

# Determinants of Medical Cadres Leakage from the Technical Work to the Administrative Work, Empirical Study on Ministry of Health Hospitals in Sakaka

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**Abstract:** The current study aims to identifying the major determinants of medical cadres leakage from the technical work to the medical work in the governmental hospital related to Ministry of Health in Sakaka. To accomplish the objectives of this study, the researcher used the descriptive analytical approach and questionnaire as a tool to collect data. Such questionnaire consists of two sections: The first section: General Data The second section: It is about four cores, each of them correlates to one of study variables The study is applied on a 400-employee-random sample where 300 questionnaires were returned with response percentage of 75%. Salient Results: There is high moral effect between the technical work pressures — as a determinant of employment leakage — and the medical cadre leakage to the administrative work. There is high moral effect between the high income — as a determinant of employment leakage- and the medical cadre leakage to the administrative work. Furthermore, there is high moral effect between the risks of the medical professions — as a determinant of employment leakage — and the medical cadre leakage to the administrative work.

**Key words:** medical cadres leakage; the governmental hospital; moral effect

**JEL codes:** I, I0, I1

## 1. Introduction

Health services are of the main services in KSA, since the government pay attention and care thereabout due to its importance to lives of both citizens and residents. Where the kingdom seeks to provide free health care to all citizens and residents through establishing many hospitals and medical centers in various cities and towns. Believing in the importance of providing the health care in accomplishing and achieving the security and stability of the community (Hulail, 2003).

The massive and rapid expansion in the governmental health sector is accompanied with urgent need to recruit specialist medical cadres in the health field. Thus, it was necessary to recruit foreign cadres so as to occupy such health amenities because of failure to provide such huge numbers of national manpower. Despite of the increasing number in national manpower in the health sector, the urgent need to recruit expatriate manpower is still existing due to consistent expansion in health services.

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As a result of the drastic shortage in manpower, it became difficult to provide the required needs thereof, which increases the burdens of the departments responsible for running the human resources in health facilities. Thus, a new issue emerged pertaining to the extent of health sector capacities in investing in such human resources and maintaining thereof. Such issues are represented in increasing of career leakage that cause to enlarge suffers faced by health facilities and whose influences reflect on the health services level in KSA. (Alshmemri, 2014).

Not obtaining the fixed allowances are from the reasons of nurses' leakage and truancy

In addition to lack of occupational security feeling. Furthermore, occasionally there is equity in benefits and advantages between who deal with patient and others in the administrative works who don't deal therewith. The absence of any national authority or higher commission for nursing acting as an independent body to reduce from such leakage and truancy costs the Ministry of Health massive amounts (Alharbi, 2015).

The administrative work causes reduction in physicians in hospital, as the administrative issue in the Arab countries especially in KSA is a main issue.

Physician who may be administratively unqualified run most of the hospitals in KSA. Doctors' work as administrates in hospitals reduces the number of physicians, which we currently suffer (Al Shehri et al., 2015).

## **2. Study Issue**

Medical cadres' leakage from physicians and nurses to the administrative works instead of the technical works is an important concern in the governmental health sector and badly affects the health services provided to patients through the governmental hospitals related to Ministry of Health.

In addition, the phenomena of fleeing the medical cadres to work in the administrative field inflicts the Kingdom financial losses, since it inflicts the health sector tremendous losses in manpower represented in losing the acquired expertise of medical cadres in various health organizations who received trainings and qualifications to perform their duties in the medical field therein.

The study Issue is summarized in several inquiries as follows:

- 1) What is the impact of the technical work pressures on medical cadres leakage?
- 2) What is the impact of the medical work risks on medical cadres leakage?
- 3) What is the impact of the financial income on medical cadres leakage?
- 4) What are the factors that lead to limitation of the phenomena of medical cadres leakage?
- 5) What are the proper solutions to maintain the qualified health cadres who have distinct proficiencies and experience?

### **2.1 Study Importance**

The importance of the research pertaining to medical cadres leakage that lead to negative results is represented in making gross losses for the health organizations and communities due to losing the qualified human expertise on whom lots of money and time were spent especially the extinct national medical cadres.

### **2.2 Study Objectives**

The current study aims at determining the major determinants of medical cadres' leakage and flee from the technical work to the administrative work. From the said goal, the sub-goals branch as follows:

- 1) Identifying the impact of the technical work pressures on medical cadres' leakage.
- 2) Identifying the impact of the medical work risks on medical cadres leakage.

- 3) Identifying the impact of the financial income on medical cadres' leakage.
- 4) Providing some recommendations and proposals to limit the phenomena of medical cadres' leakage.
- 5) Finding proper solutions to maintain the qualified health cadres who have distinct proficiencies and experience.

### **2.3 Hypothesis**

- 1) There is a statistical relation between the pressures of the medical work and medical cadres' leakage and fleeing to the administrative work.
- 2) There is a statistical relation between the risks of the medical work and medical cadres' leakage and fleeing to the administrative work.
- 3) There is a statistical relation between the financial income and medical cadres leakage and fleeing to the administrative work.

### **2.4 Study Terms**

#### **2.4.1 Career Leakage**

It means the employees exit and leaving their work by either direct dismissal, submitting resignation or leaving work.

#### **2.4.2 Work Pressures**

It refers to the variables surrounding the labors and which cause the feel of annoyance and tensions that badly affect them to the extent of not performing their works properly.

#### **2.4.3 Medical Professions Risks**

They are the risks that may occur to the labors in the health sector such as infections and career injuries. This forms excessive danger to the lives of individuals and communities.

## **3. Study Methodology**

In the light of the study and questions, the researcher used the descriptive analytical method expressing the detailed precise description of the social phenomena proposed to be qualitatively or digitally quantitatively studied, this method is not limited to data collecting of the phenomena description and revealing the correlation between their various determinants for interpretation thereof and getting conclusions participating in enhancing and developing the fact (Al-Assaf, 2010). Four designated hypothesis the researcher sees that they affect the medical cadres' leakage. This is through using the questionnaire as a tool to collect data from randomly selected samples of the hospital employees The study community consists of physicians and nursing cadre from Saudi persons only in some governmental hospitals in Sakaka, which are (King Abdulaziz Specialist Hospital- Prince Metaab Bin Abdulaziz Hospital).

### **3.1 Career Leakage Types**

- Temporary leakage intended by an employee outside the organization on behalf of the United Nations through temporary assistance, often for a period of one year, to any parent organization who receives compensation during the period of his secondment.
- Permanent Leakage: It means voluntary exit of the employee from the organization permanently before reaching retirement age (Al Mazahab, 1999).

### **3.2 Career Leakage Grounds**

We can summarize and sum up the grounds that lead to the career leakage in various sectors in the following

aspects (Mitchell & Lee, 2001).

**Labor Burdens:** It means any increase or decrease in labor burdens assigned to the individual supposed to perform a task. Increasing the burden of an individual to a higher than acceptable rate causes a high level of leakage.

**Wages and Remunerations:** This source is directly related to the individual feeling of not receiving fair wage and compensation for the efforts he/she offers to the organization, the ineffectiveness of wages and remuneration system comparing to the similar organizations increases the frustration of the individual and lack of desire of exerting efforts, consequently he/she tries to create methods and ways through which he/she can flee and escape from performing the assigned tasks (Moly, 1407 H).

**Performance Assessment:** The absence of effective system for assessing labors' performance in the organization means eventually that labors who doing their tasks according to the requirements of their occupational duties will not receive proper moral or material remuneration and appreciation. Thus, it leads to frustration and career leakage.

**Labor Nature:** High pressure in labor nature increases the career leakage.

**Ambiguity of rules:** This means the individual's lack of information required to perform specific duty, this ambiguity leads to tension increase and individuals' feeling of useless of the exerted efforts, and decrease of the occupational satisfaction and self confidence.

**Material Labor Nature:** Labor circumstances are deemed pressure factors on the individuals, and lack of such proper circumstances leads to increase of career leakage.

### **3.3 Occupational Leakage from Nursing Job**

There are several factors that contribute to leakage percentage increase from nursing jobs, from which are the following (Al Amri 1427 H):

- Multiple levels of nursing education, and absence of education graduation methods so as to the graduated can move from an educational phase to another.
- Labor nature such as long working hours and shifts comparing to low income of the profession which is considered much lower than other professions.
- Incompatibility of work allowances and work requirements, such as requiring the graduate to work 48 hours per week, an increase of 30% over the working hours of other professions, while only 20% will receive an increase.
- Comparing allowances allocated for nursing with other health professions, nursing is the only profession that requires 24 hours of coverage and is paid less compared to pharmacists and doctors.
- Dominance of non-Saudi labor in nursing management and not giving the opportunity of occupational graduation for Saudi nursing career.
- Shortage of continual education that assist in developing abilities and information of the graduates, and scarcity of responsible for nursing profession.

In the same line, Nusairat refers to the salient grounds that make nurses leave working in nursing profession (Nusairat, 2008).

- Low remuneration level.
- Low perks and advantages packages accompanied remuneration.
- Lack of appreciation or improper appreciation to nurses rule in medical care process and defect of participation in planning care process and making decisions.

- Dissatisfaction with work schedule and three shifts.
- Weak opportunity of occupational progress at the profession level.

Problems faced by nursing profession practitioners:

There are several factors that contribute to leakage percentage increase from nursing jobs, from which are the following:

First: Weak awareness and cultural level:

Despite the general knowledge about the importance of the role of nursing, the public continues to view nursing as a female profession, linking it to lack of efficiency and inability to rely on others. Thus, Nursing is an unattractive profession for the majority of people. Society still regards the profession as a service function and this gives a bad and negative impression. For whom she will participate (Al-Mahmoud, 1999).

Second: Profession difficulty and numerous pressures:

Nursing is from the professions of high pressure, it is a negative pressure as the responsibilities of the workers are greater than their capacity, because of their absence and the large number of problems arising from the work in the profession, in addition to that the profession requires a high degree of skill and work with different people, 24-hour services require a great emotional effort, also the risk of the profession being exposed to infection (McVicar, 2003).

Also, the lack of sleep due to night work affects the body functions negatively, which leads to fatigue and negative impact on the health of nursing practitioners and the level of performance and the level of care received by patients Al Aal, 2003).

Third: Poor moral and material incentives:

Poor material and moral incentives is one of the reasons for the low satisfaction of workers in the health sector, and the majority of nursing practitioners who have shown a desire to leave work were affected by this problem (Al-Saban, 1422).

Fourth: Lack of flexibility in work and weak leadership:

Nursing profession has a strict environment and is governed by many rules and practices that create a high-pressure environment. The nursing director has a legal responsibility to create a healthy working environment for his/her staff and has a moral responsibility to care for his/her patients (LI-Chuan, 2000). It is emerged the importance of daily communication with the administration and provision of feedback from nursing director to profession practitioners who suffer from weak and poor of the administration information exchange with the administration information exchange with them.

Fifth: Lack of duties clarity and standards:

Lack of clarity about the role, functions and responsibilities of nursing practitioners causes them to become increasingly stressed and leads to a loss of ability to achieve institutional goals. Nursing profession also has special problems in giving its practitioners tasks that are not commensurate with their skills, abilities and knowledge. Of responsibilities and suffer from the lack of clarity of these responsibilities and conflicts between them and the powers given to them, they are often required beyond their capabilities and powers and authorities available to them (Romano, 2002).

Sixth: Poor cooperation and participation:

Individuals feel the desire to belong to the group in the work environment, because of this group of support in many aspects, and the problem of non-cooperation of foreign nurses with their counterparts of Saudi nurses is one of the main causes of the suffering of the Saudi nurse in her field, and the problem of poor cooperation and

participation of the reasons for leaving work (Al-Jahani, 2001).

The study is applied on a random 300-person-sample selected from the hospital doctors and nursing cadre. This is according to the statistical schedule of the study community.

**Table 1 Distribution of Study Community**

Hospitals	King Abdulaziz Specialist Hospital	Prince Metaab Bin Abdulaziz Hospital	Total	Sample
Number of Physicians	250	353	603	55
Number of Nurses	350	400	450	155
Number of Ancillary Professions	900	650	1550	190
Total	1250	1403	2653	400

### 3.4 Research Sample in Hospitals

On collecting data of the current study, we depend on the following:

**Primary Sources:** Questionnaire is used to collect data, and the questionnaire is divided into sections: The first section includes personal and occupational data for all participants in the questionnaire. The section is divided into four cores according to the study variables.

The questionnaire is designated according to Fifth Likert Scale (strongly agree, agree, undecided, disagree, strongly disagree).

The researcher designated questionnaires for this study, 400 questionnaires were distributed to doctors and nurses who work in the aforementioned hospitals and located in the health career ladder upon taking the approval of the competent authorities.

**Secondary Sources:** It was referred to the scientific references from books, previous studies, scientific magazines, conferences, seminars,...etc. related to the study subject in preparing the theoretical firm of the study.

### 3.5 Statistical Methods Used in the Analysis

Data is collected and statistically analyzed by using statistical package for social science (SPSS) to get the results and then scientifically being discussed to make the required recommendations according to the study scheme. This is through using the following statistical methods: The arithmetic averages, standard deviations, Pearson correlation coefficient and Chi square.

## 4. Analyzing Data and Discussing Results

### 4.1 The First Section: Personal Data

Table 2 related to determining the job title of the study sample individuals shows that the majority of 140 individuals (46.7%) is other job titles and the minority of 45 individuals (15%) is for doctors.

**Table 2 Distributing the Individuals of the Study Samples According to Job Title**

Job Title	Number	Percentage %
Physician	45	15
Nurse	115	38.3
Others	140	46.7
Total	300	100%

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Table 3 related to determining the academic qualification of the study sample individuals shows that the majority of 125 individuals (41.7%) is for individuals having diploma and the minority of 24 individuals (8%) is for individuals having PHD.

**Table 3 Distributing the Individuals of the Study Samples According to the Academic Qualification**

Academic Qualification	Number	Percentage %
PHD	24	8
Master	42	14
Bachelor	109	36.3
Diploma	125	41.7
Total	300	100%

Table 4 related to determining the ages of the study sample individuals shows that the majority of 199 individuals (66.3%) is for individuals from 30 to 40 years and the minority of 13 individuals (4.4%) is for individuals above 50 years.

**Table 4 Distributing the Individuals of the Study Samples According to Age**

Age	Number	Percentage %
Below 30 years	60	20
From 30 to 40 years	199	66.3
From 40 to -50 years	34	11.33
Above 50 years	13	4.4
Total	300	100%

Table 5 related to determining the marital Status of the study sample individuals shows that the majority of 220 individuals (46.7%) is for married and the minority of 10 individuals (3.3%) is for divorced.

**Table 5 Distributing the Individuals of the Study Samples According to the Marital Status**

Marital Status	Number	Percentage %
Married	220	73.3
Single	55	18.3
Divorced	10	3.3
Widower/Widow	15	5
Total	300	100%

Table 6 related to determining years of Experience of the study sample individuals shows that the majority of 105 individuals (35%) is for individuals having experience from 30-10 years and the minority of 40 individuals (13.4%) is for individuals having experience above 20 years.

**Table 6 Distributing the Individuals of the Study Samples According to Years of Experience**

Years of Experience	Number	Percentage %
Below 5 years	55	18.3
From 5 to 10 years	105	35
From 10 to -20 years	100	33.3
Above 20 years	40	13.4
Total	300	100%

## **4.2 The Second Section: Study Cores**

### **4.2.1 The First Core: Medical Work Pressures**

The following phrases were designated to identify the levels of the medical work pressures and the study sample individuals were requested to give their agree degree on such phrases and then calculate the repetitions, percentages, arithmetical averages, standard deviations and response degrees of the study sample individuals, the results are as the following Table 7:

**Table 7 Responses of Study Sample Individuals on the Phrases Related to the Level of Medical Work Pressures**

Sr.	Determinants	Arithmetic averages	Standard deviations	Relative weight	Statistical significance
1	Obliging labors in the medical field to work in night shifts.	3.97	1.125	52.1	0.039
2	Working during official holidays and feasts.	3.89	1.168	52.09	0.031
3	Numerousness of duties and tasks done by the medical cadre in the governmental hospitals.	4.19	1.102	48.8	0.032
4	Lack of providing adequate and sufficient time for rest in the hospital with rooms equipped with amenities.	4.47	0.898	48.6	0.021
5	Occasionally assignment of absent colleagues' duties.	4.12	1.073	48.6	0.020
6	Medical work burdens	4.18	0.987	47.7	0.030
Overall average of all phrases of the First Core.		4.11	-	47.3	-

Table 7 demonstrates that the arithmetic average and standard deviations of the study sample individuals' responses on the phrases of the first core (medical work pressures. It also shows that the overall average of all phrases is 4.11 and this value according to the relative weight standard refers to strong agreement degree, which means strong agreement of the majority of study sample individuals on the determinants related to medical work pressures.

It is also stated that the statistical significance of all phrases is less than the level of the moral significance (0.05), the statistical significance refers to acceptance of the alternative hypothesis and nihilism refusal which means the presence of relation between medical work pressures and medical work leakage and fleeing to the administrative work. This relation represents high impact; the arithmetic average also refers to all determinants of this core.

### **4.2.2 The Second Core: The Financial Income**

Table 8 demonstrates the arithmetic average and standard deviations of the study sample individuals' responses on the phrases of the second core (financial Income). It also shows that the overall average of all phrases is 4.27 and this value according to the relative weight standard refers to strong agreement degree, which means strong agreement of the majority of study sample individuals on the determinants related to financial Income.

It is also stated that the statistical significance of all phrases is less than the level of the moral significance (0.05), the statistical significance refers to acceptance of the alternative hypothesis and nihilism refusal which means the presence of relation between the Financial Income and medical work leakage and fleeing to the administrative work. This relation represents high impact; the arithmetic average also refers to all determinants of this core.



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**Table 8 Responses of Study Sample Individuals on the Phrases Related to the Financial Income**

Sr.	Determinants	Arithmetic averages	Standard deviations	Relative weight	Statistical significance
1	Unsuitability of the salary you received with the quantity of work in the hospital.	4.16	1.086	57.00	0.021
2	Unsuitability of the annual increments in the salary	4.06	1.008	56.80	0.040
3	Increments received by the employee when performing the administrative works (supervision allowance, training and education allowance and custodial officer allowance).	4.29	0.901	56.60	0.036
4	Lack of the administration interest in giving financial incentives for medical cadres.	4.58	0.718	55.70	0.039
5	Unrewarding allowances and benefits (housing allowance, transport allowance, infection allowance).	4.51	0.827	54.90	0.031
6	Annual benefits granted to the administrative managers.	4.04	1.115	53.90	0.037
Overall average of all phrases of the Second Core.		4.27	-	52.7	-

#### 4.2.3 The Third Core: Medical Professions Risks

Table 9 demonstrates the arithmetic average and standard deviations of the study sample individuals' responses on the phrases of the third core (medical professions risks). It also shows that the overall average of all phrases is 4.16 and this value according to the relative weight standard refers to strong agreement degree, which means strong agreement of the majority of study sample individuals on the determinants related to medical professions risks.

It is also stated that the statistical significance of all phrases is less than the level of the moral significance (0.05), the statistical significance refers to acceptance of the alternative hypothesis and nihilism refusal which means the presence of relation between medical professions risks and medical work leakage and fleeing to the administrative work. This relation represents high impact; the arithmetic average also refers to all determinants of this core.

**Table 9 Responses of Study Sample Individuals on the Phrases Related to the Risks of the Medical Professions**

Sr.	Determinants	Arithmetic averages	Standard deviations	Relative weight	Statistical significance
1	Infectious diseases (fear of infection transmission between the medical cadres).	4.21	1.072	57.40	0.035
2	Chemicals (contamination by the used tools)	3.96	1.155	57.30	0.031
3	Injuries through using sharp tools (needles)	4.07	1.107	56.80	0.040
4	Radioactive materials	3.97	1.104	56.50	0.030
5	Patients' abuses	4.34	0.928	54.70	0.023
6	Psychological and nervous tensions	4.46	0.814	52.41	0.040
Overall average of all phrases of the Third Core.		4.16	-	55.9	-

#### 4.2.4 The Fourth Core: Medical Cadre Leakage and Fleeing to the Administrative Work

Table 10 demonstrates the arithmetic averages and standard deviations of sample individuals responses on the phrases of the fourth core (Medical Cadre Leakage and Fleeing to the Administrative Work), it is stated that the overall average of all phrases is 4.17. Such value according to the relative weight refers to high agreement degree which means majority agree of study sample individuals agreement on the determinants related to medical cadre leakage and Fleeing to the administrative work, i.e., the medical cadre leakage to the administrative work is in a high degree.

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To identify the impact of independent variable (career leakage determinants) on the dependent variable (medical cadre leakage to the administrative work), Chi square test is used and the results are as stated in the following schedule.

**Table 10 Responses of Study Sample Individuals on the Phrases Related to Leakage and Fleeing of  
the Medical Cadre to the Administrative Work**

Sr.	Determinants	Arithmetic averages	Standard deviations	Relative weight	Statistical significance
1	Obliging labors to work in night shifts leads the medical cadres to transfer and flee to the administrative work.	4.25	0.953	60.7	0.057
2	Long working hours lead the medical cadres to transfer and flee to the administrative work.	4.24	0.949	59.9	0.001
3	Unsuitability of the salary with work quantity in the hospital leads the medical cadres to transfer and flee to work in the administrative work.	4.25	0.942	58.2	0.002
4	Increments received by the employee when performing the administrative works (supervision allowance, training and education allowance and custodial allowance).	4.32	0.950	50.1	0.001
5	Infectious diseases (fear of infection transmission between the medical cadre leads to medical cadre leakage).	4.08	1.097	52.2	0.002
6	Psychological tensions	3.92	1.127	53.5	001
Overall average of all phrases of the Fourth Core.		4.17	-	57.2	

**Table 11 Results of Chi Square Test — The Relation between the Independent Variable (Career Leakage Determinants) and  
the Dependent Variable (Medical Career Leakage to the Administrative Work)**

The Independent Variable (Career Leakage Determinants)	The Dependent Variable (Medical Cadre Leakage to the Administrative Work)				
	Value of Chi square	Freedom degree	Overall average	Statistical significance	Correlation coefficient
Medical Work Pressures	660.595	442	4.11	0.031	0.535
The Financial Income	681.396	289	4.27	0.033	0.681
Medical Professions Risks:	719.477	340	4.16	0.029	0.644

Table 11 demonstrates the results of Chi square test — the relation between the independent variable (career leakage determinants) and the dependent variable (medical cadre leakage to the administrative work), the results were as follows:

- **The First Core (Medical Work Pressures):** It is stated that the value of Chi square test is (660,595) with freedom degree of 442, it is also stated that the level of the statistical Significance is (0.031) which is the lower than the moral significance level (0.05). Consequently, we refuse zero hypothesis and accept the alternative hypothesis, i.e., there is moral impact between medical work pressures as one of career leakage determinants, from the point of view of the majority of study sample individuals and medical cadres leakage to the administrative work. Correlation coefficient value of (0.535) refers to the strength of such impact.
- **The Second Core (the Financial Income):** It is stated that the value of Chi square test is (681,396) with freedom degree of 289, it is also stated that the level of the statistical Significance is (0.033) which is the lower than the moral significance level (0.05). Consequently, we refuse zero hypothesis and accept the alternative hypothesis, i.e., there is moral impact between the financial income as one of career leakage determinants, from the point of view of the majority of study sample individuals and medical cadres leakage to the administrative work. Correlation coefficient value of (0.681) refers to the strength of such impact.

- **The Third Core (Medical Professions Risks):** It is stated that the value of Chi square test is (719,477) with freedom degree of 340, it is also stated that the level of the statistical Significance is (0.029) which is the lower than the moral significance level (0.05). Consequently, we refuse zero hypothesis and accept the alternative hypothesis, i.e., there is moral impact between medical professions risks as one of career leakage determinants, from the point of view of the majority of study sample individuals and medical cadres' leakage to the administrative work. Correlation coefficient value of (0.681) refers to the strength of such impact.

## **5. Conclusion**

From the results of the field study, the researcher reaches to the following conclusions:

(1) There is a high moral impact between the medical Work Pressures, as one of career leakage determinants, and medical cadres' leakage to the administrative work, which assures the difficulties of the profession and numerousness of pressures the labors face.

(2) There is a high moral impact between high financial income, as one of career leakage determinants, and medical cadres leakage to the administrative work ,which assures the importance of the financial income and its impact on the desire of medical cadres to transfer to the administrative work, it ranked first of the most influential on the desire of the health cadres to move to the administrative work.

(3) There is high moral impact between the medical professions risks, as one of career leakage determinants, and medical cadre leakage to the administrative work, which assures that health cadres feel that they are more exposed and liable to infection than any other profession.

## **6. Recommendations**

- Hospital administration should pay attention to reduce and abate from the medical work pressure and tension of the health cadres through providing sufficient number suitable to patients' number and provide sufficient rest time for health personnel in equipped rooms.
- The system of financial incentives and allowances currently applied to health cadres must be reviewed, and the incentive and reward system can be linked to clear job performance standards so that there is equity in granting incentives and rewards.
- Paying attention should be given to moral incentives in the event of failure of accomplishing and achieving financial incentives system, through certificates of appreciation, or to provide opportunities to attend advanced training courses in each field of specialization in addition to paying attention to family and social conditions.
- Pursuing to abate and reduce the risks of the medical professions through providing special personal protection equipment and tools for health cadres during performing their tasks and duties and assuring the necessity of the commitment of all labors with all instructions related to professional safety procedures.
- Developing the capacity and ability of labors to face work requirements pressures and tensions, this goal can be accomplished through prepare training courses and developing training materials for all labors.
- Adopting a written system of standard operating procedures (SOPs) determining accurately and in details phases, work requirements and liabilities in various departments.

- We propose doing following addendum studies on determinants of medical cadres' leakage and leakage from the leakage from the technical work to the administrative work.

Salient Recommendations: Increasing the employees number to reduce the health works burdens in addition to reducing the number of the turning over employees from their main works except for necessary. Provide sufficient and adequate time for rest in equipped rooms. Reconsider the existing financial incentive and allowed currently applied to the health cadres in the governmental hospitals to cope with the modern variables. Take care of the moral motives in case of failure of accomplishing financial incentives system.

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