

Does Career Commitment Moderates the Relationship between HRM Practices, Self-Efficacy on Doctors' Turnover Intention? Evidence from Algeria Healthcare Setting

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Abstract: The overall health of people is influenced by the healthcare system in every nation. This means that a healthcare system that is both robust and equitable will enhance people's quality of life, leading to economic growth. In line with this, public hospitals serve as the foundation of the healthcare system in all countries, including Algeria. However, one of the most serious issues confronting the Algerian healthcare system is the high rate of doctor turnover. Therefore, it is important to address the issue of doctors' turnover in Algeria. Doctors' dissatisfaction with existing human resource (HR) practices, such as no provision for job design, organisational safety and training, and lack of self-efficacy, could lead to doctors' turnover. Thus, the focus of this study is to investigate the effect of HR practices, focusing specifically on examining the effects of job design, organisational safety, training, and a lack self-efficacy on doctors' turnover intention. This study integrated two theories, namely, the Social Cognitive Career Theory, and the Social Exchange Theory, to support the effects of the variables (job design, organisational safety, training, self-efficacy, and career commitment) on doctors' turnover intention. Data analysis was done using the Structural Equation Modelling (SEM)-Partial Least Squares (PLS) method. The results of the study revealed a negative significant effect of job design, organisational safety, training, and self-efficacy on doctors' turnover intention. The study also showed that the influence of career commitment as a moderator was negatively significant in strengthening the effects of job design, training, self-efficacy, and doctors' turnover intentions. Interestingly, career commitment did not moderate the relationship between organisational safety and turnover intention. Thus, the findings of this study can help researchers, practitioners, and policymakers in Algerian public hospitals to further understand the effects of career commitment, job design, training, and self-efficacy to deal with matters that are related to doctors' turnover intention.

Keywords: *Turnover Intention, Job Design, Organisational Safety, Training, Self-efficacy, Career Commitment.*

1. Introduction

Studies on human resource management (HRM) have given significant attention to the topic of employee turnover. With globalisation, turnover has become a major organisational issue. Many organisations are losing their employees which represents a major resource loss i.e., an

issue that they should be aware of. Employee turnover has its pros and cons. Advantage-wise, it serves as an opportunity for replacing poorly skilled employees, thus improving organisational ingenuity, flexibility and adaptableness. The disadvantage is that turnover would increase various explicit costs including expenditures for re-recruitment, training, and loss of productivity, as well as implicit costs such as lowered

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morale, reputational damage, positional chain disruptions, and loss of prospects [1, 2]. According to global statistics, the rate of employee turnover keeps rising and does not appear to be slowing down. In 2011, Hong Kong and Singapore demonstrated turnover rates of approximately 10% whilst China at a shockingly high 20% [3]. About 30% of the firms in China and Hong Kong experienced between 11% and 40% turnover rates [4]. The turnover rates in developed economies such as that of the United States (US) and Australia are projected to be higher than ever before i.e. involving approximately 161.7 million workers [5, 6, 7]. Interestingly, as reported by the Boston Consulting Group (BCG), about 83% of Algerians are ready to leave the country for a job abroad (i.e. turnover intention) [8]. This scenario may imply that a high level of turnover intention is prevalent in Algeria. Companies must be creative in addressing employee turnover by understanding the numerous causes that lead to it. Until then, employee turnover will remain a critical issue for all firms globally.

The healthcare sector is essential in improving health-related outcomes [9]. The healthcare sector requires a lot of labour. Employee turnover is one of the biggest issues in Algeria's public hospitals, according to Mansour & Baith elkaoul [10, 11], because of the industry's rapid expansion and the high number of turnovers among doctors. Many scholars in this field have identified a set of HRM techniques that are crucial in keeping such personnel in order to address the issue of employee turnover [9, 12, 13, 14].

The conditions of the behavioural contracts between an employer and its employees are thus viewed to be shaped by these HRM practices, which encourage a great sense of commitment among the employees. We can therefore draw the conclusion that when an organisation gives its employees a productive behavioural and professional environment that allows them to improve their professional skills and enjoy their working environment, the employees would be more willing to reciprocate via a moral obligation to their employer and have less turnover intention. Turnover intention is defined as the degree of attitude attitudes held by employees to look for new jobs in other places or plans to leave the organisation within the next three months, and two years to come [15].

In order to comprehend the precise variables that influence employees' decisions to leave their jobs, more focus should hence be placed on the interaction between HRM practices, behavioural determinants, and employee turnover intention. Therefore, in this study, the research objective (RO) for this study is to 1) investigate the effect of HR practices (job design, organisational safety, training) and self-efficacy on turnover intention among doctors in Algerian public hospitals, and 2) examine the influence of career commitment as a moderator on the effect of HR practices (job design, organisational safety, training) and self-efficacy on turnover intention among doctors in Algerian public hospitals.

2. Literature Review

2.1 Job Design and Turnover Intention

Several researchers agreed that job design is one of the most powerful factors that influence turnover intention in various sectors including those that are profit-and charity-based [16, 17]. It has been defined as a specification of the contents, methods, and relationships of jobs in order to satisfy technological and organisational requirements as well as social and personal requirements of the job-holder [18]. After an extensive literature review, it can be concluded that very few studies had examined job design and turnover intention [19, 20]. Although previous studies have attempted to investigate this relationship, findings and conclusions on the link between job design and turnover intention have been inconsistent. Some researchers claimed that job design has a negative effect on employee turnover intention [17, 20, 21]. Meanwhile, Ghosh et al. [22] and Sok et al. [23] assure that job design is not a significant issue affecting turnover intention. The inconsistent results regarding the relationship between job design and turnover intention do not permit much knowledge to the existing literature, thereby warranting further empirical exploration.

2.2 Organisational Safety and Turnover Intention

Previous researchers [13, 24, 25] examined the impact of organisational safety factors on employees' turnover intention in the context of the US, Taiwan, and Canada. However, there is still a lack of evidence regarding the influence of organisational safety on individuals' turnover intention, especially in the context of Algeria. Organisation safety is defined as a product of the individual and group values, attitudes, competencies and patterns of behaviour that determine the commitment to, and the style and proficiency of, an organisation's health and safety programme [26]. However, lack studies had been conducted in Algeria examining the link between employees' organisational safety and employees' turnover intention despite the former being identified as the key factor in determining turnover intention in the healthcare sector as reported by [27]. Although Mouloudj [11] investigated turnover intention among doctors in Algeria, there are very few studies on the topic in the healthcare sector.

2.3 Training and Turnover Intention

Similarly, employee training has also been identified as one of the most crucial HRM practices for the evolvement of organisational commitment among employees. Training is defined as learning that is provided in order to improve performance on the present job [28]. According to Alferaih et al. [29], there is a need to re-examine the training factor as

it is one of the most important factors that capture turnover intention behaviour. Numerous scholars agreed that training negatively affects turnover intention [31, 31, 32]. Some others claimed that training is positively correlated with turnover intention [33, 34]. Meanwhile, Astuti and Harnuansa [35] confirmed that there is no significant relationship between training and turnover intention. The inconsistent conclusions about the link between training and turnover intention do not contribute much knowledge to the literature. Therefore, it gives rise to the need for more empirical investigations.

2.4 Self-Efficacy and Turnover Intention

Another impertinent factor that is still under discussion among researchers is self-efficacy. Self-efficacy is defined as the belief that one can successfully execute behaviour required to produce the desired outcomes [36]. Several researchers agreed that self-efficacy negatively influences turnover intention [37, 38, 39]. However, Fallatah et al. [40] claimed that self-efficacy is positively correlated with turnover intention. Meanwhile, other studies confirmed that there is no significant relationship between self-efficacy and turnover intention [41, 42]. The inconsistent outcomes concerning the connection between self-efficacy and turnover intention do not permit much knowledge to the existing literature; thus, it motivates the current study to carry out a further empirical investigation.

2.5 Career Commitment as Moderator

Baron and Kenny [43] noted that the necessity to incorporate a moderator variable to clarify the link arises when there is an ambiguous or weak association between the independent and dependent variables. Several scholars have emphasised that there is a gap between HRM methods and employee outcomes. Renowned researchers [44, 45] noted that career commitment may be a powerful moderator in measuring turnover intention. Career commitment is defined as individuals' attachment to their profession or occupation [46]. The limited studies of [44, 45] did not investigate any moderating effects in the relationship between job design, organisational safety, training, and self-efficacy on turnover intention within the healthcare sector. Since career commitment is a concept that captures an individual's psychological attachment, identification, and engagement with their career and organisation [47]. It is closely related to job satisfaction, organisational commitment, and long-term career goals. Considering the significance of career commitment in shaping individuals' attitudes and behaviours in the workplace, it becomes relevant to explore its potential moderating role in this study.

3. Research Methodology

This study used the quantitative research approach, which is supported by justifications and is covered in the following paragraph. According to Creswell and Poth [48], the quantitative research design is the best technique for testing theories, models, and hypotheses as well as for examining the relationship between the variables. In a similar vein, Creswell and Poth [48] claimed that the quantitative research design is suited for analysing the relationship between groups, explaining the interdependence of variables, and evaluating hypotheses. Aside from that, the quantitative approach is founded on an objective and positivist ontology [49]. With career commitment serving as a moderating variable, the study aims to investigate the direct and indirect links between HRM practices (such as job design, organisational safety, and training), and medical officers' intention to leave their positions.

The Social Cognitive Career Theory (SCCT), developed by Lent et al. [50], contends that interest is a result of self-efficacy and outcome expectancies. Self-efficacy and result expectancies fluctuate as learning experiences do, and professional growth is viewed from a developmental perspective. Three interconnected components of career development are explained by SCCT: (1) how basic academic and career interests develop, (2) how educational and career choices are made, and (3) how academic and career success is obtained. SCCT has been referred to show the relationship of self-efficacy and career commitment towards doctors' turnover intention in this particular study.

Blau [46] defined Social Exchange Theory (SET) as an action-reaction exchange system based on incentive mechanisms for value exchange. SET is a crucial idea in sociology and psychology. According to the notion, everyone performs a cost-benefit analysis before starting a relationship to determine the dangers and benefits it would entail. The low level of doctor turnover intention will be a benefit for the healthcare institutions in this study, however job design, organisational safety, and training are costs for the healthcare institutions. Referring to the SCCT, and the SET, eight hypotheses have been developed for this study - see Table 1a and Table 1b.

Table 1a: Direct Hypotheses

Hypo	Relationship
H ₁	There is a negative relationship between job design and turnover intention.
H ₂	There is a negative relationship between organisational safety and turnover intention.
H ₃	There is a negative relationship between training and turnover intention.
H ₄	There is a negative relationship between self-efficacy and turnover intention.

Table 1b: Indirect Hypotheses

Hypotheses	Relationship
H ₅	Career commitment significantly moderates the relationship between job design and turnover intention.
H ₆	Career commitment significantly moderates the relationship between organisational safety and turnover intention.
H ₇	Career commitment significantly moderates the relationship between training and turnover intention.
H ₈	Career commitment significantly moderates the relationship between self-efficacy and turnover intention.

The sample in the current study is the permanent doctors working in Algerian public hospitals, whilst the individuals would be the unit of analysis. A total of 48,886 medical doctors working in North Algerian public hospitals make up the study's population. Thus, the sample size for this study is 381 according to the sample size table developed by [51]. Due to the characteristics of the population, the setting of the investigation, and the availability of information sources, this study opted to use cluster sampling in group of the probability sampling technique. In this technique, the entire population will be divided into geographic areas. Next, the clusters of the geographic areas will be chosen randomly. In this study, the instrumentations have been adapted and adopted from the past authors: Turnover intention by Olusegun [52], job design by Buttigieg and West [53], organisational safety by Cox and Cox [54], training by Rogg et al. [55], self-efficacy by Chen et al. [56], and career commitment by [46]. The 5-point Likert scale that ranged from 1=strongly disagree to 5=strongly agree has been used in this study. Data analysis was done using the Structural Equation Modelling (SEM)-Partial Least Squares (PLS) method.

4. Research Results and Discussions

Table 2 shows the direct links between job design, organisational safety, training, self-efficacy and turnover intention. These results answer RO1 of this study. Table 4.10 shows the significant and negative links between: i) job design and turnover intention ($\beta = -0.084, t = 1.953, p = 0.026$), ii) organisational safety and turnover intention ($\beta = -0.198, t = 4.086, p = 0.000$), iii) training and turnover intention ($\beta = -0.170, t = 3.936, p = 0.000$), and (iv) self-efficacy and turnover intention ($\beta = -0.129, t = 2.439, p = 0.008$). Thus, H₁, H₂, H₃ and H₄ are accepted.

Table 2: Results of Direct Relationship

Direct Relationships	Std. Beta	Std. Error	t-values	p-values
JD -> TI	-0.084	0.043	1.953	0.026*
OS -> TI	-0.198	0.048	4.086	0.000***
T -> TI	-0.170	0.043	3.936	0.000***
SE -> TI	-0.129	0.053	2.439	0.008**

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$. JD= job design, OS= organisational safety, T=training, SE= self-efficacy, TI = turnover intention.

Table 3a shows the strength of the moderating effect based on [57]. Turnover intention has variance explained of 29% (i.e., $R^2 = 0.286$). This means that the model of turnover intention among the doctors in Algerian public hospitals has a substantial level of variance explained which indicates job design, organisational safety, training, and self-efficacy as significant predictors of turnover intention. R^2 change is critical in moderation analysis [58].

The R^2 from the interaction effect model (refer to Table 3a) was hence compared with the main effect model (refer to Table 3b). The R^2 of the main effect model is 0.286 whilst in the interaction effect model it is 0.306. The R^2 change of 0.02 means that by adding the interaction terms (e.g., JD x CC, OS x CC, T x CC, and SE x CC), the R^2 showed a change of approximately 2% (additional variance).

Table 3a: Strength of the Moderating Effect

Variable	R ² Included	R ² Excluded	f-squared
Turnover Intention	0.306	0.286	0.03

Table 3b: R Square

Construct	R Square	Percentage
Turnover Intention	0.286	29%

The results for the moderating effect of career commitment on the relationship between the four exogenous variables (i.e., job design, organisational safety, training, and self-efficacy) and the endogenous variable (i.e., turnover intention) are presented in Table 4.

Table 4: Results of Indirect Relationship

Indirect Relationships	Std. Beta	Std. Error	t-values	p-values
JD*CC -> TI	-0.079	0.044	1.800	0.036*
OS*CC -> TI	0.028	0.051	0.561	0.288
T*CC -> TI	-0.085	0.047	1.782	0.038*
SE*CC -> TI	-0.075	0.038	1.983	0.024*

Note: * $p < 0.05$. JD = job design, OS = organisational safety, T = training, SE = self-efficacy, CC = career commitment, TI = turnover intention.

The moderating effects of career commitment on i) job

design and turnover intention relationship ($\beta = -0.079$, $t = 1.800$, $p = 0.036$), ii) training and turnover intention relationship ($\beta = -0.085$, $t = 1.782$, $p = 0.038$), and (iii) self-efficacy and turnover intention relationship ($\beta = -0.075$, $t = 1.983$, $p = 0.024$) are demonstrated to be significant and negative. Thus H_5 , H_7 and H_8 are supported. These results suggest that career commitment strengthens the relationship between job design, training, and self-efficacy among doctors in Algerian Public Hospitals.

However, the moderating effect of career commitment on the relationship between organisational safety and turnover intention ($\beta = 0.028$, $t = 0.561$, $p = 0.288$) does not support H_6 . These results imply that career commitment does not modify the significance of the relationship between organisational safety and turnover intention among doctors in Algerian public hospitals. This finding is against that of [59].

5. Conclusion

For managers, practitioners, and policymakers, this study offers a number of significant practical implications and contributions in addition to theoretical ones. First, the study's findings showed that the majority of characteristics were significant in predicting the Algerian public hospital doctors' intention to leave their positions. Recognising these characteristics will aid managers, practitioners, and policymakers in creating efficient procedures designed to increase doctors' loyalty to their hospitals, which will reduce their intention to leave.

The results demonstrated the significance of job design in this research context since it is crucial to take into account decreasing turnover intention. This issue should be taken into consideration by decision-makers in Algeria's public healthcare system, together with how a collection of activities is arranged and what should be done to achieve them.

Next, the results of this study will also encourage Algeria's public hospitals to start planning ways to reduce the impact of doctor turnover intentions and raise organisational safety standards. The findings of this study may make those in charge of making decisions in Algeria's public healthcare system more aware of how crucial training is in influencing how committed doctors are to their careers and whether they plan to leave. In order to advance their abilities and knowledge, training should be seen as a crucial aspect that should receive more attention throughout their careers.

Moreover, self-efficacy appears as the behavioural factor that can be strengthened by doctors who worked in the healthcare setting to let them remain in the hospitals. This can be gained by the internal belief that one can successfully execute behaviour required to produce the desired outcomes.

The career commitment was identified in the results as one of the most significant elements in reducing turnover intention because it is essential in balancing the impacts of

job design, training, and self-efficacy on turnover intention. By giving doctors in the public healthcare system fair job designs and quality training programmes, which increase their degree of career commitment and hence lower their desire to leave the field, doctors can be effectively managed. This is due to the fact that the public hospital doctors' desire to resign is directly impacted by their high level of career commitment, which displays a positively strong attachment with the organisation. This suggests that a higher level of career commitment will result in fewer doctors planning to leave their jobs.

The results of the current study have added to the body of knowledge by providing fresh perspectives, particularly in the context of Algeria, on the variables influencing doctors' intention to leave the profession through both primary effects and moderating effects. The study also revealed that some factors have a greater impact on turnover intention than others, adding to the expanding body of research on the aspects that are important in lowering turnover intention. This study illustrated the link between job design, organisational safety, training, self-efficacy and turnover intention as well as the moderating role of career commitment in affecting the links between job design and turnover intention, organisational safety and turnover intention, training and turnover intention, and self-efficacy and turnover intention in the setting of under-developed and non-western hospitals by utilising the SCCT and SET.

The study's examination of doctors' intentions to leave the public healthcare system in Algeria has been able to close a theoretical gap. The results of this study would thus encourage future researchers and pertinent parties to pay more attention to turnover intention, not just in public hospitals but also in other crucial service sectors in Algeria. Thus, by actually examining the interaction between these variables to generate fresh conclusions, particularly in the Algerian setting, the study had enriched the existing literature.

The findings showed the significance of job design, training, and self-efficacy in altering and reducing turnover intention among doctors, but organisational safety was found to have a negligible impact on the same. This was due to the moderating effect of career commitment. Although the results do not agree with those of the earlier studies, they have revealed fresh information on turnover intention and HRM that calls for additional research into the connections between these factors in the future to close the theoretical and practical gaps. An essential analysis of the part that career commitment plays in lowering turnover intention was offered by this study. The findings of the study showed great support for the notions put forth by the SCCT of Lent et al. [50] and SET by Blau [46], which is another theoretical addition provided by this investigation where in Algeria's public healthcare system, doctors have not been asked about these antecedents before.

6. References

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