

CHAPTER 1

INTRODUCTION

1.1 Background of the Study

Modern organisations have gradually improved and evolved their management system through the expansion of management horizon by continuously improving their organisational and employee performance. In this sense, a significant amount of budget has been allocated to achieve better productivity. With the evolvement of time, contemporary organisations have become more sophisticated, diversified and competitive. Overcoming all these challenges require organisations to focus on improving their human resources, knowledge, experience and skills.

In relation to this, concerns should be highly inclusive of health sector because health organisations are involved with fiduciary relationship in terms of administration and doctor-patient or nurse-patient relationship to have smooth operation and deliver best services. Health organisations, especially in the Gulf region, are gradually developing their resources, for instance medical discoveries and other technological advancements to benefit all stakeholders. In this case, continuous training needs to be provided to doctors, nurses and pharmacists. All these efforts may lead to the best level of organisational and employee performance as a whole.

The health sector in the Kingdom of Bahrain is distinguished by its long history in modern medicine. It was the first country in the Gulf region to establish a clinic in 1888 and the American Mission Hospital was opened in 1902 (Abuzeyad et al., 2018). Bahrain adopts the “health for all” policy since 1979. It offers free and advanced medical services to all nationalities and charges minimally to expatriates. It currently has nine government hospitals, 15 private hospitals, 25 government health centres, three clinics, 300 private clinics, five private companies’ clinics and six environmental health centres. Bahrain, for many years, has strived to become one of the best healthcare providers in the Gulf region.

As for the healthcare sector in the Kingdom of Bahrain, it can be distinguished by its long history in modern medicine. Bahrain has adopted the “health for all” policy since 1979, which means that free and high-quality medical services are provided for free to all nationals of the country, whilst only minimal charges are imposed for expatriates. The Kingdom of Bahrain currently has nine government hospitals, 15 private hospitals, 25 government health centres, three clinics, 300 private clinics, five private company clinics and six environmental health centres. For many years, Bahrain has strived to become one of the best healthcare providers in the Gulf region. Meanwhile, Bahrain has three medical universities: the Arab Gulf University, the College of Health Sciences and the Royal College of Surgeons of Ireland.

Bahrain has one of the most advanced healthcare systems in the Gulf. The Government of Bahrain views healthcare as paramount to Bahrain’s evolution into a service-oriented economy, a place where highly skilled practitioners and comprehensive facilities are the norms.

Reports by the World Health Organisation (WHO) pointed to impressive strides being made in the improvement of healthcare standards in Bahrain over the last three

decades. This can mainly be attributed to the Kingdom's robust healthcare infrastructure, including four state-sponsored hospitals, 14 private institutions and many clinics and maternity hospitals (WHO, 2018). It is modern and technologically advanced healthcare system is supported by an adequate number of qualified Bahraini doctors, many of whom have studied abroad and returned home to practice.

In terms of healthcare expenditure, Bahrain has one of the highest levels of healthcare spending as compared to other countries in the region. It is also among the healthiest nations in the Gulf. Bahrain's government allocated 6.6% of its overall spending on healthcare in the 2013-2014 budget. There are more doctors, nurses and dentists per population in Bahrain than any other country in the Gulf Co-operation Council (GCC) countries. As of 2012, more than 3,000 people worked in the private healthcare sector and roughly 9,821 people worked in the public healthcare sector, 79.1% of which are Bahraini nationals (Ministry of Health, 2012).

The Ministry of Health in the Kingdom of Bahrain has aimed to achieve the UNDP Millennium Development Goals (MDGs) in the healthcare sector five years before the agreed timeline of 2015. One of the best achievements of the Ministry of Health in Bahrain is that the life expectancy rate in the Kingdom of Bahrain had significantly increased, reaching 75.3% years in 2013 compared to 73.4% years in 2000 (Alnasir, 2017)

In June 2014, Bahrain's National Health Information System won the "Enhanced Public Knowledge Management Systems" award for West Asia region at the United Nations Public Service Awards 2014 in Seoul, South Korea. This win was in recognition of the National Health Information System (i-Seha) and its significant contribution to the development of public healthcare in Bahrain. Similar to other countries, healthcare in Bahrain is available through both private and public systems. Public medical services

are free or subsidised. There is a high demand for specialised medical facilities and the latest medical surgical procedures, such as transplants, are readily available.

The public healthcare sector is considered as a priority sector in Bahrain. This is evident from the expanding government expenditure into healthcare products, medicines and medical machines. This expenditure was forecast to reach USD 137.9 million in 2015 and USD 18.5 million was to be spent on health-related infrastructure development projects. For instance, in October 2013, the Ministry of Health announced that USD 716.2 million would be allocated from the Gulf Co-operation Council's Marshall Plan to the Ministry of Health in the next 10 years (Ministry of Health, 2015). The funding was to be used for eight major projects, including the construction of new hospitals in Central governorates, clinics, upgrading of medical appliances, a Genetic Disease Research Centre and other services. The public sector dominates the supply of healthcare services in Bahrain and accounts for the majority of healthcare expenditure. Public health sector spending represents 7.8% of total government spending.

All citizens in Bahrain receive free state-funded healthcare. Furthermore, there are three main hospitals in Bahrain, which include 22 health centres. It is reported that there is a massive number of workers in this vital sector. Around 9816 medical staff work in the Ministry, of which 2057 are doctors, 7589 nurses and others in technical and administrator jobs (Nhra, 2017)

The health situation in Bahrain is good compared with neighbouring countries and the government seeks to utilise scientific methods to maintain this achievement and to enhance the condition of medical employees in its health sector. There is a focus on employee health performance to achieve the government's plan in the healthcare sector and enhance the whole organisation's performance. Medical staff performance, Islamic work ethics and employee commitment have been the focal points of many research

studies for the past 3 decades. Many researchers have also worked on ways to meet the needs of hospitals and transform them into competitive institutions that are dedicated to improving the quality of patients' lives, provide unique healthcare and eliminate medical errors(Schiestel, 2007)

In recent years, most organisations have come to believe that IWE plays an important role in increasing the loyalty, commitment and performance of their employees (Majid A., Muhammad Asif K., Fakhra M., Muhammad Atif K., 2014).Although there are clearly huge benefits to be gained by organisation in applying the standard of Islamic ethics, few research has properly analysed the impact of IWE on employee commitment and performance, which perhaps plays an important role in increasing and improving employee performance(Arifin et al., 2020).

There are several studies to be found in this area and a few researchers have looked at IWE (Rokhman, 2010; Yousef, 2001). For example, Yousef (2001a) examined the moderating effect of IWE on the relationships between organisational commitment and job satisfaction. This study made use of 425 Muslim employees in several organisations in the United Arab Emirates (UAE). Its results revealed that IWE directly affected both organisational commitment and job satisfaction and moderated the relationship between these constructs.

Another study was done in Pakistan in public sector organisations, including in the educational, banking and telecommunication sectors. Researchers found in a pilot survey that 69% of employees in the education sector, 58% in the banking sector and 54% in the telecommunication sector behave unethically in one way or another. Hence, there is a very strong need to conduct a study on IWE topics in the Islamic culture.

Meanwhile, Saks, Mudrack and Ashforth (1996) examined the relationship between IWE and organisational commitment by using a sample of 145 temporary

employees of a large Canadian theme park. The result showed that strong, positive and significant support of IWE has a direct relationship with higher organisational commitment. Besides that, there is evidence that the significant positive impact of IWE directly influences all dimensions of organisational commitment (affective, normative, continuous) (Yousef, 2000). An employee who has a high organisational commitment will stay in the organisation and do his best to achieve organisational goals. Furthermore, he is willing to put in considerable effort and even make sacrifices for his organisation (Cao et al., 2019).

Ali & Al-Owaihan, (2008) pointed out that the achievement of IWE will automatically lead to higher performance. In addition, many researchers have shown that the values of IWE improve the quality and performance of both individuals and organisations (Qatmeemalmarhoon et al., 2017).

Work ethics as a form of IWE can reflect one's attitude toward various work aspects, including priority activities and participation and the desire to improve and achieve higher organisational goals. This includes enhancing elements such as commitment, dedication, teamwork, responsibility and establishing good social relations in the workplace as part and parcel to come up with high quality performance. This can perhaps be likened to someone who has a close relationship with God. In that case, one's attitude and behaviour will tend to be consistent with the rules prescribed by his religion (AFLAH et al., 2021a).

Several studies are found on the subject of Islamic work ethics and its relationship with employee commitment and employee performance. Among those few studies is the study by Awan et al., (2014) who researched the impact of Islamic work ethics on employee performance with the mediating role of employee commitment. Data were collected from 107 employees working in public sector organisations. The results

revealed that employee commitment fully mediated the impact of IWE on employee performance ($\beta = 0.40$, $p < 0.001$) as the statistical analysis fulfilled all the conditions of mediation set by Baron & Kenny, (1986) However, apart from citing the results of previous studies, no arguments were provided to support and explain the results.

Another study by Yesil, S., Sekkeli, Z. H., & Dogan (2012) investigated the impact of IWE on the firm's overall performance. Data were collected from 96 employees from Kahramanmaras, Turkey. The results revealed a positive degree of association between IWE and firm performance ($r = 0.419$, $p < 0.01$). Moreover, regression analysis indicated an approximately 43% increase in firm performance due to a one-unit increase in the IWE of employees. Results from another research study conducted by Khan, (2015) indicated that IWE could enhance many key positive employee outcomes such as job satisfaction, organisational commitment and organisational citizenship behaviour in combination with other predictors of the variables.

In this study, the researcher investigated the relationship between IWE, employee performance and employee commitment in regards to medical employees at Bahrain's public hospital. In this empirical research, the researcher describes the mediating role of employee commitment in mediating the relationship between IWE and employee performance, which can enhance employees' effectiveness in the organisation.

1.2 Problem Statement

Bahrain is recognized for its advanced health sector which has been given a priority by the government since 1990s through "health for all" campaign, aiming to deliver effective health services using optimum available resources. In 2018, the

Ministry of Health (MOH) reported a great development in the country's health sectors such as Blood Disorders Centre opened at the Salmaniya Medical Complex in 2014, at a cost of BD4.7m (\$12.4m), providing 90 beds for patients suffering from a variety of haematological conditions, including sickle cell disease. It is the largest centre of its kind in the region. Currently, a \$106m specialised cardiology centre is also under construction at Awali and due to open in 2018, while the Mohammed bin Khalifa bin Salman Cardiac Centre is poised to house emergency facilities and 150 beds. Furthermore, The King Abdullah Medical City, in Bahrain's Southern Governorate, will consist of a 264-bed .

Table 1: Total number of hospitals in Bahrain

Matters	The number for Front-Line Medical Staff	Number of public hospitals and health Centre
Total number of main public hospitals		3
Health Centre		25
Clinics		3
Total Number of Doctors	2057	
Total Numbers of Nurses	7589	
Total Number of Pharmacists	170	
Total	9,816	31

The government has also increased the MOH's expenditure as shown in Figure 1 (Ministry of Health, 2015).

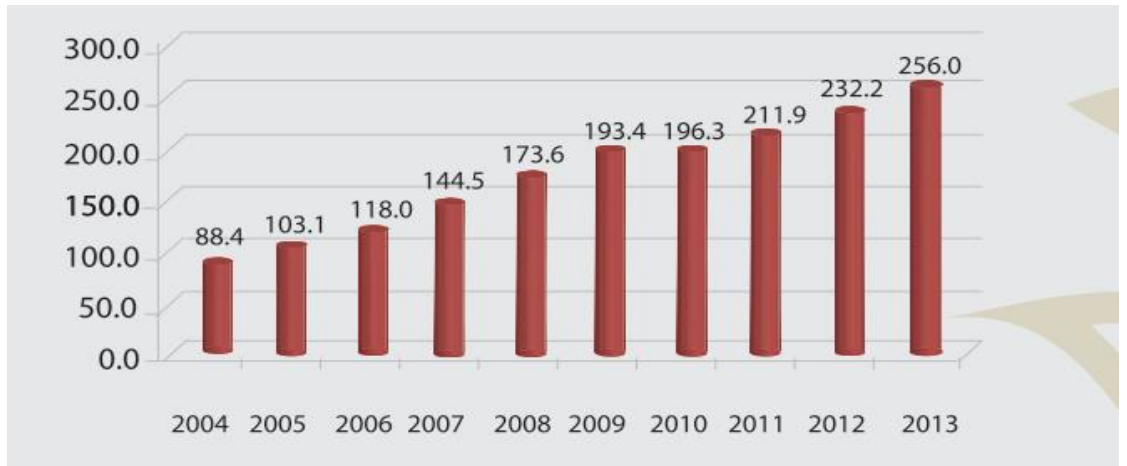


Figure 1: Total expenditure of the Ministry of Health in BD (million) between 2004 and 2013

Source: MOH (2015)

The World Bank’s estimation of the current healthcare expenditure of the country can be seen in Figure 2. The figure in this report also indicates a rise in the expenditure.

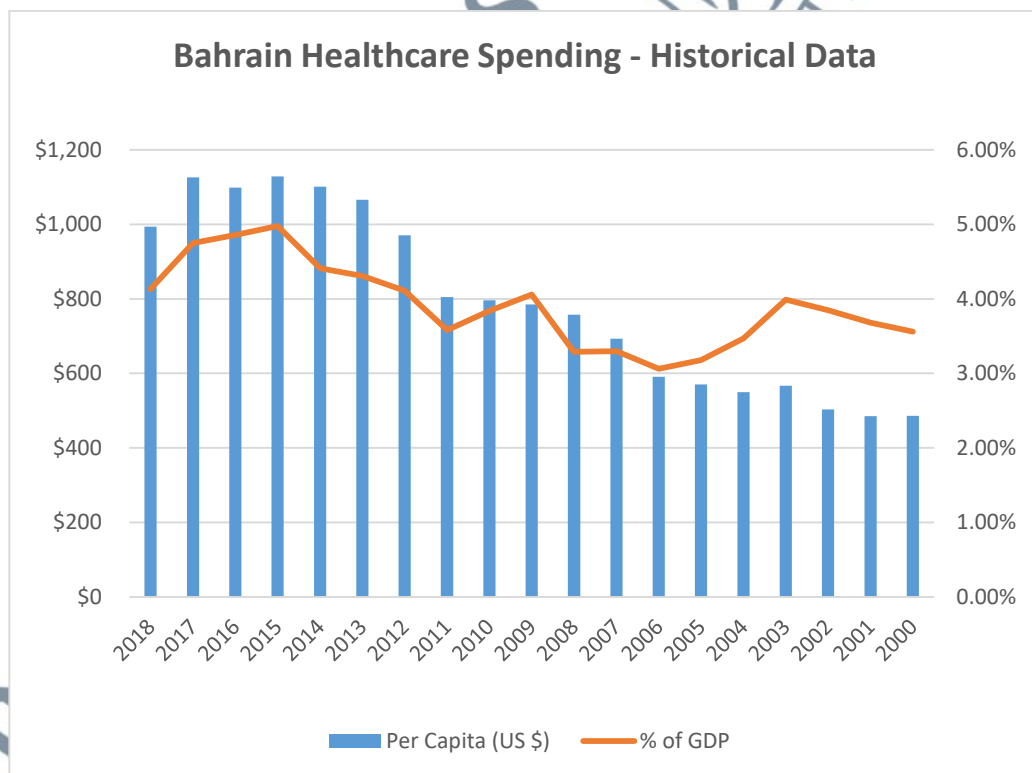


Figure 2: Kingdom of Bahrain’s healthcare spending

Source: World Bank (2021)

The Ministry of Health published a report in 2018 detailing the entire government's health expenditure from 2008 to 2017, as seen in Table 2. It reaches in the peak in 2008, when the rise equals 10% of the state's total public spending. This study demonstrates the growth in healthcare costs, particularly in the previous ten years (World Bank report, 2021)

Table 2: Ministry of Health's Total Expenditure from 2000 and 2017

Year	Total Government Expenditure	Total Health Expenditure in (Thousands Bahraini Dinars)		Share Health EXP.To Govt. Expenditure
		Amount	% Annual Growth	
2000	787,000	↓ 61.044	↓ -1.10%	7.80%
2001	833,000	↓ 64.438	↓ 5.60%	7.70%
2002	984.6	↓ 71.139	⇒ 10.40%	7.20%
2003	1080.378	↓ 80.557	⇒ 13.20%	7.50%
2004	1.188.659	↓ 88.431	⇒ 9.80%	7.40%
2005	1.462.833	↓ 103.073	↑ 16.60%	7.00%
2006	1.577.577	↓ 118.007	⇒ 14.50%	7.50%
2007	1,818,064	⇒ 144.515	↑ 22.50%	7.80%
2008	1.871.900	⇒ 173.610	↑ 20.10%	9.30%
2009	1.856.000	⇒ 193.408	⇒ 11.40%	10.40%
2010	2.635.360	⇒ 196.258	↓ 1.50%	7.40%
2011	2.852.982	⇒ 211.898	⇒ 8.00%	7.40%
2012	3.260.897	↑ 232.151	⇒ 9.60%	7.10%
2013	3.353.745	↑ 256.047	⇒ 10.30%	7.60%
2014	3.544.535	↑ 274.389	⇒ 7.10%	7.70%
2015	3.559.415	↑ 286.516	↓ 4.40%	8.00%
2016	3.532.296	↑ 271.603	↓ 5.20%	7.70%
2017	3.536.876	↑ 248.709	⇒ 9.50%	6.90%

Source: Ministry of Health (2018)

Although there is full support from the government to this vital sector, there are still fatal mistakes committed by some employees in the hospital organisation, whether they are professionals like doctors, nurses and pharmacists (NHRA, 2016). National Health Regulation Authority (2017) reported that patients' complaints have drastically

increased over the years related to negligence and medical errors. Figure 2 shows the details and sources of complaints from 2013 until 2016.

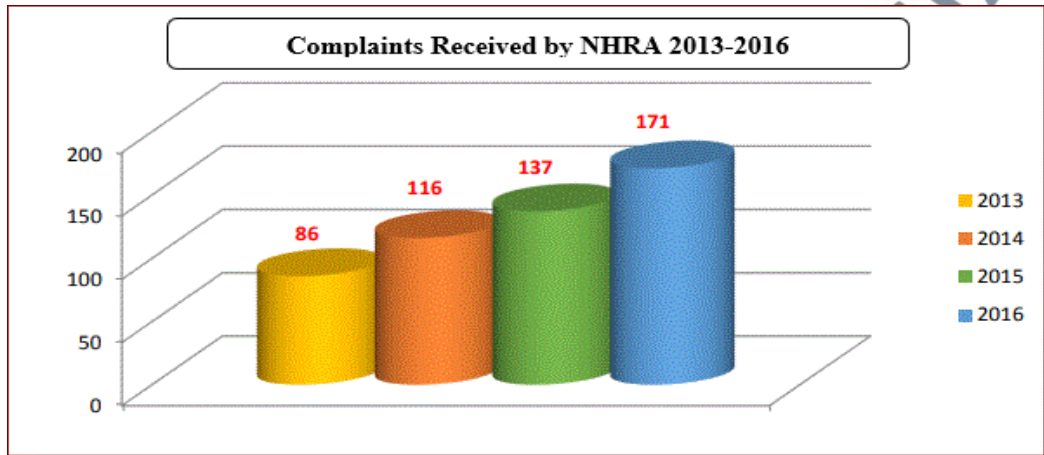


Figure 3: Complaints received by NHRA from 2013 until 2016

In 2017, the total complaints received by NHRA were 136; 47 cases were reported by the health facilities and 25 cases were referred by the court and prosecutors. 66% of the complaints were against doctors, which is considered the majority among medical staff. 14% were against healthcare facilities and the rest were against other professionals, such as nurses and pharmacists. (Nhra, 2017)

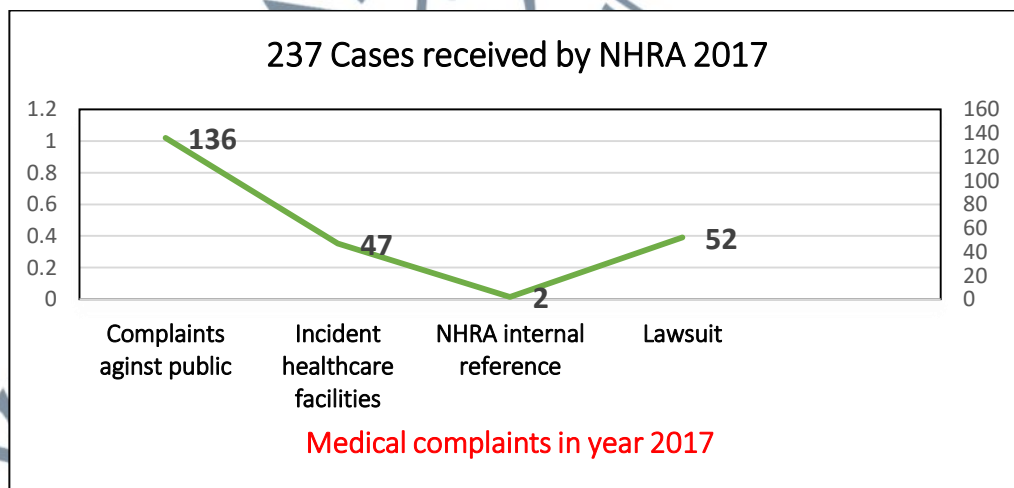


Figure 4: Medical Complaints in 2017

Most complaints received from patients to NHRA were against doctors, nurses and pharmacists illustrated in Table 3 and Table 4.

Table 3: Complaints against Medical Staff

MEDICAL STAFF	NUMBER OF COMPLAINTS	NUMBER OF ACTIONS TAKEN	DETAILS OF ACTION TAKEN
DOCTORS	85	47	i. 8 License Cancelled ii. 24 Suspensions iii. 15 Written Warnings
NURSES	46	15	i. 2 License Cancelled ii. 9 Suspensions iii. 4 Written Warnings
PHARMACISTS	5	2	i. 2 Written Warnings
TOTAL	136	62	

Source: (Nhra, 2017)

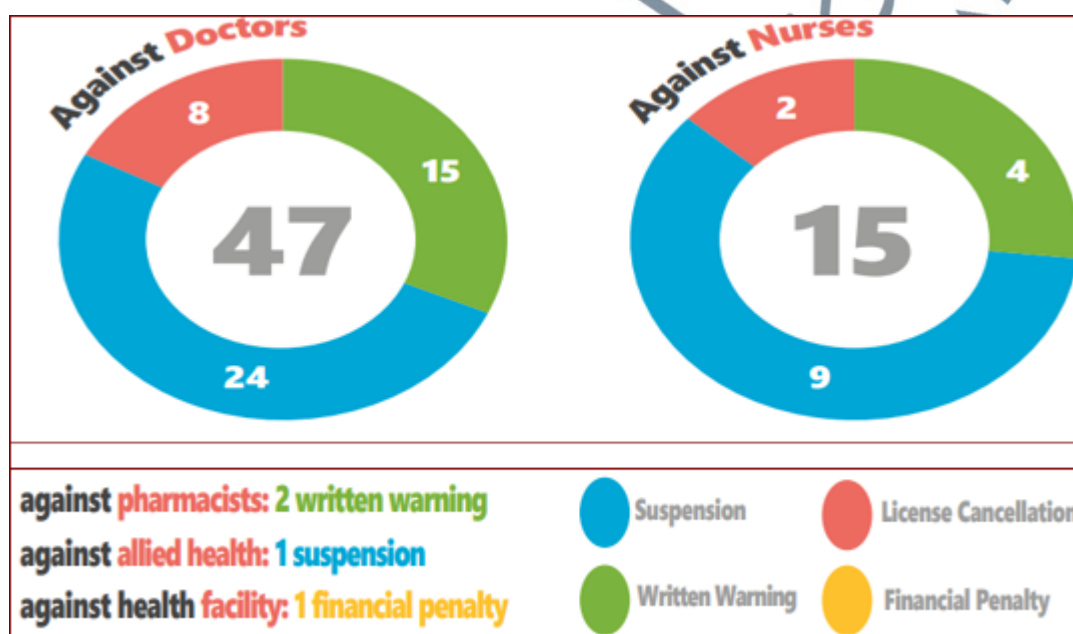


Figure 5: Disciplinary Actions in 2017

Source NHRA (2017)

This report found that there are evident problems of increasing medical errors which warns the occurrence of real problems and great danger to the health of patients, their follow-up treatment and level of trust between doctors and patients.

Similarly, In 2018 National Health Regulation Authority (NHRA) has taken a total of 64 disciplinary actions that include 25 suspensions, 14 warnings, 7 licenses were

cancelled and 3 financial penalties. The Complaints Unit received 228 cases, and the technical committees completed the investigations of 116 cases. showing that the health indicators in 2018 were better than 2017 in terms of complaints, indicating a reduce in medical error and improve healthcare performance(Nhra, 2018). Table 4 illustrates the distribution of complaints, incidents and lawsuits according to health profession in 2018.

Table 4: Complaints, Incidents and Lawsuits in 2018

<i>Health Profession</i>	<i>Complaints</i>	<i>Incident</i>	<i>Lawsuits</i>	<i>Total</i>
<i>Doctors</i>	116	22	12	228
<i>Nursing</i>	4	3	0	
<i>Pharmacists</i>	9	0	0	
<i>Allied</i>	1	0	2	
<i>Others</i>	4	0	-	
<i>Health Facilities</i>	38	0	15	
<i>Not Within NHRA Jurisdiction</i>	2	0	0	
Total	174	25	29	

Source: (Nhra, 2018)

Table 4 illustrates Bahrain's vision 2030 has not been achieved by the Ministry of Health despite the organisation has worked hard for the last three decades to improve the quality of health services including employee performance, employee commitment and to reduce medical errors. Table 5 and Figure 6 illustrate NHRA's report in 2018.

Medical Staff	Complaints	Incidents	Lawsuits	Actions Taken	Details of Action Taken
Doctors	19	22	12	38	i. 6 License Cancelled ii. 22 Suspensions iii. 10 Written Warnings
Nurses	4	3	0	7	i. 1 License Cancelled ii. 2 Suspensions iii. 4 Written Warnings
Pharmacists	9	0	0	45	
TOTAL	32	25			

Source: (Nhra, 2018)

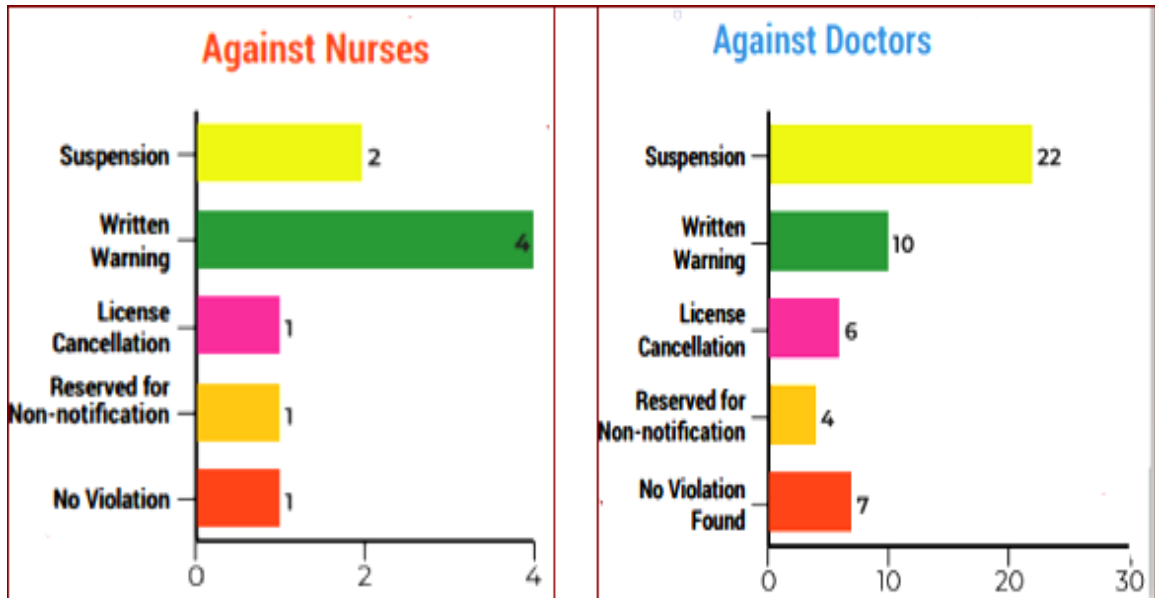


Table 5: Disciplinary Actions in 2018

Source: (Nhra, 2018)

Unfortunately, the percentage of complaints against medical staff increased by 13% in 2019 compared to the previous year, indicating that the problem is still present and growing. In 2019, the overall number of complaints was 257 cases, 167 cases reported by people, followed by 57 lawsuit cases referred by jurisdiction authorities. Finally the 33 cases were reported by healthcare facilities. According to this report, the researcher believes that the number is extremely high, since the repercussions of these medical errors have a psychological and physical impact on the patient and the patient's family, as well as a negative influence on the quality of care. Figure.7 Total number of cases received by NHRA in 2019.

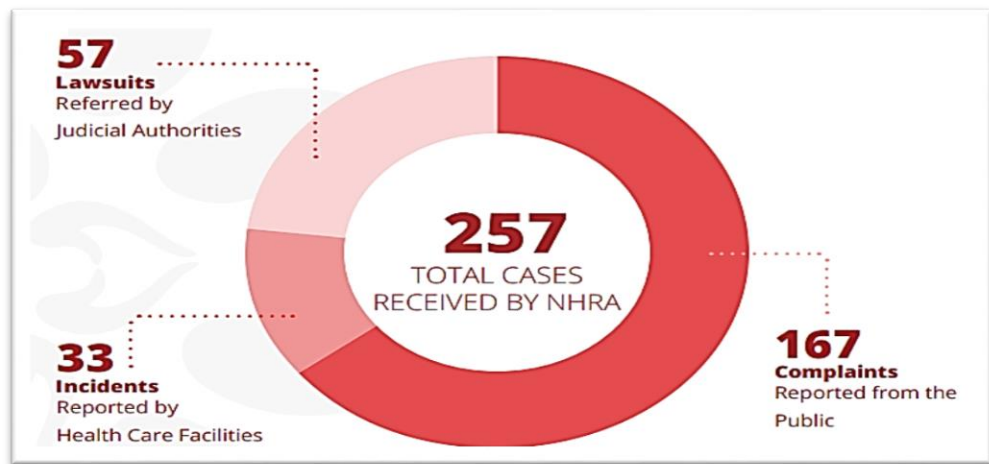


Figure 6: Total number of cases received by NHRA in 2019

Source: NHRA (2019)

As shown in Figure 7, medical error and violation of the principles, duties, requirements and ethics were identified as 20% from the total cases reported. The technical investigating committees investigated 177 cases in the year 2019, demonstrating an increase of 53% from the year 2018. From the investigation, it was found that 69 cases involved no medical error or violation of principle, duties, requirements and ethics. On the other hand, 36 cases of medical error or violation of the principle, duties, requirements and ethics were present, along with 47 cases due to insufficient evidence, 20 cases turned to lawsuits, four cases were not within the jurisdiction of NHRA and finally one case was still pending. Figure 8 illustrates the results of the investigation received by NHRA in 2019.

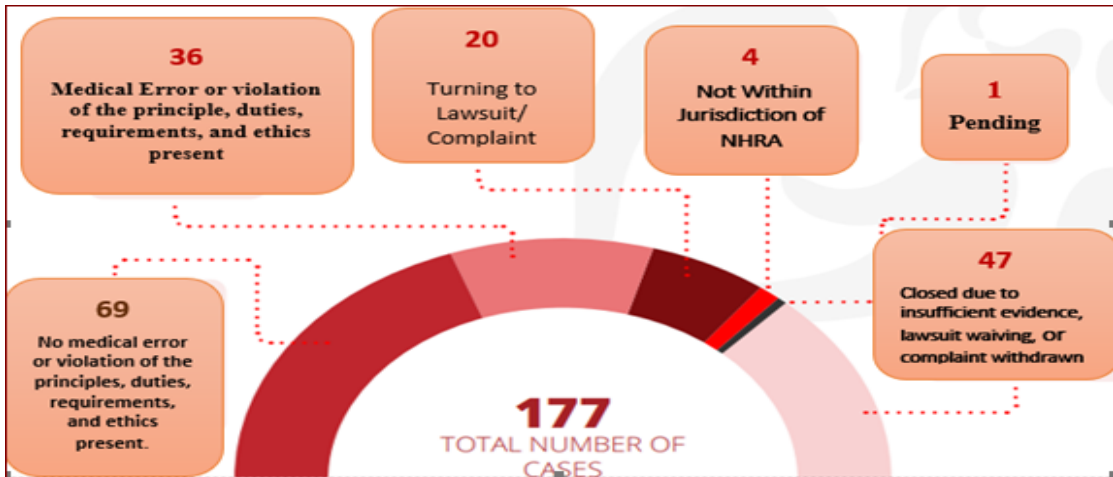


Figure 7: Results of investigation in 2019

Source: (Nhra, 2019a)

Furthermore, the disciplinary committee issued 37 disciplinary actions including 10 suspensions, 18 warning notices and one cancelled professional license. Figure 8 illustrates the total number of cases received by NHRA in 2019.

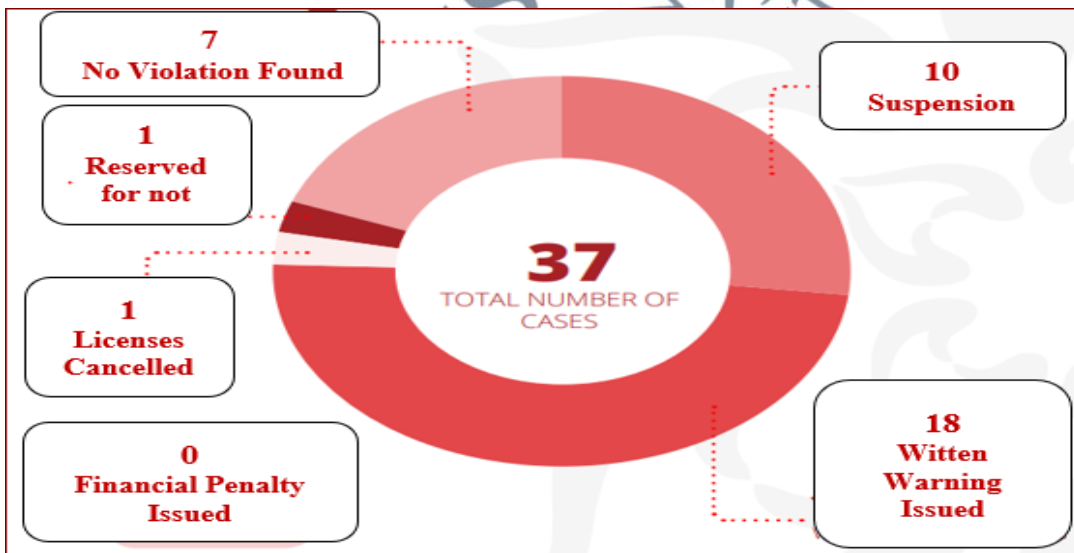


Figure 8: Distribution of disciplinary actions taken issued in 2019

Source: (Nhra, 2019a)

Next, it was confirmed that doctor is the highest in profession which has committed the medical errors compared to nurses and pharmacists. Figures 10 shows the actions that have been taken against doctors.



Figure 9: Actions taken against doctors by NHRA in 2020

Source: (Nhra, 2019a)

As a result of Figure 10, NHRA also mentioned the disciplinary actions taken against nurses who are working in public health in the Kingdom of Bahrain. Figure 10 provides the actions taken against nurses in the year 2019.



Figure 10 Actions taken against nurses by NHRA in 2020

Source: (Nhra, 2019a)

As a result of Figure 11, NHRA also mentioned the disciplinary actions taken against pharmacists who are working in public health in the Kingdom of Bahrain. Figure 11 provides the actions taken against pharmacists in the year 2019.



Figure 11 Actions taken against pharmacists by NHRA in 2019

Source: (Nhra, 2019a)

As per NHRA's statistics in 2020, medical errors are still increasing by 5% compared to the previous year in 2019. From the 271 cases in 2020, 166 cases were reported by individuals while the rest were reported by healthcare facilities. A total of 42% of the reports were against doctors and others were related to allied health professionals, nurses, pharmacists and others. Meanwhile, 24% of the reports were about the violation of principles, rules and regulations, duties, requirements and medical ethics (Nhra, 2019b). Figure 13 illustrates the information.



Figure 12: Distribution of complaints according to their sources

Source: (Nhra, 2020)

The NHRA annual reports since 2013 until 2020 show increasing complaints due to inappropriate and unethical works. However, this increase can also mean the public awareness about medical rights has increased. Until today the problem still exists but

unfortunately not much improvements have been made. In this case, different parties need to join hands and find the best solutions to solve the problem.

Medical professionals must be vigilant of the ethical medical practices by following the rules and procedures laid down by NHRA. These rules should be widely publicized as handouts to all health professionals and updated regularly to reduce or eliminate the medical errors. Figures 14 and 15 illustrate the total number of cases from 2013 until 2020 and the distribution of complaints, incidents and lawsuits according to health professions.

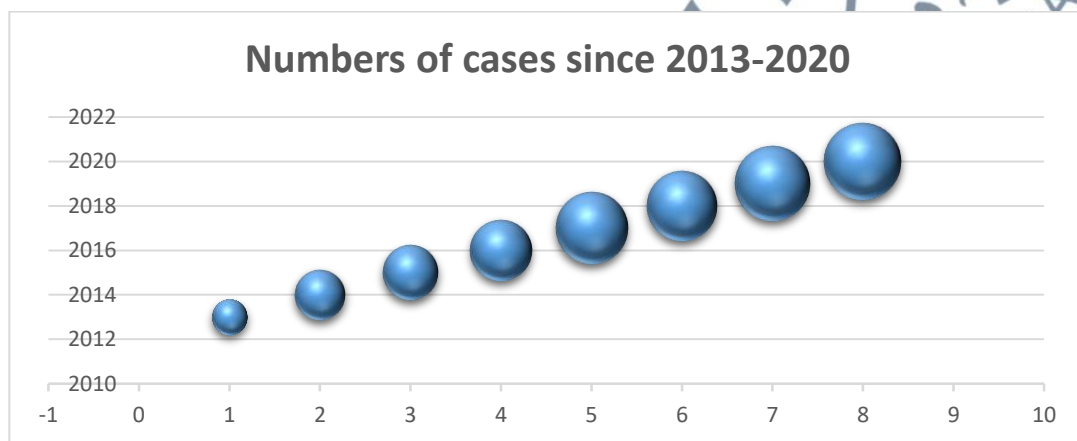


Figure 13: Total number of cases from 2013 until 2020

Distribution of Complaints, Incidents and Lawsuits According to Health Profession



Figure 14: Distribution of Complaints, Incidents and Lawsuits

Source: (Nhra, 2020)

Al Khaja, Sequeira and Al-Ansari (2008) found a total of 90% medical prescriptions for infants in Bahrain were inaccurate and had a lot of errors compared to other Gulf countries. Aljasmī, Almalood and Al Ansari (2018) determined the number of medical errors committed by physicians the Bahrain Defence Force (BDF) hospitals. The result found that the total prescriptions were 379, which is the amount required to research Primary Health Care (PHC). In this research, researchers used random sampling for data collection, whereby the results revealed that 228 out of 379 of the study contained medical errors, forming around 67% of the total sample. The results showed that this phenomenon is worrying as this may cause harm to the patients when the doctors commit medical errors or medical negligence. These could also be fatal to the patients especially involving the use of drug substance.

As such, this is contrary to the practice of Islamic work ethics which essentially urges the professionals at the workplace to upgrade their skills and have ongoing training to have the best level of performance in their medical works. Nevertheless, despite all these reports on Bahrain's medical errors, the Ministry of Health is committed to solve this problem by recruiting only qualified doctors. This is evident in 2018 where only 70 out of 380 doctors who passed exams secured themselves a medical licence (MoH, 2015).

Therefore, it is crucial to study healthcare workers' performance in Bahrain, which is considered one of the advanced countries in medical services. Still, with great regret, it has suffered from high number of medical errors in the recent period due to negligence and failure to adhere to professional ethics and other abuses. This leads to the declined quality of medical services and healthcare providers' poor performance.

High rate of complaints, incidents, lawsuits and decreasing patient's satisfaction

towards health service is a clear indication of low standard of job quality; one of the worst drawbacks of the Bahraini health system (Nhra, 2017)

Many researchers have been interested in improving healthcare workers' performance by focusing on the main key factors affecting medical healthcare workers' performance and commitment to the medical field (Al-Ahmadi, 2009). Additionally, Islamic work ethics is crucial for health sector employees looking forward to improving their job performance. Nhra (2018) noted that health sector in Bahrain is experiencing its worst conditions in the last ten years in terms of medical complaints, leading to poor performance among healthcare workers. This is proven via statistics and annual reports issued by NHRA.

Masarwa (2015) claimed that employee commitment is the fundamental pillar of medical staff's behaviour towards an organisation and automatically affects their performance positively. Furthermore, employee commitment increases a person's loyalty and connection to his work and productivity, thus reducing negligence, absence and turnover at work. Medical staff such as doctors, nurses and pharmacists who have a high level of commitment to their work are making great effort and doing high quality work. Moreover, they continue to work in their organisations and do not leave their institutions quickly (Mosadeghrad and Ferdosi, 2013; Wu and Lee, 2011).

Employee commitment was chosen as a mediator variable based on the intermediate relationship conditions, which states when to consider a variable a mediator variable, as stated in Baron, R. M., & Kenny, (1986). These conditions are necessary for a statistically significant relationship between independent variable (Islamic work ethic) and the variable to be adopted as a mediator (employee commitment) and the requirements for a statistically significant relationship between the mediator variable (employee commitment) and the dependent variable (employee

performance), and the need for a statistically significant relationship between the independent variable (Islamic work ethics) and the dependent variable (employee performance). This has been proven by previous studies.

Yen and Chien (2012) have reviewed the literature from the period and found employee commitment specifically links different individuals financially and morally through the faith of individuals and their conviction on the importance of organisational goals. This is reflected in the employee performance and his productivity accordingly to the degree of their commitment. Moreover, employee commitment is used as partial mediation in the insurance sector and full mediation on the relationship between job satisfaction and employee performance in the commercial bank sector.

Nevertheless, the use of employee commitment as a mediator on the relationship between Islamic work ethics and employee performance has never been used as a mediator in the relationship between Islamic work ethics and employee performance neither in Bahrain nor in any other countries in the Arab region specifically in the medical sector at least to researcher's knowledge.

Therefore, in light of the above, this study's current problem is the increase in medical staff complaints and medical errors due to their poor performance in Bahrain's public health care institutions. The lack of Islamic work ethics, employee commitment and employee performance towards this problem in public health institutions has led to the decreasing level of medical staff's performance in public health in the Kingdom of Bahrain. Moreover, previous studies were interested in employee commitment and employee performance. There is a scarce study on the impact of Islamic work ethics on employee commitment and employee performance, which play an important role in improving employee performance (Rokhman, 2010).

Despite the development taking place in the health sector in the Kingdom of Bahrain in all its aspects, there are complaints from patients regarding the commitment and performance of medical staff, especially doctors, nurses and pharmacists who are considered the professions most in contact with patients. It is possible that many previous studies dealt with or focused on the issue of performance and commitment. However, they still did not address the issue of Islamic values and ethics, which could have a significant role in improving the performance and commitment of employees and for this reason, this study.

Therefore, this study investigates the relationship between Islamic work ethics and employee performance with the mediating variable of employee commitment in the public health sector in the Kingdom of Bahrain.

1.3 Research Questions

Based on the background of this study and the research problem discussed in this chapter, this study designed to answer the following questions:

- 1.3.1. Are there any relationships between Islamic work ethics and employee performance in the public healthcare in Bahrain?
- 1.3.2. Does Islamic work ethics affect employee commitment in the public healthcare in Bahrain?
- 1.3.3. To what extent does employee commitment directly affect employee performance in the public healthcare in Bahrain?
- 1.3.4. Is there an indirect impact of the Islamic work ethic employee performance through its impact on employee commitment in the public healthcare in Bahrain?

1.4 Research Objectives

Generally, this study investigates the relationship between Islamic work ethics as the independent variable and employee performance as the dependent variable and employee commitment mediating variable among employees of public health in the Kingdom of Bahrain. As such, the objectives of this study are as follows:

- 1.4.1.** To examine the relationship between Islamic work ethics and employee performance in the public healthcare in Bahrain.
- 1.4.2.** To investigate the effect of Islamic work on employee commitment in the public healthcare in Bahrain.
- 1.4.3.** To examine the impact of employee commitment on employee performance in the public healthcare in Bahrain.
- 1.4.4.** To investigate the mediating role of employee commitment in the relationship between Islamic work ethics and employee performance in the public healthcare in Bahrain.

1.5 Scope of the Study

The scope of this study involves medical staff, specifically the three professionals i.e., doctors, nurses and pharmacists in the public health sector in Bahrain. The main purpose of this thesis is to achieve the main goal, which is understanding the influence of Islamic work ethics on employee performance and the mediating effect of employee commitment by focusing on the public hospitals in Bahrain whilst taking into consideration four dimensions of the independent variable which are effort, honesty, teamwork and accountability. The choice of medical employees as the sample of the study is consistent with the efforts towards optimizing job performance and minimizing medical errors as reported by NHRA.

1.6 Significance of the Study

The findings of this research are intended to contribute to the theoretical, practical and methodological aspects of the study constructs, especially in the context of the medical field. Furthermore, the results can be used by human resource management (HRM) professionals and top management as they search for ways to enhance the quality of medical services. This study is expected to create awareness of Islamic work ethics among medical employees in the public health sector in the Kingdom of Bahrain.

From the perspective of the medical employees, this study aims to understand the antecedents of Islamic work ethics and its impacts on employee performance. It can also provide empirical supports for the top management through which Islamic work ethics impacts employee performance (AFLAH et al., 2021b).

Additionally, there are lots of research related to employee commitment and employee performance but there is scarce research on the studies on the impacts of Islamic work ethics on employee commitment and employee performance; a new subject to be explored especially in the Kingdom of Bahrain. In this case, there is an insufficient number of studies concerning Islamic work ethics especially in the Middle East (Pollard, 2010), therefore this research will contribute to theories related to employee commitment and employee performance by introducing Islamic work ethics.

1.7 Definition of Key Terms

1.7.1 The Concept of Work Ethics

Integrating ethics is crucial in life not only on a person's behaviour but also on corporate values. Businesses cannot ignore ethics and it is the foundation for good practice in the organisation, avoiding immoral risk reputation. Simply, work ethics can

be defined as a belief that work and diligence have a moral benefit and an inherent ability, virtue or value to strengthen character and individual abilities (Holder, 2016).

1.7.2 Islamic Work Ethics

According to Shukri Ahmad and Musa Yusuf Owoyemi (2012), Islamic work ethics is a set of values or system of beliefs from the Quran and Sunnah concerning work and hard work. This variable is measured using an instrument adapted by Ali (1988) as adopted by Khadijah et al. (2015), comprising 23 items. The internal consistency of it is constructed through the high value of Cronbach's alpha = 0.809

1.7.3 Employee Performance

Prasetya and Kato (2011) referred employee performance as the attainment of outcome of actions by employees at work. This situation motivates employees to work effectively and efficiently towards completing their tasks, goals and objectives. There are two dimensions i.e., task and contextual performance comprising 19 questions and the scoring is using five-point Likert scale; 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree. This construct shows adequate internal reliability for Cronbach's alpha of 0.96 for task performance and 0.74 for contextual performance.

1.7.4 Task Performance

Sonnentag, Volmer and Spychala (2008) defined task performance as formal job description that employees perform their duties officially and accept as part of the job.

1.7.5 Contextual Performance

Contextual performance refers to pro-social behaviour demonstrated by individuals in a work setting. It is also classified as informal and extra-role behaviour which is not mentioned in one's job description. This type of behaviour is totally different from task performance in terms of the reward system (Spychala, 2008; Motowildo, Borman and Schmit, 1997). This study's contextual performance definition has been operationalized using nine items adopted from Likert scale ranging from strongly disagree to strongly agree.

1.7.6 Employee Commitment

Employee commitment is a psychological engagement of what individuals feel towards an organisation whereby they strive to achieve the objectives and values in an organisation, leading to the success, productivity and continuity in the organisation (Al-Baqmi, 2012). EC is measured in the questionnaire using items developed by Meyer et al. (1997) comprising 18 items based on the three dimensions i.e., (i) affective commitment (six questions), (ii) continuance commitment (five questions) and (iii) normative commitment (six questions) using five-point Likert scale 1 = strongly disagree, 2 = disagree, 3 = natural, 4 = agree, 5 = strongly agree. The scale is reliable with a Cronbach's alpha = 0.882.

1.7.7 Healthcare Performance

According to Akdere, (2009) healthcare performance in the organisation is based on the available functional resources. These functional resources include, for example, utilising the assets, knowledge, and healthcare procedures that increase business outcomes in healthcare organisation.

1.7.8 Medical Staff

Medical staffs are defined as licensed health providers who practice their activities to meet the responsibilities that enable them to fulfil their duties according to the standards set by the management (Awases and Roos, 2013a).

1.8 Organisation of the Thesis

This chapter has provided the overview of this study. It starts with the study's background, problem statement, objectives, research questions, significance of the study and scope and definitions of key terms.

Chapter Two provides a review of the literature related to the topic of the study, underpinning theories and conceptual framework, hypothesis development hypothesis and a summary of the chapter. Subsequently, Chapter Three discusses the research methodology used in this study consisting of essential issues such as research approach, population and sampling procedures, research instrument, administration of the questionnaire, data collection procedures and the pilot study.

Chapter Four will analyse the research hypotheses and present the findings of the research. Finally, the managerial implications, summary, limitations of the study and conclusions are presented in Chapter Five. Furthermore, it provides recommendations for future research. Figure 16 illustrates the structure of this study.

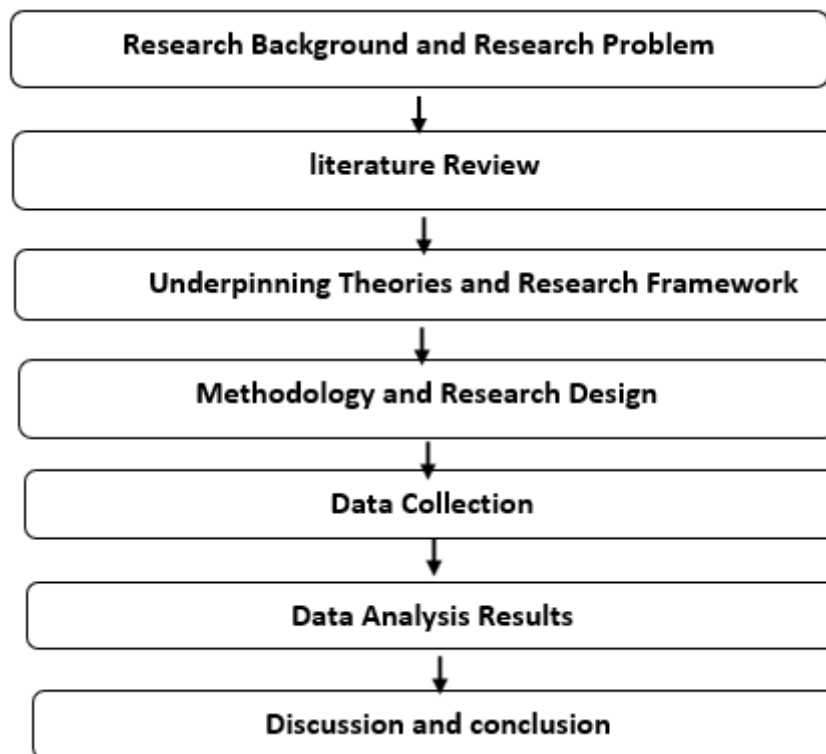


Figure 15 Research structure of the thesis