Nowadays, hospitals are operating in a turbulent environment and HR leaders are experiencing challenges in attracting and retaining employees, especially top performers and high-potential employees (Smith & Ricci, 2015; Towers Watson, 2014). The 2006 WHO report gave high priority to retaining high-quality health care workers. Also, the Kampala Declaration (2008) stressed the crucial role of retaining effective health professionals in health care organizations. According to WHO (2013), the shortage in the supply of healthcare labor is a common global phenomenon. However, this phenomenon is predominant in countries with inefficient healthcare performance indicators, particularly in Africa and some Middle Eastern countries. The WHO third Global Forum on Human Resources for Health projected that by the end of 2035, the world will be short of 12.9 million healthcare workers in both developed and developing nations.

According to Chaminade (2007) employee retention refers to a voluntary move by an organization to create an environment that engages long-term employees. Frank et al. (2004, p.13) defined retention as the "effort by an employer to keep desirable workers to meet business objectives". In 2011, Sandhya and Kumar defined employee retention as a process in which employees are encouraged to remain in the organization for a maximum time. Employee retention management is also defined by Yamamoto (2009) as the process that constitutes the entire HRM policies for retaining the current or expected high-performing employees within organizations for long periods, enabling them to exercise or develop their capabilities. According to Action and Golden (2003), employee retention is not only important but the retention of valued skills is more important. In his article "The People make the Place," Schneider (1987) indicated that employee retention is an organizational practice that aims at retaining brilliant and experienced employees who are not easily available in the market and are difficult to be replaced. As for this study, both Yamamoto's (2009) and Schneider's (1987) definitions are used in analyzing the retention of skilled professional employees in Lebanese private hospitals.

Kodwani and Kumar (2004) pointed out that the costs incurred when employees leave are not only monetary but also non-monetary as they include the loss of knowledge and skills, the loss of productivity, and new competitive pressures. When skilled employees leave a company, they can take a lot of know-how with them, and thus the company is at risk of losing confidential information to competitors (Frank et al., 2004). On their part, Samuel and Chipunza (2009) contend that the organizational cost of replacing employees is high and has a negative impact on overall performance and service delivery. Replacing employees is time, money, and resource-consuming i.e. to recruit, select and orient the new joiner while they gain experience (Allens, 2008). In addition are the indirect costs that are associated with lower initial productivity of new employees and the loss of considerable skills, expertise, and knowledge (Humphreys et al., 2007). The Deloitte report "The Global Human Capital Trends 2016" reveals that the true cost of turnover not only involves direct costs such as cost per hire and orientation and training but also includes the interim reduction in labor costs and lost productivity costs. The indirect costs caused by employees leaving are lost client relationships, institutional knowledge, and the initial training period (SHRM Globoforce, 2016). Essentially, the loss of valuable talent incurs heavy costs to the

organization in terms of institutional know-how as well as the time, money, and efforts needed to recruit and train replacements (Pregnolato, Bussin, & Schlechter, 2017).

Several scholars have studied the negative impact that employees leaving has on customer services. Consistent with the knowledge-based theory of organizations that was established by Grant in 1996, Kacmar et al. (2006) argued that higher turnover rates within organizations would lead to inefficient customer service. This is due to the lack of explicit knowledge, which is the knowledge that is written, easily communicated, and learned from readily accessible sources such as company policies and procedures and formal directions and training, and tacit knowledge, which is only learned by the employee through work experience and practice. Also, Kacmar et al. (2006) added that the high turnover rates deplete the knowledge base among employees leading to a decline in customer service levels. Turnover leads to disruption by depleting firm-specific knowledge and experience, as those who leave are replaced with individuals who lack the work experience necessary to satisfy customers (Hausknecht et al., 2009). If an employee leaves an organization, they take with them acquired knowledge and this loss is a potential threat to an organization's existence, especially if an employee with valuable knowledge leaves to join a competitor (Hana & Lucie, 2011). Nzewi, Chiekezie, and Ogbeta (2016) and Strum, Sears, and Kelly (2013) also reveal the challenge caused by leaving employees who carry their knowledge and competencies to another organization.

Holtom et al. (2016) studied the disruptive effects of employees leaving on customer-service outcomes and referred to two different paths: one path focuses on the implications of employee departure on the disruption of employee-customer relationships and the other path focuses on the disruption of the actual intra-organizational processes required to provide efficient or high-quality services. However, although the employees leaving have disruptive effects on their organizations, some scholars stated that sometimes employee retention can be dysfunctional. The next section reviews when retention is desirable and when it is not.

2.2 Functional vs Dysfunctional Retention

Retention is desirable when employees demonstrate positive workplace behavior and make positive contributions. When this is not the case, it will have a negative impact on the organization. Williams (2000) mentioned two types of retention: functional retention may represent the

continuing employment of high-performing employees, whereas dysfunctional retention may represent the continuing employment of poor-performing employees. The functional/dysfunctional dichotomy recognizes the possibility that not all employees who remain with the organization will contribute positively to organizational functioning. While functional retention adds value to the organization with employees collaborating, and performing efficiently, to improve organizational interests, dysfunctional retention sees retained employees neglecting to engage in important workplace behaviors or engaging in deviant behaviors. Dysfunctional retention is therefore costly to the organization not only because employee efforts are withheld and morale among all employees serves as a negative influence, but also because deliberate acts intended to harm the organization may result (Scheimann, 2009).

Chung (1977) suggested that there are dissatisfied performers who can express counterproductive behaviors such as apathy, sabotage, and absenteeism and it would be more appropriate for organizations if these employees leave. Boswell et al. (2017) questioned if employee retention is always advantageous by examining not only why employees stay in their organization but also those who remain but whose minds are not in the job anymore. That is, it is important to consider those engaged in withdrawal processes yet end up staying with the organization. Employees who sought alternative organizations but did not leave are referred to as "intention-to-quit nonquitters" (Bowen, 2016). They remain a part of the organization but are psychologically distant engaging in adverse work behaviors such as work avoidance or diminished performance (Hom et al., 2012).
Taking into consideration the positive and negative aspects involved in employee retention, hospitals can gain awareness of the benefits of stable and efficient patient care. Employee retention may lead to more stable patient care and less disruption in service delivery in hospitals (Newmen, 2002). Hom et al. (2012) proposed Proximal Withdrawal States Theory (PWST) to argue for greater attention to proximal antecedents. Traditionally, researchers have examined enthusiastic stayers and leavers, but have largely ignored reluctant stayers and leavers. Hom et al. (2012) mentioned four categories of psychological states (Table 2.1): enthusiastic stayers (who want to stay and can stay), enthusiastic leavers (who want to leave and can leave), reluctant stayers (who want to leave but must stay) and reluctant leavers (who want to stay but must leave).

Table 2.1 Summary of PWST's four categories

		Employee State	
		Stay	Leave
Employee Decision	Want to stay	Enthusiastic stayers	Reluctant leavers
	Want to leave	Reluctant stayers	Enthusiastic leavers

Enthusiastic stayers: are individuals with an enthusiastic stayer mental state who primarily remain with the organization not only because of the perceived costs of leaving the community but out of a sense of attachment to their organization (Hom et al., 2012; Li et al., 2016).

Reluctant stayers: are those individuals who have little to no attachment to the organization and wish to leave (Hom et al., 2012; Li et al., 2016). Woo and Allen (2014) also called the reluctant stayers detached stayers. It is proposed that reluctant stayers could be motivated to remain with the organization through external forces or consequences (e.g., family pressures to remain).

Reluctant leavers: Hom et al. (2012) also incorporated the mindset of individuals who leave the organization involuntarily, even though they wish to remain, and so name the mental state "reluctant leaver." This mental state refers to those individuals who would like to remain with the organization, or have a preference for staying, but have perceptions of low control over the outcome.

Enthusiastic leavers: are those individuals who want to leave and have perceptions of high control over this outcome (Hom et al., 2012; Li et al., 2016). This mindset captures the more traditional sense of voluntary leavers but expands on it by providing a broader set of actions likely to result strictly from the act of leaving (i.e., increased thoughts of withdrawal or decreased performance). Although the ultimate goal is to leave, the enthusiastic leaver mindset drives those objectives that must first be met (e.g., finding another job) before the goal is reached.

So, employees who stay in their organizations can range from enthusiastic stayers to reluctant stayers. Hom et al. (2012) suggested that reluctant stayers may engage in deviant and less productive ways of working. Also, some theorists speculate that employees who want to quit but stay in their organization may produce problems because of their associated counterproductive behavior (e.g., Burris et al., 2008; Meyer, Becker, & Vandenberghe, 2004). Sheridan et al. (2019)

studied the behaviors of reluctant stayers in US healthcare organizations and found that limited employment alternatives seemed to strengthen the negative effect of frustration and related turnover intentions. Enthusiastic stayers, however, are those who stay as a matter of choice even when alternatives are perceived to be available. Therefore, it is important to investigate the reasons that encourage skilled employees to stay or leave their organizations. These reasons are reviewed in the next section.

2.3 Why Employees Leave or Stay

Acknowledging the reasons why hospital employees decide to leave or stay is vital to the development of health and patient care. Even though the turnover factors differ from retention factors, caring for turnover drivers will improve retention factors (Dasgupta, 2014). Existing literature pertinent to RQ1 that studied why employees leave or stay in their organizations is summarized in Table 2.2 and Table 2.3. This literature belongs to various industries, not only healthcare and it would be interesting and beneficial to investigate these varied reasons in the context of Lebanese private hospitals. These reasons were investigated by both academics and practitioners using quantitative and qualitative methods. Table 2.2 reveals the various reasons employees leave their organizations as studied by concerned scholars and includes the research methods each group has used.

Table 2.2 Why employees leave their work from academics' and practitioners' perspectives

Reasons for Leaving	**Scholars**	**Research Methods**
Compensation (pay & benefits)	Ganesh (1997), Tzeng (2002) Berry & Morris (2008), Sandhya & Kumar (2011), Deloitte (2015), Lee (2017)	Quantitative
Lack of Supervisor Support/Leadership	Bernthal & Wellins (2001), Coomber & Barribal (2007), Berry & Morris (2008), Dasgupta (2014), Deloitte (2015), Lee (2017)	Quantitative & Qualitative
Lack of Recognition & Promotion	Tzeng (2002), Berry & Morris (2008), Sandhya & Kumar (2011), Lee et al. (2013), Dasgupta (2014), Deloitte (2015)	Quantitative & Qualitative
Lack of Flexible Schedules / Work-life Balance	Bernthal & Wellins (2001), Carter & Tourangeau (2012), Lee et al. (2013), Dasgupta (2014), Lee (2017)	Quantitative & Qualitative

Lack of Training & Development	Sandhya & Kumar (2011)	Quantitative
Lack of Career Development	Ganesh (1997), Carter & Tourangeau (2012), Deloitte (2015), Lee (2017)	Quantitative
Poor work environment	Ganesh (1997), Berry & Morris (2008), Lee et al. (2013), Dasgupta (2014), Lee (2017)	Quantitative & Qualitative
Stress	Silva (2006), Coomber & Barriball (2007), Lee (2017)	Quantitative
Work-family conflict	Dasgupta (2014), Lee (2017)	Qualitative
Coordination between staff	Bernthal & Wellins (2001), Sandhya & Kumar (2011),	Quantitative
Personal reasons	Berry & Morris (2008)	Quantitative

In addition to the above reasons, Reeves et al. (2005) mentioned the impact of perceived barriers on high-quality patient-centered approaches on nurses' intentions to leave. The study showed that nurses who reported more patient safety incidents are more likely to leave their work. Also, Ma et al.'s (2009) study in Taiwan hospitals reveals that those nurses who intended to stay had a higher perception of the quality of patient care. Therefore, the perception of quality of care is one variable factor in influencing nurses' decisions to leave or stay.

According to Allens (2008), employees may leave for several attractive alternatives and family reasons. Some may leave because of dissatisfaction at being underpaid, being demotivated, lack of challenges and training opportunities, lack of appreciation and recognition, and the lack of coordination among employees and managers (Sandhya and Kumar, 2011). The Development Dimensions International (DDI) benchmarking report (Bernthal et al., 2001) also reveals five factors that affect such decisions: relationship with supervisor or manager, work-life balance, cooperation among co-workers, level of trust in the workplace, and the extent of meaningful work. Berry and Morris (2008) also contend that employees leave for reasons similar to the ones previously mentioned which include, personal reasons and retirement or employer-related reasons, such as poor working conditions, insufficient pay, problems with the supervisors, and lack of recognition.

According to the Work Institute Retention Report 2019, the top categories for employees leaving were career development, work-life balance, manager behavior, compensation and benefits, well-

being, work environment, relocation, job characteristics, involuntary, and retirement. The report revealed that 77% of the reasons for quitting could be preventable by the employer. A cross-sectional survey conducted in Jordan revealed that the dominant factors influencing nurses' intention to leave were pay and benefits, shortage of nurses, and praise and recognition (Al Momani, 2017). In Lebanon, El-Jardelli et al.'s (2009) study showed that the main reasons for nurses leaving as perceived by the Lebanese nursing directors were: unsatisfactory salary and benefits, unsuitable shifts and working hours, presence of better opportunities abroad, better opportunities in other hospitals within the country, workload, instability of the country, marriage, in addition to the geographical location of the hospital. El-Jardelli et al. (2009) investigated the reasons why the nursing staff had left their jobs in 2009. This study will however investigate the status of the skilled professionals, not only the nurses, in the current Lebanese context. It is important to mention that the forces influencing Lebanese private hospital employees may have changed during the past ten-year period. Table 2.3 lists several studies related to why the employees are staying in their jobs.

Table 2.3 Why employees stay in their work from academics' and practitioners' perspectives

Reasons for Staying	**Scholars**
Compensation	Osteraker (1999), Walker (2001), Bernthal et al. (2001), Abrams (2002), Hytter (2007), Allens (2008), Carter & Tourangeau (2012), Gharib et al. (2017), Willis Towers Watson (2016), Lee (2017)
Supervisor support/leadership	Bernthal et al. (2001), Kleinman (2004), Hytter (2007), Allens (2008), Carter & Tourangeau (2012), George (2015), Dasgupta (2014), Gilles et al., (2014), Towers Watson (2014), Aruna & Anitha (2015), Jugurnath et al. (2016), Brunetto et al. (2016), Willis Towers Watson (2016), Lee (2017), Abu Al Rub et al. (2017), Eltaybani et al. (2018), Alzahrani & Hasan (2019).
Work environment	Osteraker (1999), Walker (2001), Hytter (2007), Allens (2008), Carter & Tourangeau (2012), George (2015), Aruna & Anitha (2015), Willis Towers Watson (2016), Shumba et al. (2017), Abu Al Rub et al. (2017)
Career development & growth	Bernthal et al. (2001), Naude et al. (2005), Allens (2008), Dasgupta (2014), Towers Watson (2016), Aruna & Anitha (2015), Lee (2017)

Recognitions / Internal promotions	Walker (2001), Abrams (2002), Hytter (2007), Carter & Tourangeau (2012), Jugurnath et al., 2016
Flexible schedules / Work-life balance	Osteraker (1999), Walker (2001), Bernthal et al. (2001), Hytter (2007), Deery (2008), Loan-Clarke (2010), George (2015), Dasgupta (2014), Jugurnath, et al., (2016), Lee (2017)
Training & development	Walker (2001), Bernthal et al. (2001), George (2015), Jugurnath et al., 2016
Coordination between staff / Teamwork	Osteraker (1999), Walker (2001), Bernthal et al. (2001), Naude et al. (2005), Carter & Tourangeau (2012), Dasgupta (2014), Eltaybani et al. (2018)
Job Security	Willis Towers Watson (2016), Gharib et al. (2017), Lee (2017)
Challenges	Walker (2001), Naude et al. (2005),
Family reasons	Allens (2008)
Job Satisfaction	Gharib et al. (2017), Lee (2017)

Employee retention factors can be classified into personal factors and organizational factors (Kyndt et al., 2009). Personal factors are age, location of the job, health, and family commitments while the organizational factors are job satisfaction, supervisor support, job embeddedness, working environment, pay, career opportunities, and job stability. Howe et al.'s (2012) research showed that family commitments, such as having dependent children, lead to higher intentions to stay. Based on Western Australian hospitals, the factors that affect staff retention are friendly and supportive staff, effective management, job satisfaction, staff development, and opportunities for new challenges (Naude et al., 2005).

A qualitative study was done in three private hospitals in Kolkata in 2013 (Dasgupta, 2014) showed that the turnover factors were heavy workload, irregular scheduling, pay disparity, ambiguous environment, unaccommodated supervisor, less promotional avenue, and work-family conflict; while the retention factors were teamwork, empowerment and career growth, sense of coherence, mother institution, and supportive management. The study indicates that even though the turnover factors differ from retention factors, caring for turnover drivers will improve retention.

In 2009, the English National Health Service (NHS) surveyed 16,707 nurses and found that nurses who were psychologically engaged with their jobs, reported lower intentions to leave. Added to

this, development opportunities, good work-life balance, and work pressures were influencing factors on their intention to leave (Carter & Tourangeau, 2012). Towers Watson's 2016 Global Workforce study also revealed the top global drivers of employee retention to be:

Table 2.4 Top global employee retention drivers (Towers Watson, 2016)

Rank	**Employee Retention Driver**
1	Base Pay/Salary
2	Career advancement opportunities
3	Physical work environment
4	Job security
5	Ability to manage work-related stress
6	Relationship with supervisor/manager
7	Trust/Confidence in senior leadership

The Employee Job Satisfaction and Engagement Handbook (Lee, 2017) summarizes the reasons that urge employees to stay or leave. Figure 2.1 below shows the SHRM Employee Job Satisfaction and Engagement Survey in December 2016, showing that compensation/pay was the top reason that influenced an employee to stay or even leave his/her organization. However, the top five reasons to stay in addition to compensation were the flexibility to balance work and life, benefits, job security, and meaningfulness of work. The top five reasons behind employees leaving their organizations were not too different since they also included compensation/pay, benefits, job security, in addition to career advancement, and workplace stress. According to this study, it appears that in addition to pay, benefits and job security are among the top five reasons that make an employee leave or stay.

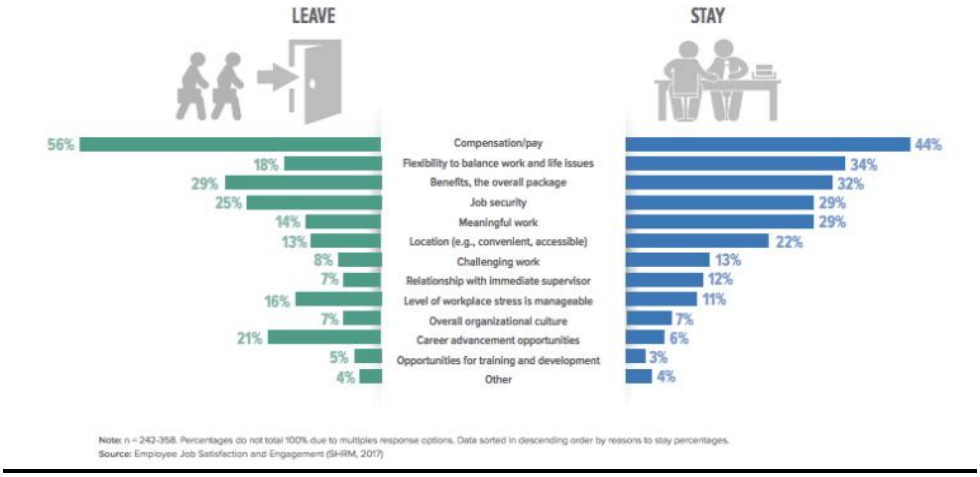

Figure 2.1 Reasons employees stay or leave their current organization (Lee, 2017)

Considering Table 2.2 and Table 2.3 which were generated from the academics and practitioners' literature, certain common reasons to stay or leave were retrieved. These factors are compensation, career development, work environment, coordination between staff, training and development, recognition, leadership and supervisor's support, and flexible work-life balance. However, the majority of the studies applied quantitative methods which do not allow respondents to interpret their reality and perspectives. Moreover, a cross-sectional survey that assessed the long-term care nurses' intentions to stay in Japan showed that their decisions were positively associated with manager support, perceived quality of care, work engagement, and educational opportunities (Eltaybani et al., 2018). There were also several retention studies carried out in hospitals in the Middle East region. In Saudi Arabia for instance, satisfaction with personal growth and salary package were found to have a significant positive impact on the overall retention of health care professionals (Parveen et al., 2016). Moreover, Abu Al Rub et al. (2017) conducted a quantitative survey on Jordanian nurses and found that the leadership behaviors and organizational culture were positively associated with the level of intention to stay at work. It is important to highlight that the majority of the research was done by Western countries (e.g. USA, Canada, and the UK) with only a few Middle Eastern countries contributing to this body of literature. What is fundamental is that the above-mentioned studies from Western countries and a few Middle East ones revealed that the most common reasons for employees to stay or leave their hospitals were pay and benefits.

Essentially, this study recognizes the fact that retention is handled differently in various countries and investigates the influence of organizational-related retention factors such as organizational

culture, leadership, and management support, total reward systems within the open system of the Lebanese context, without ignoring the possible implications of the Lebanese external context. Lebanon is a developing country with a unique socio-economic context, so the findings in the Western context might not be generalized to the Lebanese context due to economic and cultural environment differences. The national culture affects the organizational culture (House et al., 2004; Nazarian et al., 2017) which in turn influences performance as revealed by Nazarian et al. (2017) in their quantitative study of the hotel industry in the UK. Hytter (2007) found that employee retention drivers differ between France and Sweden, two different European cultures. After defining employee retention and investigating the reasons that encourage employees to stay or leave their organizations and in the process of establishing a study framework, the next section defines PCC, since this study considers PCC as one of the external quality innovations (Avgar et al., 2011).

2.4 Patient-Centered Care (PCC)

Modern healthcare systems are rapidly changing to adopt a more patient-centered approach to care. The movement toward PCC is significant in the US, UK, Europe, and Asia, and developing patient-centered services are a major theme of healthcare systems around the world. PCC involves tailoring health services around individual patient needs, providing high-quality comprehensive care, and fostering a healing environment for patients (Institute of Medicine, 2001; Kellerman & Kirk, 2007). Charmel and Frampton (2008, p.1) defined PCC as "a healthcare setting in which patients are encouraged to be actively involved in their care, with the physical environment that promotes patient comfort and staff who are dedicated to meeting the physical, emotional and spiritual needs of patients". In 2014, Bodenbeimer and Sinsky expanded the triple aim of healthcare, which is enhancing patient experience, improving population health, and reducing cost, to a quadruple aim, which contends that caring for the patient requires care of the healthcare providers. Hower et al. (2019) mentioned three levels of determinants in the implementation of PCC: the individual level (personality traits and skills), the organizational level, and the healthcare system level (such as regulations). The organizational level is a mediator between the individual and healthcare system level and its determinants are incentives and rewards, leadership behavior, corporate culture, employee retention, and satisfaction (Hower et al., 2019). Caregivers cannot make patients healthy and satisfied if they do not feel equally valued. As such, patient-centered

cultures begin with a focus on healthcare workers (Earl, 2017). According to Healthcare Source (2016), to build a patient-centered workforce, employees should be motivated to put patients first and recognize their significance in ensuring employee satisfaction.

The difficult conditions in healthcare delivery have led some organizations to adopt and implement specific practices that carefully customize patient care to tailor to their unique needs and ensure a high-quality patient experience (Hogreve et al., 2017). Some healthcare organizations have implemented macro-practices that drastically restructure care through co-production known as PCC (Ratheit et al., 2013). The complexity and intangibility of healthcare delivery mean that healthcare organizations must engage in coproduction to ensure that they have the contextualized information to deliver high-quality care (Turakhia & Combs, 2017). According to Haumann et al. (2015), coproduction is an increasingly common phenomenon in product and service settings alike and refers to a customer's active contribution to service delivery. In coproduced services, employees need the support of the organization and its management to deliver quality service. The internal service quality may support service employees through reward, recognition, training, and the implementation of a coproduction culture. By supporting and motivating employees, they will be more satisfied (Yim, Chan & Lam, 2012). Due to the need to co-produce services with customers (Bown & Schneider, 2014), the PCC recognizes the patient as the source of control in the healthcare delivery system (Institute of Medicine, 2001). PCC requires greater involvement of patients in decisions, respect for specific preferences, values, and needs (Ratheit et al., 2013), increases patient voice (Avgar et al., 2011), and incorporates patients, and their families, to improve satisfaction and service quality.

The healthcare industry is depending on and uses evidence from employee engagement, and this is mainly due to the realization that supportive work environments and an engaged workforce are linked with the quality of PCC along with higher employee retention and job satisfaction (Leggat, Bartram, Casimir, & Stanton, 2010; Lowe, 2012; Rathert & May, 2007). Findings of several studies conducted by Den Boer et al. (2017), Edvardsson et al. (2011), Roen et al. (2018), and Vassbo et al. (2019) showed a significant positive association between job satisfaction and PCC. Moreover, Prakash and Srivastava's (2019) quantitative study showed that internal service quality impacts PCC and employee satisfaction and indicated that employee satisfaction positively influences PCC. Also, Willemse et al. (2019) in their cross-sectional study in the Netherlands

showed a significant association between job satisfaction and PCC and between intent to leave and PCC.

Therefore, a patient-centered workforce comprises highly engaged people and teams who endeavor to provide PCC. To maintain such a relationship, hospitals invested in their internal service quality. Retaining the experienced and knowledgeable workforce can be essential to the delivery of PCC quality of care. The next section investigates the link between employee retention and PCC.

2.5 Employee Retention and PCC in Hospitals

The literature review in this section relates to RQ4 which investigates the relationship between employee retention and patient-centered services. The Institute of Medicine (2001) identified PCC as one of six determinants of high-quality healthcare. Healthcare employees play an important role in the coordination and delivery of PCC (Avgar et al., 2011; Bernabeo & Holmboe, 2013). Retention of hospital staff is of major importance in providing quality patient care (Newman et al., 2002). Essentially, employee retention strategies can improve patient care through their experienced staff. In 2000, WHO stressed the importance of HRM in improving the delivery of health care and enhancing overall patient health outcomes. Retention of the PCC workforce is valuable to the hospitals as the loss of valuable talent incurs heavy costs in terms of loss of considerable skills, expertise, and knowledge (Humphreys et al., 2007) as well as the time, money, and efforts needed to replace (Pregnolato, Bussin, & Schlechter, 2017) and add to this the negative impact on the patient service delivery (Samuel & Chipunza,2009). The longer an employee stays in a hospital, the more satisfied the patients will be (Gering & Conner,2002). According to Avgar et al. (2011) and Lowe (2012), improving employee retention leads to improved patient and organizational outcomes of PCC.

Scholars such as Avgar et al. (2011), studied the relationship between PCC and employee retention. They found a significant positive relationship between PCC and the intention to stay with the hospital. Employees prefer working in an environment where PCC enhances interdisciplinary coordination and teamwork and this can be considered one of the reasons for staying in the organization (Gittell et al., 2008). Several health care institutions reported that the patient-centered approach resulted in clinical and operational benefits such as increased patient

satisfaction, increased staff retention, fewer medication errors, and improved liability claims experience (Charmel & Frampton, 2008). The National Academy of Medicine PCC framework emphasizes the quadruple aim outcomes of better health, better care, lower costs, and better culture. One of the indicators of better culture is improved staff retention.

Slatten et al. (2011, p. 207) cited the definition of employee perceived quality "as an employee's evaluation of the service quality that he or she delivers to customers". Perceived quality care was considered an indicator of the intention to leave (Aiken et al., 2012; Hayes et al., 2006). The findings of the quantitative study of service organizations showed that employees' perceived service quality has a significant direct effect on employees' intention to leave (Slatten et al., 2011). Reeves et al. (2005) mentioned the impact of perceived barriers in high-quality patient-centered hospitals on nurses' intention to leave. The understanding was that nurses who reported more patient safety incidents are more likely to leave their work. On their part, Ma et al. (2009) conducted a quantitative study where they concluded that in Taiwan hospitals, nurses who intended to stay had a higher perception of the quality of patient care. Thus, the perception of the quality of care is one of the factors that incite nurse retention. Based on these studies it can be concluded that the delivery of PCC may have a dual impact on patients and employee retention.

In summary, the above literature studies reveal the dual relationship between employee satisfaction and engagement and PCC and also the dual relation between employee retention and PCC relation. Aligning with the research questions, the next section reviews the link between internal service quality and external service quality, referred to as PCC in this study, under the guidance of SPC model literature.

2.6 Service-Profit Chain (SPC)

The SPC was established by Heskett and his colleagues in 1994 at Harvard Business University; several business studies and research in various fields have used this model as a guide. Leaders who understand the SPC develop and maintain a corporate culture-centered service to customers and fellow employees (Heskett et al., 1994). SPC emphasizes the importance of both employees and customers. Accordingly, service companies put employees and customers first. The model predicts that employee satisfaction, resulting from a quality service environment based on design,

employee recognition, and appropriate service tools, will drive employee retention and lead to external quality services (Figure 2.2).

SPC underlines the importance of customer loyalty in driving profits and the growth of a company. Customer loyalty in turn depends on customer satisfaction. Customers are satisfied when there is value for customers in the service. Value in a particular service comes from employee productivity in a particular organization. Further, it is employee loyalty that brings in employee productivity. Employee loyalty in turn depends on how satisfied the employees themselves are with their work and working conditions. It is the internal quality of their working environment that contributes to the satisfaction of employees. And finally, it is the top-management leadership in the organization that contributes to the success of the SPC. Also, as shown in Figure 2.2, hospitals can perceive the extent to which internal service quality contributes to employee satisfaction which in turn improves employee retention and leads to enhanced external service value (Heskett et al., 2008). The external service quality leads to customer satisfaction. Customer satisfaction leads to customer loyalty which drives firm performance. From the SPC, what is relevant to this research is the link between internal service quality and external service quality.

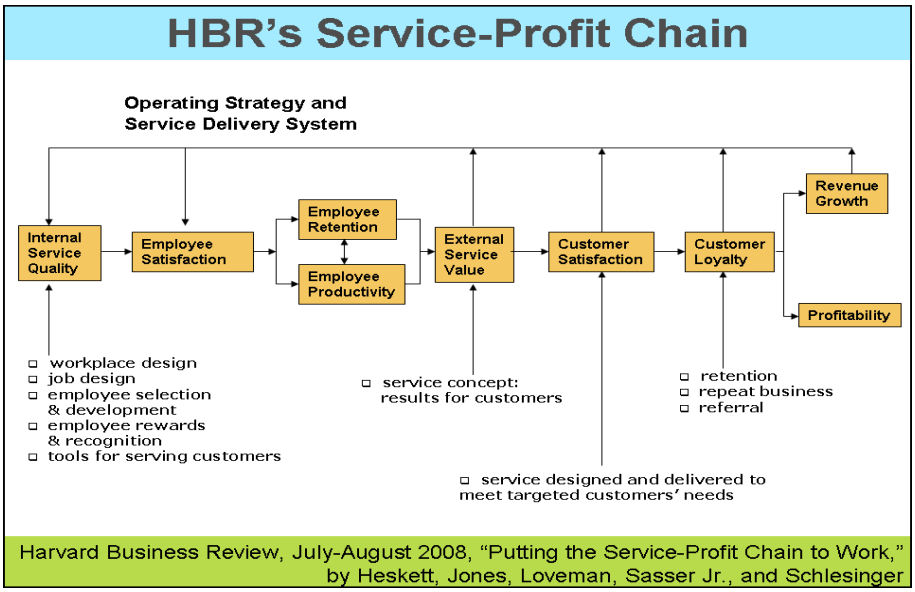

Figure 2.2 Service-profit chain (Heskett et al., 2008)

The internal service quality factors are the impetus for employee satisfaction and employee retention. However, most of the studies concerned with retention in hospitals focus on nursing staff since they constitute the majority of the workforce and have more influence on the quality of

care. In 2001, Newman et al. synthesized studies into a “nurse quality patient care chain”, which is similar to the SPC. Newman (2001) conducted a study in the UK through which he explained in a chain relation, the following linkages: the NHS and trust environment determine service capability, service capability influences nurses’ satisfaction, nurses’ satisfaction influences nurses’ retention, nurses’ retention influences the quality of patient care and the quality of patient care influences patient satisfaction. The NHS creates a favorable organizational culture that values employees and demands high-quality care. Given such an organizational culture, internal quality is adequately supported and leads to nurses’ satisfaction through management style and organizational-related factors (such as promotion, salary, and training). Based on this chain, Newman et al. (2002) further conducted a qualitative exploratory study through in-depth interviews to explain the linkages in the chain. Again in 2002, another qualitative study was conducted by Newman et al. with 130 nurses and midwives in four London Trust hospitals. This research revealed the linkage in the model of “the nurse satisfaction, service quality, and nurse retention.”

Internal service quality is defined as the support services and policies that enable employees to deliver results to customers” (Heskett et al., 1994). This internal service quality drives employee satisfaction and is created by employers who are committed to improving the quality of work-life (QWL) in their organizations (Heskett et al., 1994). The internal service quality is affected by the QWL which is defined as “a process by which an organization responds to employee needs by developing mechanisms to allow them to share fully in making the decisions that design their lives at work” (Robbins, 1989, p.207). According to Adhikari and Gautam’s (2010) literature survey, the benefits of the QWL initiative go to both employees and employers, since their presence helps increase the individual productivity much required for organizational effectiveness. QWL is a multidimensional concept that comprises enhancing the employees’ job satisfaction, ensuring adequate pay and benefits, providing safe and healthy working conditions, and giving opportunities to develop human capacity. As cited by Hogreve (2017), Bebko (2000) postulates that in the case of highly intangible services, organizational management needs to be strongly committed to developing service quality and, according to SPC, this can be done through internal service quality policies and practices.

However, this relationship between QWL, employee satisfaction, and retention is not thoroughly explored in Middle East hospitals, particularly in Lebanon since most of the studies were mainly conducted in Western countries. Following their investigation of the QWL of nurses in Iran, Nayeri et al. (2011) declared that improving QWL is an important factor in developing employees' quality of life and plays an essential role in attracting and retaining employees. In France, Pronost et al. (2012) examined the QWL of caregivers. They assessed the relationship between support, perceived stress, recognition, patients' and their families' considerations, training, and collaboration with the QWL. Levering and Moskowitz (1999) used six criteria to evaluate the QWL: pay and benefits, opportunities, job security, pride in work and company, openness and fairness, and camaraderie and friendliness.

Accordingly, this study considers the QWL as the internal service quality that provides favorable conditions and environments in the workplace while supporting and promoting employee retention. These favorable conditions are the organizational-related retention factors: organizational culture, leadership, and the total reward system. Providing these factors will drive employee satisfaction and engagement will thereby contribute to employee retention. Improving the QWL for health care professionals ensures that hospitals retain staff for long-term growth vital to sustainable goals in hospital organizations (Currie & Carr-Hill, 2012). As regards hospital staff, having a successful QWL enhances the likelihood that patients receive the care they expect (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011; Moradi et al., 2014). Patients generally base their choice of hospitals on the types of service they expect to receive, which stems from staff reputation and the quality of both QWL and patient care (Luu, 2012). High-performing employees are more likely to create a positive service experience (Bowen & Schneider, 2014) which leads to external service quality.

Furthermore, empirical evidence suggests that employee satisfaction only partially mediates the effect of internal service quality on employee retention (Heskett et al., 1994; Jiang et al., 2012). When internal service quality is high, employees refrain from leaving (Meyer & Allen, 1991). Also, internal service quality increases employee retention because it fosters reciprocal behavior. If a company provides high levels of internal service quality, employees perceive the organization as supportive (Shaw et al., 2009). With a general tendency to reciprocate, employees feel more committed to and obliged to remain with the company (Meyer & Allen, 1991). Prakash and

Srivastava's (2019) quantitative study showed that internal service quality impacts PCC and employee satisfaction and the study also indicated that employee satisfaction positively influences PCC. Moreover, some scholars have recently introduced employee engagement as another mediator in the chain between internal service quality and employee retention. According to Cain et al. (2017), as an outcome of employee satisfaction, employee engagement contributes to the external service quality. The study revealed that certain aspects of employee engagement are more readily perceived by consumers and more likely to promote customer satisfaction. The study contributed to the literature by enhancing the SPC, revealing new insight into employee engagement, and linking employee engagement with customers' perceptions.

The relationship between employee engagement and employee satisfaction is well documented (Abraham, 2012; Kahn, 1990; Harter et al., 2002). Also, Simon (2013) reveals that employee engagement has a place between employee satisfaction and employee retention. Engaging health care employees to understand their unique perceptions around PCC is essential to comprehensively evaluate and improve the quality of care (Balbale et al., 2015).

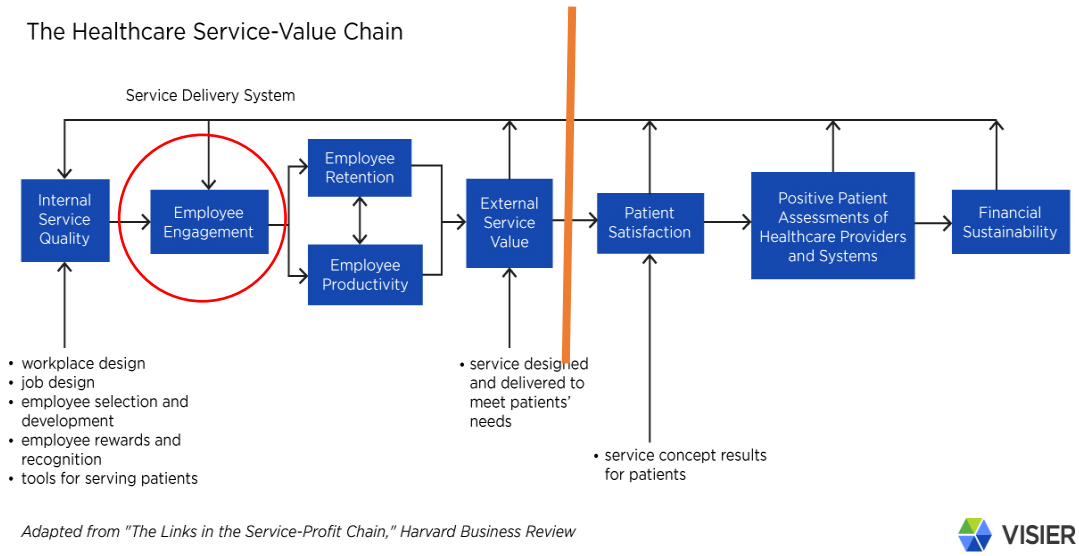

Figure 2.3 The healthcare service-value chain (Visier, 2016) www.visier.com

Visier (2016), announced a game-changing new capability that allows customers to instantly connect workforce metrics, such as turnover, engagement, and compensation, to business results, such as revenue, profit, customer satisfaction, and more, and developed a guide to building a

healthcare service value chain. The healthcare industry is depending on and uses evidence of employee engagement due to the realization that supportive work environments and an engaged workforce are linked with the quality of PCC along with higher employee retention and job satisfaction (Leggat, Bartram, Casimir, & Stanton, 2010; Lowe, 2012; Rathert & May, 2007). According to Visier's 2016 report, organizations like Southwest Airlines and Zappos have already recognized that an engaged workforce leads to productivity, to satisfied customers and this, in turn, leads to revenue growth and profitability. In Figure 2.3, Visier reveals that employee satisfaction or engagement is still a key building block in the chain. In a meta-analysis of the relationships among and between the SPC elements across industries, Brown and Lam (2008) found that the central connections between employee satisfaction, customer satisfaction, and perceived service quality were supported. However, they also found significant variability in the strength of these relationships depending on context, measures, and methods. Also, Brown and Lam (2008) concluded that not only does organizational context matter but managers should also have a precise understanding of factors underlying the strength of the relationship between employee–customer satisfaction to optimally allocate resources. Thus, it is the context in which organizations operate that matters. Solnet et al. (2018) argued that contextual factors are important influences on the relationships between variables in the SPC.

The next section reviews the internal service quality drivers and their relationship with employee satisfaction, engagement, and retention.

2.7 The Internal Service Quality Drivers

The internal service quality in the SPC refers to the organizational retention drivers. Since this study focuses on the impact of organizational-related retention factors on skilled professionals' retention and to answer the research questions RQ2 and RQ3, this section investigates the literature related to the organizational-related retention factors: organizational culture, leadership, total reward, job satisfaction, and employee engagement.

2.7.1 Organizational Culture

Organizational culture is generally considered as the shared values, beliefs, and assumptions that exist among employees within a company and that help guide and coordinate behavior (Schein, 1990). Organizational culture is a holistic and multidimensional concept defined as the collective

programming of the mind that distinguishes the member of one organization from another (Hofstede et al., 2002). According to Sheridan (1992) and Hofstede et al. (2002) organizational cultures vary significantly across organizations.

O'Reilly, Chatman, and Caldwell (1991) identified seven dimensions that differentiate organizational cultures: innovative, stable, respecting people, outcome-oriented, detail-oriented, team-oriented, and aggressive. However, McDonald and Gandz (1992), after in-depth interviews with senior managers and consultants, suggested that these dimensions vary across organizations. Studies of how organizational culture is related to retention have been addressed by different approaches. First, the holistic approach, argues that the more similar the individual values are to the organizational values, the more committed the employee is to the organization (McDonald & Gandz, 1992). Second, the specific cultural values approach shows that commitment was greater among employees who thought that the organization considers relation-oriented (courtesy, consideration, cooperation, fairness, etc.) and change-oriented values (initiative, creativity, and openness) (Finegan, 2000). Sheridan (1992) in his study found that retention was greater in firms that emphasized interpersonal relationships (respect for people and team orientation dimensions). Moreover, O'Reilly, Chatman, and Caldwell (1991) and Schneider (1987) have argued that the fit between personal and organizational values is very important to employee retention. An organizational culture study conducted on 28 hospitals in Belgium, covering professionals, managers, and employees, showed that the intention to stay is linked to person-culture fit (Vandenberghe, 1999). Moreover, Peterson and Wilson's (2002) Culture–Work–Health Model (CWHM) explained the relationship between nurses' organizational culture, health, and work-related productivity. They argued that organizational culture influences the way members perceive the causes of stress by influencing members' interactions, behaviors, and communication styles. The values and beliefs shared by nurses affect the thinking and behaviors of nursing organization members; thus, organizational culture affects perceived job stress. Lee and Jang (2020) also used the CWHM and found that the organizational culture improves the intention to stay by decreasing job stress and fatigue. According to Chatterjee's (2009) study, it is obvious that overall satisfaction with organizational culture plays an important role in employee retention. On their part, Shumba et al. (2017) found that organizational culture was considered an important factor that influences health worker retention. In the Middle East region, Abu Al Rub et al. (2017) found that in Jordanian

hospitals the organizational culture, which encourages participation in decisions and enhances continuous professional development, was positively associated to stay at work. In summary, based on the literature review, organizational culture has a positive influence on employee retention.

2.7.2 Leadership Support

Management plays an important role in retaining employees since managers' roles as leaders are vital for employee retention. Wakabi (2016) and Irshad and Afridi (2010) argued that employees leave managers and not companies. Literature suggests that effective leadership styles promote staff retention (McDaniel & Wolf, 1992; Taunton et al., 1997; Shobbrook & Fenton, 2002; Naude et al., 2005; Kleinman, 2004).

There is no consensus among researchers about the definition of leadership. As cited by Izidor and Iheriohanma (2015), Jones and George (2004) defined leadership as the process of influencing, inspiring, motivating, and directing people's activities to achieve organizational goals. Iheriohanma (2009) sees leadership as the ability of a person to lead and put leadership functions within contexts and situations.

Social exchange is referred to as the voluntary actions that are done by individuals in return for others' actions (Blau, 1964). Social exchange theory represents the relationship between the employee and the organization and between the employee and the supervisor (Ertürk & Vurgun, 2015). The relationship between the employee and the organization is founded on perceived organizational support, and the relationship between the employee and the supervisor is founded on leader-member exchange (LMX) based on information sharing, respect, and loyalty (Masterson et al., 2000; Sluss et al., 2008; Ertürk & Vurgun, 2015).

An employee's desire to reciprocate favors toward an organization and a direct supervisor is the result of these relationships (Cropanzano & Mitchell, 2005). If a positive social exchange is perceived, employees develop a high level of perceived organizational support (POS) and are more committed to staying with the organization. If employees develop a low level of POS, they become less committed to staying with the organization (Eisenberger et al., 2002). Accordingly, as employees' POS increases so does their intention to stay (Eisenberger et al., 1997).

LMX refers to the exchange relationship defined by reciprocal behaviors that occur through leader-member transactions in a dyadic relationship (Scandura & Graen, 1984). High-quality LMX increases employee job satisfaction, and organizational commitment, and reduced the intention to quit the organization (Saeed et al., 2014). Lack of supervisor support is one of the best predictors of job dissatisfaction and intention to quit a job (Mahdi et al., 2012). Satisfaction with supervision creates a high level of job satisfaction (Mardanov et al., 2008). Mardanov et al. (2008) found that poor quality LMX is one leading cause of job dissatisfaction and employee turnover. Also, there are several studies on the relationship between LMX and turnover intentions in various service industries (Harris, Kacmar & Witt, 2005; Kim, Lee & Carlson, 2010; Morrow, Suzuki, Crum, Ruben & Pautsch, 2005).

In healthcare, several leadership theories and frameworks are used; however, most of the literature related to employee retention focused on participatory/democratic leadership and transformational leadership. A participative leadership style encourages employees to participate in decision-making and problem-solving (Mat, 2008), fosters responsibility and flexibility, and increases employees' motivation (Iheriohanma et al., 2014). Kroon and Freeze (2013) showed a positive correlation between a participative leadership style and retention. Transformational leadership is based on a style that motivates followers and inspires employees to perform beyond expectations and transform both the individual and organization (Avolio et al., 1991).

It is important to mention that the role of management can be viewed from two perspectives, that of leadership style and that of management support (George, 2015). Volk and Lucas (1991) were the first who conducted a study on the relationship between leadership and nurses' retention. Their findings showed that a participatory management style based on a transformational leadership model encourages staff nurse retention. Manager leadership behavior was also identified by Taunton et al. (1997) as the most likely factor to improve the retention of nursing staff. The findings showed that the line managers have a crucial role in supporting teamwork and employee involvement. In 2002, Shobbrook and Fenton's study on the emergency department of Southampton University Hospital showed that leaders that allow sharing of responsibilities and provide development opportunities are better equipped to retain their staff. Also, according to Tourangeau and Cranley (2006), managerial support is critical to employee retention. Research confirms that an employee's relationship with his or her immediate supervisor is a primary

determinant of the employee's satisfaction level and how long the employee remains with an employer (Wagner, 2006). A good relationship between a supervisor and an employee increases job satisfaction and reduces turnover, while employees who were dissatisfied with their supervision tend to leave the organization (Tooksoon, 2011). Cowden et al. (2011) revealed that leadership is an essential component of the workplace environment that influences the nurses' intention to stay in their hospitals.

Moreover, the employees' perception of how much their supervisor cares about them (Eisenberger et al., 2002) led to lower intention to leave (Shacklock et al., 2014). According to Jamrog et al. (2004) and Wagner (2006), leaders and immediate supervisors are responsible for retaining employees. Supportive supervision from managers was considered a contributing factor to employee retention (Joo, 2010; Mignonac & Richebe, 2013). Also, the ability of leaders to empower their employees has an impact on employee retention (Kreisman, 2002). A positive relationship between leaders and employees may serve as a retention strategy (Kim, 2014). As regards the Lebanese context, little evidence and research are available about the relationship between leadership and retention, especially in the health field. A study conducted by Abu Al Rub, et al. (2017) on Jordanian nurses found that leadership behaviors were positively associated with the level of intention to stay at work. Also, Alzahrani and Hasan's (2019) systematic review of eight quantitative nursing research studies published between 2012 and 2017, showed that transformational leadership appears to improve the job satisfaction of nurses and leads to higher nurse retention.

On the other hand, a quantitative study in two hospitals in Taiwan showed that transformational leadership did not directly affect the nurses' intention to stay at their hospitals; yet, according to the study, it reduced emotional labor and thereby increased their intention to stay (Liang et al., 2016). Also, other studies have reported no effect of transformational leadership on employee retention (Kleinman, 2004; Abu Al Rub et al., 2012). This variance is most probably due to national cultural differences.

2.7.3 Total Rewards System

A reward system is defined as the tool available and used by employers to attract, retain and motivate their employees (Armstrong, 2010). The Total Rewards System is a combination of both

financial and non-financial rewards. The financial rewards include direct pay (salaries, bonuses, etc.) and benefits (paid vacation days, scholarships, medical insurance, tuition reimbursement, etc.). Nonfinancial rewards may include flexible working hours, autonomy, and promotion (Rumpel & Medcof, 2006). WorldatWork, a non-profit professional association developed the Total Reward Model in 2012 (Figure 2.4). The model describes and accounts for six key elements that drive retention: compensation, benefits, work-life balance, performance and recognition, and career opportunities. According to the model, the Total Rewards strategy has a direct relationship with the motivation and retention of employees, taking into consideration the impact of the organizational culture, HR strategy, and business strategy.

Figure 2.4 WorldatWork total rewards model, 2012

In 2015, WorldatWork modified its total rewards model and included employee engagement in the outcome of total reward thus adding a sixth element of total reward (Figure 2.5), summarised in Table 2.5. The six elements collectively define an organization's strategy to attract, motivate, retain, and engage employees.

Figure 2.5 WorldatWork total rewards model, 2015

Table 2.5 Summary of the six elements of the total rewards strategies (WorldatWork, 2015)

Total Rewards Strategy	Description
Compensation	Pay provided by an employer to its employees for services rendered (i.e., time, effort, skill); this includes both fixed and variable pay tied to performance levels
Benefits	Programs an employer uses to supplement the cash compensation employees receive. These health, income protection, savings, and retirement programs provide security for employees and their families.
Work-Life Effectiveness	A specific set of organizational practices, policies, and programs, plus a philosophy that actively supports efforts to help employees achieve success at both work and home
Recognition	Either formal or informal programs that acknowledge or give special attention to employee actions, efforts, behavior, or performance and support business strategy by reinforcing behaviors (e.g., extraordinary accomplishments) that contribute to organizational success.
Performance Management	The alignment of an organizational, team, and individual efforts toward the achievement of business goals and organizational success. Performance management includes establishing expectations, skill demonstration, assessment, feedback, and continuous improvement.
Talent Development	Provides the opportunity and tools for employees to advance their skills and competencies in both their short- and long-term careers.

Traditionally, for health care management, compensation focuses exclusively on base pay (Stoskopf, 2004). The WHO report (2006) shows that paying health workers with adequate salaries and allowances has been identified as a key driver of motivation and retention. Some professionals failed to implement the integrated total reward and consider total reward as pay and benefits only (Brown & Reilly, 2013).

A CIPD survey report (2012) on employee retention in six Asian countries, showed that increased pay and improved benefits top the list of retention factors. On the other hand, other studies did not give pay an important role in retention. Smith et al. (2011) argued that money is a source of attraction and not necessarily a source of retention. However, Jewell and Jewell (1987), Milkovich et al. (2002), and Gardner et al. (2004) argued that monetary rewards are a powerful motivator and the effect is translated into employee retention. Towers Watson (2014) in the Global Workforce quantitative study showed that base pay is the most frequent reason to stay or leave an organization. However, Adzei and Atinga (2012) showed that financial incentives alone are necessary but may not be sufficient to stimulate healthcare worker retention, and a variety of nonfinancial packages

are crucial in retaining them. Aguinis (2013) suggested using both monetary and nonmonetary rewards to retain employees. The nonmonetary rewards do not include only praise and recognition but also noncash awards, such as goods and services. Also, Aguinis (2013) revealed that voluntary participation in nonmonetary reward programs had increased the retention of employees. According to Willis-Shattuck et al. (2008), in the healthcare industry, employees need both financial and non-financial incentives as a strategy to increase employee retention.

Hayes et al. (2006) and Gifford et al. (2002) argued that reward on its own is not an important retention factor. To make reward an effective long-term retention factor, it should be accompanied by QWL (Hayes et al., 2006). According to Dewhurst et al. (2009), retention cannot be accomplished through financial incentives alone, some nonfinancial motivators are more effective in building long-term talent engagement. The authors mentioned that in the aftermath of the economic recession, the non-financial benefits were found to be less expensive and just as effective as financial rewards, if not more. According to Deloitte (2012), every organization is unique and there is no 'one-size-fits-all' framework for reward management. Organizational culture is in effect the platform that accommodates employees' preferences regarding rewards (Chiang & Birtch, 2007). It is important to mention that work-life balance (WLB) is considered one of the most popular nonfinancial rewards and a retention driver**.** The concept of WLB is a global phenomenon that influences organizations worldwide. It has expanded beyond its Western points of origin to be implemented all over the world (Allen et al., 2013; Ollier-Malaterre et al., 2013). Also, the concept of WLB was supported in the USA during the economic recession in 1990 and the aim was not only to increase productivity but also to retain high performers (Yamamoto, 2011). WLB is comprised of "organizational work-life initiatives as formal policies and informal arrangements allowing employees to manage their roles, responsibilities, and interests in their life as whole persons, engaged in work and nonwork domains" (Ollier-Malaterre, 2010, p.160). Scholars generally acknowledge that WLB is positively related to employee retention (O'Neill et al., 2009; Bearuregard & Henry, 2009; Farivar & Cameron, 2015) with Deery (2008) highlighting the role of WLB in employees' decisions to leave or stay. Moreover, Blomme et al. (2010), Hechanova (2013), and Yunita and Kismono (2014) illustrated that conflicting work and family obligations were unfavorable to employee retention. To complement this, Mita et al. (2014) showed a direct relationship between retention and WLB in their quantitative study.

The hospital workplace naturally requires hospital staff to work long hours with night shifts, and this will inevitably conflict with their personal lives (Lederer, Paal, Von Langen, Sanwald, Traweger & Kinzl, 2018). According to Kossek, Lewis, and Hammer (2010), there are two types of work-life support: structural work-life support, which represents formal provisions such as leave of absence, breaks, and flexible schedules, and cultural work-life support, which represents the informal benefits such as social and relational support from both managers and co-workers.

Nowadays, several companies are using flexible work schedules to allow their employees to take care of both their personal and professional lives (Ellenbecker, 2004). Jobs that allow a balance between employees' work and personal lives increase their potential to stay (Loan-Clarke et al., 2010). Kossek et al. (2006) affirm that flexibility of work schedules involves a reduction in work hours, and encourages part-time, flex-time, compressed workweeks, job sharing, and leaves of absence. Flexibility was found to be an important factor in the retention of health professionals (Loan-Clarke et al., 2010). Naturally, employees would be content in a working environment that helps them balance the needs of their personal lives with the needs of the workplace (Noor, 2011).

At this point, it is important to mention the effects of the turbulent economy on the total reward system and subsequently on employee retention. The global financial crisis has increased the challenges organizations face in retaining talented and key employees. Economic downturns and recessions lead to budget cuts and service reductions in the healthcare sector (Alameddine, 2012). In such difficult cases, HR needs to maintain the balance of retaining key talent and reducing labor costs as well as managing the flow-on impacts on remuneration. In Lebanon, the hospitals' financial conditions became critical due to overdue payments from the government. According to Haroun, Chief of Syndicate of Private Hospitals in Lebanon, late payments have led to reduced services (DailyStar June 15, 2019, p.3). Economic downturns limit the ability of public payers and institutions to finance their existing health workforce.

During recessions, organizations struggle to find a balance between managing talent through rewards and managing costs (Towers, 2009). Prouska et al. (2016) believe that in turbulent economic environments, with limited HR budgets, non-financial rewards strategies can be a viable alternative to costly financial rewards. When some European countries (Greece, Romania, and Bulgaria) faced critical financial problems (Arghyrou & Tsoukalas, 2010), many organizations faced liquidity problems and this directly affected the reward systems applied (Kouretas & Vlamis,

2010). Because of this crisis businesses are focusing more on offering alternative rewards, such as company awards, additional leave, and personal support through mentoring and engagement (Blyth, 2008).

The above-mentioned organizational-related retention drivers constitute the internal quality service in the SPC. No studies about the impact of these drivers are available in the Lebanese context and specifically in hospitals. Reference to the SPC high internal quality service drives employee satisfaction (Heskett et al., 2008) and employee engagement (Visier, 2016) which in turn drives employee retention. The next two sections will refer to the impact of employee satisfaction and employee engagement on employee retention.

2.7.4 Job satisfaction

Job satisfaction is defined as the degree to which an employee likes his/her job (Hausknecht, Rodda & Howard, 2009). There is much research that supports the link between job satisfaction and employee retention, where increases in job satisfaction may increase the employee's desire to stay at the company for a longer time (Michael et al., 2016; Mohsin & Lengler, 2015; Hausknecht et al., 2009). Job satisfaction is therefore a strong and consistent predictor of retention (Tett & Meyer, 1993; Tourangeau & Cranley, 2006). Harrison, Newman, and Roth's (2006) quantitative research results show that employee satisfaction is associated with higher employee retention and productivity. Studies show that improving the job satisfaction of nurses is one key to meeting the challenges of quality outcomes and nurse retention (Tzeng, 2002). Satisfied employees have higher intentions of staying with an organization (Mobley et al., 1979). Shields et al. (2001) found that job satisfaction among health workers is a good predictor of staff retention. Nurses who have a high level of job satisfaction, have a greater likelihood of remaining employed (Steel, 2002; Coomber & Barriball, 2007). However, Wilson et al.'s (2008) survey on nurses shows significant differences in job satisfaction among the three generations regarding satisfaction with pay and benefits, scheduling, professional opportunities, praise, recognition, and responsibility.

The Society for Human Resource Management's report (Lee et al., 2018) revealed that the leading job satisfaction contributors were the considerate treatment of all employees at all levels, compensation and pay, trust between employees and senior management, job security, and opportunities to use their skills and abilities at work. Several studies show a positive correlation

between job satisfaction and organizational culture in hospitals (Tsai, 2011; Jacobs & Roodt, 2008) and between job satisfaction and leadership behavior (Tsai, 2011; Laschinger et al., 2006; Elizabeth & Ann, 1999; Wang et al., 2012). Moreover, findings of several studies (Den Boer et al., 2017; Edvardsson et al., 2019; Roen et al., 2018 and Vassbo et al. 2019) showed a significant positive association between job satisfaction and PCC. Moreover, Prakash and Srivastava's (2019) quantitative study showed that internal service quality impacts PCC and employee satisfaction, and the study also indicated that employee satisfaction positively influences PCC. Also, Willemse et al. (2015p) in their cross-sectional study in the Netherlands showed a significant association between job satisfaction and PCC and between intent to leave and PCC. Therefore, the employee satisfaction literature support SPC as it reveals that internal quality services influence positively employee job satisfaction, and job satisfaction, in turn, influences their retention.

2.7.5 Employee Engagement

Employee engagement is essential to the success of any organization and a strategic goal for a large number of businesses in various industries (Lowe, 2012). Andrew and Sofian (2012) agree that employee engagement is a strong driver for organizational performance and success since it affects employee retention and productivity, customer satisfaction, and organizational reputation. According to Lockwood (2006), employee engagement has the potential to contribute to organizational success, since it can have an impact on employee retention.

In 1990, Kahn was the first researcher who defined employee engagement as "the harnessing of organizational members' selves to their work roles; in engagement, people employ and express themselves physically, cognitively, and emotionally during role performances" (Kahn, 1990, p. 694). Employee engagement has also been studied by international HR consultancies such as Gallup, Towers Perrin, Deloitte, Mercer, and Hewitt (Arrowsmith & Parker, 2013). MacLeod and Clarke (2009, p. 9) define employee engagement as "a workplace approach designed to ensure that employees are committed to their organizations' goals and values, motivated to contribute to organizational success, and are able at the same time to enhance their sense of wellbeing."

Added to this, Harter (2002) reported a positive association between employee engagement and employee turnover, customer satisfaction, productivity, safety, and profitability. Perceived flexibility and supportive work-life policies are also associated with better employee engagement

(Richman et al., 2008). According to Allens (2008), highly engaged employees are five times less likely to quit than disengaged ones. Strengthening employee engagement through job satisfaction can help in retaining employees and strengthening their determination to stay. In support of this, Wagner's (2006) research shows that employee engagement is an important predictor of employees' intention to remain in an organization. Thus, the level of employee engagement significantly impacts retention, absenteeism, patient satisfaction, patient outcomes, and patient safety.

The MacLeod report on Engage for Success in 2014 presented case studies that link employee engagement with employee turnover, retention, motivation, and productivity. Evidence was provided by Rayton et al. (2012) that showed the positive association between employee engagement and staff retention. The higher the employee engagement, the higher the retention rate is. The results of the study conducted by Takawira et al. (2014) show that participants who had high engagement have significantly lower turnover intentions. According to Jamrog et al. (2004), organizations should start building an employee retention and engagement culture instead of relying on pay and benefits. Leaders and immediate supervisors are responsible for building such a culture that allows people to grow and develop. Employees want supervisors who treat them with respect and dignity, and coach, teach and motivate them (Jamrog et al., 2004).

The Aon Hewitt Employee Engagement Model (Figure 2.6) provides a picture of the business impact of engagement, employee engagement itself, and the factors of the work experience that lead to higher engagement (Hewitt, 2015).

Figure 2.6 Hewitt engagement model (Hewitt, 2015)

Hewitt's engagement model relates employee engagement drivers with engagement outcomes and business outcomes. Employee retention is one of the business outcomes. The 'Say, Stay and Strive' outcomes are defined as:

- **Say** measures employee advocacy: "speak positively about the organization to co-workers, potential employees, and customers".
- **Stay** measures the likelihood that employees will remain with their current employer: "have an intense sense of belonging and desire to be part of the organization".
- **Strive** assesses willingness to give extra effort as: "motivated and exert effort toward success in their job and for the company" (Hewitt, 2015).

According to Hewitt (2018) trends in global employee engagement, the global top engagement opportunities are reward and recognition; senior leadership; career opportunities; employee value proposition, and enabling infrastructure which is related to the internal quality services.

The model identifies organizational engagement drivers that will lead to achieving the organizational outcomes with employee retention being one of them. Also, it is important to link this model with the SPC that explains that internal service quality, including organizational culture, leadership, and total rewards systems, drive employee satisfaction and employee engagement. Both employee satisfaction and engagement drive employee retention, which will drive external service value.

Based on the knowledge acquired from the literature review conducted on employee retention, reasons why employees leave or stay in their work, PCC, internal service quality drivers, the SPC model, job satisfaction, and employee engagement, a conceptual framework was established and presented in the next section.

2.8 The Conceptual Framework

Formulating a conceptual framework starts with defining the concepts, which are the building blocks of models and theories that describe the subject of research, then putting these concepts together and describing the relationship and connections between these concepts (Fisher, 2010). The concepts used are employee retention, PCC, employee satisfaction, employee engagement, and the predicted retention drivers: organizational culture, leadership, and total rewards. These concepts were previously reviewed in this chapter.

The framework that guided this study was SPC. The part of the SPC business model that deals with the relationship between internal quality services and external quality services can give a new understanding of how employees can be retained and engaged. Again, the motivation for this research rests on the realization that the relationship between internal service quality and employee retention is not thoroughly explored in Middle East hospitals, particularly in Lebanon. Also, as mentioned before, studies of SPC conducted by Solnet et al. (2018) and Brown and Lam (2008) indicated that the context in which the organization operates influences the relationships between the variables in the SPC. The hospitals' systems are open to their local and national environments and even to international and global influences (Zakus & Bhattacharyya, 2014). In 2014, IBM conducted a study that presented employees in a multi-layered context, with some employees nested under direct manager and senior leadership, in an organization, in a certain industry, or in a specific country. Therefore, the contextual impact cannot be ignored. Lebanon is a developing country with a unique socio-economic context, so the findings in the Western context might not be generalized to the Lebanese context due to economic and cultural environment differences.

The healthcare workforce retention external forces in Lebanon were mentioned in a separate section in chapter one and they are the labor market, national culture, political instability, competition, and economic recession.

Therefore, under the umbrella of the Lebanese external forces, the relation between the internal service quality drivers and skilled professionals' retention and delivery of PCC in Lebanese private hospitals were investigated in this study.

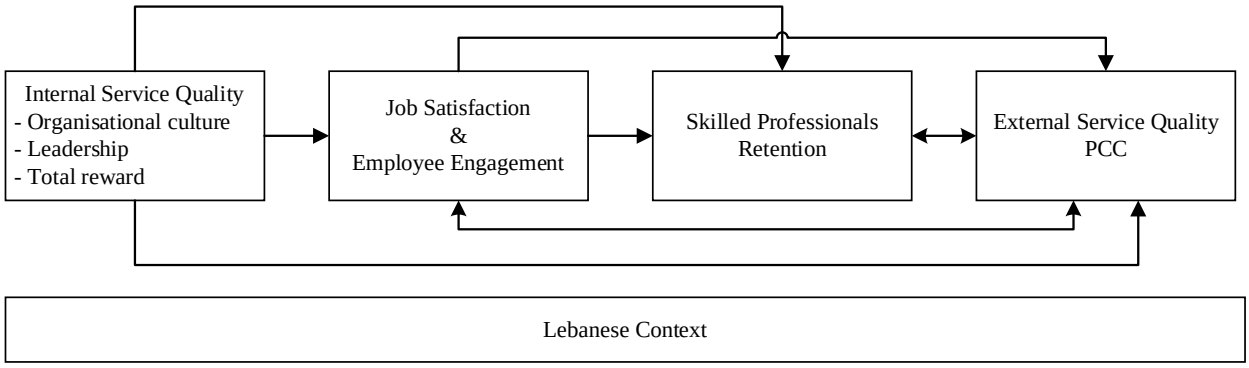

Figure 2.7 The conceptual framework

As described in Figure 2.7, it is also worth adopting the perspective of non-linearity to investigate the nature of other links in the framework (Yee et al., 2009). Based on the literature review, the proposed conceptual model of this study has four levels of inputs leading to a cyclical relationship:

1. Internal service quality: the organizational related factors, organizational culture, leadership, and total reward system, drive employee satisfaction and enhance engagement. Also, these factors in turn have a direct impact on the skilled professionals' retention as well as on the external service quality.

2. Employee satisfaction and engagement drive the skilled professionals' retention. Also, satisfied and engaged staff can directly have an impact on the implementation of PCC and provide better external service quality.

3. Skilled professionals' retention which in turn drives external service quality that is, the delivery of PCC at the hospital.

4. External service quality, the delivery of PCC has an impact on the retention of skilled professionals. Moreover, the delivery of PCC leads to a reverse relation between employee satisfaction and engagement.

While the conceptual model outlined above implies symmetric and linear relationships between the SPC linkages, empirical studies often indicate that the SPC linkages relationships are complex

and non-linear (Agustin & Singh, 2005; Matzler et al., 2004; Mittal & Kamakura, 2001; Mittal et al., 1998).

2.9 Chapter Summary

This chapter presented a review of the existing literature by providing an introduction to employee retention, the reasons why employees are leaving or staying in their jobs, and the internal service – PCC chain. In effect, the SPC guided the formulation of the study's conceptual framework. It is acknowledged that the organizational-related retention factors such as organizational culture, leadership, and total reward system including WLB, lead to job satisfaction and employee engagement. Also, according to SPC, employee retention leads to external quality services which are referred to as PCC in hospitals.

To answer the research questions, an appropriate research methodology and method explanation and justifications are presented in the next chapter.

3. METHODOLOGY

This chapter is designed to illustrate and justify the research philosophy, the approach, and the research design suitable to answer the research questions. It emphasizes the time horizons of the study and presents the relevant data collection methods, sources, and sampling strategies applied taking into consideration the ethical implications.

The research onion, which was developed by Saunders et al. (2016), illustrates the stages that must be covered when developing research. The research onion provides an effective progression through which a research methodology can be designed. Its usefulness lies in its adaptability for almost any type of research methodology and can be used in a variety of contexts (Bryman & Bell, 2015). This chapter describes the different stages of the research onion (Figure 3.1) and justifies the concepts adopted by the researcher at every stage.

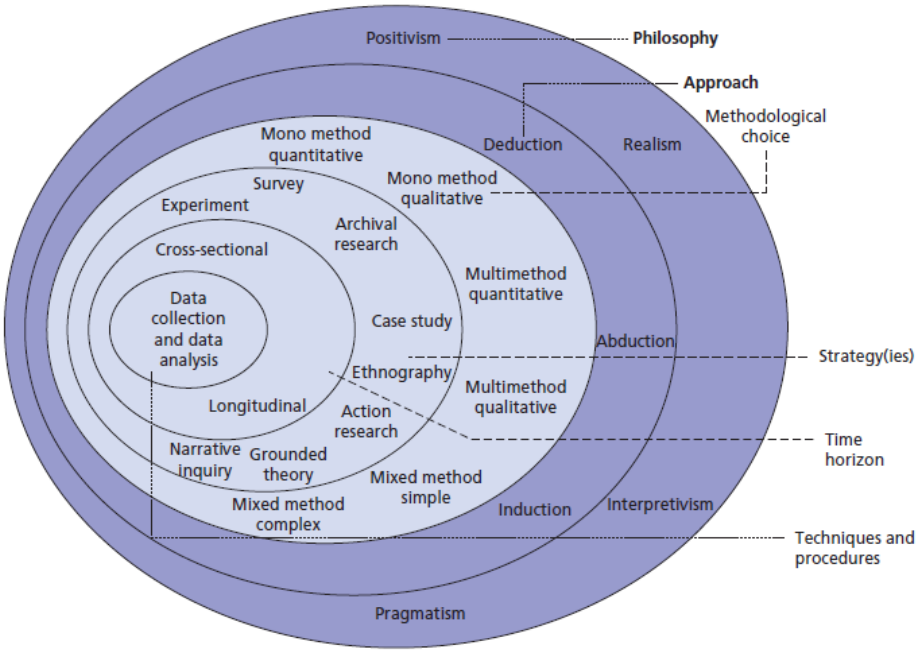

Figure 3.1 Saunder's research onion (Saunders et al., 2016)

3.1 Research Philosophy

A research philosophy refers to the set of beliefs concerning the nature of the reality being investigated (Bryman & Bell, 2015). Underlying any form of research is a philosophy of science, which informs its epistemology and ontology. Epistemology focuses on "validating knowledge"

or determining “how we know, what we know”, while ontology focuses on the “nature of reality”, which is the way the researcher perceives the nature of reality (Bryman & Bell, 2015). The assumptions created by a research philosophy justify how the research will be undertaken (Saunders, 2016)).

According to Van de Ven (2007) and Saunders et al. (2016), four philosophies of science are distinguished in terms of their epistemology and ontology: Positivism, relativism, pragmatism, and realism. Positivism assumes that reality is objectively given and exists independently of the researcher (Remneyi, 1998). The goal of positivist researchers is to make time and context-free generalizations. Relativism is characterized by subjective epistemology and ontology**.** Subjectivism holds that social phenomena are created from the perceptions and consequent actions of the social actors concerned with their existence. This epistemology is also referred to as interpretivism, which is subjective in developing contextual understanding. Humans continuously make sense of the reality around them and interpret their surroundings, so each individual has a different perception (Neuman, 2000). The ontology refers to subjective constructionism which suggests that reality is created from the perceptions of the social actors. As cited by Korte and Mercurio (2017), pragmatism emphasizes focus on the practical consequences of action, the dominance of the social context, and the practical grounding of problem-solving through inquiry. Pragmatism professes that knowledge is conditional and situational and consequently there are many views of the world with each being more or less fit for interacting with the world (Talisse & Aikin, 2008; Korte & Mercurio, 2017). Pragmatists generally agree that all knowledge in this world is socially constructed, but some versions of those social constructions match individuals’ experiences, more than others (Morgan, 2014). It includes philosophers who take either objective or subjective views of ontology, but all adopt a subjective epistemology that emphasizes the relation between knowledge and action. Reality places limitations and constraints on our actions (Van de Ven, 2007). Pragmatism believes that the process of acquiring knowledge is a continuum rather than two opposing and mutually exclusive poles of either objectivity or subjectivity (Goles and Hirshheim, 2000). It emphasizes inquiry for understanding, the devaluation of idealistic objectivity and truth, and the centrality of practice and experience (Korte & Mercurio, 2017). Realism is characterized by the existence of a mind-independent reality and the ability of a theory to capture partial aspects of reality. According to Van de Ven (2007), this philosophy adopts an

objective ontology (reality exists independent of cognition) and an objective or subjective epistemology.

Concerning this study, the researcher considered Pragmatism the most appropriate since it combines the benefits of both traditional paradigms (Creswell, 2014). A pragmatic paradigm is not devoted to any one system of philosophy or reality (Creswell, 2014). Pragmatists recognize that there are many different ways of interpreting the world by undertaking research, that no single point of view can ever give the entire picture and that there may be multiple realities (Saunders, 2016). In pragmatic research, the research problem is the central focus to understand the issues, and it attempts to apply all approaches to explore related issues (Creswell, 2014). By keeping the research questions in focus, the data collection and analysis methods chosen will most likely provide insights into the issue. Pragmatists accept the notion that there are "real things" in the world that are independent of people's knowledge; yet, according to them, there is no way to know those things apart from the concepts individuals make out of their experience and the language they attach to those constructs (Prawat, 2003).

Employee retention is a phenomenon that has been studied extensively, and there exists an extensive body of knowledge regarding this phenomenon. However, the following research explores a novel approach to studying the retention of skilled professionals and its relationship with PCC in the context of Lebanese private hospitals. Even though the vast majority of turnover and retention studies were conducted within a Positivism paradigm, positivism alone will give one singular reality and may fail to discover unexpected issues related to the context of Lebanese hospitals. Moreover, the interpretivist paradigm alone is insufficient for this research. Therefore, the researcher has constructed reality through interaction with the hospital managers to understand the reality of employee retention in Lebanese private hospitals. Thus, adopting a pragmatist approach is suitable for this research which aims to create shareable forms in understanding how employee retention functions in Lebanese hospitals, explain why hospital employees stay or leave, and study the impact of hospital internal quality factors on employee retention. This approach allows a clear picture of reality as experienced and is most helpful in bringing forth the kinds of experiences that impact the skilled professionals' retention in their hospitals. Therefore, Pragmatism enables the researcher to gain a broad view of employee retention from the positivist

paradigm and permits the flexibility of inquiry into its issues, as commonly done within the interpretivist paradigm.

Moreover, according to Morgan (2014a), a pragmatist would identify genuine problems that are part of actual social situations, carefully define them, and then initiate the inquiry to address them. Then, once the problem is identified and the dimensions are clearly defined, the researcher should investigate the problem from various perspectives, depending on the purpose or objective of the inquiry (Morgan, 2014a). Thus, in this research, the genuine problem is the skilled professionals' retention at the Lebanese private hospitals and the link between the internal quality services and the perception of the external quality services, PCC. Therefore, the research initiated and collected inquiry about what is happening in an actual situation in these hospitals and investigated the problem from both employees' and managers' perspectives to create knowledge about the topic to bring change in that part of reality.

3.2 Research Approach

Most literature mentions two main research approaches deduction and induction. The deductive approach is concerned with developing propositions from current theory and making them testable in the real world (Dubois & Gadde, 2002), while the inductive approach is characterized as a move from the particular to the general where theory is systematically generated from data (Dubois and Gadde, 2002). The inductive approach is therefore more focused on data collection, analysis, and theory development as a result of this analysis (Saunders et al., 2016). Research using an inductive approach is likely to be particularly concerned with the context in which such events were taking place.

However, these two approaches are not mutually exclusive. According to Bryman and Bell (2015), they should be viewed as tendencies rather than clear-cut. Pure induction might prevent the researcher from benefiting from existing theory, just as pure deduction might prevent the development of new and useful theory. A third approach, abduction, is growing in popularity in business research. Abductive reasoning is a creative inference, which involves the integration and justification of ideas to develop new knowledge (Bryman & Bell, 2015). It allows researchers to be flexible enough to adopt the most practical approach to address the research questions (Creswell & Plano Clark, 2011) and is suitable for this research since abductive reasoning consists of a

pragmatic approach to advancing social science through its “Systematic Combining” process (Dubois & Gadde, 2014). It is a process where theoretical framework, empirical fieldwork, and case analysis evolve simultaneously and is particularly useful for developing new theories as it combines theory and reality. Such a process is affected by four factors: what is going on in reality, available theories, the gradually evolving case, and the analytical framework. Therefore, unlike inductive and deductive reasoning, an abductive approach can explain, develop or change the theoretical framework before, during, and after the research process (Dubois & Gadde, 2017). The ultimate objective of such a systematic combination is to match theory and reality. Dubois and Gadde (2017) perceived abductive research as a possibility to capture and take advantage, not only of the systematic character of the empirical world but also of the systematic character of the theoretical models.

This research used the Abductive approach, which started with the idea of retention and the wider body of knowledge and theories around employee retention, which was essential to review and helped in defining the conceptual framework (deductive approach). On the other hand, tried to approach retention factors by studying what was going on in reality through investigating the perception of managers which gave this research the inductive characteristics. This put existing theories in a new light and help to better understand retention in the Lebanese context and the reasons that influenced employees to stay or leave their hospitals. Therefore, existing theories were used, which belong to the Western environment, but simultaneously an area lacking in literature was entered.

3.3 Research Design

The research strategy as indicated by the research onion is referred to by Bryman and Bell (2015) as a research design. It provides the necessary structure that guides the execution of a research method and analysis of the subsequent data (Bryman & Bell, 2015). The strategy can include several different approaches, such as experimental research, action research, survey, case study research, grounded theory, and ethnography. This study followed the case study research strategy. A case study is a research strategy that helps to understand phenomena in real-life situations (Yin, 2018). Case study research is very popular and widely used in business research. Case studies are a preferred method to study business cases in a micro-and macro-environment, due to the

possibility to grasp a complex situation and describe actors and processes in an accessible format (Eriksson & Kovalainen, 2008).

There are several case study research design definitions across the various related works of literature. A case can be a single organization, a single location, a person, or a single event (Bryman & Bell, 2015). According to Yin (2003, p.13) "A case study is an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not evident". Eisendhardt (1989) also defined the case study as a research strategy that focuses on understanding the dynamics present within a single setting. According to Dubois and Gadde (1999) case studies seem to be an appropriate method for understanding dynamics in settings where the phenomenon under study is embedded in complex relationships within its context. For Stake (1995), case study research is the study of the particularity and complexity of a single case, coming to understand its activity within important circumstances. Merriam (2009) includes what is studied and the products of the research when defining a case study as an in-depth description and analysis of a bounded system. Merriam (2009) discussed the pragmatic structures that ensure case study research is manageable, rigorous, credible, and applicable. Brown (2008) summed up the influences of each, saying that case study research is supported by the pragmatic approach of Merriam, informed by the rigor of Yin, and enriched by the creative interpretation described by Stake.

This study is confined to the case of Lebanese private hospitals. What distinguishes a case study from other research designs is the focus on a bounded situation or system (Bryman & Bell, 2015). Case studies are often recommended when the research topic of interest is complex and needs to be studied in its context (Yin, 2018; Flyvbjerg, 2006). Case studies take into account the real-world context (Eisenhardt & Graebner, 2007). Therefore, the study case study investigates the retention of skilled professionals in the real context of Lebanese private hospitals.

Case studies can involve either single or multiple cases and numerous levels of analysis. Multiple cases can be used when the researcher is interested in the same issue in different situations or to understand a particular situation from different perspectives (Jacelon & O'Dell, 2005). Also, the case studies can be embedded as well as holistic. An embedded case study is one in which there is more than one sub-unit, while in a holistic case study a global program of organization is contemplated (Yin, 2018). Since the study of the dynamics of employee retention in Lebanese

hospitals tends to be complex, the multiple embedded case study strategy has been chosen as the most effective design. The private hospital is the case study and the hospital's skilled professionals and managers are the embedded subunits.

Multiple cases are reliable since the more cases, the more robust is the research outcome (Rowley, 2002). The skilled professionals' retention factors and the relation with PCC delivery are studied from the perspectives of managers and skilled professionals in two case studies, where the case is a private family-owned Lebanese private hospital. Eisenhardt and Graebner (2007) stated that the resulting theory from multiple case designs becomes "better grounded, more accurate and more generalizable" and is often more robust and generalizable. In this study, the multiple case study design was used for the twin purposes of capturing rich descriptive contexts of employee retention and strengthening the patterns of findings using Yin's (2018) replication logic. Yin (2003) and Eisenhardt (1989) argued that multiple cases are preferable and more robust than single-case designs since "good theory is fundamentally the result of rigorous methodology and comparative multi-case logic". In terms of practical constraints, where access and resources may be limited, Yin (2018) stated "even if you can study only a "two-case" case study, your chances of doing a good case design will be better than doing a single-case study," the external generalization of the findings will be increased and results are found for predictable reasons.

On their part, Eisenhardt and Graebner (2007) argued that while a single case can richly describe the existence of a phenomenon, multiple case studies typically provide a stronger base for theory building as they permit replication and extension among individual cases. Furthermore, Yin (2018) emphasized that multiple cases strengthen the results by replicating the patterns thereby increasing the robustness of the findings. Literal replication (where the cases are designed to corroborate each other) and theoretical replication (where the cases are designed to cover different theoretical conditions). Since case studies rely on analytical rather than statistical generalizations, relying on replication logic as per Yin (2018) provided external validation to the findings. Each case served to confirm or disconfirm the conclusions drawn from the others.

In analytical generalization, the investigator strives to generalize a particular set of results to some broader theory (Yin, 2018). Essentially, multiple cases enable comparisons that clarify whether an emergent finding is simply idiosyncratic to a single case or consistently replicated by several cases (Eisenhardt & Graebner, 2007). Even though the strengths of case studies outweigh their

weaknesses, still critiques of the design should not be ignored; they tend to be time-consuming (Baxter and Jack, 2008) and labor-intensive (Vissak, 2010).

3.4 Time Horizons

The Time Horizon is the time framework within which the project is intended for completion (Saunders et al., 2016). Two types of time horizons are specified within the research onion: the cross-sectional and the longitudinal (Saunders et al., 2016). The cross-sectional time horizon is called the 'snapshot' time collection, where the data is collected at a certain point (Bryman & Bell, 2015). This is used when the investigation is concerned with the study of a particular phenomenon at a specific time. A longitudinal time horizon for data collection refers to the collection of data repeatedly over an extended period and is used where an important factor for the research is examining change over time (Bryman & Bell, 2015). This has the benefit of being used to study change and development. Furthermore, it allows the establishment of some control over the variables being studied (Saunders et al., 2016). Using longitudinal studies is labor-intensive and time-consuming. However, in addition to using primary data in longitudinal studies, data can be obtained by obtaining historical archival data which is referred to as secondary data (Van de Ven, 2007).

Although the research was conducted between the years 2018 and 2019, the researcher could not ignore the importance of the archival data. Existing data related to hospital employee retention and turnover were accessed to analyze why employees had stayed or left their hospitals. Added to this, historical data on turnover and retention trends were also used from the year 2008 until 2019.

3.5 Data Collection Approach

The terms quantitative and qualitative are used widely in business and management research to differentiate both data collection techniques and data analysis procedures. The quantitative approach emphasizes quantification in the collection and analysis of data (Bryman & Bell, 2015). It can most effectively be used for situations where there are a large number of respondents available, where the data can be effectively measured using quantitative techniques, and where statistical methods of analysis can be used. The studies applying this approach are focused on generalization, and replication of the findings; however, they poorly relate to people's actual behaviors (Bryman & Bell, 2015). On the other hand, the qualitative approach aims to investigate

how respondents interpret their reality (Bryman & Allen, 2015). As Feilzer, (2010) elaborates, qualitative research is usually used for examining the meaning of social phenomena, rather than seeking a causative relationship between established variables However, the result of qualitative study is difficult to replicate and generalize (Bryman and Bell, 2015).

In the context of healthcare research, Luck et al. (2006) describe case study research as a bridge across paradigms. As a result, some case study approaches are either quantitatively or qualitatively orientated while others encompass both qualitative and quantitative aims and methods (Merriam, 2009; Yin, 2013). Therefore, case study research can be based on any mix of quantitative and qualitative approaches applying a mixed-method approach. Mixed methods are defined as research in which the investigator collects and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative approaches in a single study (Tashakkori & Creswell, 2007) for the broad purposes of breadth and depth of understanding and corroboration (Johnson et al., 2007). The mixed-methods can be concurrent or sequential, based on how the quantitative and qualitative data are collected and analyzed. In concurrent mixed methods, qualitative and quantitative data collection techniques are undertaken at the same time as the analysis of the data. However, the sequential approach undertakes either a qualitative phase of a study first, then a separate quantitative phase, or vice versa (Tashakkori & Teddlie, 1998) with the expectation that the latter technique will assist in explaining and interpreting the findings of the former technique. This study employed the concurrent mixed-method design**,** where data were collected and analyzed in parallel (Creswell, Plano Clark & Garrett, 2008). Concurrent mixed designs are designs in which there are at least two relatively independent strands: one with quantitative questions and data collection and analysis techniques and the other with qualitative questions and data collection and analysis techniques. Inferences made based on the results from each strand are synthesized to form meta-inferences at the end of the study (Teddlie & Tashakkori, 2006).

Triangulation is one of the great strengths of case studies and mixed methods as compared with other methods in that evidence can be collected from multiple sources (Rowley, 2002). Triangulation allows for greater validity in a study by seeking corroboration between quantitative and qualitative data (Doyle et al., 2016). According to Dubois and Gadde (2002), triangulation has been strongly recommended in textbooks on case study research. A major strength is the use of multiple data sources (Yin, 2018), which maximizes the range of data that might contribute to the

researcher's understanding of the case (Jacelon & O'Dell, 2005). Also, multiple sources provide opportunities for the comparison of data among and between participants (Jacelon & O'Dell, 2005).

Tashakkori and Teddlie (1998) suggested that all mixed-method approaches use triangulation techniques. Denzin and Lincoln (2000) discussed four basic types of triangulation: data triangulation (the use of a variety of data sources in a study), investigator triangulation (the use of multiple researchers), theory triangulation (the use of multiple perspectives to interpret the results of a study), and methodological triangulation (the use of multiple methods to study a research problem). This study relies on data, theory, and methodological triangulation by combining qualitative and quantitative methods during data collection from several sources and different perspectives.

In addition to triangulation, Bryman and Bell (2015) referred to other rationales for using mixed methods as Completeness. This involves using a combination of research approaches to provide a completer and more comprehensive picture of the research topic that can address a range of research questions. By doing so, real knowledge can be realized to enhance theory development and practice (Johnson & Onwvegbuzie, 2004). Also, mixed methods have complementary strengths and no overlapping weaknesses. Mixing the data collection techniques will enhance the findings so that researchers can make inferences with confidence. That is, a mixed-methods approach can offset the weaknesses and provide stronger inferences and more accurate inferences (Bryman & Bell, 2015). Moreover, McKim (2013) defined mixed methods studies as a methodology's ability to make sense of the world, help readers better understand the study, increase confidence in findings, improve accuracy and completeness, and inform and contribute to overall validity.

Many criticisms of mixed methods focus on incompatibility, arguing that quantitative and qualitative research methods cannot be mixed in a single study due to their different ontology and epistemology (Doyle et al., 2016). Furthermore, the richness and complexity of the data collected means that the data is often open to different interpretations and potential research bias (Cornford & Smithson, 2006). However, this study follows the pragmatism philosophy. Also, the mixed-method approach is more time-consuming since it requires adopting several data collection and

analyzing techniques (Johnson et al., 2007). Therefore, using concurrent mixed methods is by collecting both the quantitative and qualitative data simultaneously.

The quantitative dimension provided the opportunity to demonstrate the experiences of skilled hospital professionals, and the qualitative dimension was applied to gather perspectives and interpretations of managerial people through collecting data about the reasons that make them stay or leave their hospitals and their perception regarding the organizational related factors and the link between the internal quality services and the external quality services, PCC in the context of the Lebanese private hospitals. The benefit is that it is possible to see the research problem from different perspectives. Combining qualitative and quantitative approaches thus enables a researcher to provide both the depth and breadth of explanation that constitute high-impact research. In addition, more robust inferences can generally be made from data gathered utilizing mixed methods (Teddlie & Tashakkori, 2003), and greater confidence can be held in the results (Johnson & Christensen, 2004). Therefore, this study collects managers' perceptions and combines these with a survey of skilled professionals' perceptions.

The appropriate data collection methods that were used in this multiple case study are discussed in the next section.

3.6 Data Collection Methods

A major strength of case study design is the use of multiple data collection sources (Yin, 2018), that maximize the range of data that might contribute to the researcher's understanding of the case (Small, 2011). Using multiple methods of data collection can improve the quality of the research as it allows triangulation, reduces respondent bias, provides additional information, increases support for the researcher's conclusions, and may lead to new questions that can be answered in later research (Eisenhardt & Graebner, 2007). According to Yin (2018), data sources may include documentation, archival records, interviews, physical artifacts, direct observation, and participant observation. However, investigators can integrate quantitative survey data with other sources, which facilitates reaching a holistic understanding of the phenomenon being studied. Eisenhardt and Bourgeous (1988) combined quantitative data from questionnaires with qualitative evidence from interviews and observations. The combination of data types can be highly synergistic. Quantitative evidence can indicate relationships that may not be salient to the researcher. It also

can keep researchers from being carried away by vivid, but false, impressions in qualitative data and it can strengthen findings when it verifies those findings from qualitative evidence. This multiple case study relied on multiple sources of data collection techniques: archival records, in-depth interviews, and structured questionnaires to investigate the research questions.

As mentioned by Morgan 2014, the research should investigate the problem from different perspectives, to create knowledge about the problem. Therefore, to have a complete understanding the skilled professionals were surveyed and the managers were interviewed. The rationale for surveying the skilled professionals is that the questionnaire was used to develop insights into the skilled employees' perceptions. The perception of the skilled professionals regarding the research questions is very important; however, the number of skilled professionals is big so using a survey questionnaire for data collection is more appropriate and less time-consuming. At the same time, by surveying the skilled professionals, the author is reducing or eliminating the interviewer effects. According to Bryman & Bell (2015), the presence of the interviewer increases the tendency of people to exhibit social desirability bias. And the rationale for interviewing managers is that through interviewing managerial people, in-depth information about employee retention challenges, reasons, strategies, the impact of internal service quality factors on employees retention, and the relationship between employee retention and PCC delivery perception from the managerial level perspective will be collected; thus, combining both the skilled professionals and managerial perspectives will offer a more complete picture of what is happening in the hospital context. However, gaining access to this group of people can be extremely difficult due to their workload and the difficulty to arrange a convenient time. Saunders (2016) found that managers are more likely to agree to be interviewed, rather than complete a questionnaire, especially where the interview topic is seen to be interesting and relevant to their current work. The interview provides them with an opportunity to reflect on events without needing to write anything down.

3.6.1 A structured questionnaire

A structured questionnaire was administered to skilled professional employees in the two private hospitals (Appendix A). The questionnaire had been formulated after an intensive literature review and was used to collect data that address the research questions. The questions were closed-ended, using a rating scale that allows respondents to express their opinion or assessment across a continuum of several response categories (Ekinci, 2015). The rating scales that were used were the

Likert scale and the itemized rating scale. The Likert scale was designed to obtain the degree of agreement or disagreement ranging from 1 (strongly disagree) to 5 (strongly agree) and the itemized rating scale ranging from not at all to very much and from to a small extent to a large extent. The questionnaire consists of four sections:

- Section one investigated the factors that encourage skilled professionals to stay or leave their hospitals by asking those who were employed previously about the level of importance of several factors (pay, benefits, flexible schedules) that were behind their decision to leave their previous hospital. Another question was asked to assess their intention to stay in their hospital in the coming twelve months. In both cases, if they intended to stay or leave their current hospital, they need to specify the level of importance of the factors behind their decision. The level of importance of these factors was rated using a three-degree scale of minor importance, moderate importance, and high importance.

- Section two investigated the skilled professionals' perceptions of their current hospital's organizational culture, leadership, total rewards system, and PCC. The perception of the organizational culture was assessed using questions about attributes and qualities such as care for employees, teamwork, patient care, and promoting initiative and innovations. Then the judgment about leadership was assessed by choosing the statements that fit the supervisor and senior managers, such as encouragement and support for those who work as a team, stress relief, decision-making that also involves employee participation in decision making, and motivational and inspirational measures. The satisfaction with the total rewards was investigated by assessing the level of employee satisfaction with wages, work leaves, vacations, incentive system, educational opportunities, the opportunity for career advancement and promotion, tuition reimbursement, recognition and appreciation program, training programs, flexible scheduling, and the balance between work and family. The satisfaction levels range between very dissatisfied, dissatisfied, neutral, satisfied, and very satisfied. In addition to several questions related to employees' engagement and their perception of the delivery of PCC.

- Section three was an open question that asks for additional perspectives regarding other retention factors that encourage them to stay at their hospital.

- Section four searched for general information about the respondent: their gender, age generation, highest educational level, and years of working in the recent hospital.

The questionnaire required between 15 to 20 minutes to be completed. As the skilled professionals at the Lebanese hospitals comprehend several languages including English, the questionnaire was administered in the English language. The participants were given information that explained the aim of the study and the steps to maintain confidentiality and anonymity.

A pilot test was conducted before the distribution of the questionnaires to identify and eliminate potential problems before moving to the data collection stage (Ekinci, 2015). The purpose of the pilot test was to improve the questionnaire to ensure that no problems will occur for the respondents during the real gathering of data (Saunders et al., 2016). The pilot study tests the survey questions for appropriateness, structure, clarity, and time taken to complete and administer the questionnaire. The pilot testing involved questioning five potential respondents who are managers at a private hospital. Their tentative answers resulted in suggestions that were later examined by the researcher to make the necessary adjustments to the questionnaire.

The questionnaires were administered to skilled professionals in the two case studies. After receiving the hospitals' administration's approval to participate in the study, hard copies of the questionnaires were given to the HR Supervisors in both hospitals for distribution. However, the researcher had explained the purpose of the study as well as the questionnaire to the HR Supervisors and highlighted the confidentiality and anonymity of the information. This approach was taken to minimize the contact and influence of the researcher with her institution employees to lessen her impact.

3.6.2 In-depth Semi-structured interviews

The researcher asked a series of questions related to the areas of interest in the case study. An interview guide (Appendix B) was constructed based on the literature review and the theoretical framework to make sure all topics were covered in the interview. Bryman and Bell (2015) argued that semi-structured interviews allow for flexibility and permit the researchers to create the prepared questions depending on the direction the interview takes. Therefore, the questions were planned, but they were not necessarily asked in the same order as they were listed.

A predetermined semi-structured list of questions was asked to all participants to ensure standardization and comparability of answers. The interviews were conducted with managers and supervisors (HR Managers, Quality Managers, Nursing Directors, and some other supervisors) in each case hospital to understand their interpretation and perceptions of the topic.

Before the interviews, the respondents were informed about the study and its ethical principles such as anonymity and confidentiality. This gave respondents some idea of what to expect from the interviews which were conducted in Arabic and then translated and transcribed into English.

First, the questions explored the awareness and perception of the managerial people about the importance of staff retention, the reasons why employees are staying or leaving their hospital, and retention challenges. Then, came the questions that investigated their perceptions about the impact of the organizational culture, leadership, total rewards, employee satisfaction, and engagement on retention. In the end, the last question was about the relationship between employee retention and the delivery of PCC. The in-depth interview helped answer the research questions.

3.6.3 Archival Records

According to Yin (2018), for many case studies, archival records are often taking the form of data files and records that may be relevant. Examples of archival records include public use files and other statistical data made available, service records, organizational records, maps and charts of the geographical characteristics of a place, and survey data produced about the case study's participants. However, Yin mentioned that caution should be considered with the archival evidence: Most archival records were produced for a specific purpose and a specific audience other than this research case study, and these conditions must be fully appreciated in interpreting the usefulness and accuracy of the records.

The archival records were used in conjunction with other sources of information in producing a case study. These sources will serve to augment or triangulate the interviews and questionnaire responses.

The study involved a review of some organizational documents which organizational leaders were asked to provide. The archival records retrieved from the hospital archives were documented records such as exit interview reports, employee satisfaction survey reports, HR Information

System, and other available reports related to employee retention. The exit interview reports were used to investigate why skilled professionals were leaving for several years. The annual employee satisfaction surveys were investigated to study the trend of satisfaction with internal quality services as total reward components and leadership. The HR information system also was used to retrieve the turnover rates and various reasons for leaving. Moreover, other hospitals' specific surveys were also reviewed to collect data about the internal quality services and retention.

3.7 Sampling Approach and Participants

Sampling in case study research involves the initial selection of the cases and within-case sampling in terms of participants. In multiple case studies, it is the replication logic and not the sampling logic used (Yin, 2018). Therefore, the typical criteria regarding sample size are irrelevant. Yin writes that each 'case' is in essence treated as a separate study that either predicts similar results (literal replication) or predicts contrasting results but for anticipatable reasons (theoretical replication). Sampling involves the initial selection of the case(s) and the within-case sampling to choose the participants (Yin, 2018). The unit of analysis of the case study (the "case") may be at a different level from the unit of data collection of the case study (a particular source of evidence about the case). The definition of the unit of analysis is a fundamental element of case study research. In this research, the unit of analysis is a private family-owned Lebanese hospital accredited by the Lebanese national accreditation and whose bed capacity range is between 100 to 150 beds. The two case studies were selected purposefully as they are experiencing the same employee retention challenges and facing the same environmental forces in the same geographical region in Lebanon. The case studies are designed to bring out the details from the participants' viewpoint by using multiple sources of data: quantitative and qualitative. The multilevel mixed methods sampling designs may be used to select participants that are more likely representative of the population studied and best suited to answer the research questions (Collins, Onwuegbuzie, and Jiao, 2007). According to Onwuegbuzie and Collins (2007), the relationship between the qualitative and the quantitative samples can be identical, parallel, nested, or multilevel. This study has adopted the multilevel relationship, which involves using two or more sets of samples obtained from different population levels. However, within each case, the participants served as an embedded unit of analysis. These embedded subunits can be selected through sampling techniques.

Purposive sampling is a more proper sampling technique. The purpose is to gain a deeper understanding of the case through in-depth investigation and not generalize the findings. Patton (2002) refers to purposeful sampling as "based on the assumption that the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned". The quantitative phase involves sampling skilled professionals within each case study hospital, and the qualitative phase involves sampling managers. The multilevel samples were selected purposively using a criterion sampling scheme (Patton, 1990).

The researcher purposefully selected managers and skilled professionals from different departments to include a diverse set of organizational contexts. Moreover, the study population for the in-depth interviews was the hospital's middle and front-line managers. In each case hospital, the researcher contacted the managers through the HR Supervisor, who facilitated the appointments. The managers who were selected were managers of departments or units that constitute skilled professionals and who occupied that position for more than two years. Those selected for the questionnaire were the skilled professionals, the nursing staff, paramedics (medical lab technicians, radiology technicians, physiotherapists, pharmacists, dietitians), and administrative assistants. The physicians were excluded from the study since, in Lebanese private hospitals, the physicians were not employees in one hospital. The majority of physicians work on a part-time contractual basis in several private and public hospitals.

Purposeful sampling was logical because the investigator desired information-rich cases to study in-depth (Patton, 2002). In purposeful sampling, Merriam (2009) suggests first determining selection criteria to identify potential participants for the study that will guide identifying information-rich cases (Merriam, 2009). Following Patton (2002), the study sampling scheme utilizes both the criterion and convenience sample scheme. The criterion sampling scheme is based on choosing settings, groups, and individuals according to one or more relevant criteria. This idea of criterion-based sampling is similar to purposeful or purposive sampling designs often used to select a sample to attain representativeness or comparability in a study. The convenience sampling scheme is based on choosing settings, groups, and individuals that are conveniently available and willing to participate in the study. The observation units consist of a specific or complete grouping of people who are relevant to a research project and serve a specific purpose (Zikmund, 2011).

The purpose of the current study was to understand the perception of the skilled professionals and the managers of Lebanese private hospitals, the sample size of the skilled professionals was purposefully and conveniently selected from those who were willing participants to answer the questionnaire and the managers' interviews sample size followed the achievement of information saturation. The sample size was mainly based on the concepts of replication logic and analytical generalization of case studies.

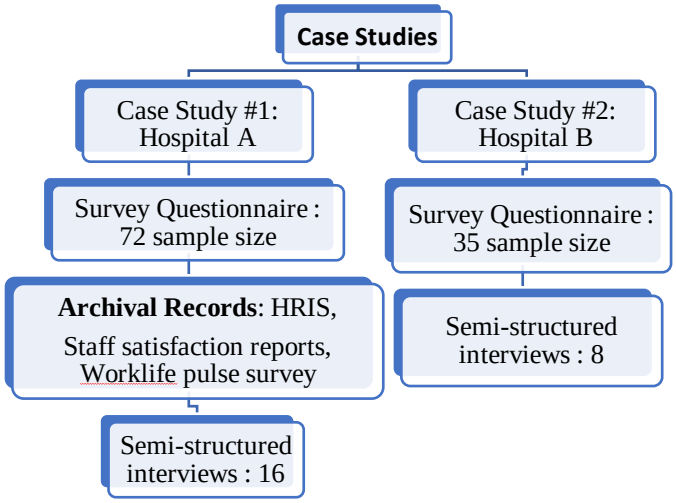

Figure 3.2 The study data collection chart

Figure 3.2 summarizes the data collection in both case studies. In Hospital A, 72 questionnaires were collected, and 16 semi-structured interviews were conducted. Whereas, 35 questionnaires from Hospital B. Also, 8 semi-structured interviews were conducted in Hospital B. It is important to note that the researcher did not attain permission to access archival records and reports in Hospital B. The archival records that were accessed in Hospital A were the exit interviews, staff satisfaction reports, and work-life pulse surveys reports. The next section presents the data analysis approach.

3.8 Data Analysis

The best preparation for conducting a case study analysis is to have a general analytic strategy. The purpose of the analytic strategy is to link the case study data to important concepts of interest and then to have the concepts give a sense of direction in analyzing the data. Yin (2018) describes five techniques for data analysis: pattern matching, linking data to propositions, explanation building, time-series analysis, logic models, and cross-case synthesis. The cross-case synthesis is

the most desirable technique for this study since it is more robust than that of a single case (Yin, 2018). In a case-based approach, the goal is to retain the integrity of the entire case and then compare or synthesize any within-case patterns across the cases (Yin, 2018).

When using multiple cases, a typical format first provides a detailed description of each case and themes within the case and is called a within-case analysis (Creswell, 2014). Then, only after drawing some tentative conclusions about within-case patterns, the analysis proceeds to examine whether there appeared to be replicative (literal or theoretical) relationships across the other case study.

The study findings and results were presented first in each case using within-case analysis, analyzing the quantitative and qualitative data separately, then comparing both data for each case study to draw within case patterns. Afterward, in the discussion chapter, the cross-case analysis was presented about the research questions. Next, a summary of both the quantitative and qualitative results linkages was drawn between the results. Finally, the qualitative data were connected to the significant findings in the quantitative study and interpreted to what extent and in what ways the qualitative results explain the quantitative results and what is overall learned in response to the study's purpose (Creswell & Plano Clark, 2011).

The method of analysis chosen for this study was a hybrid approach of mixing qualitative and quantitative methods for analysis. Thus, data from the secondary sources was integrated with the data from the primary sources. It is worth noting that the hybrid approach of mixing quantitative and qualitative data is used at both the case study level (within case study) and cross-case level.

For the Quantitative data analysis, the survey data were entered into the database using SPSS version 25. For each hospital, the findings and discussion were presented as descriptive statistics of demographics, followed by the quantitative statistics presented as frequencies, percentages, graphs, and correlations. Spearman correlation was used to study the strength of the relationship between the intention to stay and the internal quality services (Organisational culture, leadership, and total rewards), engagement, and perceived PCC.

Spearman's rho is the correlation used to assess the relationship between two ordinal variables. Spearman's rho is a popular method for correlating unvalidated survey instruments or Likert-type survey responses. Spearman is a nonparametric statistical measure of the direction and strength of

the relationship. Spearman's rank correlation coefficient measures how closely two sets of rankings agree with each other. It is not a measure of linear association. Spearman's rho coefficient ranges between -1 and +1. If it is between 0.5 to 1.10, it means strong relation, between 0.3 to 0.49 means moderate relation, 0.1 to 0.29 means weak relation, and between 0 to 0.09 means very weak (Bryman and Bell, 2015).

The Correlation Coefficient is the actual correlation value that denotes magnitude and direction, the Sig. (2-tailed) is the p-value that is interpreted. If the p-value is less than 0.05, researchers have evidence of a statistically significant bivariate association between the two ordinal variables. If the p-value is more than 0.05, researchers have evidence that there is no statistically significant association between the two ordinal variables. In this study, the correlation is significant at the 0.05 level (2-tailed); even if Spearman's rho is weak, there still be a significant relationship.

To analyze the gathered qualitative data, thematic analysis was used, Bryman and Bell (2015) recommended coding and categorization of empirical findings from interview answers. This means searching for common themes and identifying the connections between them. Also, Clarke and Braun, (2013) recommended the use of thematic analysis, which is the process of identifying patterns or themes within qualitative data. King (2004) used the template analysis, where the researcher produces a list of codes (template) representing themes identified in their textual data. Template analysis normally starts with at least a few pre-defined codes which help guide the analysis. King (2004) showed three ways to develop codes: pre-determined codes (a priori codes based on the theoretical position of the research), codes developed after some initial exploration of the data, or those halfway between some initial codes (possibly from the interview questions) and some refined after the exploration of collected data. In this study the themes were predetermined before commencing with the in-depth analysis of the data, the themes were linked with the research questions and the conceptual framework. However, the themes were revised to check for any emerging ones. In describing each theme, the participants' voices should be heard or directly represented by indirect quotes that support the analysis and interpretation. To secure the confidentiality, participants were assigned codes for ease of reference: interviewee 1, interviewee 2, …

After the within-case analysis, the findings of each case study were cross analyzed to search for pattern matching. Then after the cross-case analysis, the emergent theory is compared with the

theoretical framework identified in the literature review phase and others that are not included but which emerge as being important during the research.

3.9 Access and Ethical Issues

According to Fisher (2010), when doing research, no harm should be inflicted on any person and the research information should not be used to harm them. Accordingly, this study was conducted under the umbrella of Nottingham Trent University Research Ethics Policy and Procedure (2018) and Code of Practice for Research (2018). The University Research Ethics Committee monitored the implementation of the code of ethics and its approval was taken before starting the research data collection. According to Tracy (2010), a research study has a variety of practices when attending to ethics: Procedural ethics, relational ethics, and existing ethics. Procedural ethics refers to the mandates such as: do no harm, avoid deception, negotiate informed consent and ensure privacy and confidentiality (Bryman & Bell, 2015). All the research participants were informed about their voluntary participation and their right to refuse to participate in the study (Silverman, 2013) and can be terminated anytime they want. Also, they were informed about the confidentiality and anonymity of the study. Confidentiality is related to the protection of information supplied by research participants from other parties, whereas anonymity involves protecting the identity of participants or research organizations (Bryman & Bell, 2015). The names of participants and hospitals were coded to ensure confidentiality and privacy. All research data, records, and sources remained confidential. The information involved in the research will not be shared with others (Zikmund, 2011). This information was explained to the administration of the hospitals before collecting data. Also, permission to use voice recorders was requested at the beginning of the interviews (Silverman, 2013). Moreover, the research respected participant privacy (Silverman, 2013) and avoided causing discomfort or anxiety (Bryman & Bell, 2015) by giving them the choice to withdraw anytime during the data collection. Honesty and trust in collecting and analyzing the research data were followed to avoid deception (Silverman, 2013).

Relational Ethics was also respected in the study. It involves an ethical self-consciousness in which researchers are mindful of their character, actions, and consequences on others. That is, the researcher should recognize the mutual respect and dignity in the relationship with participants (Tracy, 2010). Also, the study considered the exiting Ethics, which goes beyond the data collection stage to when researchers leave the scene and share the results (Tracy, 2010). All types of data,

recorded or analyzed, were stored and retained securely on papers and softcopies for five years after which they will be destroyed through shredding. In addition, the researcher tried to avoid research misconduct, fabrication, falsification, or plagiarism in proposing, performing, or reporting research results (Pimple, 2002).

It is essential to mention the difficulties in accessing data and information from the hospitals. The competition between private hospitals in Lebanon affected such accessibility since the researcher is a senior HR Manager in one of the private hospitals. Therefore, the other hospitals would not allow the researcher access to information from their hospitals for fear of competition. However, it is vital to highlight specific ethical issues related to the researcher's professional role as an HR manager in one of the study hospitals. Therefore, the researcher's role was twofold: one as the researcher and one as a participant in the research. A practitioner is actively engaged in an organization, whereas a researcher needs to stand back and search for evidence. The typical challenges include dual roles, information access, and pre-understanding (Brannick & Coghlan, 2007). However, pre-understanding and the dual role as the scholarly practitioner impacted me the most in implementing this research project. The preunderstanding and the insights gained from my long service at the hospital have been valuable in implementing the project. It has assisted me to grasp the employees' deeply seated perceptions and attitudes more accurately, which an external expert may not have noticed.

On the other hand, the pre-understanding can hamper me from challenging some taken-for-granted assumptions with criticality. With my insider position as the practitioner, I can have easy access to the managers who are the key informants of this study and have the freedom to collect and access hospital data. Although the insider status gave the privilege of access to information, the researcher's position in the hospital may also constrain who is willing to participate and what is revealed. Moreover, insider status may confer privileged access and information, but the researcher's position in an organization may also constrain who is willing to participate and what is revealed (Smyth and Holian 2008). Although the research interviews and questionnaires were confidential, there was still a barrier to openness for managers. They were still managers; the researcher was still a staff member, and those positions influenced the level of frankness in the interviews.

At the same time, this insider position inherently poses some ethical challenges in the managers' interviews. This position can invite information filtering (Bies & Tripp, 1998), resistance (Piderit, 2000), or organizational silence (Morrison & Milliken, 2000). In addition, the managers may distort the interview responses due to fear of backlash, preventing me from capturing their critical opinions and perspectives (Morrison & Milliken, 2000). Being the HR Manager, I am well aware that the employee participants might perceive that I have power over them under my position. In this regard, various efforts to minimize ethical hazards were taken. First, I was candid with the managers, confess my genuine concern about the research, and tried to convince them that I am purely interested in academic research and that all data will be anonymous and their participation in the research is not identifiable. Second, I tried to gain the managers' trust by explaining the purpose of the study and giving them the freedom to participate in the study. Moreover, the quantitative questionnaires were not distributed by the researcher. Instead, the HR Supervisors distributed them, focusing on the confidentiality and anonymity of their responses. This approach may decrease the impact of the researcher on the skilled professionals' responses in her hospital.

3.10 Validity and reliability of the research

Validity and reliability are central to judgments about the quality of research (Saunders et al., 2016). Validity refers to "the appropriateness of the measures used, accuracy of the analysis of the results, and generalizability of the findings" (Saunders et al., 2016 p: 202). Reliability refers to replication and consistency. According to Yin (2018), four tests are relevant to judge the quality of research design in case study research:

Construct validity: identifying correct operational measures for the concepts being studied.

Internal validity: seeking to establish a causal relationship, whereby certain conditions are believed to lead to other conditions, as distinguished from false relationships.

External validity: showing whether and how a case study's findings can be generalized.

Reliability: demonstrating that the operations of a study, such as its data collection procedures, can be repeated with the same results.

Since this research is a multiple case study, the validity and reliability study follows Yin's (2018) guidance in Table 3.1.

Table 3.1 Validity and reliability in case study research (Yin, 2018)

Test	**Case Study Tactic**	**Phase of research**
Construct validity	-Use multiple sources of evidence -Establish the chain of evidence	Data collection
Internal validity	-Do pattern matching	Data analysis
External validity	-Use replication logic in multiple case studies	Research design
Reliability	-Use study protocol -Develop a case study database -Maintain a chain of evidence	Data collection

To enhance construct validity in case studies, researchers have sought to triangulate by using different data collection strategies and different data sources (Yin, 2018). According to Yin (2018), data triangulation helps to strengthen the construct validity of the case study. The multiple sources of evidence essentially provide multiple measures of the same phenomenon. Using evidence from multiple sources would increase confidence that the case study had rendered the event accurately. Internal validity refers to the data analysis phase (Yin, 2018). Researchers should compare empirically observed patterns with either predicted ones or patterns established in previous studies and different contexts through pattern matching. Also, theory triangulation enables a researcher to verify findings by adopting multiple perspectives (Yin, 2018). external validity is about generalization (Saunders et al., 2016). According to Yin (2018), the case study replication logic provided the external validation to the findings as the case studies rely on analytical generalization rather than statistical generalizations. Each case served to confirm or disconfirm the conclusions drawn from the others. Analytical generalization is a process separate from statistical generalization in that it refers to the generalization from empirical observations to theory rather than a population. Reliability is related to the process of replication of the study. For this purpose, a study protocol was established to show the rules followed in the field, while the databases contain all the material collected by the researcher for each case. In the protocol, some techniques can be used to increase the reliability of the study case, such as recording the interviews, coding the responses, or employing analytical methods of data analysis. The case study may use various ways to collect information, depending on the nature of the case, and make it possible to cross-study or

analyze angles. Triangulation techniques are achieved through the use of surveys and interviews. Triangulation also increases the overall reliability of the research.

3.11 Chapter Summary

The Chapter provided a discussion on the research philosophy, approach and design, research population, sample and sampling procedures, data collection, and ethical considerations. Figure 3.3 summarizes the study methodology.

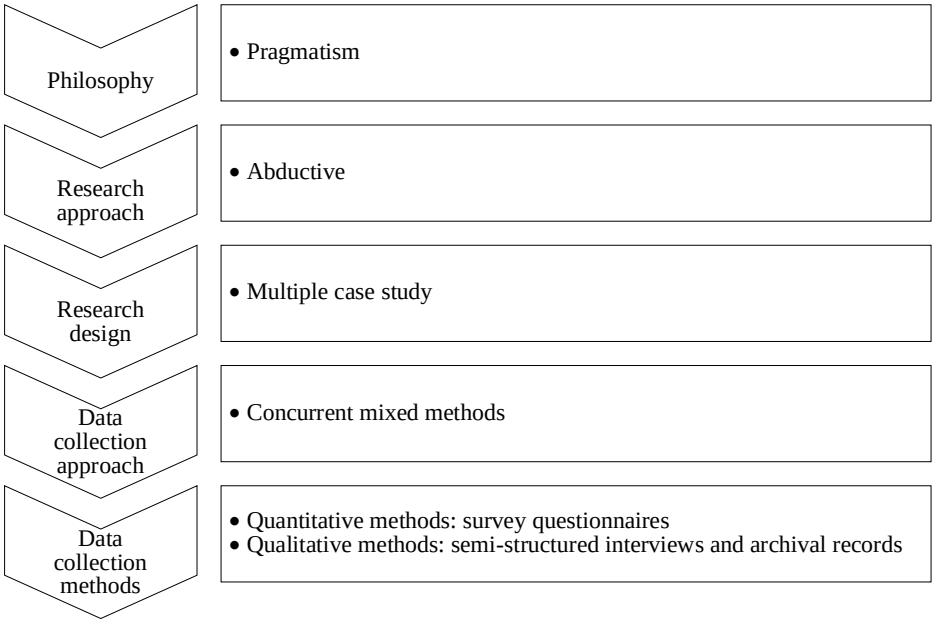

Figure 3.3 Chapter three summary chart

The research is a multiple case study guided by the pragmatism research paradigm and the abductive reasoning approach. This research design enables an in-depth, multifaceted exploration of employee retention in the real-life context of Lebanese private hospitals. Two Lebanese private family-owned hospitals were chosen as the two case studies. The concurrent mixed methods data collection was utilized to collect both quantitative and qualitative data. The quantitative data was collected through a structured questionnaire administered to skilled professionals using close-ended and rating scale questions. The hospital skilled professionals included in this study are nursing staff, paramedics (medical laboratory technicians, radiology technicians, physiotherapists, pharmacists, etc.), and administrative staff. The physicians were excluded from the study since in the case of Lebanese private hospitals the physicians were not employees in one hospital. The majority of physicians work on a part-time contractual basis in several private and public hospitals.

The qualitative data was collected through the hospitals' archival records and in-depth semi-structured interviews of managers to assess their perception of the relationship between skilled professionals' retention and PCC of both the quantitative and qualitative. The next chapter presents the research results and findings using the within-case analysis. Both the quantitative and qualitative data of each case study hospital are analyzed to achieve a pattern matching, then the cross-case analysis is discussed in chapter five to attain the study conclusion.

4. FINDINGS AND ANALYSIS

The purpose of this multiple case study was to investigate the retention of skilled professional employees at two Lebanese privately-owned family hospitals. The research questions focus on the reasons that encourage skilled professionals to stay or leave their hospitals and the influence of workplace-related factors such as the organizational culture, leadership, total rewards, job satisfaction, and employee engagement on their decision. Also, the research questions aim at investigating the relationship between skilled professionals' retention and the delivery of PCC. As discussed in Chapter Three, in attempting to answer the research questions, this Chapter presents the findings and analysis within each case study by analyzing both the quantitative and qualitative data collected from each hospital. For each case study, the findings are presented as descriptive statistics of demographics, quantitative statistics are presented as means, standard deviation, frequencies, percentages, and correlations, and qualitative findings were acquired from semi-structured interviews and reviews of hospital archival records. Each within-case analysis is concluded with a pattern matching analysis.

4.1 Hospital A

Hospital A is a 160-bed family-owned private hospital accredited by the Lebanese Ministry of Health. The hospital is located in North Lebanon and provides comprehensive medical care. The hospital had survived the Lebanese civil war, undergone renovations, and had a considerable investment in its HR through continuous training, recognition, and motivational activities. The hospital has about 400 employees, of which 270 are skilled professionals. The hospital is accredited Level A by the National Accreditation survey in 2011 and has the ISO 9001:2015 Quality Management System, and is also accredited by Accreditation Canada – Diamond Level. Hospital A is implementing PCC principles. The hospital is facing the contextual challenge of economic recession, skilled professionals shortage, and retention. The data in Hospital A were collected concurrently through questionnaires, semi-structured interviews, and internal HR documentation.

4.1.1 Findings from Questionnaire Data

The quantitative data were analyzed statistically using SPSS 25. Seventy-two questionnaires were collected between Aug. and Sept. 2018. The sample constituted skilled professionals in all nursing

units (Maternity, NICU, Paediatrics, Cardiology, Medical, and Surgical units), Radiology, Laboratory, Dietary, Medical records, and Administration (HR, Pharmacy, admission, billing, accounting). Table 4.1 presents the demographics of sample hospital A. From the sample, 10 were males and 62 were females. The sample's age ranges were distributed thus: one born in 1945 and before (traditional), 2 born between 1946-1964 (Baby boomers), 14 between 1965-1976 (Generation X), 46 born between 1977-1995 (Generation Y) and 9 born in 1996 and after (Generation Z). Regarding the highest educational level of the sample, 26 had technical degrees, 28 had Bachelor's degrees (BS), 17 had Master's Degree (MS) and 1 had a Doctorate. 28 of the sample had been working >11 years in their current hospital, 22 had been working between 5-10 years, 16 had been working between 2-4 years and 6 had been working <2 years. Moreover, 50 of the sample had worked for the first time at hospital A and 22 had worked previously in other hospitals.

Table 4.1 Demographics of Hospital A sample

Demographics		**Count**	**Percentage**
Gender	Male	10	13.9%
	Female	62	86.1%
Age Generation	Generation Z	9	12.5%
	Generation Y	46	63.9%
	Generation X	14	19.4%
	Baby boomers	2	2.8%
	Traditional	1	1.4%
Highest Educational Level	Technical Diploma	26	36.1%
	Bachelor's degree	28	38.9%
	Master's Degree	17	23.6%
	Doctorate Degree	1	1.4%
Years working in this hospital	< 2 Years	6	8.3%
	2 to 4 years	16	22.2%
	5 to 10 years	22	30.6%
	More than 11 years	28	38.9%
Have worked previously at other hospitals	Yes	22	30.6
	No	50	69.4%
Total		72	100%

The skilled professionals' intention to stay or leave hospital A is presented in Table 4.2. Sixty respondents said they planned to stay at Hospital A in the coming 12 months and were not actively seeking another job; nine were actively seeking to leave Hospital A in the coming 12 months, and three answered that they might seek to change their hospital in the coming 12 months. Thus, 16.7% of the sample can be considered reluctant stayers as per PWST (Hom et al., 2012).

Table 4.2 The skilled professionals' intention to stay or leave Hospital A in the coming 12 months

	PWST Category	**Count**	**%**
Not actively seeking another job- Intention of staying at their hospital	Enthusiastic Stayers	60	83.3%
Actively seeking another job in the coming 12 months	Reluctant Stayers	9	12.5%
Maybe will seek another job in the coming 12 months	Reluctant Stayers	3	4.2%

According to Hom et al. (2012), reluctant stayers can harm the organization's performance. Therefore, it is interesting to investigate the reasons that encourage them to leave and what encourages the enthusiastic stayers to stay to formulate skilled professionals' retention strategies. The following sections answer RQ1 "What are the key drivers that let skilled professional employees stay or leave their hospitals at Private Lebanese hospitals?".

Reasons for leaving

To investigate the reasons that encourage skilled professionals to leave their work at the hospital, the questionnaire investigated those who had worked previously in different hospitals. They had rated the factors that influenced their decision to leave their previous hospital using the scale of highly important, moderately important, and minor importance as per Table 4.3. The highly important factors that affected decisions to leave were stress (72.7%), and better working conditions (71.4%), while the factors of minor importance were poor hospital reputation (61.9%). As for the pay factor and the search for a challenging job, these were rated between highly important and of moderate importance (50-50).

Table 4.3 Levels of importance of the factors that encouraged the skilled professionals at Hospital A to leave their previous job

Reasons/Factors	Minor importance	Moderate importance	High importance
Stress	9.10%	18.20%	72.70%
Better working conditions	9.50%	19.00%	71.40%
Distance from family	31.80%	22.70%	45.50%
Lack of Promotions	23.80%	33.30%	42.90%
More challenging job	14.30%	42.90%	42.90%
Pay	9%	50.00%	40.90%
Lack of flexible scheduling	42.90%	19.00%	38.10%
Fringe Benefits	21.10%	42.10%	36.80%
Lack of Supervisor support	33.30%	33.30%	33.30%
Work-family conflict	45.50%	27.30%	27.30%
Lack of recognition	25.00%	50.00%	25.00%
Lack of career development	35.00%	40.00%	25.00%
Lack of Training	47.60%	33.30%	19.00%
Lack of coordination among coworkers	42.90%	38.10%	19.00%
Poor hospital reputation	61.90%	19.00%	19.00%
Poor quality of care	52.40%	33.30%	14.30%

Table 4.4). Accordingly, the factors that definitely would influence their decision to leave their current jobs in the coming twelve months were stress (92%), pay (83.3%), fringe benefits (75%), lack of promotion (66.7%), and the factors that did not influence their decision were flexible scheduling (81.8%), distance from family (63.6%), lack of training (54.5%), supervisor support (54.5%), and hospital reputation (54.5%).

Table 4.4 The factors that encouraged skilled professionals to seek other jobs in the coming 12 months: Hospital A

	Definitely Won't	**Probably Will**	**Definitely Will**
Stress	0.00%	8.00%	92.00%
Pay	0.00%	17.00%	83.30%
Fringe Benefits	8.30%	17.00%	75.00%
Promotions	0.00%	33.30%	66.70%
More Challenging Job	27.30%	18.20%	55.00%
Better working condition	9.10%	36.00%	54.50%
Recognitions	16.70%	33.00%	50.00%
Work-family balance	45.50%	9.10%	45.50%
Supervisor Support	54.50%	27.00%	18.00%
Lack of Training	54.50%	27.00%	18.20%
Distance from my family	63.60%	27.00%	9.10%
Poor Hospital Reputation	54.50%	36.40%	9.00%
Lack of Flexible Scheduling	81.80%	18.20%	0.00%

Table 4.4 reveals that stress and pay are the top reason that encourages the skilled professionals at Hospital A to leave their jobs. This is supported by the SHRM Employee Job Satisfaction and Engagement Survey in December 2016, which showed that the top five reasons behind employees leaving their organizations were compensation/pay, benefits, job security, career advancement, and workplace stress. Therefore, the top common reasons that encouraged skilled professionals at Hospital A to leave their previous hospital and that encourage them to consider leaving in the coming 12 months were stress and challenging jobs.

Reasons for staying

On the other hand, the definite reasons that encouraged current employees to stay in their jobs as shown in Table 4.5 were flexible scheduling (73.3%), quality of care (70.7%), teamwork (70.7%), hospital reputation (68%), the relationship between co-workers (62.70%), and work-environment

(61%). While pay, fringe benefits, a chance for advancement, recognition, and promotion were rated as probable factors that let them remain in their current jobs.

Table 4.5 The reasons that encouraged skilled professionals to stay at hospital A in the coming 12 months

	Definitely won't	**Probably will**	**Definitely will**
Flexible Scheduling	5.00%	21.70%	73.30%
Teamwork	1.70%	28.00%	70.70%
Quality of Care	1.70%	27.60%	70.70%
Hospital Reputation	5.10%	27.10%	68.00%
Relationship between coworkers	1.70%	35.60%	62.70%
Work Environment	5.10%	33.90%	61.00%
Supervisor Support	11.90%	31.00%	58.00%
Management Style	3.40%	40.00%	57.00%
Skills Development	8.60%	34.50%	57.00%
Working conditions	0.00%	43.10%	56.90%
Work-family balance	0.00%	44.10%	55.90%
Training & Development	10.50%	44.00%	45.60%
Challenging Job	1.70%	53.40%	44.80%
Close to my family	6.90%	32.00%	40.30%
Recognitions	10.50%	51.00%	39.00%
Chance for advancement	1.40%	40.30%	37.50%
Promotions	15.50%	48.30%	36.20%
Fringe Benefits	27.30%	53.00%	20.00%
Pay	35.60%	54.00%	10.20%

Hence, the top retention drivers for skilled professionals in case study hospital A were mainly nonfinancial rewards: flexible scheduling, teamwork, and quality of care. As explained by Adzei and Atinga (2012) and Willis-Shattuck et al. (2008), financial incentives alone are necessary but

may not be sufficient to stimulate healthcare worker retention, and a variety of nonfinancial packages are crucial in retaining them.

The first retention driver was flexible scheduling (73.3%) which is one of the work-life balance strategies. This result is consistent with O'Neill et al. (2009) and Bearuregard and Henry's (2009) findings that discovered that WLB is positively related to employee retention. Perceived flexibility and supportive work-life policies are associated with better employee engagement which leads to employee retention (Richman et al., 2008). The second retention driver was the quality of care (70.7%). This meets with Ma et al.'s (2009) study in Taiwan hospitals which showed that the nurses who intended to stay had a higher perception of the quality of patient care. Therefore, the findings showed that the main reasons to stay or leave hospital A are mainly related to several internal organizational factors linked to the internal quality services. The next section shows the relationship between the internal service quality factors and retention.

Relation between internal service quality and retention

The questionnaire data was also used to investigate RQ2: "How do managers and skilled professionals perceive the impact of the internal service quality factors (organizational culture, leadership, and total rewards systems) on skilled professionals' retention in Lebanese private hospitals?"

The organizational culture at hospital A was studied quantitatively from the perception of skilled professionals using a scale of 3-points: to a small extent, to a moderate extent, and a large extent. Table 4.6 demonstrates the descriptive statistics of the skilled professionals' perception of the organizational culture. On a scale of three points, the skilled professionals' perception of organizational culture was quite high (mean=2.64). This indicates the strength of employees' perceptions and their positive attitudes towards the organizational culture.

Table 4.6 Descriptive statistics of the skilled professionals' perception of Hospital A organizational culture

Organizational culture	**Mean**	**Std. Deviation**	**To a small extent**		**To a moderate extent**		**To a large extent**	
			Freq	*%*	*Freq*	*%*	*Freq*	*%*
Cares for patients	2.88	0.333	0	0	9	12.50%	63	87.50%

Promotes Teamwork	2.67	0.605	5	6.90%	14	19.40%	53	73.60%
Encourages initiative	2.61	0.519	1	4.40%	26	36.10%	45	62.50%
Promotes Innovations	2.47	0.671	7	9.70%	24	33.30%	41	56.90%
Cares for employees, courtesy, consideration, cooperation, fairness, motivation…)	2.57	0.552	2	2.80%	27	37.50%	43	59.70%
General Mean: 2.64								

According to the above table, 87.5% perceived that organizational culture cares for patients to a large extent (mean 2.88, SD 0.333), 73.6% perceived that organizational culture promotes teamwork to a large extent (mean 2.67, SD 0.605), 62.5% perceived that organizational culture encourages initiatives to a large extent (mean 2.61, SD 0.519), 56.90% perceived that their organizational culture promotes innovations to a large extent (mean2.47, SD 0.671) and 59.9% perceived that their organizational culture cares for employees to a large extent (mean 2.57, SD 0.552). One can conclude that Hospital A culture puts patients first, promotes teamwork, encourages initiatives, and supports its employees.

To investigate the relationship between employee retention and organizational culture, a cross-tabulation was done between the intention to stay in the coming 12 months and the perceived organizational culture. The spearman correlation indicated a moderate positive correlation (r=0.333, p=0.004) between the perceived organizational culture that cares for employees and the employees' retention. The positive significant relationship means that the more the organizational culture cares for employees, the higher the retention at the hospital. This finding is supported by Sheridan (1992) that found that retention was greater in firms that emphasized interpersonal relationships (respect for people and team orientation dimensions). In the Middle East Region, Abu Al Rub, et al. (2017) found that in Jordanian hospitals the organizational culture that cares for employees through encouraging participation in decisions and enhancing continuous professional development was positively associated to stay at work.

Table *4.7* shows descriptive statistics of the perception of the skilled professionals towards their leaders on a scale of five points: 1 - not at all, 2 - once in a while, 3 - sometimes, 4 - fairly often, and 5 - frequently, if not always. This table is divided into two sections, the first shows the skilled professionals' perception of the positive characteristics of the leaders and the second shows their

perception of the negative characteristics of the leaders. The skilled professionals' perception is high (mean= 4.14) for the positive characteristics. The findings regarding the skilled professionals' perception of their leaders showed that 23.6% perceived that their leaders frequently encourage employee participation in decision making, 37.5% reasonably often, and 18.1% sometimes. Also, 41.7% perceived that their leaders frequently encourage and support those who work for them as a team. 31.9% fairly often, 21.2% sometimes.

Moreover, 45.80% agree that their supervisors are not a source of stress for them; however, leaders are the source of stress to a significant proportion of the sample. 26.4% perceive that sometimes their leaders are a source of stress, 7% reasonably often, and 8.3% frequently. These findings highlight those leaders are the source of stress to their employees, and this can be linked to the previous finding related to stress as the main reason for skilled professionals to leave their hospitals. Also, 65.30% perceived that their supervisors had failed to interfere until the problem became severe. 40.3% believed their supervisors frequently helped, if not always, and 31.9% often perceived that they are fair (mean 3.94, SD 1.209). Only 65.3% perceived that their supervisor does not fail to interfere until problems become severe.

Therefore, from the perception of skilled professionals, it can be concluded that the supervisors at Hospital A are supportive leaders who inspire, motivate, develop and encourage their skilled professionals. On the other hand, however, some of them are stressful to some skilled professionals. However, some of them are a source of stress for some skilled professionals. According to literature in the field, leaders that allow the sharing of responsibilities and provide opportunities for development (Shobbrook & Fenton, 2002) and managerial support (Tourangeau & Cranley, 2006) are more able to retain their staff. Also, this is supported by Jamrog et al. (2004), Wagner (2006), and (Kim, 2014), leaders are responsible for retaining employees. Supportive supervision from managers was considered a contributing factor to employee retention (Joo, 2010; Mignonac & Richebe, 2013).

Table 4.7 Descriptive statistics of the skilled professionals' perception of their current supervisor and senior managers at the Hospital

Perception of the current Supervisor &	***Mean***	***SD***	***Not at all***	***Once in a while***	***Sometimes***	***Fairly often***	***Frequently, if not always***

Senior Managers			*Freq*	*%*	*Freq*	*%*	*Freq*	*%*	*Freq*	*%*	*Freq*	*%*
Help me develop my strengths	4.57	6.141	4.00	5.60	6.00	8.30	13.00	18.10	21.00	29.20	28.00	38.90
Motivate & inspire employees	4.21	4.907	4.00	5.60	9.00	12.50	18.00	25.00	18.00	25.00	23.00	31.90
Encourage & support those who work for her/him to work as a team	4.10	0.937	1.00	1.40	2.00	2.80	16.00	22.20	23.00	31.90	30.00	41.70
Encourage employee's participation in decision making & problem solving	4.10	4.928	7.00	9.70	8.00	11.10	13.00	18.10	27.00	37.50	17.00	23.60
Are Fair	3.94	1.209	6.00	8.30	1.00	1.40	14.00	19.40	22.00	30.60	29.00	40.30
Support new & innovative ideas	3.92	1.110	3.00	4.20	4.00	5.60	16.00	22.20	23.00	31.90	26.00	36.10
General Mean 1: 4.14												
Source of stress for me.	2.75	5.098	33.00	45.80	9.00	12.50	19.00	26.40	5.00	7.00	6.00	8.30
Avoid making decisions	2.21	1.241	29.00	40.30	10.00	13.90	25.00	34.70	4.00	5.60	1.00	1.40
Fail to interfere until problems become serious	1.85	1.360	47.00	65.30	7.00	9.70	6.00	8.30	7.00	9.70	4.00	5.60
General Mean 2:2.57												

Table 4.8 reveals the skilled professionals' satisfaction with the total rewards system components. The satisfaction is moderate (General mean= 3.44) on a scale of five points: 1 - very dissatisfied, 2 - dissatisfied, 3 - neutral, 4 - satisfied, and 5 - very satisfied. The highest satisfaction level was with flexible scheduling (mean 4.15, SD 0.82), where 34.7% were highly satisfied, and 51.4% were moderately satisfied. Second, they were satisfied with the training and development program (mean 3.9, SD 0.83), where 20.8% were highly satisfied, and 55.6% were satisfied. Rank three

reveals the satisfaction with the recognition and appreciation program (Mean 3.64, SD 1.13), where 13.9% were highly satisfied, and 41.7% were satisfied. Rank four displays satisfaction with leaves of absence and vacations (mean 3.57, SD 0.96); 54.2% were satisfied, and 11.1% were highly satisfied. Rank five exhibits satisfaction with work-life balance (mean 3.56, SD 1.09); 38.9% were satisfied, and 19.4% were highly satisfied. However, their satisfaction with the income (mean 2.9, SD 1.1) and incentive system (mean 2.67, SD 1.15) was low. These findings reveal that in rating satisfaction with incentives as 33.3% of the respondents rated their satisfaction as neutral, 26% were dissatisfied, and 18.1% were very dissatisfied. The pay validates this finding as one of the primary reasons for skilled professionals at Hospital A to leave for 12 months. Moreover, the findings in Table 4.9 showed a positive correlation between the intention to stay (retention) and the skilled professionals' satisfaction with the financial rewards (income, leaves and vacation and incentive system) and satisfaction with the non-financial rewards (educational opportunities, career advancement and promotion, and tuition reimbursement). The strengths of spearman correlations were mainly moderate. The higher the satisfaction with income, leaves, and incentives, the more the intention to stay at Hospital A, and the higher the satisfaction with the educational opportunities, career advancement, promotion, and tuition reimbursement, the more the intention to stay.

Table 4.8 Descriptive statistics of the skilled professionals' satisfaction with total rewards system components in Hospital A

Total Rewards System satisfaction rate	**Mean**	**SD**	**Very Dissatisfied**		**Dissatisfied**		**Neutral**		**Satisfied**		**Very Satisfied**	
			Freq	*%*	*Freq*	*%*	*Freq*	*%*	*Freq*	*%*	*Freq*	*%*
The Flexible scheduling	4.15	0.82	1	1.4	2	2.8	7	9.7	37	51.4	25	34.7
The training & development program	3.9	0.83	1	1.4	3	4.2	13	18.1	40	55.6	15	20.8
The recognition and appreciation program	3.64	1.13	5	6.9	3	4.2	21	29.2	30	41.7	10	13.9
The leaves and vacation benefits	3.57	0.96	2	2.8	10	14	13	18.1	39	54.2	8	11.1
The balance between work & personal life	3.56	1.09	3	4.2	10	14	17	23.6	28	38.9	14	19.4
The opportunity for career advancement and promotion	3.42	1.18	8	11.1	5	6.9	20	27.8	27	37.5	12	16.7

The educational opportunities	3.4	1.15	8	11.1	4	5.6	20	27.8	32	44.4	7	9.7
The Tuitions reimbursement (if I want to attend university)	3.18	1.26	5	6.9	16	22	28	38.9	11	15.3	8	11.1
The income you receive	2.9	1.1	10	13.9	15	21	21	29.2	24	33.3	2	2.8
The incentive system (bonuses,)	2.67	1.15	13	18.1	19	26	24	33.3	11	15.3	5	6.9
General mean: 3.44												

Table 4.9 The positive correlation between the intention to stay and the satisfaction with the Total Rewards – Hospital A (Correlation is significant at the 0.05 level (2-Tailed) p < 0.05)

Organizational Factors	**Description**	**Spearman Correlation**	**Strength of Correlation**	**Sig. (2-tailed)**
Total Rewards System: Financial Components	The level of employee's satisfaction with their income	**0.360****	Moderate	0.002
	The level of employees' satisfaction with their leaves and vacations	0.387**	Moderate	0.001
	The level of employees' satisfaction with the incentive system	0.345**	Moderate	0.003
Total Rewards System: Non-Financial Components	The level of employees' satisfaction with the educational opportunities	0.261*	Weak	0.027
	The level of employees' satisfaction with the opportunity for career advancement and promotion	0.309**	Moderate	0.005
	The level of employees' satisfaction with the tuition reimbursement	0.303**	Moderate	0.009

To conclude that both the financial and non-financial rewards have a significant impact on the skilled professionals' intention to stay at Hospital A. This complies with the literature of Willis-Shattuck et al. (2008), Dewhurst et al. (2009), and Aguinis (2013), that retention cannot be accomplished through financial incentives alone since some non-financial motivators are more

effective in building long term talent engagement. Also, these rewards comply with three of WorldatWork's 2015 total rewards strategies: compensation, benefits, and talent development. Adzei and Atinga (2012) showed that financial incentives alone are necessary but may not be sufficient to stimulate healthcare worker retention, and a variety of nonfinancial packages are crucial in retaining them. In this respect, Aguinis (2013) suggested using monetary and nonmonetary rewards.

This can be linked with the non-financial retention drivers shown previously in Table 4.5. Dewhurst et al. (2009) also mentioned that in the aftermath of the economic recession, which is similar to the Lebanese situation, the non-financial benefits were found to be less expensive and just as effective as a financial reward, if not more. Therefore, regarding RQ2, the findings showed that the internal quality services, organizational culture, leadership, and total reward system contribute to the skilled professionals' retention in Hospital A; thus, supporting the study's conceptual framework (Figure 2.7).

Role of employee satisfaction and engagement

This is related to RQ3: "How do hospital managers and skilled professionals perceive the role of employee satisfaction and engagement in the link between the internal service quality factors and employee retention?".

Table 4.10 presents the descriptive statistics of the skilled professionals 'perception of their engagement in their hospital. Using the 5-points Likert scale, 1 indicates strongly disagree, 2 - disagree, 3 - neutral, 4 - agree and 5 - strongly agree. The mean value for all the scales is positive 4.11 which means that most of them are engaged.

Table 4.10 Descriptive statistics of the skilled professionals' perception of their engagement with Hospital A

	Mean	**SD**	**Strongly Disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly Agree**	
			Freq	*%*	*Freq*	*%*	*Freq*	*%*	*Freq*	*%*	*Freq*	*%*
I am proud to tell others I am part of this hospital	4.38	0.615	0	0	1	14	2	2.8	38	52.8	31	43.1

I feel a real sense of belonging with my hospital	4.36	0.564	2	2.8	4	5.6	18	25	32	44.4	16	22.2
I have a friendship relationship with all the members of the working group	4.13	0.838	1	1.4	2	2.8	8	11.1	38	52.8	22	30.6
I feel that my colleagues at work show me a lot of respect & appreciation	4.08	0.931	3	4.2	1	1.4	7	9.7	37	51.4	24	33.3
The current system allows the possibility of forming interacting work teams.	4.07	0.678	0	0	2	2.8	7	9.7	48	66.7	14	19.4
I would sacrifice a lot if I leave this hospital	3.97	0.75	0	0	3	4.2	12	16.7	41	56.9	16	22.2
I can achieve my professional goals through work in this hospital.	3.78	0.953	2	2.8	4	5.6	18	25	32	44.4	16	22.2
General mean: 4.11												

The skilled professionals at Hospital A had a high positive link with their hospital since 43.1% strongly agreed and 52.8% agreed that they are proud to tell others they are part of this hospital (mean 4.38, SD 0.615). Moreover, 44.4% agreed and 22.2% strongly agreed with the sense of belongingness afforded by the hospital (mean 4.36, SD 0.564). Moreover, the skilled professionals feel that they fit with the hospital since 30.6% strongly agreed and 52.8% agreed that they have friendship relationships within their groups (mean 4.13, SD 0.838). Also, 33.3% strongly agreed and 51.4% agreed that they feel that their colleagues show them a lot of respect and appreciation (mean 4.08, SD 0.931). Moreover, 19.4% strongly agreed and 66.7% agreed that the current system allows the possibility of forming interactive work teams (mean 4.07, SD 0.678) while 22.2% strongly agreed and 44.4% agreed that they can achieve their professional goals through their work in this hospital (mean 3.78, SD 0.953). Added to this, 22.2% strongly agreed and 56.9% agreed that they will sacrifice a lot if they leave their hospital (mean 3.97 SD 0.75). Therefore, the skilled professionals' engagement in their hospital is high.

Table 4.11 The positive correlation between employee engagement and intention to stay - Hospital A (Correlation is significant at the 0.05 level (2-Tailed) p < 0.05)

Organizational Factors	Description	Spearman Correlation	Strength of Correlation	Sig. (2-tailed)
Employee Engagement	The perception that they can achieve their professional goals through working at the hospital	0.230	**Weak**	**0.052**
	The perception that they feel a real sense of belonging with the hospital	0.264*	**Weak**	**0.025**

According to Spearman correlation Table 4.11, there is a positive significant correlation between employee engagement and intention to stay. The higher the perception that the skilled professionals can achieve their professional goals through working in Hospital A, the higher their intention to stay. Also, the higher the perception that the skilled professionals feel a real sense of belonging with the hospital, the higher their intention to stay. The employee satisfaction findings were revealed in the above section on total rewards impact on employee retention. However, the employee engagement findings are supported by Lowe (2012), Andrew and Sofian (2012), and Lockwood (2006) that showed that employee engagement is a strong driver for retention. Also, Wagner's (2006) research showed that employee engagement is an important predictor of employees' intention to remain in an organization and Rayton et al. (2012) showed a positive association between employee engagement and staff retention. Moreover, the findings confirm the Hewitt engagement model (Figure 2.6) as the data results confirm three of the employee engagement drivers: the basics, and the work, influence the stay; thus, influencing the employee retention

Regarding the relationship between internal quality services and engagement**,** Table 4.12 below shows the Spearman correlation between the perceived organizational culture that cares for employees and perceived employee satisfaction and engagement.

Table 4.12 The positive correlation between the perceived organizational culture that cares for employees and perceived satisfaction and engagement (Correlation is significant at the 0.05 level (2-Tailed) p < 0.05)

	Spearman Correlation(r)	Strength of Correlation	Sig. (2-tailed)

Perceived satisfaction	The leaves and vacation benefits	0.260	Weak	0.027
	The incentive system (bonuses,)	0.268	Weak	0.023
Employee engagement	I feel a real sense of belonging with my hospital	0.330	Moderate	0.005
	I would sacrifice a lot if I leave this hospital	0.262	Weak	0.026
	I am proud to tell others I am part of this hospital	0.377	Moderate	0.001

Skilled professionals who perceived organizational culture that cares for employees as the existing culture in Hospital A are found to be better satisfied with the hospital leaves and vacations and the incentives and they feel more sense of belonging to the hospital and are proud of working in Hospital A. Therefore, the perceived organizational culture that cares for employees has an impact on the skilled professionals' satisfaction and engagement.

Moreover, the correlation in Table 4.13 below shows a positive significant correlation between the perception of leadership and employee satisfaction and engagement. There is a positive association between leadership and perceived employee satisfaction and engagement.

Table 4.13 The positive correlation between leadership and the respondents' perceived satisfaction and engagement (Correlation is significant at the 0.05 level (2-Tailed) $p < 0.05$)

Encourage & support those who work for her/him to work as a team		**Spearman Correlation**	**Strength of Correlation**	**Sig. (2-tailed)**
Perceived satisfaction	The training & development program	0.426	Moderate	0.000
	The recognition and appreciation program	0.255	Weak	0.031
	The opportunity for career advancement and promotion	0.239	Weak	0.043
	The educational opportunities	0.318	Moderate	0.006
Employee Engagement	I can achieve my professional goals through work in this hospital.	0.318	Moderate	0.006

	I feel that my colleagues at work show me a lot of respect & appreciation	0.326	Moderate	0.005
Encourage employee's participation in decision making & problem-solving		**Spearman Correlation**	**Strength of Correlation**	**Sig. (2-tailed)**
Perceived satisfaction	The Flexible scheduling	0.302	Moderate	0.010
	The training & development program	0.353	Moderate	0.002
	The recognition and appreciation program	0.375	Moderate	0.001
	The educational opportunities	0.271	weak	0.021
Employee Engagement	I can achieve my professional goals through work in this hospital.	0300	Moderate	0.010
Leadership: motivates & inspires employees		**Spearman Correlation**	**Strength of Correlation**	**Sig. (2-tailed)**
Perceived satisfaction	The Flexible scheduling	0.259	Weak	0.028
	The training & development program	0.345	Moderate	0.003
	The opportunity for career advancement and promotion	0.272	Weak	0.021
	The educational opportunities	0.364	Moderate	0.002
Employee Engagement	I am proud to tell others I am part of this hospital	0.286	Weak	0.015
	I can achieve my professional goals through work in this hospital	0.314	Moderate	0.007
Leadership: help one develop his strength		**Spearman Correlation**	**Strength of Correlation**	**Sig. (2-tailed)**
Perceived satisfaction	The training & development program	0.307	Moderate	0.009
	The opportunity for career advancement and promotion	0.271	Weak	0.022
	The educational opportunities	0.325	Moderate	0.005

Employee Engagement	I can achieve my professional goals through work in this hospital	0.348	Moderate	0.003
Leadership: support new & innovative ideas		**Spearman Correlation**	**Strength of Correlation**	**Sig. (2-tailed)**
Perceived satisfaction	The training & development program	0.300	Moderate	0.010
	The recognition and appreciation program	0.239	Weak	0.043

Several studies show a positive correlation between job satisfaction and organizational culture in hospitals (Tsai, 2011; Jacobs & Roodt, 2008) and between job satisfaction and leadership behavior (Tsai, 2011; Laschinger et al., 2006; Elizabeth & Ann, 1999; Wang et al., 2012). Moreover, according to Hewitt (2018) on trends in global employee engagement, the global top engagement opportunities are reward and recognition; senior leadership; career opportunities; employee value proposition, and enabling infrastructure which is related to the internal quality services. Perceived flexibility and supportive work-life policies are also associated with better employee engagement (Richman et al., 2008).

To summarize the findings of this section, it was found that the internal service quality factors organizational culture, leadership, and total rewards drive employee satisfaction and engagement, which in turn contribute to employee retention; thus, supporting the study's conceptual framework (Figure 2.7).

Relation between PCC and retention:

This section investigates RQ4: How is the relationship between employee retention and the delivery of PCC perceived by both hospital managers and skilled professionals?" Table 4.14 below presents the descriptive statistics of the perception of skilled professionals upon the hospital's PCC implementation. Using the perception scale of not at all, moderately, considerably, and very much, the hospital PCC characteristics were evaluated. According to skilled professionals' perception, Hospital A applies the principles of PCC to a large extent. 80.6% perceived that their hospital is highly concerned with or very much cares about improving patient satisfaction. Also, 86.1% perceived that their hospital very much cares for patient safety, 72.2% say that their hospital is properly handling patients and families' complaints, 63.9% noticed that their hospital is very much

committed to building staff to support PCC, while 75% perceived that their hospital is very much concerned about treating patients with respect and dignity.

Table 4.14 The perception of the skilled professionals about PCC implementation at Hospital A

	Not at All	Minimally	Moderately	Considerably	Very Much
Cares for improving patient satisfaction	2.80%	0.00%	2.80%	13.90%	80.60%
Cares for improving patient safety	0.00%	0.00%	2.80%	11.10%	86.10%
Is properly handling patients and family's complaints	0.00%	0.00 %	2.80%	25%	72.20%
The patient is treated with respect and dignity	1.40%	0.00 %	2.80%	20.80%	75%
The patient receives sufficient information and support to handle his/her health	0.00%	0.00%	8.30%	30.60%	61.10%
Is committed to build staff capacity to support patient centered care	0.00%	0.00%	2.80%	33.30%	63.90%

This finding validates the perception of skilled professionals towards organizational culture at Hospital A. They rated that hospital A puts patients first as is clear in the above results. Hospital A cares for improving patient safety and satisfaction and is highly involved in implementing the principles of PCC, especially that of building the PCC capacity of the workforce.

Table 4.15 The positive significant relation between intention to stay in Hospital A in the coming 12 months and the perception that the hospital is committed to building staff capacity to support PCC (Correlation is significant at the 0.05 level (2-Tailed

Description	Spearman Correlation(r)	Strength of Correlation	Sig. (2-tailed)
The perception that the hospital is committed to building staff capacity to support PCC	0.263*	Weak	0.026

Table 4.15 shows a positive correlation between the perception that the hospital is committed to building staff capacity to support PCC and the intention to stay. That is, the more the hospital is committed to building staff capacity to support PCC, the more the intention to stay. This complies with HealthcareSource (2016), in that to build a patient-centered workforce, employees should be motivated to put patients first and recognize their contribution to ensure employee satisfaction. A patient-centered workforce is made of highly engaged people and teams who endeavor to provide PCC. In coproduced services, employees need the support of the organization and its management to deliver quality service. The internal service quality may support service employees through reward, recognition, training, and the implementation of a coproduction culture. By supporting and motivating employees, they will be more satisfied (Yim, Chan & Lam, 2012). According to Ma et al. (2009) quantitative study in Taiwan hospitals, the nurses who intended to stay had a higher perception of the quality of patient care. This supports the reverse relationship between the implementation of PCC and employee retention.

To conclude, the quantitative results support the conceptual framework (Figure 2.7) in the Lebanese private Hospital A. The internal quality services at the workplace have a positive impact on employee retention. The organizational culture that cares for patients and employees and fosters innovation and the supervisors who support their staff and satisfaction with total rewards were associated with the skilled professionals' perception to stay. This is supported by the SPC model as well as Newmen et al. (2001) chain. Moreover, the internal service quality (Organizational culture, leadership, Total Reward) leads to satisfaction and engagement and is positively associated to stay. Also, the findings showed that employee satisfaction and engagement lead to employee retention. Moreover, the quantitative data supported that encouraging the building of PCC capacity among skilled professionals leads to their retention.

4.1.2 Hospital A Archival Data

The secondary data collected from the available HR reports and documents from Hospital A archive help in answering research question one, which investigates the reasons for leaving or staying in their jobs. The voluntary resignation reports from the year 2013 until the year 2019 at Hospital A were examined and Table 4.16 was established based on employee resignation reports. It shows that the total Sample was 110 skilled professionals, out of which 28.1% were males and

71.8% were Females. Most of those who left for family reasons and marriage were females who left to cope with their family's requirements. This is explained in Table 4.13 which showed the trends of the reasons behind their resignations from 2013 until 2019. It showed that 18.2% of those who had left based their decisions on family reasons and 10% on marriage.

Table 4.16 Distribution of skilled professionals who left hospital A by gender & years (Ref: Hospital A HRIS).

Year	# of skilled professionals leavers	Male	Female
2013	14	5	9
2014	14	2	12
2015	20	7	13
2016	22	8	14
2017	20	6	14
2018	11	1	10
2019	9	2	7
Total	**110**	**31**	**79**

The exit interview reports showed that the most prevalent reason for quitting the hospital (Table 4.17) was seeking another job (53.6%). This explains that either the external jobs and opportunities were more attractive or there were internal drivers to push the employees to change their hospital. This validates the questionnaire data related to the reasons that influenced the skilled professionals to leave their previous job and that gave high importance to better working conditions (71.4%). Moreover, 3.6% had left due to bad relationships with their supervisors**.** This reveals that the skilled professionals at Hospital A had mostly left their job and not their bosses.

Table 4.17 Distribution of skilled professionals who left hospital A by reason of leaving & years (Ref: Hospital A HRIS).

Reason for leaving	Year 2013	Year 2014	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Total	%
Another Job	11	3	15	8	11	5	6	59	53.6%
Family reasons	1	2	3	4	3	4	3	20	18.2%
Marriage	1		1	4	3	1	1	11	10%
Emigration/traveling	1	6	-	5	1			13	11.8%
Continuing Education			1	1				2	1.8%

Conflict with supervisor					1	2	1	4	3.6%
Stress & workload						1		1	1%
Total	**14**	**11**	**20**	**22**	**19**	**13**	**11**	**110**	**100%**

In addition, the annual employee satisfaction reports in Hospital A were reviewed from year 2014 until year 2019. However, it is important to note that these survey results were for all employees and not only for skilled professionals. The survey studied employee satisfaction concerning pay, benefits, vacations, cooperation, supervision, leadership, the chance for improvement, schedules, and work-life balance, using the scale of very good, good, acceptable, and poor. Table 4.18 summarizes the trend of employees' satisfaction with several components.

Table 4.18 Annual staff satisfaction rates by year at Hospital A (Ref: Hospital A HRIS).

Rated as Good & Very Good	**Yr. 2014 Sample: 128**	**Yr. 2015 Sample: 177**	**Yr. 2016 Sample: 185**	**Yr. 2017 Sample: 193**	**Yr. 2018 Sample: 237**	**Yr. 2019 Sample: 273**
Monthly salary	50%	41%	47%	46.6%	54.4%	46%
Cooperation among staff	83%	80.5%	81.1%	90.15%	88.2%	80.2%
Support of direct supervisor	90%	90.8%	96.2%	94.3%	97%	96%
Chance to learn & improve knowledge	79%	80.4%	85.4%	86%	85.2%	88.6%
Trust of management decision	92%	87.5%	93%	97%	94.1%	0.00%
Flexibility of schedule	87%	88.6%	88.6%	91%	90.7%	88.3%
Participation in Improvement	79%	81%	82.7%	86%	87.3%	81%
Work-life Balance	81.25%	86.4%	85%	88%		89.4%

About 50% of staff were not satisfied with their monthly salaries and around 30% of the staff were not satisfied with their annual vacations. This validates the questionnaire data related to low satisfaction with income and vacations. Maybe these two factors are what pushed them to leave the hospital and seek better opportunities with better pay packages. However, the survey revealed improvement trends in staff satisfaction regarding cooperation among staff, work-life balance,

chance to learn and improve knowledge, support of a direct supervisor, and participation in improvement. This can explain the impact of the nonfinancial drivers on employees' satisfaction and engagement. This also supports the quantitative findings of the reason for staying at hospital A. These findings also meet with the Society for Human Resource Management's report 2017 (Lee, C., 2017), which revealed that the leading job satisfaction contributors were the respectful treatment of all employees at all levels, compensation and pay, trust between employees and senior management, job security and opportunities to use their skills and abilities at work. Moreover, the Work-life pulse Surveys in November 2017 and November 2019 were reviewed from Hospital A archival data. These surveys covered only skilled professionals. Table 4.19 summarizes the skilled professionals' ratings which shows their agreement and strong agreement on several work-life characteristics. It shows that the skilled professionals were satisfied that they belonged to a team and that they had good opportunities to develop their careers. These results were also explained by the WorldatWork total rewards strategies as drivers for employee retentions. Also, Table 4.19 shows that the skilled professionals at hospital A have high perceptions about their leadership's fair treatment, are committed to a high quality of care, and ensure a safe and healthy workplace.

Table 4.19 The Skilled Professionals Work-Life Pulse report at Hospital A in the years 2017 and 2019

	YR 2017	**YR 2019**
Opportunities to develop my career (Agree & Strongly Agree)	82.80%	86.80%
Feel belong to a team (Agree & Strongly Agree)	92.20%	91.20%
My supervisor treats me fairly (Agree & Strongly Agree)	95.30%	86.90%
Senior managers are committed to providing high-quality care	93.80%	92.40%
Senior managers are committed to providing a safe & healthy workplace	90.00%	89.00%
Able to balance work and personal life (WLB)	81.30%	80.30%
In the past 12 months, most days at work were quite stressful	43.80%	37.40%
In the past 12 months, most days at work were extremely stressful	19.50%	18.70%

However, in 2017, 43.8% of the respondents found their work quite stressful in the past 12 months with 19.5% considering it extremely stressful. That is, approximately 64% of the skilled professionals perceived their work as stressful. On the other hand, in 2019, 37.4% found their work quite stressful in the past 12 months, and 18.70% extremely stressful. This validates the quantitative results that showed that stress was the top reason that led the skilled professionals at Hospital A to seek other job opportunities. That is, around 56% of the skilled professionals

perceived their work as stressful. It is important to mention that the slight improvement in 2019 was due to the awareness of the hospital's managers that led to the introduction of stress management and employees' wellness programs during the year 2018.

4.1.3 Semi-Structured Interview Findings

To gain insights into the manager's perceptions and thoughts about the skilled professionals' retention, in-depth face-to-face interviews were conducted with 16 middle- and first-line managers. Some direct quotes are used to preserve the participants' voices. The interviews were conducted in the Arabic language, audio-recorded, then translated and transcribed into English. Thematic analysis of themes related to the research questions was used to interpret the interview findings.

Theme 1: Importance of employee retention

All the interviewees acknowledged the importance of the skilled professionals' retention and its impact on the delivery of PCC and the hospital's performance and reputation. According to them, retained skilled professionals become more competent and experienced in implementing the hospital's standards and providing a higher patient experience. The hospitals invest in building the PCC capacity. Due to this, eleven managers thought that it costs them time, effort, and money to let the skilled professionals gain experience. Therefore, if the skilled professionals leave, their replacement costs (recruiting, hiring, and orienting) will be very high. Also, four of the managers perceived that in addition to the cost of replacement, there was the cost of knowledge loss and knowledge transfer to competitors. This is a serious concern due to the high competition between private hospitals in Lebanon.

This confirms the findings of other researchers that replacing employees is costly to organizations and has a bad impact on the overall performance and service delivery (Samuel & Chipunza, 2009). Employee replacement is time, money, and resource-consuming to recruit, select and orient the newcomer while they gain experience (Allens, 2008). Also, the indirect costs of leaving are lost client relationships, institutional knowledge, and previous training periods (SHRM Globoforce, 2016). If an employee leaves an organization, they take the information they have acquired with them. The loss or transfer of such information or knowledge is a potential threat to an

organization's existence, especially if an employee with valuable knowledge leaves to join a competitor (Hana & Lucie, 2011). Interviewee #4 perceived that,

> *"employee retention is very important because an employee who has been in the hospital for a long time has undergone many trainings and acquired a lot of experience from this job that is considered a cost on the hospital. If the employee is moving to another hospital, he will be transferring his experience to another place and the hospital will be losing his experience which is important for the success of the hospital"*

Interviewee #10 stated,

> *"employee retention is very important to the hospital productivity. Employee retention will not cost the hospital the time to orient newcomers and put them on the right PCC track. However, in some direct patient care units, some patients got used to the staff and have a good relationship with them. This gives both the employees and patients satisfaction".*

Theme 2: Retention Strategies

Since the managers acknowledged the importance of skilled professionals' retention, they implemented several retention strategies in Hospital A. These included implementing flexible schedules through a compressed workweek and flexitime, recognition programs, salary, and support for continuous training. According to them, flexible scheduling is used for Work-Life Balance. Interviewee #12 admitted,

> *"Flexible scheduling to support their family obligations and to support the employees' university schedules for those who are continuing their education. Thus, targeting the work-life balance".*

Also, they stated that their hospital is using a recognition program that plays an important role as a retention strategy. There are varieties of awards to recognize extraordinary performance and that promote teamwork, all of which were also accompanied by money bonuses. This accords with Aguinis's (2013) study that revealed that voluntary participation in nonmonetary reward programs had increased the retention of employees. Also, this confirms the WorldatWork framework which uses both financial and non-financial rewards to retain staff. Most of them agreed that flexible scheduling and recognition programs are the major retention strategies, these are followed by pay. In the healthcare industry, the employees need both financial and non-financial incentives as a strategy to increase employee retention (Willis-Shattuck et al., 2008). According to Dewhurst et

al. (2009), retention cannot be accomplished through financial incentives alone since some non-financial motivators are more effective in building long-term talent engagement. Also, this meets with the literature review that was conducted by Deery (2008) which highlights the role of WLB in employees' decisions to leave or stay. Flexibility was also found to be an important factor in the retention of allied health professionals (Loan-Clarke et al., 2010).

Theme 3: The employee retention challenges

Most interviewees identified budget constraints as the most important challenge for implementing staff retention strategies during the current economic recession in Lebanon. The budget constraints, therefore, act as barriers to investing in retention strategies. Therefore, they resort to non-financial rewards such as recognition or appreciation and flexible scheduling as means to engage employees and let them stay. This is due to the country's general economic environment which has had a negative impact on hospitals as a result of late reimbursements. Prouska et al. (2016) endorse the view that in turbulent economic environments, with limited HR budgets such non-financial strategies can be a viable alternative to costly financial rewards. Interviewee #9 stated,

> *"The first challenge is financial. This is due to the economic situation of the country; the hospital cannot afford to support employee retention financially. Barriers to bonuses and vacations, … In addition to the competition from other hospitals who provide better salary packages to attract our experienced skilled professionals".*

Interviewee #15 perceived that,

> *"Like any other institution in our country, the financial instability creates a major barrier to implement the employee retention strategies".*

This finding is supported by related situations when some European countries (Greece, Romania, and Bulgaria) faced critical financial problems (Arghyrou & Tsoukalas, 2010), many organizations faced liquidity problems and this directly affected the reward systems applied (Kouretas & Vlamis, 2010).

As admitted by the managers, other challenges to retaining competitive employees were a competition between hospitals and attempts to draw professionals from their competitors through attractive salaries or better working conditions. The managers also acknowledged that it was the

competition with local hospitals and NGOs which was behind their efforts to develop strategies for retaining their skilled professionals.

Theme 4: The reasons that encourage staff to leave

The study participants reported that the main reasons behind employees leaving Hospital A were pay, better job offers, and family reasons. However, the pay was perceived as the major driver to push the skilled professionals out of their hospitals. Interviewee #15 stated,

> *"Financial: they want more money outcomes and they are attracted by competitive salaries in other hospitals or institutions. The skilled professionals got overqualified through attaining higher educations and there are no job positions available for all, therefore, go elsewhere seeking better positions".*

According to Berry and Morris (2008), employees leave their organization for personal reasons, or employer-related reasons such as poor working conditions, insufficient pay, problems with the supervisors, and lack of recognition. Also, according to the Work Institute retention report 2019, pay, career development, and a better work environment were among the top 10 categories for leaving. CIPD survey report (2012) on employee retention in six Asian countries, showed that increased pay and improved benefits top the list of retention factors. The findings are similar to the findings of the cross-sectional survey that was conducted in Jordan, a neighboring country, that revealed that the dominant factors influencing nurses' intention to leave were pay and benefits, shortage of nurses, and praise and recognition (Al Momani, 2017). Also, the managers' perception confirms with El-Jardelli et al.'s (2009) quantitative study, which found that the main reasons for Lebanese nurses leaving as perceived by the Lebanese nursing directors were: unsatisfactory salary and benefits; unsuitable shifts and working hours; better opportunities abroad.

Theme 5: The factors that encouraged skilled professionals to stay

The managers perceived the reasons that encourage skilled professionals to stay in hospital A were flexibility, a friendly work environment, recognition, and fair and respectful treatment. These factors mainly belong to the non-financial rewards and work-life balance. This is supported by literature that showed that WLB is positively related to employee retention (O'Neill et al., 2009; Bearuregard & Henry, 2009) and flexibility was found to be an important factor in the retention of allied health professionals (Loan-Clarke et al., 2010). Also, Dewhurst et al. (2009) revealed that

retention cannot be accomplished through financial incentives alone, some nonfinancial motivators are more effective in building long-term talent engagement. Interviewee #11 affirmed,

> *"The flexibility in the work environment influenced retention. The culture is what ensures flexibility to meet work-life balance".*

Theme 6: Organizational culture

The organizational culture was perceived by all managers as an essential driver for retention. They stated the crucial retention characteristics of the organizational culture were support, flexibility, and chances for individual development. Flexibility was among the top 10 categories for employees to stay according to the Work Institute retention report 2019. As perceived, flexibility and supportive work-life policies are associated with better employee engagement (Richman et al., 2008). Thus, strengthening employee engagement can help in retaining employees.

Furthermore, managers perceive that the organizational culture characteristics drive the Stay engagement outcome in Hewitt's engagement model. They increase the likelihood that employees will remain with their current employers when the sense of belonging and desire to be part of the organization is enhanced.

Also, their perception was supported by Abu Al Rub, et al. (2017) who conducted a quantitative survey on Jordanian nurses and found that the organizational culture, which encourages participation and development, was positively associated with the level of intention to stay at work. *Interviewee #4 stated,*

> *"Organizational culture is essential to retain employees, especially the employee supportive one. Support in good situations motivates employees and support in bad situations helps employees to improve. In such a culture, the employee feels valued and decides to stay."*

Interviewee #15 explained,

> *"Organizational culture has a major impact on retaining the employee. The supportive family spirit culture plays an important factor in retaining employees. Also, the hospital has a culture of continuous improvement and the hospital attained several quality improvement certificates which make the employee happy to stay in the hospital. Professionals that seek improvement & advancement like to stay in such a culture. They work on improving themselves and they are involved in the improvements."*

Therefore, based on the managerial perception, the organizational culture measures that help retain skilled professionals are supportive factors such as care, respect, encouragement, and improvement which also make them value their employees.

Theme 7: Leadership

The study participants acknowledged the role of supportive leaders in retaining their employees. If the relationship of an employee with his/her manager is good, the employee is going to stay and vice versa. This is an important retention driver. The supportive leader who takes care of his/her staff makes the work environment better and is rewarded with employee satisfaction that influences them to stay. Leadership recognition and support are essential for employees to stay. Interviewee #13 asserted,

> *"Bad leaders lead their employees to leave. However, the good relationship with the leader & good leadership style (supportive & encouraging leader) will lead employees to stay".*

The results show the importance of the relationship with managerial leaders in retaining skilled professionals. Kim (2014) has also revealed that a positive relationship between leaders and employees may serve as a retention strategy. This realization is further supported by Wagner (2006) who believes that an employee's relationship with his or her immediate supervisor is a primary determinant of the employee's satisfaction level and how long the employee will remain with an employer. Literature also suggests that effective leadership styles promote staff retention (McDaniel & Wolf, 1992; Taunton et al, 1997; Shobbrook & Fenton, 2002; Naude et al. 2005; Kleinman, 2004). Added to this, supportive supervision from managers is a contributing factor to employee retention (Joo, 2010; Cowden et al., 2011; Mignonac et al., 2013). In this respect, Abu Al Rub et al.'s (2017) study of Jordanian nurses recognizes the impact of managers' perceptions regarding leadership on the retention of skilled professionals as does Eltaybani et al.'s (2018) study of Japanese nurses which found that the intention to stay was positively associated with managers' support.

Theme 8: The Total rewards system

According to all interviewees, rewarding employees is an effective retention strategy. However, some managers perceived that both financial and non-financial rewards are important to motivate

and retain skilled professionals. Around half of them thought that money is the most important retention compensation, especially during a recession. Interviewee #3 stated,

> *"The financial rewards have an important influence on retention, especially during the current economic situation of the country. However, one cannot ignore the positive influence of the nonfinancial".*

Interviewee #9 declared that:

> *"In my opinion, both the financial and non-financial rewards are important. However, the non-financial gives satisfaction to employees. Every person once he feels that somebody is recognizing his work, will give more and like to stay in his work".*

Interviewee #5 perceived that,

> *"In my opinion, both the financial and non-financial rewards are needed. Financial has more influence on employee retention, especially these days. However, the non-financial will influence employees' motivations. Imagine the employee is working and not being recognized or appreciated, he will not be motivated and satisfied and sure he will leave".*

Also, some managers stated that to retain skilled professionals, they should investigate their needs and preferences before deciding on the type of rewards or on how to distribute compensation. Interviewee #10 elaborated,

> *"In my opinion, both the financial and non-financial rewards are important. However, it depends on personal characteristics and values. Some people value the nonfinancial more than the financial others do the opposite. So, we should know the needs and values of our staff to retain them".*

According to Dewhurst et al. (2009), retention cannot be accomplished through financial incentives alone, some nonfinancial motivators are more effective in building long-term talent engagement. In the aftermath of the economic recession, the non-financial benefits were found to be less expensive and just as effective as a financial reward, if not more. Also, the Total Rewards Model in 2012 (Figure 2.5) describes and accounts for six key elements: Compensation, benefits, work-life balance, performance and recognition, and development and career opportunities. According to the model, the Total Rewards System has a direct relationship with the motivation and retention of employees, taking into consideration the impact of the organizational culture, HR strategy, and business strategy.

Theme 9: Employee Satisfaction and Engagement

The employees' satisfaction and engagement were also identified by the managers as essential retention factors. When employees are satisfied with their jobs, they are going to stay, as Interviewee #5 explained:

> *"If an employee is not satisfied at his work, he will not be productive and this will influence his retention. He should feel engaged & involved to feel relaxed at work & satisfied; thus, will stay in his work".*

Also, they identified some satisfaction and engagement drivers as flexibility, good relationship with leaders, support, and recognition, which are also retention drivers. Interviewee #1 stated,

> *"Employee satisfaction is very important to employee retention. If employees are satisfied with their scheduling system, in dealing with their supervisor and trust their management, they will stay".*

This qualitative result complies with related literature which links job satisfaction and employee engagement with employee retention. There is much research that supports this link and its implications that increases in job satisfaction may increase the employee's desire to stay at the company for a longer period (Michael et al., 2016; Mohsin & Lengler, 2015; Hausknecht et al., 2009). Also, the managers' perceptions were supported by Shields et al. (2001), Tsai (2011), and Wang et al. (2011) who found that job satisfaction among health workers is a good predictor of staff retention. Added to this is evidence provided by Rayton et al. (2012) and Wagner (2006) that shows the positive association between employee engagement and staff retention. The higher the employee engagement, the higher the retention rate.

Theme 10: Employees' retention and PCC

The interviewees acknowledged the link between employee retention and PCC and noted that the culture and work environment were very important. They reported that the focus on improving the satisfaction and engagement of employees and employee retention was viewed as a facilitator for building a patient-centered hospital. As Interviewee #9 perceived,

> *"Experienced employees who were retained for several years are stable and committed to the hospital mission and values; therefore, they are more committed to PCC".*

While Interviewee # 3 noted that,

> *"Employees who have been there for a long time are more aware of patient-centered care as they have been at the same place for a long period, they are now in a place that allows them to suggest better ways of implementing it as they know the place they are working at and the environment".*

According to the majority of managers, retained skilled professionals had built their knowledge and experience in PCC and had created a good relationship with their patients and their families. Interviewee #14 acknowledged that,

> *"Retained staff have good relations with the patients, so patients will be happy. Hospitals are stressful locations where patients come and they are nervous and in pain. But once the patient has a good and friendly relationship with the retained hospital staff, the patient will feel more relaxed and satisfied. Also, the employee knows their patients, their health status and preferences and focus on improving their satisfaction".*

However, out of sixteen interviewed managers, four perceived the reverse impact of PCC on employee retention. According to them, PCC supports employee retention; when employees are satisfied and happy, this will be reflected in their patients' satisfaction and experience. Consequently, happy and satisfied patients will encourage and motivate employees to stay. The literature on employee retention clearly explains that satisfied employees who are happy with their jobs are more devoted to doing a good job and look forward to improving their organizational customers' satisfaction (Denton, 2000). This perception is also supported by Gering and Conner's (2002) study that revealed that the longer the employee stays in a hospital, the more the benefits to the patients are. Reeves et al. (2005) and Avgar et al. (2011) also found a positive significant relationship between PCC and the reduction of employee turnover intentions. Prakash and Srivastava (2018) showed that internal service quality impacts PCC and employee satisfaction and indicated that employee satisfaction positively influences PCC.

Moreover, the findings are supported by Bodenbeimer and Sinsky's (2014) quadruple aim of health care, which contends that caring for the patient requires care of the healthcare providers and by Hower et al. (2019) three levels of determinants in the implementation of PCC, where the organizational level determinants are incentives and rewards, leadership behavior, corporate culture, employee retention, and satisfaction (Hower et al., 2019). Caregivers cannot make patients healthy and satisfied if they do not feel equally valued. As such, patient-centered cultures begin with a focus on healthcare workers (Earl, 2017). Also, the findings are supported by Den Boer et

al. (2017), Edvardsson et al. (2011), Roen et al. (2018), and Vassbo et al. (2019) which showed a significant positive association between job satisfaction and PCC.

Therefore, the qualitative findings support the conceptual framework (Figure 2.7) that the organizational related factors: the supportive and flexible organizational culture, the good relationship with leaders, satisfaction with total rewards systems, and employee engagement are what drive employee retention. Also, the findings showed the two-way relation between employee retention and the delivery of PCC.

The results, therefore, comply with the coproduction concept that revealed that employees need the support of the organization and its management to deliver quality service. The internal service quality may support service employees through reward, recognition, training, and the implementation of a coproduction culture. By supporting and motivating employees, they will be more satisfied (Yim, Chan & Lam, 2012). These results are also supported by Balbale et al. (2015) who discovered that engaging health care employees to understand their unique perceptions around PCC is essential to improve the quality of care.

4.1.4 Conclusion of Hospital A Findings

As per Yin (2018), within-case analysis is used to conclude the findings of Hospital A. the analysis follows the research questions. Considering the quantitative and the qualitative findings, pattern matching was revealed and supported the conceptual framework (Figure 2.7).

The reasons that encouraged the skilled professionals to leave

The questionnaire results showed that stress and better working conditions are highly important and influential when it comes to the employees' decision to leave their hospitals. It also showed that stress, pay, fringe benefits, and promotion were the top reasons that encourage the skilled professionals to leave Hospital A in the coming twelve months. However, the pay factor as an incentive to leave ranged from highly important to moderately important. On the other hand, from the qualitative data, the managers perceived that pay was an important driver for skilled professionals to leave especially during the bad economic situation that Lebanon is passing through. Moreover, the data of the exit interviews from the year 2013 until the year 2019 showed that the prevalent reason that pushed skilled professionals to quit their jobs was related to better

job opportunities. Both the quantitative and qualitative data emphasize pay as the top driver for skilled professionals to leave. The top reasons that influence the intention of leaving and seeking another job are similar to those identified by studies conducted in the West: Work Institute retention report 2019 ranked compensation and benefits number four, SHRM 2017 and Willis Towers 2016 both ranked pay number one. Also, the WHO report (2006) shows that paying health workers with adequate salaries and allowances has been identified as a key driver of motivation and retention. On their part, Jewell and Jewell (1987), Milkovich et al. (2002), and Gardner et al. (2004) argued that monetary rewards are a powerful motivator and their effect is translated into employee retention.

Moreover, the questionnaire findings highlighted stress as one of the top high important reasons for skilled professionals to leave their jobs. This is confirmed by the HR archival data related to the work-life pulse survey reports of 2017 and 2019 that revealed that skilled professionals perceived their work as stressful. However, the quantitative data related to leadership showed that 45.8% of the skilled professionals agreed that their supervisors are not at all a source of stress to them. To cope with stress, employees redirect resources away from the current job and towards searching for a new job (Mauno, DeCuyper, Tolvanen, Kinnunen & Makikangas, 2014). This is also supported by Lee and Jang (2020) who found that the organizational culture improves the intention to stay by decreasing job stress.

The reasons that encouraged the skilled professionals to stay

Table 4.4 were flexible scheduling (73.3%), quality of care (70.7%), teamwork (70.7%), hospital reputation (68%), the relationship between co-workers (62.70%), work environment (61%). These findings meet with the managers' perceptions that retention drivers were flexibility, recognition, and a friendly environment. Therefore, both the quantitative and qualitative results emphasize the nonfinancial rewards as retention drivers. The SHRM Employee Job Satisfaction and Engagement Survey 2017, showed that the top five reasons to stay in addition to compensation were the flexibility to balance work and life, benefits, job security, and meaningfulness of work. This was also explained by Adzei and Atinga (2012) and Willis-Shattuck et al. (2008) who saw that financial incentives alone are necessary but may not be sufficient to stimulate healthcare worker retention, believing that a variety of nonfinancial packages are crucial in retaining them. Aguinis (2013) suggested using monetary and nonmonetary rewards to retain employees. This solution is further

confirmed by Naude et al. (2005) in a study conducted in Western Australian Hospitals which showed that the retention factors were friendly and supportive staff, effective management, job satisfaction, staff development, and the availability of opportunities for new challenges. This also agrees with Eltaybani et al.'s (2018) study in Japan that stated that the intention to stay was positively associated with managers' support, perceived quality of care, work engagement, and educational opportunities (Eltaybani et al., 2018).

The first retention driver perceived was flexible scheduling (73.3%) which is one of the work-life balance strategies. This result is shared by O'Neill et al. (2009) and Bearuregard and Henry (2009) who found that WLB is positively related to employee retention. Perceived flexibility and supportive work-life policies are associated with better employee engagement (Richman et al., 2008). Strengthening employee engagement can help in retaining employees. The second retention driver was the Quality of care (70.7%). This meets with Ma et al.'s (2009) study in Taiwan hospitals which showed that the nurses who intended to stay had a higher perception of the quality of patient care.

Therefore, in Hospital A, the quantitative results support the qualitative findings regarding the skilled professionals' main reasons for leaving and staying in their jobs. The top reasons to leave were pay and stress and the top reason to stay was flexibility which is related to the internal service quality factors.

Relation between internal service quality and employee retention

Both the quantitative and qualitative findings reveal that internal service quality contributes to employee retention which is reinforced by the SPC model and support the study's conceptual framework (Figure 2.7). The correlation study showed a moderate positive association between the intention of staying and the organizational culture that cares for employees. The qualitative findings meet with this correlation as the managers perceived that a supportive and flexible organizational culture is crucial for employee retention. This result is in line with Sheridan's (1992) that considers that retention was greater in firms that emphasized interpersonal relationships (respect for people and team orientation dimensions). These results are also close to those of Abu Al Rub et al.'s (2017) study on Jordanian nurses that found that the organizational culture, which encourages participation in decisions and enhances continuous professional

development, was positively associated with the level of intention to stay at work. Also, both the quantitative and qualitative results showed that the satisfaction with the total rewards and important drivers for retention is due to pay, leaves of absence, vacations, incentives, tuition payments, and the opportunity for advancement. Although the correlations with these factors are either moderate or weak, the findings are reinforced by the qualitative in-depth data. These rewards are both financial and non-financial and comply with three of those of the WorldatWork 2015 total rewards strategies: compensation, benefits, and talent development. Adzei and Atinga (2012) showed that financial incentives alone are necessary but may not be sufficient to stimulate healthcare worker retention, and a variety of nonfinancial packages are crucial in retaining them. Aguinis (2013) suggested using monetary and nonmonetary rewards.

Moreover, the managerial views support the vital role of leadership support in retaining employees. Even though the quantitative data did not show a significant correlation between the intention to stay and the leadership, frequency table 4.3 reveals that leadership is among the important reasons to stay. This was supported by literature by Eisenberger et al.'s (1997) study where he concluded that as employees' perceived leadership support increases so does their intention to stay. Also, manager leadership behavior was identified by Taunton et al. (1997) as the most likely factor to improve the retention of nurses' staff. Jamrog et al. (2004), Wagner (2006), Joo (2010), Mignonac et al. (2013), and Kim (2014) showed the positive relationship between leaders and employees may serve as a retention strategy.

Role of employee satisfaction and engagement

Both the skilled professionals' quantitative data and managerial perceptions supported the assertion that employee satisfaction and engagement are vital in retaining skilled professionals. The skilled professionals at Hospital A are highly satisfied with the nonfinancial factors of, flexible scheduling, training and development, recognition, appreciation program, leaves and vacations, and WLB. Moreover, the hospital A staff satisfaction report and work-life pulse survey results showed the high satisfaction of skilled professionals with WLB, supportive leaders, recognition, and opportunities for advancement. This perception that job satisfaction among health workers is a good predictor of staff retention was reinforced by Shields et al. (2001), Tsai (2011), and Wang et al. (2011). Furthermore, the employee engagement impact on retention was reinforced by Hewitt's (2015) employee engagement model. Also, the quantitative results showed a weak

positive significant relationship between the intention to stay in the hospital and achieving professional goals and the perception of a real sense of belonging with the hospital. This result is supported by the qualitative finding that showed that the managers perceived the opportunity for advancement as an important retention driver in addition to the supportive culture. This is supported by Shobbrook and Fenton's (2002) study which showed that leaders that allow the sharing of responsibilities and provide development opportunities are better equipped to retain their staff. Kreisman (2002) also highlighted the ability of leaders to empower their employees' impacts on employee retention.

Consequently, the internal work-life qualities foster employee satisfaction and enhance their engagement, thereby motivating them to stay in their jobs.

The relation between employee retention and the delivery of PCC

The qualitative findings revealed the link between employee retention and PCC, such that employee retention was viewed as a facilitator for building a patient-centered hospital**.** This was validated by the quantitative results that ranked the quality of care as one of the top reasons that let the skilled professionals stay at Hospital A. Also, the quantitative data shows a positive weak correlation between the perception that the hospital is committed to building staff capacity to support PCC and the intention to stay. That is, the more the hospital is committed to building staff capacity to support PCC, the more the intention to stay. This complies with HealthcareSource (2016), in that to build a patient-centered workforce, employees should be motivated to put patients first and recognize their contribution to ensure employee satisfaction. This is supported by the SPC model which displays employee retention as a major driver of external quality services. This perception was explained in literature by Gering and Conner's (2002) study that revealed that the longer the employee stays in a hospital, the more are benefits to the patients, and Reeves et al. (2005) and Avgar et al. (2011) who found a positive significant relationship between PCC and the reduction of employee turnover intentions. Also, the WHO (2000) highlighted that employee retention can improve patient care through experienced staff.

On the other hand, the managers perceived the reverse impact of PCC implementation on skilled professionals' retention. This was explained by Charmel and Frampton (2008) who considered

that the patient-centered approach resulted in clinical and operational benefits such as increased patient satisfaction and increased staff retention.

Moreover, the findings are supported by Bodenbeimer and Sinsky's (2014) quadruple aim of health care, which contends that caring for the patient requires care of the healthcare providers and by Hower et al. (2019) three levels of determinants in the implementation of PCC, where the organizational level determinants are incentives and rewards, leadership behavior, corporate culture, employee retention, and satisfaction (Hower et al., 2019). Caregivers cannot make patients healthy and satisfied if they do not feel equally valued. As such, patient-centered cultures begin with a focus on healthcare workers (Earl, 2017). Also, the findings are supported by Den Boer et al. (2017), Edvardsson et al. (2019), Roen et al. (2018), and Vassbo et al. (2019) which showed a significant positive association between job satisfaction and PCC. Therefore, we can conclude that skilled professionals' satisfaction and engagement drive employee retention and PCC. Through the retained PCC experienced workforce, PCC is delivered. At the same time, the delivery of PCC contributes to employee satisfaction and engagement.

4.1.5 Summary of Key findings of Hospital A

In conclusion, Hospital A's quantitative and qualitative findings supported the research conceptual framework (figure 2.7). The internal service quality, including organizational culture, total rewards, and leadership, drives employee satisfaction and engagement and motivates the skilled professionals to stay in their hospital. Also, the retained employees, with their experience and organizational PCC knowledge, deliver better PCC. However, it is essential to mention that some managers perceived that PCC itself could also act as a retention driver. If the patients are satisfied with the care, they will encourage employees and increase their satisfaction with their jobs so that they will feel the positive outcomes of staying.

The following section presents the results and findings of the data collected from Hospital B's second case study.

4.2 Hospital B

Hospital B is a 120-bed family-owned private hospital accredited by the Lebanese Ministry of Health. The hospital is located in North Lebanon and provides comprehensive medical care. The

hospital had survived the Lebanese civil war, undergone renovations, and had a considerable investment in its HR through continuous training, recognition, and motivational activities. The hospital has about 400 employees. The hospital is accredited Level A by the National Accreditation survey in 2011. The hospital is facing the contextual challenge of economic recession, skilled professionals shortage, and retention. The data were collected concurrently through questionnaires answered by skilled professionals and semi-structured interviews conducted with first-line and middle managers.

4.2.1 Findings from Questionnaire data

The quantitative data were analyzed statistically using SPSS 25. 35 questionnaires were collected from skilled professionals at Hospital B between August and September 2018. Table 4.19 presents the demographics of the Hospital B sample (Table 4.20). It shows that 10 of the sample were males and 25 were females. Also, the age ranges of the sample were distributed with one born between 1946-1964 (Baby boomers), 13 born between 1965-1976 (Generation X), 19 between 1977-1995 (Generation Y), and two in 1996 and after (Generation Z). Regarding the highest educational level of the sample, four had technical degrees, 20 had Bachelor's degrees (BS), ten had Master's Degree (MS) and one had a Doctorate. One of the samples had been working >11 years in their current hospital, four had been working between 5-10 years, 18 had been working between two and four years and 12 had been working <2years. Also, 48.6% of the respondents had previously worked in other hospitals and 51.4% Hospital B was their first employer.

Table 4.20 Demographics of Hospital B sample

Demographics		**Count**	**Percentage**
Gender	Male	10	28.6%
	Female	25	71.4%
Age Generation	Generation Z	2	5.7%
	Generation Y	19	54.3%
	Generation X	13	37.1%
	Baby boomers	1	2.85%
Highest Educational Level	Technical Diploma	4	11.4%
	Bachelor’s degree	20	57.1%
	Master’s Degree	10	28.6%
	Doctorate Degree	1	2.85%

Years working in this hospital	< 2 Years	12	34.3%
	2to 4 years	18	51.4%
	5 to 10 years	4	11.4%
	More than 11 years	1	2.85%
Have worked previously at other hospitals	Yes	17	48.6 %
	No	18	51.4%
Total		**35**	**100%**

The skilled professionals' intention to stay at Hospital B is presented in table 4.21; 65.7% intend to stay at Hospital B, 28.6% actively seek to leave their hospital, and 5.7% answered that they might change their hospital. This finding indicates that 34.3% are presumably reluctant leavers.

Table 4.21 The skilled professionals' intention to stay in the coming 12 months at Hospital B

	PWST Category	**Count**	**%**
Actively seeking another job in the coming 12 months	Reluctant Stayers	10	28.6%
Not actively seeking another job- Intention of staying at their hospital	Enthusiastic Stayers	20	57.1%
Maybe will seek another job in the coming 12 months	Reluctant Stayers	5	14.3%

According to Hom et al. (2012), reluctant stayers can harm the organization's performance. Therefore, it is interesting to investigate the reasons that encourage them to leave and what encourages the enthusiastic stayers to stay to formulate skilled professionals' retention strategies. The following sections answer RQ1 "What are the key drivers that let skilled professional employees stay or leave their hospitals at Private Lebanese hospitals?".

Reasons for leaving

According to Table 4.22, which presents the reasons behind employees leaving their previous hospitals, there are 88.9% replied that pay was highly important to their decision, followed by 88.2% who considered lack of promotion as a reason, 82.4% cannot handle stress, 77.8% preferred fringe benefits, 76.5% needed more challenging jobs 76.5% were discouraged by lack of career development 70.6%, by lack of recognition, 64.7% by lack of supervisor support and (64.7%) by lack of flexible scheduling.

Table 4.22 Levels of importance of the factors that encouraged the skilled professionals at Hospital B to leave their previous job

	Minor importance	Moderate importance	High importance
Pay	0%	11.10%	88.90%
Lack of Promotions	11.80%		88.20%
Stress	5.90%	11.80%	82.40%
Fringe Benefits	5.60%	16.70%	77.80%
Lack of career development	5.90%	17.60%	76.50%
More challenging job elsewhere	5.90%	17.60%	76.50%
Lack of recognition	11.80%	17.60%	70.60%
Lack of Supervisor support	5.90%	35.30%	64.70%
Lack of flexible scheduling	17.60%	23.50%	64.70%
Better working conditions	11.80%	23.50%	64.70%
Work-family conflict	23.50%	17.60%	58.80%
Poor quality of care	5.90%	35.30%	58.80%
Lack of coordination among co-workers	11.10%	33.30%	55.60%
Lack of Training	17.60%	35.30%	52.90%
Distance from family	16.70%	38.90%	44.40%
Poor hospital reputation	11.80%	35.30%	5.29%

Table 4.23 presents the perception of the reluctant stayers skilled professionals at hospital B about the reasons that encourage them to seek another job in the coming 12 months. According to those the top factors that definitely would influence their decision to leave their jobs were: Pay (70%), lack of training (66.7%), fringe benefits (62.5%), lack of supervisor support (62.5%), lack of recognition (62.5%), and lack of flexible scheduling (62.5%). This is supported by Sandhya and Kumar (2011) that employees may leave an organization because of dissatisfaction; feeling underpaid and demotivated; lack of challenges and training opportunities; lack of appreciation and recognition; and, lack of coordination among employees and managers.

Table 4.23 The factors that encouraged skilled professionals to seek another job in the coming 12 months: Hospital B

	Definitely won't	Probably will	Definitely will
Pay	10.00%	20.00%	70.00%

Lack of training	0.00%	33.30%	66.70%
Fringe benefits	25.00%	12.50%	62.50%
Lack of supervisor support	12.50%	25.00%	62.50%
Lack of recognitions	12.50%	25.00%	62.50%
Lack of flexible scheduling	12.50%	25.00%	62.50%
Lack of promotion	0.00%	44.40%	55.60%
Stress	0.00%	44.40%	55.60%
Lack of career development	12.50%	37.50%	50.00%
More challenging job	25.00%	25.00%	50.00%
Better working condition	12.50%	37.50%	50.00%
Work-family conflict	11.20%	44.40%	44.40%
Poor quality of care	11.20%	44.40%	44.40%
Poor hospital reputation	12.50%	50.00%	37.50%
Distance from family	12.50%	50.00%	37.50%
Lack of coordination	11.10%	55.60%	33.30%

The top reason that influences the intention of leaving and seeking another job is pay, which resembles the top reason that encouraged skilled professionals to leave their previous hospitals. These findings are similar to what was presented by SHRM 2017 and Willis Towers 2016.

Reasons for staying

Moreover, Table 4.24 shows that the top reasons that encouraged skilled professionals to stay in Hospital B in the coming 12 months were supervisor support (75%), followed by relationships with co-workers (62.5%), work environment (62.5%), flexible scheduling (62.5%) and pay (56.3%).

Table 4.24 Reasons that encouraged skilled professionals to stay in their job in Hospital B

	Definitely won't	**Probably will**	**Definitely will**
Supervisor support	0.00%	25.00%	75.00%

Work environment	6.30%	31.30%	62.50%
Relationship between co-workers	6.30%	31.30%	62.50%
Flexible scheduling	6.30%	31.30%	62.50%
Pay	18.80%	25.00%	56.30%
Training & development	18.80%	25.00%	56.30%
Chance for advancement	0.00%	43.80%	56.30%
Management style	0.00%	50.00%	50.00%
Recognitions	0.00%	50.00%	50.00%
Skills development	6.30%	43.80%	50.00%
Hospital reputation	12.50%	37.50%	50.00%
Close to my family	6.30%	50.00%	43.80%
Fringe benefits	12.50%	50.00%	37.50%
Promotions	6.30%	56.30%	37.50%
Work-family balance	18.80%	43.80%	37.50%
Teamwork	12.50%	50.00%	37.50%

The results were supported by literature that shows that leaders and immediate supervisors are responsible for retaining employees (Jamrog et al., 2004; Wagner, 2006; Irshad & Afridi, 2012; Wakabi, 2013; Kim, 2014). Literature suggests that an effective leadership style promotes staff retention (McDaniel & Wolf, 1992; Taunton et al., 1997; Shobbrook & Fenton, 2002; Naude et al. 2005; Kleinman, 2004). The employees' perception of how much their supervisors care about them (Eisenberger et al., 2002) led to a lower intention to leave (Shacklock et al., 2014). Also, flexible scheduling is one of the work-life balance strategies. Furthermore, scholars (O'Neill et al., 2009; Bearuregard & Henry, 2009) found WLB to be positively related to employee retention. Richman et al. (2008) perceived flexibility and supportive work-life policies as associated with better employee engagement. Strengthening employee engagement can help in retaining employees.

Therefore, the findings showed that the main reasons to stay or leave Hospital B are mainly related to several internal organizational factors linked to the internal quality services. The next section shows the relationship between the internal service quality factors and retention.

Relation between internal services quality and retention

In addition, the questionnaire data were used to investigate RQ2: How do managers and skilled professionals perceive the impact of the internal service quality factors (organizational culture,

leadership, and total rewards systems) on skilled professionals' retention in Lebanese private hospitals?

Table 4.25 Descriptive statistics of the skilled professionals' perception of Hospital B's organizational culture

Organizational culture	**Mean**	**Std. Deviation**	**To a small extent**		**To a moderate extent**		**To a large extent**	
			Freq	*%*	*Freq*	*%*	*Freq*	*%*
Cares for employees, courtesy, consideration, cooperation, fairness, motivation…)	2.35	0.734	4	11.40%	15	42.90%	15	42.90%
Cares for patients	2.76	0.431	0	0.00%	8	22.90%	26	74.30%
Promotes Innovations	2.68	0.638	2	5.70%	8	22.90%	23	65.70%
Encourages initiative	2.62	0.604	2	5.70%	9	25.70%	23	65.70%
Promotes Teamwork	2.56	0.613	2	5.70%	11	31.40%	21	60.00%
General mean: 2.59								

The organizational culture was studied quantitatively from the perception of the skilled professionals using a scale of 3-points: to a small extent, to a moderate extent, and a large extent. Table 4.25 shows the descriptive statistics of the perception of the organizational culture. The skilled professionals' perception of organizational culture was very high (mean=2.59) on a scale of three points. This indicates the strength of the perception of employees and their positive attitudes towards the organizational culture.

74.30% perceived that organizational culture cares for patients to a large extent (mean 2.76, SD 0.431), 65.7% perceived that organizational culture encourages initiatives to a large extent (mean 2.62, SD 0.604), 65.7% perceived that their organizational culture promotes innovations to a large extent (mean 2.68, SD 0.638), 60% perceived that organizational culture promotes teamwork to a large extent (mean 2.56, SD 0.613), and 42.2% perceived that their organizational culture cares for employees to a large extent (mean 2.35, SD 0.734).

One can recognize that Hospital B culture is a culture that puts patients first, encourages initiatives and innovations, and promotes teamwork to a large extent. However, it is important to note that

no statistical correlations were found between intention to stay and organizational culture at Hospital B.

Table 4.26 shows the descriptive statistics of the skilled professionals' perception of their current supervisor and senior managers on a scale of five points: 1- not at all, 2 - once in a while, 3 - sometimes, 4 - fairly often, and 5 - frequently, if not always. This table is divided into two sections, the first shows the skilled professionals' perception of the positive characteristics of the leaders and the second shows their perception of the negative characteristics of the leaders. It has been observed that the perception of the skilled professionals towards the positive characteristics of their supervisors is moderate (mean=3.24) on a scale of five points: not at all, once in a while, sometimes, fairly often, and frequently, if not always.

Table 4.26 Descriptive statistics of the skilled professionals' perception of their current supervisor and senior managers in Hospital B

Perception of the current Supervisor & Senior Managers	**Mean**	**SD**	**Not at all**		**Once in a while**		**Sometimes**		**fairly often**		**frequently, if not always**	
			Freq	*%*	*Freq*	*%*	*Freq*	*%*	*Freq*	*%*	*Freq*	*%*
Are Fair	3.42	0.969	1.00	2.90%	3.00	8.60%	15.00	42.90%	9.00	25.70%	5.00	14.30%
Support new & innovative ideas	3.33	1.080	2.00	5.70%	3.00	8.60%	16.00	45.70%	6.00	17.10%	6.00	17.10%
Help me develop my strengths	3.30	0.984	1.00	2.90%	5.00	14.30%	14.00	40.00%	9.00	25.70%	4.00	11.40%
Encourage & support those who work for her/him to work as a team	3.18	1.086	1.00	2.90%	7.00	20.00%	18.00	51.40%	1.00	2.90%	7.00	20.00%
Motivate & inspire employees	3.09	0.965	0.00	0.00%	10.00	28.60%	15.00	42.90%	5.00	14.30%	4.00	11.40%
Encourage employees' participation in decision making & problem solving	3.09	0.914	2.00	5.70%	4.00	11.40%	18.00	51.40%	7.00	20.00%	2.00	5.70%
General mean:3.24												
Avoid making decisions	2.79	1.083	6.00	17.10%	3.00	8.60%	18.00	51.40%	4.00	11.40%	2.00	5.70%
Fail to interfere until problems become serious	2.79	1.139	5.00	14.30%	7.00	20.00%	14.00	40.00%	4.00	11.40%	3.00	8.60%

Source of stress for me.	3.24	1.499	6.00	17.10%	5.00	14.30%	9.00	25.70%	3.00	8.60%	11.00	31.40%
General mean: 2.94												

Regarding the perception of the skilled professionals towards to what extent their supervisors help in developing their strength 11.4% answered frequently if not always and 25.70% answered fairly often and the mean (mean 3.30, SD 0.984). 20% answered that frequently if not always their supervisors encourage and support those who work in teams (mean 3.18, SD 1.086); however, 51.4% perceived that sometimes their supervisors encourage and support teamwork. Also, 42.9% perceived that their leaders sometimes motivate and inspire employees, 14.3% fairly often do, 11.4% frequently do and 28.6% once in a while.

However, their perception of the negative characteristics is low (mean=2.94). 31.40% perceived that their supervisors are frequently, if not always a source of stress for them, 25.7% perceived that sometimes their leaders are the source of stress for them, and 14.3% once in a while. This highlighted the issue of leadership being the source of stress to their employees at the hospital. This can be linked with the reasons for leaving since stress was one of the most important factors that push the skilled professionals to leave Hospital B. 14.3% perceive that their supervisors had not at all failed to interfere until the problem becomes serious. But 40% remarked that sometimes their supervisors fail to interfere until the problem becomes serious. 42.9% sometimes and 31.9% fairly often perceive their supervisors as fair (mean 3.42, SD 0.969). No statistical correlation was found between the intention to stay and leadership.

Therefore, it can be concluded from the perception of skilled professionals at Hospital B that the supervisors are moderately supportive leaders who inspire, motivate, support, develop and encourage the skilled professionals. However, the supervisors are a source of stress for several skilled professionals should be highlighted. According to literature leaders that allow sharing of responsibilities and provide opportunities for development (Shobbrook & Fenton, 2002), and provide managerial support (Tourangeau & Cranley, 2006), are more able to retain their staff.

Regarding the skilled professionals at Hospital B's satisfaction levels with the components of the total rewards, Table 4.27 shows that the perception of the skilled professionals towards their satisfaction with the total rewards system is moderate (General mean=2.69) on a scale of five points: 1 - very dissatisfied, 2 - dissatisfied, 3 - neutral, 4 - satisfied and 5 - very satisfied. The

satisfaction level with the training and development program was moderate (mean 3.18, SD 0.0.94), where 5.7% were highly satisfied and 34.3% were satisfied and 28.6% were dissatisfied. Second, they were moderately satisfied with the balance between work and personal life. Rank three comes to the satisfaction with the tuition reimbursement (mean 3.12, SD 1.22), where 14.3% were highly satisfied and 22.9% were satisfied. Rank four is satisfaction with is with flexible scheduling (mean 3.09, SD 0.95) where 22.9% were satisfied and 22.9% were dissatisfied. Rank five is the satisfaction with the recognition and appreciation program (mean 3.03, SD 0.98), 37.1% were satisfied and 31.40% were neutral. However, their satisfaction with the income (mean 1.91, SD 1.19, leaves and vacations (mean 2.29, SD 1.4), and incentive system (mean 2, SD 1.16) was low. 42.9% were very dissatisfied with their leaves and vacations, 48.6% were very dissatisfied with the incentive system and 57.1% were very dissatisfied with their income. This finding validates the results of the top reason that encourages leaving which is pay. Also, no statistical correlation was discovered between the intention to stay and the total rewards.

To conclude, the skilled professionals at Hospital B are moderately satisfied with the nonfinancial factors: flexible scheduling, training and development, recognition, appreciation program, leaves and vacations, and WLB. This can be linked with the literature of Willis-Shattuck et al. (2008), Dewhurst et al. (2009), and Aguinis (2013), retention cannot be accomplished through financial incentives alone, some nonfinancial motivators are more effective in building long term talent engagement. Dewhurst et al. (2009) mentioned that in the aftermath of the economic recession, which is similar to the Lebanese situation, the non-financial benefits were found to be less expensive and just as effective as a financial reward, if not more.

Role of employee satisfaction and engagement

This section investigates RQ3: “How do hospital managers and skilled professionals perceive the role of employee satisfaction and engagement in the link between the internal service quality factors and employee retention?” Table 4.28 presents the descriptive statistics of the skilled professionals’ perception of their engagement with their hospital. It showed that the perception of employees towards engagement with their hospital is neutral (General mean 3.11). Using the 5-points Likert scale where 1 - measures strongly disagree, 2 - measures disagree, 3 - neutral, 4 - agree and 5 - strongly agree. The table shows that the skilled professionals at Hospital B were neutral in their link with their hospital since 14.30% strongly agree, 25.7% agree and 42.9% were

neutral that they are proud to tell others that they are part of this hospital (mean 3.41, SD 0.925). 17.10% agree and 8.6% strongly agree but 28.6% were neutral towards the sense of belongingness with their hospital (mean 2.76, SD 1.226).

The skilled professionals feel also neutral towards their fit with the hospital as 11.4% strongly agree and 34.3% agree that they had a friendship relationship within their groups (mean 3.32, SD 1.093). Also, 8.6% strongly agree and 34.3% agree that they feel that their colleagues showed them a lot of respect and appreciation (mean 3.3, SD 0.984). 2.9% strongly agree and 22.9% agree that the current system allows the possibility of forming an interacting work team (mean 3.06, SD 0.827). 2.90% strongly agree and 20% agree that they can achieve their professional goals through their work in this hospital (mean 2.94, SD 0.864). Moreover, 5.7% strongly agree, 14.30% agree and 48.6% are neutral about sacrificing a lot if they leave their hospital (mean 2.97 SD 0.883). Correlations were neither found between the intention to stay and the skilled professionals' satisfaction and engagement, nor between the internal service quality and employee satisfaction and engagement.

Table 4.27 Descriptive statistics of the skilled professionals' satisfaction with total rewards system components in Hospital B

Total Rewards System satisfaction rate	**Mean**	**SD**	**Very Dissatisfied**		**Dissatisfied**		**Neutral**		**Satisfied**		**Very Satisfied**	
			Freq	*%*	*Freq*	*%*	*Freq*	*%*	*Freq*	*%*	*Freq*	*%*
The training & development program	3.18	0.94	0	0	10	28.60%	10	28.60%	12	34.30%	2	5.70 %
The balance between work & personal life	3.15	0.89	0	0	10	28.60%	10	28.60%	13	37.10%	1	2.90 %
The Tuitions reimbursement (if I want to attend university)	3.12	1.22	3	8.60%	8	22.90%	9	25.70%	8	22.90%	5	14.30 %
The Flexible scheduling	3.09	0.95	1	2.90%	9	25.70%	10	28.60%	12	34.30%	1	2.90 %
The recognition and appreciation program	3.03	0.98	3	8.60%	6	17.10%	11	31.40%	13	37.10%	0	0
The educational opportunities	2.59	1.21	8	22.90%	8	22.90%	10	28.60%	6	17.10%	2	5.70 %
The opportunity for career advancement and promotion	2.52	1.09	7	20%	10	28.60%	8	22.90%	8	22.90%	0	0
The leaves and vacation benefits	2.29	1.4	15	42.90%	6	17.10%	3	8.60 %	8	22.90%	2	5.70 %
The incentive system (like bonuses...)	2	1.16	17	48.60%	5	14.30%	7	20 %	5	14.30%	0	0
The income you receive	1.91	1.19	20	57.10%	2	5.70 %	7	20 %	5	14.30%	0	0
General mean: 2.69												

Relation between PCC and retention

This section is related to RQ 4. Table 4.29 presents the perception of the skilled professionals about the hospital's PCC implementation, by evaluating the principles of PCC on the scale of not at all, minimally, moderately, considerably, and very much. 42.9% perceived that their hospital cares very much about improving patient satisfaction. 45.7% perceived that their hospital cares

very much about improving patient safety, 28.6% say that their hospital is very much properly handling patients and their families' complaints, and 22.9% noticed that their hospital is very much committed to building staff to support PCC.

Table 4.28 Descriptive statistics of the skilled professionals' perception about their engagement with their hospital - Hospital B

	Mean	**SD**	**Strongly Disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly Agree**	
			Freq	*%*	*Freq*	*%*	*Freq*	*%*	*Freq*	*%*	*Freq*	*%*
I am proud to tell others I am part of this hospital	3.41	0.925	0	0	5	14.30%	15	42.90%	9	25.70%	5	14.30%
I have a friendship relationship with all the members of the working group	3.32	1.093	3	8.60%	3	8.60%	12	34.30%	12	34.30%	4	11.40%
I feel that my colleagues at work show me a lot of respect & appreciation	3.3	0.984	1	2.90%	6	17.10%	11	31.40%	12	34.30%	3	8.60%
The current system allows the possibility of forming interacting work teams.	3.06	0.827	1	2.90%	6	17.10%	17	48.60%	8	22.90%	1	2.90%
I would sacrifice a lot if I leave this hospital	2.97	0.883	1	2.90%	8	22.90%	17	48.60%	5	14.30%	2	5.70%
I can achieve my professional goals through work in this hospital.	2.94	0.864	1	2.90%	9	25.70%	15	42.90%	7	20%	1	2.90%
I feel a real sense of	2.76	1.226	6	17.10%	8	22.90%	10	28.60%	6	17.10%	3	8.60%

belonging with my hospital												
General mean: 3.11												

Table 4.29 The perception of the skilled professionals about PCC implementation at Hospital B

PCC Principles	**Not at all**	**Minimally**	**Moderately**	**Considerably**	**Very much**
Cares for improving patient satisfaction	5.7%	14.3%	25.7%	11.4%	42.9%
Cares for improving patient safety	5.7%	5.7%	25.7%	17.1%	45.7%
Is properly handling patient and family complaints	-	22.8%	25.7%	22.9%	28.6%
Is committed to building staff capacity to support patient-centered care	-	20%	34.3%	22.9%	22.9%

However, the findings show that the skilled professionals perceive the implementation of PCC at Hospital B as moderate, even though they perceived that their organizational culture puts their patients first. No statistical correlations were found between employee retention and PCC.

To conclude, Hospital B's quantitative results showed that pay is the top reason for leaving; on the other hand, the main reasons for staying in the hospital are the supervisor support, the relationship with co-workers, work environment, flexible scheduling, and pay (56.3%). These reasons are mainly related to internal service quality. This supports the conceptual framework in Figure 2.7.

4.2.2 Semi-Structured Interview Findings

To gain insights into the manager's perceptions and thoughts about the skilled professionals' retention, in-depth face-to-face interviews were conducted with eight middle- and first-line managers. To preserve the participants' voices some quotes were used. The interviews were conducted in the Arabic language, audio-recorded, then translated and transcribed into English. Thematic analysis was used to analyze the interview findings. The themes were related to the research questions.

Theme 1: Importance of employee retention

All the interviewees perceived that employee retention is very important for productivity. They argued that through employee retention, employees gain experience and better knowledge of work; thus, improving the hospital productivity and quality of care. Some managers considered the costs

associated with replacing skilled professionals. These costs are mainly related to new employee orientation and gaining the needed knowledge to perform their jobs. Interviewee #3 stated that

> *"the employee has been in his job for a long period, he became more experienced. Getting new employees to need time to learn everything and to be trained".*

This was supported by Allens (2008) and the SHRM Globoforce (2016) report that stated that employees' replacement is time, money, and resource-consuming to recruit, select and orient the newcomer while they gain experience. Also, the indirect costs of leaving are lost client relationships, institutional knowledge, and previous training for the employee leaving (SHRM Globoforce, 2016). This was explained by interviewee #7 that stated:

> *"because these employees are very well experienced and, in this department, it is extremely important because it is a vital department, a life support one and a very critical as it is linked with patient's health and life so experienced employees are willing to help you easily and in a fast way because they know everything. They have proper knowledge about the hospital operation".*

Theme 2: Retention Strategies

According to the perception of the managers, the retention strategies implemented at Hospital B were pay as the number one retention strategy, followed by advancement programs such as career planning, the chance for continuous learning, and non-financial motivational programs. They established the Career Planning Program as a tool for advancement and promotion.

This confirms with WorldatWork framework that considers the impact of total rewards on the employees' retention. Interviewee #6 stated that

> *"Career planning which tailored and customized to the need of every employee professionally or personally".*

This is supported by SHRM 2017 report that shows that compensation/pay was the top reason that influenced an employee to stay or even leave his/her organization. Also, this confirms the study conducted in Saudi Arabia that showed that satisfaction with personal growth and salary package were found to have a significant positive impact on the overall retention of health care professionals

According to the Development Dimensions International (DDI) benchmarking report (Bernthal et al., 2001), five factors affect the employee's decision to stay or leave: relationship with supervisor

or manager, work-life balance, cooperation among co-workers, level of trust in the workplace and the extent of meaningful work. Employees leave their organization for several reasons: personal reasons, retirement, or employer-related reasons such as poor working conditions, insufficient pay, problems with the supervisors, and lack of recognition (Berry & Morris, 2008).

Theme 3: The Employee Retention challenges

The study participants at Hospital B acknowledged two types of retention challenges: economic challenge and competition. To them, the economic recession in the country is one of the major challenges for implementing staff retention strategies since it acts as a barrier to investing in retention strategies, especially financial ones. *Interviewee #8 stated that*

> *"Economic recession affects the bonus. Can minimize the bonus a little bit in case of economic uncertainty but the salaries are always on time".*

In addition to the industry, competition plays an important challenge to retain skilled professionals who seek better work conditions and opportunities at competitors' hospitals. The loss of valuable talent incurs heavy costs to the organization in terms of institutional know-how as well as the time, money, and efforts needed to recruit and train replacements (Pregnolato, Bussin, & Schlechter, 2017).

Theme 4: The main reasons that encourage staff to leave

According to the managers' perception at Hospital B, the reasons that encourage their staff to leave were mainly pay, followed by seeking better opportunities, due to bad work environment and bad relations with their manager. Some of them consider stress and lack of safety practices also among the reasons for leaving.

This confirms the results of the cross-sectional survey conducted in Jordan which revealed that the dominant factors influencing their intention to leave were pay and benefits and praise and recognition (Al Momani, 2017). Interviewee #8 stated that

> *"The factor that led the skilled professionals to leave are seeking better pay, better shifts or work schedule, better family conditions and due to bad relationship with the leader".*

Also, the findings confirm the study of El-Jardelli et al. (2009) that showed the main reasons for nurses leaving as perceived by the Lebanese nursing directors were: unsatisfactory salary and

benefits; unsuitable shifts and working hours; the presence of better opportunities abroad; better opportunities in other hospitals within the country; workload; instability of the country; marriage.

Theme 5: The factors that encouraged skilled professionals to stay

The interviewed managers perceived that the reasons that encourage skilled professionals to stay in their jobs were pay, the chance for advancement, supportive leaders, a friendly work atmosphere, and recognition programs. They gave priority to pay as a retention driver, in addition to the non-financial drivers. This is confirmed by Adzei and Atinga (2012) that showed that financial incentives alone are necessary but may not be sufficient to stimulate healthcare worker retention, and a variety of nonfinancial packages are crucial in retaining them. Also, Aguinis (2013) suggested using monetary and nonmonetary rewards to retain employees. The nonmonetary rewards do not include only praise and recognitions but also noncash awards for goods and services.

Interviewee #1 stated that

> *"the skilled professionals' retention drivers are pay and friendly and respectful work environment".*

Interviewee #2 perceived that

> *"the reasons to stay at the hospital are pay, supportive boss, and motivational programs".*

The findings are supported by the WHO report (2006), Milkovich and Newman (2002), Gardner et al. (2004), and Towers Watson (2014) report that argued that paying health workers with adequate salaries and allowances is the most frequent motivator and its effect is translated into employee retention.

Theme 6: Organizational culture

From the interviews, it was clear that the managers perceived that an organizational culture that is supportive, flexible, and provides the chance for advancement contributes to employees' retention. Hospital B's culture cares for the employees through its career planning program that allows the chance for advancement and promotion. Therefore, they are going to stay. Interviewee #8 stated that

> *"their hospital culture emphasizes continuous improvement for both the hospital and employees. For employees, the culture supports their continuous learning which helps in their advancement and promotion. Such a culture plays an important role to retain our skilled professionals".*

The finding is supported by Abu Al Rub, et al. (2017) who found that the organizational culture that encourages participation and development is positively associated with the level of intention to stay at work among Jordanian nurses. Shumba et al. (2017) found that the organizational culture that fosters teamwork and interpersonal relationship was considered an important factor that influences health worker retention.

Theme 7: Leadership

According to Hospital B managers' perception, supportive leaders and good relations with leaders play important role in retaining their employees. Good relationships with managers are built based on trust and respect. Also, the managers support their staff through recognition and provide the chance for advancement and continuous education. This is supported by both participative and transformational leadership style that enhances employee retention. Kroon and Freeze (2013) showed a positive correlation between participative leadership style and retention. Also, Volk and Lucas's (1991) and (Cowden et al., 2011) findings showed that a participatory management style based on a transformational leadership model encourages staff nurse retention. Interviewee #4 stated that

> *"problem in the relationship with the supervisor makes the work environment not suitable for the employee so he will decide to leave".*

According to Jamrog et al. (2004) and Wagner (2006), leaders and immediate supervisors are responsible to retain employees. Employees want supervisors that treat them with respect and dignity, and coach, teach and motivate them.

Theme 8: The total rewards system

According to Hospital B managers, pay has a major impact on employee retention. They expressed that pay will either push or pull the skilled employees from their hospital; however, around half of them consider the positive impact of the total rewards system, financial and non-financial, on the employees' retention. However, several managers acknowledged that although the pay is important, to them the nonfinancial rewards (recognitions, scheduling) with the appropriate

financial rewards are essential to maintain their employees. Therefore, the findings are supported by the Total Rewards Model in 2012 (Figure 2.5) describes and accounts for six key elements: Compensation, benefits, work-life balance, performance and recognition, and development and career opportunities. These elements have a direct impact on the retention of employees. Also, Dewhurst et al. (2009) argued that retention cannot be accomplished through financial incentives alone, some nonfinancial motivators are more effective in building long-term talent engagement. Interviewee #7 stated that

> *"our retention strategies are both financial and non-financial, like flexible scheduling, the chance for advancement, and extra benefits".*

Theme 9: Employee Satisfaction and Engagement

All the managers at hospital B perceived the positive relationship between employee satisfaction and engagement and their employees' retention. To them, a happy and satisfied employee is going to stay at his work. Whenever the employee is no more satisfied, he or she will leave. This result complies with literature that relates job satisfaction and employee engagement with employee retention (Michael et al., 2016; Mohsin & Lengler, 2015; Hausknecht et al., 2009). Also, the managers' perception was supported by Shields et al. (2001), Tsai (2011), and Wang et al. (2011) found that job satisfaction among health workers is a good predictor of staff retention. In addition, the evidence provided by Rayton et al. (2012) and Wagner (2006) showed a positive association between employee engagement and staff retention. The higher the employee engagement, the higher the retention rate is. Interviewee #1 perceived that

> *"it is very important to work in a hospital where you see yourself providing a high quality of care for the patient, it is a source of pride and satisfaction for the employee in that way he or she will be motivated and stay at work".*

Interviewee # 7 explained that

> *"The more the employees are engaged to the hospital and their work, the more they will stay ".*

Theme 10: Employee retention and PCC

Regarding this theme, the managers' perception was divided between supporting the positive impact of employee retention on PCC and those who did not see any relationship. The first group of managers acknowledged that employee retention has a positive impact on PCC since the

professionals have the experience and knowledge on how to deal with patients. Interviewee #7 stated that

> *"The more the employee is engaged in the hospital and his work, the better service for the patient. We put the patient first, more engagement, provide better quality services to the patient".*

Interviewee #6 stated that

> *"Patient and employees are our clients, so when the care is centered, we are investing in both employees and clients. If I love my work and I love where I work and I am satisfied and convinced with the strategic goals and I set my goals with the strategic ones so I don't have a reason to leave".*

Three managers did not see any relationship between employee retention and PCC. According to them, they are different topics that are not interrelated. However, another three managers perceived the reverse impact of PCC on employee retention. According to them, PCC gives employees satisfaction and motivation to stay. Interviewee # 1stated that

> *" It is very important to work in a hospital where you see yourself providing a high quality of care for the patient, it is a source of pride and joy for the employee in that way the will motivated and retained ".*

The literature on employee retention clearly explains that satisfied employees who are happy with their jobs are more devoted to doing a good job and look forward to improving their organizational customers' satisfaction (Denton, 2000). Also, Avgar et al. (2011) found a positive significant relationship between PCC and the reduction of employee turnover intentions.

Moreover, the findings are supported by Bodenbeimer and Sinsky's (2014) quadruple aim of health care, which contends that caring for the patient requires care of the healthcare providers and by Hower et al. (2019) three levels of determinants in the implementation of PCC, where the organizational level determinants are incentives and rewards, leadership behavior, corporate culture, employee retention, and satisfaction (Hower et al., 2019). Caregivers cannot make patients healthy and satisfied if they do not feel equally valued. As such, patient-centered cultures begin with a focus on healthcare workers (Earl, 2017). Also, the findings are supported by Den Boer et al. (2017), Edvardsson et al. (2011), Roen et al. (2018), and Vassbo et al. (2019) which showed a significant positive association between job satisfaction and PCC.

To conclude this section, the qualitative findings support the conceptual framework (Figure 2.7) that the organizational related factors: the supportive and flexible organizational culture, the supportive leadership and the satisfaction with total rewards systems, employee satisfaction, and employee engagement drive employee retention as well as PCC delivery. This is supported by the SPC model. Also, the results comply with the coproduction concept that revealed that employees need the support of the organization and its management to deliver PCC. The internal service quality may support service employees through reward, recognition, training, and the implementation of a coproduction culture. By supporting and motivating employees, they will be more satisfied (Yim, Chan & Lam, 2012). Also, the results were supported by Balbale et al. (2015) that engaging health care employees to understand their unique perceptions around PCC is essential to improve the quality of care.

4.2.3 Conclusion of Hospital B Findings

This section presents the within-case analysis by comparing the skilled professionals' quantitative results and the qualitative perception of the managers at Hospital B. The analysis was conducted with reference to the research questions.

The reasons that encouraged the skilled professionals to leave.

Both the quantitative and qualitative data emphasize pay as the top driver for skilled professionals to leave. The top reasons that influence the intention of leaving and seeking another job are similar to the studies that were conducted in the western countries: Work Institute retention report 2019 ranked compensation and benefits number four but SHRM 2017, ranked pay number one, and Willis Towers 2016, ranked pay as number one which is similar to Hospital A results. This was explained by most managers that pay was an important driver, especially during the bad economic situation that Lebanon is passing through. Also, this is supported by the skilled professionals' response regarding the reasons that encourage them to leave Hospital B in the coming 12 months.

The reasons that encourage the skilled professionals to stay.

The quantitative data shows that the definite reasons that encouraged current employees to stay in their jobs at Hospital B were supervisor support (75%), work environment (63%), relationship with co-workers (63%), and flexible scheduling (63%). On the other hand, the managers perceived that the retention drivers were flexibility, leadership support, pay, and a friendly environment.

Therefore, both the quantitative and qualitative results emphasized supervisor support, flexibility, and work environment as the top retention drivers. Therefore, the retention drivers from both skilled professionals and managerial views at Hospital B are compatible. This is confirmed by Naude et al. (2005) in a study conducted in Western Australian Hospitals that showed that the retention factors were friendly and supportive staff, effective management, job satisfaction, staff development, and opportunities for new challenges. Also, this meets with Eltaybani et al.'s (2018) study in Japan that stated that the intention to stay was positively associated with managers' support, perceived quality of care, work engagement, and educational opportunities (Eltaybani et al., 2018).

Moreover, both the quantitative and qualitative data show that total rewards including monetary and nonmonetary contribute to employee retention.

Therefore, in Hospital B, the quantitative results support the qualitative findings regarding the skilled professionals' main reasons for leaving and staying in their jobs. The top reason to leave was paying and the top reasons to stay were leadership support and flexibility.

Relation between internal service quality and employee retention.

The quantitative results generated from the questionnaire showed the perception of the skilled professionals towards the organizational culture that care for both patients and employees was high. According to them, hospital B has a culture that puts patients first, encourages initiatives and innovations, and promotes teamwork to a large extent. However, no correlation was found between the internal service quality factors and employee retention at hospital B. the in-depth interview data and the frequency tables help to overcome the limitations of spearman's correlation. The qualitative data gives an in-depth investigation into the reality of what is going on in hospital B. The managers' interviews revealed their perceptions regarding the impact of the supportive organizational culture, leadership support, and total rewards on the skilled professionals' retention. This also meets with the quantitative results that put leadership support at rank number one retention driver. This was supported by literature as Eisenberger et al. (1997) had stated that as employees perceived leadership support increases so does their intention to stay. Also, manager leadership behavior was identified by Taunton et al. (1997) as the most likely factor to improve the retention of nurses' staff. Jamrog et al. (2004), Wagner (2006), Joo (2010), Mignonac et al.

(2013), and Kim (2014) showed the positive relationship between leaders and employees may serve as a retention strategy.

Both the quantitative and qualitative results showed that to retain skilled professionals both financial and non-financial rewards are essential. This complies with three of WorldatWork 2015 total rewards strategies: compensation, benefits, and talent development. Adzei and Atinga (2012) showed that financial incentives alone are necessary but may not be sufficient to stimulate healthcare worker retention, and a variety of nonfinancial packages are crucial in retaining them. Aguinis (2013) suggested using monetary and nonmonetary rewards.

Consequently, the internal work-life quality factors motivate employees leading to their satisfaction and enhancing their engagement, leading to employee retention.

Role of employee satisfaction and engagement

Although no statistical correlation was found between employee satisfaction and engagement and intention to stay, the managerial perceptions supported the assertion that employee satisfaction and engagement are vital in retaining skilled professionals. Also, the reason for staying frequency table showed that the skilled professionals at Hospital B are highly satisfied with the nonfinancial factors of, flexible scheduling, training and development, recognition, appreciation program, leaves and vacations, and WLB. This perception that job satisfaction among health workers is a good predictor of staff retention was reinforced by Shields et al. (2001), Tsai (2011), and Wang et al. (2011). Furthermore, the employee engagement impact on retention was reinforced by Hewitt's (2015) employee engagement model.

The relation between employee retention and PCC

The qualitative in-depth interviews revealed that employee retention has a positive impact on PCC since the professionals have the experience and knowledge on how to deal with patients. This is supported by the SPC model that employee retention drives external quality services. This perception was explained in literature by Gering and Conner's (2002) study that revealed that the longer the employee stays in a hospital, the more are benefits to the patients, and Reeves et al. (2005) and Avgar et al. (2011) who found a positive significant relationship between PCC and the reduction of employee turnover intentions. Also, the WHO (2000) highlighted that employee

retention can improve patient care through experienced staff. However, the quantitative data did not show any significant correlation between the intention to stay and PCC.

Three managers did not perceive any relationship between employee retention and PCC. However, another three managers perceived the reverse impact of PCC on employee retention. This was explained by Charmel and Frampton (2008) that the patient-centered approach resulted in clinical and operational benefits such as increased patient satisfaction, and increased staff retention.

4.2.4 Summary of Key findings of Hospital B

In conclusion, Hospital B's quantitative and qualitative findings supported the research conceptual framework (figure 2.7). The flexible organizational culture, total rewards, leadership support, and employee satisfaction and engagement motivate the skilled professionals to stay in their hospital. Then the retained employees with their experience and organizational PCC knowledge will deliver better PCC. However, it is essential to mention that some managers perceived that PCC could also act as a retention driver. If the patients are satisfied with the care, they will push the employees and increase their satisfaction with their jobs, and therefore, they will stay.

4.3 Chapter Summary

This chapter presented the quantitative and the qualitative findings of both case studies: Hospital A and Hospital B, considering the research questions. Within-case analysis was conducted at each case study hospital. In general, the reasons to leave or stay are similar to the results of studies conducted in western countries. The top reasons for the skilled professionals to leave were pay and stress, and the main retention drivers are non-financial rewards such as flexibility, supervisor support, and others. In both hospitals, the internal workplace quality influences the employees' retention. Also, both case studies support the research conceptual framework with a new perception of the reverse impact of PCC on skilled professionals' retention. The flexible organizational culture, total rewards, leadership support, and employee satisfaction and engagement motivate the skilled professionals to stay in their hospital. Then the retained employees with their experience and organizational PCC knowledge will deliver better PCC. The next chapter presents the discussion of the study using a cross-case analysis to explore trends or patterns and support the conceptual framework.

5. DISCUSSION

The purpose of this multiple case study was to investigate the retention of skilled professional employees at two Lebanese privately-owned family hospitals. The research questions focus on the reasons that encourage the skilled professionals to stay or leave their hospitals and the relations between the internal services quality, the organizational culture, leadership and total reward, employee satisfaction, and engagement, and skilled professionals' retention. Also, the study investigated the relationship between skilled professionals' retention and the delivery of PCC. This chapter presents the discussion of the results based on a cross-case analysis of two private family-owned hospitals with respect to the research questions. The cross-case analysis is used to explore pattern matching across the two hospitals. Both the quantitative results of the skilled professionals' perception and the qualitative findings of the managers' insights are used in the analysis. In the end, the chapter is concluded with an update of the study framework.

5.1 Skilled Professionals' Reasons for Leaving or Staying in Their Hospitals

Acknowledging the reasons why hospital employees decide to leave or stay is vital to the development of health and patient care. The two case studies hospitals are Lebanese family-owned hospitals and face the same Lebanese context challenges that impact the skilled professionals' retention. Table 5.1 shows the skilled professionals' intention to stay or leave in the coming 12 months in hospitals A and B. 83.3% of the sample in Hospital A and 65.7% of Hospital B's sample had the intention to stay in their job in the coming 12 months. However, 12.5% of Hospital A sample and 28.6% of Hospital B were actively seeking to leave in the coming 12 months. While those who maybe will seek to leave their hospital were 4.2% of Hospital A and 5.7% of Hospital B samples. Therefore, 16.7% of Hospital A sample and 34.3% of hospital B sample were reluctant stayers, as per the Proximal Withdrawal States Theory (PWST). This result can be alarming as reluctant stayers can have a negative impact on the hospitals' performance and the implementation of PCC. The high percentage of reluctant stayers may be related to the economic crisis as they are not finding better opportunities.

Table 5.1 The skilled professionals' intention to stay or leave in the coming 12 months in Hospitals A and B

	Hospital A Sample size 72	**Hospital B Sample size 35**	**PWST Category**
Actively seeking another job in the coming 12 months	12.5%	28.6%	Reluctant stayers
The intention of staying at their hospital in the coming 12 months- Not actively seeking another job	83.3%	65.7%	Enthusiastic stayers
Maybe will seek another job in the coming 12 months	4.2%	5.7%	Reluctant stayers

Some theorists speculate that employees who want to quit but stay in the organization may produce problems because of their associated counterproductive behavior (e.g., Burris et al., 2008; Meyer, Becker & Vandenberghe, 2004). Sheridan et al. (2019) studied the behaviors of reluctant stayers in US healthcare organizations limited employment alternatives seem to stoke the negative effect of frustration and associated turnover intentions. It is important to mention that managers in both hospitals acknowledged the importance of employee retention and perceived that employee retention is very important for productivity. According to them, retained skilled professionals become more competent and experienced in implementing the hospital's standards and providing a higher patient experience. Also, some managers considered the costs associated with replacing skilled professionals. These costs are mainly related to new employee orientation and gaining the needed knowledge to perform their jobs.

5.1.1 Reasons for Leaving

Considering the most important reasons that had encouraged the skilled professionals in both case studies to leave their previous jobs, Figure 5.1 shows two comparison graphs of reasons of high importance that led the skilled professionals at Hospital A and Hospital B to leave their previous hospitals. It revealed that stress and lack of promotion are the common among the five most important reasons. This is supported in the literature by the SHRM Employee Job Satisfaction and Engagement Survey in December 2016, which showed that the top five reasons behind employees leaving their organizations were compensation/pay, benefits, job security, career advancement, and workplace stress.

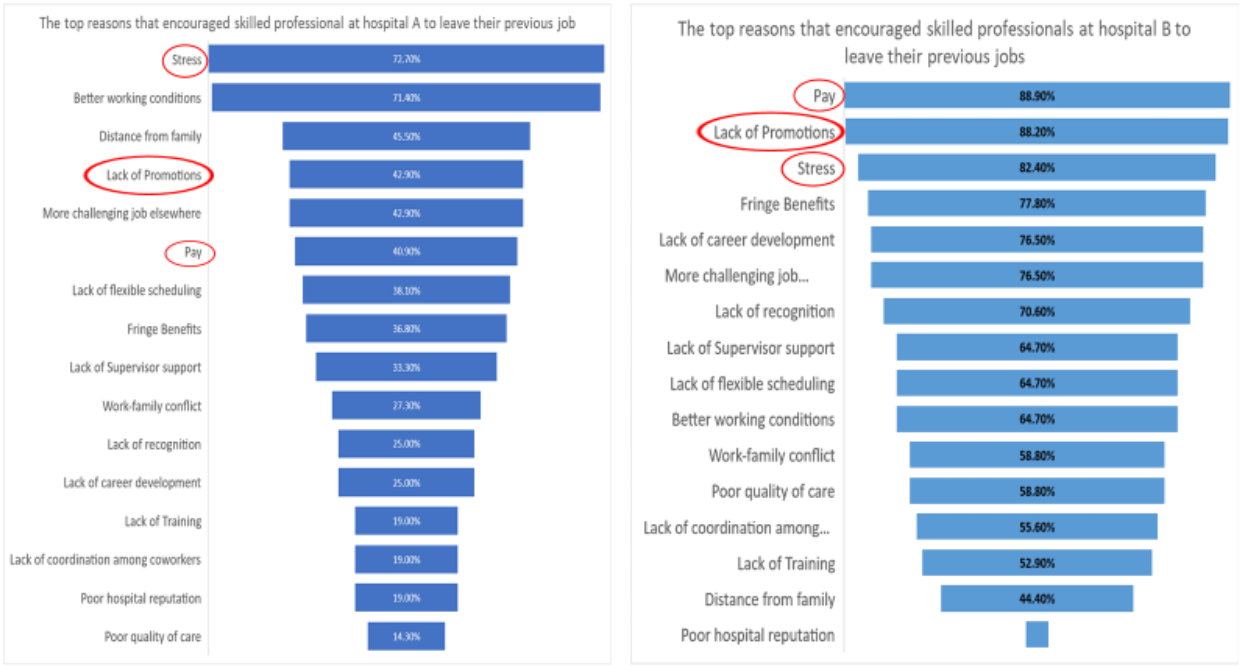

Figure 5.1 The reasons of high importance that encouraged the skilled professionals to leave their previous jobs in both Hospitals A and B

Also, Figure 5.2 shows two comparison graphs of the top five reasons that definitely encouraged the skilled professional to leave Hospital A and Hospital B in the coming twelve months; known as reluctant stayers. The top reasons for Hospital A were stress, pay, fringe benefits, promotion, and more challenging jobs, and the top five reasons to leave Hospital B were pay, lack of training, fringe benefits, lack of supervisor support, and lack of recognition. Therefore, pay and fringe benefits are the top two common reasons that encourage skilled professionals to leave their current hospitals in the coming twelve months. This resembles the literature findings in western countries.

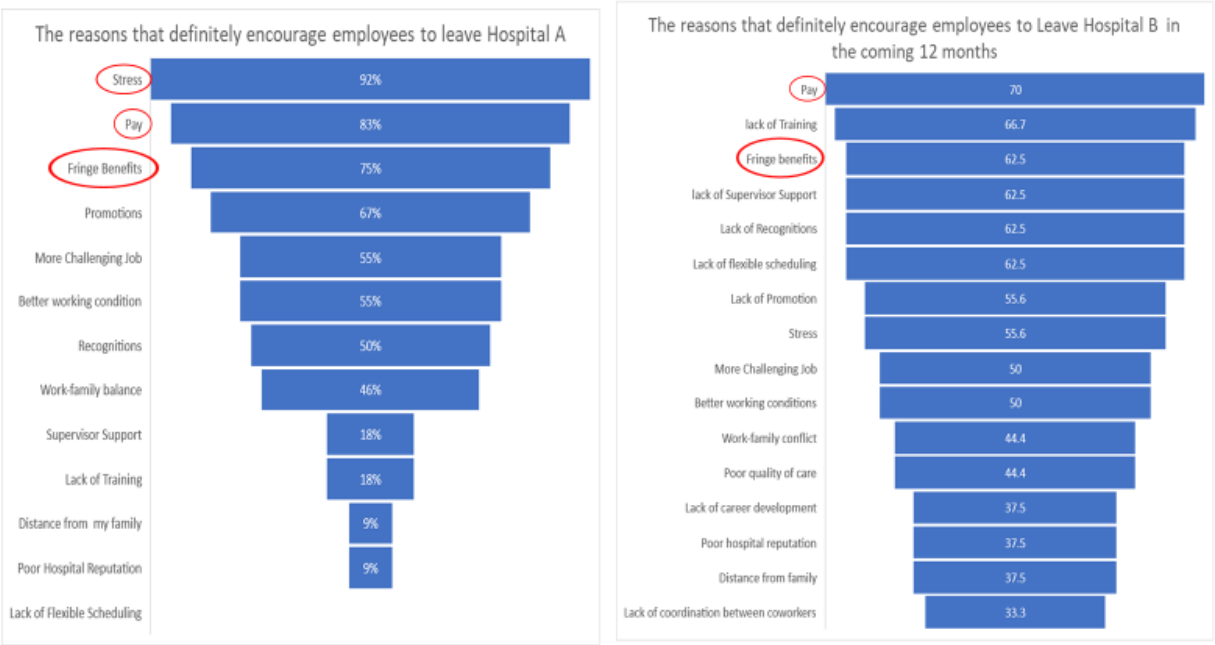

Figure 5.2 The reasons of high importance that encouraged the skilled professionals to leave both Hospitals A and B

Therefore, based on Figure 5.1 and Figure 5.2 the common top reasons that will encourage skilled professionals to leave their hospitals were stress, lack of promotion, pay, and fringe benefits. However, the semi-structured interviews in both hospitals revealed that the managers had mentioned pay and did not mention stress as a perceived reason that encourages skilled professionals to leave. This can be interpreted as the managers in both hospitals either do not perceive stress as an important factor for the skilled professionals to leave or they did not mention stress as a reason because that can make them look bad. It is important to mention that the work-life pulse reports in 2017 and 2019 in Hospital A revealed that 64% of the skilled professionals were stressful in 2017 and 56% were stressful in 2019. These archival reports revealed that the managers at Hospital A were aware of stress and had taken improvement actions after the first report in 2017 as they introduced stress management programs and wellness programs to their human resource management. Year 2019 report showed slight improvement as 56% of the skilled professionals were still stressed. But, in Hospital B accessibility to archival data was not allowed. Hence, stress is an important reason for leaving that should not be ignored and should be given attention through further future research and the study of practical recommendations to managers.

On the other hand, from the managerial perspective in both hospitals, the common top reasons that encourage skilled professionals to leave their hospitals were pay and better job opportunities. Therefore, in both hospitals, the quantitative perception of skilled professionals matches the qualitative managers' perception regarding the major reasons that encourage them to leave. Pay is the major reason for leaving from both skilled professionals' and managers' perspectives. The results support the SHRM 2017 study that showed that compensation/pay is the top reason for employees to leave their organizations. Also, the findings confirm that even after ten years of El-Jardelli et al.'s (2009) study, the unsatisfactory salary is still the leading reason that encourages the employees in Lebanese hospitals to leave. Also, the results confirm the cross-sectional survey conducted in Jordan that revealed that the dominant factors influencing their intention to leave were pay and benefits, shortage of nurses, and praise and recognition (Al Momani, 2017). Therefore, the most prevailing reason for skilled professionals to leave their hospitals resembles the most common reason for employees to leave their hospitals in western countries and the Middle East countries.

5.1.2 Reasons for Staying

The most dominant reasons of high importance that encouraged the skilled professionals to stay in their hospitals in the coming twelve months (Figure 5.3) were flexible scheduling, quality of care, supervisor support, work environment, and the relationship between co-workers. Therefore, the retention drivers were mainly related to internal service quality related to organizational culture, leadership support, and nonfinancial rewards as per the total reward system. On the other hand, the retention strategies that were mentioned by the managers in both hospitals were flexible schedules, recognition programs, pay, family and friendly work environment, and supporting continuous training and advancement programs. Most of the managers agreed that flexible scheduling and recognition programs are the major retention strategies, followed by pay.

The common retention drivers from the perception of both managers and skilled professionals were flexibility, recognition, and work environment. These drivers are mainly nonfinancial rewards. This is confirmed by Naude et al. (2005) in a study conducted in Western Australian Hospitals that showed that the retention factors were friendly and supportive staff, effective management, job satisfaction, staff development, and opportunities for new challenges. Also, this meets with Eltaybani et al.'s (2018) study in Japan that stated that the intention to stay was

positively associated with managers' support, perceived quality of care, work engagement, and educational opportunities (Eltaybani et al., 2018).

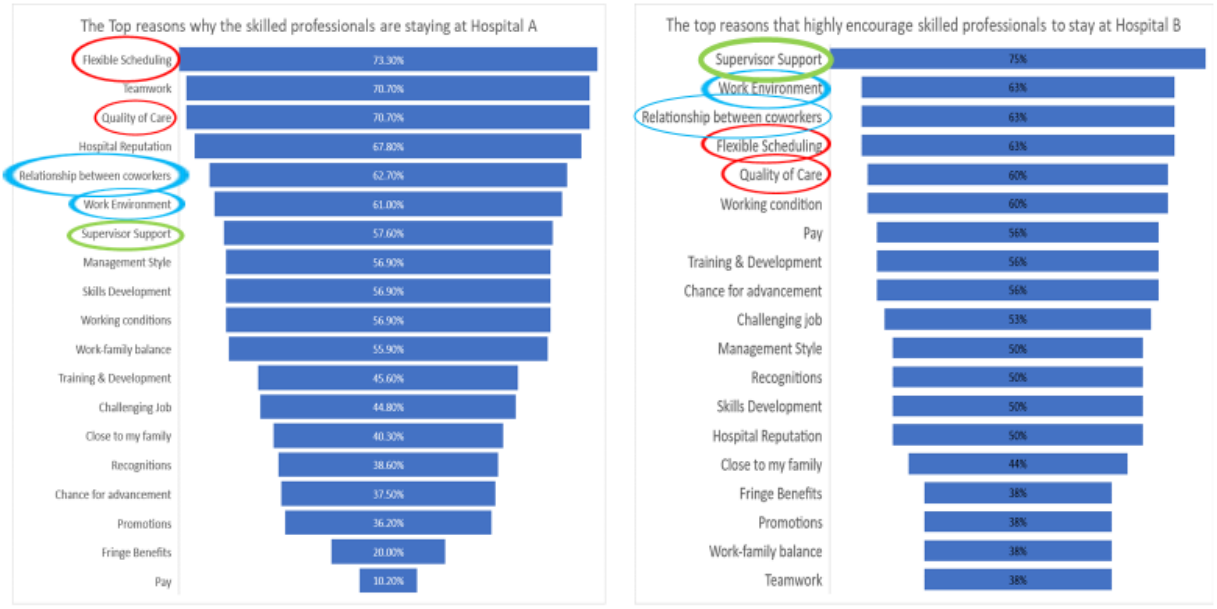

Figure 5.3 The reasons of high importance that encouraged the skilled professionals to stay in both Hospitals A and B

This was explained by Adzei and Atinga (2012) and Willis-Shattuck et al. (2008) that the financial incentives alone are necessary but may not be sufficient to stimulate healthcare worker retention, and a variety of nonfinancial packages are crucial in retaining them. Aguinis (2013) suggested using monetary and nonmonetary rewards to retain employees. Also, it is important to note that flexibility is related to the WLB practices at the hospitals. The results showed the importance of WLB in retaining employees. This is confirmed by several research. WLB is positively related to employee retention as found by scholars (O'Neill et al., 2009; Bearuregard & Henry, 2009). Perceived flexibility and supportive work-life policies are associated with better employee engagement which helps in retaining employees (Richman et al., 2008).

Considering the retention factors from both skilled professionals' perception and managerial perspectives, Table 5.2 was designed. This table reveals the important role of internal service quality in retaining employees.

Table 5.2 Retention factors in Lebanese Private Hospitals

From skilled professionals' perspectives	From managerial perspectives
- Flexible scheduling - Quality of care - Supervisor support - Work environment - Relationship between co-workers	- Flexibility including Flexible scheduling - Recognition - Work environment - Pay

This meets with the literature review that was conducted by Deery (2008) which highlighted the role of WLB in employees' decisions to leave or stay. Flexibility was found to be an important factor in the retention of allied health professionals (Loan-Clarke et al., 2010). Also, the results resemble Eltaybani et al. (2018) who showed the intention to stay was positively associated with managers' support, perceived quality of care, work engagement, and educational opportunities. The results also are similar to the studies in hospitals in the Middle East region. Abu Al Rub et al. (2017) conducted a quantitative survey on Jordanian nurses and found that the leadership behaviors and organizational culture were positively associated with the level of intention to stay at work. However, the study results are not aligned with the CIPD survey report (2012) on employee retention in six Asian countries that showed that increased pay and improved benefits top the list of retention factors. This study reveals that the nonfinancial, work environment, leadership, and flexibility are the leading retention drivers in Lebanese private hospitals. This may be due to the bad economic situation in Lebanon that led the hospitals to emphasize the nonfinancial rewards with their skilled professionals to retain their employees. Therefore, regarding RQ1, the skilled professionals' perspectives met the managerial perspectives regarding the reasons for leaving or staying in their hospitals. The top reasons that encourage skilled professionals to leave were stress, lack of promotion, pay, and benefits. While the top reasons to stay are mainly nonfinancial as revealed in Table 5.2. This confirms the literature that states that turnover reasons differ from retention reasons (Hom et al., 2019). Also, the study shows that the reasons are similar to those of western countries. This explains that what contributes to employees' retention is related to the organizational practices and the internal service quality. Progressing towards the study framework, the following section discusses the relation between internal service quality and skilled professionals' retention.

5.2 Internal Quality Services Link With Retention

Reference to the study conceptual model and the research question RQ2 that aims at studying the impact of the internal quality services: organizational culture, leadership, and total rewards on the skilled professionals' retention in the Lebanese private hospitals, both the quantitative and qualitative data were used in the cross-case analysis. Although the quantitative findings of both hospitals showed moderate, weak, or even no correlation between the internal quality services and intention to stay, the analysis is based on the frequency tables results and the in-depth interviews' findings. This section shows the impact of each internal service quality component on the skilled professionals' retention.

5.2.1 Organizational Culture

From the skilled professionals and managerial perspectives in both case studies, the supportive organizational culture that cares for employees is an important retention factor. The organizational culture characteristics lead the skilled professionals to stay in their hospitals. That is, the more the organizational culture cares for employees, the higher the intention to stay. The interviews showed the perception of managers about the important impact of the supportive and flexible organizational culture on skilled professionals' retention. The organizational culture was perceived by all managers as an essential driver for retention. They stated that the crucial retention characteristics of the organizational culture were supportive, flexible, and giving chance for advancement. This confirms the study of Abu Al Rub et al. (2017), Chatterjee (2009), and Shumba et al. (2017) that found that the organizational culture was considered an important factor that influences health worker retention. Also, confirms the results of the Work Institute retention report 2019 that positioned flexibility among the top ten categories for employees to stay. Also, the organizational culture characteristics that are perceived by the managers drive the stay engagement outcome in Hewitt's engagement model. They increase the likelihood that employees will remain at their current employer and enhance the sense of belonging and desire to be part of the organization.

5.2.2 Leadership Support

Both the quantitative and qualitative findings emphasized the role of supportive leaders in retaining their skilled professionals. If the relationship of the employee with his/her manager is good, the

employee is going to stay and vice versa. According to them, a supportive leader makes the work environment better, thus leading to employee satisfaction and retention. The leadership recognitions and support are essential for employees to stay. Also, referring to the quantitative results in Figure 5.3, manager support was one of the top retention drivers. The results showed the importance of the relationship with the leaders' support in retaining skilled professionals, which was revealed by several studies by Wagner (2006), Jamrog et al. (2004), Cowden et al. (2011), Kim (2014), Tourangeau and Cranley (2006) and Paille (2013). Moreover, the results can be explained by the Leader-Member Exchange theory which stated that the employees desire to reciprocate favors toward their direct supervisor (Cropanzano & Mitchell, 2005; Ertürk & Vurgun, 2015). This also confirms the literature that suggests that an effective leadership style promotes staff retention (McDaniel & Wolf, 1992; Taunton et al., 1997; Shobbrook & Fenton, 2002; Naude et al., 2005; Kleinman, 2004; Cowden et al., 2011). Supportive supervision from managers was considered a contributing factor to employee retention (Joo, 2010; Cowden et al., 2011; Mignonac et al., 2013).

The managers' perception regarding leadership impact on skilled professional retention was also supported by Abu Al Rub et al. (2017) study of Jordanian nurses and by Eltaybani et al. (2018) study of Japanese nurses that the intention to stay was positively associated with managers' support. Also, the managers support their staff through recognition and provide the chance for advancement and continuous education. This is supported by both participative and transformational leadership style that enhances employee retention (Kroon & Freeze, 2013; Volk & Lucas, 1991), and according to Wagner (2006), leaders and immediate supervisors are responsible to retain employees. Employees want supervisors that treat them with respect and dignity, and coach, teach and motivate them.

5.2.3 Total Rewards

Both hospitals' findings are supported by the Total Rewards Model in 2012 (Figure 2.5) which describes and accounts for six key strategies: Compensation, benefits, work-life balance, performance and recognition, development, and career opportunities. These strategies have a direct impact on the retention of employees. Also, Dewhurst et al. (2009) argued that retention cannot be accomplished through financial incentives alone, some nonfinancial motivators are more effective in building long-term talent engagement.

That is, when the skilled professionals in both hospitals are satisfied with their income, incentives, the opportunity for career advancement, and promotion, they will stay in their hospitals and vice versa. Referring to the total rewards system, these rewards are both financial and non-financial. This result was supported by Dewhurst et al. (2009) that showed that retention cannot be accomplished through financial incentives alone, some nonfinancial motivators are more effective in building long-term talent engagement. Moreover, the managers revealed the importance of total rewards on the employees' retention. According to them pay is important, especially during a recession; however, the managers rely on non-financial rewards to retain their employees. As employees are not only concerned with monetary rewards, but also non-financial rewards as they will leave regardless of the pay offered.

It is important to note that both hospitals' managers perceived that the economic recession and competition are the major challenges to implementing retention strategies. The economic recession in Lebanon acts as a barrier to investing in retention strategies. As a result, the managers referred to non-financial rewards as recognitions and flexible scheduling to engage employees and let them stay. The general country's economic environment was turbulent and had a bad impact on the hospitals due to the late reimbursements causing liquidity problems. With limited HR budgets, non-financial strategies can be a feasible alternative to costly financial rewards (Prouska et al., 2016). Also, this finding was supported by literature, when some European countries (Greece, Romania, and Bulgaria) faced critical financial problems (Arghyrou & Tsoukalas, 2010), many organizations faced liquidity problems and this directly affected the reward systems applied (Kouretas & Vlamis, 2010).

Therefore, the study shows that the internal service quality not only enhances retention but also enhances supportive leadership and satisfaction, and engagement. Also, the leadership support and the total rewards system increase employee retention. That is, the more supportive the leader, the more the employee will have the intention to stay. The more the employees are satisfied with their total rewards they are going to stay. Therefore, supporting the study framework that the internal service quality factors lead to employee retention.

5.3 Role of Employee Satisfaction and Engagement

Both the quantitative and qualitative findings show that employee satisfaction and engagement act as facilitators to employee retention. The results support the study framework. The findings support the answers for RQ3:" How do hospital managers and skilled professionals perceive the role of employee satisfaction and engagement in the link between the internal service quality factors and employee retention"? The results show that the internal service quality contributes to employee satisfaction and engagement, and in turn, they contribute to both employee retention and delivery of PCC. Empirical evidence suggests that employee satisfaction only partially mediates the effect of internal service quality on employee retention (Heskett et al., 1994; Jiang et al., 2012). The employees' satisfaction and engagement were identified by the managers as essential retention factors. When employees are satisfied with their jobs, they are going to stay. Also, they identified some satisfaction and engagement drivers as flexibility, good relationship with leaders, support, and recognition, which have also been identified as retention drivers. The qualitative findings comply with the literature relating job satisfaction and employee engagement with employee retention. There is much research that supports the link between job satisfaction and employee retention, where increases in job satisfaction may increase the employee's desire to stay at the company for a longer time (Michael et al., 2016; Mohsin & Lengler, 2015; Hausknecht et al., 2009). Also, the managers' perception was supported by Shields et al. (2001), Tsai (2011), and Wang et al. (2011) that found that job satisfaction among health workers is a good predictor of staff retention. In addition, Rayton et al. (2012) and Wagner (2006) showed a positive association between employee engagement and staff retention. The higher the employee engagement, the higher the retention rate is. Moreover, according to Hewitt (2018) on trends in global employee engagement, the global top engagement opportunities are Rewards and recognitions; senior leadership; career opportunities; employee value proposition, and enabling infrastructure which is related to the internal quality services.

The model identifies organizational engagement drivers that will lead to achieving the organizational outcomes and employee retention is one of them. Also, it is important to link this model with the SPC that explains that internal service quality, including organizational culture, leadership, and total rewards system, drives employee satisfaction and employee engagement.

Both employee satisfaction and engagement drive employee retention, which will drive external service value, the PCC at the hospital.

Moreover, the findings reveal the relationship between employee satisfaction and engagement and PCC implementation. This can be explained by the co-production concept. According to Haumann et al. (2015), coproduction is an increasingly common phenomenon in product and service settings alike and refers to a customer's active contribution to service delivery. In coproduced services, employees need the support of the organization and its management to deliver quality service. The internal service quality may support service employees through reward, recognition, training, and the implementation of a coproduction culture. By supporting and motivating employees, they will be more satisfied (Yim, Chan & Lam, 2012). Caregivers cannot make patients healthy and satisfied if they do not feel equally valued. As such, patient-centered cultures begin with a focus on healthcare workers (Earl, 2017). Prakash and Srivastava's (2019) quantitative study showed that internal service quality impacts PCC and employee satisfaction and indicated that employee satisfaction positively influences PCC.

5.4 The Relation Between Employee Retention and the Delivery of PCC

To answer RQ4 about the relationship between employee retention and delivery of PCC, the relationship was divided into two ways: the skilled professionals' retention enhances the delivery of PCC and the reverse impact of PCC on their retention, as a retention driver.

The managers in both hospitals acknowledged the importance of employee retention to the performance of their hospitals and its relationship with the delivery of PCC. Most of the hospitals' managers perceived that retained professionals with their PCC knowledge and experience can create good relationships with patients and families and deliver better PCC. This confirms with Yim, Chan, and Lam (2012) that the internal service quality may support service employees through reward, recognition, training, and the implementation of a coproduction culture. By supporting and motivating employees, they will be more satisfied. The literature on employee retention clearly explains that satisfied employees who are happy with their jobs are more devoted to doing a good job and look forward to improving their organizational customers' satisfaction (Denton, 2000). Also, this perception was supported by literature by Gering and Conner's (2002) study that revealed that the longer the employee stays in a hospital, the more are benefits to the

patients, and Reeves et al. (2005) and Avgar et al. (2011) who found a positive significant relationship between PCC and the reduction of employee turnover intentions.

On the other hand, the delivery of PCC creates a good relationship between the skilled professionals and patients, making their work more meaningful and motivational; thus, acting as a retention driver. Managers argued that satisfied patients give motivation to the employees and increase their job satisfaction and engagement, thus staying in their hospitals. This was also confirmed by the quantitative data which showed that the quality of care was one of the top retention drivers in both hospitals (Figure 5.3). Therefore, by providing quality PCC, skilled professionals are motivated to stay in their hospitals. This is supported by Ma et al. (2009) that the nurses who intended to stay had a higher perception of the quality of patient care. According to most managers, retained skilled professionals had built their knowledge and experience in PCC and had created a good relationship with their patients and their families. According to them, the PCC supports employee retention as when employees are satisfied and happy, this will be reflected in their patients' satisfaction and experience. Happy and satisfied patients will give a push and motivate employees to stay. Prakash and Srivastava (2019) showed that internal service quality impacts PCC and employee satisfaction and indicated that employee satisfaction positively influences PCC. Moreover, the findings are supported by Bodenbeimer and Sinsky's (2014) quadruple aim of health care, which contends that caring for the patient requires care of the healthcare providers and by Hower et al. (2019) three levels of determinants in the implementation of PCC, where the organizational level determinants are incentives and rewards, leadership behavior, corporate culture, employee retention, and satisfaction (Hower et al., 2019). Caregivers cannot make patients healthy and satisfied if they do not feel equally valued. As such, patient-centered cultures begin with a focus on healthcare workers (Earl, 2017). Also, the findings are supported by Den Boer et al. (2017), Edvardsson et al. (2011), Roen et al. (2018), and Vassbo et al. (2019) which showed a significant positive association between job satisfaction and PCC.

5.5 The Study Framework

In general, both the quantitative and qualitative findings support the conceptual framework (Figure 2.7) that was guided by the SPC model and coproduction concept. The part of the SPC business model that deals with the relationship between internal quality services and external quality services can give a new understanding of how employees can be retained and engaged. Again, the

motivation for this research rests on the realization that the relationship between internal service quality and employee retention is not thoroughly explored in Middle East hospitals, particularly in Lebanon. Also, as mentioned before, studies of SPC conducted by Solnet et al. (2018) and Brown and Lam (2008) indicated that the context in which the organization operates influences the relationships between the variables in the SPC. According to managers' perceptions in theme 3, the major key features of the context challenges that affect employee retention in private hospitals were economic crisis and competition**.** It is important to note that both hospitals' managers perceived that the economic recession and competition are the major challenges to implementing retention strategies. The economic recession in Lebanon acts as a barrier to investing in retention strategies. As a result, the managers referred to non-financial rewards as recognitions and flexible scheduling to engage employees and let them stay. The general country's economic environment was turbulent and had a bad impact on the hospitals due to the late reimbursements causing liquidity problems. With limited HR budgets, non-financial strategies can be a feasible alternative to costly financial rewards (Prouska et al., 2016).

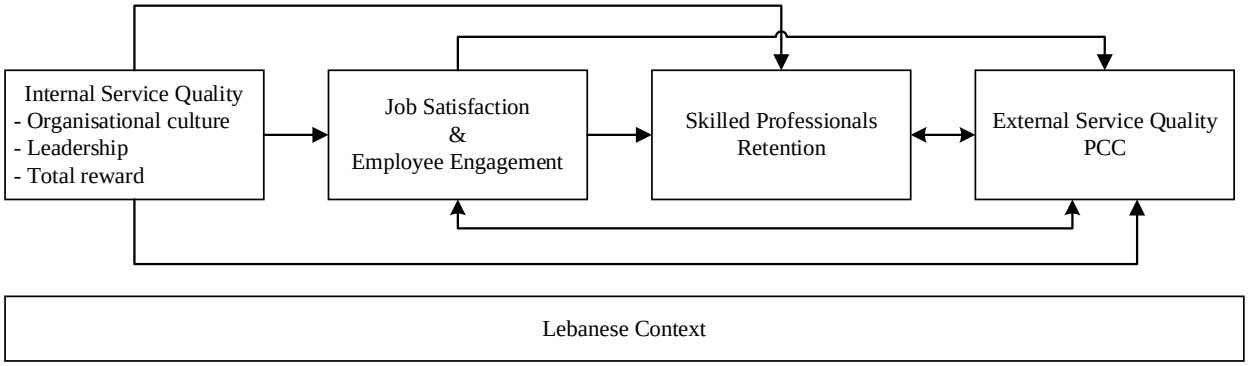

Figure 5.4 The study framework

As described in the framework (Figure 5.4), it is also worth adopting the perspective of non-linearity to investigate the nature of other links in the framework (Yee et al., 2009). Empirical studies often indicate that the SPC linkages relationships are complex and non-linear (Agustin & Singh, 2005; Matzler et al., 2004; Mittal & Kamakura, 2001; Mittal et al., 1998). Based on the findings, the framework model of this study has four levels of inputs leading to a cyclical relationship:

1. Internal service quality: the organizational related factors, organizational culture, leadership, and total reward system, drive employee satisfaction and enhance engagement. Also, these factors

in turn have a direct impact on the skilled professionals' retention. Also, the internal service quality directly influences the skilled professionals' retention and has a direct impact on the implementation of the external service quality, PCC.

2. Employee satisfaction and engagement drive the skilled professionals' retention. Also, satisfied and engaged staff can directly have an impact on the implementation of PCC.

3. Skilled professionals' retention which in turn drives the delivery of PCC at the hospital.

4. The delivery of PCC has an impact on the retention of skilled professionals. Moreover, the delivery of PCC leads to a reverse relation between employee satisfaction and engagement.

Internal service quality, including organizational culture, leadership, and total rewards system, drives employee satisfaction and employee engagement. Both employee satisfaction and engagement drive employee retention, which will drive the external service value, which is designated as delivery of PCC. The internal service quality may support service employees through reward, recognition, training, and the implementation of a coproduction culture. By supporting and motivating employees, they will be more satisfied (Yim, Chan & Lam, 2012). The retained skilled professionals built their knowledge and experience in PCC; thus, providing better PCC. According to Ma et al. (2009) quantitative study in Taiwan hospitals, the nurses who intended to stay had a higher perception of the quality of patient care. This supports the reverse relationship between the implementation of PCC and employee retention.

The results comply with the coproduction concept that revealed that employees need the support of the organization and its management to deliver quality service. Also, the results were supported by Balbale et al. (2015) that engaging health care employees to understand their unique perceptions around PCC is essential to improve the quality of care.

5.6 Chapter Summary

The discussion chapter deliberated the answers to the four research questions and led to establishing the study framework in the context of Lebanese private hospitals. For RQ1, the skilled professionals' reasons to leave or stay in Lebanese hospitals are similar to those in western countries. Pay and fringe benefits are the major push for leaving and the dominant retention drivers, from both the skilled professionals' perspectives and managerial perspectives, focus on

the non-financial rewards such as flexibility, supervisor support, recognition, and continuous training, Regarding RQ2, the organizational factors as the culture that cares for employees, supportive leaders, and satisfaction with the total rewards enhance employee retention. RQ3, reveals the role of employee satisfaction and engagement as a facilitator between internal service quality and employee retention, in addition to the dual relationship with PCC. Finally, for RQ4, the study shows a two-way relationship between employee retention and PCC. Then the answers to the research questions helped in deciding on the update of the study framework. The internal service quality leads to the employees' satisfaction and engagement. Thus, fostering employee retention. The retained and experienced satisfied skilled professionals provide better PCC. Also, when the PCC is well-implemented, it will motivate skilled professionals' retention.

6. CONCLUSION

This chapter concludes the thesis by presenting a general summary of the previous chapters and the study conclusion which is guided by the research questions. Also, the study recommendations and both the theoretical and practical contributions are presented and discussed, followed by the study limitations and the research impact.

6.1 Summary

Currently, one of the major concerns of the Lebanese Private hospitals is to retain talented, PCC professionals who can play an important role in improving the hospitals' quality of services and providing better PCC.

The purpose of this study was to investigate the retention of skilled professionals and its relation with internal quality services and PCC in the turbulent context of Lebanese private hospitals. The core objectives of this study are (1) to explore the reasons why skilled professional employees are staying/or leaving their jobs in Lebanese private hospitals, (2) to investigate the managers' and employees' perception of the impact of the internal service quality components as organizational culture, leadership, and total rewards, on the employee retention in these hospitals and (3) to study the relationship between the hospitals' employee retention and the delivery of PCC from both employees and managerial perspectives.

The research is a multiple case study guided by the pragmatism research paradigm and the abductive reasoning approach. This research design enables an in-depth, multifaceted exploration of employee retention in the real-life context of Lebanese private hospitals. Two Lebanese private family-owned hospitals were chosen as the two case studies. The concurrent mixed methods design was utilized to collect both quantitative and qualitative data in parallel. The quantitative data was collected through a structured questionnaire administered to the hospitals' skilled professionals, using close-ended and rating scale questions. The hospital skilled professionals included in this study were nursing staff, paramedical staff (medical laboratory technicians, radiology technicians, physiotherapists, pharmacists, etc.), and administrative staff. The physicians were excluded from the study since in the case of Lebanese private hospitals the physicians were not employees in one hospital. The majority of physicians work on a part-time contractual basis in several private and public hospitals. The qualitative data was collected through the hospitals' archival records and in-

depth semi-structured interviews conducted with first-line and middle managers. Both the quantitative and qualitative data were analyzed using within-case analysis and discussed utilizing cross-case analysis**.**

6.2 Conclusion

In the turbulent context of Lebanese private hospitals and alignment with the study purpose, the research contributed to the development of a framework, guided by SPC. The major conclusion is that the internal work-life quality factors motivate employees leading to their satisfaction and enhancing their engagement contributing to employee retention. The second part of the framework continues to show a two-way relationship between skilled professionals' retention and delivery of PCC from their perception.

The study conclusion is based on the cross-case analysis and presented in reference to the research questions. Regarding RQ1, the reasons that encouraged skilled professionals to leave their previous hospitals (Section5.1.1, Figure 5.1) and the reasons that highly encourage them to leave their current hospital within the coming twelve months (Section 5.1.1, Figure 5.2) were investigated. The three most important reasons that encouraged the skilled professionals to leave were stress, pay, and fringe benefits.

On the other hand, the reasons that encouraged the skilled professionals to stay at the Lebanese private hospitals, from both managerial and skilled professionals' perceptions, (Table 5.1 and Figure 5.3) were flexible scheduling, quality of care, supervisor support, work environment, and the relationship between co-workers. Therefore, the retention drivers were mainly non-financial rewards as per the total rewards system. The research confirms Steel, Griffeth, and Hom's (2002) study that argued that the reasons why employees stay are not always the same as the reasons why they leave. Although Lebanon is a developing country with a unique socio-economic context, the study can conclude that the reasons that encourage the skilled professionals to leave and to stay employed at the Lebanese private hospitals resemble the international and western countries, as well as studies conducted in the Middle East region. Therefore, it can be concluded that employee retention is mainly related to organizational internal service quality.

Concerning RQ2, "How do managers and skilled professionals perceive the impact of the internal service quality factors (organizational culture, leadership, and total rewards systems) on skilled

professionals' retention in Lebanese private hospitals"? The study can conclude that the supportive and flexible organizational culture that cares for employees influences the way the retention drivers are shaped and motivate PCC staff to stay. Building organizational culture that motivates staff will increase the likelihood of staying. Also, the study showed that supportive supervisors contribute to the retention of skilled professionals at Lebanese private hospitals. This is also confirmed by international studies and similar studies in the Middle East region, especially in Jordan, which is a neighboring country. In addition, the satisfaction with the total rewards system involving both financial and nonfinancial ensures skilled professionals stay in their hospitals. However, the study showed that the nonfinancial rewards (recognitions and work-life balance approaches) are the major retention factors from both the skilled professionals and managerial perspectives. The Lebanese private hospitals' managers acknowledged the importance of retaining their skilled professionals, and they relied on the nonmonetary rewards approaches as a retention strategy during the turbulent environment. The bad economic situation in Lebanon led the hospitals to emphasize nonfinancial rewards as retention strategies to retain their employees. This is supported by the studies that were conducted during an economic turbulent environment in Europe and the United Arab Emirates. The research findings related to the impact of the organizational culture, leadership, and total rewards system on skilled professionals' retention in Lebanese private hospitals. This is supported by coproduction and SPC.

Referring to RQ3 "How do hospital managers and skilled professionals perceive the role of employee satisfaction and engagement in the link between the internal service quality factors and employee retention?" The study shows that internal service quality contributes to employee satisfaction and engagement, which leads to retention. Also, the study shows a dual relationship between satisfaction and engagement and PCC as it shows that satisfied and engaged employees can enhance PCC delivery, and the delivery of PCC contributes to skilled professionals' satisfaction and engagement.

Regarding RQ4, "How is the relationship between employee retention and the delivery of PCC perceived by both hospital managers and skilled professionals?", the study can conclude that the retained skilled professionals with their PCC knowledge and experience can create a good relationship with patients and families and deliver better PCC. On the other hand, the delivery of

PCC establishes a good relationship between the skilled professionals and their patients, making their work more meaningful and motivational; thus, acting as a retention driver.

According to the hospitals' managers, the PCC supports employee retention as when employees are satisfied and happy, this will be reflected in their patients' satisfaction and experience. Happy and satisfied patients will give a push and motivate employees to stay. The literature on employee retention clearly explains that satisfied employees who are happy with their jobs are more devoted to doing a good job and look forward to improving their organizational customers' satisfaction through PCC. Therefore, the study showed a two-way relationship or reciprocal relationship between skilled professionals' retention and the delivery of PCC.

By answering the research questions, the study has added a new lens to the employees' retention and the SPC model in general and specifically in Lebanese private hospitals. The next sections discuss the study recommendations as well as the theoretical and practical contributions.

6.3 Recommendations

The study recommends that the hospitals' policymakers, HR managers, and other managers pay greater attention to the internal service quality components in establishing their employees' retention strategies. To retain skilled professionals or the PCC workforce, creating a supportive organizational culture and effective leadership that motivates and energizes employees are recommended. Also, the study urges the hospital managers to pay consideration to reluctant stayers, who can affect the hospitals' performance negatively. Therefore, it is advisable that the hospital management continuously assess the skilled professionals' perceptions regarding their satisfaction and engagement with the internal service quality components, specifically, organizational culture, leadership, total rewards, and their intention to stay or leave through surveys and interviews to highlight gaps and immediately remedy them with corrective actions that will contribute to their retention. Furthermore, the study findings showed that stress is an important reason for leaving and that the leaders are sometimes the source of stress to some skilled professionals, so this should not be ignored by the policymakers and managers in both hospitals A and B. Therefore, it is recommended that the managers in both hospitals should introduce stress management programs for their employees as well as raise awareness among leaders on the importance of being supportive to keep their staff motivated and engaged.

6.4 Theoretical Contributions

As far as the theoretical contributions of this research are concerned, the study presents a new research framework, guided by SPC. The research contributes to the literature on operation management, HR management, and service management by focusing on non-linear, cyclical relationships between internal service quality, employee satisfaction and engagement, employee retention, and external service quality, as perceived by the employees. Also, the study highlighted the importance of skilled professional retention in the framework. This thesis provides a new perspective on employee retention under the guidance of SPC. The study framework (Figure 5.4) shows the study's originality that added new modifications and approaches to the chain. The study has added the reciprocal relationship between PCC delivery (external service quality), employees' perception, and employee retention. Therefore, the study framework focuses mainly on the perceptions of the skilled professionals throughout the chain. Therefore, the perception of external service quality is added to the employees' loop of the SPC rather than the customers' loop.

The study is noted as the first study examining the SPC in Lebanese hospitals using quantitative and qualitative methods and thus addresses a contextual gap in knowledge. The research offers an opportunity to generate novel data and new perspectives on employee retention in Lebanese private hospitals. This data is very important to these hospitals since their primary concern is to retain their skilled professionals, the talented, professional PCC staff, who can play an essential role in improving the hospitals' quality of services and providing PCC. The study has added to the body of literature on employee retention in hospitals and specifically in Lebanese hospitals. There is no literature on employee retention and its relation to the Lebanese hospitals' internal service quality and external service quality (PCC). The study explored one section of SPC between the internal service quality and the external service quality, delivery of PCC, in the Lebanese private hospitals. The internal work-life quality factors motivate employees leading to their satisfaction and enhancing their engagement, leading to employee retention.

The second unique contribution is using the coproduction concept to explain the chain in the framework in the Lebanese private hospital. Also, the coproduction lens is new in explaining the SPC. The study shows the importance of skilled professionals in the delivery of PCC. Skilled professionals are considered a significant key in providing PCC services. Therefore, their retention is vital for successful PCC in coproduced services; employees need the support of their hospitals

through the organizational factors to deliver quality service. The internal service quality supports the skilled professionals through the supportive and flexible organizational culture, supportive leadership, and total rewards system.

6.5 Practical Contributions

The study contributes to actionable knowledge that changes Lebanese private hospitals, which face several employees retention external challenges such as skilled professionals shortage, economic recession, political instability, and market competition. It can help hospital policymakers and managers better manage their work environments and provide them with appropriate incentives and support to encourage employees to stay by creating a delightful and engaging atmosphere. The CEOs, HR managers, and line managers of Lebanese hospitals and other types of businesses can benefit from this study since it fosters their knowledge about the importance of employee retention and allow them to examine their organizational factors, or may apply the research findings in their retention strategies to improve their organizational outcomes. This research also highlights the attention of hospital policymakers and managers to the importance of the link between the internal organizational quality services and the external quality services mediated by employee retention. Since the Lebanese hospitals must implement effective PCC according to recent national accreditation standards, it is crucial to retain their PCC workforce who got the training and experience in providing PCC and thus better quality of care.

Employees need the support of their hospitals to deliver quality services. Therefore, to retain their skilled professionals, the hospital managers should continuously monitor their organizational culture, leadership approach, and employees through ongoing staff retention surveys and feedback, and accordingly, update their hospitals' retention strategies. By referring to the study data collection, the managers can create their hospital data collection surveys to monitor their skilled professionals' status that influences their retention, and thus, can take corrective and improvement actions that will help retain their staff and improve their hospital performance. Furthermore, the HR managers seeking employee retention need to pay attention to supervisors' support and enhance their staff satisfaction and engagement. Moreover, they can create or update their HR policies and programs to enhance their staff satisfaction and engagement. It is imperative for policymakers in private hospitals to develop supportive and flexible work cultures that the skilled professionals will appreciate to retain them. Also, the study gives the idea to the hospitals'

management to enhance their leadership development program to have more supportive leaders. Lately, with the spread of the COVID-19 pandemic and its global impact on many businesses and on hospitals, in particular, the research can help hospital policymakers and managers to have ideas about managing the work environment and provide them with appropriate incentives and support to encourage them to stay, to improve employees' satisfaction and engagement and increase their employees' retention in the turbulent environment. Also, the study findings show that the Lebanese private hospitals' managers acknowledged the importance of retaining their skilled professionals and relied on the nonmonetary rewards approaches as a retention strategy during the turbulent environment. In the dire economic situation in Lebanon, the hospitals' managers can emphasize non-financial rewards as retention strategies to retain their employees.

Moreover, the practical contribution has informed the researcher's practice as an HR Manager in one of the Lebanese private hospitals. During and after conducting the study, the researcher introduced changes to several HR-related policies and programs in the private hospital where she works to enhance skilled professionals' retention. The HR work schedule policy was updated to reveal the flexibility. A special weekly work flexible form was created so that the employees can request their preferences regarding their weekly working days. Also, as the data collected reveal that stress is one of the most important factors for leaving the hospital, an HR stress management and wellness program was created to keep the staff motivated and engaged. This program constitutes stress management and wellness strategies. One example is the creation of a happiness team for the hospital staff in late 2018. The responsibility of this team is to design and propose wellness activities. Moreover, the researcher modified the annual employee satisfaction survey questionnaire and added questions related to engagement and perception of PCC.

Moreover, the researcher created a stay questionnaire in addition to the exit interview. The purpose of the stay questionnaire is to get feedback about employees' concerns and to make adjustments before they decide to leave the hospital. This stay questionnaire was distributed to skilled professionals only since the loss of these professionals is costly to the hospital's performance and delivery of care.

The researcher conducted several internal meetings and training managers in the hospital to raise awareness regarding skilled professional retention approaches and the link between internal quality services and PCC. A training session, using a PowerPoint presentation, was provided to all

managerial levels. This session presented the study framework highlighting the internal service quality factors and their impact on employees' satisfaction and engagement, as well as on employee retention and implementation of PCC. Thirty managers attended this training session and 90% of them rated that the presentation had to large extent added to their managerial knowledge.

Also, a brainstorming meeting with the first-line supervisors was conducted to inspire new retention strategies needed to face competition and the economic recession. Moreover, the researcher, in coordination with the quality department, had updated the hospital PCC policy in a way to highlight the role of skilled professionals and focus on the co-production concept.

The researcher had added a new Key Performance Indicator (KPI) to the HR KPIs, retention rate for two years. The main purpose was to monitor the skilled professionals' retention. In addition to the above, the methodology chapter inspired the researcher to propose a modified hospital field research ethics policy and procedure to the hospital Ethics Committee. The field research ethics policy and procedure reveal the steps and the criteria that should be followed to accept field research. A special field research participation checklist template was created.

6.6 Future Research Direction

The research can open the chance for subsequent studies in the domain of employee retention in the Lebanese public hospitals and compare the retention strategies between the Lebanese private and public hospitals. Also, future research can investigate reluctant stayers' impact on the hospitals' performance, study the effect of the multigenerational workforce on retention management, and explore the role of employee work-related stress in employee retention. Moreover, future research can continue the study following the SPC by adding the patients' perception and satisfaction with the PCC delivery, as the external service quality in the hospitals.

Moreover, the study has contributed to academia as it can be used as a reference to other researchers in the future to perform new studies on the research gaps, recommendations, and limitations. In addition, this study may attract international researchers to further study the Lebanese context and specifically, the hospital sector. Thus, creating new connections to international expertise in the field.

6.7 Limitations

The first limitation of the findings is that the study inferences are based on the private hospitals in Lebanon, a developing country facing several challenges related to the labor market, economic recession, market competition, and political instability. In addition to the Lebanese culture, these challenges can limit the transferability of results to other countries. Although private hospitals in Lebanon are confronting many challenges that are affecting hospitals in other countries; this is a unique system with specific characteristics and traits that do not exist in other settings. The second limitation of the findings is that they are industry-specific. Therefore, the findings may not be the same for other services such as banking, education, tourism, and others within the Lebanese context. Also, another limitation is that the study focused only on Lebanese private hospitals, care must be taken in generalizing the findings to the Lebanese public hospitals which might have unique characteristics which could differ from the private hospitals. Moreover, the study was conducted during bad economic situations in the country, which can be considered a limitation. Since during an economic crisis, HR strategies differ from strategies during ordinary situations. However, recently, during 2020, with the spread of COVID-19, this context is very relevant to many countries and businesses.

Also, the difficulty in accessing information at private hospitals is considered another limitation. The researcher was a senior manager in one of the private hospitals, so several private hospitals refused to participate in the study. Due to resource and time constraints, there were a limited number of interviews. A higher number of interviews would enable us to cover more managers. Some of the interviews with managers were not conducted due to the high workload and inability to reschedule another meeting; however, a saturation of data was achieved.

6.8 Research Impact

The mission of professional scholars is to research that both advances a scientific discipline and enlightens practice in a professional domain (Van de Ven, 2007). The UK Research Council (RCUK) 2012 defines research impact as: “the demonstrable contribution that excellent research makes to society and the economy”. Also**,** the UK Research Excellence Framework (REF) 2014 defined the research impact as: “an effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia”.

In studying this research impact, the researcher uses the Vitae Researcher Development Framework (RDF), which is a new approach (Figure 6.1) to develop world-class researchers (Vitae, 2010). This framework encompasses four Domains: Domain A - Knowledge and intellectual abilities; Domain B - Personal effectiveness; Domain C - Research governance and organization; and, Domain D - Engagement, influence, and impact.

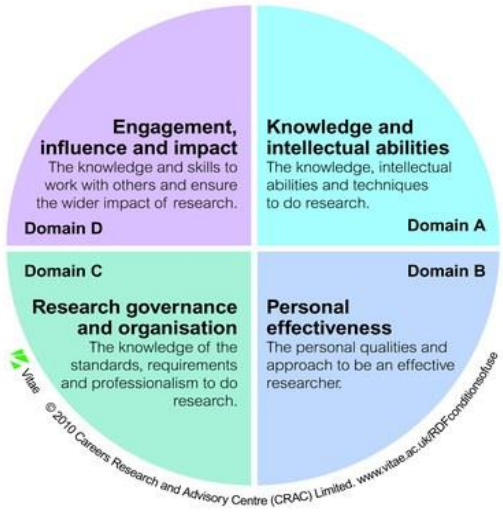

Figure 6.1 The Vitae Researcher Development Framework (www.vitea.ac.uk)

6.8.1 Domain A - Knowledge and Intellectual abilities

During the research, the researcher had developed a broader awareness of international and non-academic aspects of knowledge linked the employee retention, SPC, and coproduction. In addition, the researcher had improved her critical thinking as well as deepened her knowledge of research methods and methodologies. The evidence is establishing the innovative study framework and the improvements that were introduced in the researcher's work environment (mentioned in the practical contributions).

6.8.2 Domain B - Personal Effectiveness

Through conducting the DBA research phases, the researcher had expanded her personal qualities such as perseverance and integrity, career management and self-management skills, preparation and prioritization, time management, responsiveness to change, and work-life balance. The best example of this domain is balancing the professional work of the researcher, family life, and

working on the DBA project. It is challenging and needs appropriate time management, planning, and coordination.

6.8.3 Domain C - Research Governance and Organization

This domain refers to the knowledge of the standards, requirements, and professional conduct that are needed for the effective management of research. The researcher had understood and applied the ethical principles while researching respect, confidentiality, participants' consent, and attribute the contribution of others in the fields. The researcher had shaped an ethics policy and procedure related to steps that should be followed to accept any field research at the institution where she works.

6.8.4 Domain D - Engagement, Influence, and Impact

This domain relates to the knowledge, understanding, and skills needed to engage with, influence, and impact the academic, social, cultural, economic, and broader context. According to RDF, the research will only have a real-world impact if it reaches the right people (Tilley et al., 2018). It is essential not only to communicate the research findings but also to exchange the knowledge between academia and research users in business, the public, and other stakeholders. The research stakeholders that can be engaged in the study are summarized in Figure 6.2.

Figure 6.2 The research stakeholders

Regarding the academic impact of the study, this research had added to the body of knowledge of academia about: skilled professionals' retention, its drivers, and its relation to PCC in the Lebanese context. Also, this study can influence academia as other researchers can refer to the study literature review, data, and findings in their future studies. The research can open the chance to further studies in the domain of employee retention in the Lebanese context. Academia can further study the behavior of reluctant stayers, which is not studied in the Lebanese context. Also, the business or health sciences students can learn from the findings of the study and can open a new perspective for their further research. In addition, this study may attract international researchers to further study the Lebanese context and specifically, the hospital sector. Thus, creating new connections to international expertise in the field. The research can support academia through conducting lectures or seminars for academic students or faculty members.

Also, the research has an impact on professional services. The CEOs, HR managers, and line managers of Lebanese hospitals or businesses can benefit from this study since it fosters the knowledge related to employee retention and allows them to examine their organizational factors or may apply the research findings in their retention strategies to improve their organizational outcomes. HR managers seeking employee retention need to pay attention to supervisors' support in enhancing their staff satisfaction and engagement. It is imperative for policymakers in private hospitals to develop cultures that are well appreciated by skilled professionals to gain their satisfaction and engagement and retain them.

This research also highlights the attention of hospital policymakers and managers to the importance of the link between the internal organizational quality services and the external quality services mediated by employee retention. The research helps the hospital policymakers and managers to better manage the work environment and provide them with appropriate incentives and support to encourage them to stay, improve employees' satisfaction, and engagement, and increase their employee retention. Employees need the support of their hospitals to deliver quality services. Therefore, the hospital managers, to retain their skilled professionals, should continuously monitor their organizational retention drivers, through ongoing staff retention surveys and feedback, and accordingly, update their hospitals' retention strategies.

However, it is important to mention the impact of the study on the researcher's practice as a professional, that is, how the research informed the practice. During and after conducting the study,

the researcher introduced changes to several HR-related policies and programs in the private hospital where she works to enhance skilled professionals' retention. She had created and modified several Human Resources Management policies and procedures related to retention as work-life balance, recognition, and other retention strategies. Also, the researcher had worked on increasing the awareness of her hospital's supervisors regarding the employee retention strategies and the impact of retention on the delivery of PCC by conducting several internal meetings and in-house training sessions. In addition, the research helped to give more emphasis to retention monitoring through data collection and analysis to take improvement actions in maintaining skilled professionals. Examples of these actions were the introduction of the wellness program, establishing a happiness team, and increasing the professionals' involvement in decisions related to daily operations.

In addition, the research helped the researcher to incorporate the behaviors of supervising, mentoring, and developing the potential of less experienced researchers and colleagues. In May 2019, the researcher started supervising an MBA student in one of the Lebanese universities. The thesis was about comparing the WLB implementation in Lebanese private and public hospitals.

The economic impact of the study considers the beneficiaries as businesses in general and hospitals specifically, which may undertake retention strategies to increase their business performance and productivity. The skilled professional's retention influence patient satisfaction through providing better PCC which may create more patient loyalty, which in the end will lead to a better financial outcome for the hospital. Finally, the societal impact of the study considers the beneficiaries may include individuals, groups, organizations, or communities whose quality of life, knowledge, behaviors, creative practices, or other activity have been influenced positively. Beneficiaries may include the hospital employees, who may benefit from the various organizational retention derivers to be more satisfied and happier, the patients whose health outcomes will be improved, or whose quality of life will be enhanced by providing PCC through qualified and experienced professionals.

Table 6.1 The impact of communication and engagement plans reveals the research impact on communication and engagement plans. However, knowledge exchange and engagement play an important role throughout the project and research lifetime (Tilley et al., 2018). Communication activities are some of the most important actions to increase the impact of the research. The

activities and channels depend on what impact needed, who are the stakeholders/audience and what resources are available.

Table 6.1 The impact of communication and engagement plan

Stakeholder	Activity	Description
Academia	Journal article	To inform other academics working in this research area, to support their work, and share learning: articles in local business and health magazines and international management journals.
	Seminars and lectures	To engage the public with the research through university, faculty, or departmental platforms.
	Collaborative research project (Research Students)	Research supervision or collaboration with the less experienced researcher as business students at Lebanese universities.
Professionals, Policymakers and Managers	Executive Education	Involves the provision of specialized training programs, Ex: internal hospital manager meetings, or training.
	Press release	Publication in local Lebanese business and professional magazines or newspapers
	Meetings and training sessions	Educational gatherings to convey evidence and knowledge. Ex**:** Hospital internal meetings with managers
	New or update HR policies, procedures, and programs.	Establishing and updating several HR policies and procedures that help in enhancing retention in the hospital where the researcher works. Examples are mentioned in the practical contributions section.

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APPENDIX A
SURVEY QUESTIONNAIRE

CONFIDENTIAL

Study Title: Retaining Patient-Centered Skilled Professionals in Turbulent Context

Case of Lebanese Private Hospitals

This questionnaire focuses on the reasons that make the skilled professionals stay or leave their hospitals and the impact of the organizational factors on their retention in Lebanese private hospitals. This project will offer valuable insights into the employee retention factors and the perception of patient-centered care to face the employee retention challenge and improve the hospital system. Your experience and opinion are vital to the success of this research.

Please note that the questionnaire is anonymous and the information gathered will be kept confidential and solely used for academic purposes only. No data about specific individuals or hospitals will be disclosed in any published results.

In the following questionnaire, you will be asked some questions regarding employee retention, patient-centered care, and some questions about your background.

Your participation is entirely voluntary and anonymous. You are free to decline to participate without giving reasons.

The study is part of a DBA project at Nottingham Trent University, United Kingdom. It is run by Zoya Mollayess and supervised by Dr. Phil Considine. You are welcome to contact:

Zoya Mollayess

Tel: 009613816933

Email: zoya.mollayess 2015@my.ntu.ac.uk

Dr. Phil Considine

Phil.considine@ntu.ac.uk)

Nottingham Trent University, Newton Building

50 Shakespeare Street, Nottingham

<u>Section One</u>: **Investigates the factors that encourage you to stay or leave your hospital.**

1-Have you worked in another hospital before?

☐ Yes ☐ No, refer to Question 3

2-If you answered yes**,** what is the level of importance of the factors behind your decision to leave that other hospital?

Factors	**Minor Importance**	**Moderate Importance**	**High Importance**
Pay	○	○	○
Fringe benefits	○	○	○
Lack of supervisor support	○	○	○
Lack of recognitions	○	○	○
Lack of promotions	○	○	○
Stress	○	○	○
Work-family conflict	○	○	○
Lack of Training	○	○	○
Lack of flexible scheduling	○	○	○
Lack of coordination between co-workers /staff	○	○	○
Lack of career development	○	○	○

Poor Quality of care	○	○	○
More challenging job elsewhere	○	○	○
Better working conditions elsewhere	○	○	○
Poor hospital reputation	○	○	○
Distance from my family	○	○	○
Others: ……	○	○	○

3- Are you actively seeking to leave your current hospital?

☐ Yes ☐ No ☐ Maybe

4-If you answered question 3 by Y**es,** please specify the factors behind your intent to leave this hospital?

Factors	**Minor Importance**	**Moderate Importance**	**High Importance**
Pay	○	○	○
Fringe benefits	○	○	○
Lack of supervisor support	○	○	○
Lack of recognitions	○	○	○
Lack of promotions	○	○	○

Stress	○	○	○
Work-family conflict	○	○	○
Lack of Training	○	○	○
Lack of flexible scheduling	○	○	○
Lack of coordination between co-workers /staff	○	○	○
Lack of career development	○	○	○
Poor Quality of care	○	○	○
More challenging job elsewhere	○	○	○
Better working conditions elsewhere	○	○	○
Poor hospital reputation	○	○	○
Distance from my family	○	○	○
Others: …….	○	○	○

5-If you **answered Question 3 by (No)**, please specify the factors that encourage you to stay in your hospital

Factors	**Definitely won't**	**Probably will**	**Definitely will**

Pay	○	○	○
Fringe benefits	○	○	○
Supervisor support	○	○	○
Management style	○	○	○
Work environment	○	○	○
Recognitions	○	○	○
Promotions	○	○	○
Relationship between co-workers	○	○	○
Flexible scheduling	○	○	○
Training & Development	○	○	○
Skills development	○	○	○
Work-family balance	○	○	○
Teamwork	○	○	○
Chance for advancement	○	○	○
Close to my family	○	○	○

Hospital Reputation	○	○	○
Quality of care	○	○	○
Challenging job	○	○	○
Working conditions	○	○	○
Others specify:	○	○	○

Section Two: Investigates the perceptions related to the Organizational Retention factors

6- To what extent is your organizational culture:	To a small extent	To a moderate extent	To a large extent
Cares for employees, courtesy, consideration, cooperation, fairness, motivation)	○	○	○
Promotes Teamwork	○	○	○
Cares for patients	○	○	○
Encourages initiative	○	○	○
Promotes Innovations	○	○	○

7-Can you judge how often each statement fits your current Supervisor & Senior Managers	**Not at all**	**Once in a while**	**Sometimes**	**fairly often**	**frequently, if not always**
Encourage & support those who work for her/him to work as a team	○	○	○	○	○
Are the source of stress for me.	○	○	○	○	○
Avoid making decisions	○	○	○	○	○
Encourage employees' participation in decision making & problem-solving	○	○	○	○	○
Motivate & inspire employees	○	○	○	○	○
Fail to interfere until problems become serious	○	○	○	○	○
Help me develop my strengths	○	○	○	○	○
Support new & innovative ideas	○	○	○	○	○
Are Fair	○	○	○	○	○

8-To what level you are satisfied with	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
The income you receive	○	○	○	○	○
The leaves and vacation benefits	○	○	○	○	○
The incentive system (like bonuses)	○	○	○	○	○
The educational opportunities	○	○	○	○	○

The opportunity for career advancement and promotion	○	○	○	○	○
The Tuitions reimbursement (if I want to attend university)	○	○	○	○	○
The recognition and appreciation program	○	○	○	○	○
The training & development program	○	○	○	○	○
The Flexible scheduling	○	○	○	○	○
The balance between work & personal life	○	○	○	○	○
9-Please judge your engagement with your hospital	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
I have a friendship relationship with all the members of the working group	○	○	○	○	○
I can achieve my professional goals through work in this hospital.	○	○	○	○	○
I feel a real sense of belonging with my hospital	○	○	○	○	○
The current system allows the possibility of forming interacting work teams.	○	○	○	○	○
I feel that my colleagues at work show me a lot of respect & appreciation	○	○	○	○	○
I would sacrifice a lot if I leave this hospital	○	○	○	○	○

I am proud to tell others I am part of this hospital	○	○	○	○	○

10-**Has the quality of patient care changed in your hospital in the past year?**

☐ Improved ☐ Not changed ☐ Deteriorated

11-In Your opinion, your hospital management:	Not at all	Minimally	Moderately	Considerably	Very much
Cares for improving patient satisfaction	○	○	○	○	○
Cares for improving patient safety	○	○	○	○	○
Is properly handling patients and their families' complaints	○	○	○	○	○
Is committed to building staff capacity to support patient-centered care	○	○	○	○	○
Is committed to improving the quality of care	○	○	○	○	○

12-In Your opinion, to what extent the following are practiced:	Not at all	Minimally	Moderately	Considerably	Very much
The patient is treated with respect and dignity	○	○	○	○	○
The patient receives sufficient information and support to handle his/her health	○	○	○	○	○

The patient is offered the possibility of desired continuity of care	○	○	○	○	○
The patient is involved in the planning & implementation of his care	○	○	○	○	○

Section Three:

13- In addition to the mentioned retention factors, and from your perspective, what further factors should your hospital management offer to encourage you to stay at your hospital?

…….

…….

Section Four: Information about you

14-Gender: ☐ Male ☐ Female

15-Age generation:

☐Generation Z: born in 1996 & after

☐Generation Y: born 1977-1995

☐Generation X: born 1965-1976

☐Baby boomers: born 1946-1964

☐Traditionals: born 1945 & before

16-Your Highest Educational Level:

☐Secondary School

☐Technical Diploma

☐Bachelor's degree

☐Master's Degree

☐ Doctorate Degree

17- Years working in this hospital: ☐ < 2 Years ☐ 2to 4 years ☐ 5 to 10 years ☐ More than 11 years

The following questions are not obligatory but will help the research. Note that your answers are anonymous.

18-Hospital Department or Unit: …….

19-Job Title: ……

Thank you for taking the time to complete this questionnaire.

APPENDIX B
SEMI-STRUCTURED INTERVIEW

Thank you for considering participating in this research which is part of a DBA study at Nottingham Trent University, United Kingdom.

The purpose of this research is to explore the reasons why employees are staying/or leaving the Lebanese Private Hospitals, how various organizational factors may contribute to employee retention, and the impact of the hospitals' employee retention on the delivery of patient-centered care. This project will offer valuable insights into the professional employees' retention factors and the perception of patient-centered care to face the employee retention challenge and improve the hospitals' retention strategies. Your experience and opinion are vital to the success of this research. Participation is voluntary and anonymous and is highly appreciated. The interviews will be tape-recorded using a digital recorder. Every participant in this research project will be asked to give written consent before participating. If you have any questions before, during, or after the interview, you should not hesitate to inform the interviewer. Or if during the interview you do not feel comfortable, please let the interviewer know that you would rather not answer the question. Every participant has the right to withdraw from this project without giving reasons for withdrawing. If you wish to withdraw, please inform the interviewer.

Only the researcher and her supervisors will have access to the transcripts, although, under exceptional circumstances, they may need to be viewed as part of the examination process. In all cases, those who have access will do so to ensure that the overall project meets academic standards and they will themselves be bound to maintain strict confidentiality. This study has been approved by Nottingham Trent University Research Ethics Committee.

The study is run by Zoya Mollayess and supervised by Dr. Phil Considine. For any information, you are welcome to contact:

Zoya Mollayess

Tel: 009613816933

Email: zoya.mollayess 2015@my.ntu.ac.uk

Dr. Phil Considine

Phil.considine@ntu.ac.uk

The Questions:

1- Please tell me to what extent do you think employee retention is important to your hospital?

2- What strategies have your hospital implemented to encourage your skilled professionals to remain on staff?

3- What are the challenges that your hospital is facing in implementing the staff retention strategies?

4- From your point of view, why are the skilled employees leaving your hospital?

5- Why the skilled professionals are staying in your hospital?

6- In your opinion, how does the hospital culture help in retaining your employees?

7- From your point of view, how do the total rewards (financial & non-financial) affect your employees' retention?

8- From your experience, how does leadership & management support affect your employees' retention?

9- What do you think about the impact of employee satisfaction and employee engagement on their retention?

10- From your experience, what do you think about the relationship between employee retention and the delivery of patient-centered care?

11- What are other factors affecting employee retention that we have not discussed?

Information Section

Managerial level: ☐ Senior manager ☐Mid-level manager ☐ First line manager

The following questions are not obligatory but will help the research and your answers are anonymous.

Job Title: ……, Department**:** …….

Thank you for participating in this study.

APPENDIX C
RESEARCH INFORMATION SHEET

Study Title: Retaining Patient-Centered Skilled Professionals in Turbulent Context: Case of Lebanese Private Hospitals

Greetings. You are invited to take part in a research study. The study is part of a DBA project at Nottingham Trent University, United Kingdom. This project will offer valuable insights into the employee retention factors and the perception of patient-centered care to face the employee retention challenge and improve the hospital system. Your experience and opinion are vital to the success of this research.

Before you decide whether to participate, you need to understand why the research is being done and what it would involve. Please take time to read the following information carefully. Ask questions if you would like more information or have any questions.

What is the purpose of the study?

Nowadays, the Lebanese Private Hospitals are facing several challenges in providing quality patient care: economic situation (huge account receivables, rapidly rising costs with no effect on service prices), shortage and retention of some professionals, patient status and perception, regulatory and accreditation standards compliance, and the political situation in the Middle East that imposed a new challenge of dealing with the huge influx of the Syrian refugees.

Retention of hospital staff is an important key to providing quality patient care. The purpose of this case study is to explore the reasons why employees are staying/or leaving Lebanese private Hospitals and to collect information about and broaden the understanding of how the organizational factors (Organizational culture, leadership, and Total Rewards System) may contribute to the employee retention in the Lebanese context and study the impact of the hospitals' employee retention on the Patient-Centered Care (quality of care) provided in the Lebanese Private Hospitals from the perception of hospital employees and managers.

Why have I been invited?

You are invited to take part in this research to provide your experience. The study is not concerned with patient-related data but with your perception.

You will answer either a survey questionnaire or an interview. The questions will be related to your experience in the field. Your experience and opinion are vital to the success of this research.

Do I have to take part?

It is up to you to decide whether or not to take part. If you decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without any reason.

What will happen to me if I do take part?

You will answer either a survey questionnaire or an interview. The questions will be related to your experience in the field. You are required to answer the questions based on your personal experience and you can refuse to answer any questions which you feel uncomfortable and you can withdraw at any time.

The interview will be recorded using a digital recorder. The purpose of recording is to allow the researcher to capture all the information discussed during the interview, to be analyzed later.

Will my taking part in this study be kept confidential?

All information that is collected about you during the research will be kept strictly confidential and anonymous and secured against unauthorized access. The information that is collected from you will be solely used for academic purposes only. No data about specific individuals or hospitals will be disclosed in any published results.

Any information which is collected about you will be anonymized and a unique code will be used so that you cannot be recognized from it. You will not be identified in any way and great care will be taken to protect your identity.

What will happen to the results?

The results will be presented in the thesis. They will be seen by my supervisor and external examiner. The thesis may be read by future students on the course. The findings will be published in academic journals and presented at professional and academic conferences anonymously.

Who has approved the study?

This study has been approved by Nottingham Trent University Research Ethics Committee.

What are the possible benefits of taking part?

The information that will be collected will help in designing future studies and improve the hospitals' retention strategies and systems in Lebanese hospitals.

What are the possible disadvantages and risks of taking part?

It is not expected that there are any disadvantages or risks to you or your hospital.

Further information and contact details

If you have any questions regarding this study, please contact the researcher, Zoya Mollayess, either by telephone (009613816933) or by email at zoya.mollayess2015@my.ntu.ac.uk.

Or you can contact the project supervisor at Nottingham Trent University, Dr. Phil Considine (phil.considine@ntu.ac.uk)

Nottingham Trent University

Department of Business

Nottingham Trent University

Newton Building

50 Shakespeare Street

Nottingham,

NG1 4FQ

Thank you for taking the time to read this information. Please keep this information sheet.