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Power Imbalance in Hospital Dual Management System and its Impact on Turnover

ZHANG Manli

Doctor of Management

Supervisor:
PhD Virginia Trigo, Professor,
ISCTE University Institute of Lisbon

May, 2023



BUSINESS
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Abstract

With the deepening of the healthcare reform in China, the competition in the sector is becoming fiercer leading to several unintended consequences such as talent turnover, which highly affect hospital development. Taking the case of a specialized university-affiliated stomatology hospital in Guangzhou, this thesis aims to analyze the main factors that contribute to talent turnover in this type of hospitals. The loss of talents in the field of stomatology is not unique to China and represents a significant problem in both developed and developing countries.

The primary data for the study were collected from two main sources: (1) from 83 exit interviews recorded along an 8-year period, from 2013 to 2020, with leavers holding a Master's degree or above; and (2) from *post facto* live interviews conducted with 21 resigners selected from the exit interviews to understand their feelings and motivations after the passage of time. The data were coded and concepts refined using MAXQDA software to form 18 sub-categories and 6 aggregate dimensions leading to the construction of two theoretical models.

The results show that the balance of power embedded in the dual leadership system characteristic of Chinese organizations and corresponding leadership style and behavior, deeply affect the turnover of talents. The more unbalanced the power, the greater the impact on turnover. Based on the situation studied, a power imbalance allowed for individual behaviors that determined the development of the hospital and directly affected institutional fairness, culture, working atmosphere and ultimately led to turnover.

Keywords: Hospital dual management; power imbalance; turnover

JEL classification: M10, M12

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Resumo

Com o aprofundamento das reformas no sector da saúde na China, a concorrência tem-se tornado mais intensa e provocado algumas consequências indesejadas como por exemplo a elevada rotação de pessoal qualificado que muito afecta o desenvolvimento dos hospitais. Esta tese estuda o caso de um hospital de estomatologia em Cantão com o objetivo de analisar os fatores que mais contribuem para a rotação de talentos neste tipo de hospitais especializados.

Para este estudo recolheram-se dados de duas fontes principais: (1) de 83 entrevistas de saída recolhidas ao longo de oito anos, entre 2013 e 2020 com os detentores de grau de Mestre ou superior que se despediram nesse período; e (2) de 21 entrevistas em profundidade realizadas face-a-face com ex-empregados de entre os 83 inicialmente entrevistados. O objetivo é o de entender os sentimentos e as motivações que levaram à saída, eventualmente amadurecidos com a passagem do tempo. Os dados foram codificados com a ajuda do software MAXQDA tendo-se obtido 18 sub-categorias e 6 dimensões agregadas que permitiram a construção de dois modelos teóricos. Os resultados mostram que a questão do equilíbrio de poder existente no sistema de gestão dual característico de muitas organizações chinesas e o correspondente estilo de liderança têm uma profunda influência na rotação do pessoal qualificado: quanto maior for o desequilíbrio de poder, maior será a rotação. Com base na situação estudada, este desequilíbrio permitiu comportamentos individuais que afetaram o desenvolvimento do hospital bem como a justiça institucional, a cultura e o clima de trabalho e conduziram à saída do pessoal.

Palavras-chave: Gestão dual; desequilíbrio de poder; rotação de pessoal qualificado

Classificação JEL: M10, M12

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摘 要

随着中国医疗改革的深入，医疗行业的竞争越来越激烈，导致了一些意想不到的后果，如人才流失，这对医院的发展有很大影响。本论文以广州某高校附属口腔医院为例，旨在分析造成该类医院人才流失的主要因素。口腔医学领域的人才流失并非中国独有，在发达国家和发展中国家都是一个重要问题。

本研究的主要数据主要从两个渠道收集：（1）从2013年到2020年的8年间记录的83次离职访谈，访谈对象为拥有硕士以上学位的离职者；（2）从离职访谈中选取的21名辞职者进行事后现场访谈，了解他们在时间流逝后的感受和动机。使用MAXQDA软件对数据进行编码和概念提炼，形成18个子类别和6个总维度，从而构建了两个理论模型。

结果显示，中国组织特有的双重领导体系中蕴含的权力平衡以及相应的领导风格和行为，深深影响着人才的流动。权力越不平衡，对人才流动的影响越大。根据所研究的情况，权力失衡使得个人行为决定了医院的发展，并直接影响到制度的公平性、文化、工作氛围，最终导致了人才流失。

关键词：党委领导下的院长负责制；权力失衡；人员流失

JEL 分类：M10, M12

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Chapter 1: Introduction

1.1 General overview

Talent is an important indicator of comprehensive national power competition and is an important strategy for the in-depth implementation of a strong nation in the new era. With the rapid development of medical and healthcare, the competition in the sector is increasing year by year. As the most active factor of development, talent is the main creator of social and economic benefits of hospitals and the most valuable asset for their survival and development. Excessive talent loss will lead to an imbalance in the ladder structure and an increase in replacement costs affecting the level and quality of services. Thus, it is particularly important to gather talents from all over the world and do a good job with them. How to prevent or reduce talent loss, retain, train, and attract them is a challenge in particular for university-affiliated specialist hospitals. This study takes stomatology hospitals as the focus and conducts a grounded theoretical and empirical study with relevant practical cases.

First, a large amount of domestic and international literature on personnel separation is reviewed, and categories that influence separation behavior are categorized.

The Guangzhou Medical University Affiliated Stomatology Hospital (hereinafter referred to as “Guangyi Stomatology Hospital”) was selected as the main subject of this research. The original records of 83 leavers holding MSc degree and above were analyzed in depth out of a total of 237 employees who left the hospital along an eight-year period, from 2013 to 2020 for analysis. The analysis results were further refined to design an outline for in-depth interviews conducted with 21 individuals selected out of the 83 resigners as detailed in Chapter 4. Borrowing relevant methods from grounded theory, the collected data were subject to three major steps – open coding, axial coding, and selective coding – to refine the main and core categories. A theoretical model representative of the accountability system under the leadership of the Party Committee of public hospitals in the local Chinese context is finally proposed.

1.2 Research background

China today has entered an era of change, with all sectors implementing deep and fundamental transformations in an effort to achieve higher quality, more efficient, fairer, and more sustainable development. In particular, the implementation of the Healthy China Strategy has brought much attention to the medical and health services industry, especially in what concerns hospitals as an important part of the healthcare system.

1.2.1 The current state of the dental care industry in China

From the demand side, over 95% of China's population suffers from oral diseases of varying degrees of severity (Tai, 2018). The results of the “Fourth National Oral Health Epidemiological Survey” show that the oral health status of Chinese residents has both positive and worrying aspects (Feng, 2018). On the one hand, the oral health literacy level of Chinese residents has gradually improved, as well as tooth preservation among the elderly (Feng, 2018). On the other hand, there are some worrying numbers. For example, compared with 10 years ago, the prevalence of dental caries in children has increased significantly (Feng, 2018) and about 90% of middle-aged and elderly people suffer from dental caries and bleeding gums, with almost all of them (more than 96%) having dental calculus (Feng, 2018). Overall, the prevalence of weak oral health in China is still high, and the rate of medical consultation is low.

At present, there are four main types of stomatological medical institutions in China: a stomatology department within a general hospital, a stomatology specialist hospital, chain stomatology clinics, and individual stomatology clinics. By 2019, there were a total of 885 stomatology hospitals, among which 723 were private, accounting for about 82% (Fan & Shan, 2019; NHC, 2020). From November 2010 to 2019, only 4 public stomatology hospitals were added to the existing ones while the private sector had an increase of 564 units (Fan & Shan, 2019). Specialized public hospitals have certain advantages in terms of resources, service, and physician level, but the outpatient corresponding level of private chain stomatology hospitals is also very close (Zhou, 2019). Sun et al (2018) mentioned in a 2018 survey that there were 75,399 oral health care facilities in China. Among them, private dental health care institutions accounted for (69.8%), more than twice as many as public dental ones (30.2%).

According to Sun et al (2018), 314,347 people were employed in the dental care industry

in China in 2018, of which 171,587 (54.6%) were dentists (practicing dentists or dental assistants), while the ratio of dentists to population in China was 1:7768, which is considerably lower than the World Health Organization (WHO) standard of 1:500, showing that the oral medical talent resources in China are still insufficient and cannot meet the needs of the population. In Guangdong Province, the wealthiest province in China, Yang et al. (2020) obtained data from municipal health planning bureaus and combined them with government network data, to analyze the distribution of oral health institutions and human resources in the province by 2015. The results showed that there was a total of 5,258 oral health institutions in Guangdong, of which 1,685 (32%) were public and 3,573 (68%) private. There were 22,296 employees in oral health institutions, including 12,486 physicians (56%), 8,423 nurses (37.7%), and 1,405 technicians (6.3%). Among them, there were 17,270 people in the Pearl River Delta region, accounting for 77.4% of the oral health human resources in the whole province showing that the distribution of oral health human resources among the different regions is seriously uneven.

1.2.2 China's national policy support for the medical industry

Health is an inevitable requirement for promoting the all-around development of mankind and the basic condition for economic and social development. A healthy and long life is an important symbol of national strength and rejuvenation and the common aspiration of people of all ethnic groups in China. On October 29, 2020, the Fifth Plenary Session of the 19th CPC Central Committee adopted the proposal on formulating the 14th Five-Year Plan and long-term goals for national economic and social development, which clearly proposed to comprehensively promote the construction of a Healthy China. The conference pointed out that to protect people's health as a development priority of its strategic position, the country must stick to the policy of prevention first, including in-depth implementation of health actions and improving national health promotion policies to provide comprehensive health services for the people (Xi, 2020). People in the health industry are the primary resource and important support for building a moderately prosperous society in all respects and a Healthy China (Wang & Xu, 2021).

For all kinds of medical institutions, including stomatology hospitals, highly skilled personnel are the key resources (Liu et al., 2020) and their service expansion and quality maintenance mainly rely on high-quality human resources (Zhang & Zhou, 2003). In line with the “Healthy China 2030” plan that proposes to strengthen the construction of health-related

human resources to continuously meet the people's growing demand for health services (Wang & Xu, 2021), the total amount of human resources has increased steadily in China. In 2019, the total number of health personnel in the country reached 12.928 million, with the rapid development of medical, nursing, pharmaceutical, and technical personnel (NHC, 2020), while the structure of talents has been constantly improved with health technicians accounting for 78.5% and the ratio of medical staff to doctors having reached 1:1.15 (Wang & Xu, 2021).

Under the background of the government encouraging and supporting the private sector to run hospitals, the rapid development of private stomatology hospitals and the introduction of a multi-point practice policy for doctors make the flow of medical staff more active. On 3rd December 2010, the National Development and Reform Commission, the Ministry of Health, the Ministry of Finance, the Ministry of Commerce, and the Ministry of Human Resources and Social Security officially issued the document “On Further Encouraging and Guiding Social Capital to Establish Medical Institutions (GOSCPRC, 2010)” putting forward clear policy measures on the scope of access to private medical institutions and their sustainable and healthy development.

The easy standardization of treatment processes and relatively low investment in comparison with general hospitals make it easy to propagate stomatology hospitals. With the continuous improvement in residents' living standards and the acceleration of population aging, the potential demand for dental diagnosis and treatment is increasing while factors such as weak policy barriers, low capital threshold, and easy business promotion attract private capital to invest in the dental industry. There is no doubt that talent building is important to these nascent private institutions and that talent is the core competitiveness. Therefore, private dental clinics usually try to attract specialists and technical staff working in public dental hospitals offering high positions, high salaries, and comfortable working environments. Meanwhile, the multi-practice policy for doctors promoted by the Opinions of the State Council of the Central Committee of the Communist Party of China on Deepening the Reform of the Medical and Health System published on 6th April 2009, has created a broad platform for reasonable and legal practice, and some dentists are beginning to use private dental institutions as second practice sites, which steadily promotes the reasonable mobility of medical personnel and facilitates the exchange of talents between different medical institutions vertically and horizontally (GOSCPRC, 2010b). Private dental institutions have also begun to use multi-point practice as an opportunity to attract doctors from public dental hospitals to change from “multi-point practice” to “full-time practice”, making the turnover of medical staff in public dental hospitals more serious.

1.2.3 The COVID-19 epidemic's impact on the oral health care sector

In 2020, the COVID-19 epidemic caused a major global public crisis. This epidemic may fluctuate and continue for some time in the future (Wu, 2020) affecting all events of life to varying degrees and especially the previously bright outlook of the dental healthcare sector. The original economic balance has been broken, and the impact on public hospitals is equally obvious since many hospitals are often closed due to local outbreaks (Dong et al., 2020). Compared with general hospitals, in the process of oral diagnosis and treatment, direct face-to-face contact between doctor and patient easily leads to aerosol transmission and increases the risk of cross-infection. Due to the epidemic control, many dental hospitals only retain emergency treatments thus showing a precipitous drop in patient numbers, especially those requiring implant and orthodontic treatments resulting in a sharp decline in medical revenue (Wang et al., 2020; Yang et al., 2021).

A recent report by MedTrend (2020) shows that the closing rate of dental hospitals has increased from 0.9% in the first quarter of 2020 to 3.5% in the third quarter of 2020. Meituan Medical, a Chinese online medical service platform, reported that the number of oral health product orders and the average price of orders in the second quarter of 2020 exceeded the level of the same period in 2019 but only 43% of oral medical institutions have achieved a year-on-year increase in turnover in 2020 (MedTrend, 2020). However, according to the same report, the owners of private oral medical institutions remain optimistic about the industry after the epidemic and have a strong desire to expand their business scale in future operations. Indeed, effective measures of COVID-19 pandemic control in China contribute to the rapid recovery of the dental medical industry possible.

1.2.4 Exploration of the relationship between the Party and government in China

After having presented the general situation of the oral healthcare sector in China, this section will introduce the particular system of governance in public institutions in the country. This will help to understand the nature of the structure of public organizations in China.

1.2.4.1 Structural features of Party-government relations with Chinese characteristics

In a general sense, the so-called party-government relationship refers to the mutual relationship between a political party as a political actor and other political actors in the country's political life (Jiang, 2020). In the context of Chinese politics, “Party” refers to the

Communist Party of China (CPC) as the ruling party, while “government” refers to the general term of public organs such as the national legislature, administrative organs, and judicial organs. The relationship between the Party and the government is rich in content and wide in scope. In real political operation, the Party and the state administrative organs of the government are the core of political relations building a scientific and reasonable relationship and has always been the core issue of China's political system reform.

Since the founding of the People's Republic of China, especially since the reform and opening up, the CPC and the state have made continuous efforts to achieve this goal. The 18th National Congress of the CPC held in November 2012 proposed that “we should pay more attention to improving the Party's style of leadership and governance to ensure that the Party leads the people in the effective governance of the country”. That was the first time that the relationship between the Party and the government was explained from the perspective of national governance, marking that this relationship had entered a new stage of optimized development. In 2019, General Secretary Xi Jinping pointed out that “to deal with the relationship between the Party and the government, the first thing is to adhere to the leadership of the Party, and only under this premise is the division of labor, and no matter how the division of labor, the starting and ending point is to adhere to and improve the leadership of the Party”. The division of labor between the Party and the government aims at ensuring the overall unified leadership of the CPC and governance efficiency from the government.

There have also been explorations on the relationships between political parties and administrations in the West. As early as 1876, Bluntschli examined and defined the dichotomy of “constitution and administration”, “legislation and administration”, and “politics and administration” in public administration. Bluntschli considered it inappropriate to parallelize the administration since the executive, on the one hand, and the constitution and legislation, on the other, go hand in hand with the contract and the will. Politics is the expression of the will of the state, and administration is the execution of the will of the state, therefore both should be taken into account for effective governance (Bluntschli, 1876).

On the dichotomy between politics and administration Bluntschli (1876) explains that politics is the activity of the state in great and general things and is primarily the responsibility of the politician, while the administration is the activity of the state in particular and is the task of technical functionaries, which to some extent relates to the issue of party-political relations. Overeem (2010) argues that all state bodies, including public administration, have a common purpose. In contributing to the realization of the general will, administration cannot be conceptualized as a passive apolitical tool. Public administration is

not subordinate to legislation and policy-making must compensate for its progressive nature (Rosser, 2013). In Bluntschli's view, only the fourth power, public administration, can fulfill and execute the general will and thus promote the welfare of society (Overeem, 2010; Rosser, 2013). According to him, public officials especially those in technical positions in universities, hospitals, or public transport facilities, should be involved in party politics (Rosser, 2014). Furthermore, Bluntschli argues that the political subordination of administrators may lead to public administration being controlled by the dominant party. In order to keep partisan politics out of the administration, he proposed to make the upper echelons of the public service dependent on their political superiors (Rosser, 2014).

Smith (2015) cites a book by Orentlicher (2013) on the “separation of powers” system and partisanship in the United States and argues that the election of “two presidents” is better than one since it would reduce the level of partisan and administrative discord, ease relations with Congress, and better represent the views of citizens across the political spectrum, which in turn will increase public interest and participation in politics.

1.2.4.2 Party-government relations in public hospitals in China

The General Office of the CPC Central Committee issued the Opinions on Strengthening Party Building in Public Hospitals in 2018 (GOCPCCC, 2018). The opinions made it clear that the president of a public hospital takes responsibility under the leadership of the Party committee, and, in the case of a grade 2 hospital or above, he or she cannot concurrently serve as the Party secretary. To integrate the leadership of the Party in hospital governance, the president and the secretary of the Party committee shall be two people respectively, one in charge of hospital administration and the other in charge of hospital Party organization leadership.

If we compare the hospital to a ship, the Party committee is the helmsman of the ship, and the president sails the ship. The division of labor is clear: the helmsman directs the ship and keeps it on the right course; the rowers are responsible for keeping the boat powered. The president's responsibility system under the leadership of the Party committee should be well implemented so that the Party committee and the president cooperate closely and complement each other. On the contrary, if any one of the parts is missing, the ship will fail to sail in the right direction. This system highlights the centralized discussion by the Party committee and the combination of collective leadership and individual responsibility, which avoids personal preference and favors “one word” in the decision-making of major issues.

1.3 Research purpose

This section discusses the practical and theoretical significance of this study. This research argues that the best motivation for high-quality scientific development can be obtained by building a distinctive hospital culture, giving full play to human initiative, and establishing a balance of power under the dual management system of the hospital.

1.3.1 Practical significance

How to introduce and retain high-skilled talents is the key to the success of general and dental hospitals due to the fierce market competition, and the problem of brain drain has serious negative consequences on hospital development. In recent years, the diversification and commercialization of oral medical services have become an inevitable trend and private oral medical institutions have increased their investment to attract high-level talents from university-affiliated stomatology hospitals. Brain drain harms not only the reputation and talent team of a hospital but also the society and talent itself since it is not conducive to the formation of the talent echelon and the stability of personnel, but also leads to the loss of technology, market, and profits (Li, 2007). Therefore, how to reduce the brain drain and retain the core talents has gradually become a focus of organizational management (Sun, 2016).

Based on the above phenomena, this study took the Affiliated Stomatology Hospital of Guangzhou Medical University as an example to analyze public hospitals' brain drain (in particular specialized hospitals) and explore the respective contributing factors with the aim to assist the many hospitals facing similar situations to re-establish the strategic awareness of talents, strengthen the reform of the personnel system and enhance their core competitiveness. At the same time, this research aims to contribute to the understanding of how to alleviate the current brain drain from the policy design level. In this study, it is argued that by building a distinctive hospital culture, giving the full role to people's subjective initiative, and establishing a balanced power in the dual hospital management system, the hospital can obtain an optimal driving force for high-quality scientific development.

1.3.2 Theoretical significance

Considering the current development and progress, the traditional human resource management concept has been unable to meet the needs of China's national economic and social development. Therefore, in the face of China's current conditions, building an

innovative human resource management concept to serve hospitals' resource management is particularly important to provide Chinese society with more high-quality, professional, and refined medical services (Yao, 2021).

At present, research on human resources in universities or hospitals in China and other countries has been scarce in what concerns the study of "university-affiliated stomatology hospitals", and even fewer studies have applied the principles of grounded theory to analyze brain drain. Most hospitals in China, especially public hospitals, have a common understanding of the drawbacks of traditional human resource management and it has become a common goal to speed up the transition from personnel management to human resource management, especially strategic human resource management, the main task of which is to use a strategic vision to integrate the current situation, characteristics, and development trends and then gradually solve internal problems, constantly strengthening human resource management and enhancing core competitiveness. This study systematically analyzes the mechanism of high-level brain drain by studying in-depth a specific university-affiliated stomatology hospital in the city of Guangzhou with the purpose to understand the underlying problems.

1.4 Research dilemma

According to the statistics of its personnel department, from January 2013 to December 2020, Guangyi Stomatological Hospital lost a total of 237 employees of which 83 were professional technicians and managers with MSc or Ph.D. degrees. Specifically, two of such employees left in 2013; 14 in 2014 and again in 2015; 21 in 2016; six in 2017; 15 in 2018; five in 2019; and six in 2020. The number of departures has increased significantly since 2014, and by 2016 had reached 21. Among all the departures, nine of them hold senior professional titles, accounting for 10.84%; 68 were under the age of 35, accounting for 81.93%; 12 were Ph.D. holders, accounting for 14.45%. Although only 12 Ph.D. degree holders have left and the proportion of the loss may seem relatively small, it is still significant for the total number of talents with Ph.D. degree is scarce in dental hospitals. The brain drain has mainly affected staff with senior professional titles and young/middle-aged talents.

Guangzhou Medical University to which the case hospital is affiliated is a national "Double First-Class Initiative" university. As a university-affiliated hospital and grade A tertiary hospital, Guangyi Stomatology Hospital has the university's brand, rights, capital, talent, technology, and market, and enjoys the public's social and psychological advantages.

Therefore, it occupies a unique position within the medical market competition. According to internal documents, the remuneration package of Guangyi Stomatology Hospital ranks among the top hospitals of the same level in Guangzhou, especially among the seven affiliated hospitals of Guangzhou Medical University. As a stomatology-specialized hospital, compared with general hospitals, Guangyi Stomatology Hospital enjoys a comfortable working environment and low medical risks, which further prompts the drive to explore the reasons behind the high rate of high-level brain drain that the hospital is experiencing.

As it will be discussed in depth in Chapter 3, the reasons leading to turnover are very complex and come from a diversity of subjective and objective factors. A model developed by March and Simon (1958) integrates individual and market factors to explore the predictors of turnover and presents a balance between incentive utility and contribution utility. Mobley (1977) found that an employee's decision to leave a job includes considerations in multiple stages, including evaluating an existing job, searing alternative jobs, comparing the alternatives with the present job, and then deciding to leave. Sheridan and Abelson (1983) put forward two factors affecting employee turnover behavior previously proposed by Mobley's model (1977), namely organizational commitment and work pressure. Lee and Mitchell (1991) developed the Unfolding Theory of Turnover to provide a more comprehensive and realistic representation of what employees' experience in making their decision to leave. Price and Mueller (1981) developed a preliminary model consisting of four exogenous and two mediating variables (job satisfaction and opportunity) and proposed that turnover is affected by 11 variables: opportunity, routinization, participation, instrumental communication, integration, pay, distributive justice, promotional opportunity, professionalism, generalized training, and kinship responsibility.

Based on the theories and models proposed by different scholars, it can be seen that the number of variables in turnover models shows an upward trend. At the same time, independent variables have become more complex, that is, they contain various elements, and the mediating variables have been growing from job satisfaction to others such as organizational commitment and job involvement. Except for the effect of working factors, scholars are paying a growing interest and attention to non-work-related factors, further expanding the scope of turnover research.

Considering the above, this thesis addresses the following research question: which factors cause the high turnover rate of high-level talents working in hospitals with high-income, low-risk, and comfortable working environments in today's China?

1.5 Research contents and organization

Inspired by the research steps of grounded theory, and considering the problem of the brain drain affecting public stomatology hospitals in China, which is the essence of this thesis, the research question “Under the background of China’s system, which factors affect the high-level brain drain in public university-affiliated hospitals?” was first raised. After consulting a large number of Chinese and Western literature, the data from departure interview records and newly conducted in-depth interviews were analyzed with the help of MAXQDA software to carry out the three steps of open coding, axial coding, and selective coding to extract the main and core categories. In terms of the theoretical basis and data analysis, key factors under the core category were selected based on the proportion of factors mentioned in the in-depth interview, and their relationships were explored. Finally, a theoretical model is established showing the dual management system and, in particular, how the president's responsibility under the leadership of the Party committee in public hospitals affects the working attitude and behavior of staff in the local context of China. From the conclusion of the study, suggestions for management are put forward, as well as limitations and future research directions.

This thesis is organized in the following six chapters:

Chapter 1: Introduction – It mainly consists of a general overview of the thesis, the research dilemma, the purpose and significance of the research, and the research contents.

Chapter 2: Research background – This chapter presents the trends in different countries and industries, followed by a review of the current background regarding turnover in the healthcare industry in China, particularly in dental hospitals. The brain drain of dental practitioners is a major issue in the Pacific Rim, in both developed and developing countries

Chapter 3: Literature review – Through reading a large amount of literature on staff turnover in China and the West, the thesis focuses on two parts: (1) the theory on turnover and related models; and (2) the factors influencing this phenomenon. The review of these theories facilitates the next steps of the study, including the design of the interview outline, interpretation of the findings, conclusions, and recommendations.

Chapter 4: Research methods – This chapter mainly introduces the research methods used in the study, including case-based research, qualitative research, and grounded theory. The whole research process is described in detail and the benefits of the application of MAXQDA software and writing memos are explained. This study made three levels of coding of the raw data and in-depth interview notes from the departure interviews, forming a list of open coding,

axial coding, and selective coding. The content of the concepts was distilled to form the scope of the research.

Chapter 5: Coding process and data analysis – This chapter is divided into two parts, first it presents the results of the analysis of the raw data from the records of the departure interviews with 83 leavers, deriving a preliminary theoretical framework. Then, the results of the data analysis of new 21 in-depth interviews were refined to form 18 sub-categories and six main categories. Finally, a theoretical model explaining the turnover of high-level talent is refined.

Chapter 6: Discussion of the research findings – This chapter covers research findings, research innovation, limitations of the study, and recommendations. The key factors under the core categories were selected in relation to the proportion of factors mentioned by the interviewees, and the relationships were analyzed as a substantive theoretical model for this case. Based on the characteristics of the dental hospital studied as a case, countermeasures are proposed in terms of institutionalized, humanistic, and team-based management.

Chapter 2: Turnover as the Research Background

This section first introduces the turnover trends in different countries and continents and different industries and then reviews the current status of the medical industry. Then it focuses on analyzing the current situation of resignations in China's medical industry, especially in stomatology hospitals. The loss of oral health practitioners is a significant issue in the Pacific Rim, both in developed and developing countries, and is one of the main challenges facing the delivery of oral health care.

2.1 Worldwide turnover trend

Staff resignation has always been one of the major research topics in the fields of management and human resources with different scholars conducting research on the turnover rate in different industries. For example, Miller (2006) used cross-border and cross-panel regression to explore employee turnover rate and, based on data from East Asia, Africa, South Asia, and the Middle East, he discovered a significant impact of employee turnover on economic growth. His research results show that employee turnover in education and management reduces the average quality of human capital through drastic changes in management and has a direct impact on economic growth. Similarly, a study by Robbins (2003) showed that employee turnover had reduced the efficiency of South African organizations by millions of rand and estimated its cost at 40 billion rands per year (ca. 2.13 billion euros).

The cost of employee turnover and its impact on productivity alone are enough to make any human resource manager and organization feel depressed. If skilled workers leave the organization frequently and the working population contains a high percentage of new workers (Armstrong, 2006), employee turnover can be detrimental to the efficiency of the organization. According to a study jointly conducted by the Department of Energy and the United Nations Development Program (Maxwell, 2010), statistics show that in the two years prior to the study, more than 35% of employees working in private sector organizations had moved to other companies. Therefore, the efficiency of many organizations is indeed affected by huge costs/expenses in hiring and selecting new employees to replace the leaving employees caused by the labor gap (Premeaux, 2000).

Practically, turnover promotes organizational costs at various levels. In the healthcare industry, the higher the turnover, the higher hospitalization rates, and the higher average health costs are (Zhao et al., 2019). These costs can be both tangible and intangible (Goldberg, 2014). Tangible costs include increased benefits, recruiting short-term replacements, and constantly recruiting. Intangible costs consist of undermined job satisfaction, decreased corporate reputation and creativity, and low quality of care (Banaszak, 2015; Goldberg, 2014).

From the perspective of influence, the cost of turnover can be categorized into direct and indirect costs. Direct costs concern financial costs and administrative time involved in departure and replacement and may account for 50-60% of the workers' salaries (Goldberg, 2014). Despite huge financial losses and administrative efforts, indirect costs undermine organizational sustainable competitiveness and profitability. Most of them are related to the quality of relations, internal and external. If one well-liked specialist leaves, this may weaken team morale, group trust, and relations with customers and increase resentment and job dissatisfaction. The more effective the employee, the greater the disruption to the employer if that employee leaves (Goldberg, 2014).

2.2 Turnover in the medical sector

The workforce has been considered the most crucial resource in the healthcare sector with a significant influence on overall organizational performance (Henderson & Tulloch, 2008). However, there is a shortage and maldistribution of healthcare workers across the world which, according to the WHO, is projected to reach 15 million by 2030 (Dohlman, 2019). The circumstance is even more severe in what concerns primary medical staff in low-to-medium-income countries. For example, Africa is suffering from the great challenge of "brain drain" because of a large number of migrations among trained health workforce to developed countries such as North America and Australia that have actively hired qualified labor from poor countries. In the USA, around 25% of physicians are international medical graduates with over 50% of the students being from developing countries, 70% of which opt for migration. Actually, one-fifth of African-born physicians work in high-income countries (Clemens, 2008; Duvivier, 2017).

In terms of primary staff, nurses have been in shortage for a long time everywhere. As Yasir (2020) showed, the percentage of understaffed nurses in America was expected to reach 29% by 2020 from 6% in 2010, and the number in the UK was expected to be 53,000 in the same period. The challenge is even greater in less developed places. According to Javed

(2019), the ratio of nurses to the population in India is 0.8/1000, 1.07/1000 in Bangladesh, 1.75/1000 in Sri Lanka, and 2.08/1000 in Thailand. In China, as the China Statistical Yearbook 2019 outlined, there were 12.301 million health workers in total, with merely 31.1% of primary workers, mainly working in township health service centers, village clinics, and other primary healthcare institutions. Meanwhile, the turnover intention is particularly high everywhere and, according to WHO, the world will have 12.9 million fewer medical staff than it needs by 2035 (Chen, 2021) which is an update to the above-cited Dohlmán's (2019) projection. To deal with the issue, it is necessary to understand the causes of turnover and accordingly propose possible solutions.

In terms of oral medical resources, although Western developed countries have not achieved absolute sufficiency and saturation, they have achieved a reasonable state in terms of the overall world supply and the ratio of dental medical staff. In recent years, due to population growth in the United States, the demand for dental diagnosis and treatment has increased and the coverage of medical insurance coverage has expanded, which has put pressure on the United States' dental diagnosis and treatment services. According to the U.S. Health Resources and Services Administration (HRSA), approximately 59 million Americans live in areas with a shortage of dental professionals and it is estimated that approximately 10,000 dentists are needed to close this gap (Chavis et al., 2020). Does this mean that the United States is experiencing a severe shortage of dentists? Scholars generally hold a disapproval attitude since those areas with a shortage of dental care generally have fewer residents, and most of them believe that the United States has solved the corresponding challenges by advancing the number of dental education students, optimizing the dental treatment process, improving the efficiency of diagnosis and treatment, and innovating advanced dental diagnosis and treatment technology (Chavis et al., 2020).

The HRSA provides projects, grants, and training to eliminate oral health gaps in rural communities and promote oral health across the country. The Bureau of Health Workforce (BHW) under HRSA strives to strengthen human resources to improve the health of under-served and disadvantaged people and connect skilled professionals with communities in need. One of BHW's primary oral health workforce programs is the Grants to States to Support Oral Health Workforce Activities, otherwise known as the State Oral Health Workforce Program. These grants help states develop and implement innovative programs to meet the needs of dental workers, and at the same time solve the contradiction between the number of dental workers and the growth of the national population (Friedman et al., 2017).

According to data released by the American Dental Association (ADA), the population of

the United States has increased from approximately 285 million in 2001 to 331 million in 2020, an increase of 16.3%. However, in the past 20 years, the number of dentists registered to provide services in the United States has also increased by 23%, reaching approximately 201,100 people. The growth rate far exceeds the population growth rate; on average, the number of dentists per 100,000 people has increased from 57.98 in 2001 to 60.68 in 2020, and there are still relatively abundant dental medical talents in the United States (ADA, 2021) supported by the development and expansion of measures that promote their professionalization (Friedman et al., 2017).

In the European Union, oral care is basically provided through private clinics. Scholars such as Eaton (1998) conducted a comparative analysis of the ratio of dentists to the population from 1970 to 1994. The results showed that in 1994, there were 222,090 practicing dentists and 11,493 dental hygienists in the EU and, in Spain and Portugal, the ratios have improved significantly since 1970 while other countries have mostly stabilized. Eaton (1998) and Widström et al. (2015) have further advanced studies in the EU region. For example, from 1990 to 2004, statistics on the changes in dental practitioners showed that: in 2004, the number of dentists per 100,000 inhabitants in the EU ranged from 35.7 (Malta) to 121 (Greece), and the proportion of female dentists ranged from 17% (Netherlands) to 88% (Latvia). Differences continue with Belgium having 8.7 dental nurses per 100,000 people, while Liechtenstein has 203; dental technicians range from 1.1 in Romania to 77.9 in Germany. Regarding the number of professional dental nurses (hygienists, technicians, and dental nurses), the Nordic countries, except Norway, have a high proportion of auxiliary staff, especially dental healthcare workers (Gonzalez & Martínez, 2009).

In Australia, the dental medical workforce is facing some difficulties. The most prominent problem is the uneven distribution of dental staff. In 2013, there were 20,000 registered dentists in Australia, of which 65% of dental practitioners were practicing dentists. However, most practicing dentists work in private clinics, which are mainly concentrated in large cities and there are significant differences in the average ratio of dentists to population in urban and rural areas. Due to the uneven distribution of dental staff, many rural and remote communities in Australia are not adequately served, resulting in untreated oral diseases (Yevgeni, et al., 2018).

Not only developed countries, but also some developing countries have achieved remarkable results in the construction of dental medical personnel. In Malaysia for example, the government has vigorously established professional dental medicine teaching institutions since the 1970s, and actively cooperated with India and other countries to develop joint

teaching mechanisms to strengthen the qualification access of dental medical practitioners and create a prerequisite for cultivating dental medical personnel with quality and quantity to meet the needs of national diagnosis and treatment. To date, there are approximately 11,000 dentists in the country and the dentist population ratio in Peninsular Malaysia is 1:5,000 and 1:11,000 in the outlying islands of Sabah and Sarawak. Although dental clinics are more evenly distributed throughout Peninsular Malaysia, geographical restrictions are an obstacle to the accessibility of Sabah and Sarawak (Kadir, 2021).

Considering the medical profession overall, a survey conducted by Peters (2021) showed that in 2020, compared to 2019, about half of the professionals said that their job stability had not changed. However, only 1.7% of the respondents said that they felt more stable in their jobs in 2020 compared to 2019, compared to 30% responded that they felt more stable in 2019. In the same survey, over half of the medical professionals said that, if given the opportunity, they would like to resign and 21% said they wanted to change their careers and leave the industry. The results of the survey also show that medical professionals expected to work longer than usual in 2020 and that the salary increase would be smaller. However, interviewees said that salary is not the top priority, with nearly two-thirds of them hoping to keep the same salary level in the coming year. The increased workload reported in the survey proves that professionals in the medical sector were very busy during 2020 (Peters, 2021), which is to be expected due to the COVID-19 situation.

Cook (2021) pointed out that according to the U.S. Bureau of Labor Statistics, the number of people quitting jobs in the U.S. in 2021 peaked in April and has remained unusually high over the following months. He analyzes two major trends and reasons for the wave of resignations, one is a 3.6% increase in the demand for healthcare compared to the previous year; the other is that, due to the 2019 pandemic, healthcare workers were experiencing increased workload and burnout, leading to higher resignation rates.

2.3 Turnover in the Chinese medical sector

According to the “2021 Talent Trend Report” released by the professional recruitment consulting company Michael Page in early 2021, in the Chinese market, the demand for talent in the healthcare and life science fields was increasing with 53% of Chinese healthcare and life science companies planning to add 14% employees that year. According to the “2021 Medical Autumn Recruitment Report” released by the Chinese healthcare recruitment platform “Dingxiang Talent”, compared to the relatively conservative and stable attitude of

working medical staff during the coronavirus pneumonia epidemic in 2020, they seem to show a more aggressive and north-to-south trend in leaving and further seeking employment (DingxiangTalent, 2021a). In terms of the regional nature of the talent movement, from August 2018 to 30 November 2021, as many as 250,000 CVs for working doctors in China's three northeastern provinces (Heilongjiang, Jilin, and Liaoning, the three oldest industrial bases in China) have been submitted through Dingxiang Talent. Of these submissions, only 13% were for positions in the three northeastern provinces of China, meaning that the other 87% of CVs went outside. In terms of numbers, the report notes that there is a greater turnover of residents and attending physicians. The average length of time in post for non-recent medical students is 6 years. The average length of stay for junior doctors is 2.4 years, for intermediate doctors 6.6 years, and for associate and senior doctors 12 and 15.6 years respectively. The report notes that staff redundancies, inadequate payment of subsidies, unreasonable staff scheduling, and the elimination of bonuses, all of which have been exposed by many hospitals in China, are also contributing to the turnover of medical staff. In 2021, the highest number of job-hopping submissions were in nursing, laboratory, general practice, imaging and radiology, obstetrics and gynecology, orthopedics, pharmacy, rehabilitation medicine, general surgery, and Chinese medicine.

The 2021 China Healthcare Talent Development Report released by Dingxiang Talent in the same year showed that private hospital salaries generally declined in 2020, but doctors' career recognition was significantly higher than that of public hospitals; 65.2% of medical students had considered changing careers after graduation, 11.7% of whom would not choose their field of study at all. Nearly half of the respondents said that tension between doctors and patients was also an important factor in making them consider changing careers (DingxiangTalent, 2021b) although the proportion of those who do not like the medical profession is only 10%. In addition, the survey shows that 62.2% of medical practitioners are still considering or are already working on a side hustle, and 45.8% said they are considering or are working on multiple side hustle types, an increasing proportion compared to 2019. With little time off, a large number of side hustles rely on the internet and multi-point practice, with the highest proportion of online business sellers and other internet hospital side hustles at 25.2% and 23% respectively. Male practitioners are more likely to choose part-time Internet hospital-type jobs, while women tend to sell goods online.

According to the "2020 Medical Autumn Recruitment Report" released by "Ding Xiang Talent", the top five departments with the highest average open recruitment salaries in September and October 2020 were dentistry, dermatology, neurology, oncology, and urology

(DingxiangTalent, 2020). Risk aversion in the market has increased significantly due to the impact of the Coronavirus 2020 outbreak. Although only 5% of healthcare professionals were preparing to change careers and leave the healthcare industry in the autumn of 2020. However, nearly 90% of the working population who participated in the survey are planning to jump ship, with 48% of them at the junior level. The reasons for wanting to jump jobs were mainly due to low pay and high work pressure. Young nurses with low seniority are still the “low stability group” in the nursing team, and establishing a scientific and effective training system for specialist nurses is an important issue that employers still need to face and solve.

2.4 Employee turnover in stomatology hospitals

Oral disease is the most common non-communicable disease, affecting nearly 4 billion people worldwide (Benzian, 2015). In 2015, the WHO announced that there were 1.5 million dental workers worldwide, 80% of which were dentists, and the rest included dental therapists, dental hygienists, and dental technicians. Without exception, people in the Pacific Nations are also facing varying degrees of oral health problems. This is because of the industrialization and urbanization of Pacific regions countries, especially those on trade routes, which have brought about lifestyle changes, including high-refined sugar diets, leading to deterioration in oral health (Nair, 2021).

It can be said that the transfer of dentists to foreign countries or the private sector is the main problem faced by Pacific countries, which will directly affect the delivery of services and the implementation of oral health plans. Research conducted in the region by Luzzi et al. (2005) showed that low job satisfaction led to a high turnover rate of dental assistants and dentists, resulting in a decline in the quality of patient care and a decline in productivity. A recent study showed that low job satisfaction promoted the movement of dentists to foreign countries or the private sector and is a major problem faced by countries in the Pacific region (Nair, 2021).

According to the “China Stomatology Industry Development Situation Analysis and Market Outlook Trend Report 2022-2028” released by chyxx.com (a comprehensive information and intelligence provider in China’s industry consulting field), the number of practicing physicians and practicing assistant physicians in stomatology in China has also been rising in recent years (chyxx.com, 2022). In 2020, the number of practicing physicians in stomatology in China was 221,000, and the number of practicing assistant physicians was 57,000. In 2021, the number of practicing dentists in China was estimated to be about 243,000

and the number of practicing assistant doctors about 63,000.

According to the “2022-2028 Deep Research and Market Outlook Report on the Dental Healthcare Industry” released by PUHUA POLICY Consulting (a Chinese industrial research firm), the basic risk characteristics of the dental industry include the risk of talent loss (Puhua policy, 2022). Indeed, the dental medical industry is talent and labor-intensive and usually requires experienced technical, operational, and managerial personnel. However, due to the general shortage of medical talent in China and the backwardness of the regional talent training mechanism, there is an extreme shortage of high-end medical talent to meet the growing demand for dental healthcare services. At the same time, the dental treatment industry involves a long training cycle and it is difficult to form a strong team of talents in the short term, which will affect the development of dental medical institutions.

According to the aforementioned 2021 Healthcare Fall Recruitment Report released by “Dingxiang Talent”, dentistry is not among the top 10 departments with a high number of CVs submitted for job hopping in 2021 (DingxiangTalent, 2021a). Private dental clinics in China are also facing a serious brain drain. Dr. Dentistry, a private dental practice with 31 dental services in seven cities in China, has a three-year doctor retention rate of less than 40% (Lu, 2021). Since 2018, only 34.6% of dentists employed by Dr. Dentistry have remained with the company. Meihao Medical Group Co., Ltd is a private dental service provider consisting of five private dental hospitals located in Wenzhou City, Zhejiang. Its prospectus noted that the private hospital had failed to pay social insurance and housing fund for its employees (Tian, 2021), which is a legal obligation and could exacerbate the risk of brain drain.

This study reviewed a large amount of literature and found no survey on brain drain specifically conducted in public stomatology practices in China. Only reports of brain drain in some private dental clinics, as per described above have been found. Therefore, it is of great significance to investigate the brain drain in a public dental hospital affiliated with a university in China as it is the purpose of this study.

Chapter 3: Literature Review

In the field of human resource management, there is a large amount of research studying the turnover of employees from various aspects, including the process (Lee et al., 1996; Mobley, 1977), the antecedents (Griffeth, 2000; Lee, 2008; Nyberg, 2010), and the impacts (Shaw, 2013).

Research about turnover started to appear more consistently in the 1960s and 1970s (Hom, 2001) with its determinants being the most concerned topic, specifically the factors leading to voluntary turnover. Early research by March (1958) indicated two factors – turnover intention and the ease of turnover – followed by the psychological changes proposed by Mobley (1977) and the unfolding model of voluntary turnover proposed by Lee (1996; 1999), along with social capital theory or cultural factors. Generally speaking, scholars have achieved remarkable achievements in the field although there is still not a consistent agreement about why employees leave the organization voluntarily and the discussion continues. This chapter will mainly focus on two parts: (i) the theories about turnover, and (ii) the antecedents of turnover.

3.1 Concept of turnover

There is no unified consensus on the definition of turnover since its scope, significance, and applicable value are differently interpreted. From a broad perspective, the inflow, outflow, promotion, demotion, and transfer are all included in the scope of turnover. However, from a narrow perspective and according to Price (1977), turnover refers to “a dynamic concept concerned with the movement of individuals across the boundary of a social system”. In this case, turnover is distinguished from most organizational behaviors such as promotion and demotion and highlights the interruption of employment relations between the employee and the organization when employees have stopped the behavior of getting a salary from the organization.

Among the research about turnover, considerable attention has been put on voluntary turnover instead of involuntary turnover. Price (2001) perceived the main difference between voluntary and involuntary behavior in whether the behavior can be “avoidable”. Voluntary turnover is defined as “individual movements across the membership boundary of a social

system initiated by the individual (Price, 1977)”. The negative impacts of voluntary turnover are obvious and significant for organizations and thus should be well understood in order to minimize negative influences (Kim, 2017).

3.2 Models for turnover-related research

Research about turnover dates back to the beginning of the 20th century. The first group of scholars to delve into the subject were largely economists who mainly considered the variables affecting employees from a macro-perspective such as salary, general training, or labor market structure. In the middle of the 20th century, March (1958) proposed the first turnover model, which has been developed consistently over the decades. Until the 90s, the theory has improved.

Table 3.1 summarizes several representative turnover models developed from 1958 until 2021 and their impact. As the table below shows, from the research conducted on turnover by overseas researchers the main trends are: (i) empirical studies have become the major research method; (ii) turnover behaviors replaced turnover intention in terms of the dependent variable; (iii) studies about turnover include more independent variables and mediators such as job participation and organizational commitment; (iv) scholars’ attention shifted from the impacts of the one-single variable to the influence of various integrated variables; (v) more pathways have been developed to explain employee’s turnover process (vi) a wider range of theories has been employed from sociology or psychology, rather than only adopting economic theory.

Table 3.1 The perspectives and deficiencies of turnover models

Time & Researcher	Characteristics	Major limitation
1958 March and Simon	The first model to study employee turnover behavior using labor market and behavioral variables (March, 1958).	Lacks sufficient empirical and experimental studies to demonstrate the arguments (Lee, 1996).
1977 Price	Applied sociology, psychology, and economics to lay a new theoretical model. The model considers the degree of job satisfaction a crucial element resulting in turnover (Price, 1977).	Fails to clarify individuals’ perceptions during the evaluation of the impacts of turnover (Griffeth, 2004).
1977 Mobley	Described the psychological behavior of employees during making a turnover decision (Mobley, 1977).	Fails to explain the variables that affect turnover decisions (Mobley, 1982).
1978 Mobley, Horner, and Hollingsworth	Analyzed the effect of personal, organizational, and market variables on employees’ turnover attitude (Mobley, 1978).	Lacks the study on the correlation among the variables (Mobley, 1982).
1981 Steers and	Highlighted the impacts of subjective variables such as job satisfaction, job	Large numbers of interactive relations make the testifying

Mowday	involvement, job experience, and organizational commitment on turnover (Steers et al., 1981).	process challenging (Lee, 1987).
1982 Arnold and Feldman	Included a large number of demographic variables such as gender, age, marriage status, etc, and analyzed their effects on turnover (Arnold & Feldman, 1982).	Limited attention to other relevant factors (Turnley & Feldman, 1999).
1983 Sheridan and Abelson	Proposed Cusp Catastrophe Model Used catastrophe theory-based epidemiological basis to reflect the threshold nature of turnover behavior (Sheridan, 1983).	The basis of the predictive variable is insufficient (Wagner, 2010).
1994 Lee and Mitchell	Based on the Image Theory proposed by (Beach, 1990). It is the first model that indicates five pathways in the turnover process.	The description and contents of “shock” are uncertain (Beach, 1990).
2000 Price and Muller	Included four major variables: environmental, individual, structural, and process (Price, 2001).	Used too many variables but failed to discuss the relationship between variables and mediators in depth (Griffeth, 2004).
2017 Hom, Lee, Shaw and Hausknecht	Reviews the Journal of Applied Psychology's seminal research on employee turnover from 1917-2017 (Hom, Lee, Shaw & Hausknecht, 2017).	Predicted five future directions for research in this area
2019 Zimmerman, Swider and Boswell	A multivariate regression research model explores five factors associated with actual employee turnover behavior: one's feelings toward the organization, work environment, instrumental attachment, extra-organizational ties, and sense of obligation.	Five critical factors were outlined from the 19 factors that influence turnover. But no attention to other factors such as employees' perceptions of quitting (Bergman, Payne, & Boswell, 2012) that employees may have thoughts of quitting.
2021 Ramlawati, Trisnawati, Yasin, and Kurniawaty	A structural model using a partial least square approach was analyzed for 100 respondents. The relationship between external choices, job satisfaction, stress, and intention to leave is discussed (Ramlawati, Trisnawati, Yasin & Kurniawaty, 2021).	Only the impact of external factors on employees' intention to leave is discussed and exit behavior is not studied.
2022 Hudiono and Sari	An analysis of five studies on intention to leave from 2019-2022 yielded five factors that influence leaving: violation of the psychological contract, work-life balance, job characteristics (tasks and knowledge), job fulfillment, and quality of relationships with colleagues.	Only the intention to leave off the “millennial” employees, who currently dominate the job market, is explored.

3.2.1 March and Simon's model (1958 and 1999)

In March and Simon's model, the reason why employees decide to work in an organization rather than to leave is mainly because of the balance between incentive utility and contribution utility so the model reflects this issue. It consists of two sub-models: one

analyses the desire to leave the enterprise and the other considers the perceived ease of leave. The desire to leave the enterprise is mainly related to job satisfaction and the possibility of mobility within the organization, whereas the perceived ease of leave is largely influenced by the number of available enterprises outside the organization (March, 1958). In other words, the two major antecedents of turnover are job satisfaction and alternative positions inside and outside the organization. March (1958) also highlighted the number of corporate employment opportunities that employees access to the availability of positions they are competent for and the extent to which they are willing to end the positions.

March and Simon's model (1958) not only analyzes individual behavioral factors but also discusses the market factors of the labor force. This is the earliest model that integrates individual and market factors to explore the predictors of turnover. However, it lacks discussion about specific elements related to job satisfaction and focuses on the abstract description of the employee turnover process, making the model less predictable and applicable. For example, Lee and Mitchell (1996) claimed that the research based on the model has focused on its empirical validation and on that of intermediate links between job attitudes and employee turnover resulting in paradigm-based and cumulative research, which might be considered narrow.

3.2.2 Mobley's model of turnover process (1977)

Mobley's model (1977) demonstrates how complex is the decision for an employee to quit. Through observing the process of turnover, Mobley (1977) found that an employee's decision to leave a job includes considerations in multiple stages, including evaluating an existing job, searching for alternative jobs, comparing the alternatives with the present job, and then eventually deciding to leave the job.

The major contribution of Mobley's model (Mobley, 1977) is that the model highlights the order of mediators of experienced job dissatisfaction and turnover. One scenario is that the performance of the employee leaving process is reasonable: starting from evaluation of the existing job, experiencing job satisfaction or job dissatisfaction, thinking about leaving if the employee feels dissatisfied and then searching for alternatives, evaluating the new job opportunities, and showing turnover intention, and end up deciding to leave the organization. This reasoning process is likely to occur in certain circumstances. However, it is highly likely that some employees leave the job without reasonable and systematic considerations; they do so impulsively and unexpectedly.

That is to say, even though Mobley (1977) separated the whole process into ten specific steps, the stages and order an employee truly experiences are determined by the person. Aware of the degree of turnover and that turnover is based on impulse and subjective rational decision processes, there are differences among people. Some may go through some or all of these steps while others may jump directly from the first to the last step.

However, it is worth noting that although Mobley's model (Mobley, 1977) received significant attention and its validity has been testified and demonstrated by a large number of scholars, there are still certain shortcomings of the model. As Mobley (1977) himself pointed out, this model is heuristic rather than descriptive. In the later research, Mobley (1977, 1982) further described and extended the model from various perspectives such as job, organization, and individuals. The two most critical factors are job satisfaction – employees compare the evaluation of the organization's future expectations with their expectations for work, and work pressure – and the tension between employees and working conditions (Mobley, 1982).

3.2.3 Cusp catastrophe model

Through reviewing a large amount of literature, Sheridan (1983) pointed out that the main limitation of previous research is the assumption that the relationship between employee turnover and final turnover behavior is linear, that is, after acquiring the idea of turnover, the employee will definitively leave over time.

According to Sheridan (1983), the real situation is that employees' ideas evolve gradually, and they will take action to leave only after reaching a certain threshold value. The argument is based on the two factors affecting employee turnover behavior proposed by Mobley's Model (1977) – organizational commitment and work pressure which change over time. Work stress may change due to the change in work tasks, and organizational commitment will change dynamically due, for example, to the change in salary level. As a contribution, Sheridan (1983) proposed the Cusp Catastrophe model, arguing that employees' organizational commitment and work pressure must reach a threshold before taking turnover action, otherwise the employee will not leave the organization easily. In other words, there is a bifurcation zone and a discontinuity between the two decisions of employee retention and turnover, rather than the simple linear relation traditionally believed. Also, according to Sheridan (1983), the catastrophe model explored more about "employee withdrawal", where turnover is considered one of the withdrawal behaviors such as low job performance and absenteeism.

Compared to the Cusp Catastrophe model, previous studies were mainly concerned with heterogeneous cross-sectional samples of employees from the same organizations and did not control for differences in career stage or other demographic variables which may influence the turnover process (Sheridan, 1983). Also, these studies highlight the linear and continuous relationships between turnover and antecedents, failing to reflect the threshold nature of turnover (Wagner, 2010). In this case, the Cusp Catastrophe model not only aims at predicting, but also at providing a descriptive comparison of employee turnover behavior, which better explores and fills the gap between employees' dissatisfaction and turnover. That is to say, the model is closer to the real situation and more applicable in empirical studies.

3.2.4 Unfolding model of voluntary employee turnover

Another contribution to the study of turnover was made by Lee and Mitchell (1991) who developed the Unfolding theory of turnover with the aim to provide a more comprehensive and realistic representation of what employees' experience in making their decision to leave. Till then, turnover had mainly highlighted two major variables – job satisfaction and organizational commitment – which alone cannot explain employees' turnover behavior. Thus, stronger relations between turnover and other complex factors should be established (Lee & Mitchell, 1999). The model proposed by these authors suggests that employees follow one of five cognitive pathways when deciding to leave the organization.

The first three pathways are regarded as “shock” events. According to Lee and Mitchell (1994), shock is defined as “a very distinguishable event that jars the employee toward deliberate judgments about their jobs and, perhaps, to voluntarily quit their job”. The first pathway is something positive, expected, and personal and thus the motivated employee leaves the job quickly, such as the chance to move to a new expected city (Mitchell, 2001).

The second pathway starts with a shock which is a negative organizational event (Mitchell, 2001), such as unfair organizational behavior and ineffective promotion. While the shock occurs, employees would evaluate whether an image violation has occurred. In general, image violation is composed of value image, trajectory image, and strategic image. Value images refer to individuals' life principles that are universal in all situations. Trajectory image is an employee's personal career goals while strategic image means the goal-oriented plan to achieve those career goals (Mitchell, 2001). No matter what kind of image has been violated, the “push” decision is triggered; employees will consider and evaluate whether the organization is fit or not and the turnover intention usually occurs without an alternative job in

mind.

The third pathway is a shock that can be positive, negative, or neutral and that is usually an unexpected job offer (Lee & Mitchell, 1994). Different from the second pathway, the third is more likely to be a “pull decision”; the employee passively evaluates his fitness for the organization, based on his values, trajectory, and strategy.

Additionally, the final two pathways featured a consistent feeling of job dissatisfaction. With the accumulation of job dissatisfaction, employees feel increased image violation and then leave the organization with either an alternative job or no alternatives.

Theoretically, the unfolding theory of turnover (Lee & Mitchell, 1991) is based on the image theory (Beach, 1990; Beach & Mitchell, 1990), which is a decision-making model that essentially asserts that decisions are based on the compatibility of possible alternatives and existing images of one's principles, goals, and action plans. According to the theory, even though people receive a large amount of information daily, most of the information cannot change their behaviors and decisions. People can filter certain information and then decide whether to use it to make decisions. In the scenario of turnover, two basic processes affect decision-making: (i) an event, also called “shock to the system”, stops employees' working pace and leads them to think about the value of work, and (ii) the process makes employees feel unsatisfied but not directly to leave the job (Lee & Mitchell, 1994). Lee and Mitchell (1996, 1999) have further supplemented and extended the model in terms of concepts and pathways, but the major concepts have not been significantly modified.

3.2.5 The Price-Muller model

Compared to other models, Price and Mueller's model exhibits much superiority in different perspectives. Price's Causal model of turnover (Price, 2001) is the most currently proposed model published in the literature (Griffeth, 2004), with several decades of development. It started in the early 1970s, successively including several major modifications and developments in 1977, 1981, 1990, and 2001 (Price, 1977; Price, 1981 & 1986; Price, 2001). The following paragraphs illustrate the major changes to the original model, the justification for change, the outcomes in terms of significant predictor variables, and the total effects explained by the model.

Price proposed the first model on turnover in 1975. He developed a preliminary model consisting of four exogenous variables (primary group, communication, pay, and centralization) and two mediating variables (job satisfaction and opportunity). Four

determinants were excluded due to insufficient evidence, including role clarity, programmed coordination, inequity in industrial concentration, and size (Price, 1977).

In 1977, Price made significant changes to his first turnover model. At first, Price distinguished correlates of turnover from determinants of turnover, with the former indicating variables from which empirical generalizations can be derived and the latter indicating variables about which causal statements can be made (Price, 1977). The correlates of turnover are some demographic variables such as length of service, age, level of skill, and education; determinants produce variations in turnover and can be formulated as theoretical propositions. As clarified by Price (2001b), the determinants include integration, pay, instrumental communication, formal communication, and centralization. In terms of the variables that explain “how” the determinants affect turnover, satisfaction, and opportunity were included in the research. In the 1977 study, Price built up causality on turnover and made a convincing argument for making distinctions between causal and co-relational variables. However, among certain determinants such as “pay”, it is unclear why one variable should be considered explanatory rather than descriptive (Price, 1977).

A later study (Price, 1981) incorporated determinants of turnover that were excluded in earlier models but had subsequently been found to be significant predictors or antecedents of the phenomenon. These variables included work commitment, social class, community participation, professionalism, and centralization.

In 1981, Price and Mueller tested the newly proposed model (see Figure 3.1 below) on a substantially larger population of nurses and referred to it as the “Denver study”. As Figure 3.4 outlines, turnover is affected by 11 variables – opportunity, routinization, participation, instrumental communication, integration, pay, distributive justice, promotional opportunity, professionalism, generalized training, and kinship responsibility. The two mediating variables – job satisfaction and intent to stay – are presented to intervene in the determinants and turnover (Price & Mueller, 1981).

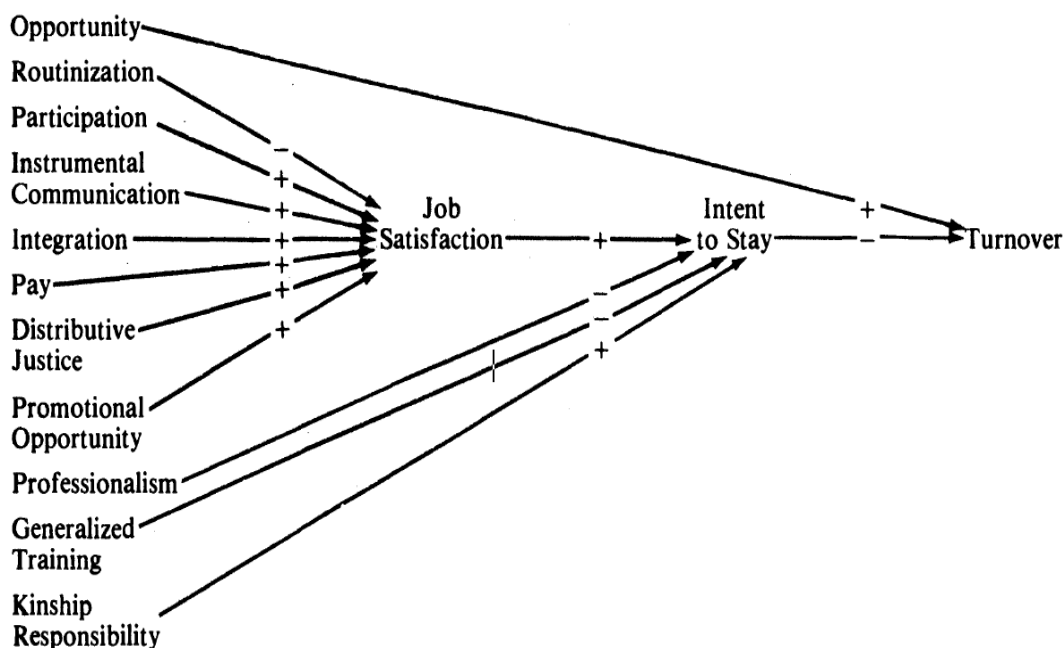


Figure 3.1 The newly proposed model

Source: Price and Muller (1981)

However, after the test, Price and Mueller modified the model from 4 aspects: 1) intent to stay was changed to intent to leave; 2) participation was changed to centralization; 3) commitment was added as an intervening variable between satisfaction and intent to leave, based on research by Mowday (1982); and 4) organizational size was added as an exogenous variable. Among the determinants, intent to stay is perceived to have the largest impact on turnover, outnumbering that of job satisfaction. It was followed by opportunity, which is almost four times as significant as pay, with both direct and indirect influences. However, different from traditional assumptions, job satisfaction, a variable receiving significant attention, was unlikely to affect turnover directly. Rather, it serves as an important mediating variable between the other determinants and turnover.

The Causal model of turnover (2011) is the newest version proposed by Price and Mueller. The model is based on three assumptions. At first, employees join the organization with certain expectations and values that concern employees' perceptions of the organization and employees' preferences for the organization respectively (Price & Mueller, 1981). When employees' values and expectations are satisfied, they are more likely to stay in the organization with low turnover intention. Secondly, there is an exchange of benefits between the organization and employees; the employees contribute their effort and service to the organizations during their working hours and in turn receive corresponding rewards. Thirdly, the model assumes that employees are motivated to get more benefits while minimizing their costs during their tenure in the organization.

Furthermore, in terms of variables, there are 13 exogenous variables, 4 individual variables, 7 structural variables, and 4 mediating endogenous variables. Demographic variables, again, are excluded from the model. In terms of the impacts on turnover, Price clarified that not all exogenous variables exert an impact on turnover through the four mediating variables. Instead, Prices argued that exogenous variables influence turnover in multiple ways with diversified degrees. He pointed out that the sequence of exogenous variables to turnover is not rigid.

The remarkable importance of the causal model by Price (2001) has been explored and demonstrated in various research. At first, Price constantly integrated and developed turnover determinants, exploring the variables from various disciplines such as economy, sociology, and psychology (Friedman et al., 2017). Indeed, before the publication of the model, there was limited systematic research exploring turnover deeply and sufficiently. The model by Price and Mueller (2001) fixed this academic gap and provides adequate resources to scholars and researchers interested in the topic. As Griffeth (2004) suggests, Price is considered a “pioneering thinker” in the turnover field. Meanwhile, the work created by his colleagues and graduates also provides various perspectives and understanding pertinent to research on turnover. The vast application of Price and Mueller’s model in research has motivated other scholars to use the model as a theoretical template for the relevant study. Furthermore, Price’s model (Price, 2001) provides a different perspective to discussing turnover, focusing more on turnover content than on the turnover process. Empirically, not only scholars but also managers can leverage these variables aiming at reducing turnover (Friedman et al., 2017).

However, several limitations have to be noticed and arise researchers’ attention. The most straightforward critiques derive from Price himself. For example, Price pointed out that such criticisms include: ignoring the process and influence of intervening and moderating variables; lack of generalizability (because of narrowness and homogeneity of study populations); scope of the studies (i.e. failure to detect differences in behaviors of part-time versus full-time employees); lack of systematic analysis; lack of empirical validity for the inclusion or exclusion of determinants; and failure to conduct longitudinal research on the collected data.

3.2.6 Review of research on turnover abroad

Researchers have gradually begun to capture the complex experiences and attitudes of employees who decide to leave their current employers (Zimmerman et al., 2019) and post-2000 models involve more factors that drive the decision to leave than traditional models

(primarily around March and Simon's (1958) theory and Mobley's (1977) and Price's (1977) research). Over the past hundred years, at least two thousand articles have been published on voluntary employee separations (Lee, Hom, Eberly, Li & Mitchell, 2017) and Contemporary theories on the subject propose processes that unfold over time and how to track these processes (Hom, Lee, Shaw & Hausknecht, 2017). Scholars' research has focused on four areas, (a) the process by which employees generate separation behavior (time of attention), (b) employees' intention to leave versus intention to stay, (c) how the environment in which employees find themselves affects separation and (d) the “black box” that generates separation behavior.

Based on the theories and models proposed by different scholars outside China and on existing studies it can be said that empirical research has become an increasingly dominant research method and that the number of variables considered in turnover research models shows an upward trend. Independent variables have become more diversified with different elements, and mediating variables have been increasing from job satisfaction to others such as organizational commitment and job involvement. Research about turnover has shifted attention from exploring the independence of each variable to the interactive relation among them and, except for the effect of working factors, scholars pay a growing interest and attention to non-working related factors, further expanding the scope of turnover research. In addition, the disciplines applied to turnover research have further extended from the economic field to the psychological field and sociological science, making the theoretical foundation more solid and diversified.

3.2.7 Research on turnover in China

The study of turnover started late in China and is still a relatively weak field. Chinese scholars have mainly analyzed the issue from quantitative and qualitative aspects. In terms of quantitative studies, scholars discuss the issues from two perspectives: one is the study of the effect of demographic and career variables on turnover, verified in specific groups; the other is to explore the applicability of Western models among Chinese employees, and then revise the model based on research results. In turn, qualitative research in China reviews the mainstream models and theories done by Western scholars and puts forward relevant suggestions and measures. Table 3.2 summarizes the major research and arguments proposed by Chinese scholars. Prior to 2005, Chinese scholars' research on turnover was mainly focused on reviewing mainstream Western turnover models. After 2005, Chinese scholars

began to discuss the applicability of mainstream Western turnover models to Chinese organizations and to conduct endogenous empirical studies.

Table 3.2 The major research and arguments on turnover proposed by Chinese scholars

Time & Researcher	Main Arguments	Comments
1999 Xie, J, Y	Studying and reviewing the influential turnover models developed before the 1980s, such as March and Simon (1958), Price (1977), Mobley (1977), and Mobley (1979).	Research on abroad mainstream models made by Chinese scholars.
2002 Li and Zhang	Review several typical turnover models around 1980s; the mainstream model includes Steers and Mowday (1981) and Price-Mueller (2001), and some non-mainstream models include Cusp Catastrophe Model by Sheridan and Abelson (1993).	
2001 Zhao and Jiang	Based on research about the turnover of high-skilled workers in terms of their characteristics, reasons, and measures, the authors present a deep understanding of the features of knowledge workers and provide several measures to alleviate the issue, on the basis of some oversea empirical research. At the end of the paper, the authors put forward some guidance and suggestions to build up the competitive personnel team in the organization.	
2001 Wang and Ye	Focused on the internal and external reasons leading to turnover of employees working in high-tech companies, based on models about internal and external models by western scholars.	Empirical research done by Chinese scholars on the turnover issue in the organization.
2005 Ma and Zhang	Pointed out three important perspectives leading to turnover, including social element, organizational element, and personal element. The authors also put forward their turnover model to clarify their arguments.	
2005 Feng and Dai	Classified into two aspects. One is the influencing factor of turnover intention, and the other is the mediating factor from turnover intention to turnover behavior. The first one usually consists of individual factors, organizational factors, external factors, and fitness between organization and individual. The mediating elements normally include individual psychological factors, supportive factors from the external environment, personal economic levels, and organization supportive factors.	
2004 Zhang	- Investigated the reasons leading to voluntary turnover in China based on Lee and Mitchell's model. - Included several new concepts and variables in the model. Discussed the impact of labor market segmentation on turnover pathways and the influence of turnover barriers on job searching behaviors.	
2007 Zhang and Zhang	Added four variables to Price's model (2000), i.e., consisting of switching cost, career development opportunity, the tendency of commitment, and relation.	
2011 Wang et al.	Made an empirical study on supervisors i.e., subordinate organizational identity and subordinates' turnover intention. The organizational identity of supervisors has no direct impact on subordinates' turnover intention but can largely affect the organizational identity of subordinates.	Research about the applicability of abroad models in Chinese organizations.
2020 Jin, Shang,	A hybrid model based on survival analysis and machine learning is designed, and a separation prediction algorithm	

Zhu, Ling, Xie and Qiang 2021 Lin and Huang	RFRSF combining survival analysis for truncated data processing and integrated learning for separation behavior prediction is proposed. The relationship between employees' subjective intentions, job satisfaction, intention to leave, and job performance during the process of organizational change was investigated. A quantitative approach using structural equation modeling (SEM) and bootstrap estimation was used to test hypotheses on a sample of 434 employees from a restructured telecommunications company in Taiwan (Lin& Huang, 2021).	employee-centered. Fills a research gap with a study of Chinese companies undergoing organizational change.
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3.2.8 Turnover research and grounded theory

Grounded theory, as an inductive qualitative method, allows researchers to identify the main concerns of a group of subjects and the behaviors used to address them (Artinian, 2009). It enables researchers to have a deeper understanding not only of the main concerns but also of accumulated concerns experienced by participants and possibly to develop a theory that captures their behavior (Artinian, 2009).

Izvercian (2016), for example, used grounded theory when discussing turnover intention and analyzed the factors affecting job satisfaction in public and private sectors in Romania establishing a theoretical model of job satisfaction variables (See Figure 3.2 below). The author pointed out that there is a difference between the public sector and the private sector. In the public sector, employees have fewer promotion opportunities and need to face heavy bureaucracy while employees in private companies are usually motivated by material rewards and will switch jobs for higher salaries. Based on these findings, Izvercian (2016) proposed several sustainable human resource incentive strategies, including understanding the voice of employees and reshaping the image of the organization.

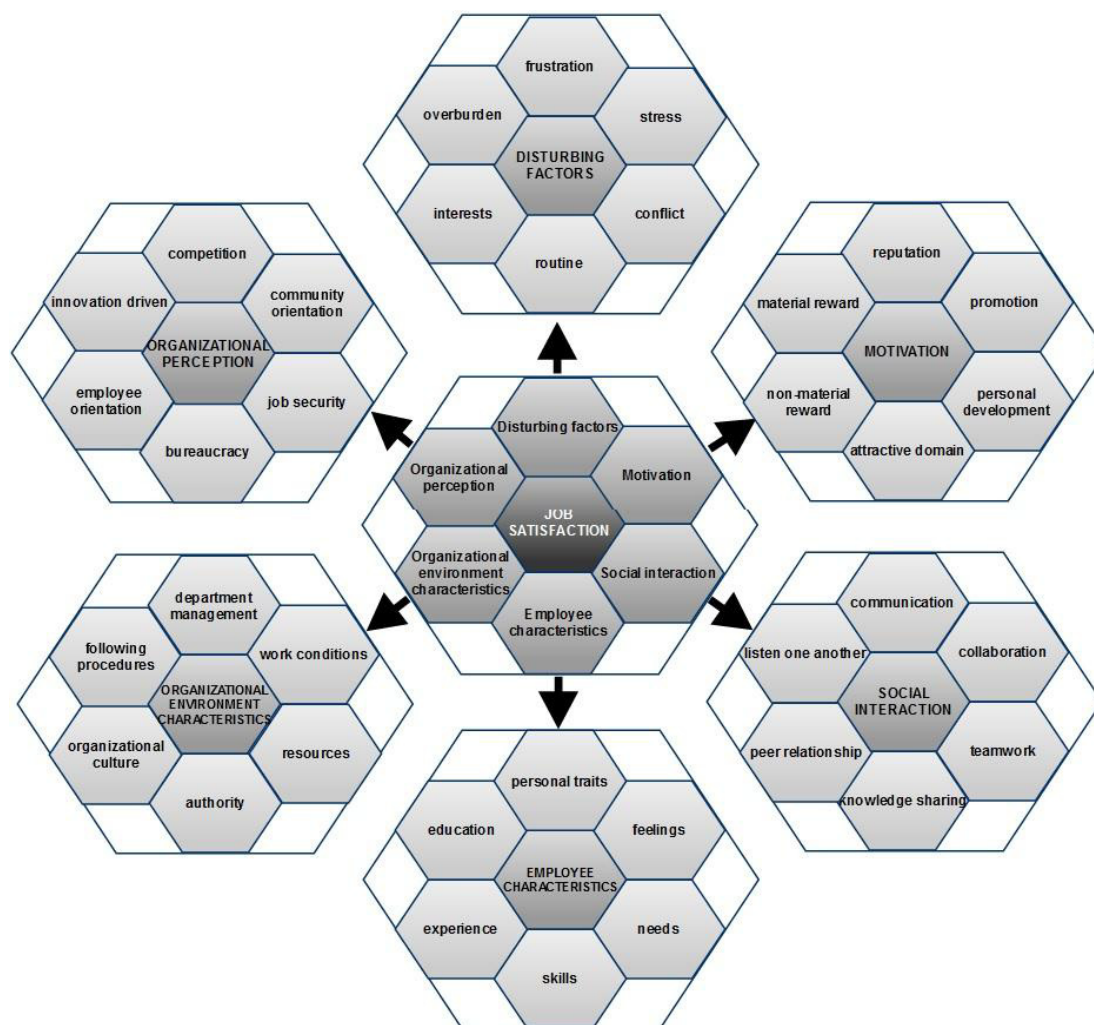


Figure 3.2 The theoretical model of job satisfaction variables in the Romanian public and private sectors

Source: Izvercian (2016)

Rivers (2018) conducted semi-structured interviews with 13 participants and analyzed the data using grounded theory, Herzberg's theory of hygiene and motivation factors, and psychological contract theory (Rousseau, 1989). Rivers (2018) derived 7 factors that influence millennials to switch jobs, including competitive salary, the joy of work, opportunities for career development, supportive working environment, reasonable free/flexible time, finding a suitable position, and excellent benefits. According to this author, millennials refer to people who were born between 1982-2003, also known as Generation Y, Echo Boomers, Generation We, Nexters, Digital Natives, and Gen Net (Clark, 2017; Strauss, 1991; Schullery, 2013; Wiedmer, 2015). When millennials gain job satisfaction, positive social changes may occur as it increases loyalty and organizational commitment, reduces stress, reduces personnel turnover, and creates economic stability for them and their organizations (Rivers, 2018).

Scholars have also used grounded theory to study the problem of brain drain in the

medical industry. Facing the shortage of rural health talents, Cosgrave (2018) explored how employment and rural life factors affect the willingness of community mental health professionals (CMH) in the rural public sector to leave their jobs in the first few years of their careers. CMH is a multidisciplinary workforce composed mainly of nurses and joint health professionals (Cosgrave, 2018). In his research Cosgrave (2018) determined the special life factors, working conditions, career development opportunities, and social and personal determinants that affect employees' willingness to leave, and developed a related model. His theory proposes that one's decision to stay in an organization is determined by the pursuit of life, which is related to the gap between one's career and personal expectations and the current employment and the reality of rural life. This author found that in the first few years of work, in that specific environment employees' turnover intention is most affected by professional experience, especially that related to job roles, workplace relationships, and opportunities for continuous professional development. After reaching the stage of adaptation, the main influence on turnover intention turns to personal satisfaction, which is strongly influenced by the individual's life stage.

Alilu (2017) explored the development process of nurses' willingness to leave bedside care and pointed out that the "social image of nursing" and "bedside culture and structure" are the two main background factors that influence nurses to leave bedside nursing services. In addition, disappointment with the lack of progress or improvement in clinical experience is the main psychosocial problem that generates turnover intention. Nicely (2014) interviewed former full-time nursing teachers at a private college in the Midwestern United States to determine the decision-making process that led them to resign from the private college where they worked. The research theoretically describes the decision-making process experienced by nurse teachers when they resign from an academic position in a private institution. The author stated that grounded theory methodology can best reveal the teaching experience of nurse teachers in proprietary institutions and help discover theories related to how these experiences affect the decision-making process.

Although the grounded theory has been used to discuss brain drain and turnover intentions in the medical industry, research focusing on the field of dentistry and dental hospitals is still scarce. However, the grounded theory provides both systematic and flexible guidelines for data collection and analysis to construct a theory consisting of abstract conceptualization of substantive issues experienced by people (Izvercian, 2016), which we consider a valid approach for this thesis.

3.3 Factors affecting employee turnover

After reviewing the research on employee turnover by domestic and foreign scholars, this section will classify and discuss the influencing factors, including personal and organizational.

3.3.1 Personal factors

Individual relevant variables are normally micro-level variables, composed of demographics, personal characteristics, job attitudes, health, and well-being.

3.3.1.1 Demographic features

Demographic characteristics concern the background of employees, such as age, gender, and other jobs. In terms of age, research has pointed out that age is negatively related to turnover intention. Price (1981) believes that young employees tend to have a stronger tendency to leave a job rather than older groups. The major reasons include limited knowledge of jobs, less pay, lack of decision-making experience, and fewer local obligations to kins. For example, Wang (2008) discussed the reasons why employees leave the organization and found that those aged 20 to 30 years old are most attracted by the novelty of the job and are concerned with their interest in it, thereby showing the strongest intention to leave should their expectations not be met. Employees aged 30 to 45 years old pay more attention to personal development and the space for salary increases while those aged 45 to 55 show a relatively weak intention to leave. Only those who desire to run their own business would opt for turnover. Furthermore, a study on nurses showed that male individuals, those owning other jobs, and those who are certified or registered nurses show greater turnover intentions compared to those who are females with only one job (Daouk-Öyry et al., 2014; Josephson & Linda, 2004)

Other demographic variables that have been demonstrated to relate to higher turnover consist of having a full time-job status, having childcare responsibilities, living overseas, living far from the hospital, taking up education and training opportunities outside the hospital, and coming from rural areas.

3.3.1.2 Personal characteristics

Personal characteristics comprise skills, knowledge, traits, abilities, and other features distinguishing one individual from another. According to Schreuder (2010), nurses with

certain personal traits – better problem-solving ability, better stress coping strategies, and balancing work-life obligation – are less likely to show high turnover intention. Besides, individuals who feature high technical ability and a high level of sociability are also more stable in an organization.

Equally important, although other personality traits are more widely used in organizational and psychological studies, scholars advocate a proactive personality to explain individual behavior within the organization. According to Campbell (2000), a proactive personality is characterized by the following five features: (1) capability of doing the job, high-level professional ability, problem-solving ability, and better organizational performance; (2) greater interpersonal competence, leadership, and trustworthiness; (3) high level of commitment to organizational goals and high level of responsibility for organization success, with values consistent with the organization; (4) more positive qualities, such as initiative, critical thinking, and high job involvement; and (5) integrity and pursuit of high values. Individuals with these characteristics are normally keener to seize their opportunities and adopt a series of actions to change their surrounding environment. Therefore, when they are satisfied with the organizational conditions, they tend to be stable in the organization. Otherwise, they will leave the organization instead of enduring the environment.

3.3.1.3 Job attitudes

Job attitudes refer to one's job, career, and/or organization that consequently result in affective, cognitive, and behavioral responses. Negative job attitudes such as job dissatisfaction, lack of motivation, powerlessness, lack of confidence in work ability, and lack of job commitment undermine one's willingness to stay in the organization and result in a high turnover rate.

3.3.1.4 Job burnout

The connection between burnout and turnover has been frequently discussed in the medical field. Theoretically, burnout refers to “a state of physical, emotional, and mental exhaustion” (Pines, 1987; Pavlakis, 2010). Job burnout can be classified into three categories, including emotional exhaustion, depersonalization, and the sense of reduced personalized accomplishment (Ran, 2020). Burnout is a common phenomenon in the healthcare industry. A study conducted in China by Chen (2021) showed that 68.42% of general practitioners working in primary healthcare institutions have to work more than 8 hours per day and 44.65% have to work more than 6 days per week. Most of the medical staff regard their work

as cumbersome and stressful and lack persistence and interest in working in the sector continually. Additionally, job burnout sometimes results from role conflicts and role ambiguity. Healthcare staff has been facing growing conflicts between patients and doctors, as well as the pressure of taking on multiple roles of physicians and academic scholars and dealing with increasing questions from the public and media (Yang, 2021). Like in other industries, challenges such as career development, interpersonal relations, organizational structures, and organizational tendencies are also the source of psychological stress.

According to Ran (2020), job burnout is positively related to turnover intention and negatively related to job satisfaction. With the growth of burnout, staff in the healthcare industry are likely to have a stronger willingness to leave their organizations with reduced job satisfaction. Costello (2019) also argues that high burnout and low job satisfaction result in high turnover and vacancy rates. To reduce the turnover intention resulting in job turnover, the organization must pay more attention to the mental health of medical staff (Chen, 2019; Gardiner, 2006).

3.3.2 Organizational factors affecting turnover

This section reviews the factors related to the organization when scholars discuss the factors of turnover, mainly including organizational culture, leadership style, human resource practices, and organizational justice.

3.3.2.1 Organizational culture

Organizational culture has been a hot topic for organizational behavioral experts and scholars for decades. Technically speaking, the concern for organizational culture started from the research related to organizational climate and environment, but scholars soon realized the great distinctions between the concepts (Banaszak, 2015). Organizational climate refers to “employees’ shared perception in their work environment” (Shim, 2010) and can be categorized into engaged, functional, and stressful. Staff working in an engaged climate are more likely to get high levels of self-achievement and low levels of emotional exhaustion, workload, and role conflicts, and therefore provide higher quality service. By contrast, those working in stressful environments tend to have more emotionally exhausting and overwhelming experiences. Although organizational climate does play an important role in organizations, organizational culture – that is, the way things are really done in a given organization - affects organizational performance and behaviors in different ways (Shim, 2010).

During the past 30 years of debates on organizational culture, scholars have not yet achieved consistent agreements on its definition. A widely used method to review the definitions of organizational culture is based on the theories, which can be classified into three main types:

(1) Factors-composed theory, such as Deal and Kennedy (1982), Baker (1983), Hofstede (1980), Cheung (2010), Ferreira, Serra, and Pinto (2014). These authors believe that organizational culture is composed of numerous factors which differ according to their respective contributions.

(2) Value theory such as proposed by Denison (1984), Ouchi (1984), Kolb (1984), Kotter and Heskett (1992), Chen (1999). These scholars consider organizational culture as the thoughts, opinions, and attitudes commonly shared within the organization.

(3) Configuration theory, such as put forward by Schein (1985) and Sathe (1985) who suggest that corporate culture is the set configured over time by the habits, rituals, and rules an organization follows.

In sum, the definition of organizational culture can be understood from either a narrow or broad perspective. From a narrow perspective, it refers to the ways of thinking and acting within the organization and includes thoughts, attitudes, and behaviors. From a broader perspective, organizational culture is the sum of material and spiritual civilization formed during the process of business activities.

The tools for studying organizational culture are various, including the Organizational Culture Inventory (OCI) from Cooke and Szumal (1993), the Organizational Social Content (OSC) from Simard (2017), and the Competing Value Framework (CVF) from Quinn and Cameron (1983).

Banaszak et al. (2015) measured culture in healthcare organizations by using the competing value framework (CVF), a frequently used and validated instrument for examining organizational culture. Considering the two different dimensions – internal versus external and stability versus flexibility – the organizational culture has been classified into four groups: group cultures, developmental cultures, hierarchical cultures, and market cultures. While group cultures and development cultures encourage staff commitment, work dedication, group attachment, and personal development, hierarchical and market cultures highlight productivity, competitiveness controls, and order, undermining innovation, satisfaction, and collective vision in organizations (Banaszak, 2015).

Equally important, corporate culture in the healthcare industry is somewhat different from other types of culture. At first, corporate culture in healthcare organizations exhibits many

conflicts with professional culture from various perspectives and therefore tends to be more fragmented, or hard to be established in the organization. According to Christan (1999) and Peltier (2001), professional culture in the healthcare industry appreciates ethical values, expertise, autonomy, job responsibility, and challenging work. However, corporate culture normally highlights productivity, control, work standardization, and close supervision (Longkumer, 1999; Raelin, 1986). As a result, corporate culture and professional culture are conflicting in many ways, and therefore undermine the establishment of a homogeneous culture in hospitals (Longkumer, 1999).

Secondly, value divergences make it hard for professionals to achieve consistency in culture in hospitals, mainly because of the different specialties among experts. As Amarante and Ghossoub (2016) indicated, pediatrics, geriatrics, and psychiatry belong to the “social” type, characterized by paying great attention to social and interpersonal relations. However, obstetrics and surgery pertain to the “investigative” type where technical tasks such as dealing with equipment and working with tools tend to be more important. This value diversity makes it unlikely for health specialists to be homogeneous in terms of value orientation (Longkumer, 1999).

Thirdly, healthcare organizations have been facing a challenging and changing environment, with growing demands for productivity and efficiency highlighted by third-party financing investors and governments. Coordination among different departments and units (e.g., sharing equipment) thus becomes increasingly important, but hard to achieve in the short term.

Existing literature holds that organizational culture is a strong predictor of turnover (Grunig & Hung, 2002; Kim & Tam, 2017; Shim, 2010). While some types of organizational culture weaken turnover, others are particularly detrimental to the organization. For example, authoritarian organizational culture usually results in a high turnover rate (Kim & Tam, 2017). Theoretically, authoritarian culture refers to “a closed system with top-down decision-making based often on authority, traditional, and trial and error” (Sriramesh & Vercic, 2003). Authoritarian culture shows limited concern for employees, holds rigid and traditional values, and separates employees’ personal goals from organizational goals (Kim & Tam, 2017). Also, it undermines relations among employees, organizations, and stakeholders by decreasing trust, relation satisfaction, and control mutuality (Grunig, 2002). By contrast, non-authoritarian culture, such as participative culture enhances effectiveness and group harmony (Grunig, 2002).

In the healthcare industry, the importance of organizational culture has also been

extensively discussed and tested. Banaszak (2015), for example, suggested that market values increase turnover among all types of staff in the healthcare industry; the over-emphasis on productivity and financial issues undermines patient-centered care and hinders professional retention. The finding is consistent with that of Pedrosa et al. (2020). If the organizational culture is market value-oriented highlighting productivity and efficiency, the turnover rate will experience a climbing trend. By examining the connections among the organizational climate of nurses, their job satisfaction, and their intention to leave, Nantsupawat (2017) revealed that certain climates result in high turnover rate, including weak policies for quality of care, poor participation in the organization's decision-making process, weak leadership, difficult relation between nurses and doctors, and lack of human and material resources. Instead, nurses tend to be more participatory when they perceive a high standard for care and continuous quality improvement and a more favorable organizational climate reduces job dissatisfaction, burnout, and intention to leave the institution. According to Ke (2017), when nurses are working in an organization with a lower workload, less shift turnover, more flexible hours, more supervisory support, higher levels of autonomy, and lower stress, they are unlikely to intend to leave the workplace. Limited turnover can also be seen among members who are satisfied with the benefits provided by the institutions and who identified with organizational philosophy.

Meanwhile, it is worth noting that organizational culture is unlikely to affect in the same manner all types of professionals in the healthcare industry. In the nursing field, Banaszak (2015) categorized the staff into three groups: Registered nurses (RN), licensed practice nurses (LPN), and nursing aides (NA). It was found that, while a hierarchical culture increases the turnover of RN, it has a limited impact on LPN and NA. At first, a hierarchical culture highlights elements of organizational structure and builds up a more stable organizational environment; RNs working in the environment are protected from being fired for performance issues. Alternatively, the bureaucratic rules encouraged by a hierarchical culture enhance the administrative effectiveness of RNs and make jobs easier (Banaszak, 2015). Existing research also shows that hierarchical values are not always detrimental to care-oriented values in hospitals (Scott-Cawiezell, 2005). Although organizational culture influences turnover rate and intention, the real impacts are mediated by job satisfaction, and cultural values, which have a direct effect on professionals' job effectiveness (Banaszak, 2015).

On the other hand, there are a few arguments suggesting that organizational culture does not have a direct effect on turnover intention. When employees' personal demands and

corporate culture mismatch, organizational culture will reduce individual's job satisfaction, which in turn weakens their commitment to the organization, leading to turnover behavior (Huselid, 1991; Nantsupawat, 2017). In other words, it is the change of organizational commitment that directly affects turnover intention rather than corporate culture; the influence of organizational culture is achieved through the mediating variables. Similarly, Doherty et al. (2010) analyzed organizational culture in the health industry and recognized that corporate culture tends to have no direct impact on turnover, because of the various and complex dimensions involved in the construct. Some of the dimensions determine turnover through job satisfaction, while organizational climate and service procedures contribute to a higher level of satisfaction. In turn, standardization and job relevance negatively affect satisfaction and result in high turnover.

3.3.2.2 Leadership style

The importance of leadership has been widely recognized in different levels of organizations in the healthcare industry. Poor leadership leads to toxic symptoms that undermine organizational cultures and job satisfaction, thereby resulting in job burnout (Costa, 2014). Theoretically, and according to Danae et al. (2017) leadership is defined as the relationship between the individual who leads and those who take the choice to follow and refers to the behavior of directing and coordinating the activities of a team or group of people towards a common goal while leadership style refers to the various characteristics of leaders in long-term corporate activities. This style is the accumulation of the leader's nature, insights, experiences, and empirical practices, playing a vital role in maintaining organizational stability in the coordination of business operations. That is to say, leadership style is a collection of specific behaviors of a leader (Jyoti, 2019).

In practice, the research on leadership experienced five stages, namely early simple definition, semantic description, viewpoints discussed from the perspective of the transaction theory, contextual definition, and aesthetic concepts (Chen, 2008). Scholars' attention is largely placed on the following three aspects: (1) the influence of leaders on their followers, or the interactive relation between leaders and subordinates; (2) the effect of leaders on motivating employees to work hard through a series of actions such as management, manipulation, rewards, inspirations, and motivations; (3) the purpose of a leader is to achieve organizational targets and promote overall organizational performance (Chen, 2008).

Meanwhile, the theories of leadership have gone through the following four stages: (1) the trait theory proposed before the 1940s; (2) the behavioral theory in vogue from the 1940s

to 1960s; (3) the contingency theory from the 1960s to 1990s; and (4) contemporary leadership theories such as transformational leadership and servant leadership from the 1990s to present. Although the attention on leadership exhibits obvious differences at different periods, the definition of the concept is basically the same. Most scholars regard leadership as a kind of ability that can exert influence on individuals and organizations in terms of target fulfillment, the source of which can either be formal or informal.

The trait theory highlights the personal traits of leaders. Leaders are believed to have some unique talents and thereby distinguish themselves from others (Galton, 1869, cited in Cannariato, 2007). Through a large number of observations, Edwin (1970) states that the typical characteristics of leaders include intelligence, innovative awareness, special insights, confidence, decisive personality, adaptability to complex environments, gender, and maturity. Also, he argued that the five motivational features of leaders include a desire for stable work, material reward, power to lead others, self-achievement, and accomplishment. Earlier on, Gibb (1969, cited from Andersen, 2006) also summarized seven characteristics of a successful leader, which include eloquence, handsome appearance, high intelligence, confidence, healthy psychological state, desire to lead others, and extroverted personality. However, there are several limitations of the trait theory since it ignores the behavioral characteristics of employees and the different surroundings of leaders, and therefore can hardly be applied in organization development (Niinimaa et al., 1977).

Behavioral theory, as the name indicates, focuses on leaders' behavior. At the end of the 1940s, scholars from Ohio State University summed up "structural" and "caring" dimensions from more than 1,000 dimensions of leadership behavior. The structural dimension refers to the extent to which roles are defined and the establishment of such roles is often to achieve organizational goals. The caring dimensions refer to the degree to which leaders pay attention to the working relationship with employees. Leaders with high caring dimensions present a higher level of respect and caring to subordinates in terms of their opinions and emotions. During the same period, scholars from the University of Michigan concluded that leadership behavior may be employee-oriented and production-oriented. Blake and Mouton (1964) also proposed the management grid theory. Taking "caring for production" as the horizontal axis and "caring for people" as the vertical axis, they proposed five typical leadership styles: indulgent, autocratic, moderate, poor, and team-oriented.

The contingency theory highlights the impacts of situations on leadership styles. The following theories include some dominant beliefs: (1) Contingency model by Fiedler (1967; 1978); (2) Situational leadership theory by Hersey and Blanchard (1974) (Vecchio &

Thompson, 2009); (3) Leader-member exchange theory (Pellegrini et al., 2015); and (4) Path-Goal theory by House (1996).

Contemporary leadership theory pays attention to the qualities of leaders and believes that effective leadership stems from certain characteristics. The major characteristics include charismatic leadership, transformational leadership, and transactional leadership. Transactional leaders meet the existing needs of employees through exchanges, whereas transformational leaders inspire subordinates to achieve better results. Unlike Burns (1978), Bass (1995, 1985) believed that transactional leadership and transformational leadership are two independent concepts, with different connotations (Bass, 1998; Bass, 2003; Bass, 2006).

In the existing literature, there are a large number of leadership styles. Six of them are most frequently examined and explored, including transformational, transactional, autocratic, laissez-faire, task-oriented, and relationship-oriented leadership. Most attention is placed on transformational leadership and transactional leadership.

The concept of transformational leadership was first proposed by Downton (1973) on Rebel Leadership. Burns (1978) further conceptualized the concept and proposed the development of the theory of transformational leadership in his work (Bycio, 1995; Bass, 1998).

Transformational leadership is composed of four dimensions: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration (Bass, 1998). Idealized influence refers to leaders' ability to build loyalty and devotion among the team members, supporting them to identify with the leader. Inspirational motivation refers to the leaders' ability to understand targets and the vision of the organization and then deliver to their followers, inspiring them to work hard towards the ultimate target. Intellectual stimulation indicates that leaders can put forward good ideas for work tasks, inspiring organizational members to think about strategies and methods to achieve work goals, enhancing their followers' innovation and risk-taking willingness in workplaces. Individualized consideration highlights that leaders should pay attention to the individual needs of each member, consider the unique features of each member, and then provide different support.

Transactional leadership was first proposed by Weber (1947) and then discussed holistically by Bass (1998) and Bycio (1995). It is defined as "leaders exchange with employees to promote developments in effectiveness and production". In practice, such type of leadership has been frequently adopted by organizations. It highlights the basic management process of controlling, organizing, and short-term planning. The effectiveness of

transactional leadership stems from its formal authority and obligation in the organization. Followers are required to follow the instructions and management of the leaders. In other words, the style can be considered a “telling style”.

Transactional leadership comprises three dimensions – contingent rewards, active management by exception, and passive management by exception. Contingent rewards refer to the way leaders increase the job involvement and enthusiasm of employees through rewards rather than by penalties. Contingent rewards can be divided into two parts. The first is the promised contingent rewards; that is, the leader promises subordinates that they will get rewards according to their work performance and results. The second is the substantive contingent rewards in which case the leader will reward employees based on their performance. Furthermore, active leadership by exception indicates that leaders take the initiative to observe members’ mismatched behavior in the workplace and then help them to correct these behaviors, ensuring that subordinates are capable of fulfilling work targets. Negative management by exception refers to leaders punishing or correcting subordinate behaviors only when subordinates have deviant behaviors at work. They are unlikely to intervene in followers’ behavior in advance.

Definitions of the other four styles should be pointed out as well. Autocratic leadership, also named authoritarian leadership, highlights individual control over all decisions with restricted input from organizational members. Task-oriented leadership is somewhat similar to autocratic leadership. The leaders emphasize completing tasks and achieving organizational targets. The well-being of team members is therefore ignored many times. By contrast, laissez-faire leaders prefer providing more trust and reliance on employees and are unlikely to give too many instructions or guidance to staff, who are then able to use their talent and manipulate their resources. Relationship-oriented leadership pays the greatest attention to interpersonal relations whereby leaders desire to support, motivate, and develop people in groups and relationships within organizations (Danae et al., 2017).

The role of leadership in organizations from the healthcare industry has also been largely explored and identified in different research. Gray-Toft and Anderson (1985 cited from Kleinman, 2004) first testified to the positive correlation between leadership and job satisfaction. While effective leadership enhances nurses’ job satisfaction, poor leadership leads to toxic symptoms that undermine the organizational culture and overall satisfaction, thereby resulting in job burnout (Longkumer, 1999). Mohammed et al. (2013) also suggest that in the healthcare industry, benefits from effective leadership style are composed of high levels of patient satisfaction, a declining number of reported adverse effects, a favorable

culture of patient safety, and increased staff stability. However, ineffective leadership leads to job dissatisfaction and demotivation, which in turn stimulates turnover.

Not restricted to job experiences, leadership style is also directly related to patients' outcomes (Danae et al., 2017). For example, the resonant leader, as defined by Goleman, Boyatzis et al. (2002), strengthens the quality of safety climate and may reduce medication errors. According to Cummings and Greta (2010), the resonant style, whereby leaders work on emotional intelligence to help subordinates meet their goals, tends to lead to a 14% lower 30-day mortality rate compared to that of high-dissonant leadership. When it comes to quality of care, the task-oriented leadership style also promotes the level of care based on the assessment made by group members. The scenario appears to transactional leaders and entrepreneurial leaders as well. Patients are more satisfied with followers who pursue a transactional leader (Danae et al., 2017). It was also found that a higher level of safety climate is involved in organizations managed by entrepreneurial leaders (Wade, 2013).

In the healthcare sector, research about the impacts of leadership on turnover started in the early 1990s. In 1990, Dunham and Klafehn (1990 cited from Kleinman, 2004) realized that nurse executives who were considered excellent administrators also exhibited obvious transformational leadership features. Volk and Lucas (1991) then made research and testified the relation between certain leadership styles and anticipated staff turnover over the past decades, while numerous scholars put forward that leadership style is considered a strong predictor of turnover (Piccolo, 2006). Transformational and transactional leadership are both believed to be effective leadership styles depending on the situation.

Among the six leadership styles, transformational leadership is particularly regarded as the most effective style to reduce turnover rate. This type of leader motivates organizational members by communicating and aligning corporate vision, shared values, and common goals (Bass, 2006). In general, transformational leadership lowers turnover by balancing team diversity, enhancing the utilization of member potentials, and boosting teamwork congruence and intrinsic motivation in the organization (Yang, 2019).

Through a study made in the IT industry in India, Lacity (2008) revealed that the routine nature of work is a vital issue leading to employee turnover. The result is consistent with that of research by Ghapanchi and Aurum (2011) in which they argue that role clarity, role ambiguity, and perceived workload add to high turnover among these professionals (Naidoo, 2016). To deal with the issue, Lacity (2008) examined the role of leaders in promoting strategies and encouraging creativity. It was shown that certain features of transformational leadership – highlighting communication, autonomy, and innovative work distribution – are

significantly helpful to enhance job satisfaction. The circumstance is similar in the healthcare industry, which has been facing a growing number of challenges such as labor resource shortage, salary constraints/restrictions, excessive working hours, high demands for work productivity, and high levels of healthcare quality. In this case, transformational leadership is more likely to increase well-being and decrease burnout among organizational members (Long, 2018).

From the psychological perspective, transformational leaders empower their followers and predict their intention to leave effectively (Larrabee, 2003). Compared to other leadership styles, transformational leaders show a better ability to decrease exhaustion, stress, and burnout issues. They are more likely and more able to motivate the members from their self-actualization needs, integrating the demands with organization and personal progress. Employees would therefore present a high level of trust in the leader, with an increase in well-being and moral identity (Sahu, 2018).

Regardless, some scholars have pointed out the different types of leadership in different countries and different organizations. For example, Cui (2014) conducted research in China and explored how transformational and transactional leaders affect relations between employees and the organization. Results showed that transactional leadership has a greater influence in China, whereas transformational leadership has a relatively smaller effect. The author explained this as an outcome of the importance of collectivism in China. Chinese employees pay more attention to their relationship with their leaders and show a stronger tendency to exchange with them. Different from organizational culture, the leadership style tends to affect turnover directly (Sahu, 2018). When employees obtain negative experiences from leaders, they will reduce their commitment to the organization, and their dissatisfaction increases.

3.3.2.3 Human resource practices

According to Daouk-Öyry et al. (2014), human resource (HR) practices refer to such variables as policies, rules, and regulations that typically fall within the term Human Resource Management (HRM). One of the major targets of HRM is to enhance organizational performance (Vermeeren, 2014). High-performance HR practices usually bring far more positive outcomes to corporate performance than a single human resource practice. Paauwe (2013) believes that human resource management is the core of high-performance HR practices, which is particularly useful in the selection, training, employee empowerment, participation, performance appraisal and incentives, and information sharing and

communication. High-performance human resource practices can be summarized as follows: (1) the best human resource practices relate to flexibility and standardization of production; (2) a flexible work system aims at enhancing employee skills; (3) a combination of the first two elements (Combs, 2006).

Likewise, Vermeeren (2014) also considered the following three outcomes of HRM: (1) financial outcomes (profits, net margin, market share); (2) organizational outcomes (productivity, quality, efficiency, client satisfaction); and (3) HR outcomes (employee's attitudes and behaviors). Compared to the other two, HR outcomes are usually seen as bridging financial or organizational outcomes and HR practices. In the healthcare industry, HR practices are related to patient-oriented performance outcomes (Vermeeren, 2014).

With the development of the localization of HR practices, Chinese scholars have achieved remarkable progress in related studies and have integrated local empirical practices with Western theories. For example, Chen et al. (2016) integrated the Western high-performance HR practice scale with Chinese local scenarios and added two dimensions — employee competition and rigid labor discipline, which have been well-verified in the local environment. He further indicated that high-performance HR practice in China is a combination of the Chinese style which is control-oriented and the Western style which is commitment-oriented. Du et al. (2014) classified the practice of high-performance HR into five dimensions: employee participation, internal promotion, job analysis, performance appraisal, and profit sharing.

A significant correlation between high-performance HR practices and turnover has been demonstrated in various literature. Considering the classification of HR practices into commitment-oriented and control-oriented, companies with commitment-oriented practices are more likely to have lower turnover rates and boast a high level of effectiveness, compared to those with a control-oriented style. Moreover, various research has examined the relation between human resource practices, turnover rate, and organizational performance. Results show that the turnover rate is significantly decreased in organizations that adopt more positive HR incentives such as high salaries and employee safety and that encourage high skills and more employee participation in the decision-making process (Schreuder, 2010). By contrast, organizations that lack a career ladder and development opportunities, and fail in the recruitment process tend to have a high turnover rate (Alotaibi, 2007; Chapman, 2003). After analyzing the three dimensions of the employment system through cross-sectional and longitudinal data along years, the Society of Workforce Planning Professionals (SWPP) found that high-performance HR practices can largely decline employee turnover rate (SWPP, 2019).

Also, after conducting a survey of nearly 1,000 companies in the US, it was found that high-participation work practices have a significant economic and statistical impact on employee output, turnover and productivity in particular, and organizational financial performance (SWPP, 2019).

HR practices affect the subjective initiative of employees through the role of their skills and motivations and through the impact of the organizational structure on their abilities. Therefore, the theoretical basis for studying the impact of high-performance HR practices on turnover lies in its impact on the personal factors of employees. In the process of influencing turnover through HR practices, the degree of job enrichment and realistic expectations can weaken employees' intention to turnover. Whether employees are free and powerful to voice their opinions and fully participate in the management decision-making process and whether organizations can create a favorable organizational climate for decision-making activities are important prerequisites for the reduction of employee turnover intentions. On the other hand, studies conducted in the healthcare sector show that turnover generates greater costs in HR practices related to recruitment, orientation, and temporary labor coverage for vacant nurses' positions (Halfer, 2008; Lee, 2009).

3.3.2.4 Organizational justice

The influence of organizational justice has been widely examined in organizational studies through the years. Organizational justice refers to individuals' perception of the fairness of treatment received from an organization and their subsequent behavioral action to such perceptions (Nadiri, 2010). Organizational justice comprises three dimensions – distributive justice, procedural justice, and interactional justice. While scholars pay the greatest attention to distributive justice, the impacts of procedural have been less discussed and underestimated. For instance, procedural justice was distinguished from distributive justice but excluded from Price's Causal model of turnover. However, with a further and deeper exploration of organizational justice, an increasing number of scholars realize that distributive justice and procedural justice play different roles in the process of interaction between employees and organizations; that is to say, the influence of distributive justice is greater to individual employees than to the whole organization, whereas procedural justice affects the whole organization more significantly.

Procedural justice refers to the sense of fairness employees perceive in the procedures (Price, 2001). Greenberg et al. (1986) define procedural justice as the evaluation of whether the procedure is fair, and highlight the significance of procedural justice as useful to decrease

the sense of organizational inequality among employees (Greenberg, 2001). Long (2011) holds that employees who identify with procedural justice appear to work harder and achieve higher satisfaction. Moreover, the author suggests that procedural justice promotes the effectiveness of organizations in various aspects. From the human resource perspective, the implementation of high-performance practices requires employees' cognition of organizational justice, thereby promoting efficiency in result-oriented evaluation, participation in the decision-making process, internal promotion, incentive compensation, and employee recruitment.

The influence of procedural justice on turnover is worth noting in the organization. For instance, procedural justice and distributive justice are regarded as determinants of job dissatisfaction and turnover intention. Procedural justice has been found to undermine employees' job security, a sentiment that may be moderated by ethical leadership. In this regard, Chen et al. (2016) through a questionnaire surveying 785 employees and supervisors, recognized that procedural justice is a variable that moderates the positive mental state of employees on transformational leadership, job satisfaction, and employee performance. Meanwhile, transformational leadership exerts limited impact on the job satisfaction of employees with a weak sense of procedural justice, resulting in a higher tendency for those employees to opt for turnover. Chen (2008) adopted multi-level regression to test the moderating role of procedural justice between supervisory support and general training on employee turnover intentions. It was found that with a higher sense of organizational justice, employees are more likely to hold a positive attitude towards supervisory support and general training.

At the organizational level, Cai (2012) used a sample of 250 hospitals to investigate the relationship between distributive justice, procedural justice, and alliance commitments. The result suggested that procedural justice plays a positive role in organization and alliance commitments and also claimed that procedural justice can positively promote employees' emotional commitments, which can well predict employees' absenteeism and turnover.

3.3.3 Other factors affecting turnover

This section reviews factors other than personal and organizational, that influence turnover, including interpersonal interactions, social and national levels, and the pandemic that affected all walks of life. Interpersonal interaction factors are mainly the relationships between employees and different stakeholders in the workplace and between employees and the

organization. Social and national factors take into account the leverage of labor supply and demand. In addition, due to the impact of the COVID-19 epidemic, the impact of local and even global epidemics on resignation, especially in the medical industry, have also attracted the attention of scholars.

3.3.3.1 Interpersonal interactions

Interpersonal variables are considered features of an employee's interpersonal interaction with different stakeholders at the workplace.

Practically, relationships consist of relations between employees and stakeholders and relations between employees and organizations. Organizational scholars have examined relations from various aspects, including control, trust, and organizational commitment (Aryee, 2002; Brashear, 2005). There is a large number of papers demonstrating that relations are negatively correlated to turnover through the mediating variable of job satisfaction. According to Tovey and Adams (1999) when studying nurses, the major reason for them to weaken job dissatisfaction concerns working relationships mainly those between subordinates and supervisors, in terms of work standards and external work pressure (Tovey & Adams, 2010). Bond (2000) further argued that the degree of group cohesion and the degree of cooperation among medical staff are considered the two most important determinants of nurses' job satisfaction. In other words, inadequate group cohesion leads to a high level of nurse turnover (Nyathi, 2008).

While most studies pay attention to interpersonal relations within the organization, limited research has focused on organization-employee relations, particularly on its quality in predicting turnover intention. Theoretically, Kim (2017) claimed that the quality of employee-organization relations is a strong predictor of turnover. Loi (2006) explored how organization-employee commitment affects organizational commitment and then turnover intention to find out that employees who receive a high level of organizational support tend to be more obligated to respond favorably to the organization and hold a positive attitude towards work. Although there is a limited investigation into the quality of the relationship among employees, organization, and turnover, the significance of supervisory support was highlighted in the research.

Kim (2017) further discussed the influence of the quality of employee-organization relations on turnover and considered that organizational justice is a crucial predictor of the quality of this relationship and supervisory justice in particular. Employees sometimes treat their supervisors as representatives of organizations and, in many cases, employees'

perception of organizational justice is affected by their supervisors. When the subordinates have quality exchanges with the supervisor, a positive and reliable relationship will be built. Adversely, when the exchange quality is low, their relationship remains instrumental and transactional. However, their perceptions about organizational justice do not always equate with their perceptions of fairness of their supervisors in terms of standards, procedures, or decision-making process since the negative attitude comes not only from an organization but also from an individual. While the trust towards supervisory justice grows, employees appear to have a high level of job satisfaction and organizational commitment, thus weakening their intention to leave.

The well-being of medical staff has been facing great challenges for decades. Technically, well-being is about the physiological and psychological states a person experiences. Poor well-being undermines job performance and promotes absenteeism and turnover rate (Daouk-Öyry et al., 2014). In this case, family support is vastly important, especially to the female medical staff. However, as most research has claimed, most people lack a supportive family environment.

According to Chen (2017), work-family conflicts are perceived to be a major reason for the turnover of female nursing staff. Most female members fail to balance their relationships and lack the time and energy to sustain work and family as well as their work and non-work roles because of imperative challenges at work. Yasir (2020) argues that marital disruptions and lack of psychological support contribute to higher voluntary turnover among medical workers. The circumstance is particularly regular and challenging when dealing with pandemics such as COVID-19 since nurses are afraid of getting the disease and may opt for turnover (Costello, 2019).

3.3.3.2 Social and national levels

For healthcare workers, the situation at the national level is a concern to leverage turnover, specifically in what refers to the labor supply in the market and nation. When there is a critical shortage of healthcare labor, organizational members show a stronger willingness to leave the organization (Jamieson & Taua, 2009). As Muthuri et al., (2012) state, staff dissatisfaction in less developed countries is significantly higher than in those living in developed regions, which is mainly a result of the critical shortage of skilled professionals, poor work conditions, delayed pay, and low income. Every year, thousands of healthcare workers from poor countries such as Kenya and Pakistan move to Western countries for a supportive working environment (Muthuri et al., 2012).

Besides, turnover experiences great differences in the healthcare field in different nations. Legislation, alternative jobs, the image and status of healthcare workers, the economic situation, and political stability are also important variables affecting staff turnover (Davidhizar & Lonser, 2002; Davidhizar, 2003). According to a survey conducted by Aiken (2001), one-third of nurses in the UK and over one-fifth in the US wished to leave the organization. Job dissatisfaction among nurses was highest in the US (41%), followed by Scotland (38%), England (36%), Canada (33%), and Germany (17%). In Germany, 61% claimed that they were satisfied with personal development and opportunities while those in the US and Canada were satisfied with their salary.

3.3.3.3 Epidemic/pandemic

A local or even a global pandemic will affect the resignation drive in different industries, but the impact is particularly prominent in the medical industry. Taking the COVID-19 epidemic as an example, a technical survey of the coronavirus pneumonia epidemic conducted by Opinium Research commissioned by ABBYY software company in Russia in November 2020 revealed that a quarter of employees surveyed had the idea of resigning due to poor business processes. In turn, the 51job human resources research center launched the “2021 Resignation and Salary Adjustment Research Report” in December 2020. The report pointed out that the turnover rate of all industries in 2020 would be significantly lower than that in 2019 (51job Human Resources Research Centre, 2020). Indeed, it has dropped by more than 20.0% compared with the same period of the previous year (51job Human Resources Research Centre, 2020), but no obvious differences among industries were found. The analysis mentions that, due to the impact of the epidemic, business operations are facing greater pressure, the demand for market positions is reduced, and the economic environment is uncertain, resulting in a significant decline in the willingness of employees to actively move (51job Human Resources Research Centre, 2020).

Compared to other types of work, and as it has been noted in this thesis, healthcare staffs are more vulnerable at the workplace and suffer from a higher level of occupational stress. According to data from the National Health Service of the United Kingdom, the rate of attrition of doctors is about 25% (NHS, 2021). The workers always work on the front line to deal with pandemics or epidemics, such as measles, HIV/AIDS, SARS, flu, H1N1, and scarlet fever (June, 2020) and, recently, COVID-19 has become a big challenge for healthcare workers with increased occupational stress and demands for turnover.

COVID-19 first appeared in Wuhan, China and then quickly spread across the nations.

General hospitals had to prepare designated isolation areas and only healthcare workers took responsibility to care for the patients, which enhances occupational stress and results in many work-related diseases and injuries (Costello, 2019). Occupational stress derived from COVID-19 mainly includes depression from facing countless deaths, unknown demands, the anxiety of health risks, and the risk of spreading the infection to loved persons (Cole, 2021; Costello, 2019). As Ali (2020) claimed, a large number of nurses felt emotional and mental stress when witnessing their patients' health deteriorate quickly because of worsening symptoms. Many frontline medical personnel were infected and more have been in quarantine after exposure (Neto, 2020). These kinds of occupational stress directly undermine workforce productivity and decrease job satisfaction; thus, the turnover intention has been particularly high during the period of the spread of COVID-19.

Meanwhile, night or rotating work shifts also expose healthcare workers to increased stress and exhaustion in the workplace. According to Chen (2019), shift workers normally get limited interaction with their family members and friends and missing social and family activities is a regular and common thing in the sector. Suffering from great occupational stress, the staff is likely to feel helpless, fatigued, depressed, and burned out (Cole, 2021). In other words, long working hours and evening shift work are not only detrimental to employees' health but also pose threats to safety outcomes and quality of care (Chen, 2019; Griffiths, 2014).

This section reviewed the theories on turnover and discussed the antecedents and consequences of turnover. March's (1958) early research identifying two factors (intention to leave and ease of leaving) was important in helping this study to reflect on and identify the main drivers in the brain drain situation examined. In turn, Mobley's (1977) proposal of psychological changes in employees who leave and Lee's (1996; 1999) unfolding model of voluntary separation, were of great help in influencing the next steps of the research.

Chapter 4: Research Methods

This study takes the case of one specific hospital in Guangzhou, the Guangyi Stomatology Hospital, to examine the research problem presented in Chapter 1: the brain drain that is afflicting Chinese hospitals in general, and Chinese stomatology hospitals in particular. The study follows a case study approach and adopts qualitative methods to analyze and explore the influencing factors that affect the brain drain in the hospital. Data were collected from two separate rounds of interviews and analyzed with the help of grounded theory. The data from the first round refers to the records of departing interviews that the hospital conducts with every employee who quits. Eighty-three interviews were selected among the 237 leavers who quit the hospital from 2013-2020, that is, from the date the hospital took up its new identity (see section 4.2.1) till the end of data collection. The reason to select these 83 subjects is due to the fact that they are the talents who are the subject of this thesis, that is professionals and managers with MSc or Ph.D. degrees.

Data from the 83 exit interviews were used to derive a preliminary table of turnover factors (see Table 5.1). The results of this were used to derive an outline of questions for the in-depth interviews. To ensure the comprehensiveness of the information, several factors were considered, such as gender, age, education, job title, position, and availability. Finally, 21 people from different positions, titles, and ranks (see Table 4.3) were selected from 83 people for in-depth interviews. Finally, a theoretical model of high-level talent separation was proposed.

4.1 Case-based research

The case study is a research strategy that focuses on understanding the dynamics of a single situation (Eisenhardt, 1989). The case study research-based method was initiated by Harvard Law School in the United States, and it was first applied in the field of law (Yin, 1989). In the 20th century, it developed rapidly in the fields of economics and management. For a long time, researchers in different fields have held different understandings of case studies. In 1984, Robert K. Yin gave a classic definition: a case study is an empirical inquiry that studies temporary phenomena in the context of real life (Yin, 1984). In such a research situation, the boundary between the phenomenon itself and its context is not clear, and the researcher can

only use a large number of case evidence to carry out the research (Yin, 1989). The researcher selects one or several scenes as the object, systematically collects data and information, and conducts in-depth research to explore the situation of a phenomenon in the actual living environment (Eisenhardt, 1989). Around this definition and the analytical framework of case studies established by Yin (1989), Stake (1996), and other scholars, researchers began to gradually form a consensus on the nature, research objects, and functions of case studies.

Compared with other research methods, the case study is more suitable for the following three situations: the main questions are “how” and “why”; the researcher has little control over the research object; and the focus of the research is the current reality (Eisenhardt, 1989). As mentioned by Eisenhardt (1989), examples of case studies include Selznick's (1949) description of TVA (Tennessee Valley Authority), Allison's (1971) study of the Cuban missile crisis, and Pettigrew's (1973) study of the decisions of a British retailer. The case study typically uses a combination of data collection methods such as documentation, interviews, questionnaires, and field observations. Data may be qualitative (like text), quantitative (like numbers), or both (Eisenhardt, 1989). The case study can be used to achieve different research goals, including providing descriptions (Kidder, 1982), testing theories (Anderson, 1983; Pinfield, 1986), or constructing theories (Gersick, 1988; Harris & Sutton, 1986) and allows us to improve our understanding of individuals, organizations, institutions, societies, politics, and other related fields (Yin, 1984). In general, a case study facilitates an in-depth and comprehensive examination of a complex and specific problem in real life (Eisenhardt, 1991). This thesis focuses on providing descriptions and building theories from the case study.

4.1.1 Main steps of a case study

According to Yin (1984) a case study has six main steps. The very first is to plan, that is to identify research questions, understand research directions, select issues with major disputes, and fully understand the views of both sides by comparing the literature to effectively avoid preconceptions. The second step is to design, which includes the selection of typical cases that can represent the views of both sides of the research problem for comparative research, and design the form of the case study. The third step is data collection involving the collection of evidence from multiple sources and forming a database of the case study. During the collection process, a consistent overarching goal is to collect data on the real events and behavior of the research subjects (Eisenhardt, 1991). The main sources of evidence for the case study are documents, archival records, interviews, direct observation, participatory

observation, and physical evidence (Stake, 2005). The fourth and fifth steps are data coding and data analysis. The sixth and final step is to share and construct new concepts and theories that integrate the views of both sides.

Case selection is an important part of applying case construction theory (Eisenhardt, 1989). The case study uses theoretical sampling, i.e., cases are selected for theoretical rather than statistical sampling reasons (Glaser & Strauss, 1967). Other features of the case study are to select cases that replicate findings from previous cases, expand new theories, fill theoretical categories, and provide examples for two distinct categories (Eisenhardt, 1989). As Pettigrew (1990, 1988) points out, the focus of interest to us should be “observed with clarity and transparency” in selected cases.

The process of building a theory from a case study is iterative (Eisenhardt, 1989) since in standard scientific research, theories are built through incremental empirical testing and extension (Kuhn, 1970). Therefore, the process of constructing a theory is based on previous literature and empirical observations or experience, and also relies on the insights of the researcher, thereby constructing a more convincing theory (Eisenhardt, 1989). In conclusion, a case study is best used in the early stages of research, or to provide a fresh perspective on an existing research topic (Eisenhardt, 1989).

4.1.2 Classification of case study

The case study can be single-case or multi-case with multiple levels of analysis (Eisenhardt, 1991; Yin, 1984). In some instances, it may be appropriate to use a single-case study design, which has five scopes of application, i.e., critical, unusual, common, revelatory, and longitudinal cases (Bonmoyer, 1990; Small, 2009). It is argued that single-case studies have advantages over multi-case studies, both in terms of the quality and the number of theories established (Wilkins and Dyer, 1988). Some researchers believe that single-case studies can go deeper and build more and better theories, pointing out that classic studies are single-case studies, such as those by Whyte (1943), Selznick (1949b), Gouldner (1954), and Wilkins and Dyer (1988).

4.2. Selection of the research object

There is a saying goes that a workman must first sharpen his tools if he is to do his work well. In China, the case study method has been recognized by scholars as an important method in

organizational management research, especially when creating local management theories, in which the case study method is considered to be “our weapon” (Li & Cao, 2012). Xu and Lv (2015) concur that the case study method can construct theories and explain China’s unique management dilemmas and problems.

In this study, the Guangyi Stomatology Hospital was selected as the research object due to the comprehensiveness of its activity and the turnover problems it suffers which replicate the overall situation of public hospitals in China. The hospital is the only Grade III Level A municipal stomatology hospital in Guangzhou and is a university-affiliated stomatology hospital that integrates medical treatment, teaching, scientific research, prevention, and health care. The hospital's technical strength and social reputation are among the best in the industry, and it ranks fourth in the specialty reputation ranking of Fudan University’s South China District Hospital. In a sense, the Guangyi Stomatology Hospital is a microcosm of the Chinese stomatology industry and has typical significance to research the brain drain in this sector.

4.2.1 The research object

China’s Guangdong Province occupies a large proportion of China’s dental medical system. According to data from iiMedia Research (2019), 22% of the people in Guangzhou and Shenzhen visited dental medical institutions. As the vanguard of China’s reform and opening-up policy in 1979 and the main foreign trade province, Guangdong has been China’s wealthiest administrative province for nearly half a century (Li, 2021) promoting economic prosperity, which in turn has boosted scientific and technological innovation. In 2017, Guangdong’s comprehensive regional innovation capability ranked first in the country, with an output value of high-tech products reaching 6.6 trillion RMB (ca. 900 billion euros). The number of invention patent applications and PCT international patent applications both increased by more than 50% year-on-year (Long, 2018). Guangzhou is the capital city of Guangdong Province and is currently one of the three major national medical centers in China (He, 2017), boasting achievements in medical and health construction which are in a leading position not only in Guangdong but also in China (He, 2017). As mentioned previously, the Guangyi Stomatology Hospital has a great influence on the dental care sector in the province and even in South China in terms of medical technology level, social benefits, and scale. However, the problem of brain drain in the hospital has been prominent in recent years. Taking into account its representative significance this study chose the Guangyi Stomatology

Hospital, as the research object to carry out the case study.

The hospital was founded in 1950 as a railway enterprise employee hospital. In October 2004, due to the railway system reform, the Guangzhou Hospital of the Yangcheng Railway Corporation was transferred to Guangzhou Medical College and renamed “Guangzhou Medical College Yangcheng Hospital”. The designations “Guangzhou Medical College Stomatology Hospital” and “Guangzhou Medical College Stomatology Hospital” were added in 2007 and 2012 respectively. In 2013, the “Guangzhou Medical College” was renamed “Guangzhou Medical University” with the approval of the Ministry of Education, and the hospital was finally designated “Affiliated Stomatology Hospital of Guangzhou Medical University”. Located in the Yuexiu District of Guangzhou it is part of a network consisting of the Yuexiu Hospital (Headquarter), Liwan Hospital, and multiple clinics.

In 2022, the hospital has become a Grade III Level A stomatology hospital integrating medical treatment, teaching, scientific research, prevention, and health care. This specialized hospital is directly affiliated to Guangzhou Medical University and is the teaching and training base of the School of Stomatology of the university. At present, the hospital ranks fourth in the specialty reputation of hospitals in South China and 25th in the country in terms of scientific and technological value.

The hospital has always adhered to the “Nanshan spirit” of Academician Zhong Nanshan, encouraging employees to be at the forefront and holding the mottos of “Honesty, self-cultivation, knowledgeability and far-reaching” and “Working hard and pursuing excellence”. It insists on implementing new medical development concepts that have changed the mindset from treating oral diseases to preventing oral diseases. Based on the oral health service along people’s life cycle, the hospital strives to build a new pattern of development and shape new competitive advantages. The vision is to strive to build the hospital into a high-level dental unit based in Guangdong, Hong Kong, and Macao, in line with international standards, and satisfying the population (ASHGMU, 2021).

4.2.2 Brain drain in the hospital

According to the statistics of the personnel department, from January 2013 to December 2020, Guangyi Stomatology Hospital lost a total of 237 employees of which 83 were professionals and managers with MSc or Ph.D. degrees.

Table 4.1 shows that in 2013, the 2 employees who left held a MSc degree or higher, the same happening with 14 in 2014 and 2015, 21 in 2016, 6 in 2017, 15 in 2018, 5 in 2019, and 6

in 2020. The number of leavers has increased significantly since 2014, and by 2016 it had reached 21. Among them there are 9 senior professional titles, accounting for 10.84%, and 37 formal employees, accounting for 44.57%. In terms of age, 68 leavers were under 35, accounting for 81.93%, and 12 doctors, accounting for 14.45%. Although only 12 people with Ph.D. degrees have left and this proportion is relatively small, the turnover rate is still high for the total number of Ph.D. degree holders who are scarce in dental hospitals.

Table 4. 1 Turnover statistics from 2013 to 2020

Year	2013	2014	2015	2016	2017	2018	2019	2020
Number of departures	18	33	32	40	30	26	28	30
Total number of employees	329	340	398	425	454	472	507	573
Total turnover rate	5.47%	9.70%	8.04%	9.41%	6.60%	5.50%	5.52%	5.23%
Number of employees leaving with an MSc degree or higher	2	14	14	21	6	15	5	6
Number of employees with a MSc degree or higher	84	97	136	156	160	179	198	243
Turnover rate of employees with a MSc degree or higher	2.38%	14.43%	10.29%	13.46%	3.75%	8.37%	2.52%	2.47%

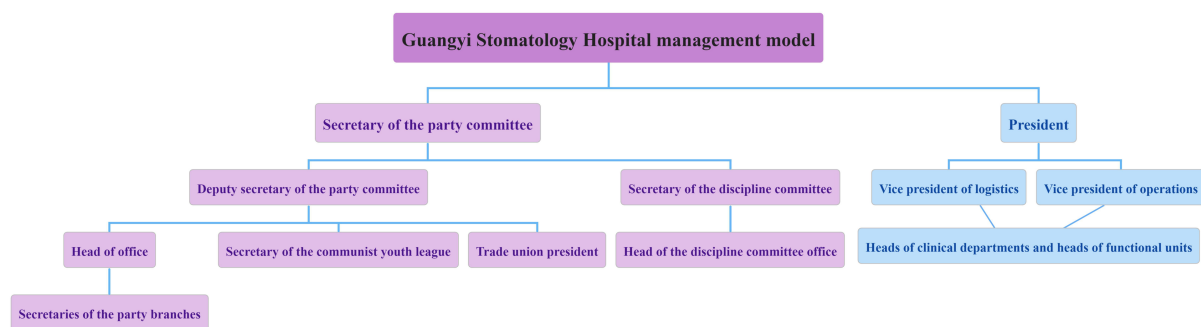
The table shows that, in relative terms, health workers with senior professional titles, formal establishments, and young/middle-aged talents are the main targets of the brain drain which is showing an increasing trend. This research aims to explore the real reasons for talents leaving the hospital through the analysis of departing interviews and face-to-face in-depth interviews and to find a basis to study the countermeasures that university-affiliated stomatology hospitals may use to retain talents.

4.2.3 The leadership structure of the hospital

In June 2018, the General Office of the Central Committee of the Communist Party of China (CPC) issued “the Opinions on Strengthening the Party Building Work in Public Hospitals”, which clearly proposed that public hospitals should implement a system of presidential responsibility under the leadership of the Party Committee (GOCPCCC, 2018). The improvement and standardization of the decision-making mechanism of public hospitals under the leadership of the Party Committee’s President is a reflection of the new steps taken in the construction of modern hospitals.

Guangyi Stomatology Hospital has set up the relevant responsibilities of the Party

Committee and the hospital president in accordance with national regulations. The Party organization of the hospital works in a unified manner and plays a leading role in setting the direction, managing the overall situation, making decisions, promoting reform, and ensuring implementation. The president presides over the administrative work of the hospital, under the leadership of the Party Committee of the hospital, and is fully responsible for the medical, teaching, scientific research, and administrative management. If we compare the hospital to a boat, the party committee is the helmsman and the president is the person who rows the boat. The division of labor between the two is also very clear: the helmsman is responsible for guiding the direction and keeping the boat on the right course, while the rower is responsible for securing the boat's power. The organizational structure is shown in Figure 4.1 below.



The secretary of the party committee and the president in the hospital belong to two different management systems, party affairs and administration, just like the political party and the executive of the country. They are two different positions, held by two different people.

Figure 4.1 Guangyi Stomatology Hospital management model

4.3 Qualitative research

Qualitative research is a method often used in the fields of social science and education (Li & Li, 2018). As Glaser and Strauss (1967) put it, qualitative research is a holistic exploration that makes the researcher himself a research tool, using a variety of data collection methods under natural circumstances. It allows to formulate conclusions and theories from the original data, and through interaction with the research object, enables the interpretive understanding of its behavior and mean-making. It is a kind of research “in context” (Donzin & Lincoln, 2000) that inductively achieves a meaningful understanding of underlying issues in a descriptive manner (Chen, 2000). Working from and with reality, this particular research digs into the data and asks: what are the problems with the resignation of this particular group of healthcare workers in the hospital? Why do they occur? What can be done to minimize the problem? From there, it develops conceptual frameworks that may explain phenomena in reality because that is where social sciences, including management problems, are. In the historical development of nearly a hundred years, qualitative research has formed a different

research tradition and has a unique research style and characteristics (Chen, 2000).

Qualitative and quantitative research are two different paradigms in the field of social science research (Wang, 2007). The differences were discussed by many authors including Bogdan and Biklen (1992), Glesne and Peshkin (1992), and Polgar and Thomas (2019) who conclude that the two methods differ in terms of principles, methods, and focus. In what concerns principles, qualitative research uses a variety of data collection methods (interviews, observations, physical analysis) to conduct an in-depth and holistic exploration of the research phenomenon while quantitative research uses the tools of mathematics to analyze things quantitatively. In terms of methods qualitative research is often studied through visual analysis, and expository analysis, and takes a bottom-up approach whilst quantitative research is often studied using surveys that require measurements of complex variables (which in social sciences is very difficult to do) taking a top-down approach. As far as the focus is concerned, qualitative research focuses on the aspects of things, on determining the nature of the research object, exploring the depth, richness, and complexity of phenomena, and contributing to the development of theories and the discovery of new knowledge, while quantitative research focuses on the aspect of quantity, and the quantitative measurement of research objects. Both approaches are summarized in Figure 4.2.

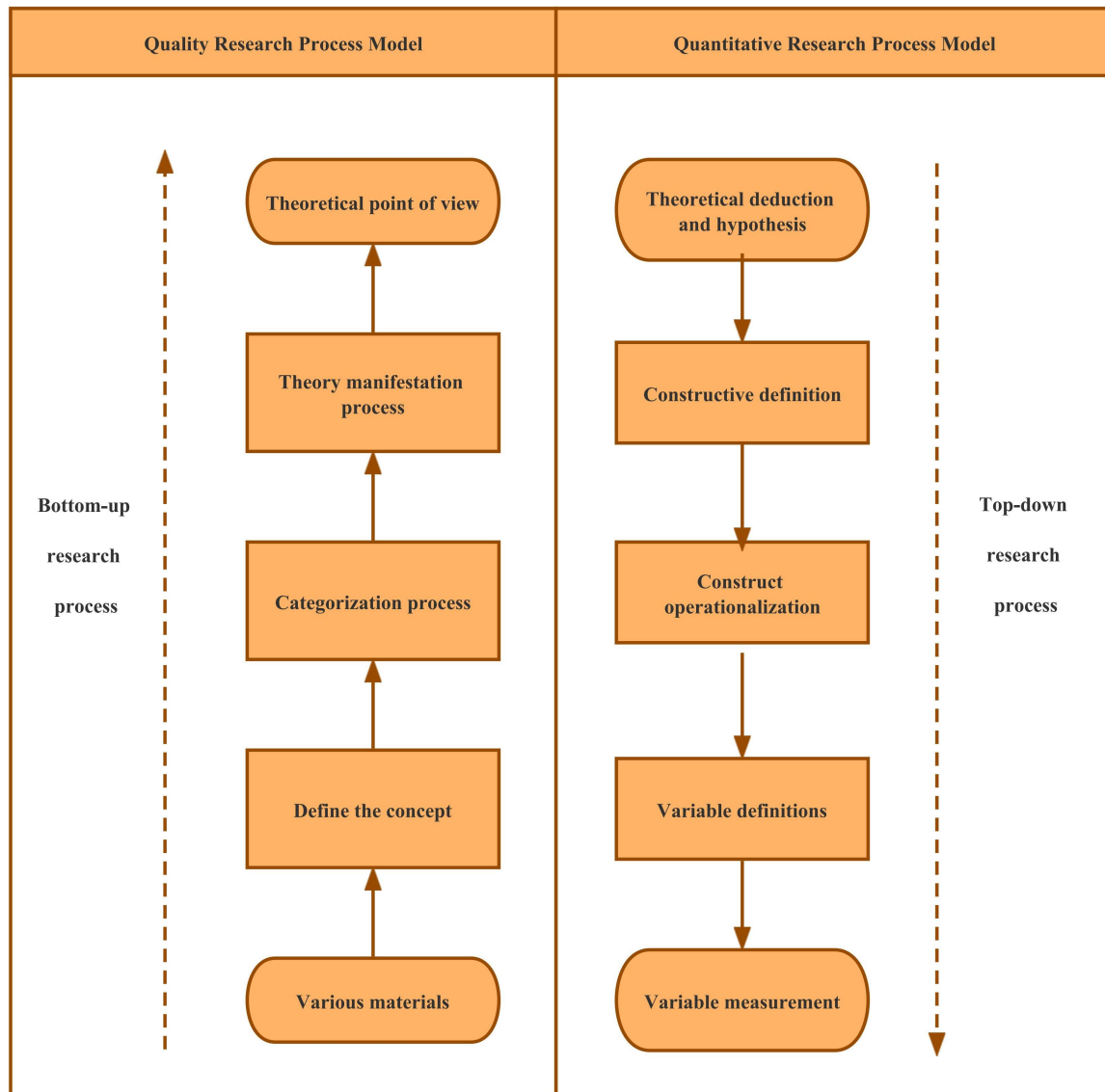


Figure 4.2 Bottom-up research process and top-down research process

Source: Adapted from Guo (2015)

According to the analysis and summary of the qualitative research process by Messer (1984), this type of research includes three parts: collection, processing, and analysis of data (see Figure 4.3). Since qualitative research emphasizes the researcher's influence on the research process and results (Crabtree & Miller, 1992), the researcher analyzes various aspects of the material and then interprets the behavior of the research object and makes the meaning construction (Wang, 2007) in the interaction with the research object. The core of its discussion is the process rather than the result (Crabtree & Miller, 1992), therefore, it is more suitable for research on smaller samples and specific objects (Li, 2017).

Qualitative Research Flow Chart

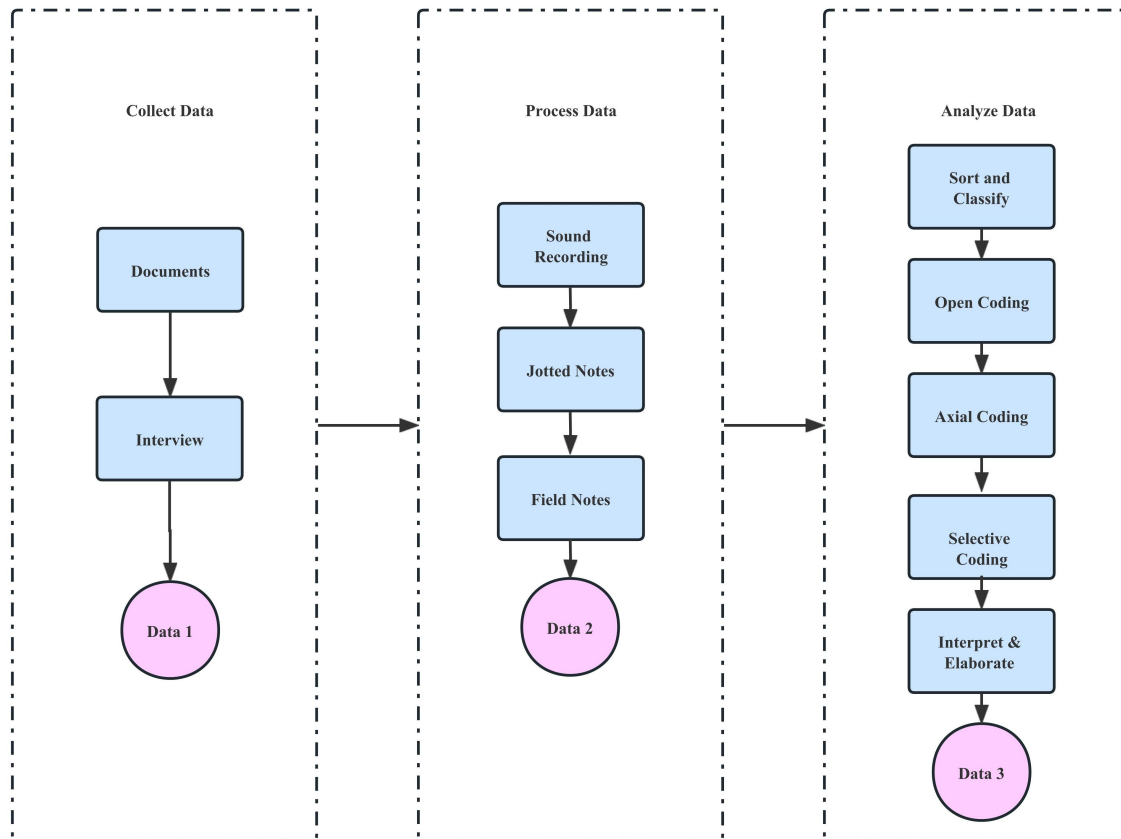


Figure 4.3 Qualitative analysis flowchart
Source: Adapted from Messer (1984)

4.4 Grounded theory research method and research process

In the field of qualitative research, a well-known method is the “Grounded Theory” proposed by Glaser & Strauss (1967) and subsequently used and explained by many authors (Chun Tie, Birks, & Francis, 2019). The main purpose of grounded theory is to learn and derive theories from data as explained in Glaser and Strauss’s book “Discovery of Grounded Theory: Strategies for Qualitative Research” published in 1967. Subsequently, in Strauss and Corbin’s book “Fundamentals of Qualitative Research: Grounded Theory Procedures and Techniques” (1990), the philosophical perspective of grounded theory changed from Glaser’s positivist version to Strauss and Corbin’s post-positivist stance (Chun Tie, Birks, & Francis, 2019) which emphasizes that constructed theories are influenced by the ideas and identity of the researchers who proposed them (Chen, 2008). Grounded theory has spawned different methodological schools along its development, among which constructivism grounded theory

emerges as a third school developed and articulated by symbolic interactionist Charmaz (2000). Constructivists aim to understand the processes by which meaning is created, negotiated, maintained, or modified (Cosgrave, 2018). Grounded theory was defined as a theory derived from data, systematically collected and analyzed through a research process in the book “Basics of qualitative research: techniques and procedures for developing grounded theory” (Strauss & Corbin, 1994).

Different from general grand theories, grounded theory does not conduct logical deductions on the assumptions set by the researchers themselves, but conducts inductive analysis from actual observations and original data (Glaser & Strauss, 1967), and abstracts new concepts and ideas from empirical facts (Chen, 2008). Thus, in a grounded theory approach, theory production results from a bottom-up process of inductive reasoning and involves a constant intertwining of data collection and data analysis (constant comparative analysis) (Glaser & Strauss, 1967). Chun Tie, Birks, and Francis (2019) also mentioned that constant comparative analysis is an analytical process in grounded theory for coding and taxonomic development. This process begins with the first data generated or collected and continues throughout the research process (Chun Tie, Birks, & Francis, 2019). Sevilla-Zeigen (2016) states that grounded theory includes some form of iteration, where one cycle leads to the development of the next. The researchers continued to seek answers from participants until saturation was reached. Saturation is the point at which no more new insights or ideas can be generated from the data (Sevilla-Zeigen, 2016).

The operating procedures of the grounded theory generally include (1) generating concepts from data and registering data level by level; (2) continuously comparing data and concepts, and systematically asking generative theoretical questions related to concepts; (3) developing theoretical concepts and establishing connections between concepts; (4) theoretical sampling, systematically coding data; (5) constructing theories, striving to obtain the density, variation density and high degree of integration of theoretical concepts (Chun Tie, Birks, & Francis, 2019). Sampling is done in stages and is always aimed at theory generation (Glaser & Strauss, 1967). Each sampling phase is driven by results or questions arising from the ongoing comparative analysis of the data collected so far (Glaser & Strauss, 1967). The conceptualization, coding, and classification of data (all included in the term “coding”) is an important aspect of theoretical construction for transforming raw data into social processes (Kendall, 1999). The step-by-step coding of the data includes three levels of coding, namely the open coding process, the main axial coding process, and the selective coding process (Alilu et al., 2017).

The first-level open coding process is like a funnel, starting with a wide range and then continuously narrowing it (Glaser & Strauss, 1967). The result of open coding of the collected data is the identification of concepts and categories (Cosgrave, 2018). In the second-level main axial coding, the main task is to discover and establish various connections between conceptual categories to express the organic relationship between various parts of the data (Chun Tie, Birks, & Francis, 2019). By connecting the six aspects of “causal condition, phenomenon, context, mediation condition, action/interaction strategy, result”, it is more beneficial to further link the categories and concepts obtained in the open coding and prepare for selective coding to select the main category (Li, 2012). The selective coding process is to describe the whole event in the way of a storyline by analyzing and sorting out the core category and other category relationships (Birks & Mills, 2015). After a systematic analysis, a “core category” is selected among all discovered concept categories (Wang & He, 2011). Continuing to focus the analysis on those comparisons with the core genera, this “core category” has been repeatedly demonstrated to be dominant (Wang & He, 2011). Wang and He (2011) pointed out that this can cover most of the research results within a relatively broad theoretical scope. Like the wires of a fishnet, the core category can “pick up” (induct) all other categories together as a whole (Wang & He, 2011) (see Figure 4.4).

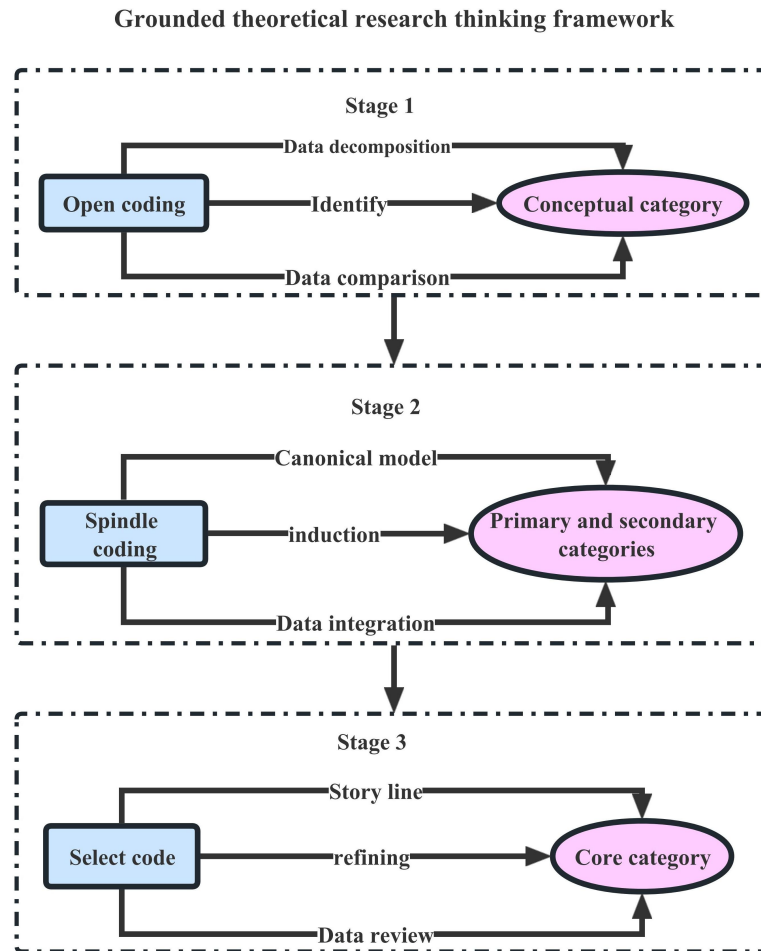


Figure 4.4 Grounded theory research thinking framework

Source: Adapted from Li (2012)

As this study seeks to understand the full range of factors that influence dental talent turnover and, as Sevilla-Zeigen (2016) mentions, the grounded theory provides a good method to explore the field of healthcare, this thesis follows this approach. In a grounded theory approach, the researcher first asks a specific question, which leads to the development of other concepts in the research topic (Kaufmann & Denk, 2011). Specifically, the researcher asked dental professionals how they felt about leaving, and then, building on their answers, came up with more ideas and topics. This means that research questions are asked and answered with a focus on specific situations of specific people at specific times and places, based on participant data.

4.5 Research design

This study used data from two rounds of interviews in two different forms and time frames. The first round is the original departure interview which was conducted and recorded in

writing at the time of the departure of the talent. The second round is an in-depth interview conducted with 21 people selected from the original 83 leavers. The determination of the number of in-depth interviews and the selection criteria for the 21 individuals are presented in 4.5.1 below. The outline for the second round was designed based on the results of the analysis of the first round of interview data. The researcher wrote memos during the in-depth interviews and coded the data at three levels, forming a list of open coding, axial coding, and selective coding.

4.5.1 Data sources

The subject of this study, Guangyi Stomatology Hospital, lost 237 talents during the period from January 2013 to December 2020 as detailed in Table 4.1. As this study focuses on the departure factors of high-level talents, the researcher selected the exit interview data of 83 leavers, that is all those with MSc degrees or above among the 237 professionals who left the hospital during that period.

To gain a deeper understanding of the real reasons why high-level talents leave their jobs, in-depth interviews need to be carried out with the goal of theoretical saturation. In 2022, a second round of face-to-face interviews was conducted with 21 high-level talents out of the initial group of 83. Based on the principle of information saturation, the richer and more diverse the information is evaluated, the more information each person represents, and the fewer in-depth interviewees are needed (Hennink et al., 2019; Saunders et al., 2018). As van Rijnsoever (2017), theoretical saturation is reached when every code in the group is observed at least once. Similarly, Pan et al. (2010) proposed that qualitative inquiries are sufficient to meet the needs of the research topic through generalization as long as the “maximum variance information saturation” is relatively achieved. The study conducted in-depth interviews with people in different positions, job titles, and ranks to achieve information saturation after initial analysis of textual information from exit interviews with 83 people. The final number of in-depth interviews was 21. The in-depth interview data of 21 people were used as the core data of this study for coding analysis and theoretical exploration research (see Table 4.2).

Table 4.2 The details of the 83 exit interviews

N o.	Time	Job title	Edu cation	Department	Year of employ ment	Time of interview	Recorded words (app.)
1	2020/06/30	Junior	MSc	Office	1	30 min	1200
2	2020/11/30	Junior	MSc	Office	1	20 min	800
3	2020/08/31	Junior	MSc	Dept. of Prosthodontics	1	30 min	1500
4	2020/09/30	Junior	MSc	Dept. of Pediatric Dentistry	1	30 min	1200
5	2020/09/04	Junior	MSc	Dept. of Oral and Maxillofacial Surgery	1	20 min	1200
6	2020/08/31	Intermedi ate	MSc	Dept. of Prosthodontics	8	60 min	8000
7	2019/01/31	Junior	MSc	Office	1	60 min	7000
8	2019/06/21	Junior	MSc	Laboratory	1	40 min	7000
9	2019/03/01	Intermedi ate	MSc	Nursing Department	5	60 min	10000
10	2019/05/31	Intermedi ate	MSc	Dept. of Pediatric Dentistry	6	60 min	5000
11	2019/05/26	Intermedi ate	MSc	Dept. of Oral Implantology	6	60 min	6000
12	2018/02/28	Junior	MSc	Laboratory	1	20 min	1200
13	2018/05/25	Junior	MSc	Office	1	30 min	2000
14	2018/06/04	Junior	MSc	Dept. of Prosthodontics	3	30 min	2000
15	2018/08/31	Junior	MSc	Office	1	60 min	8000
16	2018/10/31	Junior	MSc	Dept. of Oral Implantology	2	20 min	3000
17	2018/07/01	Junior	MSc	Dept. of Prosthodontics	2	30 min	4000
18	2018/07/01	Junior	MSc	Dept. of Oral Implantology	2	20 min	2000
19	2018/08/31	Junior	MSc	Dept. of Cariology and Endodontology	5	60 min	8000
20	2018/09/30	Junior	MSc	Dept. of Prosthodontics	3	30 min	3000
21	2018/04/25	Junior	MSc	Dept. of Orthodontics	5	30 min	2000
22	2018/12/31	Junior	MSc	Office	12	60 min	10000
23	2016/11/25	Junior	MSc	Dept. of Oral Implantology	1	20 min	2000
24	2016/02/26	Junior	MSc	Dept. of Orthodontics	1	20 min	2000
25	2016/02/29	Junior	MSc	Dept. of Orthodontics	1	30 min	3000
26	2016/05/04	Junior	MSc	Dept. of Orthodontics	1	20 min	800
27	2016/08/11	Junior	MSc	Dept. of Prosthodontics	1	30 min	1200
28	2016/08/21	Junior	MSc	Dept. of Orthodontics	1	30 min	2000
29	2016/12/01	Junior	MSc	Dept. of Oral Implantology	3	20 min	1200

30	2016/02/26	Junior	MSc	Dept. of Oral and Maxillofacial Surgery	1	60 min	8000
31	2016/06/10	Junior	MSc	Dept. of Oral Implantology	2	60 min	7000
32	2016/06/20	Junior	MSc	Medical Services Section	2	60 min	9000
33	2016/08/01	Junior	MSc	Dept. of Prosthodontics	4	20 min	800
34	2016/01/31	Junior	MSc	Dept. of Prosthodontics	1	20 min	800
35	2016/04/01	Junior	MSc	Dept. of Orthodontics	3	60 min	8000
36	2016/12/20	Junior	MSc	Dept. of Orthodontics	5	30 min	3000
37	2016/04/01	Junior	MSc	Dept. of Cariology and Endodontology	3	30 min	1200
38	2016/05/31	Intermedi ate	MSc	Dept. of Orthodontics	7	60 min	8000
39	2016/09/01	Intermedi ate	MSc	Dept. of Orthodontics	6	60 min	7000
40	2016/12/31	Intermedi ate	MSc	Dept. of Oral Implantology	7	60 min	8000
41	2013/08/01	Positive senior	Ph. D.	Dept. of Prosthodontics	6	60 min	3600
42	2016/11/25	Intermedi ate	MSc	Dept. of Oral Implantology	7	60 min	8000
43	2016/07/01	Deputy senior	MSc	Dept. of Prosthodontics	6	60 min	8000
44	2015/12/31	Junior	MSc	Dept. of Orthodontics	1	20 min	800
45	2015/06/20	Junior	MSc	Dept. of Prosthodontics	1	30 min	800
46	2015/06/30	Junior	MSc	Dept. of Oral and Maxillofacial Surgery	2	30 min	800
47	2015/06/30	Junior	MSc	Dept. of Cariology and Endodontology	2	30 min	2000
48	2015/12/31	Junior	MSc	Dept. of Cariology and Endodontology	3	60 min	10000
49	2015/04/24	Junior	MSc	Dept. of Prosthodontics	2	30 min	2000
50	2015/01/30	Junior	MSc	Dept. of Prosthodontics	5	30 min	2000
51	2015/10/01	Junior	MSc	Dept. of Prosthodontics	1	30 min	2000
52	2015/07/11	Junior	MSc	Dept. of Periodontics and Oral Mucosal Diseases	4	20 min	800
53	2015/08/26	Junior	MSc	Dept. of Pediatric Dentistry	3	60 min	8000
54	2015/12/31	Positive senior	MSc	Dept. of Oral and Maxillofacial Surgery	1	60 min	7000

55	2014/12/31	Intermediate	Ph. D.	Dept. of Cariology and Endodontology	3	120 min	20000
56	2014/11/13	Junior	MSc	Office	1	60 min	5000
57	2014/01/14	Junior	MSc	Dept. of Orthodontics	1	30 min	1200
58	2014/01/31	Junior	MSc	Dept. of Orthodontics	1	20 min	1000
59	2014/11/30	Junior	MSc	Dept. of Orthodontics	1	30 min	1500
60	2014/07/01	Junior	MSc	Dept. of Oral Implantology	1	30 min	1200
61	2014/02/22	Junior	MSc	Dept. of Prosthodontics	1	30 min	1400
62	2015/08/11	Junior	Ph. D.	Laboratory	1	30 min	1200
63	2014/03/04	Junior	MSc	Dept. of Cariology and Endodontology	1	30 min	2000
64	2015/11/01	Deputy senior	Ph. D.	Dept. of Prosthodontics	2	60 min	10000
65	2015/05/01	Positive senior	Ph. D.	Dept. of Cariology and Endodontology	6	120 min	20000
66	2014/05/31	Junior	MSc	Dept. of Orthodontics	1	20 min	1300
67	2014/09/01	Junior	MSc	Office	1	30 min	2000
68	2016/12/15	Positive senior	Ph. D.	Dept. of Periodontics and Oral Mucosal Diseases	1	120 min	18000
69	2012/05/10	Junior	MSc	Dept. of Orthodontics	3	30 min	1800
70	2014/04/24	Junior	MSc	Dept. of Oral and Maxillofacial Surgery	1	20 min	1000
71	2018/07/01	Intermediate	Ph. D.	Dept. of Orthodontics	4	60 min	7000
72	2014/04/30	Junior	MSc	Dept. of Oral Implantology	4	30 min	900
73	2018/02/01	Deputy senior	Ph. D.	Dept. of Oral Implantology	2	120 min	19000
74	2018/05/01	Intermediate	Ph. D.	Dept. of Oral and Maxillofacial Surgery	8	60 min	7000
75	2018/05/31	Positive senior	Ph. D.	Dept. of Cariology and Endodontology	3	60 min	8000
76	2014/07/01	Junior	MSc	Dept. of Prosthodontics	2	30 min	1000
77	2014/07/15	Junior	MSc	Dept. of Pediatric Dentistry	1	30 min	1500
78	2017/10/17	Junior	MSc	Dept. of Prosthodontics	1	30 min	900
79	2017/02/21	Junior	MSc	Dept. of Oral and Maxillofacial Surgery	1	30 min	1000
80	2017/07/05	Junior	MSc	Dept. of Prosthodontics	1	30 min	1300

81	2017/01/16	Junior	MSc	Dept. of Prosthodontics	7	60 min	7000
82	2013/05/01	Junior	MSc	Dept. of Orthodontics	1	20 min	800
83	2020/12/30	Positive senior	Ph. D.	Dept. of Oral and Maxillofacial Surgery	7	60 min	8000

4.5.1.1 The first round of interviews

Guangyi Stomatological Hospital usually conducts exit interviews with all employees when they leave and keeps the respective written records which allowed for the first stage of data collection in this thesis. The time for the interviews is generally chosen based on the availability and convenience of the interviewer and interviewee. During the interview, the interviewer listens and writes down the opinions or suggestions of the talents which help to understand the real reasons for their departure.

The main reasons for talent leaving are the key point of discussion during the interview, for example, whether there were objective reasons, such as those related to remuneration, or subjective reasons, such as those related to the fit in the culture of the hospital, one's development wishes or family. The interview also inquires where the person is going after leaving the hospital and what he/she would like to suggest. The interview is semi-structured in the way that there is a set of pre-established questions but others derive from the answers given by each particular employee. The details of the departure interviews for the 83 individuals selected are shown in the table below.

After the interview, the record is organized, a resignation talent file management database is established for the lost talents, and a special person is made responsible for the follow-up investigation of the resigned talents. The content of the file information collection mainly includes basic information (such as gender, date of birth, major, education, and family members), previous position and performance (such as job title, working time, and performance appraisal), the reason for leaving (including new work, new positions, remuneration, and benefits) and talent career planning. In addition, the communication and contact with the departing talents are strengthened. Annex A shows the reemployment statistics for 83 separated employees while annexes B shows the income statistics of each clinical department from 2013 to 2020.

The written records of the 83 exit interviews selected for key information are shown in the table below and the outline of the exit interview is in Annex C.

4.5.1.2 In-depth interviews

Interviews are an efficient way to obtain rich data. The in-depth interview method is an exploratory study used to gain a deeper understanding of the problem under analysis. It is an unstructured, direct, and personal interview aiming at uncovering underlying motivations, beliefs, attitudes, and feelings about an issue (Eisenhardt, 1989).

Based on the results of the exit interview, the researcher developed an outline for the in-depth interviews. Data from the 83 exit interviews were first analyzed using MAXQDA to derive a series of factors that may influence turnover. This set of factors was then summarized to arrive at several different categories of turnover factors. The outline of questions for the in-depth interviews was then formed based on the categories of exit factors.

To ensure the comprehensiveness of the information, several factors were taken into account such as gender, age, education, title, position, and availability. Finally, 21 people from different positions, titles, and ranks from the first round of raw data (see Table 4.3) were selected. The interviews were conducted from 5 December to 30 December 2021, at Guangyi Stomatology Hospital. The average age of the interviewees was 42.6 (age span of 32 to 56) and some of the interviewees had been working in the hospital for several years, especially some who had been in management positions for up to 10 years and had a better understanding of the deeper issues in hospital management. See Annex D for the outline of the in-depth interviews.

Table 4.3 In-depth interview transcript form

No.	Date	Interviewees' basic information	Years of employment	Duration	Recorded words
2021120A	2021.12.5	Chief Physician, Ph.D.	1	60 min	About 13100
2021120B	2021.12.8	Chief Physician, Ph.D.	7	65 min	About 14700
2021120C	2021.12.9	Chief Physician, Ph.D.	3	65 min	About 13400
2021110D	2021.12.9	Associate Chief Physician, Ph.D.	2	60 min	About 12900
2021110E	2021.12.10	Associate Chief Physician, Ph.D.	8	70 min	About 15000
2021110F	2021.12.11	Nurse-in-charge, MSc	5	55 min	About 12400
2021110G	2021.12.15	Attending Physician, MSc	7	60 min	About 13100
2021110H	2021.12.15	Chief Physician, Ph.D.	6	90 min	About 16700
2021110I	2021.12.16	Associate Chief Physician, Ph.D.	2	65 min	About 13800
2021110J	2021.12.17	Associate Chief Physician, MSc	6	70 min	About 13900
2021110K	2021.12.18	Attending Physician, MSc	7	60 min	About 12900
2021110L	2021.12.19	Attending Physician, Ph.D.	7	90 min	About 15800
2021110M	2021.12.20	Staff Member, MSc	12	65 min	About 14700
2021120N	2021.12.20	Staff Member, MSc	1	50 min	About 12300
2021120O	2021.12.20	Attending Physician, Ph.D.	3	60 min	About 12600

2021120P	2021.12.21	Attending Physician, MSc	3	60 min	About 12100
2021120Q	2021.12.22	Attending Physician, MSc	7	55 min	About 12300
2021120R	2021.12.23	Attending Physician, MSc	2	60 min	About 12400
2021120S	2021.12.25	Attending Physician, MSc	3	65 min	About 13600
2021120T	2021.12.27	Attending Physician, Ph.D.	4	60 min	About 12100
2021120U	2021.12.30	Chief Physician, Ph.D.	6	60 min	About 12000

Grounded theory must be supported by empirical evidence, but its main feature is not its empirical nature, but that it extracts new concepts and ideas from empirical facts. Based on reviewing the existing qualitative interview and grounded theory literature on the influencing factors of employee turnover intention in the medical and health industry, this thesis aims at understanding and uncover the causes of brain drain and find the related concepts and categories to construct a theoretical model.

For this reason, access to hospital information, including institutional documents, minutes of meetings, and departed personnel files were of seminal importance for establishing the first round of data. After that, a preliminary interview outline was designed and some experts were invited to analyze it, which led to repeated revisions. Finally, the components of each topic included cultural atmosphere, talent management, leadership style, compensation and benefits, and personal career development. Through two pre-interviews, those topics that were too long, vague, or inaccurate were deleted, revised, or supplemented, and a formal interview outline was formed after revision again. During the interview, attention was paid to the consistency of all interview questions to ensure the homogeneity of the results.

In this qualitative study exploring staff turnover intentions, semi-structured interviews consisting of five main broad questions were used. The script was open and aimed at obtaining the following information: personal circumstances, reasons for leaving, perceived hospital work climate and fairness, leadership style, and satisfaction with the current job. During the interview, a quiet and private environment was chosen, and the purpose of the interview was explained to the subjects, as well as interview time, and recording confidentiality matters. The method of English alphabet coding was used to protect the real names of the subjects from being leaked and their consent was obtained. During the interview, the researcher paid attention to the effective use of interview skills, flexibly solved the situations encountered, and kept the answers in line with the key contents of the interview.

According to the interview outline (see Annex D), the appointment was made in advance to obtain the interviewee's permission and inform him/her in advance about the purpose and content of the interview. Each interview lasted about 60 min. In the interview process, the researcher adopted the step-by-step approach, the search for hidden problems, and the symbolic analysis trying to explore certain lines of questioning to understand the threads of

the interviewees' thinking. The interviews focus on finding out the real reasons why the interviewees had left their jobs rather than on common issues. The interview was very flexible, for example, if necessary, questions were repeated, and further explanations of the problem were given, so that the interviewees could feel comfortable in sharing their motives. Face-to-face interviews and video conferences in a few cases were used as they can ensure the authenticity of the interviewer's identity, maximize the understanding of the interviewee's situation and ensure quality. Since some of the interviewees who had left their jobs were abroad, it was necessary to adopt the form of video conference interviews. According to Leal et al. (2016), much of what interviewees say is very subjective. Therefore, using interview content as a source for research involves extracting the subjective and personal content within it, which allows the researcher to think about collective dimensions and understand the logic of the relationships involved at a particular time and place in the social group of the interviewee (Leal et al., 2016).

4.5.2 Data collection

Data from 83 employee exit interviews were retrieved from the written records kept in the hospital. The in-depth interviews with the 21 talents who had left were recorded and saved with the unanimous consent of the interviewees, who were assured that the content and data would be handled anonymously. All recordings were listened to again at the end of the interviews to ensure the accuracy of the information and were transcribed verbatim into word documents within 24 hours of the interviews. To ensure the accuracy of the text information, the non-verbal information and important opinions of the subjects in the interview were also noted. Through the interview records, relevant issues that needed to be checked were listed, and data was organized and interpreted through a series of steps, such as reading the recorded text, coding, and attributing classifications to themes and aggregate dimensions.

4.5.3 Applications of MAXQDA

This study used MAXQDA software to encode the data. MAXQDA is a professional software for qualitative, quantitative, and mixed-method data analysis, first commercialized in 1989, mainly suitable for the management and analysis of unstructured or qualitative data such as interview texts, documents, and comments in social media MAXQDA (2022). The software has a fast-running speed and convenient operation. The coding process can be completed by simple drag and drop, with an automatic saving function, a comprehensive quantitative

analysis toolkit, and rich color representation. The coding can be assigned weights and can be drawn flexibly. The coding relationship diagram has a beautiful interface and a beautiful display of analysis results. Many scholars in China and abroad have used it for qualitative research. This study adopted the qualitative research method, and used MAXQDA20.0 for coding and qualitative data management and analysis of the collected interview records and materials, aiming at analyzing the factors of high-level personnel turnover in the stomatological hospital studied and to understand the internal factors affecting the personnel turnover mechanism.

4.5.4 Data coding and writing memo

The research was divided into two rounds of data coding and analysis using an analytical approach consistent with grounded theory. Firstly, the original transcripts of the exit interviews of the 83 talents in the first round were initially collated and coded using MAXQDA software to form a preliminary summary table of exit factors. An interview outline (see Annex D) was then formed based on the results, and the data collected from the in-depth interviews were coded at three levels, forming a list of open coding, axial coding, and selective coding, and ultimately distilling the research model map.

We started by writing code and data, then moved up to theoretical categories and kept writing memos throughout the research process. Charmaz (2006) ever said that when researchers of grounded theory pay attention to writing a memorandum, they will suddenly encounter an open window like when studying puzzles, and the solutions to many problems will become clearer. Writing a memo is a critical intermediate step between collecting data and writing a draft paper. In grounded theory research, memos can promote researchers to think about text content, clarify the relationship between codes and try to build models. The memo provides a guide for theoretical sampling and interviews and accumulates analytical material for writing the thesis. Writing memos is significantly helpful in capturing key issues for analytical reflection and encourages digging for implicit, unstated, and condensed meaning. It also helps to develop new ideas, create new concepts, and find new relationships (Charmaz, 2006). Following this cue, a memorandum was written to help to grasp key issues for analytical thinking and clarify ideas.

These memoranda will help to open up research ideas, the process of coding, theoretical sampling, and typical model formation. Through these, we could capture the core of the follow-up research content and ensure that the research moves in the right direction. Although

the memorandum is not a substitute for research, it does provide an indispensable bridge for research.

The data obtained from the interviews were loaded into MAXQDA software. The first step was open coding to conceptualize and scope of the data to obtain the initial concepts or categories; the second step was axial coding to classify, compare and extract different concepts or categories so as to obtain the main themes. In the third step, selective coding was carried out to extract the core categories that could unify all concepts by continuously comparing the relationships between different main concepts or categories.

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Chapter 5: Analysis of the Coding Process and Results

A crucial aspect of empirical research is the presentation of evidence on which theoretical frameworks are based. In this thesis a qualitative research approach is used to develop initial concepts, or conceptual content by coding raw data from exit interviews collected from 83 leavers, drawing on the normative requirements and in strict accordance with rooting theory. Then, an interview outline (see Annex D) was written based on the extracted concepts and a representative sample of 21 leavers was selected for in-depth interviews as detailed in the previous chapter. The researcher made three levels of coding of the in-depth interview notes, forming a list of open coding, axial coding, and selective coding for iterative reflection, summarizing, analyzing, and comparing, refining the content of the concepts, and refining the class concepts, categories, and main scopes.

Based on the principles of grounded theory research, the researcher conducted the interviews closely focusing on the influencing factors of hospital brain drain and the outcomes resulting from the action of the influencing factors. Through meticulous processing of the data, based on collating and labeling the interview notes one by one and writing memos, the research subjects were further divided and categorized, comparing the importance of different factors and exploring the structural links between the factors, resulting in a hierarchical relationship diagram as represented in Figure 5.1.

5.1 Analysis of data from exit interviews

A preliminary compilation of the original records of 83 exit interviews with leavers holding an MSc degree or above (the positions of the people interviewed for this study were all positions held at the hospital at the time of leaving) was carried out drawing on relevant information and original notes already stored, digesting and collating 140 pages of exit interview notes. The 140 pages of notes were imported into MAXQDA software for coding. Analysis of exit interview data from 83 people resulted in the distillation of 67 exit factors. These 67 turnover factors (918 codes in total) were then initially categorized to provide theoretical support for the in-depth interview outline. Figure 5.1 shows the categorization chart of turnover factors for 83 employees, and all 76 turnover factors are not presented due to space reasons. All 76 turnover factors are shown in Table 5.1.

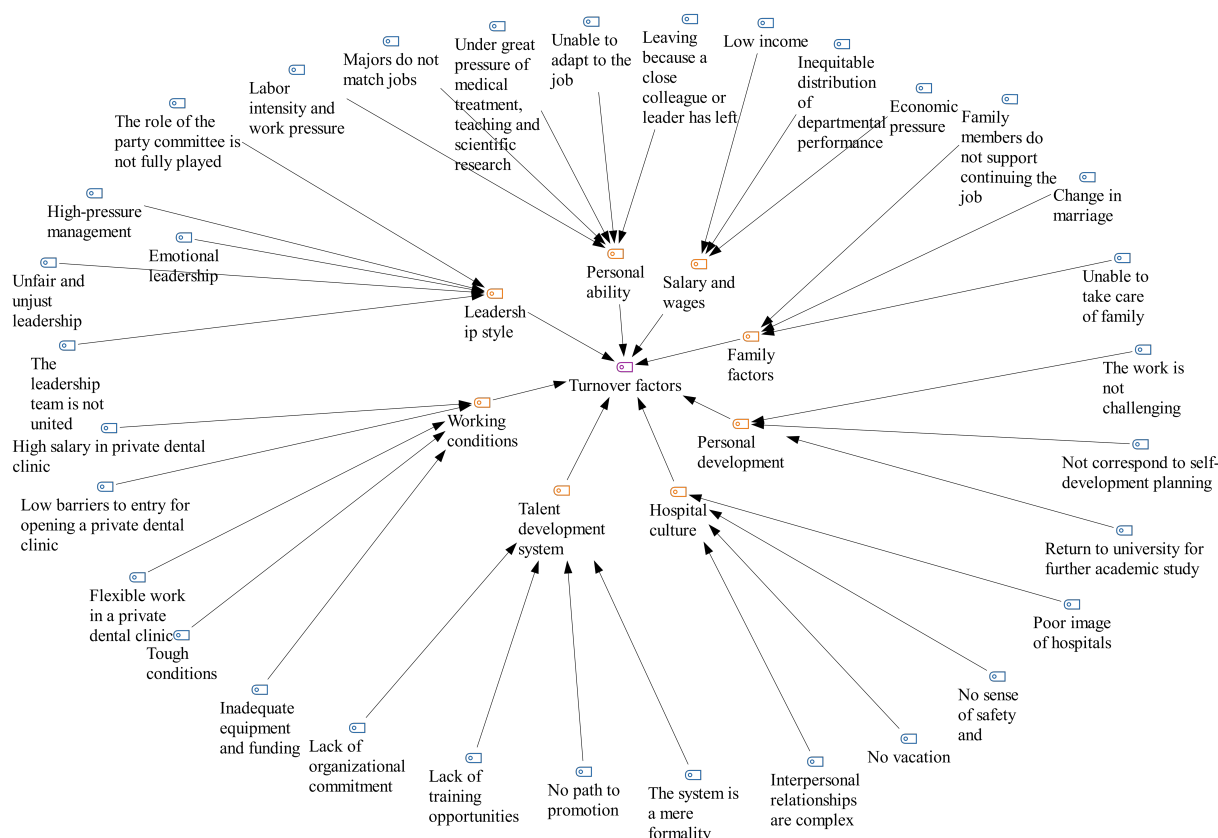


Figure 5.1 Categorization chart of turnover factors for 83 employees

Table 5.1 Analysis of exit interview data (83 employees)

Type of turnover factor	Turnover factors (67)	Coding number (918)
Personal ability	Labor intensity and work pressure	54
	Mental and physical exhaustion	12
	Unable to adapt to the job	16
	Lack of ability	12
	Under great pressure of medical treatment, teaching, and scientific research	39
	Lack of confidence in the future	89
	Majors do not match jobs	5
	Inability to perform administrative and clinical duties at the same time	2
	Looking for a change of working environment	19
	Leaving because a close colleague or leader has left	8
		55
Personal development	Only planned to work for a short period	22
	The work is not challenging	4
	Return to university for further academic study	16
	The value of life is not realized	8
	Not correspond to self-development planning	3
Hospital culture		89
	Lack of humanistic care	32
	Customs and habits do not adapt	3
	No vacation	16
	Lack of cohesion and centripetal force	4
	Depressing work atmosphere	27
	No happiness	3

	No sense of safety and belonging	2
	Interpersonal relationships are complex	1
	Poor image of hospitals	1
Talent development system		107
	Get no respect	54
	The system is a mere formality	5
	Lack of organizational commitment	1
	The establishment of public institutions is difficult	3
	Don't cherish talent	3
	No path to promotion	3
	Work without leadership support	15
	Lack of training opportunities	13
	Talent is not valued	1
Working conditions		115
	Lack of working platforms	14
	Tough conditions	4
	A great degree of freedom in the family business	1
	The high degree of freedom to start a business	3
	Lack of orthodontic professionals in private dental clinic	6
	Inadequate equipment and funding	5
	High salary in private dental clinic	28
	Flexible work in a private dental clinic	26
	Low barriers to entry for opening a private dental clinic	23
	Lack of implant talent in private dental clinic	2
	Dental specialties are more sub-disciplined	4
Leadership style		256
	High-pressure management	64
	The leadership team is not united	5
	The role of the party committee is not fully played	14
	The leader is suspicious and does not trust his subordinates	4
	Unfair and unjust leadership	36
	Emotional leadership	48
	The leadership is arbitrary	48
	The leader changes his orders from time to time	6
	Lack of open and honest communication between the leader and subordinates	9
	The leader is biased	6
	The leader blames his subordinates in public	10
	The leader uses the issue as a personal vendetta	5
	The leader shirking his responsibilities	1
Family factors		24
	Unable to take care of family	12
	Long commute to work	4
	Couple living in different cities for work or other reasons	3
	Family members do not support continuing the job	3
	Child illness	1
	Change in marriage	1
Salary and wages		16
	Economic pressure	14
	Low income	1

Inequitable distribution of departmental performance 1

From Table 5.1, the two influencing factors of leadership style and personal ability were coded with the highest frequency, at 27.8% each, and they were the major factors influencing the departure of these 83 individuals.

In socialist countries, work is the process by which workers convert the means of production into the means of subsistence through labor (both physical and mental) to satisfy people's survival and continue the cause of social development. The kind of work a person does is determined by a combination of the social environment in which he or she finds himself or herself and his or her abilities (including perceptions). For individuals, their ability to work is the primary element in being productive and an important prerequisite for meeting the requirements of hospital work. If the individual is not able to keep up with the job requirements or if there is a mismatch, role ambiguity, and role conflict, they will most likely look for a new position. Tang et al. (2021) found that the easier it is for an individual to find another job, the higher the propensity to leave. Wu (2021) found that competency matching had a negative predictive effect of developmental support on turnover intentions for employees who were not competency matched.

Several authors have found that the leadership style is key to reducing employee turnover and that it directly or indirectly affects such intention (e.g. Hamstra et al., 2011, Heravi et al., 2010, Limsila & Ogunlana, 2008). Managerial functions can promote loyalty and friendly relationships among employees and working with friends is considered a key factor for employees to maximize their productivity and efficiency, which will significantly reduce turnover (Erkutlu, 2008). In turn, leadership skills and styles can increase job satisfaction and promote employee retention in the organization (Kleinman, 2013), which can be improved by adopting styles that are aligned with corporate strategy to enhance employee motivation and morale. Puni et al. (2016) showed a significant positive relationship between authoritarian leadership style and employees' willingness to leave, with employees more likely to have the intention to quit under an authoritarian leader. Research by Biagio et al. (2019) suggests that low relationship-oriented leadership styles are associated with bullying and turnover intentions.

As shown in Table 5.1, the combined number of codes for the four aggregate dimensions of family factors, personal development, salary and wages, and hospital culture accounted for a total of 20% showing a relatively low rate of mentions.

Family factors include elements such as family structure patterns, family personality types, family lifestyles, and family economic conditions. A few respondents raised issues such

as “being away from family”, “lack of support from family”, and “sick children”, but these were not universal. On an individual basis, family factors are likely to be a central influence on employee turnover in the event of a family change. However, the overall study shows that the probability of employees experiencing family changes is relatively low; therefore, in this study, family factors are not a core influencing factor for leaving.

Personal development refers to the enhancement of self-awareness, the realization of personal talent and development potential, or the fulfillment of aspirations. Personal development is an expectation of the future based on current circumstances, and it is unknown to each individual whether or not they will be able to achieve their personal development goals in the future. At the same time, the achievement of future goals is related to the individual, the prospects of the hospital, and other factors that bring great uncertainty. While some young employees always feel that they have the ability to make a difference in the current situation and do what they love while they are young, most rarely choose to leave because of the unknown, so personal development was also found not to be a core factor.

From the exit interviews of the 83 employees, the majority of those who left because of their salary package were new, young employees who had just joined the hospital and had not been there long enough to fully grasp all the medical techniques, so the volume of their patients is naturally low and so is their performance bonus. For staff who have just joined the hospital, although the salary package in Guangyi is higher compared to other hospitals of the same level, a few of them chose to leave for other second-tier cities to develop and alleviate the economic pressure due to the high property prices in Guangzhou as a first-tier city and the pressure of living such as home purchase for young non-local employees. Therefore, salary package, overall, is found not to be a core factor influencing staff to leave.

Hospital culture refers to the ideology, consciousness, concepts, and other ideological and behavioral patterns that are characteristic of the hospital and the systems and organizational structures that correspond to them, which have influenced every aspect of the organization, such as leadership style and talent system, during the course of its historical development. In the exit interviews, employees were less likely to attribute their reasons for leaving to the hospital culture as the concept may be elusive and not easy to articulate. However, this should not lead to a judgment that the impact of hospital culture on turnover is low. Hospital culture is closely linked to influencing factors such as “leadership style” and “talent system”, which have been frequently mentioned by employees.

In the hospital system in China, the checks and balances of power are another important factor to consider. Although it was rarely mentioned in the exit interviews, there is inevitably

a relationship of coordination and checks and balances between the Party Committee and the administration in the management of public hospitals since the implementation of the presidential responsibility system under the leadership of the Party Committee in China as evidenced in the categories “leadership style” and “talented person nurtured system” in Table 5.1. As a key force influencing the development of the hospital, the relationship between the Party and government leadership teams is still in an exploratory stage and a mature system of cooperation has not yet been formed. As a result, there is a tendency for an imbalance of power in the hospital management process, leading to undesirable outcomes such as dysfunctional rules, authoritarian leadership, and unfair dealings, prompting an increase in staff turnover. We have therefore included this dimension in the outline of the next in-depth interview to explore further whether power checks and balances and the Party leadership have had a significant impact on the departure of senior hospital staff.

5.2 In-depth interview findings and analysis

After analyzing the data from the 83 exit interviews using MAXQDA, 67 factors that may influence turnover were extracted and then summarized in eight different categories of turnover factors (see Table 5.1). The eight categories of turnover factors are: personal ability, personal development, hospital culture, talent development system, working conditions, leadership style, family factors, and salary and wages and constitute the basis for the outline of the in-depth interview conducted with 21 out of the 83 leavers (see Annex D). For example, in the category of personal ability, the question is: do you think your ability matches your job position? The interview notes were arranged and imported into MAXQDA software for coding resulting in a total of 113 open coding that were collated and refined to form 18 sub-categories. At the end of the three levels of coding, six categories were finally formed (see Figure 5.2 and Figure 5.3). These categories all point to the factors of brain drain that is the subject of this research as it is detailed below.

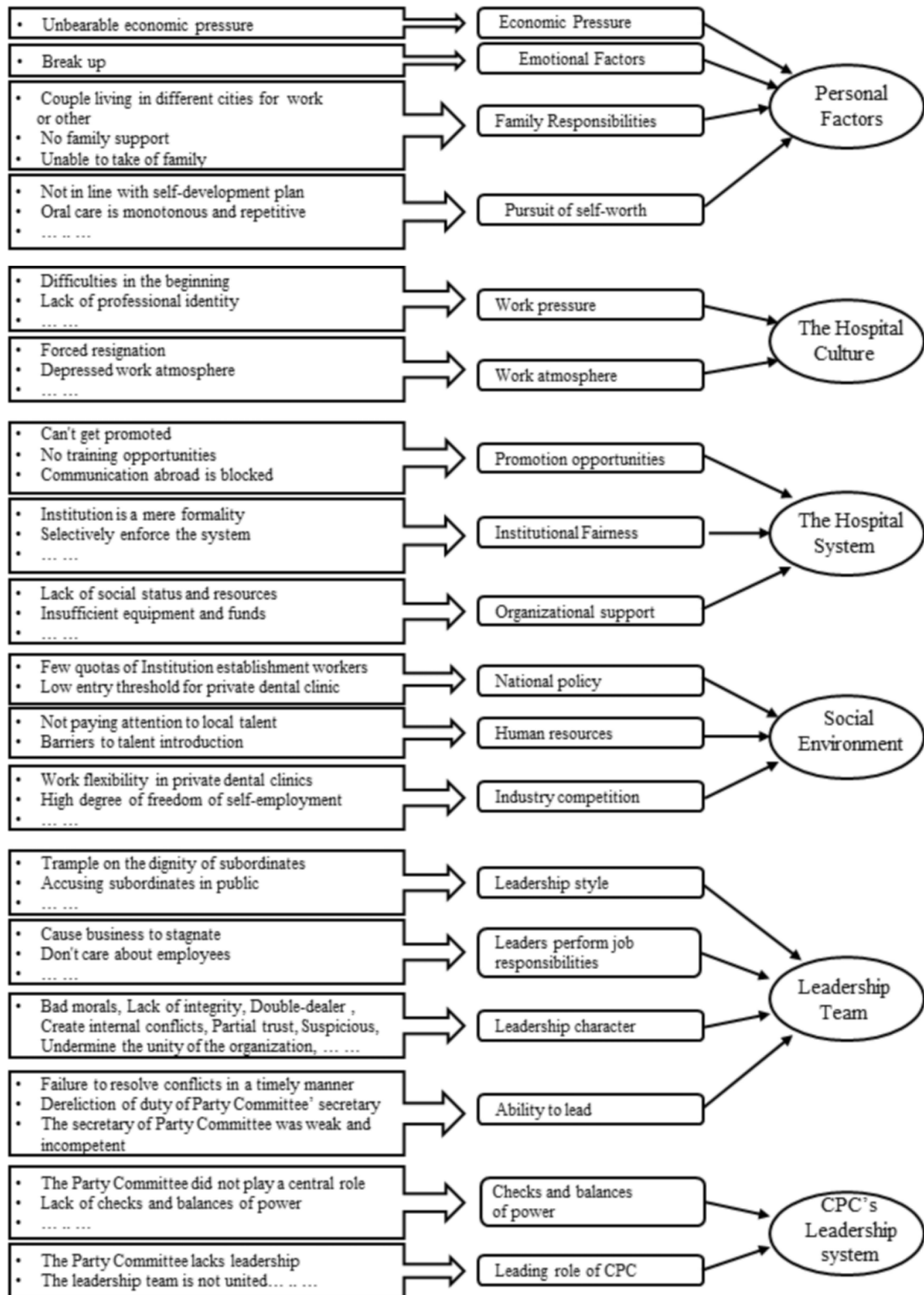


Figure 5.2 Three-level coding chart for 21-person in-depth interview data

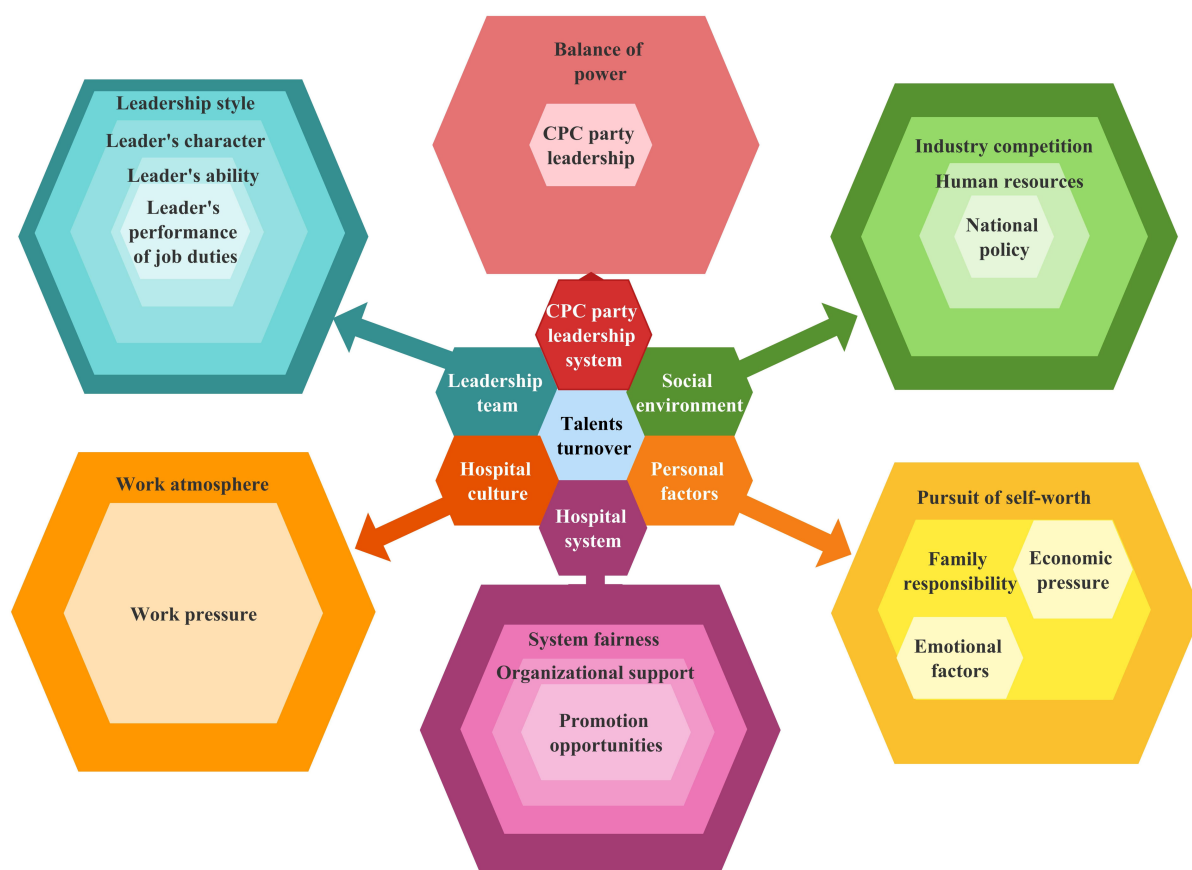


Figure 5.3 Chart of axial and selective coding for the 21 in-depth interviews

5.2.1 Category 1: Personal factors

Analyzing the data, the four categories “financial stress”, “emotional factors”, “family responsibilities” and “pursuit of self-worth” were aggregated into the main category (theme) “personal factors” (See Figure 5.4 below). “Financial pressures”, “emotional factors” and “family responsibilities” are the result of individual decisions and events that surround the individual. The “pursuit of self-worth” is related to self-awareness, which is the basic intrinsic drive for self-actualization in most people (Zhou, 2005). The hierarchy of needs developed by the American social psychologist Maslow speaks of the need for self-fulfillment, which can also be understood as a sense of achievement, and does not come from a ‘forced job’ (Jin & Hwa, 2020). Marxism believes that the self-worth of human beings is to give full play to their physical and intellectual potential through their practical activities, to continuously create material and spiritual wealth, and to meet their own needs while satisfying the needs of others and of the society. Cosgrave et al. (2018) found that during the first few years of employment, employees’ willingness to leave is mostly influenced by professional experience, particularly that related to job roles, workplace relationships, and continuing professional development opportunities. After becoming comfortable with the job, employees’ intention to leave shifts

to one related to job satisfaction. As mentioned before, Chen et al. (2008) also discussed the different reasons why employees leave organizations by age, finding that those in their 20s and 30s are most attracted to the novelty of the job and value their interest in the job the most, thus showing the greatest willingness to leave if not satisfied. Employees aged 30-45 are more focused on personal development and room for pay rises while those aged 45 to 55 show a relatively weak willingness to leave. Within this age range, only those who aspire to run their own business choose to leave.

From Figures 5.4 and 5.5 below, it can be concluded that the pursuit of self-worth is mentioned as 100% of the personal factors showing that high-level talents are particularly focused on this pursuit which includes many aspects. Young doctors who have just joined the profession are highly educated, have strong personalities, are free-spirited, face up to injustices and grievances, complain when they are unfairly treated, and seek to achieve self-fulfillment by changing their work environment to one of greater possibilities of development (Chaacha & Botha, 2021).

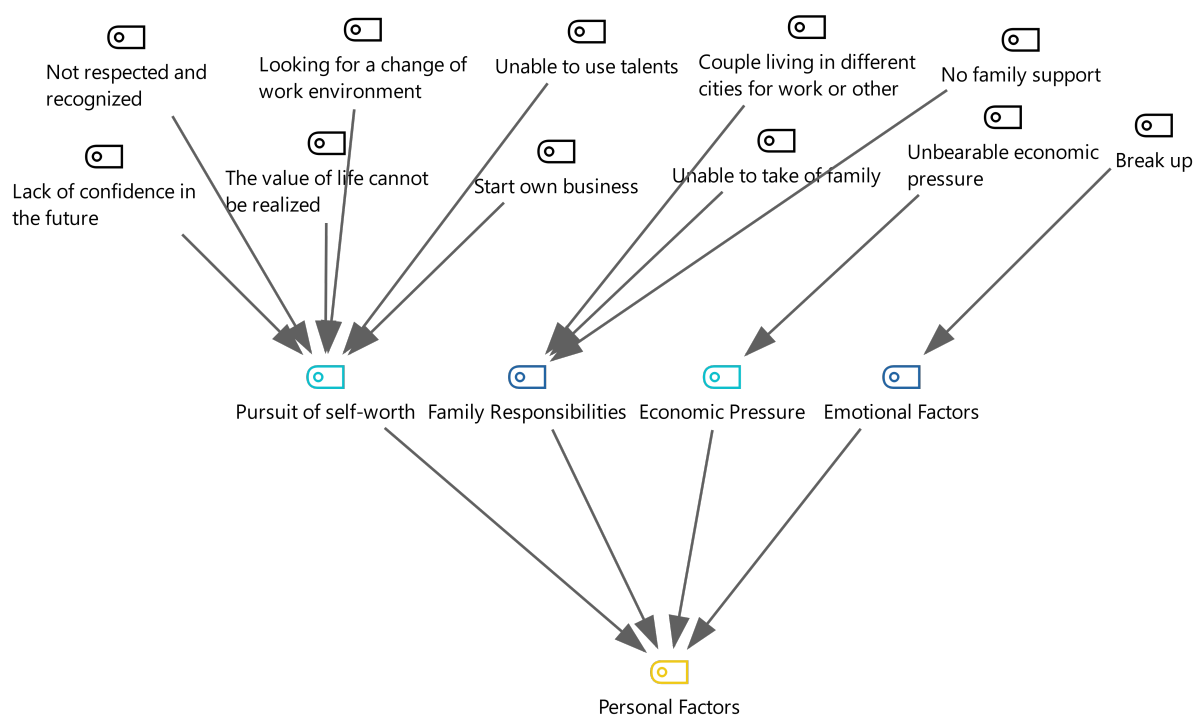


Figure 5.4 Three-level coding chart for the personal factors category

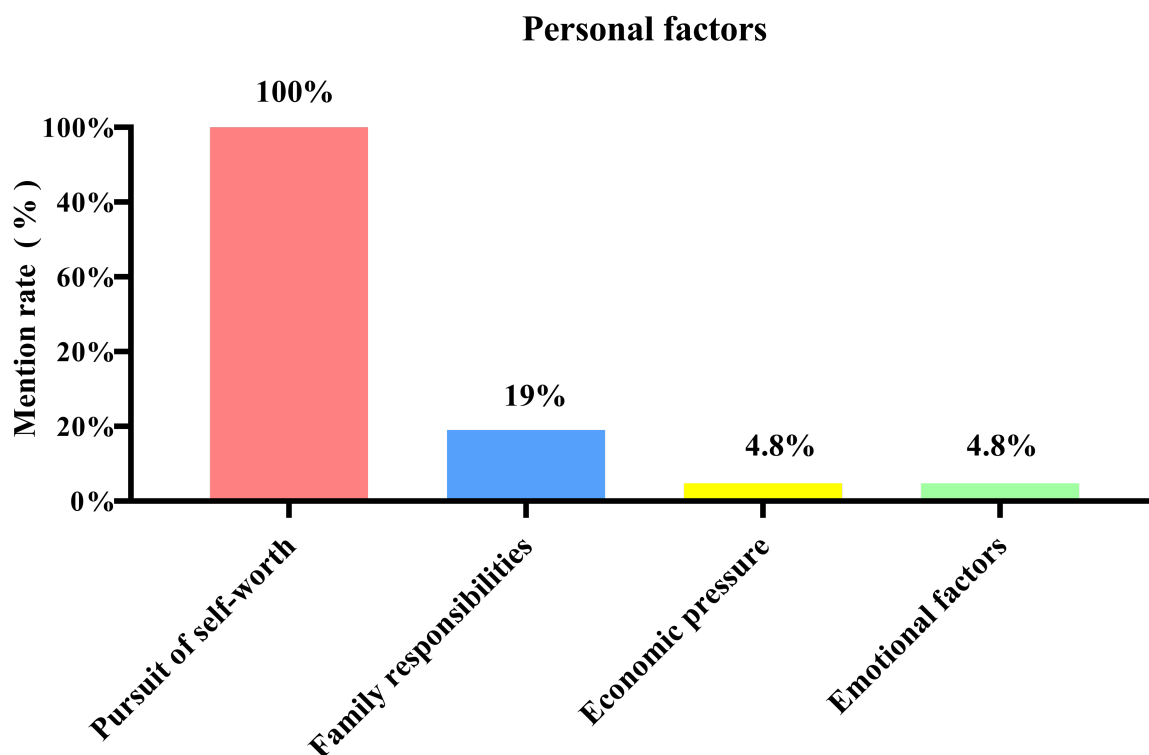


Figure 5.5 Mentions of the 4 sub-categories under the personal factor among the 21 in-depth interview respondents

Some respondents felt that their current career was not in line with their self-development plans and not conducive to the pursuit of self-worth. Issues such as “sense of professional identity”, “value in life”, “lack of career plan” or “lack of talent recognition or development” were often mentioned by the interviewees.

The main reason why I left my job was that I did not have a strong sense of professional identity. When I took the college entrance exam, my first choice of major did not accept me, so I chose to “obey the assignment”. I never thought I would be assigned to nursing. For many years, I did not like this major. (2021110, female, nurse-in-charge, MSc)

Some of the respondents have left the hospital because they wanted to study abroad. Although this might have been the “push” reason, the interview revealed other underlying motives:

During my time at the hospital, the working atmosphere in the department was very depressing. Although I was the deputy head of the department, the head was very forceful. I was like an ornament in the department and my talents were not used. I was approached many times by Professor Nico of Nijmegen University in the Netherlands, where I was doing my Ph.D., to work at his university, so I wanted to go abroad to further my studies and realize my value in life. (2021110, Female, Associate Professor, Ph.D.)

Some respondents lacked confidence in their future in the hospital as the excerpt below

testifies:

To be honest, I had been working in the unit for nearly 12 years, I was very affectionate to the hospital, and the relationship between colleagues in the office was very cordial, I really did not want to leave the hospital, but when I was there it was the most difficult time for me, every day working overtime, writing materials, basically no Saturday, Sunday, no complaints. Then I have not been able to enter the career unit establishment, which was the most painful thing for me, so I had to find another way. (2021110, female, office manager, MSc)

Medical professionals with longer medical studies and more sunk costs from supporting their studies have higher requirements for working conditions, facilities, platforms, and even jobs, positions, and salaries. Many respondents felt that their talents were not being utilized as per the following mentions:

Many of my fellow postgraduates have done well in their jobs for a few years after graduation, and they can apply flexibly all the nursing knowledge they have learned at university. In contrast, I feel as if I am not playing my role in this position and I am not able to show my talent. (2021110, female, nurse-in-charge, MSc)

It is common to hear complaints from young doctors that the hospital has not created conditions conducive to the development of their talents. (20211200, Male, Attending Physician, Ph.D.)

The three categories “economic pressure”, “emotional factors” and “family responsibilities” were mentioned less frequently. In terms of family responsibilities, respondents mentioned “separation between husband and wife”, “lack of support from family” and “being away from family”.

My partner was working in Shenzhen and she kept asking me to transfer there to reunite as a couple. At that time, I was very conflicted, considering many aspects, Shenzhen attaches greater importance to talents than Guangzhou, so for the sake of my family, I had to transfer to Shenzhen to work. (2021120, Male, Attending Physician, Ph.D.)

It is evident from the above that most employees leave when they feel that their current job does not match their development prospects and when they are not respected (Chaacha & Botha, 2021). Chen et al. (2008) discuss the reasons why employees leave organizations, with those with seniority focusing more on personal development and advancement. When they find that their hospital does not provide the resources to realize their values, when these are not met, or when they do not see the possibility of achieving them, they will be tempted to leave. Price (2001) also states that when employees’ values and expectations are met, they are less likely to leave and more likely to stay with the organization. In this sense, hospitals

should provide strong emotional support for medical staff, build smooth communication channels between superiors and subordinates, construct a working environment with harmonious interpersonal relationships, and form a psychologically safe atmosphere, thus helping to reduce the sense of alienation at work and retain and attract more health professionals.

5.2.2 Category 2: Hospital culture

Culture is the soul of a country and the core of a nation's progress. Likewise, hospital culture can direct the personal goals of employees to the goals set by the hospital and can guide and shape the attitudes and behaviors of employees in the desired direction. Hospital culture is the combination of the values and beliefs that govern all management activities and the core competitiveness of the hospital. Only by building a hospital culture system and cultivating hospital spirit, inspiring a sense of responsibility among employees, and enhancing their sense of optimism and belonging, can the hospital become a vibrant organism capable of adapting to its environment, overcoming difficulties, and striving for improvement. A good culture and working atmosphere, where every employee can find their place and value in the organization, can have an impact on the intention to leave. An excellent hospital culture will enable staff to develop shared values and a standardized code of conduct. In turn, a comfortable and harmonious hospital environment will improve staff morale, and staff will be willing to contribute to the hospital, work for it and share its fate (Antoinette, 2021).

From Figures 5.6 and 5.7 below, it can be concluded that when discussing hospital culture, 100% of the departed employees mentioned work atmosphere, and 71.4% mentioned work pressure.

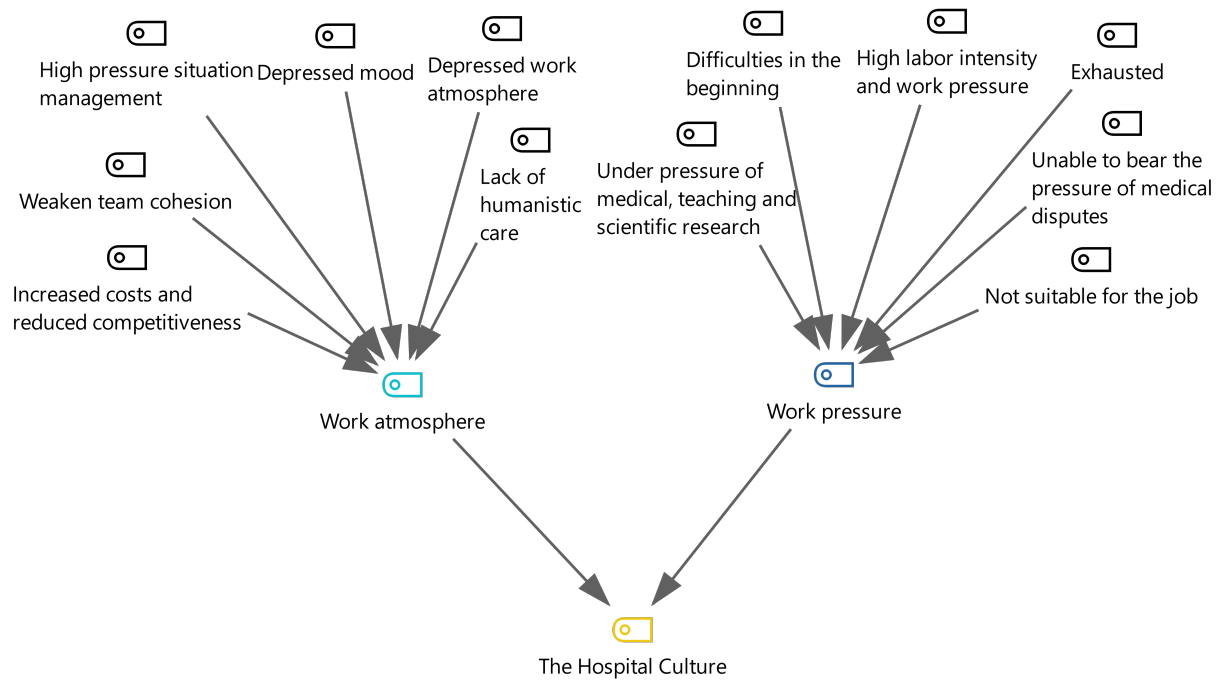


Figure 5.6 Three-level coding chart for the hospital culture category

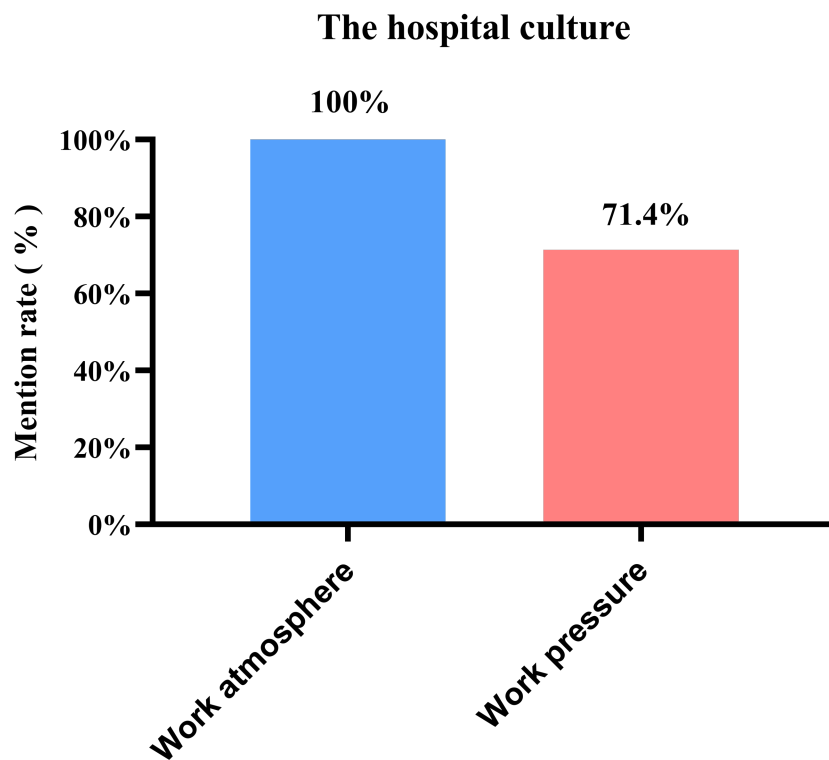


Figure 5.7 Mentions of the two sub-categories under hospital culture among the 21 in-depth interview respondents

Respondents perceived the working atmosphere in the hospital as oppressive. The ability of employees to express their opinions and participate freely and forcefully in the management decision-making process and the ability of the organization to create a good organizational climate for decision-making activities are important prerequisites for reducing

employees' willingness to leave (Halfer, 2008; Lee & Tzeng, 2009). An open and positive working environment pools the wisdom of all, motivates everyone and provides a stage for employees to develop their organizational, presentation and command skills (Ao, 1991). From the words of the interviewees exemplified below, it can be concluded that the work atmosphere affects employees' creative energy and commitment to work. A depressing work atmosphere can cause a constant brain drain and affect the stability of the workforce.

I feel that the working atmosphere at the Guangyi Stomatology Hospital is rather tense, with long-term high-pressure management and harsh leadership. Everyone is apprehensive to go to work every day, fearing that one day they will upset the leadership and be scolded again. (2021110, Male, Head of Department, Associate Professor, Associate Chief Physician, Doctor)

There is a culture in the hospital that is keen to move right and wrong and to stir up dissension, there is disunity within and between departments, positive energy is not promoted and negativity spreads among the staff. (2021120, Male, Attending Physician, Ph.D.)

I believe that the culture of the hospital is inextricably linked to the hospital leaders, especially the president and party secretary. The main leaders are the advocates, maintainers, and managers of the hospital culture, and their ideology, personal character, moral code, and way of thinking directly influence the substantive content of the hospital culture. In this hospital, the relationship between leaders and staff is strained. (2021110, Male, Deputy Head of Department, Attending Physician, MSc.)

To create a good atmosphere as a leader, it is important to consider how doing anything affects the mood of the whole team (Kong, 2015). Leaders need to understand and pay attention to language, which not only expresses one's thoughts and beliefs, but also evokes a desire to create with others, and good language can be uplifting and awaken the power of the heart (Wang, 2014). Tovey and Adams (2010) suggest that dissatisfaction with work is closely related to colleague relationships, relationships between subordinates and supervisors, and work stress.

The work atmosphere had not improved significantly, we were unhappy at work and depressed. We were well paid, but we want more happiness and joy in our work. (2021120C, Male, Head of Department, Chief Physician, Ph.D.)

I was very depressed and unhappy at work in the hospital and was often scolded for trivial matters. The leaders rely on the "rule of man" to manage the hospital and often deal with things based on their personal feelings toward the staff, which makes people feel discouraged and not psychologically safe. (2021110D, female, associate professor, Ph.D.)

Our group of leavers would often get together to talk and from the chats, strong emotions flowed between the lines - disappointment, frustration, anger, depression, hatred, and betrayal. (2021110K, Male, Deputy Head of Department, Attending Physician, MSc)

Employee engagement may be influenced by an unfavorable organizational culture (Dasgupta & Dey, 2021). Respondents felt that the hospital lacked humanistic care for its employees. Respondents felt that every employee in the hospital, especially the mid-level cadre, wanted their leaders to have confidence in them and trust them, rather than be suspicious at every turn. They prefer to have their suggestions recognized by the leader in a meeting, rather than having their speech interrupted before they can finish it and have their intelligence squashed as shown in the following quotes.

I think we should all want to work in an environment where we are encouraged and where our achievements will be recognized. However, I think the management of the hospital at that time was not people-centered and lacked humanistic care. There was a lack of confidence in the hospital and no motivation to work, and the hospital naturally lost cohesion and centripetal force. (20211110, Female, Attending Physician, MSc)

The hospital culture atmosphere is not people-oriented. If the hospital culture cannot adapt to the development of the hospital and cannot do with the times, the staff will be centrifugal, resulting in them, especially new and high-level talents, finding it difficult to integrate into the hospital's cultural atmosphere, which in turn leads to the continuous loss of talent and team instability. (20211110, Male, Deputy Director of the Department, Attending Physician, MSc)

Respondents felt that the hospital lacked team cohesion and that hospital leaders were damaging the image of the hospital externally. Bond (2000) has suggested that team cohesion is the most important determinant of job satisfaction in health care. The core of team climate is to motivate staff to work, inspire them and create team cohesion (Fan, 2018). A good hospital image is like a magnet that brings together the fragmented strengths of staff into a unified force and can unite staff, attract and retain talent, as well as attract patients and develop the healthcare sector (Sun & Qin, 2021). The issues of team cohesion and hospital image were often mentioned by the respondents as shown in the quotes below:

I believe that for the hospital to grow by leaps and bounds, it must be a team effort, relying on sincere unity and solid relationships. At that time, if the hospital leadership had trusted me, I would have dared to innovate and use my abilities to contribute to the achievement of the hospital's goals. However, the hospital management lacked democracy and the leaders did not trust us and did not let us manage the hospital area, interfering in the

management of everything. This very much affected our motivation and was not conducive to the formation of team cohesion. (2021120, Male, Director of the Hospital District, Chief Physician, Ph.D.)

The president often speaks badly of some of the department heads externally. But there is close communication in the Chinese dental community and every time he speaks, someone comes and speaks to us. And we are not the only ones who know about it, dental specialists from other hospitals know about it too. This not only damages the reputation of the hospital, but other people from outside the hospital are also afraid to come and work in the hospital, putting up barriers to the introduction of talents. (2021110, Male, Deputy Head of Department, Associate Chief Physician, Ph.D.)

There is a conflict between the hospital leadership team, and the president often denigrates the other deputies in front of all the middle-level cadres, which makes him a loner himself in the long run. This leads to a lack of unity among the leadership team, which damages the image of the team among the hospital staff and makes it difficult for the staff to develop a sense of collective identity. (2021110, Male, Head of Department, Deputy Chief Physician, MSc)

Excessive work stress can cause employees to feel tired and emaciated, bewildered and unsettled, depressed, and unsure of themselves and the organization, which affects motivation and drive, and work performance declines. Frustration with the lack of progress or improvement in the work is the main reason why healthcare professionals have the intention to leave (Alilu et al., 2017). Work stress is the most significant factor influencing the propensity of employees to leave their jobs (Kang & Jung, 2020) which is confirmed by the testimonies of respondents interviewed for this study:

Almost every day we had to work overtime to write materials, and the office often received urgent and heavy tasks from superiors at the end of the work time, resulting in often working until more than 10 p.m. to go home, and there were no Saturdays and Sundays. The office staff was not professional and everyone was afraid of losing their jobs, and they could only swallow their breath when they were often abused by leaders, which made people feel tired and emaciated. (2021110, female, office manager, MSc)

We often work overtime, and the pressure of scientific research project declaration is very high, especially the application to the National Natural Science Foundation of China, which is even more difficult. If the project declaration was unsuccessful, the applicant would be abused by the leader, and every time the scene of scolding made the onlookers terrified and tired. (2021120, female, attending physician, MSc)

I oversaw the establishment of a tertiary hospital, the task was very heavy, the pressure was particularly high, the overwork made people feel dazed and uneasy, working in a state of long-term tension, and excessive psychological pressure led to exhaustion. Especially from July to September each year, employees were not allowed to take leave, and if they were on leave, the annual attendance bonus was canceled, which is particularly inhumane. (2021120, male, attending physician, MSc)

We have both medical work and research and teaching work. Orthodontics medical staff have the most Saturday and Sunday patients, and almost all Saturdays and Sundays have to work overtime. (2021120, male, attending physician, Ph.D.)

Some respondents said they felt stressed because they could not adapt to their jobs.

I wanted to work in education in a vocational college and make some achievements in scientific research, but the nursing work in the dental hospital was monotonous and repetitive, and it was difficult for me to adapt. (2021110, female, nurse in charge MSc)

After working in the clinical department for 2 years, the hospital transferred me to the scientific research department, responsible for organizing the declaration of the hospital's scientific research projects, but I had never been exposed to related work, it was difficult to compete, I was anxious and had insomnia every day, and I suffer from thyroid disease due to long-term work pressure. (2021120, female, attending physician, MSc)

I was not interested in the teaching and scientific research work of university-affiliated hospitals, and seeing that my colleagues always successfully declared research topics, I was discouraged, unable to concentrate on medical work, and lived a restless life every day. (2021120, female, attending physician, MSc)

A good meeting atmosphere can lead to good work, give full play to everyone's wisdom, let everyone speak freely, and with high emotions, improve work efficiency, and make decision-making more democratic (Ao, 1991). Some respondents felt that they were neither respected nor recognized in the hospital.

Many times, when I reported on my work at hospital meetings, the president interrupted me in public in front of all the middle-level cadres and accused me, insulted me personally, and my self-esteem was traumatized. Several of our departing people often communicate, they left not because of the treatment at all, but because they were not respected in this hospital. (2021120, male, department head, chief physician, Ph.D.)

I was the vice president in charge of medical work, but I did not receive the support and respect I deserved. At meetings, when I often put forward my opinions and ideas, the president thought that they did not match his ideas, so he cursed me, and in the end, I could only listen

to him. (20211110, male, Vice President, Chief Physician, Professor, Ph.D.)

5.2.3 Category 3: Hospital system

As the saying goes, “Without rules, nothing can be done”, rules are also systems. The state must have laws and regulations to regulate citizens’ behavior and set up value standards. For organizations such as hospitals, rules and regulations are the internal “laws” of the hospital (Zhang, 2005). First-class companies use systems to manage people, which should be set up in a way that balances fairness and efficiency (Wang, 2013) and, in team management, it is most important for managers to create an atmosphere of fair competition and motivation (Wang et al., 2019). Through the establishment of a modern hospital management system, hospitals could promote the pace of modernization of their internal governance capacity, standardize their internal governance structure and rules of operation of power, and strengthen contractual and institutional management and, through the improvement of hospital decision-making mechanisms, ensure that the intentions of the Party are fully reflected in decision-making, bringing into play the role of expert governance, and safeguarding the public interest of public hospitals (Zhou & Feng, 2020).

From Figures 5.8 and 5.9 below it can be seen that, according to the interviewees, the hospital system is mainly influenced by three sub-categories: system fairness, organizational support and promotion opportunities. Of the 21 departed employees who were interviewed in depth, 82.4% mentioned system fairness, 52.9% mentioned organizational support, and 35.3% mentioned promotion opportunities as the main sub-categories within the hospital system.

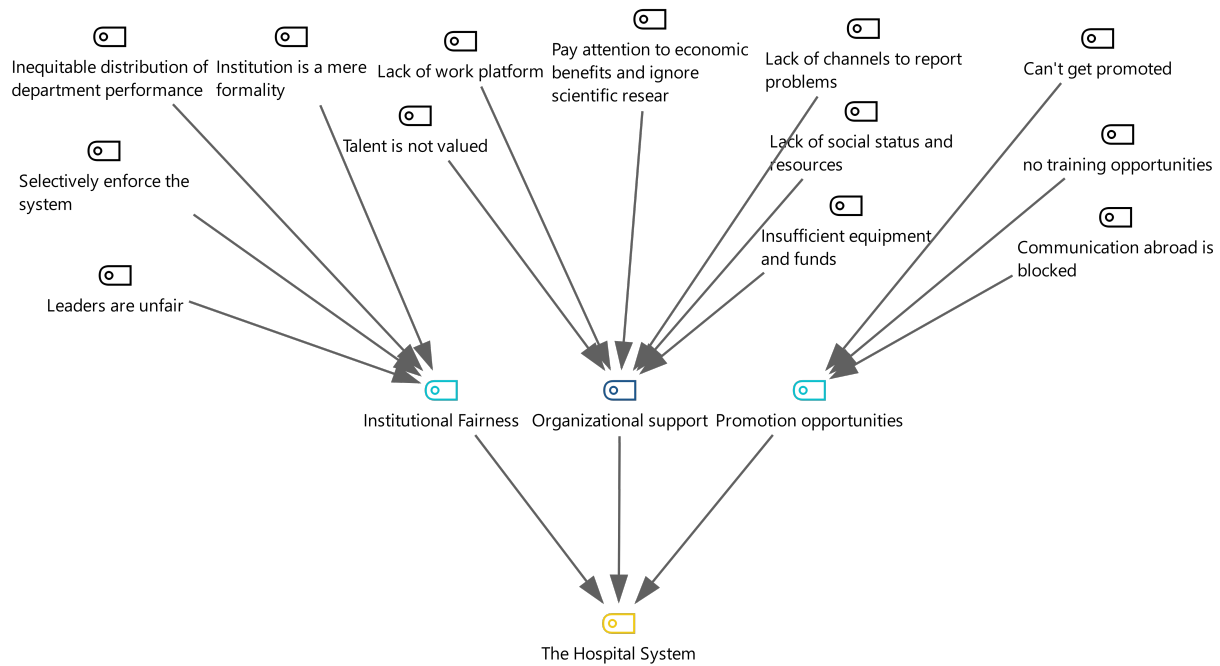


Figure 5.8 Three-level coding chart for the hospital system category

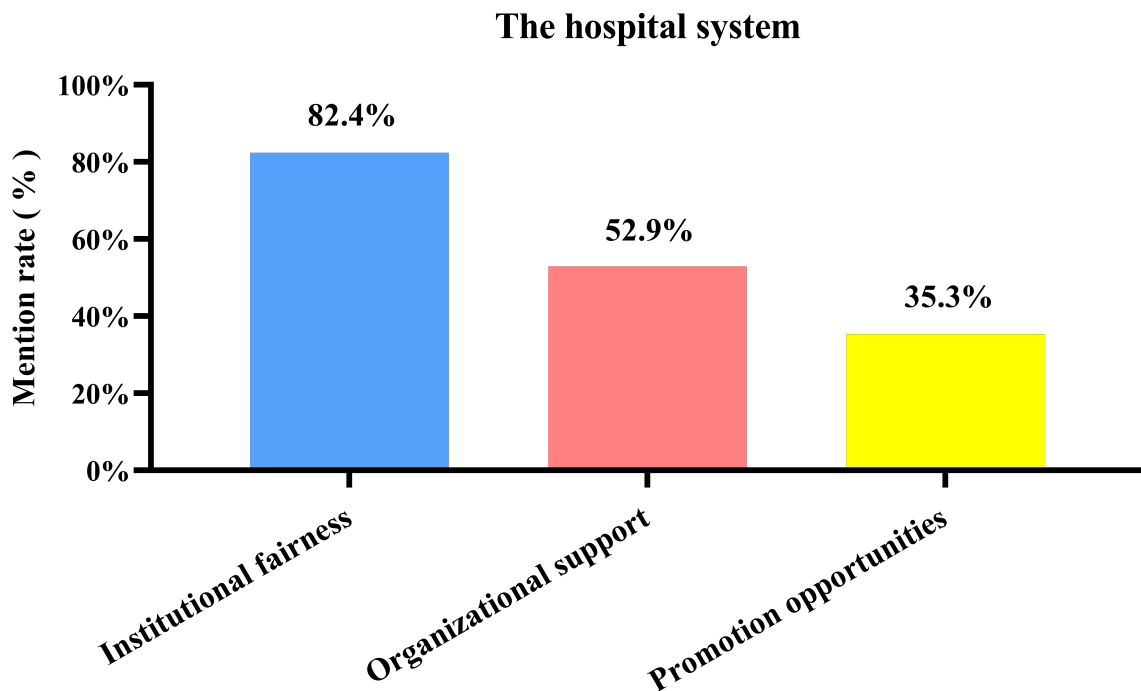


Figure 5.9 Mentions of the three sub-categories under hospital system among the 21 in-depth interview respondents

An organization, and indeed a society, can be affected by the “broken window effect”. When violations of rules and regulations go unchallenged, they become a dead letter (Yang et al., 2017). The powerful inertia accumulated by the “broken window effect” often creates a sense of powerlessness among the staff and makes them question the credibility of the hospital. Kim and Tam (2017) point out that a lack of fair trust in an organization can lead to lower job satisfaction and willingness to leave. Respondents, as the excerpts below exemplify,

mentioned that the implementation of a system in the case hospital is just a formality, which hurts the relationship between the hospital and employees, and is one of the important reasons for the brain drain.

For the leaders of the hospital, it is a formality to implement the system. So they implement it selectively, only if it is advantageous, and do not implement it if it is unprofitable or if it is difficult, always thinking of ways to “exploit loopholes” and thousands of means to “avoid constraints”. Double standards in the implementation of the regulations means that if you do not like a department you are particularly strict, but if you like a department then you are particularly tolerant, causing subordinates to be dissatisfied and rebellious. (2021120, male, Director of Campus, Chief Physician, Ph.D.)

I don't think the hospital management is democratic and fair enough. Many highly educated doctors have their ideas, whether it is from clinical needs or functional department management. (2021120, male, functional department director, chief physician, Ph.D.)

As the saying goes, “the train runs fast, it all depends on the driver”, so to grasp institutionalized management, we must first start from the leadership, that is, from the institutional construction of the collective leadership (Liu, 2016). In the beginning, it is necessary to establish rules, systems, and methods that leaders must abide by and set an example for other members of the hospital. Only then can the hospital jointly abide by these same rules and regulations, upward and downward, mobilizing the enthusiasm and creativity of all personnel, to achieve institutionalized management and due results. Therefore, leaders need to take the lead in complying with and enforcing various rules and regulations, and making sure that the implementation of the system is fair and equitable, which is the key to achieving institutionalized management and overall improvement of the work (Liu, 2016). This research found that this is not the case in the hospital studied as mentioned by some interviewees. In addition, they referred that there were no criteria for judging whether employees could have tenure in public institutions that is, those that are under the authority of state agencies, funded by the state treasury, and do not practice economic accounting such as public schools and hospitals or scientific research institutions. Public institutions refer to institutions that create or improve production conditions, promote social welfare, and meet the cultural, educational, and health needs of the people for the state, and the funds of which are generally spent from the state's budget.

The president tends to deal with problems in a mood. For example, in 2018, a patient complained about a doctor; and the president announced that he would fire the doctor and not give him a chance to explain and correct. However, it is unfair that he does not address or

turn a blind eye to the violation of the principles by some other person in the hospital system. I think that, to some extent, having a system and not enforcing it is more terrible than not having a system. If you always block others' opinions under the cover of regulations and only look at others in a mirror, the prestige of the system will become a dead letter. (2021120, male, department head, chief physician, doctor)

Under his management, there were no fixed criteria on who could have tenure in a public institution. I was not allowed to become a permanent staff even after 12 years in the hospital. I took 2 written exams for the staff of public institutions and passed both, and as long as I passed the interview as well, I would be a tenured staff. But he said to the rest of the hospital staff that he would never let me pass the interview. A new colleague was his acquaintance and was approved to have tenure in only his second year at the hospital. I think it's so unfair. (2021110, female, office manager, MSc)

According to the hospital's regulations, each master's supervisor is assigned 1 graduate student every year. But the president himself wants 6 graduate students, and if he is not assigned 6 students, he will be angry. Besides, those colleagues who have a good relationship with him can be assigned a few more graduate students, since he alone has the final say. (2021120, male, attending physician, Ph.D.)

Employees' emotional, continuous, and normative commitment is relevant to their organization (Gede, 2022). To win their affection and loyalty, it is essential to give them trust (Liu, 2021). Interviewees, as illustrated below, mentioned that when they worked in the case hospital, they did not feel supported. On the contrary, they felt that leaders did not trust their subordinates and that it was difficult to carry out work.

I think the hospital's support for staff was far from enough, especially the scientific research funding. The hospital had a great deal of treatment and support for newly introduced talents, but the support for old employees was relatively weak. I think hospitals should treat their employees equally. I believe that hospital leaders must delegate authority in their work, and they must fully mobilize their enthusiasm and give full play to their wisdom and talents. (2021120, male, functional department director, chief physician, Ph.D.)

I did not feel the support of the hospital, and the hospital did not care for and value me. The requirements are particularly demanding, making us feel uneasy, frustrated, and unable to tap our inner potential, causing no work enthusiasm, and low performance, and pushing us to find other units. (2021120, female, attending physician, MSc)

As the vice president, I was not in charge of the work supported by the president, but all decisions could only be made by him, so the work I was responsible for could not be carried

out according to my thinking. I think most of the high-level talents leave because they do not receive the support and trust they deserve, and the organizational commitment is most closely related to the willingness to leave. Once the promise made by the unit to employees is not fulfilled, it will weaken the enthusiasm of employees and slowly produce the intention to leave. (2021110, male, Vice President, Chief Physician, Professor, Ph.D.)

In the in-depth interviews, respondents mentioned that they could not have the opportunity to study and upgrade their qualifications. Promotion is a way to encourage employees to work better and, as Chapman and Webster (2003) noted, organizations that lack career advancement and development opportunities tend to have higher turnover rates. This was also mentioned by some interviewees.

The permission for doctors to attend academic conferences outside the hospital is controlled by the head of the department alone, who regards going out to study as a favor and reward, and gives it to whoever he wants. There is no standard for evaluation, and people who have a bad relationship with him could not even go out to attend a meeting. There was also a phenomenon of cronyism in the hospital, and many talented people with autonomy and initiative did not feel a sense of belonging. (2021110, female, associate professor, Ph.D.)

Once I was invited to give a lecture at a hospital in Jieyang City, Guangdong Province, and I had asked the president for leave before the trip. I could not attend the regular meeting at the hospital because of a time conflict, but he named and criticized me at the meeting, making me think that not everyone was encouraged to study outside. A hospital that restricts the development of employees will eventually be abandoned by them. To seek their growth, employees will choose a better development platform, which is common sense. (2021120A, male, Director of Campus, Chief Physician, Ph.D.)

If I applied for further education, I could not get the consent of the department director. He would always refuse for various reasons. I feel like if I continued to stay at the hospital my development would be limited. The incentive mechanism of the hospital is not perfect, lacks rationality, fairness, and practicality, does not reflect more work and gains, and is not inclined to the technical backbone. (2021110, male, attending physician, Ph.D.)

Medical knowledge is changing with each passing day and encouraging employees to go out to exchange and learn can improve the comprehensive strength of the hospital. If employees do not get the opportunity to study and be promoted, it will affect their motivation to work, and over time they choose to leave in search of a better work environment.

5.2.4 Category 4: Social environment

As mentioned in Chapter 3, both March and Simon (1958) and Price (2001) note that departures are closely related to the number of existing firms outside the organization and that the more competitors and opportunities there are in the industry, the more likely it is for employees to leave. Industry competition and the introduction of national policies will affect the loss of talent to a certain extent.

From the policy level, on December 3, 2010, the National Development and Reform Commission, the Ministry of Health, the Ministry of Finance, the Ministry of Commerce, and the Ministry of Human Resources and Social Security officially issued the Opinions on Further Encouraging and Guiding Private Capital to Run Medical Institutions, which put forward clear policies and measures in three aspects: (1) the scope of access for medical institutions run by private capital; (2) the improvement of the practice environment of medical institutions run by private capital; and (3) the sustainable and healthy development of non-public medical institutions. The purpose is to encourage private capital to participate in the construction of hospitals, invest in more private hospitals, enrich the types of medical services, and let the people have more choices for medical treatment (GOSCPRC, 2010).

The introduction of this policy has hit the dental medical industry the most because access to the sector is relatively easy, the capital threshold is low, and private oral medical institutions are developing rapidly under the encouragement of the policy. Private oral clinics have the characteristics and advantages of diversified funds, flexible communication mechanisms, and personalized management. Dental hospitals affiliated to universities (those that belong to public hospitals), in addition to undertaking medical tasks, must also conduct scientific research and teaching work. Relatively speaking, private dental medical institutions are more flexible than their public counterparts, and with the continuous improvement of the competitiveness of private hospitals, the flow of medical staff is becoming more and more frequent, with an increasing number of medical personnel choosing to “flee the public and join hands with the private sector” (Xue et al., 2020).

From Figures 5.10 and 5.11 below, it can be concluded that the main factors affecting the departure of high-level talents in the social environment are industry competition (81.3% of mentions), human resources (31.3%), and national policies (12.5%). Industry competition means the threat that private dental clinics pose to public dental hospitals. On the one hand, private dental clinics have better working conditions; on the other hand, they tend to use high salaries to poach high-level talents from public dental hospitals. The sub-category “human

resources” indicates that, according to the interviewees, the hospital did not pay attention to local talents and set obstacles to bringing in new talents. In turn, interviewees also mentioned that national policies contributed to the social environment by restricting quotas for tenured employees at public hospitals and lowering the requirements for the establishment of private dental clinics.

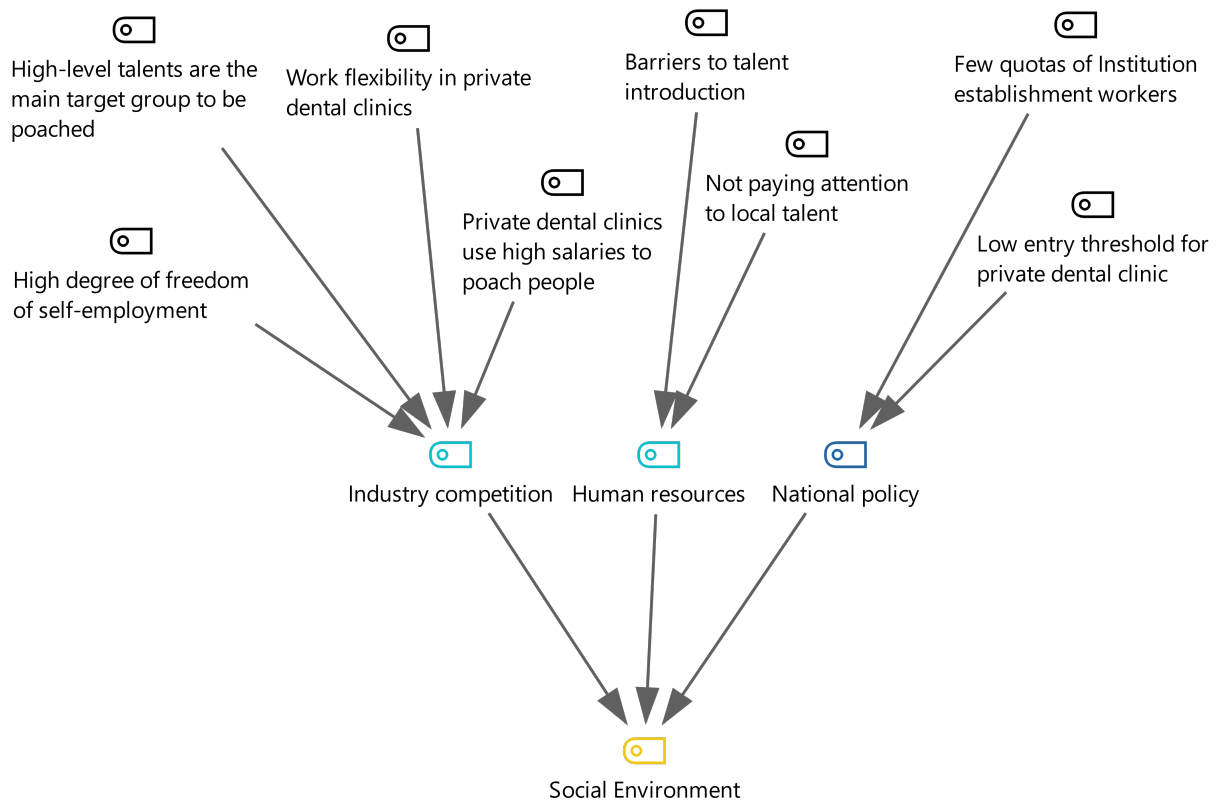


Figure 5.10 Three-level coding chart for the social environment category

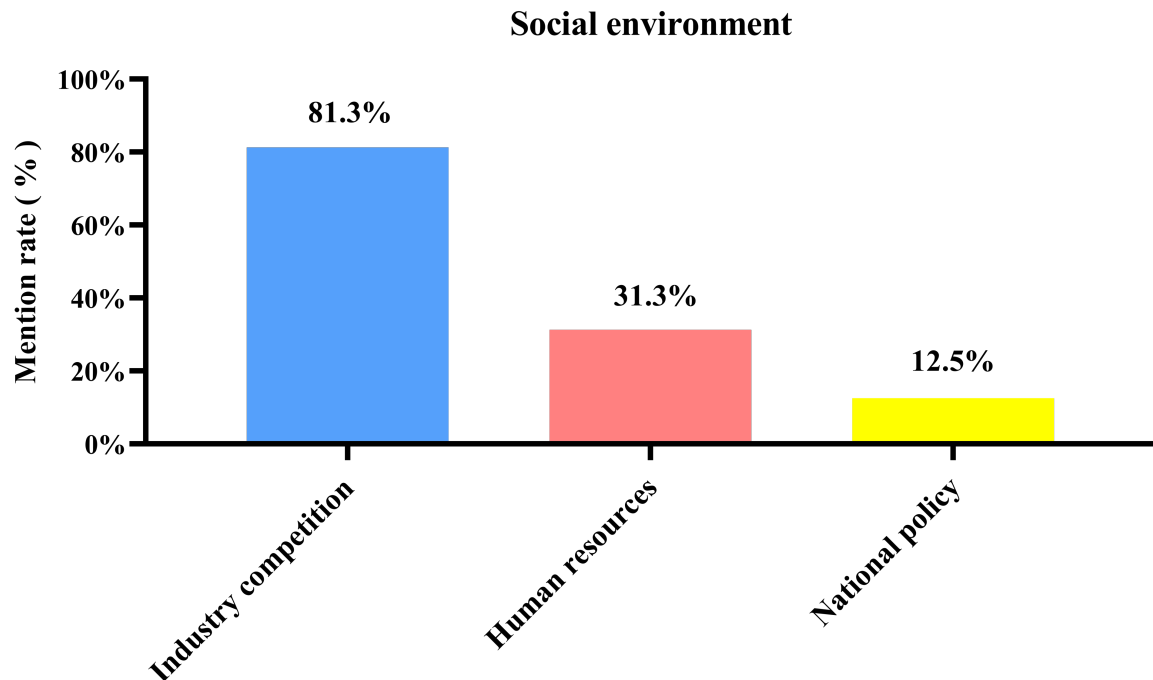


Figure 5.11 Mentions of the three sub-categories under social environment among the 21 in-depth interview respondents

The overall number and scale of stomatologists in China lag far behind the demand and development speed of China's oral medical market as it was emphasized in Chapter 2 of this thesis. According to data from the consulting company Frost and Sullivan, the number of private dental medical institutions in China has grown from 64,100 in 2015 to 87,700 in 2020, with a compound annual growth rate of 6.5%, and the total number of dental medical institutions is expected to reach 144,500 in 2025 (Askci, 2022). The rapid growth of people's oral medical demand and the number of private dental institutions, as well as the scarcity of the number of stomatologists and their employment preference in public dental hospitals create a serious imbalance between the two, which directly drives major private oral medical institutions to try their best to recruit people with high salaries. Some professionals who have the intention to leave public dental hospitals are the object of choice of private dental medical institutions and, combined, the three categories named by the respondents – industry competition, scarcity of human resources, and national policy – work together to worsen the brain drain situation.

In the case of hospitals, the department director is generally the leader of professional disciplines and of medical experts who are the pillars of hospital development. High-level talents have in general a certain authority in the medical field and possess medical skills, rich theoretical knowledge, and practical experience, which are the basis for public hospitals gaining lasting competitiveness and competitive advantage (Lv et al., 2022). These high-level

talents are essential for the sustained competitiveness of public hospitals but are scarce in the field of dental medicine.

Respondents pointed out that headhunters would offer high salaries that are difficult to refuse to entice them to move. Izvercian et al. (2016) mentioned that employees in public healthcare facilities have fewer opportunities for promotion, while the private sector incentivizes employees, especially with material compensation, as per some statements below.

I left my job after years of ideological struggle. I am now working in the sales of oral medical devices. Because the medical device company offered me a monthly salary of 50,000 yuan at that time, it was indeed very tempting, so I made up my mind to resign. (2021110, male, attending physician, Ph.D.)

Private dental medical institutions always provide us with generous treatment in a variety of ways to attract us to change jobs, especially for orthodontic and implant doctors. (2021120, female, attending physician, MSc.)

The salary of public hospitals is lower than that of private institutions, and more things need to be done. Many times, we rely on responsibility and dedication to stay in public hospitals, but life is difficult, so we can only choose to leave our jobs and turn to private dental clinics. (2021120, male, attending physician, MSc.)

Respondents reported that they felt freer and happier in their work after leaving the hospital, especially in private dental facilities.

I am now working in a well-known private dental medical institution in Guangzhou, and I am appointed as the president, which is very free and I can do whatever I want. I don't like too many restrictions, and I like autonomy, but the key for me is to be respected. (2021120, male, Director of Campus, Chief Physician, Ph.D.)

After I left, I went to work at Jiangnan Stomatological Hospital in Hubei Province, which is a private dental hospital. I only need to do a good medical job, without the burden of teaching and scientific research, there is not much pressure to work, and I am respected and have a sense of happiness. (2021120, male, attending physician, MSc)

I now manage a private dental clinic, the owner trusts and respects me very much, and I have a lot of initiative. I feel like I'm finally able to put everything I've learned to the table. (2021120, male, attending physician, Ph.D.)

The private dental clinic where I work now has grown rapidly and already has 2 outpatient departments. The teams are very cooperative, and everyone has their specialty. Everyone trusts each other, works together, respects each other, and is very happy to work. (2021110, male, department head, deputy chief physician, MSc)

I started a business with my colleagues in private dental clinics, and we are very happy to work towards the same goal. (2021110, male, Deputy Director of Department, Attending Physician, MSc)

I now work for a medical device company, selling oral medical devices, and am responsible for the company's staff training. What I have learned is being put to use, I am very happy at work, I am respected in the company, and the leaders care about me. (2021110, male, attending physician, Ph.D.)

I now opened my online store business, which is also difficult to do because there are too many people opening online stores, and there is a lot of competition, especially during the epidemic it is even more difficult. But relatively speaking, it is much freer than before in the hospital; there is not that much pressure, and I can take care of my family and live happier. (2021110, female, office manager, MSc)

Some respondents commented that once the most influential and high-ranking experts in the hospital leave, a group of employees will be driven to leave too.

There is also a phenomenon, the higher the position of the departing person, the higher the title, and the more people who will resign. For example, when the original repair director of the hospital departed, he took away several key doctors in the department to start a business with him. It can be said that the repair department was almost closed at that time, and the loss was heavy for the hospital. The most frightening thing is to cause bad effects in the hospital, everyone is panicking, and even people from other disciplines such as several doctors in orthodontics left to start a business. (2021120, female, office clerk, MSc)

My mentor at the hospital called me several times after he left, hoping that I would jump the ship and go to work at the public dental hospital he was going to. After much deliberation, I chose to leave with my partner. This hospital is also a public dental hospital but there is a lot of room for development, and working with my mentor will help me in my future. (2021120, male, attending physician, MSc)

My mentor opened a dental clinic in Guangzhou, and he came to me many times and said that he hoped that I could help him manage it together, and now we can work handily and make a career. (2021120, male, attending physician, Ph.D.)

5.2.5 Category 5: Leadership team

It is easy to fight the rivers and mountains, but it is difficult to defend the rivers and mountains; if you want to perpetuate and pass them on, the management level of leaders is the

key (Wang, 2013). As the manager of a team, is it better to let the members fear you, or to be respected and trusted by them? The behavior that relies on the fear of members is called management oppression, and the behavior that is constrained by the respect and trust of members is called leadership the core of which is to be respected and trusted by members (Zhang & Yang, 2018). Ineffective leadership can lead to job dissatisfaction and negativity, which in turn can spur turnover. In the medical sector, the management style is also directly related to patient outcomes, regardless of work experience (Danae et al., 2017). As a manager, one must learn to delegate and rely on reason and charisma to conquer employees, rather than relying on temper or power to suppress employees (Wei, 2018). The mission of managers is to develop employees and build effective teams, rather than imposing their work on themselves, overstepping their responsibilities, and participating in everything (Fan, 2018). Instead, they should motivate employees to participate in the management of enterprise objectives so that employees can be most motivated towards reaching the same goal (Inamori, 2011).

From Figures 5.12 and 5.13 below, it can be concluded that, according to the interviewees, the influencing factors in the leadership team are leadership style (95.2% of mentions), leadership character (85.7%), leader's ability (71.4%) and leader's performance of job responsibilities (52.4%).

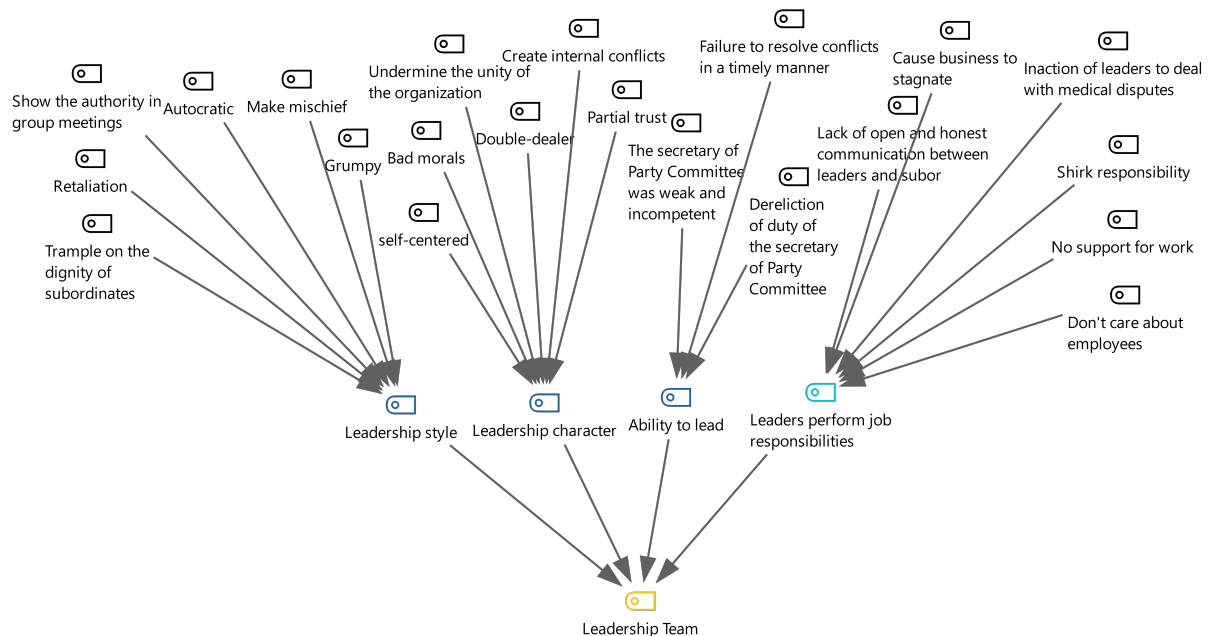


Figure 5.12 Three-level coding chart for the leadership team category

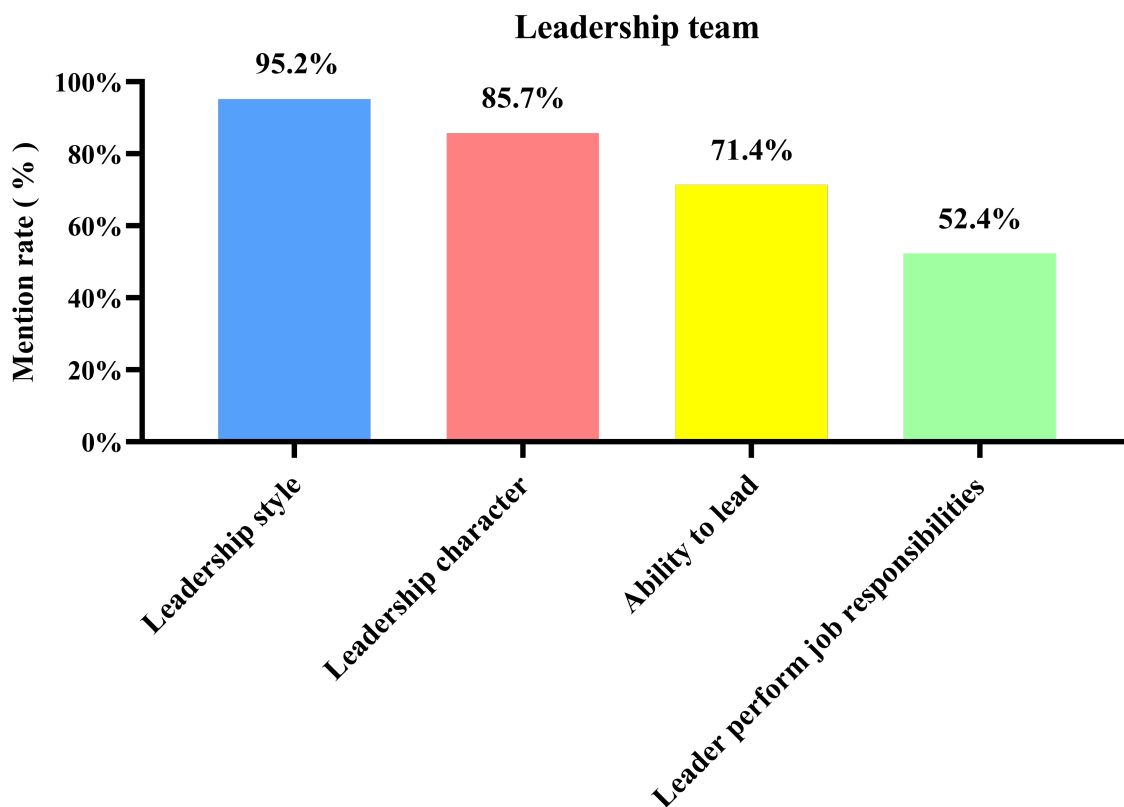


Figure 5.13 Mentions of the four sub-categories under the leadership team among the 21 in-depth interview respondents

The most important thing in management is not power, but wisdom (Wang, 2013). If employees and managers have an emotional foundation, basic respect and trust, employees will not be easily angry but feel that managers are for their good. Respondents pointed out that the president of the case hospital at the time they worked there had an oppressive leadership style, did not listen to advice, did not trust employees, and acted arbitrarily.

The president concentrated power in his own hands and delegated too little power. The other members of the leadership team had no power, and everything must be decided by him before it could be implemented. He managed a lot of work in too much detail, requiring control of the whole process so that other leaders and functional departments in charge were at a loss. (2021120, female, office clerk, MSc)

Most of the reasons for leaving were related to the authoritarian leadership style of hospital managers. The then-president was arbitrary, careful, and never relinquished power. He was impatient and stubborn, and scolded his employees at every turn; the employees called him a “tyrant” behind his back. (2021120, male, attending physician, Ph.D.)

As a member of the leadership team, I did not have the respect I deserved, I had no decision-making power, and everything in the hospital was decided by the president. This kind of authoritarian style results in the relationship between the leader and other employees only

in the working relationship, cold and distant. It is easy to aggravate contradictions and seriously affect the efficient operation of hospitals. (2021110, male, Vice President, Chief Physician, Professor, Ph.D.)

This president served for 10 years, and from 2009 to 2014 was the early stage of the hospital's development. To improve the execution in the short term, it is perhaps necessary to exert high-pressure management on employees, which we can all understand. But after 2015, in the daily management, employees continued to be always unceremoniously criticized and even scolded. He acted more and more like a dictator, being unfair and just handling things. Under such high-pressure management, as an individual with an independent will, no employee can endure this kind of iron-fisted management-like personality for a long time. Combined with the current situation of good development of the private oral medical market environment and diverse employment options, this kind of manager will eventually force employees to resign. (2021120A, male, Director of Campus, Chief Physician, Ph.D.)

A study by Nantsupawat and Kunaviktikul (2017) found that low levels of healthcare staff involvement in hospital decision-making can lead to high turnover rates. Ineffective leadership can lead to job dissatisfaction and negativity, which in turn can spur turnover. Currently, more and more post-90s generations are becoming the backbone of the workplace, and this generation is acting in their way and resigning more and more frequently as Chaacha and Botha (2021) noted. Earlier studies by Price and Mueller (1981) also argued that younger employees tend to leave more often than older ones. In this study, respondents mentioned that their previous leaders in the case hospital were narrow-minded, excluded others, and created stress and tension that weakens morale and reduces team cohesion. Leaders who simply emphasize oppressive management are likely to personally cause the loss of talents in the hospital and end up in a dilemma that no one can manage.

The hospital has long been a high-pressure situation management, the president was very strong, criticized the staff too much, did not praise them enough, and was not good at listening to the opinions of the staff. He never put into practice the suggestions and ideas made by his staff, and people did not feel any sense of involvement in the decisions of the hospital. (2021120, male, attending physician, Ph.D.)

The hospital slowly became all in the hands of the president alone. Most of the high-level talents have left the hospital over the years because they could not stand such leadership style. As the saying goes, "A wise man who worries a thousand things will make a mistake; a fool who thinks a thousand things will get one." In the workplace, even if you are a strong person, there will be weaknesses and problems that cannot be solved. No matter how dull people are,

they also have advantages and skills that others cannot master. Solipsism is a sign of stupidity, easy to provoke public outrage, and often self-destructive. Leaders may not be professional and understand many things, so they should not be centered on themselves all the time. (2021120, female, vice president, chief physician, professor, postdoctoral)

In meetings the president was like God, he controlled the whole situation, and when other leaders came up with different opinions, he never adopted them. We always tried to take the time to change his mind, but it was difficult to achieve, and slowly other team members dare not make suggestions and opinions on the construction and development of the hospital, which hindered its development. I talked to him many times, revealing that some department heads wanted to leave and I tried to change him, but without success. (2021120, male, Director of Campus, Chief Physician, Ph.D.)

Putting his interests first, and doing what he wanted were expressions often mentioned by respondents.

He treated his subordinates as a writer's routine, often asking people to help him with personal and non-work duties, especially asking me to help him write speech materials that had nothing to do with the hospital. (2021110, female, office manager, MSc)

I remember one day when I was on the emergency shift, a patient came to the emergency department with a toothache, I gave the patient treatment advice, but he complained about me when he felt dissatisfied. When the president learned of this, he cursed and demanded that the personnel department fire me. Later, after reasoning, I learned that this patient was a friend of the president. (2021120, male, attending physician, MSc)

He always wanted to make the Dongfeng West Campus of the hospital a joint-stock system, so he forced us to formulate a shareholding plan. However, in China, public hospitals are not allowed to engage in the shareholding system, which is illegal. (2021110J, male, department head, deputy chief physician, MSc)

The core of leadership is to be respected and trusted by members (Zhang & Yang, 2018). As a manager, one must learn to delegate and rely on reason and charisma to conquer employees, rather than on temper or power to suppress them (Wei, 2018). Many respondents felt that the president was hot-tempered, suspicious and unaware of his need for self-control.

The president likes to reprimand people in public, and the annual staff meeting is basically scolding. Some experts really can't bear such leadership, so they had to choose to leave. I believe that leaders should cultivate team spirit, strengthen employees' faith and self-confidence, and should not only scold people for everything. (2021120, female, attending physician, MSc)

He always thought that he was the protagonist, looked down on his subordinates, and often showed his authority by picking on them. The staff of the administrative function was the biggest victim, not only working overtime every day but also often being scolded by the president. I think the higher the leadership position, the more the power is greater, the more you should learn to respect others. (2021120, male, attending physician, MSc)

The president's personality is too unbearable, not only does he not care about the staff, but he also speaks very hurtfully, and when he hears different opinions, he will get angry. I was the biggest victim. Leaders should sincerely communicate with employees and stimulate their enthusiasm for work, we all come together to create a better future for the hospital and should not be treated like this. (2021120, male, attending physician, MSc)

The psychological safety of the team is based on mutual trust and respect, when the suggestions put forward by employees are not adopted and they are even abused by leaders, their psychological safety will decline, they will choose to be silent, passive and slack, and finally choose to leave (Coutifaris et al., 2021). Lee & Mitchell (1991) pointed out that as dissatisfaction with work accumulates, employees become more and more frustrated and have thoughts of leaving the organization. When this sentiment reaches a certain threshold, employees take action to leave (Sheridan & Abelson, 1983). Mobley (1977) also showed that employees who accumulate negativity and become increasingly strained with their leaders are likely to impulsively offer to leave without reasonable and systematic consideration. All these feelings are reflected in the respondents' comments.

He is angry at every turn and likes to make personal attacks. Many times, when I reported on my work at the hospital affairs meeting, I would be interrupted, and he would accuse me in public in front of all the middle-level cadres, and his words were prickly, which was disrespectful to people. (2021120, male, department head, chief physician, doctor)

Next to our office was the conference room. I often heard the president slam the table and scold people during the meeting, angry and moody because of a trivial matter, making everyone very nervous every day at work, which is too scary. (2021110, female, office manager, MSc)

Another time the leader came to our discipline administrative round, and on that day, I left some medical staff to serve the patients and did not ask all the staff to stop and attend the meeting. After arriving at the venue, the president slapped the table and cursed, and after scolding, he threw himself away and left the meeting, without finishing it or solving any problems. In the evening, he kept calling and abusing me, and at the same time asked the leaders of other departments and functional heads to come up with plans to deal with me that

night, and even asked them to deal with me according to Party discipline and Party rules. In order not to involve other hospital leaders and functional department directors, I had to leave with my fiancée. (2021120S, male, attending physician, MSc)

I remember that in December 2013, the hospital held an enlarged meeting of the Party committee to study the plan for the new year's work, and I proposed a plan for medical work at the meeting. The participants were terrified and did not dare to speak, for fear of being scolded, and the two-day meeting was cursing and had no results. (2021120, female, vice president, chief physician, professor, postdoctoral fellow)

Respondents were dissatisfied with the ability of the hospital's leadership team, believing that the team did not cooperate and did not fulfill their due job responsibilities to solve the problems in the face of employee dissatisfaction, among which the most mentioned were the hospital Party committee and Party secretary. In China, the Party Secretary is the organizer of the work of the Party Committee, and his ability and quality, and leading role are directly related to the quality of the construction of democratic centralism in the Party Committee (Zhao, 2018). The system consists of combining collective leadership with the individual division of labor and responsibility, so all major issues must be discussed and decided by the Party Committee collectively under the principles of collective leadership, democratic centralization, individual deliberation, and decision at meetings, supporting the president to exercise his powers independently and responsibly according to laws and regulations (Zhao, 2018). Party secretaries, as the "helmsmen" of political direction and the "gatekeepers" of political discipline, must have the "backbone" of major principles. This requires Party secretaries to be good at observing the political trends, grasping the requirements of the times, keeping the overall situation in mind, planning, and making overall designs to ensure the healthy and sustainable development of hospitals (Zhang, 2003). However, as per excerpts below, interviewees pointed out weaknesses in the behavior of the Party Secretary that allowed for the President's discretionary conduct.

Every time an enlarged meeting of the Party Committee is held, the Party Secretary should preside over and control the entire meeting, but he had no ideas for the meeting. There is a wise saying that "thinking determines the way out, attitude determines the height, and pattern determines the end", but the Party Secretary had no idea of his status. Moreover, when encountering principled issues at the meeting, he did not dare to speak, did not dare to adhere to principles or take responsibility, causing the president to control the entire meeting, only clapping at all topics. (2021120, male, hospital director, chief physician, doctor)

Due to the weakness and incompetence of the Party Secretary, the internal unity of the

leading body, and the inability to form a joint force, the Party organization could not play the role of fighting and protecting the stronghold in the hospital, and could not play the role of directing and managing the overall situation. The hospital Party Committee lacked political guidance and political absorption of high-level talents. It also lacked a sound spiritual driving mechanism and effective humanistic care and value guidance, which weakened the cohesion and appeal of the Party organization to a certain extent. (2021120, male, attending physician, MSc)

Interviewees also mentioned that the hospital leaders did not cherish talents and did not solve promptly problems raised by employees.

After employees contribute, they most want to get simple but sincere “thank you”, but the hospital leaders always reprimanded employees, instead of recognizing them. Talent is a competitive advantage, and if the hospital does not pay attention, excellent employees, especially high-level talents, will seek other jobs. The key to creating this situation is that no one could check and balance the power of the president, and we all saw it in our eyes: the president was strong and autocratic, and the Party secretary was weak and incompetent. The lack of unity between the leadership team and the tense relations have exhausted most medical workers, especially the new employees that the president accused, as a consequence they jumped the ship. (2021120, female, attending physician, MSc)

After a medical dispute, I repeatedly reported it to the medical department, but it was not properly handled. Especially on that day, the patient wanted to jump off the building, and after the hospital director knew about it, he ignored it and did not decisively deal with the emergency incident, as if nothing happened, and did not let other leaders deal with it, causing the incident to develop more and more out of control, and finally, local special police had to intervene. As a doctor, I rely on the hospital, and when something happens, I always want the hospital to solve it, and in times of crisis, I couldn't get help, which was exhausting and helpless. (2021110, male, Deputy Director of Department, Deputy Chief Physician, Ph.D.)

Leaders who simply emphasize strong management are likely to personally cause a brain drain from the hospital and end up in an unmanaged dilemma. As mentioned in the previous chapters, the hospital was transferred to the management of Guangzhou Medical University in 2004. Although after 18 years the hospital developed into a stomatology hospital integrating medical treatment, teaching, research, prevention and health care, the loss of talent had a large negative impact on the development of the hospital. The hospital was not only unsuccessful in being promoted to a Grade III Level A stomatology hospital, but also unable to obtain the qualification for doctoral recruitment authorized by the Ministry of Education of China.

Qualified managers should have both hands-on deck and understand "human nature".

5.2.6 Category 6: CPC's leadership system

The key to running China's affairs well lies in the Party. In his report to the 20th CPC National Congress, the general secretary proposed that Chinese-style modernization should comprehensively promote China's great rejuvenation and made it clear that the Party's comprehensive leadership must be upheld and strengthened on the way forward. The change in the hospital leadership system in China is a process of constant exploration and development. In 2018, it was proposed that public hospitals implement a dual management system, with the presidential responsibility system under the leadership of the Party committee (GOCPCCC, 2018) and according to which the Party secretary is generally responsible for the hospital work and is the first responsible person. His/her role is to emphasize political orientation, organically combine Party affairs and business work in hospital organization, unite and lead Party members and cadres, unite medical personnel, fully implement health work guidelines in the new era, and implement the Healthy China strategy. By giving full play to the collective leadership and decision-making power of the Party committee the goal is to improve the execution of hospital management. The Party Committee and the President's Office represent the division of labor and cooperation, independence, and the implementation of a system of checks and balances, with the ultimate goal of achieving high-quality hospital development through what Xu et al. (2018) called "conspiracy between the two".

From Figures 5.14 and 5.15 below, it can be concluded that the influencing factors in the party's leadership system are power checks and balances and the leading role of CPC. In the interviews, "checks and balances" were mentioned 100%, and the leading role of CPC was mentioned 64.3%. In terms of the leading role of the CPC, respondents mainly cited the lack of leadership of the Party committee and the disunity of the leadership teams in Guangyi, the hospital studied. In terms of checks and balances of power, the interviewees mentioned that the Secretary of the Party committee followed all the instructions from the President and did not play the role of gatekeeper and supervisor. The dual management system did not follow the principle of democratic centralism and lacked checks and balances of power.

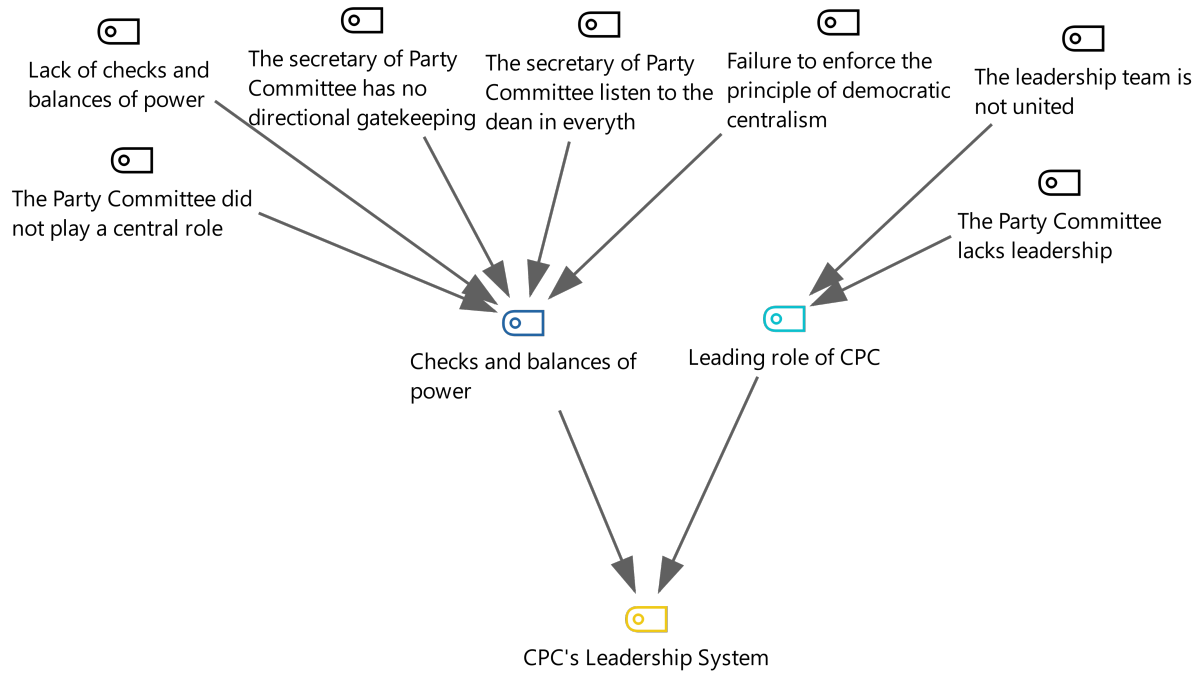


Figure 5.14 Three-level coding chart for the CPC's leadership system category

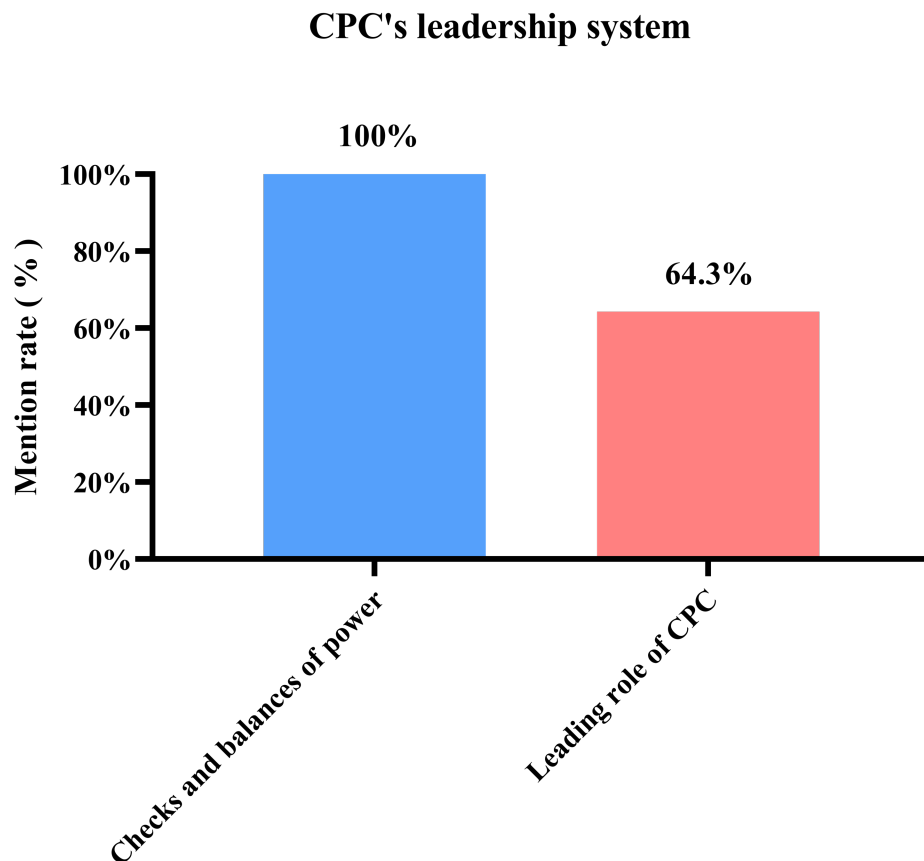


Figure 5.15 Mentions of the two sub-categories under CPC's leadership system among the 21 in-depth interview respondents

According to Pangle (2020), Montesquieu emphasized in *The Spirit of the Laws* (1748) that “it is an eternal truth that all those who have power are prone to abuse power. People with

power use power until there are boundaries” and it is therefore necessary to restrain power with power. The interviewees commented that, at the time, the hospital Party committee would not supervise, dare not supervise, was unwilling to supervise, and did not dare to form a power balance with the president thus invalidating the checks and balances system.

I think the problem is related to the hospital Party committee. The secretary was weak and incompetent, only took benefits, and did not do serious things, which is something that all the staff of the hospital knew. Every time a meeting was held, I acted as a recorder. The secretary of the hospital's Party committee did not dare to express his opinion at the meeting, and the president acted recklessly. Originally, this kind of meeting should be presided over by the secretary of the Party committee, but why the president is so strong that the Party secretary and the president did not form a counterbalance, and everyone felt disappointed when they saw it? It is necessary to form a mutual restraint between the power of the Party secretary and the president to promote the balance of power and responsibility, to effectively protect the rights and interests of employees from infringement, and ensure the sustainable and high-quality development of the hospital. This is also a factor affecting the brain drain. (2021110, female, office manager, MSc)

I was the secretary of the Party branch, and I think that the secretary of the hospital Party committee one-sidedly understood that the implementation of the president responsibility system under the leadership of the Party committee is only to strengthen Party affairs and did not systematically plan the overall promotion from the aspects of politics, ideology, organization, style, discipline, and system. Although the hospital has formulated a series of systems on the surface, the Party secretary has not implemented the unified leadership of the Party committee, the division of labor and cooperation between the Party and the government, and the mechanism of coordinated operation, resulting in an imbalance of power; slowly promoting the president's arrogance and dampening the self-esteem of the staff. (2021120C, male, department head, chief physician, doctor)

I believe that there was no unity within the leadership group at that time, the president was too strong and arbitrary, his work style and speech were domineering, and democratic centralism was not implemented. Under abnormal circumstances, the president's power has expanded indefinitely, and there have been “patting on the head to make decisions” and engaging in “one word”. It is precisely because of his arbitrary actions that some high-level talents have lost confidence in him and have left their jobs one after another. (2021120, male, attending physician, Ph.D.)

The checks and balances of power are related to the rise and fall of hospitals, to make the

hospital healthy development, only the equivalence of power and mutual restraint can ensure the effective expression of the discourse of power, so that decision-making can accommodate more opinions and that interests will not be biased towards a small number of people. In particular, the hospital leadership team should respect each other, and pool wisdom and efforts, as the so-called “everyone collects firewood and flame high”. The president should give full play to everyone’s wisdom, do not engage in an oppressive style so that the hospital's decision-making can be accurate, true, reliable, and comprehensive, and that the hospital can get sustainable development. (2021120, female, attending physician, MSc)

From historical experience, those organizations and institutions that encounter problems in the reform process, often lack a strong leadership core and a solid institutional foundation (Weitman & Black, 1969). China has always stressed that “we must persistently give play to the Party’s role as the core of leadership in controlling the overall situation and coordinating all parties” and “we must ensure that the Party leads the people to effectively govern the country”. Party secretaries should have the leadership ability to "set the direction, manage the overall situation, make decisions, promote reform, and ensure implementation" to guarantee that power is normal, clean, orderly, and efficient in operation so that organizations can develop in the right direction. Many interviewees felt that the Party committee in the case hospital could not control the overall situation of the hospital and failed to play the core position of the Party organization in the hospital dual management system.

I think that the secretary of the Party committee of the hospital did not seek government in his position and was shoved when he encountered the demands of the masses. He chose to protect himself and ignore the cause of endangering the hospital. He only talked about harmony, not principles. Employees could see no hope and lost confidence in the Party organization of the hospital. They became worried about the hospital’s prospects, and could only think about a new way to work. (2021110J, male, department head, deputy chief physician, MSc)

The secretary of the Party committee did not perform the duties of his post, did not stand high, did not have a broad line of thought, did not do his work in implementing the principle of Party management of cadres and talents, and lacked political guidance for the work of the hospital, resulting in the Party organization having no cohesion and appeal in the hospital. Due to the weakness and incompetence of the Party committee secretary, the leading body was not united and could not form a joint force. The Party organization could not play the role of protecting the stronghold in the hospital nor of directing and managing the overall situation. (2021110M, female, office manager, MSc)

In China's public hospitals, for the president responsibility system under the leadership of the Party committee to be fully implemented according to the dual management system it is necessary to give full play to the Party's leadership role. In turn, the Party committee should strengthen the political guidance and political absorption of high-level talents, to increase their “number” and win “people's hearts” (Jing, 2019). Nyathi (2008) also said that team cohesion is related to employee turnover. It is of great significance to retain talents, promote hospital construction, and lead the innovation and development of hospitals affiliated to universities through political guidance and political absorption of high-level talents, a concern also raised by respondents.

Party committee secretaries are squad leaders of leading bodies, they cannot lack political guidance. Instead, they should make enough efforts to grasp the direction, seek the overall situation, and deal with major affairs and not with details. The Party secretary in the hospital did not correctly guide everyone to consciously put themselves in the position of the Party and failed to create a good situation of free speech and liveliness in the discussion of major decisions, resulting in the problem of discussion but not decision and lack of determination in decision-making. (2021120, female, office clerk, MSc)

The secretary of the Party committee of the hospital did not have the ability and level to play an exemplary role or to overcome difficulties. He lacked determination, and did not want to make progress, so the image of the hospital Party organization among the staff was poor, the prestige was low, and the employees lost confidence. (2021110, male, Deputy Director of Department, Attending Physician, MSc)

Party secretaries must not only go to work, drink tea and read newspapers, they must be familiar with the country's major medical and health reform policies and management knowledge and must be professionals who understand the medical treatment. In China, acting by procedures and rules is the basic way to implement democratic centralism, and it is a compulsory course and a basic course for the leading bodies of Party committees. However, the secretary of the Party Committee of Guangyi Stomatology Hospital did not play the core leadership role and lacked strict procedures, rules, and decision-making according to the law. We did not dare to take a clear-cut stand to resist unhealthy trends and evil tendencies, resulting in the phenomenon of face-making and selfishness, trapped by human feelings, burdened by relationships, and confused by interests, which encouraged the president to selectively implement his system. (2021110, male, Vice President, Chief Physician, Professor, Ph.D.)

The implementation of the dual management system embodied in the president's

responsibility system under the leadership of the Party committee in China's public hospitals is intended to build a socialist market economic system with Chinese characteristics. The president's operation team, under the leadership of the Party committee, needs to follow the direction of public hospitals by adapting to the market, conducting medical research and teaching, and operating public hospitals by the law, providing a favorable political guarantee for their high-quality development. These two opposites are unified and complement each other, which is also in line with the yin and yang balance principle of Chinese philosophy and is the embodiment of the Eastern style of democratic centralism.

Hospitals belong to a special service industry, and the purpose of the Party is to serve the people wholeheartedly. In China, an important part of management work in a hospital is conducted by the Party. If the Party organization does not play a leading role in politics, it cannot closely combine the Party building with the managerial work, and the political core role of the Party committee will be absent. Then the phenomenon of Party affairs and administrative work are divided and contradict each other weakening the cohesion and centripetal force of the Party organization in the hospital.

Therefore, only when the Party and the government of the hospital (the president) work together, support each other, cooperate closely, unite, and develop harmonious party-government relations, in a healthy dual management system, will it be possible to promote high-quality development of the hospital. Only by continuously optimizing the hospital's governance capabilities, strengthening the democratic decision-making mechanism, and standardizing the structure of internal governance and power operation rules will the standardization, refinement, and scientific decision-making and management be promoted. In this way, the importance of talents will be continuously recognized, talents can be retained, and people can be provided with all-round and full-cycle health services contributing to the development of a healthy China.

Chapter 6: Discussion and Conclusions

Grounded theory posits that theories can be constructed based on data, a principle that has inspired this chapter, which discusses the results presented in Chapter 5, puts forward suggestions, and limitations, and proposes future research directions.

Although relevant research on the influencing factors of brain drain has been extensively carried out and great progress has been achieved, the dynamism of the environment presents new and different challenges that offer and require new and different avenues for research. When analyzing brain drain in China's healthcare sector through the lenses of a specific case study, domestic and foreign literature on brain drain have been repeatedly reviewed, which particularly helped the analysis of documents and in-depth interviews to get relevant information on the human resources in the case hospital so as to understand its development history and the problems encountered in the development process.

Following the grounded theory research steps as described in Chapter 4, the original records of departure interviews (83) conducted at the time of resignation and in-depth interviews (21) held at the time of the research with former employees of Guangyi Stomatology Hospital (the case hospital), selected from the 83 departed employees, were processed with the help of MAXQDA software. The importance of different categories was compared and explored and finally divided into six categories (aggregate dimensions): "personal factors", "hospital culture", "hospital system", "social environment", "leadership team", and "CPC leadership system". These categories were derived from the relationships among the factors mentioned by the interviewees that first generated key sub-categories and, after further coding, gave way to the main categories above (Figure 5.2).

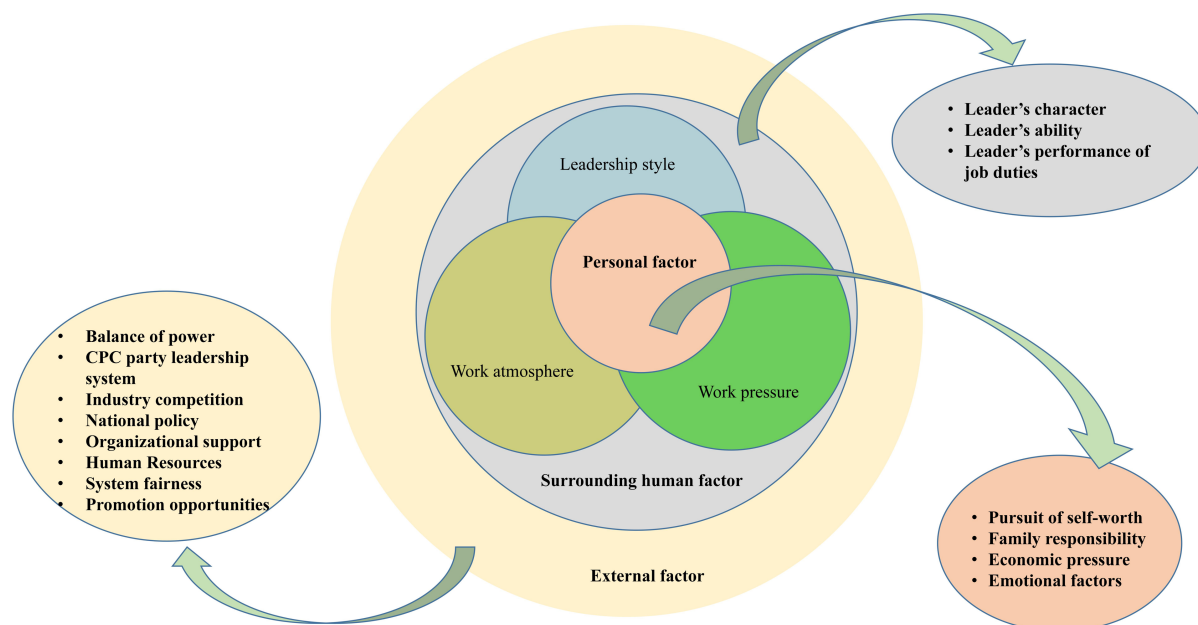


Figure 6.1 Theoretical model diagram

The relationship among these categories was analyzed as the theoretical basis for this study and divided into the following three parts as shown in Figure 6.1.

(a) External factors are represented in the external ring of the figure and relate to the system and environment (national policy and industry environment); the Party leadership system (checks and balances of power and leadership); and the social environment (fairness and organizational support).

(b) Surrounding factors are represented in the middle ring and concern the leadership team and hospital culture, namely work pressure and work atmosphere.

(c) Personal factors are shown in the internal ring and include the pursuit of self-worth, family responsibility as well as other personal and economic factors that interact with one another.

External factors directly influence surrounding factors, which in turn affect the hospital system. The hospital system and the social environment also directly affect personal factors, which interact with the leadership of the Party system. If there is a mismatch between the core of personal factors and the feedback from other factors, this will directly lead to personnel turnover.

In the above 18 categories, the mentioned rate of power checks and balances in the interview is 100%, the mentioned rate of leadership style is 95.2%, the mentioned rate of system fairness is 82.4%, the mentioned rate of work pressure is 100%, and the mentioned rate of work atmosphere is 71.4%. As a key factor in the model, the relationship between key factors will be explored by combining the expression relationship between relevant factors in

relevant literature and interview materials, and the relationship structure of demission factors. In this study, through in-depth communication with the respondents, it can be concluded that the imbalance of power in the dual management system leads to the overbearing personal style of the leaders, which affected the working atmosphere of the hospital and led to great pressure on the employees and to the high turnover of talents. This suggests that there is a close relationship between the right balance and leadership style, between leadership style and job stress, between leadership style and system fairness, between work stress and achieving personal self-worth, and between the working atmosphere and employee turnover. Through detailed analysis, the relationship among different factors is hereafter discussed.

6.1 Discussion of research results

This section analyzes the following five relationships: power checks and balances and leadership style, leadership style and work pressure, leadership style and system fairness, work pressure and personal self-worth, and work atmosphere and talent turnover. From these five relationships, it is concluded that: power checks and balances affect the leadership style, the leadership style affects leadership behavior, and leadership behavior affects employee turnover. The more imbalance of power, the more prominent the personal style of the leader, and if the personal style is tyrannical, the greater the impact on employee turnover.

6.1.1 The relationship between the balance of power and leadership style

The “checks and balances of power” category is layered down from five initial concepts in the 21 in-depth interviews represented by statements such as: “the Party secretary has no checks on the power of the president”, “the Party secretary has not used his power well”, and “the Party committee failed to play a central role”, “the principle of democratic centralism was not implemented”, and “the power of checks and balances is lacking”. According to Zhou (2010), the idea of checks and balances of power was born in the works of the Greek historian Polybius (c. 200 – c. 118 BC), evolved into the theory of the “separation of powers” in the Middle Ages, continued through the Renaissance, and into the Western bourgeois revolution, and played an important role in promoting the progress of human political civilization. Some studies point out that excessive concentration of power will inevitably lead to the formation of absolute power lacking necessary supervision and restriction, which makes the abuse of power uncontrolled, and the internal governance easily taken over by individuals or a few

people (Shi & Zhou, 2018). The system of checks and balances avoids power concentration and abuse and fully reflects the existence of harmonious leadership behavior in a dual management system.

Some scholars have raised the question of whether the checks and balances of power can be used in the case of senior executives to restrain the power of the CEO and prevent the execution of risky projects for personal interests that may damage corporate value. For example, Dong Yanliang (2020) believes that the greater the power conflict among senior executives, the more stable the final behavioral decisions of enterprises will be. Yang (2022) claimed that the stronger the balance of power of the management, the more it can prevent the abuse of power of the chairman or general manager and further optimize the investment decisions of enterprises. There is a direct causal relationship between the balance of power as a system and the leader's behavior, and the imbalance of power is more likely to lead to the abuse of power.

The category "leadership style", also frequently mentioned by respondents, refers to the unique and habituated behavior formed by leaders after long-term leadership practice and is closely related to the ruling environment of leadership (Zhang et al., 2015). Besides internal factors, the formation of a leadership style is also related to the institutional environment.

In China, the president's responsibility system under the leadership of the Party committee is implemented as a dual management system, and the authority of the president and the secretary of the Party committee is divided. The president's responsibility system means that not all the power is concentrated in the president's hands. The Party organization is the "core of leadership" and the one that discusses and makes decisions on major issues. Once the leadership of the Party organization is weak, the power of the president will expand rapidly creating internal deficiencies. Then, the president's responsibility system will become "the president's system" and the leadership style of the president will be more and more arbitrary and overbearing. Therefore, power imbalances can lead to changes in leadership styles.

6.1.2 The relationship between leadership style and work stress

According to the interviewees, the leadership style in the case hospital at the time of their tenure is one of the 18 sub-categories extracted from the 21 in-depth interviews. According to current research on leadership styles, leadership has different standards and characteristics including the abusive leadership style that matches the concepts raised by the interviewees. As

they described, in abusive leadership styles, employees are often subjected to malicious verbal attacks and non-verbal behavior from their leaders. It is a typical negative leadership behavior, which brings a series of negative effects, including a significant negative impact on employees' daily work and family life. On this basis, emotional management and emotional guidance to reduce employees' work stress are proposed to solve the adverse effects caused by abusive leadership styles (Sun, 2018).

As an important factor of organizational characteristics and the main source of employees' emotions, in the process of getting along with their subordinates, too strong a leadership style as well as the arbitrary exercise of power through aggressive attitudes to impose their will on employees, will affect their emotions and work enthusiasm. In this environment, employees are always in a tense state and the communication between superiors and subordinates is not smooth leading to high work pressure. Sincere leadership style and empathy are moderating factors in the effect of work stress on work quality, and help to alleviate negative impacts (Xu et al., 2020).

6.1.3 Leadership style and institutional fairness

Institutional fairness is a sub-category that emerged from the 21 in-depth interviews (Figure 5.2) and contributes to the aggregate dimension (category) designated as "hospital system". We understand it as a kind of organizational justice from the perspective of individuals. Organizational justice refers to the perception of fairness created by rules, regulations, basic policies, and effective measures in the organizational structure of a social group. To some extent, ensuring organizational justice is the result that all social organizations should strive to achieve. Specifically, the building of organizational justice comes from three sources: institutional fairness, distributional fairness, and communication fairness (Zhou, 2021). The leader's impartiality, recognition, attention, and respect for subordinates can enable employees to maximize their release of energy.

The hospital system is the code of conduct of all staff and the embodiment of hospital management philosophy, thoughts, and mode, which will be related to the rise and fall of hospital survival. Every regulation needs to be established based on equal treatment, everyone is equal before the system, which is conducive to the healthy development of the hospital. If the leadership style is dictatorial, it will destroy the fairness of the system to safeguard the interests of one individual or small groups. An abusive leadership style will destroy communication fairness and, if in the process of work communication, the leader abuses the

authority role to put pressure on the subordinate, he or she does not give basic respect to the subordinate. Likewise, in the process of information transmission, if the information is not balanced enough and is selectively delivered to specific groups, this will affect the employees' sense of fairness. The above concepts reflect the unfair implementation of the main leadership system in the case hospital, which is conducive to a lack of fairness in the system.

6.1.4 The relationship between work stress and personal self-worth

Work stress is a sub-category resulting from ten initial concepts in the 21 in-depth interviews: “profession and post do not match”, “working the night shift is difficult”, “entrepreneurial hardships”, “labor intensity and working pressure”, “medical treatment, teaching, scientific research, and comprehensive development create high pressure”, “poor conditions”, “occupational identity is not strong”, “exhaustion of body and mind”, “can’t adapt to work”, “difficult to face medical disputes under pressure”. One of the most important life goals for individuals has always been to achieve career growth and career success (Chen et al., 2021). As employees pay more attention to their career success and the realization of their value, related studies have shown that work stress is negatively correlated with professional identity and that individual components of work stress such as organizational management, career interest, and career development are also negatively correlated with professional identity (Guo et al., 2022).

The rationality of the organizational system has a great influence on the professional identity and turnover intention of clinicians and unreasonable management often reduces their job satisfaction. In addition, an incomplete cognition of a career, vague direction, or lack of interest in career development will lead to low professional identity. This was particularly sensed during the interviews when one department director said that he felt that going to work was like going to prison, an everyday struggle under huge working pressure. He had to leave to get out of trouble. Those employees interviewed both in the exit and post-facto interviews confessed to having faced great work pressure, and physical and mental exhaustion. Under the dual role of work pressure and psychological intolerance, employees lacked a sense of belonging, felt lonely and dissatisfied, and lacked security, all of which inevitably produced corresponding value judgments that manifested in new career choices.

6.1.5 Relationship between the working atmosphere and talent turnover

The category working atmosphere emerges from 14 initial concepts in the 21 in-depth

interviews: “creates feelings of loss”, “interpersonal complexity”, “weakens team cohesion”, “shakes people up”, “affecting the stability of the team”, “poor image of the hospital”, “increasing costs”, “reduced competitiveness”, “depressed working atmosphere”, “depressed mood”, “restrictions”, “lack of humanistic care”, “lack of cohesion and centripetal force”, “marginalized”, “forced resignation”, and “high-pressure situation management”. To a large extent, work atmosphere refers to the psychological environment of organization members, which is the consensus generated by most people after internalizing the same type of environment. The work atmosphere is a hidden soft power that can make people happy or unhappy and affect work efficiency. A bad working atmosphere makes people feel depressed, and emotionally exhausted, with a lack of belonging those results in job burnout, turnover intention, and eventually in turnover.

Previous studies have confirmed that when members trust their team, they will have positive expectations about the attitude and behavior of others in the team, and then feel secure. On the contrary, if team members generally have low trust in the team, they will become depressed due to a lack of security (Mai & Liu, 2021). When the work atmosphere is negative, employee mentality and team spirit are inevitably passive. The interviewees fully reflected the dull atmosphere in the hospital: they had no sense of belonging and pride, lost confidence in the future, and finally chose to leave.

To sum up, the balance of power in the case hospital affected leadership style, and the leadership style affected the leadership behavior, which in turn affected employee turnover. In a dual management system, the more unbalanced the power, the more prominent a leader’s style is. If the personal style is bossy, the greater the impact on employee turnover.

Based on the Chinese context, in a dual management system characterized by the general responsibility of the director under the leadership of the Party committee, there is a great possibility of power division between the Party affairs and administrative leaders. Checks and balances refer to the existence of forces within or outside public political power that counterbalance the subject of power. Such forces often determine the leadership team’s ability to take the overall situation and seek development. If there is a power imbalance, the leadership team may have a situation in which individual behavior determines the development of the organization. In this case, the personal style of the leader directly determined the institutional fairness, hospital culture, and working atmosphere of the hospital, and these factors directly affect the overall demission of talented hospital staff (Figure 6.2).

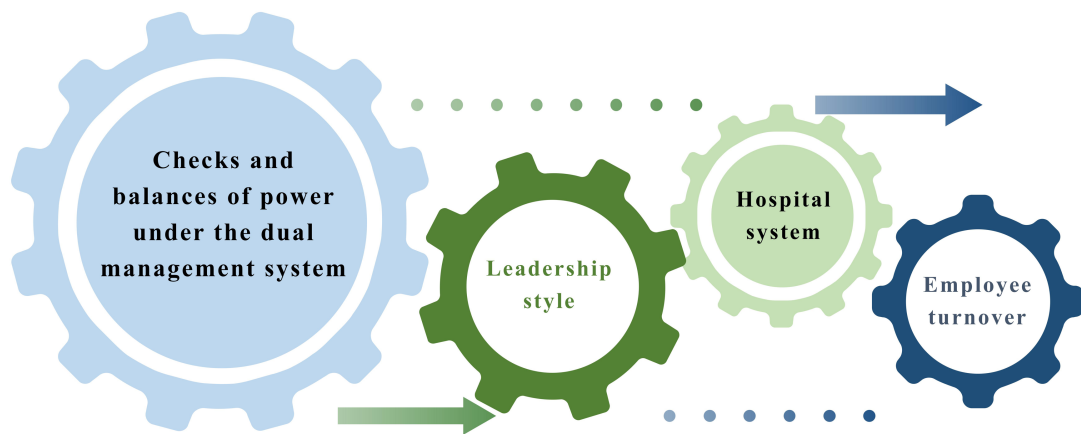


Figure 6.2 Theoretical relationship diagram of this study

The case of the hospital studied reflects the conclusion of the above empirical research. Because the Party committee did not play a central role, the power imbalance between the Party secretary and the president occurred affecting the hospital culture and leading to brain drain.

6.2 Research contribution

Taking the Guangyi Stomatology Hospital as a typical case, this thesis uses grounded theory to explore the influence of power balance on leadership style and behavior under a dual management system and their effect on the employee turnover process. The main contributions are reflected in the following aspects.

6.2.1 Theoretical level

In the process of applying grounded theory to qualitative data, through continuous comparison and analysis, the aim was to find out the real reasons for high-level talent demission, demonstrate the influencing factors of a talent drain, and conceive a theoretical model as described below.

Based on exit interviews conducted at the time of departure, the concepts were summarized and refined through data from post-facto in-depth interviews, resulting in 6 categories: personal factors, Party leadership system, hospital system, hospital culture, social

environment and leadership team. These six categories are aggregate dimensions derived from 18 sub-categories as per Figure 5.2. According to the relationship between the category and specific factors and the proportion of factors mentioned by the interviewees, the key factors under the core category were selected, and the relationship between them were analyzed to form the theoretical models presented in Figures 6.1 and 6.2. In the context of China, these theoretical models provide a starting point and enlightenment for future empirical research. A combination of case study and grounded theory concepts and methods were used to study in-depth the factors affecting the brain drain and conclude the formation of concepts and aggregate dimensions that contribute to enrich the research on the influence of power checks and balances on leadership behavior in China which is still relatively rare.

6.2.2 Managerial level

The exhaustive collection of interview data enabled us to find out the influencing factors of the brain drain at the case hospital. The study enabled us to understand the root causes of the brain drain that may inspire policy design and the improvement of human resource management mechanisms that may alleviate the problem. Although the conclusions of this study need to be confirmed by further research evidence it provides a theoretical and practical reference for talent management in public hospitals in China under a dual management system.

Through the analysis of this case, it was possible to explore the essential characteristics of modern hospital management systems with Chinese characteristics. Hospitals growing up in Chinese local culture do have unique leadership styles in which checks and balances of power play an important role in the leadership process.

6.3 Discussion and suggestions

Upon the results of previous research and the analysis of this thesis, it can be concluded that the most important factors affecting the demission of employees are organizational factors. In the case hospital, only by optimizing the related system of the organizational structure, can we further reduce the demission rate. Although there are various reasons for the problem, both the data and the literature point out the failure of checks and balances of power which directly leads to feelings of insecurity and chaos (Zhou, 2010). The key to an effective balance of power lies in the separation of powers in a legitimate way, to balance power with power, and

safeguard rather than damage the legitimate interests of the people.

According to Pangle (2020), “Checking power with power” originated from the separation of powers proposed by Montesquieu (1689-1755) who believed that all those who have power are prone to abuse it, a situation that keeps occurring across centuries. He emphasized that power can only be balanced, or restrained, by another power thus improving the mechanism of deliberation, clarifying the relationship between subjects, and the matters and scope of each party’s decision-making. In organizations in China, the dual management system, comprising the President’s responsibility system under the leadership of the Party Committee, is meant to prevent the abuse of power sustained by a solid ideological and moral defense line. The most fundamental ideological requirement for the realization of checks and balances of power is to adhere to the concept that “power is granted by the people and used by the people”.

In addition, power needs to be locked into the cage of the system, that is, a power exercise mechanism with a “reasonable structure, scientific allocation, strict procedures, and effective constraints” should be established. Hospitals should formulate hospital constitutions in accordance with relevant national laws and form a governance structure under the leadership of the Party Committee, with the president in charge and democratic management to ensure that power is applied in a fair, open, and equitable manner and plays a fully positive role in hospital management.

In the system of the President’s responsibility under the leadership of the Party Committee, it is the Party that shall be responsible for making substantive decisions and supporting the President in exercising his or her powers according to the law and regulations, namely the Rules of Procedure of the President’s Office Meeting and have the responsibility of transforming the decisions of the Party Committee into specific administrative measures. The relationship between the Party Committee and the President’s office is therefore a division of labor and cooperation, fostering independence and checks and balances, with the ultimate goal of achieving the high-quality development of an organization.

In Chapter 5 Figure 5.7, the issue “checks and balances” was mentioned by 100% of the interviewees. To prevent power imbalance and arbitrary behaviors, the leadership in the case hospital should adhere to collective decision-making on major matters. Instead of one person having the final say, the wisdom of many people should be absorbed into the decision-making. When subordinates put forward different opinions, leaders should listen carefully and not be afraid of losing face. As mentioned before, the dual system of management whereby the President of the hospital rules under the leadership of the Party Committee aims at addressing

this issue and is an essential feature of modern hospital management system with Chinese characteristics.

In China, to implement this system it is necessary to give full play to the core and leading role of the leadership of the Party Committee and integrate it into every link of hospital governance including the reform and development of the hospital. Party committees should break the space bottleneck, design the organizational structure from the top-level design, form a “chess game”, and ensure the smooth flow of government orders. Under the leadership of the Party Committee of the hospital, the President is fully responsible for the hospital’s medical treatment, teaching, scientific research, and administrative management, which is one stream of the dual management system.

6.3.1. Talents as strategic resources

Talents are essential strategic resources for the survival and development of a hospital. As the saying goes, “Those who gain talents prosper while those who lose them collapse”, retaining core talents with high value is the key to the resource integration and strategic development of any organization (Zhang et al., 2021). General Secretary Xi Jinping emphasized that “when a virtuous person is used, a group of virtuous people will come together, and when a virtuous person is seen and thought of, it will become a trend (Zhang, 2022)”.

According to the actual situation of the hospital, a mentorship program for young doctors, a training program for outstanding young talents, and a training program for clinical medical scientists have been formulated, and the respect and love for talents run through the whole process of the program. Chinese young doctors and Chinese medical talents in the new era will be closely supported by the Party organization and will strive to create a situation where people’s hearts are up, people are efficient, harmonious, and talented. Only in this way can more people take the great rejuvenation of the Chinese nation as their responsibility.

6.3.2 Adhere to the Party’s leadership under the dual management system

The constitution of the CPC stipulates that heads of Party committees at all levels must abide by Party discipline and state law, and exercise strict self-discipline. They must “strictly implement democratic centralism, the system of organizing and living, and the system of requesting instructions and reporting, and consciously accept organizational arrangements and disciplinary constraints”. They must adhere to politics, rules, and discipline in their work and establish a benchmark of governing behavior for Party members and cadres (Huang, 2020).

General Secretary Xi pointed out that “leadership work requires professional thinking, professionalism, and professional methods (Xi, 2016)”.

Based on regulating the operation of power, hospitals must rise to the challenge, forge ahead, promote democracy and win the hearts of the people, organically combine the work of Party building with the central work of the hospital, and always take the strengthening of the Party system as an important task to strengthen the core position of the Party in the hospital, adhere to the Party leadership system to implement all aspects and links of hospital governance, so that the leadership of the Party is reflected in all aspects of hospital development.

6.3.3 Establishing an assessment mechanism to improve the governing ability

In what concerns the universities with affiliated hospitals, they should establish and improve the list of responsibilities of Party committee secretaries, clarify quantitative criteria, apply quantitative methods on a qualitative basis, carry out appraisals and reviews, and take the results of the appraisals as an important basis for the selection and appointment, training and education, and rewards and punishments of Party committee secretaries. Those whose appraisals and reviews are “average” or “poor”, should be interviewed and reminded and given a deadline for rectification under proper training to ensure that the hospital Party secretary always maintains a vigorous, spirited, positive, and extremely upward spirit, and constantly improve the Party’s ability to govern.

6.3.4 Cultivating a harmonious hospital culture by adhering to a people-oriented philosophy

Organizational culture is a set of basic beliefs, behaviors, and values that are shared by most members of an organization over time (Garnett et al., 2008). It indirectly affects organizational performance and even drives the future growth and development of the organization by influencing the attitudes and behaviors of different stakeholders both inside and outside the organization. Culture is deeply rooted in the hearts of everyone and is a non-material resource and spiritual motivator for organizations (Burrell, 2020). Therefore, the hospital should adhere to the correct value orientation in the organization, promote the positive energy of the group upward and downward, play the role of cultural nourishment and support, and cultural cohesion of manpower, together to create a concentric and happy hospital culture.

Culture is the soul of a hospital, cultural identity is hospital unity, and only when a hospital has a culture that suits its needs can it stand out and become truly competitive in the competitive healthcare market (Burrell, 2020). “To give the people a greater sense of access and happiness” is a new goal put forward by General Secretary Xi Jinping in the new era, and it is also one of the important elements of hospital culture in the new era (Zhu et al., 2021).

Jin and Hwa (2020) revisited Maslow’s Hierarchy Theory and reiterate that when the basic level of employee needs is satisfied, people will move to higher levels of requirements and eventually reach self-actualization. For knowledge-based healthcare workers, it is important not only to rely on monetary incentives but also to let them gain the recognition of their leaders, colleagues, and patients from the work itself (Quarshie et al., 2020).

According to the new development situation faced by Guangyi Stomatology Hospital, there is an urgent need to establish a good hospital cultural atmosphere, enhance the loyalty, sense of belonging, and cohesion of the staff, and form a harmonious atmosphere of using the system to control people and using culture to retain them. The intrinsic growth needs of the staff must enable them to feel the care and support of the organization, whether at the hospital level or the departmental level, to provide good development opportunities for the normal work of the talents, and to provide a broad stage for their development, so that they can fully display their talents.

6.3.5 Treating staff well and wholeheartedly

The key to “people-centered” hospital management is to build good relationships through good communication, promote understanding of each other’s needs and interests, build interdependence and mutual trust in the workplace, and promote the development of the hospital. The needs of hospital staff for an organizational environment are the same regardless of which level of structure they are at. The three aspects of procedural fairness, organizational support, and good and fair conditions have a strong influence on the development of feelings of organizational care by talented people. At the same time, as this research revealed, hospitals should genuinely care for their staff, create a free and inclusive environment for expression, take the initiative to engage in dialogue with staff, express goodwill, and respect, and create a good atmosphere for dialogue and jointly create a culture with the hospital characteristics, gradually forming a common goal and ideal. Then, the staff will only see the hospital as a community of destiny, to take it as a cause worth fighting for their whole life.

6.3.6 Using power well and building prestige

A nation cannot flourish without virtue, and a man cannot be established without virtue (Xi, 2019). It is a very important piece of political wisdom in ancient China that “government should be based on virtue”. Leaders should correctly understand the relationship between power and authority, power comes from the people, and must serve the people. It should be correctly understood and used for the best of the organization and not for personal gain. Leaders are required to be of high moral character to distinguish between public and private interests and to treat each employee of the hospital fairly and equitably.

In addition, the leader must listen to different opinions and suggestions from the staff, and should not be jealous or suspicious of co-workers. In such an environment, the hospital staff can communicate with their leaders about their work, help each other with their colleagues, and give their talents enough space to develop and greatly enhance their working abilities. As a result, an employee-oriented organizational culture needs to be developed throughout the hospital.

6.3.6.1 Fostering a positive leadership style to increase employee safety

For employees, the most influential part of the work environment they experience every day is the leader. Employees are emotionally, psychologically, and behaviorally influenced by their leaders. Some scholars have researched Chinese companies and proposed the theory of paternalistic leadership, which encompasses both authoritarian and benevolent leadership types. Both types are rooted in Confucian values and reflect patriarchalism, where the father has legitimate authority over all family members, and benevolent leadership, which reflects the Confucian norm of reciprocity in relationships and the duty of the ruling father to care for his subordinates in every way (Lin, 2022). The leaders of the Guangyi stomatology hospital were openly critical of their subordinates, sneering at them, treating them rudely, yelling and abusing them, and suppressing them by force, which is an abusive leadership style. Abusive management practices can cause employees to perceive unfairness, demotivate them, and have a significant negative impact on their behavior and performance. Positive leadership styles have a significant impact on employee safety behavior and should be promoted in organizations to avoid the negative effects of negative leadership styles (e.g., paternalistic leadership or abusive management) on employee safety behavior (Lin et al., 2021).

Hospitals should pay attention to matching leader styles with staff since different leadership styles can affect staff creativity. Given the actual situation of the hospital, a benevolent leadership style would be more suitable, whereby the leader should respect and

care for the staff, treat them well, treat them like family, give them care in life, give them answers to their questions at work, and pay attention to their feelings.

6.3.6.2 Cultivate leadership and attract talent with the charisma of leadership

A leader with exceptional leadership must be a visionary, pragmatic, ethical, and courageous person with a big heart and a big spirit as well as full of personal charisma. The ancients regarded the cultivation of one's moral character as a prerequisite for the development of the family, the state, and the world. As a leader, if you want to bring in good people, you must strengthen your training and fill yourself with charisma. Personality charisma comes from the leader's character, qualities, knowledge, ability, and moral cultivation. The greater the charisma, the greater the authority, the greater the influence, and the more outstanding talents will naturally come to admire. Leaders should be strict with their moral character.

Firstly, leaders should value talent and love it. From ancient times to the present day, "meritocracy" has been one of the principles that the people of China have adhered to in the selection and appointment of people. Nowadays, the need to seek quality human resources is particularly important in an era of global competition where hospitals are knowledge-intensive organizations (Groves, 2017). In ancient China, the Duke of Qi Huan attracted Guan Zhong due his charisma, and as a result Guan Zhong helped him to achieve some great things in the Spring and Autumn period. Throughout the ages, the one who wins talent wins the world, and leaders have to rely on their excellent personalities to attract talent.

A good leader creates more for subordinates to show their talent conditions, and fully mobilize their enthusiasm and creativity, to maximize their intelligence. Even if subordinates make mistakes or shortcomings, they should not just be criticized or blamed. Instead, they should be enlightened to reflect on themselves, allowed to improve, and inspired to lift their confidence and move forward.

6.3.7 Establishing a reasonable and sound system

Equality before the system is the only way to ensure that the system is fair. A well-developed and reasonable system upholds fairness and justice so that employees feel that the system treats things right and that they are treated equally. In this way, they will be willing to comply with the system and consciously maintain it. This is fundamental to creating a harmonious team. Therefore, a reasonable system can enhance the core competitiveness of the hospital.

It is important to have a system in place, but it is even more important to implement it,

and the vitality of a system lies in its implementation, that is, the extent to which the formal system is realized in a given socio-cultural environment. This depends not only on the willingness and ability of the implementing subject but also on the degree of voluntary compliance by the implementing subject (Hong, 2020). To use the system to manage people is to give the system maximum authority.

In Western management, there is a famous “hot stove rule”, which refers to the fact that when someone breaks a rule, it is like hitting a red-hot stove and the person must be punished by being “hot” (Connor & Troendle, 2008). This “hot stove rule” has taught us that we should set out clearly in our rules and regulations what employees should and should not do and that they will be punished if they do something they should not do. As General Secretary Xi Jinping emphasized, “Resolutely safeguard the seriousness and authority of the system and resolutely correct acts that are not allowed or prohibited so that the system becomes a hard constraint rather than a rubber band” (Xi, 2014).

Therefore, a hospital leader should have a sense of reverence for the system to implement, maintain, and develop it. In the process of implementing the system, it is important not to change the system overnight. Repeatedly adjusting and modifying the system will greatly waste the time and energy of managers. While enhancing costs, it shakes the stability and continuity of the system, making staff feel at a loss and confused about the system. It also causes distrust in the hospital and damages the prestige and influence of managers, thus affecting the development of the hospital.

Effective monitoring enhances the authority and seriousness of the implementation of the system. A sound mechanism for monitoring its implementation must be established, and the department responsible must be clearly defined to make the responsibility of the system unshakable. To ensure that the implementation of the system becomes the conscious action of people, it is necessary to rely on both the coercive power of the system itself and the supervision of all aspects of the system, which should be carried out through the whole process of its implementation. The effectiveness of a hospital’s governance must rely on more specific and detailed implementation systems to improve the effectiveness of the system and promote the modernization of the hospital governance. It is important to be persistent on the road to improve the ability of system implementation and strengthen its supervision.

6.3.8 Management is art

For a better job-matching, an issue often raised by the interviewees, leaders have to motivate

their employees' passion for work and stimulate their potential by setting different requirements for each employee's ability, knowledge, skills, personality, temperament, and psychological quality, thus enhancing their job satisfaction (Wu, 2021). There is a saying that "How far your mind is, how far you can go, how big your heart is, how big your stage is." In this day and age, the healthcare industry environment is changing at a rapid pace. As a hospital leader, ability can affect vision and strategy formulation. General Secretary Xi Jinping is well aware of the historical rule that "worry and labor can revitalize a nation, while leisure and relaxation can ruin a body", and admonishes the majority of leading cadres to enhance their sense of worry and to "plan before it starts and consider before it starts" (Zhang, 2021).

Communication is essential to any human activity, and good communication skills are an important guarantee of success. Management cannot be separated from communication, because communication permeates all aspects of management, just like the blood circulation of human beings. Without communication, the enterprise will lose its blood circulation and the enterprise will face collapse. Communication includes leadership and staff, staff and staff. Communication must be open and honest, with mutual respect. Especially among the leadership team, in the dual management system, the hospital Party secretary and the president, as our interviewees frequently reported, must not disrespect the other members of the team because of their high positions, but give full play to the intelligence of each member and build on equal trust. To communicate between leaders and staff, it is important as a leader to focus, to put himself in the other person's shoes, control emotions, learn to listen and capture the information available for communication with the other person's speech.

Jack Welch once said, "The way to tell if a team is mediocre or top-notch is to have a clear goal, and that goal has to be exciting for everyone (Liu, 2005)." A team without a goal cannot be united and, in the end, cannot win the team benefits. The unifying effect of goals on the team and the motivating effect on team members is immeasurable, and challenging goals can motivate people to work hard.

Many interviewees manifested the wist that the leaders at the Guangyi Stomatology Hospital, should shoulder their sacred mission, carry the weight of the times, excel and work hard, and take the internal construction of the discipline as the main line, based on the new development stage. They should further implement the new development concept, refine management, continuously improve and enhance the quality of medical services, create a new competitive and advantageous brand, and strive to build the hospital into a medical, teaching, scientific research, prevention, and health care unit to meet the public satisfaction and strive

to reach the top 20 national stomatology specialty hospitals. The establishment of this goal can bring together the collective strength of the entire staff of the hospital, forming a huge magic force that inspires the staff to work hard, under the guidance of their dreams and goals.

6.4 Limitations and prospects of the study

Although this study has made some research achievements and progress by referring to influential demission models abroad and applying the “grounded theory” method in two rounds of in-depth interviews, it still has the following shortcomings.

6.4.1 Methods and procedures need to be further improved

According to the literature discussion and with the help of MAXQDA software, six categories (hospital system, party leadership system, social environment, leadership team, hospital culture, and personal factors) have been extracted, and further presented in theoretical models (Figures 6.1 and 6.2) as external factors, surrounding factors, and personal factors. Identifying these macro-meso-micro linkages in the model may still not explain all the reasons for the turnover intention of employees and other latent and important reasons do exist. Although this study was carried out according to the methods and steps of “grounded theory”, there may be immature and imperfect steps that need to be further improved in the process of future research.

6.4.2 The interpretation, discussion, and refinement of the results need to be improved

Qualitative research is a process of “interpretive understanding” based on personal experience and meaning construction. To ensure the effectiveness of the research, the code of this research is obtained after continuous discussion, review, and revision with the help of several management experts. However, limited by the level of individual research, the interpretation, discussion, and refinement of the coding results may not be enough and may need to be further improved in the future.

6.4.3 While representative, the sample size is not large enough

After the analysis of 83 exit interviews, this study conducted in-depth interviews with 21 talents who had left the hospital and are holding different positions, titles, and levels. In his book on qualitative research design, Creswell (1998) points out that a sample size of 20 to 30

people can meet the needs of most qualitative research. Naturally, the larger the sample size, the better. However, this research was conducted with one case study and, in the future, multiple cases could be used for comparison.

6.4.4 The relationship between categories needs to be continuously verified

Due to the change in the social environment and operation standards, the relationship and mutual influence between each category need to be continuously verified by further empirical research in longitudinal studies. In addition, the content involved in this thesis is sensitive and private, and respondents may have not exposed all their true feelings. Understanding more comprehensive factors still needs to be further improved and perfected to form causal inference research.

The above limitations open up avenues for research prospects. Especially in the case of hospitals, staff is the lifeline and it is important to improve the staff's work enthusiasm and work efficiency. This study provides some evidence that may help managers to reduce the demission rate of hospital staff, improve overall performance, and promote high-quality development, but further research should be conducted using more cases and larger samples to continuously track turnover behavior.

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Annex A: Statistics on the Type of Re-employment after Leaving (83 employees)

N o.	Entr y time	Resig nation time	Educational qualifications	Title	Age	Department	Type of position	Types of re-employment
1	2019	2020	Master's degree	Junior	27	Office	Management staff	Postgraduate study
2	2019	2020	Master's degree	Junior	27	Office	Management staff	Starting a business/changing career
3	2019	2020	Master's degree	Junior	30	Department of prosthodontics	Medical staff	Postgraduate study
4	2019	2020	Master's degree	Junior	30	Department of pediatric dentistry	Medical staff	Private dental clinic
5	2019	2020	Master's degree	Junior	35	Department of oral and maxillofacial surgery	Medical staff	Postgraduate study
6	2012	2020	Master's degree	Intermediate	39	Department of prosthodontics	Medical staff	Postgraduate study
7	2018	2019	Master's degree	Junior	27	Office	Management staff	Public general hospital
8	2018	2019	Master's degree	Junior	28	Laboratory	Other staff	Starting a business/changing career
9	2014	2019	Master's degree	Intermediate	32	Department of nursing	Nursing staff	Private dental clinic
10	2013	2019	Master's degree	Intermediate	33	Department of pediatric dentistry	Medical staff	Private dental clinic
11	2013	2019	Master's degree	Intermediate	34	Department of oral implantology	Medical staff	Private dental clinic
12	2017	2018	Master's degree	Junior	27	Laboratory	Other staff	Starting a business/changing

13	2017	2018	Master's degree	Junior	27	Office	Management staff	career Public general hospital
14	2015	2018	Master's degree	Junior	28	Department of prosthodontics	Medical staff	Public stomatology hospital
15	2018	2018	Master's degree	Junior	28	Office	Management staff	Postgraduate study
16	2016	2018	Master's degree	Junior	29	Department of oral implantology	Medical staff	Private dental clinic
17	2016	2018	Master's degree	Junior	29	Department of rosthodontics	Medical staff	Public stomatology hospital
18	2016	2018	Master's degree	Junior	29	Department of oral implantology	Medical staff	Private dental clinic
19	2013	2018	Master's degree	Junior	31	Department of cariology and endodontology	Medical staff	Private dental clinic
20	2015	2018	Master's degree	Junior	32	Department of prosthodontics	Medical staff	Private dental clinic
21	2013	2018	Master's degree	Junior	34	Department of orthodontics	Medical staff	Private dental clinic
22	2006	2018	Master's degree	Junior	39	Office	Management staff	Starting a business/changing career
23	2016	2016	Master's degree	Junior	27	Department of oral implantology	Medical staff	Public stomatology hospital
24	2015	2016	Master's degree	Junior	27	Department of orthodontics	Medical staff	Postgraduate study
25	2015	2016	Master's degree	Junior	27	Department of orthodontics	Medical staff	Postgraduate study
26	2015	2016	Master's degree	Junior	27	Department of	Medical staff	Private dental clinic

27	2015	2016	Master's degree	Junior	27	orthodontics Department of prosthodontics	Medical staff	Private dental clinic
28	2016	2016	Master's degree	Junior	28	Department of orthodontics	Medical staff	Private dental clinic
29	2013	2016	Master's degree	Junior	29	Department of oral implantology	Medical staff	Private dental clinic
30	2015	2016	Master's degree	Junior	29	Department of oral and maxillofacial surgery	Medical staff	Public stomatology hospital
31	2014	2016	Master's degree	Junior	29	Department of oral implantology	Medical staff	Public stomatology hospital
32	2014	2016	Master's degree	Junior	29	Department of medical services	Management staff	Public stomatology hospital
33	2012	2016	Master's degree	Junior	30	Department of prosthodontics	Medical staff	Private dental clinic
34	2015	2016	Master's degree	Junior	30	Department of prosthodontics	Medical staff	Private dental clinic
35	2013	2016	Master's degree	Junior	30	Department of orthodontics	Medical staff	Private dental clinic
36	2011	2016	Master's degree	Junior	31	Department of orthodontics	Medical staff	Private dental clinic
37	2013	2016	Master's degree	Junior	31	Department of cariology and endodontology	Medical staff	Public general hospital
38	2009	2016	Master's degree	Intermediate	33	Department of orthodontics	Medical staff	Starting a business/changing career

39	2010	2016	Master's degree	Intermediate	34	Department of orthodontics	Medical staff	Private dental clinic
40	2009	2016	Master's degree	Intermediate	36	Department of oral implantology	Medical staff	Public stomatology hospital
41	2007	2013	PhD	Positive senior	52	Department of prosthodontics	Medical staff	Public general hospital
42	2009	2016	Master's degree	Intermediate	39	Department of oral implantology	Medical staff	Private dental clinic
43	2010	2016	Master's degree	Associate senior	44	Department of prosthodontics	Medical staff	Starting a business/changing career
44	2015	2015	Master's degree	Junior	25	Department of orthodontics	Medical staff	Private dental clinic
45	2014	2015	Master's degree	Junior	27	Department of prosthodontics	Medical staff	Postgraduate study
46	2013	2015	Master's degree	Junior	27	Department of oral and maxillofacial surgery	Medical staff	Postgraduate study
47	2013	2015	Master's degree	Junior	27	Department of cariology and endodontology	Medical staff	Postgraduate study
48	2012	2015	Master's degree	Junior	30	Department of cariology and endodontology	Medical staff	Private dental clinic
49	2013	2015	Master's degree	Junior	30	Department of prosthodontics	Medical staff	Private dental clinic
50	2010	2015	Master's degree	Junior	31	Department of	Medical staff	Public stomatology hospital

51	2014	2015	Master's degree	Junior	31	Department of prosthodontics	Medical staff	Private dental clinic
52	2011	2015	Master's degree	Junior	31	Department of periodontics and oral mucosal disease	Medical staff	Postgraduate study
53	2012	2015	Master's degree	Junior	34	Department of pediatric dentistry	Medical staff	Public general hospital
54	2014	2015	Master's degree	Positive senior	59	Department of oral and maxillofacial surgery	Medical staff	Private dental clinic
55	2011	2014	PhD	Intermediate	31	Department of cariology and endodontology	Medical staff	Public general hospital
56	2014	2014	Master's degree	Junior	25	Office	Management staff	Starting a business/changing career
57	2013	2014	Master's degree	Junior	26	Department of orthodontics	Medical staff	Private dental clinic
58	2013	2014	Master's degree	Junior	27	Department of orthodontics	Medical staff	Private dental clinic
59	2014	2014	Master's degree	Junior	27	Department of orthodontics	Medical staff	Postgraduate study
60	2014	2014	Master's degree	Junior	28	Department of oral implantology	Medical staff	Starting a business/changing career
61	2013	2014	Master's degree	Junior	28	Department of prosthodontics	Medical staff	Private dental clinic
62	2014	2015	PhD	Junior	33	Laboratory	Other staff	Starting a business/changing

								career
63	2013	2014	Master's degree	Junior	28	Department of cariology and endodontology	Medical staff	Private dental clinic
64	2013	2015	PhD	Associate senior	39	Department of prosthodontics	Medical staff	Postgraduate study
65	2009	2015	PhD	Positive senior	50	Department of cariology and endodontology	Medical staff	Public general hospital
66	2013	2014	Master's degree	Junior	28	Department of orthodontics	Medical staff	Private dental clinic
67	2014	2014	Master's degree	Junior	28	Office	Management staff	Starting a business/changing career
68	2015	2016	PhD	Positive senior	44	Department of periodontics and oral mucosal disease	Medical staff	Starting a business/changing career
69	2009	2013	Master's degree	Junior	29	Department of orthodontics	Medical staff	Starting a business/changing career
70	2013	2014	Master's degree	Junior	29	Department of oral and maxillofacial surgery	Medical staff	Public stomatology hospital
71	2014	2018	PhD	Intermediate	33	Department of orthodontics	Medical staff	Private dental clinic
72	2010	2014	Master's degree	Junior	30	Department of oral implantology	Medical staff	Public stomatology hospital
73	2016	2018	PhD	Associate senior	38	Department of oral implantology	Medical staff	Public general hospital

74	2010	2018	PhD	Intermediate	40	Department of oral and maxillofacial surgery	Medical staff	Private dental clinic
75	2015	2018	PhD	Positive senior	44	Department of cariology and endodontology	Medical staff	Starting a business/changing career
76	2012	2014	Master's degree	Junior	32	Department of prosthodontics	Medical staff	Public general hospital
77	2013	2014	Master's degree	Junior	34	Department of pediatric dentistry	Medical staff	Private dental clinic
78	2016	2017	Master's degree	Junior	26	Department of prosthodontics	Medical staff	Private dental clinic
79	2016	2017	Master's degree	Junior	28	Department of oral and maxillofacial surgery	Medical staff	Public stomatology hospital
80	2016	2017	Master's degree	Junior	31	Department of prosthodontics	Medical staff	Private dental clinic
81	2010	2017	Master's degree	Junior	43	Department of prosthodontics	Medical staff	Private dental clinic
82	2013	2013	Master's degree	Junior	31	Department of orthodontics	Medical staff	Starting a business/changing career
83	2013	2020	PhD	Positive senior	44	Department of oral and maxillofacial surgery	Medical staff	Public general hospital

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Annex B: Revenue Statistics of Clinical Departments of Affiliated Stomatology of Guangzhou Medical University, 2013 - 2020 (RMB million)

	2013	2014	2015	2016	2017	2018	2019	2020
Dept. of Prosthodontics	11.93	11.63	13.53	22.4	23.27	37.41	48.93	42.12
Dept. of Oral Implantology	6.37	13.45	17.65	25.07	32.57	38.91	46.4	41.06
Dept. of Orthodontics	6.6	10.34	12.39	18.1	23.3	38.22	61.3	57.74
Dept. of Cariology and Endodontology	6.41	7.97	11.09	20.45	26	37.08	51.82	46.58
Dept. of Pediatric Dentistry	2.07	2.95	4.55	7.58	12.21	19.79	25.03	21.42
Dept. of Periodontics and Oral Mucosal Diseases	2.54	3.3	6.44	12.44	16.6	20.31	27.9	22.19
Dept. of Oral and Maxillofacial Surgery	4.93	6.62	8.36	12.38	12.4	19.78	31.31	20.29
Dept. Temporomandibular Joint	0.58	1.07	2.29	3.59	5.56	8.18	11.4	10.37
Dental Cleaning Centre	0.94	0.9	1.2	1.35	1.34	1.48	2.35	1.52
Digital Centre	5.63	7.13	8.57	11.62	14.68	3.88	3.51	3.8

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Annex C: Exit Interview Outline (83 employees)

Interview time

Interview location

Interview Method

Interview subject

Interview subject's basic information (education, title, position, work department, years of service)

(1) Why did you choose to leave your job?

(2) Was the work too stressful?

(3) Were you unhappy with your remuneration package

(4) Has the atmosphere in the department been bad lately?

(5) Did you have any family problems?

(6) Where do you plan to go next? What will you do next?

(7) Could you tell us what the hospital needs to improve in terms of talent management in the future?

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Annex D: In-depth Interview Outline

Interviewer:

Interview time:

Interview location:

Interview method:

Interviewee:

Hello, I am the author of the doctoral dissertation “Power imbalance in hospital dual management system and its impact on turnover”. I am investigating the brain drain at the Affiliated Stomatology Hospital of Guangzhou Medical University.

In order to understand the reasons for the brain drain in the hospital, I hope you can participate in the investigation. Your support will make the research has practical significance and practical value and can provide a reliable basis for the decision-making of the health administration department and the management of the dental hospitals and medical institutions affiliated to universities.

I promise you that the content of today's interview and the views you have stated will only serve as a reference for my doctoral dissertation. I will strictly keep your personal information and opinions confidential for you. Thank you very much for your help.

Part 1 Basic information

This part will record some basic information about the interviewees, including gender, age, education, title, position, work department, working years, professional background, and main work content.

Part 2 The main content of the interview

Basic questions:

(1) When did you leave the Affiliated Stomatology Hospital of Guangzhou Medical University? How many years did you work in this hospital?

(2) What were your work department, title, position, and education qualifications when you were working in this hospital?

(3) What factors prompted you to leave (personal factors, social factors, organizational factors or other), and what was the main reason?

Personal ability:

(4) Do you think your personal ability matches your job position?

Personal development:

(5) Are you satisfied with your current job? What do you think the new job and organization is more attractive to you than this hospital?

Hospital culture:

(6) What was your feeling before leaving the hospital and deciding to leave? Did you feel hesitant or guilty?

(7) What do you think of the hospital culture and atmosphere?

Talent development system:

(8) Do you feel that there are good opportunities for promotion in the hospital? What are your views on the current training system at the hospital? Has the training helped you to improve your abilities? In what areas have you gained more?

Working conditions:

(9) Do the hospital's working conditions meet your needs?

Leadership style:

(10) What do you think of the relationship between the Party committee and the administrative leadership of the hospital? Now the system of director responsibility under the leadership of the Party Committee is implemented. What is the role of the Party Committee in hospital construction?

(11) At that time, as the head of the department, you had a lot of things to report and communicate with the hospital's top leader. What kind of leadership style do you think he is? Do you think the leadership style would be the main reason causing you to leave?

Family factors:

(12) Was your departure influenced by family factors? If so, please tell us more about it.

Salary and wages

(13) Were you dissatisfied with the salary of the hospital? For example, do you feel that the salary distribution is unreasonable or unfair?

Other questions:

(14) What do you think are the main reasons for the resignation of other hospital staff? Are there any common reasons?

(15) What measures do you think the hospital took to dispel your thoughts of resignation? What aspects of the hospital do you want to be improved most?