



An-Najah National University
Faculty of Graduate Studies

**THE IMPACT OF JOB SATISFACTION ON
RETAINING HEALTH CARE WORKERS IN
HOSPITALS -WEST BANK- PALESTINE**

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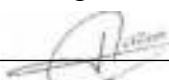
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Dedication

الحمد لله الذي جعل من العلم عبادة، ومن العقل سراجاً نهتدي به إلى معرفته.

أمي... أول كلمة نبض بها قلبي إلى الدنيا. أبدأ باسمها رسالتي، فهي زيتونة البيت المباركة، وقدوتي، وفخري الذي لا يشيخ.

وإلى روح من أتممت على ضوء وصاياه هذه الرسالة، إلى الشخص الأحنّ، والرجل الأكمل الصالح، الذي حرس الأغوار كما تحرس الأرواح. أحبّ الأرض فأحبّته، وغرس فيها الزيتون والنخيل ليبقوا شاهداً على عطائه وحبّه للأرض. وأنا على يقين، يا أبي، أن روحك ترافقتني في هذا اليوم كملاكٍ حارس. لروحك السلام، ولذكراك الرحمة والمغفرة.

وإلى الرفيقة الأصيلة التي كانت فرحاً حين يضيق الفرح، وذخراً ونعمَ السند... أختي الحبيبة.

وإلى إخوتي، الذين يقف الكلام عاجزاً عن احتوائهم وحبّهم، فخري بهم وأماني بجوارهم. حفظكم الله لي
ذخراً وسنداً.

يا الله... بناتي، أميراتي، أنتنّ أملّي حين يتعب الرجاء، وجوهرتي الثمينتان. من أجلكن أتحدى الصعاب، وأصادق التعب، لأعزف على وجوهكن أطيّب الألحان والدعوات.

وإلى عائلتي جميعاً، من الأجداد حتى الأحفاد، كل من يحملون اسم الصالح شرفاً وامتداداً.

شكراً من القلب لكل كلمة صادقة كانت لبنةً في هذا الإنجاز.

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الدكتورة راية صوالحة، والدكتور عبد السلام الخياط، تقديرًا كبيرًا لما قدّماه من دعم صادق،

ومساندة علمية وإنسانية، رافقتني طوال مسيرتي.

Declaration

I, the undersigned, declare that I submitted the thesis entitled:

THE IMPACT OF JOB SATISFACTION ON RETAINING HEALTH CARE WORKERS IN HOSPITALS -WEST BANK- PALESTINE

I declare that the work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

Student's Name: _____ Karima Saleh Suliman Daraghmeh _____

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Date: _____ 2/4/2026 _____

List of Contents

| | |
|---|------|
| Dedication..... | iii |
| Acknowledgements..... | iv |
| Declaration..... | v |
| List of Contents..... | vi |
| List of Tables..... | viii |
| List of Appendices..... | ix |
| Abstract..... | x |
| Chapter One: Introduction..... | 1 |
| 1.1 Introduction..... | 1 |
| 1.2 Problem statement..... | 4 |
| 1.3 Significance of the Study..... | 4 |
| 1.3.1 Theoretical significance..... | 4 |
| 1.3.2 Applied significance..... | 5 |
| 1.4 Aim of the Study..... | 5 |
| 1.5 Study objective..... | 5 |
| 1.6 Study Hypotheses..... | 5 |
| 1.7 Literature Review..... | 6 |
| 1.7.1 Theoretical Frameworks Linking Job Satisfaction and Retention..... | 12 |
| 1.7.1.1 Social Exchange Theory..... | 12 |
| 1.7.1.2 Effort–Reward Imbalance Model..... | 12 |
| 1.7.1.3 Job Demands–Resources Model..... | 13 |
| 1.7.1.4 Related Constructs: Psychological Safety, Person–Organization Fit, and Organizational Commitment..... | 14 |
| 1.7.2 Classical Motivation Theories and Job Satisfaction..... | 15 |
| 1.7.2.1 Maslow’s Hierarchy of Needs..... | 15 |
| 1.7.2.2 Herzberg’s Two-Factor Theory..... | 16 |
| 1.7.3 Job Embeddedness Theory of Employee Retention..... | 17 |
| 1.7.4 Moderators, Mediators, and Boundary Conditions..... | 19 |
| 1.7.5 The Intent–Behavior Gap..... | 21 |
| 1.7.6 Burnout, Moral Distress, and Scheduling..... | 23 |
| 1.7.7 Measurement Integrity and Invariance..... | 26 |

| | |
|--|----|
| 1.7.8 Workforce Equity and Differential Retention | 29 |
| 1.7.9 Evidence Map and Conceptual Synthesis | 33 |
| 1.7.10 Conceptual Framework of the Current Study | 36 |
| Chapter Two: Methodology | 37 |
| 2.1 Study Design | 37 |
| 2.2 Study Settings | 38 |
| 2.3 Study population: | 38 |
| 2.4 study sample | 39 |
| 2.5 Study Time Frame | 40 |
| 2.6 Data Collection Tool (Questionnaire)..... | 40 |
| 2.7 Statistical Analysis Methods..... | 41 |
| 2.8 Validity and Reliability..... | 41 |
| 2.9 Data Analysis | 42 |
| 2.10 Ethical Considerations | 42 |
| Chapter Three: Results..... | 43 |
| Chapter Four: Discussion..... | 48 |
| 4.1 Overview and Purpose | 48 |
| 4.2 Interpreting Overall Job Satisfaction in Context | 48 |
| 4.3 Interpreting Intent to Stay | 49 |
| 4.4 Reliability and Measurement Considerations | 49 |
| 4.5 Satisfaction–Retention Link | 49 |
| 4.6 Facet Pattern and Practical Meaning | 50 |
| 4.7 Group Differences in Job Satisfaction..... | 51 |
| 4.8 Multivariable Subgroup Signals from GLM..... | 51 |
| 4.9 Theoretical Integration..... | 52 |
| 4.10 Practical Implications for Nablus Private Hospitals | 53 |
| 4.11 Future Research Directions..... | 54 |
| 4.12 Conclusion | 54 |
| References..... | 55 |
| Appendices..... | 62 |
| الملخص | ب |

List of Tables

| | |
|---|----|
| Table 2.1: Private hospitals in Nablus | 39 |
| Table 3.1: Internal consistency (Cronbach's α) | 43 |
| Table 3.2: Descriptive statistics for primary outcomes | 44 |
| Table 3.3: One-sample t-tests versus neutral midpoints | 44 |
| Table 3.4: Pearson correlations among key variables..... | 45 |
| Table 3.5: One-way ANOVA for JSS Total by factors (with Levene and Welch where available) | 46 |
| Table 3.6: General Linear Model predicting Intent to Stay from JSS and demographics | 46 |
| Table 3.7: Descriptive statistics for JSS facets | 47 |

List of Appendices

| | |
|---|----|
| Appendix A: IRB Approval..... | 62 |
| Appendix B: Consent form..... | 63 |
| Appendix C: Questionnaire | 64 |
| Appendix D: Sample characteristics (N = 251)..... | 71 |

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Abstract

Healthcare systems face persistent workforce shortages, and retaining healthcare workers is a priority for the continuance of a healthcare facility, quality, and organizational performance. This study examined the association between overall job satisfaction and retention (intent to stay) among healthcare workers employed in private hospitals in Nablus, Palestine. A cross sectional survey was conducted between August–September 2025 across five private hospitals in Nablus, using paper-based, anonymous questionnaires administered during on-duty hours.

Job satisfaction was measured using Spector’s 36-item Job Satisfaction Survey (JSS; 1–6 scale), and retention was measured using McCain’s 5-item Intent-to-Stay (ITS; 1–5 scale). Data were analyzed in SPSS using descriptive statistics, one-sample t-tests against neutral midpoints, group comparisons (t-tests/ANOVA), Pearson correlations, and a multivariable general linear model adjusting for demographics. A total of 251 healthcare workers were valid for participation, with broad departmental representation and a predominantly young workforce.

Overall job satisfaction was near-neutral (JSS mean = 3.53, SD = 0.53) and did not differ significantly from the neutral midpoint (3.5), while intent to stay was slightly below-neutral (ITS mean = 2.89, SD = 0.90) and did not differ significantly from its midpoint (3.0). Job satisfaction correlated positively with intent to stay ($r = .384$, $p < .001$). In the multivariable model, job satisfaction remained a strong independent predictor of intent to stay ($B = 0.649$, $SE = 0.110$, $p < .001$), explaining substantial variance ($R^2 = .432$; adjusted $R^2 = .272$). Facet patterns suggested relatively higher satisfaction with supervision and nature of work, and lower satisfaction with pay and benefits.

In conclusion, even in an overall neutral satisfaction workplace, job satisfaction is a meaningful and independent motivation for healthcare workers' intention to remain in Nablus private hospitals. Retention strategies should prioritize strengthening supervisory practices, improving communication and work design, and addressing structural reward domains (pay/benefits/recognition), with the attention to scheduling patterns associated with staying intentions.

Keywords: job satisfaction; intent to stay; retention; healthcare workers; private hospitals; Nablus; Palestine

Chapter One

Introduction

1.1 Introduction

Healthcare systems continue to internationally face persistent workforce shortages and elevating turnover pressures, making retention a priority for service continuance, care quality, and organizational performance. During the COVID-19 pandemic, multiple evidence indicates substantial levels of intention to leave among hospital nurses and physicians, underscoring the scale of retention risk and the need to understand modifiable drivers at the workplace level (De Vries et al., 2023). Health services research increasingly treats retention outcomes (e.g., intention to stay, intention to leave, and turnover intention) as a main workforce indicators which are sensitive to organizational conditions such as leadership, staffing adequacy, support, and practice environment (Alkan et al., 2024).

Job satisfaction is consistently being talked about as a core attitudinal construct with direct relevance to the stability of a workforce environment and retention focused behaviors. Meta analysis evidence among nurses show that job satisfaction is strongly and inversely associated with turnover intention, indicating that lower satisfaction is directly linked to higher intention to leave (Kim & Kim, 2021). Retention is not driven by a single factor, but by multiple conditions in the work environment such as the involvement of leaders in the workplace, organizational support, flexible shift patterns, and workplace challenges that shape satisfaction and influence whether staff remain planted in their roles (Alkan et al., 2024). This exact framing is indeed relevant for hospital settings where high workload, time pressure, and complex care raise awareness of workplace attitudes and the real-world effects of employee instability.

Extensive international literature demonstrates that job satisfaction is a significant predictor of retention and turnover intention within the healthcare workforce, particularly among nursing staff. Systematic reviews conducted over the years indicate that dissatisfaction regarding compensation, workload, professional development, and involvement in leadership are primary drivers of the intention to leave (Lu et al., 2005; Hayes et al., 2012).

Large scale studies that were carried out in Europe and North America have shown that better work environments, adequate staffing, and supportive management are associated with higher job satisfaction and lower turnover intention. For example, a study by Aiken et al. (2014) found that nurse burnout and job dissatisfaction are strongly linked to lower and poorer patient outcomes and increased intention to leave the workplace in European hospitals. Another author found the same findings, Dall'Ora et al. (2015) reported that long shifts and poor staffing were associated with higher burnout, lower job satisfaction, and greater intention to leave among nurses.

Organizational justice theory, which emphasizes fairness in decision making, workload distribution, recognition, and interpersonal treatment, is a very known framework for explaining job satisfaction and turnover intention. When healthcare professionals believe their workplace is fair, they are more likely to be satisfied and committed to their jobs, which in turn reduces their desire to leave the workplace (Cohen-Charash & Spector, 2001; Colquitt et al., 2013).

The Job Demands-Resources (JD-R) model provides a strong explanation for job satisfaction and retention, suggesting that high job demands such as workload, emotional strain lead to burnout and dissatisfaction, while job resources such as support, autonomy, development opportunities enhances more engagement and satisfaction in the workplace, improving retention (Bakker & Demerouti, 2007). Meta-analyses have shown that burnout is a strong predictor of turnover intention, whereas work engagement is associated with higher job satisfaction and stronger intention to stay (Halbesleben, 2010; Alarcon, 2011).

Recent primary studies continue to support this rationale. In Riyadh, clinical nurses showed positive associations between job satisfaction and intention to stay, alongside organizational commitment (Alshaibani et al., 2024). In Portugal, a less favorable nursing practice environment was associated with lower job satisfaction and moderate intention to leave among primary healthcare nurses (Lucas et al., 2025).

The Palestinian situation is characterized by a growing strain on the health personnel due to the growing demand of the services, limited resources, and the overall sociopolitical environment. Nablus private hospitals form a central part of the basic health care delivery system; however, they continue to face workforce-related issues

such as staff shortages, high workloads, and turnover of health care professionals. Job satisfaction has a significant impact on motivation, performance, and retention intentions of healthcare staff. Reduced job satisfaction can trigger absenteeism, poor quality of care, burnout, and a stronger desire to leave, thus negatively impacting hospital operations and patient outcomes.

Although it is highly relevant, the level of job satisfaction in healthcare professionals working in Palestinian private hospitals is under-researched. The current empirical studies in Palestine have focused mainly on the public hospitals or on particular groups of professionals, thus creating a gap in the knowledge of how various aspects of job satisfaction affect the likelihood of healthcare workers to stay in the private sector, especially in Nablus. The explanation of these relationships is the most important to develop effective retention strategies and increase staff stability.

More recent Palestinian evidence also strengthens the local relevance of this topic. Among ICU nurses in Palestine, professional quality of life was significantly related to the work environment (Ayed et al., 2024), and a newer Palestinian study reported that more frequent night-shift exposure was associated with lower job satisfaction and poorer quality of life among nurses (Shouli et al., 2026).

Nablus has a variety of major private medical facilities, such as Al-Ittihad Hospital, Al-Arabi Hospital, and specialized medical institutes, which serve a significant portion of the population. These centers have a heterogeneous workforce that includes physicians, nurses, pharmacists, laboratory technicians, radiology staff, and administrative staff. Even though the infrastructure of the private hospitals can be better than some of the public ones, they still face acute problems related to the retention of employees, the distribution of workload, and job satisfaction. Researching the link between job satisfaction and intention to stay in this setting is critical in developing actionable solutions that can be used to enhance workforce stability and healthcare quality in the region.

In this regard, this thesis aims to explain the connection between the major dimensions of job satisfaction and the intention of healthcare workers to remain in the private hospitals in Nablus, and the overall goal of producing evidence that can be used to inform retention-focused managerial practices and workforce policies aligned with the

current health-services research on organizational factors of stability and turnover risk (Alkan et al., 2024; Kim & Kim, 2021).

1.2 Problem statement

Healthcare is one of the fundamental pillars upon which society relies to ensure the health and safety of its members. Among the factors influencing the quality of this care is the role of healthcare workers, particularly in hospitals, who are the essential component of healthcare service provision. Hence the importance of retaining these healthcare workers, as their continued presence in the workforce is a crucial factor in providing effective healthcare.

Although employee satisfaction is considered an important factor in motivating employees and increasing productivity, its impact on employee retention in Palestinian hospitals has not been adequately studied. Private hospitals in Nablus, Palestine, face significant challenges in retaining their healthcare staff. There is a growing rate of staff resignation or transfer due to a number of factors. One of the most prominent of these factors is the level of job satisfaction, which directly influences employees' decision to stay or leave their workplace. Accordingly, the study's problem arises from a primary question: What is the impact of job satisfaction on the ability of private hospitals in Nablus to retain healthcare workers? This study aims to shed light on the relationship between job satisfaction and healthcare workers' decision to remain in hospitals, and to offer recommendations to help improve the work environment and increase healthcare worker retention rates in private hospitals in Nablus. This study examines several elements of job satisfaction, such as pay, work environment, training opportunities, administrative support, and other factors that may contribute to improving the work experience of healthcare workers.

1.3 Significance of the Study

1.3.1 Theoretical significance

This study adds context-specific evidence to the literature on the relationship between job satisfaction and employee retention in private hospitals in Nablus. By employing the validated Job Satisfaction Survey (JSS; 36 items) and analyzing retention (intent to stay), it helps clarify which satisfaction facets (e.g., pay, supervision, communication, nature of work) are most closely associated with staying intentions in this setting. The

study thereby supports and refines existing organizational theories (e.g., motivation and exchange perspectives) in a Palestinian private-hospital context.

1.3.2 Applied significance

The results are intended to inform hospital administrators and policymakers in Nablus private hospitals about practical actions that can improve retention through improvements in job satisfaction. Potential areas include strengthening supervisory practices and recognition systems, enhancing communication, ensuring fair and transparent procedures, and supporting professional development. Evidence-based decisions in these areas can help stabilize the workforce, sustain care quality, and reduce costs associated with turnover.

1.4 Aim of the Study

To examine the association between overall job satisfaction and intent to stay among healthcare workers employed in private hospitals in Nablus city

1.5 Study objective

- Describe the level of job satisfaction among healthcare workers in private hospitals in Nablus city.
- Describe the level of retention (intent to stay) among the same workers.
- Examine the associations between demographic characteristics (age, gender, level of education, overall work experience, and period in the present job) and job satisfaction.
- Assess the association between overall job satisfaction and retention (intent to stay) among healthcare workers in private hospitals in Nablus city.

1.6 Study Hypotheses

- H01: There is no statistically significant difference in job satisfaction across demographic groups (age, gender, level of education, overall work experience, and period in the present job) among healthcare workers in private hospitals in Nablus ($\alpha = 0.05$).
- H02: The mean job satisfaction score among healthcare workers in private hospitals in Nablus does not differ from the neutral midpoint of the scale.

- H03: The mean intent-to-stay score does not differ from the neutral midpoint of its scale.
- H04: There is no statistically significant association between overall job satisfaction and intent-to-stay ($\alpha = .05$).

1.7 Literature Review

There is a large body of international literature that associates job satisfaction with turnover intention/retention in hospital staff. Greater satisfaction is also linked to reduced intention to leave and a high degree of attachment to work environment features (leadership and supervision, staffing, communication, rewards and procedures) across countries and clinical settings. Nursing systematic reviews continue to show strong satisfaction turnover relationships and highlight predictors that can be modified, including workload, staffing adequacy, recognition/rewards, and organisational support (Lu et al., 2005; Hayes et al., 2012; Zangaro & Soeken, 2007). Multi-country studies also indicate that less burnout and less turnover intention are associated with better nurse work environments (such as supportive leadership, effective communication, and professional autonomy) (Aiken et al., 2014; Dall’Ora et al., 2015; Griffeth et al., 2000).

More recent evidence continues to confirm these patterns. An updated review noted that nurses’ job satisfaction remains strongly shaped by the work environment, management, and organizational conditions (Zhao et al., 2025), while a recent study in Saudi Arabia found that job satisfaction was positively related to intention to stay and organizational commitment among clinical nurses (Alshaibani et al., 2024).

Workplace and manpower. Evidence of this is large European initiatives (e.g., RN4CAST) where hospitals with more conducive practice settings and sufficient staffing show reduced nurse dissatisfaction and reduced intent to leave (Aiken et al., 2014). In contrast, longer shift-duration patterns and chronic understaffing are linked to increased burnout and greater intentions to leave (Dall’Ora et al., 2015). These results find retention in both individual attitudes and system-level circumstances that influence day-to-day work directly, which is consistent with JSS aspects of operating procedures, communication, supervision, nature of work, and pay/promotion (through staffing and reward policies).

Justice and fair exchange in the organisation. Perception of fairness in procedures, distributions (e.g. pay and promotions) and interpersonal treatment (interactional justice) are consistently associated with lower turnover intention, usually mediated by increased job satisfaction and better climates (Colquitt et al., 2013; Cohen-Charash & Spector, 2001). These processes are connected to the aspects of JSS, such as supervision, contingent rewards, promotion, and communication, and are reminiscent of the Social Exchange Theory, where fair, respectful, and rewarding interactions lead to commitment and retention.

More recent evidence also supports the role of fair leadership and supportive management. In Iran, perceived nurse manager competence was positively associated with job satisfaction and negatively associated with turnover intention among clinical nurses (Mirzaei et al., 2024).

Effort–reward imbalance (ERI). The perception of an incongruity between the contribution and the returns is predictably linked with strain and leaving intentions among medical personnel (Siegrist, 1996; Van Vegchel et al., 2005). ERI in nursing is characterised by excessive workload and responsibility and inadequate compensation, promotion, and recognition, which are exactly the areas of JSS pay, promotion, and contingent rewards. Improving tangible and intangible rewards is thus a realistic channel towards enhanced satisfaction and retention in tackling ERI.

Burnout, involvement, and psychosocial resources. Burnout is meta-analytically related to higher turnover intention and work engagement to lower turnover intention (Alarcon, 2011; Halbesleben, 2010). These trends are described by the Job Demands Resources (JD-R) model: high demands (workload, emotional strain) drain the energy and satisfaction, and resources (supportive supervision, recognition, autonomy) accumulate engagement and commitment (Bakker & Demerouti, 2007). Protective relations with intention to leave are also demonstrated with related constructs, including psychological safety/ security, value congruence, and organisational commitment, which often mediate their positive impacts on job satisfaction (Edmondson, 1999; Kristof-Brown et al., 2005; Meyer et al., 2002).

Eastern Mediterranean and broader Middle East health systems are experiencing chronic workforce strains that influence job satisfaction and retention intentions of hospital

workforce members, most notably staffing shortages, skill-mix imbalances, excessive workloads, and nurse and physician migration. The uneven distribution of staff, dependence on expatriate workers in certain nations, and inconsistent employment terms that affect the satisfaction and turnover intention are characterised as regional assessments (World Health Organization & Regional Office for the Eastern Mediterranean, 2015). In this context, hospital level research in the area has always shown that work environment factors such as leadership and supervision, quality of communication, fair practise, recognition and rewards, and professional growth opportunities are strongly linked to job satisfaction and turnover intentions.

Research in the Gulf states and Jordan depicts such trends. In Jordanian hospitals, job satisfaction and retention among nurses are perceived to be greater when supervisory support, communication, and clear policies are perceived to be more powerful; the differences between the public and the private hospitals tend to indicate the differences in the characteristics of these features (Mrayyan, 2005). Scheduling, workload, compensation and managerial support have been found to have a significant relationship with job satisfaction and turnover intention among Saudi nurses, whereby the better the conditions of work life, the more the intention to stay (Almalki et al., 2012). These results are projected on multidimensional satisfaction constructs such as supervision, operating procedures, communication, and contingent rewards (pay, benefits, recognition).

Similar mechanisms are indicated by evidence in Lebanon. National surveys of hospital nurses indicate that encouraging leadership, collaborative teamwork, and professional development opportunities are related to greater job satisfaction and intent to stay, whereas poor rewards and absence of promotion opportunities are related to intent to leave (El-Jardali et al., 2009). Factors in the workplace environment, including staffing sufficiency, unit climate, and participation in decision-making, are evident as predictors of satisfaction and retention, consistent with global findings on the importance of organisational support and appreciation.

In regional literature, pay and promotion opportunities are still significant yet no longer sufficient in their own right; satisfaction and intentions to stay also require perceived fairness and transparency of processes, respectful interpersonal treatment by managers, and the meaningfulness and autonomy of everyday work. In hospitals where policies are

more transparent, the communication system is better established, performance is recognised, and there are well-organised ways to get training and promotion, the staff members report increased levels of satisfaction and reduced intention to leave (Mrayyan, 2005; Almalki et al., 2012; El-Jardali et al., 2009). Methodologically, the majority of the studies in the area use cross-sectional surveys with convenience samples, finding associations but not causal effects; however, the direction of the findings is consistent across settings and ownership models (public and private), supporting the primary role of organisational and supervisory practise in satisfaction and retention.

The studies carried out in the Arab healthcare systems continuously reveal that there are significant relationships between job satisfaction and intention to remain among hospital staff members. Recurring determinants across countries in the region are compensation and promotion opportunities, supervisory support and communication, work organisation and operating procedures, recognition and rewards and professional development. The variation in these organizational characteristics often explains the difference between the public and the private hospitals and ultimately determine the satisfaction and intentions to stay (Mrayyan, 2005; El-Jardali et al., 2009; Almalki et al., 2012).

The immediate work environment has a key role as evidenced in Jordan. Comparative analyses indicate that nurses have better job satisfaction and intention to stay where the supervisory support is predictable, communication is clear and policies/procedures are transparent and fairly applied. The units that have respectful leaders, provide timely feedback, and have team climates are more likely to retain staff. On the other hand, low satisfaction and high leaving intentions are linked to ambiguity in the procedures and lack of managerial support (Mrayyan, 2005). These trends are highly aligned to multidimensional constructs of satisfaction, especially supervision, communication, and operating procedures.

Results in Lebanon suggest that the same mechanisms can be applied at a national level. In a large cross-sectional survey of hospital nurses, supportive leadership, collegial teamwork, and professional development opportunities were found to be linked with increased satisfaction and reduced turnover intention, and inadequate rewards and poor promotion opportunities with increased turnover intentions. Aspects of the work

environment such as sufficiency of staffing, unit climate and participation in decision making process were also major determinants, which strengthened the role of both structural and interpersonal conditions in influencing satisfaction and retention (El-Jardali et al., 2009). These determinants are consistent with the facets of satisfaction that are highlighted in validated tools (e.g., pay/promotion, contingent rewards, nature of work, communication).

Saudi studies also focus on the employment conditions and organisational support. Quality of work life including scheduling and workload, compensation and benefits, and managerial support exhibit a strong correlation with job satisfaction and turnover intention among primary health-care nurses; better conditions are linked to increased job satisfaction and more intentions to stay (Almalki et al., 2012). Though these patterns were performed in the outer inpatient hospital wards, they are similar to those found in the hospital setting in the area and emphasise the applicability of contingent rewards, operating procedures, and supervision.

Pay and promotion are critical, but not commonly adequate in and of themselves across Arab-context studies. The fairness and transparency of procedures, respectful relations with supervisors, the effectiveness of communication, and the significance and autonomy of everyday work are also factors that determine satisfaction and staying intentions. In hospitals where policies are more transparent, communication is improved, performance is acknowledged and training and promotion is structured, employees are more satisfied with their jobs and less likely to leave (Mrayyan, 2005; El-Jardali et al., 2009; Almalki et al., 2012). Methodologically, the majority of Arab research uses the cross-sectional survey design with convenience samples and different instruments to determine the association but not causality; however, findings are similar across the settings and ownership models, which support the key role of organisational and supervisory practises in satisfaction and retention.

Empirical studies that directly correlate multi-facet job satisfaction with retention/intent to stay among healthcare workers in Palestinian hospitals (and the private sector in particular) are limited in peer-reviewed literature. Local documentation that is available focuses on system pressures on the workforce but seldom implements validated and multi-dimensional scales of satisfaction (e.g., the 36-item JSS) and direct intent-to-stay outcomes. Consequently, the bulk of local evidence addresses workforce limitations and

service demand as opposed to the specific attitudinal processes that influence staying or leaving.

Emerging Palestinian studies now provide more direct contextual support. In the southern West Bank, ICU and neonate care nurses showed significant links between professional quality of life and the work environment, reinforcing the practical importance of staffing, support, and organizational conditions in local hospital settings (Ayed et al., 2024; Batran et al., 2025).

The national health reports present current issues that are pertinent to satisfaction and retention such as resource limitation, staffing, and fluctuating service load among the governorates. Sector statistics (e.g., hospital beds per population) reflect the capacity constraints that can be converted into workload stress at a facility level, which is a well-established correlate of dissatisfaction and turnover intention in the international literature (Palestinian Ministry of Health, 2022). Although these reports help to present the necessary background regarding the organisation and capacity of the Palestinian health system, they do not tend to analyse the relationship between certain organisational aspects, including supervision practises, operating procedures, contingent rewards, communication, and promotion opportunities and the intention to remain among the employees.

Nablus has a number of established private hospitals at the governorate level, which make up the study setting (Arab Specialised Hospital, Nablus Specialised Hospital, Evangelical Hospital, An-Najah Hospital, and Al-Ittihad Hospital). The arrangements of employment, management practises and internal processes may vary in the case of the private institutions and this means that there may be a variation in the aspects of satisfaction that include supervision, communication, working procedures and rewards. Nonetheless, there is a paucity of published studies that quantify these aspects and relate them to intent-to-stay among staff in Palestinian private hospitals and when workforce concerns are addressed locally they tend to be done at the system level (e.g., aggregate staffing and capacity measures) instead of multi-facet attitudinal measurement.

1.7.1 Theoretical Frameworks Linking Job Satisfaction and Retention

Several theoretical frameworks help explain how job satisfaction influences employee retention. These frameworks provide different but complementary perspectives on the mechanisms linking satisfaction to turnover intentions and decisions. Key theories include Social Exchange Theory, the Effort–Reward Imbalance model, and the Job Demands–Resources model, among others, as described below.

1.7.1.1 Social Exchange Theory

According to Social Exchange Theory (SET) the employment relationship is a two-way exchange: when employees feel fairly treated and rewarded by their organisation they will also return the favour by being loyal and committed. That is to say, when employees feel that the organisation appreciates their input and treats them with dignity, they have higher chances of exchanging such favourable terms with an extended period of stay. This is backed by empirical evidence. Indicatively, perceived organisational justice, which includes equitable processes, fair rewards, and respectful interpersonal treatment is linked to increased job satisfaction and reduced turnover intentions (Cohen-Charash & Spector, 2001; Colquitt et al., 2013). On the other hand, when the employees feel that they are not fairly or equally treated, their dissatisfaction can be in form of more intentions to quit. The SET gives a theoretical justification of why fairness is important: fair and rewarding transactions create trust and commitment, which in turn decrease the urge of employees to leave. Studies that have used SET in retention settings have established that employees who feel that they are respected and sufficiently rewarded do tend to remain (Alnajim, 2021). In short, the psychological contract is enhanced by promoting a fair exchange (e.g., by fair pay, appreciation, and respectful supervision), which will help persuade employees not to leave the organisation.

1.7.1.2 Effort–Reward Imbalance Model

Another way of looking at satisfaction and retention is the Effort-Reward Imbalance (ERI) model. ERI theory argues that stress and dissatisfaction come about due to the lack of rewarding the efforts of an employee in line with the effort (Siegrist, 1996). One might feel that the work he/she puts in (time, energy, skills invested in the job) does not match the reward (salary, benefits, recognition, career opportunities) and thus a

mismatch leading to resentment, strain, and desire to withdraw will arise. Such differences in effort-reward have been found to be consistently linked with increased psychological distress and more turnover intentions (Siegrist, 1996; Van Vegchel et al., 2005). ERI is a widespread issue in the healthcare environment: nurses and other employees are regularly subjected to extremely high workloads and duties without feeling that their salaries, promotions, and appreciation are sufficient. This situation is projected onto various aspects of Spector Job Satisfaction Survey (JSS)- especially the pay, promotion and contingent rewards aspect- where chronic under-reward in the context of high effort results in dissatisfaction. When employees constantly believe that their enormous work is underestimated or underpaid, they will tend to seek other options of leaving the job. To tackle the problem of ERI, it is necessary to focus on enhancing both tangible (e.g. competitive salaries, benefits) and intangible rewards (e.g. appreciation, career development). Organisations can increase job satisfaction and, consequently, higher retention by restoring a more appropriate balance- so that employees feel that their high efforts are recognised and rewarded fairly.

1.7.1.3 Job Demands–Resources Model

The Job Demands-Resources (JD-R) model offers a general framework that can be used to interpret the impact of different job factors on the well-being of employees such as their satisfaction and the probability of remaining or quitting their jobs. JD-R model divides the factors at the workplace into two groups namely demands and resources (Bakker & Demerouti, 2007). Job demands are factors of the job that sustain effort and cause strain (e.g. workload, time pressure, emotional stressors), whereas job resources are those factors that assist in the attainment of work objectives, alleviation of demands or personal development (e.g. supervisory support, autonomy, recognition, and development opportunities). The JD-R theory says that high demands deplete the energy of employees and may result in burnout and decreased job satisfaction, but excessive resources increase engagement, motivation, and satisfaction. The retention has a direct implication of this dynamic. Meta-analytic findings indicate that burnout (commonly a by-product of excessive job demands) is closely linked to increased turnover intentions, and work engagement (commonly a by-product of sufficient job resources) is linked to reduced turnover intentions (Alarcon, 2011; Halbesleben, 2010). Simply put, when workers are continuously overworked by the pressure and do not have enough resources

to meet the demands, they will most likely experience a sense of fatigue and dissatisfaction, which will subsequently increase their turnover intentions. On the other hand, an environment that is rich in resources, such as favourable management, workloads that are not too demanding, recognition and learning opportunities, will result in increased engagement, commitment to the organisation and job satisfaction which deter quitting (Bakker & Demerouti, 2007). When applied to the healthcare setting, the application of the JD-R model would imply that such resources as supportive supervision, good teamwork, and recognition may mitigate the effects of high patient loads or emotional stress (demands) on staff, thus maintaining a high level of satisfaction and reducing turnover intentions. In general, the JD-R model emphasises the significance of controlling the work demands and offering sufficient resources as the strategy to enhance the satisfaction and retain healthcare workers.

1.7.1.4 Related Constructs: Psychological Safety, Person–Organization Fit, and Organizational Commitment

In addition to the formal theories presented above, a number of related psychosocial constructs have been found to be significant to job satisfaction and retention. Psychological safety is the belief of the employees that they are free to speak, inquire and make errors at the workplace without the fear of being punished or humiliated (Edmondson, 1999). Psychological safety in the workplace will help people feel supported and important, which leads to increased satisfaction and increased desire to stay in the organisation. Another factor that is influential is value congruence (or person-organisation fit); this refers to the fit between the personal values of an employee and those of the organisation or culture. Studies show that employees who have high value congruence are more likely to report high job satisfaction and are less probable to think of quitting since they feel that they are truly a part of the culture of the organisation (Kristof-Brown et al., 2005). One of the most famous predictors of retention is organisational commitment, especially affective commitment (emotional attachment to and identification with the organisation). Highly engaged employees of an organisation have very little chance of quitting (Meyer et al., 2002). Notably, the constructs are interrelated with job satisfaction: positive working conditions, such as psychological safety and value congruence tend to increase satisfaction, which consequently enhances commitment. Many researchers have discovered that the

correlation between job satisfaction and turnover intention is mediated by higher degrees of organisational commitment, i.e., satisfied employees get more committed and, therefore, less willing to leave (Meyer et al., 2002; Wei et al., 2021). Overall, the development of an employee-centred work environment where open communication and trust (psychological safety) are encouraged, the core values are shared with the employees (person–organisation fit), and a high level of mutual commitment is established may help to increase job satisfaction and decrease turnover. These considerations are non-mutually exclusive with the wider theoretical frameworks since they focus on the human and cultural aspects that ensure healthcare workers are interested and committed to remain.

Recent studies likewise show that psychological safety remains important to retention-related outcomes. Hospital nurses with higher psychological safety reported higher job satisfaction and lower intention to leave (Cho et al., 2023), and similar patterns were reported among German early-career physicians, particularly for leader-related psychological safety (Etti et al., 2025).

1.7.2 Classical Motivation Theories and Job Satisfaction

Classic theories of motivation provide foundational insight into the factors that drive job satisfaction, which in turn can affect employee retention. Two particularly influential theories in this realm are Maslow’s Hierarchy of Needs and Herzberg’s Two-Factor Theory. These theories, while developed decades ago, shed light on the fundamental human needs and motivators that underlie satisfaction in the workplace.

1.7.2.1 Maslow’s Hierarchy of Needs

Hierarchy of Needs is a motivational theory developed by Abraham Maslow and commonly illustrated as a pyramid, starting with the basic needs of a human and moving upwards to the higher needs. These levels include: physiological needs (the basic survival needs such as food, water, rest), safety needs (security, stability, freedom of fear), social needs (belonging, friendship, love), esteem needs (respect, recognition, achievement) and self-actualization (realising personal potential, growth and fulfilment). Maslow states that people are driven to meet lower-level needs and then higher-level needs become salient. When applied to the context of job satisfaction, the theory of Maslow means that the healthcare workers will be contented and will remain

in their positions when their needs at these levels are addressed. As an example, even at the simplest level, a job must offer a livable income and secure working conditions (physiological and safety needs). As one goes up the hierarchy, the social need to belong is met by the sense of camaraderie with the colleagues and support of the supervisors. The needs of esteem can be achieved through acknowledgment of good performance, respect by the managers, and chances to feel pride in the work done. Lastly, self-actualization in a healthcare career could be the possibility of professional growth, higher training, career advancement, or the freedom to be innovative in patient care. When an organisation allows a nurse or a physician to develop and fulfil his or her potential, the employee is most likely to get profound satisfaction and meaning out of his or her job. It has actually been discovered that the ability to fulfil higher-level needs correlates with improved performance and increased retention. As an example, a study of Romanian healthcare workers demonstrated that motivation and performance were affected positively by satisfying higher-level needs like esteem and self-actualization (Ştefan et al., 2020). In this way, the framework presented by Maslow implies that the healthcare facilities that are planning to enhance job satisfaction (and consequently retention) are to take a comprehensive approach: they need to make sure that the basic needs are addressed (appropriate salary, healthy working environment, etc.), promote a healthy social atmosphere (teamwork and support), offer rewards and respect, and open opportunities to personal and professional development.

1.7.2.2 Herzberg's Two-Factor Theory

Another traditional view on motivation and workplace satisfaction is the Two-Factor Theory of Frederick Herzberg (also called the motivator-hygiene theory). Herzberg claimed that job satisfaction factors (the motivators) and job dissatisfaction factors (the hygiene factors) are different. Hygiene factors are aspects of the job situation that when not well or absent causes dissatisfaction. They are salary, hospital policies, working conditions, job security, and interpersonal relations (with supervisors and peers, in particular). Dissatisfaction can be eliminated by improving hygienic factors (such as paying a fair wage, reasonable working hours, and safe, well-equipped work environment), but alone they do not necessarily make an employee really satisfied, instead, they bring the state of neutrality. On the other hand, motivators are job content factors that when they exist actively generate job satisfaction. These are achievement opportunities, good work recognition, the intrinsic quality of the work (e.g. meaningful,

engaging work), responsibility and growth or advancement opportunities. Herzberg stated that employees will be most satisfied and motivated when they feel these motivators at work. A healthcare environment may include a nurse experiencing a sense of accomplishment in overcoming a life-threatening case of a patient, being rewarded by the hospital due to outstanding performance, having meaningful interactions with patients, or being promoted to a superior role. Herzberg theory has been subject to empirical applications in the field of healthcare which have provided support to its relevance. As an example, a study of clinical laboratory professionals in Oman used the two-factor framework of Herzberg and discovered that it was helpful in explaining the level of job satisfaction (Alrawahi et al., 2020). In such a study, the factors such as salary and working conditions had to be satisfactory to prevent dissatisfaction, whereas such factors as professional recognition, utilisation of skills, and career advancement played a major role in positive satisfaction. The implication of the retention of healthcare workers is that hospitals and clinics should take care of both groups of factors: ensure that hygiene factors (pay, policies, conditions) do not frustrate, and at the same time invest in motivators by offering recognition, gradually expanding responsibilities (with support), and allowing career development. Nurses and doctors will be much more inclined to stay in their jobs when they believe not only that the essentials are established but also that their work is appreciated and provides them with personal development. The theory by Herzberg therefore highlights that it is one thing to remove complaints (such as poor pay or shortage of staff) but it is the second thing to make employees love their job (through meaningful work and recognition).

1.7.3 Job Embeddedness Theory of Employee Retention

Although most conventional methods of retention emphasise job satisfaction or commitment to be the primary factors that may or may not keep employees in an organisation, the Job Embeddedness Theory gives a wider perspective. Originally, Mitchell and colleagues coined the concept of job embeddedness to describe the many forces that may bind an employee to his or her job and organisation (and community), even when such forces are not predicted by conventional job attitudes. In contrast to the theories that emphasise the immediate job feelings of an employee, job embeddedness takes into account the entire network and tie-ups of relationship that a person has created. Job embeddedness has three fundamental elements (Holtom & Darabi, 2018):

Links: the formal and informal connections a person has to other people or activities. In a hospital, this could include relationships with coworkers, supervisors, and patients, or involvement in committees and social networks at work. Outside of work, community ties (neighbors, local groups, family in the area) also count. The greater the number of (and the stronger) links an employee has, the more “embedded” they become in their current life associated with the job.

Fit: the perceived compatibility of the job and environment with the person’s interests, skills, and values. For example, a physician might feel that the hospital’s mission aligns with her personal values, or a nurse might feel that living in a particular city fits well with his lifestyle and family needs. When employees feel they fit well in their organization and community, leaving would disrupt this harmony.

Sacrifice: the perceived losses one would incur by leaving the job. This includes material sacrifices (like giving up a good salary, health benefits, or a retirement plan) and psychological or social sacrifices (such as losing seniority status, friendships with colleagues, or professional reputation in a trusted organization). The more an employee believes they would have to sacrifice upon leaving, the more difficult it is to sever ties.

Job Embeddedness Theory postulates that employees who have many links, high sense of fit and perceived sacrifice are less likely to leave despite the fact that they sometimes feel dissatisfied because they are entangled in a network that makes leaving expensive and inconvenient. An example is a ten-year-old nurse in a private Nablus hospital: she has close friendships with her colleagues (links), feels at home in the collaborative culture of the hospital (fit), has such benefits as a great pension plan and an easy commute (leaving is a big sacrifice). Although she might experience a few episodes of work stress, she might stay since her life in general is entrenched in her present circumstances. The empirical evidence confirms that job embeddedness can explain turnover beyond and in addition to job satisfaction or commitment i.e. sometimes, individuals remain not only because they are happy but because leaving would require them to restructure many things in their work and personal life (Holtom & Darabi, 2018).

1.7.4 Moderators, Mediators, and Boundary Conditions

Although job satisfaction is an effective general indicator of retention, studies also underscore that the influence is conditional on a range of moderators mediated by other variables, and that it has significant boundary conditions. Moderators are those variables that determine the intensity of the relationship between satisfaction and turnover. A moderator that has been well documented is the condition of the labour market: in situations when there are external job opportunities (low unemployment), more dissatisfied employees will actually leave, but in times when there are high unemployment rates, even dissatisfied employees will not leave because of lack of alternatives (Carsten & Spector, 1987). This connexion can also be moderated by personal demographics. As an illustration, the age and stage of career are frequently applicable: younger workers are more likely to be dissatisfied than older workers or long-term employees since the former has more sunk costs or less alternatives (Griffeth et al., 2000). There is some evidence to indicate that gender and familial factors also condition the satisfaction-retention relationship. To give an example, women with family roles may be more affected by work-family supportiveness, which balances the role of job satisfaction in their intentions to remain (Tariq et al., 2021). A boundary condition may also be the organisational and cultural context. Employees in high-power-distance or collectivist cultures may be more willing to remain in an unsatisfactory situation before leaving, but low satisfaction in individualist cultures will be more readily converted into quitting (Mitchell et al., 2001; Lee & Mitchell, 1994). Another important boundary condition is the presence of alternatives, which is also known as ease of movement: even very unhappy nurses or physicians might not quit in case other jobs are not available or because they are tied to the region by family or community. This is in line with job embeddedness theory, which opines that the network of attachments that an employee has with people, place and profession can either cushion or limit the usual impact of dissatisfaction on turnover (Mitchell et al., 2001). Healthcare workers who are highly embedded (e.g. highly attached to their communities or to their colleagues) can remain in their positions even when dissatisfied, but those with weak ties are more prone to taking action when dissatisfied and quitting their jobs.

In addition to moderators, evidence exists of mediators that describe how or why job satisfaction influences retention outcomes. One of the traditional moderators in the process is turnover intention itself - job satisfaction makes an employee think of leaving, which in turn forecasts the actual quitting behaviour (Tett & Meyer, 1993). Also, organisational commitment usually mediates: high satisfaction leads to greater commitment to the hospital, which in turn reduces voluntary turnover and thus commitment can mediate the impact of satisfaction on retention (Meyer & Allen, 1991; Tett & Meyer, 1993). Burnout has also been found to be another mediator in healthcare settings that connects work conditions with turnover. As an illustration, job stress may over time undermine the satisfaction of nurses, causing burnout, which in turn increases their turnover intentions - in this case, job satisfaction (and corresponding affective states) constitutes the mediator by which stressors eventually contribute to turnover (Ning et al., 2023). A recent primary care staff study has discovered that job satisfaction (and presenteeism) mediated the correlation between job stress and turnover intentions, highlighting that enhancing the satisfaction levels can halt the stress-to-quitting transition (Ning et al., 2023). Presenteeism (attending work despite sickness or lack of engagement) may be the result of low satisfaction as well as a mediator that points to a greater disengagement before leaving. Overall, the mediational studies confirm the perception that job satisfaction frequently mediates its effects on retention via intermediary attitudinal processes such as commitment or intentions, and not in a one-step fashion.

Given boundary conditions, modern turnover models recognise situations in which the common satisfaction-turnover relationship may not hold. The Unfolding Model of turnover by Lee and Mitchell (1994) brought the concept of different ways to turnover, some of which do not rely on gradual build-up of dissatisfaction. As an example, even otherwise satisfied clinicians may leave suddenly due to sudden shock events (e.g. an ethical conflict, an offer to relocate the family, organisational restructuring) (Lee et al., 1999). In this situation the exit decision is not a direct consequence of poor job satisfaction, and has to be a response to an external shocking event or a personal life event - a definite boundary condition on the role of satisfaction. On the other hand, we have the cases of happy quitters and reluctant stayers. Another reputable model by March and Simon (1958) identifies the difference between the desirability of leaving (low when job satisfaction is high) and the ease of leaving. The reluctant stayer is an

employee who may be highly dissatisfied (high desirability of leaving) but be retained because it is hard to quit (low ease, e.g. few job openings, contractual obligations) - the unwilling stayer. Alternatively, one may be satisfied and yet quit due to such reasons as the relocation of the spouse or a radical change of career (a happy quitter), once again demonstrating that the influence of job satisfaction may be limited by extrinsic factors. Lastly, the above-mentioned emerging construct of job embeddedness is a cluster of boundary conditions: high interdependence with other workers, identification with the community, and the perceived sacrifices in quitting can all provide a constraint on turnover, thus undermining the direct impact of dissatisfaction on quitting (Mitchell et al., 2001). Altogether, the studies of moderators, mediators, and boundary conditions present a more subtle image where job satisfaction is a significant but not the only factor that defines retention. Its effect works via other psychological constructs and is moderated by individual, organisational and environmental background.

1.7.5 The Intent–Behavior Gap

The most common topic of turnover literature is the discrepancy between intentions expressed by employees to quit and their turnover actions. Turnover intention, usually assessed by questions in the survey about how frequently one considers quitting or intends to leave, is typically the most powerful proximal predictor of leaving in the literature (Steel & Ovalle, 1984; Griffeth et al., 2000). It has been demonstrated through meta-analyses that the intention to quit by an employee is moderate to strongly related to the turnover (Steel & Ovalle, 1984). The seminal meta-analysis by Steel and Ovalle (1984) found that behavioural intentions and actual turnover have a weighted mean correlation of approximately $r = 0.50$, which means that the people who express intentions to leave are, in fact, much more prone to leave compared to those who do not. Actually, intention to leave is commonly referred to as the single best predictor of voluntary turnover (Griffeth et al., 2000), a result that has prompted a number of researchers to employ intention as a convenient surrogate of actual turnover in their studies (Podsakoff et al., 2003). The intention-behaviour relationship is however not that perfect even though the relationship is relatively strong. The correlation of 0.5 suggests that intentions only explain about 25 percent of the variation in turnover - which leaves a significant amount of turnover events that cannot be explained by intentions made earlier (Steel & Ovalle, 1984). Practically, most

employees who claim that they are going to leave do not actually leave and vice versa some of those who leave had not stated that they would leave beforehand.

This intent-behaviour gap has been explained in a number of ways. Constraint versus choice is one of the considerations. An employee may have a genuine intention to quit, either because of dissatisfaction or other reasons but he/she is not able to convert the intention into action due to some limiting factors like financial needs, no other job prospects or personal factors (Lee & Mitchell, 1994). As an illustration, a nurse in a private Nablus hospital may want to quit to get a better job elsewhere in the city, but family commitments or a constrained job market will not allow him/her to do so. In this case the motive exists, but the action is inhibited by external restraints. This has been empirically confirmed: in a large study of federal agencies, the percentage of employees reporting intent-to-leave in surveys greatly over-predicted the resulting actual turnover rates, indicating that many who reported intent-to-leave actually remained. Intentions may therefore be regarded as a necessary, but not a sufficient condition of turnover.

The other source of the gap is the contribution of the unexpected shocks and decision paths. A significant proportion of voluntary leavers is shown to take the Unfolding Model (Lee & Mitchell, 1994) showing that the standard pattern of increasing dissatisfaction/developing intent/quitting is not followed by all. Rather, these people are shocked (e.g. by a conflict with management or a family crisis) and immediately resign without any long-term consideration or declared purpose (Lee et al., 1999). Turnover behaviour in such situations develops regardless of whether there was an intention, in effect bypassing the intent stage altogether. This effect implies that organisations may experience unforeseen turnover even in employees who did not show any intention to leave in the first place - a situation that is not new in healthcare when a clinician suddenly leaves because of burnout or moral distress that reached the breaking point (see Section 1.7.6). On the other hand, the employees might have intentions to leave over a long period as coping or fantasising without ever setting out to seek employment or to resign. Job embeddedness (social ties, community attachment; (Mitchell et al., 2001)) may lead to inertia whereby a disgruntled nurse will always mean to quit one day but never does because the costs of leaving are still too high.

Moreover, the methodological difference between intention and behaviour is great. Turnover intention is a self-reported intention or attitude, which can change and is

usually assessed at a single point in time, and turnover behaviour is an observable behaviour that can happen long after. This time lag presents the possibility of change in conditions. The intention to quit developed in a frustration situation may fade if the work situation changes (e.g. a new manager who is supportive comes into the picture), which explains how interventions might decrease the intent-behaviour translation. On the other hand, a neutral or even positive intention may become sour in case new stressors emerge (e.g. a pandemic or a pay cut) and cause previously unintended quits. It is due to the dynamic nature of intentions that longitudinal studies occasionally show only significant predictive value: one study reported an overall intent-turnover correlation of only $r \approx 0.15$ when looking at actual teacher departure after conditioning on time and changing circumstances. In conclusion, intentions to leave are indeed a serious red flag to possible turnover (and are less challenging to researchers to measure than actual quits), but there is still an apparent intent-behaviour disconnect. This disjuncture highlights the significance of not only focusing on whether or not employees are intending to leave but also situational conditions that facilitate or hinder the actualization of the intentions (Steel and Ovalle, 1984; Lee et al., 1999). Companies must therefore be wary of the temptation to equate high intent-to-leave survey scores with imminent loss of personnel - these are a wakeup call to ameliorate the situation, as prompt managerial action sometimes turns intent to leave into intent to remain.

1.7.6 Burnout, Moral Distress, and Scheduling

Occupational stressors associated with burnout have become a major force that has contributed to diminishing job satisfaction and contributing to turnover in the healthcare industry. Burnout can be characterised by emotional exhaustion, depersonalization (cynicism), and decreased professional efficacy (Maslach & Leiter, 2016). It is usually caused by the chronic stressors in the workplace and is particularly common in stressful health environments. Many studies also associate burnout with the intention to leave and actual turnover of staff (Leiter & Maslach, 2009; Chênevert et al., 2021). Specifically, the components of burnout exhaustion and cynicism seem to diminish the attachment of employees to the organisation. In a longitudinal study of nurses, Leiter and Maslach (2009) discovered that cynicism (forming a negative attitude towards work that is detached) was by far the most powerful burnout dimension to predict nurse turnover. In practise, burnout serves as a strong mediator between unfavourable work

environment and leaving: in the case of a nurse or a physician, being psychologically disengaged due to work overload or frustrations of bureaucracy can be a result of burnout, which subsequently translates into the desire to leave or even resignation. This mechanism was shown by Chenevert et al. (2021) when they studied Canadian physicians and found that high job demands and resource scarcity increased burnout, which subsequently increased the intention of doctors to turn to their profession. These results are consistent with the Job Demands Resources model (Demerouti et al., 2001) that states that high demands (e.g. long working hours, emotional stress) cause strain (such as burnout), but abundant resources (e.g. support, autonomy) do not. In case of burnout, the situation is usually accompanied by low job satisfaction and a need to find relief by leaving the job (Maslach & Leiter, 2016). In this way, burnout can be used as a major approach to retention: nurse and physician burnout interventions (improved staffing, peer support, wellness programmes) have been shown to be effective in enhancing staff retention and staff morale (Leiter & Maslach, 2009).

Moral distress is one of the other issues that affect retention, especially in healthcare professions, and it is closely related to burnout. Moral distress is the condition that clinicians feel powerless, guilty and frustrated due to being unable to act as per their ethical or professional norms. As an example, a nurse who has to perform procedures repeatedly that he or she believes are too aggressive or not in the best interest of a patient (perhaps because of institutional policy or family needs) may undergo severe moral distress. Research has discovered that an increase in moral distress is associated with an increase in intent to quit the profession or job (Jang et al., 2022; Delgado-Ron et al., 2024). Delgado-Ron et al. (2024) conducted a recent Canadian study and found that moral distress was an important predictor of turnover intent in healthcare providers over and above other variables such as general burnout. It is worth noting that the same study also found demographic subtleties, such as moral distress might particularly be intense in providers with a marginalised background when they experience a conflict between organisational values and personal or cultural values, which is why the intent to leave is different (Delgado-Ron et al., 2024). Equally, in a multi-country survey of critical care clinicians in 68 ICUs, an ethical climate perceived as poor (in which staff felt ethical dilemmas were poorly managed or their values were violated) was linked with significantly higher intentions to leave (Van den Bulcke et al., 2020). These results emphasise the fact that moral and ethical working conditions are not soft issues; they

have a practical effect on retention. Moral distress is frequently comorbid with burnout (e.g. depersonalization cynicism may be an outcome of unresolved moral conflicts), which increases the likelihood of attrition. In high-intensity nursing units such as oncology or end-of-life care, where moral distress is widespread, nurses have been discovered to report higher rates of leaving (Epstein & Hamric, 2009). Thus, by establishing pathways to ethical reasoning, staff assistance in overcoming moral dilemmas, and organisational culture that empowers clinician voice in care decision-making, moral distress can be reduced and, by extension, enhance retention.

The other environmental factors that have a great impact on job satisfaction, burnout rates and eventually staff retention in healthcare workers are work schedules and staffing patterns. Hospitals may need 24/7 coverage, which results in shift work, long hours and odd schedules that may become tiring to employees. There is a good evidence base showing that the demanding schedules are associated with increased burnout and intention to quit. In a large study with 12 European countries, Dall'Ora et al. (2015) discovered that nurses working 12 hours or more showed significantly higher chances of reporting burnout and job dissatisfaction than nurses working 8 hours. Importantly, these nurses who had to work long shifts were also much more inclined to voice their desire to leave their employment (Dall'Ora et al., 2015). Long shifts are usually associated with insufficient rest between working shifts which interferes with the usual sleep patterns and work-life balance. This will result in chronic fatigue and work-family conflict over time, both of which undermine job satisfaction. In fact, it was found that rotating night shift work is associated with increased emotional exhaustion among nurses, which is a major aspect of burnout predicting turnover (Stimpfel et al., 2012). A recent systematic review reaffirmed that rotating shift schedules (frequent night shifts, variable hours) correlate with high levels of burnout and reduced retention of nursing personnel, particularly in combination with a shortage of staffing and low numbers of rest days. In practice, the push factor can be irregular and burdensome schedules: a skilled nurse or physician might enjoy their work in the hospital but ultimately abandon it because the schedule is intolerable to their well-being or family life.

Recent work continues to support the importance of scheduling. A comparative study found that rotating-shift nurses reported lower job satisfaction, poorer quality of life, and higher turnover intention than nurses working more stable pattern-based schedules

(Jung & Kim, 2025). In Palestine, more frequent night shifts were also associated with lower job satisfaction and poorer quality of life among nurses (Shouli et al., 2026).

These scheduling problems are worsened by overtime and shortages of staff. In case of understaffing in the hospitals, the remaining nurses might be forced to work involuntary or overtime, which causes stress and resentment. Studies indicate that compulsory overtime and working in excess of the scheduled time are factors that cause burnout and turnover intentions (Trinkoff et al., 2011). Also, understaffing during shifts (large patient-to-nurse ratios) does not only put patients at a risk of poor care but also reduces job satisfaction and raises the turnover rates among nurses (Alghamdi & Urden, 2016). Nablus is not an exception, as many of the private hospitals are run with resource limitations that may cause such staffing issues. Employees will not want to remain when they feel that schedules are either unfair or rigid. On the contrary, increasing flexibility and control of schedules (self-scheduling or predictable rotations) have been linked to improved retention results, because it enhances work-life fit. In short, job satisfaction is closely connected to burnout, moral distress, and scheduling practises. They are practical areas: by enhancing the psychosocial workplace atmosphere (burnout and moral harm prevention), and scheduling (reducing long work hours, ensuring that workers get sufficient rest and staffing), it is possible to significantly improve the satisfaction of healthcare workers and, therefore, their chances of staying in the profession (Chênevert et al., 2021; Dall’Ora et al., 2015). In the case of Nablus, a retention strategy focused on the well-being of the employees is a priority that must address these concerns in order to be effective in private hospitals.

1.7.7 Measurement Integrity and Invariance

The empirical research of job satisfaction and retention is based on good practises of measurement and the recent literature insists on the integrity and invariance of the measures employed in the study. Measurement integrity is the reliability and validity of the measures that can measure the key constructs such as job satisfaction, turnover intentions, and actual turnover. Various standardised surveys have been created and proven in the context of job satisfaction. An example of this is the Job Satisfaction Survey (JSS) by Spector (1985) that is a well-known instrument with proven internal consistency and content-validity in the measurement of overall and facet-specific satisfaction in numerous industries, such as healthcare. Additional instruments are the

Minnesota Satisfaction Questionnaire and Job Descriptive Index, both of which have been shown to have a psychometrically sound nature (Van Saane et al., 2003). A systematic review of 29 job satisfaction tools by Van Saane et al. (2003) revealed that some scales were found to have a rigorous reliability and validity, yet not all of them, which indicates the significance of the choice of existing scales. It would be crucial in the study of Nablus privately owned hospitals to either utilise an already validated Arabic-version scale or meticulously translate and back-translate the questions to preserve conceptual equivalence (Platania et al., 2021). In many cases, authors use Western-constructed surveys; in this case, researchers should ensure that the translated items can still reflect the desired elements of satisfaction in the local culture. Multi-item satisfaction scales should have high Cronbachs alpha (usually above 0.80) and factor analyses are employed to ensure the hypothesised dimensional structure (e.g. facets such as pay, supervision, workload) is valid in the new sample.

Measurement invariance is a key critical concept in comparative and multi-group research. This is the concept that a survey measure measures the same latent construct to an equivalent extent across various groups (e.g. by gender, by culture, or by time period). When invariance is not true, apparent differences between scores may be due to measurement artefact and not actual differences. The scale of job satisfaction measurement has been explicitly tested to be measurement-invariant in recent studies. As an example, Platania et al. (2021) confirmed an Italian version of the JSS and used multigroup confirmatory factor analysis to demonstrate that the structure of the scale was gender-invariant. They discovered the presence of configural, metric, and scalar invariance, i.e., the Italian male and female workers perceived and reacted to the JSS items in the same way (Platania et al., 2021). This kind of work is encouraging since it means that the comparisons (e.g. of the satisfaction levels among the male and female staff) are not in vain and that the instrument does not operate under the influence of bias. Likewise, cross-cultural invariance of measures of satisfaction has been supported in other studies across different countries, but the slightest adjustments are sometimes necessary based on colloquial or contextual significance. Invariance testing is particularly relevant in multinational research or any study whereby one would like to guarantee that, say, a 5 on a satisfaction scale would mean the same level of satisfaction in Nablus as it would mean in a different part of the world. Observed group differences

would be doubted without defining invariance (e.g. are nurses in Country A really more satisfied than in Country B, or do they simply use the response scales differently?).

Other than satisfaction measures, turnover measures also bring about measurement issues. The concept of turnover can be operationalized in many forms: actual turnover (a record of whether an employee really quits within a given time period) vs. turnover intention (a self-reported probability of quitting). Both have measurement advantages and disadvantages. Actual turnover is objective but in many cases hard to measure in real-time and can be affected by external variables (such as job availability) which are beyond the reach of attitude measures. The turnover intention can be readily measured through questionnaires and predicts actual turnover to a degree (Steel and Ovalle, 1984), but as discussed in Section 1.7.5 it is an imperfect surrogate. Researchers need to be explicit on what they are measuring, and in literature review one should not confuse intention data and actual turnover rates. Within the framework of measurement integrity, multiple measures or data sources could be used to support the validity. As an example, it is more comprehensive to match a survey of intentions with follow-up administrative data on who actually left. Nevertheless, these designs are not common in practise because of logistical difficulties.

The other problem is common method variance that measures predictors and outcomes using the same survey instrument at the same time. When a nurse is questioned about his or her job satisfaction in one sitting and also about his or her intention to leave, the answers may be inflated in correlation because of the consistent response tendencies or mood which is a methodological artefact (Podsakoff et al., 2003). According to Podsakoff et al (2003), the application of self-report as both independent and dependent variables may lead to spurious relationships. This is not a novel issue in the satisfaction and retention literature: much of the existing research is based on cross-sectional self-reports (e.g. a single questionnaire to measure satisfaction, commitment and intent to quit), which may overstate any underlying relationships. The solutions include separating measures over time, making the measures anonymous to lessen the evaluation apprehension, or the use of alternative sources (e.g. supervisor-rated performance and self-rated satisfaction) (Podsakoff et al., 2003). Although these remedies have not necessarily been applied in healthcare retention studies, researchers

are also demanding strong research designs that reduce the method bias and enhance the causal conclusions (Holtom & Darabi, 2018).

Lastly, measurement integrity can be provided by making sure that the important constructs such as the concept of job satisfaction are clear and always interpreted. Satisfaction in itself is a wide concept- a person may be satisfied with some aspects (good salary and colleagues) but not with others (heavy workload). Facet-level satisfaction is now being measured in many studies along with overall satisfaction to obtain a fine-grained perspective. Facet measures (e.g. different scores on satisfaction with pay, promotions, supervision, nature of work etc. as in Spector's JSS) can indicate the areas that are most closely related to turnover in a particular setting (Spector, 1985). Facet scales, however, still need periodic re-validation. As a case in point, the emergence of new issues (such as the usability of electronic health records or the safety of COVID-19) may require the revision of the satisfaction questionnaires to incorporate these aspects, which would guarantee content validity in the current setting. As an example, when a hospital in Nablus implemented a new scheduling system, the addition of items regarding scheduling fairness would reflect one aspect of satisfaction that may be of special interest in retention in this context. Finally, the literature highlights that a set of reliable, valid, and invariant measures is the key to making valid conclusions regarding the effects of job satisfaction on retention. Research that carefully validates their measures (through reliability tests, factor tests and invariance tests) offers much more plausible and generalizable information, which further supports evidence base of any interventions or theoretical models based on such data (Van Saane et al., 2003; Platania et al., 2021).

1.7.8 Workforce Equity and Differential Retention

Attention to workforce equity has illuminated how retention outcomes can differ across various employee groups and how issues of fairness and inclusion can impact who stays versus who leaves. "Differential retention" refers to the observation that turnover rates are not uniform; they can vary systematically by factors such as gender, age, ethnicity, or other demographic and positional variables. Understanding these patterns is important for both ethical and practical reasons: inequitable retention can lead to less diverse workplaces and can indicate underlying problems (e.g. discrimination or unmet needs of certain groups).

In certain studies, gender differences in retention have been reported, but the results are rather mixed and situation-specific. The medical labour force is frequently gender-stratified in healthcare (e.g., nursing staffs are feminised in most areas, and physicians are traditionally male, but this is evolving). It has been indicated that female medical staff might have increased turnover intentions in some circumstances, including absence of flexible working hours or insufficient work-family balance support (Karakachian et al., 2022). Indicatively, a study of female doctors who were married in South Asia discovered that work-family conflict greatly heightened their quitting intention, particularly in the absence of supportive supervisors or childcare services (Tariq et al., 2021). This raises an equity concern: women, who have to shoulder a disproportionate amount of family care giving, may exit the workforce unless such policies are adjusted to their family care giving needs. Conversely, meta-analytic findings of the larger industries have occasionally discovered reduced voluntary turnover among women on average (Griffeth et al., 2000). One of them is that women can choose to self-select into more stable jobs, or may simply be less willing to leave a secure job due to external costs (e.g. discrimination in other companies) -so they turnover less often, but not because they are more satisfied (Griffeth et al., 2000). In fact, one meta-analysis found that female sex, old age and marriages were all linked to a slight decline in propensity to quit, whilst being male, young and single were all linked to high turnover rates (Griffeth et al., 2000). But these are common dispositions, and may be influenced by circumstances. In the case of the COVID-19 pandemic, e.g., survey data in the United States showed that female healthcare workers were more likely to report that they were intending to leave direct patient care than their male colleagues, arguably because of the compounded stressors such as school closures and burnout.

Gender (male vs. female) was not a statistically significant predictor of turnover intention when other variables such as job satisfaction were considered in a global meta-study of doctor turnover (Ren & Shariff, 2025). This implies that gender per se might not be as significant as the circumstances that tend to be associated with gender (e.g. work-family conflict, harassment or career prospects).

Another workforce equity dimension that affects retention is ethnic and minority status. Minority healthcare workers are more likely to leave their jobs in case they feel discriminated against, career mentoring is lacking or the work environment is isolated

(poor diversity climate). As an example, qualitative research has observed that minority nurses occasionally exit the organisations in which they are not appreciated as valuable contributors or face discrimination in promotions. In a recent study by Delgado-Ron et al. (2024) in Canada that examined turnover intent through a racial and gender prism, the researchers found that racialized healthcare providers had a higher moral distress and turnover intention when they perceived systemic inequities or micro-aggression at work. The feeling of unfairness or non-inclusion was a distinct turnover intention driver, even after burnout has been controlled (Delgado-Ron et al., 2024). These results underscore the idea that enhancing equity and inclusion is not only a moral issue but also a concern that has operational implications such as staff retention of talented employees with diverse backgrounds.

There is also a case of differential retention by age and career stage. Healthcare workers of younger age (e.g. millennial nurses or junior doctors) are more likely to leave their jobs than older workers, in part due to the mobility of younger professionals and their tendency to test various career and employer opportunities (Ng & Feldman, 2013). Elderly workers and those who are close to retirement or are well established in their communities tend to have lower voluntary turnover rates- they might prefer to remain stable, and they might not have as many outside opportunities. Nevertheless, there is a possible equity issue when, say, older, mostly male doctors remain and become leaders whereas younger or women physicians leave at higher rates, which keeps the top positions not diverse. On this understanding, a subset of hospitals has installed mentorship and professional growth initiatives aimed at younger employees and underrepresented communities to enhance their sense of belonging and career advancement in an attempt to boost their retention.

Fairness in rewards and promotions is another aspect of workforce equity. Glass ceiling or perceptions of unfair remuneration may lead to difference turnover. When, as an illustration, female nurses feel that they are not paid equally as the male nurses doing the same job, or when the local employees in Nablus feel that the expatriates are being favoured, discontent and resignations ensues. This is supported by empirical evidence: Chen et al. (2022) discovered that distributive justice (perceived fairness of pay and distribution of workloads) had a negative correlation with turnover intention among hospital employees. In their research, employees perceived that the rewards were fairly

shared, so it undermined their organisational commitment and engagement, which subsequently resulted in increased turnover intentions (Chen et al., 2022). On the other hand, a positive culture of fairness, in which promotions and rewards are explicitly founded on merit, is likely to support commitment and minimise unnecessary turnover in all cohorts.

Differential retention is also witnessed when we compare specialties or units. As an example, in the same hospital, high-stress units such as emergency or critical care tend to experience a higher turnover rate than less stressful departments. When such high-turnover units are predominantly staffed by some kind of employees (e.g. by younger nurses or less-supported nurses), then without intervention, the organisation suffers a biased loss of that subgroup. This is an equity problem in the workforce when some positions/profiles remain more difficult to maintain. One such illustrative case is the difficulty of keeping healthcare professionals in rural or underserved communities. In Palestine and the rest of the world, rural postings have been characterised by high rates of attrition where providers move to urban locations in search of better resources or personal motives. This may cause an unequal distribution of the experienced personnel between urban and rural areas, weakening equal access to healthcare. More equitable retention is therefore promoted through strategies such as financial benefits or better working conditions in the rural areas (World Health Organization & Global Health Workforce Alliance, 2013).

To conclude, the current state of retention studies promotes the use of an equity lens, not only in the form of: How can we retain more staff? but also in the form of: Who are we not retaining, and why? Patterns can be identified to devise specific remedies, e.g. women leaving because of inflexible policies, minority staff leaving because of exclusionary climates, junior employees leaving because of lack of growth. Seeking workforce equity is about providing support and the opportunity to all segments of employees to stay and prosper. This can be accomplished through diversity training, mentoring of underrepresented employees, work-family balance, and equitable pay systems. The advantage is two-fold: not only does it ensure fairness but also enhances the general retention by covering the particular pain points that motivate each group to turnover (Tariq et al., 2021; Chen et al., 2022). Finally, a fairer workplace is also a more stable workplace because it reduces the disparate loss of talent in specific groups and

provides a more inclusive workplace where a diverse group of employees will opt to remain.

1.7.9 Evidence Map and Conceptual Synthesis

Combining the broad range of literature that was examined in the course of the study in the sections 1.7.1-1.7.8, it becomes evident that the correlation between job satisfaction and retention of healthcare workers is complex and entrenched in a network of other elements. One way to synthesise these results is to develop an evidence-based conceptual model - in other words, an evidence map - that identifies major constructs and their relationships that affect turnover in the setting of private hospitals. Job satisfaction itself is in the centre of this framework and has been confirmed by many studies to be a fundamental determinant of turnover intentions and actual retention/turnover behaviour (Griffeth et al., 2000; De Vries et al., 2023). These antecedents, correlates and moderators are the things that surround this core and are the things that determine whether satisfaction leads to staying or leaving.

It is possible to conceptualise the determinants as push and pull factors. Push factors are those that push employees out of the organisation- these are low job satisfaction (unmet expectations or poor working conditions), high burnout, moral distress experiences, and feelings of injustice or inequity. Most of these push factors are interdependent: overworking and bad scheduling leads to burnout (a push factor), which in its turn reduces job satisfaction (another push factor) and makes one think about quitting. Pull factors, on the other hand, are those aspects that either lure or retain employees - a positive working atmosphere, professional dedication, good management, career growth, and personal attachments (de Vries et al., 2023). According to the literature, high job satisfaction usually summarises various pull factors (enjoyable work, good team, fair pay), which in turn bind the employees to the organisation. Also, such concepts as job embeddedness can be used to summarise many pull forces: an individual connexion (with colleagues and community), fit (compatibility with the job and location), and sacrifice (what he/she would lose in case of leaving) (Mitchell et al., 2001). Intermediate dissatisfaction can be offset by high embeddedness through other reasons to remain (Holtom & Darabi, 2018).

In order to combine the evidence, one can describe the following model: Work environment factors (such as workload, salary, leadership style, scheduling, ethical climate) affect job satisfaction and directly affect the level of burnout and moral distress. Burnout and moral distress are more likely to occur in high job-demand (e.g. long shifts, staffing shortages, emotional burden caused by patient care) leading to negative impact on job satisfaction and organisational commitment (Demerouti et al., 2001; Maslach & Leiter, 2016). In the meantime, job resources (supportive supervision, training, recognition, work autonomy, etc.) are more likely to increase job satisfaction and commitment/engagement and act as protective factors (Bakker & Demerouti, 2007; De Vries et al., 2023). Organisational commitment has been found to be a strongly correlated construct in most studies - in fact, in some cases, more strongly associated with turnover than satisfaction itself - therefore, a sound model would place organisational commitment as an independent predictor or a mediator by which satisfaction acts (Tett & Meyer, 1993).

Turnover intention is the cognitive antecedent to quitting, and it is the result of job satisfaction (and commitment) (Steel & Ovalle, 1984). Moderators however include availability of alternative jobs, economic conditions and personal constraints that condition the intention-to-behaviour path (Carsten & Spector, 1987; Lee & Mitchell, 1994). These moderators define whether a dissatisfied employee who has high intentions to quit the job will actually execute the job exit. As an example, an abundance of substitutes or aggressive recruitment by other hospitals can serve as accelerators that transform intent to action, and absence of alternatives or tight-knit community ties can serve as brakes. The intent behaviour gap as explained in the previous section is therefore directly explained in the model by means of including these moderating factors and acknowledging more than one turnover route. The pathways of the Unfolding Model of Lee and Mitchell (1994) can be traced here: the traditional pathway is the classic satisfaction-intent-quit route; other pathways include shocks that prompt immediate quit (bypassing satisfaction) and can be combined as exogenous shocks (e.g. a sudden conflict, an offer abroad) that can directly trigger turnover.

The conceptual synthesis also includes some elements of differential retention which include demographics and equity factors. They may be considered as conditioning

variables that can affect the level of some antecedents or the sensitivity to the antecedents. As an illustration, early-career status may increase career development sensitivities (the absence of it rapidly depletes satisfaction among younger employees), whereas late-career status may increase the role of pension or job security factors (which may hold an otherwise dissatisfied older employee in place). The discussed study may moderate the influence of scheduling and work-family conflict on satisfaction and intent by gender and family status (Tariq et al., 2021). These aspects can be modelled as moderator nodes on appropriate relationships (e.g. a line between work-family conflict and job satisfaction labelled stronger effect among women with young children). The workforce equity can be viewed as a flattening of these differential effects then, e.g. by offering universal flexible scheduling, the model would project an overall increase in satisfaction and a decrease in the retention gap between employees with and without family commitments.

The whole evidence map is supported by measurement and methodology issues, which reminds us that the strengths of the relationships observed (e.g. satisfaction-turnover correlation) depend on the way the constructs are measured. The model recognises that turnover intention will be a more appropriate outcome measure than actual turnover because of the intent-behaviour gap. It also recognises that ordinary-method biases may overblow certain linkages unless they are checked. Such issues are transparently reported in a truly evidence-based synthesis at the time of making conclusions.

Conceptually, the synthesised model is consistent with leading theoretical approaches such as the Job Demands Resources (JD-R) model and the unfolding model of turnover, as well as integrates the aspects of equity and measurement awareness. JD-R framework gives the framework of how demands/resources give rise to burnout or engagement which in turn results in satisfaction and outcomes (Demerouti et al., 2001; Bakker & Demerouti, 2007). We build on that by explicitly incorporating job satisfaction and commitment as intermediate attitudinal outcomes and turnover (intention/behaviour) as the ultimate outcome of interest, supplemented by the insight of the unfolding model on shock-induced exits (Lee et al., 1999).

In summing up the synthesis: high job satisfaction is a critical component of holding on to healthcare workers, though it is a component of a bigger system of forces. Retention interventions must be multi-pronged (i.e., lessening excessive demands, to reduce

burnout and raise satisfaction, increasing resources and rewards, to raise satisfaction and commitment, fostering a fair and inclusive climate, to ensure no subgroup feels sidelined, and tracking levels of intention as an early indicator). In such an integrative mapping of the evidence, we are able to find leverage points more easily. As an example, the map could show that workload and scheduling impact a variety of pathways (directly leading to burnout, reducing satisfaction, triggering intentions), which are considered high-impact intervention targets. Similarly, better management support may be able to boost job resources and satisfaction and embeddedness at the same time, minimising turnover even among those who might sometimes think about leaving. The literature-based conceptual synthesis forms the basis of the hypotheses and plans in later chapters of this thesis - making sure that they are informed by a holistic view of how job satisfaction interacts with other factors to determine the retention of healthcare workers in the private hospitals in Nablus.

1.7.10 Conceptual Framework of the Current Study

Based on the reviewed literature and the variables measured in this thesis, the conceptual framework of the current study assumes that overall job satisfaction is the central explanatory construct linking work-related experiences to retention. The independent domain is represented by the multidimensional facets of the Job Satisfaction Survey (pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, and communication), while the dependent outcome is intent to stay as an indicator of retention (Spector, 1985; Tett & Meyer, 1993; De Vries et al., 2023).

Job satisfaction facets + demographic/work-related characteristics → Overall job satisfaction → Intent to stay (retention)

Demographic and work-related characteristics (such as age, gender, education, overall experience, period in the present job, and selected work-pattern variables) are treated as contextual factors that may influence job satisfaction and/or intent to stay. Accordingly, the framework proposes the following pathway: job satisfaction facets and workforce characteristics → overall job satisfaction → intent to stay (retention). This framework guided the selection of variables, the study hypotheses, and the interpretation of the findings.

Chapter Two

Methodology

In this chapter, methods that were used to answer the study objective are presented in detail. This reflects on study design, study setting, participants, used tool, study sample and sampling technique

2.1 Study Design

This study employed a cross-sectional, descriptive–analytical (correlational) design to examine the relationship between job satisfaction and intent to stay among healthcare workers in private hospitals in Nablus city. Data were collected using a self-administered, paper questionnaire. Participants were recruited using non-probability convenience sampling, with paper questionnaires distributed across morning, evening, and night shifts to maximize coverage

The primary predictor was overall job satisfaction, measured with Spector’s Job Satisfaction Survey (JSS; 36 items, nine facets: pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, communication). The primary outcome was intent to stay, measured using McCain’s 5-item Intent-to-Stay subscale. JSS items used a 6-point Likert scale (1 = strongly disagree to 6 = strongly agree), and intent-to-stay items used a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Negatively worded items were reverse-coded prior to scoring. Composite means were computed for the JSS total/facets and for intent to stay; neutral midpoints were 3.5 for JSS and 3.0 for intent-to-stay.(Spector, 1985).

Covariates included age, gender, level of education, overall work experience (years), period in the present job (years), and job title (physician, nurse, pharmacist, other). For analysis, composite means were computed for the JSS total (and, where relevant, its facets) and for the intent-to-stay scale. These scale means formed the basis for hypothesis testing described in Sections 2.7–2.9 (two-tailed tests, $\alpha = 0.05$; very small p-values reported as $p < .001$)

2.2 Study Settings

The study was conducted in private hospitals in Nablus city, West Bank (Palestine)—a major urban center in the northern West Bank that serves Nablus and surrounding governorates. Consistent with the study’s scope, data collection was limited to the following private institutions:

- Arab Specialized Hospital
- Nablus Specialized Hospital
- St. Luke’s (Arab Evangelical Episcopal) Hospital
- An-Najah National University Hospital
- Al-Ittihad Hospital

These hospitals provide a range of inpatient and outpatient services and represent the principal private-sector providers within the Nablus area. At the national level, system capacity indicators highlight ongoing resource pressures relevant to workload and satisfaction; for example, hospital bed density has been reported at approximately 12.9 beds per 10,000 inhabitants (Palestinian Ministry of Health, 2022). This context frames the working conditions under which healthcare workers in the private sector deliver care in Nablus.

2.3 Study population:

The study population comprised all healthcare workers employed at the five private hospitals in Nablus city (Arab Specialized Hospital, Nablus Specialized Hospital, St. Luke’s (Arab Evangelical Episcopal) Hospital, An-Najah National University Hospital, and Al-Ittihad Hospital) during the data-collection period. Based on hospital records, Table 2.1 presents the distribution of healthcare workers by hospital and job category; the total population (N) was used to determine the target sample size in Section 2.4.

1. Inclusion criteria

- Employees currently working in one of the five private hospitals in Nablus during the study window.
- Clinical and medical-administrative roles, including but not limited to: physicians, nurses, pharmacists, and other allied/support medical services (e.g., laboratory, radiology, physiotherapy, anesthesia/OR technicians, medical records/clinical admin).

2. Exclusion criteria

- Non-patient-facing facility/support roles not involved in delivering medical or administrative healthcare services (e.g., security, cleaning, maintenance, cafeteria/catering).
- Temporary visitors/trainees not formally employed by the participating hospitals during the study window.

Table 2.1

Private hospitals in Nablus

| Hospital Staff | Arab Specialized Hospital | Nablus Specialized Hospital | Al - Enjili Hospital | AL-Najah Hospital | Al -Etihad Hospital |
|------------------|---------------------------|-----------------------------|----------------------|-------------------|---------------------|
| Plications | 35 | 35 | 13 | 70 | 10 |
| Pharmacies | 7 | 5 | 2 | 14 | 3 |
| Nursing | 180 | 108 | 60 | 290 | 85 |
| Another | 26 | 10 | 7 | 136 | 10 |
| Total population | 248 | 158 | 82 | 510 | 108 |
| | 1106 | | | | |

2.4 study sample

1. Sampling approach

Participants were recruited via convenience sampling. They were handed sealed paper packets (information sheet, consent, questionnaire, return envelope) during on-duty hours across all shifts in each hospital. Participation was voluntary and anonymous

2. Sample size determination

The target sample size was calculated using the Raosoft sample-size calculator based on the total workforce shown in Table 2.1 (N = 1106), a 95% confidence level, 5% margin of error, and a 50% assumed response distribution. The resulting target n = 286 was used to guide recruitment across the five hospitals.

2.5 Study Time Frame

Data were collected between August-September 2025 in private hospitals in Nablus city (Arab Specialized Hospital, Nablus Specialized Hospital, St. Luke's (Arab Evangelical Episcopal) Hospital, An-Najah National University Hospital, and Al-Ittihad Hospital).

2.6 Data Collection Tool (Questionnaire)

1. Instruments

Job Satisfaction Survey (JSS). Job satisfaction was measured using Spector's JSS (36 items) covering nine facets (4 items each): pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, communication. Intent to stay. Retention was measured using McCain's 5-item Intent-to-Stay subscale.

2. Response format and scoring

- JSS: 6-point Likert scale (1 = Strongly disagree ... 6 = Strongly agree); negatively worded items were reverse-coded prior to computing scores.
- Intent to stay (McCain): 5-point Likert scale (1 = Strongly disagree ... 5 = Strongly agree).
- Composite means were computed for the JSS total (and, where relevant, facet means) and for intent to stay. Neutral midpoints: 3.5 (JSS) and 3.0 (intent-to-stay)

3. Translation and layout

- The questionnaire was administered in Arabic after forward translation and review for clarity and cultural relevance.
- Arabic and English versions preserved identical item order and the original response anchors for each scale (JSS: 1–6; Intent-to-Stay: 1–5).
- Item wording used hospital/department terminology (not “company”) to fit the healthcare context.

4. Administration

The questionnaire was administered on paper only. For each selected participant, the field team provided a sealed packet (information sheet, consent form, questionnaire, and a return envelope) in person during on-duty hours, covering morning, evening, and night shifts. Completed questionnaires were deposited by participants in locked files

placed in neutral locations within each hospital. No electronic distribution was used. No identifiers appeared on questionnaires; operational logs recorded only aggregate counts for quality control.

2.7 Statistical Analysis Methods

Data were analyzed using IBM SPSS Statistics v23. Analyses used composite scale means for the JSS total/facets and intent to stay.

1. Descriptive statistics: frequencies/percentages for categorical variables; means and standard deviations for continuous variables.
2. Benchmark tests: one-sample t-tests compared JSS total to the neutral midpoint 3.5 (6-point scale) and intent-to-stay to the neutral midpoint 3.0 (5-point scale) (H02, H03).
3. Group differences (H01): t-tests/ANOVA examined differences in job satisfaction across demographic categories (age, gender, level of education, overall work experience, period in the present job, job title). Post-hoc tests were used where appropriate.
4. Associations: Pearson correlations summarized bivariate associations among key variables (job satisfaction, intent to stay, covariates).
5. Regression (H04): Multiple linear regression (enter method) modeled intent to stay as the outcome; overall JSS was the primary predictor, adjusting for demographics (age, gender, education, overall work experience, period in present job, job title). Model estimates (β), 95% CIs, p-values, and R^2 were reported.

Assumptions and reporting. Normality of composite means and homogeneity of variances were checked (visual inspection/tests as needed). All tests were two-tailed with $\alpha = 0.05$; very small p-values were reported as $p < .001$ (not 0.000).

2.8 Validity and Reliability

Content validity was established through expert review with 85% agreement on item relevance. Translation validity was supported by forward translation and team review to ensure conceptual equivalence in Arabic.

Reliability was evaluated using Cronbach's alpha:

- JSS total and each JSS facet (9 facets) were assessed separately.
- The 5 item intent-to-stay scale was also assessed.
- Values ≥ 0.70 were considered acceptable for research purposes.

Construct validity (expected associations). Convergent patterns—such as positive correlations between overall job satisfaction and intent to stay, and between relevant JSS facets (e.g., supervision, contingent rewards, communication) and intent to stay—were examined to support construct validity. Full results are presented in the Validity/Correlation table (Section 2.8) and in the Results chapter.

2.9 Data Analysis

The analytic sequence was:

1. Descriptives for participant characteristics and scale distributions.
2. One-sample t-tests versus the neutral midpoint (3.5) for JSS total and intent to stay (H02, H03).
3. Group comparisons of job satisfaction across demographics (H01).
4. Bivariate correlations among key study variables.
5. Multiple regression testing the association between overall job satisfaction and intent to stay, adjusting for demographics (H04).

Missing data were handled as follows: within a JSS facet, if ≤ 1 item was missing, the item was imputed with the respondent's facet mean; if ≥ 2 items were missing, the facet score was not computed. For the JSS total, a minimum of $\geq 32/36$ items was required; otherwise, the total was set to missing. For the intent-to-stay scale (5 items), scores were computed when ≥ 4 of 5 items were present; otherwise, the scale score was set to missing.

2.10 Ethical Considerations

The study adhered to recognized ethical standards for research with human participants. An information sheet and informed consent were provided in Arabic and English. Participation was voluntary; participants could withdraw at any time without penalty. Confidentiality and anonymity were ensured; no identifying information was collected in the survey, and data were stored securely and used solely for research purposes.

Ethical approval was obtained from the An-Najah National University IRB (Protocol ANNU-MPH-2025-014, approved May 20, 2025). Written permissions were secured from all five hospitals prior to data collection

Chapter Three

Results

A total of 286 healthcare staff completed the survey. Surveys missing two or more values on the JSS, One or more values of the ITS were deleted manually and a total of 251 participants completed the whole survey successfully. We report continuous variables as M (SD) and categorical variables as n (%). Primary outcomes were overall job satisfaction (JSS total, 1–6) and intent to stay (ITS mean, 1–5), see Appendix D.

The sample skewed young (65.3% ≤ 30 years) with broad departmental representation (largest in ICU, 27.1%, and Medical–Surgical, 19.5%). Most respondents worked full-time (72.9%) on 36–44 hour schedules (53.0%). A small number of responses were left unspecified in certain fields (e.g., supervisory role, education), and some categories had sparse counts (e.g., midwife $n=1$, several departments $n=1$), which we flag because very small cells can reduce stability in group comparisons.

Table 3.1

Internal consistency (Cronbach's α)

| Scale | Items (k) | α | N |
|------------------------------------|-----------|----------|-----|
| Job Satisfaction Survey (36 items) | 36 | .789 | 251 |
| Pay (4) | 4 | .399 | 251 |
| Promotion (4) | 4 | .530 | 251 |
| Supervision (4) | 4 | .564 | 251 |
| Fringe Benefits (4) | 4 | .291 | 251 |
| Contingent Rewards (4) | 4 | .528 | 251 |
| Operating Conditions (4) | 4 | .060 | 251 |
| Coworkers (4) | 4 | .442 | 251 |
| Nature of Work (4) | 4 | .512 | 251 |
| Communication (4) | 4 | .408 | 251 |
| Intent to Stay (5) | 5 | .824 | 251 |

The total JSS scale exhibited good internal consistency (36 items $\alpha=.789$) which means that the 36 items worked as a global measure of job satisfaction. ITS reliability was good ($\alpha=.824$). In comparison, some JSS aspects were characterized by low α (e.g., Operating Conditions 2 $\alpha=.060$; Fringe Benefits 2 $\alpha=.291$), which indicates that there was

a significant amount of measurement error on a subscale level. The low alphas can be indicative of narrow four-item facets, heterogeneous content, attenuation by reverse-keyed items; subscale means should thus be interpreted with caution.

Table 3.2

Descriptive statistics for primary outcomes

| Variable | Mean | SD | Median | Min | Max | IQR | Skew | Kurtosis | 5% Trimmed Mean |
|-----------------|-------|-------|--------|------|------|------|--------|----------|-----------------|
| JSS Total (1–6) | 3.533 | 0.533 | 3.528 | 1.64 | 5.33 | 0.44 | 0.375 | 2.235 | 3.520 |
| ITS Mean (1–5) | 2.893 | 0.898 | 3.000 | 1.00 | 5.00 | 1.00 | -0.166 | -0.351 | 2.899 |

The average of JSS was neutral-slightly-positive ($M = 3.53$ on a 1 -6 scale), with a small variation ($SD = 0.53$). Skewness was small and positive (0.38) and kurtosis was bigger than zero (2.24), which implied that the distribution was slightly peaked with tails which were heavier than normal. ITS had the neutral point ($M = 2.89$ on a 15 scale; $SD = 0.90$) as the center of interest, with a relative symmetry ($skew = -0.17$) and tails that are slightly flattened ($kurtosis = -0.35$).

Table 3.3

One-sample t-tests versus neutral midpoints

| Variable | Test value | Mean | SD | t test | Effect size |
|-----------|------------|-------|-------|----------------------------|---------------------------|
| JSS Total | 3.50 | 3.533 | 0.533 | $t(250) = 0.99, p = .323$ | $d = 0.06 [-0.06, 0.19]$ |
| ITS Mean | 3.00 | 2.893 | 0.898 | $t(250) = -1.88, p = .061$ | $d = -0.12 [-0.24, 0.01]$ |

One-sample tests against neutral points indicated that JSS total did not differ reliably from 3.5 ($p = .323$; very small effect), and ITS did not differ from 3.0 at the .05 level ($p = .061$; small negative effect). These results suggest central tendencies clustered near neutrality.

Table 3.4*Pearson correlations among key variables*

| Var 1 | Var 2 | r | p | N |
|-----------|----------------------|------|-------|-----|
| JSS Total | ITS Mean | .384 | <.001 | 251 |
| JSS Total | Pay | .585 | <.001 | 251 |
| JSS Total | Promotion | .489 | <.001 | 251 |
| JSS Total | Supervision | .564 | <.001 | 251 |
| JSS Total | Fringe Benefits | .650 | <.001 | 251 |
| JSS Total | Contingent Rewards | .634 | <.001 | 251 |
| JSS Total | Operating Conditions | .315 | <.001 | 251 |
| JSS Total | Coworkers | .661 | <.001 | 251 |
| JSS Total | Nature of Work | .504 | <.001 | 251 |
| JSS Total | Communication | .695 | <.001 | 251 |
| ITS Mean | Pay | .324 | <.001 | 251 |
| ITS Mean | Promotion | .196 | .002 | 251 |
| ITS Mean | Supervision | .116 | .067 | 251 |
| ITS Mean | Fringe Benefits | .199 | .002 | 251 |
| ITS Mean | Contingent Rewards | .175 | .005 | 251 |
| ITS Mean | Operating Conditions | .106 | .094 | 251 |
| ITS Mean | Coworkers | .252 | <.001 | 251 |
| ITS Mean | Nature of Work | .336 | <.001 | 251 |
| ITS Mean | Communication | .245 | <.001 | 251 |

JSS total correlated positively with ITS ($r = .38$), a medium association by conventional benchmarks, indicating that higher job satisfaction is linked to stronger retention intentions. JSS facets were moderately to strongly related to the JSS total ($r = .32-.70$). Facet-to-ITS correlations were smaller overall (typically $r = .18-.34$), with Nature of Work ($r = .34$) and Pay ($r = .32$) among the stronger predictors. Supervision ($r = .12$, $p = .067$) and Operating Conditions ($r = .11$, $p = .094$) did not reach $p < .05$.

Table 3.5*One-way ANOVA for JSS Total by factors (with Levene and Welch where available)*

| Factor | Levene p | Omnibus ANOVA | Robust (Welch) |
|-----------------------|----------|---------------------------|-----------------------------------|
| Age group | .031 | F(2,248) = 1.16, p = .314 | Welch F(2,45.43) = 1.10, p = .342 |
| Education | .043 | F(3,247) = 1.02, p = .385 | — |
| Overall experience | .004 | F(4,246) = 2.08, p = .085 | — |
| Tenure in current job | .155 | F(4,246) = 0.73, p = .575 | Welch F(4,7.69) = 0.59, p = .680 |

Group differences in JSS total were not significant for age, education, overall experience, or tenure. Some factors showed unequal variances (e.g., age and education), yet robust Welch tests where computed also indicated no differences. Given several categories with very small n, these null results should be interpreted with attention to limited power and heteroscedasticity.

Table 3.6*General Linear Model predicting Intent to Stay from JSS and demographics*

| Effect | Result | Notes |
|------------------------|---|--|
| Model fit | R ² = .432 (Adj. R ² = .272); Corrected Model: F(55,195) = 2.70, p < .001 | |
| JSS Total (covariate) | B = 0.649, SE = 0.110, t = 5.91, p < .001 | Partial η ² = .152 |
| Age (factor) | Omnibus: F(2,195) = 4.12, p = .018 | EMMEANS: 31–40 > ≤30, Δ = 0.50, p = .023 |
| Tenure (factor) | Omnibus: F(4,195) = 2.36, p = .055 | Param est.: 1–3 yrs > 4–6 yrs, B = 0.51, p = .027 |
| Shift pattern (factor) | Omnibus: F(6,195) = 1.81, p = .100 | Param est.: Day vs Rotating B = 0.50, p = .009; Evening vs Rotating B = 0.72, p = .029 |

The multivariate model described a significant amount of variance in ITS (R² = .43; adjusted R² = .27). The relationship between job satisfaction and demographics was a strong positive predictor (B = 0.65) as well as the zero-order relationship. The independent effect was age where the 31–40 age group reported higher ITS compared to ≤30 years. There was a trend of tenure; the estimates of the parameters indicated that

ITS was higher in those with 1-3 years when compared to 4-6 years. In the case of shift pattern, parameter estimates showed that day and evening shifts were more preferred than rotating shifts; but the omnibus effect on shift was not significant. The Levene test of the model showed that there was heterogeneity among many groups (probably because of the large number of categories and unequal cell sizes), and thus, the results must be interpreted with standard GLM caveats on equality of the residual variance.

Table 3.7

Descriptive statistics for JSS facets

| Facet | Mean | SD |
|----------------------|-------|-------|
| Pay | 3.066 | 0.961 |
| Promotion | 3.385 | 0.974 |
| Supervision | 4.010 | 1.020 |
| Fringe Benefits | 3.235 | 0.873 |
| Contingent Rewards | 3.301 | 0.984 |
| Operating Conditions | 3.378 | 0.783 |
| Coworkers | 3.901 | 0.907 |
| Nature of Work | 3.911 | 1.023 |
| Communication | 3.614 | 0.901 |

Among JSS facets, the highest means were for Supervision (M = 4.01) and Nature of Work (M = 3.91), indicating relatively positive perceptions of supervision and intrinsic job content. Pay was lowest (M = 3.07). The pattern mirrors facet–outcome associations: facets tied more closely to intrinsic content and communication tended to align more strongly with overall satisfaction and ITS.

Chapter Four

Discussion

4.1 Overview and Purpose

The chapter is an interpretation of the evidence of job satisfaction and intent to stay among the healthcare workers in Nablus private hospitals. We combine the quantitative findings with the reviewed theoretical and empirical literature related to our region context, test the hypotheses, and describe practice, policy, and research implications.

4.2 Interpreting Overall Job Satisfaction in Context

The mean level of the total job satisfaction of the sample was close to the JSS neutral point ($M = 3.533$, $SD = 0.533$, 95% CI [3.467, 3.599], range 1.6453.33). Distributional diagnostics showed slight positive skew ($skew = 0.375$) and leptokurtosis ($kurtosis = 2.235$). There was no significant difference between the two samples at the neutral midpoint 3.50, $t(250) = 0.991$, $p = .323$, mean difference = 0.033 (95% CI [-0.033, 0.099]) and the effect size was Cohen $d = 0.063$ (95% CI [-0.061, 0.186]). The workforce had an average neutral satisfaction climate as opposed to an evidently positive or negative climate. In practice, this gives us a positive and negative experience ratio that is likely to vary depending on aspects and subgroups. That reading is in line with the upcoming section facet profile (Section 4.6) that demonstrates relatively high means on the intrinsic domains (e.g., Supervision $M = 4.010$, Nature of Work $M = 3.911$, Coworkers $M = 3.901$) and low means on the extrinsic domains (e.g., Pay $M = 3.066$, Fringe Benefits $M = 3.235$).

This near-neutral pattern is consistent with newer regional and international evidence showing that healthcare workers may report moderate or mid-range satisfaction even when important structural concerns remain unresolved. For example, clinical nurses in Riyadh showed moderate job satisfaction levels that were still meaningfully related to staying intentions (Alshaibani et al., 2024), while Portuguese primary healthcare nurses reported a mixed or unfavorable practice environment together with lower job satisfaction and moderate intention to leave (Lucas et al., 2025). An updated review likewise emphasized that organizational environment and management remain central determinants of hospital nurses' job satisfaction (Zhao et al., 2025).

4.3 Interpreting Intent to Stay

The sample intent to stay also grouped near its scale midpoint ($M = 2.893$, $SD = 0.898$, 95% CI [2.782, 3.005], range 1.00–5.00), with approximate symmetry (skew = -0.166) and modest platykurtosis (kurtosis = -0.351). Compared to the neutral reference 3.00, the one-sample test was not significant at $\alpha = .05$, $t(250) = -1.884$, $p = .061$, mean difference = -0.107 (95% CI [-0.218 , 0.005]); Cohen's $d = -0.119$ (95% CI [-0.243 , 0.005]). On average, the workforce was slightly below neutral on staying intentions, but the deviation did not reach conventional significance. Given the intent to stay status as an early warning indicator, even a small fall below neutral warrants managerial attention, particularly in high vacancy units.

The near-neutral intent-to-stay score in the present study also aligns with contemporary evidence showing that retention intentions often remain fragile even when employees are not overtly dissatisfied. In Riyadh, intention to stay was positively associated with job satisfaction and organizational commitment (Alshaibani et al., 2024). In Germany, almost half of early-career physicians reported intention to leave, and leader-related psychological safety showed strong associations with both job satisfaction and intention to leave (Etti et al., 2025), suggesting that retention intentions are highly sensitive to workplace climate.

4.4 Reliability and Measurement Considerations

Internal consistency was acceptable for the JSS total ($\alpha = .789$) and good for ITS ($\alpha = .824$). Several JSS facets showed low alphas—Pay ($\alpha = .399$), Fringe Benefits ($\alpha = .291$), Operating Conditions ($\alpha = .060$), Coworkers ($\alpha = .442$), Communication ($\alpha = .408$)—with others modest: Promotion ($\alpha = .530$), Supervision ($\alpha = .564$), Contingent Rewards ($\alpha = .528$), Nature of Work ($\alpha = .512$). Low facet alphas likely reflect narrow 4-item subscales and heterogeneous content (including reverse-coded items), so facet means should be interpreted cautiously. Nonetheless, the facet profile is still valuable for managerial targeting (Section 4.8).

4.5 Satisfaction–Retention Link

Bivariate analysis showed JSS total correlated positively with ITS ($r = .384$, $p < .001$, $N = 251$). In the multivariable GLM (UNIANOVA) predicting ITS from JSS and demographics, the model explained $R^2 = .432$ of variance (adjusted $R^2 = .272$), Corrected

Model $F(55, 195) = 2.699, p < .001$. Critically, JSS total remained a strong unique predictor of ITS ($B = 0.649, SE = 0.110, t = 5.910, p < .001$, partial $\eta^2 = .152$), supporting H04 and aligning with Social Exchange Theory and JD–R: when the work environment is more rewarding and supportive, employees reciprocate with stronger staying intentions.

This finding is strongly consistent with recent peer-reviewed evidence. Job satisfaction was positively associated with intention to stay among Saudi clinical nurses (Alshaibani et al., 2024), and a 2026 study reported that job satisfaction significantly predicted nurses' intention to stay with their current employer, with work engagement acting as a partial mediator (Mozolová et al., 2026). Together, these studies support the interpretation that even modest improvements in satisfaction may translate into better retention prospects.

Levene's test indicated heterogeneity across groups ($F = 3.526, p < .001$), given the large number of categorical predictors and unequal cell sizes; however, the substantive JSS effect is large and robust within this specification.

4.6 Facet Pattern and Practical Meaning

Facet means (with SDs) were: Pay $M = 3.066$ ($SD = 0.961$), Promotion $M = 3.385$ ($SD = 0.974$), Supervision $M = 4.010$ ($SD = 1.020$), Fringe Benefits $M = 3.235$ ($SD = 0.873$), Contingent Rewards $M = 3.301$ ($SD = 0.984$), Operating Conditions $M = 3.378$ ($SD = 0.783$), Coworkers $M = 3.901$ ($SD = 0.907$), Nature of Work $M = 3.911$ ($SD = 1.023$), Communication $M = 3.614$ ($SD = 0.901$). As expected, all facets correlated with JSS total ($r_s = .315-.695$, all $p_s < .001$). Associations with ITS were smaller, though several were significant: Nature of Work $r = .336$ ($p < .001$), Pay $r = .324$ ($p < .001$), Coworkers $r = .252$ ($p < .001$), Communication $r = .245$ ($p < .001$), Promotion $r = .196$ ($p = .002$), Fringe Benefits $r = .199$ ($p = .002$), Contingent Rewards $r = .175$ ($p = .005$); Supervision $r = .116$ ($p = .067$) and Operating Conditions $r = .106$ ($p = .094$) did not reach $\alpha = .05$. The intrinsic dimensions (Nature of Work, Coworkers) and communication show the strongest alignment with ITS, while pay—an extrinsic factor—also matters. This mixed profile implies that a balanced portfolio of interventions is needed: fortify intrinsic resources and team climate and address reward structures and communication cadence.

The facet pattern also resembles findings from newer studies in which supervision, coworker relations, and the nature of work tend to score more favorably than salary-related domains. In Greece, nurses reported relatively stronger scores in relational and intrinsic aspects and weaker scores in salary and benefits-related aspects (Lialias et al., 2026). Similarly, recent retention research emphasized remuneration, benefits, managerial support, workload, and career advancement as especially important to nurses' decisions to remain (Mozolová et al., 2026).

4.7 Group Differences in Job Satisfaction

One-way ANOVAs on JSS total detected no significant omnibus differences by Age ($F(2, 248) = 1.162, p = .314$; Welch $F(2, 45.428) = 1.099, p = .342$), Education ($F(3, 247) = 1.018, p = .385$), Overall Experience ($F(4, 246) = 2.075, p = .085$) or Tenure ($F(4, 246) = 0.726, p = .575$; Welch $F(4, 7.690) = 0.590, p = .680$). Several factors violated homogeneity (e.g., Age Levene $p = .031$, Education $p = .043$, Experience $p = .004$), but where computed, Welch tests were nonsignificant. Thus, H01 was not supported at the total-score level. The absence of large between-group differences suggests system-level levers (e.g., supervision quality, recognition systems, communication) may deliver benefits across categories. Nonetheless, small cell sizes in some groups (e.g., certain education or tenure categories) reduce power; local unit level diagnostics remain important.

4.8 Multivariable Subgroup Signals from GLM

Beyond the strong JSS effect, several adjusted subgroup patterns emerged:

- Age: Omnibus $F(2, 195) = 4.124, p = .018$. EMMEANS (at JSS = 3.533) were ≤ 30 years $M = 3.223$ (SE = 0.496, 95% CI [2.244, 4.202]), ≥ 41 years $M = 3.429$ (SE = 0.546, 95% CI [2.353, 4.506]), 31–40 years $M = 3.723$ (SE = 0.513, 95% CI [2.712, 4.734]). Pairwise: 31–40 > ≤ 30 by 0.500, $p = .023$ (Bonferroni).
- Tenure (current job): Omnibus $F(4, 195) = 2.355, p = .055$ (trend). Parameter estimates indicated 1–3 years exceeded the reference (4–6 years) by $B = 0.507, p = .027$.
- Shift pattern: Omnibus $F(6, 195) = 1.806, p = .100$ (ns), but parameter estimates favored Day ($B = 0.503, p = .009$) and Evening ($B = 0.724, p = .029$) over the Rotating reference.

- Other factors (gender, contact with patients, employment type, job title, hospital, department, weekly hours) were not significant at the omnibus level.

After controlling for satisfaction, age 31–40 showed higher ITS than ≤ 30 , consistent with growing embeddedness or stabilized expectations. The trend suggests a dip in ITS for staff at 4–6 years, potentially reflecting stalled advancement or accumulating strain. Preference for Day/Evening schedules relative to Rotating rosters shows a documented effect of schedule predictability on retention attitudes.

The schedule-related pattern is particularly consistent with newer evidence. Rotating schedules have been associated with lower job satisfaction, poorer quality of life, and stronger turnover intention compared with more stable scheduling arrangements (Jung & Kim, 2025), while frequent night-shift exposure among Palestinian nurses has also been linked to lower job satisfaction and poorer quality of life (Shouli et al., 2026).

4.9 Theoretical Integration

- Social Exchange Theory (SET): Significant positive effects of satisfaction—and significant/near-significant links of recognition/communication facets—are classic SET patterns: when employees perceive fair, appreciative treatment, they reciprocate with commitment and staying intentions. (Cohen-Charash & Spector, 2001; Colquitt et al., 2013).
- Effort–Reward Imbalance (ERI): Lower means on Pay (3.066) and Fringe Benefits (3.235), coupled with neutral overall satisfaction, suggest potential imbalance; raising rewards without addressing demands (e.g., rotating shifts) will have limited impact. Both sides require tuning. (Siegrist, 1996; Van Vegchel et al., 2005).
- Job Demands–Resources (JD–R): Higher means for Nature of Work (3.911) and Coworkers (3.901) indicate strong resources buffering demands. Strengthening leadership support and communication while reducing bureaucratic burdens (Operating Conditions 3.378) fits JD–R. (Bakker & Demerouti, 2007; Alarcon, 2011; Halbesleben, 2010).
- Herzberg’s two-factor theory: Pay/benefits/conditions function as hygiene factors preventing dissatisfaction; recognition, supervision quality, meaningful work (here, relatively strong) produce more durable engagement—mirrored in the correlation pattern with ITS. (Alrawahi et al., 2020).

- Job embeddedness: Age and tenure signals align with embeddedness (links, fit, sacrifice). Interventions that increase links (mentorship, team continuity), fit (values/culture), and sacrifice (tenure-linked benefits) should stabilize ITS. (Mitchell et al., 2001).

4.10 Practical Implications for Nablus Private Hospitals

A. Immediate stabilizers (0–3 months)

1. Scheduling relief & predictability: Expand Day/Evening roster availability and limit rotation where feasible; protect rest intervals; pilot self-scheduling in high-variance units.
2. Recognition & feedback cadence: Unit-level micro-recognition weekly; hospital-wide monthly recognition; supervisor training in high-quality feedback. This targets facets linked to ITS and JSS.
3. Communication hygiene: Weekly “state of the unit” notes; transparent updates on constraints/changes; structured two-way Q&A to raise Communication (currently $M = 3.614$).
4. Retention interviews: Brief monthly check-ins with a rotating sample to surface frictions early (especially in lower-ITS units).

B. Structural fixes (3–12 months)

1. Compensation & benefits review: Benchmark pay; address compression; introduce tenure-linked benefits to raise Fringe Benefits and sacrifice.
2. Career ladders & mobility: Transparent promotion criteria; clinical ladders; competency portfolios; quarterly internal mobility postings—responds directly to Promotion ($M = 3.385$).
3. Leadership development: Supervisor skills in roster fairness, conflict resolution, appreciative communication; tie leader KPIs to climate and retention.
4. Lean process work: Reduce documentation and clarify decision rights to lift Operating Conditions ($M = 3.378$).

Culture & embeddedness (ongoing).

- Cohort based mentorship for ≤ 30 -year staff; 90/180-day onboarding check-ins.
- Ethics & debrief norms to preserve meaning (Nature of Work $M = 3.911$).

- Fund specialty certifications/CPD; showcase internal advancement stories to align expectations and increase fit.

ROI perspective. Even modest gains in ITS (e.g., shifting the mean from 2.893 toward or above 3.0–3.2) can avert high replacement/onboarding costs, especially in ICU/medical-surgical units.

4.11 Future Research Directions

1. Longitudinal tracking of JSS, burnout, ITS, and actual turnover over 6–18 months to quantify the intent–behavior conversion.
2. Quasi-experimental pilots (stepped-wedge) of schedule redesign, recognition programs, and supervisor training to estimate causal effects on ITS and retention.
3. Facet dominance analyses to isolate the highest-yield levers for ITS in this context (e.g., relative weights of Pay vs. Communication vs. Nature of Work).
4. Moderator analyses (age, tenure, unit type) and equity checks to prevent differential attrition.
5. Mixed methods (retention interviews, focus groups) to validate mechanisms behind pay/promotion perceptions and schedule effects.
6. Measurement invariance tests of the Arabic JSS across roles/gender and iterative refinement of low- α facets.

4.12 Conclusion

The workforce in Nablus private hospitals reported neutral overall job satisfaction ($M = 3.533$) and near-neutral intent to stay ($M = 2.893$). Yet, job satisfaction robustly and uniquely predicted intent to stay (GLM $B = 0.649$, partial $\eta^2 = .152$), and several actionable facets (Nature of Work, Coworkers, Communication, Pay) related to ITS in expected directions. Group differences in JSS total were not pronounced at the omnibus level, pointing to system-level levers that can benefit most staff. A balanced portfolio—reducing demands, strengthening resources, increasing fairness/ recognition/ communication, and stabilizing schedules—should translate improved satisfaction into durable retention, lower turnover costs, and better continuity of care.

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Appendices

Appendix A

IRB Approval



جامعة النجاح الوطنية
An-Najah National University

مكتب مجلس المراجعة المؤسسية
Office of Institutional Review Board (IRB)

Dear Dr. Raya Sawalha,

We are pleased to inform you that your research proposal titled "**Job atisfaction and retention of health workers in hospitals in West Bank- Palestine**" has been approved by the Institutional Review Board (IRB) at An-Najah National University.

Here are the approval details:

| | |
|----------------------|---|
| Submitted by: | Raya Sawalha, Abdulsalam Khayyat, Karima Saleh suliman Daraghmeh. |
| Approval Date: | 29th December, 2024 |
| IRB Protocol Number: | Med. Dec. 2024/72 |

Please report any changes to the study protocol to the IRB for review. If you have any questions, contact us at irb@najah.edu. Thank you for your commitment to ethical research.

Best regards,

Naim Kittana, Dr.




IRB, Chairperson

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Appendix B

Consent form

مقدمة

أخي/ أختي المشارك/ة:

انا الباحث " كريمة صالح سليمان دراغمة " طالبة ماجستير ادارة الصحة العامة في جامعة النجاح الوطنية يسرنى أن أدعوك/ي إلى المشاركة في بحثي بعنوان " أثر الرضا الوظيفي على احتفاظ العاملين في مجال الرعاية الصحية في المستشفيات الخاصة في نابلس -فلسطين"

ولك/ي كامل الحرية والإرادة في المشاركة في هذا البحث، ولك/ي الحق في أخذ الوقت الكافي للتفكير في المشاركة من عدمها، وسؤال الباحث اذا كان لديك/ي أي استفسار، والتحدث لأي شخص أو جهة عن هذا البحث مع العلم ان المشاركة طوعية وفي حال قمت/ي بالمشاركة، يحق لك الانسحاب في أي وقت.

كما يمكنك الاستفسار من الباحث عن أي جزء يتعلق في البحث الآن أو فيما بعد، وستجد/ين الوقت والإجابة الكافيتين.

رقم هاتف الباحث: 0599047094

البريد الالكتروني: kokodaraghme90@gmail.com

هذا ويضمن البحث سرية المعلومات المتعلقة بالمشاركة.

Appendix C
Questionnaire

Age:

- ≥ 41 years 31–40 years ≤ 30 years

Gender:

- Prefer not to say Female Male

Highest level of education:

- Master's or higher Bachelor's Diploma

Overall work experience (in healthcare):

- < 1 year 6–10 years 1–5 years

1 year > 10 years

Period in the present job (current position):

- < 1 year 4–6 years 1–3 years

1 year > 6 years

Job title:

- Other Pharmacist Nurse

Physician (please specify): _____

Hospital:

- Nablus Arab Specialized Hospital Specialized Hospital

St. Luke's (Arab Evangelical Episcopal) Hospital

- An-Najah National University Hospital Al-Ittihad Hospital

Department/Unit:

- Medical-Surgical OR ICU

ER Obstetrics/Gynecology Pediatrics

Pharmacy Outpatient Clinics Radiology Laboratory

Medical Records/Clinical Admin Other: _____

Employment type:

- Per Contract Part-time

Full-time diem

Shift pattern:

- Rotating Night Evening
 Day 12-hour shifts 8-hour shifts

Weekly working hours (typical):

- < 45–54 hours 36–44 hours 36 hours ≥ 55 hours

Supervisory/managerial role:

- No Yes

Direct patient contact in your role:

- No Yes

JOB SATISFACTION SURVEY

1. I feel I am being paid a fair amount for the work I do.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

2. There is really too little chance for promotion on my job.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

3. My supervisor is quite competent in doing his/her job.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

4. I am not satisfied with the benefits I receive.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

5. When I do a good job, I receive the recognition for it that I should receive.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

6. Many of our rules and procedures make doing a good job difficult.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

7. I like the people I work with.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

8. I sometimes feel my job is meaningless.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

9. Communications seem good within this organization.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

10. Raises are too few and far between.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

11. Those who do well on the job stand a fair chance of being promoted.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

12. My supervisor is unfair to me.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

13. The benefits we receive are as good as most other organizations offer.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

14. I do not feel that the work I do is appreciated.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

15. My efforts to do a good job are seldom blocked by red tape.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

16. I find I have to work harder at my job because of the incompetence of people I work with.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

17. I like doing the things I do at work.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

18. The goals of this organization are not clear to me.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

19. I feel unappreciated by the organization when I think about what they pay me.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

20. People get ahead as fast here as they do in other places.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

21. My supervisor shows too little interest in the feelings of subordinates.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

22. The benefit package we have is equitable.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

23. There are few rewards for those who work here.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

24. I have too much to do at work.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

25. I enjoy my coworkers.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

26. I often feel that I do not know what is going on with the organization.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

27. I feel a sense of pride in doing my job.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

28. I feel satisfied with my chances for salary increases.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

29. There are benefits we do not have which we should have.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

30. I like my supervisor.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

31. I have too much paperwork.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

32. I don't feel my efforts are rewarded the way they should be.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

33. I am satisfied with my chances for promotion.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

34. There is too much bickering and fighting at work.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

35. My job is enjoyable.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

36. Work assignments are not fully explained.

- 1 Disagree very much 2 Disagree moderately 3 Disagree slightly
 4 Agree slightly 5 Agree moderately 6 Agree very much

Section (C): McCain Intent to Stay Scale — 5 items

Instructions: Please select one option for each item.

Response scale (same for all items): 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree

1. I plan to work in my current job for as long as possible.

- 1 Strongly disagree
 2 Disagree
 3 Neutral
 4 Agree
 5 Strongly agree

2. It is likely that I will spend the rest of my career in this job or in positions it leads to.

- 1 Strongly disagree
 2 Disagree
 3 Neutral
 4 Agree
 5 Strongly agree

3. Even if this job does not meet all of my expectations, I will not leave it.

1 Strongly disagree

2 Disagree

3 Neutral

4 Agree

5 Strongly agree

4. I will not leave my current job under any circumstances.

1 Strongly disagree

2 Disagree

3 Neutral

4 Agree

5 Strongly agree

5. I plan to keep this job for at least two or three years.

1 Strongly disagree

2 Disagree

3 Neutral

4 Agree

5 Strongly agree

Appendix D

Sample characteristics (N = 251)

| Variable | Category | n | % |
|---------------------------------------|--------------------|-----|------|
| Gender | Female | 131 | 52.2 |
| Gender | Male | 120 | 47.8 |
| Supervisory/managerial role | Unspecified | 3 | 1.2 |
| Supervisory/managerial role | No | 152 | 60.6 |
| Supervisory/managerial role | Yes | 96 | 38.2 |
| Direct patient contact | No | 34 | 13.5 |
| Direct patient contact | Yes | 217 | 86.5 |
| Employment type | Unspecified | 2 | 0.8 |
| Employment type | Contract | 7 | 2.8 |
| Employment type | Full-time | 183 | 72.9 |
| Employment type | Part-time | 58 | 23.1 |
| Employment type | Per diem | 1 | 0.4 |
| Shift pattern | Unspecified | 1 | 0.4 |
| Shift pattern | 12-hour shifts | 20 | 8.0 |
| Shift pattern | 8-hour shifts | 86 | 34.3 |
| Shift pattern | Day | 63 | 25.1 |
| Shift pattern | Evening | 8 | 3.2 |
| Shift pattern | Night | 16 | 6.4 |
| Shift pattern | Rotating | 57 | 22.7 |
| Age group | ≤ 30 years | 164 | 65.3 |
| Age group | 31–40 years | 69 | 27.5 |
| Age group | ≥ 41 years | 18 | 7.2 |
| Highest level of education | Unspecified | 1 | 0.4 |
| Highest level of education | Diploma | 26 | 10.4 |
| Highest level of education | Bachelor's | 185 | 73.7 |
| Highest level of education | Master's or higher | 39 | 15.5 |
| Overall work experience in healthcare | Unspecified | 1 | 0.4 |
| Overall work experience in healthcare | < 1 year | 82 | 32.7 |
| Overall work experience in healthcare | 1–5 years | 66 | 26.3 |

| | | | |
|---------------------------------------|--|----|------|
| Overall work experience in healthcare | 6–10 years | 47 | 18.7 |
| Overall work experience in healthcare | > 10 years | 55 | 21.9 |
| Tenure in current job | Unspecified | 2 | 0.8 |
| Tenure in current job | < 1 year | 97 | 38.6 |
| Tenure in current job | 1–3 years | 46 | 18.3 |
| Tenure in current job | 4–6 years | 36 | 14.3 |
| Tenure in current job | > 6 years | 70 | 27.9 |
| Job title | Physician | 99 | 39.4 |
| Job title | Nurse | 93 | 37.1 |
| Job title | Pharmacist | 26 | 10.4 |
| Job title | Other | 32 | 12.7 |
| Job title | Midwife | 1 | 0.4 |
| Hospital | Arab Specialized Hospital | 68 | 27.1 |
| Hospital | An-Najah National University Hospital | 54 | 21.5 |
| Hospital | Nablus Specialized Hospital | 57 | 22.7 |
| Hospital | Al-Ittihad Hospital | 53 | 21.1 |
| Hospital | St. Luke's (Arab Evangelical Episcopal) Hospital | 19 | 7.6 |
| Department/Unit | Unspecified | 20 | 8.0 |
| Department/Unit | ICU | 68 | 27.1 |
| Department/Unit | Medical-Surgical | 49 | 19.5 |
| Department/Unit | ER | 31 | 12.4 |
| Department/Unit | Pharmacy | 25 | 10.0 |
| Department/Unit | OR | 14 | 5.6 |
| Department/Unit | Pediatrics | 12 | 4.8 |
| Department/Unit | Obstetrics/Gynecology | 11 | 4.4 |
| Department/Unit | Laboratory | 7 | 2.8 |
| Department/Unit | Radiology | 3 | 1.2 |
| Department/Unit | Medical Records/Clinical Admin | 5 | 2.0 |
| Department/Unit | NICU | 1 | 0.4 |
| Department/Unit | PICU | 1 | 0.4 |

| | | | |
|----------------------|--------------------|-----|------|
| Department/Unit | Hemodialysis | 1 | 0.4 |
| Department/Unit | Kidney unit | 1 | 0.4 |
| Department/Unit | Outpatient Clinics | 1 | 0.4 |
| Department/Unit | Labour work | 1 | 0.4 |
| Weekly working hours | < 36 hours | 55 | 21.9 |
| Weekly working hours | 36–44 hours | 133 | 53.0 |
| Weekly working hours | 45–54 hours | 38 | 15.1 |
| Weekly working hours | ≥ 55 hours | 25 | 10.0 |



جامعة النجاح الوطنية
كلية الدراسات العليا

أثر الرضا الوظيفي على احتفاظ العاملين في مجال الرعاية الصحية في المستشفيات - الضفة الغربية - فلسطين

إعداد

كريمة صالح سليمان دراغمة

إشراف

د. راية صوالحة

د. عبد السلام الخياط

قدمت هذه الرسالة استكمالاً لمتطلبات الحصول على درجة الماجستير في إدارة الصحة العامة،
من كلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس - فلسطين.

أثر الرضا الوظيفي على احتفاظ العاملين في مجال الرعاية الصحية في المستشفيات - الضفة الغربية - فلسطين

إعداد

كريمة صالح سليمان دراغمة

إشراف

د. راية صوالحة

د. عبد السلام الخياط

المُلخَص

تواجه أنظمة الرعاية الصحية لمشكلة دائمة تتمثل في نقص القوى العاملة، مما يجعل الاحتفاظ بالعاملين في هذا المجال ضروريًا لاستدامة المؤسسات الصحية وضمان جودة خدماتها وكفاءة أدائها. وقد ركزت هذه الدراسة على استكشاف العلاقة بين الرضا الوظيفي العام والقدرة على الاحتفاظ بالعاملين (النية للبقاء) بين العاملين الصحيين في المستشفيات الخاصة في نابلس، فلسطين. تم إجراء هذه الدراسة المقارنة خلال فترة من أغسطس إلى سبتمبر عام 2025 في خمسة مستشفيات خاصة في نابلس، واستُخدمت استبيانات ورقية مجهولة الهوية تم توزيعها خلال ساعات العمل .

تم تقييم الرضا الوظيفي باستخدام مقياس سبكتور الذي يتكون من 36 فقرة؛ بمقياس من (1 إلى 6)، بينما تمت دراسة النية للبقاء عبر مقياس ماكين الذي يحتوي على 5 فقرات (ITS) ؛ بمقياس من 1 إلى 5. (أجري تحليل البيانات بواسطة برنامج SPSS من خلال الإحصاءات الوصفية، واختبارات (t) لعينة واحدة مقارنة بالقيم الوسطية المحايدة، واختبارات الفروق بين المجموعات (ANOVA)، ومعامل ارتباط بيرسون، ونموذج خطي عام متعدد المتغيرات مع ضبط المتغيرات الديموغرافية. بلغ عدد المشاركين 251 من العاملين الصحيين، الذين يمثلون فئات متنوعة، وكانت الأغلبية من الشباب .

أظهرت النتائج أن مستوى الرضا الوظيفي العام كان قريباً من الحياد (المتوسط = 3.53، الانحراف المعياري = 0.53) ولم يختلف دلاليًا عن القيمة الوسطية (3.5)، في حين كانت النية للبقاء أقل قليلًا من الحياد (المتوسط = 2.89، الانحراف المعياري = 0.90) ولم تختلف دلاليًا عن القيمة الوسطية (3.0). كما وُجد ارتباط إيجابي متوسط بين الرضا الوظيفي والنية للبقاء ($r = 0.384$)، ($p < 0.001$) وفي النموذج متعدد المتغيرات، ظلّ الرضا الوظيفي متغيرًا تنبؤيًا مستقلًا قويًا للنية بالبقاء ($B = 0.649$)، ($SE = 0.110$)، ($p < 0.001$)، مفسرًا نسبة معتبرة من التباين ($R^2 = 0.432$)؛ (R^2 المعدّل = 0.272). وأشارت نتائج الأبعاد الفرعية إلى ارتفاع نسبي في الرضا عن الإشراف وطبيعة العمل، مقابل انخفاضه في مجالي الأجور والمزايا.

في الختام، حتى في بيئة عمل حيث يظل مستوى الرضا العام محايدًا، يُعتبر الرضا الوظيفي عاملاً مؤثرًا ومستقلًا يعزز من نية العاملين الصحيين للبقاء في المستشفيات الخاصة في نابلس. لذا، يجب أن تركز استراتيجيات الاحتفاظ على تحسين ممارسات الإشراف، وتعزيز التواصل وتصميم العمل، ومعالجة مجالات الحوافز الهيكلية (مثل الأجور والمزايا والتقدير)، مع الأخذ بعين الاعتبار أنماط الجدولة التي تؤثر على نوايا البقاء.

الكلمات المفتاحية: الرضا الوظيفي؛ النية للبقاء؛ الاحتفاظ؛ العاملون الصحيون؛ المستشفيات الخاصة؛ نابلس؛ فلسطين.