
JOB SATISFACTION AMONG HEALTHCARE PROFESSIONALS IN HOSPITALS

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Abstract:

Job satisfaction describes how content a person is with his or her job. There are a variety of factors that influence a person's job satisfaction including levels of pay and benefits, the perceived fairness of the promotion system, working conditions, social relationships and the job itself, the variety of tasks involved, the interest and challenge the job generates and the clarity of the job description. Satisfaction can have a profound influence on organizational success. It can contribute to productive output (for example a high quantity or quality of product or services) and to organizational maintenance, objectives (for example low absenteeism and labour turnover)¹. Turnover and productivity are the important aspects of hospital management, it is worldwide known and proved in several studies that whenever satisfaction of employee's decreases, the turnover rate automatically increases, which directly influences quality care².

Patients are often heard complaining about doctors and nurses attitudes and service delivery. Cases of negligence against doctors and nurses have been cited in the newspapers and on television, according to various articles and reports; conditions have reached crisis level in public hospitals³. It is clear that poor attitudes of healthcare professionals can be linked to the low morale and negative outlooks brought on by a lack of job satisfaction. Healthcare professionals complaining of heavier workloads brought about by staff cutbacks and exacerbated by absenteeism and staff losses evidence this dissatisfaction. Unlike traditional job satisfaction surveys, this study tried to explore the correlation between employee's personal profile and their satisfaction in their job. The personal profile determinants which were compared with overall job satisfaction were - age, gender, and marital status. The aim of the study is to determine the factors influencing job satisfaction among healthcare professionals in hospitals.

Key Words: Job Satisfaction, Contingent workers,

¹ Swanepoel, B., Erasmus, B., Van Wyk, M., et al. 2004. *Human Resources Management Theory and Practice*. 3rd Edition. South Africa:Juta.

² Shaver, K.H., Lacey, L.M., 2003. Job and career satisfaction among staff nurses – effects of job setting and environment. *Journal of Nursing Administration*. vol. 33, no.3, pp 166-172.

³ Seshoka, L. 2005. Conditions reach crisis level in public hospitals. *Nursing Update* April 2005, pp 32-33.

Introduction:

Job satisfaction can be defined as "the extent to which people like or dislike their jobs". This definition suggests job satisfaction is a general or global affective reaction that individuals hold about their job. Relationships have been reported between job satisfaction, productivity, absenteeism and turnover among healthcare employees and as such, it affects employee's organizational commitment and the quality of healthcare services. Job satisfaction can be achieved when an employee becomes one with the organization, performs to the best of their ability and shows commitment; moreover, job satisfaction and performance are positively influenced by rewards⁴. There are various factors influencing job satisfaction, such as the need for management to create an environment that encourages employee involvement and manages stress in the workplace⁵.

Overall job satisfaction is actually a combination of intrinsic and extrinsic job satisfaction. Intrinsic job satisfaction is when workers consider only the kind of work they do and the tasks that make up the job, while extrinsic job satisfaction is when workers considers the conditions of the work, such as but not limited to pay, co-workers, management style and communication. Satisfied employees tend to be more productive and committed to their jobs⁶. In a healthcare setting, employee satisfaction has been found to be positively related to quality of service and patient satisfaction.⁷ Employees can directly influence patient satisfaction in that their involvement and interaction with patients plays a significant role in quality perception. As per Motivation – Hygiene theory, there are factors, which influence job satisfaction, and are separate from those that lead to job dissatisfaction. Factors leading to satisfaction, describes as motivators, were promotional and personal growth opportunities, responsibility, achievement and recognition. These are factors that are intrinsically rewarding to the individual. Extrinsic factors, described as "hygiene" factors, leading to job dissatisfaction include pay, physical working conditions, job security, company policies, quality of supervision and relationship with others⁸.

⁴ Wood, G., Yaacob, A., & Morris, D. (2004). Attitude towards pay & promotion in the Malaysian higher education sector. *Employee Relations*, Vol.26, No. 2: 137-150.

⁵ Krietner, R., Kinicki, A. & Buelens, M. (2002). *Organizational Behaviour*. Second Edition. Berkshire: McGraw-Hill.

⁶ Al-Hussami, M. (2008). A study of nurses' job satisfaction: The relationship to organizational commitment, perceived organizational support, transactional leadership, transformational leadership and level of education, *European Journal of Scientific Research*, Vol. 22, No2: 286-285.

⁷ Tzeng, H.M. (2002). The influence of nurses' working motivation and job satisfaction on intention to quit: An empirical investigation in Taiwan. *International Journal of Nursing Studies*, Vol. 39: 867-878.

⁸ Robbins, S. (2003). *Organizational behaviour*. Tenth Edition. New York: Prentice-Hall.



More recent evidence has suggested that training and advancement opportunities are important for worker commitment and thus for productivity. Contingent workers are marginal to an organization, and as such, firms allocate fewer resources to training and socializing them than to training and socializing core employees⁹. As a result, contingent workers may exhibit lower levels of performance than do core employees. Contract workers face a lack of support from co-workers, supervisors, and even the union¹⁰. This may be a result of organization's lack of investment in the integration of contingent workers into the existing workforce. Here we can also say that a good HR practice develops employee engagement and empowerment in the organization. It helps in employee satisfaction, retention, and ultimately these impact patient satisfactions. Newman et al.¹¹ outlined how these interrelated issues affect one another based on his study.

Newman proved that satisfied employees of hospitals / healthcare sector could boost up the level of patient satisfaction. In other words, health care organizations that provide a good working environment will lead to more satisfied staff that is more likely to remain loyal to the organization and provide a higher level of care resulting in higher patient satisfaction. This interrelationship affects not only satisfaction levels but also patient loyalty and financial performance. Atkins et al.,¹² showed that employee dissatisfaction negatively impacts the quality of care and ultimately has an adverse effect on patient loyalty and in turn hospital profitability. Quality improvement initiatives were shown to have a positive correlation with employee satisfaction as well as client satisfaction in a study of Swedish healthcare.¹³

Materials and Methods

Employee satisfaction survey questionnaire consisted of 50 questions, data was collected through survey method and database was created in MS Excel and was analyzed in excel and SPSS for test of significance. For this study, researcher covered four hospitals in Bhopal, in which 1104

⁹ Valverde, Mireia, Olga Tregaskis, and Chris Brewster. 2000. Labor flexibility and firm performance. *International Advances in Economic Research* 6(4): 649–61.

¹⁰ De Witte, Hans, and Katharina Näswall. 2003. "Objective" vs "subjective" job insecurity: Consequences of temporary work for job satisfaction and organizational commitment in four European Countries. *Economic and Industrial Democracy* 24(2): 149–88.

¹¹ Newman, Karin, Maylor, Uvanney, and Chansarkar, Bal. (2001), The nurse retention, quality of care and patient satisfaction chain, *International Journal of Health Care Quality Assurance* 14, 2, 57-64.

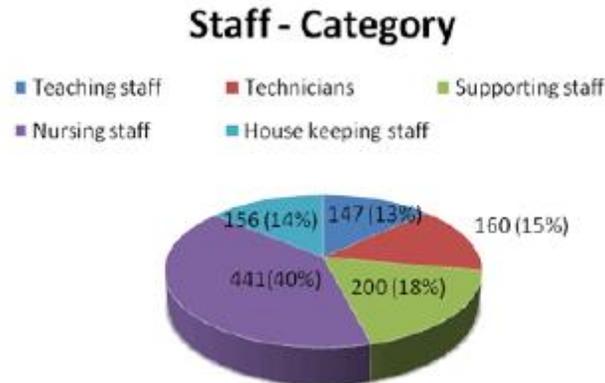
¹² Atkins, P. Mardeen, Marshall, Brenda Stevenson, and Javalgi, Rajshekhar G. (1996), Happy employees lead to loyal patients, *Journal of Health Care Marketing* 16, 4, 14-23.

¹³ Kammerlind, Peter, Dahlgaard, Jens J., and Rutberg, Hans (2004), Climate for improvement and the effects on performance in Swedish healthcare—a survey in the County Council of Ostergotland. *Total Quality Management & Business Excellence* 15, 7, 909-924.

respondents, consisting of teaching staff i.e. doctors, technicians, nursing staff, supporting staff and housekeeping staff were covered.

Results and Discussion:

Out of 1104 samples, 660 (59.7%) were women and 444 (40.3%) were men. When considering the category wise-distribution, the results are as per Figure 1.



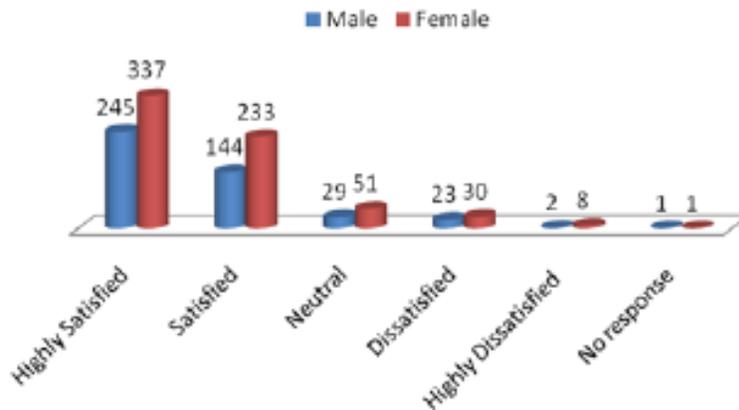
The category – wise distribution of hospital staffs shows that majority of them were nursing staff 40%, followed by supporting staff 18%, technicians 15%, housekeeping staff 14% & teaching staff 13%.

Correlation of age with overall job satisfaction (p = <.001)

Overall Satisfaction	Age Category						Total
	Under 21	21 – 34	35 – 44	45 – 54	55 & Above	No Response	
Highly Satisfied	10 (1.7%)	183 (31.4%)	210 (36.1%)	120 (20.6%)	37 (6.4%)	22 (3.8%)	582 (100%)
Satisfied	4 (1.1%)	134 (35.5%)	127 (33.7%)	62 (16.4%)	26 (6.9%)	24 (6.4%)	377 (100%)
Neutral	Nil	34 (42.5%)	23 (28.8%)	18 (22.5%)	2 (2.5%)	3 (3.8%)	80 (100%)
Dissatisfied	Nil	15 (28.3%)	18 (34%)	9 (17%)	5 (9.4%)	6 (11.3%)	53 (100%)
Highly Dissatisfied	Nil	6 (60%)	3 (30%)	1 (10%)	Nil	Nil	10 (100%)
No Response	Nil	1 (50%)	Nil	1 (50%)	Nil	Nil	2 (100%)
Total	14 (1.3%)	373 (33.8%)	381 (34.5%)	211 (19.1%)	70 (6.3%)	55 (5%)	1104 (100%)

When the overall satisfaction was compared with the age of the employees and the results were analysed. The result showed that majority of respondents are “highly satisfied” and “satisfied” that are from the age group of 21 to 44 was 67.5% & 69.2% respectively. The test of significance showed that age was highly correlated ($p = <.001$) with the overall job satisfaction.

Gender & overall satisfaction



When gender and overall satisfaction was compared, the results show that correlation of gender with the overall job satisfaction. Majority of staffs who were highly satisfied were females 57.9% and those who were satisfied were 61.8% males. Test of significance showed gender was highly significant ($p = <.001$) for overall satisfaction.

Overall Satisfaction	Marital Status			Total
	Married	Single	No Response	
Highly Satisfied	431 (74.1%)	123 (21.1%)	28 (4.8%)	582 (100%)
Satisfied	266 (70.6%)	81 (21.5%)	30 (8%)	377 (100%)
Neutral	55 (68.8%)	20 (25%)	5 (6.3%)	80 (100%)
Dissatisfied	37 (69.8%)	12 (22.6%)	4 (7.5%)	53 (100%)
Highly Dissatisfied	9 (90%)	1 (10%)	Nil	10 (100%)
No Response	2 (100%)	Nil	Nil	2 (100%)
Total	800 (72.5%)	237 (21.5%)	67 (6.1%)	1104 (100%)

Cross tabulation test was done between marital status and overall satisfaction. The result shows that 74.1% of the staffs who were married had a higher level of job satisfaction compared to staffs those who were single. Only 21.1% of them agree that they are satisfied. The test of significance was highly significant ($p < .001$)

Correlation of overall Job satisfaction with dependent children ($p = <.004$)				
Overall Satisfaction	Dependent Children			Total
	Yes	No	No Response	
Highly Satisfied	382 (65.6%)	162 (27.8%)	38 (6.5%)	582 (100%)
Satisfied	189 (50.1%)	152 (40.3%)	36 (9.5%)	377 (100%)
Neutral	43 (53.8%)	31 (38.8%)	6 (7.5%)	80 (100%)
Dissatisfied	27 (50.9%)	21 (39.6%)	5 (9.4%)	53 (100%)
Highly Dissatisfied	6 (60%)	4 (40%)	Nil	10 (100%)
No Response	2 (100%)	Nil	Nil	2 (100%)
Total	649 (58.8%)	370 (33.5%)	85 (7.7%)	1104 (100%)

Satisfaction level of employees with dependent children was analyzed. More than 65% of the staffs who had dependent children were highly satisfied with the job & more than 50% of them were in the satisfied category. The test of significance showed that there was a significant correlation between overall satisfactions with staffs who have dependent children.



Conclusion:

There is a definite link between employee attitudes and patient satisfaction. If employees are unhappy or dissatisfied, despite their best efforts, it is difficult for them to conceal this factor when interacting with patients and other staff members. One of the primary reasons for evaluating employee satisfaction is to identify problems and try to resolve them before they affect patient care and treatment. Many health care providers feel frustrated and disillusioned in jobs they expected to find fulfilling. They have less time to do a quality job of caring for patients. This leads to low morale, staff turnover, and overall disenchantment with job opportunities in health care¹⁴. With increased job pressures, an increase in the acuity of patients, declining nurse to patient ratios, less autonomy, and more administrative duties, it's no wonder health care professionals are re-evaluating their career decisions.

The study also found that employees liked open door policies, suggestion boxes, and access to management. Employees want cooperative relations with management, but want some measure of independence and protection of that independence. Greater empowerment (job identification and ownership) of health care employees can lead to better patient care, greater job satisfaction, and lower health care costs. Empowerment energizes the people who are closest to the patients and the technology to continuously look for ways to provide high quality patient care and improve processes. Given the pivotal role that healthcare professionals play in determining the effectiveness, efficiency and sustainability of health care systems, it is imperative to understand what motivates them and the extent to which contextual variables and the organization satisfy them.

References:

1. Al-Aameri AS, Job satisfaction and organizational commitment for nurses. *Saudi Medical Journal*. 2000;21(6):231-235.
2. Al-Hussami, M. (2008). A study of nurses' job satisfaction: The relationship to organizational commitment, perceived organizational support, transactional leadership,

¹⁴ Byham, W.C., Cox, J., & Nelson, G. 1996 *Zapp! Empowerment in Health Care: How to Improve Patient Care, Increase Job Satisfaction, and Lower Health Care Costs* The Ballantine Publishing Group, New York.



transformational leadership and level of education, *European Journal of Scientific Research*, Vol. 22, No2: 286-285.

3. Ali-Mohammed, M.R. (2004). Factors affecting employees' job satisfaction in public hospitals: Implications for recruitment and retention, *Journal of General Management*, Vol.34, No.4: 51-66.
4. Bhagat RS, Mcquaid SJ, Role of subjective culture in organizations: a review and directions for future research. *Journal of Applied Psychology* 1982;67(5):653–685.
5. Ishara, S., Bandeira, M. & Zuardi, A.W. (2007). Public psychiatric services: Job satisfaction evaluation, *Rev Bras Psiquiatr*, Vol. 30, No. 1: 38-41.
6. Jain, M., Mathur, S., Joshi, S., Goklani, P., Kothari, B., Prabu, D. & Kulkarni, S. (2009). Job satisfaction assessment among dentists and dental auxiliaries in India, *Journal of Dental Science*, Vol.7: 2.
7. Kalesh, B.J., Curley, M. & Stefanov, S. (2007). An intervention to enhance nursing staff teamwork and engagement, *Journal of Nursing Administration*, Vol. 37: 77-84.
8. Srivastava UR. Work - Family Facilitation: An off-neglected aspect of the work - family interface. *Journal of Psychological Researches*. 2008;52:91-98.