Factors affecting Job Satisfaction among Internal Clients, At Civil Hospital, Rohtak

Internship Training
at
Civil Hospital, Rohtak

By
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MBA Hospital & Health Management
2013–15

Institute of Health Management Research
Jaipur
2015

INSTITUTE OF HEALTH
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(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

To whomsoever may concern

This is to certify that Anita student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management Research, Jaipur has undergone internship training at Civil Hospital, Rohtak from 1st June 2015 to 15 September 2015.

The candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

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OFFICE OF CIVIL SURGEON: CIVIL HOSPITAL, ROHTAK

No:- Steno/15/2015/1796 dt 1-7-10-15

This certificate is awarded to:

Name: Dr. Anita

In recognition of having successfully completed her dissertation / Internship in the department of Human Resource. She has successfully completed her project on "Study of factors affecting Job Satisfaction among Internal clients at Civil Hospital, Rohtak" from 1st June to 15th September.

Organization: Civil Hospital, Rohtak.

She comes across a committed, sincere and diligent person who has a strong drive and zeal for learning.

We wish her all the best for future endeavors.

Date of Issue: 7-10-15

Civil Surgeon 7/10/15
Civil Surgeon
ROHTAK
Office of Civil Surgeon, Rohtak

OFFICE OF MEDICAL SUPERINTENDENT: CIVIL HOSPITAL, ROHTAK

This is to certify that Dr. Anita student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management Research, Jaipur has successfully completed her internship and her dissertation project on "Factors affecting job satisfaction among Internal Clients at Civil Hospital, Rohtak" from 1st June to 15th September. She comes across a committed, sincere and diligent person who has a strong drive and zeal for learning.

We wish her all the best for future endeavors.

Dr. Ramesh

Medical Superintendent

Dr. Virender Singh Ahlawat

Hospital Administrator/ RMO

Anamika Kispotta,

District Consultant Quality Assurance

Acknowledgement

I, Anita, a student of PGDHM 17 at IIHMR Jaipur, would like to sincerely express my heartfelt gratitude to:

- Dr. Shiv Kumar, Civil Surgeon, Civil Hospital, Rohtak, for granting me the opportunity for conducting my research study.
- Dr. Ramesh, Medical Superintendent for providing me with all the support needed.
- Dr. Virender Singh Ahlawat, Hospital Administrator/ RMO, for the invaluable help throughout my project.
- Anamika Kispota, Quality Manager , for being my mentor for the projects and for providing me with continuous support and input in understanding the various processes in the hospital
- Professor Nutan P.Jain, my guide at IIHMR Jaipur, for her support, guidance, and useful inputs without which this study would not have been possible.
- Dr. Ashok Kaushik, Dean, Academic and Student Affairs, for his invaluable inputs as they helped me to develop a line of thought.
- Dr. Santosh Kumar, Associate Professor, IIHMR Jaipur, as for his continuous guidance throughout my stay in IIHMR.
- Mr. Dalbir Singh, Placement Officer, IIHMR Jaipur, for facilitating my dissertation training at Civil Hospital, Rohtak.
- Students of PGDHM 17 at IIHMR Jaipur, for their constant support.

  Lastly, I would like to thank my college, IIHMR Jaipur, for providing me with an opportunity to learn from and work with the best personnel in the Hospital Industry, and for helping me gain an appreciation of where I currently.

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ABSTRACT

Health Care Industry is labor intensive and the quality of services provided by the people in the health care sector is linked to skills, motivation and satisfaction. There are many studies in the past that have reported relationships between job satisfaction, turnover and absenteeism among health care workers which ultimately affects their organizational commitment and thus the quality delivered. The aim of this study is to determine the factors affecting job satisfaction among the Internal Clients of Civil Hospital, Rohtak and the theory used was Hertzberg two factor theory. It was conducted among 91 participants. A self-administered questionnaire was used to collect data, which was later analyzed with the help of IBM statistical software SPSS trial version22.0.The results showed a high level of job satisfaction among the Internal Clients of the Civil Hospital, Rohtak. More than half of the participants were reported to be satisfied with their jobs. Socio-demographic variables were found to have no association with the satisfaction of the Internal Clients while factors such as opportunity to growth, patient relations, staff relations and responsibility were found to be significantly associated with the job satisfaction. Satisfaction is considered as integral to ones job since it not only affects motivation but also affects personal health, people's relationships with others and decision making. Healthcare sector has always been extremely demanding and leaves no scope for any decision errors. Also more satisfaction in one's job leads to better efficiency with highest quality of patient care delivery. Dissatisfied internal customers provide poor quality of care so it becomes important to take necessary steps in order to increase the job satisfaction among Internal Clients of Civil Hospital, Rohtak. This will create a win-win situation for both the hospital as well as the Internal Clients.

CHAPTER I
INTRODUCTION

Each and Every healthcare professional is an important part of the healthcare system, since a dearth of healthcare professionals in most of the countries is well documented. Thus this shortage occurring at any point of time, in any area creates problems for other cadres of workers. Industry-wide shortages create the possibility that patients will receive sub-standard care or even be placed in danger. This shortage has reached such an extent that some hospitals are offering bonuses to lure healthcare workers from other employers which create an environment that is not conducive to retaining the most qualified and experienced healthcare professionals.

The healthcare industry requires a more skilled workforce today as a result of advancement in medical technology and the demand for more sophisticated patient care. Job satisfaction among healthcare professionals is increasingly being recognized as a measure that should be included in quality improvement programs. Low job satisfaction can result in increased staff turnover and absenteeism, which affects the efficiency and quality of health services. In many countries, several companies regularly conduct their own job satisfaction surveys and an employee satisfaction index has been computed for a number of European countries. The European Union has called the attention of member states to the quality aspects of work and highlighted the importance of improving job quality to promote employment and social inclusion (1). The job satisfaction of an employee is a topic that has received considerable attention by researchers and managers alike. The most important information to have regarding an employee in an organization is a validated measure of his or her level of job satisfaction (2). Thus, it is fruitful to say that managers, supervisors, human resource specialists, employees, and citizens in general are concerned with ways of improving job satisfaction.

The foundation of job satisfaction theory was introduced by Maslow with a five-stage hierarchy of human needs, now recognized as the deprivation/gratification proposition. However, much of the job satisfaction research has focused on employees in the private sector (3, 4). The motivation to investigate the degree of job satisfaction arises from the

fact that a better understanding of employee satisfaction is desirable to achieve a higher level of motivation that is directly associated with patient satisfaction.

Offering the highest quality of health-care services possible to as many people who need them, within a given environment of social, material, financial, and human resources is the main goal of health-care systems and of every single health-care organization or unit within an organization. Achieving this goal requires a committed and high-quality workforce in health-care organizations. Due to the anticipated significant impact of human resources management on the quality of services and its increasing coverage in formalized quality systems, it is essential that a health-care establishment pays attention to the quality of human resources in early stages of development of a quality system. Attending to job satisfaction of staff is then a fundamental component of human resources quality. In particular, many researchers have demonstrated strong positive correlations between job satisfaction of medical staff and patient satisfaction with the services in these health-care settings. Organizations' efficiency depends to a large extent on the morale of its employee. Behavioral and social science research suggests that job satisfaction and job performance are correlated. Job satisfaction and morale among medical practitioners is a current concern worldwide. Poor job satisfaction leads to increased physician turnover, adversely affecting medical care job satisfaction consequently, by creating an environment that promotes job satisfaction, a health-care manager can develop employees who are motivated, productive, and fulfilled. This in turn will contribute to higher quality patient care and patient satisfaction (5-9)

India has a rapidly growing economy, yet is still a low income country with high levels of poverty and a complex health system with considerably different conditions prevailing in its different states (10). In India, low job satisfaction among health workers in the public sector is evident from the highest reported rates of absenteeism of any country(11), while concerns persist about the performance and motivations of a heterogeneous private health sector(12) Notwithstanding the importance of understanding worker satisfaction in the local context, though there is relatively little empiric information about health worker job satisfaction, motivation, and performance in many developing countries (13,14)and in India in particular.

The search for enhanced productivity has been a major concern for all organizations in more developed societies. In developing countries the need to optimize productivity is also a consideration. Job satisfaction of employees has been found to be an important factor affecting productivity and has received considerable interest as stated by Collins in, 2000(15). The evidence from published research points to specific determinants and correlates of job satisfaction and productivity. Various studies have established that dissatisfaction with one's job may result in higher employee turnover, absenteeism, tardiness and grievances. Improved job satisfaction, on the other hand, results in increased productivity (16)

Every individual has unique needs and desires that need to be satisfied, which is related to the behavior they exhibit, and these play a significant role in their preferences in different areas such as their workplace. Social, cultural and job factors all influence employees' behavior (17). 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 co- workers, management style and communication and not limited to pay. Many scholars have shown interest in why some people report being satisfied with their jobs, while others express lower levels of job satisfaction. However, not much is known about which factors influence job satisfaction in hospital staff.

Satisfied employees tend to be more productive and committed to their jobs (18). In a healthcare setting, employee satisfaction has been found to be positively related to quality of service and patient satisfaction as stated by Tzeng, 2002(19). Employees can directly influence patient satisfaction in that their involvement and interaction with patients plays a significant role in quality perception. A number of studies have looked into job satisfaction in the healthcare setting (20) and the focus was on the need to understand job satisfaction of healthcare providers.

Herzberg and Mausner (1959) suggested a motivation–hygiene theory where factors influencing job satisfaction 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 others (Robbins, 2003).

Since the health care professionals play a critical role in determining the efficiency, effectiveness, productivity and sustainability of health care systems, it becomes of paramount importance to understand, what motivates them and to what extent they are satisfied by the organization and other variables. Job satisfaction is also an essential part of ensuring quality care, as dissatisfied healthcare providers are likely to give poor quality and less efficient care.

1.1 Definition of job satisfaction:

Job satisfaction or employee satisfaction has been defined in many different ways. Some believe it is simply how content an individual is with his or her job, in other words, whether or not they like the job or individual aspects or facets of jobs, such as nature of work or supervision (21). Others believe it is not so simplistic as this definition suggests and instead that multidimensional psychological responses to one's job are involved (22). Researchers have also noted that job satisfaction measures vary in the extent to which they measure feelings about the job affective job satisfaction (23) or cognitions about the job cognitive job satisfaction (24)

1.2 Operational definition for job satisfaction among Internal Clients in Civil Hospital, Rohtak:

Internal client satisfaction at civil hospital, Rohtak was defined as the presence of factors expected by the staff from the organization such as opportunity to develop, responsibility, patient care, time-pressure and staff relations.

1.3 Research Question:

- What are the factors that influence job satisfaction among Internal Clients at 100 bedded Civil Hospital, Rohtak?

1.4 Aim and Objectives:

- The aim of the study is to determine the factors influencing job satisfaction among Internal Clients at 100 bedded Civil Hospital, Rohtak?

Specific objectives

i. To determine factors influencing job satisfaction among Internal Clients at Civil Hospital, Rohtak?

ii. To find what satisfies and what dissatisfies Internal Clients?

iii. To identify interventions for improving satisfaction among Internal Clients?

CHAPTER II
LITERATURE REVIEW

Job satisfaction is defined in numerous ways. It is one of the most critical factor in predicting systems stability, reduced turnover and worker motivation. A survey of ministries of health in 29 countries showed that low motivation was seen as the second most important health workforce problem after staff shortages (Mathauer, 2006).

One of the most widely used definitions in organizational research is that of Locke (25)(1976), who defines job satisfaction as "a pleasurable or positive emotional state resulting from the appraisa1 of one's job or job experiences" (p.1304). Others have defined it as simply how content an individual is with his or her job; whether he or she likes the job or not. Kalleberg, A.L. (1977). It is assessed at both the global level (whether or not the individual is satisfied with the job overall), or at the facet level (whether or not the individual is satisfied with different aspects of the job). Spector (1997) lists 14 common facets: Appreciation, Communication, Coworkers, Fringe benefits, Job conditions, Nature of the work, Organization, Personal growth, Policies and procedures, Promotion opportunities, Recognition, Security, and Supervision).

A more recent definition of the concept of job satisfaction is from Hulin and Judge (26), who have noted that job satisfaction includes multidimensional psychological responses to an individual's job, and that these personal responses have cognitive (evaluative), affective (or emotional), and behavioral components. Job satisfaction scales vary in the extent to which they assess the affective feelings about the job or the cognitive assessment of the job. Affective job satisfaction is a subjective construct representing an emotional feeling individuals have about their job.

Early theory in worker satisfaction and motivation identified compensation as a “hygiene” factor rather than a motivation factor. This means that basic salary satisfaction must be present to maintain ongoing job satisfaction, but this by itself will not provide satisfaction and increased amounts of salary will not contribute to an increasing level of job satisfaction. (27)

Job satisfaction is a complex phenomenon that has been studied quite extensively. Lots of literature sources indicate that there is an association between job satisfaction and

motivation, motivation is hard to define, but there is a positive correlation between job satisfaction, performance and motivation, whereby motivation encourages an employee, depending on their level of job satisfaction, to act in a certain manner (28).

Job satisfaction is described at this point as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experience. Job satisfaction results from the perception that one's job fulfills or allows the fulfillment of one's own important job values, providing that and to the degree that those values are congruent with one's needs. According to Kreitner (29) job satisfaction is an affective and emotional response to various facets of one's job.

According to Woods (2004), 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 rewards. Kreitner also identified various factors influencing job satisfaction, such as the need for management to create an environment that encourages employee involvement and manages stress in the workplace.

In order to understand job satisfaction it is useful to distinguish morale and attitude, and their relationship to job satisfaction Morale can be defined as the extent to which an individual's needs are satisfied and the extent to which an individual perceives that satisfaction as stemming from the total job. Attitude can be defined as an evaluation that predisposes a person to act in a certain way and includes cognitive, affective and behavioral components.

2.1 Job satisfaction theories:

We now look at different theories of job satisfaction, to determine how they can be utilized to improve and increase job satisfaction.

2.1.1. Content theory of job satisfaction

The content theory is about identifying the needs and motives that drive people. The theory emphasizes the inner needs that drive people to act in a particular way in the work environment. These theories therefore suggest that management can determine and predict the needs of employees by observing their behavior.

2.1.2 Maslow's hierarchy of needs theory

According to Maslow's theory (1970), people's needs range from a basic to a high level. These needs are present within every human being in a hierarchy, namely physiological, safety and security, social, status and self-actualization needs. Failure to satisfy one need may have an impact on the next level of need. Low order needs takes priority before the higher order needs are activated, so that needs are satisfied in sequence. According to this theory, people who are struggling to survive are less concerned about needs on the higher levels than people who have time and energy to be aware of higher level needs.

2.1.3 Affect theory

Edwin A. Locke's Range of Affect Theory (1976) is arguably the most famous job satisfaction model. The main premise of this theory is that satisfaction is determined by a discrepancy between what one wants in a job and what one has in a job. Further, the theory states that how much one values a given facet of work (e.g. the degree of autonomy in a position) moderates how satisfied/dissatisfied one becomes when expectations are/aren't met. When a person values a particular facet of a job, his satisfaction is more greatly impacted both positively (when expectations are met) and negatively (when expectations are not met), compared to one who doesn't value that facet. To illustrate, if Employee A values autonomy in the workplace and Employee B is indifferent about autonomy, then Employee A would be more satisfied in a position that

offers a high degree of autonomy and less satisfied in a position with little or no autonomy compared to Employee B. This theory also states that too much of a particular facet will produce stronger feelings of dissatisfaction the more a worker values that facet.

2.1.4 Dispositional approach

The dispositional approach suggests that individuals vary in their tendency to be satisfied with their jobs, in other words, job satisfaction is to some extent an individual trait(30). This approach became a notable explanation of job satisfaction in light of evidence that job satisfaction tends to be stable over time and across careers and jobs (31). Research also indicates that identical twins raised apart have similar levels of job satisfaction (32). A significant model that narrowed the scope of the dispositional approach was the Core Self-evaluations Model, proposed by Timothy A. Judge, Edwin A. Locke, and Cathy C. Durham in 1997(33). Judge et al. argued that there are four Core Self-evaluations that determine one's disposition towards job satisfaction: self-esteem, general self-efficacy, locus of control, and neuroticism. This model states that higher levels of self-esteem (the value one places on his/her self) and general self-efficacy (the belief in one's own competence) lead to higher work satisfaction. Having an internal locus of control (believing one has control over her\his own life, as opposed to outside forces having control) leads to higher job satisfaction. Finally, lower levels of neuroticism lead to higher job satisfaction (33).

2.1.5 Equity theory

Equity Theory shows how a person views fairness in regard to social relationships such as with an employer. A person identifies the amount of input (things gained) from a relationship compared to the output (things given) to produce an input/output ratio. They then compare this ratio to the ratio of other people in deciding whether or not they have an equitable relationship (34, 35). Equity Theory suggests that if an individual thinks there is an inequality between two social groups or individuals, the person is likely to be distressed because the ratio between the input and the output are not equal(36).

For example, consider two employees who work the same job and receive the same pay and benefits. If one individual gets a pay raise for doing the same work than the other,

then the less benefited individual will become distressed in his workplace. If, on the other hand, one individual gets a pay raise and new responsibilities, then the feeling of equity will be maintained (36). Other psychologists have extended the equity theory, suggesting three behavioral response patterns to situations of perceived equity or inequity (Huseman, Hatfield, & Mile, 1987; O'Neil & Mone 1998). These three types are benevolent, equity sensitive, and entitled. The level by each type affects motivation, job satisfaction, and job performance.

- Benevolent-Satisfied when they are under-rewarded compared with co-workers
- Equity sensitive-Believe everyone should be fairly rewarded
- Entitled-People believe that everything they receive is their just due(37)

2.1.6 Discrepancy theory

The concept of discrepancy theory explains the ultimate source of anxiety and dejection (38). An individual, who has not fulfilled his responsibility feels the sense of anxiety and regret for not performing well, they will also feel dejection due to not being able to achieve their hopes and aspirations. According to this theory, all individuals will learn what their obligations and responsibilities for a particular function, over a time period, and if they fail to fulfill those obligations then they are punished. Over time, these duties and obligations consolidate to form an abstracted set of principles, designated as a self-guide (39). Agitation and anxiety are the main responses when an individual fails to achieve the obligation or responsibility (40). This theory also explains that if achievement of the obligations is obtained then the reward can be praise, approval, or love. These achievements and aspirations also form an abstracted set of principles, referred to as the ideal self-guide (39). When the individual fails to obtain these rewards, they begin to have feelings of dejection, disappointment, or even depression (40).

2.1.7 Two-factor theory (motivator-hygiene theory)

Frederick Herzberg's two-factor theory (also known as motivator-hygiene theory) attempts to explain satisfaction and motivation in the workplace (41). This theory states

that satisfaction and dissatisfaction are driven by different factors – motivation and hygiene factors, respectively. An employee's motivation to work is continually related to job satisfaction of a subordinate. Motivation can be seen as an inner force that drives individuals to attain personal and organizational goals (Hoskinson, Porter, & Wrench, p. 133). Motivating factors are those aspects of the job that make people want to perform, and provide people with satisfaction, for example achievement in work, recognition, promotion opportunities (42). These motivating factors are considered to be intrinsic to the job, or the work carried out. Hygiene factors include aspects of the working environment such as pay, company policies, supervisory practices, and other working conditions (41).

While Herzberg's model has stimulated much research, researchers have been unable to reliably empirically prove the model, with Hackman & Oldham suggesting that Herzberg's original formulation of the model may have been a methodological artifact (41). Furthermore, the theory does not consider individual differences, conversely predicting all employees will react in an identical manner to changes in motivating/hygiene factors. Finally, the model has been criticized in that it does not specify how motivating/hygiene factors are to be measured (41).

2.1.8 Job characteristics model

Hackman & Oldham proposed the job characteristics model, which is widely used as a framework to study how particular job characteristics impact on job outcomes, including job satisfaction. The model states that there are five core job characteristics (skill variety, task identity, task significance, autonomy, and feedback) which impact three critical psychological states (experienced meaningfulness, experienced responsibility for outcomes, and knowledge of the actual results), in turn influencing work outcomes (job satisfaction, absenteeism, work motivation, and performance). The five core job characteristics can be combined to form a motivating potential score (MPS) for a job, which can be used as an index of how likely a job is to affect an employee's attitudes and behaviors. Not everyone is equally affected by the MPS of a job. People who are high in growth need strength (the desire for autonomy, challenge and development of new sills on the job) are particularly affected by job characteristics (43). A meta-analysis of studies

that assess the framework of the model provides some support for the validity of the JCM (44)

2.2 Other influencing factors

2.2.1 Work environment and job design

Job design can be seen as an important factor influencing how employees feel and react to their job, thus affecting their performance and job satisfaction. According to Wood (45) job design can be described as the planning and specifications of job tasks and the designated work settings where they are to be accomplished. According to Smith (2002), people respond unfavorably to restrictive work environments so it is imperative for organizations to create a working environment that gives employees the ability and freedom to think, engaging and motivating the workforce to reach a higher level of job satisfaction. Ayers (46) suggests that the work environment should motivate employees to perform at their best and show commitment to the organization, enhancing work conditions to support the organization's mission and thus impacting on job satisfaction. The conditions under which jobs are performed can have as much impact on people's effectiveness, comfort and safety as the intrinsic details of the task itself.

2.2.2 The human environment

There has been considerable emphasis on human resource management in recent past. In an organization, productivity and quality of service depend entirely on the organization's ability to manage the human resource (47) Human resource management encompasses organizational development, human resource development, and industrial relations. Human resource functions in an organization include everything that has to do with 'people', i.e., their recruitment, induction, retention, welfare, appraisal, growth, training, skill development, attitudinal-orientation, compensation, motivation, industrial relation and retirement, etc. (48).

People are an organization's greatest resource. Attracting and retaining the right people is critical to the success of an organization, particularly service-oriented organizations (49).The human environment focuses on human aspects that influence an employee's performance and job satisfaction. The extent to which employees experience psychological or personal job satisfaction within the job content environment determines the quality and quantity of their outputs (50).

CHAPTER III

METHODOLOGY

3.1Key research question

What are the various factors that affect job satisfaction among Internal Clients of 100 bedded, Civil Hospital, Rohtak?

3.2 Research design

A cross-sectional survey was used to determine the various factors affecting the job satisfaction among Internal Clients at Civil Hospital, Rohtak.

1.3 Study site

This study was conducted at Civil Hospital, Rohtak which is located city railway station and is easily accessible, with 100 beds. Civil Hospital Rohtak is a secondary referral level hospital catering the patients from Rohtak city and nearby villages. The main objective of the hospital is to provide good quality health care services and is responsive to the needs of the patients needing health care.

3.4 Study subjects

The study population consists of all the Internal Clients at Civil Hospital from all departments and wards at the time, the study was conducted.

3.5 Sample

All the Internal Clients at the hospital are included in the study, since the total no of Internal Clients working in the hospital are 118, all of them were included in the study. The sample is grouped into two categories: clinical staff (doctors and all categories of nurses), and clinical support staff (pharmacists, physiotherapists, speech therapists, radiographers, oral and dental hygienists etc.).

Sample size is calculated with the help of EPI Info 7.14 software at 95 %confidence

interval and power of study being 90%, the expected frequency of job satisfaction is assumed as 50 %, so the calculated sample size comes out to be 91. **Refer appendix A.**

Table 3.1 Internal clients working at civil hospital, those contacted for study and those who completed the questionnaire

Category	Total Available	Total Contacted	Completed questionnaire		
				Male	Female
Senior Medical officer	5	3	2	1	1
Senior dental Surgeon	1	1	1		1
Dental surgeon	3	**1**	**1**		**1**
Medical Officers	32	**22**	**13**		
Medical officers according to specialty:					
Medicine	3	2	1	1	
General Surgeon	1	1	1	1	
Orthopedic Surgeons	2	1	1	1	
Obstetrics and gynecology	5	4	2		2
Pediatrics	3	1	1	1	
Ophthalmology	3	1			
Radiology	Position not filled				
Anesthesia	4	2	1	1	
Pathology(bio chem.)	2	1	1	1	
ENT	2	1	1	1	
Dermatology	1	1	1	1	
General Physician	2	2	1	1	
Ultrasonographer	1	1	1	1	
Psychiatry	Position not filled				
AYUSH Doctors	3	2	1	1	
Categories of Nurses					
Matron	Position not filled				
NURSING SISTER	5	3	3		3
Staff Nurse	37	32	29		29
Clinical support staff					
Lab-Technician	4	3	3	1	2
Pharmacist	8	8	8	3	5
Storekeeper	3	3	2		2
Radiographer	5	5	5	4	1

ECG/Eco technician	Position not filled				
Ophthalmology Assistant	2	1			
Dietician	1	1	1		1
Physiotherapist	Position not filled				
O.T. technician	2	1			
Social Worker MPHW(M)	1	1	1	1	
Social Worker MPHW(F)	6	4	2		2
Social Worker MPHS (F)	1	1	1		1
Dental Assistant	1	1			
Dental Hygenist	Position not filled				
Chief Pharmacist	Position not filled				
TOTAL	118	91	72	21	51

3.6 Sampling method

A stratified random sampling is done for each department. Included staff consists of the staff that was available during 26 working days (data collection period) from 2nd June to 10th July .In one-day around three interviews were conducted.

Researcher was responsible for collecting all the data and the data was recorded with the help of a printed two page questionnaire.

3.6.1 1nclusion and exclusion criteria

All those Internal Clients that were present and were willing to participate in the study were included while those who did not participate or were on leave were excluded. Also those who decided to quit in between while answering the questions were excluded from the study.

	Number	Male (n)	Female (n)
Total number of Clinical Staff working in the hospital (Doctors + Nurses)	41+42=83	23	60
Total number of Clinical support staff working in the hospital	35	19	16
Clinical staff interviewed	62	16	46

non clinical staff interviewed	29	15	14
clinical staff who completed the full questionnaire	49	12	37
non clinical staff who completed the full questionnaire	23	9	14

Most common reasons for those not included in the study:

- Personal non –interest of the internal client in the study. The reason behind the non interest of the participants was the doubts relating to the benefits of the study. Doctors being most reluctant in filling in the questionnaire.
- Those respondents who did not complete the questionnaire were not included, one of the reason for not completing the questionnaire was work over burden because of large number of patients availing the facilities than the manpower employed.

3.7 Data collected

Data was collected from each department and ward covering both clinical and non-clinical staff. Among the clinical staff, doctor from each specialty and nurses from each category namely head nurse, ward nurse and staff nurse from each shift was included. Also, both males and females and all age groups were included in the study and data was collected on various variables mentioned in the questionnaire.

3.8 Data collection tool

A structured self-administered questionnaire was used to collect data from the participants. The questionnaire had two sections, section A consisted of the socio-demographic characteristics consisting of six questions, while section B derived from the literature Baron (1997) (51) and was slightly modified according to the needs of the study. Section B consisted of five key variables including general job satisfaction, opportunity to develop, responsibility, patient care and staff relations It consisted of 26 job satisfaction statements (Appendix B) measured on a five-point Likert scale (‘strongly agree’ to ‘strongly disagree’ having values 5to1). For the ease of calculation value of 5 was given to the highest level of job satisfaction (strongly agree) and the value of 1 to the lowest level of job satisfaction (strongly disagree). Assuming that data follows normal distribution, each person’s individual score was further categorized based on the range level assigned. Those who obtained a median score of 5 were classified as “highly

dissatisfied", 4.5, 4 and 3.5 were classified as "not satisfied", 3 as "moderately satisfied" and 2 and below as "highly satisfied".

3.9 Data collection method

The period of data collection was 5 weeks and the sample size was found out to be 90 at 95% confidence interval, with the help of EPI Info 7.14 software, so a target of at least 3 questionnaires per day was set. For the staff working in shifts, questionnaires were filled in the morning time itself for the night and morning shift staff while in the afternoon time evening staff was captured. Firstly consent was taken from the participant and the purpose of the study was explained, then the replies to each question from each respondent were filled directly in the given questionnaire by the respondent himself .The questions were written in Hindi along with English for the ease of understanding depending upon the qualification of the respondent. The respondents who did not complete the whole questionnaire were excluded from the study.

3.10 Data analysis

Of the sample size of 91, 19 participants left in between during the data recording in the Web Survey Application software. So the effective number of response was 72. So the response rate comes out to be 64.44%. Now this data was transferred to Microsoft excel spread sheet. The generated data was then analyzed with the help of statistical software SPSS version 22.0. Descriptive as well as inferential statistical analyses were conducted. Association between socio-demographic characteristics and job satisfaction was found out with the help of Pearson chi square test to see statistical significance. The various variables affecting job satisfaction among Internal Clients of Civil Hospital, Rohtak were also determined with the help of Pearson chi square test analysis.

Table 3.2: Data characteristics

Total population	118
Sample Size	91
Total number of participants interviewed	91
Participants who left in between	19
Total of completed response questionnaire	72
Response Rate	79.12

3.11 Ethical considerations

A consent form designed for the study was used to take informed consent from all the participants who volunteer to take part in the study. Prior to administering the questionnaires, the aims and objectives of the study were clearly explained to the participants and informed consent was obtained.

Throughout the study confidentiality, anonymity and privacy of all participants was maintained. Also, the data collected was kept secure and was not used for any other purpose. Participants were informed that their participation was voluntary and that they can withdraw from the study at any time if they wished to do so. **Refer Appendix C**

3.12 Limitations of the study

In such kind of survey some limitations are inherent because the information presented by participants is based upon their subjective perceptions. Although participants were assured of confidentiality, but there is always a possibility that they either over- or under-reported their level of satisfaction. Also, even with the high level of participation in this study, there is a possibility that the individuals who did not participate may have different responses from those who did. The findings of the study may not be generalized to healthcare professionals in other hospitals since there is a difference in environment and other variables that might affect the job satisfaction among Internal Clients of those hospitals.

CHAPTER IV
RESULTS

The results are calculated as descriptive statistics first and then the inferential statistics is calculated.

The theory used to measure job satisfaction among the Internal Clients of Civil Hospital of Rohtak is two-factor theory proposed by Herzberg, which lists the following factors as motivators resulting in satisfaction: responsibility, achievement, recognition and opportunities to develop. It also lists hygiene factors responsible for job dissatisfaction, such as salaries, quality of supervision and working conditions etc.

4.1 Descriptive statistics

Table 4.1.1 Socio-demographic characteristics of respondents

Variable		N	Percentage
Gender	Male	21	29%
	Female	51	71%
Age	<30	11	15%
	>= 30	61	85%
Marital Status	Unmarried	3	4%
	Married	69	96%
Duration of Service	More than a year	69	96%
	Less than a year	3	4%
Level of education	Under Certificate	1	1%
	Certificate	3	4%
	Diploma	53	74%
	Degree	15	21%
Job Title	Clinical Staff	49	68%
	Clinical Support Staff	23	32%

Total number of respondents who participated in the study is 72. The number of females working in the Civil Hospital, Rohtak is more than twice the number of males employees. 85 % of the employees were above 30 years of age.Almost all the employees are married and have been working in the civil hospital for more than one year, the exact percentage is 96%. Almost 3/4 of the employees are diploma holders and one single employee has qualification of under certificate. Clinical staff is twice as much as clinical support staff in number.

Table 4.1.2 Level of general satisfaction:

Variable		N	Percentage
My income is reflection of the work I do	Strongly Agree	8	11.1%
	Agree	31	43.1%
	Uncertain	1	1.4%
	Disagree	18	25%
	Strongly Disagree	14	19.4%
I would like to change my career	Strongly Agree	6	18.1%
	Agree	14	43.1%
	Uncertain	8	11.1%
	Disagree	31	19.4%
	Strongly Disagree	13	8.3%
There is no personal growth at my work	Strongly Agree	16	22.2%
	Agree	22	30.6%
	Uncertain	0	0%
	Disagree	26	36.1%
	Strongly Disagree	8	11.1%
If I could choose the career again, I would make the same decision	Strongly Agree	9	12.5%
	Agree	25	34.7%
	Uncertain	18	25%
	Disagree	13	18.1%
	Strongly Disagree	7	9.7%
I really enjoy my work	Strongly Agree	20	27.8%
	Agree	33	45.8%
	Uncertain	6	8.3%
	Disagree	7	9.7%
	Strongly Disagree	6	8.3%
My job has more advantages than disadvantages	Strongly Agree	11	15.3%
	Agree	33	45.8%
	Uncertain	9	12.5%
	Disagree	14	19.4%
	Strongly Disagree	5	6.9%
In general, I am satisfied with my work	Strongly Agree	13	18.1%
	Agree	40	55.6%
	Uncertain	7	9.7%
	Disagree	8	11.1%
	Strongly Disagree	4	5.6%

The result shows that almost half of the respondents agreed that the income they get is the reflection of their work, 1/4rd of the respondents either disagreed to it. More than 50% of the respondents either agreed or strongly agreed that they would like to change

their careers. More than half of the respondents agreed that there is no personal growth at work . Almost 60% of the respondents either agreed or strongly agreed that if given a choice they will choose the same profession. Almost ¾ of the respondents agreed that they enjoy the work they do. 61% of the respondents believed that their job has more advantages than d disadvantages. More than ¾ of the respondents were in general satisfied with their work.

Table 4.1.3 Opportunity to develop

Too much is expected from me at work	Strongly Agree	15	20.8%
	Agree	41	56.9%
	Uncertain	7	9.7%
	Disagree	6	8.3%
	Strongly Disagree	3	4.2%
Due to limited resources I experience frustration at my work	Strongly Agree	14	19.4%
	Agree	25	34.7%
	Uncertain	9	12.5%
	Disagree	19	26.4%
	Strongly Disagree	5	6.9%
My work is mentally stimulating	Strongly Agree	16	22.2%
	Agree	26	36.1%
	Uncertain	15	20.8%
	Disagree	11	15.3%
	Strongly Disagree	4	5.6%
The variation in my work is satisfactory	Strongly Agree	8	11.1%
	Agree	29	40.3%
	Uncertain	9	12.5%
	Disagree	21	29.2%
	Strongly Disagree	5	6.9%
I have sufficient opportunity to develop at my work	Strongly Agree	6	8.3%
	Agree	23	31.9%
	Uncertain	5	6.9%
	Disagree	23	31.9%
	Strongly Disagree	15	20.8%
I find my routine work monotonous	Strongly Agree	4	5.6%
	Agree	20	27.8%
	Uncertain	10	13.9%
	Disagree	27	37.5%
	Strongly Disagree	11	15.3%

The table shows that almost 80%of the respondents either agreed or strongly agreed that expectations from them at work are too much .more than half of the respondents believed that they experience frustration in their work due to limited resources. Almost 60% of the respondents either agreed or strongly agreed that their work is mentally stimulating while 21% were uncertain about it. Almost half believed that while 37% either disagreed or strongly disagreed to it that the variation in their work is satisfactory. More than half of the respondents disagreed or strongly disagreed that there is sufficient opportunity to develop and that they find their routine work monotonous.

Table 4.1.4 Level of responsibility:

Variable		N	Percentage
I share great responsibility at my work	Strongly Agree	27	37.5%
	Agree	36	50%
	Uncertain	5	6.9%
	Disagree	2	2.8%
	Strongly Disagree	2	2.8%
I enjoy the status as healthcare professional in the community	Strongly Agree	17	23.6%
	Agree	32	44.4%
	Uncertain	7	9.7%
	Disagree	15	20.8%
	Strongly Disagree	1	1.4%
I receive recognition of work for tasks well done	Strongly Agree	20	2.8%
	Agree	32	13.9%
	Uncertain	8	11.1%
	Disagree	10	44.4%
	Strongly Disagree	2	27.8%

Almost 90% of the respondents felt that they have a great responsibility in their work. almost 70% of the respondents felt that they enjoy their status as a health care

professional in the community .70% of the respondents believed that they donot receive recognition of work for tasks well done.

Table 4.1.5 Patient care:

Variable		N	Percentage
My patients understand my working condition, so they cooperate	Strongly Agree	15	20.8%
	Agree	24	33.3%
	Uncertain	10	13.9%
	Disagree	16	22.2%
	Strongly Disagree	7	9.7%
I have sufficient time for each patient	Strongly Agree	13	18.1%
	Agree	18	25%
	Uncertain	3	4.2%
	Disagree	31	43.1%
	Strongly Disagree	7	9.7%
My patients appreciate my work for them	Strongly Agree	12	16.7%
	Agree	25	34.7%
	Uncertain	12	16.7%
	Disagree	13	18.1%
	Strongly Disagree	10	13.9%

More than half of the respondents felt that they receive cooperation from the patients. More than half of the respondents believed that they do not have sufficient time for each patient. Almost half of the respondents either agreed or strongly agreed that the patients appreciate the work they do for them.

Table 4.1.6 Staff relations

Variable		N	Percentage
I have good working relationship with my colleagues	Strongly Agree	24	33.3%
	Agree	33	45.8%
	Uncertain	1	1.4%
	Disagree	8	11.1%
	Strongly Disagree	6	8.3%
There is an atmosphere of cooperation between staff and management	Strongly Agree	14	19.4%
	Agree	23	31.9%
	Uncertain	11	15.3%
	Disagree	18	25%
	Strongly Disagree	6	8.3%
There is clear channel of communication	Strongly Agree	11	15.3%
	Agree	30	41.7%
	Uncertain	8	11.1%
	Disagree	19	26.4%
	Strongly Disagree	4	5.6%
The manager is concerned about my well being	Strongly Agree	7	9.7%
	Agree	23	31.9%
	Uncertain	15	20.8%
	Disagree	24	33.3%
	Strongly Disagree	3	4.2%
I can depend on my colleagues for support	Strongly Agree	17	23.6%
	Agree	28	38.9%
	Uncertain	9	12.5%
	Disagree	12	16.7%
	Strongly Disagree	6	8.3%
I am happy with the management style in my department	Strongly Agree	11	15.3%
	Agree	27	37.5%
	Uncertain	8	11.1%
	Disagree	21	29.2%
	Strongly Disagree	5	6.9%
Management does involve staff in decision making	Strongly Agree	9	12.5%
	Agree	16	22.2%
	Uncertain	13	18.1%
	Disagree	25	34.7%
	Strongly Disagree	9	12.5%

Almost 80% of the respondents believed that they have good working relationship with their colleagues and half of the respondents believed that there is an atmosphere of cooperation between the staff and management, while 15% were uncertain about it. Almost half agreed to a clear channel of communication while 37% disagreed to it. Almost equal no of respondents agreed and disagreed for manager being concerned about their well being ,while almost 21% were uncertain about it, more than 60%of the respondents either agreed or strongly agreed that they can depend on their colleagues for support. More than half of the respondents either agreed or strongly agreed that they are happy with the management style in their department. Almost half (preciously 47.2%) of the respondents either disagreed or strongly disagreed that management involves staff in decision making while 18.1% were uncertain about it .

4.2 Inferential statistics

In order to elicit the correlations, the descriptive results are further analyzed by using SPSS Version 22.

Table4.2.1: Level of job satisfaction among Internal Clients of Civil Hospital, Rohtak

Level of Satisfaction	N	Percentage
Highly dissatisfied	15	20.83%
Not Satisfied	8	11.11%
Moderately satisfied	42	58.33%
Highly Satisfied	7	9.72%
Total	72	100.00%

The findings show that 68.05% of the Internal Clients are satisfied and31.94% are dissatisfied.

There were 26 questions which were marked on five point Likert scale (‘strongly agree’ to ‘strongly disagree’ having values 5 to 1). For the ease of calculation a median value was found out for each respondent of all the 26 questions and that median value was copied in a new column named level of satisfaction. Those getting a median value of 5 and above were termed as highly satisfied, value of 3.5, 4 and 4.5 were termed as moderately satisfied, 3 as not satisfied and 2 and below as highly dissatisfied.

Table 4.2.2: Association between socio-demographic factors and level of satisfaction.

Variables				Level of Satisfaction				Chi Square Value	P Value
				Satisfied		Not Satisfied			
		N	%	N	%	N	%		
Gender	Male	21	29%	20	27.8%	1	1.4%	10.076	0.002
	Female	51	71%	29	40.3%	22	30.6%		
Age	<30	11	15%	9	12.5%	2	2.8%	1.131	.288
	>= 30	61	85%	40	55.6%	21	29.2%		
Marital Status	Unmarried	3	4%	2	2.8%	1	1.4%	.958	0.003
	Married	69	96%	47	29.31 %	25	43.10%		
Duration of Service	More than a year	69	96%	46	63.9%	23	31.9%	0.480	1.496
	Less than a year	3	4%	3	4.15%	0	0%		
Level of education	Under Certificate	1	1%	1	1.4%	0	0%	0.858	.764
	Certificate	3	4%	2	2.8%	1	1.4%		
	Diploma	53	74%	35	48.6%	18	25%		
	Degree	15	21%	11	15.3%	4	5.6%		
Job Title	Clinical Staff	49	68%	32	44.4%	17	23.6%	0.465	0.533
	Clinical Support Staff	23	32%	17	23.6%	6	8.3%		

An association between socio-demographic characteristics and level of satisfaction was tested by using Pearson's Chi square analysis. As shown in Table , there is no relationship and no proportional difference between socio-demographic characteristics and level of job satisfaction among respondents as p value is >0.05 in all socio-demographic variables in 95% confidence interval Above table shows Pearson Chi-square analysis results between socio-demographic factors and level of satisfaction among the Internal Clients of Civil Hospital, Rohtak.

All the socio-demographic factors of respondents have Chi square value of >0.05, hence no significant relationship exists between the socio-demographic factors and level of satisfaction. Refer to Appendices D, E, F, G, H and I.

Table 4.2.3: Association between various job variables and level of satisfaction:

Variables			Level of Satisfaction		Chi Square Value	P Value
			Satisfied	Not Satisfied		
		N	N	N		
General Satisfaction	LOW	23	6	17	0.000	27.381
	HIGH	49	43	6		
Opportunity to develop	LOW	33	12	21	0.000	32.112
	HIGH	39	37	2		
Level of responsibility	LOW	15	48	9	0.000	32.845
	HIGH	57	1	14		
Patient Care	LOW	34	14	20	0.000	21.409
	HIGH	38	35	3		
Staff Relations	LOW	32	11	21	0.000	30.055
	HIGH	40	38	2		

Table 4.2.3. For regression analysis of job satisfaction, general satisfaction was used as a dependent variable and opportunity to develop, responsibility, patient care, time pressure and staff relation was used as an independent variables. Findings indicated in Table 3, that the overall general satisfaction and all individual components of job satisfaction had a high positive relationship shows the Pearson Chi-square results for various variables affecting job satisfaction among Internal Clients of Civil Hospital, Rohtak. The results shows that all the five variables namely general satisfaction, opportunity to develop, level of responsibility, patient care and staff relations are significantly associated with the job satisfaction since the value is <.05. So, it proves that all these factors such as general satisfaction, opportunity to develop, level of satisfaction, patient cars and staff relations significantly affect overall satisfaction of Internal Clients in Civil Hospital, Rohtak and in order to increase their satisfaction levels due care should be provided to these factors.
Refer to appendix J, K, L, M and N.

CHAPTER V
DISCUSSION

Studies of this kind have inherent limitations since the responses are very subjective and those who did not participate in the study may have different point of views so it cannot be generalized to all the Civil Hospitals in the country. The findings of two third of satisfied internal clients of civil hospital, Rohtak are consistent with the results of the study done by Nawaraj Chaulagain, Deepak Kumar Khadka on Factors Influencing Job Satisfaction Among Healthcare Professionals At Tilganga Eye Centre, Kathmandu.

The two-factor theory proposed by Herzberg, which lists the following factors as motivators resulting in satisfaction: responsibility, achievement, recognition and opportunities to develop and also lists hygiene factors responsible for job dissatisfaction, such as salaries, quality of supervision and working conditions etc is taken as basis for the study and results were found to be consistent with the theory.

Respondents of this study reported low satisfaction with salaries, not being involved in decision making, limitation of resources, work pressure and not having sufficient time with patients. Employee's needs and motivators vary so it is important to understand what motivates them to perform. In the current study, variables such as the opportunity to develop, responsibility, patient care and staff relations were seen to have a significant influence on job satisfaction. So these findings are in line with the two-factor theory proposed by Herzberg, which lists the following factors as motivators resulting in satisfaction: responsibility, achievement, recognition and opportunities to develop. Reasons for dissatisfaction in this study were also found to be in line with the hygiene factors responsible for job dissatisfaction, which include salaries, quality of supervision and working conditions.

The public health care system in India has limited resources and is overburdened with majority of the population as compared to the private sector which has more resources and serves on small group of population, because of this reason the public sector is considered as inefficient, ineffective and unable to deliver quality health care. It is

possible that the above mentioned reasons could be attributed to 32% of dissatisfied respondents among their employees.

The results of this study showed no significant relationship and no proportional difference between socio-demographic characteristics and level of satisfaction, factors such as gender,age, marital status, duration of service, level of education and job title are not related with the level of satisfaction among the Internal Clients at Civil Hospital, Rohtak.

For regression analysis of job satisfaction, overall level of satisfaction was used as a dependent variable and opportunity to develop, responsibility, patient care, time pressure and staff relation was used as an independent variables. Findings indicated that the overall level of satisfaction and all individual components of job satisfaction had a high positive relationship So, it proves that all these factors such as general satisfaction, opportunity to develop, level of satisfaction, patient cars and staff relations significantly affect overall satisfaction of Internal Clients in Civil Hospital, Rohtak and in order to increase their satisfaction levels due care should be provided to these factors.

CHAPTER VI

CONCLUSION

Health Care Industry is labor intensive and the quality of services provided by the people in the health care sector is linked to skills, motivation and satisfaction. There are many studies in the past that have reported relationships between job satisfaction, turnover and absenteeism among health care workers which ultimately affects their organizational commitment and thus the quality delivered. Satisfaction is considered as integral to ones job since it not only affects motivation but also affects personal health, people's relationships with others and decision making. Healthcare sector has always been extremely demanding and leaves no scope for any decision errors. Also more satisfaction in one's job leads to better efficiency with highest quality of patient care delivery. Dissatisfied healthcare providers not only give poor quality, less efficient care; there is also evidence of a positive correlation between job satisfaction and patient satisfaction (Tzeng, 2002). 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.

The aim of this study is to determine the factors affecting job satisfaction among the Internal Clients of Civil Hospital, Rohtak. It was conducted among 91 participants. A self-administered questionnaire was used to collect data, which was later analyzed with the help of statistical software IBM SPSS version22.0.The results showed that 68% ie $2/3^{rd}$ of the Internal Clients of the Civil Hospital, Rohtak were satisfied with their job and one third of the participants were reported to be not satisfied with their jobs. An association between socio-demographic characteristics and level of satisfaction was tested by using Pearson's Chisquare analysis and it was found that, there is no relationship and no proportional difference between socio-demographic characteristics and level of job satisfaction among respondents as p value is >0.05 in all socio-demographic variables in 95% confidence interval. . For regression analysis of job satisfaction, level of satisfaction was used as a dependent variable and opportunity to develop, responsibility, patient care, time pressure and staff

relation was used as an independent variables. Also all these variables were found to have significant association with the level of satisfaction among the Internal Clients of Civil Hospital, Rohtak. Dissatisfied internal customers provide poor quality of care so it becomes important to take necessary steps in order to increase the job satisfaction among Internal Clients of Civil Hospital, Rohtak.

The following are the main findings:

- The study found that 2/3rd of the internal clients at civil hospital were satisfied from their job.
- No association was found between the socio demographic factors such as gender, ,age,marital status, level of education and job title with the level of satisfaction among Internal Clients of Civil Hospital, Rohtak.
- It was found that variables such as opportunity to develop, patient care, and level of responsibility and staff relations were positively linked or significantly associated with the level of job satisfaction among the respondents.
- Respondents of this study reported low satisfaction with salaries, not being involved in decision making, limitation of resources, work pressure and not having sufficient time with patients.
- This study showed that all the factors such as income, personal growth, opportunity to develop, responsibility, status in society as healthcare professional, work recognition, time pressure, involvement in decision making and colleagues support effect the level of satisfaction among Internal Clients of Civil Hospital, Rohtak.
- The results are in line with the findings from the two-factor theory of Herzberg and Mausner which lists the responsibility, achievement, recognition and opportunities to develop are the factors as motivators in satisfaction and the job dissatisfaction is related with hygiene factors which include salaries, quality of supervision and working conditions.

6.1 What could be done to increase the satisfaction levels among Internal Clients of Civil Hospital, Rohtak?

Unlike most other study, the current study tried to describe the need of the health professionals in details, by doing so; practical changes to be made have been clearly identified. This is very important as policy makers can get inputs from the result while designing strategies to improve/increase health care workers satisfaction in different governmental health care facilities.

Since job satisfaction among Internal Clients not only affects quality of services delivered but also patient satisfaction, so it becomes highly important to take necessary actions in order to increase the levels of satisfaction among the Internal Clients of Civil Hospital, Rohtak.

- Continuous job satisfaction evaluations and monitoring should be done to determine which aspects of the job could be improved.
- Improvement in relationship between management and Internal Clients should be given high importance.
- Regular training programs will help in empowering the staff to make decisions that are necessary to achieve quality outcomes.
- Incentives such us bonus, house allowance, salary increment, improving hospital facilities and infrastructure can be used to increase satisfaction among internal clients of Civil Hospital.

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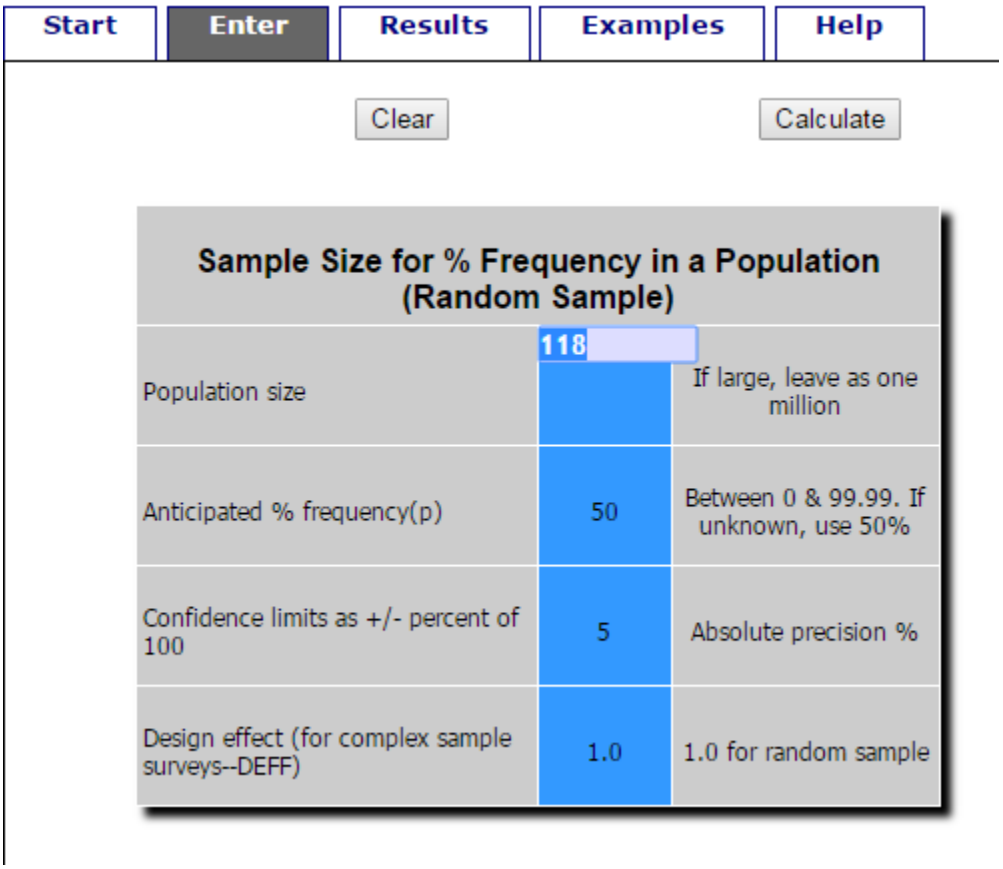
Appendix A: Sample size calculation



Start | Enter | Results | Examples | Help

Sample Size for Frequency in a Population

Population size(for finite population correction factor or fpc)(*N*):	118
Hypothesized % frequency of outcome factor in the population (*p*):	50%+/-5
Confidence limits as % of 100(absolute +/- %)(*d*):	5%
Design effect (for cluster surveys-*DEFF*):	1

Sample Size(*n*) for Various Confidence Levels

ConfidenceLevel(%)	Sample Size
95%	91
80%	69
90%	83
97%	95
99%	101
99.9%	107
99.99%	110

Equation

Sample size $n = [DEFF*Np(1-p)]/ [(d^2/Z^2_{1-\alpha/2}*(N-1)+p*(1-p)]$

Results from OpenEpi, Version 3, open source calculator--SSPropor
Print from the browser with ctrl-P
or select text to copy and paste to other programs.

Appendix B: Questionnaire

Questionnaire

प्रश्नावली

Name……,…… Dept:……..

Part I: Socio-demographic characteristics of the participants		
Sex/लिंग	**Male/पुरुष**	
	Female/महिला	
Age/आयु	**< 30**	
	> = 30	
MaritalStatus/ वैवाहिक स्थिति	**Unmarried/अविवाहित**	
	Married/शादी	
Duration of Service/सेवा की अवधि	**More than a year/एक वर्ष से अधिक**	
	Less than a year/कम से कम एक वर्ष	
Level of education/शिक्षा का स्तर	**Under certificate/ प्रमाण पत्र**	
	Certificate/प्रमाण पत्र	
	Diploma/डिप्लोमा	
	Degree/डिग्री	
Job title/कार्य शीर्षक	**Clinical Staff/नैदानिक स्टाफ**	
	Clinical Support staff/नैदानिक सहायता स्टाफ	

Part II: Evaluation of job satisfaction
भाग द्वितीय: नौकरी से संतुष्टि का मूल्यांकन

General Satisfaction जनरल संतोष	**Strongly Agree दृढ़ता से सहमत**	**Agree सहमत हूँ**	**Uncertain अनिश्चित**	**Disagree/ असहमत**	**Strongly Disagree/ दृढ़ता से असहमत**
My income is reflection of the work I do मेरी आय प्रतिबिंब काम					
I would like to change my career					

मैं मेरे कैरियर बदलन चाहत ह					
There is no personal growth at my work मेरे काम में कोई व्यक्तिगत विकास					
If I could choose the career again I would make the same decision अगर मैं कैरियर चुन सकता मैं निर्णय कर					
I really enjoy my work मैं वास्तव में मेरे काम का आनंद					
My job has more advantages than disadvantages मेरी नौकरी नुकसान से अधिक लाभ है					
In general I am satisfied with my work सामान्य तौर पर म मेरे काम के साथ संतुष्ट हूँ					
Opportunity to develop / विकास के अवसर					
Too much is expected from me at work मुझस काम पर बहुत उम्मीद है					
Due to limited resources I experience frustration in my work सीमित संसाधनों के कारण मुझे मेरे काम में निराशा का अनुभव					
My work is mentally stimulating मेर काम मानसिक रूप से उत्तेजक है					

the variation in my work is satisfactory **मेरे काम में भिन्नता संतोषजनक है**					
I have sufficient opportunity to develop in my work **म अपने काम में विकसित के पर्याप्त अवसर है**					
I find my work routine non stimulating **मेरी दिनचर्या का काम उत्तेजक**					
Responsibility / जिम्मेदारी					
I share great responsibility in my work **मैं अपने काम में बड़ी जिम्मेदारी share कर**					
I enjoy the status in the community as health care professional **मैं स्वास्थ्य देखभाल पेशेवर के रूप में समुदाय में स्थिति का आनंद लें**					
I receive recognition of work for task well done **मैं अच्छी तरह से किया कार्य के लिए मान्यता प्राप्त**					
Patient care/ रोगी की देखभाल					
My patients understand my working conditions so they co-operate **मेरे काम करने की स्थिति मरीज**					

समझते इसलिए वे सहयोग करते					
I have sufficient time for each patient म प्रत्येक रोगी के लिए पर्याप्त समय है					
The patients appreciate my work for them मेरा काम की रोगि सराहना करते हैं					
Staff Relations/ कर्मचारी संबंधों					
I have good working relationship with my colleagues म मेरे सहकर्मियों के साथ अच्छा रिश्ता है					
There is an atmosphere of cooperation between staff and management कर्मचारियों और प्रबंधन के बीच सहयोग का माहौल है					
There is clear channel of communication स्पष्ट चैनल क संचार है					
The manager is concerned about my well being प्रबंधक मेरी well being के बारे में चिंत है					
I can depend on my colleagues for support मैं समर्थन के लिए मेरे साथियों पर निर्भर कर सकते हैं					
I am happy with the management style in my department मैंने मेरे विभाग में प्रबंधन शैली के साथ खुश हूँ					

Management does involve staff in decision making **प्रबंधन निर्णय लेने में कर्मचारियों को शामिल करता है**					

Appendix C : Consent Form

This informed consent is for internal clients at civil hospital, Rohtak, who are invited to participate in Research, titled "Factors affecting Employee Satisfaction at Civil Hospital, Rohtak "with the objective to determine factors influencing job satisfaction among Internal Clients at Civil Hospital, Rohtak, to find what satisfies and what dissatisfies Internal Clients, to identify interventions for improving satisfaction among Internal Clients.

Your participation in this research is entirely voluntary .It is your choice weather to participate or not. In case you change your mind later, you can stop participating even if you agreed earlier.

The information will be kept confidential and it will be utilized only for the above research.

Also, the privacy and confidentiality of all participants will be kept secure .If there are any doubts or any clarifications needed you can directly contact me on this number 9466566064.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Print Name of Participant_____

Signature of Participant _____

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands what is being told to him /her. I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily

Print Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent_____

Date _____

Day/month/year

Appendix D: Chi square calculations for gender and level of satisfaction.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
sex * level_of_satisfaction	72	100.0%	0	0.0%	72	100.0%

sex * level_of_satisfaction Crosstabulation

			level_of_satisfaction		
			satiisfied	not_satisfied	Total
Sex	male	Count	20	1	21
		% within sex	95.2%	4.8%	100.0%
		% within level_of_satisfaction	40.8%	4.3%	29.2%
		% of Total	27.8%	1.4%	29.2%
	female	Count	29	22	51
		% within sex	56.9%	43.1%	100.0%
		% within level_of_satisfaction	59.2%	95.7%	70.8%
		% of Total	40.3%	30.6%	70.8%
Total		Count	49	23	72
		% within sex	68.1%	31.9%	100.0%
		% within level_of_satisfaction	100.0%	100.0%	100.0%
		% of Total	68.1%	31.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	10.076[a]	1	.002		
Continuity Correction[b]	8.388	1	.004		
Likelihood Ratio	12.431	1	.000		

Fisher's Exact Test				.002	.001
Linear-by-Linear Association	9.936	1	.002		
N of Valid Cases	72				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.71.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	.374	.002
	Cramer's V	.374	.002
N of Valid Cases		72	

Appendix E: Chi square calculations for age and level of satisfaction.

```
CROSSTABS
  /TABLES=age BY level_of_satisfaction
  /FORMAT=AVALUE TABLES
  /STATISTICS=CHISQ PHI
  /CELLS=COUNT ROW COLUMN TOTAL
  /COUNT ROUND CELL.
```

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
age * level_of_satisfaction	72	100.0%	0	0.0%	72	100.0%

age * level_of_satisfaction Crosstabulation

			level_of_satisfaction		
			satiisfied	not_satisfied	Total
age	<30	Count	9	2	11
		% within age	81.8%	18.2%	100.0%
		% within level_of_satisfaction	18.4%	8.7%	15.3%
		% of Total	12.5%	2.8%	15.3%
	>=30	Count	40	21	61
		% within age	65.6%	34.4%	100.0%
		% within level_of_satisfaction	81.6%	91.3%	84.7%
		% of Total	55.6%	29.2%	84.7%
Total		Count	49	23	72
		% within age	68.1%	31.9%	100.0%
		% within level_of_satisfaction	100.0%	100.0%	100.0%
		% of Total	68.1%	31.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.131[a]	1	.288		
Continuity Correction[b]	.507	1	.476		
Likelihood Ratio	1.231	1	.267		
Fisher's Exact Test				.484	.244
Linear-by-Linear Association	1.115	1	.291		
N of Valid Cases	72				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.51.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	.125	.288
	Cramer's V	.125	.288
N of Valid Cases		72	

Appendix F: Chi square calculations for marital status and level of satisfaction.

```
CROSSTABS
 /TABLES=marital_status BY level_of_satisfaction
  /FORMAT=AVALUE TABLES
  /STATISTICS=CHISQ PHI
  /CELLS=COUNT ROW COLUMN TOTAL
  /COUNT ROUND CELL.
```

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
marital_status * level_of_satisfaction	72	100.0%	0	0.0%	72	100.0%

marital_status * level_of_satisfaction Crosstabulation

			level_of_satisfaction		
			satiisfied	not_satisfied	Total
marital_status	unmarried	Count	2	1	3
		% within marital_status	66.7%	33.3%	100.0%
		% within level_of_satisfaction	4.1%	4.3%	4.2%
		% of Total	2.8%	1.4%	4.2%
	married	Count	47	22	69
		% within marital_status	68.1%	31.9%	100.0%
		% within level_of_satisfaction	95.9%	95.7%	95.8%
		% of Total	65.3%	30.6%	95.8%
Total		Count	49	23	72
		% within marital_status	68.1%	31.9%	100.0%
		% within level_of_satisfaction	100.0%	100.0%	100.0%
		% of Total	68.1%	31.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.003[a]	1	.958		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.003	1	.958		
Fisher's Exact Test				1.000	.691
Linear-by-Linear Association	.003	1	.958		
N of Valid Cases	72				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .96.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	-.006	.958
	Cramer's V	.006	.958
N of Valid Cases		72	

Appendix G: Chi square calculations for duration of service and level of satisfaction.

```
CROSSTABS
  /TABLES=duration_of_service BY level_of_satisfaction
  /FORMAT=AVALUE TABLES
  /STATISTICS=CHISQ PHI
  /CELLS=COUNT ROW COLUMN TOTAL
  /COUNT ROUND CELL.
```

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
duration_of_service * level_of_satisfaction	72	100.0%	0	0.0%	72	100.0%

duration_of_service * level_of_satisfaction Crosstabulation

			level_of_satisfaction		
			satiisfied	not_satisfied	Total
duration_of_service	>oneyear	Count	46	23	69
		% within duration_of_service	66.7%	33.3%	100.0%
		% within level_of_satisfaction	93.9%	100.0%	95.8%
		% of Total	63.9%	31.9%	95.8%
	<year	Count	2	0	2
		% within duration_of_service	100.0%	0.0%	100.0%
		% within level_of_satisfaction	4.1%	0.0%	2.8%
		% of Total	2.8%	0.0%	2.8%
	3.00	Count	1	0	1
		% within duration_of_service	100.0%	0.0%	100.0%
		% within level_of_satisfaction	2.0%	0.0%	1.4%
		% of Total	1.4%	0.0%	1.4%

Total	Count	49	23	72
	% within duration_of_service	68.1%	31.9%	100.0%
	% within level_of_satisfaction	100.0%	100.0%	100.0%
	% of Total	68.1%	31.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.469[a]	2	.480
Likelihood Ratio	2.370	2	.306
Linear-by-Linear Association	1.282	1	.258
N of Valid Cases	72		

a. 4 cells (66.7%) have expected count less than 5. The minimum expected count is .32.

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	.143	.480
	Cramer's V	.143	.480
N of Valid Cases		72	

Appendix H: Chi square calculations for level of education and level of satisfaction.

```
CROSSTABS
  /TABLES=level_of_education BY level_of_satisfaction
  /FORMAT=AVALUE TABLES
  /STATISTICS=CHISQ PHI
  /CELLS=COUNT ROW COLUMN TOTAL
  /COUNT ROUND CELL.
```

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
level_of_education * level_of_satisfaction	72	100.0%	0	0.0%	72	100.0%

level_of_education * level_of_satisfaction Crosstabulation

			level_of_satisfaction		
			satiisfied	not_satisfied	Total
level_of_education	under_certificate	Count	1	0	1
		% within level_of_education	100.0%	0.0%	100.0%
		% within level_of_satisfaction	2.0%	0.0%	1.4%
		% of Total	1.4%	0.0%	1.4%
	certificate	Count	2	1	3
		% within level_of_education	66.7%	33.3%	100.0%
		% within level_of_satisfaction	4.1%	4.3%	4.2%
		% of Total	2.8%	1.4%	4.2%
	diploma	Count	35	18	53
		% within level_of_education	66.0%	34.0%	100.0%

		% within level_of_satisfaction	71.4%	78.3%	73.6%
		% of Total	48.6%	25.0%	73.6%
	degree	Count	11	4	15
		% within level_of_education	73.3%	26.7%	100.0%
		% within level_of_satisfaction	22.4%	17.4%	20.8%
		% of Total	15.3%	5.6%	20.8%
Total		Count	49	23	72
		% within level_of_education	68.1%	31.9%	100.0%
		% within level_of_satisfaction	100.0%	100.0%	100.0%
		% of Total	68.1%	31.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	.764[a]	3	.858
Likelihood Ratio	1.069	3	.785
Linear-by-Linear Association	.008	1	.927
N of Valid Cases	72		

a. 5 cells (62.5%) have expected count less than 5. The minimum expected count is .32.

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	.103	.858
	Cramer's V	.103	.858
N of Valid Cases		72	

Appendix I: Chi square calculations for job title and level of satisfaction.

```
CROSSTABS
  /TABLES=job_title BY level_of_satisfaction
  /FORMAT=AVALUE TABLES
  /STATISTICS=CHISQ PHI
  /CELLS=COUNT ROW COLUMN TOTAL
  /COUNT ROUND CELL.
```

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
job_title * level_of_satisfaction	72	100.0%	0	0.0%	72	100.0%

job_title * level_of_satisfaction Crosstabulation

			level_of_satisfaction		
			satiisfied	not_satisfied	Total
job_title	clinical_staff	Count	32	17	49
		% within job_title	65.3%	34.7%	100.0%
		% within level_of_satisfaction	65.3%	73.9%	68.1%
		% of Total	44.4%	23.6%	68.1%
	clinical_support_staff	Count	17	6	23
		% within job_title	73.9%	26.1%	100.0%
		% within level_of_satisfaction	34.7%	26.1%	31.9%
		% of Total	23.6%	8.3%	31.9%
Total		Count	49	23	72
		% within job_title	68.1%	31.9%	100.0%

	% within level_of_satisfaction	100.0%	100.0%	100.0%
	% of Total	68.1%	31.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.533[a]	1	.465		
Continuity Correction[b]	.211	1	.646		
Likelihood Ratio	.544	1	.461		
Fisher's Exact Test				.591	.327
Linear-by-Linear Association	.526	1	.468		
N of Valid Cases	72				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.35.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	-.086	.465
	Cramer's V	.086	.465
N of Valid Cases		72	

Appendix J: Chi square calculations for general satisfaction and level of satisfaction.

```
/TABLES=general_satisfaction BY level_of_satisfaction
/FORMAT=AVALUE TABLES
/STATISTICS=CHISQ PHI
/CELLS=COUNT ROW COLUMN TOTAL
/COUNT ROUND CELL.
```

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
general_satisfaction * level_of_satisfaction	72	100.0%	0	0.0%	72	100.0%

general_satisfaction * level_of_satisfaction Crosstabulation

			level_of_satisfaction		
			satiisfied	not_satisfied	Total
general_satisfaction	high	Count	43	6	49
		% within general_satisfaction	87.8%	12.2%	100.0%
		% within level_of_satisfaction	87.8%	26.1%	68.1%
		% of Total	59.7%	8.3%	68.1%
	low	Count	6	17	23
		% within general_satisfaction	26.1%	73.9%	100.0%
		% within level_of_satisfaction	12.2%	73.9%	31.9%
		% of Total	8.3%	23.6%	31.9%
Total		Count	49	23	72
		% within general_satisfaction	68.1%	31.9%	100.0%
		% within level_of_satisfaction	100.0%	100.0%	100.0%
		% of Total	68.1%	31.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	27.381[a]	1	.000		
Continuity Correction[b]	24.618	1	.000		
Likelihood Ratio	27.372	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	27.001	1	.000		
N of Valid Cases	72				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.35.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	.617	.000
	Cramer's V	.617	.000
N of Valid Cases		72	

Appendix K: Chi square calculations for opportunity to develop and level of satisfaction.

```
CROSSTABS
  /TABLES=opportunity_to_develop BY level_of_satisfaction
  /FORMAT=AVALUE TABLES
  /STATISTICS=CHISQ PHI
  /CELLS=COUNT ROW COLUMN TOTAL
  /COUNT ROUND CELL.
```

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
opportunity_to_develop * level_of_satisfaction	72	100.0%	0	0.0%	72	100.0%

opportunity_to_develop * level_of_satisfaction Crosstabulation

			level_of_satisfaction		
			satiisfied	not_satisfied	Total
opportunity_to_develop	high	Count	37	2	39
		% within opportunity_to_develop	94.9%	5.1%	100.0%
		% within level_of_satisfaction	75.5%	8.7%	54.2%
		% of Total	51.4%	2.8%	54.2%
	1.10	Count	2	0	2
		% within opportunity_to_develop	100.0%	0.0%	100.0%
		% within level_of_satisfaction	4.1%	0.0%	2.8%
		% of Total	2.8%	0.0%	2.8%
	low	Count	10	21	31

	% within opportunity_to_develop	32.3%	67.7%	100.0%
	% within level_of_satisfaction	20.4%	91.3%	43.1%
	% of Total	13.9%	29.2%	43.1%
Total	Count	49	23	72
	% within opportunity_to_develop	68.1%	31.9%	100.0%
	% within level_of_satisfaction	100.0%	100.0%	100.0%
	% of Total	68.1%	31.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	32.112[a]	2	.000
Likelihood Ratio	35.446	2	.000
Linear-by-Linear Association	31.553	1	.000
N of Valid Cases	72		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is .64.

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	.668	.000
	Cramer's V	.668	.000
N of Valid Cases		72	

Appendix L: Chi square calculations for patient care and level of satisfaction.

```
CROSSTABS
  /TABLES=Patient_care BY level_of_satisfaction
  /FORMAT=AVALUE TABLES
  /STATISTICS=CHISQ PHI
  /CELLS=COUNT ROW COLUMN TOTAL
  /COUNT ROUND CELL.
```

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Patient_care * level_of_satisfaction	72	100.0%	0	0.0%	72	100.0%

Patient_care * level_of_satisfaction Crosstabulation

			level_of_satisfaction		
			satiisfied	not_satisfied	Total
Patient_care	high	Count	48	9	57
		% within Patient_care	84.2%	15.8%	100.0%
		% within level_of_satisfaction	98.0%	39.1%	79.2%
		% of Total	66.7%	12.5%	79.2%
	low	Count	1	14	15
		% within Patient_care	6.7%	93.3%	100.0%
		% within level_of_satisfaction	2.0%	60.9%	20.8%
		% of Total	1.4%	19.4%	20.8%
Total		Count	49	23	72
		% within Patient_care	68.1%	31.9%	100.0%

	% within level_of_satisfaction	100.0%	100.0%	100.0%
	% of Total	68.1%	31.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	32.845[a]	1	.000		
Continuity Correction[b]	29.375	1	.000		
Likelihood Ratio	33.138	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	32.389	1	.000		
N of Valid Cases	72				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 4.79.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	.675	.000
	Cramer's V	.675	.000
N of Valid Cases		72	

Appendix M: Chi square calculations for staff relation and level of satisfaction.

```
CROSSTABS
  /TABLES=Staff_relation BY level_of_satisfaction
  /FORMAT=AVALUE TABLES
  /STATISTICS=CHISQ PHI
  /CELLS=COUNT ROW COLUMN TOTAL
  /COUNT ROUND CELL.
```

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Staff_relation * level_of_satisfaction	72	100.0%	0	0.0%	72	100.0%

Staff_relation * level_of_satisfaction Crosstabulation

			level_of_satisfaction		
			satiisfied	not_satisfied	Total
Staff_relation	high	Count	35	3	38
		% within Staff_relation	92.1%	7.9%	100.0%
		% within level_of_satisfaction	71.4%	13.0%	52.8%
		% of Total	48.6%	4.2%	52.8%
	low	Count	14	20	34
		% within Staff_relation	41.2%	58.8%	100.0%
		% within level_of_satisfaction	28.6%	87.0%	47.2%
		% of Total	19.4%	27.8%	47.2%
Total		Count	49	23	72
		% within Staff_relation	68.1%	31.9%	100.0%
		% within level_of_satisfaction	100.0%	100.0%	100.0%

% of Total	68.1%	31.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	21.409[a]	1	.000		
Continuity Correction[b]	19.131	1	.000		
Likelihood Ratio	23.149	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	21.112	1	.000		
N of Valid Cases	72				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 10.86.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	.545	.000
	Cramer's V	.545	.000
N of Valid Cases		72	

Appendix N: Chi square calculations for management relations and level of satisfaction.

```
CROSSTABS
  /TABLES=Management_relations BY level_of_satisfaction
  /FORMAT=AVALUE TABLES
  /STATISTICS=CHISQ PHI
  /CELLS=COUNT ROW COLUMN TOTAL
  /COUNT ROUND CELL.
```

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Management_relations * level_of_satisfaction	72	100.0%	0	0.0%	72	100.0%

Management_relations * level_of_satisfaction Crosstabulation

			level_of_satisfaction		
			satiisfied	not_satisfied	Total
Management_relations	high	Count	38	2	40
		% within Management_relations	95.0%	5.0%	100.0%
		% within level_of_satisfaction	77.6%	8.7%	55.6%
		% of Total	52.8%	2.8%	55.6%
	low	Count	11	21	32
		% within Management_relations	34.4%	65.6%	100.0%
		% within level_of_satisfaction	22.4%	91.3%	44.4%
		% of Total	15.3%	29.2%	44.4%
Total		Count	49	23	72
		% within Management_relations	68.1%	31.9%	100.0%

	% within level_of_satisfaction	100.0%	100.0%	100.0%
	% of Total	68.1%	31.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	30.055[a]	1	.000		
Continuity Correction[b]	27.331	1	.000		
Likelihood Ratio	33.144	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	29.638	1	.000		
N of Valid Cases	72				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 10.22.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	.646	.000
	Cramer's V	.646	.000
N of Valid Cases		72	