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Personnel Management in Hospitals
Recruitment and Selection of Physicians in
Four Hospitals in Bahrain: A Comparative
Study.

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Salahaldin Salim Abdulla Al-Shurooqi
(B.B.A.; H.N.D)

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POSTGRADUATE STUDIES • NEWLANDS HOUSE • HULL HU6 7RX • UNITED KINGDOM

PROFESSOR R L FLOOD BSc PHD CENG MINSTMC
HEAD OF DEPARTMENT

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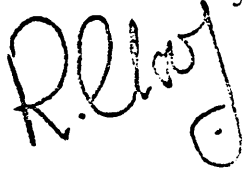
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Dear Salahaldin S A Al-Shurooqi

The Board of Examiners meeting with the External Examiner was sat on 16 April 1996 at the University of Hull. The decision of the Board was as follows:

- All modules passed
- Project passed
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Yours sincerely



Prof R L Flood
Sir Q W Lee Chair in Management Systems



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ABSTRACT

The present study investigated the personnel management in hospital recruitment and selection of physicians, and to compare the most suitable recruitment and selection strategies between the four Bahraini hospitals. A total of 30 physicians (n= 21) and Senior staff (n =9) who are responsible for recruitment and selection in the personnel management departments from four hospitals in Bahrain were chosen. An interview questionnaire was administered to the sample includes 18 items were taken from Bonds and Pulliam (1991), with adaptation by the author. The 18-items necessitated a response to be selected from a five-Likert scale. The five responses were: SA = Strongly Agree, A = Agree, U = Undecided, D = Disagree, SD= Strongly Disagree. Cronbach alpha (α) for the 18-items was 0.7621 for the total sample. The results shows that there was: (1) a significant differences between BDF and AMH in the selecting and coordinating with recruitment agencies, accounted for AMH; (2) no significant differences between BDF and BIH in selection and recruitment processes; (3) a significant differences between BDF and SMC accounted for BDF in: (a) in setting realistic timetables for choosing physicians recruitment negotiations; (b) coordinating physicians interview schedules and information gathering; (c) maintaining an open line of communication with all current medical staff; (d) explaining about the incentive package to board and requests permission; (e) developing a recruitment plan for physicians in hospital. (4) no significant differences between the four hospitals in organization, coordination and planning strategies of recruitment and selection processes. Thus, that there were more similarities among the four hospitals than differences regarding the recruitment and selection processes of physicians. Based on the results of the study it was recommended that future research should be conducted at the same task for other hospital staff, e.g., nurses, health workers, technicians... etc.

Abbreviations: *BDF* (Bahrain Defence Force Hospital), *AMH* (American Mission Hospital), *BIH* (Bahrain International Hospital) and *SMC* (Salmaniya Medical Centre).

Table of Contents

Chapter	Page
Acknowledgment	i.....
Abstract.	ii.....
Table of Contents	iii.....
List of Tables	v.....
List of Illustrations (Figures)	vi
 Chapter I	 1.....
Introduction	1.....
Importance of the Research	2.....
Theoretical Framework	3.....
Integrated personnel management system	3
Role of the recruitment and selection process	3
Main steps in the selection and placement process	4
Employment interview	9.....
The Problem of the Study	9.....
Research Questions	10.....
Definition of Terms	10.....
Delimitations and Limitations	11..
Organization of the Remainder of the Study	11
 Chapter II: Review of Literature	 13..
Recruitment Process of Physicians	13..
Definition	13.....
Importance	14.....
Stages of Recruitment Process	14
Approaches	15.....
Selection Process of Physicians	15
Definition	16.....
Importance	16.....
Selection Procedures	16..
Criteria and Techniques	16.....
Recruitment and Selection Processes: Interrelationship	17
 Chapter III	 22.....
Methodology	22.....
Subjects	22.....
Data Resource	22.....
Measure	22.....
Procedures	24.....
Statistical Analysis	24.....
Statistical Procedures	25.....
Interview Questionnaire Administration	25.
 Chapter IV Results and Discussion	 26..
Results	26.....
Styles of Recruitment and Selection of Physicians	26

Table of Contents (Cont'd)

Chapter	Page
Differences between the Four Hospitals of Recruitment and Selection	28.....
Differences between the BDF and AMH	28
Differences between the BDF and BIH	30
Differences between the BDF and SMC	28
Differences between the AMH and BIH	33
Differences between the AMH and SMC	34
Differences between the BIH and SMC	36
Similarities between the Four Hospitals of Recruitment and Selection	38
Discussion	39.....
 Chapter V	 42.....
Conclusions	42.....
Recommendations	42
Appendixes	
Appendix I	
Cover Letter to Hospitals' Personnel Department	
Appendix II	
Personnel Management in Hospitals Recruitment and Selection of Physicians in Four Hospitals: A Comparative Study (Interview Questionnaire).	
Appendix III	
Brief Summary about The sample (Four Bahraini Hospitals)	
AppendixIV	
Table. 11 Responses Frequencies and percentage of the sample for all Interview Questionnaire Items and the total.	
Appendix V	
SPSS print out Statistical Analysis of the Study Data.	

List of Tables

Table	Page
1. Total percentage of four hospitals by nationality, age, sex, educational levels and experience	23
2. Percentage weighted means of sample responses in recruitment and se;ection strategies for the four hospitals.	26
3. The means and standard deviations for the four hospitals	27
4. The means and standard deviations and t-test for BDF and AMH and significant level.	29
5. The means and standard deviations and t-test for BDF and BIH and significant level.	30
6. The means and standard deviations and t-test for BDF and SMC and significant level.	32
7. The means and standard deviations and t-test for AMH and BIH and significant level.	33
8. The means and standard deviations and t-test for AMH and SMC and significant level.	35
9. The means and standard deviations and t-test for BIH and SMC and significant level.	36
10. Similarities and differences between the four hospitals in the interview items.....	38

List of Illustrations (Figures)

Figures	Page
1. An integrated personnel system: Context and inputs	5
2. Linking role of recruitment and selection.	6
3. The main steps in selection and placement process.	7
4. The employment Interview.	8

CHAPTER I

INTRODUCTION:

Longenecker and Pringle (1984) define management as "the process of acquiring and combining human, financial and physical resources to attain the organization's primary goal of producing a product or services desired by some segment of society" (p. 4). Personnel management refers broadly to the "the procurement, development and utilization of an organization's human resources. Regardless of what product or services an organization provides and no matter what its size, age or location, it must produce human resources in order to remain viable" (Betty and Scheier, 1982, p. 1).

Betty and Scheier (1982) stated that "to succeed in personnel management, one must possess substantial knowledge and skill in the areas of human behaviour, interpersonal relations, organizational structure and process, labour relations, general administration and supervision" (p. 2).

Personnel management is concerned with the management of people at work. A summary of the characteristics of personnel management practice would be along the followings: "(1) a wide range of people-personnel specialists, line managers and supervision-practice personnel management; (2) organizations have specialists personnel department which gives support to managers and supervisors, who have direct responsibility for management of people; (3) there are several specialist management techniques which together comprise personnel management; and (4) the practice of personnel management varies greatly from one organization to another" (Attwood, 1987, p. 9).

Health care delivery is in the midst of a revolution that is expected to continue through the nineties and to result in major changes in the way the industry is structured before the next century. The crux of the problem driving the need for changes is inadequate access to health care despite uncontrollable costs. However, a combination of factors--including the change to a prospective payment system, increased competition, rapid technological change, and new consumer

expectations--would generate an increasingly challenging environment for hospitals (Tonges, 1995, p. 121).

The literature of hospital management had a short history. In recent years some research and development (Rand) have undertaken in hospital administration with the aims of improving the health services for citizens. However, the objectives of hospital management are: (1) patient care; (2) Public health work; (3) teaching and training of doctors, nurses and other allied health professions and (4) doing health or medical research. In general, there is increasing recognition that health care organizations need to think in strategic terms. Successful strategic adaptation to the environmental changes is thought to require an organization (hospital) that is appropriately designed to support implementation (recruit and select physicians) of the strategic choices selected.

The present study is concerned with recruitment and selection as two main parts of personnel management. Therefore, the principle purpose of recruitment activities in this study is to attract sufficient and suitably potential employees (new physicians) to apply for vacancies in the organization (four Bahraini hospitals), and the the principle purpose of selection activities in this study by comparison, is to identify the most suitable applicants (new physicians) and persuade them to accept a position in the organization (four Bahraini hospitals) (See Appendix III).

IMPORTANCE OF THE RESEARCH:

Hospitals are social organization characterized as deliberately devices for coordinating human efforts, marshing solidarity or focusing sentiment and are manifested in a great variety of forms-as business corporations, schools and markets. More specifically, hospitals are health organizations. In simple terms, a hospital, is a building where sick people receive medical and nursing care. In addition, hospitals can provide only treatment for sick people but also preventative health care. Hospitals can be classified in a variety of ways as follows: (a) in terms of ownership (e.g., Public hospitals, Civic hospitals, Armed services hospitals, non-profit making hospitals, Profit making hospitals; (b) in terms of geographical location of hospital (e.g., national or regional or local Hospitals); (c) according to

type of patient (e.g., general or special hospitals) and (d) in terms of duration of illness (e.g., Acute or Chronic hospitals).

In Bahrain, the Ministry of Health has adopted the following classifications of hospitals for statistical and costing purposes: (1) Governmental hospital; (2) Private hospital; (3) Government maternity hospital; (4) Government health centres; (5) Government environmental health centres; and (6) Government child welfare clinics.

Despite limited empirical work on this topic, the recruitment and selection processes of physicians literature suggests a number of factors that could be improve the recruitment and selection processes of physicians at Bahrain hospitals such as identifying the most suitable applicants (new physicians) and persuade them to accept a position in the organization (four Bahraini hospitals). Thus, the present study was conducted.

THEORETICAL FRAMEWORK:

The rationale of the study can best explained by the: (1) integrated personnel management system and clarifies its proper context and inputs; (2) linking role of recruitment and selections processes; and (3) the employment interview.

Integrated personnel management system. Figure (1) shows an integrated personnel management system and clarifies its proper context and inputs as follows (adapted form Betty and Scheier, 1982, p. 31):

a. Inputs process into human planning process which includes: (i) organizational goals and objectives of long-range plan; (ii) labour supply and composition; (iii) economic conditions, political and legal environment; and (iv) social-culture values and norms.

b. Analysis of future human resource plan which consists of: (i) skills inventories, and current leaves-ages; (ii) potential salaries and productivity; and (iii) the number of workers at various levels departments and locations.

c. Forecast of future human resource plan which contain: (i) objectives for the program and budgets plans; (ii) the number of workers required at various levels departments and location; and (iii) characteristics of required works policies governing selection of future workers.

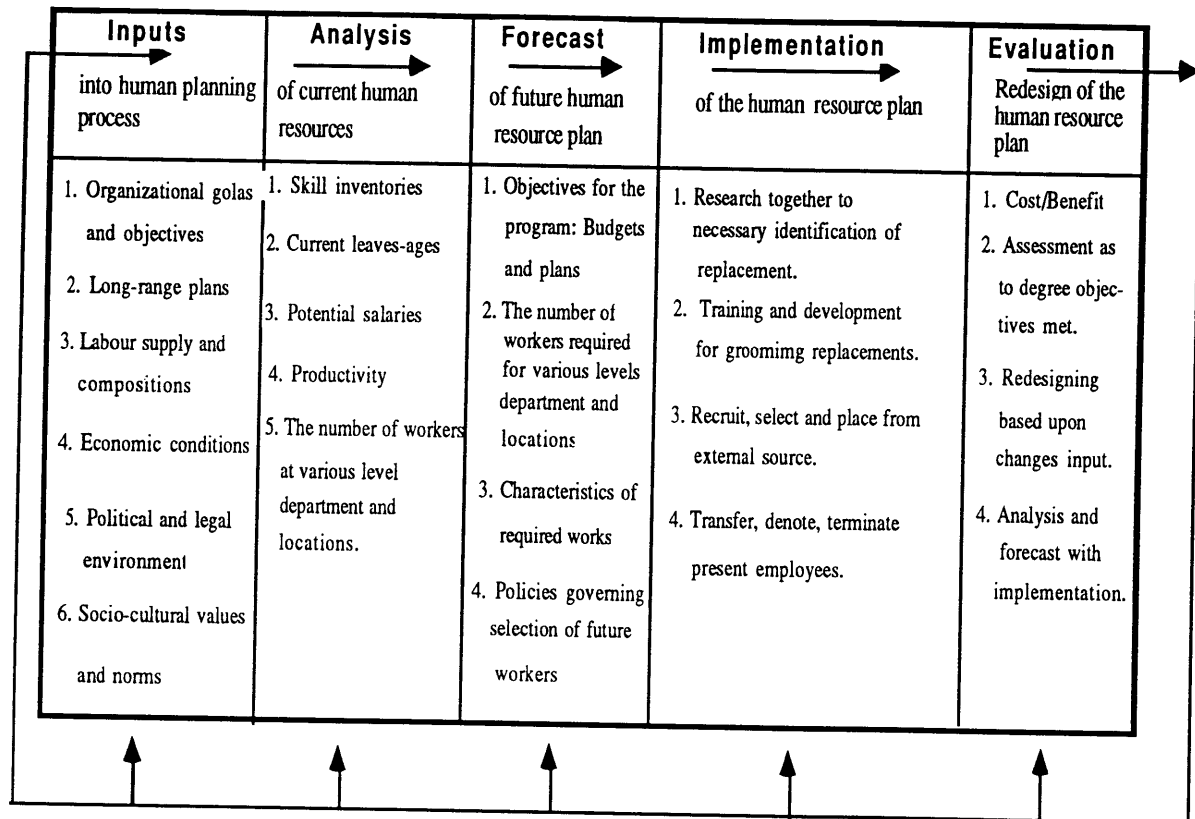
d. Implementation of human resource plan which includes: (i) research together to necessary identification of replacement; (ii) training and development for grooming replacement; (iii) recruit, select and place from external source; and (iv) transfer, denote, terminate present employees.

e. Evaluation and redesign of human resource plan which contains: (i) cost/benefit assessment as to degree objectives; (ii) met redesigning based up on changes input; and (iii) analysis and forecast with implementation.

Role of recruitment and selections processes. Personnel management is that part of the management process concerned with: (1) recruiting and selecting people; (2) training and developing them for their work; (3) ensuring that their payment and conditions of employment are appropriate, where necessary negotiating such terms of employment with trade unions; (4) advising on healthy and appropriate conditions; (5) monitoring the organization of people at work; and (6) encouraging good relations between management and work people (Attwood, 1987, p. 10). The key role of recruitment and selection can be seen at simplest level as follows: Figure 2 displayed that the key role of recruitment and selection in term of interrelationship (linking) as follows: external labour market leads to selection activities, then the organization's need for additional labour create the recruitment activities at the organizations (four hospitals) and so on... (adapted from Cole, 1988, p. 129). Figure (2) shows the key role of recruitment and selection can be seen at simplest level. (adapted from Cole, 1988, p. 129).

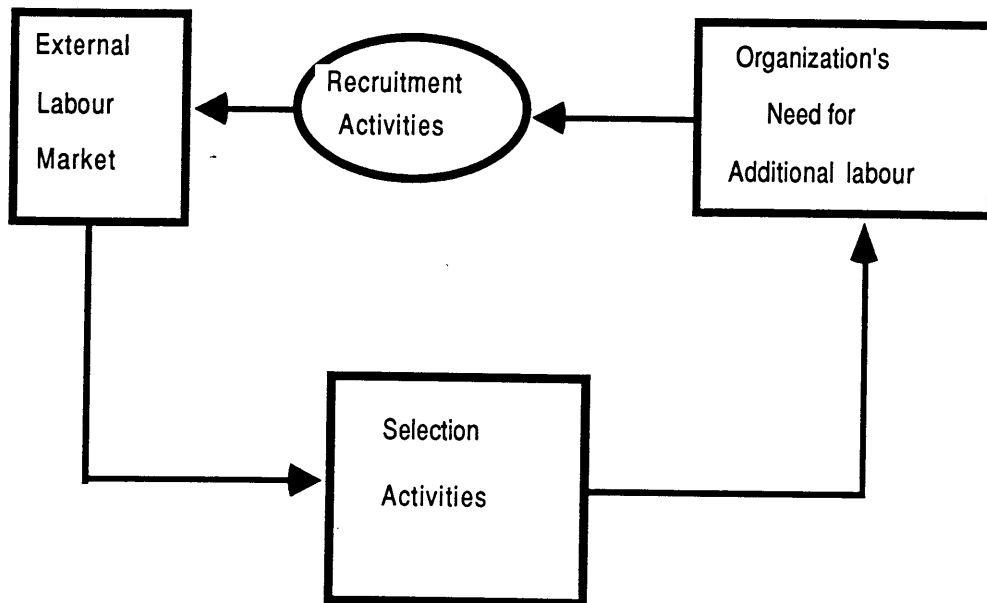
The main steps in the selection and placement processes. Figure 3 gives a simplified overview of the main steps in the selection and placement processes (adapted from Cole, 1988, p. 129). It displayed in descending pattern that: after describing and analysed the job specification of the candidates the recruitment process be called and initial screening. After this step then replacement process occur which clarify the training program for the candidate to show his or her performance appraisal (Cole, 1988, p. 130).

Figure 1. An Integrated Personnel System: Context and Inputs



Adapted from: R. Betty and C. Scheier. (1982). Personnel administration. Reading: Wesley Publishing, p. 31

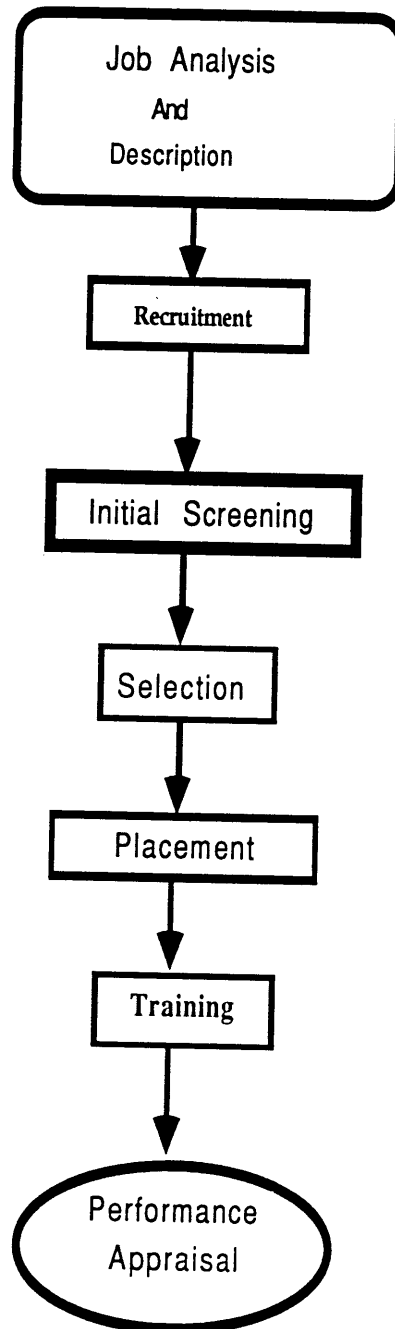
Figure 2. Linking role of recruitment and selection



Adapted from: G. A. Cole. (1988). personnel management: Theory and Practice. London: D. P. Publications

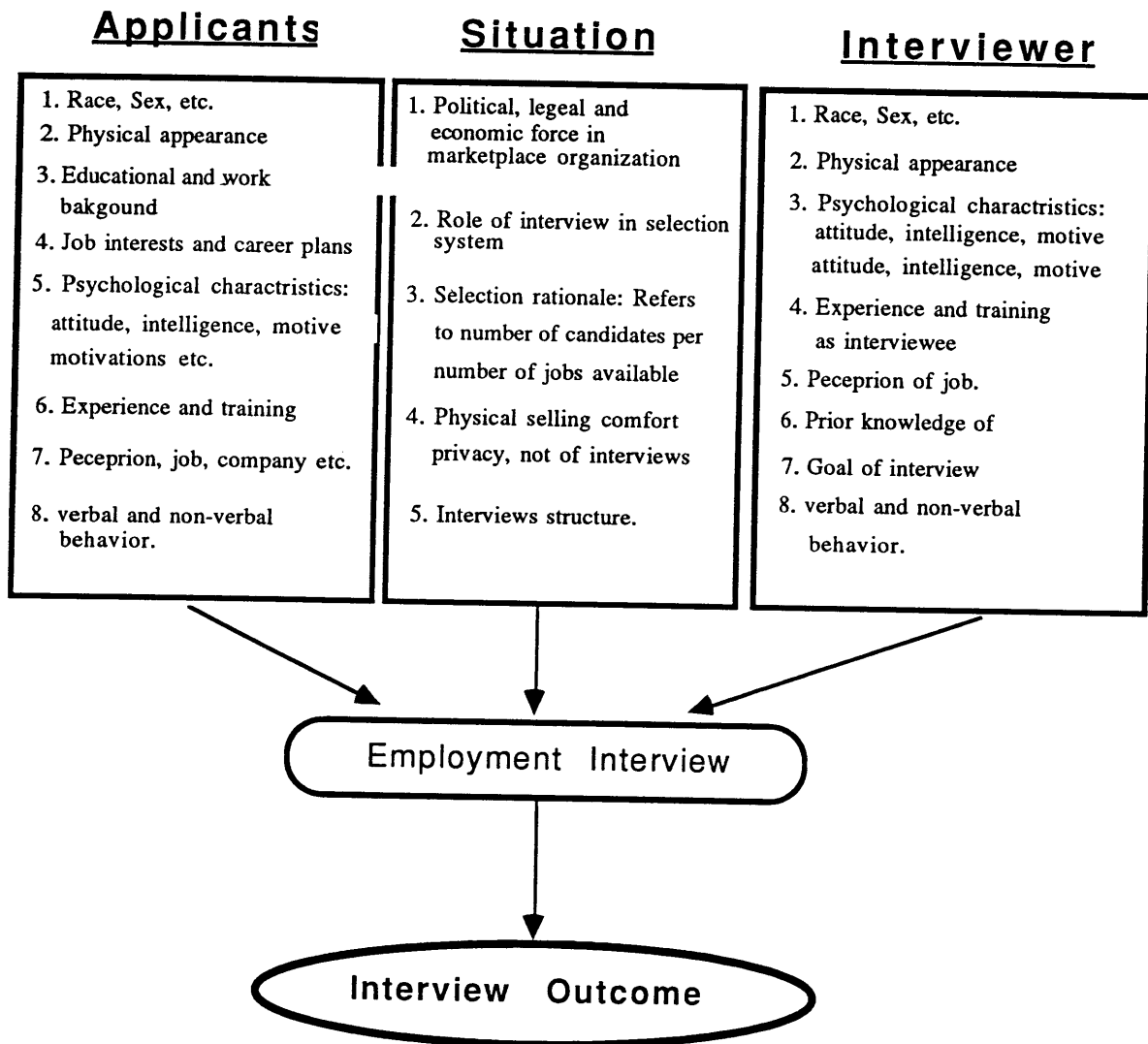
Figure 3.

A simplified overview of the main steps in selection and placement process



Adapted from: G. A. Cole. (1988). Personnel management: Thoery and Practice. London: D. P. Publications, p. 130

Figure 4. The Employment Interview



Adapted from: J. Longenecker and C. Pringle. (1984). p. 324

Employment interview. The following figure (see Figure 4) outlines the main elements in the employment interview (adapted from Longenecker and Pringle, 1984, p. 324). These elements help the interviewer to guide the interview process and take the decision either accept the applicant as employees in the organization or not. Figure 4 shows that there are three elements namely: (1) Applicants which includes the main information of the applicant who will be interviewed such as: (a) race, sex, etc.; (b) physical appearance; (c) educational and work background; (d) job interest and career plans; (e) psychological characteristics, attitude, intelligence, motive etc.; (f) experience and training; (g) perception regarding job, company and (h) verbal and non-verbal behaviour; (2) Situation which contains: (a) political, legal and economic force in organization; (b) role of interview in selection system; (c) selection rationale refers to number of candidates per number of jobs available; (d) physical setting, comfort, and privacy; (e) interview structure and (3) Interviewer which includes the main information of the interviewer who deals with the interviewee. These information is similar to the applicant's general information.

THE PROBLEM OF THE STUDY:

There is little literature which deals directly with hospital personnel management in Bahrain. Most of the literature is not based on empirical research. Thus, this study incorporates theoretical exploration and empirical (fieldwork) research, combined with qualitative and quantitative analysis on the one of the main aspects of the hospital personnel management, the recruitment and selection processes. The research intends to explore this topic in four different kinds of hospitals in Bahrain (Bahrain Defence Force Hospital, Bahrain International hospital, American mission Hospital and Salmania Medical Centre). The main aim of selecting different kinds of hospitals is to do some comparisons between them with respect to the selection and recruitment process of physicians in these hospital, and to explore the similarities and differences between these hospitals in relations to this process.

RESEARCH QUESTIONS:

Kerlinger(1987) argues that: "the simplest and best way to state the research problem is--ask a question" (p. 17). To determine the research problem more precisely and clearly, the study would aim to get answers for the following questions:

1. What are the ways or styles of defining the job to be done?
2. What are the main criteria for defining the characteristics of the ideal candidate?
3. What are the ways or styles of attracting candidates?
4. What are the ways or styles of selecting candidates?
5. What are the similarities and differences between the four hospitals in the study's sample, with respect to the previous mentioned aspects of the recruitment and selection processes?
6. How to improve the recruitment and selection processes in the four hospitals?

DEFINITION OF TERMS:

The following definitions are pertinent to the study:

Management . The process of acquiring and combining human, financial and physical resources to attain the organization's primary goal of producing a product or services desired by some segment of society. (Longenecker and Pringle, 1984, p. 4).

Personnel management. It is concerned with the management of people at work (Attwood, 1987, p. 9). Its characteristics would be along the substantial knowledge and skill in the areas of human behaviour, interpersonal relations, organizational structure and process, labour relations, general administration and supervision" (Betty and Schneier,1982, p. 2).

Hospitals. The social organization characterized as deliberately devices for coordinating human efforts, marshing solidarity or focusing sentiment and are manifested in a great variety of forms-as business corporations, schools... etc.

Recruitment. The process of identifying and attracting a pool of candidates, from which some will later be selected to receive employment offers" (Milkovich and Boudreau, 1991, p. 217).

Selection. The process of gathering and using information about externally recruited applicants to choose which of them will receive employment offers. (Milkovich and Boudreau, 1991, p. 260).

DELIMITATIONS AND LIMITATIONS:

1. The study was limited to physicians and Senior staffs in four hospitals in Bahrain namely: Bahrain Defence Hospital, Bahrain International hospital, American Mission Hospital and Salmania Medical Centre.

2. The study will focus on the recruitment and selection of physicians only. Other studies can carry out the same task but for other hospital staff, e.g., nurses, health workers, technicians etc.

3. The 30 physicians and Senior staffs used in this study do not include the entire population in Bahrain hospitals. Generalization will be confined such intra-sample comparison.

ORGANIZATION OF THE REMAINDER OF THE STUDY:

The dissertation is organized in the following manner:

Chapter II presents a review of literature. The first section of the review covers the recruitment process, its definitions, importance, stages and approaches, and the second section outlines the selection process, its definitions, importance, stages, criteria and techniques.

Chapter III describes the methodology utilized in the study. This chapter includes sample, data resource, research instrumentation; covering; plan, design and construction of the interview questionnaire, and statistical analysis. Then statistical procedures and interview administration are presented.

Chapter IV contains a description and discussion of the results of the study. First the results of the ways of styles of selecting candidates. Second, the similarities between the four hospitals with respect to the aspects of recruitment

and selection is described. Third, the differences between the four hospitals with respect to the aspects of recruitment and selection is presented. Finally, a discussion of the foregoing data is presented.

Chapter V consists of a summation of the study with conclusion and recommendations derived from the study.

Appendixes presents an English version of the interview questionnaire items, a table: inter-item correlations and exclusive statistical data analysis (SPSS Print Out, See Appendix V).

References are listed for sources cited and resources consulted.

CHAPTER II

REVIEW OF LITERATURE

This chapter presents a review of literature. The first section of the review covers the recruitment process, its definitions, importance, stages and approaches, the second section outlines the selection process, its definitions, importance, stages, criteria and techniques, and section three contains the interrelationship between the recruitment and selection processes. Finally, the main results of review is presented.

RECRUITMENT PROCESS OF PHYSICIANS:

Crane (1986) suggested that "the recruiting is the first and major step in implementing the staffing process. Its primary objective is to acquire qualified applicants to fill vacancies. Specific considerations within the recruitment process vary with a situation (e. g., physicians recruitment)" (p. 196). Health organizations need physicians if they are to stay in business, and in recent years the competition for physicians has intensified. More and more health care organizations today are actively engaged in activities related to recruiting. With the demand for physicians on the increase, physicians recruitment has become more difficult because the pool of available physicians is shrinking. In this environment, physicians recruitment must become an important priority of health organizations are going to have the physicians manpower they need to stay in business and provide high-quality health care to the community (Bonds and Pullium, 1991, p. xiii, Metzger, 1981, pp. 12-17).

In Bahrain setting physicians recruitment cannot be left to chance. To recruit effectively, Bahraini hospitals should follow the lead of the other gulf states hospitals and use practical techniques in their recruitment efforts. Thus the objective of recruiting is to locate and attract qualified applicants (new physicians) who might fill existing or anticipated vacancies.

Definition. Whether and Davis (1989) defined the recruitment concept, "is the process of finding and attracting capable applicants for employment. The process begins when new recruits are sought and ends when their applications are

submitted" (p. 147). In other words, "recruiting is the process of identifying and attracting a pool of candidates, from which some will later be selected to receive employment offers" (Milkovich and Boudreau, 1991, p. 217). Responsibility for the recruitment usually belongs to the personnel department. This responsibility is important because the quality of an organisation's human resources depends on the quality of its recruits (Whether and Davis, 1989, p. 147). Similar definition of the above recruitment process adopted for recruitment process of physicians in hospitals.

Importance. Recruitment is not just important to the organization, however. It's a two-way communication process. Applicants desire accurate information about what it would be like to work in the organization. Organizations desire accurate information about what kind of employee the applicant would make it if he or she were hired. Both candidates for employment and the organization send signals about the employment relationship. So understanding recruitment process is also important when you become a job candidate. Knowing how the search process works, and how you can influence it, are important tools no matter what kind of career you pursue (Milkovich and Boudreau, 1991, p. 217).

Stages of Recruitment Process Normally, recruiters (specialists in recruiting process) follow several steps. First, recruiters identify job openings through human resource planning or request by managers (i.e., senior staff in hospitals). The human resource plan (Personnel Department in Bahrain setting) can be especially helpful because it shows the recruiter both present openings and those expected in the future. With openings identified, the recruiter then learns what each job requires by reviewing the job analysis information, particularly the job descriptions and job satisfaction. This information tells the recruiter the characteristics of both jobs and the people who will fill them. When the job analysis information appears outdated, recruiters can learn more about a job's requirements from the requesting manager (Whether and Davis, 1989, p. 147). On other words, recruiting needs are the net difference of forecasted total human resource needs minus the people available within the organization. Recruiters can group the number of employees needed, by classification, to facilitate the search efforts. Finally recruiters must be

thoroughly familiar with the position. Second, applicants sources depend on the extent and nature of experience required (Crane, 1986, p. 199).

Approaches. One successful technique used by most health care organizations today is to offer attractive financial incentive packages to help physicians start or move their practices (Bonds and Pullium, 1991, p. xiv). Once an employer has decided that external recruitment is necessary, a cost-effective and appropriate method of recruitment must be selected. There were various methods of recruitment such as: advertisement in regional press, advertisement in special press, advertisement in national press, employment agencies, recruitment consultants, and radio/advertising (Torrington and Hall, 1991, p. 266, Metzger, 1981, p. 17).

Physician's recruitment should be considered a part of a hospital's master plan and as a necessary and integral function of the hospital's operation. A hospital administrator would be able to devote a major portion because of time to physician recruitment. This unfortunately is not always possible because of the complexities of a hospital's day-to-day operations. Nevertheless, physician recruitment should still be a part of daily operations and, in act, should be implemented on an ongoing basis. However, the best time to implement a recruitment when the need has not yet reached a desperate or crisis level.

SELECTION PROCESS OF PHYSICIANS:

Personnel managers play a large part in the selection process, Torrington and Hall (1991) found that recruitment and selection was an area of high importance in which personnel managers spent almost the most time and exercised most the greatest discretion (p. 281). Moreover, "the personnel managers has a particular role to play in the construction of selection procedures and their administrative control, and is additionally involved in shortlisting, interviewing and selection validation procedures" (Torrington and Hall, 1991, p. 282). Selection process of physicians serve to choose the best individual for a particular job from the available candidates. The selection process requires a reservoir of qualified applicants and clear definitions of duties and requirements of the unfilled jobs. The element of the selection process are: application forms, interviews, and assessments methods (Crane, 1986, p. 196).

Definition. Selection process can be defined by gathers and uses information about externally recruited applicants to choose which of them will receive employment offers. It is often preceded by screening, which identifies obviously unqualified applicants before gathering additional selection information (Milkovich & Boudreau, 1991, p. 260).

Importance. Selection activities determine who joins the organization. These new hires often will spend decades with the organization, and they will become the resource the organization depends on for performance, flexibility in changing times, innovation, and candidates for further job assignments throughout their careers. Second, selection activities are one of the most visible and important signals about the organization's commitment to fairness and legal compliance. Selection activities are often the first contact that applicants have with organization, and they use the activities as signals about other organizational attributes (Milkovich and Boudreau, 1991, p. 262).

Selection Procedures. Personnel managers are able to draw on their expertise to recommend the most effective selection methods for each particular job or group of jobs. They are also in a position to encourage the development and use of personnel specifications as an aid to selection. The personnel managers will normally be the organization's expert on test use, and in organization where tests are particularly appropriate selection methods, they will be qualified to administer tests and advise managers on the most suitable tests to use. In a more general sense personnel managers can act as an advise centre on selection methods for other managers, and are usually involved in the formal and informal trainings in selection skills, particularly interviewing skills. The personnel managers will normally be responsible for the smooth running of the administrative procedures used in connection with the selection of staff (Torrington and Hall, 1991, p.282).

Criteria and Techniques. Lewis (1985) suggests that selection criteria can be understood in terms of three aspects: organizational criteria, departmental or functional criteria and individual job criteria. (1) The organizational criteria are those attributes that an organization considers valuable in its employees and that affect judgements about a candidate's potential to be successful within an

organization. For example, the organization may be expanding and innovating and require employees who are particularly flexible and adaptable. These organizational criteria are rarely made explicit and they are often used an intuitive level. (2) Between the generality of the organizational criteria and the preciseness of job criteria there are departmental criteria such as definition of appropriate interpersonal skills for all members of the personnel department. (3) Individual job criteria contained in job descriptions and person specifications are derived from the process of job analysis. It is these criteria that are the most often used in the selection process (Torrington & Hall, 1991, p 285).

It is unusual for one selection method to be used alone. A combination of two or more methods is generally used. There were various selection methods to be implemented such as: Application forms, self-assessment, telephone screening, testing, interviewing, work sampling and computerized testing, (Torrington and Hall, 1991, p. 286-297; Milkovich and Boudreau, 1991, pp. 265-266).

Before initiating a physician recruitment program, a decision must be made by the planning committee as to which type of program be in the best interest of the hospital and the community it serves, This decision will determine the role of the recruitment committee in the recruitment process. There are basically four program options available to the planning committee, each differing with respect to the degree of involvement that the committee undertakes in relation to an outside consulting firm in the planning and/or implementation stages (Lewitt, 1982, p. 33).

RECRUITMENT AND SELECTION PROCESSES: INTERRELATIONSHIP:

A number of studies have attempted to identify and describe recruitment and selection processes of hospitals (Anderson and Koska, 1992; Bartram et al., 1995; Connor et al., 1995; Ingram, 1992; Keenan, 1995; Merritt, 1992; Murphy and Poist, 1992; Poggio, 1992; Sherer, 1993; Waryszak and Bauer, 1993).

Sherer (1993) found that from a survey of 392 hospitals indicate that primary care specialists remained the most highly recruited physicians in 1992. Paid moving expenses, compensation guarantees, and the provision of malpractice

insurance were cited as widely used recruitment strategies. While Merritt (1992) suggested that hospital trustees should ensure that recruitment plans include: (1) a strategy that reflects current supply and demand realities in primary care, (2) an attractive environment, and (3) an affective process for finding an interviewing candidates. Moreover, establishing realistic (selection) criteria for the type of physician that will be acceptable should also begin prior to actual search. In addition, finding candidates generally involves a combination of networking, advertising, direct mail, and direct telephone solicitation. Once a candidate is identified and an interview scheduled, trustees should play an active role in ensuring the success of the interview. It is up to trustees to display a positive, enthusiastic attitude and point out opportunities at their facility. In the same avenue, O'Leary (1992) wrote an article titled "physician recruitment: A three-step strategy. He stated that successful physicians recruiters are using sophisticated marketing strategies more closely associated with public relations department than with the human resources department. However, professionals in physician recruitment suggested three useful recruitment tips. The first suggestion is to think creatively. Other suggestions include trying all approaches and recruiting at nearby universities and through current and retired staff. However, Leisy and Bledsoe (1994) wrote an article titled: Adding value to compensation", they pointed out that "most hospitals trustees today are caught in intensifying competitive crossfire between not-for-profit and for-profit institutions and between independents and systems. As a results, the health care field has become a brutal seller's market for management and medical talent. In addition, Anderson and Koska (1992) pointed out that medical staff planning is being reinterpreted as hospital Committee Chief Executive Officers (CEOs) acknowledge the need to involve physicians in strategic planning. Hospitals are devising innovative ways to involve physicians in all levels of strategic decision-making process. For example, at Lancaster general hospital half of the members of the hospital's strategic planning committee are physicians.

Ingram (1992) pointed out that there were three questions to answer before a search for a physician is initiated: (1) Does the existing medical staff support this recruitment effort? (2) Are the candidate criteria realistic? (3) Is the hospital prepared to pay competitive compensation? Some administrators base medical staff needs largely on demographic. However, the statistics do not reflect the practices of the existing medical staff. Candid discussion is the best way to determine the medical staff's support of a potential recruitment effort. Setting rigid candidate criteria is a sure way to turn a physician search into costly escapade. Administrators must recognize that the pool of candidates is limited and that these candidates review multiple opportunities. The chances of success in the search, can be improved by: (1) changing the candidate criteria to open the search to a broader field, (2) increasing the desirability of the position with excellent compensation and benefit, and (3) staying the course and gambling on luck. In same way, Bartram et al. (1995) investigated the recruitment and selection of young people (under the age of 20 years) by small businesses. A national sample of 498 small businesses, employing a total 5612 people, were interviewed. They found that the selection and recruitment procedures used by small businesses, especially employing 10 or fewer people, differ markedly from those of large organizations, being far more informal and unstructured. Among the major findings was a strong emphasis by employers on the importance of personality characteristics and of interest in the job rather than ability, aptitude and attainment. Moreover, Keenan (1995) investigated a graduate recruitment in Britain. The study consisted of a questionnaire survey of the selection methods used by 536 organizations in the UK. The results showed that the use of applications form for pre-selection purposes was used widespread. While references were also widely used, they were often taken up very late in the selection process, and only a minority of organizations sought specific information about job related abilities from referees. Interviews were universally used, both on their own, and as a component of an assessment centre. A total of 44% of organizations used assessment centres as part of graduate recruitment.

Waryszak and Bauer (1993) conducted a study to find out what selection techniques are used in various accommodation establishments in the state of Victoria, Australia, to recruit front-office staff characteristics. A survey of 172 establishments with more than 30 rooms indicated that the most frequently used techniques were application forms, standard interviews, and references from previous employers. However, the smaller establishments did not use even these basic procedures to their fullest advantage. They relied almost exclusively on the interview technique and, in many cases, did not avail themselves of the benefits of a reference check, which could significantly improve the chances of selecting the right person for the front-office job. Despite the lack of use of all the standard selection procedures, 86.6% of properties nevertheless stated that their selected front-office staff performed either their front-office staff were not performing as expected. While, Connor et al. (1995) analysed the physician recruitment strategies in rural hospitals in Minnesota United States in two dimensions: Importance and effectiveness for 60 short-term general hospitals. These strategies include good relations with current medical staff, involving medical staff in the decision to recruit, contact with medical schools, support of residency program, opportunities, and projecting community demand when deciding whether to recruit. They found that good hospital facilities and services are important, financial/practice may be less important than is commonly thought, and group practice opportunities may be more important than commonly thought. In addition, Murphy and Poist (1992) conducted a study titled: "Managing the human side of public warehousing an overview of modern practices". The study, based on 114 responses to mail survey of public warehouses, found that public warehouse operators are most likely to use referrals as a source of new employees, while state employment agencies are most likely to be a recruitment source. With respect to selection techniques, personal interviews, application forms, and references checks are each used by more than 90% of the respondents. Approximately 20% of the responding firms reported no training programs for new warehouse employees, while nearly 50% of the existing programs are 10 or fewer days in duration. Warehouse operating personnel are most likely to receive hourly wages.

Informal recognition and discipline are the 2 most commonly used motivational techniques. The respondents indicated that training is the most important human resource management aspect for efficient warehouse operations, followed by motivation and selection.

Prabhu (1995) pointed out that hospitals information systems have evolved from data processing system for patient billing and payroll to decision-support system which support decision making at the middle and upper management levels. with the advancements in the areas of database management, expert systems and networks, important hospital functions such as physician recruitment and referral, which historically were performed using traditional procedures, are now performed using these computer-based technologies. Moreover, a generalizable framework for information systems for physician recruitment and referral, using technologies of database management, expert systems and networks, is developed. He suggested that this generalizable information systems for physician recruitment and referral may be used by hospitals and other health-care provider to improve the efficiency and effectiveness of the physician recruitment and referral process. While, Poggio (1992) wrote an article titled " Physicians recruitment: The role of the hospital information system. He said that increasing numbers of hospitals are developing formal recruiting functions in the United States. More than 25% of hospitals, group practices, and managed care organizations currently have such recruitment Functions. Hospital information system can aid physicians recruiting in several ways: (1) by identifying the type of physicians to recruit, (2) by supplying data and supporting information about the practice a physician can expect, (3) by reflecting the hospital's image and supporting its plan for the future, (4) by offering the capability to assist with building as well as regulatory administrative tasks, (5) by offering the ability to assist with patient care data. Moreover, for physician recruiting purposes, hospital information systems should be designed to merge data from disparate sources. The information system must generate flexible ad hoc analysis of practice trends and merged medical, financial and demographic data by physicians.

CHAPTER III METHODOLOGY

This chapter describes the (1) sample (subjects), (2) data resource, (3) research instrumentation; including; plan, design and construction of the interview questionnaire, (4) statistical analysis, (5) statistical procedures, (6) and interview administration.

SUBJECTS:

Physicians and Senior staff (26 males and 4 females) from four hospital in Bahrain whom were choosen are responsible for recruitment in the personnel management departments at those hospitals (Bahrain Defence Hospital, n=18, Bahrain International hospital n=4, American mission Hospital n=3 and Salmania Medical Centre n=5). The research was based on analysis of views of a selected number of staff consisted of 30 professions (23 Bahraini and 7 non-Bahraini) from different: (1) Educational levels [BS (n=2, Higher diploma (n=4), MSc (n=2), Ph.D (n=1), and MD (n=21)]; (2) Age groups [30-35 years (n=1), 35-39 years (n=3), 39-44 years (n=9), 45-49 years (n=13), more than 50 years (n=4); (3) Experience [1-5 years (n=1), 6-10 years (n=1), 11-15 years (n=5), 15-20 years (n=10), more than 20 years (n=13) (See Table 1); in November 1995 till Febraury 1996.

DATA RESOURCE:

Through the cooperation of the physicians and senior staff in the hospitals involved, subjects of the participating hospitals were completed an interview questionnaire which called for: (1) Educational levels; (2) Age groups; (3) Experience; Subject's gender. The interview questionnaire were completed subjects solely. The demographic data of the sample is shown in Table 1.

MEASURE:

The interview questionnaire was administered to the sample includes 18 items and introduction serving as a guide to sample and explaining the aims of the study

Table 1. Total percentage of four hospitals by nationality, age, sex, educational level, and experience.

Variables/ Hospitals	BDF*		BIH		AMH		SMC	
	No.	%	No.	%	No.	%	No.	%
Nationality								
Bahraini	14	46.67	1	3.33	0.00	0.00	5	16.66
Non-Bah.	4	13.33	3	10	3	10	0.00	0.00
Sex								
Males	15	50	4	13.33	3	10	4	13.33
Females	3	10	0.00	0.00	0.00	0.00	1	3.33
Education- level								
BS	1	3.33	1	0.00	0.00	0.00	0.00	0.00
H. Diploma	2	6.67	2	6.67	0.00	0.00	0.00	0.00
MD	14	46.67	1	3.33	3	10	3	10
MSc	0.00	0.00	0.00	0.00	0.00	0.00	2	6.67
Ph.D	1	3.33	0.00	0.00	0.00	0.00	0.00	0.00
Age								
25-29 years	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30-35 years	1	3.33	0.00	0.00	0.00	0.00	0.00	0.00
36-39 years	3	10	0.00	0.00	0.00	0.00	0.00	0.00
40-44 years	7	23.33	1	3.33	1	3.33	0.00	0.00
45-49 years	5	16.67	2	6.67	2	6.67	4	13.33
Above 50	2	6.67	1	3.33	0.00	0.00	1	3.33
Experience								
1-5 years	1	3.33	0.00	0.00	0.00	0.00	0.00	0.00
6-10 years	1	3.33	0.00	0.00	0.00	0.00	0.00	0.00
11-15 years	4	13.33	0.00	0.00	1	3.33	0.00	0.00
16-20 years	8	26.67	2	6.67	0.00	0.00	0.00	0.00
More than 20	4	13.33	2	6.67	2	6.67	5	16.66

* BDF= Bahrain Defence Force, BIH= Bahrain International Hospital, AMH= American Mission Hospital
SMC= Salamnia Medical Centre

and how to answer the questions. The items of the interview were taken from Bonds and Pulliam (1991), with adaptation by the author. The items of this interview were an attempt to operationalize the construct of recruitment and selection of physicians in Bahrain. The 18-items necessitated a response to be selected from a five-Likert scale. The five responses were: SA = Strongly Agree, S = Agree, UD = Undecided, D = Disagree, SD= Strongly Disagree. Cronbach alpha (α) for the 18-items was 0.7621 for the total sample (See Appendix II).

PROCEDURES:

Fourty five interview questionnaire were distributed to sample from four hospitals by the author. Sample were allowed to complete the questionnaire in their own time or free time and were requested to return them to the researcher. Participation in the research was anonymous and voluntary. Of the 45 questionnaires distributed, 30 (66.67%) were returned to the researcher from the four hospitals. Fifteen were incomplete.

STATISTICAL ANALYSIS:

A reasonable expectation for the present study instrument is that the interview questionnaire specify with considerable detail the recruitment and selection of physicians in Bahrain and the related strategies such as organization, coordination and planning. Content validity was stressed during the construction of the interview questionnaire. A pilot study has been conducted including four Professores from College of Business at the University of Bahrain. A major goal was to make sure that the interview questinnnaire content would be in harmony with the present-day recruitment and selection strategies (i. e., objectives) of the four hospitals. The recruitment and selection of physicians criteria in Bahrain measured and the related subcomponents at the four hospitals are as follows: (1) Organization criterion includes the first five questions, (2) coordination criterion consists of seven questions and (3) planning criterion contains six questions (see appendix 1).

Subjects' responses by hospitals was presented in terms of percentage of the five-Likert scale (Strongly Agree, Agree, Undecided, Disagree, and Strongly Disagree) (See Table 11 in Appendix IV).

Subjects' responses by hospitals was plotted in terms of means scores of the five-Likert scale recryuitment and selection strategies: organization, coordination and planning).

In order to acquire information relevant to the comparative recruitment strategies a series of t-test were undertaken.

An item analysis of interview questionnaire was performed using alpha (α) Cronbach to estimate the reliability of the measure (i. e., interview questionnaire). The

analysis were performed using SPSS. The program also contains a subroutine for estimating the item difficulty and item interrelations. Summary descriptive statistics are shown in Table 2 and the item statistics are shown in Appendixes 2.

STATISTICAL PROCEDURES:

Scoring of the interview questionnaire was done by the investigator. Accuracy of scoring, recording and interview questionnaire results were checked by the investigator.

A series of t-test were computed involving one factor: Type of hospitals.

The significance of mean differences corresponding to type hospital was investigated. That is, it was determined if type of hospital produced significantly different mean results between subjects responses in each item and the total responses. Using the 0.05 level of confidence each of the t-test were examined for the presence of a significant level.

INTERVIEW QUESTIONNAIRE ADMINISTRATION:

Preparation for administering the interview questionnaire began in November, 1995, and the interview questionnaire was administered in February, 1996 (See Appendix I). Before the interview questionnaire administered, several criteria were established to guide the interview administration such as physicians and senior staffs were assigned from four hospitals, physicians and senior staffs were randomly assigned from different age groups, physicians and senior staffs were randomly assigned from different educational professions.

CHAPTER IV

RESULTS AND DISCUSSION

This chapter contains a description and discussion of the results of the study. First the results of the ways of styles of selecting candidates. Second, the differences between the four hospitals with respect to the aspects of recruitment and selection is described. Third, the similarities between the four hospitals with respect to the aspects of recruitment and selection is presented. Finally, a discussion of the foregoing data is presented.

RESULTS:

STYLES OF RECRUITMENT AND SELECTION OF PHYSICIANS:

Table 2. presents the subjects' responses in terms of percentage weighted means of the five-Likert scale (Strongly Agree, Agree, Undecided, Disagree, and Strongly Disagree) by hospitals. It reveals that the four hospitals' responses are between strongly agree which ranged from 44.4% to BDF and 66.7% to AMH, while, for agree responses, the range from 38.8% to BDF and 75% for BIH.

Table 2 Percentage weighted means of sample responses in recruitment and selection strategies for the four Hospitals.

Questions Items	BDF n = 18 Freq %		BIH n = 4 Freq %		AMH n = 3 Freq %		SMC n = 5 Freq %	
Organization								
Strongly Disagree	1	5.55	00	00	00	00	00	00
Disagree	1	5.55	00	00	00	00	00	00
Undecided	2	11.1	00	00	00	00	1	20
Agree	7	38.8	1	25	2	66.7	2	40
Strongly Agree	8	44.4	3	75	1	33.3	2	40
Coordination								
Strongly Disagree	1	5.55	00	00	00	00	00	00
Disagree	00	00	00	00	00	00	00	00
Undecided	00	00	00	00	00	00	1	20
Agree	12	66.7	2	50	2	66.7	2	40
Strongly Agree	5	27.8	2	50	1	34.3	2	40
Planning								
Strongly Disagree	1	5.55	00	00	00	00	00	00
Disagree	00	00	00	00	00	00	00	00
Undecided	00	00	00	00	00	00	00	00
Agree	12	66.7	2	50	2	66.7	3	60
Strongly Agree	5	27.8	2	50	1	33.3	2	40

Table 3 displayed the means, and standard deviations for four hospitals (samples) in this study of the interview questionnaire items of the recruitment and selection strategies (styles) which are: (1) organization (BDF $\mu = 4.14$, $\sigma = .861$; AMH $\mu = 3.93$, $\sigma = .702$; BIH $\mu = 4.70$, $\sigma = .476$; SMC $\mu = 4.04$, $\sigma = .766$), (2) coordination (BDF $\mu = 3.85$, $\sigma = .830$; AMH $\mu = 3.71$, $\sigma = .285$; BIH $\mu = 4.60$, $\sigma = .513$; SMC $\mu = 3.22$, $\sigma = 1.23$) and (3) planning (BDF $\mu = 3.96$, $\sigma = .877$; AMH $\mu = 3.72$, $\sigma = .254$; BIH $\mu = 4.29$, $\sigma = .416$; SMC $\mu = 4.06$, $\sigma = .252$). While the total of the sample responses in the overall of the interview questionnaire items were as follows: BDF $\mu = 3.97$, $\sigma = .815$; AMH $\mu = 3.73$, $\sigma = .379$; BIH $\mu = 4.52$, $\sigma = .436$; SMC $\mu = 3.72$, $\sigma = .720$.

Table 3. The Means and standard deviations for four Hospitals

Questions Items	BDF		AMH		BIH		SMC *	
	M	S.D	M	S.D	M	S.D	M	S.D
1. Establishes procedures to ensure effective efforts in recruitment.	4.33	.970	4.00	.00	4.75	.500	4.60	.547
2. Maintains daily activity identifying current and planned recruitment efforts.	3.72	1.72	3.66	1.52	4.5	.577	3.60	.547
3. Sets realistic timetables for choosing physicians recruitment negotiations.	4.11	1.02	4.33	.577	4.75	.500	2.80	1.64
4. Investigates all leads for potential candidates.	4.00	1.08	3.33	1.15	4.75	.500	4.60	.547
5. Checks physician's references and credentials before extending formal invitation to visit..	4.55	1.04	4.33	.577	4.75	.500	4.60	.547
6. Coordinates physicians interview schedules and information gathering trips.	3.94	.937	3.00	1.00	4.75	.500	3.20	2.04
7. Acts as the initial facilitator after a physician relocates to the hospitals.	3.38	1.19	3.33	1.15	4.75	.500	3.60	.547
8. Assess new physicians in applying to the medical staff.	4.00	.970	4.00	.00	4.50	.577	4.40	.547
9. Discuss hospital policies and procedures with a physician and answer questions.	4.00	1.37	4.00	.00	4.75	.500	3.00	1.87
10. Maintains an open line of communication with all current medical staff and seeks input on all aspects of recruiting.	4.22	1.00	4.00	.00	4.75	.500	3.20	2.04

Table 3. The Means and standard deviations for four Hospitals (Cont'd)

Questions Items	BDF		AMH		BIH		SMC *	
	M	S.D	M	S.D	M	S.D	M	S.D
11. Coordinates with other organization or department regarding common recruitment activities.	3.77	1.34	3.66	1.52	4.50	.577	2.80	1.64
12. Selects, coordinates, and manages retained or contingency recruitment agencies.	3.66	1.19	4.00	.00	4.25	.957	2.4	1.34
13. Explains about the incentive package to the board and requests permission to make a higher offer in order to recruit the physicians.	3.77	1.21	3.33	1.52	3.00	1.41	3.20	.447
14. Develops a recruitment plan for physicians in your hospital.	4.27	.958	3.66	.577	4.50	.577	4.00	.00
15. Approves the recruitment plan by recruiter and decisions makers.	3.94	.872	3.00	1.00	4.75	.500	4.00	.00
16. Obtains approval of a physicians manpower plan.	3.61	1.19	3.66	.577	4.50	.577	4.40	.547
17. Determines selection criteria for physicians recruitment	4.11	.900	4.33	.577	4.50	.577	4.40	.547
18. Screens the physicians to assess whether they meet the personal and professional search criteria.	4.05	.805	4.33	.577	4.50	.577	4.40	.547
Organization	4.14	.861	3.93	.702	4.70	.476	4.04	.766
Coordination	3.85	.830	3.71	.285	4.60	.513	3.22	1.23
Planning	3.96	.877	3.72	.254	4.29	.416	4.06	.252
Total	3.97	.815	3.73	.379	4.52	.436	3.72	.720

* BDF (Bahrain Defence Force), AMH (American Mission Hospital), BIH (Bahrain International Hospital), SMC (Salmania Medical Center)

DIFFEENCES BETWEEN FOUR HOSPITALS OF RECRUTMENT AND SELECTION:

1. Differences between Bahrain Defence Hospital and American Mission Hospital. Comparing scores, from two hospitals (Bahrain Defence Hospital and American Mission Hospital), using t-test showed that there was a significant differences between both in item 12 stated that: "Selects, coordinates and manges retaied or contingency recruitment agencies ($t = 4.963$, $p < 0.038$). as shown in Table 4.

Table 4. Means and Standard Deviations and t-test for two hospitals (BDF and AMH) and the significant levels.

Questions Items	BDF		AMH *		t-test	Probability
	M	SD	M	SD		
1. Establishes procedures to ensure effective efforts in recruitment.	4.33	.970	4.00	.00	2.714	NS
2. Maintains daily activity identifying current and planned recruitment efforts.	3.72	1.72	3.66	1.52	.183	NS
3. Sets realistic timetables for choosing physicians recruitment negotiations.	4.11	1.02	4.33	.577	.322	NS
4. Investigates all leads for potential candidates.	4.00	1.08	3.33	1.15	.196	NS
5. Checks physician's references and credentials before extending formal invitation to visit..	4.55	1.04	4.33	.577	.300	NS
6. Coordinates physicians interview schedules and information gathering trips.	3.94	.937	3.00	1.00	.079	NS
7. Acts as the initial facilitator after a physician relocates to the hospitals.	3.38	1.19	3.33	1.15	.041	NS
8. Assess new physicians in applying to the medical staff.	4.00	.970	4.00	.00	1.44	NS
9. Discuss hospital policies and procedures with a physician and answer questions.	4.00	1.37	4.00	.00	.059	NS
10. Maintains an open line of communication with all current medical staff and seeks input on all aspects of recruiting.	4.22	1.00	4.00	.00	2.745	NS
11. Coordinates with other organization or department regarding common recruitment activities.	3.77	1.34	3.66	1.52	.059	NS
12. Selects, coordinates, and manages retained or contingency recruitment agencies.	3.66	1.19	4.00	.00	4.963	.038
13. Explains about the incentive package to the board and requests permission to make a higher offer in order to recruit the physicians.	3.77	1.21	3.33	1.52	.114	NS
14. Develops a recruitment plan for physicians in your hospital.	4.27	.958	3.66	.577	.231	NS
15. Approves the recruitment plan by recruiter and decisions makers.	3.94	.872	3.00	1.00	.262	NS
16. Obtains approval of a physicians manpower plan.	3.61	1.19	3.66	.577	.999	NS
17. Determines selection criteria for physicians recruitment	4.11	.900	4.33	.577	.013	NS
18. Screens the physicians to assess whether they meet the personal and professional search criteria.	4.05	.805	4.33	.577	.031	NS
Organization	4.14	.861	3.93	.702	.001	NS
Coordination	3.85	.830	3.71	.285	.691	NS
Planning	3.96	.877	3.72	.254	.645	NS
Total	3.97	.815	3.77	.379	.183	NS*

* BDF (Bahrain Defence Force), AMH (American Mission Hospital).

2. Differences between Bahrain Defence Hospital and Bahrain International Hospital. Comparing scores, from two hospitals (Bahrain Defence Hospital and Bahrain International Hospital), using t-test showed that there was no significant differences between both in all item of the interview questionnaire. as shown in Table 5.

Table 5. Means and Standard Deviations and t-test for two hospitals (BDF and BIH) and the significant levels.

Questions Items	BDF		BIH *		t-test	Probability
	M	SD	M	SD		
1. Establishes procedures to ensure effective efforts in recruitment.	4.33	.970	4.75	.500	.680	NS
2. Maintains daily activity identifying current and planned recruitment efforts.	3.72	1.72	4.50	.577	1.452	NS
3. Sets realistic timetables for choosing physicians recruitment negotiations.	4.11	1.02	4.75	.500	.700	NS
4. Investigates all leads for potential candidates.	4.00	1.08	4.75	.500	.457	NS
5. Checks physician's references and credentials before extending formal invitation to visit..	4.55	1.04	4.75	.500	.653	NS
6. Coordinates physicians interview schedules and information gathering trips.	3.94	.937	4.75	.500	.173	NS
7. Acts as the initial facilitator after a physician relocates to the hospitals.	3.38	1.19	4.75	.500	3.057	.096
8. Assess new physicians in applying to the medical staff.	4.00	.970	4.50	.577	.019	NS
9. Discuss hospital policies and procedures with a physician and answer questions.	4.00	1.37	4.75	.500	1.802	NS
10. Maintains an open line of communication with all current medical staff and seeks input on all aspects of recruiting.	4.22	1.00	4.75	.500	.753	NS
11. Coordinates with other organization or department regarding common recruitment activities.	3.77	1.34	4.50	.577	1.347	NS
12. Selects, coordinates, and manages retained or contingency recruitment agencies.	3.66	1.19	4.25	.957	.153	NS
13. Explains about the incentive package to the board and requests permission to make a higher offer in order to recruit the physicians.	3.77	1.21	3.00	1.41	.009	NS

Table 5. Means and Standard Deviations and t-test for two hospitals (BDF and BIH) and the significant levels (Cont'd).

Questions Items	BDF		BIH *		t-test	Probability
	M	SD	M	SD		
14. Develops a recruitment plan for physicians in your hospital.	4.27	.958	4.50	.577	.161	NS
15. Approves the recruitment plan by recruiter and decisions makers.	3.94	.872	4.75	.500	.022	NS
16. Obtains approval of a physicians manpower plan.	3.61	1.19	4.50	.577	1.036	NS
17. Determines selection criteria for physicians recruitment	4.11	.900	4.50	.577	.009	NS
18. Screens the physicians to assess whether they meet the personal and professional search criteria.	4.05	.805	4.50	.577	.004	NS
Organization	4.14	.861	4.70	.476	.184	NS
Coordination	3.85	.830	4.60	.513	.158	NS
Planning	3.96	.877	4.29	.416	.391	NS
Total	3.97	.815	4.52	.436	.102	NS

* BDF (Bahrain Defence Force Hospital), BIH (Bahrain International Hospital).

3. Differences between Bahrain Defence Force Hospital and Salmaniya Medical Centre. Comparing scores, from two hospitals (Bahrain Defence Hospital and Salmaniya Medical Centre), using t-test showed that there were significant differences between both: (a) in item 3 stated that: "Sets realistic timetables for choosing physicians recruitment negotiations"; ($t = 4.794$, $p < 0.040$); (b) in item 6 stated that: "Coordinates physicians interview schedules and information gathering trips" ($t = 11.10$, $p < 0.003$); (c) in item 10 stated that: "Maintains an open line of communication with all current medical staff and seeks input on all aspects of recruiting" ($t = 9.557$, $p < 0.006$); (d) in item 13 stated that: "Explains about the incentive package to board and requests permission to make a higher offer in order to recruit the physicians" ($t = 3.901$, $p < 0.05$); (e) in item 14 stated that: "Develops a recruitment plan for physicians in your hospital" ($t = 4.134$, $p < 0.05$). as shown in Table 6.

Table 6. Means and Standard Deviations and t-test for two hospitals (BDF and SMC) and the significant levels.

Questions Items	BDF		SMC *		t-test	Probability
	M	SD	M	SD		
1. Establishes procedures to ensure effective efforts in recruitment.	4.33	.970	4.60	.547	.356	NS
2. Maintains daily activity identifying current and planned recruitment efforts.	3.72	1.72	3.60	.547	1.986	NS
3. Sets realistic timetables for choosing physicians recruitment negotiations.	4.11	1.02	2.80	1.64	4.794	.040
4. Investigates all leads for potential candidates.	4.00	1.08	4.60	.547	.238	NS
5. Checks physician's references and credentials before extending formal invitation to visit..	4.55	1.04	4.60	.547	.371	NS
6. Coordinates physicians interview schedules and information gathering trips.	3.94	.937	3.20	2.04	11.10	.003
7. Acts as the initial facilitator after a physician relocates to the hospitals.	3.38	1.19	3.60	.547	2.650	NS
8. Assess new physicians in applying to the medical staff.	4.00	.970	4.40	.547	.045	NS
9. Discuss hospital policies and procedures with a physician and answer questions.	4.00	1.37	3.00	1.87	1.403	NS
10. Maintains an open line of communication with all current medical staff and seeks input on all aspects of recruiting.	4.22	1.00	3.20	2.04	9.557	.006
11. Coordinates with other organization or department regarding common recruitment activities.	3.77	1.34	2.80	1.64	1.403	NS
12. Selects, coordinates, and manages retained or contingency recruitment agencies.	3.66	1.19	2.4	1.34	.504	NS
13. Explains about the incentive package to the board and requests permission to make a higher offer in order to recruit the physicians.	3.77	1.21	3.20	.447	3.901	.062
14. Develops a recruitment plan for physicians in your hospital.	4.27	.958	4.00	.00	4.134	.055
15. Approves the recruitment plan by recruiter and decisions makers.	3.94	.872	4.00	.00	1.601	NS
16. Obtains approval of a physicians manpower plan.	3.61	1.19	4.40	.547	1.429	NS
17. Determines selection criteria for physicians recruitment	4.11	.900	4.40	.547	.002	NS
18. Screens the physicians to assess whether they meet the personal and professional search criteria.	4.05	.805	4.40	.547	.016	NS
Organization	4.14	.861	4.04	.766	.289	NS
Coordination	3.85	.830	3.22	1.23	2.544	NS
Planning	3.96	.877	4.06	.252	.908	NS
Total	3.97	.815	3.72	.720	.405	NS

* = BDF (Bahrain Defence Force), SMC (Salmaniya Medical Center).

4. Differences between American Mission Hospital and Bahrain International Hospital. Comparing scores, from two hospitals (American Mission Hospital and Bahrain International Hospital), using t-test showed that there were significant differences between both: (a) in item 1 stated that: "Establish procedures to ensure effective efforts in recruitment"; ($t = 6.529$, $p < 0.05$); (b) in item 4 stated that: "Investigates all leads for potential candidates" ($t = 4.679$, $p < 0.05$); (c) in item 8 stated that: "Acts as initial facilitator after a physician relocates to the hospitals" ($t = 4.679$, $p < 0.05$); (d) in item 9 stated that: "Discusses hospital policies and procedures with a physician and answer questions" ($t = 6.529$, $p < 0.05$); (e) in item 10 stated that: "Maintains an open line of communication with all current medical staff and seeks input on all aspects of recruiting" ($t = 6.529$, $p < 0.05$); (f) in item 12 stated that: "Selects, coordinates and manages retained or contingency recruitment agencies" ($t = 9.643$, $p < 0.027$) . as shown in Table 7.

Table 7. Means and Standard Deviations and t-test for two hospitals (AMH and BIH) and the significant levels.

Questions Items	AMH		BIH *		t-test	Probability
	M	SD	M	SD		
1. Establishes procedures to ensure effective efforts in recruitment.	4.00	.00	4.75	.500	6.529	.052
2. Maintains daily activity identifying current and planned recruitment efforts.	3.66	1.52	4.50	.577	3.324	NS
3. Sets realistic timetables for choosing physicians recruitment negotiations.	4.33	.577	4.75	.500	.158	NS
4. Investigates all leads for potential candidates.	3.33	1.15	4.75	.500	4.679	.083
5. Checks physician's references and credentials before extending formal invitation to visit..	4.33	.577	4.75	.500	.158	NS
6. Coordinates physicians interview schedules and information gathering trips.	3.00	1.00	4.75	.500	.854	NS
7. Acts as the initial facilitator after a physician relocates to the hospitals.	3.33	1.15	4.75	.500	4.679	.083
8. Assess new physicians in applying to the medical staff.	4.00	.00	4.50	.577	.001	NS
9. Discuss hospital policies and procedures with a physician and answer questions.	4.00	.00	4.75	.500	6.529	.052

Table 7. Means and Standard Deviations and t-test for two hospitals (AMH and BIH) and the significant levels (Cont'd).

Questions Items	AMH		BIH *		t-test	Probability
	M	SD	M	SD		
10. Maintains an open line of communication with all current medical staff and seeks input on all aspects of recruiting.	4.00	.00	4.75	.500	6.529	.052
11. Coordinates with other organization or department regarding common recruitment activities.	3.66	1.52	4.50	.577	3.324	NS
12. Selects, coordinates, and manages retained or contingency recruitment agencies.	4.00	.00	4.25	.957	9.643	.027
13. Explains about the incentive package to the board and requests permission to make a higher offer in order to recruit the physicians.	3.33	1.52	3.00	1.41	.036	NS
14. Develops a recruitment plan for physicians in your hospital.	3.66	.577	4.50	.577	.357	NS
15. Approves the recruitment plan by recruiter and decisions makers.	3.00	1.00	4.75	.500	.357	NS
16. Obtains approval of a physicians manpower plan.	3.66	.577	4.50	.577	.357	NS
17. Determines selection criteria for physicians recruitment	4.33	.577	4.50	.577	.357	NS
18. Screens the physicians to assess whether they meet the personal and professional search criteria.	4.33	.577	4.50	.577	.357	NS
Organization	3.93	.702	4.70	.476	.360	NS
Coordination	3.71	.285	4.60	.513	1.023	NS
Planning	3.72	.254	4.29	.416	.469	NS
Total	3.77	.379	4.52	.436	.164	NS

* AMH (American Mission Hospital), BIH (Bahrain International Hospital).

5. Differences between American Mission Hospital and Salmaniya Medical Centre. Comparing scores, from two hospitals (American Mission Hospital and Salmaniya Medical Centre), using t-test showed that there were no significant differences between both: (a) in item 5 stated that: "Checks physician's references and credentials before extending formal invitation to visit" ($t= 0.117$); (b) in item 11 stated that: "Coordinates with other organization or department regarding common recruitment activities". ($t= .872$); (c) in item 16 stated that: "Obtains approval of a physicians manpower plan". ($t= .117$); (d) in item 17 stated that: "Determines selection criteria for physicians recruitment". ($t= .117$); (e) in item 18 stated that: "Screens the physicians to assess whether they meet the personal and professional search criteria the personal and professional search criteria". ($t= .117$). as shown in Table 8.

Table 8. Means and Standard Deviations and t-test for two hospitals (AMH and SMC) and the significant levels.

Questions Items	AMH		SMC *		t-test	Proba- bility
	M	SD	M	SD		
1. Establishes procedures to ensure effective efforts in recruitment.	4.00	.00	4.60	.547	54.00	.001
2. Maintains daily activity identifying current and planned recruitment efforts.	3.66	1.52	3.60	.547	4.432	.080
3. Sets realistic timetables for choosing physicians recruitment negotiations.	4.33	.577	2.80	1.64	22.03	.003
4. Investigates all leads for potential candidates.	3.33	1.15	4.60	.547	5.463	.058
5. Checks physician's references and credentials before extending formal invitation to visit..	4.33	.577	4.60	.547	.117	NS
6. Coordinates physicians interview schedules and information gathering trips.	3.00	1.00	3.20	2.04	6.796	.040
7. Acts as the initial facilitator after a physician relocates to the hospitals.	3.33	1.15	3.60	.547	4.463	.058
8. Assess new physicians in applying to the medical staff.	4.00	.00	4.40	.547	54.00	.001
9. Discuss hospital policies and procedures with a physician and answer questions.	4.00	.00	3.00	1.87	24.00	.003
10. Maintains an open line of communication with all current medical staff and seeks input on all aspects of recruiting.	4.00	.00	3.20	2.04	26.56	.002
11. Coordinates with other organization or department regarding common recruitment activities.	3.66	1.52	2.80	1.64	.872	NS
12. Selects, coordinates, and manages retained or contingency recruitment agencies.	4.00	.00	2.4	1.34	15.20	.008
13. Explains about the incentive package to the board and requests permission to make a higher offer in order to recruit the physicians.	3.33	1.52	3.20	.447	5.628	.055
14. Develops a recruitment plan for physicians in your hospital.	3.66	.577	4.00	.00	30.00	.002
15. Approves the recruitment plan by recruiter and decisions makers.	3.00	1.00	4.00	.00	7.500	.034
16. Obtains approval of a physicians manpower plan.	3.66	.577	4.40	.547	.117	NS
17. Determines selection criteria for physicians recruitment	4.33	.577	4.40	.547	.117	NS
18. Screens the physicians to assess whether they meet the personal and professional search criteria.	4.33	.577	4.40	.547	.117	NS
Organization	3.93	.702	4.04	.766	1.037	NS
Coordination	3.71	.285	3.22	1.23	26.23	.002
Planning	3.72	.254	4.06	.252	.163	NS
Total	3.77	.379	3.72	.720	13.91	.010

* = AMH (American Mission Hospital), SMC (Salmania Medical Center).

6. Differences between Bahrain International Hospital and Salmaniya Medical Centre. Comparing scores, from two hospitals (Bahrain International Hospital and Salmaniya Medical Centre), using t-test showed that there were no significant differences between both: (a) in item 3 stated that: "Sets realistic timetables for choosing physicians recruitment negotiations"; ($t = 28.48$, $p < 0.001$); (b) in item 6 stated that: "Coordinates physicians interview schedules and information gathering trips" ($t = 19.899$, $p < 0.003$); (c) in item 9 stated that: "Discusses hospital policies and procedures with a physician and answer questions" ($t = 16.824$, $p < 0.005$); (d) in item 10 stated that: "Maintains an open line of communication with all current medical staff and seeks input on all aspects of recruiting" ($t = 19.899$, $p < 0.003$); (e) in item 11 stated that: "Coordinates with other organization or department regarding common recruitment activities" ($t = 31.817$; 001); and (f) in item 15 stated that: "Approves the recruitment plan by recruiter and decision makers" ($t = 11.667$; $p < .011$). as shown in Table 9.

Table 9. Means and Standard Deviations and t-test for two hospitals (BIH and SMC) and the significant levels.

Questions Items	BIH		SMC *		t-test	Probability
	M	SD	M	SD		
1. Establishes procedures to ensure effective efforts in recruitment.	4.75	.500	4.60	.547	.728	NS
2. Maintains daily activity identifying current and planned recruitment efforts.	4.50	.577	3.60	.547	.130	NS
3. Sets realistic timetables for choosing physicians recruitment negotiations.	4.75	.500	2.80	1.64	28.48	.001
4. Investigates all leads for potential candidates.	4.75	.500	4.60	.547	.728	NS
5. Checks physician's references and credentials before extending formal invitation to visit..	4.75	.500	4.60	.547	.728	NS
6. Coordinates physicians interview schedules and information gathering trips.	4.75	.500	3.20	2.04	19.89	.003
7. Acts as the initial facilitator after a physician relocates to the hospitals.	4.75	.500	3.60	.547	.728	NS
8. Assess new physicians in applying to the medical staff.	4.50	.577	4.40	.547	.130	NS
9. Discuss hospital policies and procedures with a physician and answer questions.	4.75	.500	3.00	1.87	16.82	.005

Table 9. Means and Standard Deviations and t-test for two hospitals (BIH and SMC) and the significant levels (Cont'd).

Questions Items	BIH		SMC *		t-test	Probability
	M	SD	M	SD		
10. Maintains an open line of communication with all current medical staff and seeks input on all aspects of recruiting.	4.75	.500	3.20	2.04	19.89	.003
11. Coordinates with other organization or department regarding common recruitment activities.	4.50	.577	2.80	1.64	31.81	.001
12. Selects, coordinates, and manages retained or contingency recruitment agencies.	4.25	.957	2.4	1.34	1.491	NS
13. Explains about the incentive package to the board and requests permission to make a higher offer in order to recruit the physicians.	3.00	1.41	3.20	.447	3.144	NS
14. Develops a recruitment plan for physicians in your hospital.	4.50	.577	4.00	.00	.001	NS
15. Approves the recruitment plan by recruiter and decisions makers.	4.75	.500	4.00	.00	11.66	.011
16. Obtains approval of a physicians manpower plan.	4.50	.577	4.40	.547	.130	NS
17. Determines selection criteria for physicians recruitment	4.50	.577	4.40	.547	.130	NS
18. Screens the physicians to assess whether they meet the personal and professional search criteria.	4.50	.577	4.40	.547	.130	NS
Organization	4.70	.476	4.04	.766	5.677	.049
Coordination	4.60	.513	3.22	1.23	12.96	.009
Planning	4.29	.416	4.06	.252	.458	NS
Total	4.52	.436	3.72	.720	6.097	.043

* BIH (Bahrain International Hospital), SMC (Salmania Medical Center).

In general, Table 10 below shows the differences between the four Hospitals among the recruitment and selection process of new physicians. There were some features which relatively differ in responses among those hospitals. These properties are as follows; (1) settlement a realistic timetable in choosing physicians recruitment, (2) discussion of hospital policies and procedures with new candidates, (3) an open communication with current medical staff accordance with aspects of recruitment, (4) coordination with recruitment agencies, (5) explanation of incentive package to request a higher offer for new physician recruitment, and (6) development of a recruitment plan for physicians in hospital.

SIMILARITIES BETWEEN THE FOUR HOSPITALS OF RECRUITMENT AND SELECTION:

Table 10 shows the similarities between the four Hospitals among the recruitment and selection process of new physicians. In sum, it reveals that there were some characteristics which were relatively similar in responses among the four hospital. These features are as follows; (1) establishment of an effective procedures in recruitment, (2) identification of current planned recruitment efforts, (3) assessment of the application of the new physician, (4) coordination of common recruitment activities with other organizations, (5) improvement of recruitment plan by personnel department (recruiter) and decisions makers (e.g., Planning Committee in BDFH) and (6) determination of selection criteria for physician's recruitment depending upon the screening of candidates to meet the personal and professional criteria.

Table 10. Similarities and differences between the four Hospitals in the interview items.

Questions Items	BDH	AMH	BIH	SMC ^a
1. Establishes procedures to ensure effective efforts in recruitment.	S ^b	S	S	S
2. Maintains daily activity identifying current and planned recruitment efforts.	S	S	S	S
4. Investigates all leads for potential candidates.	S	S	S	S
3. Sets realistic timetables for choosing physicians recruitment negotiations.	D ^c	D	D	D
5. Checks physician's references and credentials before extending formal invitation to visit.	S	S	S	S
6. Coordinates physicians interview schedules and information gathering trips.	D	D	D	D
7. Acts as the initial facilitator after a physician relocates to the hospitals.	S	S	S	S
8. Assess new physicians in applying to the medical staff.	S	S	S	S
9. Discuss hospital policies and procedures with a physician and answer questions.	D	D	D	D
10. Maintains an open line of communication with all current medical staff and seeks input on all aspects of recruiting.	D	D	D	D
11. Coordinates with other organization or department regarding common recruitment activities.	S	S	S	S

Table 10. Similarities and differences between the four Hospitals in the interview items (Cont'd).

Questions Items	BDH	AMH	BIH	SMC ^a
12. Selects, coordinates, and manages retained or contingency recruitment agencies.	D	D	D	D
13. Explains about the incentive package to the board and requests permission to make a higher offer in order to recruit the physicians.	D	D	D	D
14. Develops a recruitment plan for physicians in your hospital.	D	D	D	D
15. Approves the recruitment plan by recruiter and decisions makers.	S	S	S	S
16. Obtains approval of a physicians manpower plan.	S	S	S	S
17. Determines selection criteria for physicians recruitment	S	S	S	S
18. Screens the physicians to assess whether they meet meet the personal and professional search criteria.	S	S	S	S
Organization	S	S	S	S
Coordination	S	S	S	S
Planning	S	S	S	S
Total	S	S	S	S

^a BDF (Bahrain Defence Force), AMH (American Mission Hospital), BIH (Bahrain International Hospital), SMC (Salmania Medical Center), ^b S (Similarities), ^c D (Differences)

DISCUSSION:

The present study investigated the personnel management in hospital recruitment and selection of physicians, and to compare the most suitable recruitment and selection strategies between the four Bahraini hospitals. In general, the hospital recruitment and selection of physicians, in the four hospitals was quite similar. However, as expected, differences in hospital recruitment and selection of physicians, were found.

We will summarize the outcomes of this study briefly, and the discussion is organized in terms of the questions addressed by the study. First question addressed is: What are the main criteria for defining the characteristics of the ideal candidate at the four Bahraini hospitals?, The finding of this study reveals that there were some characteristics that defined the new physicians such as: (1) establishment of an effective procedures in recruitment, (2) identification of current planned recruitment efforts, (3) coordination of common recruitment activities with other organizations,

and (4) determination of selection criteria for physician's recruitment depending upon the screening of candidates. These findings consistent with Bonds and Pullium (1991) and others (Crane, 1986; Lewis, 1985; Merritt, 1992; Milkovich and Bondreau, 1991). For example, the present study shows that the samples in four Bahraini hospitals respond to some interview questionnaire items (e.g., establishment of an effective procedures in recruitment) 94% between "Agree and Strongly Agree". This is consistent with the results of Merritt's (1992) study.

Second question of the present study is the ways or styles of attracting, recruiting and selecting candidates across the four hospitals. The results of this study indicate that the sample respond with range of agreement between 25% for SMC, 66.7% BDFH, 75% BIH and 100% AMH to attracting styles of new physicians with explanations of incentive package to request a higher offer for new physician recruitment. This results harmonize with Sherer (1993) findings who suggests that the paid moving expenses, compensation guarantees, and the provision of malpractice insurance were cited as widely used recruitment strategies. However, the inconsistent of the sample responses may be due to the type of the hospitals. For instance, the BIH and AMH are private hospitals and their aim is to gain profit from the delivery of health care services. While the BDFH and SMC are non-profit institutions. This is also in agreement with Leisy and Beldose's (1994) suggestions.

Another question of the present study is: What are the similarities and differences between the four hospitals, with respect to the aspects of the recruitment and selection processes? Bartram et al. (1995) found that the selection and recruitment procedures used by small businesses, especially employing 10 or fewer people, differ markedly from those of large organizations. Moreover, the results indicate that there was a strong emphasis by employers on the importance of personality characteristics and of interest in the job rather than ability, aptitude and attainment. In addition, Keenan (1995) investigated a graduate recruitment in Britain, using a questionnaire survey of the selection methods used in the UK. The results showed that the most frequently used techniques were application forms, references and standard interviews. A total of 44% of organizations used also assessment centres as part of graduate recruitment. In general, these studies suggest that there are similarities

techniques in recruitment and selection procedures of employees. These indications are consistent with the present study findings. For example, There were some similarities between the four hospitals in the recruitment and selection procedures of new physicians such as item # 4 which stated "investigates all leads (application forms, references and standard interviews etc.) for potential candidates". The samples in four Bahraini hospitals respond 33%-75% between "Agree and Strongly Agree". However, another studies acknowledges these similarities (Connor et al., 1995; Murphy and Poist, 1992; Torrington and Hall, 1991; Waryszak and Bauer, 1993).

Some of the major differences among hospitals (organizations) in recruitment and selection criteria for new candidates are as follows; (1) discussion of hospital policies and procedures with new candidates, (2) coordination with recruitment agencies, (3) development of a recruitment plan for physicians in hospital (For detail see; Ingram, 1992; Metzger, 1981; Torrington and Hall, 1991) . For example, Ingram (1992) pointed out that the statistics do not reflect the practices of the existing medical staff (e.g., selection and coordination with recruitment agencies). He suggested that a candid discussion is the best way to determine the medical staff's support of a potential recruitment effort. Moreover, administrators (e.g., Planning Committee in BDFH) must recognize that the pool of candidates is limited and that these candidates review multiple opportunities. The results of this study shows that the same differences among the four hospitals. For instance, there were some differences between the four hospitals in the recruitment and selection procedures of new physicians such as item # 9 which stated "Discusses hospital policies and procedures with a physicians and answer questions". The samples in four Bahraini hospitals respond Strongly Agree: 50% BDFH, 75% BIH, 00% AMH and 20% SMC. However, another studies cited these differences (Anderson and Koska, 1992; Whether and Davis, 1989).

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

This chapter presents a conclusions that can be derived from the study and recommendations.

CONCLUSIONS:

The present study demonstrates the applicability of recruitment and selection processes in the four hospitals in Bahrian. First, the it provides a mean (interview questionnaire) to how to improve these processes and their techniques and criteria in the four hospitals when they hire the new physicians. Second, it provides a technical features of the interview questionnaire and discusses its psychometrics considerations. On one hand, identifying data and general information concerning interview questionnaire are presented. On the other hand, it includes a discussion of the validity and relaiability. The study provides a basis for the following uses of the interview questionnaire: contributing to personnel departments in the four hospitals planning and evaluating their recruitment and selection processes of physicians. The study provides that similarities may be regularly improved over time across Bahriani hospitals, while differences could be demolished or varnished.

Therefore, the improvement of the selection and recruitment processes need a highly technical devices. Prabhu (1995) and Poggio (1992) pointed out that hospitals information systems have evolved from data processing system for decision-support system at the middle and upper management levels. They suggested that a generalizable information systems for physician recruitment and referral may be used by hospitals to improve the efficiency and effectiveness of the physician recruitment and referral process (selection process).

RECOMMENDATIONS:

Based on the findings of the study, several recommendations may be drawn:

1. A comprehensive plan of recruitment and selection processes for new physicians is an essential and useful phase of personnel departments in Bahraini hospitals.
2. In the light of this study, there is a clear and urgent need for Bahrian hospitals to adopt appropriate selecting and recruiting procedures for their new candidates in future.

3. Additional works will be required to cooperate recruitment and selection committees between the four hospitals in Bahrain to decrease the differences in their appointment criteria.

4. In the light of this study an urgent need for information systems device for physician recruitment and referral process to improve the effectiveness of the recruitment and selection processes.

5. Based on the finding of this study, additional research on the same tasks is needed to further hospitals employees such as nurses, health workers and technicians.

APPENDIXES

APPENDIX I

Cover Letter to Hospitals' Personnel Department

Bahrain Defence Force

Medical Services Directorate

P.O. Box 28743, State of Bahrain

Tel. : 663366

Telex : 8881 BDF HOS BN

Fax. : 0973 - 669166

Cable : DEFFA'A



قوة دفاع البحرين

قيادة الخدمات الطبية

ص. ب : ٢٨٧٤٣ - دولة البحرين

تليفون : ٦٦٣٣٦٦

تلكس : ٨٨٨١ بي دي إف هوز بي إن

تليفاكس : ٦٦٩١٦٦ - ٩٧٣

برقيا : دفاع

Dear Sir,

I would like to introduce Capt. Salah Sherooqi, Personnel Officer of the Bahrain Defence Force Hospital who at present doing his MBA with Hull University, London.

As part of his study he should submit a research paper and he has chosen "Recruitment and Selection of Physicians in four Hospital's in Bahrain" as the main subject for his thesis. Your Hospital is one among the selected one and he will be approaching you to get some information to complete his task and I sincerely hope you will extend the necessary help for him.

Thanking you in advance for your time and efforts.

With regards

Col. Essa Amin FRCSI

Chairman

Training Committee

DR. ESSA AMIN

Consultant EMA 1

APPENDIX II

(Interview Questionnaire)

State of Bahrain

Ministry of Defence

Medical Services

Personnel Management in Hospitals Recruitment and Selection of Physicians in
Four Hospitals: A Comparative Study

First: General Information

Nationality:

1. Bahraini ()
2. Non-Bahraini ()

Hospital:

1. BDF ()
2. BIH ()
3. AMH ()
4. SMC ()

Sex:

1. Male ()
2. Female ()

Education Level:

1. BS. ()
2. Higher Diploma ()
3. MS. ()
4. Ph.D ()
5. Others (specify) _____

Age:

1. 25-29 years ()
2. 30-35 years ()
3. 35-39 years ()
4. 39-44 years ()
5. 45-49 years ()
6. More than 50 years ()

Experience:

1. 1-5 years ()
2. 6-10 years ()
3. 11-15 years ()
4. 15-20 years ()
5. More than 20 years ()

APPENDIX III

Brief Summary about The sample (Four Bahraini Hospitals)

There are two views with respect to hospital management as follow: (1) The traditional atomistic approach, which in general term, management and planning carried out in every department in hospital in a separate and independent way with minimum levels of coordination and integration. This approach in general term, management could be described as isolationist. Each hospital was argued to be a low unto itself, unconcerned with actions of any other health care agency except in so far as they impinged on what is regarded, often jealously as its own domain. Hospitals were charged with no authority for providing an overall health care system and accepted only a limited reposniblity for whatever part of a system they provided. Their interface with other agencies was equally limited; (2) The holistic (integrated or total) approach, which in general term, planning and management in every department in hospital are carried out in cooperative and dependent ways with high degrees of coordination, mutual exchange and support and integration (Grant, 1973, p.2).

In State of Bahrain, the Ministry of Health has adopted the following classifications of hospitals for statistical and costing purpose: (1) Government Hospital; (2) Private Hospital; (3) Government Maternity Hospital; (4) Government Health Centre; (5) Government Environmental Health Centre; and (6) Government Child Welfare Clinics. The following is a breif description of the four hospitals (the sample):

Bahrain Defence Force Hospital: Established in 1979, is a General hospital. It is now the hospital having 500 beds for service of Military and Police personnel and their families. It is a non-profit institution.

The Bahrain International Hospital. Established in 1981 as a private ownership hospital, The Bahrain International Hospital is owned by Bahrain citizens and has a total of 62 beds. According to the hospital's classification it is considered a Private and national (i., e., not foreign) hospital with aims, like companies, to gain profit from the delivery of health care services.

The American Mission Hospital. The first organized hospital in Bahrain, The American Mission Hospital. was established in 1902 by the American Missions Society and began operation in 1903. With this hospital, Bahrain become one of the main medical centres in the Arabian Gulf Area. It has 40 beds and has served outpatients from Saudi Arabia, Qatar, United Emirates, Oman and parts of Persian Coast. According to the hospital's classification it is considered a Private and foreign hospital and its aims, like companies, to gain profit from the delivery of health care services.

Salmaniya Medical Centre. Established in 1959, as a gynaecology and obstetric hospital. It is now the main governmental general hospital in Bahrain with 844 beds. According to the hospital's classification it is considered a public and national hospital and its aims, fundamentally, to deliver health services rather than make profit .

APPENDIX IV

Table. 11. Responses Frequencies and percentage of the sample for all Interview Questionnaire Items and the total.

Questions Items	BDF Freq %		BIH Freq %		AMH Freq %		SMC Freq %	
1. Establishes procedures to ensure effective efforts in recruitment.								
Strongly Disagree	1	3.3	00	00	00	00	00	00
Disagree	00	00	00	00	00	00	00	00
Undecided	00	00	00	00	00	00	00	00
Agree	8	26.7	1	3.3	3	10	2	6.7
Strongly Agree	9	30	3	10	00	00	3	10
2. Maintains daily activity identifying current and planned recruitment efforts.								
Strongly Disagree	1	3.3	00	00	00	00	00	00
Disagree	2	6.7	00	00	1	3.3	00	00
Undecided	3	10	00	00	00	00	2	6.7
Agree	7	23.3	2	6.7	1	3.3	3	10
Strongly Agree	5	16.7	2	6.7	1	3.3	00	00
3. Sets realistic timetables for choosing physicians recruitment negotiations.								
Strongly Disagree	1	3.3	00	00	00	00	2	6.7
Disagree	00	00	00	00	00	00	00	00
Undecided	2	6.7	00	00	00	00	2	6.7
Agree	8	26.7	1	3.3	2	6.7	3	10
Strongly Agree	7	23.3	3	10	1	3.3	00	00
4. Investigates all leads for potential candidates.								
Strongly Disagree.	1	3.3	00	00	00	00	00	00
Disagree	1	3.3	00	00	1	3.3	00	00
Undecided	1	3.3	00	00	00	00	00	00
Agree	9	30	1	3.3	2	6.7	2	6.7
Strongly Agree	6	20	3	10	1	3.3	3	10
5. Checks physician's references and credentials before extending formal invitation to visit.								
Strongly Disagree.	1	3.3	00	00	00	00	00	00
Disagree	00	00	00	00	00	00	00	00
Undecided	1	3.3	00	00	00	00	00	00
Agree	2	6.7	1	3.3	2	6.7	2	6.7
Strongly Agree	14	46.7	3	10	1	3.3	3	10
6. Coordinates physicians interview schedules and information gathering trips.								
Strongly Disagree	1	3.3	00	00	00	00	2	6.7
Disagree	00	00	00	00	1	3.3	00	00
Undecided	2	6.7	00	00	1	3.3	00	00
Agree	11	36.7	1	3.3	1	3.3	1	3.3
Strongly Agree	4	13.3	3	10	00	00	2	6.7

Table. 11. Responses Frequencies and percentage of the sample for all Interview Questionnaire Items and the total (Cont'd).

Questions Items	BDF Freq %		BIH Freq %		AMH Freq %		SMC Freq %	
7. Acts as the initial facilitator after a physician relocates to the hospitals.								
Strongly Disagree	2	6.7	00	00	00	00	00	00
Disagree	2	6.7	00	00	00	00	00	00
Undecided	3	10	00	00	1	3.3	2	6.7
Agree	9	30	1	3.3	2	6.7	3	10
Strongly Agree	2	6.7	3	10	00	00	00	00
8. Assess new physicians in applying to the medical staff.								
Strongly Disagree	1	3.3	00	00	00	00	00	00
Disagree	00	00	00	00	00	00	00	00
Undecided	2	6.7	00	00	00	00	00	00
Agree	10	33.3	2	6.7	3	10	3	10
Strongly Agree	5	16.7	2	6.7	00	00	2	6.7
9. Discuss hospital policies and procedures with a physician and answer questions.								
Strongly Disagree	2	6.7	00	00	00	00	2	6.7
Disagree	1	3.3	00	00	00	00	00	00
Undecided	1	3.3	00	00	00	00	00	00
Agree	5	16.7	1	3.3	3	10	2	6.7
Strongly Agree	9	30	3	10	00	00	1	3.3
10. Maintains an open line of communication with all current medical staff and seeks input on all aspects of recruiting.								
Strongly Disagree	1	3.3	00	00	00	00	2	6.7
Disagree	1	3.3	00	00	00	00	00	00
Undecided	1	3.3	00	00	00	00	00	00
Agree	8	26.7	1	3.3	3	10	1	3.3
Strongly Agree	8	26.7	3	10	00	00	2	6.7
11. Coordinates with other organization or department regarding common recruitment activities.								
Strongly Disagree	2	6.7	00	00	00	00	2	6.7
Disagree	1	3.3	00	00	1	3.3	00	00
Undecided	2	6.7	00	00	00	00	00	00
Agree	7	23.3	2	6.7	1	3.3	3	10
Strongly Agree	6	20	2	6.7	1	3.3	00	00
12. Selects, coordinates, and manages retained or contingency recruitment agencies.								
Strongly Disagree	1	3.3	1	3.3	00	00	00	00
Disagree	2	6.7	00	00	1	3.3	00	00
Undecided	3	10	1	3.3	1	3.3	4	13.3
Agree	6	20	2	6.7	00	00	1	3.3
Strongly Agree	6	20	00	00	1	3.3	00	00

Table. 11. Responses Frequencies and percentage of the sample for all Interview Questionnaire Items and the total (Cont'd).

Questions Items	BDF Freq %		BIH Freq %		AMH Freq %		SMC Freq %	
13. Explains about the incentive package to the board and requests permission to make a higher offer in order to recruit the physicians.								
Strongly Disagree	1	3.3	00	00	00	00	2	6.7
Disagree	12	6.7	00	00	00	00	00	00
Undecided	3	10	1	3.3	00	00	2	6.7
Agree	8	26.7	1	3.3	3	10	1	3.3
Strongly Agree	4	13.3	2	6.7	00	00	00	00
14. Develops a recruitment plan for physicians in your hospital.								
Strongly Disagree	1	3.3	00	00	00	00	00	00
Disagree	00	00	00	00	00	00	00	00
Undecided	00	00	00	00	1	3.3	00	00
Agree	9	30	2	6.7	2	6.7	5	16.7
Strongly Agree	8	26.7	2	6.7	00	00	00	00
15. Approves the recruitment plan by recruiter and decisions makers.								
Strongly Disagree	1	3.3	00	00	00	00	00	00
Disagree	00	00	00	00	1	3.3	00	00
Undecided	1	3.3	00	00	1	3.3	00	00
Agree	13	43.3	1	3.3	1	3.3	5	16.7
Strongly Agree	3	10	3	10	00	00	00	00
16. Obtains approval of a physicians manpower plan.								
Strongly Disagree	2	6.7	00	00	00	00	00	00
Disagree	1	3.3	00	00	00	00	00	00
Undecided	2	6.7	00	00	1	3.3	00	00
Agree	10	33.3	2	6.7	2	6.7	3	10
Strongly Agree	3	10	2	6.7	00	00	2	6.7
17. Determines selection criteria for physicians recruitment								
Strongly Disagree	1	3.3	00	00	00	00	00	00
Disagree	00	00	00	00	00	00	00	00
Undecided	00	00	00	00	00	00	00	00
Agree	12	40	2	6.7	2	6.7	3	10
Strongly Agree	5	16.7	2	6.7	1	3.3	2	6.7
18. Screens the physicians to assess whether they meet the personal and professional search criteria.								
Strongly Disagree	1	3.3	00	00	00	00	00	00
Disagree	1	3.3	00	00	00	00	00	00
Undecided	11	36.7	00	00	00	00	00	00
Agree	12	40	2	6.7	2	6.7	3	10
Strongly Agree	5	16.7	2	6.7	1	3.3	2	6.7

APPENDIX V
SPSS print out Statistical Analysis of the Study Data.

AGE

Age

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
30-35 years	2.00	1	3.3	3.3	3.3
35-39 years	3.00	3	10.0	10.0	13.3
39-44 years	4.00	9	30.0	30.0	43.3
45-49 years	5.00	13	43.3	43.3	86.7
More than 50 years	6.00	4	13.3	13.3	100.0
Total		30	100.0	100.0	

Valid cases 30 Missing cases 0

EDLEV Education Leve

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
BS	1.00	2	6.7	6.7	6.7
Higher Diploma	2.00	4	13.3	13.3	20.0
MSc	3.00	2	6.7	6.7	26.7
Ph. D	4.00	1	3.3	3.3	30.0
Others	5.00	21	70.0	70.0	100.0
Total		30	100.0	100.0	

Valid cases 30 Missing cases 0

EXPERT Experience

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
1-5 years	1.00	1	3.3	3.3	3.3
6-10 years	2.00	1	3.3	3.3	6.7
11-15 years	3.00	5	16.7	16.7	23.3
15-20 years	4.00	10	33.3	33.3	56.7
More than 20 years	5.00	13	43.3	43.3	100.0
Total		30	100.0	100.0	

Valid cases 30 Missing cases 0

HOSP Hospital

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Bahrain Defense Hosp	1.00	18	60.0	60.0	60.0
Bahrain Internationa	2.00	4	13.3	13.3	73.3
American Messian Hos	3.00	3	10.0	10.0	83.3
Salmania Medical Cen	4.00	5	16.7	16.7	100.0
Total		30	100.0	100.0	

Valid cases 30 Missing cases 0

NAT Nationality

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Bahraini	1.00	23	76.7	76.7	76.7
Non-Bahraini	2.00	7	23.3	23.3	100.0
Total		30	100.0	100.0	

Valid cases 30 Missing cases 0

SEX Sex

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Male	1.00	26	86.7	86.7	86.7
Female	2.00	4	13.3	13.3	100.0
Total		30	100.0	100.0	

Valid cases 30 Missing cases 0

ITEM1 Establish procedures to ensure effective

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	1	3.3	3.3	3.3
	4.00	14	46.7	46.7	50.0
	5.00	15	50.0	50.0	100.0
	Total	30	100.0	100.0	
Valid cases	30	Missing cases	0		

ITEM10 Maintains an open line of communication

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	3	10.0	10.0	10.0
	3.00	1	3.3	3.3	13.3
	4.00	13	43.3	43.3	56.7
	5.00	13	43.3	43.3	100.0
	Total	30	100.0	100.0	
Valid cases	30	Missing cases	0		

ITEM12 Selects, coordinates, and manages retain

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	3	10.0	10.0	10.0
	2.00	2	6.7	6.7	16.7
	3.00	6	20.0	20.0	36.7
	4.00	13	43.3	43.3	80.0
	5.00	6	20.0	20.0	100.0
	Total	30	100.0	100.0	
Valid cases	30	Missing cases	0		

ITEM13 Explains about the incentive package to

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	2	6.7	6.7	6.7
	2.00	3	10.0	10.0	16.7
	3.00	9	30.0	30.0	46.7
	4.00	9	30.0	30.0	76.7
	5.00	7	23.3	23.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

ITEM14 Develops a recruitment plan for physicia

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	1	3.3	3.3	3.3
	3.00	1	3.3	3.3	6.7
	4.00	18	60.0	60.0	66.7
	5.00	10	33.3	33.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

ITEM15 Approves the recruitment plan by recruit

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	1	3.3	3.3	3.3
	2.00	1	3.3	3.3	6.7
	3.00	2	6.7	6.7	13.3
	4.00	20	66.7	66.7	80.0
	5.00	6	20.0	20.0	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

ITEM16 Obtains approval of a physicians manpowe

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	2	6.7	6.7	6.7
	2.00	1	3.3	3.3	10.0
	3.00	3	10.0	10.0	20.0
	4.00	17	56.7	56.7	76.7
	5.00	7	23.3	23.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

ITEM17 Determines selection criteria for physic

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	1	3.3	3.3	3.3
	4.00	19	63.3	63.3	66.7
	5.00	10	33.3	33.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

ITEM18 Screens the physicains to assess whether

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	1	3.3	3.3	3.3
	3.00	1	3.3	3.3	6.7
	4.00	18	60.0	60.0	66.7
	5.00	10	33.3	33.3	100.0
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

ITEM2 Maintain daily activity identifying curr

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	1	3.3	3.3	3.3
	2.00	3	10.0	10.0	13.3
	3.00	5	16.7	16.7	30.0
	4.00	13	43.3	43.3	73.3
	5.00	8	26.7	26.7	100.0
	Total	30	100.0	100.0	
Valid cases	30	Missing cases	0		

ITEM3 Set realistic timetables for choosing ph

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	3	10.0	10.0	10.0
	3.00	2	6.7	6.7	16.7
	4.00	14	46.7	46.7	63.3
	5.00	11	36.7	36.7	100.0
	Total	30	100.0	100.0	
Valid cases	30	Missing cases	0		

ITEM4 Invstigates all leads for potential cand

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	1	3.3	3.3	3.3
	2.00	2	6.7	6.7	10.0
	3.00	1	3.3	3.3	13.3
	4.00	14	46.7	46.7	60.0
	5.00	12	40.0	40.0	100.0
	Total	30	100.0	100.0	
Valid cases	30	Missing cases	0		

ITEM5 Cheks Physician's references and credent

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	1	3.3	3.3	3.3
	3.00	1	3.3	3.3	6.7
	4.00	7	23.3	23.3	30.0
	5.00	21	70.0	70.0	100.0
	Total	30	100.0	100.0	
Valid cases	30	Missing cases	0		

ITEM6 Coordinates physicians interview schedul

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	3	10.0	10.0	10.0
	2.00	1	3.3	3.3	13.3
	3.00	3	10.0	10.0	23.3
	4.00	14	46.7	46.7	70.0
	5.00	9	30.0	30.0	100.0
	Total	30	100.0	100.0	
Valid cases	30	Missing cases	0		

ITEM7 Acts as the initial facilitator after a

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	2	6.7	6.7	6.7
	2.00	3	10.0	10.0	16.7
	3.00	5	16.7	16.7	33.3
	4.00	15	50.0	50.0	83.3
	5.00	5	16.7	16.7	100.0
	Total	30	100.0	100.0	
Valid cases	30	Missing cases	0		

ITEM8 Assess new physicians in applying to the

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	1	3.3	3.3	3.3
	3.00	2	6.7	6.7	10.0
	4.00	18	60.0	60.0	70.0
	5.00	9	30.0	30.0	100.0
	Total	30	100.0	100.0	
Valid cases	30	Missing cases	0		

ITEM9 Discusses hospital policies and procedure

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	4	13.3	13.3	13.3
	2.00	1	3.3	3.3	16.7
	3.00	1	3.3	3.3	20.0
	4.00	11	36.7	36.7	56.7
	5.00	13	43.3	43.3	100.0
	Total	30	100.0	100.0	
Valid cases	30	Missing cases	0		

ITEM11 Coordinates with other organization rega

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1.00	4	13.3	13.3	13.3
	2.00	2	6.7	6.7	20.0
	3.00	2	6.7	6.7	26.7
	4.00	13	43.3	43.3	70.0
	5.00	9	30.0	30.0	100.0
	Total	30	100.0	100.0	

- - Description of Subpopulations - -

Summaries of ITEM1 Establish procedures to ensure effective
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			4.4000	.8137	30
HOSP	1.00	Bahrain Defense Hosp	4.3333	.9701	18
HOSP	2.00	Bahrain Internationa	4.7500	.5000	4
HOSP	3.00	American Messian Hos	4.0000	.0000	3
HOSP	4.00	Salmania Medical Cen	4.6000	.5477	5

Total Cases = 30

- - Description of Subpopulations - -

Summaries of ITEM2 Maintain daily activity identifying curr
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			3.8000	1.0635	30
HOSP	1.00	Bahrain Defense Hosp	3.7222	1.1785	18
HOSP	2.00	Bahrain Internationa	4.5000	.5774	4
HOSP	3.00	American Messian Hos	3.6667	1.5275	3
HOSP	4.00	Salmania Medical Cen	3.6000	.5477	5

Total Cases = 30

- - Description of Subpopulations - -

Summaries of ITEM3 Set realistic timetables for choosing ph
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			4.0000	1.1744	30
HOSP	1.00	Bahrain Defense Hosp	4.1111	1.0226	18
HOSP	2.00	Bahrain Internationa	4.7500	.5000	4
HOSP	3.00	American Messian Hos	4.3333	.5774	3
HOSP	4.00	Salmania Medical Cen	2.8000	1.6432	5

Total Cases = 30

- - Description of Subpopulations - -

Summaries of ITEM4 Invstigates all leads for potential cand
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			4.1333	1.0080	30
HOSP	1.00	Bahrain Defense Hosp	4.0000	1.0847	18
HOSP	2.00	Bahrain Internationa	4.7500	.5000	4
HOSP	3.00	American Messsion Hos	3.3333	1.1547	3
HOSP	4.00	Salmania Medical Cen	4.6000	.5477	5
Total Cases = 30					

- - Description of Subpopulations - -

Summaries of ITEM5 Cheks Physician's references and credent
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			4.5667	.8584	30
HOSP	1.00	Bahrain Defense Hosp	4.5556	1.0416	18
HOSP	2.00	Bahrain Internationa	4.7500	.5000	4
HOSP	3.00	American Messian Hos	4.3333	.5774	3
HOSP	4.00	Salmania Medical Cen	4.6000	.5477	5

Total Cases = 30

- - Description of Subpopulations - -

Summaries of ITEM6 Coordinates physicians interview schedul
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			3.8333	1.2058	30
HOSP	1.00	Bahrain Defense Hosp	3.9444	.9376	18
HOSP	2.00	Bahrain Internationa	4.7500	.5000	4
HOSP	3.00	American Messian Hos	3.0000	1.0000	3
HOSP	4.00	Salmania Medical Cen	3.2000	2.0494	5

Total Cases = 30

- - Description of Subpopulations - -

Summaries of ITEM7 Acts as the initial facilitator after a
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			3.6000	1.1017	30
HOSP	1.00	Bahrain Defense Hosp	3.3889	1.1950	18
HOSP	2.00	Bahrain Internationa	4.7500	.5000	4
HOSP	3.00	American Messian Hos	3.3333	1.1547	3
HOSP	4.00	Salmania Medical Cen	3.6000	.5477	5

Total Cases = 30

- - Description of Subpopulations - -

Summaries of ITEM8 Assess new physicians in applying to the
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			4.1333	.8193	30
HOSP	1.00	Bahrain Defense Hosp	4.0000	.9701	18
HOSP	2.00	Bahrain Internationa	4.5000	.5774	4
HOSP	3.00	American Messian Hos	4.0000	.0000	3
HOSP	4.00	Salmania Medical Cen	4.4000	.5477	5

Total Cases = 30

- - Description of Subpopulations - -

Summaries of ITEM9 Discusses hopital policies and procedure
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			3.9333	1.3629	30
HOSP	1.00	Bahrain Defense Hosp	4.0000	1.3720	18
HOSP	2.00	Bahrain Internationa	4.7500	.5000	4
HOSP	3.00	American Messian Hos	4.0000	.0000	3
HOSP	4.00	Salmania Medical Cen	3.0000	1.8708	5
Total Cases = 30					

- - Description of Subpopulations - -

Summaries of ITEM10 Maintains an open line of communication
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			4.1000	1.1847	30
HOSP	1.00	Bahrain Defense Hosp	4.2222	1.0033	18
HOSP	2.00	Bahrain Internationa	4.7500	.5000	4
HOSP	3.00	American Messian Hos	4.0000	.0000	3
HOSP	4.00	Salmania Medical Cen	3.2000	2.0494	5

Total Cases = 30

- - Description of Subpopulations - -

Summaries of	ITME11	Coordinates with other organization rega
By levels of	HOSP	Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			3.7000	1.3429	30
HOSP	1.00	Bahrain Defense Hosp	3.7778	1.3086	18
HOSP	2.00	Bahrain Internationa	4.5000	.5774	4
HOSP	3.00	American Messian Hos	3.6667	1.5275	3
HOSP	4.00	Salmania Medical Cen	2.8000	1.6432	5

Total Cases = 30

- - Description of Subpopulations - -

Summaries of ITEM12 Selects, coordinates, and manages retain
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			3.5667	1.1943	30
HOSP	1.00	Bahrain Defense Hosp	3.6667	1.1376	18
HOSP	2.00	Bahrain Internationa	4.2500	.9574	4
HOSP	3.00	American Messian Hos	4.0000	.0000	3
HOSP	4.00	Salmania Medical Cen	2.4000	1.3416	5

Total Cases = 30 .

- - Description of Subpopulations - -

Summaries of ITEM13 Explains about the incentive package to
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			3.5333	1.1666	30
HOSP	1.00	Bahrain Defense Hosp	3.7778	1.2154	18
HOSP	2.00	Bahrain Internationa	3.0000	1.4142	4
HOSP	3.00	American Messian Hos	3.3333	1.5275	3
HOSP	4.00	Salmania Medical Cen	3.2000	.4472	5

Total Cases = 30

- - Description of Subpopulations - -

Summaries of ITEM14 Develpos a recruitment plan for physicia
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			4.2000	.8052	30
HOSP	1.00	Bahrain Defense Hosp	4.2778	.9583	18
HOSP	2.00	Bahrain Internationa	4.5000	.5774	4
HOSP	3.00	American Messian Hos	3.6667	.5774	3
HOSP	4.00	Salmania Medical Cen	4.0000	.0000	5

Total Cases = 30

- - Description of Subpopulations - -

Summaries of ITEM15 Approves the recruitment plan by recruit
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			3.9667	.8503	30
HOSP	1.00	Bahrain Defense Hosp	3.9444	.8726	18
HOSP	2.00	Bahrain Internationa	4.7500	.5000	4
HOSP	3.00	American Messian Hos	3.0000	1.0000	3
HOSP	4.00	Salmania Medical Cen	4.0000	.0000	5

Total Cases = 30

- - Description of Subpopulations - -

Summaries of ITEM16 Obtains approval of a physicians manpowe
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			3.8667	1.0417	30
HOSP	1.00	Bahrain Defense Hosp	3.6111	1.1950	18
HOSP	2.00	Bahrain Internationa	4.5000	.5774	4
HOSP	3.00	American Mession Hos	3.6667	.5774	3
HOSP	4.00	Salmania Medical Cen	4.4000	.5477	5

Total Cases = 30

- - Description of Subpopulations - -

Summaries of ITEM17 Determines selection criteria for physic
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			4.2333	.7739	30
HOSP	1.00	Bahrain Defense Hosp	4.1111	.9003	18
HOSP	2.00	Bahrain Internationa	4.5000	.5774	4
HOSP	3.00	American Messian Hos	4.3333	.5774	3
HOSP	4.00	Salmania Medical Cen	4.4000	.5477	5

Total Cases = 30

- - Description of Subpopulations - -

Summaries of ITEM18 Screens the physicans to assess whether
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			4.2000	.8052	30
HOSP	1.00	Bahrain Defense Hosp	4.0556	.9376	18
HOSP	2.00	Bahrain Internationa	4.5000	.5774	4
HOSP	3.00	American Messian Hos	4.3333	.5774	3
HOSP	4.00	Salmania Medical Cen	4.4000	.5477	5

Total Cases = 30

- - Description of Subpopulations - -

Summaries of TOTAL
By levels of HOSP Hospital

Variable	Value	Label	Mean	Std Dev	Cases
For Entire Population			71.7667	13.2942	30
HOSP	1.00	Bahrain Defense Hosp	71.5000	14.6859	18
HOSP	2.00	Bahrain Internationa	81.5000	7.8528	4
HOSP	3.00	American Messian Hos	68.0000	6.0828	3
HOSP	4.00	Salmania Medical Cen	67.2000	12.9692	5

Total Cases = 30

- - - - - Kruskal-Wallis 1-Way Anova

ITEM1 Establish procedures to ensure effective
by HOSP Hospital

Mean Rank	Cases			
15.33	18	HOSP =	1	Bahrain Defense Hosp
19.38	4	HOSP =	2	Bahrain Internationa
8.50	3	HOSP =	3	American Messian Hos
17.20	5	HOSP =	4	Salmania Medical Cen

--

30 Total

Chi-Square	D.F.	Significance	Chi-Square	Corrected for ties	D.F.	Significance
2.8647	3	.4130	3.7002		3	.2957

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ITEM10 Maintains an open line of communication
by HOSP Hospital

Mean Rank	Cases			
15.89	18	HOSP =	1	Bahrain Defense Hosp
20.75	4	HOSP =	2	Bahrain Internationa
11.00	3	HOSP =	3	American Messian Hos
12.60	5	HOSP =	4	Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Chi-Square	Corrected for ties	D.F.	Significance
2.7842	3	.4261	3.3257		3	.3441

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ITEM12 Selects, coordinates, and manages retain
by HOSP Hospital

Mean Rank	Cases			
16.14	18	HOSP =	1	Bahrain Defense Hosp
20.38	4	HOSP =	2	Bahrain Internationa
18.00	3	HOSP =	3	American Messian Hos
7.80	5	HOSP =	4	Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Chi-Square	Corrected for ties	D.F.	Significance
5.3885	3	.1455	5.9717		3	.1130

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ITEM13 Explains about the incentive package to
by HOSP Hospital

Mean Rank	Cases			
17.53	18	HOSP =	1	Bahrain Defense Hosp
12.38	4	HOSP =	2	Bahrain Internationa
13.67	3	HOSP =	3	American Messian Hos
11.80	5	HOSP =	4	Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Chi-Square	Corrected for ties	D.F.	Significance
2.4724	3	.4803	2.6498		3	.4488

- - - - - Kruskal-Wallis 1-Way Anova

ITEM14 Develops a recruitment plan for physicia
by HOSP Hospital

Mean Rank	Cases
17.14	18 HOSP = 1 Bahrain Defense Hosp
18.50	4 HOSP = 2 Bahrain Internationa
8.33	3 HOSP = 3 American Messian Hos
11.50	5 HOSP = 4 Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Chi-Square	Corrected for ties	D.F.	Significance
4.1088	3	.2500	5.4951		3	.1389

- - - - - Kruskal-Wallis 1-Way Anova

ITEM15 Approves the recruitment plan by recruit
by HOSP Hospital

Mean Rank	Cases
15.31	18 HOSP = 1 Bahrain Defense Hosp
24.25	4 HOSP = 2 Bahrain Internationa
6.67	3 HOSP = 3 American Messian Hos
14.50	5 HOSP = 4 Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Chi-Square	Corrected for ties	D.F.	Significance
7.0453	3	.0705	10.1211		3	.0176

- - - - - Kruskal-Wallis 1-Way Anova

ITEM16 Obtains approval of a physicians manpowe
by HOSP Hospital

Mean Rank	Cases
13.72	18 HOSP = 1 Bahrain Defense Hosp
21.00	4 HOSP = 2 Bahrain Internationa
11.67	3 HOSP = 3 American Messian Hos
19.80	5 HOSP = 4 Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Chi-Square	Corrected for ties	D.F.	Significance
4.0571	3	.2554	5.0405		3	.1689

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ITEM17 Determines selection criteria for physic

by HOSP Hospital

Mean Rank Cases

14.47	18	HOSP =	1	Bahrain Defense Hosp
18.25	4	HOSP =	2	Bahrain Internationa
15.83	3	HOSP =	3	American Messian Hos
16.80	5	HOSP =	4	Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Chi-Square	D.F.	Significance
.7490	3	.8616	1.0554	3	.7878

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ITEM18 Screens the physicans to assess whether
by HOSP Hospital

Mean Rank Cases

14.28	18	HOSP =	1	Bahrain Defense Hosp
18.50	4	HOSP =	2	Bahrain Internationa
16.17	3	HOSP =	3	American Messian Hos
17.10	5	HOSP =	4	Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Chi-Square	D.F.	Significance
.9938	3	.8027	1.3292	3	.7222

- - - - - Kruskal-Wallis 1-Way Anova

ITEM2 Maintain daily activity identifying curr
by HOSP Hospital

Mean Rank Cases

15.14	18	HOSP =	1	Bahrain Defense Hosp
21.25	4	HOSP =	2	Bahrain Internationa
15.17	3	HOSP =	3	American Messian Hos
12.40	5	HOSP =	4	Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Chi-Square	D.F.	Significance
2.3610	3	.5009	2.6380	3	.4509

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ITEM3 Set realistic timetables for choosing ph
by HOSP Hospital

Mean Rank Cases

15.89	18	HOSP =	1	Bahrain Defense Hosp
21.88	4	HOSP =	2	Bahrain Internationa
16.67	3	HOSP =	3	American Messian Hos
8.30	5	HOSP =	4	Salmania Medical Cen

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30 Total

Corrected for ties

Chi-Square	D.F.	Significance	Chi-Square	D.F.	Significance
5.5299	3	.1369	6.5156	3	.0890

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ITEM4 Invstigates all leads for potential cand
by HOSP Hospital

Mean Rank	Cases
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14.33	18	HOSP =	1	Bahrain Defense Hosp
21.25	4	HOSP =	2	Bahrain Internationa
8.50	3	HOSP =	3	American Messio
19.30	5	HOSP =	4	Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Corrected for ties	Chi-Square	D.F.	Significance
4.8510	3	.1830		5.8100	3	.1212

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ITEM5 Cheks Physician's references and credent
by HOSP Hospital

Mean Rank	Cases
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16.39	18	HOSP =	1	Bahrain Defense Hosp
16.50	4	HOSP =	2	Bahrain Internationa
10.67	3	HOSP =	3	American Messio
14.40	5	HOSP =	4	Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Corrected for ties	Chi-Square	D.F.	Significance
1.2175	3	.7488		1.8878	3	.5960

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ITEM6 Coordinates physicians interview schedul
by HOSP Hospital

Mean Rank	Cases
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15.42	18	HOSP =	1	Bahrain Defense Hosp
23.13	4	HOSP =	2	Bahrain Internationa
8.17	3	HOSP =	3	American Messio
14.10	5	HOSP =	4	Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Corrected for ties	Chi-Square	D.F.	Significance
5.2106	3	.1570		5.9871	3	.1122

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ITEM7 Acts as the initial facilitator after a
by HOSP Hospital

Mean Rank	Cases
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14.06	18	HOSP =	1	Bahrain Defense Hosp
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25.50	4	HOSP =	2	Bahrain Internationa
13.33	3	HOSP =	3	American Messian Hos
14.00	5	HOSP =	4	Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Chi-Square	D.F.	Significance
5.9728	3	.1129	6.9017	3	.0751

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ITEM8 Assess new physicians in applying to the
by HOSP Hospital

Mean Rank	Cases	HOSP =		
14.50	18	HOSP =	1	Bahrain Defense Hosp
19.25	4	HOSP =	2	Bahrain Internationa
12.50	3	HOSP =	3	American Messian Hos
17.90	5	HOSP =	4	Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Chi-Square	D.F.	Significance
1.6781	3	.6418	2.2152	3	.5290

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ITEM9 Discusses hospital policies and procedure
by HOSP Hospital

Mean Rank	Cases	HOSP =		
16.22	18	HOSP =	1	Bahrain Defense Hosp
21.00	4	HOSP =	2	Bahrain Internationa
12.00	3	HOSP =	3	American Messian Hos
10.60	5	HOSP =	4	Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Chi-Square	D.F.	Significance
3.7057	3	.2951	4.2699	3	.2338

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ITEM11 Coordinates with other organization rega
by HOSP Hospital

Mean Rank	Cases	HOSP =		
15.92	18	HOSP =	1	Bahrain Defense Hosp
20.50	4	HOSP =	2	Bahrain Internationa
15.50	3	HOSP =	3	American Messian Hos
10.00	5	HOSP =	4	Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Chi-Square	D.F.	Significance
3.2823	3	.3501	3.6894	3	.2970

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COORD coordination
by HOSP Hospital

Mean Rank Cases

15.64	18	HOSP =	1	Bahrain Defense Hosp
24.00	4	HOSP =	2	Bahrain Internationa
10.17	3	HOSP =	3	American Messian Hos
11.40	5	HOSP =	4	Salmania Medical Cen

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- 30 Total

Chi-Square	D.F.	Significance	Chi-Square	D.F.	Significance
5.9191	3	.1156	6.0127	3	.1110

Corrected for ties

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ORGAN organization
by HOSP Hospital

Mean Rank Cases

14.83	18	HOSP =	1	Bahrain Defense Hosp
23.50	4	HOSP =	2	Bahrain Internationa
11.17	3	HOSP =	3	American Messian Hos
14.10	5	HOSP =	4	Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Chi-Square	D.F.	Significance
4.2598	3	.2347	4.4437	3	.2174

Corrected for ties

- - - - - Kruskal-Wallis 1-Way Anova

PLAN planning
by HOSP Hospital

Mean Rank Cases

15.75	18	HOSP =	1	Bahrain Defense Hosp
20.00	4	HOSP =	2	Bahrain Internationa
7.33	3	HOSP =	3	American Messian Hos
15.90	5	HOSP =	4	Salmania Medical Cen

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30 Total

Chi-Square	D.F.	Significance	Chi-Square	D.F.	Significance
3.6517	3	.3016	3.7263	3	.2926

Corrected for ties

- - - - - Kruskal-Wallis 1-Way Anova

TOTAL
by HOSP Hospital

Mean Rank Cases

15.44	18	HOSP =	1	Bahrain Defense Hosp
23.00	4	HOSP =	2	Bahrain Internationa

9.00
13.60

3 HOSP = 3 American Messian Hos
5 HOSP = 4 Salmania Medical Cen

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30 Total

Chi-Square
4.7723

D.F. Significance
3 .1892

Corrected for ties

Chi-Square D.F. Significance
4.7904 3 .1878

t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM1 Establish procedures to ensure eefective				
Bahrain Defense Ho	18	4.3333	.970	.229
American Mession Ho	3	4.0000	.000	.000

Mean Difference = .3333

Levene's Test for Equality of Variances: F= 2.714 P= .116

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM10 Maintains an open line of communication				
Bahrain Defense Ho	18	4.2222	1.003	.236
American Mession Ho	3	4.0000	.000	.000

Mean Difference = .2222

Levene's Test for Equality of Variances: F= 2.745 P= .114

t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM12 Selects, coordinates, and manages retain				
Bahrain Defense Ho	18	3.6667	1.138	.268
American Mession Ho	3	4.0000	.000	.000

Mean Difference = -.3333

Levene's Test for Equality of Variances: F= 4.963 P= .038

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM13 Explains about the incentive package to				
Bahrain Defense Ho	18	3.7778	1.215	.286
American Mession Ho	3	3.3333	1.528	.882

Mean Difference = .4444

Levene's Test for Equality of Variances: F= .114 P= .739

t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM14 Develpos a recruitmt plan for physicia				
Bahrain Defense Ho	18	4.2778	.958	.226
American Mession Ho	3	3.6667	.577	.333

Mean Difference = .6111

Levene's Test for Equality of Variances: F= .231 P= .637

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM15 Approves the recruitmt plan by recruit				
Bahrain Defense Ho	18	3.9444	.873	.206
American Mession Ho	3	3.0000	1.000	.577

Mean Difference = .9444

Levene's Test for Equality of Variances: F= .262 P= .61

t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM16 Obtains approval of a physicians manpowe				
Bahrain Defense Ho	18	3.6111	1.195	.282
American Mession Ho	3	3.6667	.577	.333

Mean Difference = -.0556

Levene's Test for Equality of Variances: F= .999 P= .330

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM17 Determines selection criteria for physic				
Bahrain Defense Ho	18	4.1111	.900	.212
American Mession Ho	3	4.3333	.577	.333

Mean Difference = -.2222

Levene's Test for Equality of Variances: F= .013 P= .912
t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM18 Screens the physicaains to assess whether				
Bahrain Defense Ho	18	4.0556	.938	.221
American Mession Ho	3	4.3333	.577	.333

Mean Difference = -.2778

Levene's Test for Equality of Variances: F= .031 P= .862

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM2 Maintain daily activity identifying curr				
Bahrain Defense Ho	18	3.7222	1.179	.278
American Mession Ho	3	3.6667	1.528	.882

Mean Difference = .0556

Levene's Test for Equality of Variances: F= .183 P= .673
t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM3 Set realistic timetables for choosing ph				
Bahrain Defense Ho	18	4.1111	1.023	.241
American Mession Ho	3	4.3333	.577	.333

Mean Difference = -.2222

Levene's Test for Equality of Variances: F= .322 P= .577
Number

Variable	of Cases	Mean	SD	SE of Mean
ITEM4 Investigates all leads for potential cand				
Bahrain Defense Ho	18	4.0000	1.085	.256
American Messian Ho	3	3.3333	1.155	.667

Mean Difference = .6667

Levene's Test for Equality of Variances: F= .196 P= .663
t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM5 Cheks Physician's references and credent				
Bahrain Defense Ho	18	4.5556	1.042	.246
American Messian Ho	3	4.3333	.577	.333

Mean Difference = .2222

Levene's Test for Equality of Variances: F= .300 P= .590

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM6 Coordinates physicians interview schedul				
Bahrain Defense Ho	18	3.9444	.938	.221
American Messian Ho	3	3.0000	1.000	.577

Mean Difference = .9444

Levene's Test for Equality of Variances: F= .079 P= .782
t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM7 Acts as the initial facilitator after a				
Bahrain Defense Ho	18	3.3889	1.195	.282
American Messian Ho	3	3.3333	1.155	.667

Mean Difference = .0556

Levene's Test for Equality of Variances: F= .041 P= .842

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM8 Assess new physicians in applying to the				
Bahrain Defense Ho	18	4.0000	.970	.229
American Messian Ho	3	4.0000	.000	.000

Mean Difference = .0000

Levene's Test for Equality of Variances: F= 1.444 P= .244
t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM9 Discusses hospital policies and procedure				
Bahrain Defense Ho	18	4.0000	1.372	.323
American Messian Ho	3	4.0000	.000	.000

Mean Difference = .0000

Levene's Test for Equality of Variances: F= 3.490 P= .077

Variable	Number of Cases	Mean	SD	SE of Mean
ITME11 Coordinates with other organization rega				
Bahrain Defense Ho	18	3.7778	1.309	.308
American Messian Ho	3	3.6667	1.528	.882

Mean Difference = .1111

Levene's Test for Equality of Variances: F= .059 P= .810
t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
TOTAL				
Bahrain Defense Ho	18	71.5000	14.686	3.462
American Messian Ho	3	68.0000	6.083	3.512

Mean Difference = 3.5000

Levene's Test for Equality of Variances: F= .183 P= .674

t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM1 Establish procedures to ensure eefective				
Bahrain Defense Ho	18	4.3333	.970	.229
Bahrain Internation	4	4.7500	.500	.250

Mean Difference = -.4167

Levene's Test for Equality of Variances: F= .680 P= .419

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM10 Maintains an open line of communication				
Bahrain Defense Ho	18	4.2222	1.003	.236
Bahrain Internation	4	4.7500	.500	.250

Mean Difference = -.5278

Levene's Test for Equality of Variances: F= .753 P= .396

t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM12 Selects, coordinates, and manages retain				
Bahrain Defense Ho	18	3.6667	1.138	.268
Bahrain Internation	4	4.2500	.957	.479

Mean Difference = -.5833

Levene's Test for Equality of Variances: F= .153 P= .700

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM13 Explains about the incentive package to				
Bahrain Defense Ho	18	3.7778	1.215	.286
Bahrain Internation	4	3.0000	1.414	.707

Mean Difference = .7778

Levene's Test for Equality of Variances: F= .009 P= .927

t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM14 Develpos a recruitment plan for physicia				
Bahrain Defense Ho	18	4.2778	.958	.226
Bahrain Internation	4	4.5000	.577	.289

Mean Difference = -.2222

Levene's Test for Equality of Variances: F= .161 P= .692

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM15 Approves the recruitment plan by recruit				
Bahrain Defense Ho	18	3.9444	.873	.206
Bahrain Internation	4	4.7500	.500	.250

Mean Difference = -.8056

Levene's Test for Equality of Variances: F= .022 P= .884

t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM16 Obtains approval of a physicians manpowe				
Bahrain Defense Ho	18	3.6111	1.195	.282
Bahrain Internation	4	4.5000	.577	.289

Mean Difference = -.8889

Levene's Test for Equality of Variances: F= 1.036 P= .321

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM17 Determines selection criteria for physic				
Bahrain Defense Ho	18	4.1111	.900	.212
Bahrain Internation	4	4.5000	.577	.289

Mean Difference = -.3889

Levene's Test for Equality of Variances: F= .000 P= .987

t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM18 Screens the physicaains to assess whether				
Bahrain Defense Ho	18	4.0556	.938	.221
Bahrain Internation	4	4.5000	.577	.289

Mean Difference = -.4444

Levene's Test for Equality of Variances: F= .004 P= .950

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM2 Maintain daily activity identifying curr				
Bahrain Defense Ho	18	3.7222	1.179	.278
Bahrain Internation	4	4.5000	.577	.289

Mean Difference = -.7778

Levene's Test for Equality of Variances: F= 1.452 P= .242

t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM3 Set realistic timetables for choosing ph				
Bahrain Defense Ho	18	4.1111	1.023	.241
Bahrain Internation	4	4.7500	.500	.250

Mean Difference = -.6389

Levene's Test for Equality of Variances: F= .700 P= .413

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM4 Invstigates all leads for potential cand				
Bahrain Defense Ho	18	4.0000	1.085	.256
Bahrain Internation	4	4.7500	.500	.250

Mean Difference = -.7500

Levene's Test for Equality of Variances: F= .457 P= .507

t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM5 Cheks Physician's references and credent				
Bahrain Defense Ho	18	4.5556	1.042	.246
Bahrain Internation	4	4.7500	.500	.250

Mean Difference = -.1944

Levene's Test for Equality of Variances: F= .653 P= .428

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM6 Coordinates physicians interview schedul				
Bahrain Defense Ho	18	3.9444	.938	.221
Bahrain Internation	4	4.7500	.500	.250

Mean Difference = -.8056

Levene's Test for Equality of Variances: F= .173 P= .682

t-tests for independent samples of HOSP Hospital

Number

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM7 Acts as the initial facilitator after a				
Bahrain Defense Ho	18	3.3889	1.195	.282
Bahrain Internation	4	4.7500	.500	.250

Mean Difference = -1.3611

Levene's Test for Equality of Variances: F= 3.057 P= .096

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM8 Assess new physicians in applying to the				
Bahrain Defense Ho	18	4.0000	.970	.229
Bahrain Internation	4	4.5000	.577	.289

Mean Difference = -.5000

Levene's Test for Equality of Variances: F= .019 P= .891

t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM9 Discusses hospital policies and procedure				
Bahrain Defense Ho	18	4.0000	1.372	.323
Bahrain Internation	4	4.7500	.500	.250

Mean Difference = -.7500

Levene's Test for Equality of Variances: F= 1.802 P= .194

Variable	Number of Cases	Mean	SD	SE of Mean
ITME11 Coordinates with other organization rega				
Bahrain Defense Ho	18	3.7778	1.309	.308
Bahrain Internation	4	4.5000	.577	.289

Mean Difference = -.7222

Levene's Test for Equality of Variances: F= 1.347 P= .259

t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
TOTAL				
Bahrain Defense Ho	18	71.5000	14.686	3.462
Bahrain Internation	4	81.5000	7.853	3.926

Mean Difference = -10.0000

Levene's Test for Equality of Variances: F= .102 P= .752

t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM1 Establish procedures to ensure effective				
Bahrain Defense Ho	18	4.3333	.970	.229
Salmania Medical Ce	5	4.6000	.548	.245

Mean Difference = -.2667

Levene's Test for Equality of Variances: F= .356 P= .557

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM10 Maintains an open line of communication				
Bahrain Defense Ho	18	4.2222	1.003	.236
Salmania Medical Ce	5	3.2000	2.049	.917

Mean Difference = 1.0222

Levene's Test for Equality of Variances: F= 9.557 P= .006
t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM12 Selects, coordinates, and manages retain				
Bahrain Defense Ho	18	3.6667	1.138	.268
Salmania Medical Ce	5	2.4000	1.342	.600

Mean Difference = 1.2667

Levene's Test for Equality of Variances: F= .504 P= .485

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM13 Explains about the incentive package to				
Bahrain Defense Ho	18	3.7778	1.215	.286
Salmania Medical Ce	5	3.2000	.447	.200

Mean Difference = .5778

Levene's Test for Equality of Variances: F= 3.901 P= .062
t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM14 Develops a recruitment plan for physicia				
Bahrain Defense Ho	18	4.2778	.958	.226
Salmania Medical Ce	5	4.0000	.000	.000

Mean Difference = .2778

Levene's Test for Equality of Variances: F= 4.134 P= .055

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM15 Approves the recruitment plan by recruit				

Bahrain Defense Ho	18	3.9444	.873	.206
Salmania Medical Ce	5	4.0000	.000	.000

Mean Difference = -.0556

Levene's Test for Equality of Variances: F= 1.601 P= .220
t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM16 Obtains approval of a physicians manpowe				
Bahrain Defense Ho	18	3.6111	1.195	.282
Salmania Medical Ce	5	4.4000	.548	.245

Mean Difference = -.7889

Levene's Test for Equality of Variances: F= 1.429 P= .245

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM17 Determines selection criteria for physic				
Bahrain Defense Ho	18	4.1111	.900	.212
Salmania Medical Ce	5	4.4000	.548	.245

Mean Difference = -.2889

Levene's Test for Equality of Variances: F= .002 P= .968
t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM18 Screens the physicains to assess whether				
Bahrain Defense Ho	18	4.0556	.938	.221
Salmania Medical Ce	5	4.4000	.548	.245

Mean Difference = -.3444

Levene's Test for Equality of Variances: F= .016 P= .899

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM2 Maintain daily activity identifying curr				
Bahrain Defense Ho	18	3.7222	1.179	.278
Salmania Medical Ce	5	3.6000	.548	.245

Mean Difference = .1222

Levene's Test for Equality of Variances: F= 1.986 P= .173
t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM3 Set realistic timetables for choosing ph				
Bahrain Defense Ho	18	4.1111	1.023	.241
Salmania Medical Ce	5	2.8000	1.643	.735

Mean Difference = 1.3111

Levene's Test for Equality of Variances: F= 4.794 P= .040

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM4 Invstigates all leads for potential cand				
Bahrain Defense Ho	18	4.0000	1.085	.256
Salmania Medical Ce	5	4.6000	.548	.245

Mean Difference = -.6000

Levene's Test for Equality of Variances: F= .238 P= .631
t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM5 Cheks Physician's references and credent				
Bahrain Defense Ho	18	4.5556	1.042	.246
Salmania Medical Ce	5	4.6000	.548	.245

Mean Difference = -.0444

Levene's Test for Equality of Variances: F= .371 P= .549

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM6 Coordinates physicians interview schedul				
Bahrain Defense Ho	18	3.9444	.938	.221
Salmania Medical Ce	5	3.2000	2.049	.917

Mean Difference = .7444

Levene's Test for Equality of Variances: F= 11.107 P= .003
t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM7 Acts as the initial facilitator after a				
Bahrain Defense Ho	18	3.3889	1.195	.282
Salmania Medical Ce	5	3.6000	.548	.245

Mean Difference = -.2111

Levene's Test for Equality of Variances: F= 2.650 P= .118

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM8 Assess new physicians in applying to the				
Bahrain Defense Ho	18	4.0000	.970	.229
Salmania Medical Ce	5	4.4000	.548	.245

Mean Difference = -.4000

Levene's Test for Equality of Variances: F= .045 P= .835
t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM9 Discusses hospital policies and procedure				
Bahrain Defense Ho	18	4.0000	1.372	.323
Salmania Medical Ce	5	3.0000	1.871	.837

Mean Difference = 1.0000

Levene's Test for Equality of Variances: F= 1.946 P= .178

Variable	Number of Cases	Mean	SD	SE of Mean
ITME11 Coordinates with other organization rega				
Bahrain Defense Ho	18	3.7778	1.309	.308
Salmania Medical Ce	5	2.8000	1.643	.735

Mean Difference = .9778

Levene's Test for Equality of Variances: F= 1.403 P= .249
t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
TOTAL				
Bahrain Defense Ho	18	71.5000	14.686	3.462
Salmania Medical Ce	5	67.2000	12.969	5.800

Mean Difference = 4.3000

Levene's Test for Equality of Variances: F= .405 P= .532

t-tests for independent samples of HOSP Hospital

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM1 Establish procedures to ensure eefective				
Bahrain Internation	4	4.7500	.500	.250
American Mession Ho	3	4.0000	.000	.000

Mean Difference = .7500

Levene's Test for Equality of Variances: F= 6.429 P= .052

Variable.	Number of Cases	Mean	SD	SE of Mean
ITEM10 Maintains an open line of communication				
Bahrain Internation	4	4.7500	.500	.250
American Mession Ho	3	4.0000	.000	.000

Mean Difference = .7500

Levene's Test for Equality of Variances: F= 6.429 P= .052

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM12 Selects, coordinates, and manages retain				
Bahrain Internation	4	4.2500	.957	.479
American Mession Ho	3	4.0000	.000	.000

Mean Difference = .2500

Levene's Test for Equality of Variances: F= 9.643 P= .027

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM13 Explains about the incentive package to				
Bahrain Internation	4	3.0000	1.414	.707
American Mession Ho	3	3.3333	1.528	.882

Mean Difference = -.3333

Levene's Test for Equality of Variances: F= .036 P= .858

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM14 Develpos a recruitment plan for physicia				
Bahrain Internation	4	4.5000	.577	.289
American Mession Ho	3	3.6667	.577	.333

Mean Difference = .8333

Levene's Test for Equality of Variances: F= .357 P= .576

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM15 Approves the recruitment plan by recruit				
Bahrain Internation	4	4.7500	.500	.250
American Mession Ho	3	3.0000	1.000	.577

Mean Difference = 1.7500

Levene's Test for Equality of Variances: F= .854 P= .398

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM16 Obtains approval of a physicians manpowe				
Bahrain Internation	4	4.5000	.577	.289
American Mession Ho	3	3.6667	.577	.333

Mean Difference = .8333

Levene's Test for Equality of Variances: F= .357 P= .576

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM17 Determines selection criteria for physic				
Bahrain Internation	4	4.5000	.577	.289
American Mession Ho	3	4.3333	.577	.333

Mean Difference = .1667

Levene's Test for Equality of Variances: F= .357 P= .576

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM18 Screens the physicaains to assess whether				
Bahrain Internation	4	4.5000	.577	.289
American Mession Ho	3	4.3333	.577	.333

Mean Difference = .1667

Levene's Test for Equality of Variances: F= .357 P= .576

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM2 Maintain daily activity identifying curr				
Bahrain Internation	4	4.5000	.577	.289
American Mession Ho	3	3.6667	1.528	.882

Mean Difference = .8333

Levene's Test for Equality of Variances: F= 3.324 P= .128

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM3 Set realistic timetables for choosing ph				
Bahrain Internation	4	4.7500	.500	.250
American Mession Ho	3	4.3333	.577	.333

Mean Difference = .4167

Levene's Test for Equality of Variances: F= .158 P= .707

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM4 Invstigates all leads for potential cand				
Bahrain Internation	4	4.7500	.500	.250
American Mession Ho	3	3.3333	1.155	.667

Mean Difference = 1.4167

Levene's Test for Equality of Variances: F= 4.679 P= .083

Number

Variable	of Cases	Mean	SD	SE of Mean
ITEM5 Cheks Physician's references and credent				
Bahrain Internation	4	4.7500	.500	.250
American Messio	3	4.3333	.577	.333

Mean Difference = .4167

Levene's Test for Equality of Variances: F= .158 P= .707

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM6 Coordinates physicians interview schedul				
Bahrain Internation	4	4.7500	.500	.250
American Messio	3	3.0000	1.000	.577

Mean Difference = 1.7500

Levene's Test for Equality of Variances: F= .854 P= .398

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM7 Acts as the initial facilitator after a				
Bahrain Internation	4	4.7500	.500	.250
American Messio	3	3.3333	1.155	.667

Mean Difference = 1.4167

Levene's Test for Equality of Variances: F= 4.679 P= .083

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM8 Assess new physicians in applying to the				
Bahrain Internation	4	4.5000	.577	.289
American Messio	3	4.0000	.000	.000

Mean Difference = .5000

Levene's Test for Equality of Variances: F= . P= .

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM9 Discusses hospital policies and procedure				
Bahrain Internation	4	4.7500	.500	.250
American Messio	3	4.0000	.000	.000

Mean Difference = .7500

Levene's Test for Equality of Variances: F= 6.429 P= .052

Variable	Number of Cases	Mean	SD	SE of Mean
ITME11 Coordinates with other organization rega				
Bahrain Internation	4	4.5000	.577	.289
American Messio	3	3.6667	1.528	.882

Mean Difference = .8333

Levene's Test for Equality of Variances: F= 3.324 P= .128

Variable	Number of Cases	Mean	SD	SE of Mean
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TOTAL

Bahrain Internation	4	81.5000	7.853	3.926
American Messian Ho	3	68.0000	6.083	3.512

Mean Difference = 13.5000

Levene's Test for Equality of Variances: F= .164 P= .702

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM1 Establish procedures to ensure effective				
American Mission Ho	3	4.0000	.000	.000
Salmania Medical Ce	5	4.6000	.548	.245

Mean Difference = -.6000

Levene's Test for Equality of Variances: F= 54.000 P= .000

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM10 Maintains an open line of communication				
American Mission Ho	3	4.0000	.000	.000
Salmania Medical Ce	5	3.2000	2.049	.917

Mean Difference = .8000

Levene's Test for Equality of Variances: F= 26.561 P= .002

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM12 Selects, coordinates, and manages retain				
American Mission Ho	3	4.0000	.000	.000
Salmania Medical Ce	5	2.4000	1.342	.600

Mean Difference = 1.6000

Levene's Test for Equality of Variances: F= 15.207 P= .008

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM13 Explains about the incentive package to				
American Mission Ho	3	3.3333	1.528	.882
Salmania Medical Ce	5	3.2000	.447	.200

Mean Difference = .1333

Levene's Test for Equality of Variances: F= 5.628 P= .055

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM14 Develops a recruitment plan for physicia				
American Mission Ho	3	3.6667	.577	.333
Salmania Medical Ce	5	4.0000	.000	.000

Mean Difference = -.3333

Levene's Test for Equality of Variances: F= 30.000 P= .002

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM15 Approves the recruitment plan by recruit				
American Mission Ho	3	3.0000	1.000	.577
Salmania Medical Ce	5	4.0000	.000	.000

Mean Difference = -1.0000

Levene's Test for Equality of Variances: F= 7.500 P= .034

Variable	of Cases	Mean	SD	SE of Mean
ITEM16 Obtains approval of a physicians manpowe				
American Messio	Ho 3	3.6667	.577	.333
Salmania Medical	Ce 5	4.4000	.548	.245

Mean Difference = -.7333

Levene's Test for Equality of Variances: F= .117 P= .744

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM17 Determines selection criteria for physic				
American Messio	Ho 3	4.3333	.577	.333
Salmania Medical	Ce 5	4.4000	.548	.245

Mean Difference = -.0667

Levene's Test for Equality of Variances: F= .117 P= .744

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM18 Screens the physicaains to assess whether				
American Messio	Ho 3	4.3333	.577	.333
Salmania Medical	Ce 5	4.4000	.548	.245

Mean Difference = -.0667

Levene's Test for Equality of Variances: F= .117 P= .744

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM2 Maintain daily activity identifying curr				
American Messio	Ho 3	3.6667	1.528	.882
Salmania Medical	Ce 5	3.6000	.548	.245

Mean Difference = .0667

Levene's Test for Equality of Variances: F= 4.432 P= .080

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM3 Set realistic timetables for choosing ph				
American Messio	Ho 3	4.3333	.577	.333
Salmania Medical	Ce 5	2.8000	1.643	.735

Mean Difference = 1.5333

Levene's Test for Equality of Variances: F= 22.033 P= .003

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM4 Invstigates all leads for potential cand				
American Messio	Ho 3	3.3333	1.155	.667
Salmania Medical	Ce 5	4.6000	.548	.245

Mean Difference = -1.2667

Levene's Test for Equality of Variances: F= 5.463 P= .058

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM5 Cheks Physician's references and credent				

American Messian Ho	3	4.3333	.577	.333
Salmania Medical Ce	5	4.6000	.548	.245

Mean Difference = -.2667

Levene's Test for Equality of Variances: F= .117 P= .744

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM6 Coordinates physicians interview schedul				
American Messian Ho	3	3.0000	1.000	.577
Salmania Medical Ce	5	3.2000	2.049	.917

Mean Difference = -.2000

Levene's Test for Equality of Variances: F= 6.796 P= .040

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM7 Acts as the initial facilitator after a				
American Messian Ho	3	3.3333	1.155	.667
Salmania Medical Ce	5	3.6000	.548	.245

Mean Difference = -.2667

Levene's Test for Equality of Variances: F= 5.463 P= .058

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM8 Assess new physicians in applying to the				
American Messian Ho	3	4.0000	.000	.000
Salmania Medical Ce	5	4.4000	.548	.245

Mean Difference = -.4000

Levene's Test for Equality of Variances: F= 54.000 P= .000

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM9 Discusses hospital policies and procedure				
American Messian Ho	3	4.0000	.000	.000
Salmania Medical Ce	5	3.0000	1.871	.837

Mean Difference = 1.0000

Levene's Test for Equality of Variances: F= 24.000 P= .003

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM11 Coordinates with other organization rega				
American Messian Ho	3	3.6667	1.528	.882
Salmania Medical Ce	5	2.8000	1.643	.735

Mean Difference = .8667

Levene's Test for Equality of Variances: F= .872 P= .386

Variable	Number of Cases	Mean	SD	SE of Mean
TOTAL				
American Messian Ho	3	68.0000	6.083	3.512

Salmania Medical Ce	5	67.2000	12.969	5.800
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Mean Difference = .8000

Levene's Test for Equality of Variances: F= 13.916 P= .010

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM1 Establish procedures to ensure effective				
Bahrain International	4	4.7500	.500	.250
Salmania Medical Ce	5	4.6000	.548	.245

Mean Difference = .1500

Levene's Test for Equality of Variances: F= .728 P= .422

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM10 Maintains an open line of communication				
Bahrain International	4	4.7500	.500	.250
Salmania Medical Ce	5	3.2000	2.049	.917

Mean Difference = 1.5500

Levene's Test for Equality of Variances: F= 19.899 P= .003

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM12 Selects, coordinates, and manages retain				
Bahrain International	4	4.2500	.957	.479
Salmania Medical Ce	5	2.4000	1.342	.600

Mean Difference = 1.8500

Levene's Test for Equality of Variances: F= 1.491 P= .262

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM13 Explains about the incentive package to				
Bahrain International	4	3.0000	1.414	.707
Salmania Medical Ce	5	3.2000	.447	.200

Mean Difference = -.2000

Levene's Test for Equality of Variances: F= 3.144 P= .120

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM14 Develops a recruitment plan for physicia				
Bahrain International	4	4.5000	.577	.289
Salmania Medical Ce	5	4.0000	.000	.000

Mean Difference = .5000

Levene's Test for Equality of Variances: F= . P= .

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM15 Approves the recruitment plan by recruit				
Bahrain International	4	4.7500	.500	.250
Salmania Medical Ce	5	4.0000	.000	.000

Mean Difference = .7500

Levene's Test for Equality of Variances: F= 11.667 P= .011

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM16 Obtains approval of a physicians manpowe				
Bahrain Internation	4	4.5000	.577	.289
Salmania Medical Ce	5	4.4000	.548	.245

Mean Difference = .1000

Levene's Test for Equality of Variances: F= .130 P= .729

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM17 Determines selection criteria for physic				
Bahrain Internation	4	4.5000	.577	.289
Salmania Medical Ce	5	4.4000	.548	.245

Mean Difference = .1000

Levene's Test for Equality of Variances: F= .130 P= .729

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM18 Screens the physicains to assess whether				
Bahrain Internation	4	4.5000	.577	.289
Salmania Medical Ce	5	4.4000	.548	.245

Mean Difference = .1000

Levene's Test for Equality of Variances: F= .130 P= .729

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM2 Maintain daily activity identifying curr				
Bahrain Internation	4	4.5000	.577	.289
Salmania Medical Ce	5	3.6000	.548	.245

Mean Difference = .9000

Levene's Test for Equality of Variances: F= .130 P= .729

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM3 Set realistic timetables for choosing ph				
Bahrain Internation	4	4.7500	.500	.250
Salmania Medical Ce	5	2.8000	1.643	.735

Mean Difference = 1.9500

Levene's Test for Equality of Variances: F= 28.480 P= .001

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM4 Invstigates all leads for potential cand				
Bahrain Internation	4	4.7500	.500	.250
Salmania Medical Ce	5	4.6000	.548	.245

Mean Difference = .1500

Levene's Test for Equality of Variances: F= .728 P= .422

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM5 Cheks Physician's references and credent				
Bahrain Internation	4	4.7500	.500	.250
Salmania Medical Ce	5	4.6000	.548	.245

Mean Difference = .1500

Levene's Test for Equality of Variances: F= .728 P= .422

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM6 Coordinates physicians interview schedul				
Bahrain Internation	4	4.7500	.500	.250
Salmania Medical Ce	5	3.2000	2.049	.917

Mean Difference = 1.5500

Levene's Test for Equality of Variances: F= 19.899 P= .003

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM7 Acts as the initial facilitator after a				
Bahrain Internation	4	4.7500	.500	.250
Salmania Medical Ce	5	3.6000	.548	.245

Mean Difference = 1.1500

Levene's Test for Equality of Variances: F= .728 P= .422

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM8 Assess new physicians in applying to the				
Bahrain Internation	4	4.5000	.577	.289
Salmania Medical Ce	5	4.4000	.548	.245

Mean Difference = .1000

Levene's Test for Equality of Variances: F= .130 P= .729

Variable	Number of Cases	Mean	SD	SE of Mean
ITEM9 Discusses hopital policies and procedure				
Bahrain Internation	4	4.7500	.500	.250
Salmania Medical Ce	5	3.0000	1.871	.837

Mean Difference = 1.7500

Levene's Test for Equality of Variances: F= 16.824 P= .005

Variable	Number of Cases	Mean	SD	SE of Mean
ITME11 Coordinates with other organization rega				
Bahrain Internation	4	4.5000	.577	.289
Salmania Medical Ce	5	2.8000	1.643	.735

Mean Difference = 1.7000

Levene's Test for Equality of Variances: F= 31.817 P= .001

Variable	Number of Cases	Mean	SD	SE of Mean
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TOTAL

Bahrain Internation	4	81.5000	7.853	3.926
Salmania Medical Ce	5	67.2000	12.969	5.800

Mean Difference = 14.3000

Levene's Test for Equality of Variances: F= 6.097 P= .043

Variable	Number of Cases	Mean	SD	SE of Mean
ORGAN organization				
Bahrain Defense Ho	18	20.7222	4.309	1.016
Bahrain Internation	4	23.5000	2.380	1.190

Mean Difference = -2.7778

Levene's Test for Equality of Variances: F= .184 P= .673

Variable	Number of Cases	Mean	SD	SE of Mean
COORD coordination				
Bahrain Defense Ho	18	27.0000	5.811	1.370
Bahrain Internation	4	32.2500	3.594	1.797

Mean Difference = -5.2500

Levene's Test for Equality of Variances: F= .158 P= .695

Variable	Number of Cases	Mean	SD	SE of Mean
PLAN planning				
Bahrain Defense Ho	18	23.7778	5.264	1.241
Bahrain Internation	4	25.7500	2.500	1.250

Mean Difference = -1.9722

Levene's Test for Equality of Variances: F= .391 P= .539

Variable	Number of Cases	Mean	SD	SE of Mean
ORGAN organization				
Bahrain Defense Ho	18	20.7222	4.309	1.016
American Messian Ho	3	19.6667	3.512	2.028

Mean Difference = 1.0556

Levene's Test for Equality of Variances: F= .001 P= .974

Variable	Number of Cases	Mean	SD	SE of Mean
COORD coordination				
Bahrain Defense Ho	18	27.0000	5.811	1.370
American Messian Ho	3	26.0000	2.000	1.155

Mean Difference = 1.0000

Levene's Test for Equality of Variances: F= .691 P= .416

Variable	Number of Cases	Mean	SD	SE of Mean
PLAN planning				
Bahrain Defense Ho	18	23.7778	5.264	1.241
American Messian Ho	3	22.3333	1.528	.882

Mean Difference = 1.4444

Levene's Test for Equality of Variances: F= .645 P= .432
Number

Variable	of Cases	Mean	SD	SE of Mean
ORGAN organization				
Bahrain Defense Ho	18	20.7222	4.309	1.016
Salmania Medical Ce	5	20.2000	3.834	1.715
Mean Difference = .5222				
Levene's Test for Equality of Variances: F= .289 P= .597				
Variable	Number of Cases	Mean	SD	SE of Mean
COORD coordination				
Bahrain Defense Ho	18	27.0000	5.811	1.370
Salmania Medical Ce	5	22.6000	7.861	3.516
Mean Difference = 4.4000				
Levene's Test for Equality of Variances: F= 2.544 P= .126				
Variable	Number of Cases	Mean	SD	SE of Mean
PLAN planning				
Bahrain Defense Ho	18	23.7778	5.264	1.241
Salmania Medical Ce	5	24.4000	1.517	.678
Mean Difference = -.6222				
Levene's Test for Equality of Variances: F= .908 P= .351				
Variable	Number of Cases	Mean	SD	SE of Mean
ORGAN organization				
Bahrain Internation	4	23.5000	2.380	1.190
American Mession Ho	3	19.6667	3.512	2.028
Mean Difference = 3.8333				
Levene's Test for Equality of Variances: F= .360 P= .575				
Variable	Number of Cases	Mean	SD	SE of Mean
COORD coordination				
Bahrain Internation	4	32.2500	3.594	1.797
American Mession Ho	3	26.0000	2.000	1.155
Mean Difference = 6.2500				
Levene's Test for Equality of Variances: F= 1.032 P= .356				
Variable	Number of Cases	Mean	SD	SE of Mean
PLAN planning				
Bahrain Internation	4	25.7500	2.500	1.250
American Mession Ho	3	22.3333	1.528	.882
Mean Difference = 3.4167				
Levene's Test for Equality of Variances: F= .469 P= .524				
Variable	Number of Cases	Mean	SD	SE of Mean

ORGAN organization

Bahrain Internation	4	23.5000	2.380	1.190
Salmania Medical Ce	5	20.2000	3.834	1.715

Mean Difference = 3.3000

Levene's Test for Equality of Variances: F= 5.677 P= .049

Variable	Number of Cases	Mean	SD	SE of Mean
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COORD coordination

Bahrain Internation	4	32.2500	3.594	1.797
Salmania Medical Ce	5	22.6000	7.861	3.516

Mean Difference = 9.6500

Levene's Test for Equality of Variances: F= 12.969 P= .009

Variable	Number of Cases	Mean	SD	SE of Mean
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PLAN planning

Bahrain Internation	4	25.7500	2.500	1.250
Salmania Medical Ce	5	24.4000	1.517	.678

Mean Difference = 1.3500

Levene's Test for Equality of Variances: F= .458 P= .520

Variable	Number of Cases	Mean	SD	SE of Mean
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ORGAN organization

American Messian Ho	3	19.6667	3.512	2.028
Salmania Medical Ce	5	20.2000	3.834	1.715

Mean Difference = -.5333

Levene's Test for Equality of Variances: F= 1.037 P= .348

Variable	Number of Cases	Mean	SD	SE of Mean
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COORD coordination

American Messian Ho	3	26.0000	2.000	1.155
Salmania Medical Ce	5	22.6000	7.861	3.516

Mean Difference = 3.4000

Levene's Test for Equality of Variances: F= 26.231 P= .002

Variable	Number of Cases	Mean	SD	SE of Mean
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PLAN planning

American Messian Ho	3	22.3333	1.528	.882
Salmania Medical Ce	5	24.4000	1.517	.678

Mean Difference = -2.0667

Levene's Test for Equality of Variances: F= .163 P= .701

	Hospital			
	Bahrain Defense Hospital	Bahrain Internation al Hodpital	American Mession Hospital	Salmania Medical Center
Establish procedures to ensure eeffective efforts in recruitment.				
1.00	1			
4.00	8	1	3	2
5.00	9	3		3
Maintains an open line of communication with all current medical staff etc.				
1.00	1			2
3.00	1			
4.00	8	1	3	1
5.00	8	3		2
Selects, coordinates, and manages retained or continhency recruitment agencies.				
1.00	1			2
2.00	2			
3.00	3	1		2
4.00	8	1	3	1
5.00	4	2		
Explains about the incentive package to the board and request permission to make a higher offer in order etc.				
1.00	1	1		
2.00	2		1	
3.00	3	1	1	4
4.00	6	2		1
5.00	6		1	
Develpos a recruitment plan for physicians in your hospital.				
1.00	1			
3.00			1	
4.00	9	2	2	5
5.00	8	2		

(continued)

	Hospital			
	Bahrain Defense Hospital	Bahrain Internation al Hodpital	American Mession Hospital	Salmania Medical Center
Approves the recruitment plan by recruiter and decisions makers.				
1.00	1			
2.00			1	
3.00	1		1	
4.00	13	1	1	5
5.00	3	3		
Obtains approval of a physicians manpower plan.				
1.00	2			
2.00	1			
3.00	2		1	
4.00	10	2	2	3
5.00	3	2		2
Determines selection criteria for physicians recruitment.				
1.00	1			
4.00	12	2	2	3
5.00	5	2	1	2
Screens the physicains to assess whether they meet the personal and professional search criteria.				
1.00	1			
3.00	1			
4.00	11	2	2	3
5.00	5	2	1	2
Maintain daily activity identifying current and palnned rcruitment efforts.				
1.00	1			
2.00	2		1	
3.00	3			2
4.00	7	2	1	3
5.00	5	2	1	

(continued)

	Hospital			
	Bahrain Defense Hospital	Bahrain International Hospital	American Mession Hospital	Salmania Medical Center
Set realistic timetables for choosing physicians recruitment negotiations.				
1.00	1			2
3.00	2			
4.00	8	1	2	3
5.00	7	3	1	
Invstigates all leads for potential candidates.				
1.00	1			
2.00	1		1	
3.00	1			
4.00	9	1	2	2
5.00	6	3		3
Cheks Physician's references and credentials before extending formal invitation to visit.				
1.00	1			
3.00	1			
4.00	2	1	2	2
5.00	14	3	1	3
Coordinates physicians interview schedules and information gathering trips.				
1.00	1			2
2.00			1	
3.00	2		1	
4.00	11	1	1	1
5.00	4	3		2
Acts as the initial facilitator after a physician relocates to the hospital.				
1.00	2			
2.00	2		1	
3.00	3			2
4.00	9	1	2	3

(continued)

	Hospital			
	Bahrain Defense Hospital	Bahrain Internation al Hodpital	American Mession Hospital	Salmania Medical Center
5.00	2	3		
Assess new physicians in applying to the medical staff.				
1.00	1			
3.00	2			
4.00	10	2	3	3
5.00	5	2		2
Discusses hopital policies and procedures with a physician and answer questions.				
1.00	2			2
2.00	1			
3.00	1			
4.00	5	1	3	2
5.00	9	3		1
Coordinates with other organization regarding common recruitment activities.				
1.00	2			2
2.00	1		1	
3.00	2			
4.00	7	2	1	3
5.00	6	2	1	

- - Correlation Coefficients - -

	ITEM1	ITEM10	ITEM12	ITEM13	ITEM14	ITEM15
ITEM1	1.0000 (30) P= .	.6010 (30) P= .000	.4684 (30) P= .009	.3851 (30) P= .036	.7158 (30) P= .000	.7177 (30) P= .000
ITEM10	.6010 (30) P= .000	1.0000 (30) P= .	.8116 (30) P= .000	.4092 (30) P= .025	.5929 (30) P= .001	.5169 (30) P= .003
ITEM12	.4684 (30) P= .009	.8116 (30) P= .000	1.0000 (30) P= .	.4191 (30) P= .021	.5594 (30) P= .001	.4607 (30) P= .010
ITEM13	.3851 (30) P= .036	.4092 (30) P= .025	.4191 (30) P= .021	1.0000 (30) P= .	.3965 (30) P= .030	.4009 (30) P= .028
ITEM14	.7158 (30) P= .000	.5929 (30) P= .001	.5594 (30) P= .001	.3965 (30) P= .030	1.0000 (30) P= .	.7656 (30) P= .000
ITEM15	.7177 (30) P= .000	.5169 (30) P= .003	.4607 (30) P= .010	.4009 (30) P= .028	.7656 (30) P= .000	1.0000 (30) P= .
ITEM16	.5126 (30) P= .004	.3465 (30) P= .061	.2291 (30) P= .223	.1740 (30) P= .358	.4852 (30) P= .007	.6567 (30) P= .000
ITEM17	.7229 (30) P= .000	.6131 (30) P= .000	.5236 (30) P= .003	.4685 (30) P= .009	.6973 (30) P= .000	.6935 (30) P= .000
ITEM18	.7158 (30) P= .000	.5567 (30) P= .001	.4518 (30) P= .012	.4699 (30) P= .009	.6277 (30) P= .000	.6145 (30) P= .000
ITEM2	.4941 (30) P= .006	.3449 (30) P= .062	.3909 (30) P= .033	.3669 (30) P= .046	.3705 (30) P= .044	.4118 (30) P= .024
ITEM3	.5413 (30) P= .002	.8674 (30) P= .000	.7375 (30) P= .000	.4027 (30) P= .027	.5470 (30) P= .002	.4144 (30) P= .023

- - Correlation Coefficients - -

	ITEM1	ITEM10	ITEM12	ITEM13	ITEM14	ITEM15
ITEM4	.6054 (30) P= .000	.3927 (30) P= .032	.3934 (30) P= .032	.4066 (30) P= .026	.6033 (30) P= .000	.5686 (30) P= .001
ITEM5	.8492 (30) P= .000	.5527 (30) P= .002	.4496 (30) P= .013	.3765 (30) P= .040	.6287 (30) P= .000	.5465 (30) P= .002
ITEM6	.6326 (30) P= .000	.8087 (30) P= .000	.6664 (30) P= .000	.2370 (30) P= .207	.5328 (30) P= .002	.6334 (30) P= .000
ITEM7	.3770 (30) P= .040	.1638 (30) P= .387	.1258 (30) P= .508	.0912 (30) P= .632	.3265 (30) P= .078	.6110 (30) P= .000
ITEM8	.6414 (30) P= .000	.2700 (30) P= .149	.2373 (30) P= .207	.4281 (30) P= .018	.7423 (30) P= .000	.7491 (30) P= .000
ITEM9	.4602 (30) P= .010	.6663 (30) P= .000	.5324 (30) P= .002	.3701 (30) P= .044	.3268 (30) P= .078	.4146 (30) P= .023
ITEM11	.5870 (30) P= .000	.7564 (30) P= .000	.7761 (30) P= .000	.4578 (30) P= .000	.4082 (30) P= .000	.4137 (30) P= .000

	P= .001	P= .000	P= .000	P= .011	P= .025	P= .023
TOTAL	.8282	.8182	.7405	.5642	.7680	.7924
	(30)	(30)	(30)	(30)	(30)	(30)
	P= .000	P= .000	P= .000	P= .001	P= .000	P= .000

- - Correlation Coefficients - -

	ITEM16	ITEM17	ITEM18	ITEM2	ITEM3	ITEM4
ITEM1	.5126 (30) P= .004	.7229 (30) P= .000	.7158 (30) P= .000	.4941 (30) P= .006	.5413 (30) P= .002	.6054 (30) P= .000
ITEM10	.3465 (30) P= .061	.6131 (30) P= .000	.5567 (30) P= .001	.3449 (30) P= .062	.8674 (30) P= .000	.3927 (30) P= .032
ITEM12	.2291 (30) P= .223	.5236 (30) P= .003	.4518 (30) P= .012	.3909 (30) P= .033	.7375 (30) P= .000	.3934 (30) P= .032
ITEM13	.1740 (30) P= .358	.4685 (30) P= .009	.4699 (30) P= .009	.3669 (30) P= .046	.4027 (30) P= .027	.4066 (30) P= .026
ITEM14	.4852 (30) P= .007	.6973 (30) P= .000	.6277 (30) P= .000	.3705 (30) P= .044	.5470 (30) P= .002	.6033 (30) P= .000
ITEM15	.6567 (30) P= .000	.6935 (30) P= .000	.6145 (30) P= .000	.4118 (30) P= .024	.4144 (30) P= .023	.5686 (30) P= .001
ITEM16	1.0000 (30) P= .	.6388 (30) P= .000	.4852 (30) P= .007	.3797 (30) P= .038	.2537 (30) P= .176	.3788 (30) P= .039
ITEM17	.6388 (30) P= .000	1.0000 (30) P= .	.8634 (30) P= .000	.5614 (30) P= .001	.5691 (30) P= .001	.6660 (30) P= .000
ITEM18	.4852 (30) P= .007	.8634 (30) P= .000	1.0000 (30) P= .	.4510 (30) P= .012	.5470 (30) P= .002	.6033 (30) P= .000
ITEM2	.3797 (30) P= .038	.5614 (30) P= .001	.4510 (30) P= .012	1.0000 (30) P= .	.3313 (30) P= .074	.6691 (30) P= .000
ITEM3	.2537 (30) P= .176	.5691 (30) P= .001	.5470 (30) P= .002	.3313 (30) P= .074	1.0000 (30) P= .	.4078 (30) P= .025

- - Correlation Coefficients - -

	ITEM16	ITEM17	ITEM18	ITEM2	ITEM3	ITEM4
ITEM4	.3788 (30) P= .039	.6660 (30) P= .000	.6033 (30) P= .000	.6691 (30) P= .000	.4078 (30) P= .025	1.0000 (30) P= .
ITEM5	.3188 (30) P= .086	.6766 (30) P= .000	.6786 (30) P= .000	.4684 (30) P= .009	.6499 (30) P= .000	.6669 (30) P= .000
ITEM6	.3386 (30) P= .067	.5605 (30) P= .001	.5328 (30) P= .002	.4302 (30) P= .018	.6574 (30) P= .000	.5012 (30) P= .005
ITEM7	.4928 (30) P= .006	.4773 (30) P= .008	.3265 (30) P= .078	.4885 (30) P= .006	.1866 (30) P= .324	.3291 (30) P= .076
ITEM8	.5872 (30) P= .001	.7107 (30) P= .000	.6377 (30) P= .000	.3483 (30) P= .059	.3225 (30) P= .082	.6040 (30) P= .000
ITEM9	.2850	.4076	.4839	.5852	.6032	.3581

	(30) P= .127	(30) P= .025	(30) P= .007	(30) P= .001	(30) P= .000	(30) P= .052
ITME11	.3155 (30) P= .089	.5342 (30) P= .002	.5039 (30) P= .005	.4153 (30) P= .022	.6996 (30) P= .000	.3617 (30) P= .050
TOTAL	.5853 (30) P= .001	.8535 (30) P= .000	.7906 (30) P= .000	.6600 (30) P= .000	.7730 (30) P= .000	.7126 (30) P= .000e 87

- - Correlation Coefficients - -

	ITEM5	ITEM6	ITEM7	ITEM8	ITEM9	ITME11
ITEM1	.8492 (30) P= .000	.6326 (30) P= .000	.3770 (30) P= .040	.6414 (30) P= .000	.4602 (30) P= .010	.5870 (30) P= .001
ITEM10	.5527 (30) P= .002	.8087 (30) P= .000	.1638 (30) P= .387	.2700 (30) P= .149	.6663 (30) P= .000	.7564 (30) P= .000
ITEM12	.4496 (30) P= .013	.6664 (30) P= .000	.1258 (30) P= .508	.2373 (30) P= .207	.5324 (30) P= .002	.7761 (30) P= .000
ITEM13	.3765 (30) P= .040	.2370 (30) P= .207	.0912 (30) P= .632	.4281 (30) P= .018	.3701 (30) P= .044	.4578 (30) P= .011
ITEM14	.6287 (30) P= .000	.5328 (30) P= .002	.3265 (30) P= .078	.7423 (30) P= .000	.3268 (30) P= .078	.4082 (30) P= .025
ITEM15	.5465 (30) P= .002	.6334 (30) P= .000	.6110 (30) P= .000	.7491 (30) P= .000	.4146 (30) P= .023	.4137 (30) P= .023
ITEM16	.3188 (30) P= .086	.3386 (30) P= .067	.4928 (30) P= .006	.5872 (30) P= .001	.2850 (30) P= .127	.3155 (30) P= .089
ITEM17	.6766 (30) P= .000	.5605 (30) P= .001	.4773 (30) P= .008	.7107 (30) P= .000	.4076 (30) P= .025	.5342 (30) P= .002
ITEM18	.6786 (30) P= .000	.5328 (30) P= .002	.3265 (30) P= .078	.6377 (30) P= .000	.4839 (30) P= .007	.5039 (30) P= .005
ITEM2	.4684 (30) P= .009	.4302 (30) P= .018	.4885 (30) P= .006	.3483 (30) P= .059	.5852 (30) P= .001	.4153 (30) P= .022
ITEM3	.6499 (30) P= .000	.6574 (30) P= .000	.1866 (30) P= .324	.3223 (30) P= .082	.6032 (30) P= .000	.6996 (30) P= .000

- - Correlation Coefficients - -

	ITEM5	ITEM6	ITEM7	ITEM8	ITEM9	ITME11
ITEM4	.6669 (30) P= .000	.5012 (30) P= .005	.3291 (30) P= .076	.6040 (30) P= .000	.3581 (30) P= .052	.3617 (30) P= .050
ITEM5	1.0000 (30) P= .	.5275 (30) P= .003	.2844 (30) P= .128	.5263 (30) P= .003	.3871 (30) P= .035	.5115 (30) P= .004
ITEM6	.5275 (30) P= .003	1.0000 (30) P= .	.3115 (30) P= .094	.2327 (30) P= .216	.6225 (30) P= .000	.6069 (30) P= .000
ITEM7	.2844 (30) P= .128	.3115 (30) P= .094	1.0000 (30) P= .	.4431 (30) P= .014	.4869 (30) P= .006	.0559 (30) P= .769

ITEM8	.5263	.2327	.4431	1.0000	.1626	.2883
	(30)	(30)	(30)	(30)	(30)	(30)
	P= .003	P= .216	P= .014	P= .	P= .391	P= .122
ITEM9	.3871	.6225	.4869	.1626	1.0000	.4220
	(30)	(30)	(30)	(30)	(30)	(30)
	P= .035	P= .000	P= .006	P= .391	P= .	P= .020
ITME11	.5115	.6069	.0559	.2883	.4220	1.0000
	(30)	(30)	(30)	(30)	(30)	(30)
	P= .004	P= .000	P= .769	P= .122	P= .020	P= .
TOTAL	.7584	.7762	.4949	.6425	.6938	.7280
	(30)	(30)	(30)	(30)	(30)	(30)
	P= .000	P= .000	P= .005	P= .000	P= .000	P= .000

- - Correlation Coefficients - -

TOTAL .

ITEM1	.8282
	(30)
	P= .000
ITEM10	.8182
	(30)
	P= .000
ITEM12	.7405
	(30)
	P= .000
ITEM13	.5642
	(30)
	P= .001
ITEM14	.7680
	(30)
	P= .000
ITEM15	.7924
	(30)
	P= .000
ITEM16	.5853
	(30)
	P= .001
ITEM17	.8535
	(30)
	P= .000
ITEM18	.7906
	(30)
	P= .000
ITEM2	.6600
	(30)
	P= .000
ITEM3	.7730
	(30)
	P= .000

- - Correlation Coefficients - -

TOTAL

ITEM4	.7126
	(30)
	P= .000
ITEM5	.7584
	(30)
	P= .000
ITEM6	.7762
	(30)
	P= .000

ITEM7	.4949
(30)	
P=	.005
ITEM8	.6425
(30)	
P=	.000
ITEM9	.6938
(30)	
P=	.000
ITME11	.7280
(30)	
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