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FACTORS INFLUENCING INTENTION TO QUIT OF PHYSICIAN FROM HEALTHCARE FACILITY IN BANGKOK

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Abstract

The purpose of this study was to investigate the effects of job stress, pay satisfaction, and career growth on intention to quit and the mediating effects of job satisfaction on the relationship between job stress and intention to quit, pay satisfaction and intention to quit, and career growth and intention to quit. Our findings from the survey of 444 physicians working at healthcare facility in Bangkok demonstrated that job stress, pay satisfaction, and career growth had the effect on intention to quit sorted by strength of the total effect and job satisfaction played a full mediating role in the relationship between pay satisfaction and intention to quit but played a partial mediating role in the relationship between job stress and intention to quit, and career growth and intention to quit. Implications of these findings and avenues for future research are discussed.

Key words: Physician, Intention to quit, Job satisfaction, Job Stress, Pay satisfaction, Career growth

Introduction

Because of incommensurate amount of physician, many of healthcare facilities in Thailand, both public and private, are faced with human (physicians) resource management problem (Ariyasriwattana, 2007). World health organization (WHO) has recommended that physician /population ratio of any nation should not be below 1:1,000 (Deo, 2016), yet the statistics show that Thailand is still far behind (0.49:1,000) (Strategy and planning division, ministry of health, 2015).

The medical council of Thailand (TMC) (2015) stated that newly graduated physicians quit their job from healthcare facilities of minister of health more than 50%, annually. Subsequently, TMC studied in those physicians and reported top 10 reasons why they quit their job that can be grouped into 3 categories, i.e. job stress, pay satisfaction, and career growth (TMC, 2015). Hence, the factors that influence either physician retention or intention to quit interest many of researchers, especially in the Bangkok.

Objectives of the study

1. To study the effects of job stress, pay satisfaction, and career growth on intention to quit.

2. To study the mediating effects of job satisfaction on the relationship between job stress and intention to quit, pay satisfaction and intention to quit, and career growth and intention to quit.

Literature review

Intention to quit

Intention to quit is the possibility that employee will quit their job in the period of time (Chao, Jou, Liao, 2015). Since March and Simon (1958) firstly developed intention to quit model in 1958, many researchers present different type of the model (Mobley, 1977, 1978, 1979; Bluedorn, 1982; Sheridan, Abelson, 1983; Lee, Mitchell, 1994; Price, 1977, 2000). Mostly, they pay attention with factors, i.e. intention to quit, on quit behavior. Certainly, intention to quit is the best predictive factor to prognose quit behavior. In addition, it can explain the variety of such behavior (Gu, Huang, Chen, 2006).

One of goal of business organizations is to decrease employee quit rate for decrease recruitment and training cost

for new employee. At the same time, they will be loss of potential employee. Hence, the application of organizational behavior theories will increase employee retention, yet decrease employee intention to quit (Nyberg, 2010).

Cost of new employee recruitment can be as high as 50% – 60% of employee annual payment. Furthermore, if calculate from total cost, it could be as high as 90% – 200% of that employee annual payment. The total cost is included cost of examine applicants, cost of new employee training, cost of hiring the recruiter, cost of sorting process, cost from new employee error, cost from loss of continuous sale, cost from employee morale decrease, etc. Consequently, it will affect organizational productivity (Cascio, 2006).

Job satisfaction

Job satisfaction is the individual perception combine with their emotion and behavior that response or determine attributes from their job resulting in intention to do something, i.e. to quit (Locke, 1976). Individual can be suffered from state that continuously lack of resources; as a result, they feel not satisfied in their job. Hence, they quit their job (Moreno–Jiménez, 2009).

Job satisfaction has relationship with many factors, especially job stress, pay satisfaction, and career growth (Danish, Shahid, Aslam, Ali, 2015; Tariq, 2016). Besides, Job satisfaction are included of satisfaction of nature of work and work environment (Smith, Kendall, Hulin, 1969). Many of literatures stated that job satisfaction is the most important factor that has direct effect on intention to quit (Wang, Van, Christ, Stellmacher, Wagner, Ahlswede, Grubba, Hauptmeier, Hohfeld, Moltzen, Tissington, 2004; Ye, 2005). Thus, it should be investigated more on its specific component, what are the component of job satisfaction and which one has the most effect. One stated that job rewards affect intent to quit, i.e. financial reward, material rewards, and psychological rewards. In addition, individual's demographic data, i.e. gender, age, and marital status, are also the important element of intention to quit (De Gieter, Hofmans, 2015).

Intention to quit can be affected by many other components, such as job stress (Heponiemi, Presseau, Elovainio, 2016), work place violent (Heponiemi, Kouvonen, Virtanen,

2014), physician burnout (Moreno–Jiménez, Gálvez–Herrer, Rodríguez–Carvajal, 2012), income (Tsai, Huang, Chien, 2016), and organizational commitment (Liu, Quan, 2016). Job satisfaction is one of the most interesting factors that frequently mentioned (Gu, Huang, Chen, 2016). Low job satisfaction affects intention to quit of Iraq physician (Ali Jadoo, Aljunid, Dastan, 2015) that get along with many other literatures (Lambert, Lynne Hogan, Barton, 2001; Coomber, Barriball, 2007).

Job stress

Job stress is the state of responsiveness of employee to their job in both positive and negative ways on their body and mind (Jamal, 2005). High job stress might have negative effect on employee health, motivation, productivity, and work safety (Arshadi, Damiri, 2013). Job stress is not only having negative effect on employee health and emotion, but also on their absenteeism and intention to quit. Hence, job stress has been accepted as one of the most important component of job satisfaction as shown in the result from many literatures that convergently conclude that job stress has negatively influence on job satisfaction (Lu, Hu, Huang, 2016; Wu, Zhu, Li, 2012; Jamal, 1990; Harzer, Ruch, 2015; Mansoor, Fida, Nasir, 2011; Gray–Toft, Anderson, 1981). Moreover, many literatures stated that job stress has negatively influence on intention to quit (Liu, Onwuegbuzie, 2012; Kim, Kao, 2014; Han, Han, Choi, 2015).

Physicians always face with many stresses, such as prolong work time, inappropriate work environment and condition, i.e. too many patients in restricted time, shifting sleep time, loss power of decision, i.e. from political and economical policy, loss of work–life balance, low salary, long period of study and practice, low career growth, high responsibility, feeling of failure when patient die, and fear of legal issue from unintentional malpractice (Burbeck, Coomber, Robinson, & Todd, 2002; Klein, Frie, Blum, Von dem Knesebeck, 2011).

Job stress becomes important problem, because its effect on both employee and organization (Barling, Kelloway, Frone, 2005). High level of job stress may have negative effect on employee productivity. Moreover, it may result in negative attitude and behavior (Barling, 2005; Gilboa, Shirom, Fried, Cooper, 2008).

Pay satisfaction

The equity theory states that pay satisfaction based on one's cognitive and comparative process (Adams, 1963; Lawler, 1990; Lum, 1998). Employee will seek for equilibrium state from their input and output in some dimensions, such as compensation or recognition (Adams, 1963; Greenberg, 1987, 1990; Milkovich, Newman, 2008). Employee sense their equity by comparing their input/output ratio of their work with those in the same position both in and out of organization (Lawler, 1971).

When employee compare their input/output ratio to other employee, the results come in 3 different ways. First, when they feel their output is over their input, their feel over–reward. Second, when they feel their input is over their output, their feel under–reward. Last, the most desirable state, when they feel their input equal to their output and the reward is reasonable. When input/output ratio is not in the desirable state, employee may feel guilt or unsatisfied, then the restoration of equity process will begin (Greenberg, 1987, 1990; Huseman, Hatfield, Miles, 1987; Huseman, Hatfield, 1990). Under–reward employee will try to make equity by decrease their input, such as increase absenteeism, arrive at work late, increase time to take a break, and decrease productivity or out their job, that are all bad result for organization (Greenberg, 1990).

Meta–analysis by Williams, McDaniel, and Nguyen (2006) stated that pay satisfaction has negative association with intention to quit. Particularly, intention to quit will decrease when there are rising of pay satisfaction. In contrast, intention to quit will increase when there are falling of pay satisfaction (Dailey and Kirk, 1992; Motowildo, 1983). Lum (1998) found that pay satisfaction has both direct and indirect effect on intention to quit.

Career growth

Career growth is a perception of the individual on opportunity to growth and development of themselves (Jans, 1989; Daud, 2014). Organizational career growth has more specific meaning that is an opportunity to growth and development in their current organization. Spector (2003) gave another meaning of career growth, he called career ladder, which is position growth of employee who have effort to promote their efficacy and necessary skills. Spector's

concept interest researchers and was developed into many career growth promotional models (Choi, 2011; Erdogan, 2006; Ho, 2009; Weng, 2010). Weng and McElroy (2012) developed the most recognized model which lays down 4 main dimensions of career growth. Firstly, career goal progression. Secondly, professional ability development. Thirdly, promotional speed. Finally, remunerational growth. Besides from growth velocity, payment growth is one of the predictors that can indicate how employee are rated by their employer or organization (Weng, 2010).

Career growth, obviously, plays important role to decrease employee intention to quit (Weng, McElroy, 2012). Career growth has association on employee attitude and behavior (Weng, Xi, 2010). 4–dimension of career growth by Weng and McElroy have negative effect on voice behavior, i.e. quit (Weng, 2014). However, newer concept by Weng stated that career growth is not static concept, but relationship between career growth and voice behavior is changed by level of the career. Hence, organization should keep adapt their strategies to manage with fluctuant situations and differentiation of careers.

Conceptual framework

The conceptual framework in this study was modified from the conceptual framework of March and Simon (1958), Price (1977), Mobley (1978), Price and Mueller (1986), and Hom and Griffeth (1995). The independent variables were job stress, pay satisfaction, and career growth. The dependent variable was the intention to quit. The mediator was job satisfaction. All the independent variables were drawn into the conceptual framework of this study together with the dependent variable and mediator. The conceptual framework of this study was presented in the following model:

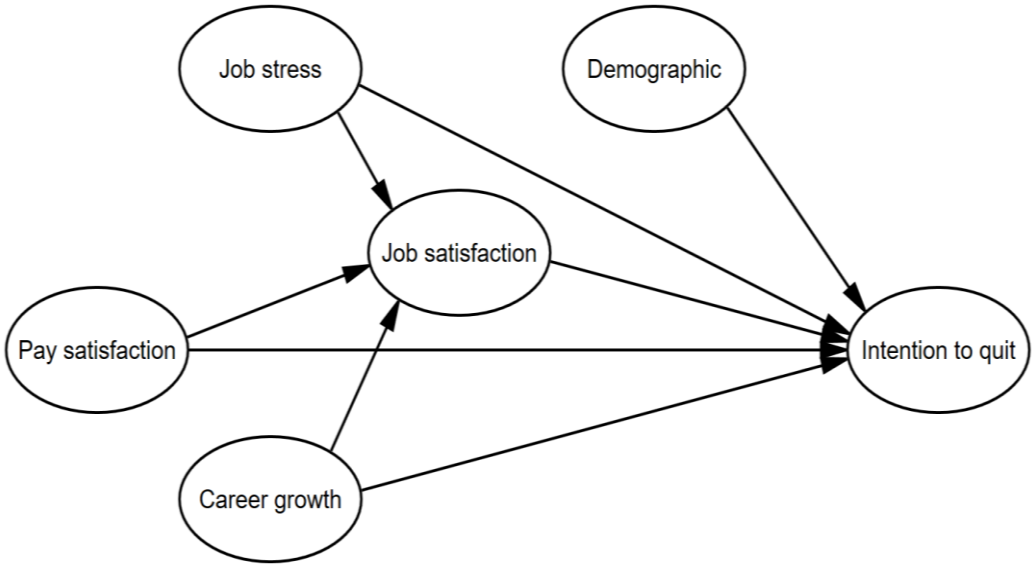

Figure 1 Conceptual framework

Hypothesis

The following hypothesis are tested;

Hypothesis 1 (H1): Job stress, pay satisfaction, and career growth is related to intention to quit.

Hypothesis 2 (H2): Job stress, pay satisfaction, and career growth is related to job satisfaction.

Hypothesis 3 (H3): Job satisfaction is related to intention to quit.

Hypothesis 4 (H4): The relationship between job stress, pay satisfaction, career growth, and intention to quit is mediated by job satisfaction.

Methodology

Sampling design

The total number of physicians in Bangkok is approximately 7,886 (Ministry of health, 2015). The minimum number of samples were calculated based on the number of physicians in Bangkok using the formula of Krejcie and Morgan (1970). Kline (2005) recommended that a sample size in excess of 200 is suitable to effectively employ Structural Equation Modelling (SEM) nonetheless Wolf (2015) suggested that a sample size in excess of 460 is not recommended.

$$n = \frac{\chi^2 Np(1-p)}{e^2(N-1) + \chi^2 p(1-p)}$$

When n = minimum sample size

N = population size

e = deviation of random sampling

χ^2 = chi–square for the 95% level of confidence at 1 degree of freedom

p = population proportion

Set sampling deviation to 0.05 therefore

$$n = \frac{(3.841)(7{,}886)(0.5)(1-0.5)}{(0.05^2)(7{,}886-1) + (3.841)(0.5)(1-0.5)}$$

$$= 366.3041 \text{ rounded up to } 367$$

Addition with 20% chance of drop out. Consequently, the sample size comes to 440 respondents.

Research instrument

The research instrument to collect data was the questionnaire that composed with 7 parts:

Part 1: For gains the information of the respondent. There were 6 multiple choices questions, including the gender, age, marital status, medical specialty, working period, and salary.

Part 2: For gains the information of the healthcare facility. There were 2 dichotomous questions, including the type and size of the healthcare facility.

Part 3: There were 22 questions for evaluated 5 dimensions of job stress, including the time stress, anxiety stress, role expectation conflict, coworker support, and work–life balance (Shukla and Srivastava, 2016).

Part 4: There were 18 questions with 5–point Likert scale for evaluated 4 dimensions of pay satisfaction, including the level, benefits, raise, and structural and administration (Judge, 1993).

Part 5: There were 15 questions with 5–point Likert scale for evaluated 3 dimensions of career growth, including the career goal, career capacity, and career opportunity (Weng, 2011).

Part 6: There were 7 questions with 5–point Likert scale for evaluated 2 dimensions of job satisfaction, including the intrinsic factors and compensation factors (Fennig, 2000; Melville, 1980).

Part 7: There were 6 questions with 5–point Likert scale for evaluated 2

dimensions of intention to quit, including the affective and cognitive (Roodt, 2013).

Test of research instrument

The research instrument, questionnaire, was tested by multiple procedures.

First, the questionnaires were sent to 4 experts in related fields to investigate content validity and item objective congruence by 3–point Likert scale (–1, 0, 1). The data was collected and calculated for arrhythmic mean of each item of the variables. The item score below 0.5 were excluded (Rovinelli and Hambleton, 1977).

The questionnaire, then, was tested for its reliability by measured Cronbach's alpha coefficient and composite reliability.

Cronbach's alpha coefficient is the most common tool for measure internal consistency and reliability. The cut–off level of Cronbach's alpha coefficient should be higher 0.7 to obtain an adequate scale (Cronbach, 1951). The reliability score was used for every variable in the questionnaire. In addition, the result of all the Cronbach's alpha coefficient indicated that the smallest one was >0.7.

Composite reliability and average variance extracted are also the most common tool for measure reliability and convergent validity, especially in CFA. The cut–off level of composite reliability should be higher 0.7 whereas average variance extracted should be higher 0.5 (Fornell and Larcker, 1981).

The researcher collected first 50 samples to calculate Cronbach's alpha coefficient. After collected all the samples, the researcher went on composite reliability and average variance extracted. The results are shown in Table 1.

Data collection

The data was collected through questionnaires from July to August 2018. 444 questionnaires were collected by quota sampling from private and public healthcare facility equally. The questionnaires were brought to physician through LINE application and Facebook website, by requesting physician to visit specific web pages of questionnaire (Google Doc) to investigate. Google Doc is a free online questionnaire constructor tools, which allows researcher to construct online questionnaire and collect data online. The questionnaire was in Thai language.

Data analysis

In part 1 and 2, the demographic data was collected and analyzed with descriptive statistics. In part 3 to 7, the validity, reliability, composite reliability, and average variance extracted test were conducted to evaluate the items of each variable. The data was collected and analyzed with inferential statistics. The CFA and hierarchical multiple regressions analysis were used to examine the postulated hypothesis. The analysis was done by IBM® SPSS® AMOS® version 22nd.

This research adopted the procedures proposed by Baron and Kenny (1986) for the test of mediation; and a series of statistical analyses to test the hypotheses were employed. IBM® SPSS® AMOS® version 22nd was used to run a set of CFA models. To test Hypotheses 1–3, a hierarchical regression analysis on which we regressed job satisfaction on 3 independent variables (job stress, pay satisfaction, and career growth) and intention to quit was conducted. Importantly, to justify the mediation effect in Hypothesis 4, PROCESS macro developed by Hayes (2013) which involves bootstrapping procedures was used.

Table 1 Reliability and validity test

Variables	Cronbach's α coefficient	Average Variance Extracted	Composite Reliability
Job stress		0.50	0.82
Time stress	.81		
Anxiety stress	.85		
Role expectation conflict	.85		
Co–worker support	.90		
Work–life balance	.92		
Pay satisfaction		0.52	0.81
Level of payment	.98		
Benefits	.94		
Raise of payment	.82		
Structural and administration	.94		
Career growth		0.63	0.83
Career goal	.94		
Career capacity	.97		
Career opportunity	.91		
Job satisfaction		0.69	0.81
Intrinsic factors	.96		
Compensation factors	.91		
Intention to quit		0.77	0.87
Affective	.91		
Cognitive	.79		

Results

Descriptive statistics

Table 2 summarizes the means, standard deviations as well as the correlation matrices for all of the variables except dependent variables (i.e. intention to quit). The result of the Pearson correlation test indicated that the largest Pearson correlation coefficient was < 0.7; therefore, no significant collinearity or multicollinearity were found. After establishing the factor structure for all variables, CFA was employed to establish a valid measurement model prior to testing the structural model and to confirm its validity. Hair, Black, Babin, Anderson, and Tatham (2006) suggested that to be considered as having an adequate fit, all the indices must be measured against the following criteria: $p > 0.05$; $\chi^2/df < 3.00$; GFI, CFI, and NFI > 0.90; and RMSEA < 0.08. The results in Table 3 show that the measurement model fitted the data well.

Tests of hypotheses

To test hypotheses 1–4, hierarchical multiple regression analysis as recommended by Baron and Kenny (1986) was employed. In general, four conditions must be fulfilled to evidence a mediating effect. Firstly, the independent variable must predict the dependent variable. Secondly, the independent variable must have a significant relationship with the mediator. Thirdly, the mediator must have a significant influence on the dependent variable. Finally, the effect of the independent variable on the dependent variable must be purged or significantly reduced after the effect of the mediator has been taken into consideration.

Table 4 shows that controlling for demographic variables, job stress has a positive significant relationship with intention to quit ($\beta = 0.41$; $p < 0.001$); at the same time, pay satisfaction and career growth have negative significant relationship ($\beta = –0.18$; $p < 0.001$, $\beta = –0.23$; $p < 0.001$, respectively) granting support to H1 which fulfils the first condition. The result reveals that job stress is negatively related to job satisfaction ($\beta = –0.41$; $p < 0.001$); in contrast, pay satisfaction and career growth are positively related ($\beta = 0.19$; $p < 0.001$, $\beta = 0.18$; $p < 0.001$, respectively) which providing supports for H2. Hence, it meets the second condition. The result also indicates that job satisfaction has a negative significant ($\beta = –0.97$; $p < 0.001$) relationship with intention to quit which supports H3. As a result, it fulfills the third

condition. Furthermore, the result reveals that when job stress, pay satisfaction, career growth and job satisfaction were entered into the regression together, pay satisfaction no longer significantly influenced intention to quit ($\beta = 0.01$; $p > 0.05$), while job satisfaction had significant influence on intention to quit which indicated that job satisfaction is fully mediating the relationship between pay satisfaction and intention to quit. Even so, job stress and career growth are still having significant influence on intention to quit ($\beta = 0.03$; $p < 0.05$, $\beta = -0.05$; $p < 0.001$, respectively). However, the beta coefficients are intensely reduced which may indicated that job satisfaction is partially mediating the relationship between job stress and career growth and intention to quit. For all that, H4 was accepted and this result fulfils the fourth condition.

In addition, from the structural model used in CFA, we analyzed for direct, indirect, and total effects of job stress, pay satisfaction, and career growth on intention to quit; subsequently, we followed Preacher and Hayes (2008); thus, we conducted a bootstrap analysis to examine the effects with 500 resamples. The results are presented in Table 5. Linear regression with maximum likelihood estimates and 95% bias corrected confidence intervals (CI) to assess the relationship between job stress, pay satisfaction, and career growth on intention to quit through job satisfaction as the mediator was also employed. Controlling for gender, age, marital status, medical specialty, working period, salary, and type and size of healthcare facility the result indicates that pay satisfaction has no significant direct effect on intention to quit (coefficient < 0.001, CI = (<0.001, <0.001)); nonetheless, job stress and career growth have significant effect on intention to quit (coefficient = 0.03; CI = [0.05, 0.01], coefficient = –0.06; CI = [–0.04, –0.09], respectively), yet there are hardly any effect in compared with their indirect effect through the mediator. All the result, excluding zero, showed a significant indirect and total effect of job stress, pay satisfaction, and career growth on intention to quit through job satisfaction ($p < 0{,}01$). When expressed as a proportion in which indirect/total effect multiply by 100%, these results suggest that job satisfaction mediate 93%, 100%, and 68% of the total effect of job stress, pay satisfaction, and career growth on intention to quit, respectively. (Freedman, 2001; Sobel, 1982). Remarkably, these results provide support for H4.

Table 2 Means, standard deviations and zero–order correlations.

Variables	Mean	S.D.	1	2	3	4	5	6	7	8	9	10	11
1. Gender	0.49	0.50											
2. Age	35.19	10.35	–0.23**										
3. Marital status	0.37	0.48	–0.19**	0.38**									
4. Specialty	0.58	0.50	–0.22**	0.25**	0.13**								
5. Working period	2.48	0.89	–0.22**	0.67**	0.26**	0.21**							
6. Salary	2.19	1.04	–0.18**	0.18**	0.22**	0.19**	0.11*						
7. Type of healthcare facility	0.48	0.50	–0.21**	0.04	0.05	0.20**	–0.07	0.40**					
8. Size of healthcare facility	0.75	0.44	0.15**	–0.01	–0.16**	–0.12*	–0.02	–0.36**	–0.53**				
9. Job stress	3.06	0.41	0.05	–0.05	–0.01	–0.20**	–0.06	–0.19**	–0.13**	0.14**			
10. Pay satisfaction	2.84	0.72	–0.09*	0.18**	0.21**	0.03	0.16**	0.28**	0.06	–0.10*	–0.10*		
11. Career growth	3.27	0.78	0.01	–0.07	0.07	0.01	0.10*	0.08	–0.09	0.02	–0.01	0.47**	
12. Job satisfaction	2.89	0.96	–0.15**	0.33**	0.14**	0.35**	0.29**	0.20**	0.02	–0.10*	–0.48**	0.35**	0.26**

Gender, age, marital status, specialty, working period, salary, type and size of healthcare facility are dummy variables.

**. *Correlation is significant at the 0.01 level*

*. *Correlation is significant at the 0.05 level.*

Table 3 Measurement model.

Model	*p*	χ^2	*df*	χ^2/df	GFI	CFI	NFI	RMSEA	SRMR
Baseline model (five factors)	0.28	3.81	3	1.27	1.00	1.00	1.00	0.02	0.01

Notes: n = 444, χ^2 = chi–square discrepancy, df = degrees of freedom, GFI = goodness of fit index, CFI = comparative fit index, NFI = normed fit index, RMSEA = root mean square error of approximation, SRMR = standardized root mean square residual.

Table 4 Hierarchical multiple regression result.

Variables	Job satisfaction	Intention to quit		
	Model 1	Model 2	Model 3	Model 4
Control variables				
Gender	–0.03	0.03	–0.01	–0.01
Age	0.24***	–0.24***	0.01	–0.01
Marital status	–0.04	0.09*	0.05**	0.05***
Specialty	0.22***	–0.21***	–0.01	–0.01
Work period	0.01	–0.01	–0.03	–0.01
Salary	–0.01	0.02	0.01	0.02
Type of healthcare facility	–0.13***	0.10*	–0.01	–0.02
Size of healthcare facility	–0.07	0.05	–0.02	–0.02
Independent Variables				
Job stress	–0.41***	0.41***		0.03*
Pay satisfaction	0.19***	–0.18***		0.01
Career growth	0.18***	–0.23***		–0.06***
Mediator				
Job satisfaction			–0.97***	–0.93***
R^2	0.47***	0.47***	0.93***	0.93***
Adjusted R^2	0.46***	0.46***	0.93***	0.93***
F value (Sig. level)	34.67***	34.77***	635.95***	501.81***

Conclusion

The relationship between job stress, pay satisfaction, career growth, and intention to quit. (H1)

The hypothesis aimed to identify job stress, pay satisfaction, and career growth by their effect on intention to quit. According to results of the tests, job stress has positive effect on intention to quit, while pay satisfaction and career growth have negative effect on intention to quit.

The relationship between job stress, pay satisfaction, career growth, and job satisfaction. (H2)

The hypothesis aimed to identify job stress, pay satisfaction, and career growth by their effect on intention to quit. According to results of the tests, job stress has negative effect on job satisfaction, while pay satisfaction and career growth have positive effect on job satisfaction.

Table 5 Bootstrapped mediation results.

Intention to Quit[a]	Model								
	Direct Effect (SE)	95% CI		Indirect Effect (SE)	95% CI		Total Effect (SE)	95% CI	
		Upper	Lower		Upper	Lower		Upper	Lower
Job Stress	0.03* (0.01)	0.05	0.01	0.42** (0.03)	0.47	0.34	0.45** (0.03)	0.51	0.37
Pay Satisfaction	<0.001 (<0.001)	<0.001	<0.001	–0.23** (0.04)	–0.15	–0.32	–0.23** (0.04)	–0.15	–0.32
Career Growth	–0.06** (0.01)	–0.04	–0.09	–0.13** (0.04)	–0.05	–0.22	–0.19** (0.05)	–0.1	–0.29

Note: 500 Bootstrap samples. Standard Errors indicated within parentheses. Estimates in bold have CIs that are the interval of zero for total and indirect effects indicating significant mediation. Bias correlated confidence intervals (CI) and standard error (SE) reports.

[a] *Controlling for gender, age, marital status, specialty, work period, salary, type and size of healthcare facility*

***. $p < 0.001$, ** $p < 0.01$, * $p < 0.05$.

The relationship between job satisfaction and intention to quit. (H3)

The hypothesis aimed to identify effect of job satisfaction on intention to quit. According to results of the tests, job satisfaction has strong negative effect on intention to quit.

The relationship between job stress, pay satisfaction, career growth, and intention to quit is mediated by job satisfaction. (H4)

The hypothesis aimed to identify job stress, pay satisfaction, and career growth by their effect on intention to quit are mediated by job satisfaction. According to results of the tests, pay satisfaction has no effect on intention to quit, yet job stress and career growth have weak effect on intention to quit when it has job satisfaction as the mediator. Notably, job satisfaction is full mediator on the relationship between pay satisfaction and intention to quit, yet job satisfaction is partial mediator on the relationship between job stress, career growth, and intention to quit.

Discussion

The study examined the influence of job stress, pay satisfaction, and career growth on intention to quit mediated by job satisfaction. We tested a model delineating the relationship between job stress, pay satisfaction, career growth, and intention to quit mediated by job satisfaction which yielded a number of worthwhile results. The findings confirmed that the relationship between job stress, pay satisfaction, career growth and intention to quit was significant. The results have revealed that job stress, pay satisfaction, and career growth had a significant negative, positive, and positive impact on job satisfaction, respectively. Our findings supported several previous studies that have linked job stress, pay satisfaction, and career growth to job satisfaction (Danish, Shahid, Aslam, Ali, 2015; Tariq, 2016). Many studies reported little influence of demographics factors on intention to quit. However, these variables were examined separately. The findings of this study indicated that only marital status influence intention to quit either with or without job satisfaction as the mediator.

Our findings were also in line with Lu, Hu, and Huang (2016) who argued that the job stress is the most important factor that related to job satisfaction (Harzer, Ruch, 2015; Wu, Zhu, Li, 2012; Mansoor, Fida, Nasir, 2011; Jamal, 1990; Gray–Toft, Anderson, 1981). Moreover, Han et al. (2015) also noted that job stress relates significantly with intention to quit. (Liu, Onwuegbuzie, 2012; Kim, Kao, 2014). In addition, Williams, McDaniel, and Nguyen (2006) noted that if employees satisfied their payment, they would be less willing to quit their job. Besides, Weng and McElroy (2012) emphasized that low career growth opportunity served as a direct and indirect trigger of intention to quit.

Another interesting finding of this study is that physicians who exhibit their positive job satisfaction play a contributing role in decreasing intention to quit. This is in line with Moreno–Jiménez (2009) who argued that individual willingness of quit is essential to job satisfaction, which according to Locke (1976) leads to sustain physicians' retention in the organization.

Because our results corroborate the findings of Moreno–Jiménez (2009), who strongly highlighted support for the ideas that job satisfaction is one of the major factors critical for intention to quit. Finally, our findings suggested that decrease job stress, yet promote pay satisfaction and career growth to increase job satisfaction

which relates to physicians' intention to quit. That is; when emotional support and job satisfaction exists, the intention to quit will be less which can pave avenues for decreasing overall intention to quit.

Implication

This research has important implications for healthcare facility managers who desire to strengthen or develop physician retention by decreasing physician intention to quit. As for those managers earmarked physician fault, they must be aware of issues that need to be taken into consideration when there is a need to revitalize their employees' emotion, physicians' emotion, and renovate their facility. Jadoo, Aljunid, and Dastan (2015) note the need to understand that at the individual level, a physician's intention to quit is often influenced by their feeling of satisfaction in their job. It is important for physician; as Moreno–Jiménez et al. (2012) point out, the feeling of burnout will affect their intention to quit.

Our findings have some interesting implications for practitioners who aim to build the most effective physician job satisfaction for enhancing individual physician retention. The healthcare facility's physician resources policies should be aligned with organizational goals for promote physician job satisfaction. This could include reducing job stress, yet increasing pay satisfaction and promote career growth that places importance role on positive emotions linked to intention to quit. To create a suitable environment for physician work, organizations might look to coaching managers to be more understand what physician need and seek to strengthen policy dynamics where dimensions such as 'work–life balance' or 'level of payment' are inculcated and facilitated. Notably, our results have laid an essential foundation through building on an organizational policy by providing valuable insights into physician job satisfaction and its role on physician intention to quit.

Limitation

Although our study is in-line with many other literatures on the focus of physician intention to quit, the result should be implied with caution as they are subjected to several limitations. First of all, the study is cross–sectional in nature which without an experimental design and longitudinal data, conclusions regarding causal relationship might

cannot be accurately drawn. Second of all, respondents' average age was finally come out just around 35–year–old that might too young when compared with those who older. Hence it might show many of confounders, such as their firm decision of settle down into their workplace. Thus, the implication must be carefully used when the average age of physician is contrast. Last of all, there are many confounders from subtype of healthcare facility, i.e. police hospital, military hospital, university hospital, etc., that might affect the result because physician intention to quit in those facility may be influenced by other factors.

Though it is practical, and there is empirical support for the use of physician job satisfaction as a basis of reducing physician intention to quit (Jadoo, Aljunid, Dastan, 2015) and previous studies have shown strong relationship between quit behavior and intention to quit (Gu, Huang, Chen, 2006), this dependence is still one area for potential improvement. Additional limitation arises as intention to quit is assessed based on the individual perceptions which might not be an accurate indicator of quit behavior.

Recommendation for future research

This study pay attention on both public and private healthcare facilities in Bangkok. To expand the generalizability, especially in a broader context, studies should be conducted in other provinces of Thailand ideally with the whole national setting. Conversely, studies carried out in subtype entities, e.g. police hospital, military hospital, university hospital, etc., may also provide uniqueness and interesting results. Hence, it would be beneficial to replicate this study in various industries and cross into other populations to reaffirm the conclusions made in this study. In addition, research that employs mixed methods included both qualitative and quantitative methodologies associated with constructivism and positivism should be applied, which will has the potential to offer proper analysis and results. Furthermore, future studies should be focused on the similar or different characteristics, especially the age of the sample which may alter or differ the result.

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