



EFFECT OF PUSH-PULL FACTORS ON BRAIN DRAIN INTENTION AMONG DOCTORS IN IRAQ

By

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**Thesis Submitted to the School of Graduate Studies, Universiti Putra
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Philosophy**

December 2021

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DEDICATION

For my father.



Abstract of thesis presented to the Senate of Universiti Putra Malaysia in
fulfilment of the requirement for the degree of Doctor of Philosophy

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December 2021

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While one of the more devastating effects of organizational deterioration and crises is brain drain (BD), it has received only a cursory mention in organizational research. BD antecedents, especially from an organizational perspective, have remained largely unexplored. To address this void, the present study proposes a conceptual framework for BD in organizations. A model comprising the antecedents of BD and the BD intention, and an analysis of BD leavers' behavioral characteristics, is introduced and tested. This study, which draws from 450 doctors working in the public hospitals in Iraq, showed that the BD intention of the remaining doctors in Iraq is derived from autocratic management style, alternative job opportunities, upward comparison, opportunities for career advancement and success, attitude towards BD, descriptive norm, exposure to violence, intention to work abroad, and occupational distress. However, the perceived workload, injunctive norm, subjective norm, and perceived employability did not directly influence their BD intention. This study also found a significant mediating effect of occupational distress and attitude towards BD between the studied push-pull factors, social-behavioral processes of BD leavers, and their consequences. This study concludes by highlighting the theoretical implications of examining the effect of organizational/occupational level factors and leavers' behavioral characteristics to explain the BD from an organizational perspective. Several important implications for practice are also discussed.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia
sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

KESAN FAKTOR TOLAK-TARIK TERHADAP NIAT PENGHIJRAHAN DI KALANGAN DOKTOR DI IRAQ

Oleh

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Walaupun penghijrahan cendekiawan adalah salah satu kesan negatif yang lebih buruk daripada kemerosotan dan krisis organisasi, namun hanya terdapat sedikit kajian organisasi mengenainya. Antecedent penghijrahan cendekiawan terutamanya dari segi organisasi masih belum banyak dikaji. Untuk mengisi jurang ini, kajian ini telah dijalankan dengan mencadangkan satu kerangka konsep untuk penghijrahan cendekiawan dalam organisasi. Model yang terdiri dari kedua-dua antecedent dan hasil penghijrahan cendekiawan, serta analisis ciri gelagat mereka yang meninggalkan organisasi, diperkenalkan dan diuji. Kajian ini, yang diambil dari 450 doktor yang bekerja di hospital awam di Iraq, menunjukkan bahawa kecenderungan penghijrahan cendekiawan doktor yang tinggal di Iraq berasal dari gaya penghijrahan cendekiawan, peluang pekerjaan alternatif, perbandingan ke atas, peluang untuk kemajuan dan kerjaya, sikap terhadap perletakan jawatan, norma deskriptif, pendedahan kepada keganasan, keinginan untuk bekerja di luar negara, dan masalah pekerjaan. Namun, bebanan kerja, norma injunctive, norma subjektif, dan perceived employability tidak langsung mempengaruhi kecenderungan penghijrahan cendekiawan. Di samping itu, kajian ini mendapati kesan mediasi yang signifikan dari tekanan pekerjaan dan sikap meninggalkan organisasi dengan faktor tolak-tarik dan proses sosial-gelagat mereka yang ingin meletak jawatan yang dikaji. Kajian ini diakhiri dengan mengetengahkan implikasi teori dari mengkaji pengaruh faktor tahap organisasi/pekerjaan dan tingkah laku mereka yang meninggalkan organisasi untuk menjelaskan penghijrahan cendekiawan dari perspektif organisasi. Implikasi penting dari segi amalan turut dibincangkan.

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"Sometimes when I need an answer from you in particular, but I hesitate to ask, you answer a question that occupies me, but I didn't utter it as if it was already asked to you. You do all this scene on your own with tenderness leaving the person concerned speechless and can't help but silently appreciate you as a human being first and then as a teacher. And if a student had never been told that you're in safe or good hands, I would have been the first to say it today in this group to all the students under your supervision. Because you deserve a sentence similar to it, but it has never been said to anyone before. In other words, no one deserves it more than you."

"All of your comments are I wish I could wrap them in silk, sprinkle them with the most precious perfumes and cherish them forever."

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This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of the Doctor of Philosophy. The members of the Supervisory Committee were as follows:

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This is to confirm that:

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LIST OF ABBREVIATIONS

AJO	Alternative Job Opportunities
AMS	Autocratic Management Style
ATBD	Attitude Towards BD
AVE	Average Variance Extracted
BD	Brain Drain
CR	Composite Reliability
DN	Descriptive Norm
EV	Exposure to Violence
GOF	Goodness of Fit
HTMT	Heterotrait-Monotrait Ratio
IN	Injunctive Norm
IWA	Intention to Work Abroad
PE	Perceived Employability
PLS	Partial Least Squares
PW	Perceived Workload
OCAS	Opportunities for Career Advancement and Success
OD	Occupational Distress
SEM	Structural Equation Modeling
SN	Subjective Norm
SPSS	Statistical Package for the Social Sciences
SRMR	Standardized Root Mean Square Residual
UC	Upward Comparison
VIF	Variance Inflation Factor

CHAPTER 1

INTRODUCTION

1.1 Background of the Study

The phenomenon of brain drain (BD) has widely been studied at the national level, in the realm of people emigration or sub-cultural mobility (Chepureenko, 2015; Chikanda, 2011; Dequiedt & Zenou, 2013; Imran et al., 2011; Neubecker & Smolka, 2013; Paat, 2013; Raghuram, 2009; Suciu et al., 2017). But at the organizational level, there is not much literature on this subject, that is, regarding the departure of highly skilled employees from the organizations (Rosenblatt & Sheaffer, 2001). Within this frame of reference, the term “brain” would apply to any skills, proficiencies, talent, or personal characteristics and quality that organizations regard to be a sought-after asset, while “drain” would refer to the significant departure of such highly skilled personnel from the labor force (Rosenblatt & Sheaffer, 2001). And thus, “brain drain” (BD) is to be defined as the exodus of organization members who are regarded to be highly skilled and talented and who possess proficiencies, personal characteristic, and quality that makes them a highly wanted and valued asset by their organization (Rosenblatt & Sheaffer, 2001).

The economies of developing and developed countries alike are affected by the global phenomenon of BD, albeit in varying degrees and different ways (Docquier & Rapoport, 2012). In the last decades, BD has drawn worldwide attention as a significant phenomenon, particularly for underdeveloped countries (Galiano & Gabriel, 2018), because of their massive migration. Roughly started in the late 1960s and early 1970s, BD is a fairly recent phenomenon that developed with the new phase of globalization (Chaichian, 2011).

In the early 1960s, the term “brain drain” (BD) was coined to describe the exodus of British scientists to the United States and other countries. The initial generation of macroeconomic publications on the BD originates from the late 1960s and consists primarily of economic analyses inside traditional trade theoretical agendas (Docquier & Rapoport, 2012). Johnson (1965) posited that British scientists and educators leave their job in their country of origin in search of better pay in the US and Canada. Recent research on BD reveals that the phenomenon has remained persistent from the time it was initially observed, and even more so than it was before (Docquier & Rapoport, 2012; Mountford & Rapoport, 2011).

According to the United Nations Global Migration Database, from 1960 to 2010, international migration has surged from 75 to 214 million, respectively (Docquier, 2014). To illustrate, in the United States, the United Kingdom, Australia, New Zealand, and Canada, about one-quarter of practicing doctors are trained or

educated abroad, with 40-75 percent being from developing nations (Lofters, 2012). BD alludes to the flight of skilled employees leaving the organizations in their country of origin in quest of better job prospects and a higher standard of living in another country (Carr et al., 2005; McKenzie et al., 2013; Rosenblatt & Sheaffer, 2001; Wanniarachchi et al., 2020).

The developed countries have large numbers of health professionals. Nevertheless, they are not self-reliant. For example, the United States alone has over 870,900 active doctors (Statista Dossier, 2020). Roughly 217,725 of these 870,900 doctors in the United States are born and educated abroad, coming mostly from developing countries (Scheffler & Arnold, 2019; Statista Dossier, 2020). Similarly, Jenkins (2016) stated that of the 255,141 doctors registered in the UK, only 173,275 (or 63.3%) were trained in the UK while 36.7% were composed of doctors who qualified from other countries. It was further stated that from the 37% of doctors who qualified in another country than the UK, just over 3.5% of whose country of qualification was Iraq (Baker, 2019). Iraq is a major source of foreign doctors for the National Health Service (NHS) in the UK (Fitzgerald et al., 2020). According to Docquier & Rapoport (2012) and United Nations, Department of Economic and Social Affairs, Population Division (2019), since the mid-1980s, the doubling of the BD rate among skilled workers in developing countries has accompanied a doubling of the proportion of foreign-born skilled workers in developed countries. The reality of the health system and hospitals in Iraq reflects these numbers and statistics. Since 2003, the percentage of doctors leaving or intending to leave Iraq increased significantly; over 50% of the Iraqi practicing doctors lost to other countries, mostly to the developed countries (Kamimura et al., 2018; Webster, 2014). And this increase in BD among doctors in Iraq continues (Hoz et al., 2020).

Prior to Saddam Hussein's rule, numerous Iraqi doctors sought further medical training in the United Kingdom and many chose to settle there (Dewachi, 2017). Physicians traveling abroad were the norm, often with state grants (Amin & Khoshnaw, 2003; Dewachi, 2017). They then become the nucleus from which subsequent generations of Iraqi doctors emerge (Saraf & Garfield, 2008). During the reign of Hussein, Iraqi doctors continued to leave their country of origin, but in smaller numbers, mainly due to the strict ban imposed on doctors from leaving Iraq and the imposition of harsh penalties on those who violated (Dewachi, 2017). Following the first Gulf War, this group of professional workers became impoverished, with doctors' incomes dropping to as low as US\$30 per month, not enough to cover basic living expenses (Akunjee & Ali, 2002). Iraqi intellectuals in general, and doctors in particular, endured unbearable levels of brutality and systematic targeting following the US-led invasion in 2003 (Iraq Body Count (IBC), 2017; WHO, 2017). While healthcare facilities were destroyed and robbed, doctors were compelled to protect them with their lives (Kapp, 2003). On the other hand, the of the reaction Iraqi government was poor, failing to conduct a thorough investigation and protect those who remained inside Iraq (Alwan, 2011). In 2010, the Iraqi government promised doctors improved security and protection on the one hand, as well as immediate employment upon their return to Iraq on the other, but those promises were insufficient to persuade doctors to return or stay in Iraq (Burnham et al., 2011).

Since the US-led invasion of Iraq in 2003, the Iraqi healthcare system has appeared to be in disarray; decision-makers have failed to address the issues of the Ministry of Health politicization, bad management, corruption, insufficient training, and lack of security (Alshawi et al. 2017; Dyer, 2008; IBC, 2017; Webster, 2009; WHO, 2017). This failure alienated doctors even more; the majority of Iraq's fully certified doctors fled the country (Burnham et al. 2009). Senior doctors are among those who are departing their positions, leaving a key leadership and mentoring deficit and, in certain circumstances, the full loss of certain specialties (Doocy et al., 2010). Of the number of doctors registered in Iraq before the 2003 US-led invasion, over 50 percent have left, over 5 percent have been murdered, and around 0.70 percent have been kidnapped (Iraq Body Count (IBC), 2017; Webster, 2011). These migrant doctors mainly leave for developed English-speaking countries (Al-khalisi, 2013; Antwi & Phillips, 2013), the United States, and the United Kingdom (Cuhls, 2007; Dewachi, 2017). About 40% of primary healthcare clinics in the country suffered from a lack of doctors (Webster, 2011). The World Health Organization (WHO)'s (2017) report on Iraq titled "Iraq Health Profile" suggested that among the encounters for the healthcare staffs in Iraq are the absence of coherent human resources management structures and capacity within the Ministry of Health and governorates to make strategic plans, mobilize and prioritize resources, and devise innovative and cost-effective solutions for the health workforce (WHO, 2017). According to WHO's (2017) "Iraq Health Profile" report, the internal and external BD of professional expertise and the need to progress the quality of health professionals' training and education, especially healthcare workers, are other challenges (WHO, 2017). The WHO report then gives its recommendation to the Ministry of Health that it needs to plan and review the roles and responsibilities for healthcare delivery at all levels to facilitate the move towards a decentralized healthcare delivery system and to relaunch a national health policy for 2014–2023 that delivers a vision and roadmap for improving the healthcare sector over the next decade. Also, the WHO report recognizes the deficiency of the leadership and management of the healthcare system by suggesting or recommending that, priority should be given to the improvement of the management and leadership capacity at the central Ministry level and in the health directorates through an extensive range of specialized training programs in the home country and abroad (WHO, 2017).

Among the primary contributors to the increase in BD is the lack of obstacles to international trade in products and services, as well as human capital (Mills et al., 2011; Sager, 2014; Stilwell et al., 2004). Immigration policies targeting the recruitment and attraction of professional workers from developing countries have been implemented by countries including the United States, the United Kingdom, Australia, and Canada (Mills et al., 2011; Sager, 2014; Stilwell et al., 2004). The Australian Government, for example, has formed a Skilled Occupation List aimed at luring overseas qualified workforce by simplifying visa requirements for entry into Australia through the Department of Immigration and Border Protection (Ohr et al., 2014). The pattern of an exodus of skilled labor reported by Docquier & Rapoport (2012) suggests that the developed countries may benefit from BD at the expense of developing countries, making the benefits that may accrue from BD asymmetrical. WHO recommendations for international recruitment of healthcare personnel (WHO, 2010b) chastise high-income nations

for actively recruiting medical professionals trained in developing countries. Furthermore, the World Health Organization (WHO, 2010a) has issued various recommendations to promote healthcare worker retention, including some focused specifically on Iraq, as previously indicated (WHO, 2017).

1.2 Problem Statement

Retention of doctors is a major concern (Smith et al., 2013). Doctors leaving their jobs in the home country pose serious political, economic, social, safety, and health problems to nations that do not have specific policies in place to address BD (Santric-Milicevic et al., 2014). The Iraqi healthcare system's recovery plan appears to be tepid after the US-led Iraq invasion in 2003; with billions of dollars' worth of new Iraqi and foreign investment since 2003; the healthcare system reform in the country is long overdue (Kruk et al., 2010; Webster, 2011). Low job satisfaction, inadequate training, working over 40 hours on average weekly, perceived unsafe medical practice, and disagreeing with how managers conduct personnel are all factors contributing to Iraqi doctors' aversion to working in public hospitals in Iraq. (Jadoo et al., 2015; Alshawi et al., 2017; Webster, 2011). Because of this, in recent years, approximately 20,000 doctors have left the country in search of careers abroad (Al-khalisi, 2013; Dewachi, 2017). Of the number of doctors registered in Iraq before the 2003 US-led invasion, 70 percent of the national total have left, 5 percent have been murdered, and around 0.70 percent have been kidnapped (Al-khalisi, 2013; Webster, 2014). And this estimation of the Iraqi doctors' exodus (number around 20,000) could be the highest percentage of medical doctors in recent history leaving one single country (Al-khalisi, 2013; Dewachi, 2017). Besides, the majority of the remaining doctors in Iraq are actively seeking alternative employment elsewhere (Jadoo et al., 2015). Also, Iraqi doctors that left the country to work abroad described better work atmospheres, training quality, and job satisfaction in their destination countries (Al-khalisi, 2013).

The BD phenomenon has been widely studied at the national level, in the realm of people emigration (Chikanda, 2011; Dequiedt & Zenou, 2013; Imran et al., 2011; Neubecker & Smolka, 2013; Raghuram, 2009; Suci et al., 2017), or sub-cultural mobility (Chepurenko, 2015). While BD is an adverse implication of organizational deterioration and crises, the subject was only discussed fleetingly at the organizational level, the exodus of the most qualified and talented workers from the organization (Ariu et al., 2016; Nifo & Vecchione, 2014; Orłowski et al., 2018; Rosenblatt & Sheaffer, 2001), among doctors in particular (Dohlman et al., 2019). A rising rate of employee turnover may lead to a slew of challenges, one of which is BD (Wienke & Kuss, 2009). The only effective and long-term sustainable policy to address BD among doctors appears to be one that tackles the inherent organizational pull-and-push forces (Rutten, 2009) since BD at the national level is contingent upon vulnerability to BD at the organizational level (Gaiduk et al., 2009; Semela, 2011). Besides, not dealing well with push-pull factors will lead to more BD among doctors (Wang et al., 2017). Thus, healthcare institutions are faced with the dual challenge of retaining personnel while also combating BD (Henry & Henry, 2007). Interventions to address BD among

doctors have been constrained by the lack of research on systematic factors that influence the intention of doctors to leave their job in their country of origin (Botezat & Ramos, 2020; Kaushik et al., 2008). This prevalent phenomenon among doctors is insufficiently understood (Dohlman et al., 2019). Besides, there is a lack of evidence to inform policy development on the reasons why health workers leave (Wuliji et al., 2009). This study seeks to remedy this situation by conceptualizing BD in organizations and presenting and testing a theoretically based framework, comprising of the following components: organizational and contextual BD predictors, and social-behavioral processes of BD leavers, in relation to BD.

Previous studies largely focused on financial drivers, education, or quality of life (Benamer et al., 2009; Gauld & Horsburgh, 2015; Kazemi et al., 2018) that push-pull highly skilled from their country of origin to other destinations; while organizational and social push-pull factors underlying BD were largely neglected (George et al., 2013; Goštautaitė et al., 2018; Mellin-Olsen, 2017). However, health workers are not a homogenous group, and many factors cause them to leave, not only remuneration (Mellin-Olsen, 2017). Besides, the motivations and factors driving doctors' intention to leave their job in their country of origin are complex and continuously evolving (Schumann et al., 2019). As a result, little knowledge exists about the nonfinancial factors that influence healthcare workers' choice of the employer or their choice of work location (country of origin, or abroad), this area is under-researched (George et al., 2013). Therefore, to boost the retention of highly skilled workers, effective non-monetary measures are required (Goštautaitė et al., 2018). Also, BD predictors, specifically among doctors in Iraq, switched from monetary concerns during the Hussein era to other job-related issues after the US-led invasion in 2003 (Al-khalisi, 2013). Based on the foregoing, this study felt the need to introduce several nonfinancial, and work-related push-pull factors (e.g., autocratic management style, perceived workload, exposure to violence, opportunities for career advancement, and alternative job opportunities) in an attempt to bridge this vast gap within BD studies.

According to Orosová & Gajdošová (2017), the current line of thinking emphasizes that the driving force for making decisions to leave lies not so much in the lack of personal and social resources but contrary in its presence and potential, therefore, when addressing vulnerability to BD on an individual level the psychological aim should be to identify and understand interpersonal variables which play an important role during the BD process and perhaps beyond it, and reveal the mechanisms of their interplay. Theories of Reasoned Action and Planned Behavior support this line of thinking by emphasizing the social environment rather than stable personality traits (Olga Orosová & Gajdošová, 2017). These theories focus on the importance of normative social influence (Deutsch & Gerard, 1955), and particularly the role of normative beliefs (Ajzen, 2011). Different types of norms have been distinguished, namely injunctive (behaviors perceived as morally approved), descriptive (behavior of most people), subjective (how significant others think one should behave). The normative approach might be highly relevant because it enables the analysis of the current social perceptions of BD intentions, especially concerning the

reference group and significant others such as family and peers. This is following Jauhar et al.'s (2016) statement, "As a result of social norms coupled with curiosity, the BD continues" (p. 88). However, studies on this subject within the scope of BD are scarce. To date, the researcher has found only one study (Orosova et al. 2018) that have examined the three normative beliefs (descriptive, injunctive, subjective), as separate variables in one study addressing BD. However, their study addressed the phenomenon at the national level, among university students who are not working at the moment they have conducted the study. Hence, this study comes as an attempt to bridge this gap in the literature by examining normative beliefs (subjective, descriptive, and injunctive) concerning BD intentions among doctors currently working in public hospitals.

In addition, employees often engage in social comparison processes (Adams, 1965). Earlier studies revealed that social comparison, namely, upward comparison possesses either an unfavorable effect (Son et al., 2018; Sumelius et al., 2019; Treadway et al., 2019; Veiga et al., 2014) or a positive effect on career satisfaction and turnover intentions (Eddleston, 2009). Rosenblatt & Sheaffer (2001) suggested for future research to examine upward social comparison in the context of organizational BD. However, so far, there have been very limited studies addressing this issue. Instead, upward social comparisons have been addressed in organization studies to explain procedural justice on pay satisfaction, and job satisfaction (Bordia & Blau, 1998; Lange et al., 2010; Mamman, 1990; Schreurs et al., 2015; Tremblay & Roussel, 2001), work time control and work stress (Weiß, 2017), career derailment and intentions to stay (Breitenmoser & Bader, 2018), talent management, and organizational performance (Son et al., 2018), psychological contract breach (Cassar et al., 2016), career-related self-efficacy (Rigotti et al., 2018), HRM practices and employee creativity (Jiang et al., 2012; Sanders et al., 2019), follower narcissism and workplace envy (Treadway et al., 2019; Veiga et al., 2014), leader-member exchange (Lai et al., 2018) and workplace ostracism (Chang et al., 2019). This study answers Rosenblatt & Sheaffer's calls by examining the relationship between upward comparison and BD intention (vulnerability to BD) and attempts to identify the type of referent used for the comparison i.e. with whom individuals compared their situations (Weiß, 2017). By answering this question, this study hopes to show that highly talented professionals in the country of origin can go beyond the boundaries of one organization and even one country to make social comparisons with counterparts in the destination countries (i.e. similar others in a different organization, system, and country) that lead to unfavorable outcome (i.e. BD) for the country of origin and the healthcare organizations within it.

In essence, the push-pull theory is built based on positive and negative factors driving individuals from the countries of origin to the destination countries, in this sense the theory helps in understanding international migrations (Lee, 1966). Previous studies have also shown the application of the theory to explain BD as a turnover at the organizational level (Geun et al., 2018; Goh & Lopez, 2016; Wanniarachchi et al., 2020). The scenario at the organizational level will be such that push-pull factors at the current organization (moving from) and the destination organization (moving to), bring pressure, and jointly create a

turnover. Neither the theory nor the model, however, showed any intermediating mechanisms that might serve to explain how the pull-and-push- factors affect the outcome. For this and other reasons, previous studies have criticized the theory as being limited and simplistic (Lehmann et al., 2008; Seet et al., 2015; Tharenou & Caulfield, 2010). As a result, we have an insufficient understanding of why and how does that relationship exists, what is the variable that might explain this relationship, or under what condition does that relationship between the push-pull factors and the outcome work (Wanniarachchi et al., 2020). This study attempts to shed light on this knowledge gap and bridge it by including mediating variables, namely occupational distress and attitude toward BD to explain why and how the relationship between the push-pull factors and BD works, i.e., to understand the underlying mechanisms of the relationship.

Finally, to date, BD in Iraq has widely been studied at the national level, from a macroeconomic or national perspective (Akunjee & Ali, 2002; Al-khalisi, 2013; Al-shamsi, 2017; Alshawi et al., 2017; Alwan, 2011; Burnham et al., 2009; Burnham et al., 2011; Donaldson et al., 2012; Doocy et al., 2010; Dyer, 2008; Hilfi, Lafta, & Burnham, 2013; Jadoo et al., 2015; Kapp, 2003; Lafta et al., 2018; Levy & Sidel, 2013; Malik et al., 2014; Saraf & Garfield, 2008; Steele, 2006; Webster, 2009b; Webster, 2011; Wilson, 2004). Research on BD among doctors in Iraq has been mostly descriptive; focusing on the failing healthcare in Iraq, what is BD, the deficiency of a desirable quality in healthcare as a result of BD and the common features of BD, the health consequences of US-led invasion in 2003 and efforts of reconstruction, political instability, and violence against doctors (Alwan, 2011; Bou-Karroum et al., 2019; Burnham et al., 2011; Donaldson et al., 2012; Herfs, 2014; Hilfi et al., 2013; Hoz et al., 2020; Kapp, 2003; Kron et al., 2019; Levy & Sidel, 2013; Morton & Burnham, 2008; Shukor et al., 2017; Webster, 2009b, 2009a; Webster, 2011, 2014; Younis & Khunda, 2020). Only a few studies are known to the researcher that have looked into BD in Iraq from an organizational perspective. This study bridges the gap that exists in the BD studies within the context of Iraq by looking at one of the more damaging consequences of organizational decline, the BD intentions of doctors, from an organizational perspective. That is to say, examining BD at the organizational level, i.e., as concerns the exit of highly qualified personnel from organizations.

1.3 Research Objectives

Overall, this study aims to examine the influence of push-pull factors and BD intention among doctors in Iraq. More precisely, the present study intends to:

1. Examine the relationship between the push factors (e.g. autocratic management style, exposure to violence, perceived workload, opportunities for career advancement and success) and pull factors (e.g. alternative job opportunities, perceived employability, intention to work abroad) and BD intention.

2. Examine the relationship between normative beliefs (subjective, injunctive, and descriptive) and BD intention.
3. Examine the relationships between upward comparison and BD intention.
4. Determine the mediating mechanisms between upward comparison, the push factors, and BD intention.

1.4 Research Questions

The following questions were intended to address the study's objectives, and to test the proposed model:

1. Are there any significant relationships between the push factors (i.e., autocratic management style, exposure to violence, perceived workload, opportunities for career advancement and success) and pull factors (i.e., alternative job opportunities, perceived employability, intention to work abroad) and BD intention?
2. Are there any significant relationships between normative beliefs (subjective, injunctive, and descriptive) and BD intention?
3. Does upward comparison influence BD intention?
4. Does attitude towards BD mediate the relationship between upward comparison and BD intention?
5. Does occupational distress mediate the relationships between each of the push factors (i.e., autocratic management style, perceived workload, exposure to violence) and BD intention?

1.5 Scope of the Study

BD among doctors is determined by personal and organizational factors (Davda et al., 2018). Therefore, BD among those highly skilled health workers in the countries of origin must be addressed concerning retention policies at the organizational level (Walton-Roberts et al., 2017). Following the above, the primary purpose of the present study was to examine the effect of an integrative theoretical framework based on the interaction between the push-pull factors from an organizational perspective i.e., organizational, contextual (environmental, individual, psychological), and social-behavioral processes of BD leavers through attitude towards BD and occupational distress on BD intention. This was accomplished using quantitative methods on a sample of Iraqi doctors of all specialties and career stages working in Iraqi public hospitals. The hospitals are listed under the directorates of the health of the Iraqi healthcare

system in nine major governorates located in Baghdad; the three governorates: Erbil, Sulaymaniyah, and Duhok in the Kurdistan federal region and five selected governorates from Northern, Western, and Southern Iraq (Al-Anbar, Babylon, Basra, Najaf, and Salah ad-Din). The governorates and health directorates chosen for this study account for the majority of the country's doctors and public hospitals, and they not only have more doctors and hospitals than other governorates, but they also serve a larger population, as citizens from other governorates travel to these governorates for medical treatment. In addition, the governorates chosen cover the majority of the distinguishing characteristics associated with the various regions/parts of the country, such as those associated with the Kurdistan federal region, which has had the same federal government since before the US invasion, and has been spared the ravages of the civil war that followed the US-led invasion in 2003. The selected governorates also encompass aspects relating to religious denominations, i.e. sectarian concentration of Sunni and Shiite Muslims. Finally, with regard to the exclusion criterion, it was the Iraqi doctors who were not located in the selected governorates.

1.6 Significance of the Study

1.6.1 Theoretical Significance

In the "push and pull" approach, organizational factors are not recognized as causes of BD, and this is an important limitation of this approach (Guo & Ariss, 2015). This contains contemporary theories e.g., the structural approach, the New Marxist macro-level approach, or the human capital theory, in addition to the pull-and-push approach among others, that do not take into account the institutional factors (Iredale, 2001). And that is especially true from the standpoint of the country of origin (Wanniarachchi et al., 2020). According to Wanniarachchi et al. (2020), two reasons make this omission a noticeable gap in the BD literature, the first of which is that currently employed individuals represent a significant share of BD worldwide. Second, the evidence (Akl et al. 2007; Alonso-Garbayo & Maben, 2009; Gouda et al., 2017; Klein et al., 2009; Remhof et al., 2015; Schumann et al., 2019; Tharenou & Seet, 2014; Orłowski et al., 2018), although limited, indicates that factors at the organizational level in both countries of origin and destination affect BD. It must be pointed out here that these studies are experimental in which there is no sound theoretical basis, which calls for the urgent need to support these experimental studies by developing a sound theoretical framework (Wanniarachchi et al., 2020). With this need in mind, Rosenblatt and Sheaffer's (2001) BD Predictors theoretical framework (BDP) is notable because it attempts to pinpoint the organizational factors affecting BD (Wanniarachchi et al., 2020). This study is among the very few studies that have responded to Rosenblatt & Sheaffer's (2001) explicit call toward a research agenda that addresses the phenomenon of BD from the organizational perspective. From this standpoint, most of the factors studied in this study derive their theoretical significance, since they are mostly at the organizational level which has only been fleetingly addressed in BD studies. Furthermore, the relevance of this work is derived from the shift in focus from

financial factors that have been extensively examined by BD studies, to focus on non-financial factors that have not received sufficient attention from researchers (Goštautaitė et al., 2018).

To address the collective contexts of BD and the loss of critical human assets, studies must also examine the social behavioral processes of BD leavers (Rosenblatt & Sheaffer, 2001; Volpe & Murphy, 2011; Weiß, 2017). To such end, a variety of social comparisons and social contagion theories are useful in explaining why skilled and eminently needed personnel exit healthcare institutions in large numbers (Rosenblatt & Sheaffer, 2001). Rosenblatt and Sheaffer (2001) emphasized in their BD Predictors theoretical framework (BDP) the importance of this social aspect of leavers' behavior, namely, social referents and bandwagoning (which are matched in this study by both upward social comparison and descriptive norm). They did not, however, test it. Rather, they set it as an agenda for future research. In previous studies, the researcher did not find any study among BD studies that tested this aspect of Rosenblatt and Sheaffer's (2001) theoretical framework. This study took upon itself this task. One objective of this study is to verify the possibility for social comparisons to occur between skilled workers (doctors), in their country of origin, Iraq, and similar others in different hospitals, healthcare systems and, countries.

Besides, this study is significant because it is one of the few studies that examined whether the highly talented in the country of origin make social comparisons with their counterparts in the destination countries. Thus, it is through this attempt that this study hopes to provide new insights into the type of social referent used for the comparison; that is, with whom individuals compare their situations, which is considered, according to Weiß (2017), the central question when dealing with social comparisons.

This study is significant because it distinguished between different types of norms, namely, injunctive (behaviors perceived as morally approved), descriptive (behavior of most people), and subjective (how significant others think one should behave). Understanding human behavior requires distinguishing between descriptive, injunctive, and subjective norms because it is mostly based on distinct sources of human motivation (Deutsch & Gerard, 1955). This normative approach might be highly relevant because it enables the analysis of the current social perceptions of BD intentions, especially concerning the significant others and reference group (family and peers) as indicated by Jauhar et al. (2016).

The research provides a scientific contribution that advances an understanding of organizational BD by constructing and assessing an overarching interconnected framework to explicate why and how BD tends to occur. To explain "why", this study examined the overlooked impact of social behavioral processes (social referents and peer influence) by assessing the descriptive power of upward comparison, which is new to BD research, along with the descriptive norm. Besides, this research also contributes to our understanding

of “how” BD develops by exploring the sequential mediating effect that attitude toward BD and occupational distress have on BD. Despite attitude towards BD and occupational distress are likely to transmit the effect of push and pull factors, their mediating effects in the BD literature have not been examined. This is an unsubstantiated piece of the puzzle that this research examines. Further, the push-pull theory/model has specified no mediating relationships or variables to explain the relationship between the push-pull factors and the outcome, and therefore, the theory has been criticized (Lehmann et al., 2008; Seet et al., 2015; Tharenou & Caulfield, 2010). To my knowledge, this is the first to incorporate the studied mediating effects of occupational distress and attitude towards BD in a BD model, addressing the echoes of (Rosenblatt & Sheaffer, 2001) for expanding and deepening our knowledge in such areas.

Lastly, the current study is among few studies to integrate the Pull-and-Push Theory and the TPB along in an attempt to unveil the underlying mechanism in which push-pull factors, individual factors, and social-behavioral processes of BD leavers including an analysis of leavers' behavioral characteristics are translated into BD intention among the highly skilled workers (Ho et al., 2015). Hence, this study also expands on the literature regarding the push-pull factors-BD linkages.

1.6.2 Managerial Significance

The results of the study are beneficial to both institutions and countries. Because the findings of this research may improve decision-makers knowledge of self-distortive and inefficient practices that push out or overlook qualified and urgently needed professionals amid downturns and crises. Recognizing such a mechanism will very certainly make it easier and faster to implement HRM measures to combat such tendencies while maintaining competent people with the skills, abilities, and relevant qualifications for revival.

Researchers have long recognized that hospitals rate among the highest in stress (Buttigieg & West, 2013; Firth-Cozens, 2003; Hayes et al., 2015; Rickard et al., 2012; Saijo et al., 2013). This study is significant in providing information about the work-related distress of Iraqi doctors that could be used to plan individual and organizational interventions. By exploring the mediating effect of occupational distress, this research would form a more solid empirical basis for the design and operation of human resource practices pertaining to how BD occurs among doctors. Specifically, it would add new insights into whether occupational distress would transmit the influence of push and pull factors to BD intention.

Developing countries produce highly driven and motivated healthcare workers. This study is significant in helping national leaders realize their responsibility in stemming the doctors' BD through motivating professional practice in Iraq and diminishing the appeal of other destinations with bolder interventions targeting

primarily early careers. For example, this study emphasizes that policies aimed at mediating BD should take social comparison and behavioral processes into consideration and should be geared towards creating working conditions matching those of destination countries to close the gap between Iraq and the upward referent's destinations. By highlighting social comparisons, the remaining doctors in Iraq make with similar others in destination countries, this study stresses the need to benchmark those destinations to rectify the push factors in a way that narrows the gap between destination countries and country of origin to reduce the appeal of other destinations.

The high number of doctors intending to leave their job in their country of origin requires a reassessment of the effectiveness of retention strategies if they have ever been in place for doctors in the Iraqi healthcare system. In this context, we seek immediate action in order to keep or considerably reduce the number of doctors leaving the country. It is necessary to identify and execute various motivation and retention techniques. Different types of doctor development programs should also be implemented. This study will illustrate the urges of the ministry to review its policies based on the push-pull factors studied and accordingly submit a national strategic plan with combined actions to prevent the imminent human desertification of Iraqi healthcare through a further loss of its highly needed human resources. This strategic plan and policy actions should make a deliberate effort to address the underlying causes of what is known as "push factors", including the ones examined in this study which instigate the BD among doctors in Iraq in the first instance.

This study may highlight the need to provide insights, suggestions, and measures aimed at Iraqi public hospitals to pay more attention to the non-financial factors such as recognition, giving doctors a higher level of control over their jobs, and providing support from the management, considering their opinions in decisions making (especially those related to their jobs), ensuring the personal safety of doctors in hospital facilities and wards to reduce doctors' exposure to violence and reduce doctors' perceived workload to decrease work-related stressors of Iraqi doctors.

This study contributes to the regional managerial studies regarding leadership and BD intention. Notably, the research on the studied management style and BD intention have been widely neglected in regional literature (Tung, 2016). In this respect, this study helps to investigate the applicability of the Western-developed leadership style to a local developing sitting (Iraq sitting), which differs from the developed sitting (Marchal & Kegels, 2008). Marchal & Kegels (2007) stated that in publicly oriented services there is a lack of knowledge of what best management practices are; and what has not been particularly well studied are the operational aspects of health worker management at the provision level, especially more so for developing countries. Accordingly, a foundation for future research on the applications of the Push-Pull Theory, management style, and BD intention in the region is established.

1.7 Definition of Terms

1.7.1 Occupational Distress

It is the doctors' reaction to the pressure and demand of their that are not commensurate with the level of their abilities and knowledge, which in turn creates significant challenges to their ability to cope in the workplace (Zainal et al., 2017).

1.7.2 Social Referent

It is the "similar others" to whom the remaining doctors in Iraq are comparing themselves when determining personal perceptions of leaving the healthcare institutions (hospitals) in their home country, Iraq (Tyvand, 2017).

1.7.3 Push-Pull Factors

The factors contributing to BD are generally classified into two groups, pull factors or push factors (Baruch & Forstenlechner, 2017; Chand, 2012). Pull factors refer to alternative job opportunities (Lang et al., 2016; McKenzie et al., 2013) that attract Iraqi doctors to other countries. Push factors are the unfavorable conditions in the home country, which motivate the remaining doctors to leave the homeland (Dewachi, 2017; Yabuuchi & Chaudhuri, 2007). Push factors may include management style (Jadoo et al., 2015; Ramos et al., 2016), and exposure to violence (Fares & Fares, 2017).

1.7.4 Organizational BD

Exit and unexpected and considerable loss of doctors and the skills they symbolize through voluntary turnover of those who are regarded highly valuable and sought-after institutional assets, who perceive the direction and management of the healthcare system/institution to be dysfunctional, or stagnant, and thus unable to keep pace with their ambitions on a personal and professional level (Rosenblatt & Sheaffer, 2001).

1.7.5 Social Processes

Refers to the process through which groups and individuals engage, adjust, readjust, and form new patterns of behavior and relationships that are modified once more as a result of social interactions (Bardis, 1979).

1.7.6 Opportunities for Career Advancement and Success

Based on the definition provided by Lin et al. (2012), the definition for opportunities for career advancement and success adapted for this study is the healthcare institution's ability to provide opportunities for career growth and success and thus it is the healthcare institutions' attractiveness which translates through its ability to lead the remaining doctors in Iraq to foster optimistic career success expectations.

1.7.7 Autocratic Style of Management

Autocratic management extends past decision-making as to what could appear to be ways of controlling or imposing opinions and beliefs on subordinates (Yukl, 2006). Autocratic managers aren't interested in cultivating connections with their subordinates; rather, they see everyone as simply contributions or barriers to achieving their objectives (Luque et al., 2008). Besides, under this management style, there is a high bureaucracy level and associated lack of opportunities for doctors to have a say on hospital policy, that gives doctors a very minimum direct influence over their practice, much less over the healthcare management policies, having high power dependence and lack of being autonomous.

1.7.8 Alternative Job Opportunities

Alternative job opportunities are job opportunities for the Iraqi doctor in a destination located outside the geographical boundaries of their home country (Tabor et al., 2015).

1.7.9 Perceived Employability

Perceived employability pertains to doctors' perception of the easiness to get an alternative job with another employer in a destination located outside the geographical boundaries of their home country, given their qualifications and background (De Cuyper & Witte, 2010; Rothwell & Arnold, 2007).

1.7.10 BD Intention

BD intention refers to the doctors' beliefs that they will leave the hospitals in their home country, Iraq, in the future (S. Taylor & Todd, 1995). In other words, it is the BD vulnerability of hospitals in the home country, Iraq.

1.7.11 Subjective Norm

Subjective norm refers to the remaining doctors' perception regarding important others' expectations for the remaining doctor's BD (Park & Smith, 2007).

1.7.12 Injunctive Norm

An injunctive norm involves the remaining doctors' perception of social approval or disapproval of the BD (Cialdini et al., 1990).

1.7.13 Descriptive Norm

Descriptive norm refers to norms that characterize the remaining doctors' perception of the popularity of BD and provides "evidence as to what will probably be effective and adaptive action" for these remaining doctors (Cialdini et al., 1990 p. 1015).

1.7.14 Attitude towards BD

Attitude towards BD refers to the remaining doctors' judgment on whether it is good to leave their job inside their country of origin (Taylor & Todd, 1995).

1.7.15 Intention to Work Abroad

Intention to work abroad is the predictor of the remaining doctors' subsequent behavioral intention of leaving the hospitals in their home country, Iraq, to work in another country/destination (Van Dalen & Henkens, 2013). That is to say, an intention to leave (BD intention) precedes an intention to work abroad.

1.7.16 Perceived Workload

Perceived workload also described as mental or personal workload, relates to how the remaining doctors cope on a psychological level with the workload (Groenewegen & Hutten, 1991). It has ramifications such as the feeling of having the ability to cope with work and pressure (Groenewegen & Hutten, 1991). Task interaction with the doctor (performance and effort) and demands placed on the doctors (mental, temporal, physical) are two possible sources of categorizing perceived workload (Hart & Staveland, 1988).

1.7.17 Upward Comparison

It is the social comparison with positive role models a remaining doctor (remaining in the country of origin) makes with a similar other (other doctors) in the destination countries for the sake of self-improvements and self-evaluation (Zander et al., 2019).

1.8 Organization of the Thesis

The study is organized as follows. Chapter 1 is the introductory chapter which illustrates the context in which the study was placed, the problem statement, and the study objective. Chapter 2 contains a review of the literature relating to the study. Chapter 3 discusses the research framework, underpinning theories, and hypotheses development. Chapter 4 presents the methodology used to attain results. Chapter 5 contains data analysis and the findings of this study. Finally, Chapter 6 presents the discussion, recommendations, and conclusion based on the findings of this study.

1.9 Chapter Summary

This chapter has presented the proposed study. Specifically, this introductory chapter comprises the background of the study, problem statement, research questions, and significance of the study, followed by the definition of terms, and ends with the organization of the study. The next chapter provides a review of the related literature.

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