INFLUENCE OF HUMAN RESOURCE PRACTICES, JOB SATISFACTION AND PERSON-ORGANIZATION FIT ON JOB PERFORMANCE OF PRIVATE HEALTHCARE EMPLOYEE IN JORDAN'S MEDICAL TOURISM INDUSTRY

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UNIVERSITI SAINS MALAYSIA

2020

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by

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Thesis submitted in fulfilment of the requirements
for the degree of
Doctor of Philosophy

August 2020

ACKNOWLEDGEMENT

First and foremost, I praise Allah, the Almighty, for providing me this opportunity and giving me the ability to proceed successfully in my work. My sincere appreciation, gratitude, and profound thanks go to my father's soul (may Allah reward him with a place in Al Jannah) and to my mother, 'my paradise' (may Allah extend her life and health). Any success I have ever achieved in my life is the fruit of the early investments made by my parents.

This journey could not have become a dream come true without the intellectual person who has been patiently, supportively and continuously encouraging me to keep on working hard to complete this thesis. From the bottom of my heart, I would like to express my sincere appreciation to my supervisor, Ir. Dr. Rajendran Muthuveloo, for his insights, words of encouragement and the belief he always has in me.

I would also like to convey my heartfelt thanks and appreciation to my cousins, Dr. Noor Aldeen Atatreh, for his ultimate support, guidance and encouragement, from the moment the topic of this Ph.D thesis formed as an idea in my mind until the end of this degree—you are the best inspiration I have ever had—Eng. Abdullah Atatreh, for his absolute readiness to support me in many stages of my life—you have absolutely inspired me to offer help to others whenever needed—Mr. Anas Atatreh and Mr. Mohammed Atatreh, for their great support as well. I am likewise thankful to my uncle Prof. Dr. Ghaleb A. El-Refae, for his unconditional support given to me specially during my previous education stages. Moreover, I would like to extend my gratitude to my brother, Ammar Amarneh, for handling a great number of responsibilities during my absence.

Friends make difficult things easy, in this place, I would like to convey my special thanks to my friends Dr. Mohammad Bataineh and Dr. Ali Raza for their readiness to provide support all the way. Furthermore, I am particularly indebted to the management of all the private hospitals that responded to my request to participate in this study. I thank them for their support and willingness to spend their precious time and effort to take part in my research. My special appreciation goes to the Amman Surgical Hospital, Al-Amal Maternity Hospital, Al-Essra Hospital, Jordan Hospital, Istishari Hospital and Ibn Al-Haytham Hospital. I would also like to acknowledge my respondents, private hospital employees, for their generosity and honesty which I greatly cherished.

Finally, I have saved my last words of acknowledgment for my family, particularly my loving wife Dr. Ruba Awadallah, for her unconditional love and support in this journey. Thank you so much for the invaluable love, care, support, trust, prayers and, above all, for believing in me. To my kids, Omar and Masa, you two are my life! Even though I spent too much time on this thesis, there was never even one moment that I stopped thinking about you.

TABLE OF CONTENTS

LIST OF TABLES

Page

LIST OF FIGURES

Page

LIST OF ABBREVIATION

EJP	Employee Job Performance
HR	Human Resource
HRM	Human Resource Management
JS	Job Satisfaction
P-O Fit	Person-Organization Fit
P-E Fit	Person-Environment Fit
TP	Task Performance
OCB	Organizational Citizenship Behaviour
RS	Recruitment and Selection
JD	Job Design
TD	Training and Development
EE	Employee Empowerment
PA	Performance Appraisal
C	Compensations
MOH	Ministry of Health
MT	Medical Tourism
PHA	Private Hospitals Association
PHs	Private Hospitals

PENGARUH AMALAN SUMBER MANUSIA, KEPUASAN KERJA DAN KESEPADANAN INDIVIDU-ORGANISASI KE ATAS PRESTASI KERJA PEKERJA PENJAGAAN KESIHATAN SWASTA DALAM INDUSTRI PELANCONGAN PERUBATAN JORDAN

ABSTRAK

Kajian ini menggariskan dan menguji pelbagai model amalan pengurusan sumber manusia (PSM) dan kaitannya dengan hasil termasuk sikap dan tingkahlaku pekerja. Dalam hal ini, kajian ini akan menyediakan mekanisme untuk menyokong peranan yang dimainkan oleh pekerja hospital swasta untuk meningkatkan industri pelancongan perubatan di Jordan. Mengunakan teori pertukaran sosial, kajian ini menyumbang cara baharu membuka 'kotak hitam' di antara amalan dan prestasi PSM. Tambahan lagi, kajian ini bermatlamat untuk menilai kesan penyederhanaan kesepadanan individu-organisasi (P-O) dalam hubungan pengrekrutan dan pilihan, reka bentuk pekerjaan, latihan dan pembangunan, pemerkasaan pekerja, penilaian prestasi, pampasan dan kepuasan kerja. Mekanisme ini menyumbang kepada meningkatkan pengetahuan berkaitan hubungan di antara PSM dan kesepadanan P-O dengan menguji peranan penyederhana yang mungkin dengan kesepadanan P-O dalam hubungan di antara amalan PSM dan kepuasan kerja pekerja. Kajian ini memberi fokus kepada dua ukuran laporan-kendiri dipanggil prestasi kerja pekerja: tingkahlaku kerakyatan organisasi dan prestasi tugas. Data telah dikumpulkan menggunakan pensampelan mudah bukan rawak dalam kalangan pekerja di hospital-hospital swasta di Amman, Jordan melalui tinjauan soal selidik berstruktur. Secara keseluruhan, 457 respon yang boleh digunakan telah diterima dan dianalisis menggunakan Smart PLS versi 3.2.8 dan SPSS versi 23.0. Keputusan kajian ini menunjukkan kesemua dimensi

amalan PSM (contohnya pengrekrutan dan pemilihan, reka bentuk kerja, latihan dan pembangunan, pemerkasaan pekerja dan penilaian prestasi) mempunyai pengaruh positif yang signifikan kepada kepuasan kerja pekerja kecuali pampasan. Seterusnya, kepuasan kerja mempunyai pengaruh signifikan kepada prestasi kerja pekerja. Dimensi amalan PSM termasuk pengrekrutan dan pemilihan, reka bentuk kerja, latihan dan pembangunan serta pemerkasaan pekerja mempunyai pengaruh signifikan ke atas pretasi kerja pekerja melalui kesan pengantara kepuasan kerja. Kepuasan kerja tidak menyeimbangkan hubungan di antara penilaian prestasi dan pampasan serta prestasi kerja pekerja. Tambahan lagi, keputusan analisis data juga menyatakan bahawa kesepadanan P-O hanya menyeimbangkan hubungan di antara latihan dan pembangunan dengan kepuasan kerja pekerja. Kesepadanan P-O tidak menyeimbangkan hubungan di antara pengrekrutan dan pemilihan, reka bentuk kerja, pemerkasaan pekerja, penilaian prestasi serta pampasan dan dengan kepuasan kerja. Daripada perspektif akademik, kajian ini menekankan tahap kesesuaian di antara pekerja dengan organisasi yang mempunyai kesan signifikan kepada hubungan di antara amalan amalan PSM - kepuasan kerja. Ini sejajar dengan idea yang dilebarluaskan oleh teori pertukaran sosial berkenaan hubungan di antara PSM - prestasi pekerja. Daripada aspek praktikal, kajian ini menekankan dimensi penting amalan PSM yang perlu diberi fokus oleh pengurusan hospital dalam meningkatkan prestasi pekerjanya, yang secara tidak langsung akan meningkatkan prestasi organisasi dan industri pelancongan perubatan di Jordan.

INFLUENCE OF HUMAN RESOURCE PRACTICES, JOB SATISFACTION AND PERSON-ORGANIZATION FIT ON JOB PERFORMANCE OF PRIVATE HEALTHCARE EMPLOYEE IN JORDAN'S MEDICAL TOURISM INDUSTRY

ABSTRACT

This study outlines and tests a wide range model of human resource management (HRM) practices and its association with outcomes through a path including employee attitudes and behaviours. In view of this, this study will provide a mechanism to support the role played by private hospitals employees to improve the medical tourism industry in Jordan. Drawing on social exchange theory, this study contributes a new way of opening the so-called 'black box' between HRM practices and performance. Furthermore, this study aims to assess the moderating effect of person-organization (P-O) fit in the relationships of recruitment and selection, job design, training and development, employee empowerment, performance appraisal, compensation and job satisfaction. This mechanism contributes to enhance the knowledge on the relationship between HRM and P-O fit by examining possible moderating roles of P-O fit in the relationship between HRM practices and employee job satisfaction. The study focuses on two self-report measures called employee job performance: organizational citizenship behaviour and task performance. Data were collected via non-random conveniently sampling among employees at private hospitals in Amman, Jordan through a structured self-administered survey questionnaire. In total, 457 usable responses were received and analysed using Smart PLS version 3.2.8 and SPSS version 23.0. The results of this study showed that dimensions of HRM practices (recruitment and selection, job design, training and

development, employee empowerment and performance appraisal) have a significant positive influence on employees' job satisfaction, except compensation. In turn, job satisfaction has significant influence on employee job performance. The dimensions of HRM practices comprises of recruitment and selection, job design, training and development and employee empowerment have significant influence on employee job performance through the mediating effect of job satisfaction. Job satisfaction does not mediate the relationship between performance appraisal and compensation and employee job performance. In addition, data analysis results also indicated that of P-O fit only moderates the relationship between training and development and employee job satisfaction. P-O fit does not moderate the relationship between recruitment and selection, job design, employee empowerment, performance appraisal and, compensation and between job satisfaction. From the academic perspective, this study highlights that level of fit between employees and their organization has significance influence on the relationship between HRM practices and job satisfaction. This in line with the idea propagated by social exchange theory on relation between the HRM and employee performance. From the practical aspect, this study has highlighted the important dimensions of HRM practice that the hospital management should focus in enhancing their employee performance, that indirectly will enhance its organisational performance and medical tourism industry in Jordan.

CHAPTER 1

INTRODUCTION

1.1 Introduction

This introductory chapter provides an overview of the study. It details the problem statement concerning the influence of human resource management practices, job satisfaction, person-organization fit on employee job performance in Jordan's medical tourism industry. The research questions are derived along with the objectives in this chapter followed by the significance of study. The scope of the research is defined before providing definitions of key variables which are used throughout the study.

1.2 Background of The Study

Medical tourism (MT) is a rapidly growing global industry (Vitthal, Subhash, Sharma, & Ramachandran, 2015). Although MT is not a new practice, the movement of people from developed countries to developing countries for medical service is a fairly new development in the industry (Jabbari, Delgoshaei, Mardani, & Tabibi, 2012). According to Connell (2011), the new trend in this industry includes the patient's expectations to get involved in the tourism-related activities aside from medical treatment in the destination country.

Furthermore, the growing number of people seeking medical services abroad has encouraged hospitals to increase their financial capabilities and marketing efforts to capture larger shares of this profitable market (Pourkhaghan, Faez, Pourkhaghan, & Ghahrieh, 2013).

Many patients travel overseas, seeking medical services that require highly-qualified human resources (Snyder, Crooks, Turner, & Johnston, 2013). However, it is crucial for the industry to keep pace with the best modern practices in order to grow and contribute significantly to the economy (Sultana, Haque, Momen, & Yasmin, 2014).

The literature demonstrates that the term 'medical tourism' is utilized interchangeably with many other terms such as health tourism, medical travel, and international healthcare. All these terms are used to describe the practice of people travelling overseas and seeking medical care. However, 'MT' is a term which is most commonly used and associated with this industry (Abadi, Sahebi, Arab, Alavid, & Karachi, 2018; Adams, Snyder, Crooks, & Johnston, 2017).

The MT industry has an enormous growth potential in various economies. Also, an increasing number of countries are attempting to be part of this promising industry. It is predicted that the global value of the MT industry would reach US$100 billion by 2025, with a 25 percent yearly rise. As a result, the economic value of medical tourism in the global marketplace is rising (Crooks et al., 2019). This significant opportunity has encouraged a large number of countries to invest in their human resources in order to serve this industry (Tang & Abdullah, 2018). However, countries with a small population or a limited health care workforce (e.g. Caribbean nations) are struggling to cater to the needs and demands of international patients. To meet the demands, these countries are recruiting healthcare workers from across the globe, which is costly (Snyder, Crooks, Johnston, Adams, & Whitmore, 2015).

Developing countries such as Malaysia, India, Thailand and Jordan as well as a few other countries in South America are presently the most popular destinations for medical travelers (Hadi, 2009). This is largely due to the availability of qualified health

workforce (Hafizan et al., 2018) and lower costs for medical services (Drinkert & Singh, 2017). Several researchers e.g. Koggalagea, Gunawardenab, and Silva (2017) and Mutalib et al. (2017) highlighted the reverse transition of patients from developed to developing countries to obtain high-quality medical services. Many factors affect this transformation and support the cross-border patient movement for healthcare treatment. These factors include reduced costs of medical services, medical treatment combined with attractive destinations and healing service or operations not approved or available in their home countries.

Research reveals that reverse transition yields promising positive influences on the economic and social development of developing countries (Beladi, Chao, Shan, & Hollas, 2015). These developments include establishing infrastructure, opening new business patterns, extensive financial investment and trade as well as diversifying economies (Snyder et al., 2015). Also, it creates job opportunities (Tang & Abdullah, 2018) while promoting the country as a tourist destination (Mutalib et al., 2016).

Among the list of popular markets for MT, Middle Eastern countries ranked as a major destinations (Financial Tribune, 2017). The region of Middle East and North Africa (MENA) is predicted to grow aggressively by 8.17 percent annually from 2016 to 2021. Recently, rigorous efforts from numerous countries in the Middle Eastern region have boosted that region's MT industry to become one of the main destinations for healthcare seekers (Al-azzam, 2016). To gain and sustain this competitive advantage, other factors such as location, natural resources, Islamic culture and others need to be considered (Mustafa, 2010). Also, special attention has been given to raise the standards of quality of health care providers and increase the choices for patients, especially after the heavy investment from Gulf countries (e.g. UAE) (Ahmed, Amiri, & Khan, 2018).

1.2.1 Medical Tourism in Jordan

Jordan is a Middle Eastern country that depends highly on tourism as a vital contributor to its economy (Alsarayreh, Nawaiseh, Mahasneh, & Abu Rumman, 2017). Furthermore, it is known as the Middle Eastern gateway for health investment since it is one of the primary destinations for MT in the Middle East (Al-azzam, 2016). Since the early 1990s, Jordan has sought to become a global medical hub. Two phases were designed to achieve this target. The first phase was aiming to provide medical services to patients from the Middle East (Hadi, 2009). The second phase was to attract patients from overseas. In attaining these phases, considerable efforts and support are provided by the Jordanian government to investors in order to encourage them to invest in the health sector. Specialized hospitals have been established with some Jordanian hospitals officially allied with prestigious hospitals located in Europe and North America (Hadi, 2009).

MT contributed to 3.6 percent of the total Jordanian Gross Domestic Product (GDP) (Private Hospitals Association, 2017a). In 2014, according to the Private Hospital Association (PHA), approximately 250,000 patients arrived in Jordan seeking medical services which helped earn a revenue of US$1.2 billion in regard to health products, accommodation, transportation and other expenditures (Private Hospitals Association, 2015c).

The Jordanian government encourages investments in the MT industry and seeks to establish a competitive advantage for Jordan's market (Bader, Alrousan, Abuamoud, & Alasal, 2016). With the extensive attention and serious investment from the Jordanian government, Jordan is ranked fifth in the world among MT destinations in 2010 (Orieqat & Saymeh, 2015). Also, Jordan was awarded the best destination in the Middle East and North Africa (MENA) in terms of MT in 2014 (Private Hospitals

Association, 2017a). In 2015, at the 8th Annual World Medical Tourism & Global Healthcare Congress, the Jordanian PHA was awarded by the MT Association for its efforts towards the enhancement and development of MT as well as for providing humanitarian support for refugees in the global healthcare industry (Private Hospitals Association, 2016a). Similarly, in 2015, the head of Jordanian PHA was elected as chairman of the Global Healthcare Travel Council from 2015 to 2017 (Private Hospitals Association, 2016d).

In 2017, Jordan hosted the Global Healthcare Travel Forum (GHTF) in Amman (Jordan's capital) with more than 650 participants from 41 countries. PHA President Dr. Fawzi Al-Hammouri stated that the conference was a unique opportunity to promote Jordan as a primary destination for MT (Private Hospitals Association, 2017b).

These achievements are examples of Jordan's prominence in the MT industry as a key destination for MT in the region of Middle East and North Africa (Nazer & Tuffaha, 2017). Furthermore, these examples confirm Jordan's position as a global destination for MT (Private Hospitals Association, 2016b). They also signify Jordan as a good destination regionally, especially with supported factors such as geographic proximity and similar culture (Guy, Henson & Dotson, 2016). Countries in the same region, namely Libya, Yemen, Iraq, Saudi Arabia, Sudan and Libya, recognize Jordan as a pioneer health provider (Private Hospitals Association, 2016e). Jordan's hospitals provide a highly-cooperative environment and support patients as well as their companions properly by facilitating their accommodation and transportation during their medical journey in Jordan. Moreover, according to Dr. Hani Ameen Brosk Kurdi, Secretary General of the High Health Council, 'We are very committed to providing all support styles with an encouragement to every patient to ensure the quality and

proficiency in achieving the vision of the health system in Jordan' (High Health Council, 2015).

In addition to these competitive health care systems, there are two prominent factors which make Jordan a competitive position among other MT markets. These factors include the geographical location and the availability of natural health spas. In geographical terms, Jordan is blessed by having a central geographical location, calm atmosphere and places for recovery (Dalbooh, 2015). Also, Jordan has sunshine nearly all year with a mild and adorable climate. The climate cycle consists of four seasons among which spring and autumn are fresh. Also, the amount of rainfall is progressively normal in springtime. This is the point at which wildflowers sprout and the fields become full. The long summer days are radiant with cool nights. Moreover, wintertime can be cold in the desert but is enjoyably moderate in most parts of the nation (Ministry of Tourism & Antiquities, 2018). Jordan contains several of the most motivating and wide-ranging landforms in the Middle East. It has many mountains and hills with historical and religious importance, including the Jordan Valley, watercourses, water channels, wetlands, the Red and Dead seas as well as the Gulf of Aqaba. Jordan is bounded to the north by Syria, to the east by Iraq, to the southeast and south by Saudi Arabia and to the west by Palestine. These features add to the attraction of Jordan as a preferred destination in regard to MT.

In terms of the availability of natural health spas, MT marks the revitalization and revival of mind, body and energy. These features are obtained in Jordan from the healing and relaxation of the self through natural treatment elements starting from hot water rich in salts and volcanic mud to a moderate climate and wonderful nature (Samawi, 2017). Jordan shares borders with the largest natural spa in the world, the Dead Sea, which is located between Palestine and Jordan (Magatef, 2015). This sea

consists of the lowest point on the earth's surface. Moreover, many patients from around the world visit Jordan to go to this natural spa, especially those seeking to improve their skin texture and enhance their body circulation and relaxation. The Dead Sea's mud and salts contain many minerals such as Calcium, Sulphur, Magnesium, Bromide, Sodium, Iodine, Potassium and Zinc. These minerals are required to detoxify and keep the human body clean (Aljaradin, Bashitialshaaer, Allawi, & Amaireh, 2017b). Also, the Dead Sea has a sunny weather, non-harmful solar radiation and fresh air (Magatef, 2015).

Furthermore, there are many locations in Jordan which contain hot springs, such as the Ma'in Spa, which is located 264 meters below sea level in a spectacular mountain landscape, and Afra Hot Springs, which is known for its mineral water baths. The water flowing to Afra comes from 15 different water springs. Also, the temperature of the water within this spring reaches $48\,°C$ and locals as well as foreigners flock to this site for physical healing (Aljaradin et al., 2017).

Progressively, Jordan has expanded globally as a destination for MT. The Royal Jordanian Airline (the national air carrier of the Hashemite Kingdom of Jordan) has expanded its network to new destinations and concluded many agreements with other airlines to facilitate and encourage tourist inflow to Jordan (Royal Jordanian Airlines, 2017).

1.2.2 Healthcare system in Jordan

As stated by the Jordanian High Health Council (2015), the health system in Jordan consists of service providers with public, private, international and charity sectors, as well as councils and institutions working on the development of health strategy. The public sector comprises of the Ministry of Health, University Hospitals (King Abdullah University Hospital and the Jordan University Hospital), the Royal

Medical Services and the Diabetes and Endocrinology and Genetics Centre. In terms of the private sector, in addition to hundreds of private clinics, this sector includes private hospitals and diagnostic and therapeutic centers. The international sector and charitable sectors provide care to Palestinian refugees through clinics belonging to the United Nations Relief and Works Agency (UNRWA) as well as the United Nations High Commissioner for Refugees (UNHCR) charity association and the King Hussein Cancer Centre. These three categories are displayed in Figure 1.1.

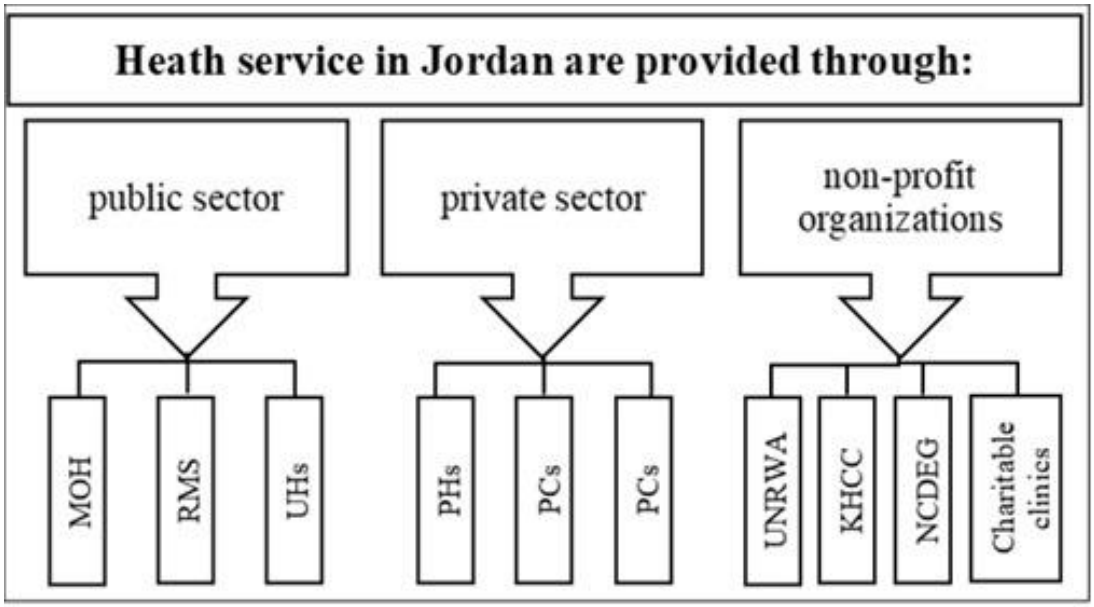

Figure 1.1 Components of Health Sector in Jordan (High Health Council, 2016)

1.2.2.(a) Public Sector

This sector consist three subsectors as follows:

i. Ministry of Health

The MOH is the largest subsector of public health sector as opposed to other subsectors (e.g. Royal Medical Services) in terms of size, utilization and operation. It undertakes all health affairs in the Kingdom with the following functions and obligations: (I) maintenance of public health through the delivery of prevention, curative and quality management programs, (II) organization and management of health services in the public and private sectors, (III) providing public health insurance

within the means available, and (IV) establishment and oversight of health education and training institutes and centers in accordance with specific provisions of the enacted laws (High Health Council, 2016). Aside from the primary services, MOH offers secondary and tertiary health care services across 32 MOH hospitals spread across the 12 Jordanian governorates with 5,177 beds comprising more than one third (37.7 percent) of the country's hospital beds.

ii. Royal Medical Services

The RMS predominantly covers secondary and tertiary care. It has seven general hospitals and five specialist hospitals, according to 2015 statistics. As for 2016, the total number of RMS hospitals increased to 14, becoming 2917 or 21.2 percent of the total number of hospital beds in Jordan. The RMS is responsible for providing the military and security forces with health services and a comprehensive medical insurance. RMS beneficiaries make up about 38 percent of Jordan's insured population. They include active and retired employees and their dependents, Royal Court staff, Mu'ta University, Royal Jordanian Airlines and others. RMS also serves as a referral center by providing high quality services to patients, including some specialized procedures and specialist treatment. Politically, it plays a significant role by contributing to the delivery of health services by medical teams and field hospitals in disasters and areas of conflict. In addition, 11 military health centers and clinics are spread all over the country in addition to aeromedical evacuation facilities (High Health Council, 2016).

iii. University Hospitals

The two university hospitals (UH's) are Jordan University Hospital (JUH) and King Abdullah Hospital (KAH). These two hospitals supply health insurance and facilities to Jordan University employees and their dependents as well as act as referral

centers for other health sectors and also as teaching centers for medical students. JUH is one of the most advanced and high-tech public-sector medical centers, with 599 beds (4.4 percent of the total number of hospital beds in Jordan) in 2016. Jordan University of Science and Technology (JUST) founded KAH in 2002. In 2016, it had 542 beds (3.9 percent of Jordan's total number of hospital beds). This hospital represents the Faculty of Medicine at JUST as a teaching hospital and a referral hospital for all public sectors in the Northern Region (High Health Council, 2016).

1.2.2.(b) Private Sector

The private sector, through a network of private clinics (PC's), private centers (PC's) and private hospitals (PH's), offers primary, secondary and tertiary services. The private sector has 62 hospitals with almost one third of the country's hospital beds (4,496 beds represent around 32.7 percent of the total beds). The bulk of both hospitals and private clinics are located in Amman, Jordan's capital city. The private sector provides much of the high-tech diagnostic ability in the country and it continues to attract large numbers of foreign patients (High Health Council, 2016).

1.2.2.(c) International and Charity Sector (Nonprofit Organizations)

Jordan's third healthcare provider is the international and charity sector of which the United Nations Relief and Works Agency for Palestinian Refugees (UNRWA) is a key contributor due to the high number of Palestinian refugees in Jordan. Essentially, UNRWA operates 25 primary health centers with 1,552,936 annual patient visits (High Health Council, 2018). Secondly, the King Hussein Cancer Centre (KHCC) is a specialist cancer care center in Jordan and comprises of about one percent of the total beds in the country (with 167 beds). Thirdly, the main objective of the National Centre for Diabetes, Endocrinology and Genetics (NCDEG) is to provide excellence care,

teaching and training in the fields of diabetes, endocrinology and genetics. Finally, there are also around 44 other charitable clinics all over the country (High Health Council, 2016).

1.2.3 Jordanian Health Sector – A Synopsis

Jordan has paid significant attention to boost MT by adopting strategies focused on the growth and sustainability of the health sector from all aspects, such as human resources, systems, equipment, facilities and environment. The focus on MT has also been included in the Health Strategic Plan 2013-2016 and National Health Strategy 2015-2019. Both strategies endeavor to add value to the health sector and maintain the proficiency of service which directly improves medical services domestically by guaranteeing the advancement of the entire health sector. Also, it improves its ability to deliver effective service to all citizens in the Kingdom as well as globally by maintaining Jordan's leading position in this industry (High Health Council, 2015).

1.2.3 (a) Jordan's Health Workforce and Hospitals

Providing high-quality health services requires qualified and satisfied health workers. For this reason, Jordan has well-qualified human capital and specialists in different fields. The health sector of Jordan comprises of premium health human resources (Dalbooh, 2015), consisting of highly-qualified health professionals (The World Bank, 2016), and internationally-recognized doctors (Alsarayreh et al., 2017). There are over 28,000 physicians in Jordan, most of whom are board certified in the United Kingdom, United States, Canada or European countries. There is also a growing group of nurses that are knowledgeable in high-tech patient care (Private Hospitals Association, 2016).

Human resources in Jordan fundamentally consist of physicians, nurses, pharmacists and dentists. In addition, the health workforce includes laboratory scientists, physiotherapists, nutritionists, midwives and medical radiation technicians. Nurses occupy most of the health HR in Jordan, with 44 percent of the health workforce. Similarly, physicians, pharmacists and dentists account for 25 percent, 16 percent and 15 percent respectively. Also, females constitute 44 percent of all workers in the health sector in Jordan, and among pharmacists, the percentage of females is higher, with more than two thirds of pharmacists being women (Nazer & Tuffaha, 2017).

Table 1.1

Health Personnel by Selected Category and Health Sectors in Jordan, 2016.

Sector	Public				Private	International and Charity Sector	TOTAL
Sub-Sector	MOH	RMS	JUH	KAUH	PHs	Non-Profit Organizations	
Physicians	4798	1822	544	785	5737	141	13827
Dentists	782	460	0	41	5692	29	6941
Pharmacist	723	280	31	29	14082	17	15162
Registered Nurses	5499	3810	760	488	5618	70	16245
Associate Degree Nursing	2358	2470	52	136	0	0	5016
Assistant Nurses	2038	0	39	52	0	183	2316
Midwives	1531	304	16	8	316	34	2209

Source: Ministry of Health Annual Report (2016). Note: MOH= Ministry of Health, RMS= Royal Medical Services, JUH= Jordan University Hospital, KAUH= Kin Abdullah University Hospital, PHs = Private Hospitals.

Table 1.1 demonstrates the number of health workers working under different capacities and authorities to cover the demand of local and international patients. Furthermore, MT in Jordan is correlated with one of the main requirements for this industry which is the high need for young workers (a productive age range) such as practitioner doctors, nurses, dentists, nutritionists, cosmetic experts, pharmacists and

people in administrative fields namely accounting, logistic support, maintenance, transportation, hospitality and many others. The working group in Jordan (25 to 64 years of age) accounts for about 42 percent of the whole population, while only 3 percent of the Jordanian population is above the age of 65. This structure offers an exceptional opportunity for Jordan to benefit from the potential advantages of the so-called demographic dividend (The World Bank, 2016).

The sufficient human resource witnessed by The World Bank figures displays that for every 1,000 Jordanians, there are 3.4 physicians, compared to Hungary with 3.1, South Korea with 2.3, Poland with 2.3, Mexico with 2.2, South Africa with 0.77 and Thailand with 0.47 (The World Bank, 2015). These countries compete with Jordan for a greater share of the MT industry (Guy et al., 2016).

Table 1.2

No. of Hospital's and Beds and Relevant Authorities- Comparison of 2015 - 2016

Year	2015			2016		Sector' share of beds distributed over all the sectors (%)
Sector	No. of Hospitals	No. of Beds	Sector' share of beds distributed over all the sectors (%)	No. of Hospitals	No. of Beds	
MOH	31	5077	38.7	32	5177	37.7
RMS	12	2551	19.5	14	2917	21.2
JUH	1	599	4.6	1	599	4.4
KAH	1	538	4.1	1	542	3.9
Private	59	4350	33.2	62	4496	32.7
Total	104	13115	100	110	13731	100

Source: Ministry of Health Annual Report (2016). Note: MOH= Ministry of Health, RMS= Royal Medical Services, JUH= Jordan University Hospital, KAUH= Kin Abdullah University Hospital.

Table 1.2 presents a summary of the number of hospitals and hospital beds in the Jordanian health sector. It shows that there are four health care authorities in the public sector, e.g. MOH and KAH. The remaining statistics are for the private sector.

According to this table, the numbers of private and public hospitals and hospital beds have increased. However, the focus of this study is only on the private sector. Hospitals and beds have increased in PHs by 146 which shows the quick establishment of infrastructure in the health care sector in a single year.

1.2.3 (b) Medical Services of Jordan

The Jordanian government encourages investment in the medical sector to promote Jordan's competitiveness by diversifying tourism products, which ultimately contributes to attracting more tourists (Ministry of Tourism & Antiquities, 2015). This was included in their strategies which focus on employing advanced technology to meet global standards and improve the well-being of people which will reflect on the prosperity of Jordan's economy (The Economic Policy Council, 2017). Jordan is distinguished by plenty of sophisticated hospitals (Alsarayreh et al., 2017; Samawi, 2017) equipped with top-notch facilities (The World Bank, 2016). It is also among the top countries in terms of medical expenses, comparable to highly-industrialized countries (Guy et al., 2016; Jordan National Competitiveness Team, 2009). Over the last 40 years, Jordan has witnessed an integrated health revival which has reached many achievements in the field of health care (Private Hospitals Association, 2016c). The following table displays some of the medical achievements in Jordan's health industry.

Table 1.3

Jordan's Medical Achievement

HEALTH CARE MILESTONES	YEAR
First Open-Heart Surgery	1970
First Kidney Transplant	1972
First Laparoscopic Also Called Minimally Invasive Surgery (MIS)	1973
First Heart Transplant	1985
First Bone In Vitro Fertilisation (IVF) Baby	1987
First Bone Marrow (Haematopoietic Stem Cell) Transplant	1995
First Cochlear Implant	1998
First Liver Transplant	2004
First Peripheral Blood Stem Cells Transplant	2009
First Stem Cell Treatment for Type 1 Diabetes	2015

Source: Private Hospitals Association (2015)

The high proportion of the Jordanian youth is both a challenge and an opportunity for Jordan's market. The Kingdom of Jordan can accelerate its economy due to population proportion centered at the productive age, which is predicted to rise to 65 percent by 2030 (High Health Council, 2015). This phase requires a strategic plan and necessary preparation. The Jordanian government is attempting to utilize this opportunity as an advantage for the Jordanian market and encourage investment in the MT industry (Private Hospitals Association, 2016c). It is raising awareness among the workforces to increase their effort and skills towards the prosperity of the MT industry (Ministry of Tourism & Antiquities, 2015).

1.2.3 (c) Jordan's Competitive Health Care Costs

Costs are one of the main concerns for most patients, which affect the destination selection. Patients travel internationally to less developed countries seeking more sensible prices (Han & Sean, 2015). Americans save approximately 30 to 80 percent of medical costs when travelling abroad for the purpose of MT (Jordan

National Competitiveness Team, 2007). Table 1.4 lists differences in treatment prices between Jordan and other countries. It is also showing that Jordan not only offer competitive price with developed countries, but also it is offered competitive prices even with the most known MT markets in the world (e.g. Thailand).

Medical services in Jordan are cheaper than in many other countries worldwide (Al-azzam, 2016). This factor has encouraged many patients from neighboring countries (e.g. Palestine and Syria) that witness instability and conflict, which has led to an increase in the number of injured, to select Jordan to treat their wounds and benefit from the competitive prices in Jordanian hospitals (Samawi, 2017). This also motivates Jordanians who are working in the region to return home when they must conduct surgery or deliver birth due to differences in costs. Also, this cost gap is globally wider as medical services in Jordan are significantly cheaper than the US, UK and most European countries (Private Hospitals Association, 2015). This is a significant motivation for patients from countries suffering from high treatment costs to select Jordan as a medical destination (Al-azzam, 2016).

Table 1.4

Cost Comparison between Jordan and Other Countries for Selected Procedures (US $)

Procedure	Jordan	US	UK	Thailand	Singapore
Angioplasty	8,000	50,000	25,000	10,000	10,000
Angiography	600	3,000	2,000	1,100	800
Hip replacement	11,000	40,000	20,000	12,000	12,000
Knee replacement	9,000	40,000	18,000	9,000	11,000
Coronary Artery Bypass Grafting (CABG)	11,000	100,000	35,000	11,000	13,000
Lasik	1,000	5,000	25,000	1,000	1,200

Source: Private Hospitals Association (2015)

The MT industry in Jordan seems to profit from the global economic crisis, as Jordan offers brilliant private treatment with moderate costs. For instance, private healthcare providers in Jordan offer their medical services at 20 to 25 percent of North American prices (Jordan National Competitiveness Team, 2009).

1.2.3 (d) Jordan's Health Care and Economic Growth

Jordan's health sector plays a significant role in boosting the economy (The Economic Policy Council, 2017). Meanwhile, as compared to the Middle East and North Africa Countries, Jordan ranked as one of the top countries in terms of medical spending as per the share of the total GDP (refer to Table 1.5). A high proportion of health expenditures in comparison to other countries in the region reflects the extent of efforts that have been paid to promote this industry, which contributes to the local well-being and market competitiveness in the MT industry.

Table 1.5

Health Expenditure, Total (% of GDP) Jordan and Selected Middle East and North Africa Countries

Year	2010	2011	2012	2013	2014	2015
Jordan	8.4	8.3	8	7.3	7.4	6.3
Morocco	5.9	5.7	5.7	5.6	5.7	5.4
Yemen	5.2	4.7	5.2	5	4.9	5.6
Egypt	4.2	4.4	4.6	4.7	4.7	4.6
Djibouti	4.3	4.7	4.6	4.1	4.1	4.4
Iraq	3.2	2.8	2.7	2.8	2.8	3.1

Source: The World Bank (2017)

Table 1.5 displays the extent of spending on healthcare which is an average of 7.6 percent of the total GDP during the time period of 2010 to 2015. However,

according to the National Human Resources for Health Observatory Annual Report, the health expenditure in 2015 accounted for 8.44 percent of the GDP (High Health Council, 2016). The Jordan Times reported this high proportion in comparison to middle-income countries (The Jordan Times, 2017). This value of expenditure shows the awareness of the Jordanian government regarding the health sector and their attempt to improve the service and facilities for a strong platform to attract patients from the region as well as globally.

1.2.4 Medical Tourism in Jordanian Private Hospitals

Private hospitals (PH's) in Jordan are the first choice for patients seeking medical treatment (Nazer & Tuffaha, 2017). There are 62 PHs (56.3 percent from the total hospitals operated in Jordan), comprising approximately 32.7 percent of the total hospital beds in Jordan (Ministry of Health, 2016). In addition, the private sector is the main provider of employment opportunities for the health workforce in Jordan (Nazer & Tuffaha, 2017). PHs play a critical role in attracting significant numbers of international patients (High Health Council, 2016). After the heavy investment in Jordan's health sector, numerous PHs have been established and equipped with advanced technology (Samawi, 2017).

The major competitive feature that PHs promote is the reliability in medical services with the help of a diversified pool of highly qualified medical workforce possessing high levels of proficiency and kind reputation (Private Hospitals Association, 2018). A high percentage of the medical staff in PHs such as medical consultants, technicians and nurses previously worked in the public sector. Thus, the public health sector in Jordan, particularly at the Royal Medical Services (RMS), is viewed as the key provider of highly-skilled and well-experienced health workers for the private industry (High Health Council, 2016).

In addition to the workforce, modern medical technology is offered in a competitive and friendly environment at reasonable costs that are quite affordable for patients (Alsarayreh et al., 2017). These features positively influence the medical care service environment in Jordan (Junio, Kim, & Lee, 2017). Amman, the capital city of Jordan, is the main hub for health tourists (Shriedeh & Ghani, 2017) since the majority of PHs, as well as private clinics, are located in this city (High Health Council, 2016). There are 3,378 beds in the PHs of Amman alone, in comparison to the 1,873 beds in public hospitals (Ministry of Health, 2016).

Several PHs in Jordan are internationally and locally accredited, mostly by the Joint Commission International (JCI). Moreover, 25 hospitals are accredited by the Health Care Accreditation Council (HCAC) (Private Hospitals Association, 2015b). Accredited hospitals in Jordan are quick service providers, contain large facilities, use high-tech medical equipment, have top-notch doctors and nurses and provide superior care services (Al-azzam, 2016).

To support the healthcare industry, the PHA was established in 1984, which contains members from PHs and medical centers. The PHA is a platform that presents strategies for the private sector in the Jordanian healthcare industry. The fundamental aim of the PHA is to develop the level of medical services provided in Jordan's market by enhancing the quality standards to be safer and accredited globally (Private Hospitals Association, 2018). Furthermore, the PHA offers essential support to PHs, which boosts the position of Jordan and the opening of additional markets for the MT industry (High Health Council, 2015). The PHA is exceedingly engaged with different advertising activities of Jordanian medical services (Alsarayreh et al., 2017). As a result of these endeavors, the director of PHA, Dr. Fawzi Al Hammouri, was chosen as the President of the Global Healthcare Travel Council from 2015 to 2017. This is

considered as a universal acknowledgement of Jordan's superior position as an MT destination (Alsarayreh et al., 2017).

Jordanian PHs play a critical role in elevating the national income. For example, PHs received 250,000 international patients from different destinations in 2012, constituting 23 percent of the total number of patients seeking medical services in Jordan. PHs offers a diverse variety of treatments for patients, according to their needs and requirements. As a result, the income of PHs exceeds one billion US dollars (High Health Council, 2015) which shows the high rate of success. Additionally, PHs provide unlimited support for many countries in the region, having received large numbers of wounded Palestinians, Yemenis, Syrians, Libyans and Sudanese in 2012, 2013 and 2014 (Alsarayreh et al., 2017).

1.2.5 Medical Tourism Performance in Jordan

While discussing the performance of MT in Jordan, there is a significant drop in MT that has caught the attention of different stakeholders including the government to understand the major reasons behind this drop. According to the Private Hospitals Association (2017a), MT dropped by 40 percent in 2016 as compared to its drop of only 10 percent in 2015. The PHA regards part of the drop to be due to an administrative and human resource issue (Private Hospitals Association, 2017c). This should drive the management to pay more attention toward creating a strong platform to manage the HR and develop their abilities to achieve superior performance in Jordan's hospitals (Diab & Ajlouni, 2015). The proper management of the HR can contribute to the prosperity of the MT industry through non-dependency on particular destinations (e.g. Libya, Palestine, Sudan) by attracting new patients who are looking for quality medical service. Meanwhile, the quality of medical services can be viewed from three aspects; (1) the client (patient) considers the quality of medical services in

a way to determine to what degree the services given by the healing centre (hospitals) meet his/her needs (2), medical groups look at these services as the competence and experience of employees in hospitals and (3) hospital authorities consider them as efficient and effective in providing medical services (Diab & Ajlouni, 2015).

The level of service quality applied by the healthcare provider will reduce the share of the competitors in this industry. According to El-Jardali and Fadlallah (2017), the health workforce of Jordan has a weakness concerning training and development including healthcare managers and leaders. Through suitable workforce development, healthcare organizations can deliver high-quality services to patients (Ramadevi, Gunasekaran, Roy, Rai, & Senthilkumar, 2016). For instance, training and development (as HRM practices) are dynamic components of the successful growth of hospitals (Aljaradin, Bashitialshaaer, Alitawi, & Amaireh, 2017a).

Secondly, there is a lack of existing statistical information regarding MT internationally, particularly in the clear numbers of medical tourists (Connell, 2006). Jordan is part of this issue as there is a lack of solid data related to this industry. The PHA presents most of the provided data due to the lack of research in this industry (Jordan National Competitiveness Team, 2007). Since the mid-1990s, MT has become known as a complex global industry between tourism and health. People frequently travel overseas to far-away countries to obtain medical services, such as dental or cosmetics and surgical care, and at the same time, the visitors are familiar with this movement as holiday marks (Connell, 2011). Travelers who travel overseas for medical purposes conceptually would meet the definition of a tourist (Lee & Spisto, 2006). Accordingly, in this section both the health and tourism sector uses to demonstrate the negative performance of the MT industry. Furthermore, it contributes to a comprehensive view from the perspective of all stakeholders. It also displays

statistical indicators. Table 1.6 demonstrates the performance of Jordan's tourism which contains the MT industry:

Table 1.6

Landmarks of Tourism Sector Performance From 2010 – 2016

Year	2010	2011	2012	2013	2014	2015	2016
Number of Tourists (million)	8.2	6.8	6.3	5.4	5.3	4.8	4.8
Gross Tourism Income/GDP (%)	13.6	10.4	11.2	12.3	12.2	10.8	10.5
Hotels room occupancy rate (%)	46.4	41.1	50.7	43.8	43.9	38.4	42.2
Gross Domestic Product (GDP) million (Jordanian dinars)	18,762	20,476.60	21,965.50	23,851.60	25,437.10	26,637.40	27,444.80

Modified by Author, Source: (Central Bank of Jordan, 2010; 2011; 2012; 2013; 2014; 2015; 2016)

As referred to in Table 1.6, there is a drop in tourist numbers from 2010 to 2016, falling from 8.2 to 4.8 million. The least number of arrivals occurred during 2015 in which it accounted for 4.8 million arrivals and 2016 saw no increase or decrease. Furthermore, during 2016, the contribution of tourism in the GDP was the lowest since 2012 in which it represented 10.5 percent of the total of GDP, equal to 2,881,704,000 Jordanian dinars (JD). In comparison with 2014, the contribution of tourism dropped by 7.14 percent.

In general, tourism contribution in 2015 and 2016 dropped significantly compared to 2013 and 2014. Also, the rate of hotels room occupancy was the highest in 2012, with 50.8 percent of the total number of rooms in the listed hotels in Jordan.

In contrast, the lowest occupancy rate was in 2015 which witnessed an extremely sharp drop of 5.5 percent as compared to 2014, with a total occupancy rate of 38.4 percent.

The contribution of tourism to GDP in Jordanian Dinars during 2015 declined by 8 percent. 2016 witnessed a little increase, but it did not reach 0.005. The lowest performance was during the years 2015 and 2016 for the tourism sector. The MT is included in this rate since it is a distinctive form of niche tourism (Connell, 2011).

1.3 Preliminary Study

A preliminary study was conducted to obtain up-to-date data and an accurate picture of the employee performance in private hospitals with regard to the medical tourism industry. All respondents from private hospitals, and they were selected with a great deal of care in order to meet the research interests. Out of eight responses grabbed from eight distinguished hospitals, two responses obtained from top management (general managers), four form middle management (head departments of international patients), and two from employees (doctor and nurse). These respondents were asked several questions related to their views about the performance of employees and regarding the medical tourism in general. The researcher interviewed all the respondents from eight key hospitals in the medical tourism industry, having taken their approval in advance as well as their permission to record the interview. The questions asked were as follows:

- How do you observe the performance of medical tourism in the last three years?
- Do you think that medical tourism is a gain sector in the Jordanian market?
- Do you think that the performance of employees affects the performance of medical tourism?
- What are some issues regarding an employee’s performance?

- What are some categories in regard to employees that you think are associated with medical tourism?
- Do you think that the improvement of HRM practices in hospitals can reflect positively on employee performance and ultimately lead to improvement in medical tourism?
- What are the HRM practices that need to be improved in hospitals?

1.3.1 Findings of the Preliminary Study

The results of the preliminary study reveal existing issues related to employees' performance and the situation of the medical tourism industry faced by private hospitals. Furthermore, the findings provide general insights regarding employee categories which have a high impact on the performance of the medical tourism industry. They also give more understanding in regard to the role of HRM practice in the enhancement of the medical tourism industry through improving employee performance in private hospitals.

1.3.2 Implications of the Preliminary Study

The findings of the preliminary study indicate that medical tourism is a tremendously vital contributor to the Jordanian market, particularly to private hospitals. All the observations indicated the significant drop in the medical tourism performance in the last five years (2015 to 2019). Although employee performance is the core of the medical tourism industry, there are some issues which require further improvement. These issues were observed either by interviewees (e.g. unclarity among the employees about the job requirements, and lack of openness among employees from different departments); or transmitted to the interviewees through international patients. As such, the results revealed technical issues (regarding the core of the job