## The Motives for the Saudi Faculty Staff to Join Non-University Work

The aim of this study is to highlight the motives for the Saudi Faculty Staff working in the College of Medicine of King Faisal University, to join non-university work. The self-satisfaction with the university work and the private sector were assessed. The following were the main findings of the study:

- 1. Financial factor was the main motive for the faculty staff to work in non-university sector.
- 2. Self and job satisfaction of those who worked on secondment or as part time consultant is higher than before working outside the University.
- 3. There is a considerable proportion of staff who are willing to leave the University work for self and for non-satisfaction.
- 4. The work of the Faculty staff outside the University affect negatively their responsibilities in the scientific research activity due to their absence from the academic environment. It is recommended that Saudi Faculty need to be given incentives financially or in kind to encourage them to stay in the university.

Bahrain Med Bull 2002;2393):127-34.

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## **REFERENCES**

- 1. LS, Yager J, Cope D, et al. Health status, job satisfaction, job stress and lifesatisfaction among academic and clinical faculty. JAMA 1985;254:2775-82.
- 2. Walker FB. Physician attitudes on professional autonomy, Medical decisions making and quality of care: Report of the council on Long Range Planning and Development. East Lasnign Mich: Michigan State Medical Society, 1987.
- 3. Reames H, Dunstone DC. Professional satisfaction of physicians. Arch Intern Med 1989;149:1951-6.
- 4. Donabedian A. The quality of care: How can it be assessed? JAMA 1988;360:1743-8.
- 5. Hall JA, Roter DLK, Atz N. Meta-asnalysis of correlates of provider behavior in medical encounter. Med Care 1988;7:657-75.

- 6. Greenly JR, Schoenher RA. Organization effect on client satisfaction with humaneness of service. J Health Soc Behav 1981;22:2-8.
- 7. Baker R. The reliability and criterion validity of a measure of patients' satisfaction with their general practice. Fam Pract 1991;8:171-7.
- 8. Baker R, Whitfield M. Measuring patient satisfaction: a test of construct validity. Quality in Health Care 1992;1:104-9.
- 9. Holcomb W, Abma N, Ponder M, et al. The development and construct validation of a consumer satisfaction questionnaire for psychiatric in-patients. Evaluation and Program Planning 1989;12:189-94.
- 10. Locker D, Dunt D. Theoretical and methodological issues in sociological studies of consumer satisfaction with medical care. Soc Sci Med 1978;12:283-92.
- 11. Heimstadter GC. Principles of psychological measurement. New York: Appleton-Century-Crofts, 1992.
- 12. Lebow JL. Consumer assessments of the quality of medical care. Med Care 1974;12:328-37.