



Role of job satisfaction on intention to quit for doctors in north India

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Abstract

A comparative study of radiation characteristics of a polarized switchable microstrip planar array of triangular patch antenna printed on synthesized LiTiMg ferrite substrate with a normal magnetic bias field has been done and reporting here. Radiation patterns and some important characteristics of proposed array antenna have been compared with the same geometry printed on RT duroid and silicon. 61% miniaturization and high quality factor are some advantages of using LiTiMg ferrite compare to RT duroid. With the biasing of external magnetic field perpendicular to the ferrite substrate arise some tunable behavior which has been elaborated by the generation quasi TEM, magnetostatic and spin waves. In this analysis spin wave exchange term (ω_r) which depends upon the static internal field (H_{ex}), has also included in the dispersion formula because the wavelength of microwave approach the inter-atomic distance of ferrite material which is the main cause of generation of spin waves in such types of layered structures.

Keywords: distributive justice, job satisfaction, turnover intention, government, trust hospitals, doctors, north India

Introduction

The importance of Human resource cannot be understated of all other resources. Organizational actions have substantial effect on employees' attitudes, behavior and wellbeing. Aspects of human resource management such as the attitudes and behavior of the employee's and their intention to quit affects organizations' overall performance in numerous ways. Hospitals have very high and diverse human resource utilization as dynamic workplaces with complex matrix type of organizations.

Work attitudes that the employee brings to the job are most important as the attitudes can help predict work behavior. These attitudes are most essential for adaptation to work environment. Change in attitudes is at times most important for successful management. Hence it becomes relevant to understand these in context of the healthcare industry.

Organizational justice can be understood as fairness being considered in the organization, justice or the ethical manner in which organizations treat the employees. The perceptions of justice are considered to influence various aspects as organizational practices, outcomes for the receiver and characteristics of the perceiver.

Job satisfaction is the contentment that the employees get from the work they do and from the physical environment and the "atmosphere" existing in the environment. It varies according to each person as it is based on the employees' perception. Job satisfaction is influenced by the aspects as the levels of communication in the organization, organizational treatment meted to the employees, one's ability to complete the given tasks etc. It is also greatly influenced by the employee's immediate reporting authority.

Job satisfaction measures consist of surveys to know the level of satisfaction for the employees.

The three aspects of job satisfaction being viewed in the study are Intrinsic Satisfaction (the tasks that make up for the job), Extrinsic Job Satisfaction (conditions for work, pay, co-workers & supervisor) and General Satisfaction (multiple factors as work arrangements, Collective problem solving, effective communication among staff, possibility to participate actively in the decision-making process)

Intention to quit maybe be defined as a process that an employees plans to leave or to stay with the organization. It is important to consider employee intent to quit as a factor affecting actual turnover. Research has shown that intent to quit is the best predictor of actual turnover behavior and was found to be highly correlated to job satisfaction (Mowday, Koberg & McArthur 1984).

There exists multitude of problems in the Indian healthcare industry. According to world standards India is way behind in GDP spent on health. There are limited resources. Doctors leave for better opportunities in foreign lands. There is huge shortage of hospital beds both in the public and private sector causing paucity of resources. There is the high attrition rate in the available doctors. There is increasing violence and consumerism with respect to the health services. The doctors seem to be losing their respect this causes the doctors to feel threatened and become extra cautious in the treatment modalities. Few of the causes of attrition can be cited as Compensation and Perks, Work Life Balance, Sense of Accomplishment, Work load leading to Exhaustion, Need for Automation and technology Improvement, and Monotony of Work.

Distributive Organizational Justice represents the perceived fairness of outcomes or allocations that individuals receive in their respective organization. Outcomes in work context might take the form of wages, social approval, job security, promotion and career opportunities, while inputs include education, training, experience and effort. Employees tend to make this judgment in relative terms comparing it with their peers.

The equity principle is already upheld in organizations to a large extent by standardized HR policies, such as predetermined job grades and salary bands, universal training and avoidance of 'favoritism' in showing approval. However, there may come occasions where an employee feels there has been an unfair distribution of benefits.

Health Resource Management is exceptionally challenging in hospitals and thus needs to be honed to a higher level to contribute positively to enhance doctor attitudes positively towards the organization that would then eventually impact patient care thus making work attitudes pertinent to study.

The current study aims to look at job satisfaction (extrinsic, intrinsic and general satisfaction) aspects in relation to types of organization, distributive justice and intention to quit for doctors across public and private sector hospitals through regression model.

Method

The study is was conducted on 200 doctors working in Punjab and Chandigarh tri city in either government hospitals and colleges or private hospitals (corporate and trust hospitals) with at least one year of existence in present job. Only those hospitals, which have 80 or more beds, are covered under the

study. This criterion takes into consideration only those hospitals, which are large in size and thus have more chances of having formal Human Resource policies in place. Small hospitals, nursing homes and clinics that may have less than 80 beds are not included in this research.

Standardized scales were used for the measurement of job satisfaction (Minnesota satisfaction questionnaire, Intention to quit (Hinshaw & Atwood) and Organizational justice (Niehoff and Moorman 1993) [15]

Results

The demographic details of the data collected from the doctors were segregated based on the aspects of types of the organization, gender, age group, working hours in the hospital and years with the current organization. 38.5% were corporate employees, 35.5% were trust employees and only 26% were Government employees. 65 percent of them are male and 35 percent of them are female. Almost 50% of the respondents were from the middle age category. Only 14.5% respondents were from the category of more than 45 years. Rest of 14.5 percent of respondents was in age group of more than 44 years. 60.5 % of respondents work 4-7 hours, 35% of respondents work less than 4 hours. Respondents with working hours of 8-10 account 4.5% only. 35% of work force in responses is spending less than 4 hours. 41% of the doctors have spent more than 5 years with the current employer, whereas 8.5% have spent between 3-5 years and 27.5% have spent up to 3 years. 23% have spent up to a year.

The highest strong intention to quit category of doctors is seen for the corporate sector at 52.5% followed by the trust sector at 30.5% and least for the Government sector at 16.9%.

Table 1: Significance among types of organization for job satisfaction’s dimension

		N	Mean	Std. Deviation	F value	p value
Intrinsic satisfaction	Government	52	45.88	6.16	1.24	0.29
	Corporate	77	44.21	6.89		
	trust	71	44.41	5.65		
	Total	200	44.72	6.29		
Extrinsic satisfaction	Government	52	21.12	3.68	1.85	0.16
	Corporate	77	19.79	5.02		
	trust	71	20.9	3.96		
	Total	200	20.53	4.35		
General Satisfaction	Government	52	73.71	9.74	0.90	0.41
	Corporate	77	71.21	12.4		
	trust	71	72.8	9.68		
	Total	200	72.43	10.82		

According to the analysis the mean values for intrinsic satisfaction is 44.72

The mean value for extrinsic satisfaction is 20.53

The mean value for general satisfaction 72.43

Thus the highest mean value is for general satisfaction followed by intrinsic satisfaction and lastly by the extrinsic satisfaction for the overall sample.

Sector wise the Government sector has intrinsic mean value of 45.8 whereas the corporate has intrinsic satisfaction mean value at 44.21 and the trust sector value at 44.41. Overall the highest intrinsic mean value satisfaction is seen for the Government sector doctors.

In case of Extrinsic satisfaction the Government sector mean value stands at 21.12 whereas the trust sector value for extrinsic satisfaction is 20.9 and last the corporate sector mean value stands at 19.79.

For the general satisfaction the Government sector mean value is highest at 73.71 followed by trust sector value at 72.8 and the last corporate sector mean value at 71.21. Thus overall for all the three types of satisfaction i.e. intrinsic, extrinsic and general satisfaction the mean values are highest for the Government sector doctors followed by the trust sector doctors and lastly corporate sector. However the p values in all of these three types is non-significant. Thus the Hypothesis

that there is no significant relationship between job satisfaction and type of organization is accepted. The above results relate to the job security related with government sector. The three sectors are contrasting in their work cultures. In case of the corporate sector the doctors face constant pressure to achieve specified targets and their performance appraisal and promotion is primarily based on the achievement of these set targets. The trust sector is comparatively more eased out in terms of setting quantifiable objectives for the doctors. In case of the government sector all

promotions increments are time bound with the sense of security attached to them. The higher levels of job satisfaction in government sector could also be related to a less pressure environment for performance. Overall the p values for the aspects of intrinsic satisfaction, extrinsic satisfaction and general satisfaction are not statistically significant and thus the hypothesis in all the three cases is accepted that there is no significant relationship between job satisfaction and type of organization for job satisfaction, i.e. intrinsic job satisfaction, extrinsic job satisfaction and general satisfaction.

Table 2: Significance between Aspects Job Satisfaction & Distributive Justice

	intrinsic satisfaction	extrinsic satisfaction	General satisfaction	job satisfaction	distributive justice	Organizational Justices
intrinsic satisfaction	1	.715**	.882**	0.12	.534**	.545**
extrinsic satisfaction	.715**	1	.880**	0.11	.689**	.790**
General satisfaction	.882**	.880**	1	.170*	.625**	.664**
job satisfaction	0.12	0.11	.170*	1	0.1	0.09
distributive justice	.534**	.689**	.625**	0.1	1	.808**

In the case of intrinsic satisfaction it is most affected by distributive justice with the significance value of.534. This is followed by General Satisfaction for distributive justice at.625 significance and lastly by extrinsic satisfaction with the value at.689. Thus for all the three types of satisfaction i.e. intrinsic satisfaction, extrinsic satisfaction and general satisfaction the values are significant for distributive justice. The study by James B D Conick & C D, Stilwell (2001) [5] showed relationship between Job Satisfaction and Distributive Justice and procedural justice. In this study too intrinsic satisfaction, Extrinsic Satisfaction and General Satisfaction have shown significant results with Distributive Justice.

Table 3: Results of regression analysis exhibiting the effect of distributive justice on intention to quit

DV (Y)	IV (X)	B(X)	SE(X)	T(X)	R²
Intention to quit	Distributive Justice	-0.306	0.037	-8.27**	0.268

** Significant @.01 level; * significant @.05 level

The results of the linear regression were significant ($p < .01$), $R^2 = 0.268$, suggesting that distributive justice accounted for 27% of the variance in intention to quit. The regression coefficients ($B = -0.306$) suggested that for every unit increase in the distributive justice, the intention to quit decreased by.306 units. The regression coefficient was significant as $t = 8.028$, $p = .000$ was highly significant ($p < .01$).

Table 4: Significance between Intention to quit, Distributive Justice & Job Satisfaction aspects

Intention to quit	Distributive Justice	Intrinsic satisfaction	1.05(.11)	-0.084(.025)	-0.214(.045)	9.6**	-4.77**	-3.4**	-3.16**	No Mediator
Intention to quit	Distributive Justice	Extrinsic satisfaction	.84 (.063)	-0.168 (.042)	-0.172(.05)	13.4**	-3.43**	-4.0**	3.83**	Partial Mediator
Intention to quit	Distributive Justice	General satisfaction	2.05(.172)	-0.079 (.015)	-0.156(.047)	11.9**	-3.35**	-5.18**	4.81**	Partial Mediator

** Significant @.01 level; * significant @.05 level

The mediation effect may be full, partial or nil. Preacher & Hayes (2008); Baron & Kenny (1986) The mediating role of three sub-dimensions of employee job satisfaction on the relationship between Distributive Justice and Intention to quit was examined individually. The effect of Distributive Justice on intrinsic satisfaction (path a) was significant ($B = 1.05$, $t = 9.62$, $p < .01$). The effect of intrinsic satisfaction on Intention to quit (path b) was significant ($B = -.084$, $t = -3.4$, $p < .01$). The sobel test suggested that the indirect effect was highly significant ($S = -3.16$, $p < .01$). With the inclusion of intrinsic satisfaction in the model, the effect of Distributive Justice on turnover intention (path c) reduced from $-.306$ to $-.214$ but it remained highly significant ($B = -.214$, $t = -4.77$, $p < .01$). The direct effect was still more than the indirect effect. The majority of the effect transferred was direct in nature and not indirect. Therefore, it may be inferred that there was no mediating role played by intrinsic satisfaction

The effect of DJ on extrinsic satisfaction (path a) was also highly significant ($B = .842$, $t = 13.389$, $p < .01$). The effect of extrinsic satisfaction on Intention to quit was also significant ($B = -.168$, $t = -4.0$, $p < .01$). The sobel test was significant with the inclusion of extrinsic satisfaction in the model, the effect of turnover intention reduced from $-.306$ to $-.172$ but remained significant ($p < .01$). The indirect effect was more than direct effect. Thus the majority of the effect transferred was indirect in nature. It suggested that the relationship has been partially mediated by extrinsic satisfaction. The effect of Distributive Justice on general satisfaction (path a) was also highly significant ($B = 2.048$, $t = 11.89$, $p < .01$). The effect of general satisfaction on Intention to quit was also highly significant ($B = -.079$, $t = -5.18$, $p < .01$). With the inclusion of general satisfaction in the model, the effect of turnover intention reduced from $-.306$ to $-.156$, but it remained highly significant ($p < .01$). The sobel test was also highly significant ($S = -5.18$, $p < .01$). The indirect effect was more than

the direct effect, suggesting that the relationship has been partially mediated by general motivation

Conclusion

In conclusion the strongest intention to quit among doctors is seen for the corporate sector followed by the trust sector and least by the government sector doctors. This could relate to multiple factors of job security, differences in functionality of the public and private sector hospitals like distribution of rewards and compensation to name a few.

The relationship between organizational justice aspects of job satisfaction (General Satisfaction, Extrinsic and Intrinsic Satisfaction) showed that all the three had positive relationship with organizational justice. *Intrinsic Satisfaction* which implies that the employees who have a high internal satisfaction about the job that they are doing had higher levels of perception of organizational justice as compared to the doctors who had satisfaction extrinsically. Job Satisfaction has a negative relationship with Intention to quit. Distributive organizational justice is significantly and inversely related to intention to quit for the doctors. The mediating effect studied as played by job satisfaction dimensions is *partial* in case of extrinsic satisfaction and general satisfaction whereas *no mediation* is seen in case of the intrinsic satisfaction for the doctors.

The study finds relevance for healthcare managers to enhance job satisfaction and distributive justice the respective organizations for distributive justice and also job satisfaction in order to curb the high turnover intention faced by the doctor workforce.

References

1. Mowday RT, Steers RM, Porter LW. The measurement of organizational commitment. *Journal of vocational behavior*. 1979; 14(2):224-247.
2. Hinshaw AS, Smeltzer CH, Atwood JR. Innovative retention strategies for nursing staff. *Journal of Nursing Administration*. 1987; 17(6):8-16.
3. Moorman RH. Relationship between organizational justice and organizational citizenship behaviors: Do fairness perceptions influence employee citizenship? *Journal of applied psychology*. 1991; 76(6):845.
4. Weiss DJ, Dawis RV, England GW. Manual for the Minnesota Satisfaction Questionnaire. Minnesota studies in vocational rehabilitation, 1967.
5. DeConinck JB, Stilwell CD. Incorporating organizational justice, role states, pay satisfaction and supervisor satisfaction in a model of intention to quit. *Journal of Business Research*. 2004; 57(3):225-231.
6. Dundar T, Tabancali E. The relationship between organizational justice perceptions and job satisfaction levels. *Procedia-Social and Behavioral Sciences*. 2012; 46:5777-5781.
7. Elamin AM, Alomaim N. Does organizational justice influence job satisfaction and self-perceived performance in Saudi Arabia work environment?. *International Management Review*. 2011; 7(1):38.
8. Elarabi HM, Johari F. The Determinant Factors Effecting the Job Satisfaction and Performance in Libyan Government Hospital. *Asian Social Science*. 2014; 10(8):55.
9. SAR. Job satisfaction and intention to quit among Iraqi doctors-a descriptive cross-sectional multicentre study. *Human resources for health*. 2015; 13(1):21.
10. Lam SS, Schaubroeck J, Aryee S. Relationship between organizational justice and employee work outcomes: a cross-national study. *Journal of organizational behavior*. 2002; 23(1):1-18.
11. Lim VK. The IT way of loafing on the job: cyberloafing, neutralizing and organizational justice. *Journal of Organizational Behavior*. 2002; 23(5):675-694.
12. Maxham III JG, Netemeyer RG. Firms reap what they sow: the effects of shared values and perceived organizational justice on customers' evaluations of complaint handling. *Journal of Marketing*, 67(1):46-62.
13. Moorman RH. Relationship between organizational justice and organizational citizenship behaviors: Do fairness perceptions influence employee citizenship?. *Journal of applied psychology*, 76(6), 845.
14. Rahman MS, Karan R, Arif MI. Investigating the Relationships among Job Satisfaction, Organizational Commitment, and Intention to quit: An Empirical Study. *SIU Journal of Management*. 2014; 4(1), 132.
15. Tett RP, Meyer JP. Job satisfaction, organizational commitment, intention to quit, and turnover: path analyses based on meta-analytic findings. *Personnel psychology*. 1993; 46(2):259-293.
16. Gellatly IR, Cowden TL, Cummings GG. Staff nurse commitment, work relationships, and intention to quits: A latent profile analysis. *Nursing research*. 2014; 63(3):170-181.
17. Hart SE. Hospital ethical climates and registered nurses' intention to quits. *Journal of Nursing Scholarship*. 2005; 37(2):173-177. *Health*, 30(3), 209-215.