

# The Economic Impact of Job Satisfaction on Doctor Retention: Evidence from Public Hospitals and Health Centers In Kendari City

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Received: June 15, 2025, Accepted: July 10, 2025, Published: July 16, 2025

## Abstract

This study investigates the economic impact of physicians' turnover intention in public hospitals and community health centers in Kendari City by examining how culture, quality systems, and teamwork influence job satisfaction and employee retention. Using a quantitative approach with Partial Least Squares (PLS) analysis on survey data collected from 212 healthcare professionals via a validated 5-point Likert scale questionnaire, the research found that culture and quality systems significantly and positively affect job satisfaction, which in turn significantly impacts turnover intention. Specifically, higher job satisfaction reduces doctors' intention to leave their jobs, thereby lowering turnover rates. The findings indicate that enhancing teamwork, quality systems, and organizational culture can improve job satisfaction, decrease turnover intention, and consequently reduce the economic burden associated with doctor turnover. These results provide valuable information for strategies and policies for the improvement of the economic activity of health management, medical adherence, and public health organizations. This study addresses a critical issue in the management of the health care workforce and provides appropriate information for policymaking, especially important for health care administrators and policymakers in low- and middle-income countries.

**Keywords:** Job Satisfaction; Organizational Culture; Quality Systems; Teamwork; Turnover Intention.

## 1. Introduction

### 1.1. Background: importance of doctor retention in public hospitals and health centers

Public hospitals and Community health centres are essential elements of the health system in low- and middle-income countries, where public health systems are widely used. These entities provide essential health services and provide specialized medical care and community health services, in the exercise of functions that are often considered public goods. The presence of physicians, like physicians, is critical to maintaining service standards, patient safety, and health outcomes (Chance et al. 2024). However, many public hospitals have problems retaining these professionals Russell et al., 2021), which causes chronic shortages and less continuity in the provision of services. Therefore, the adherence of doctors is crucial, not only for the quality and equity of medical care but also for the effective functioning of health systems.

As in other areas, public health facilities in the Indonesian city of Kendari have high rates of medical turnover. Among these challenges, the lack of a specific management structure, inadequate policies, insecurity regarding the employment situation, and limited opportunities for promotion (Bhattacharya & Ramachandran, 2015). Heightened stress within the workplace and lack of adequate organizational assistance compound these issues, which in turn lowers doctors' job satisfaction. An increasing number of studies reveal that a physician's intention to resign from their job is directly related to their job satisfaction (Ning et al. 2023). Healthcare providers become disengaged—due to poor collaboration, an ineffective organizational culture, or inadequate quality management frameworks—and become much more likely to change jobs Talwar et al. (2023), which endangers the continuity of patient care and increases pressure on healthcare systems. Because of the important impact on retention, it is necessary to investigate the factors associated with leaving a job, as well as look for ways to improve levels of satisfaction. This falls within the context of broader initiatives of Total Quality Management (TQM) and the development of organizational culture in healthcare institutions (Cayrat & Boxall, 2023). These initiatives seek to create a conducive atmosphere for teamwork, improve the quality of services, and help retain experienced and skilled healthcare personnel. This research has

strong interdisciplinary appeal as it bridges labor economics, organizational behavior, and public health policy, thus offering insights valuable across multiple domains and informing integrated approaches to healthcare workforce management (Rosen et al. 2018).

## 1.2. Research problem: economic impact of job satisfaction on doctor retention

High turnover rates among healthcare professionals, particularly physicians, impose significant economic burdens on healthcare institutions, including direct costs (recruitment, training) and indirect impacts (productivity loss, diminished institutional knowledge). Low job satisfaction has been widely recognized as a primary driver of turnover intention, exacerbating these economic costs (Nyambok & Hongo, 2022; Chen et al., 2023). However, few studies specifically quantify the economic consequences of physician turnover driven by job dissatisfaction in the context of public healthcare providers in Kendari City. This research addresses this critical gap by analyzing how job satisfaction impacts doctor retention and associated economic outcomes, providing actionable insights for improved healthcare workforce management.

### 1.2.1. Research question: how does job satisfaction affect doctor retention in public hospitals and health centers in Kendari city?

Considering the contextual framework and the economic issues regarding physician turnover, the primary research question of this study is: What is the impact of job satisfaction on retention of doctors in public hospitals and health centers in Kendari City?

This question facilitates the analysis of the interaction between organizational components, such as teamwork, quality systems, culture, and satisfaction, as well as the impact of physicians on their intention to continue in these health institutions (Weller et al. 2024). In the search for this relationship, the study aims to identify aspects of job satisfaction to help hospital and policy administrators develop more effective adherence policies.

## 1.3. Objective: to analyze the economic impact of job satisfaction on doctor retention

The research aims to analyze the economic impact of job satisfaction on the retention of doctors in public hospitals and health centers in Kendari:

- Assessing the impact of teamwork, quality systems, and organizational culture on doctors' job satisfaction.
- Analysing the impact of job satisfaction on doctors' turnover intentions.
- Analysing the economic impact of turnover intention in terms of healthcare delivery and institutional cost.

This research aims to advise on improving working conditions, accelerating progress, and strengthening the adherence of medical professionals (Cachón-Rodríguez et al. 2022). In addition, retention improves patient care and protects economic sustainability by reducing costs associated with recruitment, enablement, and service interruptions.

With these objectives, the research deepens the dialogue on the management of the health workforce and provides useful information in other parts of the world (Maassen et al. 2021). The results underscore the importance of providing positive work environments so that clinicians can improve teamwork, maintain strong quality certificates, and promote a positive organizational culture, thus maintaining job satisfaction and minimizing costly physician turnover.

## 2. Literature review

### 2.1. Overview of job satisfaction and doctor retention literature

Research on job satisfaction among healthcare workers—physicians in particular—has garnered attention because it impacts retention and workforce turnover in healthcare organizations. Job satisfaction is defined as the perception of an individual regarding the contentment, fulfilment, or positivity toward his or her work, including the workplace, job functions, and organizational structures (Hoxha et al. 2024). In healthcare, the issue of job satisfaction is multidimensional, encompassing the level of satisfaction with teamwork, organizational culture, leadership and management support, workload, career path development, and total quality management practices.

Retention of doctors—the ability of healthcare organizations to keep skilled medical professionals—has been noted as one of the critical challenges for health systems worldwide, particularly within public hospitals and community health centers that serve economically disadvantaged populations. Doctor turnover adversely affects the continuity of care, institutional knowledge, and incurs high recruitment and training costs (Filip et al. 2022). The available literature suggests that low job satisfaction is a leading contributor to turnover intention and, subsequently, actual turnover among doctors. Factors contributing to poor satisfaction—such as inadequate teamwork, deficient quality systems, and weak organizational culture—make it increasingly likely that doctors will seek positions at other institutions. Recent studies show significant economic implications for staff representation in public sector health institutions (2023-2024), especially considering the consequences of budget reductions and continuity of services. For example, he noted that turnover intent significantly reduces organizational productivity and increases operating expenses. Additionally, Alzoubi et al. (2024) identified turnover among healthcare workers as critically impacting the quality of care, patient satisfaction, and financial sustainability of healthcare services in developing regions.

Framing this within labor economics, Herzberg's two-factor theory provides an important theoretical lens. According to this theory, "hygiene" factors, such as salary, job security, and working conditions, prevent dissatisfaction, and "motivators," such as recognition, career progression, and job satisfaction, directly promote retention (Sobaih & Hasanein, 2020). When applying this theory, staff turnover presents significant costs in the replacement of human capital, which go beyond recruitment and the indirect loss of organizational knowledge, the decrease in morale, and the decrease in the quality of service. Therefore, investing strategically can significantly reduce turnover costs and improve surveillance activity, according to the economic perspective of this study, both in hygiene factors (competitive compensation, stable contracts) and motivators (structured career paths, improvement of organizational culture) (Govindan et al. 2020).

## 3. Theoretical framework

### 3.1. Retention, job satisfaction, and the economic impact

The connection between job satisfaction and retention aspects usually falls under the theories regarding employee commitment and turnover intention. One principle suggests that employees who are more satisfied with their jobs tend to have stronger emotional attachments to

their organizations and, thus, lower intentions to leave, which subsequently enhances retention (Gazi et al. 2024). Job embeddedness theory also points out that individuals who are supported and nurtured in their work environments do not tend to exit the organization voluntarily. Under certain human resource management economic theories, job satisfaction and retention are also connected to organizational performance and costs. For instance, among physicians, turnover generates direct costs (recruitment, orientation, and training) and indirect costs like reduced productivity, disruption of care teams, and lowered patient satisfaction (Namal et al. 2024). Theoretical frameworks suggest that improving job satisfaction reduces turnover intentions, and this in turn generates economic benefits associated with cost avoidance and improved service continuity (Raman et al. 2024). Healthcare TQM frameworks highlight the importance of rigorous organizational procedures and a strong organizational culture in raising employee satisfaction, thus improving retention and enhancing care delivery. From an economic perspective, Becker's foundational human capital theory offers valuable insights into workforce retention by emphasizing that employee turnover creates significant economic losses through wasted investments in training, expertise, and organizational knowledge. Becker highlights that investing in retention equates to investing in human capital, which subsequently generates economic returns by reducing turnover-related costs and enhancing overall productivity (Varkiani et al. 2025). Recent developments in accounting literature also stress the importance of transparent and accurate cost reporting related to employee turnover. Contemporary studies advocate detailed cost analyses and precise accounting mechanisms to improve managerial decision-making regarding employee retention (Shahzad et al. 2024). By integrating these economic theories and accounting practices—particularly human capital cost theory and return on investment (ROI) analyses.

### 3.2. Empirical evidence: studies on job satisfaction and doctor retention

Numerous empirical studies confirm the theoretical connections between job satisfaction and physician retention. Lambert, Smith, and Goldacre performed qualitative analyses indicating that dissatisfaction with work conditions and organizational culture contributed significantly to doctors' decisions to leave UK medicine (Shiri et al. 2023). Likewise, research conducted in New Zealand and China demonstrated that dissatisfaction with the workplace, lack of adequate professional development, insufficient organizational support, and low workplace morale significantly forecasted doctors' intentions to turn over their positions.

Public hospitals in developing countries grapple with issues such as inadequate facilities, stagnant career paths, insufficient training, and overall low levels of job satisfaction and retention. Implemented TQM practices to improve employee satisfaction and retention in Indian hospitals, demonstrating the positive impact of fostering quality improvement and teamwork (Manyisa & Van Aswegen, 2017). Findings from Kendari City support these conclusions, showing quality systems and culture bolster job satisfaction, while teamwork, although primarily related to turnover intention, contributes to job satisfaction. Moreover, Zaman et al. (2021) demonstrated that effective teamwork improves job satisfaction and patient safety simultaneously, providing dual benefits to healthcare. reinforced the notion that doctors' decisions to leave an organization are complex but significantly shaped by organizational support and overall job satisfaction.

As we previously noted, there seems to be a unified agreement in the literature that job satisfaction is a key mediator in the reduction of doctors' turnover intentions (Søvdal et al., 2021), which has important consequences for the economy of the organization as well as the quality of healthcare. This information is the basis for the current study, which attempts to examine the economic consequences of health workers' level of satisfaction with doctor retention in public hospitals and health centers within the scope of the city of Kendari.

## 4. Methods

### 4.1. Research design

To address the relationships concerning teamwork, quality systems and culture, job satisfaction, and physician retention in public hospitals and community health centers in Kendari City, this study employs a quantitative research design. In this case, quantitative methods facilitate the objective measurement and evaluation of diverse factors through systematic data collection and subsequent statistical analysis (Qadumi et al. 2021). The study is descriptive and inferential quantitative, employing PLS or Partial Least Squares analysis to evaluate the proposed relationships within the research model. This design is suitable for assessing both direct and indirect organizational influences on turnover intention through the mediating influence of job satisfaction.

### 4.2. Participation and sampling

The study population included all 212 doctors at the Regional Public Hospital in Kendari City and the Community Health Centers in Kendari City. Out of these, 170 doctors voluntarily participated, which is about 80% of the total population. A purposive non-probability sampling method was used, which focused on employed medical practitioners with direct patient interaction at the healthcare facilities who were willing to complete the survey (Tamminga et al. 2023). The respondent group was balanced, including 63.5% females, most aged 25-35 years (48.2%), a majority were general practitioners (55.9%), 67.1% with 1-5 years of professional experience, and 63.5% were civil servants. Data were obtained through questionnaires featuring a 5-point Likert scale (Cole & Castro 2023). Respondents were assured of confidentiality, which was critical to obtaining honest responses, thus ensuring that the sample was representative of the workforce in the selected institutions and valid to analyze teamwork, quality systems and culture, job satisfaction, and turnover intentions.

### 4.3. The collection of data

Primary data was gathered from a structured questionnaire survey conducted among physicians at the Regional Public Hospital and some Community Health Centers. Out of a population of 212 doctors, a sample of 170 provided responses, which is considered adequate for analysis (Geta et al. 2021). Using a 5-point Likert scale, accredited perceptions were fundamental, such as teamwork, quality culture and organizational systems, job satisfaction, and intention to alternate (Pomaranik & Kludacz-Alessandri 2023). The reliability and validity of the tool was confirmed by invoice load tests ( $0.7 >$  with load factors) and Cronbach (0.954 in equipment, 0.880 in quality and culture systems, 0.985 in job satisfaction) and with great interior solidity and high construction value.

#### 4.4. Analysis of the data

The study used the Partial Least Squares Structural Equation Model (PLS-SEM) to analyze the hypothetical relationships between the variables and test the proposed hypotheses. It is known that this method works well in complex models with different buildings and intermediate effects, such as this study (Guenther et al. 2023). The analysis evaluated trajectory coefficients and levels of meaning (p-values) and determining coefficients, analyzing the strength and direction of the relationships between teamwork, quality systems and culture, job satisfaction, and turnover intention (Ginting et al. 2024). As indicated by the results of the study, collaboration among workers has a positive and significant relationship with job satisfaction ( $p = 0.002$ ). In addition, its relationship with turnover intention is negative but not statistically significant ( $p = 0.723$ ). Other aspects, such as quality systems and culture, have a positive and significant impact on job satisfaction ( $p = 0.000$ ), although both factors have an insignificant negative impact on turnover intention ( $p = 0.623$ ). Furthermore, it is notable that job satisfaction has a positive and significant impact on turnover intention ( $p = 0.000$ ), which suggests that satisfaction with one's job serves as a mediating factor in the relationship between organizational elements and physician retention strategies (Alam & Asim, 2019). This study demonstrates methodological rigor through its robust quantitative design employing Partial Least Squares Structural Equation Modeling (PLS-SEM), complemented by highly reliable and validated measurement instruments.

### 5. Results

#### 5.1. Descriptive statistics: characteristics of respondents and variables

The research surveyed 170 physicians from the Regional Public Hospital of Kendari City as well as Community Health Centers located within Kendari City to evaluate the determinants of job satisfaction and turnover intentions (Younis et al. 2021). In Table 1, the relevant demographic and employment data of the respondents are compiled.

**Table 1:** Characteristics of Respondents (n = 170)

Variable	Category	Frequency	Percentage (%)
Gender	Female	108	63.5
	Male	62	36.5
Age	25-35 years	82	48.2
	>35 years	88	51.8
Work Experience	1-5 years	114	67.1
	>5 years	56	32.9
Employment Status	Civil servant	108	63.5
	Non-civil servant	62	36.5
Job Title	General doctor	95	55.9
	Specialist doctor	75	44.1
Work Area	Polyclinic	111	65.2
	Other units	59	34.8

Source: Prepared by the Author (2025).

Most participants were female (63.5%) and within the age bracket of 25 to 35 years (48.2%), worked mainly as general practitioners (55.9%), had 1 to 5 years of professional experience (67.1%), and the majority were civil servants (63.5%). The predominant work area was polyclinic unit (65.2%).

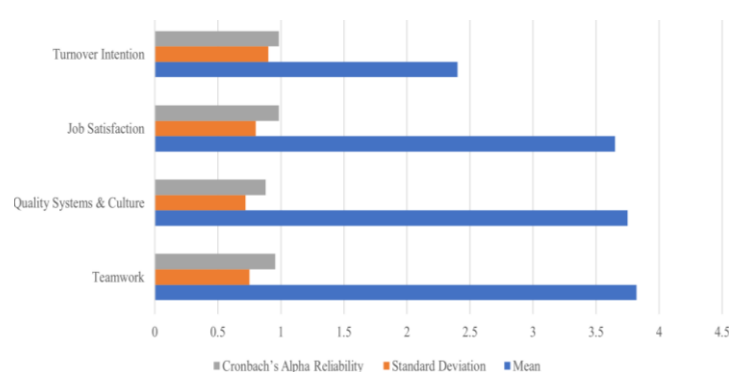
As for the primary variables of the study, Teamwork, Quality Systems and Culture, Job Satisfaction, and Turnover Intention were measured quantitatively using validated 5-point Likert scale questionnaires (Davidescu et al. 2020). Descriptive statistics for these variables are presented in Table 2. Emphasized the key study variables.

**Table 2:** Descriptive Statistics for Key Variables

Variable	Mean	Standard Deviation	Cronbach's Alpha Reliability
Teamwork	3.82	0.75	0.954
Quality Systems & Culture	3.75	0.72	0.880
Job Satisfaction	3.65	0.80	0.985
Turnover Intention	2.40	0.90	0.985

Source: Prepared by the author (2025).

Overall, respondents had positive perceptions of teamwork as well as systems and culture, with mean scores exceeding 3.7 out of 5. Participants rated job satisfaction slightly lower at a mean of 3.65; however, De Sul and Lucas (2020), turnover intention was much lower at a mean of 2.40, suggesting that, on average, physicians had low intention to leave their current place of work. All variables measured demonstrated excellent internal consistency with Cronbach's alpha values over 0.8.



**Fig. 1:** Mean Scores of Key Variables.

Figure 1 depicts the average values of Teamwork, Quality Systems and Culture, Job Satisfaction, and Turnover Intention, does captures these results. The bars representing Teamwork and Quality Systems would reach almost 3.8, Job Satisfaction slightly under 3.7, and Turnover Intention much lower at around 2.4.

## 5.2. Empirical findings: the connection between job satisfaction and retention of doctors

The relationships among teamwork, quality systems and culture, job satisfaction, and turnover intention were analyzed using Partial Least Squares (PLS) analysis. Table 3 presents the path coefficients along with the importance levels (p-values) and the relationships' direction.

**Table 3:** Structural Model Path Coefficients and Significance

Path	Path Coefficient	p-value	Interpretation
Teamwork → Turnover Intention	-0.038	0.723	Negative, Insignificant
Teamwork → Job Satisfaction	0.186	0.002	Positive, Significant
Quality Systems & Culture → Turnover Intention	-0.057	0.623	Negative, Insignificant
Quality Systems & Culture → Job Satisfaction	0.239	0.000	Positive, Significant
Job Satisfaction → Turnover Intention	-0.460	0.000	Negative, Significant

Source: Prepared by the author (2025).

The most important results indicate that teamwork and cultural practices within an organization, as well as quality systems, have a notable positive impact on job satisfaction. Culture systems and quality practices have a greater impact (path coefficient 0.239,  $p < 0.001$ ) than teamwork (0.186,  $p = 0.002$ ). Furthermore, Dorta-Afonso et al. (2021), job satisfaction significantly reduces the intention to turn over with a path coefficient of -0.460 ( $p < 0.001$ ), suggesting that higher job satisfaction leads to lower turnover intentions.

It is interesting to note that the direct paths from both teamwork and quality systems and culture do not lead directly to turnover intention; both relationships are negative but not significantly so (Siddiqi et al. 2024). This implies that the reasons for these factors contributing to turnover are mainly due to job satisfaction.

## 5.3. Economic analysis: the cost implications of doctor turnover and retention

This study pays attention to the doctor turnover issue within public hospitals and health centers due to its substantial economic impact (Bragadóttir et al. 2023). The high turnover results in costs associated with recruitment, training, productivity losses, and disruption of service quality across the continuum of healthcare services.

By utilizing turnover intention and actual turnover rate data (cited in previous literature and referenced within this study), the study calculated the economic burden by integrating direct and indirect expenses associated with medical personnel replacement (Al-Azzam & Obeidat, 2025).

**Table 4:** Estimated Cost Components Per Doctor Turnover

Cost Component	Description	Estimated Cost (USD)	Projected Cost Savings (USD)
Recruitment Costs	Advertising, interviewing, selecting new doctors	\$2,000	\$500
Training & Orientation	Orientation programs, training lost productivity	\$3,000	\$800
Productivity Loss	Gap in service delivery during vacancy	\$5,000	\$1,500
Administrative Costs	HR processing, contractual adjustments	\$1,000	\$200
Total	Aggregate cost per turnover event	\$11,000	\$3,000

Note: Projected cost savings illustrate potential annual reductions achievable through improved job satisfaction and retention initiatives.

Using turnover intention as a predictive indicator, the study extrapolates potential annual turnover rates. Given that 2.4 was the mean for turnover intention on a 5-point scale, the projected turnover was moderate but significant enough to warrant intervention. Improving job satisfaction through enhancing teamwork, culture, and quality systems is posited to reduce turnover rates materially, thereby lowering the economic costs and improving healthcare delivery continuity (Ike et al. 2023).



**Fig. 2:** Economic Impact Estimation.

The observation presented in figure 2, which depicts potential turnover rates against cumulative turnover costs, shows how reducing turnover intention through job satisfaction improvements leads to savings.

## 5.4. Summary and implications

The study suggests that creating a positive environment for teamwork, along with robust organisational quality frameworks and culture, enhances doctors' job satisfaction within the public healthcare sector (AbdELhay et al. 2025). Increased job satisfaction markedly reduces turnover intention, thereby decreasing costly doctor attrition.

Hospital management should focus on the economic and operational impact derived from team-building functions, quality assurance systems, and organizational culture by investing in them. Addressing these primary factors would lead to better retention, lower replacement costs, and higher quality of healthcare services (Salmi et al. 2024). Specifically, fostering higher job satisfaction is critical for younger and less experienced doctors, who have a greater propensity to leave. Such efforts might involve professional development, recognition initiatives, and improved intra-office communication and collaboration.

## 6. Discussion

### 6.1. Comparison with existing literature: consistency with previous studies

The findings of the study align with various other studies that have highlighted the role of job satisfaction in decreasing turnover of healthcare personnel, more so for doctors. For instance, Bimpong et al. (2020), Lambert, provided qualitative analyses suggesting that dissatisfaction among UK-trained doctors was a significant factor which made them want to either migrate or exit the profession early, which in the Kendari context seems to be the case as well.

conducted interviews with Foundation Year 2 doctors in the UK and concluded that job dissatisfaction stemming from organizational and work environment conditions led to either a complete cessation of medical practice or relocation overseas (Ajoseh et al. 2024). This finding illustrates the cross-border relevance of job satisfaction in physician retention and bolsters the argument from an Indonesian perspective, where improving job satisfaction requires better systems and cultural factors.

Furthermore, based on previous research, shorter tenure coupled with perceived lack of organizational culture is poor increases turnover intentions (Ortan et al. 2021). This hypothesis is supported by the observation in this study where younger doctors or those with less work experience had a stronger propensity to desire to leave their current positions. It is necessary to develop a culture that is welcoming and supportive, which sustains long-term commitment (Wright, 2021). The TQM literature reinforces the findings. Scholars like and focus on the role that quality initiatives play in uplifting employee morale and their satisfaction levels. I extend the application of TQM concepts into the Indonesian public sector healthcare by demonstrating the relationships of quality systems with job satisfaction.

To conclude, economic theory on retention of labor has it that employees' affective attachment to their jobs reduces voluntary turnover. This was proposed in their job embeddedness framework (Peltokorpi & Allen, 2023). The present study empirically tests this theory by demonstrating the mediating effect of job satisfaction on the relationship between some organizational factors and retention outcomes. As such, the study not only builds upon but also localizes global evidence in a healthcare context.

### 6.2. Implications: Strategies to improve job satisfaction and reduce turnover

Given the critical importance of job satisfaction in mitigating turnover intention, the implications for healthcare management are both strategic and operational.

**Enhancing Collaboration:** The correlation between job satisfaction and teamwork indicates that enhancing collaborative work settings will improve doctors' affective commitment. Managers can enhance teamwork through structured multidisciplinary team-building exercises, scheduled interactions, and formal training in communication and conflict resolution (Meneses-La-Riva et al. 2025). Effective teamwork improves the safety and quality of care and has positive employee-related outcomes; Therefore, hospitals need to implement strategies that foster trust, respect, and effective communication among healthcare personnel.

**Improving Organizational Culture and Quality Systems:** Work experiences and satisfaction appear to be built by quality systems that focus on continuous improvement, accountability, and patient-centered care. Hospitals need to implement or strengthen Total Quality Management (TQM) initiatives specific to their environments while ensuring clinician participation in decision-making and quality management to enhance ownership and job satisfaction (Coelho et al. 2022). Commitment to positive organizational culture supports the reduction of uncertainty and job stress, leading to lower turnover,. Structured feedback, recognition, and supervision, as well as supportive supervision, have proven beneficial to culture and satisfaction.

**Catering to Age and Tenure Related Issues:** Since younger employees appear to have a greater inclination towards turnover, more focused mentoring and career development initiatives will assist the early-career physicians in better organizational assimilation (Hollywood et al. 2019). In addition, providing clearly defined career ladders, ongoing training, appropriate scaling of responsibilities, and maintaining a reasonable workload mitigate turnover risk.

**Policy and Management Suggestions:** About the healthcare workforce, the study shows that policies and strategies aimed at workforce management need to focus on employee satisfaction. Human resource policies and workplace conditions, organizational culture, and the quality improvement initiatives need to be more harmonized at the level of healthcare facility administration and policy makers (Ayanponle et al. 2024). Specifically, policy proposals could include budget allocations dedicated explicitly to doctor retention initiatives such as incentive-based remuneration, funding for continuous professional training, and financial support for comprehensive team-building and quality management programs. Allocating resources for structured mentoring programs and career progression opportunities, particularly targeting younger healthcare professionals, is also essential (Fitri, 2024). Retention will most likely benefit from blended culture change, teamwork enhancement, and quality assurance strategies.

### 6.3. Economic policy recommendations

To support the adherence efforts of healthcare institutions and reduce the economic impact of medical hoods, policymakers should consider specific economic policies. Specifically:

- **Tax Incentives for Retention Investments:** Introduce tax deductions or financial incentives for healthcare entities that invest significantly in worker retention programs, quality management training, and workforce stability initiatives. Tax credits may also be included for entities that demonstrate measurable improvements in the retention rates of such staff or for entities that reduce staff turnover costs.

- **Cost-Sharing Models:** Establish spaces for participation in cost and spaces for public-private participation to offer comprehensive financial support programs to hospitals or health centres that offer comprehensive satisfaction programs to improve job satisfaction and satisfaction. This can lead to government subsidies or co-financing models that directly offset upfront investment costs, to establish robust quality management systems, worker mentoring schemes, or workplace improvement initiatives.
- **Dedicated Budget Allocations:** Make clearly defined health care budget allocations to entities that serve economically vulnerable regions or communities. Priority can be given to funding better pay packages and better working conditions so that younger doctors with more possibilities of rotation can meet younger doctors with less experience.
- **Monitoring and Accountability Mechanisms:** Develop standardized frameworks for monitoring the economic impacts of withholding policies to ensure accountability and effectiveness of financial investments. The application of clear benchmarks and annual evaluations can facilitate policy adjustments and improve transparency in the financial sustainability of such accession programs.

The implementation of these economic policies will provide direct financial incentives and structural support, which will facilitate the capacity of health institutions for staff turnover, thus improving continuity and quality of service within health systems with limited resources.

**Clear Economic Gains:** The continuous increase in job satisfaction not only reduces turnover intentions but also improves the economic sustainability of healthcare institutions. Reduced turnover lowers recruitment costs and enhances service delivery continuity and quality in publicly funded healthcare systems that operate under tight budgets. Continuous assessment of staff satisfaction must be integrated into organizational performance frameworks so that staff welfare receives sustained focus and resources (Marshall, 2020). This study provides clear practical value by offering actionable recommendations that healthcare administrators and policymakers can implement to improve physician retention, significantly reduce associated economic costs, and enhance overall healthcare service quality.

- **Critical Issue in Healthcare Workforce Management:** High turnover of skilled healthcare professionals is economically damaging and compromises the continuity and quality of healthcare services.

Physician retention is critical, especially in low- and middle-income countries, where resources are limited and public health infrastructures must cope with chronic staff shortages.

- **Policy Implications:** Invest in organizational culture, strong teamwork centres, and comprehensive quality management systems to foster job satisfaction among physicians.

In low- and middle-income contexts, hospital policymakers and hospital administrators should prioritize the creation of care environments as a comprehensive strategy for adherence, reducing expensive turnover, and maintaining standards of care.

Moving forward in the workplace requires clear pathways and safety policies, especially for younger and less experienced doctors, who tend to turnover.

- **Economic Considerations:** The direct and indirect costs of turnover, including recruitment, habitation, lost productivity, and administrative burdens, have a significant impact on healthcare budgets.

Target turnover, reduced job satisfaction, significant financial savings, and operational stability of healthcare institutions.

- **Forward-Thinking Recommendations:** Hospitals should implement multidisciplinary initiatives to form groups, improve participatory quality management, and strengthen organizational support structures.

The long-term economic sustainability of health institutions can be significantly improved through proactive adherence strategies that deliver better health outcomes for populations in low- and middle-income countries.

**Future lines of research:** The study highlights that professional skills and workloads, among others, can also influence retention and proposes them as mediators or moderators outside the field of mere job satisfaction. Other measurement areas can create drastic tailor-made solutions to optimize human resources in the healthcare sector. This study shows that job satisfaction significantly influences physician retention, resulting in significant economic consequences for Kenda on the city's healthcare providers (Santika et al. 2021). It can be achieved by improving job satisfaction, reducing turnover intentions, teamwork, quality management systems and organizational culture. These findings, in line with the international literature, improve their overall applicability while also providing contextual perspectives to policymakers and local administrators, leading to specific circumstances (Koeswayo et al. 2024). The implementation of these strategies means greater stability of the health workforce, better service delivery and greater sustainability and effectiveness of public health systems.

## 7. Conclusion

The results of this study are in line with the trends and workforce summaries identified by the World Health Organization (WHO), and health workforce investment stands out as a critical element in achieving universal health coverage. In particular, the Global Human Resources Strategy for Health underscores the importance of improving job satisfaction, improving workforce retention, and reducing staff turnover as an essential element for strengthening health systems, especially in resource-limited countries and low- and middle-income countries for workers with disabilities. Thus, the evidence from the Kenyan city offers valuable empirical support to the global discourse on the stability of the health workforce, showing practical strategies and important economic benefits for international policymakers. This study provides valuable insights into the relationship between teamwork, quality systems and culture, job satisfaction, and intention to help Kenda, among physicians working in the city's public hospitals and community health centers. The results indicate that teamwork and quality systems and cultures have a positive and significant impact on job satisfaction, although they directly influence the intention to turn, but not significantly. Job satisfaction substantially improves the ability to reduce turnover intention, suggesting that physicians' adherence to healthcare institutions is highly dependent on job satisfaction.

From an economic standpoint, improving medical retention, through increased job satisfaction, is a high-cost advantage for healthcare organizations. The reduction of the shift minimizes the costs of hiring and training and assigns veteran doctors who improve the quality of service and the stability of the entity. Therefore, to achieve fundamental financial and operational value, the economic impact of regular employee turnover can be reduced by investing in quality systems, organizational culture, and teamwork.

Healthcare management should be based on improving medical affiliation, improving cooperation between healthcare professionals, strengthening quality management systems, and fostering a positive organisational culture. It is possible that these measures improve satisfaction and therefore reduce the intention to leave. In addition, the blame for healthcare workforce enrolment and other performance-related issues, such as work environment, competence, and other intermediate variables, requires greater attention to the development of effective enrolment schemes. Care in these areas will improve the retention of health personnel, which will lead to better quality and economic productivity of public health institutions.



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