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The Impact of Psychological Contract Fulfillment on Physicians' Affective Commitment an Empirical Study on Security Force Hospital, Dammam, Saudi Arabia

Zainb Najjar

Strategic Manager, Health Administration-Hospital Management,
Security Forces Hospital, Saudi Arabia, Dammam, Saudi Arabia

Areej Al Shamasi

Assistance Professor, Department of Public Administration,
King Abdulaziz University, Saudi Arabia

Seita Almandeel

Assistance Professor, Department of Business Administration,
King Abdulaziz University, Saudi Arabia

Abstract:

This study will investigate the impact of psychological contract fulfillment on physicians' affective commitment, using the Security Forces Hospital in Dammam (SFHD) as an empirical model. To assess this impact, the researchers adopted a descriptive, analytical approach. The research population of this study is the 109 physicians at the Security Forces Hospital. The researchers have used a questionnaire to collect data, with a response rate of 88.99 per cent; a set of hypotheses were subsequently tested. The results demonstrated that a positive and significant positive relation was found between physicians' perceptions of opportunities for promotion, financial rewards, job pressure, job security, training, career development, support with personal problems, the extent to which promises had been fulfilled, and their affective commitment. This researcher recommends achieving a desirable level of relationship of SFHD's physicians with their managers. Providing more opportunities for promotion effective commitment among physicians through holding appropriate courses. Increasing physicians' awareness of financial rewards by stating a clear system of reward, training physicians on how to cope with pressure and personal problems without affecting their commitment. Additionally, fostering physicians' career development by enhancing their preparation programs. Moreover, conducting studies on the effectiveness of different variables on psychological contract.

Keywords: Psychological contract, affective commitment, Organizational commitment

1. Introduction

Contracts are signed when an individual becomes the employee of an organisation, wherein they both can establish their desires and requirements of the other. Many employees do not understand that they are also partaking in another, non-physical or -verbal agreement, a psychological contract: it is comprised of terms known to both parties (Cavanaugh & Noe, 1999), can be negotiated, amended, defended, challenged, and even broken. A psychological contract plays an essential part in how employees see their organisation and how they will behave. Furthermore, the service interaction between client and employee constitutes the consumption and production basis of what is proposed by hospital organisations (Winsted, 1999; Sundaram & Webster, 2003). Preserving the quality of the collaboration will give an organisation an ambitious edge over its engagement. The psychological contract thus assumes that both the employer and employee are in tacit accordance with the agreement, meaning that the employer can count on the commitment of their employee(s), and the employees on the fulfillment of obligations undertaken by their employer. The agreement is considered to be an exchange relationship between an organisation and an individual. In this manner, manager obligations, promises, and duties build representative association has concurred that an increase in the strength of psychological contract satisfaction is linked to an impact on manager commitment (Robinson & Rousseau, 1994). Furthermore, Robinson and Morrison distinguished between two factors: explicit, which includes obligations such as pay based on performance and promotion, and implicit, which includes obligations such as job security and training.

Knoope (2012) found that the explicit obligations fall within the transactional psychological contract. McDonald and Makin (2016) suggest that the psychological contract has an impact on an individual's organisational commitment, yet this commitment can consist of different components. Meyer and Allen (1997) developed an organisational commitment model that comprises three factors: affective, normative, and continuance. Affective commitment reflects individual identification with the organisation; continuance commitment, on the other hand, demonstrates an individual's motivational factors towards their work because of calculative respects; normative commitment is formulated by social perspectives and relates to organisational commitment. Affective commitment is described as "a strong belief and

dedication to the goals and organizational values with which the worker is identified, generating a sense of pride to be part of it" (Salazar-Fierro & Bayardo, 2015). It is essential for success in organisations, as it is an essential indicator of change in the organization and the integration to work as it motivates and increases employees' desire to contribute and perform well in accordance with the organisation's goals (Salazar-Fierro & Bayardo, 2015). Affective commitment is also associated with absenteeism, turnover, organisational citizenship, and job performance behaviour, and it is agreed to be a predictor of violation of psychological contract and turnover intention (Hemdi & Abdul Rahim, 2011). This study focuses on the impact of this psychological contract on physicians' affective commitment at the Security Forces Hospital, Dammam. Accordingly, the researchers selected the aforementioned affective commitment component in order to assess the degree of physician loyalty to the hospital. By comparison, eight factors have been assessed to determine the organisation's psychological contract fulfillment obligations, as they create and influence employees' perceptions of the psychological contract and their affective organisational commitment: 1) opportunities for promotion; 2) financial rewards; 3) job pressure; 4) provision of training; 5) career development; 6) job security; 7) personal support; and 8) fulfilling promises.

2. Literature Review

In 1960, a variety of definitions were introduced to explain the concept of the psychological contract. Rousseau (1990) defined it as a mutual expectation created between individuals and their employees, whereas Schein defined it as a cognitive expectation between organisational members (McDonald & Makin, 2016). It is important to note that a psychological contract includes the implicit and explicit promises that may not be fulfilled yet exist in the broader exchange relationship (Conway & Briner, 2005). This relationship can be more prominent for an employee than a tangible legal document, which might differ between employees (Business Balls, 2017). Ultimately, the general explanation of a psychological contract indicates that the relationship between the organisation and its employees' expectations towards the organisation's responsibilities leans more towards ambiguity than a physical contract; in short, it does not have fixed dimensions (Zhou, 2014).

- A mutual obligation for both parties represented as intangible factors.
- The nature of the (employer-employee) exchange relationship and on the other hand the employer who was distorted by force.
- The obligations partially or fully subjected to the perceptions of the two parties, which in turn add more complexities to the arrangement as these perceptions too are subject to change, the nature of feeling and perceptions would create continuance cause\effect overlap, which is difficult to resolve.
- The contract is very malleable (as it is affected by many potential influences).
- An organisation's psychological contract remains unwritten and is therefore difficult to manage effectively, i.e. it is ultimately an abstract concept, the organizational leadership rarely gives priorities for the real issues, trying to avoid the HR points of view); by doing so, all the related issues are uncertain and ambiguous.
- The psychological contract considers as is a philosophical guide, assessing the management how to structure and lead employees (Business Balls, 2017).

Transactional contracts and relational contracts have been supported empirically. The transaction is related to the mutual material benefits, especially both short-term financial rewards for an individual's benefits. A relational contract is, however, related to social affection; for example, organisational support and loyalty. It shows how employees are able to become involved and committed to their responsibilities, such as with the emphasis on creating a motivational work environment that provides workplace safety, skill improvement, and career advancement (Rousseau, 1995). Nevertheless, the psychological contract, in its content, can be more transactional or more relational; a transactional contract entails being mutually obligated for a short time, which in turn entails limited involvement on the part of the two parties. This kind of contract is typically characterised by its economic nature, which therefore may not affect the emotions or feelings of the parties involved.

On the other hand, relational contracts are characterised by continuing and enigmatic mutual obligations; they are based on social and emotional elements (Knoope, 2012). These two distinct types of contract can be used to clarify the employee-employer relationship. Relational contracts depend on the highest level of trust, implicit emotional attachment, and they embrace long-term employment. On the other hand, transactional contract are concerned with the exchange of commitments and with a tit-for-tat economical transaction.

Moreover, the association of psychological contracts with transactional and relational factors has been suggested. It is also necessary to identify the type of relationship between the employer and employee. The employer may offer a relational-based contract, but employees prefer a transactional approach, which can cause confusion for the employing organisation. Organisations thus have to establish their credibility in order to offer a dependable transactional deal before entertaining a more long-term relational deal, which depends on significant investments based on trust and loyalty (Sarantinos, 2006). Affective commitment can be discussed as the attitudinal reaction; this stems from employment experiences and beliefs about the work environment, where the relational contract positively affects the attitude towards the organisation, and that the transactional contract negatively affects commitment towards the organisation (Hag et al., 2005). Finally, acknowledging the different types of business contracts enables employers to understand employees' preferences and hence provide an appropriately tailored, bespoke psychological contract (Curwen, 2012).

2.1. Psychological Contract Content

The content of the psychological contract is characterised by subjectivity, as shown in the previous studies where it might be measured by focusing on a limited number of aspects; these aspects represent various incentives by the

organisation. These incentives have been developed to be used in accordance with the psychological contract, which may be spread across the population as more stable measures (De Vos et al., 2003). Aspects of psychological contract fulfillment are opportunities for promotion, financial rewards, job pressure, provision of training, career development, job security, support with personal problems, and the fulfillment of promises (Robinson & Morrison, 1995).

2.1.1. Opportunities for Promotion

Many scholars suggest that employees who perceived promotion decisions fairly are more likely to be committed to the organisation, perform better and have less cause to leave. Employees will consider leaving their employer if they do not receive equal promotion opportunities as are offered by other organisations (Mustapha & Zakaria, 2013). Non-monetary rewards have the same impact in terms of bolstering employee commitment and increasing job satisfaction, i.e. praise, positive feedback from managers, and recognition of good performance. Indeed, recognition is considered the primary factor in maintaining high engagement from employees and is as essential a factor as salary (Gathungu, 2015). Health insurance also plays a role in employees' satisfaction in comparison to promotional opportunities, as significantly correlates with overall job satisfaction and employee's desire to stay in the current organisation. Managers are therefore recommended to provide promotional opportunities for their employees in order to raise their levels of satisfaction and organisational commitment (Khan & Jan, 2015).

2.1.2. Financial Rewards

Managing reward is mostly related to managing expectations about what employers expect from their employees; these expectations are built into the employment relationship, in that an employee who provides their effort and skill to an organisation is in return paid a salary by that organisation. Moreover, the reward-management process covers both material and non-material rewards. The psychological contract is able to dictate employees' motivations in the same manner as the exchange-reward relationship. In this regard, incentives play a primary role in motivating employees, wherein organisations should restructure their rewards scheme accordingly. The financial rewards such as pay, bonuses, fringe benefits, transportation options (e.g. company cars), medical facilities, health and life insurance, and influence employees to achieve such progressive goals as authority and a sense of belonging with a preferred team. Some believe that money would provide power in the workplace; in this case, money is often considered as an indicator of personal accomplishment (Yousaf et al., 2014). Intrinsic rewards are motivators that satisfy higher-level, hierarchical needs such as social status and self-achievement, whereas extrinsic rewards satisfy lower-level needs. Extrinsic reward factors are, however, easier to manage than those of intrinsic rewards (Research gate, 2017).

2.1.3. Job Pressure

Akinboye et al. (2002) show that job pressure is precipitated by many factors, such as poor working conditions, excessive workload, long hours of work, ambiguity of what is required/expected in a role, a poor relationship with management, colleagues, or subordinates, and a dangerous workplace. Each factor that puts a high level of stress thus creates these pressures. It can, paradoxically, be also created by positive events such as marriage, buying or renting a house/accommodation, pursuing further education, or receiving a promotion (El. baseouny, 2013).

2.1.4. Provision of Training

Training is defined as providing employees with specialised information and knowledge related to their jobs and the proper ways of performing them, in addition to honing employee's skills and abilities, thereby enabling them to make use of hidden potential. Attempting to modify employees' behaviour and develop their methods and styles of performance in a realistic manner is essential for providing them with more opportunities for improving their productivity (Alsamman, 2016). Further, it is considered one of the main concerns of occupational psychology (Goldstein & Ford, 2002). This in turn enables individuals in those organisations to improve their skills and abilities so as to be able to function at an international level, which correspondingly establishes and develops a relationship between the effects of training and the employees' commitment level. Many studies were conducted in a different geographic context such as Malaysia, Qatar, Turkey, and India to provide evidence of the effect that training has on the level of employees' commitment (Alsamman, 2016).

2.1.5. Career Development

Sears (1982) defines career development as a component of different disciplinary factors such as education, sociology, psychology, physics, and economics, which combine to create an individual's career path. Career development is crucial for human development. Even with the right credentials and skills, many factors may affect opportunities for career progression, such as individual circumstances (personal and familial responsibilities), discrimination (based on age, gender, sexual orientation, spirituality, and race) and the ever-changing world of work (from agrarian to industrial to technological revolutions). Taking all of that into consideration, an employee must develop skills and attitudes that enable them to adapt and survive in the ever-changing world of work and industry (Andersen & Vandehey, 2011)

2.1.6. Job Security

Job security is effectively security of income stemming from association with an employment relationship, i.e. having a job. In other words, job security is the security of continued employment in the same occupation with the same employer (Dekker, 2010). Employment securing reflects confidence based on experience, which gives the employee the chance to work with the same employer or with another, whenever they require. In contrast, job security takes place where the

balance between advantages and costs are still relatively unknown, e.g. high job security ensures employees loyalty and long-term commitment. On the other hand, a negative outcome can be that employees do less work as a result of feeling secure in their current position and have no ambition or motivation to advance (Leung, 2009). By contrast, experiencing job insecurity may affect employees in terms of their sense of belonging to, and investment in, an organisation, which in turn reduces their performance levels (Unsal-Akbiyik et al., 2012).

2.1.7. Support with Personal Problems

Supervisor support is defined as the degree to which employees perceive that their supervisors value their contributions and care about their wellbeing (Mohamed & Ali, 2016). Organisational support occurs when the organisation provides both necessary support and emotional dedication to its employees (Rhoades & Eisenberger, 2002). This kind of support illustrates that the organisation is caring for its employees, is willing to meet their needs, and, crucially, respects them. Therefore, this strengthens the affective bond and commitment between the organisation and the employees. Supervisory support could include an organization taking care of its employees, valuing their contribution and effort, helping on work-related issues, and aiding skill development. Moreover, employees with high levels of performativity and creativity expect their supervisors to provide the necessary support for these outputs. This trust builds a psychologically safe environment that allows employees to focus on the job, thus improving their productivity and enabling their creativity to flourish (Hsieh, 2012).

2.1.8. Fulfilling Promises

A promise is the means by which we make commitments to each other, and commitments are the actions that we agree to take in order to ensure cooperation. In the workplace, the employment relationship depends on reciprocal obligations. Employees may, however, make promises that they have no intention of fulfilling, or they may withdraw in other situations.

Promises, obligations, and unpaid debts are vital concepts in the relationship between employer and employee in the evolution of the psychological contract, which reflects the individuals' beliefs about mutual obligations (Rousseau, 1990; Conway & Briner, 2005).

Psychological contracts consist of the perceived incentives that the employer has offered or promised employees, such as career advancement, financial rewards, and stimulating job content, as well as the actions and efforts that have been promised in exchange, such as high performance, adopting additional roles, flexibility, and loyalty. Some of these beliefs about promises are established before entry into an organisation. In a workplace, employees can change promises and expectations made by the two parties. Nevertheless, they may change the perceptions of the psychological contract as a sign of the experience's explanation of the work setting. In the entire level of social skills for the newcomers who examine their expectations against the new work experience reality actively. Within this period, differences between anticipations and experiences become apparent and contribute to a serious discord (Abranches et al., 2013). Moreover, interpretations of the psychological contract may be influenced by two distinct types of promises: implicit and explicit. When a promise is conveyed more implicitly than explicitly, it is more likely to lead to perceptions of a breach of the psychological contract (Robinson & Morrison, 1995).

2.2. Psychological Contract Violation

According to Zhao et al. (2007), the relational-transactional categorisation of the psychological contract is defined as the difference between a relational breach and transactional breach. They assumed that breach of transactional content has greater relationships with work outcomes than a relational one. Moreover, they found that breach in the psychological contract has an inherent effect on 1) employees' affective reactions, 2) their attitudes to work, 3) and their work behaviour. Affective reactions are a result of emotional experiences which followed by the evaluation of the employer and forming an attitude. The final consequence is manifested physically in the form of work behaviour. Figure 1 illustrates a causal chain from psychological contract breach through affective reactions to work attitudes and, ultimately, to work behaviour.

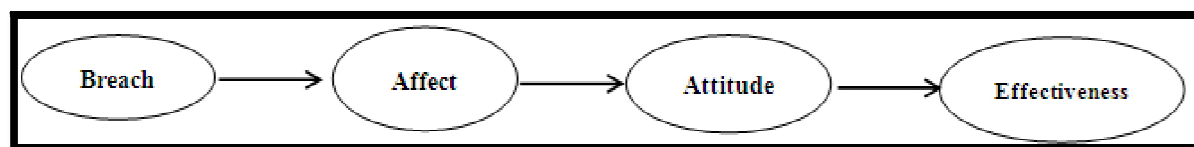


Figure 1: Model Adapted from Zhao Et Al. (2007)
Source: Adapted from Zhao Et Al. (2007)

According to Rousseau (1995), there are three main types of contract violation: (1) Inadvertent, which is the result of divergent interpretations that were made in good faith, (2) Disruption, which is when both or at least one of the parties wants to comply with the agreement but cannot, (3) Reneging, which is when both or at least one of the parties is unwilling to comply with the agreement.

2.3. Affective Commitment

The current study focuses specifically on the active organisational commitment that is likely to be more consistently associated with constructive attitudes and behaviours than continuance and normative commitment. In essence, people stay with an organisation because they want to (effective), need to (continuance), or ought to (normative)

(Meyer & Allen, 1991). Affective commitment is characterised by loyalty, affection, a sense of belonging, happiness, and pleasure. Affectively committed employees thus remain in an organisation (Myer & Allen, 1991), and the mindset of affective commitment is marked by desire (Meyer & Herscovitch, 2001). In addition, there are personal factors to be considered, which are seen in the way that the employee deals with them. The greatest influences in this regard, according to Giedre (2014), are:

- The employees' wellbeing and domestic health.
- The employee's trust in themselves, their colleagues, and their leaders or managers.
- The employee's feeling of appreciation and importance.
- A desire to learn and improve.
- The impression that other people and their work depends on oneself.

Attitude-behavior theory confirms the relationship between psychological contract and outcomes such as affective commitment. Job attitude is conversely shaped by individuals' beliefs about environmental features (Rousseau, 1995). On the other hand, any personal or situational variable that results in individual involvement (that is intrinsically motivated) and the recognition of value-relevance association will demonstrate the development of affective commitment (Meyer & Herscovitch, 2001). This affective component is relevant to the psychological contract because it is influenced by the extent that the employer or organisation meets its employees' needs and expectations. It is influenced by the extent to which the individuals' needs and expectation are matched by their actual experiences (Meyer & Allen, 1997). This also has an obvious relation with the perceived mutual obligations of the psychological contract. Organisational commitment demonstrates the employees' willingness towards voluntary participation in organisational activities, whereas the psychological contract exhibits the belief system of employees towards mutual responsibility and obligation. Thus, organisational commitment is defined as a unidirectional relationship, and the psychological contract is defined as a bidirectional relationship (Calisir, 2011).

2.4. Health Sector

The working environment of the health sector may in itself affect employees working in hospitals, thereby potentially reducing the quality of patient care as a result. Working conditions in any hospital have a direct impact on everything from the staff to patient safety. The wrong working environment can therefore create problems such as fewer physicians and staffing shortages, shorter tenures in roles, patient diagnosis and treatment, and higher mortality rates. A desirable working environment is by extension essential for motivation. Dramatic changes in the healthcare delivery system and the role of staff therefore have an impact on personal behaviour in the work environment and on work-related attitude (Khan & Jan, 2015). Here, physicians fulfil one of the most important roles in a healthcare system because they represent the dominant group among healthcare professionals at the Security Forces Hospital in Dammam. Indeed, they assume significantly more responsibility and face greater job pressure than others who work in the healthcare system.

The current study is similar to some previous studies in dealing with some of the variables of the study with affective commitment and the psychological contract on the worker and organisation, and it differs from the environment that has been applied to study there as well as a population of study, which included physicians.

To the best of the researchers' knowledge, the current study discusses a new topic, especially in the environment of Saudi Arabia, which is characterised by a scarcity of research on the subject of the impact of psychological contract fulfillment on physicians' affective commitment at the Security Forces Hospital, Dammam.

3. Research Problem

Recently, Saudi Arabia has been reducing the salaries and allowances of physicians, which probably leads to dissatisfaction with their occupation. Reducing allowances may also lead to a breach of psychological contract, which can have a negative impact on a physician's job-related behaviours and attitudes. Thus, psychological contract fulfillment may guarantee satisfying employee's desired job outcomes. As Robison and Rousseau (1995) point out, despite its informal and unwritten nature, it is an essential determinant of people's behaviour. Therefore, the research problem can be stated by the following questions:

- How can psychological contract fulfillment contribute positively to physicians' affective commitment?
- What is the impact of psychological contract fulfillment on physicians' affective commitment at the Security Forces Hospital in Dammam?

3.1. Research Rationale

There is a gap in the research linking the physiological contract and affective commitment among healthcare organisations and employees in Saudi Arabia. Consequently, the importance of this research, from a scientific perspective, is of dealing with a new topic on an administrative and academic level, as, especially in the Arab environment, there is a scarcity of research on psychological contract fulfillment and its impact on employees' outcomes. Thus, this research is an addition to the literature on this topic for the Arab field. Furthermore, in practical terms, the importance of this research is reflected by showing the role of the psychological contract in the healthcare workplace to ensure physicians' affective commitment, to reduce expenses associated with increasing labour turnover rate, and to minimise the negative behaviours and attitudes associated with an employee's awareness of breach of this contract. Additionally, this study is crucial as it will be conducted on physicians at the Security Forces Hospital in Dammam, which is considered to be a superlative provider of medical care for Ministry of Interior employees and their dependents in the Eastern Province, offering

professional healthcare services in a compassionate and creative atmosphere that can compete against international benchmarks.

3.2. Research Objectives

The current study aimed to assess the impact of psychological contract fulfillment on physicians' affective commitment at the Security Forces Hospital in Dammam. Following on from this aim, it also had the following objectives:

- To identify the importance of psychological contract fulfillment in healthcare organisations.
- To investigate physicians' overall evaluation of the extent to which a healthcare employer has fulfilled the transactional and relational aspects of the psychological contract.
- To identify the level of affective commitment among physicians at the Security Forces Hospital in Dammam.
- To examine the impact of aspects of psychological contract fulfillment on physicians' affective commitment at the Security Forces Hospital in Dammam.

4. Research Methodology

4.1. Research Method

The study will be conducted using descriptive, analytical research. Quantitative data will also be collected for analysis using a questionnaire. This method is appropriate for this research, as it can be used to conduct and explain the influence of psychological contract fulfillment on physicians' affective commitment (Brogm & Gall, 1989).

4.2. Study Setting

The study was conducted at the Security Forces Hospital in Dammam, which is located in the Dammam region of Saudi Arabia's Eastern Province; it is a governmental, non-profit hospital, with 200 beds and 109 physicians.

4.3. Data Collection

A questionnaire was designed for this research after reviewing previous studies on the same topic and following evaluation by some academic experts.

4.4. The Population

The research population is defined as "all the individuals or units of interest", according to Hanlon and Larget (2011). Therefore, the target population for this research is all of the physicians at the Security Forces Hospital in Dammam. All of the 109 physicians will be invited by the researchers to participate in the study and fill in the questionnaire in a private setting during working hours; the sample for the research is thus the whole population.

4.5. Research Model

The research variables are illustrated in the following diagram:

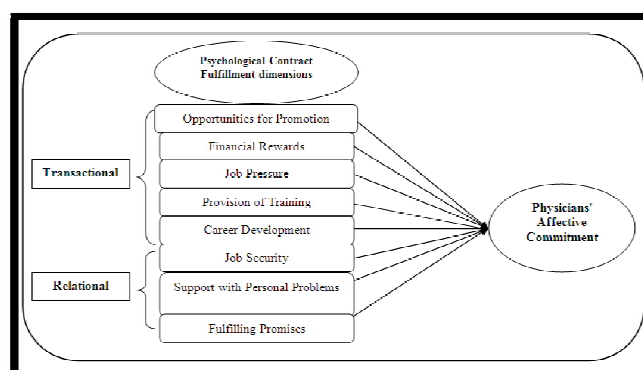


Figure 2: Research Model

4.5.1. Independent Variables

The independent variables in this study are psychological contract fulfillment factors from the physicians' point of view at the Security Forces Hospital, Dammam: opportunities for promotion, financial rewards, job pressure, provision of training, career development, job security, support with personal problems, and the organisation's fulfillment of any promises made.

4.5.2. Dependent Variable

The dependent variable in this study is physicians' affective commitment.

4.5.3. Research Hypotheses

The study attempted to test the following hypotheses:

- Hypothesis 1. There is a relationship between physicians' perceptions of opportunities for promotion and their affective commitment.
- Hypothesis 2. There is a relationship between physicians' perceptions of financial rewards and their affective commitment.
- Hypothesis 3. There is a relationship between physicians' perceptions of job pressure and their affective commitment.
- Hypothesis 4. There is a relationship between physicians' perceptions of job security and their affective commitment.
- Hypothesis 5. There is a relationship between physicians' perceptions of the provision of training and their affective commitment.
- Hypothesis 6. There is a relationship between physicians' perceptions of career development and their affective commitment.
- Hypothesis 7. There is a relationship between physicians' perceptions of support with personal problems and their affective commitment.
- Hypothesis 8. There is a relationship between physicians' perceptions of the extent to which promises had ultimately been fulfilled and their affective commitment.

4.6. Constructs and Measures

The researchers utilised existing constructs from previous related research that were shown to have adequate internal reliability. The questionnaire started by addressing points about the demography of the participants; it then moved to measure the research variables. Psychological contract fulfillment was measured using an abridged version of Robinson and Morrison's (1995) scale. The scale included five items representing transactional-based factors; it assessed psychological contract fulfillment through financial rewards, opportunities for promotion, job pressure, provision of training, and career development. Relational aspects of psychological contract fulfillment were conversely illustrated by job security, support with personal problems, and the extent to which promises were fulfilled by the employer (Robinson & Morrison, 1995).

Affective commitment was measured using Meyer and Allen's (1997) scale; responses ranged from 1, with 'Strongly disagree', to 5, with 'Strongly agree'.

4.7. Ethical Considerations

Prior to conducting the study, ethical consideration was taken into account, with the researchers being fully committed to the basic ethics of scientific investigation involving data collection and analysis. Indeed, the researchers received approval and permission from the organisation of interest (in this case, the Security Forces Hospital, Dammam) to access the required data. Further to this, the researchers invited the participants to take part in the study and assured them that any information they gave would be treated as confidential and that they would be able to withdraw from the study at any time they wished.

5. Data Analysis

Descriptive statistics were initially used to highlight the essential features of the data in the current study, such as a summary about the sample and measures. Second, the hypotheses were tested using Chi-square to identify the strength of the association between two categorical variables. In addition, a reliability test was also conducted. Moreover, the person's correlation coefficient was used to test the linear relationship between study variables. The demographic information delineates background variables that the researchers included in order to ensure that the sample met the criteria for representing the population of the study. To this effect, the general demographic information component contains four questions related to age, gender, level of education, and years of experience.

5.1. Description of the Population

The results show that 61.9% of the research population is male, while 38.1% is female, and maybe the reason for this difference is the nature of society. Also, these differences could be attributed to the reality that there are more opportunities for work and employment for men than women. Conversely, fields of work for women are also more limited in scope.

5.1.1. Distribution of the Population According to Age

| AGE | N | % |
|--------------------|----|-------|
| 20 to less than 30 | 18 | 18.6% |
| 30 to less than 40 | 28 | 28.9% |
| 40 to less than 50 | 34 | 35.1% |
| 50 to less than 60 | 11 | 11.3% |
| More than 60 | 6 | 6.1% |
| Total | 97 | 100% |

Table 1: Distribution the Population According to the Age

Table 1 shows that 18% of the research population is aged 20 to less than 30, 28.9% is 30 to less than 40, 35.1% is 40 to less than 50, 11.3% is 50 to less than 60, and 6.1% is more than 60. These results demonstrate that the most significant percentage is for physicians at the age of 30 to less than 40, given that employees at this age has the necessary experience and, by extension, job stability. This stage also comes after graduation and orientation in the organisation. Nevertheless, this is the optimal age for physicians to stay in their organisation, positioned well away from retirement, and able to provide the best treatment for patients due to their experience and youth. Finally, this result agrees with another result shown in Table 3, which reflects physicians' years of experience.

5.1.2. Distribution of the Population According to Level of Education

| Level of Education | N | % |
|-----------------------------|----|-------|
| Bachelor or equivalent | 15 | 15.5% |
| Master degree or equivalent | 49 | 50.5% |
| PhD degree or equivalent | 33 | 34% |
| Total | 97 | 100% |

Table 2: Distribution the Population According to the Level of Education

Table 2 shows that 15.5% of the research population possessed a Bachelor's degree or equivalent, 50.5% a Master's degree or equivalent, and 34% had attained a PhD or equivalent. Due to the significant and sensitive role of hospitals for citizens, most doctors are required to have both a Master's degree and a PhD as a result of the high level of trust placed in the institution by the public and the need for well-qualified expertise. Moreover, the results indicate that it is rare to find a manager who just has a diploma because of the job requirements at that stage.

5.1.3. Distribution of the Population According to Years of Experience

| Years of experience | N | % |
|---------------------|----|-------|
| Less than 5 years | 8 | 8.2% |
| 5 to 10 years | 17 | 17.5% |
| 11 to 15 years | 32 | 33% |
| 16 to 20 years | 29 | 30% |
| More than 20 years | 11 | 11.3% |
| Total | 97 | 100% |

Table 3: Distribution the Population According to the Years of Experience

Table 3 shows that for 8.2% of the research population, their experience is fewer than 5 years, 17.5% have 5–10 years, 33% have 11–15 years, 30% have 16–20 years, and 11.3% have more than 20 years of experience. The most significant percentage of physicians have 11–15 years of experience, and this corresponds with the results for the distribution of the population surveyed according to age scale and the level of education because most doctors who are employed in hospitals have experience, and based on this experience they are attracted to hospitals as they work in a highly knowledgeable and professional work environment. The analysis also indicates that the physicians are skillful and effective in their work.

5.2. Questionnaire Analysis

This section illustrates the results obtained from analysing the study questionnaire, the response rate, questionnaire validity, the transactional aspects of psychological contract fulfillment, the relational aspects of psychological contract fulfillment analysis, and from analysing affective commitment.

5.2.1. Response Rate

The result shows that the research population consisted of 109 physicians; all physicians at the Security Forces Hospital, Dammam, were invited to participate in the study. The number of respondents is correct at 88.99%, with the number of excluded due to 'no response' at 11.01%.

5.2.2. The Validity of the Questionnaire

It shows that the questionnaire measures what is being measured, and verifying the veracity of the questionnaire.

5.2.2.1. Jury's Validity

The questionnaire was reviewed by experts comprising university staff in the field of management to ensure its validity. The experts' suggestions were taken into consideration, and the tools were modified and improved by omitting, adding, or rephrasing some items.

5.2.2.2. Internal Validity

The researchers determined the internal validity of the questionnaire/study by calculating the correlation coefficients between each statement of the domains and the total score of the domain itself.

| N | Statements | Pearson Correlation Coefficient | Sig |
|---|--|---------------------------------|--------|
| 1 | Provides me with job security | 0.796 | 0.000* |
| 2 | Provides me with opportunities to prove my worth | 0.430 | 0.003* |
| 3 | Concerns about my personal welfare | 0.466 | 0.001* |
| 4 | Concerns for my long-term well-being | 0.555 | 0.000* |
| 5 | Overall, my employer fulfils its commitments to me | 0.831 | 0.000* |
| 6 | In general, my employer keeps its promises | 0.802 | 0.000* |

Table 4: Correlation Coefficient between Each Statement of the "Relational Aspects of Psychological Contract Fulfillment" and the Total Score of the Domain

** The Correlation Is Statistically Significant at $A \leq 0.05$

| N | Statements | Pearson Correlation Coefficient |
|---|---|---------------------------------|
| 1 | I would be very happy to spend the rest of my career with this organization | 0.776 |
| 2 | I enjoy discussing about my organization commitment with people outside it | 0.459 |
| 3 | I really feel as if this organization's problems as my own | 0.580 |
| 4 | I think that I could easily become as attached to another organization as I am to this one. | 0.415 |
| 5 | I do not feel like 'part of the family' at my organization | 0.741 |
| 6 | I do not feel like 'emotional attached' to this organization | 0.683 |
| 7 | This organization has a great deal of personal meaning of me | 0.386 |
| 8 | I do not feel a 'strong 'sense of belonging to my organization. | 0.780 |

Table 5: Correlation Coefficient between Each Statement of the "Affective Commitment" and the Total Score of the Domain

** The Correlation Is Statistically Significant at $A \leq 0.05$

5.2.2.3. Structure Validity

Structure validity shows how strictly each domain of research is related to the total score of the questionnaires.

| Domains | Pearson Correlation Coefficient | SIG |
|---|---------------------------------|--------|
| Transactional aspects of Psychological Contract Fulfillment | 0.878 | 0.000* |
| Relational aspects of Psychological Contract Fulfillment | 0.841 | 0.000* |
| Affective commitment | 0.813 | 0.000* |

Table 6: The Coefficient of Correlation between the Score of Each Domain and the Total Score of the Questionnaire

** The Correlation Is Statistically Significant at $A \leq 0.05$

5.2.3. Reliability of the Questionnaire

Reliability means that the questionnaire will give the same results if it is re-used.

| Domains | Numbers of items | Cronbach's Alpha |
|---|------------------|------------------|
| Transactional aspects of Psychological Contract Fulfillment | 10 | 0.832 |
| Relational aspects of Psychological Contract Fulfillment | 6 | 0.767 |
| Affective commitment | 8 | 0.795 |
| Total score | 24 | 0.891 |

Table 7: Cronbach's Alpha for Reliability

The reliability of the questionnaire as calculated via the Cronbach Alpha formula was 0.891, which is acceptable for achieving the purpose of the current study.

5.2.3.1. Transactional Aspects of Psychological Contract Fulfillment Analysis

The table below shows that all items are significant where the P-value for each item is less than 0.05 without the percentage of agreement ranged from 46.8–80%.

| | Statement | Mean | SD | Weight | % of Agreement | Rank | Chi-Square | |
|----|--|-------|-------|--------|----------------|------|----------------|---------|
| | | | | | | | X ² | P-value |
| 1 | Provides me with opportunities for promotion | 3.216 | 1.148 | 312 | 64.33% | 5 | 59.34 | <0.001* |
| 2 | Provides me with opportunities to learn and develop professional capabilities by on the job training | 3.990 | 0.784 | 387 | 79.79% | 2 | 167.072 | <0.001* |
| 3 | Provides me with job assignments that would help in enhancing my career | 3.351 | 1.267 | 325 | 67.01% | 3 | 39.237 | <0.001* |
| 4 | Offers me flexi-time options | 2.701 | 1.316 | 262 | 54.02% | 8 | 19.959 | <0.001* |
| 5 | Provides me with fair pay for the work | 2.660 | 1.198 | 258 | 53.20% | 9 | 16.557 | 0.002* |
| 6 | Provides me with assistance in relocation | 3.196 | 1.222 | 310 | 63.92% | 7 | 47.485 | <0.001* |
| 7 | Provides me with the choice of my location once training is over | 2.340 | 1.050 | 227 | 46.80% | 10 | 38.825 | <0.001* |
| 8 | Helps me to develop marketable skills | 3.309 | 1.211 | 321 | 66.19% | 4 | 74.495 | <0.001* |
| 9 | I Received a formal performance appraisal during the past year | 3.990 | 0.228 | 387 | 79.79% | 1 | 182.186 | <0.001* |
| 10 | Overall, I feel I am rewarded fairly compared with other people performing similar jobs | 3.206 | 1.010 | 311 | 64.12% | 6 | 58.01 | <0.001* |

Table 8: The Significance Items of Transactional Aspects of Psychological Contract Fulfillment

**The Arithmetic Average Is Statistically Significant at $A \leq 0.05$

The result shows that all items are significant where the P-value for each item is less than 0.05 without the percentage of agreement ranged from 46.8–80%. First item. Point 9 (I received a formal performance appraisal during the past year) came first with the percentage of agreement at 80%. Second item. Point 2 (Provides me with opportunities to learn and develop professional capabilities through on-the-job training) came second with the percentage of agreement at 79.79%. Third item. Point 3 (Provides me with job assignments that would help to enhance my career) came third with the percentage of agreement at 67.01%. Penultimate item. Point 5 (Provides me with fair pay for the work) came second to last with the percentage of agreement at 53.2%. Final item. Point 7 (Provides me with the choice of my location once training is completed) came last with the percentage of agreement at 46.8%.

5.2.3.2. Relational Aspects of Psychological Contract Fulfillment Analysis

The table below shows that all items are significant where the P-value for each item is less than 0.05 without the percentage of agreement ranged from 45.98–66.19%.

| | Statement | Mean | SD | Weight | % Of Agreement | Rank | Chi-Square | |
|---|--|-------|-------|--------|----------------|------|----------------|---------|
| | | | | | | | X ² | P-Value |
| 1 | Provides Me With Job Security | 3.196 | 1.115 | 310 | 63.92% | 2 | 60.371 | <0.001* |
| 2 | Provides Me With Opportunities To Prove My Worth | 2.299 | 0.915 | 223 | 45.98% | 6 | 29.474 | <0.001* |
| 3 | Concerns About My Personal Welfare | 2.897 | 1.203 | 281 | 57.94% | 5 | 22.021 | <0.001* |
| 4 | Concerns For My Long-Term Well-Being | 2.990 | 1.195 | 290 | 59.79% | 4 | 47.691 | <0.001* |
| 5 | Overall, My Employer Fulfils Its Commitments To Me | 3.309 | 1.211 | 321 | 66.19% | 1 | 29.959 | <0.001* |
| 6 | In General, My Employer Keeps Its Promises | 3.144 | 1.399 | 305 | 62.89% | 3 | 23.361 | <0.001* |

Table 9: The Significance Items of Relational Aspects of Psychological Contract Fulfillment

**The Arithmetic Average Is Statistically Significant at $A \leq 0.05$

First item. Point 5 (Overall, my employer fulfills its commitments to me) came first with the percentage of agreement at 66.19%. Second item. Point 1 (Provides me with job security) came second with the percentage of agreement at 63.92%. Third item. Point 6 (In general, my employer keeps its promises) came third with the percentage of agreement at 62.89%. Penultimate item. Point 3 (I am concerned about my welfare) came second to last with the percentage of agreement at 57.94%. Final item. Point 2 (Provides me with opportunities to prove my worth) came last with the percentage of agreement at 45.98%.

5.2.3.3. Affective Commitment Analysis

The table below shows that all items are significant where the P-value for each item is less than 0.05 without the percentage of agreement ranged from 51.34–72.78%.

| | Statement | Mean | SD | Weight | % of Agreement | rank | Chi-square | |
|---|---|-------|-------|--------|----------------|------|----------------|---------|
| | | | | | | | X ² | P-value |
| 1 | I would be very happy to spend the rest of my career with this organization. | 3.268 | 1.026 | 317 | 65.36% | 2 | 44.701 | <0.001* |
| 2 | I enjoy discussing about my organization commitment with people outside it. | 2.918 | 1.239 | 283 | 58.35% | 4 | 10.784 | <0.001* |
| 3 | I really feel as if this organization's problems as my own. | 2.639 | 1.165 | 256 | 52.78% | 7 | 20.474 | <0.001* |
| 4 | I think that I could easily become as attached to another organization as I am to this one. | 2.763 | 0.966 | 268 | 55.26% | 6 | 57.381 | <0.001* |
| 5 | I do not feel like 'part of the family' at my organization | 2.567 | 1.224 | 249 | 51.34% | 8 | 19.649 | <0.001* |
| 6 | I do not feel like 'emotional attached' to this organization. | 2.907 | 1.225 | 282 | 58.14% | 5 | 12.433 | 0.014* |
| 7 | This organization has a great deal of personal meaning of me. | 2.959 | 1.346 | 287 | 59.18% | 3 | 3.361 | 0.499 |
| 8 | I do not feel a 'strong' sense of belonging to my organisation. | 3.639 | 1.110 | 353 | 72.78% | 1 | 83.979 | <0.001* |

Table 10: The Arithmetic Means and Sig of Each Statement of Affective Commitment

**The Arithmetic Average Is Statistically Significant at $A \leq 0.05$

First item. Point 8 (I do not feel a 'strong sense of belonging' to my organisation) came first with the percentage of agreement at 72.78%. Second item. Point 1 (I would be very happy to spend the rest of my career with this organisation) came second with the percentage of agreement at 65.36%. Third item. Point 7 (This organisation has a great deal of personal meaning for me) came third with the percentage of agreement at 59.18%. Penultimate item. Point 3 (I feel as if this organisation's problems were my own) came second to last with the percentage of agreement at 52.78%. Final item. Point 5 (I do not feel like 'part of the family' at my organisation) came last with the percentage of agreement at 51.34%.

6. Testing the Hypotheses

This section explains the results obtained when testing the hypotheses.

6.1. Hypothesis 1

| | | Affective commitment | | | | | | | |
|--|----------------|----------------------|--------|---------|--------|------|--------|-------|---------|
| | | Weak | | Average | | High | | Total | |
| | | N | % | N | % | N | % | N | % |
| physicians' perceptions of opportunities for promotion | Weak | 28 | 77.78% | 8 | 26.67% | 1 | 3.23% | 37 | 38.14% |
| | Average | 3 | 8.33% | 5 | 16.67% | 0 | 0.00% | 8 | 8.25% |
| | High | 5 | 13.89% | 17 | 56.67% | 30 | 96.77% | 52 | 53.61% |
| | Total | 36 | 37.11% | 30 | 30.93% | 31 | 31.96% | 97 | 100.00% |
| Chi-square | X ² | 60.149 | | | | | | | |
| | P-value | <0.001* | | | | | | | |

Table 11: The Relationship between Physicians' Perceptions of Opportunities for Promotion and Their Affective Commitment

This table shows that there is a significant positive relationship between physicians' perceptions of opportunities for promotion and their affective commitment, where $X^2 = 60.149$ and the P-value = <0.001 . There is also a significant positive relation between physicians' perceptions of opportunities for promotion and their affective commitment, where $X^2 = 60.149$ and the P-value = <0.001 , meaning that promotion plays a role in forming an effective commitment, which is echoed by the study made by Kan and Jan (2015). Managers are thus recommended to provide promotional opportunities for their employees in order to raise their organisational commitment level.

6.2. Hypothesis 2

| | | Affective commitment | | | | | | | |
|--|----------------|----------------------|--------|---------|--------|------|--------|-------|---------|
| | | Weak | | Average | | High | | Total | |
| | | N | % | N | % | N | % | N | % |
| physicians' perceptions of financial rewards | Weak | 17 | 47.22% | 17 | 56.67% | 4 | 12.90% | 38 | 39.18% |
| | Average | 4 | 11.11% | 11 | 36.67% | 1 | 3.23% | 16 | 16.49% |
| | High | 15 | 41.67% | 2 | 6.67% | 26 | 83.87% | 43 | 44.33% |
| | Total | 36 | 37.11% | 30 | 30.93% | 31 | 31.96% | 97 | 100.00% |
| Chi-square | X ² | 44.887 | | | | | | | |
| | P-value | <0.001* | | | | | | | |

Table 12: The Relationship between Physicians' Perceptions of Financial Rewards and Their Affective Commitment

The table above shows that there is a significant positive relationship between physicians' perceptions of financial rewards and their affective commitment, where $X^2 = 44.887$ and the P-value = <0.001 . There is also a significant positive relation between physicians' perceptions of financial rewards and their affective commitment, where $X^2 = 44.887$ and the P-value = <0.001 . Such a finding is in agreement with that of Teimouri et al. (2015), which suggest that reward power had the greatest effect on employees' affective commitment.

6.3. Hypothesis 3

| | | Affective Commitment | | | | | | | |
|---|----------------|----------------------|--------|---------|--------|------|--------|-------|---------|
| | | Weak | | Average | | High | | Total | |
| | | N | % | N | % | N | % | N | % |
| Physicians' perceptions of job pressure | Weak | 32 | 88.89% | 17 | 56.67% | 5 | 16.13% | 54 | 55.67% |
| | Average | 1 | 2.78% | 10 | 33.33% | 1 | 3.23% | 12 | 12.37% |
| | High | 3 | 8.33% | 3 | 10.00% | 25 | 80.65% | 31 | 31.96% |
| | Total | 36 | 37.11% | 30 | 30.93% | 31 | 31.96% | 97 | 100.00% |
| Chi-square | X ² | 63.556 | | | | | | | |
| | P-value | <0.001* | | | | | | | |

Table 13: The Relationship between Physicians' Perceptions of Job Pressure and Their Affective Commitment

The table above shows the perceptions of job pressure and their affective commitment, where $X^2 = 63.556$ and the P-value = <0.001 . There is also a significant positive relationship between physicians' perceptions of job pressure and their affective commitment, where $X^2 = 63.556$ and the P-value = <0.001 . This finding is consistent with Kaptijn's (2009) study, which shows that work experiences appear to have a large influence on affective commitment.

6.4. Hypothesis 4

| | | Affective Commitment | | | | | | | |
|---|----------------|----------------------|--------|---------|--------|------|--------|-------|---------|
| | | Weak | | Average | | High | | Total | |
| | | N | % | N | % | N | % | N | % |
| Physicians' perceptions of job security | Weak | 18 | 50.00% | 21 | 70.00% | 11 | 35.48% | 50 | 51.55% |
| | Average | 3 | 8.33% | 7 | 23.33% | 5 | 16.13% | 15 | 15.46% |
| | High | 15 | 41.67% | 2 | 6.67% | 15 | 48.39% | 32 | 32.99% |
| | Total | 36 | 37.11% | 30 | 30.93% | 31 | 31.96% | 97 | 100.00% |
| Chi-square | X ² | 18.112 | | | | | | | |
| | P-value | 0.001* | | | | | | | |

Table 14: The Relationship between Physicians' Perceptions of Job Security and Their Affective Commitment

This table shows that there is a significant positive relationship between physicians' perceptions of job security and their affective commitment, where $X^2 = 18.112$ and the P-value = <0.001 . There is also a significant positive relationship between physicians' perceptions of job security and their affective commitment, where $X^2 = 18.112$ and the P-value = <0.001 . The study by Kheirkhah et al. (2014) states that fear of the consequences of leaving a job without access to other employment is a factor that creates effective and continuous commitment.

6.5. Hypothesis 5

| | | Affective Commitment | | | | | | | |
|---|----------------|----------------------|--------|---------|--------|------|--------|-------|---------|
| | | Weak | | Average | | High | | Total | |
| | | N | % | N | % | N | % | N | % |
| Physicians' perceptions of provision training | Weak | 10 | 27.78% | 10 | 33.33% | 4 | 12.90% | 24 | 24.74% |
| | Average | 0 | 0.00% | 3 | 10.00% | 2 | 6.45% | 5 | 5.15% |
| | High | 26 | 72.22% | 17 | 56.67% | 25 | 80.65% | 68 | 70.10% |
| | Total | 36 | 37.11% | 30 | 30.93% | 31 | 31.96% | 97 | 100.00% |
| Chi-square | X ² | 9.260 | | | | | | | |
| | P-value | 0.049* | | | | | | | |

Table 15: The Relationship between Physicians' Perceptions of Provision of Training and Their Affective Commitment

The table above shows that there is a significant positive relationship between physicians' perceptions of the provision of training and their affective commitment, where $X^2 = 9.260$ and the P-value = 0.049 less than 0.05. There is also a significant positive relationship between physicians' perceptions of the provision of training and their affective commitment, where $X^2 = 9.260$ and the P-value = 0.049. This result is corroborated by that of Alsamman (2016), who state that staff become attached emotionally when they feel that there is adequate access to training or there is a probability of attending training.

6.6. Hypothesis 6

| | | Affective Commitment | | | | | | | |
|---|----------------|----------------------|--------|---------|--------|------|--------|-------|---------|
| | | Weak | | Average | | High | | Total | |
| | | N | % | N | % | N | % | N | % |
| Physicians' perceptions of career development | Weak | 21 | 58.33% | 1 | 3.33% | 11 | 35.48% | 33 | 34.02% |
| | Average | 3 | 8.33% | 3 | 10.00% | 4 | 12.90% | 10 | 10.31% |
| | High | 12 | 33.33% | 26 | 86.67% | 16 | 51.61% | 54 | 55.67% |
| | Total | 36 | 37.11% | 30 | 30.93% | 31 | 31.96% | 97 | 100.00% |
| Chi-square | X ² | 27.549 | | | | | | | |
| | P-value | $<0.001^*$ | | | | | | | |

Table 16: The Relationship between Physicians' Perceptions of Career Development and Their Affective Commitment

The above table shows that there is a significant positive relationship between physicians' perceptions of career development and their affective commitment, where $X^2 = 27.549$ and the P-value = <0.001 . There is also a significant positive relation between physicians' perceptions of career development and their affective commitment, where $X^2 = 27.549$ and the P-value = <0.001 . Hemdi and Abdul Rahim (2011) state that among the psychological contract variables, job content appeared to be the most significant predictor of commitment and a desire to stay in the organisation.

6.7. Hypothesis 7

| | | Affective Commitment | | | | | | | |
|---|---------|----------------------|--------|---------|--------|------|--------|-------|---------|
| | | Weak | | Average | | High | | Total | |
| | | N | % | N | % | N | % | N | % |
| Physicians' perceptions of support with personal problems | Weak | 27 | 75.00% | 6 | 20.00% | 7 | 22.58% | 40 | 41.24% |
| | Average | 3 | 8.33% | 10 | 33.33% | 3 | 9.68% | 16 | 16.49% |
| | High | 6 | 16.67% | 14 | 46.67% | 21 | 67.74% | 41 | 42.27% |
| | Total | 36 | 37.11% | 30 | 30.93% | 31 | 31.96% | 97 | 100.00% |
| Chi-square | X^2 | 33.374 | | | | | | | |
| | P-value | $<0.001^*$ | | | | | | | |

Table 17: The Relationship between Physicians' Perceptions of Support with Personal Problems and Their Affective Commitment

The above table shows that there is a significant positive relationship between physicians' perceptions of support with personal problems and their affective commitment, where $X^2 = 33.374$ and the P-value = <0.001 . There is also a significant positive relationship between physicians' perceptions of support with personal problems had been fulfilled and their affective commitment, where $X^2 = 33.374$ and the P-value = <0.001 .

6.8. Hypothesis 8

| | | Affective Commitment | | | | | | | |
|--|---------|----------------------|--------|---------|--------|------|--------|-------|---------|
| | | Weak | | Average | | High | | Total | |
| | | N | % | N | % | N | % | N | % |
| Physicians' perceptions of the extent to which promises had been overall fulfilled | Weak | 2 | 77.78% | 4 | 13.33% | 3 | 9.68% | 3 | 36.08% |
| | Average | 3 | 8.33% | 4 | 13.33% | 3 | 9.68% | 1 | 10.31% |
| | High | 5 | 13.89% | 2 | 73.33% | 2 | 80.65% | 5 | 53.61% |
| | Total | 3 | 37.11% | 3 | 30.93% | 3 | 31.96% | 9 | 100.00% |
| Chi-Square | X^2 | 48.249 | | | | | | | |
| | P-Value | $<0.001^*$ | | | | | | | |

Table 18: The Relationship between Physicians' Perceptions of the Extent to Which Promises Had Been Overall Fulfilled and Their Affective Commitment

The above table shows that there is a significant positive relationship between physicians' perceptions of the extent to which promises have been ultimately fulfilled and their affective commitment, where $X^2 = 44.887$ and the P-value = <0.001 . Indeed, there is a significant positive relationship between physicians' perceptions of the extent to which promises had been ultimately fulfilled and their affective commitment, where $X^2 = 48.249$ and the P-value = <0.001 . This finding is consistent with the study of Mohammed and Ali (2016), which also indicated that promise fulfilment has a significant bearing on affective commitment. The current study differs from other studies, such as that of Khair-Eddin and Al Najjar (2010), which investigated the impact of the internal environment on organisational commitment. This study also differs from that of Theron and Dodd (2011), in that the latter examined organisational commitment in an organisation that had recently experienced organisational restructuring, whereas this research aimed to identify the effectiveness of psychological contracts on affective commitment.

7. Findings and Discussion

One of the main objectives of the current study was to identify aspects of affective commitment among physicians at the Security Forces Hospital, Dammam, through descriptive research in order to try to enhance these same aspects among the survey population. Furthermore, the overall purpose was to investigate, empirically, the impact of psychological contract fulfilment on physicians' affective commitment.

Analysis of the data points to a need to enhance elements of physicians' expertise and thus further professional growth. The study also indicates that even making aspects of affective commitment known for a short period of time can enhance awareness of the impact of the psychological contract on physicians' affective commitment. The main result of the study shows that psychological contract fulfilment has a critical impact on physicians' affective commitment, which in turn

affects all aspects of the physicians' profession. This result is in accordance with those of some of the studies reviewed earlier, in section II, such as by Umar and Ringim (2015), Moore (2014), Hemdi and Abdul Rahim (2011), Bal (2008), McInnis et al. (2009), and McDonald and Makin (2000). A questionnaire was used to measure the impact of psychological contract fulfilment on physicians' affective commitment.

8. Conclusion

Based on the results, this study concluded that promotion plays a role in forming affective commitment, meaning that promotion techniques are key for organisations. Managers are also recommended to provide promotional opportunities for their employees in order to raise their (the employees') organisational commitment level. Organizations have to take financial rewards into account, which would correspondingly see an increase in employees' affective commitment. Job pressure influences employees' commitment, which therefore means that work experiences appear to have a significant influence on affective commitment. Thus, if an organisation were to provide greater job security, then it would gain affective commitment from its employees. Fear of the consequences of leaving a job without access to other employment is then a factor that creates continuous commitment; in other words, commitment may take another type according to the degree of job security. If an employee considers that they are well provided for in terms of training then they will be more effectively committed. In addition, the positive and significant relationship of training and active commitment indicates that employees become attached emotionally when they feel that there is adequate access to training or that there is a possibility of attending training.

Greater career development will equally entail increased affective commitment on the part of an organisation's employees. Job content appeared to be the most significant predictor of commitment and an employee's desire to stay in an organisation. Physicians who experience organisational support are more likely to act in a way that reflects a high degree of affective commitment. Those physicians who further perceive that organisational promises have largely been fulfilled will also be more, and more effectively, committed. Relational and balance psychological contracts dimensions were significantly influencing employees' attitudes in the organisation.

9. Recommendations of the Study

In light of the study's results, it is suggested that more opportunities for promotion among physicians should be provided through appropriately tailored courses. Physicians' awareness of financial rewards should also be enhanced by emphasising a clear system of rewards. Further, physicians should be directed to foster their career development by improving their preparation programmes. Training schemes should similarly be provided for physicians in order to demonstrate how to cope with pressure and personal problems without affecting their commitment. Finally, this study endorses future research on the relationship of effectiveness with different variables on psychological contract.

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