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The mediating impact of job satisfaction, organisational commitment and perceived organisational support on the relationship between leadership styles and organisational culture with intention to leave: The case of expatriates in public health care in Saudi Arabia

by

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Abstract

Employees' turnover has always been the main concern and interest of both academics and practitioners in the healthcare sector. Also, both leadership styles and organisational culture as the main contributors to employees' intention to leave have always been the central focus of most scholars in different disciplines including healthcare and organisational studies. Although, there are numerous studies that have investigated the impact of both leadership styles and organisational culture on employees' intention to leave, almost all of this research has only explored the direct relationships between these variables. As a result there is limited and inadequate attention on the indirect relationships among these variables through other major factors such as job satisfaction, organisational commitment and perceived organisational support. Therefore, this study argues that there is an absence of a comprehensive conceptual framework in this area that has explored both direct and indirect relationships among these variables.

As a result, the main purpose of this study is to provide a comprehensive conceptual framework that enables researchers to investigate the mediating impact of job satisfaction, organisational commitment, perceived organisational support on the relationship between leadership styles and organisational culture with the intention to leave in public healthcare in Saudi Arabia. In the first instance and in order to achieve this study's aim and objectives, a systematic literature review was carried out that helped and enabled the researcher to develop a conceptual framework that clearly shows these relationships. After developing a conceptual framework and hypotheses related to the relationships, a questionnaire was designed based on the existing literature in these areas and was distributed among 850 employees working in one public hospital in Saudi Arabia. Out of 850 questionnaires distributed 354 usable questionnaires were returned which provided around 40 percent response rate.

The results of this study were interesting and in some respects unexpected in some areas. The findings show that transactional leadership style has no direct or indirect relationship with the intention to leave which was surprising and requires further investigation. Furthermore, job satisfaction does not act as a mediator on the relationship between transformational leadership style and intention to leave which was also unexpected and requires further investigation. On the other hand, the results of this study confirm the importance of both transformational leadership style and organisational culture on the intention to leave among expatriates in the public sector as well as the major influence of job satisfaction, organisational commitment and perceived organisational support on these relationships.

This study makes several major contributions both from an academic and practitioners' point of view. The most important contribution of this study lies in the roots of this study with the presentation of a conceptual framework that shows both direct and indirect

relationships among all variables explored. Furthermore, this study also contributes to the growing literature in the area of leadership-culture-intention to leave in public healthcare systems in developing countries.

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Research Thesis: Declaration of Authorship

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Definitions and Abbreviations

Analysis of a Moment Structures (AMOS)

Analysis of variance (ANOVA)

Common Method Bias (CMB)

Competing Value Framework (CVF)

Confirmatory Factor Analysis (CFA)

Critical Cultural Competence (CCC)

Cultural Competence Implementation (CCI)

Cultural Responsive Practices (CRP)

Culturally Competent Leadership (CCL),

Culturally Competent Management (CCM),

Culturally Proficient Behaviour (CPB)

Dependent Variable (DV)

Embedded Cultural Proficiency (ECP)

English as a Second Language (ESL)

Exploratory Factor Analysis (EFA)

Human Resource Management (HRM)

Independent variable (IDV)

Individual Cultural Competence (ICC)

Intention to leave (ITL)

Inter-Cultural Competency (ICC)

Job Satisfaction (JS)

Kaiser–Meyer–Olkin Measure (KMO)

Kingdom of Saudi Arabia (KSA)

Kolmogorov-Smirnov (K-S)

Library and Information Science (LIS)

Multifactor Leadership Questionnaire (MLQ5X)

National Association of Social Work (NASW)

National Health Service (NHS)

Organisational Commitment (OCC)

Organisational Commitment Questionnaire (OCQ)

Organisational Cultural Competence (OCC)

Organisational Cultural Competence (OCC)

Organisational Culture (OC)

Organisational Culture Assessment Instrument (OCAI)

Participation Information and Consent Statement (PICS)

Principle Component Analysis (PCA)

Statistical Package for the Social Sciences (SPSS)

Strategic Human Resource Management (SHRM)

Structural Equational modelling (SEM)

Transactional Leadership style (TSL)

Transformational leadership style (TFL)

United States (US)

Variance Inflation Factor (VIF)

Workforce Cultural Competence (WCC)

Chapter 1   Introduction and Background

1.1   Introduction

This chapter provides a broad overview of the research topic by explaining and defining the concepts and variables included in this research, as well as clearly stating the scope and significance of the study. This research aims to investigate the direct relationship between leadership style and organisational culture with intention to leave, and to explore the indirect relationship between leadership style and organisational culture with intention to leave through other variables such as perceived organisational support, job satisfaction and organisational commitment. Furthermore, this study uses cultural competency as a theoretical lens that helps to understand better the management, professional experience and retention of expatriate workers in the Saudi Arabian public health sector. In the next section of this chapter there is a brief discussion on the research background which will be followed by a section that states the research problem by defining the research questions, aim and objectives. Then there will be an explanation of the scope and significance of this study and, finally, the chapter concludes with the thesis structure.

The health care system in Saudi Arabia can be classified as a national health care system that is part of the public sector where the Saudi government provides health care through several government agencies. Having said that, in recent years private health care has grown significantly in Saudi Arabia and it plays a crucial role in improving the health of the Saudi population. However, this study is focussed on the investigation of public health care by exploring challenges existing in the public health care system such as the shortage of Saudi health professionals which has, to some extent, forced the government to recruit expatriate professionals to fill this shortage. Therefore, there are some major differences, mainly cultural differences, that exist between expatriate professionals and Saudi health care workers which, potentially, may cause some problems for public health care, including high turnover among expatriates.

According to Saudi's constitution, the government is obliged to provide full and free access to public health care to all citizens and expatriates working in the public sector. The Ministry of Health (MOH) in Saudi Arabia is responsible for managing, organising, planning and formulating health policies in the public sector as well as monitoring health services in the private sector and providing advice to other government agencies and private sector organisations on how to achieve the government's health objectives. The MOH provides health services at three levels which are primary, secondary and tertiary. In the MOH structure Primary Health Centres (PHC) are responsible for providing

primary health services, both preventive and curative; when there is a need for more advanced care PHC refer patients to public hospitals, secondary level care, and where a more complicated level of care is required, patients are referred to central or specialised hospitals. Overall government expenditure on the health care system has increased from 2.8% in 1970 to 6.2% in 2015. According to the World Health Organisation report in 2017, the Saudi Arabian health care system ranked as 26th among more than 200 countries and the Saudi government spent around 8.2% of total government expenditure on health, which was ranked as 10th among the Eastern Mediterranean Region (EMR). Also according to WHO (2017), Saudi Arabia is among the countries in the EMR with the lowest probability of dying from cardiovascular disease, cancer, diabetes, or chronic respiratory disease between ages of 30 and 70. Furthermore, according to the WHO (2017) report, Saudi Arabia was ranked as third among all EMR countries in terms of both the highest number of skilled health professionals and international health regulation implementations, after Libya and Qatar respectively. According to Saudi's Ministry of Health (MOH), around 60% of hospital services provided to Saudi patients are from MOH, with private sector provision and provision by other government agencies in second and third place with 21.2% and 19.3% respectively.

Although the Saudi government invests substantially in training Saudi nationals to become nurses and doctors by providing government scholarships and having affiliations with major western universities, there is still a considerable need for experienced and professional nurses and doctors in both the public and private health care systems. As a result, both public and private health care providers in Saudi Arabia are heavily dependent upon expatriates. In fact, as part of the Saudi 2030 vision, the government encourages hospitals to attract health care professionals to join the Saudi health care system in order to provide world class health care for citizens as well as provide high level training and development for local nurses and doctors. However, one of the major concerns among senior policy makers or top managers in Saudi health care is the high turnover among expatriates working in this sector, despite advantages and benefits provided to them including a free tax zone.

According to Gertsen (1990) one of the major factors that plays an important role in the success or failure of expatriate experiences and adjustment is the intercultural competence which is defined as the ability to function effectively in another culture. There is a great deal of research on personal factors that influence the intention to leave among expatriates, such as job satisfaction (Forese and Peltokorpi, 2013), from an intercultural competency perspective in both self-initiated expatriates and traditional expatriates (people who are sent abroad by the company) or only on organisational factors such as organisational support (Bashir, 2012) but there is a lack of studies that investigate

both organisational factors as well as personal factors as a comprehensive model that can have an impact on expatriates' intention to leave. Furthermore, tthere is a lack of studies on the influence of both leadership style and organisational culture on intention to leave among health care expatriate professionals in public hospitals. Although there are some limited studies in recent years on these constructs, they are mainly focused either on nurses or hospital employees (Chou-Kang Chiu *et al.*, 2005; Park and Kim, 2009; Sojane, Klopper and Coetzee, 2016). The majority of these studies are concerned with the importance of leadership style or organisational culture on intention to leave in public hospitals, and there is lack of comprehensive studies that investigate the impact of both leadership style and organisational culture on intention to leave. As mentioned above, all studies in the area of public health care have mainly investigated only the direct impact of either leadership style or organisational culture, which are both organisational factors, or the impact of personal factors such as commitment and job satisfaction on intention to leave. Therefore, this research has identified that a gap exists in the literature in that almost no studies have been conducted that investigate the impact of both organisational factors like leadership styles, and organisational culture with other personal factors such as organisational commitment, job satisfaction and perceived organisational support on the expatriates' intention to leave (Masum et al., 2016; Warschwsky & Havens, 2014). According to Tekingunduz and Kurtuldu (2015), there is a need for studies that investigate the mediating impact of job satisfaction and organisational commitment on the relationship between leadership style and intention to leave in hospitals. Therefore, this study investigates the impact of leadership style and organisational culture on intention to leave by taking organisational commitment, job satisfaction and perceived organisational support as intervening variables on the relationship between both leadership style and organisational culture with intention to leave in public hospitals in Saudi Arabia (Tekingündüz and Kurtuldu, 2015; Sojane *et al.*, 2016). Moreover, the secondary aim of this study is to provide a framework that shows the relationships among all these variables in this study.

1.2   **Background of the Study**

Saudi Arabia, officially known as the Kingdom of Saudi Arabia, is a country located in the Middle East and it is part of the Arabian Peninsula. It is the second largest sovereign country in the region with approximately 830,000 sq mil. It is also the fifth largest country in the whole of Asia, second largest among all Arab countries and the 12th largest country in the world. Saudi Arabia is bordered by Jordan and Iraq in the north, Kuwait to the northeast, Qatar, UAE and Bahrain in the east, and Oman and Yemen from the southeast and south respectively. Moreover, Saudi Arabia is separated from Iran in the north by the Persian Gulf and from Egypt and Israel by the Gulf of Aqaba. The

Kingdom of Saudi Arabia (KSA) is a rentier state and has approximately 20% of the world's verified reserves of natural oil and gas, the revenues from which represent 80% of aggregate revenue in its economy (Alkhathlan, 2013). It is an economically developing country, facing considerable skill shortages within its indigenous workforce and is, therefore, highly reliant on expatriate labour. According to an IMF report, almost two-thirds of the labour force is made up of expatriate nationals and only 12% of Saudi women are employed (Fayad et al., 2012).

Saudi Arabia was established in September 1932 and since then has become one of the most respected members of the international community. Saudi Arabia is the largest economy in the Arab world with the second largest proven petroleum and fifth largest proven natural gas reserves. Its economy is largely dependent on oil revenue and mostly controlled by the government. The petroleum industry contributes around 87 percent of the Saudi budget, around 90 percent of export revenue and around 42 percent of the total GDP. During high oil prices at the beginning of the millennium, the Saudi government decided to invest this surplus in different aspects of the economy including health care.

Saudi healthcare history goes back to 1949 when there were only around 100 doctors and about 100 hospitals. However, since 1949 the Saudi health care has moved and developed significantly, with the numbers of doctors and nurses having multiplied 20-25 times as well as more than 300 hospitals and 1700 primary health care centres having been established across the country. The Ministry of Health (MOH) is the major health provider at all levels including primary, secondary and tertiary in the Kingdom. The MOH directly runs 240 hospitals and 2000 primary healthcare centres which accounts for approximately 60 percent of the entire health service in Saudi.

At the beginning of the 2000s, with the rapid increase in the price of oil, the Saudi government decided to reinvest the budget surplus in different aspects of the economy including healthcare. This extra investment in the Saudi healthcare resulted in massive improvement in the quality of public health services provided by the MOH in the country. Moreover, this also caused a major positive shift in the quality of the private sector in Saudi. Several new hospitals were built where different and sophisticated medical procedures including cardiovascular and cancer surgery could be carried out. These new hospitals with modern equipment required skilled doctors and nurses and, as a result, the government decided to employ expatriates who were medical experts. Most of the hospitals and primary healthcare provided in Saudi and either run by the MOH or privately have adopted the referral system where they involve both primary care and specialist services to all citizens in Saudi. These healthcare providers are the main source of recruitment of foreign doctors and nurses from around the world, mainly from Europe and America. Therefore, it is likely

that these healthcare services are similar to those provided in Europe and US. There are around 10 milion expatriates working in Saudi Arabia in the different sectors (Elsheikh, et al., 2018) out of which about 10-12 percent work in health care. Therefore, it is important to conduct studies that are concerned with expatriates in the healthcare system in Saudi as they form a significant proportion of the workforce.

The reliance on expatriate nationals persists despite the Saudi government's Saudisation policy encouraging the employment of Saudi nationals instead of expatriates (Baqadir *et al.*, 2011; Al-Asfour *et al.*, 2017). This suggests that there is limited diversity in employment amongst Saudis. It also indicates that expatriate staff fill the void created by high unemployment amongst Saudi nationals in general (Aarts & Roelants, 2015; Khorsheed, 2015), and the underemployment of Saudi women (Aarts & Roelants, 2015; Zoepf, 2016), in particular. The dependence on overseas workers is set to continue in the Kingdom, especially as eliminating these workers without replacing them with equally, if not more, competent Saudi nationals, could lead to increased inflation and economic disruption in the Kingdom (Platt, 2014). Developing impetus from the last third of the 20th century and facilitated by rapid technological innovations in transportation and communication, globalisation has intensified and extended in scope at a rapid pace (Held et al., 1999). One of the consequences of this relentless progress is the internationalisation or rather, globalisation of employment. As a result, large employers, such as public hospitals, are increasingly reliant on culturally diverse workforces (Hewins-Maroney and Williams, 2013; Gartside and Sloman, 2014; O'Neill, 2016).

According to Brewster (1996) expatriates in any industry are considered as the most expensive professionals employed by companies and, as a result, they play an important role. Generally speaking sending expatriates abroad is an extensive and on-going process, the success or failure of which depends on a proper selection method, a comprehensive training and preparation system as well as an appropriate transferring system (Brewster, 1996). According to Bozioelos (2009) some jobs, including those related to health care, such as nurses and doctors, impose additional challenges for expatriates. He further argued that, in the main, expatriates in the health care industry and particularly nurses have very limited time to adapt to the host country before they are expected to perform at an acceptable level. Therefore, as there is a fine line between satisfactory and unsatisfactory levels of performance and nurses and doctors can not use the cultural variation as a reason for poor performance, expatriates in the health industry are expected to perform consistently with minimum variation.

According to Sumption and Fix (2014), the immigration of international health care professionals has played an important role in the health care system of developed countries. In the last two decades both developed countries in the west and rich developing countries in the Middle East have relied heavily on international professional expatriates in health care to fill the positions at different levels from nurses to specialists. However, the reasons and drivers for expatriates to migrate to western countries are very different from those who migrate to the Middle East. According to Baldwin-Edwards (2005), the major drive for expatriates to migrate to Middle Eastern countries is the economic factor, whereas Sumption and Fix (2014) argued that the major factors influencing professionals who migrate to Western countries such as UK, Canada and USA are the development of health care policies, standard of living and opportunities for promotion and training. According to Sumption and Fix (2014) and Baldwin-Edwards (2005), the major sources of health care professionals migrating to both western countries or Middle Eastern are very similar, with India at the top in providing medical doctors and Philippines by providing nurses. Moreover, in the case of Saudi health care, in the last decade alongside the migration of expatriates from Southern Asian countries, including India, Pakistan and the Philippines, there is a growing trend for expatriate migration from western countries including Europeans and American to the Gulf Cooperation Council (GCC), due to the economic benefits (tax free zone) provided to expatriates. Research indicates that there are significant wage disparities between Saudis and expatriate nationals, in favour of the former, particularly at the lower levels of the earnings' scale (Fayad, Raissi, Rasmussen, & Westelius, 2012). Such disparities could negatively affect the job satisfaction, extrinsic motivation, level of perceived organisational support and organisational commitment of expatriate workers in the Kingdom. In addition, Showail et al. (2013) pointed out that role ambiguity, types of expectation, and the extent of information seeking, socialisation, organisational identification, uncertainty, isolation and psychosocial comfort affect the employment intention of expatriate workers in Saudi Arabia. Thus, it is incumbent on the Saudi public health sector organisations to develop leadership, management, organisational and strategic human resource management (SHRM) policies, procedures and practices that resonate with, engage, satisfy and motivate the sector's expatriate workers. Despite the Saudi Arabian government investing more in its health system than other countries in the Gulf Cooperation Council (GCC), and the Saudi Arabian Ministry of Health having a policy goal to develop a world class public health system (Fielden, 2012), the performance of the Saudi public health sector is threatened by this complex and challenging employment scenario, dependent as it is on a large proportion of expatriate clinicians (Almalki *et al.,* 2011).

Developing impetus from the last third of the 20th century and facilitated by rapid technological innovations in transportation and communication, globalisation has intensified and extended in scope at a rapid pace (Held, McGrew, Goldblatt, & Perraton, 1999). One of the consequences of this relentless progress is the internationalisation or rather, globalisation of employment. As a result, large employers, such as public hospitals, are increasingly reliant on culturally diverse workforces (Gartside & Sloman, 2014; Hewins-Maroney & Williams, 2013; O'Neill, 2016).

Diversity refers to differences in viewpoints and, in terms of organisations and their employees, means that there is a broad range of employees "who are different in terms of a range of variables such as ethnicity, gender, religion, socioeconomic background, race, political beliefs, ideologies, sexual orientation, and disabilities" (O'Neill, 2016, p. 9). How well organisations meet the management, organisational and SHRM challenges presented by workforce diversity within the global employment market will exert a substantial impact on their performance. Integrating new, demographically diverse workers into the public sector workforce presents managers and SHRM professionals with impetuses to change the ways in which they manage public sector organisations. Their roles may remain the same, but the contexts within which they work will contain new challenges. Therefore, the steps taken to prepare for, effectively integrate and responsively engage with the diverse workforce will play a pivotal part in getting the best out of expatriate employees (Hewins-Maroney & Williams, 2013). Having the requisite knowledge, comprehension and skills to welcome, adopt and support workforce diversity, valuing difference and having zero tolerance to discrimination, or in other words, being culturally competent, is an important factor in managing a diverse workforce.

The global economy is, on many levels, borderless and Saudi public hospitals, like many organisations across the world, have workforces made up of individuals from many countries and cultures. Under such circumstances, "everyone in the organization needs to understand how to interact with subordinates, peers, supervisors, clients, suppliers, and other key constituents from different cultures" (Subramaniam, 2015, p. 61). To achieve this requires cultural competency at leadership, management, human resource and individual work levels. The ability to work effectively within this culturally diverse workforce requires individuals to have the tools that enable them to successfully navigate the nuances and intricacies that are characteristic of intercultural workplace interactions. Such ability is dependent, amongst other attributes, on cultural awareness, cultural intelligence and intercultural competency.

According to Cushman *et al*, "Despite the now burgeoning literature that describes specific knowledge, attitudes, and skills that promote cultural 'competence', fully defining this complex,

multidimensional term and implementing activities to enhance it remains a challenge" (2015, p.132). One of the main factors contributing to this definitional quagmire, is cultural competency's often confusing association with 'diversity management'.

According to Newhouse (2010), diversity management within healthcare refers to practices at leadership and management levels that are directed towards having a culturally diverse workforce, instituting an organisational culture in which diversity and multiculturalism are valued, and improving clinical outcomes for non-majority ethnicity/culture patients. In its valuing and promotion of cultural and other diversities, diversity management is said to be essential to leading diverse healthcare workforces (Gathers, 2003). However, whilst cultural competence is the cornerstone of diversity management, critics "contend that highlighting diversity contributes to conflict… and, therefore, it is best not to draw attention to diversity and instead emphasize that as human beings our commonalities far outweigh our differences" (Dreachslin, 2007, p. 79). This may be a factor contributing to the low acceptance and employment of diversity management amongst hospital leaders in the UK (Newhouse, 2010).

National and cultural identity have long been important markers and are becoming ever more contentious within what appears to be an increasingly febrile global geopolitical environment. Therefore, greater value is given to conformance to socially constructed and traditionally inclined national culture meanings and values than to recognising and championing the virtues of diversity and diversity management. Elsewhere, Bozionelos (2009) reported that mentoring and peer support were more significant than cross-cultural training or cultural clustering in predicting job satisfaction and turnover intentions of expatriate nurses in Saudi Arabia. Empirical findings such as these raise questions as to whether diversity management is sophisticated enough to identify such nuances.

Diversity management has made significant contributions to leading, managing and organising in diverse organisations. Included amongst these is focusing attention on issues such as power relations and the positive impacts on performance that are to be gained from culturally informed and responsive approaches to the leadership and management of organisations with diverse workforces. However, diversity management does have limitations that may be addressed efficaciously by developing and applying conceptual frameworks that build on and extend what it has achieved.

Promoting cultural diversity in any organisation has its own difficulties and issues including management and establishing a proper organisational culture. However, the literature in this area

is limited and focuses only on certain aspects of diversity such as how to manage ethnic or racial minorities in the workforce (Goode, et al., 2006). Thus, such literature suffers from a lack of understanding of differences from diversities such as gender, age, social status and class, disabilities, and religion that can intersect and produce different experiences, and a context of understanding of culture established in any organisation. Therefore, it is imperative for researchers and scholars in organisational studies' areas in general, and scholars in organisational culture and leadership style areas in particular, to be aware that there is a need for an overview or theory that is comprehensive, flexible and coherent in relation to both organisational and individual needs (Schein, 2016). Ortega and Coulborn Faller (2011) appreciated the cultural diversity among any group in an organisation and proposed an interesting approach that pays a great deal of attention to power imbalance and its challenges. They further argued that, in order to resolve the issue and challenges among culturally different members of a group, there is a need for more responsive leadership and management which is able to address different needs among the diverse workforce. Generally speaking, employees' intention to leave has always been one of the major concerns of both researchers and practitioners in both the public and private sectors. There is a general agreement among scholars that there are many factors that contribute to employees' intention to leave including factors like job stress (Chiu *et al.*, 2005), job satisfaction (Sojane *et al.*, 2016), organisational culture (Park and Kim, 2009), organisational commitment (Tekingündüz & Kurtuldu, 2015) and leadership style (Barlow, 2013). Therefore, in order to have a better understanding of the reasons behind employees' intention to leave among professional expatriates in public hospitals in Saudi Arabia, there is a need for a comprehensive study that includes all these variables.

1.2.1 Leadership style

The concepts of leadership and leadership style has always been a main focus of researchers and practitioners in both the public and private sectors as it is considered to be the major factor that contributes to the success or failure of any organisation. Moreover, the relationship between leadership style with both organisational culture and employees' intention to leave has always been the major concern of researchers regardless of the context, type of industry or sector, private or public (Park and Kim, 2009; Sojane *et al.*, 2016). Bass and Avolio (1994) strongly argued that organisations, in order to achieve higher organisational performance, need to implement an appropriate leadership style that helps to reduce employees' turnover and enhance their performance. They further argued that organisations that are planning to achieve high performance need to make sure the leadership style chosen is consistent with the organisational culture implemented.

Studies of the impact of leadership style and organisational culture on employees' intention to leave in public hospitals are very few (Tekingunduz and Kurtuldu, 2015) and they are even more scarce when it comes to the context of developing countries like Saudi Arabia. By exploring the literature on the national culture in a country like Saudi Arabia with high power distance, high collectivism and high uncertainty avoidance it could be argued that employees may prefer a leader who can guide them with a clear level of authority while, at the same time, being kind and generous (Hofstede, et al., 2010). This could be interpreted by scholars as Saudi's workers preferring an autocratic or transactional leadership style rather than a transformational leadership style and consider hierarchical organisational culture as more beneficial in their work place. However, this may not be the preference of expatriates who are from low power distance, high individualism and low uncertainty avoidance cultures where transformational leadership would be preferred, and adhocracy or market culture considered as beneficial for the success of the organisation. Therefore, this study identifies the gap in the literature on this area and aims to investigate the impact of both transactional and transformational leadership style on employees' intention to leave through organisational culture.

1.2.2 Organisational Culture

According to Schein (2016), there around 172 different definitions for organisational culture. As a result, there is general agreement among scholars that organisational culture is one of the most difficult concepts to define. He further proposed that organisational culture has three different layers: an outer layer, middle layer and inner layer. The outer layer is related to elements that are visible to everyone like logos, architecture, and corporate clothing. On the other hand, both the middle and inner layers are factors that are not visible to outsiders and can only be understood by becoming involved with the organisation, like values, beliefs and assumptions. Hofstede et al. (2010) also defined organisational culture as the glue that holds organisations together, which gives an identity to employees, and defines the communication style that distinguishes it from other organisations.

According to Schein (2016), it is a mistake to separate leadership and organisational culture from each other as these are two sides of the same coin. Although there is no doubt that the main source, or root, of organisational culture is the leaders, and leaders have a major influence on the creation of organisational culture (Schein, 2016), scholars like Schimmoeller (2010) have also argued that organisations, in order to survive in the competitive market, need to apply an appropriate leadership style where it is aligned with the organisation's situation and employees' emotion which

are influenced by the organisational culture. Therefore, as Schein (2010) argued, the relationship between leadership and organisational culture is a two-way relationship.

There are several studies that investigate the impact of either leadership style or organisational culture on employees' intention to leave (Tekingunduz and Kurtuldu, 2015; Park and Kim, 2009). However, there is a lack of studies that investigate the impact of leadership style and organisational culture on employees' intention to leave by exploring the influence of other factors like job satisfaction, organisational commitment and perceived organisational support in public hospitals. Therefore, this study aims to fill this gap by investigating the impact of leadership style and organisational culture on employees' intention to leave through job satisfaction, organisational commitment and perceived organisational support.

 In this study the main consideration was the cultural diversity of workforce that requires a clear strategy to be followed by the organisation in respect of diversity management (Taggart, 2007). This means that they must pay full attention to managing, promoting and preparing a culturally diverse workforce with different national cultures, in order to be effective in cross cultural communication and interactions with other members of the organisation. Furthermore, there was an awareness of the criticism of cultural diversity which is mainly based on the concepts themself and the practicalities of managing diversity. As a result, this study considers in detail the significance of concepts such as leadership, management, culture, organisational development and in some respects SHRM within the Saudi public health care system. The main reason behind this is the importance of these factors on employees' behaviour, job satisfaction, extrinsic and intrinsic motivation, commitment, retention and performance of expatriates in Saudi public hospitals.

1.3 Problem statement

As mentioned in the previous section, there are numerous studies that investigate factors that affect employees' intention to leave including leadership style, organisational culture, job satisfaction, organisational commitment and job stress. There are also several studies that explore the direct relationship between leadership style and organisational culture, organisational culture with intention to leave or leadership style with intention to leave. However, as mentioned, there is a lack of studies that investigate the impact of both leadership style and organisational culture on employees' intention to leave through other factors such as job satisfaction, organisational commitment and perceived organisational support in public hospitals in a developing country like Saudi Arabia (Tekingunduz and Kurtuldu, 2015; Park and Kim, 2009). This limitation in the literature provides an opportunity for a researcher to explore this area by not only examining the direct

relationships between the constructs, but also the indirect relationships between variables of professional expatriates in public hospitals in a developing country such as Saudi Arabia. Although, there have been some attempts at investigating the indirect relationships between some of these variables in recent studies (Tekingunduz and Kurtuldu, 2015; Barlow, 2013) there is a need for further information to close this gap in the literature, and this study aims to do that. Therefore, the main aim of this study is to provide a guide that helps both scholars and practitioners to reduce employees' intention to leave and, in turn, enhance organisational performance. As a result, and based on the general aim proposed for this study as well as issues explained and the gap in the literature, this study explores and investigates questions that emerged for the arguments provided. The main overarching question of this study is "How can leaders and managers in the public health care system in Saudi Arabia improve expatriates' experience and, as a result, increase employees' retention which consequently enhances organisational performance".

As a result of proposing this research question a number of sub-research questions emerged. The first sub-research question is whether there is any relationship between leadership style and organisational culture with employees' intention to leave. Then the second question is whether other factors like job satisfaction, organisational commitment and perceived organisational support influence the relationship between leadership style and organisational culture with intention to leave in public hospitals in Saudi Arabia. These sub-research questions were chosen to become the indirect research problems which this study aimed to explore and investigate. Therefore, as mentioned above and based on the research problems explained, this research addresses this main question, due to the significant contribution of professional expatriates to the success or failure of the Saudi public hospitals:

> What are the factors that affect the employment experiences of expatriate professionals which influence their intention to leave in Saudi public hospitals?

Therefore, based on this research problem proposed above, these are the research questions that this study investigates:

1. Do leadership style and organisational culture have an impact on expatriates' intention to leave in public hospitals in Saudi?
2. Is there a relationship between leadership style and organisational culture in public hospitals in Saudi?

3. Are the relationships between both leadership style and organisational culture with intention to leave influenced by factors such as job satisfaction, organisational commitment and perceived organisational support?

1.3   Aims and objectives of the study

1.3.1   Aims

The aims of this research are three fold: firstly, to investigate how managers in public health care in Saudi can reduce intention to leave among expatriates; secondly, to explore if there is any relationship between leadership styles and organisational culture and if these two have any impact on intention to leave; and finally, to ascertain if the relationships between leadership styles and organisational culture with intention to leave is influenced by other factors such as job satisfaction, organisational commitment and perceived organisational support.

1.3.2   Objectives

To help achieve the research aims, the study has the following objectives

1. To identify the characteristics of good practice in managing cultural diversity among expatriates in public hospitals in Saudi.
2. To identify issues and barriers that have a major impact on expatriates' intention to leave in public health care.
3. To investigate the impact of both leadership style and organisational culture on intention to leave among expatriates in Saudi public hospitals.
4. To measure the impact of leadership style and organisational culture on job satisfaction, organisational commitment and perceived organisational support in Saudi public hospitals.
5. To measure the influence of job satisfaction, organisational commitment and perceived organisational support on expatriates' intention to leave.
6. To measure the extent to which job satisfaction, organisational commitment and perceived organisational support act as intervening variables on the relationship between leadership styles and organisational culture with intention to leave.
7. To explore and select an appropriate methodology for this study.
8. To investigate and select appropriate tools or instruments to measure constructs chosen for this study.

9. To operationalise an instrument as well as demonstrate the reliability and validity of the instrument

10. Finally, to discuss and propose potential contributions of this study both theoretically and practically for scholars and managers as well as explaining the limitations for potential future studies.

1.4 Significance of the study

The significance of this study lies in the fact that it, firstly, investigates the impact of both leadership style and organisational culture on professional expatriates' intention to leave. Secondly, this study also explores the possible intervening impact of factors such as job satisfaction, perceived organisational support and organisational commitment on the relationship between leadership style and organisational culture with employees' intention to leave in public hospital in Saudi Arabia. In order to do that, the first stage for this study is to explore the direct relationship between leadership style and organisational culture with employees' intention to leave. Then in the second stage, this study investigates the indirect impact of both leadership style and organisational culture on employees' intention to leave through important factors of job satisfaction, perceived organisational support and organisational commitment. In addition, this study also sheds light on the important criteria of expatriate intention to leave in public hospitals in Saudi Arabia. Therefore, in order to find answers to the research questions proposed for this study, the researcher designed a plan to achieve the desired outcomes. In the first stage, the concept of cultural diversity and diversity management and their impact on expatriates' intention to leave are examined. In the second stage, both concepts of leadership styles and organisational culture and their relationship are examined. In the third stage, the relationships between leadership styles and organisational culture with intention to leave are examined. In the fourth stage, the indirect impact of job satisfaction, organisational commitment and perceived organisational support on the relationships between leadership styles and organisational culture with intention to leave are examined. As mentioned before, knowledge of expatriates' intention to leave and factors that may have an influence on that in the public sector in general, and public hospitals in particular, is very limited. Therefore, this study investigates both the direct and indirect impact of some major factors such as leadership style, organisational culture, job satisfaction, perceived organisational support and organisational commitment on employees' intention to leave since an understanding of these will help practitioners and managers in the public sector to improve employee retention and, in turn, enhance hospital performance in Saudi Arabia.

This research makes a contribution to the knowledge and literature on the general area of expatriates' cultural diversity and diversity management and, in particular, in the area of leadership style, organisational culture and employees' intention to leave in the context of public hospitals in Saudi Arabia by providing a comprehensive framework. The conceptual framework provided for this study clearly shows both direct and indirect relationships, not only between the independent variables of leadership style and organisational culture and the dependent variable employees' intention to leave, but also shows the mediating impact of job satisfaction, perceived organisational support and organisational commitment on these relationships. Furthermore, this appears to be the first empirical study in this area that specifically investigates the public hospitals and expatriate intention to leave in Saudi Arabia. The Saudi Arabian health care system has improved dramatically in the last decade or so and the Saudi government's 2030 plan is to enhance the public sector even further with the aim of reaching a high level of health standard similar to Europe or America by then. Therefore, this study is potentially valuable at this stage as it could provide a guideline for managers to develop the public hospitals and show how to increase employee retention so, in turn, they can achieve high performance.

1.5   Scope of the study

As mentioned in the previous sections, this study explores the impact of leadership style and organisational culture on employees' intention to leave through other intervening variables. Therefore, in order to have a better understanding of the concepts, this study uses a variety of theories and models from the literature related to variables used in this research. In the case of leadership style, the main theory that is used is transactional-transformational leadership theory, introduced by Bass and Avolio (2004) and based on Burns's (1978) study of leadership. Organisational culture is based on the study of Cameron and Quinn (2011) on organisational culture, which was developed from the study of Quinn and Rohrbaugh (1983) on organisational effectiveness. The intention to leave is based on the work by Cerdin and Le Pargneux (2014). Of the other factors, job satisfaction is based on the study of expatriates' career characteristics by Cerdin and Le Pargneuux's (2014), organisational commitment is based on a study by Liou and Cheng, (2011) and perceived organisational commitment is based on the study of the role that career satisfaction and networks play for self-initiated expatriates by Cao et al.'s (2013; 2014) study.

The sample used in quantitative data collection was chosen from expatriates working in public hospitals in Saudi Arabia. Quantitative data collection was undertaken by sending the questionnaire developed from the existing literature to one specific public hospital that agreed to participate and

recruit expatriates.The questionnaire designed for this study is based on well-known tools in the literature related to variables used in this study, including the MLQ5X by Avolio and Bass (2004) for leadership and the organisational culture assessment instrument (OCAI) by Cameron and Quinn (2011) for measuring organisational culture. After reviewing and doing some initial analysis of the quantitative data, the second stage built on the quantitative results using a qualitative method which entailed semi-structured interviews.

1.6   Organisation of the thesis

This thesis consists of seven chapters.

Chapter One provides an overview of the research by giving the background to the study, research questions, aim and objectives and the significance and scope of the study.

Chapter Two provides a critical review of cultural competence theory which is a theoretical lens for this study.

The following chapter (Three) reviews the literature and has sections on: definitions, descriptions and theoretical and practitioner debates about cultural competence. Then the variables used for this study are explained by overviewing factors like culturally competent leadership, management, organisations and workforces; cultural competent workforce; concepts related to, or associated with, cultural competence; cultural competence and organisational concepts and theories. The final section of this chapter provides information on similar studies carried out by researchers in this area in different contexts and in order to make a connection with Saudi national culture characteristics and experiences of expatriate workers in the Kingdom.

Chapter Four develops a comprehensive conceptual framework based on the discussion and information provided in Chapters Two and Three. This chapter shows both the direct and indirect relationships between all variables of this study with one comprehensive framework.

Chapter Five is concerned with the research methodology. It expands on each of the topics outlined above, as well as discussing the research philosophy, and design by providing detail on the research instruments, describing the sample and explaining the methods used to analyse the data.

Chapter Six contains the findings from the empirical data. This chapter has three main sections describing, in turn, the results of the survey based on the questionnaire used with employees; the

second section is the semi structured interviews with senior hospital managers and the final section merges the quantitative and qualitative results.

Chapter Seven provides a discussion of the findings. This chapter interprets the results by relating the findings to the existing literature. Therefore, this chapter provides a detailed synthesis and discussion and justifies the findings.

The final chapter (Eight) reflects on the research process and experience, highlights both the academic contributions and limitations of the present study and makes recommendations for future studies. Also, this chapter closes with a discussion of alternative ways in which the management of large hospitals such as the one in the study, can organise and implement cultural competences in leadership, management, HRM and organisation of diverse workforces that encourages and facilities the development of positive and mutually beneficial relationships with expatriate employees.

Chapter 2   Cultural Competence as a Theoretical Lens

2.1   Introduction

Cultural competence is increasingly recognised as an integral component of effective leadership (Bailey, 2011; Yzaguirre, 1999), and management (Y.-T. Lee & Liao, 2015), within increasingly diverse and culturally nuanced working environments (Marbley, Stevens, & Taylor, 2015). This chapter's review begins by considering a transdisciplinary range of definitions, descriptions and debates about cultural competence, before reviewing current knowledge of culturally competent leadership (CCL), culturally competent management (CCM), organisational cultural competence (OCC) and workforce cultural competence (WCC). Next, cultural competence is considered in relation to a number of existing cultural concepts and organisational concepts/theories. This is followed by sections on intersectionality and SHRM/sustainable HRM theories and application, including their association with and use alongside cultural competence. The penultimate section critically reviews literature on Saudi national culture characteristics and explores their impact on expatriate workers' experiences. The chapter ends with a summative and synthesising conclusion oriented towards the theoretical framework upon which the research design is based.

2.2 Cultural Competence

Cultural competence is an evolving concept that was originally conceived in the late 1980s to address inequalities in the provision of healthcare and education for African, American and Hispanic demographic groups in the USA. At its core, cultural competence sought to establish a principle of cultural plurality in the conceptualisation and delivery of public services to diverse, multi-ethnic and multicultural communities. This overarching principle contained a number of important factors such as power relations, the empowerment of sections of society that have been historically and institutionally discriminated against and disempowered and, crucially for the purposes of the present study, a change in orientation aimed at improving organisational performance (Cross et al., 1989). As awareness of the concept grew it has permeated into different sectors and there are now a plethora of cultural competence models and frameworks that have been developed to make public services more culturally aware, sensitive, appropriate and efficacious. These include library and information science (LIS) (Overall, 2009), social work (NASW, 2015), the military (Hufford et al., 2010), human resource development (Ma Rhea, 2013), and non-profit management (Lee, 2009).

This study builds on these conceptual foundations and moves the focus from service delivery for multicultural populations to consideration of the leadership and management of culturally diverse workforces. This study is informed by intersectionality theory and by theorisations of cultural competence that widen cultural competence's originally narrow focus on culturally and ethnically mediated differences (Goode et al., 2006). As such, it recognises age, gender, ability/disability, religious and spiritual beliefs, and sexual identity as being contained within the cultural competence rubric. Additionally, this study supports the holism of Leininger's (1998) Sunrise model which situates cultural competence within a wider environment replete with, and affected by, a range of dynamically interacting national, political, economic, legal, educational, technological, cultural, and social forces. To move beyond the academic and rhetorical, there is a need to translate theory into organisational policy and operational practice so that cultural competence is practicable and effective. With this in mind, this study uses the definition of cultural competence which includes cultural awareness, cultural knowledge, cultural sensitivity, cultural interaction, cultural skills, cultural advocacy, cultural action, cultural empowerment and cultural proficiency embodied in existing models to design a conceptual framework (cf. Cross et al., 1989; Rosenjack Burcham, 2002; Sperry, 2010; 2012; Almutairi et al., 2015; NASW, 2015; Stronce & Li, 2011). The bringing together of theoretical abstractions and tangible specifics is vital to another integral component of this study's conceptualisation of cultural competence, namely leadership style, organisational culture, job satisfaction, perceived organisational support, organisational commitment and intention to leave.

As mentioned previously, cultural competence grew out of a desire to address institutional inequalities in terms of ethnicity and has spread to include diversity more widely. It is a fluid and malleable concept that is in a constant state of explorative development that is at times complimentary and, at other times, contradictory. This study's holistic approach seeks to integrate these cultural competence concepts (awareness, knowledge, sensitivity, etc.) taken from existing models, as each can be employed singularly or in combination with one or more others, to positively identify, critique and address deficits in leadership cultural competence. Recognising, allowing for and encouraging the diversity within cultural competence concepts, is in keeping with its critical and dynamic roots, and aligns with the vitality and heterogeneity of intersectionality that informs and guides this study's understanding and analyses.

2.2 Cultural Competence: Development, Definitions, Descriptions and Debates

There are many descriptions and definitions of cultural competence/competency. Many of the definitions, descriptions and debates about cultural competence take place within the health and education sectors. In the former, the focus is usually on the delivery of culturally competent healthcare to culturally diverse communities, particularly ethnic minority demographic groups in Western countries such as the UK (cf. Evans et al., 2012) and US (cf., (Campinha-Bacote, 2002; Comer et al., 2013; Cushman et al., 2015). In the latter, literature is primarily oriented on closing the attainment gap between ethnic minority (particularly, African American and Latino) and white students in the US (cf., Peterson and Davila, 2011; Patterson, 2013). With this in mind, this subsection focuses mainly on definitions, descriptions and debates about cultural competence in relation to leadership, management, organisations, HRM and employees/workforce. In instances when reference is made to cultural competence in relation to healthcare or education, attempts are made to demonstrate the applicability to the leadership, organisational and employee factors addressed herein.

The antecedents of cultural competence are rooted in the US civil rights movement of the 1960s and 1970s, with its focus on race and ethnicity. Responding to postmodernity's emphasising on multiple intersectional identities, during the 1980s the scope of cultural competence extended beyond race and ethnicity to include sexuality, gender, age and disability (Abrams & Moio, 2009; Texas Department of Health, 1997). Originally closely associated with and emerging out of cultural sensitivity, the earliest incarnations of cultural competence were concerned with the provision of culturally competent healthcare to African-American and other ethnic and cultural minority groups in the US (Abrams & Moio, 2009). From its earliest manifestations, cultural competence has been beset by definitional disputations that have negatively affected its widespread acceptance and application (Hark, DeLisser, & Morrison, 2009). This underscores the importance of having a clear, comprehensive and integrative definition. The expansion of the concept to include other intersectional identities was carried out in order to combat the multiple intersecting discriminations and oppressions individuals and groups were facing in the US healthcare and education systems.

An early definition of the expanded concept of cultural competence represented it as "a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals and enable (them/it) to work effectively in cross-cultural situations" (Cross et al., 1989, p. iv). Thus, cultural competence was conceived as combining the attitudes and behaviours

of individuals with institutional policies. Almost a decade later, the Texas Department of Health defined cultural competency as "a program's ability to honor and respect beliefs, interpersonal styles, attitudes, and behaviors of families who are clients, as well as the multicultural staff who are providing services. It incorporates these values at the levels of policy, administration, and practice" (TDH, 1997, p. 6). Both of these early definitions represent cultural competence as organisational and systemic. Additionally, without making explicit reference, both definitions also portray cultural competence as containing a degree of cultural self-awareness together with multi-level and strategic organisational implementation.

Focusing on the operationalisation of cultural competence, Davis (1997) referred to it as the facility to interpret and integrate knowledge about different groups into opinions, values, policies and practices with the aim of achieving better service and organisational outcomes. Similarly, the TDH (1997) also identified the need for cultural competence to be integrated into the planning, implementation, and evaluation of services, as well as everyday professional practice. Povenmire-Kirk et al. (2015) maintained that the "evolving concept of cultural competence advanced the field of diversity by focusing on the need for individuals to integrate their skills and knowledge into practices that are appropriate, are respectful, and, ultimately, result in improved outcomes". This suggests an individual focus on developing cultural competencies and this is understandable as it was written in the context of the teaching profession; signifying the aspiration in multicultural learning environments for educators to have highly developed cultural competencies. For the sake of context, it is also worth mentioning that the three cultural definitions discussed above were all developed within the realm of healthcare delivery rather than in respect to leadership, management or organisational priorities. This said, all the definitions point to or directly mention the organisation and cultural competence's organisational scope.

Like many academic concepts, cultural competence is far-reaching, inexact, has diverse theoretical underpinnings and multiple opinions on how best is should be operationalises (Watt et al., 2016). The definitions and descriptions of cultural competence range from the simplistic to the modular. In providing an example of the former, Yzaguirre describes it simply as "knowing at least the basics of different cultures and understanding others' values, mores, motivations, and expectations" (1999, p. 10). This is a limited definition that excludes a range of diversity factors such as language, ethnicity, religion, spiritual belief systems and socioeconomic status. Further, the definition fails to address the processual and continuous nature of cultural competence. Cross et al. (1989) supplied an altogether more detailed, processual and modular definition of and conceptual framework for cultural competence as an evolutionary process of development "that established a foundation for

the field... as it extended the scope of cultural competence... [and] proffered a comprehensive view that encompassed an organization's or system's capacity to integrate principles and values of cultural competence into its policy, structures, attitudes, behaviors, and practices" (Goode et al., 2006, p. 2). Developed for application within healthcare provision, Cross et al.'s (1989) cultural competence conceptual framework and Goode et al.'s (2006) cultural competence model are critically analysed and compared below.

Cross et al.'s seminal delineation of cultural competence defines it as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations" (1989, p. 13). The authors explain the rationale underpinning the term 'cultural competence'. 'Culture' is used as it signifies a cohesive pattern of human activities including judgements, communications, behaviours, habitual practices, values, beliefs and institutions of ethnic, racial, social or religious groups. 'Competence' is employed as it infers possessing the facility to function effectually.

Cross et al. (1989) characterised cultural competence as a multilevel and integrative process that embrace culture's importance, the evaluation of cross-cultural dealings, attentiveness to dynamics arising from cultural differences, expanding cultural knowledge and making adaptations necessary to achieve culturally-mediated requirements. Portraying cultural competence a developmental process, the authors state that cultural competence can be an organisational goal to which an organisation is continually striving irrespective of its level of cultural competence proficiency. Moreover, they assert that an organisation's level of cultural competence efficacy should be measurable against the degree to which it meets defined set developmental assignments or goals. Cross et al. (1989) inferred that by instituting cultural competence as an organisational goal and setting a range of developmental assignments against which progress can be assessed, the organisation will be oriented towards being more culturally competent. They contend that the starting point for becoming a culturally competent organisation is to carry out an internal assessment of the current cultural competence level.

Cross et al. (1989) conceptualised cultural competence as a six-point continuum, with cultural destructiveness at the negative end and cultural proficiency at the positive end (see Figure 4). "The range of possibilities of cultural competence is identified at the bottom of the figure (x-axis). The y-axis illustrates "depth" or "extent" to which cultural competence is evident. The continuum begins with cultural incapacity and moves through cultural blindness, lack of cultural competence, limited or some cultural competence, full cultural competence, and cultural proficiency" (Overall, 2009, p.186).
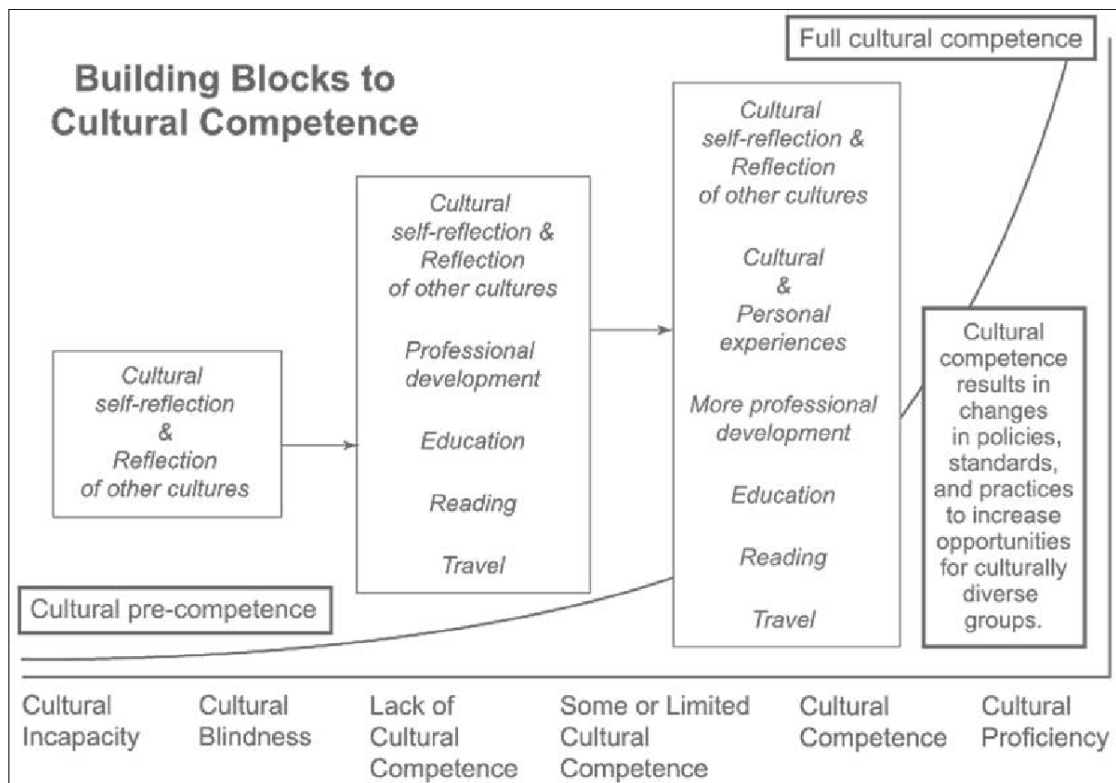
Figure 2:1 Cultural Competence Continuum

Source: Overall, 2009

Cultural destructiveness "is represented by attitudes, policies, and practices that are destructive to cultures and consequently to the individuals within the culture" (Cross et al., 1989, p.14). It is a product and operationalisation of cultural dominance (Rice, 2007). At this stage, organisations, as well as, individuals regard cultural differences as problematic and engage in activities that knowingly try to undermine, damage and/or destroy another or other culture. In this stage cultural differences may not even be acknowledged, and when real or perceived differences from the dominant are attested to, they are regarded as deficient, deviant and/or inferior and suppressed and/or punished (Edgar *et al.*, 2002).

Cultural incapacity denotes an extremely prejudiced system that "believes in the racial superiority of the dominant group, and assumes a paternal posture towards" ethnic and cultural groups presumed as lesser (Cross et al., 1989, p. 14). However, unlike cultural destructiveness, organisations at the cultural incapacity stage do not intentionally pursue the cultural destruction of other cultural groups. Nonetheless, the policies and practices of such organisations can still result in cultural destructiveness as a consequence of ignorance, poor resource allocation, cultural insensitivity and harmful behaviours (Engebretson *et al.*, 2008). Discriminatory recruitment and

selection and discriminatory organisational policies and programmes are also characteristic of organisations at the cultural incapacity position on the continuum.

Moving towards the centre of the continuum, cultural blindness describes organisations that "are characterized by the belief that helping approaches traditionally used by the dominant culture are universally applicable" (Cross et al., 1989, p. 15). Eschewing the cultural strengths of groups other than the dominant culture, organisations with cultural blindness may well regard themselves as not being biased, but often produce ethnocentrism, whilst rewarding cultural assimilation. Moving towards the competence end of the continuum, organisations that have cultural pre-competence recognise that they have they are culturally deficient in their policies, programmes and practices. As Cross et al.'s philosophical continuum was developed as a response to US healthcare providers failure to provide culturally appropriate and accessible services to African American communities, they state that having realised their weaknesses in delivering services to cultural minorities "try experiments, hire minority staff, explore how to reach people of colour in their service area, initiate training for their workers on cultural sensitivity, enter into needs assessments concerning minority communities, and recruit minority individuals for their boards of directors or advisory committees" (1989, p. 15). In terms of this study, in-service training and development and assessing the experiencing and needs of the entire culturally diverse workforce may have relevance. What is particularly important to note is that organisations in this position on the continuum may believe that they are meeting their culturally mediated responsibilities.

Organisations at the penultimate stage of the continuum – cultural competence – "are characterized by acceptance and respect for difference, continuing self-assessment regarding culture, careful attention to the dynamics of difference, continuous expansion of cultural knowledge and resources, and a variety of adaptations" (Cross et al., 1989, p. 16). The adaptations can be seen in the ways in which they structure, organise and operate. Such organisations demonstrate cultural competence via policies and practices that institutionalise proactive attitudinal and behavioural responses to the recognition and acceptance of cultural differences. Culturally competent organisations are also recognisable in their prioritisation of continuous learning and development that enhances cultural competence (Olavarria, Beaulac, Bélanger, Young, & Aubry, 2009). Organisations that have a high regard for culture are at the most progressive end of the continuum and classified as having cultural proficiency. They hire culturally competent staff, seek to develop the cultural competence knowledge base and "advocate for cultural competence throughout the system and for improved relations between cultures throughout society" (Cross et al., 1989, p. 17). In other words, they champion cultural competence as something that is good for

and enhances not only their individual organisations, but wider society. In a Saudi Arabian study concerning cultural competence, Aboshaiqah et al. (2017) proposed a range of factors identifiable as culturally proficient. These include cultural self-reflexivity, cultural learning orientation, equality between different cultural realities, cognisance that cultural factors influence behaviours, and flexibility, adaptability and willingness to instigate changes to enhance performance within culturally diverse settings.

The philosophical continuum exemplifies cultural competence's dynamism instead of a static destination or linear process. Commitment, motivation, discipline, theoretical learning, experiential learning and self-reflection are prerequisites of progressing along the continuum (Saunders *et al.,* 2015). In concluding, the authors of the continuum detail what needs to be done in order to progress along its spiral towards cultural proficiency.

> In conclusion, the degree of cultural competence agencies achieve is not dependent on any one factor. Attitudes, policies, and practices are three major arenas wherein development can and must occur if agencies are to move toward cultural competence. Attitudes change to become less ethnocentric and biased. Policies change to become more flexible and culturally impartial. Practices become more congruent with the culture of… [all stakeholders] from initial contact…. Positive movement along the continuum results from an aggregate of factors at various levels of an agency's structure. Every level of an agency (board members, policymakers, administrators, practitioners, and consumers) can and must participate in the process. At each level the principles of valuing difference, self-assessment, understanding dynamics, building cultural knowledge, and practice adaptations can be applied. When, at each level, progress is made in implementing the principles, and as attitudes, policies, and practices change in the desired direction, an agency becomes more culturally competent (Cross et al., 1989, p. 17/18).

Referencing and informed by, Cross et al.'s (1989) conceptual framework, Goode et al.'s (2006) cultural competence model (see Figure 2) requires organisations to:

- Have a defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them and their personnel to work effectively cross-culturally.

- Have the capacity to value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities they serve.

- Incorporate the above in all aspects of policymaking, administration, practice, and service delivery… (Goode et al., 2006, p. 3).
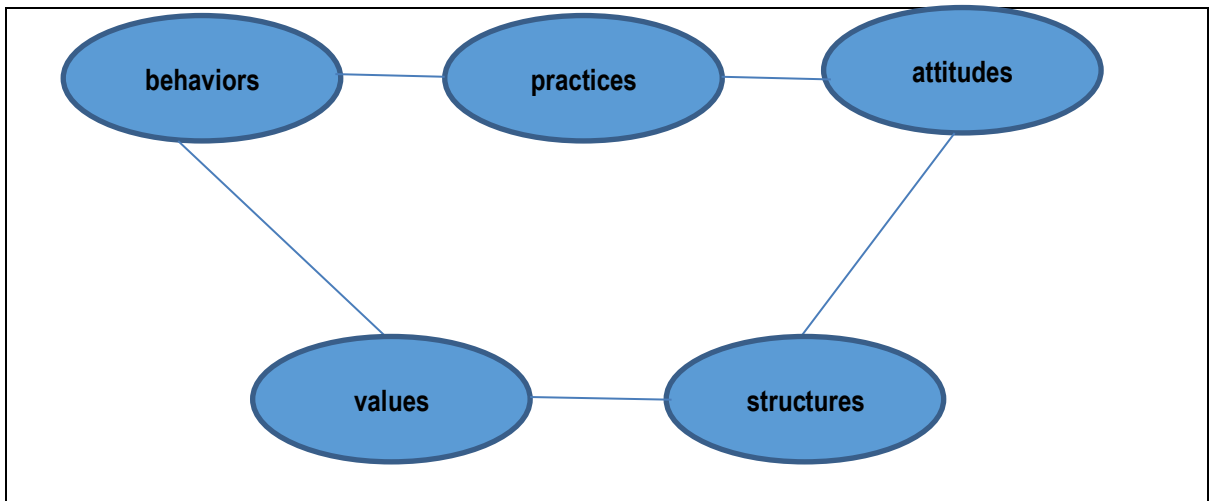
Figure 2:2 Cultural Competence Conceptual Framework (Source: Goode et al. (2006, p. 3)

Goode et al.'s (2006) cultural competence model bears strong similarity to Cross et al.'s (1989) earlier model. Both models include 'behaviours' and 'attitudes' as factors. Furthermore, Cross et al.'s (1989) 'policies' factor contains a measure of equivalence with the Goode et al.'s 'values and 'structures' factors. Moreover, Cross et al.'s (1989) reference to professionals working effectively in a culturally competent manner resonates with Goode et al.'s (2006) 'practices' factor. Goode et al.'s (2006) definitional interpretation presents cultural competence as an institutionalised process – a journey rather than a set of initiatives and events – that places emphasis on highly developed self-cognisance and cultural awareness in valuing diversity. The organisational institutionalisation of cultural competence is significant as it indicates the concept and practice's integrated and holistic character. It cannot be distilled down and compartmentalised into leadership, or management, or organisational or employee, as its success depends on there being a coherent, strategic and integrated organisation-wide approach.

In a widely cited and discussed model (cf., Almutairi et al., 2015; Small and Pretorius, 2010; Gurm and Cheema, 2013; Harris *et al.*, 2013), developed for application in healthcare provision, cultural competence is defined "as the ongoing process in which the health care provider continuously strives to achieve the ability to effectively work within the cultural context of the client (individual, family, and community). This ongoing process involves the integration of cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire" (Campinha-Bacote, 2002, p. 181). Once more highlighting the processual and integrative qualities of cultural competence, this definition highlights five cultural competence constructs – awareness, knowledge, skill,

encounters and desires. This cultural competence constituents' typology bears some similarity to Adams' (Adams, 1995) treatise on cultural diversity in which a cultural competency hierarchy is presented that includes cultural knowledge and cultural sensitivity. Whilst these constructs are useful in developing a broad understanding and appreciation of cultural competence, they are all focused on the individual rather than on leaders and managers. This is to be expected as they were developed with the US healthcare sector and focussed on healthcare delivery to ethnically and culturally diverse populations. This said, they might, however, be relevant in this study, as competencies that organisational leaders and managers would be benefited by possessing.

Of the five constructs, cultural awareness refers to self-examination and self-reflection of one's personal, cultural and professional culturally mediated assumptions, beliefs and biases, prejudices and values (Campina-Bacote, 2002). Cultural knowledge is the means through which knowledge about different racial, ethnic and cultural groups is deliberately sought and obtained (Adams, 1995; Campina-Bacote, 2002). Cultural skill involves the collection and utilisation of culturally relevant information to produce positive outputs and outcomes (Campina-Bacote, 2002). Cultural encounters occur during processes encouraging and arising from direct and engaged cross-cultural interactions (Campina-Bacote, 2002). Cultural desire denotes the individual's "motivation… to want to, rather than have to, engage in the process of becoming culturally aware, culturally knowledgeable, culturally skillful, and familiar with cultural encounters" (Campina-Bacote, 2002, p. 183).

Cognisant of, and building on, Campina-Bacote's conceptual framing of cultural competence, and informed by postcolonial theory and cultural safety theory, Almutairi et al. (2015) presented a critical cultural competence (CCC) model with four constituent constructs "critical awareness, critical knowledge, critical skills and critical empowerment that fall into a number of conceptual domains: cognitive (critical awareness and critical knowledge), behavioural (critical skills) and affective (critical empowerment)" (2015, p. 319). Almutairi et al. (2015) challenged the presupposition of Campina-Bacote's (2002) and other's models that cultural knowledge of one or more specific cultural groups is a prerequisite of cultural competence. Arguing instead that stereotyping and the fostering of discriminatory climates are likely to emerge from such expectations, and that cultural competence policies and programmes developed that include cultural knowledge as a component may be premised on faulty and static perceptions of certain demographic groups. These are significant suppositions to make and their plausibility are undermined as the authors do not develop their arguments, fail to provide empirical evidence and lack literature supporting their thesis. That said, Almutairi et al.s (2015) critique may well contain

some merit for as Campina-Bacote (2002) reminds that there in is more intracultural variation than there is intercultural variation. Thus, the assigning of specific cultural characteristics and the premising of fixed expectations on them is fraught with the possibilities of misguided stereotyping and failure to develop informed and responsive policies and programmes.

Comparable to, but differentiated from, the cultural awareness in other cultural competence models, Almutairi et al.'s (2015) conceptualisation of critical awareness involves recognising sociocultural distinctions, subjectively held values and attitudes, and the likely complexities related to cross-cultural interactions. This representation of cultural awareness show it to be multifaceted, developed through observation, analysis and reflection, attuned to differing interpretations mediated by personal dispositions and mindful of misinterpretations, misunderstandings, conflicts and other challenges that can arise in intercultural relations. Critical awareness is underpinned by four internally congruent facets: awareness of cultural differences within multiculturally diverse organisational environments. First, self-awareness maintained through reflecting on one's assumptions about other organisational stakeholders from different cultural backgrounds; cognisance of the range of possible outcomes of cultural diversity; and awareness of intersecting social factors such as social class, gender and ethnicity and their effect on and production by power relations. Critical knowledge does not refer to knowledge of a specific culture or specific cultures as in the case of other cultural competence models and conceptual formulations. According to Almutairi et al. (2015), it means reconceptualising culture, cultural knowledge and the significance of, and inherent challenges to, effective cross-cultural communications. The authors note culture's fluidity and dynamism, pointing out that it does not remain static, rather it changes over time. In other words, cultural knowledge involves being able to contextualise culture as fluid, dynamic, changing, and imbued by longstanding power relations, many of which are unequal and unequitable, rather than unfiltered reliance on fixed notions of specific cultures, which may well feature stereotypes and affect the cultural safety of others involved in cross-cultural communications and interactions. Cultural awareness and cultural knowledge have both individual and organisation-wide relevance and application. Organisational leaders and managers who champion cultural awareness and cultural knowledge set the tone for the rest of the organisation and can take steps to make sure that they are integrated throughout organisational policies, programmes and procedures. By taking this type of action, cultural awareness and cultural knowledge are more likely to be inculcated by employees and become a part of their everyday practice.

Underscored and causally influenced, prompted and/or directed by critical awareness and critical knowledge, critical skills are made up "of an individual's agency to enact essential aspects of critical awareness and knowledge during cross-cultural interactions…" (Almutairi et al., 2015, p. 321). A crucial element of critical skills is the ability to create time and space within which to conduct cross-cultural negotiations in cross-cultural communications and interactions. Another way of putting it would be to say that critical skills are dependent on interpersonal intercultural competence. That is an interested, engaged, observational, *critically* culturally aware (including of power relations and perceived or unintended threats to cultural safety), and ethically grounded approach. Writing from the perspective of healthcare provision, Almutairi et al. (2015) discuss potential benefits arising from clinicians' use of critical skills in cross-cultural interactions with patients. These include meeting patients' physical, spiritual, cultural and social needs. It is possible that transferring, including any necessary modifications, an holistic and integrative approach to implementing cultural competence to the leadership, management, organisation, HR and workforce of Saudi public hospitals would be highly beneficial and is worth pursuing herein.

Turning to critical empowerment, it is apposite to remember that Almutairi et al. (2015) are theorising and discussing their CCC model for specific application in healthcare provision. Thus, they state that critical empowerment centres on the healthcare provider's sense of control over a situation, and the ability, authority and confidence to act within that situation. Other characteristics associated with empowerment that are identified in the literature include self-power and strength, freedom, respect and dignity in accordance with individual values, ability to fight for one's own rights and autonomy" (Almutairi et al., 2015, p. 321). Looked at from this study's perspective, critical empowerment is a positive, multiplying and beneficial component of cultural competence that should be institutionalised across all levels of leadership, management, organisation, HR and workforce of Saudi public hospitals. "Critical empowerment goes beyond the individual's recognition of cultural and linguistic differences, to the perception of power imbalance due to the power relation factors operating within the mediating social, historical and political context" (Almutairi et al., 2015, p. 322). Taking this representation further and considering it in relation to a culturally competent organisational leader or manager, s/he is likely to be attentive to sociocultural, economic and even political relations between the different nations and cultures reflected in the organisation's workforce. This attentiveness will include the potential for there to be culturally mediated negative attitudes within a culturally diverse workforce, whether apparent or latent, whose origins lay in social, socioeconomic, political and/or historical factors.

Citing the "need for conceptual clarity", Rosenjack Burcham, asserts that it "is essential for effective communication related to cultural competence" and applies the concept to the analysis in presenting "an evolutionary perspective to the development of the term "cultural competence"' (2002, p. 5). The evolutionary perspective contains seven attributes: cultural awareness, cultural knowledge, cultural understanding, cultural sensitivity, cultural interaction, cultural skill and cultural proficiency. Elsewhere, Sperry defines cultural competence "as the capacity to draw effectively upon cultural knowledge, awareness, sensitivity, and skillful [*sic*] actions in order to relate appropriately to, and work effectively with, others from different cultural backgrounds. Merely possessing these qualities is insufficient; the individual must also apply them in often difficult and trying circumstances.... Cultural competence has four dimensions: cultural knowledge, cultural awareness, cultural sensitivity, and cultural action" (Sperry, 2012, p. 312). Rosenjack Burcham's (2002) and Sperry's (2012) cultural competence constructs are comparatively analysed below within the context of Almutairi et al.'s (2015) CCC model and through the analytical lens provided by intersectionality theory.

Rosenjack Burcham (2002) represented cultural awareness as developing a nuanced, comparative and appreciative understanding of culture as including one's own and others, containing similarities and dissimilarities and problematised by ethnocentrism, bias and/or prejudice. This concept analysis and literature informed representation of cultural awareness does not contain an awareness of the potential disempowering and inequitable consequences of cultural diversity nor of socially mediated power relations' determinants such as social class and gender put forward by Almutairi et al.'s (2015) critical awareness component.

Cultural knowledge is the continuous gathering of information about other cultures, as well as, "learning related to conceptual and theoretical frameworks that can assist in the processing of facts and data" (Rosenjack Burcham, 2002, p. 7). This rendering of cultural knowledge lacks the criticality, the self-investigation and the embodied and capricious nature of culture represented in Almutairi et al.'s (2015) critical knowledge component. Highlighting the foundational importance of critical knowledge to critical understanding, which refers to becoming more insightful about how culture affects culturally diverse groups in what they believe and how this is manifested in their values and behaviours (Rosenjack Burcham, 2002). The distinction between Rosenjack Burcham's (2002) cultural knowledge and cultural understanding is questionable and opaque at best. For the knowledge gathering process is indelibly tied to developing understanding – two sides of the proverbial coin. That notwithstanding, Rosenjack Burcham's (2002) representation of cultural understanding falls within Almutairi et al.'s (2015) awareness of possible outcomes of cultural

diversity and awareness of intersecting social factors implicating power relations, without addressing negative consequences and the socially mediated power relations that produce them. Sperry's (2012) characterisation of cultural knowledge takes it beyond Rosenjack Burcham's (2002) focus on other cultures to include facts about ethnicity, socioeconomic status, religion, acculturation, age and gender. Furthermore, Sperry (2010, 2012) situates cultural knowledge as the first of cultural competence's four dimensions, and contends that it is the foundation upon which the additional dimensions (cultural awareness, cultural sensitivity and cultural action) emerge and are developed. Thus, returning to cultural awareness, Sperry summarises it as "build[ing] on cultural knowledge and includ[ing] the capacity to recognize a cultural problem or issue in a specific… situation" (2012, p. 313). Almutairi et al.'s (2015) and Sperry's (2010, 2012) characterisations of cultural awareness are conscious of power relations and the potential for problems to arise in cross-cultural relationships. As Sperry point outs, whereas cultural knowledge is comprised primarily of objective data, cultural awareness is largely subjective and includes empathetic "awareness of another's needs and/or worldview" (2012, p. 314).

Rosenjack Burcham (2002) delineates cultural sensitivity as the appreciating, respecting and valuing of cultural diversity, together with the impact of one's own personal and professional cultural identities on professional performance. This attribute falls within Almutairi et al.'s (2015) critical awareness construct, particularly awareness of cultural differences and self-awareness, whilst pointing, somewhat obliquely, at critical knowledge and critical empowerment. In fact, the appreciation of, respect for and placing value on cultural diversity are arguably germane to and constituents of critical awareness. Likewise, deep or deepened sensitivity toward cultural diversity points to having a sophisticated, that is considered, comprehensive, informed and self-reflective conceptualisation of culture and its myriad diversities. This in turn, is another way of describing Almutairi et al.'s (2015) conceptualisation of critical knowledge. Being aware of the possible effects of one's personal and professional cultural identities on professional practice, should inform and be informed by one's critical empowerment, particularly in cross-cultural communications and interactions with colleagues. Sperry's (2010, 2012) interpretative depiction of cultural sensitivity differs slightly from Rosenjack Burcham's (2002). Whereas Rosenjack Burcham (2002) describes cultural sensitivity as an empathetic construct, Sperry (2010, 2012) represents it as an attitudinal and intentional construct. "Cultural sensitivity demonstrates an attitude of respect, welcoming, and acceptance…. Genuine cultural sensitivity requires an individual to become aware of the other's worldview and perspective and then to respond in an empathic, caring or helpful manner to the other based on that understanding" (Sperry, 2012, p. 314). Sperry (2012) distinguishes genuine

cultural sensitivity from its 'practiced' variant in which the primary motivation for the displayed sensitivity is with what can be gained and not real concern for the other.

"*Cultural interaction* refers to the personal contact, communication, and exchanges that occur between individuals of different cultures" (Rosenjack Burcham, 2002, p. 10). This attribute resonates with Reichard et al.'s (2017) thesis that the individual's engagement in cultural trigger events (or cross-cultural or intercultural communications and interactions), is significant to the development of individual cultural competence. However, whereas Almutairi et al. (2015) address the issue of individual agency (informed by critical awareness and critical knowledge), within cross-cultural interactions as a means of establishing negotiated cultural meanings and being attentive to cultural safety, Rosenjack Burcham's (2002) cultural interaction is a passive stage to be gone through in order to be culturally competent. In and of itself, engagement in cross-cultural interactions is not an attribute of cultural competence. What are of primary importance are the content, manner and lessons learned from the interactions.

Cultural skill, according to Rosenjack Burcham (2002) starts with effective communication with people from different cultures, and includes the ability to be responsive (for, by example, adapting procedures and practices), to differing culturally mediated values, beliefs and practices. Rosenjack Burcham (2002) cultural skills' conceptual characterisation lacks the analytical depth and precision of Almutairi et al.'s (2015) critical skills. For example, Rosenjack Burcham (2002) does not explain what effective communication is, does not connect cultural skills with cultural knowledge – much less critical knowledge, does not associate self-awareness or self-reflection with cultural skills and does not address the issues of ethics, negotiated culture, cultural safety or empowerment, all of which could logically be assumed to fall under the rubric of cultural skills. Rosenjack Burcham's (2002) final cultural competence attribute – cultural proficiency – is presented as "a commitment to change", that can include activities such as providing "for new knowledge and cultural skills, as well as the sharing of this information through publication, education, and other means" that extend beyond cultural competence (2002, p. 10). Cultural competence is routinely represented as a process (cf. Watt et al., 2016; NASW, 2015; Overall, 2009; Campinha-Bacote, 2002) and a journey (cf., Gallavan and Webster-Smith, 2012; Povenmire-Kirk *et al.,* 2015; Saunders *et al.,* 2015*)*. In other words, change is incumbent on the individual or organisation that embarks on and continues with cultural competence. A commitment to cultural competence is a commitment to change. The cultural proficiency construct bears some resemblance to critical empowerment as it includes supporting the development of cultural knowledge and cultural skill. Rosenjack Burcham (2002) acknowledges the consequentiality of cultural proficiency to cultural competence is not widely

supported in the literature. Sperry's (2010, 2012) cultural action dimension embraces Rosenjack Burcham's (2012) cultural skill and cultural proficiency attributes. According to Sperry, "cultural action is about decisions and actions that affect the other. Individuals who demonstrate cultural actions respond with decisions and actions that foster the well-being of others" (2012, p. 314). There is some degree of overlap between Sperry's (2010, 2012) cultural action and Amutairi et al.'s (2015) critical skills. Within Sperry's (2012) formulation, cultural action is a behavioural dimension that translates and operationalises objective knowledge, cognitive and subjective awareness, and sensitivity's attitudinal intentionality into action. Sperry's (2010, 2012) action oriented understanding of cultural competence conforms with the National Association of Social Work which states that it "requires advocacy and activism" (NASW, 2015, p. 10). Sperry stresses cultural competence's circularity "in which development in one component fosters progress in the others" (2012, p. 315). This underscores cultural competence's processual character.

There are other modular definitions of cultural competence that highlight the presence of inherent constructs. For example, Leininger's (1988) Sunrise model of transcultural nursing care contains important conceptual constructs to consider for inclusion in a cultural competence framework for Saudi public hospitals. Focusing on the middle band of the Sunrise model, in between Worldview at the top and Influences at the bottom, the contextual, causally interrelating and implicating factors (technological; religious and philosophical; kinship and social; cultural values, beliefs and lifeways; political and legal; economic; and educational), have the potential to inform the development of cultural competence conceptual framework for Saudi public hospital that would inform policy formulation and the development of cultural competence learning and development across all organisation levels within those hospitals (see Figure 6). Although the Sunrise model focuses on the delivery of culturally congruent care, it is applicable to both leadership and management cultural competence and proficiency. It has a holistic and integrative scope recognising a range on internal and external organisational factors that produce a diverse of discrete and aggregative influences on the ways in which cultural competence is understood, produced and received. It graphically illustrates cultural competence's dynamic and multilevel characteristics. In so doing, draws attention to the complexity inherent within cultural competence. Awareness of the multiple factors, their myriad interactions and potential influences, together with the wide diverse array of stakeholders suggest that instituting and sustaining cultural competence within an organisation require proactive leadership and management. Effective management of these factors that are operant at multiple levels and produced by many different stakeholders requires the cultural action to which Sperry (2012) refers. Leninger's (1988) model also supports

Cross et al.'s summative contention that cultural competence is only achievable if there is action on multiple levels.
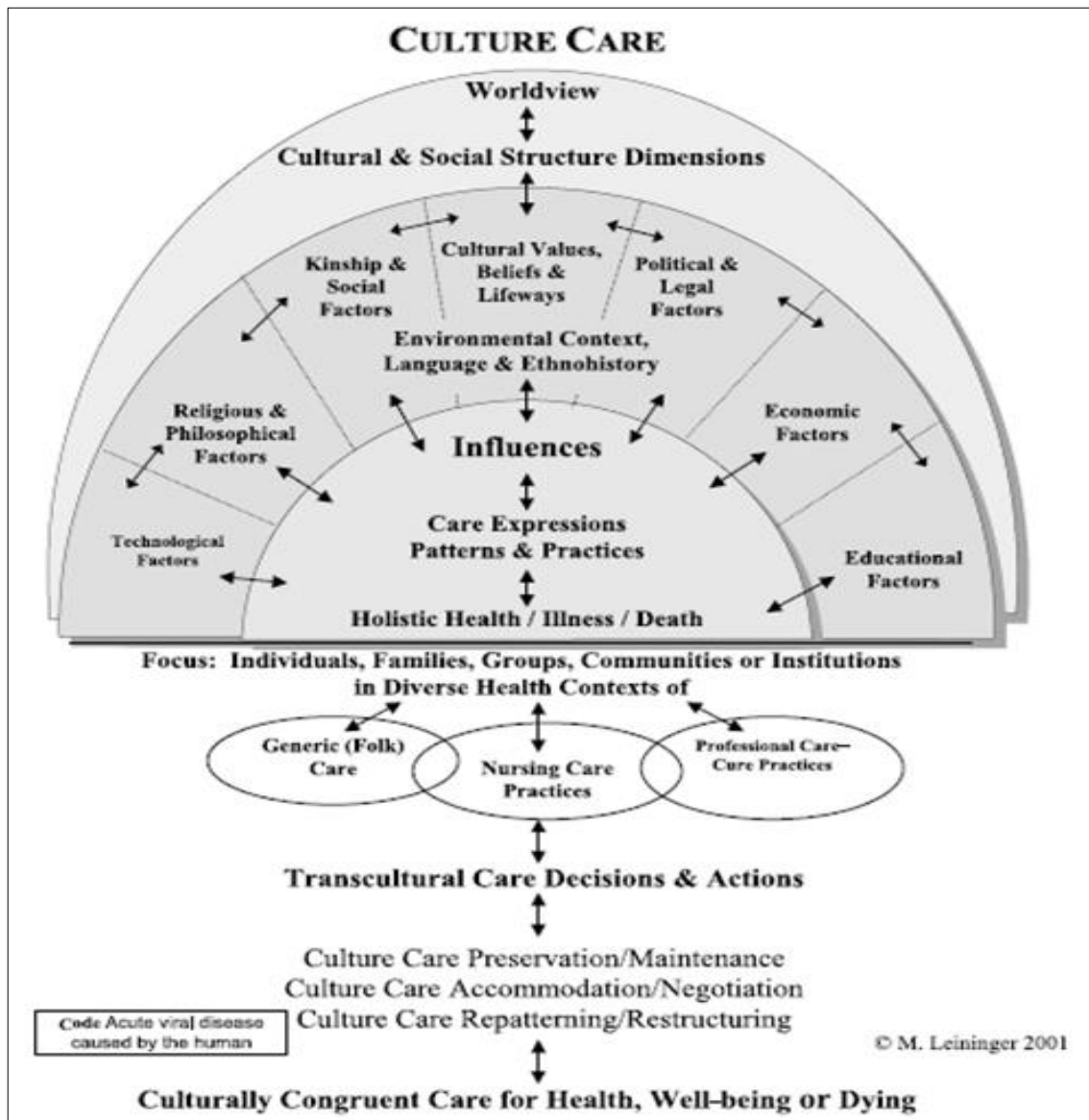
Figure 2:3 Leininger's Sunrise Model to Discover Culture Care (Source: de Melo (2013))

Writing in the context of teacher education and representing cultural competence as a long-term, expansive and transformational journey, Gallavan and Webster-Smith identify five developmental stages: "conscientization, self-assessment, self-efficacy, agency, and… critical consciousness" (2012, p. 401). On the individual level, the authors state that the journey is lifelong and calls for individuals to be curious, predisposed to risk, persevering, self-reflecting and self-transforming. The journey begins with conscientization – also referred to as awareness – involves the awakening and stimulation of perceptions and includes recognition of the fundamental elements of the facts, aptitudes, dispositions and contexts of the particular professional field. According to Gallavan and

Webster-Smith, this stage can begin with individuals having little or no sociocultural comprehension and as a result of dialogic communication develop critical consciousness, "thinks and questions deeply, interprets problems and their effects, exhibits self-confidence and risk taking, and initiates actions and changes responsibly" (2012, p. 404). Broadening out to self-assessment, the second stage of the cultural competence journey marks the start of the transformative process. The authors argue that this involves the deconstruction of the elements that make up self-assessment, but do not identify or describe these elements. This omission is significant as the deconstruction leads to reaping pragmatic benefits from the components. Again, the authors do not explain what they believe the benefits to be. At its core, the self-assessment stage involves becoming habitually self-reflexive. The rationale for the third stage – self-efficacy – is that the level of efficacy is a predictor of performance level and higher levels of efficacy are associated with the notion of agency and being a change agent. Enhanced feelings of efficacy means greater acceptance of responsibility for own performance and development. The fourth stage – sense of agency – involves professionalising proficiency, taking ownership of one's professional realms and developing the facility to view, listen to and "experience the world through the senses" of those for whom the individual has professional responsibility for (Gallavan & Webster, 2012, p. 405). The final stage – critical consciousness – is reflected by holistic and critical thinking about the professional context and involves showing care for others in both thought and action. "[C]ritical consciousness is socially constructed through conversational interactions exploring multiple perspectives, collaborative practice with shared growth, and authentic reflection manifesting valued authentic actions" (Gallavan & Webster, 2012, p. 405). Whilst this conceptualisation of cultural competence shares much in common with those discussed above, even to the extent of sharing Sperry's (2010, 2012) view that the cultural competence is best understood as a spiral. However, Gallavan and Webster's (2012) rendering of the concept lacks the detail and clarity contained in Sperry (2010, 2012) and Almutairi et al. (2015). Another weakness is that the cultural competence journey as envisioned by Gallavan and Webster (2012) is sequential rather than spiral, as it starts narrowly and broadens out as the individual progresses through each successive stage. Strengths of this interpretation is that is situates cultural competence as a dichotomy between structure and agency or ownership and freedom/choice. Applying this duality to the present study, organisational leaders and managers have to achieve an effective and efficacious equilibrium between organisational realities and constraints, such as limited resources and meeting the myriad requirements and wishes of a diverse workforce. Another strength is that recursiveness is intrinsic within this interpretation. "The recursive nature of conscientization edifies the reoccurring and ever-expanding process infusing perception, preparation, proficiency, professionalism, and purposefulness into the structure. The

repetition incurs transformation that incurs more awareness, action, and advocacy fueled by deep thought and mindful practice" (Gallavan & Webster, 2012, p. 405). Although it is not explicitly or widely discussed in the article, praxis, or the process through which a theory or skills is realised is integral within Gallavan and Webster's (2012) representation of cultural competence. This is another example of cultural competence being action oriented and being directed towards producing mutual benefits.

The production of shared benefits is also central to Overall's (2009) cultural competence conceptual framework for library and information science (LIS) professionals. Sociocultural psychology and cultural psychology provide the theoretical basis for their definition of cultural competence and in developing the conceptual framework. Describing culture as "acts and activities shared by groups of people and expressed in social engagements that occur in their daily activities" and competence as "highly developed abilities, understanding and knowledge" (Overall, 2009, p. 183), presents a comprehensive and integrative LIS-specific cultural competence definition.

> Cultural competence is the ability to recognise the significance of culture in one's own life and in the lives of others; to come to know and respect diverse cultural backgrounds and characteristics through interaction with individuals from diverse linguistic, cultural and socioeconomic groups; and to fully integrate the culture of diverse groups into service work and institutions, in order to enhance the lives of both those being serviced by the library profession and those engaged in service (2009, p. 189/90).

This definition includes the self-reflective, cultural awareness, cultural knowledge, cultural interaction and cultural sensitivity factors mentioned above. It also suggests that a collaborative and collegiate approach is required for cultural competence to be successfully implemented.

According to the US, National Association of Social Workers, cultural competence is "the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, spiritual traditions, immigration status, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each" (NASW, 2015, p. 13). The definition contains an intersectional interpretation of cultural competence and implicates it with social equality and social justice attributes. NASW's (2015) interpretation imbues it with agency through responsiveness, recognition, affirmation, valuing, protecting and preserving. In this way it is action oriented. NASW also proffer a definition of cultural competence as it applies to operationalisation within an organisation. Therein it is defined as "the integration and

transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes" (NSAW, 2015, p. 13). This organisational definition highlights the role of leadership, management and HRM cultural competence as it leaders, managers and human resources that are responsible for setting standards, determining policies, instituting practices, establishing attitudes and leading, enabling and sustaining performance improvements. Enhanced organisational performance is also central to Davis' (1997) interpretation of cultural competence as the facility to interpret and integrate knowledge about different groups into opinions, values, policies and practices with the aim of achieving better service and organisational outcomes.

O'Neill (2016) offers a broad brush understanding, identifying the individual and organisational applications, intercultural competence, an assumption of anti-discrimination and an inclusive organisational environment that values diversity.

> Cultural competency means that a person or organisation has the knowledge, understanding and skills to embrace diversity and to work with people from diverse backgrounds. It implies that discrimination is not tolerated and that people are accepted and valued because of their differences, instead of being seen as inferior or superior. It suggests an inclusive and dynamic business culture (O'Neill, 2016, p. 9).

The zero tolerance position on discrimination that is implied in this definition is associated with an upbeat and forward looking organisational environment. Thinking in terms of this study's research focus and aspirations, it is the leadership and management of an organisation that sets the tone, in terms of setting the corporate agenda through its policy agenda, championing cultural diversity and setting a positive example. An active role for organisational leaders and managers is implied within Sronce and Li's (2011) definition of and elucidation on cultural competence, as they state that in addition to recognising cultural variables, cultural competence includes the ability to achieve functional solutions using analytical approaches. Describing the terminological, definitional and conceptual diversity surrounding cultural competency as "confusing and reveal[ing] a lack of clarity as to what such approaches consist of and how they can be implemented", Evans et al. (2012, p. 817) reject definitional consensus as premature as the concept is comparatively new in healthcare. When one considers the definitional, conceptual and applicatory diversity contained in this literature review and the fact that the majority of definitions cited are concerned with the delivery of healthcare or education, there is a clear argument for the development of a definition specific to leadership, management, HRM and workforce.

Povenmire-Kirk et al. (2015) grapple with the cultural competence's conceptual evolution, from Cross et al.'s (1989) early foundational definition, taking in Adams (1995) cultural competence hierarchy, to TDH's (1997) operationalisation of the concept. They state that this continuing evolution has been positive in highlight the necessity to integrate knowledge and skills into appropriate and respectful practice that results in performance improvements. This study's empirical research focus on leadership and management supports Evans et al.'s (2012) assertion that the term and concept has heterogeneous and situational interpretations and applications. Thus, it is worth noting Povenmire-Kirk et al.'s (2015) advice to be knowledgeable about cultural competence's history and characterisations, and to have clarity about what it is and is not, in order to identify good cultural competence practice.

Whaley (2008) highlights the confusing interchangeable use of terms such as, *cultural competence*, *cultural sensitivity*, *multicultural competence*, *cross-cultural competence* and *cultural awareness*. This confusion has implications for applying cultural competence within healthcare settings. For example, the inability to define cultural competence impaired healthcare management's ability to apply the concept to clinicians (Berger, Conroy, Peerson, & Brazil, 2014). One difficulty in defining cultural competence is its transdisciplinary application that includes, healthcare (cf. Gertner *et al.*, 2010; Shannon, 2010; Gaston, 2013) education (cf. (Peterson and Davila, 2011; Povenmire-Kirk *et al.,* 2015; Salmona *et al.*, 2015), individual psychology (cf. Sperry et al., 2012), and social work (cf. Weaver, 1999; Horevitz *et al.,* 2013), to name a few.

As is the norm with emergent theories and concepts, cultural competence has not been met with universal approval. For example, Alexander & Stivers (2010) challenge the very basis of culture competence arguing that it transmutes race into culture. Specifically, they contend that cultural competence "which asserts the debatable (and debated) notion that people who share an ascribed characteristic like race also share unique cultural norms and values" (Alexander & Stivers, 2010, p. 581). This is a misreading of cultural competence conceptualisations that address a wide range of diversity identities of which ethnicity rather than race, is but one. Carey (2015) discusses limits of cultural competence. The argument therein "is that both the conceptual underpinnings and the operationalisation of cultural competence necessitate an over-reliance on essentialised notions of indigeneity, cast in radical opposition to non-indigeneity, which negate multiple and diverse expressions of indigenous identity and lived experience" (Carey, 2015, p. 828). It should be pointed out that this is a highly specific criticism into a report by Universities Australia entitled, *National best practice framework for Indigenous cultural competency in Australian universities.* The specificity of the criticisms are such that they are not universally applicable to cultural competence

conceptualisation and operationalisation. However, the criticisms serve as a clarion call to uncritical conceptualisations and applications of cultural competence, and the importance of taking steps to avoid the tokenism or false sense of achievement that characterises organisations in the cultural pre-competence stage on Cross et al.'s (1989) cultural competence continuum. Gallegos et al. (2008) argue that the ubiquity of culture competence in the academic literature has been accompanied with definitional disagreements, as well as, disputes about how best to operationalise it. Saunders et al. (2015) also draw attention to the epistemological debates about cultural competence definitions, whether professionals can be genuinely culturally competent, and the need for greater clarity in defining cultural competence.

Cultural competence is a process, a leadership attitude, a management policy, a concept requiring operationalisation, measurement and evaluation, so much so that it descriptions as a developmental process and journey are entirely apt. What also emerges from these descriptions, definitions and conceptualisations is that cultural competence is multi-dimensional, multilevel, strategic, situational, recognises and values diversity, and makes use of cultural knowledge management. This contextualisation provides a basis for developing a conceptual framework herein.

2.3   Leadership Cultural Competence

Studies related to education and training produced the most results from keyword searches combining the terms 'cultural* competence*' and 'leadership'. In addition to its application in health and healthcare settings (cf. Dodds *et al.*, 2003; Munoz *et al.*, 2009; Wilson-Stronks and Mutha, 2010; Like, 2011; Pierce *et al.*, 2012; Comer *et al.*, 2013; Waite *et al.*, 2014), cultural competence leadership education (and training) was also examined and promoted in literature on leadership and management education (Sandlin *et al.*, 2012; Mendenhall *et al.*, 2013; Forbes, 2014), teacher education (Lai, 2009), non-profit management (K. Lee, 2009), school leadership, management and administration (Nelson & Bustamante, 2009), human resource development (Ma Rhea, 2013; Plaister-Ten, 2014), and the military (Hufford *et al*., 2010).

Four distinct and interrelated subthemes emerge from the literature on cultural competence leadership education. First, there is widespread acknowledgement of the need for culturally competent leadership in today's multicultural workforces (cf. Sandlin *et al.*, 2012; Mendenhall, Oddou and Burke, 2013; Forbes, 2014). Second, western universities are recognising and responding to this perceived need by delivering courses linking cultural competence and leadership (Munoz et al., 2009; Pierce et al., 2012; Comer et al., 2013; Mendenhall et al., 2013). Third,

healthcare providers and their professional associations are also recognising and making provision for interdisciplinary education that links cultural competence and leadership (Dodds et al., 2003; Like, 2011). Fourth, whilst other organisations focus cultural competence leadership education on organisation management and leadership, healthcare organisations tend to approach it in relation to patient care (cf. Munoz et al., 2009; Wilson-Stronks & Mutha, 2010). Powell Sears (2012) argues that much cultural competence education and training are undermined by cultural essentialism and will benefit from applying an intersectional framework. The intersectional framework is "a set of assumptions regarding the experiences of groups that are politically, economically, educationally, sexually, culturally and/or otherwise marginalised within a larger societal context" (Powell Sears, 2012, p. 546). In recent years, intersectionality has begun to be considered alongside cultural competence within health and healthcare (cf. (Ngum Chi Watts *et al*., 2014; Ngum Chi Watts *et al.*, 2015).

Osula and Ng (2014) envision a collaborative and transformative model of public sector leadership based on ethics, values and principles that include cultural competence, integrity, self-awareness, collaboration, intentionality, followership and future orientation. In a related study, Levesque-Bristol and Richards (2014) connect cultural competence with ethical leadership and stakeholder engagement in promoting shared learning. Cultural competence as a strategic component in effective organisational leadership is also evident in Gauss' (2012) study on healthcare organisation diversity which includes it alongside corporate culture, strategic planning, mentoring and patient satisfaction. Likewise, when strategically aligned with collaboration, coordination, networking, advocacy and capacity building, cultural competence and leadership, were the pillars of successful English as a Second Language (ESL) education (Van Ngo, 2007).

Leadership style is an important feature of cultural competency and affects job satisfaction and work performance (El Amouri & O'Neill, 2014), with cultural knowledge, openness, flexibility, emotions strength, perceptiveness, listening orientation and transparency as distinguishing qualities of culturally competent leaders (Plaister-Ten, 2014). Rosenberg and Rosenberg (2008) argue that a lack of leadership diversity affects the performance of US healthcare organisations, whilst Dotson and Nuru-Jeter (2012) made a business case for enhancing leadership diversity within healthcare organisations. Likewise, Wilson-Stronks and Mutha (2010) linked cultural competence to healthcare organisational quality and performance.

Of particular relevance to the cultural context of this study's empirical research, Shipp and Kim (2014) argued that the interrelationships between the 'subcultures' of leadership and gender can have benefit or impede organisational cultural competence performance. Scholars state that

leadership is often being a neglected aspect of cultural context of an organization. Nevertheless, the leadership style predetermines the success and efficiency of the organisational cultural competence. Authors believe that "tyrannical leadership will produce division; whereas, transformational leadership will produce collaboration" (Shipp & Kim, 2014, p. 8). Gender is another subculture and its impact on organisational cultural competence significantly may be not be neglected too. According to Shipp and Kim (2014), the principal issue refers to the fact that gender impacts a whole organisation as well as leadership system is either male or female dominated, and it may result in various organisational discrepancies.

2.3.1 Levels of Leadership Cultural Competence

Informed by theories and models for professionals (Gallavan & Webster-Smith, 2012; NASW, 2015), organisations (Cross et al., 1989; Leininger, 1998, Rosenjack & Burcham, 2002; Goode et al., 2006; Sperry 2010, 2012; Almutairi et al., 2015), and leadership (Casida & Pinto-Zipp, 2008; El-Amouri & O'Neill, 2014), this study conceptualises leadership cultural competence as operating on four levels: personal, knowledge, behavioural and strategic (see Table 1). Personal and attitudinal attributes include self-efficacy, openness, emotional strength, perceptiveness, listening orientation, collaborative, envisioning, championing and being a change agent. These are qualities associated with transformational leadership. Knowledge areas include intersectionality, diversity and diversity management, dynamics of difference and the relationship of cross-cultural management to organisational performance, and employees' motivation, job satisfaction and organisational commitment. Behavioural practices include self-reflexivity, continuous self-assessment, interpersonal communication, advocacy and adaptability. Strategic orientations are identifiable in approaches to research and selection, cultural learning and knowledge facilitation, and intersectional and cross-culturally informed policies and programmes that are continuously monitored, evaluated and developed. These emphases can be characterised as transactional leadership. This representation of leadership cultural competence attributes, approaches and practices support the findings of previous studies, suggesting positive associations between an interaction between transformational and transactional leadership styles and, for example, POS (Sadeli, 2012) or job satisfaction (Roberts-Turner, 2014). Furthermore, bearing in mind the importance of implementing cultural competence analytically and functionally, and how this requires planning, policy, task and role clarification, as well as monitoring and evaluation, the position advanced herein is that there are benefits to be gained from having an integrative leadership style that captures elements of both transformational and transactional leadership.

Table 2:1 Levels of Leadership Cultural Competence

Personal/ Attitudinal	self-efficacy; openness; emotional strength; perceptiveness; listening orientation; collaborative; envisioning; championing; change agent
Knowledge	intersectionality; diversity/diversity management; dynamics of difference; cross-cultural management relationship to employee motivation, job satisfaction and organisational commitment and performance
Behavioural	self-reflexivity; continuous self-assessment; interpersonal communication; advocacy; adaptability
Strategic Orientation	research and selection; facilitating cultural learning and knowledge; intersectional and cross-cultural policies and programmes

2.3.1   Dimensions of Leadership Cultural Competence

The following conceptualisation of the leadership cultural competence dimensions is informed by, and builds on, existing cultural competence definitions, contextualisation, theories of intersectionality, holistic models and frameworks in seeking to develop an application ready model for use in leading and managing a diverse workforce. There are six dimensions: (1) intersectional disposition; (2) holistic cultural awareness; (3) culturally proficient behaviour; (4) cultural sophistication; (5) cultural competence implementation; and (6) embedded cultural proficiency (see Figure 1).

Figure 2:4 Dimensions of Leadership Cultural Competence

1. *Intersectional Disposition/Consciousness* – cultural pluralism that accepts and respects differences and the different realities or worldviews that these produce (cf. Almutairi et al., 2015; Campina-Bacote, 2002). Such a disposition eschews ethnocentrism and the inequalities and disempowerment it creates, and places emphasis on mutually beneficial inclusivity. This disposition or attitude informs and is reflected in self-reflective/ empowering inter/intra cultural awareness.

2. *Holistic [Self-Reflective/Empowering Inter/Intra] Cultural Awareness* – recognising that one's own and others' personal experiences, values, beliefs and perspectives influence awareness, understanding and appreciation of cultures including both one's own and others (cf. Overall, 2009; Goode et al., 2006). Underpinned by an intersectional disposition, it also recognises that age, gender, social class and other identifications inherent in different cultures can mean that there is greater intracultural variation than intercultural variation. Premised on reflectiveness and inclusive empowerment, leadership cultural awareness displays understanding of culture's dynamism, together with the potential contradictions, collisions and complementariness of intercultural interactions.

3. *Culturally Proficient Behaviour (CPB)* – incorporating the attitudinal Intersectional Consciousness and cognitive Empowering Cultural Awareness into leadership behaviours. Some commentators refer to cultural or critical skills as essential components of cultural competence models in which they are related to cross-cultural interactions (cf. Rosenjack Burcham, 2002; Almutairi et al., 2015). In a significant departure from these earlier representations of cultural skills and/or interactions being solely confined to inter- or cross-

cultural interactions, CPB includes all professional behaviour. It is not restricted to inter or cross cultural interactions. For example, all the attendees of a board meeting may be from the same cultural group, the same social class and the same sex. Culturally proficient leadership behaviour is particularly important in such scenarios as it provides a cultural competence context for discussions and decision making, and in emphasising cultural competence, starts or continues the process of its normalisation and institutionalisation. This type of envisioning, role modelling, change-oriented innovation and intellectual stimulation are attributes of transformational leadership. Cultural sensitivity and responsiveness are requirements of CPB, as is the development of intra- and intercultural skills in communicating, negotiating, working with and leading cross-cultural interactions and groups. Moreover, CPB is also an indication of leadership Cultural Sophistication and, in setting an example to top management and middle management, it acts as a precursor to embedding cultural sophistication throughout the organisation.

4. **Cultural Sophistication** – the ability to translate the knowledge of intra- and intercultural dynamics and their potential to reshape myriad negative manifestations into a positive reconfiguration of organisational culture that is inclusive, empowering and performance improving (cf. Povenmire-Kirk et al., 2015). Together with CPB, cultural sophistication is integral to leadership's ability and idealised influence to initiate or develop organisation-wide knowledge and appreciation of the benefits of cultural competence. To be culturally sophisticated in the sense that is meant here, requires leadership vision of a culturally proficient workforce, innovation and change agency from leadership in constructing the vision of a new, culturally proficient organisational culture, climate and practice, and inspiring leadership that engages employees at all levels across the organisation. This abstracted and communication-dependent stage of the leadership cultural competence process corresponds to the envisioning, intellectually stimulating and change inspiring character of transformational leadership and is the foundational basis for Cultural Competence Implementation.

5. **Cultural Competence Implementation (CCI)** – translating attitudinal Intersectional Consciousness, cognitive Empowering Cultural Awareness, behavioural CPB and emotionally intelligent Cultural Sophistication into tangible action at corporate, management/departmental, and HRM-mediated workforce levels. Cultural implementation corresponds with Sperry's (2010, 2012) cultural action in going beyond awareness, knowledge, sensitivity and interaction to activate and operationalise cultural competence. It involves the development and application of policies, programmes and procedures designed to develop organisation-wide understanding (including its challenges, barriers and benefits), acceptance and practice of cultural competence. Additionally, CCI includes the continual expansion of intersectional, cross-cultural knowledge through learning and development programmes and resourcing (cf. Olavarria et al., 2009), together with change strategies to normalise and institutionalise cultural competence throughout the organisation.

6. **Embedded Cultural Proficiency (ECP)** – continuous evaluation, monitoring, adaptation and refinement of cultural competence policies, programmes, procedures and practices at all

organisational levels (cf. Cross et al., 1989). The alignment of strategies so that they conform to and extend cultural competence at all levels across the entire organisation. Embedding, normalising and institutionalising cultural competence includes culturally informed strategic planning, policy analysis and development, programme development or adaptation, use of reward motivation (cf. Aboshaiqah et al., 2017). Each of these is characteristic of transactional leadership. Institutionalising and embedding cultural competence throughout a large organisation, such as, a major public hospital requires a systematic organisation-wide approach. The role of strategic and sustainable human resource management is critical to this endeavour, as is the acceptance, support and normalisation of cultural competence at management level. It is not sufficient for organisational leadership to be enthused about and committed to cultural competence if this is not translated and extended across all organisational levels.

The first three dimensions of leadership cultural competence (intersectional disposition, holistic cultural awareness and culturally proficient) are not aligned to a particular leadership style. They can, therefore, be viewed as either leadership style neutral or embracing both transformational and transactional leadership (see Figure 2). Carrim and Nkomo (2016) stated that the aim of intersectional disposition is to explain the way individuals maintain their relationships in the work environment (p. 261). Bright et al. (2016) also do not identify intersectional disposition as a category of either transformational or transactional leadership style. Cultural awareness is not framed by a leadership style taking into account the fact that both leadership styles may be applied in various work environments. In a culturally diverse environment, it is the ability to interact and improve interactions in a cross-cultural workforce that matters most (Subramaniam, 2015, p. 61). Of the three remaining leadership cultural competence dimensions, cultural sophistication is characteristic of transformative leadership as it is connected with such behaviours as impression management, performance improving and inspiration via communication of visions (Fernandes and Awamleh, 2006, p. 66). CCI and ECP both necessitate attributes associated with transactional leadership as they refer to such transactional behaviours as planning, monitoring and policies implementation (Sperry, 2010). This means that particular leadership styles are associated with specific dimensions of leadership cultural competence, as well as with measures of employees' employment experiences and perspectives.
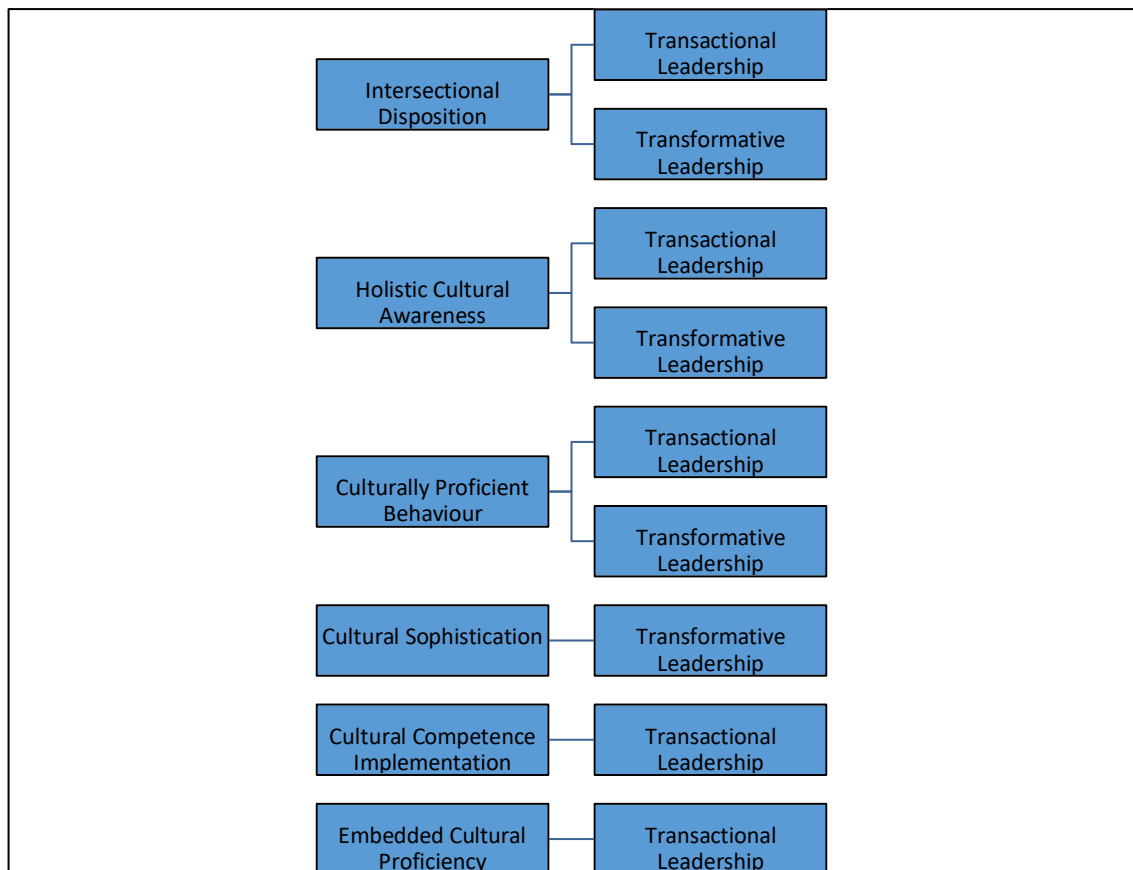
Figure 2:5 Leadership Cultural Competence Dimensions and Leadership Styles

2.4   Management Cultural Competence

The global economy influences every aspect and sphere of activity and the health care environment is not an exception. Individuals from various cultures and countries comprise the workforce of health care. This consequently makes it difficult for managers to create a highly integrated employees' community taking into account approaches to leadership that differ throughout the world (Musamali & Martin, 2016). Ergo, there is an urgent need for all managers to be able to work in multicultural environments by having a profound level of cultural awareness. A good leader should be able to recognise the cultural and intercultural competences levels of employees. The results of Musamali and Martin's (2016) study have shown "a significant correlation between effective leadership practices and cultural intelligence" (p. 127). A successful management of cultural competence should start from the organisation-wide transformation as suggested by Gertner et al. (2010). Subramaniam (2015) suggests a five-step model for the integration of cross-cultural aspects in management that starts from a global assessment of cultural competence and ends in managers' training of the proper application of culture in workplace.

2.5 Organisational Cultural Competence

Carizzales et al. (2016) define organisational cultural competency as "specific organizational actions and policies that enable the organization to more effectively serve its culturally diverse populations" (p. 126). Organisational cultural competence (OCC) has been linked to improved organisational performance (Casida & Pinto-Zipp, 2008; Plastrik, 2001), whilst the lack of or poor OCC has negative impacts on organisational performance (Douglass & Klerman, 2012; Whealin & Ruzek, 2008). Douglass and Klerman's (2012) finding that the absence of OCC was correlated with a negative organisational climate may have implications for this study and merits consideration as workplace climate affects employees' employment intentions (cf. Liou and Cheng, 2010; Sveinsdóttir and Blöndal, 2014; Whitehead *et al.*, 2015).

The active support and promotion of cultural competence by organisational leaders and managers is important to making it an organisational-wide philosophy and practice (Gertner et al., 2010). Koster (2012) extends the leadership buy-in thesis by adding widespread employee participation as a condition of establishing a culturally competent corporate culture. Research on OCC has examined the link between its individual and organisational dimensions. In their examination of the link between individual cultural competence (ICC) and OCC, both Darnell and Kuperminc (2006) Ljubica et al. (2016) represent management as the critical independent variable linking the two. Whilst Darnell and Kuperminc's (2006) study associates culturally competent organisational policies and programmes with positive individual perceptions of cultural competence, Ljubica' et al.'s (2016) define OCC as the management of ICC. These studies strongly suggest that organisational leaders' degree of commitment to cultural competence is directly correlated to the quality of ICC and OCC.

Contiguously, OCC should be reflected in corporate thinking and evident in vision and mission statements and performance management and measurement strategies (Gertner et al., 2010). The Nursing Performance Appraisal Tool is an example where cultural competency, leadership, planning, collaboration and communication behaviours are assessed (Kalb et al., 2006). There is an expanding body of literature on the measurement and assessment of OCC within healthcare (cf. Randall-David, 1994; LaVeist *et al.,* 2008; Whealin and Ruzek, 2008; Olavarria *et al.*, 2009), and other organisations (cf. (Bustamante, 2006; Geron, 2002).

There is also growing literature describing and evaluating interventions aiming to improve OCC (cf. (M. E. Delphin-Rittmon, Andres-Hyman, Flanagan, & Davidson, 2013; M. Delphin-Rittmon et al., 2016; Taylor-Ritzler et al., 2008), such as those focusing on employee training and coaching (cf. Plaister-Ten, 2014). The need for knowledge and skills in organisational culture acquisition has been

also emphasized in the study of Casida and Pinto-Zipp (2008) devoted to the analysis of OCC in nursing units of acute care hospitals. Aggarwal (2015) considers that it is crucial for health care units to improve OCC by enrolling international employees or ethnic and racial minorities into administrative positions. Finally, Teasley (2007) discussed the need for diverse employees to be given opportunity to provide their feedbacks as a part of the creation of culturally competent organisation. Critically reviewing this literature has been integral to inform the design of this study's empirical research methodology.

2.6   Workforce Cultural Competence

Within today's globalised and increasingly globalised work, there is growing importance to organisations to have diverse and culturally competent workforces. According to O'Neil (2016), cultural competence is about understanding and embracing diversity and, consequently, the ability to work with people from different cultures. This knowledge should form during the so-called "diversity training", which is a necessary part of modern education (Povenmire-Kirk *et al.,* 2015). According to Friedman & Hermann, "a strong cultural identity enhances… social, and emotional competence; fosters well being; increases access to opportunity and leads to critical citizenry, self-advocacy, and the accrual of… cultural capital. As stewards of others' learning, teachers must develop their own cultural competence to nurture positive cultural identity growth in all students" (2014, p. 193). This statement predetermines the need for the culturally competent workforce in all settings including health care environment.

The development of workforce cultural competence should be achieved on several levels. Cultural competence should be developed on the organisational level first (Subramaniam, 2015). The connection between organisational cultural competence and individual cultural competence has been demonstrated by Ljubica et al. (2016). According to McCalman et al. (2017), such a transition should be implemented together with several approaches such as user engagement, delivery across multiple sites and organisational readiness. Consequently, organisational changes influence individuals' cultural competence as well. The role of leaders' characteristics should not be underestimated as well. According to Guerrero et al. (2013), the development of individual cultural competence is connected to the leader being decision maker with necessary knowledge and competence about cultural diversity.

 Whilst recognising the widespread theorisation of cultural competence as processual and often conceived of structurally and institutionally within the context of the organisation, Cushman et al. (2015) underscore and focus on the micro-level of self-awareness. The strategy the authors

employed in their empirical research was one in which they intentionally concentrated initial attention on heightening individuals' cultural humility and cultural awareness, building their capacity "to hold and understand these issues on an individual level, even when they are conceptualized and discussed at a historical and structural level", before moving on to develop their "insight to more macro-social processes, including interactions with and between groups, organizations, and institutions" (Cushman et al., 2015, S133). Colvin-Burque et al.'s (2007) self and other awareness project (SOAP) model also highlights both the content and process necessary to the development of cultural competence.

2.7   Cultural Competence and Related Cultural Concepts

This chapter critically examines the cultural concepts referred to in this thesis. It aims to provide a context within which the conceptual framework has been developed. Cultural competence is examined in relation to cross-cultural leadership and/or management (Andrade, 2014; Eisenberg et al., 2013; Sri Ramalu, Che Rose, Kumar, & Uli, 2010; Sronce & Li, 2011). Cultural intelligence is increasingly regarded as a component of culturally competent leadership (cf. (Bücker, Furrer, Poutsma, & Buyens, 2014; Kim & Van Dyne, 2012; Plaister-Ten, 2014; Tuleja, 2014), and management (Ramalu et al.,2010), affecting organisational behaviour/workplace climate (Reichard et al., 2015) job satisfaction (Bücker et al., 2014), and organisational performance (Lee and Liao, 2015). An important step in addressing terminological and definitional difficulties in developing the conceptual framework is determining the relationship of (leadership) cultural competence concepts such as diversity management (Dreachslin, 2007; Weech-Maldonado, Dreachslin, Dansky, De Souza, & Gatto, 2002), cultural awareness (Witte, Sequeira and Fonteyne, 2003; Robb and Douglas, 2004; Bustamante, 2006; Nelson and Bustamante, 2009; Like, 2011; Tuleja, 2014; Waite, Nardi and Killian, 2014; Khalil[1] and Brown[2], 2015; Marbley, Stevens and Taylor, 2015; Palombaro *et al.*, 2015), and intercultural competence (Munoz et al., 2009; Fine & McNamara, 2011; Tuleja, 2014; Sandlin et al., 2012; Fine & McNamara, 2011; Wade-Berg et al., 2013). Particular attention has to be given to diversity management, which has many definitions ranging from the management of ethnically and culturally diverse workforces to those that take account of "differences in gender, racio–ethnicity, age, physical abilities, qualities, and sexual orientation, as well as differences in attitudes, perspectives and background" (Robinson and Dechant, 1997, p. 22). Since cultural competence has been viewed as a component of diversity management, reconceptualising this relationship is central to formulating the research's conceptual framework. The multidimensional character of Robinson and Dechant's (1997) definition is also significant to the development of the conceptual framework as it points to the intersectional nature of diversity. The concept of intercultural competency (ICC)

is defined as one's ability to accommodate personal cultural perspective into cultural differences and easily adapt in the culturally diverse environment (Sandell & Tupy, 2015). The scholars identify intercultural competency in their study devoted to the need of development of intercultural skills, knowledge and abilities. The concept of intercultural communication should also be taken into consideration in this respect. Egro, intercultural communication is seen as a constituent of ICC responsible for the efficient verbal and nonverbal communication with representatives of various cultures. Finally, it is necessary to be able to differentiate cultural awareness from cultural competence as "cultural awareness necessitates recognizing the importance of cultural differences; whereas cultural competence is considered to be a higher level ability to work with people from different cultural backgrounds" (Yang and Montgomery, 2011, p. 2).

2.7.1 Cultural Competence and Cross-Cultural Leadership

The concept of leadership undergoes numerous alternations as the way organisations operate changes over time. Immigration flows within a globalised world economy has influenced leadership drastically so that we recognise the notion of cross-cultural leadership today. These days a successful leader should be culturally aware and competent individual. Castano et al. (2015) introduce the idea that one should differentiate region-wide and country-specific leadership behaviours. Andrade (2014) dwells on three most important competencies of cross-cultural leadership, namely 1) being culturally flexible, 2) valuing cultural differences and 3) tolerating ambiguity. Deng and Gibson write about cross-cultural training programs and that they "emphasize increasing an expatriate manager's cultural competence in dealing with others from local cultural backgrounds by enhancing their cognitive awareness and knowledge of the new host culture. However, such basic cognitive training neither encompasses the probable complexity and uncertainty faced by the trainee once in the new culture nor provides the trainee with the meta-cognitive skills needed to learn in new situations and cultures" (Deng and Gibson, 2009, p. 359). Ergo, the training should be aimed at the development of leaders following those whom Lakshman (2013) calls "bicultural individuals". According to Lakshman (2013), biculturals have better cultural awareness and it results in making fewer culturally biased decisions, which is the primary aim of cross-cultural leadership.

2.7.2 Cultural Competence and Cross-Cultural Management

Cross-cultural management is not a new concept although its understanding and meaning has changed significantly over time. Bird and Mendenhall (Bird, Mendenhall, Bird, & Mendenhall, 2016) state that traditionally three types of cross-cultural management research have been distinguished:

unicultural, comparative and intercultural. Unicultural research deals with cultural management in a single country. Comparative research compared management in two or more countries while intercultural focused on the interactions between employees from different countries. As the globalisation rapidly started, the need for global cross-cultural management appeared. According to Buko, cross-cultural managers should obtain the following set of skills: leadership; communicative skills such as ability to listen, linguistic competence, knowledge of cultural specifics and tolerance (2013, p. 16-17). Goodman (2012) suggests various methods aimed at training a competitive cross-cultural managers. There methods include international team building exercises, global leadership programs, cross-cultural curricula, virtual training and knowledge of management systems. However, Richter et al. believe that cross-cultural management should be studied in terms of cultural archetypes, which represent "a configuration approach to studying culture that incorporates a holistic pattern of multiple cultural dimensions" (2016, p. 63).

2.7.3 Cultural Competence and Cross-Cultural Communication

The lack of proper cross-cultural communication is the first barrier to the effective operation and development of any organisation (Reichard et al., 2015; Venkateswaran & Tiwari, 2010). The vivid example is provided by El-Amouri and O'Neill (2011) who study the effectiveness of nurse-nurse and nurse-patient communication in the multicultural health settings. Scholars deduce that the lack of common understanding may become an issue of life and death. "There is an inherent dilemma for nurses because they need to come to grips with cultural and linguistic differences in their work context in order to provide culturally competent care" (El-Amouri & O'Neill, 2011, p. 241). According to Arasaratnam et al. (2010), the capability to be an active listener is a principal characteristic of a good intercultural communicator. Buko (2013) appends to the idea by stating that it is of critical significance to have the necessary level of linguistic competence to interact cross-culturally efficiently. Nevertheless, successful cross-cultural communication is a set of skills that should be trained and Vijaya and Tiwari (2010) suggest a three-stage transition model aimed at acquiring necessary skills.

2.7.4 Cultural Competence and Cultural Intelligence

Reichard et al. define cultural intelligence as "the ability to adapt to new cultural context" (2015, p. 461) stating that it is a distinctive feature of cross-culturally competent employees. Fellows et al. (2014) supports this opinion appending that the successful interaction will happen only in case an individual is able to recognise cultural indicators. Kim and Van Dyne have studied the importance of cultural intelligence for becoming a strong international leader. The results have demonstrated

that "prior intercultural contact and cultural intelligence are meaningful criteria for developing international leaders" (2012, p. 272). Chen and Lin (2013) investigated the impact of cultural intelligence on knowledge sharing in multicultural teams. Their findings demonstrate that there is direct connection between effective knowledge sharing and cultural intelligence. Finally, Büker et al. (2014) deduce that cultural intelligence is also important when it comes to reducing anxiety and improving job satisfaction level of employees.

2.8 Cultural Competence and Organisational Concepts and Theories

As in the case of the previous theme, cultural competence has been considered in association with a range concepts and theories relating to organisations. These include, organisational culture (Casida & Pinto-Zipp, 2008; El Amouri & O'Neill, 2014; Grant, 2010; Luger, 2011; Olavarria et al., 2009; Patterson, 2013), organisational development (Applegate, 2001; Dotson & Nuru-Jeter, 2012; Gertner et al., 2010; Glover & Friedman, 2014; K. Lee, 2009; Ljubica et al., 2016; Plastrik, 2001), and organisational theory (Kraimer, Shaffer, & Bolino, 2009; Shih, Young, & Bucher, 2013; Whealin & Ruzek, 2008).

2.8.1 Organisational Culture

According to Lumby (2012), every organisation depends on culture as a fundamental disciplinary and shaping force (p. 581). Organisational culture is especially important as it is associated with job satisfaction (Luger, 2011), power relations within organisations (White & Chalmers, 2011), organisational responsiveness to managing diversity (Bowen, 2008), gender culture (Graf, 2004; Shipp *et al.,* 2014), multidimensional cultural tensions in the workplace (Yan, 2008), and organisational performance (Casida & Pinto-Zipp, 2008; Flores & Combs, 2013). Gregory et al. (2012) have studied the importance of organisational culture in the particular environment. They conclude that a trained cultural competence plays a significant role within the Interactive Systems Framework. Still, not all organisations manage to implement a successful organisational culture. This issue has been investigated by Reese and Beckwith (2015) who have found out that several barriers to efficient culture exist, namely 1) the lack of prioritization of cultural competence, 2) limited budgeting of competent services and 3) untrained staff that is not culturally aware.

2.8.2 Organisational Climate

Organisational climate is defined as "the staff perception relation to work in a particular workplace, i.e. decision-making, outcome expectation and norms in the work environment" (Lowe, Kroeck, &

Sivasubramaniam, 1996)(Lin, 2016, p. 1146. Ergo, organisational climate cannot be neglected as far as it is directly related to employees' relation to work and the performance of their duties. The importance of organisational climate has been examined by Douglass and Klerman (2012) in the study of the Strengthening Families Initiative. The results of the study have demonstrated that organisational climate is one of four primary pathways to quality improvement. According to Dreachslin (2017), the notion of diversity management is significant when it comes to the organisational climate in nursing as far as it directly influences employees' decision-making and overall patient care. Nevertheless, organisational climate may be developed with the help of training. Patterson (2013) suggests the so-called Layers of Engagement program that aims at enhancing transformational change and cognitive abilities.

2.8.3   Organisational Change

More than a decade ago, Nybell and Gray were discussing "culturally competent organizational development" and "culturally competent organizational change" (2004, p. 17). Despite their prescience, the limited attention on these concepts in the intervening years provides a further justification for this study's research focus and design. According to Gertner et al. (2010), numerous healthcare institutions initiate culturally competitive strategies for organisational change because of various aspects such as the need for quality improvement, demographic changes, accreditation standards, equitable care missions and regulatory requirements. Cordova et al. (2014) write that various healthcare disparities also lead to the necessity to address organisational culture and initiate changes. These disparities are often caused by a misunderstanding as a result of an increasing array of different ethnic and racial groups in one working settings (Bonder *et al.,* 2001). Foldy and Buckley (2017) discuss the role of emotions in organisational changes implementation. Scholars believe that in a culturally varied environment, there is a tendency for employees to hide their emotions and it results in a change inhibition. Ergo, change managers should be able to address emotions as well as provide competent trainings examining oppression, racism, racism and diversity (Saunders *et al.,* 2015).

2.9   Cultural Competence and Intersectionality

"The sociological theory of intersectionality… seeks to examine how – various socially and culturally constructed categories of identity such as gender and race interact on multiple and often simultaneous levels" (Applegate, 2001, p. 38). The idea behind intersectionality lies in the fact that classical oppression models such as race, sex or religion, do not function independently. Instead,

they interact and create more complex oppression systems. Although Koehan et al. (2013) state that there is a lack of literature on the topic, some of the studies should be mentioned. Garran and Werkmeister Rozas (2013) present the idea that concepts of intersectionality, cultural competence and social identity have been created to enhance anti-oppression moods and social justice approaches. These approaches are especially relevant for cross-cultural communication in a globalised society. As Jani et al. (2015) state, all these changes make social workers reconceptualise the concepts of diversity and the way they should be addressed in various environments. The theory of intersectionality presupposes that healthcare should be democratic and fair. According to Meyer et al. (2017), "diversity training aims to reduce bias and prejudice among individuals, while simultaneously building skills and motivation to interact with people with varied characteristics" (p. 365). Nevertheless, the practical implementation of diversity training is often very poor as Mayer et al. (2017) believe. Scholars write that institutions often pay more attention to the study of the politically correct language than to the deep understanding of discrimination or marginalisation. Meyer et al. (2017) describe various approaches to diversity management such as a person-centered approach to health care, fair and democratic health care, a human rights approach, raising awareness of bias and prejudice, emergence of a social model of health, access and equity policy and intersectionality as a novel concept. According to Whitehead et al. (2015), the notion of intersectionality is often seen as both theory and practice. "Use of the intersectional framework has the potential to add richness to medical training in the area of cultural competence to provide a sense of the nuances and complexities of identity" (Whitehead et al., 2015, p. 534). Thus, the principal benefit of intersectionality approach refers to the fact that it addresses individual not just as a representation of one diverse characteristic but rather a complex manifestation of various interactions. For instance, diversity training should be focused not only on discrimination elimination but also on the enhancement of the understanding of similarities between people and, consequently, promoting health equity. Ono (2013) dwells on the possible intersectional strategies for the culturally competent social work practice aimed at managing racial violence against minoritized women. The author demonstrates that the effective approach should include a variety of strategies including "feminist and intersectionality theories and strategies from community development and participatory education" (Ono, 2013, p. 460). The efficiency of intersectionality framework has been demonstrated in the study of Colpitts and Gahagan on the utility of resilience as a conceptual framework for understanding and measuring LGBTQ health. According to Colpitts and Gahagan (2016), LGBTQ community may be characterised by unique experiences of discrimination and adversity. Ergo, it is recommended to address the issue via intersectional lens, especially taking into account individual, structural and social determinants of health. As Colpitts

and Gahagan (2016) state, "incorporating an intersectional lens acknowledges the complex intersecting and compounding nature of marginalization, oppression, risk factors and their subsequent impacts of LGBTQ health across the life course" (p. 6). It is also worthwhile mentioning the experience of one medical school in New Zealand. Sopoaga et al. (2017) describe the practice of the usage of intersectional framework in cultural competency training programme. Ergo, the students have been given an opportunity to observe the life of minor community by immersing into it. Students are to live within local community and learn about different factors that impact health care. Moreover, they are expected to rethink their personal beliefs, views and prejudices. This practice made students more comfortable in cross-cultural environment. More importantly, they learned the importance of the way beliefs, culture and social environment impact the overall wellbeing and health of people.

2.10   Cultural Competence in Human Resource Management

According to Besler and Sezerel (2012), human resources management (HRM) includes such actions as planning and integration aimed at achieving a high level of employees management. Diversity management may be regarded as a constituent of HRM that deals with the implementation of practices that enhance benefits of diversity and diminish its disadvantages. Mayfield and Garrison-Wade (2015) also call such approaches Cultural Responsive Practices (CRP). Hunt (2007) mentions that "achieving effective management of culturally diverse workforce comes from an intrinsic motivation to develop the cultural competence to engage with them" (p. 2252). As Kim (1999) dwells on, global mindset is one of the most significant features of culturally competent executives. The scholar considers cultural empathy and adaptability to be very important skills in the globalisation era. However, for the change to be implemented on all levels, it should be initiated by the organisation itself. For this purpose Subramaniam (2015) has developed a five-step guide aimed at integrating cross-cultural experiences in HRM.

2.11   Saudi National Culture Characteristics and Experiences of Expatriate Workers

Saudi Arabia's national culture characteristics are reflected in high power distance and uncertainty avoidance, low individualism/high collectivism, high femininity/low masculinity and tend towards a long-term orientation (Al-Yahya, 2008; Alzeban, 2015; Gruber, Abosag, Reppel, Szmigin, & Löfgren, 2013; Onsman, 2011). From leadership/management and organisational perspectives, these characteristics are associated with autocracy, top-down decision making, fidelity to

organisational leaders, drawn out decision making processes, and paternalist management limiting employee initiative and autonomy. Additionally, favouritism based on long standing familial, kinship and social relationship is also an influencing factor in Saudi culture that can have an inhibiting effect on professionalism and organisational performance (Kwong & Levitt, 2009). Another discernible characteristic of the Saudi cultural psyche is their attitude to employment status. Discussing the human resource development implications of the Kingdom's 'Saudization' policy, Al-Asfour and Khan (2014) maintain that many Saudis are attracted to employment in the public sector because it offers job security and opportunities to assume middle and senior management positions following graduation from higher education. This focus on reaching management status means that "Saudis are hardly found in menial jobs or any low-ranked jobs, such as janitorial positions, these jobs are done by expatriate workers and these positions are looked down upon by most locals" (Al-Asfour & Khan, 2014, p. 247). Social status and social relations are highly influential in the employment decisions of Saudis as one's employment position can affect marriage outcomes. The authors correlate the relative slowness of the Saudization programme to increase the employment levels of Saudi citizens and the coterminous rise in unemployment, especially amongst Saudi youth, to an intensification of resentment from many Saudis towards expatriate workers. Concerns about social status and social relations also influence many Saudi attitudes towards relationships with expatriate staff, which results in limited social integration in multicultural workplace environments (Al-Asfour & Khan, 2014). These sociocultural factors contribute to the creation distinctive organisational environments and cultures within which expatriate professionals and non-skilled workers have to work.

It is important to remember that expatriate workers in KSA are likely to arrive with knowledge and experience of the prevailing leadership and management styles and dominant organisational climates and cultures of their home countries. For example, reflecting its national cultural characteristics, democratic political system and equal social systems, the Danish management style is said to be egalitarian, cooperative, collaborative and participatory (Jonasson & Lauring, 2015). Interestingly, whilst professing to the ideals of democracy, empowerment and open-mindedness, when faced with an unfamiliar cultural context, Danish managers in Saudi Arabia changed to more authoritarian management approaches which in turn, undermined their intercultural interaction. It is unsurprising that Showail et al.'s (2013) literature review on the experiences of expatriate professional in Saudi Arabia found that many of them and their families found cultural adaptation difficult, experience feelings of not belonging and felt unsupported in unfamiliar organisational settings. Menguc and Bhuian (2013) assert that expatriate employees in Saudi Arabia place greater emphasis on the levels of autonomy and feedback that they receive, and recommend that

managers take account of such issues, particularly among expatriate employees in the later stages of their careers.

2.12 Conclusion

Part way through the preparation of the literature review, it became apparent that it is impossible to separate cultural competence in healthcare provision from cultural competence in leadership, management, organisation, HR and workforce. Saudi public hospitals are there to provide healthcare. Therefore, improved cultural competence throughout the hospitals, including non-Saudi clinicians' cross-cultural interactions with Saudi patients, should lead to enhanced patient care and outputs.

The first point to reflect on is that this scoping review has not taken account of culturally competent management or cultural competence and management. There is terminological and definitional confusion surrounding cultural competence. Its conventional representation is as a component of diversity management and it is associated with a variety of organisational and identity concepts and theories. These three factors mean that careful consideration must be given to its working definition and the relational components within this study's conceptual framework. Finally, where they have been made, the interconnections between leadership cultural competence, individual cultural competence and organisational cultural competence within healthcare organisations have tended to focus on clinical care and delivering services to patients, their families and other stakeholder. Therefore, the conceptual framework developed in this proposal, is informed by a transdisciplinary range of sources and locates cultural competence within a sustainable HRM approach that emphasis on developing and deriving value from human capital.

The literature indicates that proactive support and internal and external *marketing* of cultural competence by organisational leadership and management is integral to OCC and ICC, and the corporate focus should be evident in corporate documents such as vision and mission statement, as well as, policies, programme and measurable performance management strategies. Organisationally, cultural competence exists in tandem with, is simultaneously affected by and affects organisational climate (Douglass & Klerman, 2012; Patterson, 2013), organisational culture (Bowen, 2008; Flores & Combs, 2013; Graf, 2004; Grant, 2010; Luger, 2011; White & Chalmers, 2011; Yan, 2008), and organisational development (Nybell & Gray, 2004; Applegate, 2010; Glover & Friedman, 2014). Additionally, cultural competence whether leadership, organisational or individual, is characterised by being strategic, integrative, collaborative, ethical, learning focused, outward oriented, measurable and evaluable. In terms of definitional clarity, it is important to

distinguish between *culturally competent leadership* and *cultural competence leadership*, as well as, making clear the relationship cultural competence has to diversity management.

Many expatriate employees arriving from countries with markedly different national culture characteristics experience culture shock both inside and outside the workplace and this can lead to difficulties in cultural adaptation. The impact of these cultural differences and the ways in which Saudi public hospitals seek to mitigate them are likely influence expatriate employees' intentions to stay or quit their posts. In light of these circumstances, the cultural competence of Saudi hospital leaders and senior managers is critical in influencing expatriate employees' decisions whether or not to remain in employment.

Chapter 3   Literature review

3.1 Introduction

This chapter, which was based on a development of the previous chapter, aims to provide theoretical support and justification for the rationale and framework proposed for this study. It critically reviews the existing literature relating to the constructs identified for this study including leadership style, organisational culture, job satisfaction, perceived organisational support, organisational commitment and intention to leave. Furthermore, this chapter also aims to identify and showcase the research gaps and problems in the existing literature and provide a foundation for developing a comprehensive conceptual framework, presented in chapter four. This chapter includes definitions, approaches and theories in relation to the constructs proposed for this study.

The chapter has been divided into three main sections that deal with the main constructs by looking at models, theories and recent literature that is widely accepted in this area. The first section is related to leadership and leadership styles by including definitions, approaches, theories and studies in this area. The second section is related to the organisational culture concept by looking at some influential organisational culture definitions, theories, approaches and studies that use the competing value framework (CVF). The final section is dedicated to the dependent variable of this study, which is intention to leave (ITL), and some main factors that have major influences on it including job satisfaction, perceived organisational support and organisational commitment.

By examining the related theories, approaches and models, it is possible to identify and select appropriate theories and models based on their advantages and disadvantages to reach better outcomes.

3.1   Leadership and leadership styles

This section of the chapter is dedicated to the independent variable, leadership style, chosen for this study. In this section the aim is to provide a critical review of different leadership styles based on different theories. In the first stage it is crucial to make sure it is clear what is known and understood about leadership and leadership styles in the current literature before the relationship between leadership style and other factors are investigated. By reviewing the literature in the last 100 years with regard to leadership and leadership styles, it is evident that there are many leadership theories proposed by scholars, each of which has its own advantages and disadvantages.

These theories include: 1- Great man (1900), behaviour-traits theories (1960), charismatic leader (1970), servant/ethical leadership (1980), transactional-transformational (1980) and system leaders (1990). The aim is now to explain all these theories briefly but only to use those that are directly related to this study.

3.1.1 Leadership and modern organisations

It is evident that leaders and their leadership styles play an important role in either the success or failure of any organisation (Nazarian and Atkinson, 2015). In modern organisations, the leaders' role is not only to guide employees to reach organisational goals but also to help and direct them to reach their personal goals and objectives which consequently helps the organisation to achieve greater effectiveness (Nazarian, et al., 2017). Furthermore, according to Schein (2016), there is a positive relationship between a leader's achievement in terms of financial and other factors such as employees' job satisfaction and commitment in the organisation, according to leadership style. Schein (2016) further argued that an effective leader should be able to guide and direct employees during difficult times to overcome challenges and be prepared for unexpected situations.

According to Miroshnik (2002), the importance of effective leaders and leadership style in modern organisations is crucial as business organisations are operating in a fluid business environment with new challenges that require fast and appropriate responses. Leaders should make these appropriate responses by considering situations that an organisation is engaged in as well as the business requirements at that specific time (Avolio, et al., 2003). Effective decision-making by leaders enables an organisation to deal with challenges as optimally as possible, with minimum negative impact (Walumbwa and Lawler, 2003). Therefore, there is agreement among scholars and practitioners that a good leader enables an organisation to thrive and non-effective leadership can cause failure within an organisation (Nazarian, 2013). As a result, it has always been an interest of scholars to identify what would be a good leader through an appropriate leadership style that helps to achieve desired outcomes (Avolio and Bass, 2004).

3.2 Leadership theories

3.2.1 Situational theory

One of the main theories that has been influential in the development of different leadership styles is situational theory (Guest, et al., 1977). Situational theory is mainly based on the point that the best approach to leadership is one that considers three main factors: 1- leader's traits, 2- leader's

behaviour and 3- the situation that any leader is in. Furthermore, situational theory used McGregor's (1960) idea of motivational theory, Theory X and Y, which argued that managers' or leaders' behaviour is influenced by their perception of employees. McGregor suggested that if leaders have negative perceptions of employees, Theory X, meaning that employees do not like their job or are not motivated at work, the main focus of the leader will be on controlling and guiding employees towards organisational goals. However, on the other hand, if the leader has a positive perception of employees, Theory Y, that they like their job and they are highly motivated, then the main focus of the leader will be encouragement and providing incentive to achieve higher organisational goals. Guest, et al., (1977) used the motivational Theory X and Y and argued that leaders and their leadership behaviour could fall into two main domains. The first domain is where there are leaders who are only concerned with getting the job done or being task orientated whereas the second group are those leaders who focus on building both employee-employee or leader-employee relationships. As can be seen from the definition of the two domains the main factor that differentiates these two from each other is leaders' behaviour towards the employees. Based on these two domains, Guest, et al., (1977) further argued that the life cycle of any employee could be considered from a younger age, when employees have energy and are willing to move up, at which time leaders should act as guide and mentor to help them achieve the goal (task orientated). On the other hand, when employees become more mature and possibly have other concerns in life, the leader must act as facilitator whose main focus is to build a good relationship with employees (relationship orientated). Finally, if there is a time in which employees are beyond both of these situations, leaders must strike a balance between the two in order to make sure that the employee gets the job done as well as building a good relationship with them. Therefore, according to situational theory, an effective leader is defined based on two criteria, leadership style and the situation that a leader is operating in (Fieldler, 1967). Although situational theory was introduced by Guest, et al., (1977) it could be argued that Fiedler was the pioneer in this area as he identified how the leader-employee relationship could be influenced by 'situational favourability'. This idea of situational favourability was introduced by Fieldler (1967) and it was based on two main components, that is, leader-employee relationship and task structure and power, and these clearly influenced situational theory as promoted by Guest, et al., (1977).

On the other hand, by looking at the path and goal theory which was developed from the expectancy theory of motivation, House and Mitchell (1974) argued that it is leaders' behaviour and attitude that have a major impact on employees' motivation, satisfaction and consequently on their intention to leave or remain. As a result, according to House and Mitchell (1974), in order to achieve higher employees' satisfaction, leaders must make sure organisational goals are clear for

employees as well as providing guidance on the paths to achieving them. Furthermore, they argued that it must be leaders' prime intention to assist and help employees to develop certain behaviour that guides them to achieve planned goals and objectives. As a result, a successful leader should act as a mediator between employees and organisational goals, enabling them through the structure of the tasks. Similarly, Herzberg (1964) identified two main factors, hygiene and motivator, that have major influences on employees satisfaction, which could be used as a base for leader-employee relationship. According to Herzberg the hygiene factors are those that do not motivate employees but their non existence demotivates employees, as opposed to motivator factors. The importance of Herzberg's work for leaders comes from how leaders should use hygiene and motivator factors in their process of implementing their leadership style to avoid dissatisfaction among employees.

One of the leadership theories that was developed by using the decision making process as the main driver was attributed to Vroom and Yetton in 1973. They argued that a successful leader could be distinguished by the decisions they made during difficult times by considering two elements, the quality of the decision, and how acceptable the decision is to subordinates. Many other theories have been developed from this perspective including leadership-change theory (Graen, 1976) whereby some scholars argue that the transactional leadership style was originally based on this leadership theory. In this theory, the nature of the relationship between employee and leader influences the leadership process itself. Graen (1976) further argued that the relationship between leaders and certain groups could be the basis for the type of work done by the group, knowing that the individual differences exist in any group. Graen (1976) did not, however, deny the importance of the individual level of relationship between leader and employee.

According to Burns (1979) and Bass (1985), situational theory was the basis for developing transactional-transformational theory. Although, other theories mentioned above have had some influence on developing the transactional-transformational leadership style none have been as influential as situational theory. Therefore, as a result, the next section is dedicated to an explanation of transactional-transformational theory in detail.

3.2.2   Transactional-Transformational Theory

One of the most used and prominent leadership theories that has been employed in relation to organisational studies in both the public and private sector is transformational-transactional theory. The pioneer of transactional-transformational theory was Burns (1978), when he conceptualised this theory based on the difference between ordinary and extraordinary leadership.

He further argued that transactional leadership style is simply based on the conventional transaction between two people, similar to a contract between an employee and a manager, where one party provides the work or labour in exchange for rewards such as salary. On the other hand, the main concern of any leader who adopts the transformational leadership style is how to improve followers' consciousness of the importance of the work and consequently the value of the outcome as well as self-improvement for themselves. In addition, leaders who adopt a transformational leadership style, seek to motivate the follower in that they put priority on organisational achievement rather than self-achievement or self-interest for the sake of the organisation's mission and vision.

According to Bass (1985), transformational leaders engage their followers or employees not only intellectually but also emotionally and morally, to push and encourage them to develop their skills and knowledge beyond expectations. Bass (1985) argued that, unlike a transformational leadership style, a transactional leadership style creates an organisational culture that is rule orientated and based on existing procedures, whereas a transformational leadership style prompts changes and an organisational culture that is based on a strategic vision with new assumptions and values. For example, in the current climate, there are new technological advancements daily and organisations are required to adopt new technologies. As a result the role of leader is extremely important in determining the success or failure of the changes required. Therefore, based on the original idea proposed by Burns (1978), Bass (1985) developed the transformational-transactional leadership style which has gained major popularity among academics and practitioners.

3.2.2.1   *Transactional Leadership*

The transactional leadership style has been discussed widely among scholars and defined as a leadership style that is based on reward and transactional exchange between employee and employer (Nazarian and Atkinson, 2013). Therefore, the relationship between the two parties is entirely based on transactional change where one party provides work and the other party provides reward in exchange for the work. As a result, the reward is given to employees based on their performance as described in the formal contract. Employees in this type of organisation only perform effectively when they have received an appropriate level of reward and the relationship will be terminated automatically when the contract has expired (Schimmoeller, 2010). If the party that provides incentive or rewards is not able to fulfil their part of the agreement this will have a major negative impact on employees' performance (Avolio and Bass, 2004). As a result, the relationship can be terminated according to the contract when the structure of the reward mechanism has been jeopardised by delay or non payment. Normally communication in this type

of leadership is top to bottom where leaders communicate to their followers about desired tasks and how to achieve them and the time scale as well as what they would receive in return as a result of the completion of the task.

3.2.2.2 Transformational leadership

The main difference that distinguishes transformational leadership style from transactional leadership is the foundation where transformational leaders aim to motivate and encourage employees by helping them to achieve both their personal goals along with organisational goals (Burns, 1978; Avolio and Bass, 2004; Nazarian et al., 2017). Leaders that adopt a transformational leadership style promote or create a vision that assures employees that leaders are concerned not only with organisational goal achievement but also the employees' development, in order to motivate and inspire them to perform beyond expectations (Avolio et al., 1999; Avolio and Bass, 2004; Arham, 2014). Transformational leaders also influence teams and team working through transforming the basic needs (Maslow's hierarchy of needs) to a higher level of need such as self-actualisation, achievement and confirmation (Bass, 1985). These leaders are able to transfer the organisation's and management's vision to employees and encourage the feeling of belonging (Podsakoff et al., 1996; Kodama et al., 2016). Therefore, transformational leaders normally establish a long lasting relationship with employees which usually has a positive influence on the organisation's structure and effectiveness, unlike a transactional leadership style where the relationship is strictly contractual based and the relationship is entirely based on a reward mechanism.

3.2.2.3 Passive leadership

Passive leadership is the third style introduced by Bass and Avolio (2004), although there is disagreement among scholars as to whether this should be considered a leadership style or just a behaviour (Nazarian et al., 2017). Passive leadership is defined by Avolio and Bass (2004) as the leadership style that is a combination of passive management by expectation and laissez-faire leadership (Avolio et al., 1999; Salter et al., 2014). As mentioned, there are some negative views about passive leadership in that some scholars argue that passive leadership would not only help but also harm the organisation (Landrum, et al.,2000; Nazarian, et al., 2017) or that it is the least effective of all leadership styles. Moreover, other groups of scholars also argue that passive leadership could result in interpersonal conflict among members, confusion, role ambiguity, role conflict, stress and dissatisfaction (Lok and Crawford, 2004a; Lok et al., 2004).

3.3   Organisational Culture

3.3.1   Definition of Organisational Culture

Prior to considering the concept of organisational culture it is necessary to define culture and explain the different layers of culture. The term 'culture' is a complex word to define and there are around 172 different definitions provided by scholars. Culture is derived from the Latin word 'Cultura' meaning cultivation (Skeat, 2010). However, for many scholars in this area, such as Deal and Kennedy (1982), Schein (2016) and Hofstede, et al., (2010) culture also means norms, beliefs and assumptions that differentiate one group of people from others. Despite the proliferation of definitions, all agree that culture is a combination of shared thinking, feelings and reactions. According to Hofstede et al., (2010) culture is defined as "… the collective programming of the mind which distinguishes the members of one group or category of people from another" (p.12). In addition, Trampennars (1993) provided a similar definition by saying "culture is a shared system of meaning. It dictates what we pay attention to, how we act and what we value" (p.13). On the other hand, Geertz (1973) defined culture as "an historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic form by means of which men (sic) communicate, perpetuate, and develop their knowledge about attitudes toward life" (p.89).

Culture in terms of structure can be divided into layers with national culture as the highest and individual culture as the lowest, with the other layers being organisational culture, regional culture, industrial and occupational culture. Organisational culture as the second layer of culture is one of the variables that has been chosen for this study due to its importance in both organisational success and employees' behaviour. Although the term 'organisational culture' has existed since 1900 the term gained momentum and was developed much later in the 20th century by scholars such as Hall (1960) and Burns and Stalker (1961). Burns and Stalker distinguished two different organisational types based on how they have been formed, namely Mechanistic and Organic. These organisational forms are the opposite of each other as mechanistic organisations emphasise the stability of the organisational environment whereas organic organisations focus on flexibility in the environment. Burns and Stalker (1961) argued that if the organisation is large and well established and its main focus is stability, they usually take on a mechanistic organisational form, whereas organisations that are young or growing have a focus on knowledge specification or working on new technologies and they may require a more fluid organic type of organisation.

The data collected for this study are from one of the largest hospitals in Saudi with a relatively long history and it could therefore be thought of as a mechanistic organisational type. However, as a

result of the nature of the work carried out in this organisation, it could be considered to be a hybrid whereby both organisational forms exist. Consequently, special emphasis has been made on the competing value framework (CVF), due to its advantages and compatibility with a structure that is a hybrid. One of the axes used in CVF is flexibility versus stability, which is the main factor for the distinction between mechanistic and organic organisations. A large hospital such as the one in this study requires a stable environment in order to deal with the typical organisational issues that any organisation may encounter during the life cycle. On the other hand, owing to the complex nature of the work, and its importance for citizens' health, the organisation also requires flexibility due to fast technological advancement as well as the rapidly changing nature of health issues.

Traditionally, when there is reference to organisational culture this generally means certain presumptions that create the culture of that organisation, such as IBM culture or Apple culture. However, modern thinking views culture as having a combination of sub-cultures (Trice and Beyer, 1993) that can be changed as a result of a changing business environment or a change in the nature of issues that they are dealing with (Nazarian, et al., 2015). CVF provides a unique opportunity to view organisational culture in terms of a combination of different culture types that are in balance which is very relevant for a specific organisation such as this hospital.

3.3.2   Approaches to Organisational Culture

According to Schein (2016), organisational culture is not only about people and style, it is also about strategies, structure and systems put in place by management in any organisation. Therefore, Schein (2016) argued that in order to understand any organisation first you need to understand their organisational culture. As mentioned before there are numerous definitions provided for organisational culture but there is general agreement among scholars that it is about values and beliefs that are shared by employees in any organisation. In the cross cultural management literature there are several different approaches to organisational culture including those from anthropology, sociology, economics or social psychology.

3.3.2.1   *Interpretive Versus Functionalist*

According to Cameron and Quinn (2011), organisational culture is broadly divided into two main streams namely anthropology and sociology perspectives (Smircich, 1983). The major difference between these two lies in how they view organisational culture. Anthropologists view it as something that permeates every aspect of life whereas sociologists see organisational culture as a consideration that an organisation has but which can be manipulated. Moreover, anthropologists

define organisational culture as a metaphor whereas sociologists define organisational culture as an attribute or variable. Therefore, based on the former perspective, organisational culture is something that is difficult to change. However, sociologists strongly argue that organisational culture is not static and can be changed and modified. Furthermore, within each of these two approaches there are two distinctive roots which are functionalist, that is based on collective behaviour, and semiotic which is based on the individual interpretation (Cameron and Quinn, 2011; Nazarian and Atkinson, 2015). Anthropologists tend to view organisational culture as a dependent variable whereas sociologists tend to consider organisational culture to be an independent variable.

Each of these two approaches has been adopted by many scholars, for example functionalist approaches have been adopted by Ouchi (1981), Peters and Waterman (1982) and Deal and Kennedy (1982) who were mainly practitioners. These authors have a common aim, that is, to ascertain what culture would get the best results within an organisation. On the other hand, the semiotic approach has been favoured by Smircich (1983) and others. The latter group were interested in investigating how employees experience organisational culture in any organisation and, as a result, how the culture affects their behaviour toward the organisation (Broadfield et al., 1998).

In line with Cameron and Quinn's (2011) argument, this study fits with a functionalist cultural perspective whereby it is considered as something that an organisation has and which can be changed and manipulated. Furthermore, culture is an independent variable and based on collectivist rather than individualistic behaviour. Importantly organisational culture is measured within a positivistic paradigm within which the researcher tends to interpret data objectively rather than subjectively. Finally, the aim of this research is to investigate organisational culture from a dynamic perspective whereby it can be changed according to circumstances, the organisational life cycle and size of the organisation.

3.3.2.2   *The Quinn Model*

Quinn developed a model (Quinn 1988) based on the assumption that organisations can be characterised as entities that are complex, dynamic, and possess sophisticated and sometimes contradictory systems that require leaders and managers to fulfil competing expectations that are sometimes not aligned with each other. This organisational culture model is based on the two main domains of internal versus external and flexibility versus stability, which are also the foundation of the competing value framework model introduced by Cameron and Quinn (2011). Based on the

assumptions mentioned Quinn introduced four competing organisational cultures namely: Human Relation (HR), Open System (OS), Internal Process (IP) and Rational Goal (RG).

The Human Relation model (HR) is concerned with employees' commitment, teamwork, cohesion and morality and, as a result, it requires flexibility and emphasis on an internal focus. However, on the other hand, there is an organisational culture called Rational Goal (RG) which is concerned with maximum output, efficiency, effectiveness, productivity, planning and task orientation which requires stability and emphasis on an external focus. The Open System (OS) organisational culture is concerned with adaptability, growth, and the ability to acquire resources which requires flexibility and emphasis on an external focus. On the other hand, an Internal Process (IP) culture is concerned with hierarchy, efficient communication, bureaucracy and information management which requires stability with emphasis on an internal focus.

The Quinn model has gained popularity among both academics and practitioners due to mainstream management theories such as Taylorism which acknowledges the way forward as that of stability and bureaucracy. However, the Quinn model took these ideas on further to produce the competing values framework.

3.3.2.3   *Competing Values Framework*

The Competing Values Framework (CVF), as explained by Cameron and Quinn (2011), is one that offers an integrative perspective towards organisational culture which believes that organisational culture can be changed based on the situation and size of the organisation. According to Quinn and Rohrbaugh (1983) CVF is a model with four quadrants based on two main axes. The first axis represents the fact that organisations are either looking for flexibility or stability and the second axis represents organisations where the concern is either with internal factors and an emphasis on the wellbeing of the people, or external matters, which refers to the wellbeing of the organisation itself. This creates four different organisational cultures, namely clan culture, adhocracy, market and hierarchy (Cameron and Quinn, 2011). According to Cameron and Quinn (2011) these four organisational culture types relate to an organisation's values and beliefs.Each of these quadrants represents clear and distinctive values, orientation, and basic assumptions which are the core of that specific organisational culture (Cameron et al., 2006). They further argued that CVF is the best model available not only to analyse the organisational culture but also to help both researchers and practitioners to plan and manage major changes that need to be implemented in the short and long run. Since the introduction of CVF, in the last four decades this framework has gained major popularity among both academics and practitioners. It has been also used for different aspects of

organisation including leadership, organisational effectiveness as well as organisational design and culture. Some scholars have adopted this framework to measure or investigate the relationship between organisational culture and organisational structure and context (Buenger et al., 1996) or to assess the relationship between culture and ethics (Stevens, 1996).

3.4   Intention to leave

Labour turnover is employees' intention to leave or withdraw from the current work position in the organisation. It has always been a major concern of managers regardless of the industry or country origin. According to Goss-Turner (2010), workforce continuity and stability is one of the main factors that has an impact on both organisational performance/profitability and customer satisfaction. Therefore, in order to reduce labour turnover it is extremely important to create an environment that is supportive and promotes cohesion to improve employees' commitment and thus reduce intention to leave. The relationship between employees' commitment, organisational culture and turnover has always been a major interest of scholars but the direction of the relationship is uncertain (Legge, 2004). The health care industry has been reported among those industries with high turnover due to the nature of work. Therefore, an investigation of the factors that have impact on labour turnover and its relationships requires exploration.

As Legge (2004) argued, high labour turnover in any organisation can result in organisation ineffectiveness which consequently would have financial impact for any organisation. Therefore, due to the importance of labour turnover and its impact on organisational performance, it is unsurprising that there is considerable research on the topic (Goss-Turner, 2010). One of the major areas of investigation is related to human resource acquisition and management. According to Sojane et al. (2016), in order to reduce labour turnover, which is one the key indices in measuring organisational success, there is a need to understand the nature and reason behind labour intention to leave which could be financial or cultural. However, there is no universally agreed model or models that help scholars and practitioners to measure, explain or predict why employees leave work.

According to Machado Dias Ramalho Luz, et al. (2018), there are around 2000 studies in the past 30 years that investigate intention to leave and turnover. They further categorised these into two types - voluntary and involuntary turnover - and argued that when employee turnover is voluntary and not being provoked by the organisation it is important to investigate the reasons.

From the literature it has become evident that there are four major approaches. The first on labour turnover is concerned with whether turnover is avoidable or not as, well as arguing that turnover is not only negative but there are positive effects as well (Nadiri and Tanova, 2010; Deery and Shaw, 1997). Regarding the latter, there is a lack of acknowledgement of the positive effects of employee mobility such as fresh energy, enthusiasm and ideas. Furthermore, it can be argued that what is considered as high turnover in one area or industry might not be considered as high in other industries.

The second approach is mainly looking at labour turnover in terms of the labour market and as economic analysis. As far as the economic analysis is concerned, turnover could be an index of external variables such as labour supply, labour demand and employment or unemployment trends (Griffeth and Hom, 1995). This approach is mainly based on predicting labour turnover according to the labour market and economic modelling. This could be thought to ignore the humanistic, social and psychological aspects of turnover.

Another approach is one that is mainly based on internal factors and reasons that exist in any organisation that can cause turnover. According to Griffeth and Hom (1995), it is mainly psychological reasons or factors rather than economic that create a situation whereby an employee decides to stay or leave the organisation. These psychological factors give rise either to satisfaction or dissatisfaction and the commitment of employees which in turn influences whether to leave or stay. In this study, although the belief is that psychological factors are the main reasons leading to high turnover among health care professionals, it is also felt that economic factors play an important role as well. Therefore, this study, in acknowledging the role of both type of factors, investigated the phenomena with this in mind by looking at intention to leave among expatriates through job satisfaction, commitment and perceived organisational support. Moreover, it is necessary to consider if an employee is a good 'fit' for the organisation and vice versa as not being able to align employees' values and beliefs with organisational values can result in dissatisfaction, which reduces commitment and consequently can lead to a decision to leave. This approach mainly focuses on the human aspects of the organisation rather than the economic part and, therefore, work is not viewed simply a transaction between two parties.

The fourth approach is a combination of the economic and socio-psychological factors that encourage an employee to remain with or leave the organisation. This approach was introduced by Mobley, Griffeth, Hand and Meglino (1979) as the expanded model that is based on multi-disciplinary perspectives. It is a combination of individual, organisational, environmental and economic factors that collectively affect the labour turnover. The individual level factors such as

age, education, status, skills and social economics have been considered as the main drivers, whereas factors such as policies, reward mechanisms, climate, size and condition are considered as organisational factors. Furthermore, economic factors such as unemployment rate, availability of vacancies, recruiting levels, future prospects as well as psychological factors such as satisfaction, homesickness, attraction and expectation are also considered factors that have a major impact. This research acknowledges the importance of all these factors and, therefore, this study is based on the expanded model of labour turnover but is also mindful of cultural elements that are not covered in the expanded model. Thus, this study investigates the factors that have an influence on expatriates' intention to leave from an organisational, cultural, economic, individual and psychological perspective. In the next sections of this chapter, there is a brief explanation of the relationship of all these factors such as job satisfaction, commitment and perceived organisational support with intention to leave.

3.4.1   Job Satisfaction and Intention to Leave

Job satisfaction can also be defined as an employee's affective reaction towards the job they are involved in, based on comparing what was desired to what has been achieved. Therefore, it could be argued that job satisfaction is a multifaceted construct that not only includes employees' feelings but is also related to other factors that are not personal and more organisational such as conditions, support, reward mechanisms, training and supervision. These factors can be divided into two main groups of intrinsic and extrinsic job related elements. Intrinsic factors are those factors that are related to internally mediating the rewards achieved by employees and therefore influence employees' job satisfaction such as financial rewards, training, and the opportunity to grow, whereas extrinsic factors are those factors that are related to externally mediated rewards such as job security, supervision and company policy (Mosadeghrad, et al., 2008).

In the last 30 years, the concept of intention to leave has been a major concern for scholars and practitioners and one of the main elements that has been investigated is job satisfaction. The relationship between job satisfaction and intention to leave is tightly bounded and, indeed, the job satisfaction concept has been developed from studies on labour turnover (Tett and Meyer, 1993). There is general agreement that there is a negative relationship between job satisfaction and intention to leave, which indicates that higher satisfaction levels among employees could potentially result in a reduction of the intention to leave. Researchers have investigated the impact of job satisfaction on labour turnover from different perspectives, mainly economic, psychological as well as cultural. Others including Koh and Goh (1995) have tried to explore this relationship by

investigating the meaning of job satisfaction from the employees' perspective. They identified six main facets of job satisfaction that influence intention to leave: supervision and the support from supervisor; organisation identity and belonging; the nature of the work; employees' workload and work schedules; reward mechanism in the organisation; and relationships among employees. According to Koh and Goh (1995), these are internal factors that influence employees' decision whether to stay or leave but they also acknowledged that there are external factors such as the job market that have a major impact on labour turnover.

For example, Mosadeghrad, et al (2008) in the study of 629 employees in Iranian hospitals found that there was a strong relationship between both job satisfaction and organisational commitment with intention to leave among employees working in a stressful job in hospitals. In their study, they found that job satisfaction among employees was directly related to their relationship with their supervisor, work schedules and whether they had a feeling of belonging or not. They also argued that, apart from job satisfaction and commitment (i.e. internal factors), there were external factors such as job market expectations that may have had a major impact on employees' intention to leave. In the another study of 600 clinical doctors from four high standard hospitals in China, Xuehu (2016) found that there was a significant negative relationship between job satisfaction and doctors' intention to leave. He further argued that job satisfaction, according to doctors participating in the study, meant social status, working conditions and schedules, their relationship with their patients, feeling safe at work, pressure and stress at work, opportunities provided to them such as training, and their relationship with leaders. Although there was no significant correlation between each individual factor mentioned above with intention to leave they all collectively contributed to doctors' satisfaction and consequently their decision either to stay or leave.

3.4.2   Organisational Commitment and Intention to Leave

Organisational commitment can be defined as the dedication to and relationship of employees with the organisation that they work for. Management scholars have argued that the commitment construct must be viewed as multidimensional, one that cannot be measured easily and therefore it is very difficult to make a judgement regarding commitment (Barlow, 2013). There are a number of theories and models that provide guidelines to measuring organisational commitment. One of the most used models to measure organisational commitment is the Moral Subscale that was developed by Etzioni (1964). In this model, Etzoni argued that employees' involvement or commitment to an organisation could be measured based on their response to power imposed

upon them to maintain social order. He further introduced three dimensions that measure employees' commitment based on their response to power, namely Moral which is naturally principle based, Calculative which is based on reward mechanism and Coercive which is based on the concept of carrot and stick. The second most used model is called the Affective Scale which was introduced by Allen and Meyer (1990). This model is based on the concept of psychological state and its impact on employees' behaviour. Allen and Meyer (1990) argued that this model is entirely based on the relationship between employee and organisation in terms of what drives employees to make decisions to either stay or leave the organisation. He further introduced three dimensions that influence that decision. First are those factors whereby an employee decides he or she wants to leave or remain, called affective commitment. The second are the factors that drive an employee to feel they ought to remain or leave, called normative commitment. The third are those factors that force an employee to decide to have to remain or leave the organisation which are called continuance commitment. Another approach was introduced by Porter, et al. (1974) and then developed further by Mowday et al. (1979) and it uses the organisational commitment questionnaire (OCQ). According to Mowday, organisational commitment can be achieved only through alignment between an individual's identity, which is derived from their personality, and their level of involvement in an organisation.

A further model that has been mentioned in the literature is called the organisational commitment scale (OCS) which was introduced by Cook and Wall (1980). This model is based on the Japanese concept of loyalty where the job is for life. Cook and Wall (1980) gave an example of Japanese employees that strongly believe that a job is for life even when they are offered a much better salary from another company. He further argued that there is direct relationship between employees' identities with the job they are involved with. More recent approaches have been introduced by Manion (2004) and Liou (2008). The Liou (2008) model of organisational commitment is based on how any individual accepts what organisational goals and values are and therefore their attitude and behaviours. These are bounded by time and space, and their willingness to contribute and be part of organisational affairs and interactive processes imposed by an organisation on all employees. Finally, Manion (2004) proposed a model that is based on emotions and views toward the organisation. Although this model could be considered as overlapping with other models mentioned above, it is particularly pertinent for this research as Manion specifically investigated nurses' emotions and views toward the organisation during a long period as their way of reconciling both positive and negative experiences.

In line with job satisfaction, there are numerous studies that show there is a negative relationship between organisational commitment and intention to leave (e.g.Tett and Meyer, 1993; Xuehu, 2016). Ahmad (2018), in a study of 654 hospital employees, found that organisations that provide a better evaluation of job content and job context have a greater chance of gaining a higher commitment from their employees in return and consequently a lower turnover among them. He also argued that there is strong positive relationship between job satisfaction and organisational commitment and both have equal variation with regards to employees' intention to leave or remain. In a similar study of clinical staff and nurses in hospital, Barlow (2013) found that both job satisfaction and commitment have a positive relationship with each other but collectively have a negative impact on intention to leave. Therefore, it is crucial to investigate the impact of both job satisfaction and commitment on expatriates' intention to leave in public hospitals in Saudi Arabia.

3.4.3   Perceived organisational support and intention to leave

Eisenberger et al. (1986) defined perceived organisational support (POS) as employees' beliefs on the extent an organisation values their contributions and cares about their well-being (p.501). They further argued that perceived organisational support is based on social exchange theory that explains employee-organisation relationship.According to Loi et al. (2006), perceived organisational support is determined from two main employees' beliefs, that is, a reward mechanism and a feeling of belonging. According to Loi et al. (2006), the perceived organisational support can be generated as long as employees believe the reward mechanism implemented by the organisation is fair and a discretionary choice and not governed by external constraints. Furthermore, employees who feel they belong to an organisation can assign human characteristic to the organisation they work for.

Many scholars have argued that perceived organisational support (POS) is the function or factor that influences both job satisfaction and organisational commitment (Eisenberger et al., 1990; Tumwesigye, 2010). Furthermore, Currie and Dollery (2006) found that perceived organisational support is a main predictor of both affective and normative commitment but not for Continuance commitment. Therefore, the higher the perception of organisational support among employees the higher the affective and normative commitment. Furthermore, Allen et al. (2003) found that the relationship between human resource practice and commitment was mediated by perceived organisational support. They further justified this relationship based on social exchange theory by suggesting an employee feels an obligation to help a person or people who help him or her. Therefore, it is meaningful for organisations to expect to be repaid by greater employees'

identification, affective commitment, as well as their obligation towards the organisation, normative commitment and, as a result, reducing the chance of leaving.

In a study of health care workers in Uganda, Onyinyi (2003) found that there was a positive relationship between perceived organisational support and higher job satisfaction among workers. Furthermore, Makanjee et al. (2006), in a study of radiographers in South Africa, also found that there was a positive impact on employees' commitment and consequently lower labour turnover if there is strong perceived organisational support. Similarly, Ssemogerere (2003) investigated and found a positive impact of affective commitment on psychological contract which is about fairness as well as individuals' expectations and needs that are the means of POS. Although there are some studies that have investigated the impact of POS on turnover, POS has been little investigated specifically in the health care system. As a result, this study took POS as one the factors that impacts the relationship between leadership style and organisational culture with intention to leave.

3.5   Conclusion

This chapter has presented relevant literature related to the constructs that were raised in chapter two and, in doing so, it has built upon chapter two by providing theories and justification for the constructs proposed. Chapter Three has outlined the main theories related to constructs including transactional-transformational leadership style, organisational culture (mainly CVF), job satisfaction, perceived organisational support, organisational commitment and intention to leave. The chapter is divided into four main sections with each providing definitions, origination and theories related to the main constructs.

Also, this chapter has discussed and highlighted the importance of these constructs and their relationship in organisational studies but especially in the health care system. The aim has been to justify the importance of both leadership style and organisational culture on reducing labour turnover in the health care system in Saudi. However, there are also other factors that may influence the decision by an employee as to whether to stay or leave a company, such as job satisfaction, perceived organisational support and organisational commitment. Therefore, in this study a comprehensive view has been provided regarding the intention to leave among health care professionals. A responsible leadership style and a favourable organisational culture can influence the decision of employees but also there is a need to acknowledge that there are individual reasons that have an impact on that decision, which in turn can be influenced by organisational factors.

In the next chapter a conceptual framework regarding the relationships studied is presented. The main aim is to provide both justification and rationale for the hypotheses and, based on those, to validate the conceptual framework presented. In order to do this, support from studies investigating the constructs and their relationship, mostly in health care but sometimes from other disciplines, is drawn upon to justify the hypotheses.

Chapter 4   Conceptual Framework

4.1   Introduction

This chapter provides an overview of the variables including independent, mediating and dependent variables in this study as well as their relationships. As Svincki (2010, p.5) explained, "A conceptual framework is an interconnected set of ideas (theories) about how a particular phenomenon functions or is related to its parts… [and] serves as the basis for understanding the causal or correlational patterns of interconnections across events, ideas, observations, concepts, knowledge, interpretations and other components of experience". This study empirically investigates the relationships between cultural competence, leadership styles, organisational culture and a range of expatriate employee experience with employees' intention to leave.

There are a range of leadership styles and organisational culture theories, each with their own typology. Added to which, there are eight measures of expatriate employee experience and perspectives,[1] some of which have sub-measures, such as, organisational commitment which has three. This study uses four of these measures with three as intervening variables, which are job satisfaction, organisational commitment and perceived organisational support, and one as a dependent variable, which is intention to leave. Unpicking, identifying and trying to better understand the myriad relationships and interrelationships in this densely populated and potentially complicated mixture of theories, models and frameworks is a challenging intellectual and practical undertaking. Therefore, developing a conceptual framework can add clarity and provide direction for the research process. The development of this study's conceptual framework has been influenced by a wide review and analysis of the literature on leadership styles, organisational culture and expatriate employee experience and perspectives, mainly job satisfaction, organisational commitment and perceived organisational support.

The conceptual framework devised to shape and guide this study's empirical research is based on the *a priori* connections between leadership styles, organisational culture and measures of expatriate employees' experiences and perspectives, including job satisfaction, perceived organisational support, organisational commitment and intention to leave. Moreover, as has been

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[1] These are: perceived organisational support (POS); career network size (CNS); job satisfaction; career satisfaction; organisational commitment; cultural orientation; intention to stay in host country (ISHC); and intention to leave (ItL).

seen from preceding analyses and discussions of germane literature, employees' perceptions of, and opinions on, the efficacy and desirability of particular leadership styles can be moderated by a range of variables such as, but not limited to, gender, cultural background and age. In addition, it is important to remember that some of the measures of employee experience and perspectives contain different categories. For example, there are three sub-categories/measures of organisational commitment. Accordingly, the conceptual framework is multifactorial and provides for manifold interactional relationships and complexities.

4.2 Framework Development

The relationships among variables in this study, namely leadership style, organisational culture, job satisfaction, perceived organisational support, organisational commitment and intention to leave, have their roots in the literature of organisational studies. In the 20th century and the beginning of the 21st century scholars have become interested in investigating the relationship between these variables in different industries or sectors, including the public sector. Nevertheless, there is a lack of studies that explore the relationship among all these variables in one comprehensive framework in the context of public hospitals in developing countries like Saudi Arabia (Barlow, 2013; Chiu, Chien, Lin, & Yun Hsiao, 2005; Ugwa, 2014; Xuehu, 2016). Moreover, specifically, there is lack of studies on the factors that have a major influence on expatriates' intention to leave in the public sector in general, and public hospitals in particular. As mentioned in the previous chapter, there are several studies that have investigated the direct impact of leadership style or organisational culture on employees' intention to leave (Barlow, 2013; Tekingunduz & Kurtuldu, 2015; Sojane, et al., 2016) but there appear to be no studies which investigate the indirect relationship between leadership style and organisational culture with employees' intention to leave through factors like job satisfaction, organisational commitment and perceived organisational support in public hospitals in any developing country. Thus, this study expands the knowledge in this area by exploring both the direct and indirect relationships among these variables by investigating the expatriate intention to leave in the context of public hospitals in Saudi Arabia.

The purpose of a conceptual framework is to provide a guide for the researcher where the relationships, both direct and indirect, are derived directly from the research questions and the relationships are clearly shown. The conceptual framework designed for this study contains seven main constructs which are: transformational leadership, transactional leadership, perceived organisational support, organisational culture, organisational commitment, job satisfaction and intention to leave.
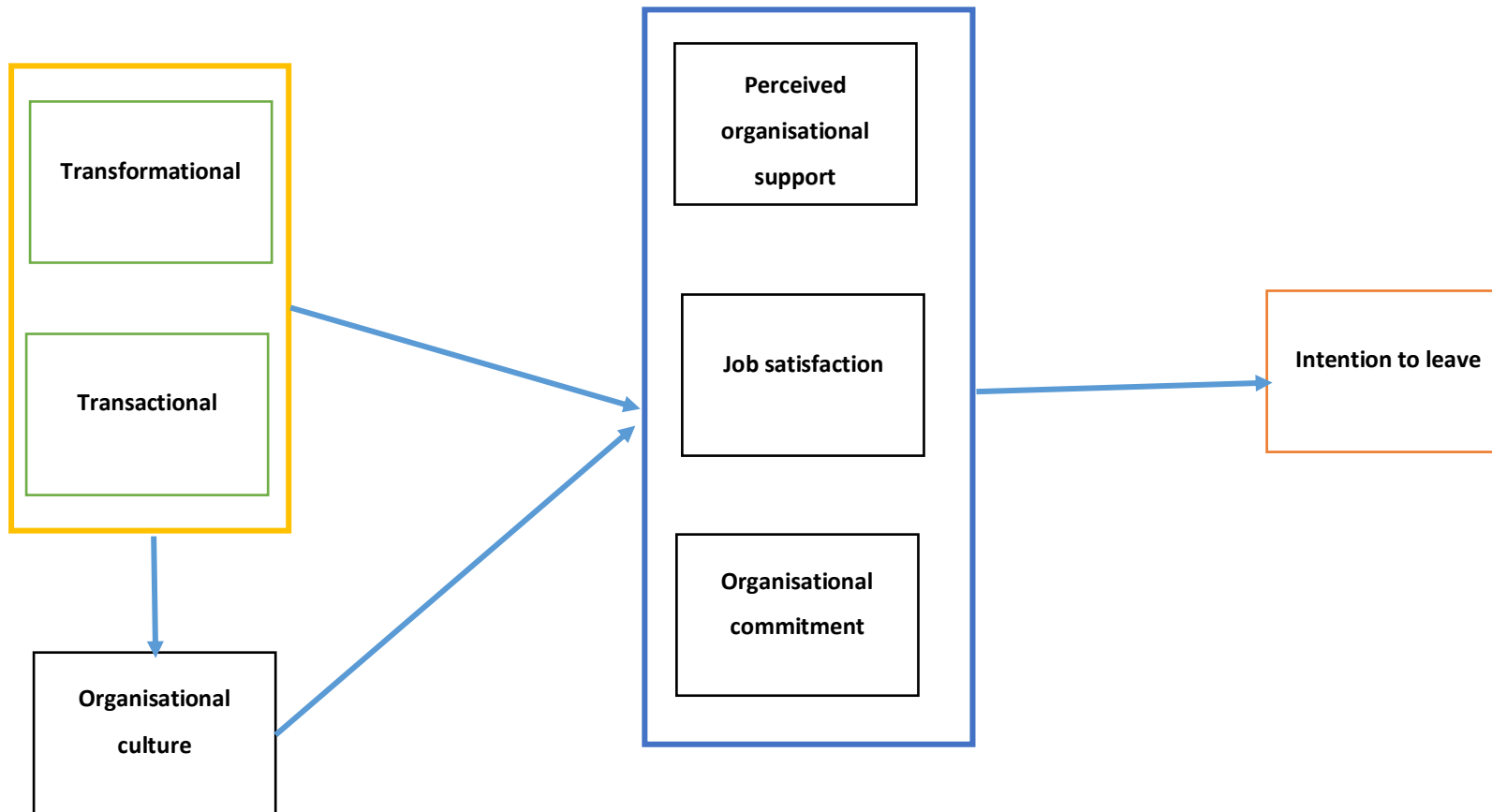
Figure 4:1 Conceptual framework

4.3   Leadership Styles and Expatriate Employees' Experiential Perspectives

Discussions and theories of leadership styles often identify two main types – transformational and transactional – that correspond to the poles of the abstract-concrete dyad (Negussie and Demissie, 2013, p. 49-50). Having some associations with charismatic leadership (El Amouri & O'Neill, 2014), transformational leadership is envisioning, establishes and champions values, and sets the tone for organisational cultures and climates. By way of contrast to the soft intangibles emanating from its transformational counterpart and having closer association with management functions, transactional leadership focuses more on planning, policies, programmes, resources, monitoring and evaluation, and strategy (Kodama *et al.*, 2016, p. 885). In relation to the four measures of employees' experiences and perspectives used for this study, a clear theme confirms existing empirical evidence positively associating transformational leadership with six measures: perceived organisational support, job satisfaction, organisational commitment, and intention to leave (Negussie & Dimissie, 2013, p. 50; Kodama et al., 2016). Sadeli's (2012) study of the relationship of leadership style and employee engagement with organisational support found that transformational leadership is positively associated with employees' perceived organisational support, whereas transactional leadership on its own has negative associations, and a combination of transformational and transactional leadership has positive associations. There is a significant and growing body of empirical literature confirming a positive association between transformational leadership style and job satisfaction (Munir *et al.*, 2012; Al-Hosam *et al.*, 2016; Andreani and Petrik, 2016). Transformational leadership is positively associated with perceived organisational support (Abdelhafiz, Alloubani, & Almatari, 2016; Alshahrani & Bia, 2016; Negussie & Demissie, 2013; Piccolo et al., 2012; Roberts-Turner et al., 2014; Saleem, 2015), whilst transactional leadership has been found to be negatively associated (Chipeta, Bradley, Chimwaza-Manda, & McAuliffe, 2016; Mariani, Curcuruto, Matic, Sciacovelli, & Toderi, 2017; Saleem, 2015). Chipeta et al.'s (2016) research results indicate that transactional leadership has a demotivating effect on employees in relation to job satisfaction. In an examination of the impact of leadership style on job satisfaction, Riaz and Haider (2010) reported that respondents indicated that transactional leadership is positively associated with job success and that, in tandem with job success, transformational leadership has a significant positive association with career success.

Many empirical studies report positive associations between transformational leadership and organisational commitment (cf. Kara et al., 2013; Yee et al., 2013; Keskes, 2014; Lyndon and Rawat, 2015; Yahaya and Ebrahim, 2016). However, the picture is not necessarily as clear as it may seem at first glance. For example, examining the relationship between leadership style and organisational

commitment in the Indian context, Lyndon and Rawat (2015) came to the conclusion that contingent reward, which is usually viewed as a characteristic of transactional leadership, was viewed as a transformational factor. This indicates that the relationships between leadership styles and organisational commitment can be culturally mediated. Asiri et al.'s (2016) research into leadership styles and nurses' empowerment and organisational commitment in a Saudi Arabian hospital produced contrary results to the norm, with transactional leadership being positively associated with organisational commitment and empowerment and nurses being dissatisfied with their managers' transformational leadership styles. It also revealed significant variation within the leadership style and that its relationship with organisational commitment was based on the nurses' geographical region of origin. A review of the literature on the relationship between leadership styles and organisational commitment confirms that the majority of the studies report positive associations between transformational leadership and organisational commitment (Keskes, 2014; Yahaya & Ebrahim, 2016). However, they point out that such results and the conclusions derived from them should be put into the context of concerns that there has been insufficient scrutiny of the influencing processes used by transformational leaders (Keskes, 2014), and that the overwhelming majority of such studies have been undertaken in economically developed nations (Yahaya & Ebrahim, 2016). Thus, it is important that this study's conceptual framework identifies the potential for variability based on culture and economic status of country of origin. In terms of intention to leave, Bycio et al. (1995) found that transformational leadership was significantly positively related, whilst Overby (2013) found the opposite, with the laissez faire leadership style negatively associated. According to Sayadi (2016) and Abualrub et al. (2012), there is a strong relationship between value commitment and intention to stay.

As explained in chapter two, transformational-transactional leadership style theory has been developed based on situation and behavioural theories (Bass and Avolio, 1995). They argued that organisations, in order to achieve desired organisational goals, require effective leaders who are able to achieve specific objectives in different situations as well as being able at the same time to ensure employees are satisfied, motivated and willing to 'go the extra mile'. However, they also argued that according to behavioural theory employees have different motivations, with some being motivated financially and others non-financially. The transformational-transactional theory is the only leadership style theory that provides an opportunity to measure both extreme poles where transactional style could be related to financial motivation and transformational could also be related to non-financial motivators unlike other leadership styles such as ethical, servant or authentic. For example, the comparison of different industries in South Korea and Canada (Dasmalchian et al., 2001) found that a transactional leadership style is more effective than transformational leadership in South Korean companies. On the other hand, in another study by Nazarian et al. (2019) they found that in the service

industry, such as hospitality, where financial motivations are scare transformational leadership could enhance job satisfaction among employees.

4.4   Employees' intention to leave as dependent variable

As explained in chapter two, one of the major concerns of any manager is high turnover among the staff. The importance of high turnover and its impact on both organisational performance/ effectiveness and customer satisfaction has always been an interest for researchers in organisational studies (Ugwa, 2014). According to Xuehu (2016), high turnover has a negative impact not only on organisational performance but also on customer satisfaction in any industry. In the health care system, due to the nature of the work, it is crucial for managers to maintain a steady improvement in employees' quality and skills which a high turnover may negatively impact upon. Therefore, it is important to investigate the impact of different factors including leadership style, organisational culture, job satisfaction, perceived organisational support and commitment on employees' intention to leave.

Employees' intention to leave as a construct was drawn from the expatriate employees' experiential perspectives model. There are many reasons why employees' intention to leave was chosen as the dependent variable in this study, the main one being that it lies in the heart of the study where the research aim is to explore factors that have a major influence on employee retention in general and expatriates in particular. Furthermore, as Tekingunduz and Kurtuldu (2015) and others have argued, one of the factors that directly contributes to the success or failure of hospitals is employee turnover. Furthermore, Ugwa (2014) argued that hospitals, in order to achieve high performance/ effectiveness, need to make sure employee turnover is minimised by providing financial and non-financial motivation. Moreover, Xuehu (2016), in a study of public hospitals in China, found that there is a strong relationship between job satisfaction and intention to leave among senior professionals which influences a hospital's economic success. Therefore, in order for public hospitals to be successful both financially and to maintain good morale, there is a need for an investigation into how to reduce employees' intention to leave.

For the purpose of this study the five questions that measure intention to leave have been drawn from the work of Cerdin and Le Pargneux (2014) which was based on the expatriate employees' experiential perspectives model.

4.5   Organisational culture

As mentioned in the literature review chapter, organisational culture is considered as one of the major factors that have an impact on job satisfaction, commitment and perceived organisational support that consequently influence employees' decision to leave or remain. In this study it could be argued that organisational culture acts as an independent variable for jobs satisfaction, commitment and perceived organisational support as this study aims to investigate the impact of organisational culture on these factors. For this reason, organisational culture as referred to in this study has been based on the competing value framework of Cameron and Quinn (2011). Cameron and Quinn (2011) introduced an instrument called the Organisational Culture Assessment Instrument (OCAI) which has been used by scholars in different disciplines in many countries (Dastmalchian, et al., 2000; Kolkt and Merwe, 2009; Acar, 2012; Nazarian, 2013; Nazarian, et al., 2017). However, the concept of CVF and the instrument OCAI has not been fully utilised in health care systems in the Middle East, despite its advantages.

One of the main advantages of the CVF is that it provides a comprehensive view of organisational culture from different perspectives (Cameron and Quinn, 2011; Nazarian, et al., 2017). Therefore, this study employed the CVF as the main base for analysing the organisational culture in the public health care service in Saudi Arabia. For the purpose of measuring organisational culture this study follows the instrument developed by Nazarian (2013), based on CVF and the OCAI, that helps to diagnose important aspects of organisational culture in the demanding health care system. In the original format, OCAI was designed in a way that respondents must divide 100 points over four statements in the six categories, with each four statements representing four cultures (Clan, Adhocracy, Market and Hierarchy) in the six categories of: Dominant characteristics; Organisational leadership; Management of employees; Organisational glue; Strategic emphases and Criteria of success. Nazarian (2011) adopted the 24 questions developed by Cameron and Quinn for the OCAI instrument based on the six dimensions mentioned above which are mainly representing the dimensions of: structure and control; leadership style; motivation and training; relationships; goals and values; mission statement and communication styles, and which provide an instrument with 24 questions to measure organisational culture based on seven Likert scales.

4.6 Job satisfaction, perceived organisational support and organisational commitment as intervening variables

The intervening variables in this study are job satisfaction, organisational commitment and perceived organisational support. In common with the dependent variable, intention to leave, these intervening variables are also borrowed from the expatriate employees' experiential perspectives model. There are several reasons for choosing this model to measure these variables but the most important one lies in the nature of this study. There are many studies that investigate the relationship between leadership style organisational culture with job satisfaction (Ugwa, 2014; Barlwo, 2013; Park & Kim, 2009) or organisational commitment (Tekingunduz & Kurtuldu, 2015) or perceived organisational support (Coomber & Barriball, 2007).

As mentioned in previous sections, for the purpose of this study the questionnaire items developed for job satisfaction from the study of expatriates' career characteristics by Cerdin and Le Pargneuux's (2014) were adopted. Cerdin and Le Pargneux (2014) used four items to measure job satisfaction. This instrument has been used in many studies in different disciplines and different countries to measure job satisfaction among expatriates (Supeli & Creed, 2016; Wiernik & Kostal, 2019). The advantage of this instrument lies in the fact that the instrument is designed to measure the job satisfaction among employees regardless of the sector, industry and country. The organisational commitment items were borrowed from Cheng and Liou's (2011) study with fifteen items. This instrument has been designed to measure organisational commitment among employees based on cultural difference and values which may exist among employees. Therefore, as the study aim is to measure commitment among expatriates who are culturally different, this instrument was considered to be the best fit. Finally, the perceived organisational support items were borrowed from Cao et al.'s (2014) study on the role that career satisfaction and networks play for self-initiated expatriates, with twelve items. This instrument, unlike many other instruments in this area, views organisational support from the employees' perspective and not organisational perspective. Thus, as the main objective of this study is to view all variables including perceived organisational support from the expatriates perspective, the instrument designed by Cao, et al (2014) has been adopted.

4.7 Relationship between leadership style and organisational culture

As Schein (2016) argued, leaders are the main source of creation of organisational culture in any organisation. Therefore, there is no doubt that there must be a strong relationship between these two most important phenomena. Having said that, the direction of this relationship has always been

subject to major debate among scholars in this area, not only in organisational studies but also in organisational behaviour and organisational change (Acar, 2012; Nazarian, 2013). In the early 1980s, scholars like Smircich (1983) strongly argued that there is a weak, or no impact of leadership style on organisational culture as this group believed organisation is culture and culture determines everything. This argument has its base in the anthropological perspective of culture that argues that organisation *is* culture and not *has* culture. Therefore, they argue, because organisation *is* culture and not *has* culture, leaders have limited or no impact on organisational culture whereas organisational culture has a major impact on choosing and implementing the leadership style. On the other hand, another group of scholars, such as Schein, have argued the opposite. This group believes that organisational culture is something that an organisation *has,* not *is*, and is one among many factors which exist in an organisation. Therefore, if the organisational culture is something that any organisation has then this phenomenon can be manipulated and changed by leaders. As a result, leaders and leadership style has a major impact on choosing and implementing organisational culture (Cameron & Quinn, 2011; Schein, 2016). There is also a third view on the relationship between leadership style and organisational culture where scholars argue that this relationship is a two-way relationship. These include Avolio and Bass (2004) and Nazarian (2013), who have argued that although it is true that leaders have a major influence on the creation of organisational culture, it is also true that organisational culture has an impact on leadership development and the leadership style chosen and implemented in an organisation.

There are several studies that have investigated the relationship between leadership styles and organisational culture in different industries and sectors including the public sector. Tsai (2011), in a study of 300 nurses in Taiwanese hospitals, found that there is a significant relationship between organisational culture and leadership behaviour. Moreover, Wong et al. (2012), in a study of hospital nurses, found that there is a strong relationship between the leadership style chosen and the organisational culture implemented in the hospital. Furthermore, Lin et al. (2015), in a cross-sectional study of nurses in Taiwan, found that the transformational leadership style has a major influence on the quality of nurses' working lives through the organisational culture implemented in the workplace. Moreover, Muls et al. (2015), in a study of NHS institutions in the wake of the Francis Report (2014), which argues the need for NHS trusts and hospitals to adopt a culture of learning, safety and transparency, found that there is a strong relationship between leadership and organisational culture change. They further argued that leadership across all levels has a big influence on organisational culture and, most importantly, leaders can ensure that patients always remain the main focus of any changes implemented in the NHS.

Based on the literature review provided in the previous chapter, and the argument provided here in this chapter, this study has identified these hypotheses to be tested.

H1: There is a relationship between leadership style and organisational culture in public hospitals in Saudi Arabia.

H1.1 There is relationship between transactional leadership style and organisational culture.

H1.2 There is a relationship between transformational leadership style and organisational culture.
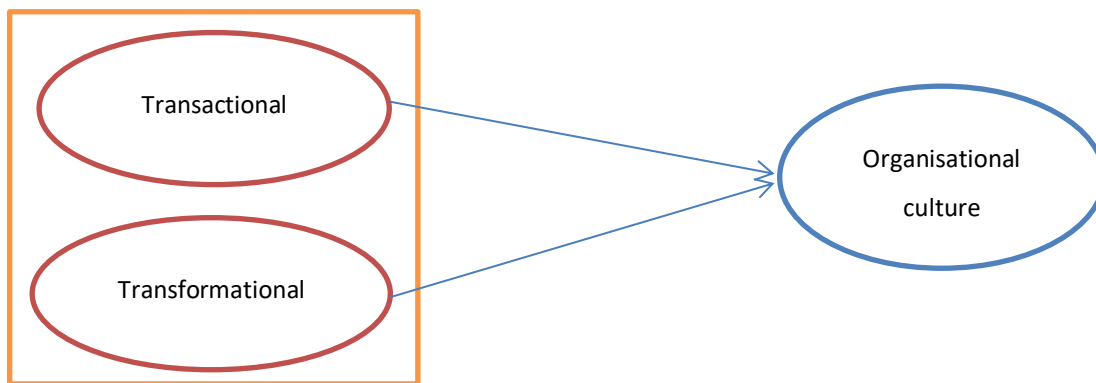
Figure 4:2 Hypothesized relationship between leadership style and organisational culture

4.8 Relationships between leadership style and organisational culture with intention to leave

As explained in chapter two, a favourable organisational culture could potentially help to improve job satisfaction and organisational commitment among employees (Park & Kim, 2009) which consequently reduces intention to leave of employees (Tekingündüz & Kurtuldu, 2015). In addition, there is a two way relationship between leadership style and organisational culture (Nazarian, 2013). Therefore, it is important to investigate the impact of both leadership styles and organisational culture on expatriates' intention to leave.

According to scholars such as Lok and Crawford (2004), or Barlow (2013), leaders' behaviour has a major impact on employees' intention to leave and, in turn, on organisational performance. Therefore, in order to achieve high employee retention, which in turn enhances organisational performance, leaders need to implement a leadership style that is aligned with the organisational culture. Sojane et

al. (2016), in a study of 204 medical and surgical units in both private and public hospitals, found that there is a strong relationship between leadership style and intention to leave. In addition, Bealer and Bhanugopan (2014), in a study of 213 managers from different countries working in UAE, found that there is big difference in understanding the leadership practice between expatriate and national managers which may have an impact on manager behaviour with employees and employees intention to leave. Moreover, in a study of 208 permanent hospital staff in Turkey, Tekingunduz and Kurtuldu (2015) found that there is a moderate relationship between transformational leadership style on employees' intention to leave. Furthermore, Barlow (2013), in a study of around 9500 nursing personnel, found that the transformational leaderships style has a major impact on the organisational decision-making process as well as maximising employees' retention and quality of nursing personnel. In addition, Lin et al. (2015), in a study of nurses in both private and public hospitals in Taiwan, found that leadership style has an indirect impact on employees' intention to leave through the quality of nurses working lives in hospitals which is directly related to organisational culture. Based on the arguments provided, this hypothesis was proposed for testing.

For the purpose of this study, the questionnaire developed by Bass and Avolio (2004) was adopted, this being based on transactional-transformational theory that consists of three main leadership style, transactional, transformational and passive leadership style. The MLQ questionnaire developed in two different formats, one based on leader perspective of leadership style and one' based on employees' perspective leadership style. This research used the version that has been developed to measure leadership style from the employees' perspective

> H2. There is a relationship between leadership style and expatriates' intention to leave in public hospitals in Saudi Arabia.

There are numerous studies that have investigated the relationship between organisational culture and employees' intention to leave. In one of the studies set in Israeli healthcare, Carmeli (2005) found that if the organisational culture implemented could provide challenging jobs, both the employee's absenteeism and withdrawal intention from occupation, job and organisation would be significantly reduced, which in turn would improve hospital performance. Furthermore, Tasi (2011) arguesd that organisational culture has an indirect impact on job satisfaction and, in turn, on nurses' intention to leave through leadership behaviour in a Taiwanese context. Furthermore, in a study of 527 nurses working in two major public hospitals in Korea, Park and Kim (2009) found that among all organisational cultures consensual culture showed strong negative association with turnover intention of the nurses, while hierarchal organisational culture showed a positive association with turnover intention. Choi et al. (2014), in a study of 286 nurses from three general hospitals, found that

there is a negative relationship between relationship orientated organisational culture and innovation organisational culture with turnover intention. They further argued that if managers in hospitals wished to reduce turnover intention, they must promote a relationship or innovation orientated organisational culture in the hospital. Therefore, based on arguments provided in Chapter 2 and Chapter 3, this study proposed this hypothesis:

H3. There is a relationship between organisational culture and expatriates' intention to leave in public hospitals in Saudi Arabia.
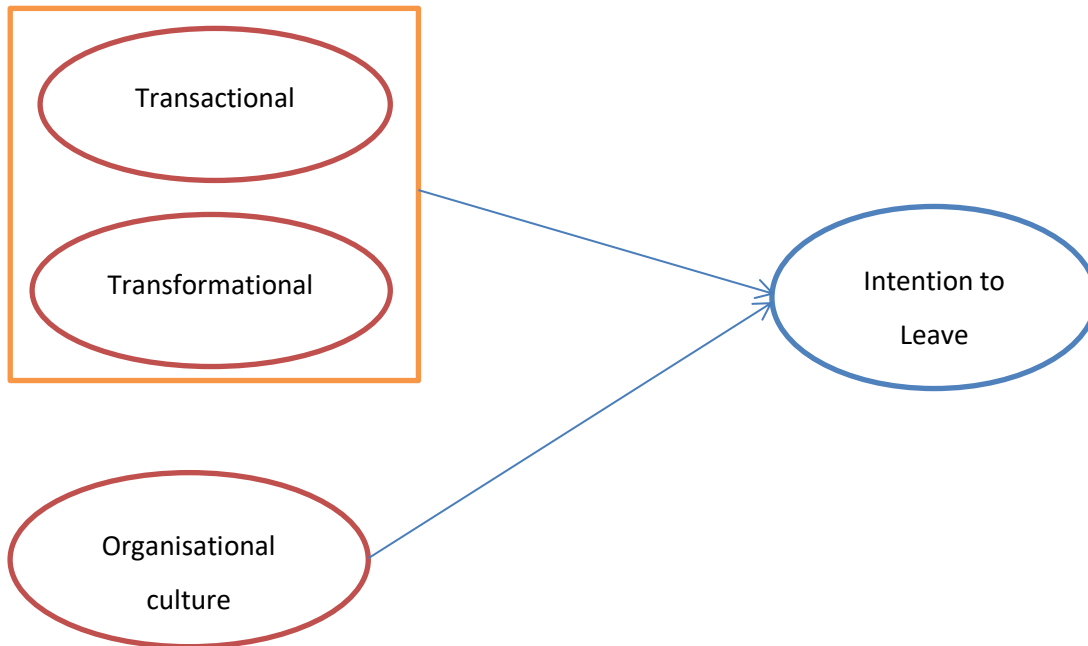
Figure 4:3 Hypothesized relationship between leadership style and organisational culture with intention to leave

4.9 The mediating impact of job satisfaction, perceived organisational support, organisational commitment on the relationship between leadership style and organisational culture with intention to leave

Following previous sections on the relationship between leadership style and organisational culture and both of those with employees' intention to leave, this section aims to provide justification for the mediating impact of job satisfaction, organisational commitment and perceived organisational support on these relationships. There are many studies that investigate the impact of both leadership styles and organisational culture on job satisfaction, organisational commitment and perceived organisational support (Barlow, 2013; Ugwa, 2014). Furthermore, there are several studies that investigate the direct relationship between variables in this study, job satisfaction, organisational commitment and perceived organisational support with intention to leave (Coomber & Barriball, 2007; Masum et al., 2016; Warshawsky & Havens, 2014). Furthermore, there are also many studies that investigate the indirect relationship between leadership style and organisational culture with intention to leave (Balrow, 2013; Tekingunduz & Kurtuldu, 2015; Sojane, et al., 2016). However, there is a lack of studies that investigate the mediating impact of job satisfaction, perceived organisational support, and organisational commitment together on the relationship between leadership style,

organisational culture with intention to leave in the context of public hospitals in Saudi Arabia. Furthermore, in some studies, such as Tasi (2011), the researchers investigated the mediating impact of leadership behaviour on the relationship between organisational culture and job satisfaction, but not on intention to leave. Tekingunduz and Kurtuldu (2015) found that there is both a positive and a negative relationship between leadership styles (transformational and transactional) with job satisfaction, organisational commitment and intention to leave. However, this study did not investigate if there was any mediating or intervening relationship among these variables. According to Warshawasky and Havens (2014), there is a direct relationship between nurse managers' job satisfaction and intention to leave in US hospitals. In a study of 242 hospital professionals in Taiwan, Chiu, et al. (2005) found that both job satisfaction and organisational commitment influence turnover intention. They further argued that organisational commitment influences turnover intention in the cases of both internal and external employees, whereas job satisfaction has a stronger influence on externals' intention to leave than internals. Choi et al. (2014), in a study of 286 nurses in general hospitals, found that there is an indirect relationship between organisational culture and intention to leave, through organisational culture. Xuehu (2016), in a study of senior professionals in public hospitals in China, found that there is no correlation between job satisfaction and turnover intention, whereas there is a negative correlation between affective commitment and turnover intention. On the other hand, there is positive correlation between job satisfaction and affective commitment and affective commitment acts as mediator between job satisfaction and turnover intention. In a study of 572 nurses in public hospitals in Korea, Park and Kim found that job satisfaction acted as a mediator among some of organisational culture types and turnover intention for nurses.

Therefore, based on the literature review provided in Chapter 2, and arguments here, these hypotheses were proposed for testing:

H4.1. Job satisfaction mediates the effect of leadership style on intention to leave.

H.4.2. Job satisfaction mediates the effect of organisational culture on intention to leave.

H.5.1. Organisational commitment mediates the effect of leadership style on intention to leave.

H.5.2. Organisational commitment mediates the effect of organisational culture on intention to leave.

H6.1. Perceived organisational support mediates the effect of leadership style on intention to leave.

H6.2. Perceived organisational support mediates the effect of organisational culture on intention to leave.
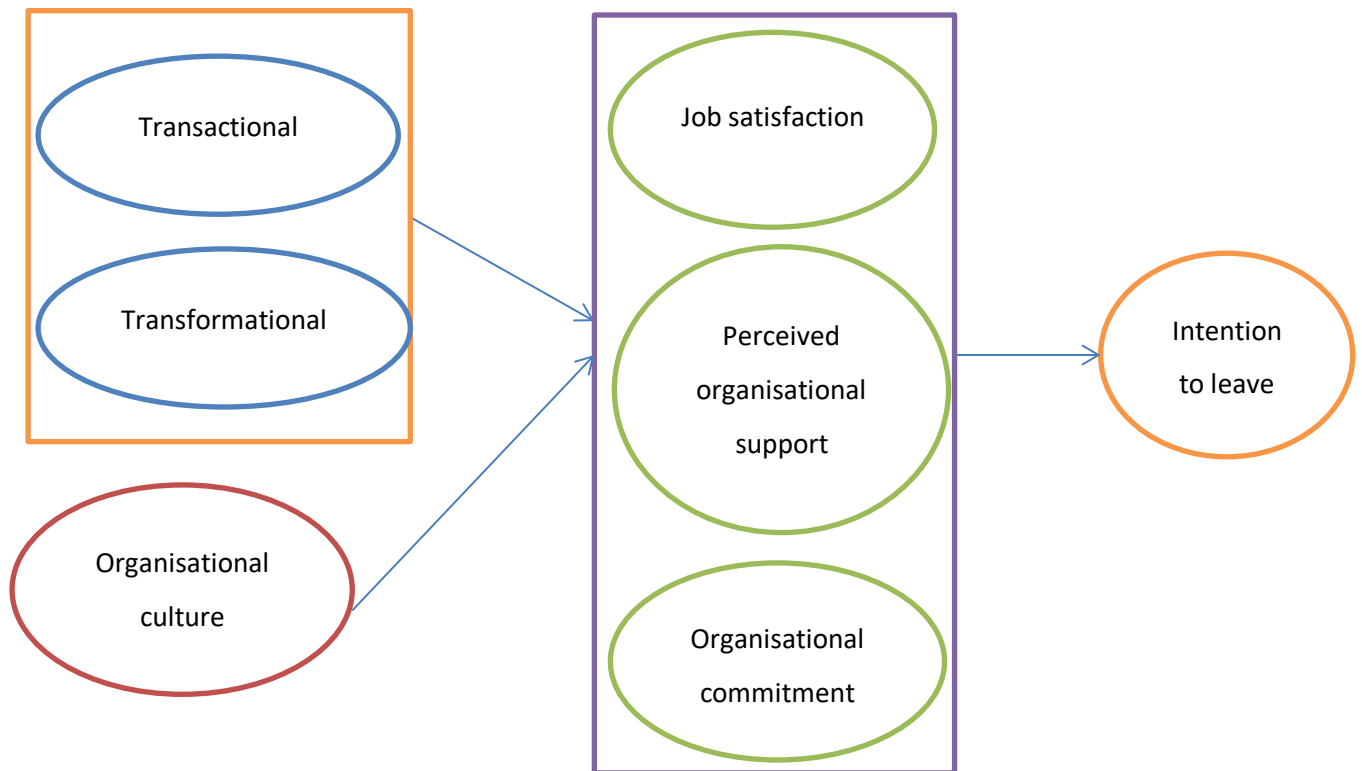
Figure 4:4 Hypothesized mediating impact of JS, POS and OC on the relationship between LS and OC with ITL

In this study the conceptual framework is proposed as a guideline and map to explore the relationship between the variables of this study. Furthermore, the study aims, with the help of the conceptual framework proposed, to address the research problem and find answers for the research questions proposed in Chapter 1, which is that due to the significant contribution of professional expatriates to the success or failure of the Saudi public hospitals:

How can leadership cultural competence affect the employment experiences of expatriate professionals in Saudi public hospitals?

As mentioned in Chapter 1, the aims of this study are: firstly, to investigate the impact of leadership cultural competence on expatriate professionals' employment experiences in Saudi public hospitals; secondly, to explore the relationship between leadership style and organisational culture with employees' intention to leave and, finally, to investigate if there is an indirect relationship between both leadership style and organisational culture with employees' intention to leave through job satisfaction, organisational commitment and perceived organisational support

Furthermore, the conceptual framework proposed for this study is an aid to investigate the research questions proposed:

1. How can a culture of leadership cultural competence be developed in Saudi public hospitals enhance the employment experiences of expatriate professionals?

2. Does leadership style and organisational culture affect employees' intention to leave in public hospitals in Saudi Arabia?

3. Is there any relationship between leadership style and organisational culture in public hospitals in Saudi Arabia?

4. How do both leadership style and organisational culture influence employees' intention to leave through factors such as job satisfaction, organisational commitment and perceived organisational support in public hospitals.
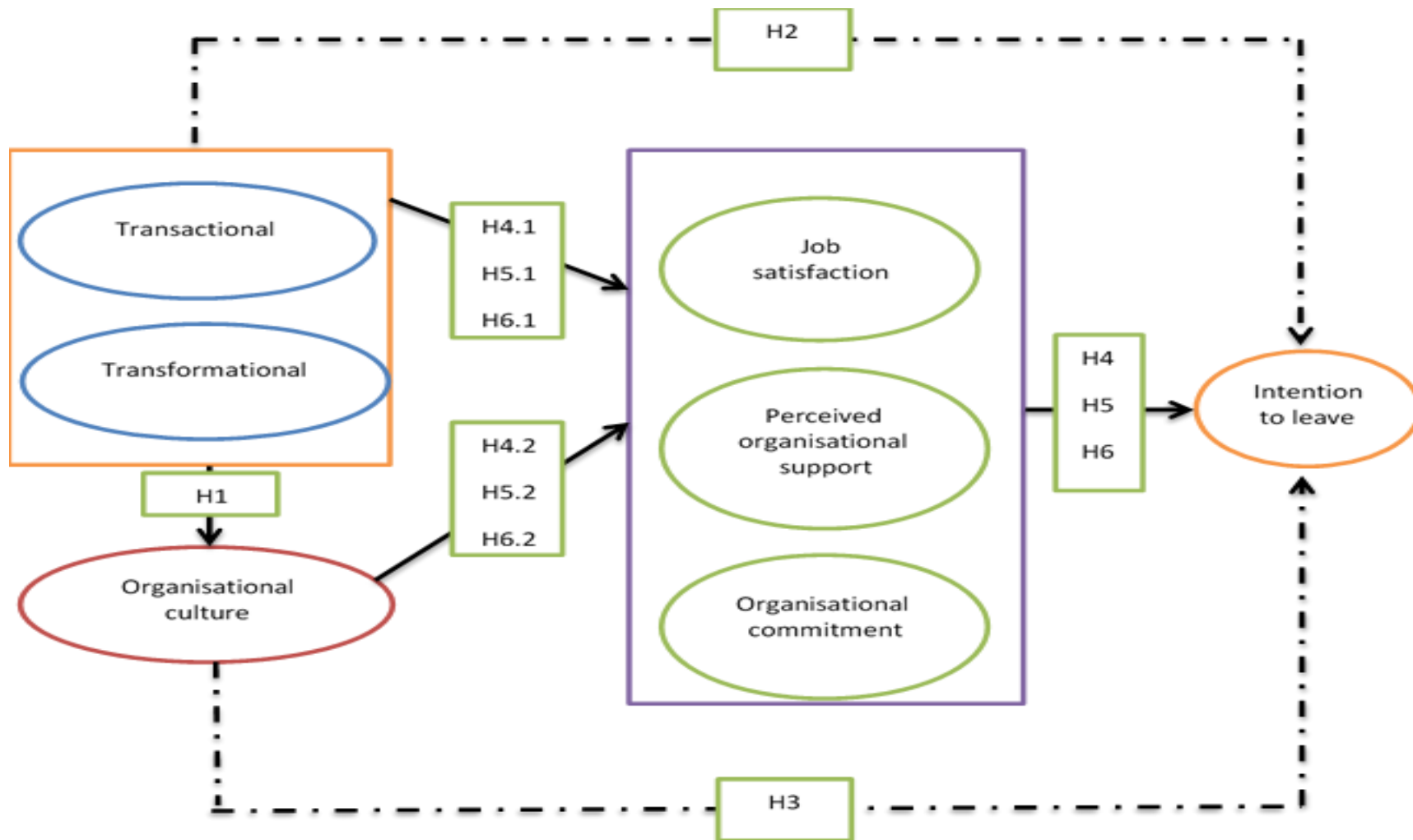
Figure 4:5 Conceptual Framework and Hypotheses

H1: There is a relationship between leadership style and organisational culture in public hospitals in Saudi Arabia.

H1.1 There is relationship between transactional leadership style and organisational culture.

H1.2 There is a relationship between transformational leadership style and organisational culture.

H2. There is a relationship between leadership style and expatriates' intention to leave in public hospitals in Saudi Arabia.

H3. There is relationship between organisational culture and expatriates' intention to leave in public hospitals in Saudi Arabia.

H4.1. Job satisfaction mediates the effect of leadership style on intention to leave.

H.4.2. Job satisfaction mediates the effect of organisational culture on intention to leave.

H.5.1. Organisational commitment mediates the effect of leadership style on intention to leave.

H.5.2. Organisational commitment mediates the effect of organisational culture on intention to leave.

H6.1. Perceived organisational support mediates the effect of leadership style on intention to leave.

H6.2. Perceived organisational support mediates the effect of organisational culture on intention to leave.

4.10   Conclusion

As mentioned in Chapter 1, and in this chapter, the aim of this research is to explore both the direct and indirect impact of leadership style and organisational culture on intention to leave through other major factors like job satisfaction, perceived organisational support and organisational commitment. As mentioned in both Chapters 2 and 3, there are many studies that investigate the direct impact of all these factors and, in some cases, the indirect impact of these factors on intention to leave. However, there is a lack of a comprehensive study that explores both the direct and indirect impact of these factors together on intention to leave in public hospitals in Saudi Arabia. Therefore, the aim of this research is to fill this gap in the literature by proposing a comprehensive conceptual framework that clearly shows the direct and indirect relationship among all these factors with intention to leave in the context of public hospitals. Furthermore, this chapter proposes hypotheses for testing based on

the existing literature. The next chapter explains and justifies the research philosophy, design and data collection method proposed for this study.

Chapter 5   **Research Methodology**

5.1   **Introduction**

The aim of Chapter 3 was to develop a new, comprehensive conceptual framework that shows all the relationships among the variables in this study. Furthermore, some hypotheses, based on the literature review provided in Chapter 2, were introduced and, in Chapter 3, hypotheses were provided for testing. This chapter provides justification and explanation for the research method based on the research issues and questions proposed in Chapter 1. In order to provide a context within which the remainder of this chapter and the following chapters will be better understood, this research methodology chapter opens by providing a rationale for this study's use of a positivist approach as well as explaining the philosophical background, research design, questionnaire design, sample and data collection method.

As mentioned in Chapters 2 and 3, there are disagreements among researchers in this field on what and how to measure constructs like leadership style, organisational culture, job satisfaction, perceived organisational culture, organisational commitment and intention to leave. In this chapter the research philosophy is explained, which is based on the positivist paradigm. Having clarified the philosophical and value foundations upon which this study's empirical research is premised, the chapter moves on to provide evidence-based and theoretical justifications for the use of the quantitative research design that is comprised of quantitative surveys using a questionnaire. This is followed by a description of the research sample, including the rationale for the inclusion of expatriate employees, middle managers and senior managers, together with the strategy used to recruit the research participants. The next section specifies the steps that were taken to ensure that the quantitative stage of this study's empirical research adhered to the University of Southampton's standards and protocols for ethical research practice. The following sections, that make up the main body of the chapter, contain detailed descriptions of the quantitative data collection and data analysis methods, instruments and techniques employed during the first stage of this study's empirical research. The quantitative data collection section describes the quantitative data collection measures replicated from existing research and explains how they are combined into an innovative single research instrument – a survey gathering the employment experience and perspectives of expatriate employees in a large, public hospital in Saudi Arabia. The section also expands on the conceptual framework in explaining how the various measures in the survey are aligned to this study's research questions, aims and objectives. The first data analysis section breaks down the statistical tools and techniques that were used to quantitatively analyse data gathered using the expatriate employee questionnaire.

5.2   Research Philosophy

The research philosophy is the basis of any research and, according to the Oxford Dictionary of Philosophy (2008), can be defined as the study of nature, reality and existence. According to Bryman and Bell (2011), research philosophy is regarded as the place where the knowledge comes from and, more importantly, what is the nature and reality of the research. Therefore, Saunders et al. (2016) argued that the research philosophy concerns the research assumptions that could provide an indication of thoughts, values and beliefs about the topic of research as well as how the researcher adapts him or herself to the research environment (Denzin & Lincoln, 2000). As Guba and Lincoln (1994) explained, in order to be able to explain the research philosophy, the researcher needs to specify three areas which are ontology, epistemology and methodology. According to Guba and Lincoln (1994), ontology is the explanation of the nature and reality of the research, while epistemology is an explanation of how and where the knowledge is acquired. Finally, the methodology is the tools and instruments used to collect and validate the data. According to Saunders et al. (2016), there are four main philosophical approaches which are: positivism, interpretivism, realism and pragmatism.

Due to the nature of the research issue and questions mentioned in Chapter 1 and their importance, this study requires an underpinning research philosophy that provides it with a foundation upon which to undertake multilevel research that investigates complex social structures, processes and their effects on the individual, organisational and structural levels. Therefore, based on the research question proposed and literature reviewed provided in the chapter 2, the positivist approach has been selected. According to Hirschheim and Klein (1992) a positivist approach helps the researcher to find answers and reasons for the problems identified by research using a deductive process. According to Saunders et al (2016) apositivist approach has three main characters which are: being external, objectives and independent of social actors; only observable phenomena could provide any potential credible data; research is undertaken in a value-free way. Furthermore, according to Bryman and Bell (2011) a positivist paradigm is suitable for research that seeks to investigate the relationship between variables by developing hypotheses based on existing theories and using quantitative measures.

This requires a deductive approach where the researcher develops hypotheses based on the existing theories and tests them using quantitative measures (Saunders et al., 2016), so the positivist research paradigm is the most suitable for this study. The main aim of this research is to investigate the impact of both leadership style and organisational culture on intention to leave among expatriates by taking other factors such as job satisfaction, perceived organisational support and organisational commitment as mediators. Since this study investigates leadership style, organisational culture, job

satisfaction, perceived organisational support, organisational commitment and intention to leave as well as demographic factors the positivist approach is suitable. According to Saunders et al (2016) and Orlikowski and Baroudi (1991) when research is designed based on positivist ontology, it is the researcher's responsibility to identify the proper tools that consider objective physical and social reality where the researcher s able to investigate and identify those aspects of reality that are being researched. Furthermore, this study followed a positivist epistemological as proposed by Chua (1986) and Saunders et al (2016) where the researcher identifies true or false knowledge using empirical findings by testing hypotheses developed through hypothetical-deductive method. In this study the Chua (1986) criteria for developing positivistic research was considered as the end objective of the research where the factors affecting intention to leave of expatriates in public hospitals in Saudi are identified. Therefore, in order to achieve this objectives a comprehensive conceptual framework was adopted, based on the existing literature where all relationships among all variables clearly stated.

The conceptual framework presented in the chapters 3 is based on the comprehensive literature review presented in chapter two where all relevant literature was considered on leadership style, organisational culture, job satisfaction, perceived organisational support, organisational commitment and intention to leave. The study sought to address the research questions, aim and objectives using a positivist approach as it was deemed to be more appropriate. For example, if this research were to adopt pragmatic approach, there would be a need for a series of semi-structured interviews to identify the cause and effect; however, this further step proved to be almost impossible and also was outside the scope of this study (Guba and Lincoln, 1994).

As opposed to a pragmatic or post positivist approach where the main focus is to identify the differences existing between the phenomena using in-depth analysis (Guba and Lincoln, 1994), this study's main aim was to investigate the behaviour of variables in relation to certain phenomena like leadership style, organisational culture, job satisfaction, perceived organisational support, organisational commitment and intention to leave of both expatriates and managers in public hospital in Saudi. Furthermore, as this study is solely based on objectivism there was very minimal involvement of the researcher in collecting data.

5.3   Study Setting

One of the major arguments among scholars in terms of research methodology, and research design, is the impact of the researcher's values and beliefs. According to Reed (1996), from the theories and models proposed, it is possible to understand the method of thinking, values and beliefs of the researcher. However, it is very difficult to understand the researcher's culture and history that creates

their personality, which is as important as the researcher's way of thinking. The values, beliefs and assumptions that create the researcher's personality have a major impact on the choice of different paradigms and approaches of different authors (1970). Therefore, this research also is not exempt and has been influenced significantly by the researcher's perspective on the constructs of this study. The choice of transactional-transformational leadership style, organisational culture and other factors including intention to leave all show the researcher's thinking about this research. Moreover, for example, the study of organisational culture is very much influenced by the belief that organisational culture is something that organisational *has* and not *is* and, therefore, follows the sociological-functionalist perspective (Cameron and Quinn, 2011). Furthermore, this study adopted the transactional-transformational leadership style which has been derived from transactional-transformational theory which itself is derived from situational theory (Bass & Avolio, 2004).

This is a study of public hospitals in Saudi Arabia where data were collected quantitatively from employees and managers of a single public hospital. The respondents involved in this study can be divided into two groups, employees and managers, all of whom were working full time for the hospital. The hospital chosen for this study is one of the main public hospitals in Saudi Arabia and is located in Riyadh, the capital city.

5.4   Research Design

The research design section provides information on the structure of the empirical part of the study and includes the data collection method, instruments, and data analysis. According to Saunders et al. (2016), there are several different approaches that a researcher can adopt depending on the nature of the study and those approaches are: experiment, survey, case study, action research, ethnography and archival research. The choice of strategy is directly related to the nature of the research, the research question, sample, content, rate of response and duration of study (Bryman & Bell, 2011). Furthermore, Creswell (2013) argued that the choice of strategy is also dependent on the skill attained by the researcher during the research.

Therefore, based on the research questions, aim and objectives proposed in Chapter 1, and in order to be able to find the answers for research questions as well as testing the hypotheses proposed in Chapter 3, it was decided to deploy the survey strategy. The survey was based on a questionnaire developed from existing literature and tools on leadership style, organisational culture, job satisfaction, perceived organisational support, organisational commitment, and intention to leave. Before collecting any data, agreement had to be obtained from the potential hospital. Subsequently, the agreed questionnaires were sent to both employees (expatriates) and managers in the public

hospital. The main purpose of the quantitative part was to investigate the relationship among all the variables proposed for this study as well as to draw conclusions.

The unit and level of analysis is one of the main factors in choosing a particular strategy (Saunders et al., 2016). For example if the unit of analysis is the organisation then case study would be a suitable choice, whereas if the unit of analysis is the individual, survey strategy could be appropriate (Dwivedi, 2010). In addition, a survey strategy is favoured by researchers for other factors such as cost, time and accessibility (Gilbert, 2005). Furthermore, another main factor that contributed greatly to choosing a survey strategy was that the research was designed to explore the relations of causality among the variables in the quantitative part.

5.5   Research Method and Concepts

As Saunders et al. (2016) argued, in order to have a successful study there are several points that need to be considered carefully, such as how to write clear research questions, and what an appropriate research methodology would be. Furthermore, they argued that, for any research, the researcher must consider making the research question broad enough to allow flexibility and narrow enough to guide the researcher to achieve the aim of the research. Moreover, if the researcher decides on a research methodology that is not appropriate for the particular study then it is highly likely that the research questions will not be answered, and in turn the research will not achieve its aim and objectives. Therefore, by taking into account the research questions proposed in Chapter 1, as well as by considering the researcher's skills and limitations, it was decided to adopt a quantitative method for this study.

Saunders et al. (2016) also argued that before finalising the research design, the researcher must find an answer to three major questions: 1- what kind of information is needed 2- where can this information be found, and finally, 3 - can this information be gathered? Therefore, again based on the research questions mentioned and considering these three questions, a positivists approach, which is consistent with this being an deductive study approach was chosen. In the deductive approach the researcher mostly takes a top-bottom approach which means starting with a broad idea and then narrowing it down to specific hypotheses, whereas in the inductive approach the researcher develops a theory, or part of it, through data analysis. According to Bryman and Bell (2011), the inductive approach is different from the deductive as, with the inductive approach, the research moves from very specific data observation to general concepts and theories. The abductive approach, which can be compared with the other two approaches, is very recent and was introduced by Saunders et al. (2016) to fill the gap between the two where the research uses a mixed method. This approach

is helpful to researchers who are not, on the one hand, developing theory and, on the other hand, not only looking for causal relationships.

Scholars including Bryman and Bell (2011) and Saunders et al. (2016), believe that data collection is often a long and meticulous process. For unforeseen reasons the researcher was given a very limited time to collect the data, around three months in total, from the ethical approval date. In the first stage, and in order to test the instrument developed for the study, 25 responses were collected as a pilot study. During the process of conducting the pilot study the objectives of the research were to make sure that the questionnaire was easy to follow (structure) and to understand (clarity) as well as to test the reliability of the instrument. After finalising the pilot study, and prior to preliminary analysis, some very minor modifications were made, mainly to the structure and formatting. The final version of the questionnaire was sent to all employees (expatriates) and managers in the public hospital for data collection. In total, after two months, around 357 responses had been received which, after deleting three for incomplete/inappropriate inclusion, left the final number of responses at 354.

In the first stage of the data collection, quantitative data were collected through self-administered questionnaires because of the obvious advantages that this type of data collection offers to the researcher, including time and cost. However, as these questions asked about the employees' or managers' behaviour there was a chance that people would not be comfortable to talk about these matters if there was a risk of being seen by a third party. As a result, and as it is crucial to provide assurance for participants of the anonymity of the data, this assisted the collection of less biased answers (Kassim, 2001). Furthermore, there is a disagreement among scholars about whether being able to read all the questions in advance is a strength or weakness of the self-administered questionnaire.

5.6   Theory Building

As part of the process of this study, in the first stage the researcher developed research questions based on the research issue. After that, the research questions, aim and objectives, as well as the existing literature were considered and hypotheses were developed for testing. The third stage of this research was to choose an appropriate data collection method to enable the research questions to be answered. The next stage was to test the quantitative instrument in terms of structure, formatting and reliability. After doing an initial analysis, the final questionnaire was sent to participants for final data collection. After receiving the data, the next stage was to analyse it. Finally, after collecting the quantitative data, the last stage was the interpretation and the writing up of the discussion and implication chapters.

5.6.1   Sample justification

According to the Ministry of Health (2018), there are around 415 government and about 130 private hospitals operating in Saudi Arabia. Of the total run by the government, 270 of these hospitals are directly run by the Ministry of Health. For the purpose of this study only those hospitals that are directly run by MOH were considered as they are normally the largest with high numbers of expatriates. In the first stage, 15 major hospitals were listed for the investigation and this list was sent to the MOH for approval. After some weeks of negotiation, the Ministry of Health only approved five out of 15 of those hospitals which are the largest hospitals in Saudi. With the help of the MoH, finally one of the largest hospitals in Saudi agreed to participate and allowed access to employees for the research.

According to official data held by hospitals on numbers of expatriates working at the hospitals, out of 2657 total employees, both full time and part time, there were 850 employees who were eligible to participate. To calculate the sample size the Cochran (1963) formula was followed:

$$n_0 = \frac{Z^2 pq}{e^2}$$

In this formula :

n0= is the sample size

e: is the margin of error or desired level of precision

p: is the estimated proportion of an attribute that is present in the population

q: is 1-p

Z2: is the abscissa of the normal curve that cuts off an area α at the tails (1 - α equals the desired confidence level, e.g., 95%) (Israel, 1992)

However, as Hair et al (2010) and Israel (1992) argued this formula is normally used for studies with large populations and in order for it to be used for a smaller population there is a need for a minor modification of the formula. Therefore, as a result and according to Hair et al (2010) and Israel (1992), the formula that can be used for measuring the sample size for small populations using Cochran is as follows:

$$n = \frac{n_0}{1 + \frac{(n_0 - 1)}{N}}$$

Where N is the population size, and therefore the new n is the adjusted sample size.

In order to find the n (sample size) for this study some assumptions were set to help calculate the desired sample size. Based on the assumption of 5% margin of error, 95% confidence level and considering the likely sample proportion of 50% in the total population of 850 expatriates in the hospitals using the Cochran formula the sample size was calculated as:

n= 265

Therefore, it can be argued that in order to do this study it was only necessary to collect data from 265 respondents out of the 850 total expatriates working in this hospital. In the second stage a stratified random sampling was used for the online questionnaire survey sent to expatriate employees and managers within the hospital. This research population was divided (stratified) into professional and occupational groups including, for example, physicians, surgeons, senior nurses, nurses, administrative staff and manual employees. Thereafter members from each group were randomly selected. The stratification, enabled via the hospital's employee databases, ensured that expatriate employees across different occupational groups and hierarchical levels were represented in the research populations. Not only does this process permit comparison of data between the groups, it "reduces variability from systematic sampling" (Acharya *et al.*, 2013, p.331). Preparing stratified lists can be time consuming and demand detailed information on the proportions of each group. Therefore, it was fortunate to be able to call upon the services of the administrative section of the hospital's human resource department in identifying, stratifying and emailing the survey to expatriate employees. The sampling frame was identified with the support of the hospital's Director of Human Resources, who authorised members of their teams to do so using the hospital's employee databases. The inclusion criteria included non-Saudi country of origin/nationality, legally employed full-time employee, aged 18 or above and assent given to Participation Information and Consent Statement (PICS) (see Appendix A). The exclusion criteria included being a Saudi citizen, having insufficient English language proficiency to understand and complete the survey, being locum staff, part-time staff and/or those employed for less than 12 months.

This type of probability sampling is considered to be the gold standard among sampling methodologies because it permits the generalisability of the research results as each person within the selected population has an equal chance of being included for selection (Acharya et al., 2013; Van Ryzin, 2008). Eight hundred fifty (850) questionnaires were sent out to this sample and the directors of each department emailed staff, drawing attention to the questionnaire, highlighting the potential benefits to their employment experience and asking them to consider participation. In total, 354 responses were received which gave a 41.6% response rate.

The number of male and female respondents were categorised according to their different job roles (see Table 2). Any nurse above the level of staff nurse was grouped into the senior nurse category. By using a chi square test (which is used to test if there is a significant difference between the expected number of people in a group and the observed number) there was a significant difference with at least one of the jobs between the proportions of male to female. In order to determine which jobs these were, multiple chi-square tests were used to check the difference between individual groups. As testing multiple times increases the Type 1 error (i.e. increases the chances of finding a significant difference between a group, when in fact there is not one) Bonferroni correction was used to keep the overall Type 1 error at 0.05. As 8 chi-square tests were done, all of the p-values were compared against $0.05/8 = 0.0063$. There was a significant difference between the proportions of male and female consultants ($p = 0.00$) and nurses ($p = 0.00$).

Table 5:1 Demographic data

		Job type							Total	Percent
		Consultant	Doctor	Nurse	Nurse other	Other	Senior nurse	Surgeon		
Gender	Female	20	8	140	5	8	13	0	196	68.2
	Male	55	9	7	4	4	7	5	91	31.7
Total		75	17	147	9	12	20	5	287	100
Percent		26.13	5.9	51.2	3.1	4.1	6.9	1.7	100	

Multiple chi-square tests were then used to investigate which ones. The highlighted cells are the ones that showed a significant difference from the expected values. There were significantly more consultants from Africa than was to be expected ($p < 0.00$). Similarly, there were significantly more

nurses from East Asia and the Pacific and (p = 0.00) South Asia (p = 0.00). On the other hand, there were significantly less nurses from the Middle East and North Africa (p = 0.00) than were expected. Finally, there were significantly more doctors from the Middle East and North Africa (p =<0.00).

Table 5:2 Origin of the employee

		Job type							Total
		Consultant	Doctor	Nurse	Nurse other	Other	Senior nurse	Surgeon	
Where were you born?	Africa	23	3	4	1	1	3	0	35
	East Asia and the Pacific	21	0	50	0	0	2	0	73
	North, Central America	2	0	0	0	0	0	0	2
	Middle-East	30	7	8	2	2	4	0	53
	Australia and New Zealand	34	2	69	1	2	4	3	115
	Latin America	1	0	0	0	0	0	0	1
	Europe	6	1	1	0	0	0	0	8
Total									

5.6.2 Managers

In total, there were 225 managers in different levels from supervisors to top senior managers working in this hospital, out of which 120 of could be considered to be expatriates. Although all managers working in this hospital are considered as Saudi national, most of this group of 120 were born into a Saudi national family but brought up in other mainly western countries such as the USA, UK, Canada and Australia. This group of respondents, although considered as Saudi national, because of their

background are closer to expatriates in terms of behaviour and culture than to Saudi nationals. According to the HR manager of the hospital, most of these managers were directly head hunted by the Saudi Ministry of Health (MoH) and were offered exactly the same package (with appropriate salary scale)as offered to other expatriates in terms of accommodation, yearly tickets and number of holiday days. Having said that, it became known later that as these managers also hold Saudi nationality their salary was considered as a Saudi national salary which in some cases was higher than expatriate salaries for the same level. Therefore, this group was considered a valuable source of data for this study as they have very interesting perspectives towards leadership, culture, job satisfaction, commitment and intention to leave in public health care in Saudi.

Purposive sampling was used in selecting the 120 managers in the hospital to whom an online questionnaire survey was sent. A non-probability method, purposive sampling, involves purposefully selecting individuals from a clearly defined group – in this case, managers within a Saudi public hospital – to make up the research sample. Purposive sampling enables the identification and accessing of a research population that is under researched and gains valuable data on their approaches, experiences and perspectives (Mammen & Sano, 2012), on the impact of leadership and organisational culture on expatriate employees' employment intentions. As a non-probability sampling technique, purposive sampling is limited in terms of the generalisability of the research results, the inability to control or measure bias and variability (Acharya et al., 2013). However, being closer to expatriate employees, managers have insights that are important to answering the research questions and achieving the research aims. Using purposive sampling enabled the data to be gained from an important research sample. The inclusion criteria included legally employed full-time employees in middle management positions, aged 18 or above and assent was given with the Participation Information Sheet (Appendix A). The exclusion criteria included insufficient English language proficiency to understand and complete the survey, locum staff, part-time staff and employed for less than 12 months.

5.6.3 Research Participant Recruitment Strategy

In Saudi Arabia, research involving the public sector has to be authorised by the appropriate central government ministry. Therefore, the researcher consulted with the Ministry of Health in order to gain access to the hospital in order to conduct the research. The researcher is an employee of the Ministry of Health which also funds his study. Additionally, the employee works for the hospital and spoke to, and received support from, senior management within the hospital to undertake this empirical research. For that reason, when the Ministry of Health granted approval, the researcher met with the

Directors of Human Resources, Nursing, Medicine and Operations to make arrangements for the dissemination of the online questionnaire survey. This included the stratification process, the dates when the questionnaires were emailed and the deadline for their return. At the same time, days and times were set for the interviews.

5.7 Questionnaire

There are debates among scholars as to whether a quantitative method using a structured questionnaire is a good way of collecting data or not (Cohen *et al.,* 2000), specifically data on constructs like leadership style and organisational culture. However, it was decided to collect quantitative data as it was the best option in view of the research questions and issues proposed. The questionnaire designed for this study was mainly borrowed directly from the existing literature and tools on leadership style, organisational culture, job satisfaction, perceived organisational support, organisational commitment and intention to leave (Section 4.7.2). The language used for the questionnaire was English as all the respondents, both expatriates and managers, were fluent in English.

The questionnaire was divided into seven sections starting with a section related to demographic information such as gender, age group, position and other questions. Then in the other sections, the items related to other variables involved in this study such as leadership style, organisational culture, job satisfaction, perceived organisational support, organisational commitment and intention to leave. Before conducting the pilot study, the researcher was aware there might be a need to review the questionnaire format and, perhaps, remove some items from the final version before doing further final data collection.

5.7.1 Non-response Bias

One of the major concerns of a researcher when collecting quantitative data is non-response bias which means the situation when some respondents, for any reason, do not answer the questions or it is done in a predictable pattern (Fowler, 2000). According to Dilman (2000), there are some characteristic behaviours that this group of people share which make them easy to distinguish from those who are willing to answer the questions. One of the main characteristic behaviours shared among this group of people, which helps the researcher to differentiate these people, is that they normally follow the same pattern all the way through the questionnaire such as answering all the questions by mid-scale or zigzag. They tend to miss many questions and do not realise it until the end or answer the reverse questions in the same way as the other questions being answered. Therefore,

according to Saunders et al. (2016), it is extremely important for the researcher to be aware of this problem and to be prepared for it.

In this study, in order to minimise the non-response bias, some steps were taken as suggested by Fowler (2002). According to Fowler (2002) one of the main factors that contributes greatly to non-response bias is unclear questions that have not been carefully thought through and with a confusing structure which is difficult to follow. He further argued that in order to reduce non-response bias the researcher must pay careful attention to the design and layout of the questionnaire with enough space and make it easy to read. Furthermore, in order to minimise the missing responses, the questionnaire should be completed online where if there is a missing questions respondents can be given a warning and would not be able to submit. Using online questionnaires has many advantages, one of which is that the researcher can monitor the process, as well as there being no possibility of missing data.

The online questionnaire was chosen owing to the obvious advantages that this type of data collection offers, including saving time, cost and speed. According to Kassim (2001) the other main advantage of this method is its flexibility as there is the possibility that it could be administered both in hard and soft copy. He further argued that there are several other advantages of using this method, including the possibility of achieving a high response rate and providing security and anonymity for respondents, as well as being able to monitor and control the process (Aaker, Kumar, Day, & Leone, 2010)

After collecting data both in the pilot and main studies, it was considered that, in general, respondents were happy and satisfied with the structure and format of the questionnaire as well as with its length and clarity of the questions based on both verbal conversation and the comments received through email and social media. That might be the main reason why a good number of respondents, 287, completed it during the short period of data collection. Having said that, comments were received either through email or through social media about specific questions from respondents saying that they could not understand the reasons why they had been invited to complete the questionnaire. The researcher answered all those comments through email or social media.

5.7.2 Questionnaire format

The main purpose for the particular design of the questionnaire was to collect data that would help to investigate the relationships among the variables of this study. Therefore, it was crucial to pay special attention to the questionnaire format to make sure the data collected by this method would provide sufficient information to analyse the relationships proposed for this research. In the first stage of designing the questionnaire, it was decided to add some open-ended questions However, after the pilot study it was clear that almost every respondent ignored the open-ended questions. Therefore,

all the open-ended questions were deleted and only structured closed questions were used for this section.

The questions used in this study were borrowed from the existing literature and tools, mostly in organisational and management studies. The independent variables for this study were *leadership styles*, transactional and transformational, and *organisational culture*. As mentioned in the literature review section, Bass and Avolio (2004) introduced a full range theory that helps researchers to measure leadership styles based on three leadership styles, transactional, transformational and passive leadership. The questionnaire developed by Bass and Avilio is called MLQ and there are different versions of that available to be used. One is called MLQ5X which has in total 28 questions out of which 16 questions measure transformational, six measure transactional and six measure passive leadership style (laissez faire). In this study only the transformational and transactional leadership style questions were used since, after careful consideration, it was decided to omit passive leadership questions due to the consideration as to whether passive leadership is actually a leadership style or just a behaviour (Nazarian, et al., 2017). The leadership style questions were directly borrowed from the MLQ5X, designed by Bass and Avolio (2004), with 22 questions of which 16 questions measure the transformational leadership style and six measure the transactional leadership style.

The organisational culture questions were borrowed from the organisational culture assessment instrument (OCAI) developed by Cameron and Quinn (2011) with 16 questions that measure organisational culture based on the competing values framework (CVF). Cameron and Quinn (2011) developed the organisational culture assessment instrument (OCAI) based on the competing value framework (CVF) theory. This instrument has been used and tested in many studies in different disciplines including healthcare, hospitality and business and management in different countries and regions including the Middle East. The original questionnaire was developed in a way that respondents must allocate 100 points among four statements in six categories based on employee's perception of how close the statement is to the organisation they work for. Each of those statements is representative of one type of organisational culture (clan, adhocracy, market and hierarchy). This questionnaire proved to be very useful for managers or consultants to have a better understanding of which organisational culture dominated in their organisation. However, the instrument in this form proved to be difficult to use for academic purposes. As a result, scholars such Nazarian (2013) introduced a tool that has been developed to measure organisational culture based on OCAI and CVF but using Likert scales. In this study the approach of Nazarian (2013) was followed and organisational culture questionnaires were developed based on OCAI using Likert scales.

The dependent variable of this study is *intention to leave* and in order to measure this variable this study adopted questions borrowed from Cerdin and Le Pargneux's (2014) study which was based on expatriate employees' experiential perspectives model and has five questions. The intervening variables of this study are *job satisfaction* which was directly borrowed from study of expatriates' career characteristics by Cerdin and Le Pargneuux (2014) with four questions, The *organisational commitment* questions were borrowed from Cheng and Liou's (2011) study with fifteen questions. Finally, the *perceived organisational support* questions were borrowed from Cao et al.'s (2014) study on the role that career satisfaction and networks play on self-initiated expatriates with twelve questions.

➤ Perceived Organisational Support (POS)

POS comes from Cao et al.'s (2014) research on the role that career satisfaction and networks play on self-initiated expatriates' POS and intention to stay in host countries. The POS construct was developed in the 1980s and maintains that "employees in an organization form global beliefs concerning the extent to which the organization values their contributions and cares about their well-being" (Eisenberger *et al.*, 1986, p.500). POS is informed by social exchange theory and organisational support theory (Eisenberger et al., 1986; Kraimer & Wayne, 2004). It asserts that employees' organisational commitment is mediated by the extent to which they perceive that the employing organisation is supportive or unsupportive towards them. The greater the perceived POS, the higher is employees' levels of commitment and work performance. Kraimer and Wayne (2004) presented POS as a multidimensional construct that can be used alongside other measures in predicting expatriate success. The authors identified POS as having three discrete dimensions: adjustment, career, and financial. Each of the three dimensions was developed into a 4-item subscale within Kraimer and Wayne's 12-item POS dimensions' scale. Using previous related research, including Eisenberger et al. (1986), as well as Guzzo et al. (1994) and Ayree et al. (1996) on organisational support features delivered to expatriates, Kraimer and Wayne (2004) originally developed a 20-item scale that included the dimension 'family support POS'. The content of Kraimer and Wayne's (2004) POS scale was analysed and validated by ten members of faculty and doctoral students at the University of Illinois at Chicago. The validation strategy resulted in the removal of one of the four original dimensions and a reduction from 20 to 12 items. In addition, results from exploratory factor analysis (EFA) and second-order confirmatory factor analysis (CFA) "provide[d] support for the convergent and discriminant validity of adjustment POS, career POS, and financial POS as dimensions of global POS" (Kraimer & Wayne, 2004, p. 224). In terms of reliability, Cronbach's alpha measuring internal consistency reliability were .87, .88 and .92 for the three dimensions measured.

➢ Job Satisfaction

Job satisfaction is a variable that is very difficult to measure as there are around 85 different measurement tools available to measure it. The most used ones are: 1- Job Satisfaction Index, 2- Job Satisfaction Survey, 3- Minnesota Satisfaction Questionnaire, and 4- Job Satisfaction to Expectation. However, what all these have in common is that these questionnaires view job satisfaction from an organisational perspective and how that could help an organisation achieve higher success. In this study, on the other hand, although the importance of job satisfaction in terms of organisational success was acknowledged, it was also considered necessary to look at job satisfaction from an individual perspective as to how an individual, in this case expatriates, decides either to leave or remain in the organisation. This in turn also has a major impact on organisational success as the lower the intention to leave the higher the organisational success. Based on this, Cerdin and Le Pargneux (2014) developed a questionnaire using Mossholder, et al's. (2005) work to measure job satisfaction by considering the impact of job satisfaction on intention to leave among expatriates. Therefore, as this study also measured job satisfaction among expatriates in relation to expatriates' intention to leave, this study adopted questions validated by Cerdin and Le Pargneuux (2014) to measure job satisfaction.

As mentioned job satisfaction measurement scale was observed in Cerdin and Le Pargneuux's (2014) examination of the relationship of expatriates' career characteristics to their job satisfaction, career satisfaction and intention to leave. Job satisfaction, which is sometimes equated with engagement, "refers to the attitudes and feelings people have about their work" and "is affected by intrinsic and extrinsic motivating factors, the quality of supervision, social relationships with the work group and the degree to which individuals succeed or fail in their work" (Armstrong, 2009, p.343/344). Job satisfaction was measured using Mossholder et al.'s (2005) three-item, five-point Likert scale measure. In testing the reliability of the measurement scale, Cerdin and Le Pargneuux's (2014) Cronbach alpha equalled .90 for the sample of more than 300 expatriate employees across 52 countries.

➢ Organisational Commitment

There was an awareness that organisational commitment was a possible variable for this study, as a result of Cheng and Liou's (2011) research on the predictive relationship that the cultural orientation of expatriate Asian nurses employed in hospitals in the US has on their organisational commitment, intention to leave and perception of practice environment. Organisational commitment is defined "as the relative strength of an individual's identification with and involvement in a particular organization" (Mowday et al., 1970, p. 226). It has at least three characterising and relational attributes: "(1) a strong belief in and acceptance of the organization's goals and values; (2) a willingness to exert considerable

effort on behalf of the organization; and (3) a strong desire to maintain membership in the organization" (Mowday et al., 1979, p. 226). Cheng and Liou (2011) employed Mowday et al.'s (1979) empirically tested, 15-item organisational commitment questionnaire (OCQ), which had been successfully subjected to successful internal reliabilities and test-retest reliabilities, as well as, cross validation producing satisfactory convergent, discriminant and predictive validity. OCQ was empirically tested across a series of studies covering more than 2,500 employees from nine different organisations. Reliability was further supported by cross-validation of the results arising from these studies. In addition, Cheng and Liou (2011) conducted a pilot study to test the OCQ's reliability and validity.

As highlighted above in the discussion of POS, employees' level of commitment to their employing organisations is causally affected by their perceptions of the degree to which they feel that they are respected and appreciated by the organisation. Whilst managers and HRM professionals are responsible for implementing and overseeing strategically integrative employee training and development programmes that facilitate career progression and include coaching and mentoring that contribute to affective organisational commitment (Tan, 2008), the ultimate responsibility lies with organisational leaders. This is particularly so with regards to expatriate employees as they often have to contend with expatriate languages and the adaptive shock of being confronted with cultures that are alien to those from which they have come. Therefore, leadership that is proficient in cultural competence will institutionalise professional attitudes, policies, procedures and practices wherein cultural competence is embedded. This would create an organisational culture and environment in which expatriate and local employees feel valued.

> Intention to Leave

The intention to leave measure comes from Cerdin and Le Pargneux (2014). The authors posit that "lack of intention to leave the organization is considered as a potential measure of organizational success" (Cerdin & Le Pargneux, 2014, p. 2034), and link it to job satisfaction and career satisfaction. Cerdin and Le Pargneux (2014) replicated Wayne et al.'s (1997) six-item scale, and reported that reliability was supported by a Cronbach's alpha of .88 for the sample. In their study of POS and leader-member exchange, Wayne et al. (1997) employed CFA and a number of principal components analyses (PCA) in testing validity. Intention to leave is negatively correlated to POS and organisational commitment (Wayne et al., 1997), and also to job satisfaction and career satisfaction (Cerdin & Le Pargneux, 2014).

5.7.3   Limitations of quantitative method

Like other quantitative methods, using questionnaires also has some limitations that need to be considered. One of these limitations, according to Saunders et al. (2016), is related to the sample and sampling technique used in the study. They argue that, one of the major concerns of a researcher is whether the sample is representative of the population of the study. Furthermore, another major concern and limitation of the questionnaire is related to the formatting and design of the questions and whether they are being distorted or not or if they are being directive. This problem often appears when a questionnaire is designed in one language but then translated into another language which was not the case in this study. Another major limitation of questionnaires, according to Saunders et al. (2016), is the fact that respondents may answer the questions based on their understanding and experience of the work or the way they think the researcher expected or would like them to be answered, which is called respondent bias. Another limitation of questionnaires is related to government restrictions on collecting data in some developing countries (Bryman & Bell, 2011). Furthermore, as mentioned before, there has been some debate on whether being able to see all the questions before attempting them is a strength or disadvantage. However, this would not be the case for this study as the online questionnaire was designed in a way that in order to move to next section respondents must finish the current section.

5.8   Pilot study

The three steps map was designed by the researcher as a guide to the data collection process which included pre-test, pilot and main study. In the first stage, the pre-test, after designing questionnaire the researcher asked 10 colleagues mainly PhD students from Saudi, to attend a cognitive interview where they were asked their opinion about each of the questions. The main purpose of this stage was only to make sure questions were sound and the structure made sense (Bickart & Felcher, 1996). After analysing the results from the cognitive interviews, some restructuring and modification was carried out on the questions. Then 40 questionnaires were sent out to employees in the same hospital, out of which 27 were attempted but with 25 usable for analysis. (Two had missed more than 10 questions). Advice was received from the supervisor and mentor not to have too large a sample for the pilot study for a couple of reasons but the main one was the possibility of losing potential respondents for the main study. After conducting the pilot study, out of 25 participants 5 were selected for a face to face short interview to gain more knowledge on participants' perception about the questions and if there was a need for any change. The final amendments were made after these 5 short interviews and before sending the final questionnaire to employees at the hospital.

There have been debates among scholars on the advantages of doing a pilot study. One of the main advantages, according to Creswell (2013), is that a pilot study helps to identify possible issues that may occur during the main study, including structure and formatting issues, or if there are some awkward and confusing questions that need to be deleted. The purpose of a pilot study for this research was the same in that it was anticipated that it would help to identify if there were any problems with the questions and whether they should be deleted, as well as testing the reliability of the questions. One of the main advantages of doing a pilot study is that the pilot study gives an opportunity to carry out some statistical techniques to test the reliability of the questionnaire and find if there are any issues to be addressed before doing the main study. In order to test the reliability of the questionnaire the internal consistency method was used by measuring Cronbach's Alpha using SPSS. The general rule of thumb is that if the Cronbach's Alpha is above .7, it is preferable; if it is between .6 to .7, it is acceptable and if it is below .6, it is not acceptable (Hair, Black, Babin, & Anderson, 2010). Table (3) shows the reliability test for the pilot data in this study.

Table 5:3 Pilot study internal reliability

No	Description	No of cases	No of Items	Cronbach's alpha	No of items deleted	Cronbach's alpha
1	Transformational	25	16	.81	None	.81
2	Transactional	25	6	.69	None	.69
3	Organisational culture	25	16	.78	None	.78
4	Job satisfaction	25	4	.78	None	.78
5	Perceived organisational support	25	12	.86	None	.86
6	Organisational commitment	25	15	.79	None	.79
7	Intention to leave	25	5	.78	None	.78

The consistency of the results of the pilot study exercise provided empirical evidence that the research results remained stable and consistent over time. The data were analysed statistically for internal consistency using Cronbach's alpha. As mentioned before, Cronbach's alpha was used to measure the internal reliability of the seven measures that were used in this study (Greenhaus *et al.,* 1990). Therefore, Kraimer and Wayne's (2004) example of having 25 employees from the same hospital to analyse and validate the content of the expatriate hospital employees' survey was followed. Specifically, they were asked to focus on the ordering of the items. The feedback from these 25 employees resulted in some very minor changes to the wording of the questionnaire and the removal of a number of typographical errors. Furthermore, another important point after doing the pilot study was to be assured that the instrument had face validity which means that items in each section of the questionnaire are actually measuring that section variable (Sekaran, 2003). According to Saunders et al. (2016) the face validity of any instrument can be improved significantly if the researcher pays careful attention to small points like wording, structure and format of the questions.

➢ Pilot study reflection

By doing the pilot study, some useful lessons were learnt including how important the structure and format of the questionnaire is from the respondents' perspective. Furthermore, the most valuable information learned from the pilot study was that the instrument designed for this study was reliable and valid. According to Ticehurt and Veal (2000), by doing a pilot study, the researcher can learn if there are any weaknesses or flaws in the instrument. Furthermore, a pilot study gives the researcher a better understanding and test of the instrument in terms of the structure, layout wording and response rate. As there has been much discussion among scholars on the number of respondents that are required for doing a pilot study, Luck and Rubin's (1987) suggestion was followed meaning that between 10 and 30 respondents would be sufficient. However, other scholars like Saunders et al. (2016) advised using between 30 and 50 respondents.

During the process of the pilot study, apart from the responses directly to the questionnaire, qualitative comments were also received through email or social media regarding the structure, format and wording of some questions from 10 employees who were involved at this stage. As a result some small modifications were made to the questionnaire in terms of structure formatting and rewording. Furthermore, it is believed that the pilot study not only helped to provide a better understanding of the structure, format, layout and wording, but also helped identify a much better understanding of what type of statistical analysis was needed for this research. In order to analyse the pilot study SPSS software was adopted.

5.9   Main Study

After finalising the pilot study stage and applying some small changes to the questionnaire in terms of structure, format, layout and wording, the final version with 88 questions including demographic questions was sent out to more than 730 employees and 120 managers in the public hospital in Riyadh. It was decided only to use softcopy due to its advantages such as being able to monitor the process and having no missing data. The first section of the online questionnaire was accompanied by a covering letter that explained the aim and objectives of this research as well as assuring the respondents about security, confidentiality and anonymity of the data. The researcher made sure there was no indication of respondents' identity in any part of the questionnaire. Furthermore, both respondents and managers were assured that the data would be used only for academic purposes although, as the hospital was public, the managers did not mind if the (anonymised) results were shared with other public hospitals subsequently.

According to information received from the head of HR, there were around 730 who were eligible to receive the questionnaire. Also, as mentioned before, around 120 managers were purposively targeted to receive the questionnaire. Therefore, the total number of possible respondents can be estimated at 850. In total, and after two months of data collection, around 354 responses were received, out of which 287 were from employees (expatriates) and the remaining 67 were from expartiate managers in the hospital which gave a response rate of 41 percent.

Table 5:4 Numbers of hospital, questionnaires, and respondents

	No of questionnaires distributed	No of questionnaires received
Expatriate employee	730	287
Expartiate Managers	120	67
Total	850	354

5.9.1   Statistical techniques

In order to analyse the data received from the questionnaire survey, several different statistical methods and techniques were applied to analyse the data.

- Descriptive statistics

According to Saunders et al. (2016), in the first stage of research using any quantitative data there must be some descriptive analysis. First of all, descriptive analysis helps the researcher to process raw data into understandable and more presentable data which provides valuable information. The main techniques used in descriptive analysis are tables, diagrams, frequencies, and central tendency measures such as mean and median.

- Correlation analysis

According to Saunders et al. (2016), correlation analysis is one of the major statistical tools that should be used in quantitative research as it provides the researcher with information about the direction as well as degree of association among the variables. The general rule of thumb in correlation analysis is if the correlation is below .2 the association is considered to be a weak correlation; between .2 and .4 the association is considered as low; between .4 and .7 the association is considered as moderate and above .7 but below .93 it considered as high and preferable (Pfeifer, 2000; Hair et al., 2010; Saunders et al., 2016). Both Hair et al. (2010) and Saunders et al. (2016) argued that in a study with samples of more than 250, any correlation above .3 should be considered as acceptable and more than .6 would be desirable. For the purpose of this study Pearson's correlation analysis was adopted.

- Regression analysis

Hair et al. (2010) argued that although correlation analysis provides the researcher with important information about the variable, mostly on the direction and degree of association, it is not enough to only carry out correlation analysis and there is a need for more sophisticated analysis. Regression analysis could provide a more sophisticated and reliable analysis. Furthermore, according to Hair et al. (2010) this technique is useful when there is a single dependent variable, in the case of this study, intention to leave, that has been influenced by a group of independent and intervening variables like leadership style, organisational culture and job satisfaction. Therefore, the main purpose of adopting linear regression analysis is that it shows if there is any significant relationship between the dependent and independent variables. Due to the nature and sophistication of the research question proposed for this study, multiple regression analysis was also used to test hypotheses that involve mediation effect (Field, 2013).

- Factor loading

According to Saunders et al. (2016) factor loading is the most common technique to explore and examine the nature and structure of factors involved in the study. Also it is a technique that is particularly suitable for handling different variables by establishing the correlation among them. The main purpose of factor loading, as explained by Hair et al. (2010), is to summarise and contain the

data collected from a large number of variables into a smaller and more manageable number of factors. Factor loading techniques help to examine the numerical nature and structure of factors which are influencing the relationship between a series of variables (Schwarts, 1971). The factor matrix derived from factor loading analysis is the coefficient table which provides the relationship between variables and factors included.

- Test of reliability

According to Hair et al. (2010), the reliability test is considered by statisticians as one of the most important tests that must be done in a quantitative study. This measure examines the internal consistency among the questions associated with each construct to make sure they are reliable questions to measure the construct. According to Hair et al. (2010), there are several ways to measure or test the reliability but the most popular one is the Cronbach's Alpha test. This study also uses the Cronbach's Alpha technique as a tool to measure internal consistency among questions.

After collecting data for the main study, in the first stage the reliability of the questionnaire was tested by adopting Cronbach's Alpha method using SPSS. The results indicated that all the questions used to measure the constructs in this study were either in the acceptable or preferable range. This study followed the rule of thumb suggested by both Saunders et al. (2016) and Hair et al. (2010) where if the Cronbach's Alpha is below .6, it is not acceptable, between .6 and .7 it is acceptable and above .7 it is desirable. The score of internal reliability of questions related to the different constructs of this study range from .6 to .8 which are in the acceptable range.

Table 5:5 Internal reliability

No	Description	No of cases	No of Items	Cronbach's alpha
1	Transformational	354	20	.78
2	Transactional	354	8	.66
3	Organisational culture	354	16	.75
4	Job satisfaction	354	4	.75
5	Perceived organisational support	354	12	.80
6	Organisational commitment	354	15	.75

7	Intention to leave	354	5	.75

- Test of validity

According to Saunders et al. (2016) and Hair et al. (2010), validity generally means accuracy. According to Hair et al. (2010) there are several different tests that need to be considered by researchers which are: content validity, criterion issue validity, and construct validity. To make sure the questionnaire was valid and, in order to test convergent validity, Pearson correlation coefficient analysis was adopted. The advantage of the Pearson test is that it enables the researcher to ensure there is convergent validity among all questions involved in all the constructs. Furthermore, another main advantage of the Pearson test is that it also provides the researcher with information on discriminant validity among items. In terms of face validity for this study, after doing the pilot study and considering all comments received either through questionnaire or those through email and social media, is was felt that the face validity of the questionnaire had emerged. One of the major was related to the external validity of the questionnaire. As this study did not adopt random sampling, there was always the question of external validity. Nevertheless by adopting a type of random sampling (stratified), the risk of external validity has been minimised. In terms of content validity, the content validity of the questionnaire was achieved through careful reviewing of the literature and tools in this area, as well as by using the pilot study that provided valuable knowledge.

5.10   Ethical considerations

Ethical issues and how a researcher needs to deal with those is an important aspect that should be considered when research involves a human population. As a result and in order to protect human rights in any study there are processes that must be followed by the researcher. Neuman (1995) explained this process by arguing that in order to protect the human rights of respondents, researchers need to follow protocols that consider respondents' privacy, confidentiality, and voluntary acceptance. For the purpose of this study, all ethical requirements demanded by the university were followed. As part of the process ethical approval from the university was required, as well as an application for ethical approval from the Ministry of Education in Saudi Arabia. All questionnaires sent to respondents were accompanied by a covering letter that explicitly explained the aim and objectives of the study as well as providing assurance that respondents' privacy and anonymity were guaranteed. Furthermore, in the covering letter it clearly stated that involvement in the survey was entirely voluntarily and respondents could withdraw their participation at any time. In addition, the covering letter also explained that data collected would only be used for academic

purposes and the data would be coded, rather than names attached, to ensure the privacy of the respondents. During the process of the research, the ethical issues of this study were closely supervised and monitored by the University of Southampton's Ethics Committee. According to the Committee's instructions, the forms submitted to the Committee had to be signed by both researcher and the supervisor. Finally, in order to make sure all the requirements of the ethics approvsal were met, at the end of the covering letter, respondents were asked to provide their consent by ticking a box as to whether they wished to participate or not.

5.11   Conclusion

This chapter described how the research methodology of this study was designed. Due to the nature of the research questions introduced in Chapter 1 a positivist quantitative method was proposed. Therefore, this chapter has provided justification for why this method has been adopted for this study. Furthermore, this chapter also provides detailed information on the tools used with specific focus on questionnaire design. The chapter describes the pilot study which was carried out as an essential stage to make sure the instrument was reliable and valid. As explained in this chapter, in the first stage 25 responses were received for the pilot study analysis. After analysing the data and making minor corrections, the final questionnaire was sent to both employees and managers of the public hospital being studied.

In the main study, and after two months of data collection, 354 responses in total were received which resulted in a good response rate of 41.6 percent (Saunders et al., 2016). After analysing the quantitative data, and based on the findings, a set of questions were designed for semi-structured interviews with managers at this hospital. In the qualitative stage, the researcher interviewed six managers in the hospital and the qualitative data provided useful additional information. In the next chapter, a detailed analysis of both the quantitative and qualitative data is presented.

Chapter 6   Data Analysis

6.1   Introduction

This chapters aims to present the analysis and interpretation of the data collected for this study. As a part of the analysis the relationship between dependent and independent variables will be tested. As explained in the previous chapter this study adopted quantitative method using a self-administered questionnaire to collect the data. In this chapter the aim is to provide different types of analysis from descriptive analysis such as demographic data to more sophisticated data analysis such as regression and multiple regression to test hypotheses proposed. This chapter includes the following sections: demographic characteristic, factor loading, hypotheses testing and conclusion. As the main tool for analysis, this study adopted SPSS 21 as the statistical platform.

6.2   Data Management and Data Screening

This is research carried out during the period of April to July 2017 The questionnaire was distributed among 850 employees including expatriates in both levels of employee and managers (Table-5-4) working in one hospital in Saudi Arabia out of which 354 usable responses were received. A reminder was sent after fifteen days to participants to encourage them to complete the survey but no pressure was put upon them to fill out the questionnaire by a specific time. As mentioned in the previous section this study adopted SPSS21 as the main statistical tools to analyse the data from the basic analysis of the demographics to more sophisticated analysis such as factor loading, and multiple regression. The use of AMOS was originally considered to run structural equation modelling but after much deliberation, discussions with mentors, limited time and expertise in using AMOS, it was decided to leave out the SEM analysis.

After receiving data and before carrying out data analysi,s according to Hair et al. (2010) there are some major steps to be taken by researchers to screen and clean data. The two main purposes of data screening and cleaning are to ensure the accuracy of data entry, and second to check the normality of the data. There are several issues associated with accuracy of data including missing data, outlier, linearity, normality and homoscedasticity which potentially may have a major impact on the relationship among variables. Therefore, it could be argued that the main advantage of doing data screening is to reveal what is not apparent about the data (Hair, et al., 2010). As a result, in order to achieve valid outcomes and conclusions from the data, researchers must address these issues and resolve them (Tabachnick & Fidell, 2013).

6.2.1 Data Screening and Cleaning

One of the main methods suggested for data cleaning and screening is the use of descriptive statistics and frequencies distribution (Saunders et al., 2016). For example, frequencies tables have been used to monitor and deal with abnormal data in the responses received. In order to test the data received this method was used to check the coding and to find if there were any inappropriate values that needed attention.

6.2.2 Missing data

Missing data has always been a concern and one that can have a major impact on data analysis. There is always concern about missing data when the data collection method involves self-administered questionnaire in the format of paper and pencil, where the researcher has no influence on completing the questionnaire. In most cases there is a high chance that respondents will either decide intentionally or unintentionally to ignore one or more questions. There are several reasons that respondents decide not to answer specific questions such as the question is not clear or they do not wish to answer it for personal reasons (Hair, et al., 2010). According to Hair et al. (2010) and Tabachnick and Fidell (2013), all necessary steps should be taken to avoid missing data; however, they argue that the acceptable rate of missing data is around 5 percent and anything more than it is potentially problematic and requires the researcher's attention.

The problem of missing data can be minimised by the use of online questionnaires where the questionnaire is designed in such a way that if there are missing data respondents would not be able to submit the final questionnaire. This study mainly employed online questionnaires with a very small proportion of hard copies, and therefore there was confidence that the missing data would be minimal and could be ignored.

6.2.3 Outliers

Another concern for any researcher in survey questionnaire method is outliers. According to Saunders et al. (2016) and Hair et al. (2010) outliers occur when there is an unusually high or low value for one variable recorded in the coding. This high or low score on one variable creates a situation in the data analysis that is called non normal value which can have an impact on data analysis and distort the statistics. Some scholars such as Hair et al. (2010) argue that researcher should consider an outlier as neither problematic nor beneficial. Nevertheless, if it influences the mean and standard deviation it

has to be dealt with carefully. There are three main methods of detecting outliers: univariate detection; bivariate detection and 3 multivariate detection (Field, 2013).

This study employed the multivariate detection method which is considered to be the most reliable method of detecting outliers (Field, 2013). Multivariate outliers are a combination of scores on two or more variables. According to Field (2013) the multivariate method uses more graphs and a limited numbers of variables which makes the multivariate more desirable and accurate than bivariate. In order to use a multivariate method to find outliers, it is necessary to use Mahalanobis D^2 measure. According to Field (2013), if the sample of the study is large (greater than 250), which is so in this study, then if there are cases where D^2/df (degree of freedom) is greater than 3 or 4, those are considered as outliers. Before a multivariate method is considered as the best method for detecting outliers, it is also suggested that in order to have a better understanding of the outliers, researchers should consider other methods as well (Saunders, et al., 2016) and compare the results. This study adopted SPSS 21 as the statistical tool to analyse the data and the help of SPSS it is possible to compute the Mahalanobis value for the set of independent variables defined for this study. According to Field (2013), a case or cases that have the D^2 significant value below .001 or less in the multivariate method could be considered as outliers. By computing Mahalanobis using SPSS 21 and exploring chi-square values (p<.001) eight cases were found that could have potentially being considered as outliers for this study. However, further measures were taken such as linear regression to detect outliers and finally five cases were considered as outliers and deleted from further analysis and the numbers reduced from 359 to 354.

Table 6:1 Univariate and Multivariate Outliers Results

Univariate Outliers		Multivariate Outliers		
Case with standard values exceeding ±3		Case with a value of D2/df Greater than 3 (df = 10)		
		Case	D^2	D^2/df
TSF	223	56	39.45	3.18
TSC	No Case	143	38.33	3.12
CC	47, 322	187	36.34	3.9
AC	No Case	221	41.46	3.4
MC	94, 221	294	40.01	3.25

HC	322	347	35.03	3.02
JS	No Case			
OCC	122, 326			
POS	No Case			
ITL	No Case			

6.2.4   Multicollinearity Testing

Multicollinearity according to Hair et al. (2010) is an assumption of linearity which means that the correlation between some variables including both dependent and independent are too high. The assumption of linearity is the major assumption in all multivariate techniques including multiple regression and factor analysis. Therefore, it is crucial to make sure this assumption is not violated. There are two major methods suggested by Field (2013) to test multicollinearity namely measure of tolerance and variance inflation to test if multicollinearity was presented an issue in any of the analyses. According to Hair et al. (2010), a rule of thumb for tolerance is that any value less than .10 may need further investigation, whereas in a VIF method any values more than 10 requires further investigation. Having said that, many scholars such as Field (2013) argue that a VIF value of more than 5 needs to be consider as a potential issue and should be investigated.

$$Tolerance= 1- R_2 \ and \ VIF= 1/tolerance$$

Table6:2 Multi-Collinearity Test

Model		Multi-Collinearity Statistics	
		Tolerance	VIF
1	TSC	.657	1.522
	OC	.391	2.557

Dependent variable: TFL

Table 6.2 provide results of the multicollinearity test using regression analysis by taking transformational leadership style as the dependent variable and transactional leadership style and organisational culture as independent variables. The results clearly indicate both tolerance measure and VIF are within the recommended values and, therefore, the variables of this study do not produce multicollinearity problems. The tolerance measure varies are .391 and .657 and, according to DeVaus (2002), tolerance measure above .2 may not provide multicollinearity. Furthermore, the VIF values in

this study are 1.522 to 2.557 and again, according to Hair et al. (2010), a VIF below 10 or even more conservative VIF value below 5 (DeVaus, 2002) may not produce multicollinearity issue.

6.2.5 Linearity Testing

As mentioned in the previous section linearity means correlation among variables in the study, which is represented by a straight line (Hair et al., 2010). According to Saunders et al. (2016), understanding how strong the relationship between two variables is could be considered as the most important element in quantitative data analysis. Furthermore, Hair et al. (2010) argued that in order to be able to use multivariate techniques including regression, multiple regression or factor loading, the assumption of the linearity must be met. Therefore, scholars such Hair et al. (2010), Field (2013) and Saunders et al. (2016) suggest that it is extremely important for researchers to the test relationships between variables in the study to explore if there is any departure that may have an impact on the correlation among variables. Two of the major tests suggested by Field (2013) to test the linearity assumption are Pearson correlation and a scatter plot. According to Field (2013) the major assumption in using Pearson correlation coefficient to test linearity is that the relationship between two variables included in the analysis is linear. For the purpose of this study and in order to test if the linear relationship exists among all variables Pearson Correlation Coefficient was adopted and results indicated that all independent variables significantly correlated with dependent variables in this study (Table 6.3)

Table 6:3 Pearson's Correlation

	TSF	TSC	OC	JS	POS	OCC	ITL
TSF	1						
TSC	.861**	1					
OC	.636**	.567**	1				
JS	.402**	.356**	.534**	1			
POS	.369**	.383**	.472**	.538**	1		
OCC	.430**	.389**	.463**	.697**	.439**	1	
ITL	-.239**	-.183**	-.259**	-.525**	-.289**	-.515**	1

*$p < .05$; **$p < .01$

6.2.6   Normality Assumption

Further to Linearity assumption the second most important assumption in multivariate analysis is normality assumption (Tabachnick and Fidell, 2013). The normality assumption according to Field (2013) means data collected for the study is normally distributed. He further argued that if the variation of data collected from normal distribution is large, the statistical analysis used is invalid because the main assumption for using either F or T statistics is normal distribution of data. Saunders et al. (2016) argued that normality test can be tested by using both bivariate and multivariate level. Having said that, Hair et al. (2010) argued that if the multivariate normality has been satisfied, then the bivariate normality would be definitely satisfied but the opposite not necessarily correct.

Normality assumption is considered as the single most important assumption of any quantitative data analysis and in order to test the normality assumption there are different methods recommended by scholars including Kurtosis, Skewness, Kolmogorov-Smirnov and Sharpiro and Wilk test (Saunders, *et al.*, 2016; Hair *et al.*, 2010). One of the most used test for identifying the shape of data distribution is the Kolmogorov-Smirnov and Shapiro-Wilk test(K-S). The result of K-S test for this study is shown in table 5.4.

Table 5:4 K-S and S-W Test

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
TSF	.096	354	.000	.971	354	.000
TSC	.113	354	.000	.962	354	.000
OC	.087	354	.000	.973	354	.000
JS	.144	354	.000	.959	354	.000
POS	.113	354	.000	.983	354	.000
OCC	.129	354	.000	.922	354	.000
ITL	.101	354	.000	.967	354	.000

According to results presented in table 6.4 all variables in this study are significant which indicate that the assumption of normality has been violated. However, according to Hair et al. (2010) and Pallant (2007) this violation of normality assumption is understandable and justifiable due to the large sample

size of this study (354 participants). Furthermore, Field (2013) argued that the significance of K-S test in the large sample such as this study is not deviation from normal distribution assumption. Also, there is general agreement among scholars that K-S test is not valid in the case of large sample size and can be ignored and just be considered as historical curiosity (Hair, et al., 2010).

Another method that is normally used by statisticians to test normally assumption is Skewness and Kurtosis (Pallant, 2007). According to Field (2013) positive or negative skewness generally means that in the former, data are distributed toward the left and tails toward right or in the latter case, data are distributed towards the right and tails toward left. Therefore, in order to have a perfect normal distributed data the value of the skewness must be zero which provides a perfect symmetrical shape (Curran *et al.,* 1996; Curran *et al.,* 2006).

Table 6.5 presented below provides results of skewness and kurtosis values for each variable of this study. According to Hair et al. (2010) the acceptable range for Skewness and Kurtosis is +-1,96 (p<.05). Therefore, based on the results presented in table 6.5, all variables in this study were within the acceptable range. However, it could be argued that the results also show that all variables in this study are either positively or negatively skewed which could be considered as violation of normality assumption. However, Pallant (2007) argued that being positively or negatively skewed does not necessarily count as violation of normality assumption as long as the values are within the range. Furthermore, Hair et al. (2010) suggested that the severity of normal distribution is also strongly related to sample size of the study and in the case of a large sample (more 250) the negative impact of non-normality would be reduced significantly.

Table 6:5 Skewness and Kurtosis Values

Items	N	Minim	Maxim	Mean	Std. Devn	Skewness		Kurtosis	
							Std. Error		Std. Error
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic		Statistic	
TSF	354	1.00	5.00	3.3962	.92148	-.281	.130	-.016	.259
TSC	354	1.00	5.00	3.4171	.84438	-.244	.130	.429	.259
OC	354	1.00	5.00	3.5120	.76253	-.298	.130	.476	.259
JS	354	1.00	5.00	3.5304	.88341	-.006	.130	-.707	.259

POS	354	1.17	5.00	2.8213	.75492	.227	.130	.170	.259
OCC	354	1.47	5.00	3.3279	.52707	.801	.130	2.037	.259
ITL	354	1.00	5.00	2.9706	1.11525	-.063	.130	-.851	.259
Valid N (listwise)	354								

6.2.7 Homoscedasticity

According to Hair et al. (2010) the assumption of homoscedasticity is central to linear regression models which also means that the variance around the regression line is the same for all values of the predictor variable. In research like this where data are grouped homoscedasticity also means homogeneity. One of the main measures suggested by scholars to test homogeneity is Levene's test of homogeneity of variance (Tabachnick and Fidell, 2007; Hair et al., 2010). Therefore, in order to test the homoscedasticity assumption (homogeneity) this study adopted the Levene's test and results are presented in table 5.6

Table 5:6 Test of Homogeneity of Variances (Levene's Test)

	Levene Statistic	df1	df2	Sig.
TSF	.382	3	350	.537
TSC	.005	3	350	.942
OC	2.431	3	350	.120
JS	.149	3	350	.699
POS	3.222	3	350	.074
OCC	3.591	3	350	.050
ITL	.143	3	350	.706

For the purpose of this study and in order to test homogeneity of the data Levene's test for the metric variables was computed across non-metric variables as part of an independent T-test. The results presented in the table 6.6 show that all obtained score using Levene's test are higher than the minimum significance suggested by Hair et al. (2010) for large samples (p<.001). On the other hand, if

consideration is given to Field's (2010) suggestion of minimum significant (p<.05), which is more conservative than other scholars, all scores are still within range with the exception of one construct that is very close to the significant level, organisational commitment, which could be considered as the violation of the homogeneity assumption. Field (2010) further argued that similar to the K-S test Levene's test is also sensitive towardss the sample size and can show significant values for large samples such as this one. Therefore, it could be argued that as the sample of this study is considered as large (354 responses), the significance of one construct does not represent the existence of non-normality in the sample.

Common Method Bias

According to Podsakoff et al. (2003) common method bias (CMB) means "variance that is attributable to the measurement method rather than to the constructs the measures represent" (p.879) which could potentially create systematic error and bias toward the estimation of the true relationships. In other words, existence of CMB could create a situation that the relationship among constructed is either inflated or deflated which could lead to error type 1or 2. They further argued that if the research was conducted using a self-administered questionnaire and during the period (Cross Sectional) there is a danger that CMB has occurred. This suggests that the researcher must tackle this issue very carefully. One of the suggested methods to test CMB is Herman's single factor test. This study employed Harman's single test to measure common method bias among constructs of this study.

In order to conduct Herman's single factor for this study there is a need to run this test several times for different constructs separately. All items related to each constructs were included into single factor analysis and as an outcome if only a single factor is retained and no rotation used, it can be concluded that there is no common method bias. If the results of Herman's single test for each construct show a single factor retain majority of the variance in the model (50 percent or more) then it can be concluded that common method bias exist. In this research, the common method bias for all constructs was run, including leadership styles, organisational culture, job satisfaction, perceived organisational support, organisational commitment and intention to leave, but only a couple of them are shown here.

The first Herman's single factor test was conducted for the independent variable of this study, that is leadership style (Table 67). The results show that the initial component retained for the leadership construct only explains 18.814 percent of the variance in this model. Therefore, it can be concluded that based on the Herman's single factor test there is no common method bias present for this construct.

Table 5:7 Harman's Single Factor Test: Leadership Style

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.173	18.814	18.814	3.173	18.814	18.814
2	2.760	7.018	25.832			
3	2.588	6.989	32.821			
4	2.226	6.154	38.975			
5	2.010	5.553	44.528			
6	1.832	5.009	49.537			
7	1.699	4.680	54.217			
8	1.624	4.455	58.672			
9	1.364	3.700	62.372			
10	1.057	2.736	65.108			
11	.921	2.357	67.465			
12	.895	2.286	69.751			
13	.839	2.130	71.881			
14	.806	2.098	73.979			
15	.794	2.006	75.985			

The next Herman's single factor test was conducted in relation to the organisational culture construct (Table 6.8). As mentioned before all items that measure organisational culture were included in a single factor and results showed that only one factor was retained. Results of this analysis are presented in table 6.8. The results indicated that the initial component retained only 30.432 percent of the variance of this model. Therefore it can be concluded that the CMB is not present with respect to the organisational culture construct.

Table 6:8 Harman's Single Factor Test: Organisational Culture

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	7.784	30.432	30.432	7.784	30.432	30.432
2	3.150	10.208	40.712			
3	1.866	7.442	48.154			
4	1.495	6.774	54.928			
5	1.157	4.506	59.434			
6	.822	3.942	63.376			
7	.729	3.402	66.778			
8	.716	3.265	70.043			
9	.654	2.710	72.753			
10	.604	2.460	75.213			
11	.556	2.258	77.471			
12	.534	2.170	79.641			
13	.488	2.044	81.685			
14	.443	1.812	83.497			
15	.410	1.748	85.245			

As mentioned before, a Herman's single test was conducted for all variables included in this study, job satisfaction, perceived organisational support, organisational commitment and intention to leave and all results were below the threshold with 15.23%, 13.45%, 11.53% and 10.455 respectively.

6.3   Demographic Characteristics

As explained in chapter 5, for the purpose of this study data were collected from expatriates and managers (who were also expatriates) of a single hospital in Saudi Arabia. Hospital A is one of the biggest health providers in Saudi Arabia and located in capital Riyadh. It is one of the main recruiters

of health care professional expatriates in the country. More than 800 questionnaires were sent to potential respondents including both expatriates and expatriate managers. Out of this total, 354 useable questionnaires were returned and provided a response rate of 44.25% which is considered a good response rate (Saunders et al., 2016).

In the first stage of data analysis, a series of descriptive analysis was conducted. The main reason for using descriptive statistics was that this type of analysis provides a better understanding of the demographics of the sample. Table 6.9 provides the demographic analysis of the study sample.

According to Table 6.9, 65.8% of respondents were female and 34.2% were male. The highest response rate was from participants who were between 25-34 (46.3%) followed by participants in the age group of 35-44 (31.4%). On the other hand the lowest response rate received in this study for those in the group aged 55 and above. In terms of the education level of respondents, around 52.8% respondents had undertaken an undergraduate degree followed by 38.1% of the respondents who indicated that they had a postgraduate degree. Also, as mentioned in the methodology chapter, 81.1% of respondents were expatriates (employees) and the remaining 18.9% were from different management levels in this hospital. Table 5.8 also show 83.6% of both employees and managers have more than 5 years of experience in the health care.

Table 6:9 Demographic Statistics

Variable	N	%
Gender		
Male	112	34.2
Female	241	65.8
Age		
25-34	164	46.3
35-44	111	31.4
45-54	68	19.2
above 55	11	3.1
Education Level		
College	25	7.1
UG	187	52.8

PG	135	38.1
PhD	7	2.0
Position		
Employee	287	81.1
Junior Management	14	4.0
Middle Management	30	8.5
Senior Management	23	6.5
Years of experience		
Less than 1	3	.8
from 1 to <3 years	29	8.2
from 3 to <5	26	7.3
more than 5 years	296	83.6

6.4   Exploratory Analysis

According to Saunders et al. (2016) one of the main points about any quantitative analysis is the consistency of the items used to measure the constructs of the study. There were 74 questions (items) that measured 7 constructs of this study using a Likert scale. According to Hair et al. (2010) and Saunders et al. (2016), exploratory analysis helps to explore each construct as well as test the relationship among these constructs. One of the main methods suggest by Hair et al. (2010) to perform exploratory analysis is item analysis.

In order to perform an exploratory analysis, initially, item analysis was performed to check the reliability of each item. Item analysis is the statistical tool that helps to explore the items involved in the research and choose the most suitable items to measure the construct. In the item analysis the section called "corrected item-total correlation" predicts the correlation for each item (McDonald, 1999). There are different rules of thumb regarding which items need to be deleted. According to Sekaran (2003), items that have a correlation less than .3 must be deleted. However, Hair et al. (2010) suggested that items that have a correlation less than .15 must be deleted before proceeding to

multivariate analysis. This study followed the Hair et al's. (2010) suggestion of deleting correlations of less than .15. Table 6.10 provides information on items analysis carried out for each item in this study. According to table 5.10 there are a couple of items that show lower than .15 correlations (as highlighted) and according to Hair et al. (2010) should be deleted. However, it was decided before deleting these items to run factor loading analysis to have a better understanding.

Table 5:10 Item Analysis

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
OC1	236.5508	1477.710	.344	.960
OC2	236.6186	1454.730	.635	.959
OC3	236.6751	1450.690	.713	.959
OC4	236.5847	1454.759	.663	.959
OC5	236.9802	1456.518	.609	.959
OC6	236.9040	1449.084	.720	.959
OC7	236.6921	1453.347	.739	.959
OC8	236.7345	1451.958	.729	.959
OC9	236.7034	1459.960	.637	.959
OC10	236.6864	1454.488	.713	.959
OC11	236.6864	1457.587	.697	.959
OC12	236.7514	1462.794	.604	.959
OC13	236.6667	1461.413	.651	.959
OC14	236.7797	1458.393	.630	.959
OC15	236.6102	1458.499	.684	.959
OC16	236.7542	1459.727	.670	.959
TSF1	236.7910	1448.285	.727	.959
TSF 2	236.7006	1442.154	.768	.959

TSF3	236.6469	1443.232	.804	.959
TSF4	236.7147	1442.669	.785	.959
TSF5	236.6497	1445.231	.764	.959
TSF6	236.7655	1442.310	.799	.959
TSF7	236.7542	1444.639	.752	.959
TSF8	236.6723	1446.527	.777	.959
TSF9	236.8220	1440.900	.797	.959
TSF10	236.8814	1442.773	.782	.959
TSF11	236.8729	1447.964	.763	.959
TSF12	236.8842	1441.808	.777	.959
TSF13	237.1271	1443.380	.739	.959
TSF14	236.9972	1441.578	.726	.959
TSF15	236.9492	1463.453	.515	.960
TSF	237.0028	1453.555	.684	.959
TSC1	236.9096	1446.349	.733	.959
TSC2	236.8559	1444.543	.746	.959
TSC3	236.7853	1447.869	.693	.959
TSC4	236.7825	1465.938	.504	.960
TSC5	236.7062	1473.500	.410	.960
TSC6	236.7966	1458.417	.624	.959
POS1	237.2797	1479.222	.318	.960
POS2	237.7175	1470.883	.387	.960
POS3	237.6808	1467.629	.456	.960
POS4	237.2090	1500.154	.063	.961
POS5	237.3390	1455.941	.613	.959

POS6	237.2260	1452.714	.679	.959
POS7	237.1158	1456.567	.579	.959
POS8	237.2797	1455.613	.625	.959
POS9	237.5000	1464.885	.463	.960
POS10	237.6299	1476.126	.365	.960
POS11	237.5339	1473.122	.433	.960
POS12	237.3107	1479.648	.334	.960
JS1	236.8220	1462.271	.578	.959
JS2	236.6921	1460.497	.595	.959
JS3	236.5791	1464.261	.556	.959
JS4	236.6780	1466.412	.542	.959
OC1	236.2260	1473.008	.501	.960
OC2	236.7062	1460.661	.571	.959
OC4	236.8757	1457.418	.590	.959
OC5	236.8842	1463.292	.587	.959
OC6	236.5113	1457.446	.651	.959
OC8	236.7458	1457.012	.670	.959
OC10	236.6864	1466.539	.543	.959
OC13	236.5763	1475.191	.460	.960
OC14	236.7740	1461.212	.608	.959
OCC3	237.0904	1504.558	.007	.961
OCC7	237.5960	1521.114	-.201	.961
OCC9	237.3644	1525.677	-.268	.962
OCC11	237.3192	1504.201	.019	.961
OCC12	237.4096	1493.806	.156	.961

OCC15	240.2232	1506.661	.068	.960
ITL1	237.2910	1524.535	-.185	.962
ITL2	237.0537	1527.864	-.214	.962
ITL3	237.3305	1532.817	-.258	.963
ITL4	237.2373	1532.380	-.258	.962
ITL5	237.3503	1539.401	-.343	.963

6.5   Reliability and Validity

For the purpose of this study and following recommendations from Saunders et al. (2016) it was decided to test reliability of the constructs before running the factor analysis. There was awareness of the potential situation that factor loading may result in deleting some items from the further study which also may have a major influence on reliability of the constructs. However it was decided to take that risk and run the reliability test before factor loading analysis using Cronbach's Alpha measure. According to Malhorta and Birks (2006) or Hair et al. (2010), Cronbach's Alpha measures internal consistency of the items for one construct. There are several rules of thumb suggested by different scholars in terms of acceptance level of Cronbach's Alpha. For example Sekaran (2003) suggested that any value of Cronbach's Alpha less than .4 must be considered poor or values between .5 to .6 considered as acceptable and values above .6 are considered as good. However, other scholars such as Saunders et al. (2016) and Hair et al. (2010) argued that any value below .6 must be considered as poor and must be dealt with, values between .6 to .7 considered as moderate and above .7 considered as desirable. Table 6.11 presented below provides Cronbach's alpha measures for items that measure different constructs of this study. According to table 6.11 all measures are above .7 which is considered as desirable and good for this study.

Construct	No. of Items	Cronbach's Alpha Coefficients	Total Cronbach's Alpha for survey
Transformational	16	0.884	0.767
Transactional	6	0.894	

Organisational culture	16	0.90
Job satisfaction	4	0.878
Perceived organisational support	12	0.829
Organisational commitment	15	0.799
Intention to leave	5	0.751

Table 6:11 Cronbach's Alpha Coefficients of Constructs

One of the major concerns in any research is related to the validity of the items and constructs. In fact validity is defined as measuring accuracy (Saunders et al., 2016). There are different methods of measuring the accuracy of any constructs both conceptually and operationally. The main three methods used for this research are content validity, criterion issues, and 3 constructs validity (Sekaran, 2003).

In terms of content validity, which generally refers to the subjective professional agreement, the important point is to make sure measurement scales designed for the study express accurately the area of the measurement(Cooper & Schindler, 2001). Therefore, in order to test the content validity of this research, two main steps were taken. First, the prior literature on this was carefully considered and constructs developed for this study came from this indepth critique of literature. Second, expert and professional valuable judgement and comments were collected on developing questions to measure the constructs emerging from literature. In addition, colleagues who were doing similar research in different universities were asked to evaluate the measurement items and point out if there were any missing points or lack of clarity about the questionnaire at that stage. Some very constructive feedback was received from that exercise that helped to slightly redesign the measurement so that it was more logical.

The second method to test the accuracy of the measurement is the test of construct validity which, according to Garver and Mentzer (1999), means the degree to which a set of items measure what they intend to measure (p.34). In other words, construct validity actually means the test of external validity of the measurement which according to Hair et al. (2010) can be measured by using the correlation between a theoretically underpinned set of measurements. Furthermore, construct validity according to Saunders et al. (2016) also means the items used in the measurement are free from any systematic or non-random error issue. According to Peter (1981) and Hair et al. (2010) the researcher can test the construct validity using convergent validity, discriminant validity and nomological validity. Based on the suggestion by Hair et al. (2010) and Field (2013) studies that intend to test the overall validity

of the survey instrument must test the convergent validity but discriminant and nomological validity are only advised and not compulsory. Therefore, in this study the convergent validity was computed to assess the extent through which measuring items of the same concepts were correlated (Hair et al*.,* 2010)

According to Parasurman (1991) convergent validity helps the researcher to explore the items in terms of having a better understanding of the measurement by including items that are mutually positively related. This could be also related to criterion validity as explained by Zikmund (2003) which means the degree to which two measurement concepts are related to an appropriate correlation. There are some rules of thumb suggested by scholars, for example Robinson et al. (1991) suggested that if the item-to-total correlation is to exceed .5 the inter-item correlation should be higher than .3, whereas, Cohen and Cohen (1983) suggested a much higher correlation around .5 to 1. The previous table (6.10) could be useful to test convergent validity by using some information presented there. The column on the corrected item-total correlation indicated that almost all items, apart from 3 items mentioned before, show medium to high correlation with their relevant constructs. The results indicate that the instrument scores high in convergent validity and there is no issue with validity of the instrument. It is worth mentioning that all items, even those with a score lower than required have been retained and those items with a low score have been investigated in the factor analysis stage for potential removal from the study.

6.6   Factor Loading

According to Field (2013) factor loading is a tool that helps the researcher to simplify the data by grouping them in a defined cluster. It is extremely important in factor loading to identify appropriate factors that are the indicators of the relationships between variables. Field (2013) further argued that there are three main aims behind doing factor analysis in any quantitative research. 1- to identify and establish any relationships that exist between chosen variables, 2- to make sure the questionnaire designed for the study measures and allows the analysis of certain variables, 3- finally and most importantly to cut down or delete, if required, items that are shown to be problematic without detracting form the originality of the information.

Furthermore, Saunders et al. (2016) defined factor loading as the method that indicates the correlation between variable and factor. Also according to Hair et al. (2010) factor loading is the relationship between the original variable and the specific factor. In other words, factors loading is the study of what percentage of variance has occurred as opposed to the original variable as defined by the factor (Hair, *et al.,* 2010). He further argued that factor loading should be treated as a platform

that helps researchers to analyse the behaviour (correlation) that happens among large numbers of variables as well as being used to identify the interrelated variables that are named as factors.

In order to run the factor loading, there are two main methods suggested by scholars such as Hair, et al. (2010) and Field (2013) known as exploratory factor analysis (EFA) and confirmatory factor loading (CFA). According to the definition provided for these two method the main difference between these two lies in the nature of the test as EFA takes what the data gives whereas EFA group and analysis of variables are related to a factor.

6.6.1   Exploratory Factor Analyse

Naturally, in any quantitative research there are more variables that exist than the researcher intends to explore in terms of their relationships. Therefore, using many potentially creates a complex situation. Thus, to reduce this complexity exploratory factor analysis is suggested as a tool.

Principle component analysis (PCA) is the method in exploratory factor analysis that help researchers to identify factors with the smallest unique variance/error when compared to total variance (Hair, et al., 2010). The PCA is one of the most common methods in EFA that in general helps to extract the maximum variance from the data gathered using the questionnaire (Tabachnick & Fidell, 2007). According to Tabachnick and Fidell (2007) PCA is a method that uses the linear combinations for variance that exist in the study to maximise the variance of their component score. This study, as mentioned before, has included many variables and factors where the decision as to which factors to include or delete is entirely based on statistical analysis and importance and there are different rules of thumb suggested by different scholars (Field, 2013).

Field (2013) suggested that in order to measure the importance of the factors involved in a study Eigenvalues could be used as a logical tool. He further argued that in order to do factor extraction, in the first stage the variances in all the variables must bee examined. He suggested communality of the total variance as the statistical tool. In addition, Hair et al. (2010) defined communality as the total variance that the original variable produces when it is compared with other variables involved in the study. According to Hair et al. (2010) and Field (2013) the communality of 1 means the variable does not have a random variance whereas communality of 0 indicates that the variable has no association with other variables. They further argued that the general rule of thumb for communality is that a study with a fairly large sample such as this study, requires the communality of above .5. Table 6.12 provides information about communality analysis carried out using SPSS.

Table 612 Communalities

Variables	Initial	Extraction	Variables	Initial	Extraction	Variables	Initial	Extraction
OC1	1.000	.535	TSC3	1.000	.569	OCC15	1.000	.555
OC2	1.000	.745	TSC4	1.000	.587	ITL1	1.000	.575
OC3	1.000	.554	TSC5	1.000	.695	ITL2	1.000	.590
OC4	1.000	.662	TSC6	1.000	.504	ITL3	1.000	.623
OC5	1.000	.513	POS1	1.000	.543	ITL4	1.000	.629
OC6	1.000	.559	POS2	1.000	.589	ITL5	1.000	.648
OC7	1.000	.563	POS3	1.000	.532			.
OC8	1.000	.543	POS4	1.000	.685			
OC9	1.000	.618	POS5	1.000	.565			
OC10	1.000	.512	POS6	1.000	.551			
OC11	1.000	.501	POS7	1.000	.595			
OC12	1.000	.586	POS8	1.000	.585			
OC13	1.000	.663	POS9	1.000	.522			
OC14	1.000	.640	POS10	1.000	.551			
OC15	1.000	.500	POS11	1.000	.585			
OC16	1.000	.592	POS12	1.000	.684			
TSF1	1.000	.558	JS1	1.000	.726			
TSF2	1.000	.628	JS2	1.000	.562			
TSF3	1.000	.667	JS3	1.000	.656			
TSF4	1.000	.667	JS4	1.000	.500			
TSF5	1.000	.618	OCC1	1.000	.660			
TSF6	1.000	.660	OCC2	1.000	.551			
TSF7	1.000	.582	OCC3	1.000	.501			
TSF8	1.000	.630	OCC4	1.000	.515			
TSF9	1.000	.675	OCC5	1.000	.586			
TSF10	1.000	.661	OCC6	1.000	.545			
TSF11	1.000	.607	OCC7	1.000	.501			

TSF12	1.000	.642	OCC8	1.000	.578			
TSF13	1.000	.576	OCC9	1.000	.546			
TSF14	1.000	.572	OCC10	1.000	.641			
TSF15	1.000	.501	OCC11	1.000	.529			
TSF16	1.000	.691	OCC12	1.000	.533			
TSC1	1.000	.563	OCC13	1.000	.502			
TSC2	1.000	.605	OCC14	1.000	.669			

6.6.2   Eigenvalues

As mentioned in the previous section eigenvalues are related to the variance that indicates the importance and significance of a factor in any study. According to Tabachnick and Fidell (2007) eigenvalues help the researcher to identify the number of factors involve in the study. As mentioned before Field (2013) argued that variance of variables in any study should be equal to 1 and therefore, any eigenvalues lower than 1 can be ignored. Thus, the number of factors involved in any study could be identified by looking at the number of factors that score higher than 1 in their eigenvalue and those with lower than 1 eigenvalue must be ignored (Field, 2013). Table 6.13 provides the eigenvalue of factors in this study and identifies 7 factors with an eigenvalue higher than 01. Table 6.13 also shows the first 18 components of this study where 7 of them had an eigenvalue of higher than 1. These 7 components explained the total variance of 60.636% (see column cumulative %) which is higher than the recommendations.

Table 6.13 Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	5.502	22.009	22.009	5.502	22.009	22.009	4.471	17.885	17.885
2	2.185	8.738	30.747	2.185	8.738	30.747	2.386	9.543	27.428
3	1.792	7.166	37.914	1.792	7.166	37.914	2.301	9.205	36.632
4	1.769	7.075	44.988	1.769	7.075	44.988	1.624	6.496	43.128
5	1.549	6.195	51.183	1.549	6.195	51.183	1.557	6.226	49.354
6	1.191	4.764	55.947	1.191	4.764	55.947	1.414	5.655	55.009
7	1.172	4.689	60.636	1.172	4.689	60.636	1.407	5.627	60.636
8	.966	3.863	64.499						
9	.940	3.760	68.259						
10	.912	3.648	71.907						
11	.837	3.349	75.255						
12	.791	3.163	78.418						
13	.746	2.984	81.401						
14	.671	2.685	84.086						
15	.650	2.599	86.685						
16	.612	2.448	89.133						
17	.566	2.262	91.395						

18	.505	2.020	93.415						
19	.439	1.756	95.171						
20	.303	1.211	96.382						
21	.245	.982	97.364						
22	.223	.891	98.255						
23	.159	.638	98.893						
24	.156	.622	99.516						
25	.121	.484	100.000						

Extraction Method: Principal Component Analysis.

6.6.3 Scree Plot

Scree plot is another method to identify the number of factors involved in the study. Scree plot also follows the rule of eigenvalues and is based on high to low values of eigenvalue (Hair *et al.,* 2010). In this method, a graph is drawn by using high to low eigenvalues that clearly show the number of factors involved in the study. According to Field (2013) scree plot follows a sophisticated mathematical analysis where it uses the latent roots and number of factors based on the order of extraction. Furthermore, it also shows a cut-off point that distinguishes factors that score a higher or lower eigenvalue than 1 (Hair et al., 2010). As can be seen in figure 6.1, the nature of scree plot is a negatively decreasing curve with the highest eigenvalue on the top and lowest one on the bottom of the curve (Tabachnick and Fidell, 2007). The result of scree plot for this study confirms the same number of factors that were identified using the eigenvalue analysis (6.1). The next step for identifying potential redundant variables of this study was to run factor loading analysis using SPSS.
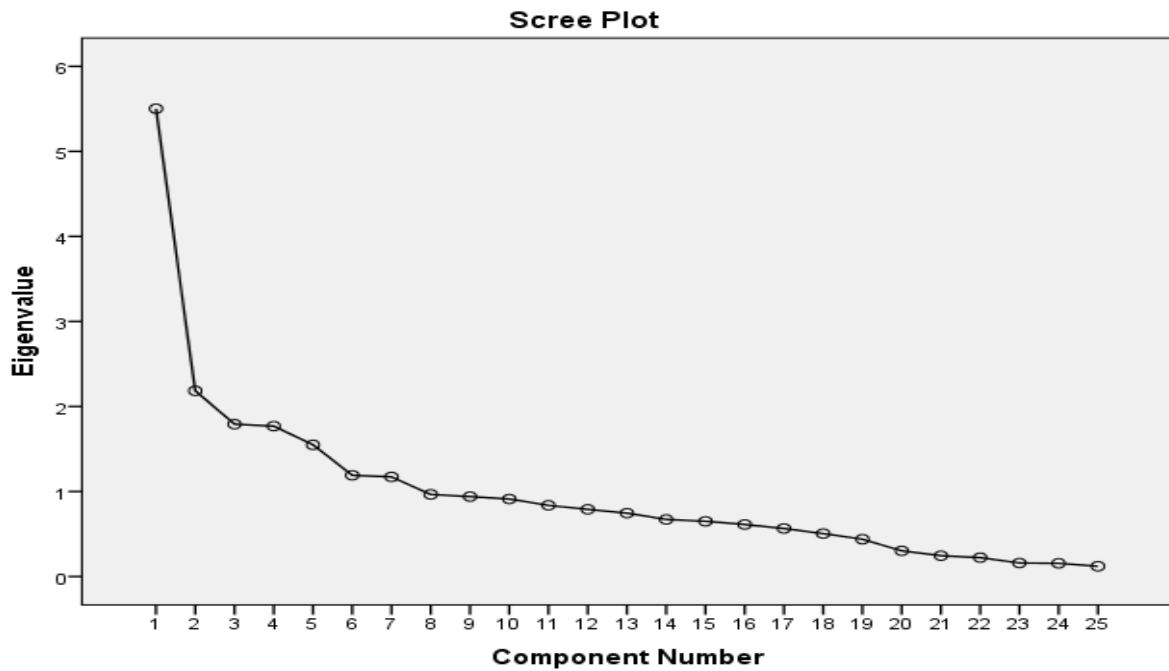
Figure 6:1 Scree Plot of Eigenvalues

6.6.4 Factor loading

The final step for reducing the number of items that show high correlation is to run PCA using Varimax rotation. This method helps the researcher to identify the items that are cross loading by showing high correlation with items in different variables. Originally, the questionnaire designed for this study involved 74 questions that measure 7 dimensions or constructs. In the items analysis section, there were 3 items that scored very low on Corrected Item-Total Correlation so were nominated for exclusion from the study, though a decision was made not to delete them at that stage. According to Straub et al. (2005) items that score lower than .4 should not be considered in factor loading analysis. Having said that, Field (2013) argued that items that having factor loading more than .3 should be considered for further analysis. In total 4 items including those 3 nominated in the item analysis section were deleted from further analysis due to cross loading as well as scoring very low on factor loading (lower than .3). The remaining items all show factor loading higher than the accepted one (Hair et al., 2010; Sekaran, 2001).

Table 6:14 Factor Loadings

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Constructs	Items	F1	F2	F3	F4	F5	F6	F7
Organisational Culture	OC1	.607						
	OC2	.606						
	OC3	.543						
	OC4	.410						
	OC5	.400						
	OC6	.405						
	OC7	.822						
	OC8	.452						
	OC9	.852						
	OC10	.882						
	OC11	.834						
	OC12	.421						
	OC13	.697						
	OC14	.611						
	OC15	.694						
	OC16	.739						
Perceived organisational support	POS1					.504		
	POS2					.535		
	POS3					.530		
	POS4					.065		
	POS5					.728		
	POS6					.758		
	POS7					.681		
	POS8					.453		

	POS9					.532		
	POS10					.543		
	POS11					.467		
	POS12					.400		
Job Satisfaction	JS1		.487					
	JS2		.555					
	JS3		.542					
	JS4		.465					
Organisational commitment	OCC1			.714				
	OCC2			.671				
	OCC3			.137				
	OCC4			.521				
	OCC5			.694				
	OCC6			.432				
	OCC7			.444				
	OCC8			.424				
	OCC9			.585				
	OCC10			.536				
	OCC11			.095				
	OCC12			.436				
	OCC13			.473				
	OCC14			.407				
	OCC15			.104				
Intention to leave	ITL1				.456			
	ITL2				.564			

	ITL3				.478			
	ITL4				.498			
	ITL5				.468			
Transformational	TFL1						.465	
	TFL2						.427	
	TFL3						.486	
	TFL4						.418	
	TFL5						.402	
	TFL6						.414	
	TFL7						.453	
	TFL8						.372	
	TFL9						.497	
	TFL10						.458	
	TFL11						.520	
	TFL12						.535	
	TFL13						.530	
	TFL14						.485	
	TFL15						.426	
	TFL16						.476	
	TSL1							.638
	TSL2							.515
Transactional	TSL3							.543
	TSL4							.485
	TSL5							.526
	TSL6							.487

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

6.6.5 Kaiser–Meyer–Olkin Measure of Sampling Adequacy (KMO) Test

As part of factor analysis it has been suggested to also run KMO and Bartlett's Test (Hinton, Brownlow, McMurray, & Cozens, 2004). According to Field (2013) KMO test can be used for both single or multiple variables. The KMO test helps the researcher to explore the ratio of squared correlation between factors by considering squared partial correlation among factors (Field, 2013). According to Field (2013) the outcome of the KMO test is between 0 to 1 and general rule of thumb suggested that the number closer to 1 is preferable. However, Field (2013) suggested results below .5 should not be accepted and should be investigated by the researcher with any number above .6 being acceptable. He further argued that if the value of the KMO test is within acceptable range (.5 to 1) that indicates that the factor analysis test is appropriate for the data collected whereas if the value is below .5 it indicates that the factor analysis is not an appropriate test to be performed. Table 6.15 shows the value of both KMO and Bartlett's Test of Sphericity Test. The large KMO shown in the table indicates the appropriateness of the factor analysis for this study.

Table 6:15 KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.820
Bartlett's Test of Sphericity	5119.097	4844.644
	351	4950
	.000	.000

6.6.6 Bartlett's Test of Sphericity Test

The second test suggested by Field (2013) and Hair et al. (2010) is the Bartlett's test which helps to test the multivariate normality of the distribution. This test is based on whether a relationship exists between variables or not and if not it is not relevant to run factor analysis for the data. Furthermore, Hair et al. (2010) also explained that if the P value in the Bartlett's test is greater than .05 it is inappropriate to conduct factor analysis. Table 6.15 provides information on Bartlett's test. The result presented in the table 6.15 indicates that the P value is less than .05 which indicates that some relationship exists between variables and therefore factor analysis is recommended.

According to the PCA analysis provided in the previous sections, there are 7 components with an eigenvalue of higher than 1 which in total explains 60% of the study. Furthermore, the scree plot provided in figure 6.1 also clearly indicates the existence of 7 factors with clear cut in the seventh factor. In addition, in this research careful attention was paid to other analyses such as normality, homogeneity, validity, and reliability tests. After doing all necessary analysis there is confidence to present the following groups of items for each relevant dimension and construct.

In this study, the first two factors are related to leadership style, 1- transformational and 2- transactional leadership style. These two leadership styles were borrowed from existing literature on transactional-transformational leadership theory developed by Avilio and Bass (2004). There were in total 22 questions that measure the leadership styles components in this study. The results from factor loading for these two constructs indicated that all 16 items of transformational leadership style and 6 items of transactional leadership style were loaded into 2 clear factors and therefore, there was no need to delete any of the items

Table 5:16 Factor Loading and Cronbach's alpha of Leadership style Items

Factor and related Items	Factoring loading	Factoring loading	Cronbach's alpha
TSF1	.465		
TSF2	.427		
TSF3	.486		
TSF4	.418		
TSF5	.402		
TSF6	.414		
TSF7	.453		
TSF8	.372		
TSF9	.497		
TSF10	.458		
TSF11	.520		
TSF12	.535		
TSF13	.530		
TSF14	.485		0.884

TSF15	.426	
TSF16	.476	
TSC1		.638
TSC2		.515
TSC3		.543
TSC4		.485
TSC5		.526
TSC6		.487

(Cronbach's alpha for TSC items: 0.894)

The second factor is related to organisational culture with 16 items. Oranisational culture items are based on Competing Value Framework proposed by Cameron and Quinn (2011). The questions were borrowed from Organisational Culture Assessment Instrument (OCAI) and adapted using a Likert Scale for the purpose of this study. All 16 items related to organisational culture were loaded into one single factor and therefore there was no need to delete any of the items.

Table 6.17 Factor Loading and Cronbach's alpha of Organisational Culture Items

Factor and related Items	Factoring loading	Cronbach's alpha
Organisational Culture		
OC1	.607	
OC2	.606	
OC3	.543	
OC4	.410	
OC5	.400	.90
OC6	.405	
OC7	.822	
OC8	.452	
OC9	.852	
OC10	.882	

OC11	.834	
OC12	.421	
OC13	.697	
OC14	.611	
OC15	.694	
OC16	.739	

The next 3 components are job satisfaction with 4 items, Perceived organisational support with 12 items and finally organisational commitment with 15 items. As mentioned in the previous chapter these constructs were adopted from existing literature and items used to measure these factors were directly borrowed from previous studies. The perceived organisational support items were taken from Cao et al.'s (2014) research on the role that career satisfaction and networks play on self-initiated expatriates' POS and intention to stay in host countries. The job satisfaction measurement items were from Cerdin and Le Pargneuux's (2014) examination of the relationship of expatriates' career characteristics to their job satisfaction, career satisfaction and intention to leave. And finally, items to measure organisational commitment came from Cheng and Liou's (2011) research on the predictive relationship that the cultural orientation of expatriate Asian nurses employed in hospitals. After conducting factor loading for these constructs some items needed to be deleted from further analysis due to low loading or in some cases cross loading. Items that were deleted from further analysis are highlighted in the table 6.18. By deleting these items from analysis, the reliability test using Cronbach's alpha conducted again show that the reliability of both POS and OCC constructs have improved.

Table 6.18 Factor Loading and Cronbach's alpha of POS, JS and OCC

Factor and related Items	Factoring loading	Factoring loading	Factoring loading	Cronbach's alpha
POS1	.504			.845
POS2	.535			
POS3	.530			
POS4	.065			
POS5	.728			
POS6	.758			
POS7	.681			
POS8	.453			
POS9	.532			
POS10	.543			
POS11	.467			
POS12	.400			
JS1		.487		
JS2		.555		
JS3		.542		.878
JS4		.465		
OCC1			.714	
OCC2			.671	
OCC3			.137	
OCC4			.521	
OCC5			.694	
OCC6			.432	

OCC7			.444	
OCC8			.424	
OCC9			.585	
OCC10			.536	
OCC11			<mark>.095</mark>	.821
OCC12			.436	
OCC13			.473	
OCC14			.407	
OCC15			<mark>.104</mark>	

Finally, the last factor evaluated was intention to leave (ITL) with 5 items. These 5 items to measure intention to leave came from Cerdin and Le Pargneux (2014). After applying factor loading the result showed all 5 items were loaded into a single factor and, therefore, there was no need for exclusion of any of the items.

Table 6:19 Factor Loading and Cronbach's alpha of ITL

Factor and related Items	Factoring loading	Cronbach's alpha
ITL1	.456	.751
ITL2	.564	
ITL3	.478	
ITL4	.498	
ITL5	.468	

6.7 Multiple Regression Analysis

6.7.1 Regression Analysis 1: Explaining the relationship between Leaderships styles and organisational culture

The first relationship to be tested for this study was the relationship between the independent variables of leadership styles and organisational culture. Although as mentioned before both of these two variables are taken as independent variables for this study, in order to test the relationship between these two variables one should be taken as IDV and the other one as DV. In this case leadership styles namely transformational and transactional leadership styles are taken as independent variables and organisational culture as dependent variable. Table 6..20 to 6.23 provide information on testing the relationship between leadership styles and organisational culture using regression analysis. Table 6.20 provide result of R-square which indicate that 40.5% of the variance of the dependent variable in this case organisational culture are explained by transformational and transactional leadership style.

Table 6:20 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.637^a	.405	.402	.5.6967
a. Predictors: (Constant), Transformational, and Transactional				

Table 6.21 provides an ANOVA test which shows that the model fits at a good level (Field, 2013). Field (2013) explained about ANOVA test by arguing that the value of F statistic as part of ANOVA test will be higher than 1 if the improvement due to the fitting regression model is greater than the inaccuracy and SPSS automatically calculate the exact probability of the obtaining F by chance. Table 6.21 provides the results of the ANOVA test and indicates that the f-statistic (119.653) is significant at the P<.001. The F-statistic provided in the table 6.21 indicates that it is highly unlikely that the results are significant and computed by chance at the same time. Therefore, it can be concluded that the final model significantly improves the ability of the researcher to predict the outcome variable.

Table 6:21 ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	83.208	2	41.604	119.653	.000[a]
	Residual	122.045	351	.348		
	Total	205.254	353			
a. Predictors: (Constant), Transformational, and Transactional						
b. Dependent Variable: Organisational Culture						

Table 6..22 provides the coefficient analysis which presents results on the beta coefficient (β) between predicators variables, transformational, and transactional with dependent variable organisational culture. Based on the results in table 6.21 it is clear that only transformational has a significant relationship with organisational culture and transactional leadership style shows no relationship with organisational culture. The beta coefficient (β) is shown to be positively and statistically significant at the 0.01 level for transformational but shows no relationship with transactional.

As mentioned before table 6.22 shows that only transformational leadership style (B=.571, P<.001) shows significant relationship with organisational culture. This result indicates that for one unit there is an increase in transformational leadership style of around .571 unit increase in organisational culture. The results also show that there is no relationship between transactional leadership style and organisational culture which is worth investigating. Therefore, it can be concluded that the H1 that suggests there is relationship between transformational, transactional with organisational is partially accepted as transactional shows no relationship with organisational culture

Table 6:22 Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	VIF	Sig.
		B	Std. Error	Beta			
1	(Constant)	1.676	.131		12.753		.000
	TFL	.472	.067	.571	7.039	3.878	.000
	TSL	.068	.073	.075	.931	3.878	.352
a. Dependent Variable: ITL							

To make sure there is no multicollinearity problem, it was decided to also add the value for variance Inflation factor (VIF) alongside the coefficient analysis where transformational, and transactional were

taken as IDV and organisational culture as DV. As mentioned before if the value of VIF is above 10 it indicates that there is a possibility of multicollinearity among the variables (Hair, et al., 2010). However, the results of VIF for these variables were all below 10 and therefore there is no concern of multicollinearity among the constructs. Tables 6.23 summarizes the results of all hypotheses.

Table 6.23 Hypothesis Assessment

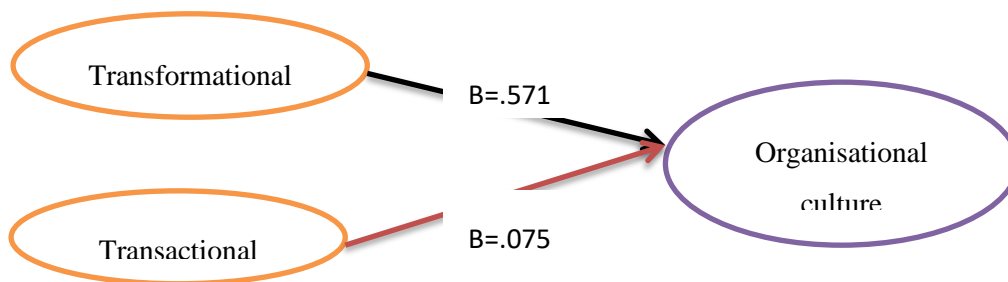| Research Hypothesis	B values	t-values	Sig	Results
H1.1: TFL ⟶ OC	.571	7.039	.000	Supported
H1.2: TSL ⟶ OC	.075	.931	.352	Not Supported

Figure 6:2 Relationship between LS and organisational culture

6.7.2 Regression Analysis 2: Explaining the Relationship between Organisational Culture and Leadership Styles as independent variables with Intention to leave as dependent variable

It is crucial to test if any relationship exists between the independent variables and dependent variable in this study. There are two different types of leadership styles considered for this study namely transformational and transactional leadership styles. Therefore, in total it could be argued that both transformational and transactional leadership styles alongside organisational culture are taken as independent variables and intention to leave as dependent variable. Table 6.24 to table 6.27 provide information on multi-regression analysis conducted using SPSS. Table 6.24 provide the results of the R-square value that indicates .249 which means 24.9% of the variance of the dependent variable, in this case intention to leave, is explained by transformational, transactional leadership styles and organisational culture.

Table 6:24 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.328[a]	.249	.240	1.036
a. Predictors: (Constant), Transformational, Transactional and Organisational Culture				

Table 6.21 provides the ANOVA test which indicates that the model fits at a good level (Field, 2013). As mentioned before according to Field (2013) if the value of F statistic as part of ANOVA test is higher than 1, if the improvement is due to the fitting regression model is greater than the inaccuracy and SPSS automatically calculate the exact probability of the obtaining F by chance. Table 6. 25 provide result of ANOVA test and indicates that the f-statistic (19.609) is significant at the $P<.001$. The F-statistic provided in the table 6.25 indicates that it is highly unlikely that the results are significant and computed by chance at the same time. Therefore, it can be concluded that the final model significantly improves the ability of the researcher to predict the outcome variable.

Table 6:25 ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	34.654	3	11.551	19.609	.000[a]
	Residual	404.401	350	1.155		
	Total	439.054	353			
a. Predictors: (Constant), Transformational, Transactional and Organisational Culture						
b. Dependent Variable: Intention to Leave						

Table 6.26 provides coefficient analysis which present results on the beta coefficient (β) between predicator variables, transformational, transactional and organisational culture and dependent variable intention to leave. Based on the results, it is clear that both transformational and organisational culture have a significant negative relationship with dependent variable (intention to leave) whereas transactional leadership style shows no relationship with intention to leave. The beta coefficient (β) is shown to be negatively and statistically significant at the 0.05 level for transformational and organisational culture but shows no relationship with transactional.

As mentioned before table 6.26 shows that both transformational leadership style (B=-.209, P<.05) and organisational culture (B=-.183, P<.05) are statistically significant but negatively so. This result indicates that for one unit increase in transformational leadership style around -.209 unit decreases in intention to leave or for one unit increase on organisational culture, there will be -.183 unit decrease

of intention to leave. The result also shows that there is no relationship between transactional leadership style and intention to leave which is worth investigating. Therefore, it can be concluded that the H2 that suggests there is relationship between transformational and transactional with Intention to leave is partially accepted as transactional show no relationship with intention to leave and H3 suggesting there is a relationship between organisational culture with intention to leave is accepted.

Table 6:26 Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	VIF	Sig.
		B	Std. Err	Beta			
1	(Constant)	4.316	.290		14.896	1.682	.000
	OC	-.268	.097	-.183	-2.752	4.425	.006
	TFL	-.253	.131	-.209	-1.941	3.887	.043
	TSL	.133	.134	.101	.998	1.682	.319
a. Dependent Variable: ITL							

As mentioned before, in order to make sure there is no multicollinearity problem exist, it was decided also to add the value for variance Inflation factor (VIF) alongside the coefficient analysis where transformational, transactional and organisational culture were taken as IDV and intention to leave as DV. According to Hair et al. (2010) if the value of VIF is above 10 it indicate that there is a possibility of multicollinearity among the variables (Hair, et al., 2010). However, the results of VIF for these variables were all below 10 and therefore there is no concern of multicollinearity among the constructs. Tables 6.23 summarizes the results of all hypotheses.

Table 6:27 Hypothesis Assessment

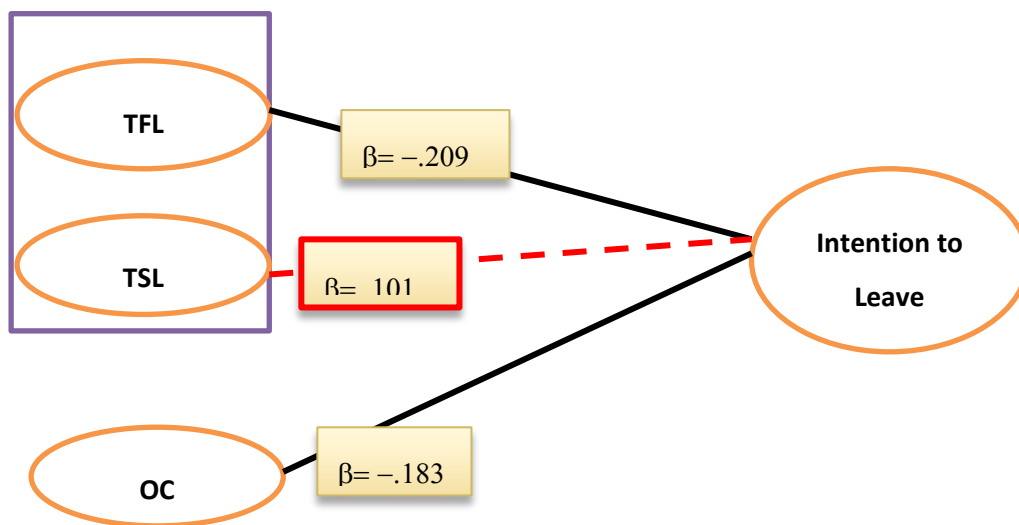| Research Hypothesis	B values	t-values	Sig	Results
H2.1: TFL ⟶ ITL	-.209	-1.941	.053	Supported
H2.2: TSL ⟶ ITL	.101	.998	.319	Not Supported
H3.3 : OC ⟶ ITL	-.183	-2.752	.006	Supported

Figure 6:3 Relationship between LS and OC with ITL

6.7.3 Regression Analysis III: Explaining the Relationship between JS, OCC and POS with ITL

Before testing the mediating effect of job satisfaction, organisational commitment and perceived organisational support on the relationship between leadership style and organisational culture with intention to leave, it is important to investigate if there is any relationship between JS, OCC and POS with intention to leave. In order to test the relationships multiple regression was employed by taking JS, OCC and POS as IDV and ITL as DV. Table 6.28 to 6.30 provides results on these relationships. Table 6.28 provides results of R-square analysis which indicate that 31.9% of the variance in intention to leave is explained by job satisfaction, organisational commitment and perceived organisational support.

Table 6:28 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.565[a]	.319	.313	.92416
a. Predictors: (Constant), JS, OCC and POS				

Table 6.29 also provides the ANOVA test which shows that the model fits at a good level. As mentioned before an F-statistic larger than 1 is required and table 6.29 indicates that the F-statistic is 54.691 and it is significant at P<.001. The F-statistic indicates that it is highly unlikely that the results are significant

and computed by chance at the same time. Therefore, it can be concluded that the final model significantly improves the ability of the researcher to predict the outcome variable.

Table 6:29 ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	140.129	3	46.710	54.691	.000[a]
	Residual	298.925	350	.854		
	Total	439.054	353			
a. Predictors: (Constant), POS, OCC, JS						
b. Dependent Variable: ITL						

Table 6.30 provides the coefficient analysis which present results of the beta coefficient (β) between predicators variables, job satisfaction, organisational commitment and perceived organisational support and dependent variable intention to leave. Based on the results it is clear that both job satisfaction and organisational commitment have significant negative relationships with the dependent variable (intention to leave) whereas perceived organisational support shows no relationship with intention to leave. The beta coefficient (β) is shown to be negatively and statistically significant at the 0.01 level for both job satisfaction and organisational commitment but shows no relationship with perceived organisational support.

As mentioned before table 6.30 shows that both job satisfaction (B=-.330, P<.001) and organisational commitment (B=-.293, P<.001) are statistically significant but negatively. This result indicates that for one unit increase in job satisfaction around .330 unit decrease in intention to leave or for one unit increase on organisational commitment, there will be .293 unit decrease on intention to leave. The result also shows that there is no relationship between perceived organisational support and intention to leave which worth investigating.

Table 6:30 Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	6.433	.323		19.933	.000
	JS	-.416	.083	-.330	-5.004	.000
	OCC	-.620	.131	-.293	-4.736	.000

		POS	.025	.078	.017	.321	.748
a. Dependent Variable: Organisational Effectiveness							

6.8 Mediation effects of job satisfaction, organisational commitment and perceived organisational support

In order to test the mediating effect of job satisfaction, organisational commitment and perceived organisational support this study adopted the Baron and Kenny (1986) method for testing mediating effect. According to Baron and Kenny (1986) there are four steps which must be considered in order to test the mediating effect:

1- To explore if there is a significant relationship between predictor and outcome
2- To explore if there is a significant relationship between predicators and mediator
3- To explore if there is a significant relationship between mediators and outcome
4- Finally to explore if mediators fully or partially mediate the relationship between predicators and outcome.

In order to test the mediation effect using the four steps provided by Baron and Kenny (1986) regression and multi-regression analysis were employed. In the first step of testing mediating effect multiple regression analysis was employed to test the relationship between IDVs, in this case leadership styles and organisational culture with DV in intention to leave. If the results show there is any relationship between predictors and outcome then separate regression analysis would be employed to test if there is any relationship exist between independent variables and mediators in this case job satisfaction, organisational commitment and perceived organisational support (step 2 of Baron and Kenny, 1986). In this step mediators are taken as DVs and predictors are taken as IDVs. After establishing there is a relationship between predictors with mediators and outcome, step 3 and 4 should be tested to establish if the mediators act as full or partial mediators.

6.8.1 Job Satisfaction Will Mediate the Effect of OC and LS on ITL

As mentioned in the previous section in order to test the mediating effect, there are four steps that need to be followed. The hypothesis 4 indicates that job satisfaction will mediate the relationship between both leadership style and organisational culture with intention to leave. The first step suggested by Baron and Kenny (1986) which tests if there is a relationship between organisational culture and leadership style with intention was conducted to test hypotheses H2.1, H2.2 and H3. Table 6.31 show the results of analyses carried out for H2 and H3.

Table 6:31 Summary of results on the relationship between OC, LS and ITL

Constructs	R^2	F	Sig	Beta	T test	Sig	VIF
Transformational	.249	19.609	.000a	-.209	-1.941	.053	3.887
Transactional				.101	.998	.319	1.682
Organisational culture				-.183	-2.752	.006	4.425
Predictors: (Constant), Transformational, Transactional, Organisational culture							
Dependent Variable ITL							

The step 2 suggested by Baron and Kenny (1986) is to test if there is a relationship between predictors and mediators. In order to test step 2, regression analysis was employed where organisational culture and leadership styles were taken as predictors and job satisfaction taken as an outcome. Table 6.32 presented below provides the model summary for this test which indicates the R-square was found to be .292 which means 29.2% of the variance in the outcome in this case job satisfaction is explained by leadership styles and organisational culture. Therefore, predictors, in this case organisational culture, transformational and transactional leadership styles, explain 29.2% of the variance in the job satisfaction.

Table 6:32 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.540a	.292	.286	.74653
a. Predictors: (Constant), OC, TSL, TFL				

Table 6.33 provides information on model fit at a good level. According to this rable, the F- Statistics (48.104) is significant at the P<.001 level which indicates that the variance explained is also statistically significant. The F-statistic provided in the table 6.33 indicates that it is highly unlikely that the results are significant and computed by chance at the same time. Therefore, it can be concluded that the final model significantly improves the ability of the researcher to predict the outcome variable.

Table 6:33 ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
		ANOVA[b]				
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	80.427	3	26.809	48.104	.000b
	Residual	195.059	350	.557		
	Total	275.486	353			
a. Predictors: (Constant), OC, TSL, TFL						
b. Dependent Variable: JS						

Table 6.34 provides results of the coefficient analysis taking leadership styles and organisational culture as IDV and job satisfaction as DV. Only organisational culture was found to achieve statistical significance at the .001 level with B=.468. On the other hand both transformational and transactional leadership styles show no significant relationship with job satisfaction. Therefore, it is only appropriate to conduct the final regression analysis to test step 3 and 4 proposed by Baron and Kenny (1986) for organisational culture and not leadership styles.

Table 6:34 Coefficient

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.284	.201		6.379	.000
	TFL	.096	.091	.100	1.061	.290
	TSL	.004	.093	.004	.047	.962
	OC	.542	.068	.468	8.026	.000
a. Dependent Variable: Job satisfaction						

The third step suggested by Baron and Kenny (1986) requires testing if there is any relationship between mediator in this case job satisfaction and outcome which is intention to leave. In order to test the relationship regression analysis was employed and job satisfaction was taken as IDV and intention to leave as an outcome. Tables 6.35 to 6.37 show the results for this relationship. Table 6.35 presents the model summary which indicates that R-square is .275. This indicates that 27.5% of the variance in intention to leave is explained by job satisfaction.

Table 6:35 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.525a	.275	.273	.95064
a. Predictors: (Constant), Job Satisfaction				

Table 6.36 provide the ANOVA test result which indicates that F-statistic (133.831) is significant at the P<.001. The F-statistic provided in the table indicates that it is highly unlikely that the results are significant and computed by chance at the same time. Therefore, it can be concluded that the final model significantly improves the ability of the researcher to predict the outcome variable.

Table 6.36 ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	120.945	1	120.945	133.831	.000b
	Residual	318.109	352	.904		
	Total	439.054	353			
a. Predictors: (Constant), JS						
b. Dependent Variable: ITL						

The final analysis to test step 3 is coefficient analysis provided in table 6.37. As shown in the table 6.37 job satisfaction achieve statistical significance (B=-.525) at the .001 alpha level which indicate that job satisfaction has a significant negative relationship with intent to leave. Therefore, based on the result provided in table 6.37 it can be deduced that job satisfaction can potentially act as the mediator between organisational culture and intention to leave.

Table 6:37 Coefficient

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.310	.208		25.476	.000
	JS	-.663	.057	-.525	-11.569	.000
a. Dependent Variable: ITL						

In order to test whether job satisfaction act as a full mediator or a partial mediator on the relationship between organisational culture and intention to leave, researcher decided to do further analysis using multiple regression analysis. In the first part researcher by employing multiple regression explored the relationship between both organisational culture and job satisfaction with intention to leave and in the second part the same relationship was explored using stepwise regression analysis. Table 6.38 show the results of the part 1.

Table 6:38 Model Summary, ANOVA, Coefficient for Sub-Hypothesis 4.1 (part 1)

Constructs	R2	F	Sig	Beta	T test	Sig
OC	.267	66.941	.000	.030	.560	.576
JS				-.541	-10.068	.000
Predictors: (Constant), OC. JS						
Dependent Variable ITL						

The results provided in table 6.38 could potentially indicate that job satisfaction could act as a full mediator on the relationship between organisational culture and intention to leave as the relationship between organisational culture and intention to leave is no longer significant in the multiple regression analysis. Therefore, in order to make sure if job satisfaction acts as a full mediator or partial mediator it was decided to run stepwise regression analysis by taking job satisfaction as the controlled variable. If the relationship between organisational culture and intention to leave remains significant when controlled by job satisfaction it can be concluded that the job satisfaction acts as a partial mediator and if the relationship is not significant then job satisfaction act as a full mediator.

Table 6.39 to 6.41 provide the analysis related to stepwise regression analysis. Table 6.39 provides the results of the model summary test that indicates the R-squares for organisational culture and job satisfaction are .067 and .276 respectively. This shows that predictor variables in this case organisational culture and job satisfaction explain 6.7% and 27.6% of the variance in intention to leave as an outcome.

Table 6:39 Model Summary

Model Summary				
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
1	.259a	.067	.064	1.07874
2	.525b	.276	.272	.95157
a. Predictors: (Constant), OC				
b. Predictors: (Constant), OC, JS				

Table 6.40 provide the ANOVA test result which indicate that F-statistic (25.301; 66.941) are significant at the P<.001. The F-statistic provided in table 6.40 indicates that it is highly unlikely that the results are significant and computed by chance at the same time. Therefore, it can be concluded that the final model significantly improves the ability of the researcher to predict the outcome variable.

Table 6:40 ANOVA

Model		**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
1	Regression	29.442	1	29.442	25.301	.000b
	Residual	409.612	352	1.164		
	Total	439.054	353			
2	Regression	121.229	2	60.614	66.941	.000c
	Residual	317.826	351	.905		
	Total	439.054	353			
a. Predictors: (Constant), OC						
b. Predictors: (Constant), OC, JS						

Table 6.41 provides results on the coefficient analysis. The results show that organisational culture is significant in the first step B=-.259 at the P<.001 level; however the result is different and organisational culture is no longer significant after job satisfaction is controlled. Therefore, it can be

deduced from the analysis that job satisfaction acts as a full mediator on the relationship between organisational culture and intention to leave.

Table 6:41 Coefficient

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.301	.271		15.894	.000
	OC	-.379	.075	-.259	-5.030	.000
2	(Constant)	5.227	.256		20.434	.000
	OC	.044	.079	.030	.560	.576
	JS	-.683	.068	-.541	-10.068	.000
a. Dependent Variable: ITL						

6.8.2 Perceived Organisational Support Will Mediate the Effect of OC and LS on ITL

The same process of four steps has been followed for hypothesis testing. The hypothesis 5 indicates that the perceived organisational support mediates the relationship between leadership styles and organisational culture with intention to leave. As mentioned in the previous section the first step was to investigate the relationship between predictors (organisational culture and leadership styles) with intention to leave. This has been tested and a summary is reported in table 6.31.

The second step suggested by Baron and Kenny (1986) is to test if there is a relationship between predictor and mediators. In order to test step 2, regression analysis was employed where organisational culture and leadership styles were taken as predictors and perceived organisational support as an outcome. Table 6.42 provides the model summary for this test which indicates that the R-square was found to be .238 which means 23.8% of the variance in the outcome, in this case perceived organisational support, is explained by leadership styles an organisational culture. Therefore, predictors, in this case organisational culture, transformational and transactional leadership styles, explain 23.8% of the variance in the perceived organisational support.

Table 6.42 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.488a	.238	.231	.66187
a. Predictors: (Constant), OC, TSL, TFL				

Table 6.43 provides information on the model fit at a good level. According to this table, the F-Statistics (36.412) are significant at the P<.001 level which indicates that the variance explained is also statistically significant. The F-statistic provided in the table indicates that it is highly unlikely that the results are significant and computed by chance at the same time. Therefore, it can be concluded that the final model significantly improves the ability of the researcher to predict the outcome variable.

Table 6:43 ANOVA

ANOVAᵇ						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	47.853	3	15.951	36.412	.000b
	Residual	153.325	350	.438		
	Total	201.178	353			
a. Predictors: (Constant), OC, TSL, TFL						
b. Dependent Variable: POS						

Table 6.44 provides results of the coefficient analysis taking leadership styles and organisational culture as IDV and perceived organisational support as DV. According to this table only organisational culture and transformational leadership style were found to achieve statistical significance at the .001 level with B=.405 and B=.252 respectively. On the other hand transactional leadership styles show no significant relationship with perceived organisational support. Therefore, it is only appropriate to conduct the final regression analysis to test step 3 and 4 proposed by Baron and Kenny (1986) for organisational culture and transformational leadership style and not for transactional leadership style.

Table 6:44 Coefficient

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.211	.178		6.788	.000
	TFL	.206	.080	.252	2.564	.011
	TSL	-.146	.082	-.163	-1.770	.078
	OC	.401	.060	.405	6.689	.000
a. Dependent Variable: Perceived Organisational Support						

The third step suggested by Baron and Kenny (1986) requires to test if there is any relationship between mediator, in this case perceived organisational support, and the outcome which is intention to leave. In order to test the relationship, regression analysis was employed and perceived organisational support was taken as IDV and intention to leave as an outcome. Tables 6.45 to 6.47 provide the results for this relationship. Table 6.45 presents the model summary which indicates that R-square is .184. This indicates that 18.4% of the variance in intention to leave is explained by perceived organisational support.

Table 6:45 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.289a	.184	.181	1.06916
a. Predictors: (Constant), perceived organisational support				

Table 6.46 provides the ANOVA test result which indicates that F-statistic (32.093) is significant at the P<.001. As mentioned before the F-statistic results provided in the table 6.46 indicates that it is highly unlikely that the results are significant and computed by chance at the same time.

Table 6:46 ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	36.685	1	36.685	32.093	.000b
	Residual	402.369	352	1.143		
	Total	439.054	353			
a. Predictors: (Constant), POS						
b. Dependent Variable: ITL						

The coefficient analysis provided in the table 6.47 is the last part of step 3 in Baron and Kenny's (1986) suggested model to test mediating effect. As can be seen in the table, perceived organisational support achieve statistical significance (B=-.289) at the .001 alpha level which indicates that perceived organisational support has a significant negative relationship with intention to leave. Therefore, based on the results provided in table 6.47 it can be deduced that perceived organisational support can potentially act as the mediator between transformational leadership style and organisational culture with intention to leave.

Table 6:47 Coefficient

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.175	.220		18.968	.000
	POS	-.427	.075	-.289	-5.665	.000
a. Dependent Variable: ITL						

As mentioned in the previous section, in order to test whether perceived organisational support acts as a full mediator or a partial mediator on the relationship between transformational leadership style and organisational culture with intention to leave, it was decided to do further analysis using multiple regression analysis. In the first part multiple regression analysis was employed to explore the relationship between transformational leadership style, organisational culture and perceived organisational support with intention to leave and in the second part the same relationship was explored using stepwise regression analysis. Table 6.48 show the results of the part 1.

Table 6:48 Model Summary, ANOVA, Coefficient for Sub-Hypothesis 4.1 (part 1)

Constructs	R2	F	Sig	Beta	T test	Sig
TFL	.109	14.251	.000	-.101	-1.537	.125
OC				-.098	-1.409	.160
POS				-.206	-3.575	.000
Predictors: (Constant), TFL, OC. POS						
Dependent Variable ITL						

The results provided in table 6.48 could potentially indicate that perceived organisational support could act as a full mediator on the relationship between transformational leadership style and organisational culture with intention to leave. The reason for that is the relationship between

transformational leadership styles and organisational culture with intention to leave achieves no statistical significance. Therefore, in order to make sure if the perceived organisational support acts as a full mediator or a partial mediator it was decided to run stepwise regression analysis by taking perceived organisational support as controlled variable. If the relationship between transformational leadership style and organisational culture with intention to leave remains significant when controlled by perceived organisational support it can be concluded that the perceived organisational support act as a partial mediator and if the relationship is not significant then perceived organisational support act as a full mediator.

Table 6.49 to 6.51 provide the analysis related to stepwise regression analysis. Table 6.49 provides the results of the model summary test that indicates that the R-square for organisational culture and job satisfaction are .076 and .109 respectively. This shows that predictor variables, in this case transformational leadership style, organisational culture and perceived organisational support, in the stepwise regression analysis explain 6.7% and 27.6% of the variance in intention to leave as an outcome.

Table 6.49 Model Summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.276a	.076	.071	1.07490
2	.330b	.109	.101	1.05730
a. Predictors: (Constant), TFL, OC				
b. Predictors: (Constant), TFL, OC, POS				

Table 6.50 provide the ANOVA test result which indicates that F-statistic (25.301; 66.941) are significant at the $P<.001$. The F-statistic provided in the table indicates that it is highly unlikely that the results are significant and computed by chance at the same time. Therefore, it can be concluded that the final model significantly improves the ability of the researcher to predict the outcome variable.

Table 6:50 ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	29.442	1	29.442	25.301	.000b
	Residual	409.612	352	1.164		
	Total	439.054	353			

	Regression	121.229	2	60.614	66.941	.000c
2	Residual	317.826	351	.905		
	Total	439.054	353			
a. Predictors: (Constant), OC, TFL						
b. Predictors: (Constant), OC, TFL, POS						

Table 6.51 provides the results on coefficient analysis. The results show that both transformational leadership style and organisational culture are significant in the first step B=-.155 and B=-.180 at the P<.05 level; however the results are different and both transformational and organisational culture are no longer significant after perceived organisational support is controlled. Therefore, it can be deduced from the analysis that perceived organisational support acts as a full mediator on the relationship between transformational leadership style and organisational culture with intention to leave.

Table 6:51 Coefficient

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.406	.275		15.998	.000
	TFL	-.201	.090	-.155	-1.875	.042
	OC	-.263	.097	-.180	-2.706	.007
2	(Constant)	4.744	.287		16.534	.000
	TFL	-.122	.080	-.101	-1.537	.125
	OC	-.143	.101	-.098	-1.409	.160
	POS	-.304	.085	-.206	-3.575	.000
a. Dependent Variable: ITL						

6.8.3   Organisational Commitment Will Mediate the Effect of OC and LS on ITL

In order to test the mediating effect of organisational commitment, the same process of four steps has been followed for hypothesis testing. The hypothesis 6 indicates that organisational support mediates the relationship between leadership styles and organisational culture with intention to leave. As mentioned before the first step that is to be investigated is the relationship between

predictors (organisational culture and leadership styles) with intention to leave. This has been tested and a summary has been reported in table 6.31.

In order to test step 2, suggested by Baron and Kenny (1986), regression analysis was employed where organisational culture and leadership styles were taken as predictors and organisational support as an outcome. Table 6.52 provides the model summary for this test which indicates the R-square was found to be .246 which means 24.6% of the variance in the outcome, in this case perceived organisational support, is explained by leadership styles and organisational culture. Therefore, predictors in this case organisational culture, transformational and transactional leadership styles explain 24.6% of the variance in the organisational commitment.

Table 6:52 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.496a	.246	.239	.45968
a. Predictors: (Constant), OC, TSL, TFL				

Table 6..53 provides information on model fit at a good level. According to this table, the F- Statistics (38.031) is significant at the P<.001 level which indicates that the variance explained is also statistically significant. The F-statistic provided in the table indicates that it is highly unlikely that the results are significant and computed by chance at the same time. Therefore, it can be concluded that the final model significantly improves the ability of the researcher to predict the outcome variable.

Table 6:53 ANOVA

ANOVA[b]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	24.109	3	8.036	38.031	.000b
	Residual	73.956	350	.211		
	Total	98.065	353			
a. Predictors: (Constant), OC, TSL, TFL						
b. Dependent Variable: OCC						

Table 6.54 provides the results of coefficient analysis taking leadership styles and organisational culture as IDV and organisational commitment as DV. According to this table only organisational

culture and transformational leadership style were found to achieve statistical significance at the .001 level with B=.316 and B=.188 respectively. On the other hand transactional leadership styles show no significant relationship with organisational commitment. Therefore, it is only appropriate to conduct the final regression analysis to test step 3 and 4 proposed by Baron and Kenny (1986) for organisational culture and transformational leadership style and not for transactional leadership style.

Table 6:54 Coefficient

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.093	.124		16.891	.000
	TFL	.108	.056	.188	1.926	.050
	TSL	.030	.057	.048	.523	.601
	OC	.219	.042	.316	5.252	.000
a. Dependent Variable: Organisational Commitment						

The third step suggested by Baron and Kenny (1986) requires testing to see if there is any relationship between mediator, in this case organisational support, and the outcome which is intention to leave. In order to test the relationship, regression analysis was employed and organisational support was taken as IDV and intention to leave as an outcome. Tables 6..55 to 6.57 provide the results for this relationship. Table 6..55 presents the model summary which indicates that R-square is .266 This indicates that 26.6% of the variance in intention to leave is explained by organisational support.

Table 6:55 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.515a	.266	.264	.95710
a. Predictors: (Constant), organisational commitment				

Table 6.56 provides the ANOVA test result which indicates that F-statistic (127.300) is significant at the P<.001. As mentioned before the F-statistic results provided in the table indicate that it is highly unlikely that the results are significant and computed by chance at the same time.

Table 6:56 ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	116.611	1	116.611	127.300	.000b
	Residual	322.443	352	.916		
	Total	439.054	353			
a. Predictors: (Constant), OCC						
b. Dependent Variable: ITL						

The coefficient analysis provided in table 6.57 is the last part of step 3 in Baron and Kenny's (1986) suggested model to test mediating effect. As can be seen in the table, organisational commitment achieves statistical significance (B=-.515) at the .001 alpha level which indicates that organisational commitment has a significant negative relationship with intention to leave. Therefore, based on the result provided in table 6.57 it can be deduced that organisational commitment can potentially act as the mediator between transformational leadership style and organisational culture with intention to leave.

Table 6:57 Coefficient

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	6.600	.326		20.267	.000
	OCC	-1.090	.097	-.515	-11.283	.000
a. Dependent Variable: ITL						

Following steps taken in the previous section and in order to test whether organisational commitment acts as a full mediator or a partial mediator on the relationship between transformational leadership style and organisational culture with intention to leave, it was decided to do further analysis using multiple regression analysis. In the first part multiple regression analysis was employed to explore the relationship between transformational leadership style, organisational culture and organisational commitment with intention to leave and in the second part the same relationship was explored using stepwise regression analysis. Table 6..58 show the results of part 1.

Table 6:58 Model Summary, ANOVA, Coefficient for Sub-Hypothesis 4.1 (part 1)

Constructs	R2	F	Sig	Beta	T test	Sig
TFL	.266	42.320	.000	-.010	-.167	.868
OC				-.020	-.331	.741
OCC				-.502	-9.517	.000
Predictors: (Constant), TFL, OC. OCC						
Dependent Variable ITL						

The result provided in table 6.58 could potentially indicate that organisational commitment could act as a full mediator on the relationship between transformational leadership style and organisational culture with intention to leave. The reason for that is the relationship between transformational leadership styles and organisational culture with intention to leave achieve no statistical significance. Therefore, in order to make sure if organisational commitment acts as a full mediator or a partial mediator it was decided to run stepwise regression analysis by taking organisational commitment as controlled variable. If the relationship between transformational leadership style and organisational culture with intention to leave remains significant when controlled by organisational commitment it can be concluded that the organisational commitment acts as a partial mediator and if the relationship is not significant then organisational commitment acts as a full mediator.

Table 6.59 to 6.61 provide the analysis related to stepwise regression analysis. Table 6.59 provides the results of the model summary test that indicates the R-squares for organisational culture and job satisfaction are .076 and .266 respectively. This shows that predictor variables, in this case transformational leadership style, organisational culture and perceived organisational support, in the stepwise regression analysis explain 7.6% and 26.6% of the variance in intention to leave as an outcome.

Table 6:59 Model Summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.276a	.076	.071	1.07490
2	.516b	.266	.260	.95944

Table 6.60 provides the ANOVA test result which indicates that F-statistics (14.499, 42.320) are significant at the P<.001. The F-statistic provided in the table 6.60 indicates that it is highly unlikely that the results are significant and computed by chance at the same time. Therefore, it be concluded that the final model significantly improves the ability of the researcher to predict the outcome variable.

Table 6.:60 ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	33.504	2	16.752	14.499	.000b
	Residual	405.551	351	1.155		
	Total	439.054	353			
2	Regression	116.870	3	38.957	42.320	.000c
	Residual	322.184	350	.921		
	Total	439.054	353			
a. Predictors: (Constant), OC, TFL						
b. Predictors: (Constant), OC, TFL, OCC						

Table 6 .61 provides results on coefficient analysis. The results show that both transformational leadership style and organisational culture are significant in the first step B=-.135 and B=-.186 at the P<.05 level; however the results are different when organisational commitment is controlled and both transformational and organisational culture are no longer significant. Therefore, it can be deduced from the analysis that organisational commitment acts as a full mediator on the relationship between transformational leadership style and organisational culture with intention to leave.

Table 6:61 Coefficient

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.406	.275		15.998	.000
	TFL	-.171	.080	-.135	-1.875	.040
	OC	-.263	.097	-.186	-2.706	.007
2	(Constant)	6.649	.341		19.524	.000
	TFL	-.012	.073	-.010	-.167	.868
	OC	-.030	.090	-.020	-.331	.741
	OCC	-1.061	.112	-.502	-9.517	.000
a. Dependent Variable: ITL						

6.9   Conclusion

This chapter is intended to provide readers with information on results and findings of the main study carried out in order to test the hypotheses proposed in chapter 1. As mentioned before, data were collected from employees (expatriates) and managers (who were also expatriates) of one major hospital in Saudi Arabia. Before using sophisticated statistical analysis to test hypotheses, several steps were taken to check for outliers, normality homoscedasticity as well as test for checking on reliabilities, and validities of the instrument used. According to findings using different statistical formula, the instrument proved to be valid and reliable.

In the second step, data were presented on descriptive statistics including demographics analysis. The response rate for this study was around 44% which provided a good response rate for this kind of study using survey questionnaire. Further demographics analysis was carried out to better understand the respondents in terms of gender, age, origin, position and how long they have been working with the hospital.

In the final stage of the data analysis, several statistical techniques were employed including Pearson correlation, regression, multiple regression, and stepwise regression to test hypotheses. First, correlation analysis was used to find out if variables are correlated with each other and if so, how

strong the correlation was. Data from correlation analysis indicates that all variables including IDVs and DV range from moderately to strongly correlated with each other which was a positive outcome. After testing variables using Pearson correlation, it was crucial to test the relationship between variables according to hypotheses presented in chapter 1. In order to test the relationship between variables, regression analysis using SPSS was employed. The results show some interesting findings that need further investigation. The final part of analysis was to test if the intervening variables are mediating the relationship between IDVs and DV. In order to test the mediating effect both multi-regression analysis and stepwise regression analysis were employed and results were interesting.

In the next chapter a discussion of the results and findings presented in this chapter is given. As mentioned before, there are some interesting results found for this study which require explanation and justification. Some of the results were expected and some were not expected which could give rise to further investigation.

Chapter 7   Discussion

7.1   Introduction

In the previous chapter an analysis of the data collected for the main study was provided. Moreover, the aim of the last chapter was to empirically examine the relationships, both direct and indirect, among variables in this study. Thus this chapter presents an academic discussion of the findings, and significance and insignificance of the relationships proposed for investigation in the conceptual framework presented in chapter 3. Furthermore, their implication, both theoretical and practical, will be presented as well as drawing conclusions and making recommendations. In the first part of this chapter a brief description of the health industry in Saudi Arabia is given, followed by discussion relating to findings and hypotheses proposed for this research.

7.2   Discussion of Findings

The aim of this study was to investigate the factors that have an influence on expatriates' intention to leave in healthcare system in Saudi Arabia. The rationale for this study was based on the fact that around 30 to 40 percent of employees including doctors and nurses in healthcare industry in Saudi are expatriates. More specifically, since 2000, and with heavy investment in the health industry by increasing the number of hospitals or health provide centres by Saudi government, there has been a need for healthcare professionals to help run these new modern hospitals and healthcare centres. Therefore, as Loi et al. (2006) argued, there is a need for studies that investigate factors that could potentially influence expariates' decisions to leave or stay. According to Kwong and Levitt (2009) there are many factors that influence professionals in health care to make the decision whether to stay or leave the job in Saudi Arabia. Among factors that may have an impact on employees intention to leave, this study investigated factors that are believed have a major impact which are leadership style, organisational culture, job satisfaction, organisational commitment and perceived organisational support (Loi, et al., 2006).

In order to develop research questions, hypotheses, conceptual framework, and a questionnaire, as explained in the both chapter 4 and 5, a detailed literature review was carried out to help explore the relationship among these variables. The literature review provided in chapters 2 and 3 was drawn from different disciplines including organisational studies, leadership,organisational culture and partly human resource management. As a result, the elements proposed in the conceptual framework presented in chapter 4 were derived from a synthesis of these disciplines. This study is based on

previous studies on transactional-transformational leadership style theory (Avolio and Bass, 2004), organisational culture based on competing value framework (Cameron and Quinn, 2011) and other factors such as job satisfaction, organisational commitment, perceived organisational support and intention to leave are based on human resource management and social exchange theory (Gouldner, 1960). The conceptual framework proposed for this study is based on previous studies in this area and has presented the relationships that the study wished to investigate in the context of healthcare in the Saudi public health care industry. Furthermore, this framework has been designed in accordance with the research questions proposed for this study but mainly by also by considering the overarching research question on how leaders and managers could improve expatriates' experience which potentially could increase their retention and consequently enhance organisational performance.This study aimed to explore the relationship between independent variables, leadership styles and organisational culture, and dependent variable, in this case intention to leave. Moreover, this study also aimed to investigate the intervening effect of job satisfaction, perceived organisational support and organisational commitment on the relationship between independent and dependent variables. As mentioned before, based on existing theories and literature in this area a conceptual framework were designed in chapter 4 which would help to achieve the research aim and be able to answer the research questions proposed for this research. In order to achieve the aim and meet the objectives of this research, primarily six main hypotheses with eight sub-hypotheses were developed as a research guide to help test the relationship among variables. Furthermore, in chapter 5 the reason and suitability of the survey questionnaire as a research method to collect data was justified. In total, 850 questionnaires were distributed among employees of one hospital in Saudi Arabia, out of which 354 useable ones returned.

In the first stage of analysis correlation analysis was used and the results showed a mix of both positive and negative correlations among independent, intervening and dependent variables (Table6.3). Negative correlations were found between both transformational and transactional leadership styles as well as organisational culture with intention to leave with correlation coefficient of r=-.239**, r=-.183** and r=-.259** respectively. Also negative correlations were found between intervening variables, in this case job satisfaction, perceived organisational support and organisational commitment with dependent variables with correlation coefficient of r=-.525**, r=-.289** and r=-.515 respectively. The high negative correlation between job satisfaction and organisational commitment with intention to leave could be a result of the fact that employees that are satisfied and more committed are less likely to leave the job which is in line with existing literature in this area (Coomber *et al.,* 2007; Warshawsky and Havens, 2014; Masum *et al.*, 2016). Furthermore, according to Markovits, et al. (2010), employees in public sector organisations view satisfaction and commitment

differently from employees in private sector. Although in the private sector employees put more value on extrinsic satisfaction which could be in the form of higher wages and as a result they could be more committed, in the public sector, on the other hand, employees may also value the intrinsic satisfaction that could be interpreted in terms of whether the work is interesting and rewarding as a means of encouraging commitment. Therefore, it is crucial for leaders and managers of the public sector to be aware of the fact that they need to consider both extrinsic and intrinsic motivation to improve expatriates' retention.

On the other hand, although the results show that the correlation coefficient between perceived organisational support and intention to leave is significant, the correlation coefficient is weak which could raise some concerns and questions. Moreover, further analysis using regression analysis also shows that there was no relationship between perceived organisational support and intention to leave which requires further investigation to understand why POS is not considered as a factor that may have an influence on expatriates' decision to leave or stay. However, this weak correlation and non-existent relationship, as will be explained later in this chapter, could be as a result of different factors including data collection, expatriate perception of organisational support or even cultural differences between expatriates and locals.

Furthermore, as proposed in chapter one the objectives of this study were to investigate the relationship between leadership styles (transformational and transactional), organisational culture and intention to leave. Also the aim was to investigate the intervening impact of job satisfaction, perceived organisational support and organisational commitment on the relationship between leadership styles and organisational culture with intention to leave. In order to test the hypotheses, regression analyses as well as multiple regression analysis were used. The results show that transformational leadership style has significant relationship with organisational culture whereas transactional leadership style show no relationship with organisational culture. Furthermore, there are several studies that have investigated the importance of other factors such as job satisfaction, perceived organisational support and organisational commitment on intention to leave. These results were both surprising and not surprising at the same time. It was surprising as according to several authors (Nazarian, 2013; Bealer and Bhanugopan, 2014; Nazarian and Atkinson, 2015) there is a strong relationship between transactional leadership style and organisational culture in Middle Eastern countries as a result of their national culture. According to Hofstede (1980), Middle Eastern countries generally are associated with high power distance and high collectivism where people would prefer to be guided and told what to do directly and it is expected that they will give priority to group/organisational goals and objectives above personal ones. As a result, this potentially promotes

a greater hierarchy and a bureaucratic organisational culture where they are closely associated with a transactional leadership style (Nazarian, et al., 2015). However, the results are also not surprising as the respondents were not necessarily from these countries or shared a similar national culture. Therefore, the results could be justified by considering the respondents' origins and national culture.

Furthermore both transformational leadership style and organisational culture show significant relationship with intention to leave; however, transactional leadership style shows no relationship with intention to leave. This result of not having any significant relationship between transactional leadership style and intention to leave could also be considered as a surprising result which requires further investigation. In order to test the mediating effect of job satisfaction, perceived organisational support and organisational commitment on the relationship between independent and dependent variables, Baron and Kenny (1986) method has been adopted. The results indicate that job satisfaction, perceived organisational support and organisational commitment are acting as full mediator between transformational leadership style and organisational culture with intention to leave. However, as mentioned before the results show no direct or indirect relationship between transactional leadership style and intention to leave. Thus in general it be can deduced that job satisfaction, perceived organisational support and organisational commitment are acting as mediator between independent and dependent variables.

Table 7:1 Research Hypotheses' Assessment

HN	Description	Result
H1	There is a relationship between leadership style and organisational culture in public hospitals in Saudi Arabia.	
H1.1	There is relationship between transactional leadership style and organisational culture.	Not Supported
H1.2	There is a relationship between transformational leadership style and organisational culture.	Supported
H2	There is a relationship between leadership style and intention to leave in public hospitals in Saudi Arabia.	

H2.1	There is a relationship between transactional leadership style and intention to leave in public hospitals in Saudi Arabia.	Not Supported
H2.2	There is a relationship between transformational leadership style and intention to leave in public hospitals in Saudi Arabia.	Supported
H3	There is relationship between organisational culture and expatriates' intention to leave in public hospitals in Saudi Arabia.	Supported
H4	Job satisfaction acts as a mediator between leadership style and organisational culture with intention to leave.	
H4.1	Job satisfaction mediates the effect of transformational leadership style on intention to leave.	Not Supported
H4.2	Job satisfaction mediates the effect of organisational culture on intention to leave.	Supported
H5	Organisational commitment as a mediator between leadership style and organisational culture with intention to leave	
H5.1	Organisational commitment mediates the effect of transformational leadership style on intention to leave.	Supported
H5.2	Organisational commitment mediates the effect of organisational culture on intention to leave.	Supported
H6	Perceived organisational support acts as a mediator between leadership style and organisational culture with intention to leave.	

H6.1	Perceived organisational support mediates the effect of transformational leadership style on intention to leave.	Supported
H6.2	Perceived organisational support mediates the effect of organisational culture on intention to leave.	Supported

7.2.1 Population, Sample and Method of Analysis

As explained in chapter 4 the survey questionnaire designed for this study was administered during April to July 2017 where around 850 questionnaires were distributed among employees working in one public hospital in Saudi Arabia. Participants were all employed by the Ministry of Health and all participants in this study, including both managers and non-managers, were expatriates. Out of 850 questionnaires distributed, in total 354 usable ones were returned which gives a response rate of 41.6%. In order to make sure the sample would represent the population, no one was excluded from the sample the sample. According to Comrey and Lee (1992) any sample of 1000 or above could be considered as excellent, a sample larger than 500 as very good, 300 good, 200 as fair and 100 or less must be considered as poor. Therefore, according to Comrey and Lee (1992) the sample size of this study can be considered as very good; however, having said that the response rate with 354 respondents would fall into the good category. As mentioned in chapter 5 missing data has always been a main concern which requires careful attention by the researcher. This study in order to avoid this concern used the online questionnaire where respondents can submit the questionnaire only when all questions have been answered. Therefore, there was no concern about missing data in this study.

In order to conduct the analyse SPSS was adopted. Although there are several other packages for analysing quantitative data, it was decided to use SPSS for several reasons including easy access, availability of help both at university or online to learn the software and popularity of the package among social science students and researchers in different disciplines. In the first stage of data analysis a series of descriptive statistic were conducted to get familiar with the sample and to be able to describe responders better. This includes frequency tables including demographics, minimum and maximum scores and identifying the mean and standard deviation for continuous measures. This follows with some further analysis such as normality, homogeneity, factor loading, reliability and validity tests.

7.2.2 Summary of the results

Due to recent improvements and changes in the Saudi health system where the government spends billions of dollars there has been a large number of expatriates recruited to work on different parts of health system in Saudi Arabia including hospitals. Therefore, the main focus of this research was to investigate factors including leadership styles and organisational culture and their impact on expatriates' intention to leave through the intervening variables of job satisfaction, perceived organisational support and organisational commitment.

The following issue, specifically, was addressed within this current study:

> *Due to significant changes in the Saudi's health and recruiting considerable expertise for the modern health system, what categorisation of leadership style and organisational culture can explain the variance in expatriates intention to leave; moreover, how can job satisfaction, perceived organisational support and organisational commitment have impacts on expatriate intention to leave?*

As explained in chapter 3 and based on previous literature in different disciplines including organisational studies, organisational behaviour and human resource management, generally speaking there is a strong relationship between both leadership style and organisational culture with intention to leave among employees regardless of the sector and size or organisation (Choi, et al., 2014); the relationship varies based on the national culture of host countries or employees (Barlow, 2013). As opposed to more developed or western countries where transformational leadership style and both clan and adhocracy organisational culture could potentially improve employees' retention (Liden, *et al*., 2014), in the case of developing countries in the Middle East transactional leadership style and hierarchy organisational culture seem to show stronger impact on reducing employees' retention (El-Nahas, e*t al*., 2013; Park and Kim, 2009).

Furthermore, there are many studies in different disciplines and industries including health that explore and investigate the importance of job satisfaction, commitment and perceived organisational support on employees' retention. However, most of these studies mainly investigate the direct impact of these factors on intention to leave. Therefore, there is a lack of a comprehensive study that investigates both direct and indirect impact of these factors on expatriates' intention to leave in the context of health care in a developing country like Saudi Arabia. It is important to consider that factors such as leadership style and organisational culture are dynamic and could change as a result of internal changes such as change in the organisational size or change in management or external factors such

as government intervention or national culture of the host country. These changes, both as a result of either internal or external factors, normally influence job satisfaction, commitment and perceived organisational support among employees which directly have an impact on their decision to remain or to leave.

Therefore, based on the research problem explained in chapter 1 and theoretical explanation provided in chapters 2, 3 and 4, this study addresses the main overarching research question, due to the significant contribution of professional expatriates to the success or failure of the Saudi public hospitals: "How can leaders and managers in the public health care system in Saudi Arabia improve expatriates' experience and, as a result, increase employees' retention which consequently enhances organisational performance". Subsequently, sub research questions were developed to help answer the main research question "What are the factors that affect the employment experiences of expatriate professionals which influence their intention to leave in Saudi public hospitals?". The sub research questions are: 1- do leadership style and organisational culture have an impact on expatriates' intention to leave in public hospital in Saudi?; 2- is there a relationship between leadership style and organisational culture in public hospitals?; 3- is the relationship between both leadership style and organisational culture with intention to leave influenced by factors such as job satisfaction, organisational commitment and perceived organisational support?. Answering these questions was aimed at addressing the overarching research question as well as to achieve this study's aims and objectives and provide recommendations for leaders in health care industry in Saudi Arabia.

In order to achieve the study aims and objectives as well as answer the questions and test the hypotheses proposed for this study the analysis was structured into main 3 sections. 1. Testing the direct relationship between independent variables and dependent variables (leadership styles and organisational culture) with intention to leave. 2. Testing the direct relationship between independent variables (leadership styles and organisational culture) with intervening variables (job satisfaction, perceived organisational support and organisational commitment). Finally, testing the mediating impact of job satisfaction, perceived organisational support and organisational commitment on the relationship between leadership style and organisational culture with intention to leave.

Although, there are some medium positive correlations among independent and intervening variables, showing a negative correlation among all variables with intention to leave was not surprising. This could be argued by discussing how a better leadership style, or a stronger organisational culture or being more satisfied with the job may result in a reduction of the intention to leave among employees (El-Nahas, *et al.,* 2013). However, some of these correlations were not

strong which possibly requires further investigation. To further explore the reason the existing literature can be examined for an explanation for these results.

Although, there are several studies in different industries that have investigated the relationship between these variables (Barlow, 2013; Choi, et al., 2014; Duque, 2015), studies that investigate these relationships in the context of health care in a developing country such as Saudi Arabia are limited. As a result, the limited literature on this area was supplemented by gathering anecdotal evidence from conversations with many expatriates and experts in both Saudi and UK and in order to produce a hypothetical theory which requires testing.

During conversations with both expatriates and experts it was clear that the results of this study could be explained by reference to several factors, both internally and externally, but the main point that was raised by both expatriates and experts in all conversations was related to the differences in national culture among employees. In the conversations with expatriates who have been working in public health care in Saudi, in almost all cases that expatriate found some difficulties with understanding the Saudi managers, both from a personal and a professional perspective. This could be explained through national culture differences existing among expatriates who are not from the same region, culture, religion and language as the Saudi managers in public health care.

According to Hofstede (1980), Saudi Arabia is grouped with other Arab countries in the region in the Arab cluster in which the main aspect is a high score on both 'power distance' and 'collectivism' dimensions. On the other hand, according to the demographic analysis the majority of respondents in this study were either from developed centuries in the west or Far East Asian countries with entirely different cultures (Hofstede, et al., 2010). The cultural differences exist among employees and managers, and in some extreme cases could potentially create unconstructive conflict which negatively impacts job satisfaction and commitment and consequently on employees' decision to leave or remain. From conversations with expatriates and Saudi managers, it was quite apparent that there is a significant divergence between expatriates' views of job satisfaction and those of Saudi managers. In the case of Saudi managers it was apparent that they view satisfaction in terms of extrinsic perspectives which are mainly based on financial elements, whereas expatriates, although they acknowledge the importance of extrinsic satisfaction, they place equal emphasis on intrinsic satisfaction perspectives which includes personal development and how interesting the job is (Markovits, et al., 2010). Furthermore, by differentiating the data and the results of the study, it was quite noticeable that there were differences in organisational culture perspectives between employees and managers in this hospital. According to the analysis of the data it can be deduced that the preferable organisational culture from the managers' perspective was a hierarchy culture with a

clear and tall structure where the emphasis is on stability through clear lines of authority and responsibilities as well as a top to bottom communication method (Cameron and Quinn, 2011). This could be explained by reference to the national culture of Saudi managers for whom a high power distance is the main driver (Hofstede, 1980). On the other hand, the results indicated that the preferable organisational culture for expatriates could be explained in terms of a clan and adhocracy culture, where the emphasis is on team work, cohesion, flexibility and taking risks. These results could also be explained by the national culture of expatriates where the majority of them are from a national culture that is dominated by low power distance and high individualism (Hofstede, *et al.,* 2010)

The correlation analysis, on the other hand, showed positive correlation among all independent variables (leadership style and organisational culture) with intervening variables (job satisfaction, perceived organisational support and organisational commitment) which is aligned with previous studies that claim there is a relationship between leadership style and organisational culture (Cameron and Quinn, 2011; Nazarian, 2013; Schein, 2016) with job satisfaction (Tsai, 2011; Xuehu, 2016), perceived organisational support (S. Choi et al., 2014) and organisational commitment (Tekingündüz & Kurtuldu, 2015).

However, in order to investigate these relationships more carefully a further regression analysis was applied which shows some unexpected results. The results indicate that transactional leadership style shows no direct or indirect relationship with intention to leave. These results are considered as an anomaly as they are not aligned with recent literature on these areas in similar countries in the region (Nazarian, 2013; Masadeh et al., 2016). In the current studies on the area of leadership style and its impact on different outcomes such as effectiveness, performance, satisfaction, commitment and intention to leave, a transactional leadership style shows significant impact on these constructs, both directly and indirectly (Nazarian, et al., 2019; Riaz and Haider, 2010; Bealer and Bhanugopan, 2014). Although most of these studies investigated the impact of leadership styles on different outcomes including performance, effectiveness, satisfaction and commitment other disciplines than health and mostly in private sector organisations, non-existence of significant relationships between transactional leadership and intention to leave could be considered as unexpended. However, having said that, this result was not surprising due to significant differences in both the nature of the data collected as well as the context of the study, as compared to recent studies in this area in the region. The data collected for this study are from a public sector hospital that in nature is quite different from other industries in the private sector. In addition, the respondents are expatriates who are not originally from the region and culturally are significantly different from people in this region. As a result their perspective of leadership style is different from a local perspective of leadership.

According to Schein (2016) and Hofstede et al. (2010), employees from more developed countries with low power distance and high individualism view leaders as facilitators who have a better knowledge and are able to better facilitate the work to achieve organisational goals, whereas employees from developing countries with high power distance and high collectivism view leaders as those with authority and power who need to be followed (Nazarian, 2013). Furthermore, Hofstede et al. (2010) argued that the cultural differences that exist among people in terms of values, beliefs and assumptions are the basis of human behaviour in the larger society such as an organisation. As a result, this could be even more significant in this research as there are expatriates from several countries with different cultures. Therefore, this nonexistence of a relationship between transactional leadership style with intention to leave must be studied from a cultural perspective where there are significant cultural differences between managers and employees and should not be considered as an anomaly.

Before testing the mediating effect of job satisfaction, perceived organisational support and organisational commitment on the relationship between leadership styles and organisational culture with intention to leave, it was decided to test if there is a direct relationship between these variables with intention to leave. The results were in alignment with previous literature that argues there is relationship between job satisfaction and organisational commitment with intention to leave (Tumwesigye, 2010; Xuehu, 2016). However, the results also show that there is no relationship between perceived organisational support and intention to leave which was partly surprising and partly expected. There are numerous studies that have investigated the impact of organisational support on different factor including employees' outcome and turnover and have found that there is strong positive relationship between perceived organisational support and turnover or employees' outcome (Tumwesigye, 2010). However, on the other hand, there are also other studies that argue the perceived organisational support has an indirect impact on employees' outcome or turnover through other factor including jobs satisfaction and organisational commitment (Colakoglu et al., 2010). According to Colakoglu et al. (2010) perceived organisational support has a positive impact on job satisfaction and organisational commitment which in turn foster higher performance and lower turnover. Therefore, based on the Colakoglu et al. (2010) study it can be deduced that perceived organisational support has an indirect impact on employees' turnover through job satisfaction and organisational commitment and not directly on them. This result could be very interesting and requires further investigation that explores the indirect impact of perceived organisational support on employees' intention to leave through job satisfaction and organisational commitment

After testing the direct relationship between intervening variables with the dependent variable, in this case intention to leave, in the second stage the intervening impact of job satisfaction, organisational commitment and perceived organisational support was tested by adopting regression and multi regression analysis. The results show some interesting findings including full mediation job satisfaction, organisational commitment and perceived organisational support on the relationship between organisational culture and intention to leave. However, only perceived organisational support and organisational commitment show mediation on the relationship between transformational leadership style and intention to leave, but job satisfaction shows no mediation effect on the relationship between transformational leadership and intention to leave. These results could be considered by many researchers as unexpected but certainly not surprising.

As mentioned in the previous section, the majority of the current studies in this area are based on two main components, that is, local employees and private sector organisations. However, this study is very different from those studies as it investigates the mediating relationship in the public sector and data are collected from expatriates who are not local and are culturally different from those. In other words, previous studies mainly used homogenous samples where all respondents were from the same country (Choi et al., 2014; Xuehu, 2016), whereas this study used respondents who are not homogeneous and are from different countries. Therefore, due to nature of this study and cultural differences between expatriates and local managers the results of this study need to be treated differently and considered very carefully. However, having said that, these results require further investigation in future studies and possibly by considering national culture as a moderator or mediator. The main reason for proposing national culture as either moderator or mediator could be based on the fact that the theory and data collected for a national culture analysis requires a fresh view and possibly some radical change in perspective.

6.3.3 Leadership styles and organisational culture

In the next three sections, the hypotheses and the results will be explained and discussed. Different statistical techniques were adopted to test the hypotheses.

H1: There is a relationship between leadership style and organisational culture in public hospitals in Saudi Arabia.

H1.1 There is relationship between transactional leadership style and organisational culture.

H1.2 There is a relationship between transformational leadership style and organisational culture.

Chapters 3 and 4 discussed several major previous studies on the relationship between leadership styles and organisational culture in different industries but mainly in the private sector and health care systems in the context of developing countries (Nazarian, 2013; Tsai, et al., 2012; Lin et al., 2015). According to the literature on leadership-culture relationship, there is general agreement among scholars that the relationship between leadership style and organisational culture is a two-way relationship (Schimmoeller, 2010; Nazarian, 2013; Schein, 2016). On the one hand, leaders are the main source of creation of culture and they use organisational culture as a change agent to implement new changes in the organisation (Tojari et al., 2011; Nazarian, et al., 2017). On the other hand, organisational culture is considered as one of the major forces in choosing a leadership style by managers in different industries, different sizes and different sector organisations (Nazarian, 2013). Therefore, for the purpose of this research and based on the literature provided in chapter 3 and 4, the first hypothesis claims there is a direct relationship between both leaderships styles (transformational and transactional) and organisational culture. In the first step, a Pearson correlation analysis was conducted. The results showed a positive significant relationship between both transformational and transactional leadership styles with organisational culture with r=.636 and r= 567 (p<.01) respectively. For the second step, further analysis using regression analysis was undertaken. Results indicated that there is a significant relationship between transformational leadership style with organisational culture with r=.571 , p<.001 but not between transactional leadership style and organisational culture with r=.075, p<.352 with R=.405. Therefore, according to these results, the first hypothesis, which is based on the relationship between transformational and transactional leadership style with organisational culture, is partially accepted as H1.1 is accepted whereas H1.2 is rejected. The first part of the hypothesis that relates to the relationship between transformational leadership style and organisational culture is aligned with previous studies (Xenikou and Simosi, 2006; Sarros et al., 2008; Acar, 2012; Shao *et al.,* 2012; Lin, et al., 2015). On the other hand, the second part of the hypothesis that relates to the relationship between transactional leadership and organisational culture was rejected. As such this is not in line with previous literature (Simosi and Xenikou, 2010; Nazarian, 2013) but, as explained and discussed in the previous section, this result was not surprising. This non-significant relationship between transactional leadership style and organisational culture could be the result of several factors such as differences in the nature of the data collected for this study, differences in national culture between employees and managers, the nature of transactional leadership and differences in perceptions of employees towards transformational and transactional leadership compared with those of managers. As explained previously, the majority of the studies that have investigated the relationship between transactional leadership styles and organisational culture in the context of developing countries have been based

on data collected from local employees, whereas data collected for this study are based on expatriate employees who are culturally different from local managers. Additionally, those studies were mainly based on private sector organisations in different industries, though including health care (Wong, *et al.,* 2012), whereas this study is based on data collected from a public sector hospital. Therefore, there is a need for further investigation regarding the impact of national culture as a factor on the relationship between leadership style and organisational culture.

7.2.3   Leadership style and intention to leave

The second hypothesis proposed for this study was related to relationship between leadership styles (transformational and transactional) with intention to leave.

> H2. There is a relationship between leadership style and expatriates' intention to leave in public hospitals in Saudi Arabia

As explained in the chapters 3 and 4 there have been numerous studies that investigate the impact of different leadership styles including transformational and transactional leadership styles on intention to leave in different industries and different countries (Barlow, 2013; Chen & Wu, 2017; Duque, 2015; Lok & Crawford, 2004). The findings of this study indicate that although there are negative significant correlation with both transactional and transformation with intention to leave with r=-.183 and r=-.239, the regression analysis only show that there is a significant negative relationship between transformational leadership style with intention to leave with B=-.209, p<.05 . However, no relationship was found between transactional leadership style and intention to leave B=.101, p>.05. These results confirm that there is partial relationship between leadership styles and intention to leave. The first part of the findings show there is a relationship between transformational leadership style and intention to leave and this is also aligned with previous literature (Tekingündüz & Kurtuldu, 2015). Tekingunduz and Kurtildu's (2015) findings clearly indicate that transformational leadership style has a negative impact on employees' intention to leave and the result of this research also confirms that. An appropriate leadership style could result in better trust between employees and managers which will increase the feeling of the belonging that could improve job satisfaction and organisational commitment (Lok and Crawford, 2004) which in turn could result in lower turnover (Sojane *et al.,* 2016). However, the second part of the results that indicates there is no relationship between transactional leadership style and intention to leave is not aligned with existing literature where researchers found there is a significant negative relationship between transactional leadership style and intention to leave (Wells & Welty, 2011). Non-existence of any relationship between transactional leadership style and employees intention to leave, although it might be considered as

unexpected but certainly was not surprising, requires further investigation. As explained in the previous sections, the main reason for this finding could be traced back to the differences between Saudi and expatriate national culture. Saudi's national culture is similar to other cultures in the region. emphasising high collectivism, paternalism and the centrality of family where trust between the two parties is considered as an essential element. Furthermore, Saudi national culture is associated with high power distance which could mean centralised decision making, top to bottom communication, importance of level authority and expecting people to follow (Hofstede, et al., 2010). Therefore, this could be interpreted as Saudi employees in general, regardless of their level, expecting to have a manager who can provide guidance with clear rules and regulations (Duque, 2015; Nazarian, 2013). However, employees from other countries, specifically those with lower power distance and high individualism such as western countries (Europe and USA) would prefer managers who are also caring but expecting people to be innovative and take responsibility for the job, and who are not only being a follower (Hofstede et al., 2010). These differences between national cultures could result in different perceptions of leadership style and could consequently create a situation where transactional leadership is viewed by expatriates as an undesirable type of leadership style.

7.2.4   Organisational culture and intention to leave

The third hypothesis was related to relationship between the organisational culture and intention to leave.

H3. There is relationship between organisational culture and expatriates' intention to leave in public hospitals in Saudi Arabia

Again as mentioned in chapters 3 and 4 there have been studies that have investigated the relationship between organisational culture and intention to leave (Carmeli, 2005; S. Choi et al., 2014; Goss-Turner, 2010). The findings of this research confirmed that there is relationship between organisational culture and intention to leave but a negative one. In the first step correlation analysis using Pearson correlation method was adopted with the results showing a negative significant correlation between organisational culture and intention to leave with r=-.259, (p<0.01). Moreover, the regression analysis was adopted to further investigate the relationship between organisational culture and intention to leave. The results from the regression analysis also confirm that there is a significant negative relationship between organisational culture and intention to leave with B=-.183, p<.05.The negative relationship between organisational culture and intention to leave is similar to the relationship between transformational leadership style and intention to leave. The significant negative relationship between organisational culture and intention to leave is aligned with previous studies

that show that strong and supportive organisational cultures are promoted in organisations by leaders and accepted by employees which potentially improves employees' job satisfaction (Tsai, 2011) which in turn will reduce the employees turnover (Choi et al., 2014; Park & Kim, 2009). It could be also argued that stronger organisational culture with employees in the centre could improve the level of trust between employees and managers which in turn can increase job satisfaction and reduce intention to leave (Choi et al., 2014; Lok & Crawford, 2004). Furthermore, as explained in chapters 3 and 4, a strong and supportive organisational culture that has been created by taking into consideration employees' needs and wishes, can also improve employee commitment and support those who are willing to 'go the extra mile' (organisational citizenship behaviour) to achieve higher organisational goals and consequently enhance organisational effectiveness/performance (Jehanzeb, Rasheed, & Rasheed, 2013; Nadiri & Tanova, 2010).

7.2.5 Mediating impact of job satisfaction, organisational commitment and perceived organisational support

The fourth, fifth and sixth hypotheses developed were designed to investigate the mediating impact of job satisfaction, organisational commitment and perceived organisational support on the relationship between leadership style and organisational culture with intention to leave. The hypotheses are as follows:

H4.1. Job satisfaction mediates the effect of leadership style on intention to leave.

H.4.2. Job satisfaction mediates the effect of organisational culture on intention to leave.

H.5.1. Organisational commitment mediates the effect of leadership style on intention to leave.

H.5.2. Organisational commitment mediates the effect of organisational culture on intention to leave.

H6.1. Perceived organisational support mediates the effect of leadership style on intention to leave.

H6.2. Perceived organisational support mediates the effect of organisational culture on intention to leave.

As mentioned in chapters 3 and 4 there are some studies that investigate the association of job satisfaction, organisational commitment and perceived organisational support with intention to leave

(Coomber & Barriball, 2007; Masum et al., 2016; Warshawsky & Havens, 2014). For example, studies show that employees intention to leave tend to fall when they feel more satisfied with the work (Tekingunduz and Kurtuldu, 2015) or feel their needs aligned with the culture of the organisation (Lak and Crawford, 2004; Tsai, 2011). Also, it has been suggested that in order for manager to reduce employees' turnover both organisational culture and leadership styles are directly related to organisational supports (Sojane *et al.,* 2016) which in turn also have a major impact on employees job satisfaction and commitment (Chiu et al., 2005). Another study found that in order to improve employees' retention among nurses in the public hospitals in Korea managers should be committed to adopting a strong organisational culture that creates an environment that promotes innovation which in turn improves organisational commitment among nurses (Choi et al., 2014). Having said that, in the case of developing countries, specifically those in the Middle-East, having a strong organisational culture could be interpreted as a culture that is caring and supportive of the employee. There are benefits to having an organisational culture that on the one hand promotes cohesion and team working and on other hand promotes clear lines of authority, responsibilities and top to bottom communication, where people are sure what to do. This is crucial to increase employees' commitment and satisfaction and consequently, in turn, to improve employees' retention (Bealer & Bhanugopan, 2014).Furthermore, there is other literature that focuses on the human capital of any organisation which argues that organisations that put human resources in the centre of cultural development tend to score higher in terms of job satisfaction and employees' commitment (Jans and Frazer-Janes, 2008). These organisation tend to have higher organisational effectiveness with lower intention to leave among employees (Warshawasky and Havens, 2014). In the study of nurses in Turkey, Masum et al (2016) found that the main reason for high turnover among nurses in Turkey is directly related to nurses' perceptions of not being appreciated, both internally and externally to work, which creates low job satisfaction among them. They further argued that this low job satisfaction could be traced back to fundamental points about the hospital's structure and culture which normally is very hierarchal and bureaucratic. Moreover, other researchers have argued that as a result of the hierarchal structure and bureaucratic leadership style that exists in hospitals, employees' stress will increase which in turn has a negative impact on satisfaction and is linked with high turnover (Coomber and Barriball, 2007).

Moreover, researchers in different disciplines have identified the direct and indirect relationship between job satisfaction, organisational commitment and perceived organisational support with intention to leave among employees (Mosadeghrad *et al.,* 2008; Ahmad, 2018; Akila and Priyadarshini, 2018) and a direct relationship between leadership style (Duque, 2015; Firth, Mellor, Moore, & Loquet, 2004) and organisational culture (Goss-Turner, 2010; Park & Kim, 2009) with Intention to

leave. In addition, there are many studies that explore the relationship among all or some of these factors by investigating both direct and indirect relationship (Barlow, 2013; El-Nahas *et al.,* 2013; Choi *et al.*, 2014). El-Nahas, et al. (2013) investigated the intervening effect of both job satisfaction and organisational commitment on the relationship between both leadership style and organisational culture with turnover intention. Other studies such as Park and Kim (2009) found the mediating effect of job satisfaction between organisational culture and intention to leave or moderating effect of organisational support on the organisational structure and leadership with intention to leave (Sujeong Choi, 2012) or study of intervening impact of job satisfaction and organisational commitment between organisational factor including leadership style, structure and culture with intention to leave (Mosadeghrad *et al.,* 2008) .

This research investigated the mediating effect of job satisfaction, organisational commitment and perceived organisational support on the relationship between leadership styles and organisational culture with intention to leave. There are indirect relationships between leadership styles and organisational culture with intention to leave through job satisfaction, organisational commitment and perceived organisational support. The main purpose of the three hypotheses was to investigate the impact of both leadership styles and organisational culture on employee's job satisfaction, commitment and their perception of organisational support in order to reduce employee turnover and intention to leave. An inappropriate leadership style or weak organisational culture could result in demotivation, less satisfaction and less commitment of employees that consequently could result in higher turnover among employees (Mosadeghrad, et al., 2008; El-Nahas, et al., 2013).

As explained in detail in chapter six, in order to test the mediating hypotheses a series of correlation, regression and multiple regression analyses were conducted which focused on the association between leadership styles, organisational culture, job satisfaction, organisational commitment, perceived organisational support and intention to leave. The results of these analyses provided partial support for the view that there is a relationship between leadership styles, organisational culture, job satisfaction, organisational commitment, perceived organisational support and intention to leave. The reason for partial support lies in that fact that transactional leadership style shows no direct or indirect relationship with intention to leave which was surprising and requires further research. Moreover, transformational leadership shows no relationship with job satisfaction which in turn job satisfaction does not act as either partial or full mediator between transformational leadership style and intention to leave. This result was surprising as it is not aligned with previous literature in this area and requires further and more comprehensive research in the future.

Furthermore, to test the mediating effect of job satisfaction, organisational commitment and perceived organisational support series multi-regression analyses were conducted following Baron and Kenny (1986) 4 steps. The multi-regression analysis conducted to test mediating effect provided mixed results where findings show support for the all hypotheses where show all three act as full meditators on the relationship between organisational culture with intention to leave and only organisational commitment and perceived organisational support as full mediators on the relationship between transformational and intention to leave and job satisfaction show mediating effect. But, on the other hand, as mentioned before results show that there is no relationship either directly or indirectly between transactional leadership style relationship with intention to leave.

In the case of foreign expatriates working in Saudi public hospitals there are many factors that may have major impact on their intention to leave. It would be a wrong assumption to consider that they are only motivated financially and other factors have no effect on their decision to stay or to leave(Markovits, et al., 2010). Furthermore, as Bealer and Bhanugopan (2014) argued there are differences between the expatriates and local employees in terms of perception of transformational and transactional leadership style. Moreover, the national culture differences exist among employees both local and expatriate play an important role in perception of both leadership style and organisational culture. This might be for many other reasons that studies of intention to leave among expatriates in public sector hospitals identify the importance of leadership style, organisational culture, job satisfaction , organisational commitment and organisational support (Mosadeghrad *et al.,* 2008; Duque, 2015; Machado Dias Ramalho Luz *et al.,* 2018).

Based on the analyses it can be generally concluded that job satisfaction, organisational commitment and perceived organisational support act as full meditation on the relationship between transformational leadership style and organisational culture with intention to leave. Although full mediations were not expected based on previous literature that identify a direct relationship between leadership style and organisational culture with intention to leave, some kind of mediation (partial) was expected based on the previous studies in this area.

7.3   Leadership-culture-intention to leave Model

In this section the above discussion is summarised and a reflecting given on the proposed framework. Figure 7.1 provides the validated model of leadership-culture-intention to leave presented and explained in chapter three. The validated model shows the paths from transformational, transactional leadership and organisational culture to all mediating factors, job satisfaction, organisational commitment and perceived organisational support as well as intention to leave. The findings show

some mixed results where some were expected and others not expected. Therefore, from the results shown in this research it can be deduced that there are strong relationships between organisational culture, job satisfaction, organisational commitment, perceived organisational support and in turn with intention to leave. However, the results show there are only strong relationships between transformational leadership with organisational commitment, perceived organisational support and intention to leave whereas the relationship between transformational leadership and jobs satisfaction show no significant relationship. This non-significant relationship between transformational leadership style and job satisfaction and in turn no mediating effect of job satisfaction on transformational leadership style and intention to leave could be as the result of other reasons that some of which might be external or internal like differences in national culture. The same argument could be also provided for transactional leadership where show no relationships either directly of indirectly through mediating variables with intention to leave. Also these results could be as result of differences in perception of leadership style among expatriates and local (Bealer and Bhanugopan, 2014) which can be rooted in the differences exist among employees in terms of national culture, values and beliefs.

βtfl=-.209

βtsl=.101

βtfljs=.100

βtsljs=.004

βtflpos=.252

βtslpos=-.163

βtfl=.571

βocjs=.468

βocpos=.405

βjs=-.330

βocc=-.293

β=-.183
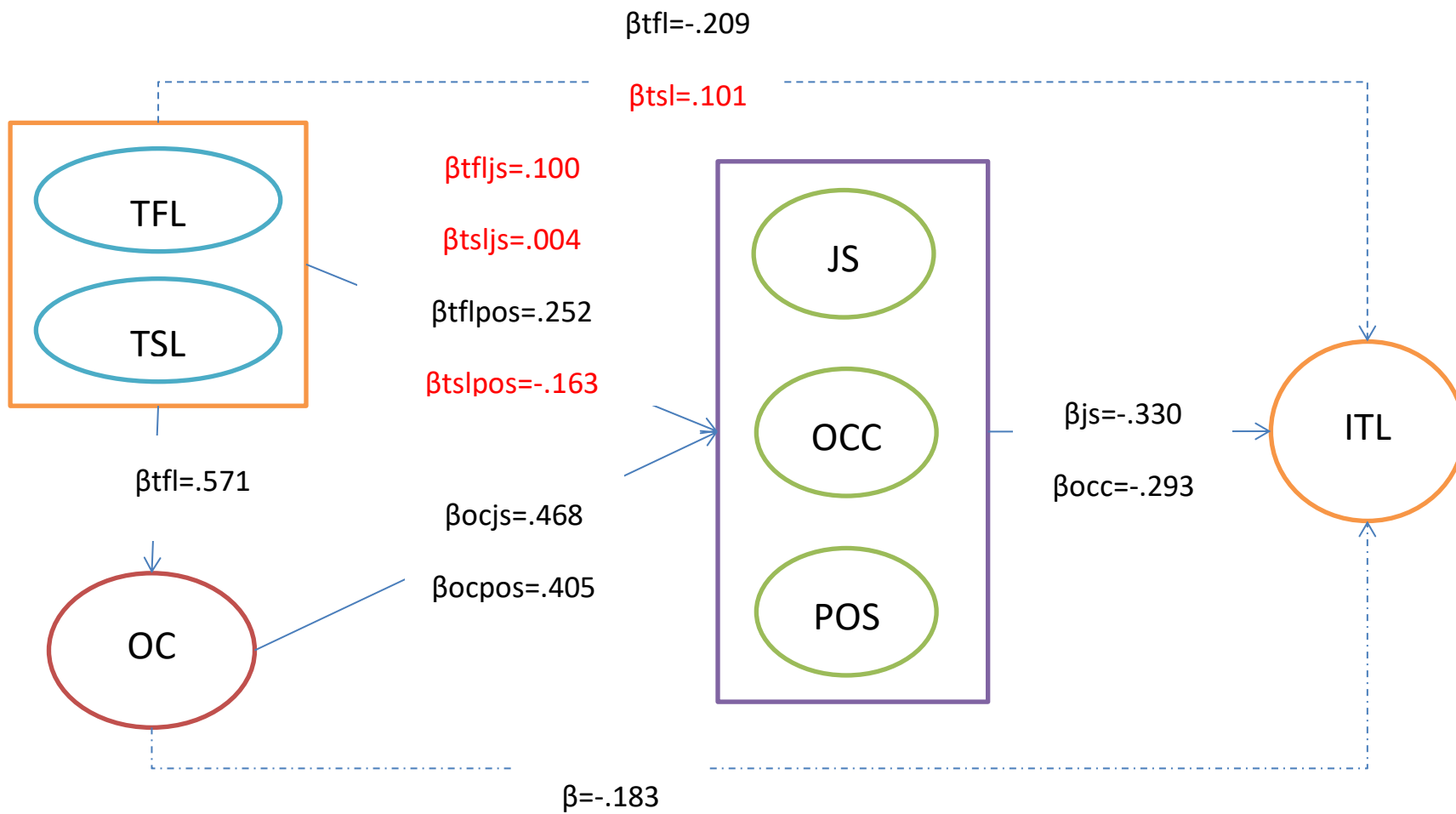
Figure 7:1 The full model of the Leadership-culture-intention to leave relationship

As mentioned above the findings show that jobs satisfaction, organisational commitment and perceived organisational support act as full mediators between organisational culture and intention to leave. On the other hand, only organisational commitment and perceived organisational support show full mediation effect on the relationship between transformational leadership and intention to leave and transactional show no direct or indirect relationship with intention to leave. These results implie that leaders in public hospitals in Saudi Arabia in order to achieve higher retention or in other words lower turnover, should adopt leadership styles that are aligned with organisational culture to reduce intention to leave. Organisational culture itself should consider very carefully the differences that exist among employees, both expatriate and local, in terms of national culture in a way that helps to create a situation whereby the differences among employees in perceiving different leadership styles are better understood (Bealer & Bhanugopan, 2014; Chen & Wu, 2017b; Choi et al., 2014; Tumwesigye, 2010).

7.4   Conclusion

To conclude, this chapter aimed to provide a discussion related to the data analysis presented in chapter 6. All hypotheses presented in chapter four have been discussed in the light of the current literature exist in this area. Generally speaking, the independent variables of this study, both transformational leadership style and organisational culture, show significant relationships with intention to leave, dependent variable, both directly and indirectly apart from transformational through job satisfaction. Although data show that there is no significant indirect relationship between transformational leadership style and intention to leave through job satisfaction, generally job satisfaction has a direct strong effect on intention to leave. Furthermore, the results also confirm that job satisfaction plays a meditation role, full mediation, on the relationship between organisational culture with intention to leave. In brief, it could be deduced that although there is no doubt about the direct impact of leadership styles and organisational culture on intention to leave, it is equally important to bear in mind the impact of job satisfaction, organisational commitment and perceived organisational support on intention to leave. Furthermore, as job satisfaction, perceived organisational support and organisational commitment are affected by both leadership style and organisational culture, and also all these variables have major impact on intention to leave. Therefore, managers and practitioners should also consider the indirect impact of both leadership style and organisational culture on through job satisfaction, organisational commitment and perceived organisational support on intention to leave.

Moreover, this study also uncovers that there is a lack of empirical work on impact of all these variables on expatriates' turnover in developing countries such as Saudi Arabia. In the previous studies on employees' turnover these variables were taken either separately or in limited combinations but there is no study that investigates the impact of all these variables on turnover in a comprehensive framework. Overall, it could be concluded that the effect of both leadership style and organisational culture on intention to leave in order to reduce employee turnover is dependent on the employees' level of job satisfaction, commitment and perceived organisational support. In the next chapter the academic and practical implications of this study will be considered as well as the limitations and recommendations for future study.

Chapter 8 Conclusion, contributions and limitations

8.1 Introduction

In the previous chapters the focus was on the justification of the research questions, a critical literature review, the development of the conceptual framework, the appropriate methodology for this study, data collection and analysis, and the discussion of the findings. The primary aim of this research is to provide an extended model for the Leadership-Culture-Intention to leave relationship that not only investigates the direct relationship among these variables, but also aims to investigate the mediating impact of job satisfaction, organisational commitment and perceived organisational support on relationship between leadership styles and organisational culture with intention to leave in public healthcare in Saudi Arabia. To achieve the aim this research the research questions were introduced in chapter one. The main research question was "How can leaders and managers in the public health care system in Saudi Arabia improve expatriates' experience and, as a result, increase employees' retention which consequently enhances organisational performance?". This main research question was followed by some sub-questions which were more specific about the variables chosen for this study in order to help answer the question: "What are the factors that affect the employment experiences of expatriate professionals which influence their intention to leave in Saudi public hospitals?".

As explained in chapter five, this research, by considering the nature of questions proposed, falls within a positivist methodology by using an online survey questionnaire based on existing tools in the literature to collect data. The questionnaire was sent to 850 expatriate employees including those in both non managerial and managerial roles in one major pubic hospital in Saudi Arabia. As mentioned before, due to the advantages of an online questionnaire, it was decided to use such a questionnaire with a small number of hard copies. The SPSS statistical package was adopted to analyse the data and relationship among variables.

Furthermore, in order to achieve the study aim and objectives a structured literature review in chapter 3 provided the basis for developing the conceptual framework proposed in chapter 4. Chapter 5 justified the methodology proposed for this study, based on the positivist paradigm. In chapter 6 the data analysis was presented which used SPSS software to test the hypotheses as well as descriptive data analysis. Chapter 7 provided the discussion of the data analysis presented in chapter 6 in light of the research aims, and objectives. Finally, chapter 8 presents a brief summary of the research along

with the potential academic and practitioner implications and contributions as well as providing insight on the limitations and potential future research direction.

8.2 Implications and contribution

There are several different perspectives toward implications and contributions but there is a general agreement among academics that contribution and impaction in academia are three fold, theoretical, managerial and methodological. Overall, this study has theoretical and practical contributions which will be discussed in the next sections. Also, although this research at first glance appears not to present a novel theoretical contribution in terms of using a new methodological perspective, it could be argued that adding all the variables used in this study into a comprehensive conceptual framework provides a new methodological way of looking at this research by investigating both direct and indirect relationships among all these variables.

8.2.1 Theoretical contribution

As explained in chapter 4 the main objective of this research was to develop a comprehensive framework that on the one hand shows the direct relationships between independent variables and dependent variable and on the other hand shows factors including job satisfaction, organisational commitment and perceived organisational support that mediate the leadership-culture-intention to leaverelationship. In order to achieve this, a systematic literature review was undertaken, and the outcome of this review was presented in chapter 3. In chapter 3, there was an attempt to provide a critical view of those influential theories and models that are related to this study, considering the variables and hypotheses proposed for testing.

Generally speaking, scholars have argued that public sector organisations as opposed to private sector organisations are often less effective and their performance can be outside the optimal range (Parry and Proctor-Thomson, 2010). They further argued that, to address this problem, there has been a major review of public sector organisational culture and how to change the culture of public sector organisations in order to make them more compatible with private sector organisations. This in turn has resulted in some major suggestions in this area. However, it is clear that, in this stream of literature, authors have emphasised only the cultural elements and unintentionally have ignored the influence of other major factors (Tuan, 2016). Some of these major components are leadership styles, job satisfaction, organisational commitment and perceived organisational support in public sector organisations. Therefore, a main aim of this study has been to provide a more comprehensive view of

relationships among these variables in a public sector organisation, and the effects on employee retention, in this case a public hospital in Saudi Arabia.

According to Parker and Bradley (2000), in order to improve organisational performance/effectiveness one of the main suggestions is to adopt private sector practice which essentially means to be more flexible, adaptive and innovative. They further argued, in order to achieve this, there is a need for an appropriate leadership style to be implemented (Schein, 2016). However, the public sector unlike private sector exists in a paradox and often managers or leaders in the public sector are either reluctant or nervous about flexibility and innovation (Parry and Proctor-Thomson, 2010). The preference is towards stability and restraint upon innovative propensities due to stakeholder requirements which make the suggestion of following a private sector model difficult to implement.Thus, there is a need for an appropriate method that has been designed based on considering the limitations and parameters of public sector organisations.

After doing a comprehensive literature review and synthesis, it was concluded that the most useful approach to studying the relationship between leadership style and organisational culture with intention to leave is to investigate these relationships using situational theory. Therefore, in order to do that it was crucial to first investigate the direct relationships among these variables and second to explore the indirect relationship among these variables through other major factors such as job satisfaction, organisational commitment and perceived organisational support. As mentioned in chapters 3 and 4 there are several studies that have used situational theory as the relevant theory to investigate the relationship between leadership style and organisational culture, organisational culture with satisfaction or commitment, and satisfaction and commitment with organisational performance/effectiveness. However, these studies have mainly investigated the direct relationships between these variables in the context of health care and, as a result, there is a need for more additional variables such as job satisfaction, perceived organisational support and organisational commitment as intervening variables like mediators to be added to also test indirect relationships among these variables.

Following the analysis, different levels of support were found for the hypotheses proposed for this study. As mentioned before different statistical techniques including correlation and regression analyses were used to test the hypotheses and results show support for all hypotheses apart from those hypotheses that are related to transactional leadership style and the mediating effect of job satisfaction on the relationship between transformational leadership style and intention to leave. Overall, results indicated that there are significant relationships between both transformational leadership style and organisational culture with intention to leave. Moreover, job satisfaction,

organisational commitment and perceived organisational support act as full mediators between transactional leadership style and organisational culture with intention to leave. However, transactional leadership style shows neither a direct or indirect relationship with intention to leave. Therefore, it could be argued that the results of this study provide new findings which are relevant and helpful to this area of research and which will open new avenues for future studies.

➤ Integration of different mediator on the leadership, culture- intention to leave relationship

The conceptual framework developed for this study makes contributions to the literature by grounding the mediating effect of several factors such job satisfaction, perceived organisational support and organisational commitment on the relationship between leadership styles and organisational culture with intention to leave. Contrary to the existing literature that generally investigates the direct relationship between all these variables and intention to leave, this study on the other hand presents the indirect impact of leadership style and organisational culture on intention to leave. It is important to mention that this study does not deny or challenge the direct relationship between both leadership style and organisational culture with intention to leave; the extended model presented for this study was designed to investigate the impact of other influential factors in the literature that have an effect on this relationship. In doing so, the relationship between leadership style and organisational culture with intention to leave was extended by taking into consideration other lines of research including employee satisfaction, organisational commitment and organisational support and their impact on employee turnover. The extended model explains the full mediation of job satisfaction, organisational commitment and perceived organisational support on the relationship between leadership style and organisational culture with intention to leave. This could mean that merely changing leadership style and organisational culture may not be sufficient to improve employees' retention if other factors such as job satisfaction, organisational commitment and perceived organisational support are ignored. Furthermore, the results of this study show that it is important to consider the organisational context and environment as both organisational commitment and job satisfaction may have entirely different meanings in different contexts. For example, according to Kelman (2007) employees in the private sector have different organisational and job attitudes as compared with employees in the public sector. Therefore, as Markovits et al (2010) argued, both organisational commitment and job satisfaction could be different in both their nature and meaning in different organisational settings, as well as in different organisational culture settings. Thus, it could be argued that the main theoretical contribution of this study lies in the fact that the study attempts to produce a conceptual framework that integrates other factors, namely job

satisfaction, organisational commitment perceived organisational support into the relationship between leadership style and organisational culture with intention to leave.

This study appears to be the first of its kind and could be used as a guide for future studies in this area in the public sector. As explained, there are studies that suggest that there are big differences among public and private sector organisations in terms of constructs that have been used in this study, since employees' job attitude and behaviour are different. As a result, the generalisation of findings of this study to other organisational settings is difficult as their cultural settings and perspectives towards both job satisfaction and organisational commitment among employees are different. Furthermore, although, it is difficult to justify the generalisation of this study widely as the data collected for this study are limited and they are only from a single public hospital in Saudi Arabia, on the other hand it could also be argued that as all public hospitals in Saudi Arabia, and probably in many other Middle-Eastern countries, are led by governments and follow the same or similar processes, rules and regulations the results of this study could be potentially generalised not only to public hospitals in Saudi but also to other Middle-Eastern public health care that recruit expatriates.

8.2.2 Managerial and practical implications

The findings of this study also provide meaningful knowledge and insight for managers and possibly politicians and policy makers that are involved with healthcare and public sector in Saudi Arabia and possibly beyond, in the Middle East. These insights could be potentially used by any public healthcare provider as a guideline or maybe can be directly applied to the leadership-culture-intention to leave relationship in public healthcare sector in developing country who employ expatriates in their public health care system.

With regard to the general implications of this study for managers it could be argued that the primary question proposed for this study: "How can leaders and managers in the public health care system in Saudi Arabia improve expatriates' experience and, as a result, increase employees' retention which consequently enhances organisational performance?" addresses the role of managers. The answer obtained from the results of this study was that both leadership style and organisational culture have a major impact on employees' intention to leave; nonetheless this relationship is fully mediated by job satisfaction, organisational commitment and perceived organisational support. Therefore, in order to achieve higher retention or to lower turnover among expatriates it is crucial for public healthcare not only to adopt appropriate leadership style and organisational culture but also to consider the differences among employees in the public sector in terms of perceiving job saitisaction and organisational commitment due to their attitudes toward the job as well as consideremployees well-

being by providing reasonable organisational support as well as improving satisfaction which in turn could potentially increase their organisational commitment.

Furthermore, these findings are important for Saudi public healthcare that is growing substantially and going through several changes including structural, cultural and managerial. In this process, it is necessary for managers in the public sector to understand the importance of the both leadership style and organisational culture on employees' intention to leave. It is also very important to understand that different organisational settings require careful consideration and analysis of employees' perceptions toward job satisfaction, commitment and organisational support as well as their job attitude before implementing a leadership style or developing an organisational culture. Organisational factors including communications, and structure have a major impact on success of any organisation which could indicate the importance of the relationship between leadership and organisational culture and in turn their impact on employees turnover. Furthermore, it is crucial for managers to keep in mind the relationship between leadership and organisational culture, with intention to leave also being influenced by factors like job satisfaction, organisational commitment and perceived organisational support which have different meanings for employees in different organisational settings. Furthermore, managers need to consider the part played by the cultural dimensions and cultural differences which exist among expatriates which may have an influence on expatriate perception of leadership style or organisational culture. Moreover, as a result of cultural differences existing among expatriates they might have different perceptions toward commitment and organisational support which may have an impact on their job satisfaction.

8.2.3 Methodological contribution

As mentioned before, superficially it may appear that this study does not offer a novel methodological contribution as the conceptual framework has been developed from the existing literature and the questionnaire was based on existing tools. However, it could also be argued that this study offers a methodological contribution since it is the first of its kind that examines not only the direct relationship between leadership style and organisational culture with intention to leave but also offers to test the mediating impact of job satisfaction, organisational commitment and perceived organisational support on that relationship in one of the developing countries in the Middle-East. The conceptual framework developed for this study, although it has been based on existing literature and existing relationship among variables, has extended the current knowledge base by drawing on other variables and their relationships. Furthermore, the examination of existing literature that has used well established models to investigate these relationship, has been developed mostly for Europe or

Far-East countries which are culturally different from Saudi Arabia (Choi et al., 2014; Chen and Wu, 2017). This research therefore has filled a gap in organisational studies by investigating the predicator variables that influence the relationship between leadership style and organisational culture with intention to leave.

In order to test the hypotheses proposed, this study used statistical analysis by checking also reliability and validity of the items before incorporating them into the main study. Based on the results, all scales used in this study proved to be valid and reliable in their general content. It is worth mentioning that the numbers of modified items used in this study may not be exactly the same as the original scales used in other studies. Furthermore, although some items were deleted for different reasons, as explained in previous chapters, the constructs showed a high degree of convergent and discriminant validity, reliability and possibly most importantly satisfied the fit indices where most relationships were found to be statistically significant. Thus, it could be argued that this study has contributed to existing literature by investigating and testing the relationship between well-established models in the context of public healthcare in a developing country.

8.3 Limitations

Although as mentioned before this study contributes to the existing literature regarding the factors that influence employees' intention to leave with public healthcare in Saudi Arabia, there are a number of limitations. This study was conducted by collecting data from expatriate employees in both managerial and non managerial positions, working in the single but the largest public hospital in Saudi Arabia. In total 850 questionnaire were distributed and around 354 useable ones were returned which gave the response rate of about 40 percent. Although the population and sample chosen for this study would serve to focus specifically on people working in public healthcare it also potentially leads to limitations of this study. This study utilised a form of convenience sampling as the researcher had access to this specific hospital; although it is the largest one in the country, there are other public hospitals in this country. There is an argument among scholars when a non-random sampling technique is used that it is generally more difficult to justify the generalisation of the findings. That means the results obtained from the data analysis based on a convenience sampling technique are more difficult to generalise to a larger population compared to other sampling techniques such as random sampling technique. This could be one of the main limitations of this study which could serve to limit the external validity of the study.

Furthermore, this study use a survey approach with a questionnaire, although at the beginning a mixed methods study was proposed, which could potentially include common method bias (Balu,

1985). As argued by scholars in the field of quantitative analysis, using the questionnaire could potentially contribute to the problem of causal prediction from a single source. In addition, the questionnaire designed for this study was distributed among respondents at a single point in time. While this type of data aided the quantitative analysis, it is difficult to justify the causality when only using cross sectional data. Also, although the association among hypotheses presented for this research can be determined between variables, it is more difficult to confidently argue if causal relationships exist between the measures. The determination of the existence of causal relationships can require panel data, which means data collected on a single sample at several times points. The panel data would allow any researcher to use panel data regression and causal modelling which would certainly help to test the causality between measures. Finally, this research collected data from only a single public hospital in Saudi Arabia which could also contribute to the limitation of generalisation of the findings. At this stage, it is not clear if the same results would be achieved if the research were to be conducted at another time and place or in other countries in the region which may have different cultures. Possibly one point to consider for future research is to undertake a cross cultural study.

8.4 Future study

The limitations argued in the previous section provide some suggestions for future study in this area. As mentioned this study used a form of convenience sampling technique which is a limitation of the study related to generalisation of the findings. Future studies in this area could potentially benefit from using different sampling techniques involving random selection in order to allow generalisation of results to a larger population.

Secondly, as also mentioned in the previous section this study used cross sectional data which does now allow the researcher to determine the causality. Therefore, future study in this area could collect panel data which requires collecting survey questionnaires from one set of respondents at multiple time points. Research could potentially benefit from panel data as it allows the researcher to undertake more complex data analysis which could determine if any causal relationships exist.

This study used survey questionnaire due to the advantages that questionnaires provide for the researcher. However, future study in this area should also consider qualitative data in order to be able to better understand a concept like culture in greater depth. Therefore, in-depth interviews could potentially serve to go deeper into an exploration of these concepts as well as their association with other factors that have major impact on employees' intention to leave.

Furthermore, in future studies scholars could use cultural competence as the main setting of the investigation rather than just as a lens. Cultural competence has the potential to provide a deeper understanding of the differences that exist among employees in terms of the different constructs including leadership and organisational culture. Moreover, cultural competence provides a basis to investigate different organisational settings by considering employees' job attitudes which could enhance knowledge in terms of different organisational variables.

Future research, also, should consider collecting data from another setting such as private healthcare in Saudi, with possibly some modifications to the questionnaire. Collecting data from the private sector could serve to provide more knowledge about the differences and similarities existing between these two sectors. It is usual to find differences existing in public and private sector in terms of leadership style or job satisfaction among employees. Having said that, how managers in both public and private sectors perceive organisational culture could be similar. Therefore, comparing the two sectors in terms of leadership style and organisational culture and their impact on intention to leave could be an interest to many researchers in this area. Furthermore, future study in this area should focus on cross cultural by including other countries in the region.

8.5 Statement of the research novelty

As mentioned before this study is the first of its kind in the context of public healthcare in Saudi Arabia where each component proposed was the basis of this study's contribution. In the first four chapters of the thesis relevant information was provided that supports the argument provided to develop a comprehensive conceptual framework. These arguments were the basis for the appropriate methodology proposed and discussed in the chapter 5. In chapters 5 and 6 practical data analysis was presented for both the pilot and main studies which helped to redevelop the conceptual framework proposed in chapter 4. In chapters 6 and 7, the data analysis and discussion contributed to examining and testing of the hypotheses proposed in chapter 1. The results of this study thus show a novel contribution on the subject of leadership style and organisational culture and their relationship to employee's intention to leave and expand the knowledge of the related subjects in terms of the following:

1. This study proposed and validated a novel framework for the implementation and evaluation of leadership style, organisational culture, job satisfaction, perceived organisational support, organisational commitment and employees' intention to leave. The model presented in this study goes some way to addressing the lack of theoretical models in this area that explain the relationships between these variables as presented in chapters 3 and 4. The model proposed

in chapter 4 was empirically tested in chapter 6 and the results presented in chapter 6 were the basis for modification of the model in chapter 7.

2. There are two levels of contribution existing in the model presented in this study. First of all, the proposed model in chapter 4 took into account existing literature on the areas of leadership style, organisational culture, job satisfaction, organisational commitment, perceived organisational support and employees' intention to leave and this supports the conceptual level of this contribution. These studies were used and extended to merge the factors from this study in order to propose a comprehensive model. Furthermore, the main empirical works on these variables were examined and and used to provide extra support to develop the model. Finally, the concepts and processes adopted to develop this model can be used and applied as a map in other studies, not only for the public sector but also possibly for private sector as well as non-profit organisations as a learning process.

Appendix A

UNIVERSITY OF Southampton

A Covering Letter

Dear Respondent**,**

I am a PhD candidate at University of Southampton, under the supervision of Professor…….., Head. This research is entitled as:

The mediating impact of job satisfaction, organisational commitment and perceived organisational support on the relationship between leadership styles and organisational culture with intention to leave: The case of expatriates in public health care in Saudi Arabia

The aim of study is twofold, i.e. to assess whether the impact of leadership style organisational culture on intention to leave is mediated by job satisfaction, perceived organisational support and organisational commitment. Secondly, to propose and generate a comprehensive conceptual framework that contribute the existing knowledge on these constructs.

The author would like to invite you to complete the online survey questionnaire which takes approximately 30 to 40 minutes. Your participation is completely voluntary and you at any time to opt out by not submitting the online form. There is no place that you are required to reveal or mentioned your name and any information you provide will be kept strictly confidential and will not be attributed to the individual or organisation. Completed questionnaire response will be stored in secure environment, and the results of research would be used for only academic purpose. If you have any question or concern about this study, please contact the investigator: Mr. Fouad Alothiri, PhD Student, University of Southampton, email: ……….@southampton.ac.uk or my supervisor email: ………@southampton.ac.uk. Your help would be greatly appreciated, thank you very much for your time and cooperation.

Consent:

I wish to be identified in the report   YES   NO

I have read the above information and I agree to participate in this study (Please Tick)

Researcher Signature

Fouad Alothiri

Online questionnaire format

Dear colleague

We are conducting a survey on factors that may have impact on intention to leave. In this study you will be asked to participate in a survey concerning your thoughts and feelings about the hospital you are working at.

This study will require you to complete the survey questionnaire which takes approximately 10-15 minutes. Your participation is voluntary, and if you do not wish to participate please discards the questionnaire. Your name and any information you provide will be kept strictly confidential and will not be attributed to the individual or organisation. Completed questionnaire response will be stored in secure environment, and the results of research would be used for only academic purpose.

Your participation is so important for the quality of this study.

Thank you for your time and regards

Fouad Alothiri

PhD Candidate

Clicking on "agree" button below indicates that:

1- You have read the above information

2- You have voluntarily agree to participate

      1. If you do not wish to participate in this study, please decline participation by clicking on

      "disagree" button *

    ◯   Agree

    ◯   Disagree

No	Section A	
Gender		
	Male	⬭
	Female	⬭
Age		
	18-24	⬭
	25-34	⬭
	35-44	⬭
	45-55	⬭
	55 Above	
Marital Status		
	Single	⬭
	Married	⬭
	Divorced	⬭
	Preferred not say	⬭
Education		
	A-level or below	⬭
	College	⬭
	Undergraduate	⬭
	Postgraduate	⬭
	PhD	⬭
Position		
	Employee	⬭
	Junior Manager	⬭
	Middle Manager	⬭
	Senior Manager	⬭
Where were you born?		
	Africa	⬭
	East Asia and Pacific	⬭
	North, Central America	⬭
	Middle-East	⬭
	Australia and New Zealand	⬭
	Latin America	⬭
Years of experience		
	less 1 year	⬭
	from 1 to <3 years	⬭
	from 3 to <5 year	⬭
	more than 5 years	⬭

No	Section B	1	2	3	4	5
1	The company is a personal place, it is like an extended family, People seem to share a lot of themselves.	☐	☐	☐	☐	☐
2	The management style in the company is characterized by teamwork, consensus and participation.	☐	☐	☐	☐	☐
3	The company emphasises human development. High trust, openness and participation persist.	☐	☐	☐	☐	☐
4	The company defines success on the basis of the development of human resources, teamwork, employee commitment and concern for people.	☐	☐	☐	☐	☐
5	The company is a dynamic entrepreneurial place. People are willing to stick their necks out and take risks.	☐	☐	☐	☐	☐
6	The management style in the company is characterized by individual risk-taking, innovation, freedom and uniqueness.	☐	☐	☐	☐	☐
7	The company emphasises acquiring new resources and creating new challenges. Trying new things and prospecting for opportunities are valued.	☐	☐	☐	☐	☐
8	The company defines success on the basis of having unique, or the newest, products. It is a product leader and innovator.	☐	☐	☐	☐	☐
9	The Company is results orientated. A major concern is with getting the job done. People are very competitive and achievement orientated.	☐	☐	☐	☐	☐
10	The management style in the company is characterized by hard-driving competitiveness, high demands and achievement.	☐	☐	☐	☐	☐
11	The company emphasises competitive actions and achievement. Hitting stretch targets and winning in the marketplace are dominant.	☐	☐	☐	☐	☐
12	The company defines success on the basis of winning in the marketplace and outpacing the competition. Competitive market leadership is the key.	☐	☐	☐	☐	☐
13	The company is a controlled and structured place. Formal procedures generally govern what people do.	☐	☐	☐	☐	☐
14	The management style in the company is characterized by security of employment, conformity, predictability and stability in relationships.	☐	☐	☐	☐	☐
15	The company emphasises permanence and stability. Efficiency, control and smooth operations are important.	☐	☐	☐	☐	☐
16	The company defines success on the basis of efficiency. Dependable delivery, smooth scheduling and low-cost production are critical.	☐	☐	☐	☐	☐
No	Section C	1	2	3	4	5
17	The hospital has taken care of me financially.	☐	☐	☐	☐	☐
18	The financial incentives and allowances provided to me by the hospital are good.	☐	☐	☐	☐	☐

No						
19	I have received generous financial support from the hospital	☐	☐	☐	☐	☐
20	cannot complain about the financial benefits associated with my employment within the hospital	☐	☐	☐	☐	☐
21	The hospital takes an interest in my career	☐	☐	☐	☐	☐
22	The hospital considers my goals when making decisions about my career	☐	☐	☐	☐	☐
23	The hospital keeps me informed about career opportunities available within the company	☐	☐	☐	☐	☐
24	I feel that the hospital cares about my career development	☐	☐	☐	☐	☐
25	The hospital has shown an interest in my family's well-being	☐	☐	☐	☐	☐
26	The hospital has provided my family with enough assistance to help them adjust to living in Saudi Arabia	☐	☐	☐	☐	☐
27	The hospital has provided me with many opportunities to ease the transition to living in Saudi Arabia	☐	☐	☐	☐	☐
28	Help is available within the hospital whenever I have questions or concerns about living in Saudi Arabia.	☐	☐	☐	☐	☐
No	**Section D**					
29	All in all, I am satisfied with my job	☐	☐	☐	☐	☐
30	In general, I like working here	☐	☐	☐	☐	☐
31	like my job better than the average worker does	☐	☐	☐	☐	☐
32	I am satisfied with my job for the time being.	☐	☐	☐	☐	☐
No	**Section E**					
33	I am willing to put in a great deal of effort beyond that normally expected in order to help this organisation be successful.	☐	☐	☐	☐	☐
34	I talk up this organisation to my friends as a great organisation to work for	☐	☐	☐	☐	☐
35	I feel very little loyalty to this organisation®	☐	☐	☐	☐	☐
36	I would accept almost any type of job assignment in order to keep working for this organisation	☐	☐	☐	☐	☐
37	find that my values and the organisation's values are very similar	☐	☐	☐	☐	☐
38	I am proud to tell others that I am part of this organisation	☐	☐	☐	☐	☐
39	I could just as well be working for a different organisation as long as the type of work was similar®	☐	☐	☐	☐	☐
40	This organisation really inspires the very best in me in the way of job performance	☐	☐	☐	☐	☐
41	It would take very little change in my present circumstances to cause me to leave this organisation.(R)	☐	☐	☐	☐	☐
42	I am extremely glad that I chose this organisation to work for over others I was considering at the time I joined	☐	☐	☐	☐	☐
43	There's not too much to be gained by sticking with this organisation indefinitely®	☐	☐	☐	☐	☐
44	Often, I find it difficult to agree with this organisation's policies on important matters relating to its employees®	☐	☐	☐	☐	☐

No		1	2	3	4	5
45	I really care about the fate of this organisation	☐	☐	☐	☐	☐
46	For me this is the best of all possible organisations for which to work	☐	☐	☐	☐	☐
47	Deciding to work for this organisation was a definite mistake on my part®	☐	☐	☐	☐	☐
No	**Section F**					
49	I am actively looking for a job outside the hospital	☐	☐	☐	☐	☐
50	As soon as I can find a better job, I'll leave the hospital	☐	☐	☐	☐	☐
51	I am seriously thinking about quitting my job	☐	☐	☐	☐	☐
52	I often think about quitting my job at the hospital	☐	☐	☐	☐	☐
53	I think I will be working at the hospital five years from now®	☐	☐	☐	☐	☐
No	**Section G**	1	2	3	4	5
54	My supervisor talks to us about his/her most important values and beliefs	☐	☐	☐	☐	☐
55	My supervisor expresses his/her confidence that we will achieve our goals	☐	☐	☐	☐	☐
56	My supervisor emphasizes the importance of having a collective sense of mission	☐	☐	☐	☐	☐
57	My supervisor has strong purpose	☐	☐	☐	☐	☐
58	My supervisor expresses his/her confidence that we will achieve our goals	☐	☐	☐	☐	☐
59	My supervisor articulates a compelling vision of the future	☐	☐	☐	☐	☐
60	My supervisor talks optimistically about the future	☐	☐	☐	☐	☐
61	My supervisor talks enthusiastically about what needs to be accomplished	☐	☐	☐	☐	☐
62	My supervisor seeks differing perspectives when solving problems	☐	☐	☐	☐	☐
63	My supervisor re-examines critical assumptions, whether they are appropriate	☐	☐	☐	☐	☐
64	My supervisor got me to look at the task from many different angles	☐	☐	☐	☐	☐
65	My supervisor suggests new ways of doing work	☐	☐	☐	☐	☐
66	My supervisor spends time in teaching and coaching me	☐	☐	☐	☐	☐
67	My supervisor helps group members to develop their strengths	☐	☐	☐	☐	☐
68	My supervisor treats me as an individual rather than as a member of the group	☐	☐	☐	☐	☐
69	My supervisor considers me as having different needs	☐	☐	☐	☐	☐
70	My Supervisor Discusses in specific terms who is responsible for achieving performance targets	☐	☐	☐	☐	☐
71	My Supervisor Makes clear what one can expect to receive when performance goals are achieved	☐	☐	☐	☐	☐
72	My supervisor Expresses satisfaction when I meet expectations	☐	☐	☐	☐	☐
73	My supervisor Focuses attention on irregularities, mistakes, exceptions, and deviations from standards	☐	☐	☐	☐	☐
74	My supervisor Concentrates his/her full attention on dealing with mistakes, complaints, and failures	☐	☐	☐	☐	☐

75	My supervisor Directs my attention toward failures to meet standards	☐	☐	☐	☐	☐

Glossary of Terms[2]

Bias: a loss of balance and accuracy in the use of research methods. It can appear in research via the sampling frame, random sampling, or non-response. It can also occur at other stages in research, such as while interviewing, in the design of questions, or in the way data are analysed and presented. Bias means that the research findings will not be representative of, or generalizable to, a wider population

Causal Relationship : the relationship established that shows that an independent variable, and nothing else, causes a change in a dependent variable. It also establishes how much of a change is shown in the dependent variable

Causality: the relation between cause and effec**t**

Construct: refers to any of the following: something that exists theoretically but is not directly observable; a concept developed [constructed] for describing relations among phenomena or for other research purposes; or, a theoretical definition in which concepts are defined in terms of other concepts. For example, intelligence cannot be directly observed or measured; it is a construct

Construct Validity: seeks an agreement between a theoretical concept and a specific measuring device, such as observation.

Correlation: a common statistical analysis, usually abbreviated as r, that measures the degree of relationship between pairs of interval variables in a sample. The range of correlation is from -1.00 to zero to +1.00. Also, a non-cause and effect relationship between two variables

Deductive: a form of reasoning in which conclusions are formulated about particulars from general or universal premises.

Dependent Variable: a variable that varies due, at least in part, to the impact of the independent variable. In other words, its value "depends" on the value of the independent variable. For example, in the variables "gender" and "academic major," academic major is the dependent variable, meaning that your major cannot determine whether you are male or female, but your gender might indirectly lead you to **favour** one major over another

Epistemology: concerns knowledge construction; asks what constitutes knowledge and how knowledge is validated.

Factor Analysis: a statistical test that explores relationships among data. The test explores which variables in a data set are most related to each other. In a carefully constructed survey, for example, factor analysis can yield information on patterns of responses, not simply data on a single response.

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[2] These terms have been borrowed from http://libguides.usc.edu/writingguide/researchglossary

Larger tendencies may then be interpreted, indicating **behaviour** trends rather than simply responses to specific questions.

Generalizability: the extent to which research findings and conclusions conducted on a specific study to groups or situations can be applied to the population at large.

Hypothesis: a tentative explanation based on theory to predict a causal relationship between variables.

Independent Variable: the conditions of an experiment that are systematically manipulated by the researcher. A variable that is not impacted by the dependent variable, and that itself impacts the dependent variable. In the earlier example of "gender" and "academic major," (see Dependent Variable) gender is the independent variable.

Internal Consistency: the extent to which all questions or items assess the same characteristic, skill, or quality

Methodology: a theory or analysis of how research does and should proceed.

Methods: systematic approaches to the conduct of an operation or process. It includes steps of procedure, application of techniques, systems of reasoning or analysis, and the modes of inquiry employed by a discipline.

Ontology: a discipline of philosophy that explores the science of what is, the kinds and structures of objects, properties, events, processes, and relations in every area of reality.

Philosophy: critical examination of the grounds for fundamental beliefs and analysis of the basic concepts, doctrines, or practices that express such beliefs.

Positivism: a doctrine in the philosophy of science, positivism argues that science can only deal with observable entities known directly to experience. The positivist aims to construct general laws, or theories, which express relationships between phenomena. Observation and experiment is used to show whether the phenomena fit the theory.

Questionnaire: structured sets of questions on specified subjects that are used to gather information, attitudes, or opinions.

Reliability: the degree to which a measure yields consistent results. If the measuring instrument [e.g., survey] is reliable, then administering it to similar groups would yield similar results. Reliability is a prerequisite for validity. An unreliable indicator cannot produce trustworthy results.

Sample: the population researched in a particular study. Usually, attempts are made to select a "sample population" that is considered representative of groups of people to whom results will be generalized or transferred. In studies that use inferential statistics to analyze results or which are designed to be generalizable, sample size is critical, generally the larger the number in the sample, the higher the likelihood of a representative distribution of the population.

Standard Deviation: a measure of variation that indicates the typical distance between the scores of a distribution and the mean; it is determined by taking the square root of the average of the squared deviations in a given distribution. It can be used to indicate the proportion of data within certain ranges of scale values when the distribution conforms closely to the normal curve.

Statistical Analysis: application of statistical processes and theory to the compilation, presentation, discussion, and interpretation of numerical data.

Statistical Bias: characteristics of an experimental or sampling design, or the mathematical treatment of data, that systematically affects the results of a study so as to produce incorrect, unjustified, or inappropriate inferences or conclusions.

Statistical Significance: the probability that the difference between the outcomes of the control and experimental group are great enough that it is unlikely due solely to chance. The probability that the null hypothesis can be rejected at a predetermined significance level [0.05 or 0.01].

Statistical Tests: researchers use statistical tests to make quantitative decisions about whether a study's data indicate a significant effect from the intervention and allow the researcher to reject the null hypothesis. That is, statistical tests show whether the differences between the outcomes of the control and experimental groups are great enough to be statistically significant. If differences are found to be statistically significant, it means that the probability [likelihood] that these differences occurred solely due to chance is relatively low. Most researchers agree that a significance value of .05 or less [i.e., there is a 95% probability that the differences are real] sufficiently determines significance

Testing: the act of gathering and processing information about individuals' ability, skill, understanding, or knowledge under controlled conditions.

Theory: a general explanation about a specific behavior or set of events that is based on known principles and serves to organize related events in a meaningful way. A theory is not as specific as a hypothesis.

Unit of Analysis: the basic observable entity or phenomenon being analyzed by a study and for which data are collected in the form of variables.

Validity: the degree to which a study accurately reflects or assesses the specific concept that the researcher is attempting to measure. A method can be reliable, consistently measuring the same thing, but not valid.

Variable: any characteristic or trait that can vary from one person to another [race, gender, academic major] or for one person over time [age, political beliefs].

Weighted Scores: scores in which the components are modified by different multipliers to reflect their relative importance.

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