

**SYNOPSIS OF THE THESIS**

**IMPACT OF PROFESSIONAL DEVELOPMENT  
INTERVENTIONS IN RETAINING TALENTS IN  
HEALTHCARE SECTOR**

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## 1. Introduction

### *1.1 Background of the Study*

Employee retention is a global challenge across healthcare systems, and in the United Arab Emirates (UAE), it has gained critical attention amid the country's aggressive push toward healthcare excellence (Al-Hanawi et al., 2019). Guided by national visions such as Vision 2021, Vision 2031, and Centennial 2071, the UAE has made significant investments in medical infrastructure, workforce development, and technological innovation to enhance healthcare quality and accessibility. Yet, these efforts face setbacks due to persistently high turnover rates among healthcare professionals—posing serious implications for continuity of care, patient outcomes, workforce morale, and cost efficiency (Alkhurayji et al., 2024).

The UAE's healthcare sector is unique in its demographic makeup, with expatriates comprising nearly 70–80% of the professional workforce. This diversity brings both strengths and challenges, especially in terms of ensuring cultural alignment, job satisfaction, and long-term commitment (G. Blau et al., 2008). As healthcare demands increase due to population growth and the burden of chronic diseases, retaining a stable and skilled workforce becomes essential to maintaining care standards and achieving national healthcare objectives.

One strategic solution to mitigate this issue lies in **Professional Development Interventions (PDIs)**. PDIs include structured initiatives such as training programs, mentoring, skill development, leadership preparation, and succession planning (Kinnison & May, 2017). These interventions are designed not only to enhance clinical and non-clinical competencies but also to increase employee engagement, motivation, job satisfaction, and organizational commitment—each of which contributes to employee retention. In high-pressure environments like healthcare, such support mechanisms can also reduce burnout and enhance team cohesion. PDIs are particularly vital in the UAE's multicultural setting. When tailored to reflect diverse cultural and professional backgrounds, they promote inclusivity, integration, and trust among employees (Shuck et al., 2014; Thahir et al., 2021). Moreover, PDIs support leadership continuity through succession planning and prepare employees for future roles, thereby stabilizing organizations during transitions and promoting institutional knowledge retention. In addition to professional growth, PDIs are linked to perceptions of job security and fairness in compensation—factors that influence an employee's decision to remain in an organization. With evolving healthcare challenges and the increasing use of digital health technologies, PDIs also play a crucial role in upskilling staff and ensuring operational efficiency.

Despite the recognized potential of PDIs, there remains a gap in empirical research exploring their influence on healthcare employee retention in the UAE. Specifically, little is known about

how PDIs affect interconnected outcomes like succession planning, productivity, organizational commitment, compensation benefits, and trust—especially in a context as diverse and policy-driven as the UAE healthcare sector (Zakarnah et al., 2024). Furthermore, the role of demographic variables such as gender, age, income, and marital status in shaping these dynamics has been largely overlooked.

This study seeks to fill these gaps by examining how PDIs influence key organizational outcomes and, in turn, affect employee retention across the UAE healthcare sector. In doing so, it offers insights that can guide policy reforms, human resource strategies, and institutional practices aligned with the country's long-term vision of a resilient, high-performing healthcare system.

### ***1.2 Research Gap***

Despite growing interest in Professional Development Interventions (PDIs), several gaps remain in the context of the UAE healthcare sector:

- a) **Limited Contextual Understanding:** Existing literature offers minimal insight into how PDIs specifically impact organizational outcomes within UAE healthcare, considering its unique socio-cultural and economic environment.
- b) **Narrow Focus on Retention Drivers:** There is insufficient research on how PDIs influence key retention-related factors such as job security, organizational commitment, and employee engagement, particularly in the UAE's diverse and expatriate-heavy workforce.
- c) **Overlooked Demographic Factors:** The role of demographic variables—such as age, gender, income, and marital status—in shaping the effectiveness of PDIs on retention is underexplored, despite the sector's workforce diversity.
- d) **Disconnect from National Objectives:** Few studies link PDIs and retention strategies to broader national frameworks like UAE Vision 2021 and Centennial 2071, missing opportunities to align organizational practices with long-term healthcare goals.
- e) **Lack of Holistic Models:** Current research often isolates individual factors, failing to adopt comprehensive models that examine the interplay between PDIs, succession planning, compensation, and overall employee retention.

### ***1.3 Research Questions***

**RQ1.** How do Professional Development Interventions (PDIs) impact key organizational outcomes in healthcare organizations in the UAE, such as Succession Planning (SP), Employee Productivity (EP), Job Security (JS), Organizational Commitment (OC), Compensation Benefits (CB), Employee Engagement (EE), Employee Motivation (EM), and Trust towards the Organization (Tr)?

**RQ2.** What is the combined effect of these organizational outcomes (SP, EP, JS, OC, CB, EE, EM, and Tr) on Employee Retention (ER) in healthcare organizations in the UAE?

**RQ3.** How do demographic factors (gender, age, income level, and marital status) influence Employee Retention (ER) in the context of the UAE's healthcare sector?

#### ***1.4 Research Objectives***

This analysis has identified critical gaps in understanding how Professional Development Interventions (PDI) affect employee retention in the healthcare sector. The primary aim of this study is to comprehensively explore the impact of PDI on various organizational factors and how these factors, in turn, contribute to retaining talent in healthcare organizations. Additionally, the study considers the influence of demographic variables on these relationships to provide a richer, more nuanced understanding of talent retention in healthcare. Consequently, the research objectives are designed to address these core themes:

- ✓ To examine how Professional Development Interventions (PDI) influence key factors such as Succession Planning (SP), Employee Productivity (EP), Job Security (JS), Organizational Commitment (Co), Compensation Benefits (CB), Employee Engagement (EE), Motivation (Mo), and Trust towards Organization (Tr) in the healthcare sector.
- ✓ To explore how these factors collectively affect Employee Retention (ER) in UAE healthcare organizations.
- ✓ To investigate the effect of demographic factors (gender, age, income level, and marital status) on Employee Retention (ER) in the healthcare sector in the UAE.

These objectives are crafted to provide an in-depth understanding of the critical factors driving employee retention in healthcare, thereby addressing key gaps in the existing literature and offering valuable insights for organizational practice in the healthcare sector

## **2. Review of Literature**

### ***2.1 Professional Development Interventions***

Professional Development Interventions (PDIs) refer to structured programs and activities aimed at enhancing individuals' skills, knowledge, and professional capabilities. Initially rooted in basic workforce training and apprenticeships, PDIs have evolved into holistic learning frameworks encompassing formal education, mentoring, coaching, workshops, and technology-enabled platforms (Noesgaard, 2016). These interventions promote lifelong learning and equip employees to adapt to dynamic workplace demands. In the 21st century, PDIs are increasingly technology-driven, leveraging e-learning, virtual simulations, and AI-based personalization to deliver flexible and accessible learning experiences. Theoretical

models such as Kolb's Experiential Learning and the 70-20-10 framework have further underscored the importance of integrating formal, informal, and social learning into professional development (Dannefer, 2021; Khattab & Wong, 2018).

Within the UAE, PDIs are integral to the country's transition towards a knowledge-based economy, as envisioned in national strategies like Vision 2021 and Vision 2031. Government-led initiatives such as Emiratization, the National Qualifications Framework, and talent development programs aim to cultivate a skilled, competitive, and future-ready workforce (Rahman & Al-Borie, 2021). These efforts are supported by strong partnerships with international universities, corporate training programs, and a growing culture of continuous learning.

In the healthcare sector specifically, PDIs are vital for building a competent workforce capable of meeting rising healthcare demands. These interventions include specialized clinical training, leadership development, and digital health competencies aligned with global standards (Al-Ali, 2008; Manogaran, 2021). Emphasis is also placed on cultural sensitivity, gender inclusivity, and bilingual training delivery to address the UAE's diverse workforce. By investing in PDIs, healthcare organizations enhance not only individual capabilities but also organizational resilience, service quality, and long-term employee retention.

## ***2.2 Consequences of Professional Development Interventions***

Professional Development Interventions (PDIs) play a pivotal role in shaping employee-related outcomes and driving organizational success in the healthcare sector. Within the context of the UAE's rapidly evolving and multicultural healthcare environment, PDIs serve as a strategic mechanism to address workforce challenges, particularly those related to employee retention and performance. One of the most profound consequences of PDIs is their **positive influence on succession planning (SP)**. PDIs help organizations build a robust internal talent pipeline by identifying high-potential employees and equipping them with leadership competencies. This is particularly critical in the UAE healthcare sector, which heavily depends on expatriate professionals (Berns & Klarner, 2017; Mello, 2015; Pounds-Adams, 2022; VanVactor, 2015). Structured PDIs support the continuity of leadership, reduce disruptions during transitions, and ensure that key positions are filled by well-prepared internal candidates. PDIs also significantly enhance **employee productivity (EP)**. By improving both clinical and non-clinical skills, these interventions ensure that healthcare professionals perform efficiently while maintaining high standards of patient care. Exposure to modern technologies, continuous training, and performance-focused mentoring increase employee capabilities, reduce errors, and streamline

healthcare delivery (Al-Nabae et al., 2023; Gebrehiwot & Elantheraiyan, 2023; Hang et al., 2024).

In terms of **job security (JS)**, PDIs foster a sense of stability by empowering employees with up-to-date knowledge and adaptable skills. This makes them more resilient to external changes and more confident in their job roles. Employees who perceive their organization as committed to their professional growth are less likely to feel job insecurity and more likely to develop long-term loyalty (Al Saba et al., 2023; Briciu et al., 2023; Patole et al., 2024). PDIs strongly influence **organizational commitment (Co)**, building emotional attachment and loyalty among employees. Employees who undergo regular development initiatives feel more valued and are likely to identify with organizational goals, which in turn enhances morale and reduces turnover intentions. This is especially important in high-stress environments like healthcare, where employee retention directly impacts patient outcomes (Akturan et al., 2024; Cubelo et al., 2024; Singh et al., 2024). Furthermore, PDIs are tightly linked to **compensation benefits (CB)** and reward systems. Organizations that integrate development achievements into compensation structures can enhance both motivation and retention. Incentivizing learning and growth create a mutually beneficial cycle of skill enhancement and employee satisfaction (Alaklabi, 2024; Alhajaj & Ahmad, 2024; Malik, 2023).

Another key consequence of PDIs is the improvement in **employee engagement (EE)**. Engaged employees are more likely to be productive, innovative, and committed to organizational success. PDIs that include participative learning, feedback mechanisms, and career progression opportunities promote a culture of involvement and initiative (Aleo et al., 2024; García-Moyano et al., 2019). PDIs are also instrumental in enhancing **employee motivation (Mo)**, both intrinsically and extrinsically. When employees perceive opportunities for growth and recognition, their motivation levels increase. This psychological uplift translates into better performance and a willingness to remain with the organization (Stanojevic et al., 2024; Torre et al., 2024). Finally, while the influence of PDIs on **organizational trust (Tr)** is found to be moderate, these interventions still contribute to building a foundation of transparency, mutual respect, and psychological safety. Employees who engage in PDIs are more likely to trust their organizations and believe in their long-term commitment to workforce development (Dogan et al., 2024; Wu et al., 2024). Therefore, PDIs have multifaceted consequences that extend beyond individual skill enhancement. They are essential drivers of employee retention, performance, and organizational resilience. In the UAE healthcare sector, their strategic implementation can significantly contribute to the development of a stable, high-performing workforce aligned with national health goals.

### ***2.3 Employee Retention***

Employee retention refers to an organization's ability to maintain a stable workforce over time by minimizing turnover. In the UAE healthcare sector, retention is particularly vital due to its impact on patient care quality, staff morale, and operational efficiency. High turnover increases recruitment costs, disrupts service continuity, and places strain on remaining personnel—ultimately compromising care outcomes. Retention is shaped by both organizational and individual factors, including job satisfaction, motivation, compensation, work-life balance, and opportunities for career growth. Among these, Professional Development Interventions (PDIs) play a pivotal role. When employees are offered clear pathways for advancement and continuous learning, they feel valued and are more likely to remain committed to their organizations.

Trust and engagement are equally important. Supportive leadership, open communication, and inclusive cultures foster trust, which enhances engagement and strengthens employee loyalty. Compensation and benefits also influence retention; competitive and fair remuneration reinforces a sense of equity and respect—especially crucial in the UAE's diverse, expatriate-driven healthcare workforce (Chang & Besel, 2021). Additionally, organizational commitment—driven by shared values and a sense of belonging—encourages long-term dedication. Factors like job security and work-life balance, supported through flexible arrangements and wellness initiatives, further enhance employee satisfaction and retention (Subramaniam et al., 2024).

In summary, retaining healthcare professionals in the UAE requires a holistic approach that combines PDIs, fair compensation, inclusive leadership, and supportive workplace policies. This not only reduces turnover but also enables healthcare organizations to consistently deliver high-quality care in a complex, fast-evolving environment.

### ***2.4 Determinants of Employee Retention***

Employee retention in the healthcare sector is influenced by a complex interplay of organizational and psychological factors. Among the most critical is succession planning, which provides structured career advancement opportunities and signals long-term organizational commitment, thereby enhancing employee loyalty. Employee productivity also plays a key role—when employees are supported and recognized for their contributions, their motivation and willingness to stay increase (Berber & Gašić, 2024). Job security is particularly important in high-stress environments like healthcare, where stable contracts and transparent career pathways reduce uncertainty and turnover intentions. A strong sense of organizational commitment, built through alignment with the institution's values and supportive leadership,

fosters emotional attachment and long-term dedication. Equally vital are compensation and benefits, as competitive and equitable remuneration reinforces employees' sense of value and fairness. Employee engagement, characterized by active participation and enthusiasm for one's work, further strengthens retention by promoting involvement and job satisfaction (Subramaniam et al., 2024). Motivation, both intrinsic and extrinsic, drives continued performance and loyalty, especially when employees experience meaningful work, recognition, and professional growth. Finally, trust in the organization—fostered through transparency, ethical leadership, and fairness—serves as a foundation for sustained commitment. Together, these determinants highlight the need for integrated and well-designed Professional Development Interventions (PDIs) that not only address skills and career growth but also cultivate an environment where healthcare professionals feel secure, supported, and inspired to remain with their organizations (Nguyen & Ha, 2023; Wright et al., 2024).

### ***2.5 Theoretical Foundation of the Study***

The relationship between Professional Development Interventions (PDIs) and employee retention can be effectively examined through an integrated theoretical lens combining Social Exchange Theory (SET), Human Capital Theory (HCT), and the Job Demands-Resources (JD-R) Model.

Social Exchange Theory (SET) emphasizes the role of reciprocal relationships within organizations. When employees perceive PDIs as signs of organizational support and investment, they are likely to respond with loyalty, engagement, and reduced turnover. This reciprocal dynamic enhances trust and strengthens the psychological contract between employees and employers, thereby improving retention (P. M. Blau, 1964; Obeng et al., 2024). Human Capital Theory (HCT) views employees as valuable assets whose skills and capabilities can be enhanced through investment in training and development. PDIs increase employee effectiveness, adaptability, and job satisfaction. When employees recognize opportunities for personal and career growth, their organizational commitment deepens, resulting in greater retention and long-term performance benefits (Becker, 2009; Simaibang, 2001).

The Job Demands-Resources (JD-R) Model complements these perspectives by highlighting how PDIs function as critical job resources. By providing the skills and support necessary to manage job demands, PDIs reduce burnout and stress while fostering engagement and well-being. This leads to improved job satisfaction and stronger intent to stay (Bakker & Demerouti, 2017; Mietule et al., 2024).

Together, these theories provide a robust foundation for understanding how PDIs influence key organizational outcomes—such as engagement, productivity, job security, and trust—that collectively contribute to enhanced employee retention in the UAE healthcare sector.

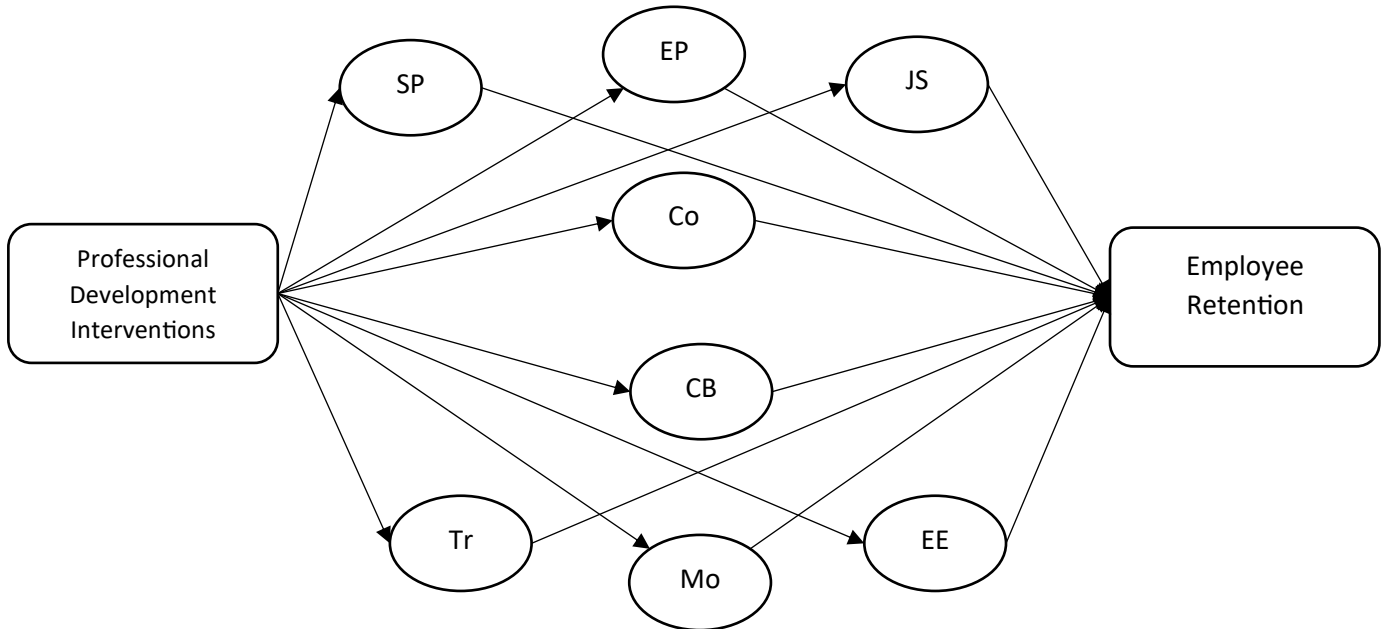


Figure 1. Conceptual Framework

### 3. Research Methodology

#### 3.1 Research Design

The study adopts a quantitative, cross-sectional research design to examine the impact of Professional Development Interventions (PDIs) on employee retention and related organizational outcomes within the UAE healthcare sector. The design is exploratory in nature, aiming to analyze the relationships between PDIs and key variables such as succession planning, job security, employee motivation, engagement, organizational commitment, compensation benefits, and trust. Data were collected using a structured questionnaire distributed among healthcare professionals across various emirates in the UAE, including Dubai, Abu Dhabi, and Sharjah. A purposive sampling technique was employed to ensure representation of diverse demographic and professional backgrounds, yielding a total of 550 valid responses. The measurement model was developed using validated constructs adapted from existing literature, ensuring content reliability and construct validity. Statistical analysis was conducted using Structural Equation Modelling (SEM) via SmartPLS 4.40 software, which facilitated the testing of hypothesized relationships and model fit. The design also incorporated pilot testing to refine the questionnaire, assess clarity, and enhance the reliability of the

instrument. This methodological framework ensures that the study's findings are robust, generalizable, and reflective of real-world healthcare dynamics in the UAE.

### ***3.2 Research Hypotheses***

Based on the above literature review and the theoretical background of the study, the following hypotheses have been formulated:

- H1: There is a significant impact of Professional Development Interventions (PDI) on Succession Planning (SP) in healthcare organizations.
- H2: Professional Development Interventions (PDI) have a significant impact on Employee Productivity (EP) in healthcare organizations.
- H3: There is a significant impact of Professional Development Interventions (PDI) on Job Security (JS) in healthcare organizations.
- H4: Professional Development Interventions (PDI) have a significant impact on Organizational Commitment (Co) in healthcare organizations.
- H5: There is a significant impact of Professional Development Interventions (PDI) on Compensation Benefits (CB) in healthcare organizations.
- H6: Professional Development Interventions (PDI) have a significant impact on Employee Engagement (EE) in healthcare organizations.
- H7: There is a significant impact of Professional Development Interventions (PDI) on Motivation (Mo) in healthcare organizations.
- H8: Professional Development Interventions (PDI) significantly influence Trust towards the Organization (Tr) in healthcare organizations.
- H9: There is a significant impact of Succession Planning (SP) on Employee Retention (ER) in healthcare organizations.
- H10: Employee Productivity (EP) has a significant impact on Employee Retention (ER) in healthcare organizations.
- H11: Job Security (JS) has a significant impact on Employee Retention (ER) in healthcare organizations.
- H12: Organizational Commitment (Co) has a significant impact on Employee Retention (ER) in healthcare organizations.
- H13: Compensation Benefits (CB) have a significant impact on Employee Retention (ER) in healthcare organizations.
- H14: Employee Engagement (EE) has a significant impact on Employee Retention (ER) in healthcare organizations.

- H15: Motivation (Mo) has a significant impact on Employee Retention (ER) in healthcare organizations.
- H16: Trust towards the Organization (Tr) has a significant impact on Employee Retention (ER) in healthcare organizations.
- H17a: There is a significant impact of different gender on Employee Retention (ER) in UAE's healthcare organizations.
- H17b: There is a significant impact of different age groups on Employee Retention (ER) in UAE's healthcare organizations.
- H17c: There is a significant impact of income level on Employee Retention (ER) in UAE's healthcare organizations.
- H17d: There is a significant impact of marital status on Employee Retention (ER) in UAE's healthcare organizations.

### ***3.3 Questionnaire Design***

The study employed a structured questionnaire comprising validated scales adapted from prior research to suit the context of the UAE healthcare sector. Each construct was measured using multiple items rated on a 5-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), allowing respondents to express varying degrees of agreement.

Professional Development Interventions (PDI) were measured using a 6-item scale adapted from (Mourão et al., 2022), focusing on employees' perceptions of professional growth and organizational support. Succession Planning (SP) was assessed using a 4-item scale from (Rothwell, 2002), evaluating the clarity and presence of succession systems. Motivation (Mo) was measured using a 6-item intrinsic motivation scale from (Warr et al., 1979), reflecting personal satisfaction at work.

Job Security (JS) employed a 6-item scale adapted from (Vinelli-Arzuviaga et al., 2022), capturing feelings of job stability. Employee Productivity (EP) was evaluated using a 5-item scale from (Farooq & Sultana, 2022), focusing on task efficiency and output. Organizational Commitment (OC) was assessed with a 7-item affective commitment scale from (Allen & Meyer, 1996), reflecting emotional attachment to the organization.

Compensation and Benefits (CB) were measured through a 4-item scale developed by CIT, gauging perceptions of financial and non-financial rewards. Employee Engagement (EE) was assessed using a 3-item version of the UWES scale by (Schaufeli et al., 2019), capturing enthusiasm and dedication. Trust Towards Organization (Tr) utilized a 7-item scale from (Biswas & Kapil, 2017), focusing on perceived integrity and openness of leadership. Lastly,

Employee Retention (ER) was measured using a 4-item intention-to-stay scale from (Dechawatanapaisal, 2018), assessing long-term commitment to the organization.

This questionnaire design ensured comprehensive coverage of all key constructs relevant to the study while maintaining validity and reliability.

### ***3.4 Tools and Techniques***

To ensure analytical rigour and empirical robustness, the study employed a comprehensive mix of statistical tools and techniques. Descriptive statistics—such as mean, standard deviation, skewness, and kurtosis—were used to examine the distribution, central tendencies, and overall characteristics of the dataset. These initial analyses provided a clear understanding of the data and helped assess its suitability for further statistical modelling.

To explore group differences across demographic variables such as age, gender, income, and marital status, both parametric (ANOVA) and non-parametric (Kruskal-Wallis H test) methods were utilized, depending on the distributional properties of the data. This dual approach ensured accurate insights into how demographic factors influenced perceptions of professional development and associated outcomes.

For hypothesis testing and model validation, the study applied Partial Least Squares Structural Equation Modelling (PLS-SEM) using SmartPLS 4.0 software. PLS-SEM was chosen for its ability to handle complex models with multiple constructs and indicators, its suitability for exploratory research, and its robustness in managing non-normal data. This technique enabled simultaneous assessment of both the measurement model—validating the reliability and construct validity of scales—and the structural model, which tested the hypothesized relationships among variables.

Furthermore, reliability and validity were ensured through standard psychometric tests, including Cronbach's Alpha, Composite Reliability (CR), Average Variance Extracted (AVE), and Discriminant Validity assessments. These metrics confirmed that the measurement instruments used were both consistent and conceptually sound.

Together, these tools and techniques provided a methodologically rigorous framework for examining the impact of Professional Development Interventions (PDIs) on employee retention and related organizational outcomes within the UAE healthcare context

## **4. Data Analysis and Interpretation**

### ***4.1 Respondents Demographic Profiling***

The study surveyed 550 healthcare professionals across the UAE to capture a broad demographic representation. The gender distribution revealed that 64% of the respondents were male and 36% female, indicating a higher male participation which may reflect the gender

composition of the healthcare workforce. In terms of age, the majority of respondents fell within the 26–35 age group (30.55%), followed by 36–45 years (23.09%) and 56 years and above (21.09%). This age diversity provided valuable insights into generational perspectives on professional development and retention.

Regarding income, 36.55% of respondents reported earning between AED 20,001–35,000 monthly, while 25.82% earned between AED 35,001–50,000, and 17.82% earned above AED 50,000. A smaller portion (12.91%) earned below AED 10,000. Marital status data showed that 72.36% of respondents were married or engaged, 26.55% were unmarried, and a minor segment (1.09%) were divorced, widowed, or separated. This comprehensive demographic profile enabled the study to assess how personal and socio-economic characteristics influence perceptions of professional development initiatives and their subsequent effect on employee retention in the UAE’s healthcare sector.

Variable	Category	Frequency	Percent (%)
Gender	Male	352	64
	Female	198	36
	<b>Total</b>	<b>550</b>	<b>100</b>
Age	Below 25 years	55	10
	26–35 years	168	30.55
	36–45 years	127	23.09
	46–55 years	84	15.27
	56 years and above	116	21.09
	<b>Total</b>	<b>550</b>	<b>100</b>
Monthly Income	Below AED 10,000	71	12.91
	AED 10,001–20,000	40	7.27
	AED 20,001–35,000	201	36.55
	AED 35,001–50,000	142	25.82
	Above AED 50,000	98	17.82
	<b>Total</b>	<b>552</b>	<b>100</b>
Marital Status	Unmarried	146	26.55
	Married/Engaged	398	72.36
	Divorced/Widowed/Separated	6	1.09
	<b>Total</b>	<b>550</b>	<b>100</b>

#### 4.2 Descriptive Statistics

The descriptive statistics provide an overview of the central tendencies and variability of the constructs measured in this study. The results reflect generally positive perceptions across all key variables. For Professional Development Interventions (PDI), respondents indicated that they felt professionally equipped and recognized, with high mean scores for items such as

“With my current knowledge, I can do my job satisfactorily” (M = 3.99) and “I have become a more qualified professional” (M = 3.93). In terms of Succession Planning, responses showed moderate clarity and willingness to engage, with the highest rating for “Are you willing to participate in a formal succession planning process?” (M = 3.86).

Motivation levels were high, with participants indicating pride in their work and a drive for improvement, exemplified by the item “I try to think of ways of doing my job effectively” (M = 3.92). Similarly, perceptions of Job Security were notably strong, with items like “I feel insecure about the future of my job” and “I am confident that I can keep my job” scoring around 4.00. Employee Productivity also demonstrated strong results, with “I set a high standard of task accomplishment” recording a mean of 3.96.

Regarding Organizational Commitment, high levels of loyalty were reported—particularly the item “I would be very happy to spend the rest of my career with this organization” (M = 4.16). Compensation and Benefits were positively viewed, especially the item “My organization provides good health benefits” (M = 3.97). Engagement was moderate to high, with “I am immersed in my work” scoring the highest (M = 3.82), while Trust in management also showed strong responses, such as “My management is open and upfront with me” (M = 4.04). Finally, the dimension of Employee Retention showed moderate intention to stay, with the item “I am not thinking of moving to another company” receiving a mean of 3.95, though willingness to remain in the same role long-term was lower (M = 2.96).

These statistics provide foundational insight into employee perceptions across multiple dimensions, supporting the analytical framework of the study and its implications for retention strategies in the UAE healthcare sector.

### ***4.3 Normality Test Reports***

The normality of the study's variables was evaluated using the Kolmogorov-Smirnov and Shapiro-Wilk tests. The Kolmogorov-Smirnov test revealed significant deviations from a normal distribution ( $p < 0.05$ ), and this was corroborated by the Shapiro-Wilk test, which also indicated a departure from normality ( $p < 0.05$ ). The results show that the data do not conform to a normal distribution, a common occurrence in practical datasets influenced by various factors. Consequently, the study will use non-parametric statistical methods, which are effective for data that does not meet the normality assumption. Non-parametric tests are appropriate for handling such deviations and will support the validity and reliability of the statistical analysis, thereby strengthening the overall findings of the research.

### ***4.4 Structural Equation Modelling Analysis (PLS-SEM)***

#### ***4.4.1 Measurement Model Analysis***

The measurement model was assessed using Partial Least Squares Structural Equation Modelling (PLS-SEM) via SmartPLS 4.0 to ensure the reliability and validity of the constructs before evaluating the structural relationships. This step was crucial in confirming that the observed variables accurately measured their intended latent constructs (Dash & Paul, 2021; Hair et al., 2013).

Initially, indicator reliability was examined by evaluating outer loadings of each item. Following best practices, items with loadings below the acceptable threshold of 0.60—namely PD6, Mo6, and Tr5—were removed to enhance the model's reliability and overall fit (Dash & Paul, 2021).

Internal consistency reliability was established through Cronbach's alpha and composite reliability (CR) values. All constructs reported Cronbach's alpha values exceeding 0.70 and CR values well above the minimum required threshold of 0.60, indicating high internal consistency across the items for each construct (Fornell & Larcker, 1981; Hair et al., 2011).

Convergent validity was evaluated through Average Variance Extracted (AVE). All AVE values ranged between 0.633 and 0.865, comfortably above the standard cut-off of 0.50. This confirms that each construct captured sufficient variance from its indicators, validating their unidimensionality and appropriateness for further analysis (Hair et al., 2011).

To confirm discriminant validity, two complementary methods were applied: the Fornell-Larcker criterion and the Heterotrait-Monotrait (HTMT) ratio. The Fornell-Larcker criterion demonstrated that the square root of the AVE for each construct was greater than its correlations with other constructs, while HTMT values remained below the conservative threshold of 0.85. These results affirm that all constructs are conceptually distinct from one another.

Overall, the results of the measurement model analysis provided strong evidence for the reliability, convergent validity, and discriminant validity of the measurement instruments. With a validated measurement model in place, the study proceeded to structural model assessment with confidence in the robustness of the data.

<b>Construct</b>	<b>Item</b>	<b>Factor Loading</b>	<b>Cronbach's Alpha</b>	<b>Composite Reliability</b>	<b>AVE</b>
<b>Compensation Benefits</b>	CB1	0.884	0.875	0.914	0.728
	CB2	0.875			
	CB3	0.852			
	CB4	0.799			
<b>Commitment</b>	Co1	0.887	0.932	0.945	0.711
	Co2	0.835			

	Co3	0.782			
	Co4	0.881			
	Co5	0.879			
	Co6	0.769			
	Co7	0.862			
<b>Employee Engagement</b>	EE1	0.919	0.922	0.951	0.865
	EE2	0.941			
	EE3	0.929			
<b>Employee Productivity</b>	EP1	0.912	0.908	0.933	0.737
	EP2	0.896			
	EP3	0.867			
	EP4	0.908			
	EP5	0.69			
<b>Employee Retention</b>	ER1	0.834	0.884	0.92	0.742
	ER2	0.862			
	ER3	0.883			
	ER4	0.894			
<b>Job Security</b>	JS1	0.759	0.9	0.923	0.668
	JS2	0.765			
	JS3	0.769			
	JS4	0.772			
	JS5	0.734			
	JS6	0.737			
<b>Motivation</b>	Mo1	0.692	0.888	0.918	0.692
	Mo2	0.837			
	Mo3	0.893			
	Mo4	0.874			
	Mo5	0.889			
<b>Professional Development</b>	PD1	0.868	0.903	0.929	0.723
	PD2	0.87			
	PD3	0.883			
	PD4	0.861			
	PD5	0.763			
<b>Succession Planning</b>	SP1	0.926	0.929	0.95	0.825
	SP2	0.922			
	SP3	0.879			
	SP4	0.905			
<b>Trust</b>	Tr1	0.795	0.883	0.912	0.633
	Tr2	0.771			
	Tr3	0.869			
	Tr4	0.738			
	Tr6	0.798			
	Tr7	0.798			

#### 4.4.2 *Structural Model Analysis*

The structural model analysis was conducted using SmartPLS 4.4.0 to assess the hypothesized relationships among the latent constructs derived from the conceptual framework. This phase followed the establishment of a satisfactory measurement model, where convergent validity, discriminant validity, and reliability measures were confirmed.

In evaluating the structural model, key parameters such as path coefficients ( $\beta$ ), t-statistics, p-values,  $R^2$  (coefficient of determination),  $Q^2$  (predictive relevance), and Variance Inflation Factor (VIF) were considered to assess the strength, direction, and significance of the proposed relationships.

The bootstrapping procedure (with 5,000 subsamples) was applied to determine the significance of the hypothesized paths. Results demonstrated that Professional Development Interventions (PDI) significantly influenced several endogenous constructs including Succession Planning (SP), Organizational Commitment (Co), Compensation and Benefits (CB), Employee Engagement (EE), and Motivation (Mo). These variables, in turn, exhibited strong positive effects on Employee Retention (ER). However, Job Security (JS), Employee Productivity (EP), and Trust (Tr), though positively associated with PDI, did not display statistically significant effects on ER, indicating potential mediating or contextual limitations. The  $R^2$  values for the endogenous constructs indicated moderate to substantial explanatory power, with ER having a robust  $R^2$  value, signifying that a considerable proportion of variance in employee retention was accounted for by the proposed predictors (Hair et al., 2011). Additionally,  $Q^2$  values for predictive relevance further validated the model's ability to predict endogenous constructs.

No issues of multicollinearity were detected, as all VIF values were well below the acceptable threshold of 5. These outcomes collectively confirmed the model's goodness-of-fit and provided strong empirical support for most of the hypothesized relationships.

The structural model analysis underscores the critical role of Professional Development Interventions in enhancing key organizational factors, which collectively influence talent retention in UAE healthcare organizations. These findings offer strategic insights into prioritizing HRD practices for fostering a stable and committed workforce.

Hypothesis	Relationship	$\beta$ -Value	(STDEV)	t-Value	p-Value	Decision
H <sub>1</sub>	PDI -> SP	0.487	0.041	11.935	0.000	Supported
H <sub>2</sub>	PDI -> EP	0.339	0.045	7.542	0.000	Supported
H <sub>3</sub>	PDI -> JS	0.739	0.033	22.626	0.000	Supported

H <sub>4</sub>	PDI -> Co	0.632	0.047	13.497	0.000	Supported
H <sub>5</sub>	PDI -> CB	0.602	0.052	11.601	0.000	Supported
H <sub>6</sub>	PDI -> EE	0.383	0.065	5.905	0.000	Supported
H <sub>7</sub>	PDI -> Mo	0.551	0.043	12.787	0.000	Supported
H <sub>8</sub>	PDI -> Tr	0.487	0.063	7.783	0.000	Supported
H <sub>9</sub>	SP -> ER	0.145	0.041	3.510	0.000	Supported
H <sub>10</sub>	EP -> ER	0.065	0.056	1.156	0.124	Not Supported
H <sub>11</sub>	JS -> ER	0.053	0.061	0.862	0.194	Not Supported
H <sub>12</sub>	Co -> ER	0.204	0.063	3.218	0.001	Supported
H <sub>13</sub>	CB -> ER	0.176	0.045	3.876	0.000	Supported
H <sub>14</sub>	EE -> ER	0.108	0.049	2.186	0.014	Supported
H <sub>15</sub>	Mo -> ER	0.176	0.068	2.600	0.005	Supported
H <sub>16</sub>	Tr -> ER	0.050	0.058	0.858	0.195	Not Supported

#### ***4.5 Non-Parametric ANOVA***

Given that the study data did not conform to a normal distribution, nonparametric methods were employed for the analysis. Specifically, the Mann-Whitney U Test was utilized as a nonparametric alternative to the Independent Samples t-test to investigate gender differences among respondents. Additionally, the Kruskal-Wallis Test was applied as an alternative to ANOVA to analyze variations in age, marital status, educational level, occupation, and income. These nonparametric techniques enabled the researchers to effectively manage the complexities of the data and derive meaningful insights.

#### ***Mann-Whitney U Test:***

- ***To assess whether there are significant differences in Employee Retention (ER) between male and female respondents.***

The analysis revealed no significant differences in ER between male and female respondents. Females had a mean rank of 352, while males had a mean rank of 198. The Mann-Whitney U

value was 32,527.000, with a p-value of 0.168, which is greater than the significance level of 0.05. Thus, the hypothesis (H17a) that gender significantly impacts ER is not supported.

<i>Gender</i>	<i>N</i>	<i>Mann-Whitney U</i>	<i>Significance</i>	<i>Decision</i>
<i>Female</i>	352	32527.000	0.168	Unsupported
<i>Male</i>	198			

\*Significance level is 0.05

**Kruskal-Wallis H Test:**

- **To examine significant differences in Employee Retention (ER) across different age groups of respondents**

The analysis showed no significant differences in ER across the five age groups: 18-25 years (n = 57), 26-35 years (n = 168), 36-45 years (n = 127), 46-55 years (n = 82), and 56 years and above (n = 116). The Kruskal-Wallis H value was 3.319, with a p-value of 0.506, which is greater than the significance level of 0.05. Therefore, the hypothesis (H17b) that age significantly impacts ER is not supported.

**Table : Age Level Analytical Results**

<i>Age level</i>	<i>N</i>	<i>Kruskal-Wallis H</i>	<i>Asymp. Significance</i>	<i>Decision</i>
<i>18 to 25 years</i>	57	3.319	0.506	Unsupported
<i>26 to 35 years</i>	168			
<i>36 to 45 years</i>	127			
<i>46 to 55 years</i>	82			
<i>56 years and above</i>	116			

\*Significance level is 0.05

- **To assess significant differences in Employee Retention (ER) across various income levels of respondents**

The results indicated no significant differences in ER across the five income groups: less than 10,000 (n = 71), 10,001-20,000 (n = 38), 20,001-30,000 (n = 70), 30,001-40,000 (n = 131), and 40,001 and above (n = 240). The Kruskal-Wallis H value was 7.136, with a p-value of 0.129,

exceeding the significance level of 0.05. Consequently, the hypothesis (H17c) that income level significantly impacts ER is not supported.

<i>Income level (AED)</i>	<i>N</i>	<i>Kruskal-Wallis H</i>	<i>Asymp. Significance</i>	<i>Decision</i>
<i>less than 10000</i>	<i>71</i>	<i>7.136</i>	<i>0.129</i>	<i>Unsupported</i>
<i>10001-20000</i>	<i>38</i>			
<i>20001-30000</i>	<i>70</i>			
<i>30001-40000</i>	<i>131</i>			
<i>40001 and above</i>	<i>240</i>			

*\*Significance level is 0.05*

- ***To examine the effect of marital status of the respondents on Employee Retention (ER)***  
The marital status categories analyzed were: Unmarried (n = 146), Married/Engaged (n = 398), and Divorced/Widowed/Separated (n = 6). The Kruskal-Wallis H value was 2.154, with a p-value of 0.341, which is above the significance level of 0.05. This indicates no significant differences in ER based on marital status. Therefore, the hypothesis (H17d) that marital status significantly impacts ER is not supported.

**Table 4.33: Marital Status Analytical Results**

<i>Age level</i>	<i>N</i>	<i>Kruskal-Wallis H</i>	<i>Asymp. Significance</i>	<i>Decision</i>
<i>Unmarried</i>	<i>146</i>	<i>2.154</i>	<i>0.341</i>	<i>Unsupported</i>
<i>Married/Engaged</i>	<i>398</i>			
<i>Divorced/Widowed/Separated</i>	<i>6</i>			

- *\*Significance level is 0.05*

## **5. Discussion and Implications of the Study**

### **5.1 Major Findings**

- **Role of Professional Development Interventions on Employee Related Outcomes**

The study provides compelling empirical evidence on the pivotal role of Professional Development Interventions (PDIs) in enhancing key employee-related outcomes within UAE healthcare organizations. All eight hypotheses tested were supported, confirming that PDIs significantly influence Succession Planning, Employee Productivity, Job Security, Organizational Commitment, Compensation Benefits, Employee Engagement, Motivation, and Trust towards the Organization (Bazneshini et al., 2024; Saleem, 2023; Tatoglu et al., 2008). The strongest relationships were observed between PDIs and Job Security ( $\beta = 0.739$ ), Organizational Commitment ( $\beta = 0.632$ ), and Motivation ( $\beta = 0.551$ ), indicating that PDIs not only bolster employees' competencies but also enhance their emotional and psychological connection to the organization. These interventions create a culture of learning, recognition, and inclusion, which improves employees' sense of stability, fairness, and career growth. Furthermore, PDIs were found to positively impact Compensation Benefits ( $\beta = 0.602$ ) and Employee Engagement ( $\beta = 0.383$ ), suggesting their strategic value in driving both performance and retention. While the influence on Trust ( $\beta = 0.487$ ) was comparatively moderate, it nonetheless underscores PDIs' role in fostering organizational transparency and fairness. Overall, the findings underscore PDIs as critical enablers of workforce development, organizational alignment, and talent sustainability, and strongly advocate for their integration into HR and leadership development strategies within the healthcare sector (Mello, 2015; Mihir & Padma, 2024; Pounds-Adams, 2022).

- **Role of Employee Related Outcomes on Employee Retention in healthcare organizations**

The study's findings affirm the critical influence of employee-related outcomes on Employee Retention (ER) within healthcare organizations. Among the variables examined, Succession Planning, Motivation, Organizational Commitment, and Employee Engagement exhibited significant positive relationships with retention, highlighting their strategic importance in shaping long-term workforce stability. Notably, Succession Planning ( $\beta = 0.145$ ,  $p < 0.001$ ), Motivation ( $\beta = 0.176$ ,  $p < 0.01$ ), and Engagement ( $\beta = 0.108$ ,  $p < 0.05$ ) emerged as key drivers of retention by reinforcing employee trust in career advancement, personal development, and alignment with organizational goals (Bani Melhem, 2017; Mulyadi, 2020). However, variables such as Job Security, Trust, and Employee Productivity did not demonstrate statistically significant effects on retention, suggesting that while important, they may act as foundational enablers rather than direct determinants of employees' decision to stay (Nasir & Mahmood, 2016; Stamps & Foley, 2023; Vasudevan et al., 2024). Furthermore, socio-demographic variables—including gender, age, income, and marital status—showed no significant impact

on ER, indicating that effective retention strategies must be rooted in inclusive organizational practices rather than tailored to demographic profiles. Collectively, these results underscore the importance of nurturing intrinsic motivators and organizational alignment to foster a loyal and committed workforce in the healthcare sector.

- **Role of Socio-demographic variables on Employee Retention in UAE's healthcare organizations**

The study explored the impact of socio-demographic variables—**gender, age, income level, and marital status**—on **Employee Retention (ER)** in UAE's healthcare organizations. Contrary to common assumptions, the results revealed **no statistically significant differences** in ER across any of these demographic categories. Gender differences were not found to influence retention, despite minor mean rank variations between males and females. Similarly, retention levels were consistent across all age brackets, income groups, and marital statuses, as supported by non-significant p-values in each case. These findings suggest that demographic factors do not directly determine employees' intent to remain within healthcare organizations. Instead, retention decisions are more strongly shaped by organizational and psychological factors such as motivation, commitment, engagement, and growth opportunities. This reinforces the notion that effective retention strategies should focus on **universal, inclusive policies** that promote professional development and career alignment, rather than being tailored to demographic subgroups (Alam et al., 2024; Das & Baruah, 2013; Sharma et al., 2022; Subedi et al., 2023). The results highlight the importance of fostering a supportive and growth-oriented work environment for all employees, regardless of their background, in order to sustain workforce stability in the healthcare sector.

## **5.2 Implications**

- ***Theoretical Contributions:***

The study's findings provide robust theoretical contributions by integrating three foundational frameworks—Social Exchange Theory (SET), Human Capital Theory (HCT), and the Job Demands-Resources (JD-R) Model—to explain the impact of Professional Development Interventions (PDIs) on employee outcomes and retention. Drawing from SET, the study underscores how PDIs act as reciprocal investments that reinforce the psychological contract between employees and organizations, enhancing motivation, engagement, trust, and ultimately retention. From the HCT perspective, PDIs are positioned as strategic investments in human capital, equipping employees with critical competencies that enhance performance and succession readiness, while promoting organizational commitment and job security.

Complementing these views, the JD-R Model frames PDIs as valuable job resources that reduce stress, bolster motivation, and enhance employee well-being, thereby mitigating burnout and fostering organizational loyalty. Together, these theories converge to illustrate how PDIs simultaneously serve relational, economic, and psychological functions—creating a holistic framework for understanding their strategic role in talent retention. This theoretical integration highlights the necessity for organizations to adopt multidimensional development strategies that are both evidence-based and employee-centric, reinforcing the value of PDIs as a lever for long-term organizational sustainability and workforce resilience.

- ***Managerial Implications:***

The study offers actionable insights for HR practitioners and healthcare leaders, emphasizing the strategic role of Professional Development Interventions (PDIs) in driving key organizational outcomes. Managers are encouraged to integrate PDIs into core talent management practices, as these interventions significantly enhance employee engagement, motivation, succession planning, and productivity—factors directly linked to retention. By aligning PDIs with employees’ career aspirations, organizations can foster long-term loyalty and reduce turnover. Furthermore, PDIs were found to reinforce organizational trust and commitment, especially when implemented with transparency and fairness. Managers should also consider tailoring development initiatives to diverse workforce needs, creating inclusive learning environments that support well-being and job satisfaction. Ultimately, investing in PDIs not only empowers employees but also strengthens institutional performance and workforce stability in alignment with national healthcare goals

## **6. Conclusion, Limitations & Future Scope of the Study**

This study has provided in-depth insights into the critical role of Professional Development Interventions (PDIs) in strengthening key organizational factors that influence employee retention within the UAE’s healthcare sector. By examining the impact of PDIs on elements such as succession planning, employee engagement, job security, motivation, and organizational commitment, the research establishes that professional development is far more than a skill-enhancement tool—it is a strategic mechanism for building a loyal, capable, and future-ready workforce. The findings highlight that healthcare organizations integrating PDIs into their core human resource strategies are better positioned to address high turnover, enhance job satisfaction, and deliver consistent, high-quality patient care.

The study also emphasizes the need for culturally responsive and inclusive development programs that reflect the demographic diversity of the UAE’s workforce. Customized PDIs that accommodate varied aspirations and learning needs are essential for ensuring equitable

growth opportunities and sustaining organizational cohesion. Furthermore, by aligning PDIs with national development priorities, such as the UAE Vision 2031, healthcare institutions can contribute meaningfully to broader goals of health sector advancement and workforce localization. Ultimately, this research positions PDIs as a cornerstone for enhancing workforce resilience, organizational sustainability, and the long-term success of the healthcare sector in the UAE.

While this study offers valuable insights into the role of Professional Development Interventions (PDIs) in enhancing employee retention within the UAE's healthcare sector, several limitations warrant consideration. The research is geographically confined to the UAE and adopts a cross-sectional design, limiting both its generalizability and ability to capture long-term effects. The use of self-reported data may introduce response bias, and the study does not account for all contextual variables, such as educational background or professional experience, which may also shape employee outcomes. Moreover, the focus remains on organizational and workforce perspectives, without directly assessing the impact of PDIs on patient care outcomes.

Future research can address these gaps by adopting longitudinal and comparative approaches across different regions and sectors, exploring the evolving role of PDIs in dynamic and multicultural environments. Investigating the intersection of PDIs with emerging technologies—such as AI and virtual learning platforms—may further enhance their relevance and effectiveness. Additionally, extending the framework to examine patient-centric outcomes and incorporating broader demographic and cultural variables would offer a more holistic understanding. Collaborative studies aligned with national strategies and tailored to expatriate workforce needs could provide critical guidance for inclusive and sustainable talent development in healthcare and beyond.

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