


A MODEL OF EMPLOYEE SATISFACTION AMONGST
HEALTH-RELATED PROFESSIONALS IN SOUTH AFRICA,
THE CASE OF WESTERN CAPE

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**A MODEL OF EMPLOYEE SATISFACTION AMONGST HEALTH-RELATED
PROFESSIONALS IN SOUTH AFRICA. THE CASE OF WESTERN CAPE**

by

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Thesis submitted in fulfilment of the requirements for the degree

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in the Faculty of Business

at the Cape Peninsula University of Technology

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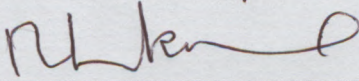
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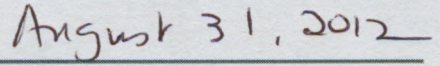
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DECLARATION

I, Chux Gervase Iwu, declare that the contents of this thesis represent my own unaided work, and that the thesis has not previously been submitted for academic examination towards any qualification. Furthermore, it represents my own opinions and not necessarily those of the Cape Peninsula University of Technology.



Signed



Date

ABSTRACT

This study's main aim was to develop a model of employee satisfaction for health-related professions in South Africa. Health-related professions refer to a variety of practitioners who work in the healthcare sector mostly in support capacity to the clinical or medical practitioner. They include laboratory technologists, pharmacists, radiographers, emergency medical services (paramedics), nurses, and optometrists. These practitioners comprise a diverse group who deliver high quality care to patients across a wide range of care pathways and in a variety of settings. This band of professionals was chosen as the focus of the study because most studies, which relate to health workers' satisfaction and motivation in South Africa, have concentrated on medical doctors and nurses without a commensurate interest in other health-related professionals.

The study is a multi-faceted one, and incorporates both qualitative and quantitative approaches. The study is also exploratory because no model of this kind exists amongst health-related professions of South Africa.

Permission to access selected institutions for the study was granted before the researcher approached the population for the study. The researcher decided not to use a sample, but to include all members of this population in the participating institutions in order to get as many participants as possible. From a total population of 987, only 117 usable questionnaires were returned.

Data that was collected was coded for Statistical Program for Social Science (SPSS) suitability. SPSS was utilized to generate the frequency and descriptive statistics. The data collection instrument was the *Plus Delta Organizational Climate Questionnaire*, which was modified on the basis of a preliminary study. The data instrument achieved a coefficient alpha (*Cronbach*) of 0.8, which extended its reliability.

With the use of factor analysis, this study was able to identify seven (7) factors which influence employee satisfaction within the health-related professions in South Africa. These factors include Role Clarification and Job Design, Equitable Performance Management, Integrated Leadership and Knowledge Sharing and Self-efficacy, while the other factors include Family-friendly Work Environments, Leader Credibility and Innovation, and Excellent Customer Relations and Technology. These factors make up the model of employee satisfaction for health-related professions considered in this research.

While the researcher suggests that further studies should be conducted in order to establish the validity of the model, the researcher also makes a call for a data collection instrument to

be distilled from the model. However, this study will undoubtedly add to the sparse literature on health-related practitioners. This position is assumed because most literature on health professions' job satisfaction/dissatisfaction favours doctors and nurses. The study will also assist in understanding some of the reasons for the often reported sense of job insecurity among practitioners in South Africa.

The study has produced a model, which health-related professions can utilise to manage themselves better. It is hoped that the model will serve health-related professions with better gains, such as reduction in health-related professional attrition, elimination of low levels of trust between management and staff and reduction in high incidences of absenteeism, which constituted research problems of this study.

ACKNOWLEDGEMENTS

I began the journey towards the achievement of a doctoral degree in 1993 at the University of Ibadan in Nigeria. The attempt suffered terribly because of frustrating conditions – economic and social – that existed at the time, resulting in termination of the attempt. In 2001 I made another attempt at a doctoral study. This time in South Africa. What could have been a smooth sail to the summit of academic achievement was truncated as a result of a call to return to corporate consulting. A further attempt that brought about this document (and essentially a successful completion of the doctoral work) began in 2010. The seed was, however, sown in 2009 when I returned to academia. To have made it this far in this current attempt, I must acknowledge the support of Professors Allen-Ile and Ukpere. Together, they helped me to steer the wheels of this tedious process in as painless a manner as possible. Much thanks to you both.

When I commenced this study, I knew that it would take its toll on my family. It saddened me quite often when I had to stay away from Charmaine (my vrou!), Algee (my son; whom I fondly address as my guy), Yul (my son; whom I fondly call my mainest man) and Indirah (my pretty daughter). To these lovely people, I say thank you so much for tolerating my regular absence from home, my constant mood swings, which resulted from the frustration of not getting enough sleep, as well as having to deal with an excessive (teaching) workload during the doctoral study.

My siblings – Francisca, Charlemagne, Lily, and Ita-Mary – were no doubt solid anchors. I am not sure if I could have returned to the program without their constant musings. But I must say that our dearest mother, Callista, was the strongest anchor. The prayers we had over the phone were such glorious moments, which often times brought tears to my eyes. Okwe 1! You are a strong woman. You have kept us all going very strong since the passing of your husband, our dad, in 1969. This doctoral glory will certainly bring smiles to his face as he sits ensconced in God's kingdom.

I am also keen to acknowledge the immeasurable support of the indefatigable Rolfe Proske of CPUT Postgraduate Library. Rolf, I thank you so much for assisting me with good quality journal articles. You are a good man. Bless you.

At some point during this study, I almost threw in the towel, if not for the support I received from Mr Henrie Benedict and Mrs Corrie Uys. Henrie helped to 'dust off' the questionnaires while Corrie helped to simplify the confusing threads of statistics that emanated from SPSS. Thanks to you both.

A journey of this magnitude unleashes a variety of people with different skills along the way. It is possible that I am unable to remember some of the people who assisted during the journey. Please forgive me if I have omitted your name. Thanks to you all.

DEDICATION

To my beloved mother, Mrs Callista Nwogure Iwu

For keeping us all together especially in the face of adversity.

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LIST OF ACRONYMS

FSDOH	Free State Department of Health (South Africa)
SPSS	Statistical Package for Social Sciences
MBO	Management by Objective
JDI	Job Descriptive Index
SANC	South African Nursing Council
SANDF	South African National Defence Force
ICFTU	International Conference of Trade Unions
ANOVA	Analysis of Variance
FFWE's	Family-friendly Work Environments
MBTI	Myers-Briggs Type Indicator

Chapter 1

Introduction

1.1 Introduction and background of the research

The ultimate aim of this research was to develop a model of employee satisfaction for the South African health-related professionals. The study was chosen because most studies on health workers' satisfaction and motivation in South Africa have concentrated on medical doctors and nurses without a commensurate interest in health related professionals.

Health-related professionals comprise a diverse group of practitioners who deliver high quality care to patients across a wide range of care pathways and in a variety of settings. They include nurses, optometrists, radiographers, pharmacists, laboratory technologists/technicians, and emergency medical services. These highly skilled professionals can be found in both the private and the public sector, while their roles are diverse. They perform essential diagnostic and therapeutic roles, and work across a wide range of locations within acute, primary and community care. They perform functions, which include assessment, diagnosis, emergency care, treatment and discharge throughout the care pathway – from primary prevention through to specialist disease management and rehabilitation. Health-related professionals help to provide a well-rounded team that diagnose and treat patients.

It is not uncommon to consider **nurses** as the first point of call in health care. They not only serve the doctors who ultimately see to the medical needs of patients, but they also ensure that patients are examined properly. An effective nurse assists both doctors and the patients that he or she serves. Quoting a number of authors, Fox, Aiken and Messikomer (1990:227) refer to nurses as those who provide care for people in the midst of health, pain, loss, fear,

disfigurement, death, grieving, challenge, growth, birth, and transition on an intimate front-line basis. As far back as 1954, Lyle Saunders had indicated that nurses do not only do the work of nursing, namely looking after patients, but are also involved in teaching. The good nurse teaches patients about their ailments and gives them at-home instructions.

Radiographers perform a multitude of complex and life dependent functions. Some of these include x-rays, fluoroscopy, computed tomography, magnetic resonance imaging, and ultrasound. Radiographers play an important role in detecting disease and broken bones (Demand Media, Inc., n.d)

Pharmacists, like radiographers, play important roles in health care. They have direct input into the prescribing process and help doctors, nurses, other health professionals and especially patients, with all aspects of drug therapy. Their other roles include patient education and counselling, liaison with hospitals and the distribution of drugs prescribed by health professionals (Anderson, Anderson, & Glance. 1994)

An **Optometrist** is trained to test people for spectacles and provide comprehensive eye and vision care, including refraction and dispensing, detection and diagnosis and management of eye diseases. (Millidot, 2004; Oxford Medical Concise Dictionary, 2007).

Laboratory technologists/technicians support laboratory operations, by performing maintenance functions and completing non-technical routine laboratory tests and procedures under the direction of professional staff. The roles that they play allow scientists to perform the more complex analytical processes within the laboratory. Some of their typical functions include routine laboratory procedures such as preparation of media and basic preparation of slides and smears, setting-up and operation of laboratory equipment in preparation for specimen examinations, and maintaining simple laboratory records and inventory for supplies and reagents (United Kingdom, 2010).

Emergency medical services include ambulance services and paramedics. Emergency medical services are committed to providing out-of-hospital acute medical care and/or transport to definitive care for patients with illnesses and injuries, which the patient, or the medical practitioner, believes constitutes a serious medical emergency (U.S National Library of Medicine, n.d; American College of Emergency Physicians, 2010). The goal of most emergency medical services is to either provide treatment to those in need of urgent medical care, with the goal of satisfactorily treating the malady, or arranging for timely removal of the patient to the next point of definitive care.

If the above health-related professionals perform such important roles in health care delivery, it does make enormous sense to consider their well-being at work. These bands of professionals should feel valued, appreciated and rewarded. The potential effects of not looking after them will include lowered job performance, withdrawal, and increased absence from duty, counterproductive behaviour and health problems. Should this occur, innocent sick citizens will pay dearly. Being a patient is a difficult and stressful experience (Faure, Parry & Sunderling, 2003). The aim of health care organizations should, after all, be to improve quality and to build the confidence of patients, professionals and cost payers with regard to the quality of the context, structures, processes, and outcomes (Mosadegh, 2006: 606).

Several studies (Mariani, Gcaba, & Dalton, 2003; Marchal & Kegels, 2003; Luddy, 2005; Makie, 2006; Smit, 2006) point out that dissatisfaction amongst South African health-related professionals is high. Many of these professionals have indicated that poor equipment, overbearing workloads, unsafe working conditions, poor salary and a number of other job content environmental elements are responsible for their dissatisfaction. Many of the dissatisfied would rather leave the country and/or look for better paid jobs in other fields, or engage in unproductive work behaviours.

As long ago as 1978, experts (Stamps, Piedmont, Slavitt, Dinah, Haase, Marie Ann) reported dissatisfaction among health care professionals in South Africa. Recent studies such as Azalea, Omar and Mastor (2009) and Bezuidenhout *et al* (2009) also indicate that dissatisfaction within the health profession is high and that many of these professionals would rather leave the country. However, a majority of the studies refer to medical doctors and nurses. Mariani, Gcaba, and Dalton (2003) argue that the South African health related professions battle with the challenge of retaining skilled workforce. A survey, which was conducted at 79 health clinics in South Africa between November 2002 and February 2003, found that 56% of professional employees intended to go overseas owing to better salary prospects and wanting to further their education. The survey further indicated that 40% lacked supervision, while 68% did not receive feedback from supervisors, and 44% had no job descriptions. Other factors that cause dissatisfaction according to the survey include extra workload, problems with colleagues, stress, employees' shortages, unsafe working conditions and poor equipment. Marchal and Kegels (2003) assert that discontent was rife amongst South African health professionals. Makwetla (2004) mentions that, generally most public servants in South Africa feel unappreciated and less valued and, as a result, would seek greener pastures either in other industries or overseas.

In the Free State, healthcare professionals in public-sector hospitals are reported to work in intolerable and harsh conditions and in environments that are unquestionably not conducive to good professional practice and patient care (Smit, 2006). Statistics, which were released by the Free State Department of Health show that approximately 85% of individuals that reside in this province do not have medical insurance and as such are dependent on these four district hospitals for all health care services other than the basic services provided at community based clinics (FSDOH, 2005). Elsewhere, in the Western Province, employees at a public health institution indicated how unhappy they are with their promotion opportunities and even their extreme dissatisfaction with the pay that they receive (Luddy, 2005). In order to reduce the number of health professionals wanting to go overseas for greener pastures, Herman (2005) reports that the Western Cape Health Department began to improve

employment conditions for employees within the Department of Health. Lending support to Herman, Cullinan (2005) concurs that 2001 statistics revealed that by 2001, more than 23 000 South African-born health employees were working abroad in countries such as Britain, United States of America, Canada, Australia and New Zealand.

Many other sources indicate that satisfactions were greatest with the intrinsic features of the job, such as the amount of freedom, autonomy and variety of work; but the least satisfaction was expressed towards extrinsic factors such as hours of work and rate of pay (Van Yperen & Hagedoorn, 2003).

In the case of extraordinary events, nurses care for trauma victims (Oflaz, 2007: 173). Managing trauma victims can be an extremely stressful task (Kilpatrick & Otto, 1987). Thus stress is recognized as an inherent feature of the work life of nurses, and growing evidence suggests that it may be increasing in severity (Makie. 2006). In fact, within the health care industry, stress, which is associated with the demands of the job and patients' expectations, practice administration and routine medical work, role stress and the use of social support as a coping strategy, are the strongest predictors of job dissatisfaction and poor psychological wellbeing (Lloyd, King & Chenoweth, 2002: 255-265).

Essentially, several authors report that personnel in health-related professions work in hugely pressured environments and are, therefore, susceptible to high levels of stress and burnout (Felton, 1998; Crow, Hartman, Henson, 2006; Ogresta, Rusac, & Zorec; 2008). Organizations that are served by health-related professions must acknowledge these facts and should, therefore, introduce certain incentives that can dilute these pressures. When the pressures of attending to the health of clients are curtailed, employees tend to provide much stronger support to their organizations. If an organization's climate is unfavourable, workers' performance will be less than optimal (Kangis, Gordon & Williams, 2000). A situation where the worker does not work optimally should not be overlooked. In such a situation, it is possible for the worker to have several negative influences, which might plague his total work

commitment. Incentives could be introduced to reduce waste and increase the level of employee satisfaction.

Herzberg, Mausner and Snyderman (1959) first defined incentives as motivators, which individual's perceive rightly or wrongly as possible satisfiers of their felt needs. Presently, incentives encompass both individual and group performance rewards (Nel *et al.*, 2008: 295), which culminate from the need to align workers interests' with that of the firm (Pouliakas & Theodossioun, 2009: 662). It is believed that when there are good incentives, workers derive a lot of satisfaction from their work. Employee satisfaction is thus a function of the degree of need satisfaction that is derived from or experienced in the job. In their study of employee satisfaction in nursing homes, Castle, Degenholtz and Rosen (2006:1), quoting Grieshaber, Parker, and Deering (1995), added that it is "the favourableness or unfavourableness with which employees view their work"; while Weiss and Cropanzano (1996) argue that it is an attitude or a feeling. Organizations that wish to have satisfied employees must have functional systems that will ensure that employees are challenged and then rewarded. Some studies (Ashfourth & Humphrey, 1993; Berry, Zeithaml, & Parasuraman, 1990; Ellickson, & Logsdon, 2002; Hay, 2001) suggest provision of job security, flexible benefits (such as child-care and exercise facilities), up-to-date technology and, most of all, an environment that promotes health and safety.

Motivating employees with certain elements of the job content environment will build greater responsibility and challenge into a subordinates' job. This will offer employees an opportunity to be fully involved in planning, organising and controlling tasks, which should offer much more scope for worker satisfaction. Nel *et al.* (2008) posit that elements within the job content environment include nature of the job, job guidelines and goals, degree of utilization, status and recognition and development. Pillay (2002), and Van Saane *et al.* (2003) also argue that the job must have some degree of challenge and autonomy, as well as some task variety. A job without these elements may be boring and monotonous.

Employee dissatisfaction is a state of flux in which employees exhibit behaviours that are incongruent with the objectives of an organization. Employee dissatisfaction can be the result of a number of factors or a single cause. Negative feelings about one's job may reflect discontent with career choice, communication problems or other difficulties within one's organization (World Health Organization, 2002). In many cases, employee dissatisfaction is the result of a poor fit between a person and his or her organizational culture and or values (Kangis, Gordon & Williams, 2000; Castro & Martins, 2010). Commentators in the world of work insist that the objectives of both the employee and the employer must tally in order for both parties to experience some form of accomplishment. High performance, as well as the achievement of both organizational and individual goals, will not be realized if employees do not experience satisfaction (Grobler, Warnich, Carrell, Elbert, & Hatfield, 2006; Nel *et al.*, 2008). When employees do not experience job satisfaction, they may begin to pursue other objectives that do not blend with the true objectives of the organization. They may also want to leave the organization (Karasek, 1979; Terry, Nielsen, & Perchard, 1993; Wheeler, Gallagher, Brouer, & Sablynski, 2007; Jacobs and Roodts, 2008).

1.2 Consequences of employee dissatisfaction

Dissatisfied employees experience physical, psychological and social problems. Physically, an employee might suffer stress-related problems such as fatigue, muscle tension and weight loss (Robbins, Judge, Odendaal & Roodt; 2009; Grobler, Warnich, Carrell, Elbert & Hatfield, 2011). Kreps and Kunimoto (1994:20) insist that stress can seriously threaten the human body's immune system and therefore increase vulnerability to psychological and physical stress. Psychologically, an employee may display attitudes of cynicism, resentment, apathy or anxiety (Grobler *et al.*, 2006). Employees may also develop low motivation and poor self-esteem (Appleton, House & Dowell; 1998). They may become irritable, sarcastic, angry, resentful, preoccupied and frustrated. Socially, an employee may

withdraw or isolate himself from colleagues or those in his personal life. The employee may notice increased tension at work or personal relationships. An employee may miss more days of work, dread going to work or even consider giving up his job. When organization's members begin to encounter these sorts of experiences, certain elements manifest. Some of these elements include absenteeism, poor output or incomplete assignments, lateness, and resignations. Some consequences of these elements include the high cost of disciplinary processing and litigation, low morale and productivity, as well as higher rates of turnover.

1.3 Influence of employee assistance programmes (EAP) on employee satisfaction

Employers incur enormous costs when employees stay away from work as a result of illness or any other untoward reason (Brown, 2007; Rosse & Saturay, 2004). Employee wellness programmes or employee assistance programmes (EAP) stimulate high productivity and morale, and reduce excessive absenteeism and health costs (Nel *et al.*, 2007; Robbins *et al.*, 2009). EAP is one human resource strategy, which may help to combat the now well recognized human and organizational costs of workplace stresses (Highley & Cooper, 1994). EAP's general objectives include assisting employees to manage their health, self-development and growth of workers (Snell & Bohlander; 2007, Jackson & Schuller; 2000). It will normally be assumed that employees should be responsible for their own health, yet the health and growth of workers should form part of every organizations corporate strategy. When wellness programmes are integrated into an organizations culture, they provide organizations' members with awareness, knowledge and tools in order to assume greater self-responsibility for their health and wellbeing (Nel *et al.*, 2007; Noe *et al.*, 1997).

When employees are satisfied, organizations experience, among other factors:

- high productivity;
- low absenteeism and turnover;
- less job stress and burnout;
- better safety performance; and

- a stronger tendency to achieve customer loyalty (Robbins *et al.*, 2009; Grobler *et al.*, 2011).

1.4 Employees and job satisfaction

Some authors (Noe *et al.*, 1997; Robbins *et al.*, 2009) argue that employee satisfaction or dissatisfaction should be contextualised against individual employees. Their argument is that what motivates one employee may not necessarily motivate another employee. They state this because they believe that personalities differ. Personality is known to be the result of several factors such as a person's environment, culture, social standing, values, attitudes and beliefs (Bergh & Theron, 2006; Smit, Cronje, Brevis, & Vrba, 2007). Each individual employee has his own personality. This means that each employee's personality is unique; essentially differing from others. A consequence of this is that each employee will have different expectations from others and this is normally obvious in the way that they pursue personal goals within organizations (Nel *et al.*, 2008:38). People will, therefore, evaluate their jobs on the basis of factors, which they regard as being important to them (Sempene, Rieger, & Roodt, 2002). Employees who are satisfied with their jobs are likely to be better ambassadors for the organization and show more organizational commitment (Agho, Price, & Mueller, 1992).

Personality variables such as interpersonal skills, emotional intelligence, communication skills, self-control and integrity largely determine how well a person applies him or herself in a chosen field, team, or task (Schultz, Bagraim, Potgeiter, Viedge & Werner, 2006). It is the perceptions of these common multiple factors that are most salient in influencing levels of job satisfaction (Miskel & Ogawa, 1988). Research indicates that demographic variables have some relevance in the study of employee satisfaction (Iwu, 1993; Tang & Talpade, 1999; Crossman & Abou-Zaki, 2003; Donohue & Heywood, 2004). Much of this indication, however, is located within the ambit of the job content environment, as well as facets of

motivation. Demographic variables include occupational class, race, gender, educational level, tenure, age, marital status, income and job status.

The general notion of fit, or congruence, has long been important in psychology and organizational behavior (Nadler & Tushman, 1980). It is important to establish that each individual employee will experience their jobs differently. The theories of Herzberg (1966) and Vroom (1967) have remained relevant, as many studies (Volkwein & Parmley, 2000; Smerek & Peterson, 2007) have used them to prove that the interest of each individual worker will differ from another worker.

Although a number of earlier studies have explored the general notion of person-organization fit (for example, Tom, 1971; Graham, 1976; Joyce & Slocum, 1984), more recent interest has centered on the idea that organizations have cultures that are more or less attractive to certain types of individuals (Hellriegel, Jackson, Slocum, Staude, Amos, Klopper, Louw, & Oosthuizen; 2006; Castro & Martins, 2010). Some individuals may not align well to an organization's culture. When members of an organization are favourably disposed to their organization's culture, they tend to assimilate easily into the climate of the organization. A favourable climate drives commitment, while commitment reflects an individual's sense of pride in belonging to and their degree of support for the organization. Strong feelings of commitment are associated with high levels of productivity, energy and action, while low levels of commitment are a result of feeling disengaged and unwillingness to participate.

The above brief literature will help to fine-tune the research question - is there a relationship between employee satisfaction and the personality of an employee?

1.5 Organizational climate and employee satisfaction

Organizational culture and climate are interwoven (DuBrin, 1974; Hoy and Miskel, 1982; Schneider, 1985; Reichers & Schneider, 1990; Dwyer, 2006; Castro & Martins, 2010). These authors are however, in agreement that both concepts are important aspects of the characterisation of an organization's personality. The concepts describe the shared values, beliefs and feelings of an organization (Schultz, Bagram, Potgeiter, Viedge & Werner, 2006). An organization's culture and climate will play a large part in strengthening employee satisfaction (Ivancevich, Konopaske, & Matteson, 2008). Strongly shared organizational cultures tend to cement members of an organization (Hellriegel, Jackson, Slocum, Staude, Amos, Klopper, Louw, & Oosthuizen, 2006). Workplace culture may be a positive influence or it may stifle individuality and initiative (Dwyer, 2006).

Overall employee satisfaction is a combination of one's feelings towards the different facets of job satisfaction (Locke, 1976, cited in Weiss, 2002: 174). Job characteristics such as pay, opportunities for promotion, task clarity and relationships with co-workers and supervisors have significant effects on employee satisfaction (Ting, 1997; Volkwein & Parmley, 2000; Smerek & Peterson, 2007). Numerous other studies reveal that employee satisfaction is significantly influenced by employees' perceptions of satisfaction in terms of pay, promotional opportunities, and relationships with supervisors, employees' performance management systems and fringe benefits (Ellickson and Logsdon, 2002; Pohlmann, 1999). Grobler *et al.* (2006) add that desire, capability and resources to do the job must accompany these elements.

Castro and Martins (2010) report a strong positive relationship between organizational climate and job satisfaction. Their study detected close proximity between the dimensions of organizational climate perceived as personal to the individual and job satisfaction. However, the dimensions perceived as indirectly affecting the job satisfaction of individuals also contributed significantly to job satisfaction. These results were in line with those of other

studies in which various dimensions, regardless of how they are perceived, were shown to have an influence on job satisfaction (Peek, 2003).

1.6 Demographic and biographic properties' influence on employee satisfaction

Demographic characteristics such as age, educational status, and gender are commonly used in studies, which relate to job satisfaction both within and outside the health field (Stamps *et al.*, 1978; Sarker *et al.*, 2003). James and Jones (1980) and Sarker *et al.* (2003) indicate that organizational tenure is a covariate of age, where both have been found to influence an individual's job satisfaction, thus age and organizational tenure are usually highly correlated with each other. Individuals who invest more in their job through higher levels of job involvement and compliance with conventional work norms and in the older age range were more likely to be satisfied with their jobs. Sarker *et al.* (2003) stated that the reason why organizational tenure would influence job satisfaction is because career expectations take a while to be realised. However, some studies seem not to tally. James and Jones (1980) argue that job satisfaction seems to increase with age, which may suggest a more realistic adjustment to the work situation or less mobility, while Mathieu and Zajac (1990) insist that the longer workers stay with an organization, the better their promotional opportunities as well as higher income and if this is the case, it can be argued that they will be more satisfied with their job. The only positive and significant correlation that Smerek and Peterson (2007:245) found was between length of service and the work itself.

Okpara (2004) found that older managers and those who have longer organizational tenure in the work place have higher levels of job satisfaction than younger workers and those with shorter organizational tenure. Bjork *et al.* (2007) argue that employees that have higher educational levels will be more satisfied with their jobs than those that have lower educational levels. Okpara (2004) also observed that younger employees also tend to have less education. Therefore, in the event of an economic downturn or company reengineering, the first casualties in the workforce will be those who were recently hired, and most often

they tend to be younger employees. Thus, individuals who are older, are consequently more tenured and usually have a higher education are more likely to be more satisfied with their job than those who are younger, less tenured and have less education. Acknowledging that the quality of a job is shaped by the attributes of the job and also by the degree to which there is a match between the job and the employee's preferences, Weaver (2009) argues that how recent university graduates perceive the quality of their job could have some implications for an industry. Thus, how the recent graduate evaluates the quality of what he does is informed by his personal expectations and experiences. Pay, prestige, travel opportunities, opportunity to grow and job security were perceived as predictors of job satisfaction for new nurses (Murphy, Cross & McGuire, 2006). These new hires also related to their new jobs in a transactional manner. If pay was good, then the tasks of the jobs will be performed commensurately, and so too will the other aspects of intrinsic motivational factors.

The relationship between age and job satisfaction is curvilinear (Azalea *et al.*, 2009: 506). In an earlier study, Azalea (2004) found that job satisfaction will increase with age until age 43, before it begins to decline.

With respect to marital status, research findings vary almost to a point of conflict. Some researchers find a positive correlation to job satisfaction amongst married employees (Mroczek & Spiro, 2005; Tang, 2007; Azalea, Omar & Mastor, 2009). Exploring gender, Tang (2007) found that male and married people have higher incomes, which is associated with job satisfaction. Azalea, Omar and Mastor (2009) found that Indonesians and Malaysians who are married, have higher educational levels, longer organizational tenure and are older than their non-married counterparts.

Castle, Degenholtz and Rosen (2006) also mention a number of other factors, which contribute to job satisfaction among nurses. These include personal factors (level of education, intelligence, abilities, and personality), social factors (relationships with colleagues), environmental factors (social, economic and government influences) and

organizational factors (worker perception of management, salary, autonomy, work demands and opportunities for development). According to Smerek and Peterson (2007), these factors contribute to levels of job satisfaction among employees and, depending on the circumstances, will influence some more than others.

In a study relating to stress coping strategies at a South African health service provider, Smit (2006) also found significant associations between demographic variables and employee job satisfaction. Quoting several studies (Carver, Scheier & Weintraub, 1989, Stanton, Parsa & Austenfeld, 2005), Smit (2006) reported that gender could serve as a possible dispositional influence in the coping process. She went on to report that women use strategies such as seeking emotional support and venting their emotions more frequently than men. Conversely, men may be more inclined to use problem-focused coping strategies than emotion-focused coping strategies.

1.7 Job facets and employee satisfaction

Bowling, Hendricks and Wagner (2008) found a close interaction between the worker and facets of job satisfaction. In their meta-analytical research, they found the following to have serious consequences in the level of association with employees:

- Work itself;
- Supervision;
- Co-workers;
- Pay; and
- Promotion.

Their results suggest that positive affectivity (PA) and negative affectivity (NA) yielded moderate relationships with some facets of job satisfaction, but more trivial relationships with other facets. Both PA and NA each yielded stronger relationships with satisfaction with work itself than with any other facet. This finding corresponds with Stamps, Piedmont, Slavitt,

Haase's (1978), Finn (2001: 350) and Aitken *et al.* (2001) findings that satisfaction with intrinsic aspects of work such as autonomy would have a stronger dispositional basis than satisfaction with extrinsic aspects of work. In another study, Stamps and Piedmont (1986) found six components that are significantly linked to the two-factor theory of Frederick Herzberg. These components, they argue, have a close relationship with the elements of job satisfaction within health-related professions; significantly, the nursing profession. These include adequate remuneration, professional status, autonomy, social integration, good organizational policies, and minimal non-nursing tasks. A number of other researchers also found almost similar results. Van Saane *et al.*, (2003) found eleven work factor domains to be representative of the content of job satisfaction.

These domains include:

- Autonomy;
- Growth/development;
- Promotion;
- Work content;
- Supervision;
- Financial rewards;
- Meaningfulness;
- Supportive colleagues;
- Feedback;
- Work demands; and
- Workload.

Essentially, a plethora of literature indicates the closeness of employee satisfaction to the various dimensions of organizational climate. Clear proximities can be established between variables that connect organizational culture and job satisfaction. The relationship between

job satisfaction and corporate culture is strengthened by the synergy between individual motives, needs and organizational culture (Van Eeden, 2010).

To undertake a study of this nature, it was important to examine the facets of job satisfaction, organizational climate, the essence of personality and demographic variables, as these would help to elucidate the reasons why health related professionals experience diminished job satisfaction. It was also hoped that the facets of job satisfaction, organizational climate, personality and demographic variables would facilitate the development of a model of employee satisfaction amongst health-related professionals.

1.8 Statement of the research problem

The focus of this study involves health-related professions, which include pharmacists, nurses, laboratory technicians, emergency medical services, optometrists and radiographers. Several reasons have been submitted regarding employee dissatisfaction in the health care profession, and these include political instability, economic and social push factors (Kingma, 2001: 205), lack of continued education and professional development (Bundred & Levitt, 2000; Kerse & Ron, 2002). Overseas organizations, as well as well-resourced private establishments seem to be dangling better carrots and, as a result, one finds that there is a high level of job mobility occurring within health-related professions in South Africa.

Every organization should beef up its environment with elements that satisfy employees in order for employees to produce more. In the absence of a satisfied employee, no organization can thrive. Employee dissatisfaction can cause a variety of problems for an employer. Employers can lose human capacity, experience poor output, high rates of absenteeism and costly grievance/disciplinary processes. Employee dissatisfaction in South African health-related professions has caused a number of early retirements and a pursuit of greener pastures beyond the borders of South Africa (Kingma, 2001; Azalea, Omar & Mastor, 2009).

High or low employee turnover rates, absenteeism, low productivity, low morale and grievances are some of the factors that indicate whether employees are dissatisfied with their organizations or not. Absenteeism is costly and has a disruptive effect on business operations, which results in lost productivity. Millions of rands are lost per annum in South Africa as a result of absenteeism, decreased efficiency and increased benefit payments.

From the foregoing statement, it is apparent that high levels of employee dissatisfaction exist among health-related professionals in South Africa. This major problem has created the following sub-problems:

- Low levels of trust and confidence amongst South African health-related professionals;
- High levels of worker absenteeism amongst South African health-related profession;
- High turnover rates amongst the South African health-related profession; and
- Difficulty in retaining skilled people within South African health-related professions.

1.9 Research questions

Following the research problems are critical questions whose purpose is to elucidate the main question: why are there high levels of employee dissatisfaction amongst health-related professionals in South Africa?

- Is there a relationship between biographical variables - occupational class, race, gender, education, tenure, age, marital status, income and job status – and employee satisfaction and or dissatisfaction?

- Is there a relationship between employee satisfaction and elements such as present job, remuneration, supervision, promotion and co-workers?
- Will the demographic variables of occupational class, race, gender, educational level, tenure, age, marital status, income and job status explain the variance in employee satisfaction?
- Is there a relationship between employee satisfaction and the personality of an employee?
- Does a relationship exist between an employee's behaviour and his or her organizational climate and culture?
- What recommendations can be made to create an environment that eliminates and/or reduces employee dissatisfaction?

1.10 Objectives of the research

The main purpose of the research is to develop a model, which analyzes levels of employee satisfaction amongst health-related professionals in South Africa. In order to achieve this, the following specific objectives directed the researcher:

- (1) To determine the influence of job satisfaction facets on employee satisfaction within health-related professions in South Africa;
- (2) To determine the influence of organizational climate on employee satisfaction within health-related professions in South Africa;
- (3) To determine the effect of demographic variables on employees perceptions of the facets of job satisfaction, as well as the dimensions of organizational climate;
- (4) To determine factors that influence employee satisfaction for the benefit of an organization's productivity; and
- (5) To propose a model of employee satisfaction to South African health-related professions.

1.11 Significance of the research

Several studies have reported severe dissatisfaction among health care professionals in South Africa (Kingma, 2001; De Villiers & De Villiers, 2004; Myburgh, 2004; Castro & Martins, 2010; Pillay, 2008). However, a larger part of the studies refers to medical doctors and nurses. This research will no doubt add to the existing literature on the subject of employee satisfaction but, more significantly, it hopes to develop a model of employee satisfaction in the health related profession of South Africa. In pursuing the above, the research:

- Ascertains the causes of employee dissatisfaction amongst South African health related professionals;
- Establishes if any correlations exist between the causes of employee dissatisfaction on the one hand, organizational culture, climate, demographic variables, as well personality on the other; and
- Proposes to South African health-related professions better management techniques of their members in order that they can experience higher levels of job satisfaction.

This study will help South African health-related professions to recognize the need to properly identify and pay adequate attention to issues related to employee satisfaction. The model that is proposed will also come up with means to determine the aspirations of members of the sector, and also how to meet these aspirations.

1.12 Delimitations of the research

Health-related professions in the Republic of South Africa serve as the focus of this research. Given its spread, the researcher concentrates on the Western Cape Province, in particular.

1.13 Literature review

The researcher undertook an extensive review of empirical accounts that related closely to the objectives of the study and found no record of empirical studies that addressed the major aim of this study. It is also important to point out that attention was focused on health and health-related studies, which were conducted in South Africa. However, in some cases, references to key studies conducted elsewhere and in other sectors were made so as to present relevant discourse, as well as to enlarge the understanding of the main focus of the study. In this case, the researcher only made use of other sector studies that were relevant to the study. Michie and West (2004: 93) concur. It is their considered opinion that those involved in healthcare research should make use of knowledge that has been developed in other sectors rather than perceiving healthcare as unique.

1.14 Other sources of information

Managing directors of institutions, practitioners in health-related professions, human resources managers, marketing and finance managers of organizations that were selected were respectively contacted to (1) help facilitate access to their organizations; (2) provide background information on their organizations; and (3) help with the logistics of instrument distribution.

1.15 Research methodology

A mixed research approach comprising qualitative, quantitative, exploratory and descriptive research was deployed, given the main objective of the study which was to develop a model of employee satisfaction within health-related professions in South Africa. This approach was considered suitable for a number of reasons including (1) qualitative studies' help to achieve the objective of a study, which has a subjective variable. The concept – satisfaction – is subjective and will, therefore, rely heavily on qualitative analysis; (2) qualitative research

assists with careful and systematic collection, ordering, description and interpretation of data; (3) qualitative research to explores the behaviour, processes of interaction, meanings, values and experiences of purposefully sampled individuals and groups in their natural context; (4) quantitative studies' help to obtain reliable frequency and descriptive statistics; (5) quantitative research methods aid in the collection of large volumes of data and in the elimination of factors that are irrelevant in the study; (6) exploratory studies help to uncover problems, opportunities, threats and salient variables or trends that are located within a research project; and (7) given that no model of this nature currently exists within health-related professions in South Africa, exploratory research was considered as suitable because it would assist with gaining greater understanding of the phenomenon under study.

Descriptive statistics were utilised to analyse the quantitative data. Statistical Package for Social Sciences (SPSS) was used to analyse the data, which is presented further in the study in the form of tables and charts for ease of reading.

1.16 Data collection

Questionnaires are popular for studies in the realm of employee satisfaction and have been found to persuade respondents to disclose as much information as possible because it allows for anonymity. Thus, to obtain data, a self administered pre-tested questionnaire was compiled. Questionnaires are also known to assist with mass reach of respondents thereby reducing costs that are normally associated with interviews, whether they are conducted one-on-one or via telephone. The instrument utilized for data collection was the revised closed-ended *Plus Delta Organizational Climate Questionnaire*. This instrument was utilized because it is condensed; and according to De Cock (2006) combines facets of job satisfaction with organizational climate dimensions.

1.17 Population and sample

The population comprised laboratory technicians, optometrists, radiographers, emergency medical services personnel (specifically paramedics), pharmacists and nurses who work in both the private and public sectors of selected institutions.

1.18 Summary of chapter

This study's main objective was to develop a model of employee satisfaction for South African health-related professions. Health-related professions comprise a diverse group of practitioners who deliver high quality care to patients across a wide range of care pathways and in a variety of settings. These bands of professionals should be valued, appreciated and rewarded. The potential effects of not looking after them will include lowered job performance, withdrawal, and increased absence from duty, counterproductive behaviour and health problems.

Essentially this chapter has provided a background to the study. It has elucidated the research questions, research objectives as well as the research delimitations. It has also provided an insight into the research methodologies that were utilised to achieve the research objectives.

Chapter 2

Theoretical model of employee satisfaction

2.1 Introduction

The literature review for this study is presented according to the research questions which were presented in Chapter 1.

Figure 2.1 below shows the theoretical and conceptual framework of the study. Several studies (Oosthuizen, 2005; Smerek & Peterson, 2007) argue that motivation theories help to understand the reasons behind the actions of employees. Employees behave differently in respect of how they are stimulated. Within the world of work, employees react differently to different stimuli (Nel *et al.*, 2008: 337). One employee's stimulant may not be another's. Employees react differently to job satisfaction facets (Pillay, 2009:7). Job satisfaction facets and motivation have been identified as critical to the retention and performance of health workers (Mbindyo, Blaauw, Gilson, & English, 2009: 47).

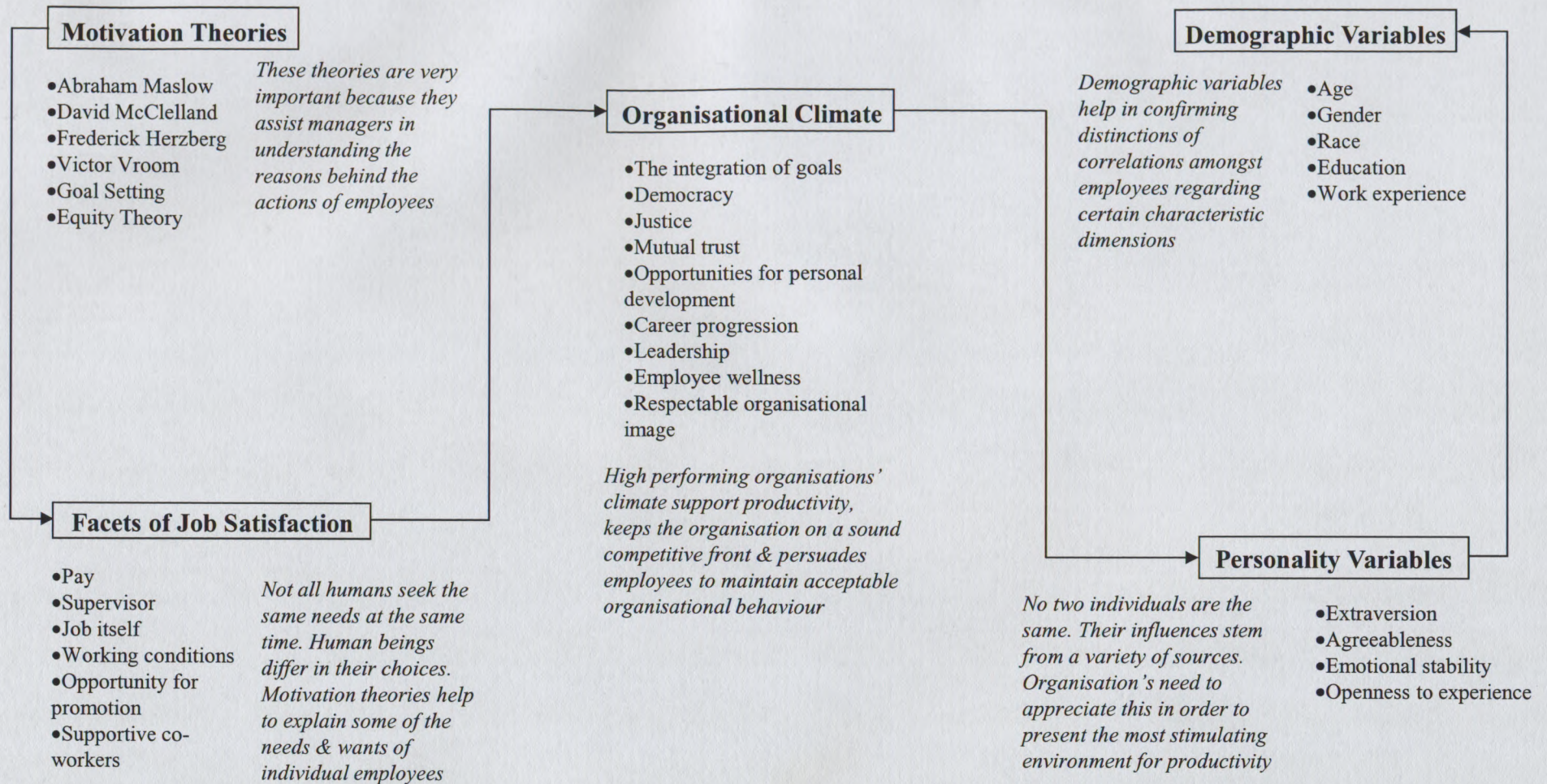


Figure 2.1: Theoretical framework of employee satisfaction

A good organizational climate promotes better worker integration into the objectives of an organization (Jacobs & Roodts, 2008; Castro & Martins, 2010). Elements within the job content environment – high utilization, and degree of responsibility (Nel *et al.*, 2008: 15), growth opportunities and the nature of the job (Grobler *et al.*, 2006: 116) - have been associated with good organizational climate (Nel *et al.*, 2008; Mullins, 2007). These job content environmental elements have been established as facets of job satisfaction and would have some degree of influence on health worker satisfaction (Peters, Chakraborty, Mahapatra, & Steinhardt, 2010:1).

A person's personality is fairly subject to certain situational factors, namely a person's culture, attitudes and beliefs (Nel *et al.*, 2008: 37, 38). This suggests that each worker will react differently to the facets of job satisfaction and the elements of organizational culture (Ross & Van Eeden, 2008: 55). Understanding how health workers perceive different facets of job satisfaction as well organizational culture dimensions, as has been argued by several studies, may help to substantiate the degree of relatedness or points of difference among the different health-related professionals. Several studies (Govender, 2006; Hennessy, 2009; & Castro & Martins, 2010) have empirically analysed the close association of the facets of job satisfaction to health-related professional's demographics. Their findings tend to suggest that job satisfaction increases with age, and that the longer workers stay with an organization, the better their promotional opportunities, as well as income.

2.2 Background to the framework on employee satisfaction

Africa, in general, is facing a colossal shortage of human resources (Luboga, Hagopian, Ndiku, Bancroft & McQuide, 2011: 2). This shortage may be blamed on developed economies that have better conditions of service (Kingma, 2001; Azalea, Omar & Mastor, 2009). Within the health profession, there are several push and pull factors that drive an increasing shortage of health personnel (Kingma, 2001; Marchal & Kegels, 2003). The report

(Harrison, 2010) on the state of health care in South Africa hints that the health sector workforce has experienced significant low levels in job satisfaction.

Employee job satisfaction has almost become a hackneyed subject with the conversation dating back as far as seven decades. Despite considerable interest in this subject, studies consistently emerge to try and understand the degrees of influence that several aspects of the job content environment (Peters, Chakraborty, Mahapatra, & Steinhardt, 2010), employee personality (Van Eeden, 2010; Okpara, 2006) and demography (Jacobs & Roodt, 2008) might have on employee satisfaction. This is so pursued in order that incidences of absenteeism, turnover, poor productivity, and employee unhappiness can be stemmed to a manageable proportion.

The inauguration of the concept of job satisfaction can be traced back to Edwin Locke (1969). Having examined a plethora of studies (such as Efron, 1966; Herzberg, *et al.* 1959; Hulin & Smith, 1965; Maas, 1966; Rand, 1964), as well as trying to draw what was termed 'correlations' from these studies, Locke (1969: 316) became the first researcher to pigeonhole this concept by defining it as 'the pleasurable emotional state resulting from the appraisal of one's job as achieving or facilitating the achievement of one's job values.' Locke went on to uncover salient elements in the definition, namely perception, (intrinsic) value and the discrepancy between one's perceptions or conscious judgements and one's values. Spector (1997:2) defines job satisfaction as "the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs".

One can infer from these definitions that job satisfaction does not necessarily have a single element from which one can make judgments. This is because there are many elements, which are associated with the job itself. Factors that are associated with the job itself or with outcomes directly derived from it include promotional opportunities, opportunities for personal growth, recognition, responsibility and achievement (Robbins *et al.*, 2009: 147). These outcomes will be experienced differently by different employees (Spector, 2003, cited in

Roos & Van Eeden, 2008). Nel *et al.* (2008: 15) opine that to understand whether the job itself is satisfying or not, one should ask whether the job provides some autonomy, has a reasonable degree of challenge, as well as variety. These tie in well with Hackman and Oldham's Job Characteristics Model. Robbins *et al.*, (2009), Roos and van Eeden (2008) and Nel *et al.* (2008) mentioned above seem to link well with most organizational climate dimensions of Mullins (2007), Jacobs and Roodts (2008), as well as Castro and Martins (2010). Pillay (2002) argues that a favourable organizational climate will contribute to an employee's job satisfaction.

Following Locke and Spector's definitions, as well as Locke's explanation of the concept of job satisfaction, and the connection between job satisfaction and organizational climate, this study will refer to employee satisfaction as:

The satisfaction derived by an employee from the positive presence of a combination of the facets of job satisfaction and certain dimensions of organizational climate.

This working definition invests employee satisfaction with the special kind of status and distinction that further clarifies the need not to identify the concept exclusively with any single facet of job satisfaction, as well as any single dimension of organizational climate.

This is somewhat echoed by Harris (2010:1) who states that "those who see jobs in terms of what motivates them personally, make for better employees". Traditional job satisfaction facets include co-workers, pay, job conditions, supervision, nature of the work and benefits (Spector, 1997; Hirschfeld, 2000). Examination of these facet conditions is often useful for a more careful assessment of employee satisfaction with critical job factors. Saari and Judge (2004:400-401) note that through measuring facets of job satisfaction, organizations can obtain a complete picture of their specific strengths and weaknesses that are related to employee job satisfaction, while using those facet scores for an overall satisfaction measure or, better still, using overall satisfaction questions for that purpose. Within health-related professions, low professional satisfaction and their decreasing social valuation have been

indicated as important factors for giving up jobs and moving elsewhere (Marchal & Kegels, 2003:89).

With the exception of nurses, most studies, which deal with employee satisfaction and motivation in South Africa, have focused on medical doctors without a commensurate interest in health-related professionals. This study hopes to develop a model of employee satisfaction amongst health-related professions in South Africa. To do this, the researcher will examine literature on various subjects including motivation and job satisfaction. The researcher will also carry out a survey of professionals in the health related professions. For a successful study, it is necessary to gain a better appreciation of the theories of motivation and the facets of job satisfaction. Oosthuizen, (2005) and Smerek and Peterson, (2007) have shown that motivation theories help to understand the reasons behind the actions of employees. Acknowledging that within the world of work employees react differently according to how they are stimulated, Pillay (2009) cautions that the facets of job satisfaction appeal to different employees differently. A consequence of this is that an appreciation of the differences in employees' levels of job satisfaction, as well as a proper application of employee motivation theories, may help to retain and empower the health-related profession's workforce (Mbindyo, Blaauw, Gilson, & English, 2009: 47).

2.3 Theories of employee motivation

The motivation to work is a driver of an organization's performance. Given the interest in organization's productivity, researchers have paid significant interest in the concept of motivation. These notions of work motivation are firmly grounded in theories of motivation such as the Theory of Needs (McClelland, 1961), Equity theory (Adams, 1963), Goal-setting theory (Locke, 1968), and Job Characteristic Model (Hackman & Oldham, 1976) where references to specific features of work that motivate employees have been given (Dwivedula & Bredillet, 2009: 158-159).

Hellriegel, Jackson, Slocum, Staude, Amos, Klopper, Louw, and Oosthuizen (2006:263) define motivation as any influence that triggers, directs or maintains goal-directed behaviour; the ability to influence the behaviour of others towards goal attainment. Nel, Werner, Haasbroek, Poisat, Sono, and Schultz (2008: 336) would rather consider motivation as directional and intentional. *Intentional* means that it is chosen and acted upon, while *directional* signals the presence of a driving force, which is aimed at attaining a specific goal.

Hellriegel *et al.* (2006:263) assign the theories of motivation into two categories namely the *content theories or individual differences theories* and *job and organization contexts theories*. Content theories focus on needs and factors that motivate behaviour. These include Maslow's Hierarchy of Needs, Alderfer's theory and David McClelland's theory.

2.3.1 Abraham Maslow's Hierarchy of Needs Theory (1943)

Abraham Maslow's Hierarchy of Needs theory suggests that human needs are hierarchical; once a lower order need is satisfied, one is motivated to pursue a higher level need. Clay Alderfer's ERG theory shares certain closeness to Abraham Maslow's theory. Instead of Maslow's five categories of needs, Alderfer's ERG theory specifies three need categories, namely existence, relatedness and growth. The major tenets of David McClelland's theory are that an individual's specific needs are acquired over time and are further shaped by the individual's experiences.

The *job and organization contexts theories* include Herzberg's two factor theory and Job Enrichment theory, which focus mainly on job characteristics, the origin of behaviour and factors that influence the strength and direction of the behaviour. The basis of Herzberg's theory is that satisfaction of hygiene factors will eliminate dissatisfaction, but will not motivate an individual employee to perform better. Job Enrichment theory purports to eliminate boredom, monotony in a job by either enlarging the depth of a job or its range.

There is also the *Goal Setting Theory*, which falls under the managerial theories and, lastly, there is the *integrated view of motivation*. Cronje, Du Toit, Marais and Motlatla (2006: 224) would rather submit the theories into two distinct categories – content theories (Maslow's Hierarchy of Needs Theory, Clayton Alderfer's ERG Theory, Herzberg's Two Factor Theory, and David McClelland's Learned Needs Theory) and process theories (Victor Vroom's Expectancy Theory, Equity Theory and Goal-Setting Theory). Nel *et al.*, (2008: 337) distinguish between content and process theories thus – *content theories focus on the needs and factors that motivate behaviour while process theories focus on the origin of behaviour and the factors that influence the strength and direction of behaviour*.

Through these theories, we know that work motivation has been characterized by dimensions such as secured and interesting job, ability to do the job, recognition from superiors and colleagues, adequate pay, and feedback on performance (Dwivedula & Bredillet, 2009: 159). Steel and K'onig (2006: 889) add, however, that these theories have several strong commonalities.



Figure 2.2: Abraham Maslow's Hierarchy of Needs

Physiological needs are non-negotiable. These include our need for oxygen, water and food. There are also bodily needs that can be compromised for a while, but not without significant impact on health and well-being, for example, our need for sleep, exercise, hygiene, warmth and good food. Once bodily needs are met, a person is motivated by their need for safety: somewhere secure and dry to rest (*relates to the importance of work. We work in order for us to add value to our families and then create an enabling environment for everyone in the family to be happy*). Following the need for safety comes the need to belong (*relates to the work environment, a place where a worker goes to in the morning or any other time that he has to work with the objective of adding value and feeling a sense of belonging*). Closely linked to this, but somewhat distinct, are esteem needs (*wanting to feel good about oneself and being able to approve of who one is and what one does*). Maslow's hierarchy of needs theory is discussed below.

- **Self Actualization needs:** This is the highest level of needs. It includes the need to develop one's full potential through growth and development. At this stage one would have achieved most of one's desired goals and will be looking at how one can also help other people to develop themselves.
- **Self esteem needs:** This comes before the self actualization. At this stage, people focus on acquiring status, self respect, recognition and accomplishments.
- **Social needs:** These needs include the need to be loved, friendship, acceptance and affection and these needs arise once safety and physiological needs have been met.
- **Safety needs:** These are needs that include security, and they arise once the basic needs have been met.
- **Physiological needs:** These are basic needs that have to be met first before all of the above needs are aspired, and they include water shelter, food and oxygen.

A manager should try to meet employees' lower level needs so that those needs will not dominate the employee's motivational process. Nel *et al.* (2008: 38), however, argue that employees have different personalities and as a result, they have different needs and values; some individuals are happy if they can merely satisfy their basic needs and the minimum needs of the organization, while others wish to satisfy social and status needs. Harris (2010) adds that no one works for the sake of the company, but to meet their own goals; articulating an employee's duties in terms of their values, will produce a productive worker.

While Abraham Maslow's theory has been well researched, arguments abound both in favour of and against the model. Hancock, Steinbacha, Nesbitt, Adler, and Auerswald (2009) assert that the Hierarchy of Needs theory is a good platform to understand why certain health personnel would choose certain practice sites. Robbins *et al.* (2009: 145) claim that several studies that sought to validate Abraham Maslow's theory found no support for it and that any attempt to lend some empirical significance to the theory led to the emergence of Clay Alderfer's ERG theory.

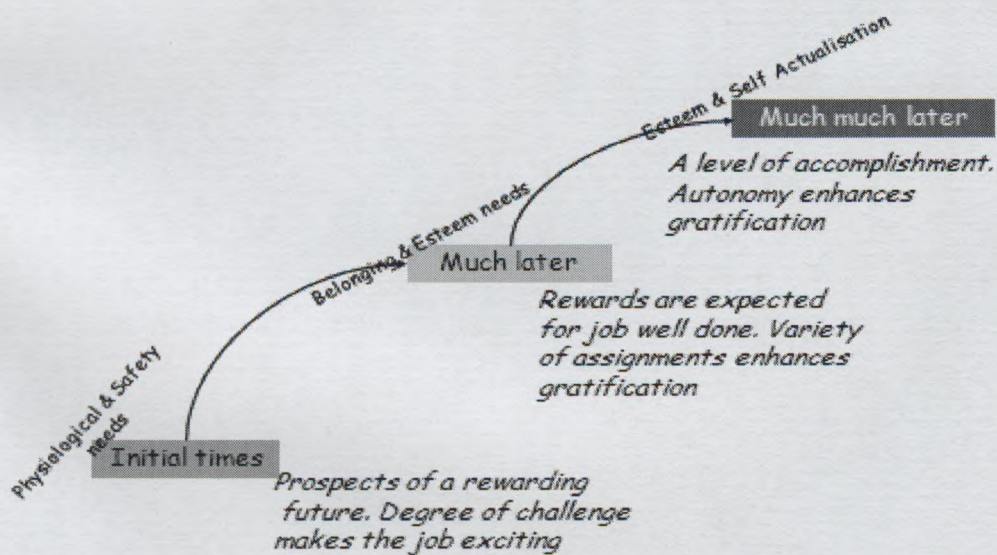


Figure 2.3: Stages of an employee's work life

A mini survey of the aspirations of fresh graduates entering a sales career was conducted in 2001 by a group of Business students in a South African university. The above figure illustrates the findings of the study. Utilising a mesh of Abraham Maslow's Hierarchy of Needs theory as well as Hirschfield's (2000) interpretation of Herzberg's intrinsic satisfaction dimension, the above figure is explained as follows:

- *Initial times* (1-3 years): A new employee relishes the prospect of a rewarding future; he anticipates a challenging career, which should make his job exciting;
- *Much later stage* (3-7 years): An experienced employee expects recognition for tasks well done; much more challenging assignments are presented which give him a sense of acknowledgement and gratification; and
- *Much much later stage* (7years and above): A more experienced employee expects to have control of tasks from start to finish. Autonomy will enhance gratification.

Integration of the theories of Abraham Maslow and Herzberg in the 2001 study mentioned above seems to have gained support from Steel and Konig's (2006:891) who welcomes a fostering of integration among different motivational disciplines.

2.3.2 Acquired Needs Theory of David McClelland (1961)

The Acquired Needs theory of David McClelland proposes that employees are motivated by their need for achievement, power, and affiliation (Lussier, 2000: 423). Nel *et al.* (2008:339) present three needs, namely a need for affiliation (*nAff*), a need for power (*nPow*) and a need for achievement (*nAch*).

The need for affiliation

Grobler *et al.* (2006: 218) report that this need motivates people to make friends, become members of a group and associate with others. People with this kind of need tend to seek close interpersonal relationships with others, want to be liked by others, and also enjoy social

activities (Smit *et al.*, 2007; Robbins *et al.*, 2009). They think about friends and relationships and they love to develop, teach and help others. They seek careers in teaching, social work, human resources and other helping professions.

Given the above descriptions, one can argue that in order to successfully motivate employees who have a need for affiliation, the supervisor should let them work as part of a team, because they derive satisfaction from people that they work with and not the task itself. Employees who seek the need for affiliation expect praise and recognition from their superiors. Management could also delegate responsibility for orienting and training new employees to these kinds of employees, because of their influential personality. This is also echoed by Lussier (2000: 429).

The need for power

Lussier (2000: 429) posit that people who have a need for power tend to want to control situations, influence or control others and they also enjoy competition, especially if they win. He goes on to say that people who have a high need for power seek positions of authority and status. Employees who have a high need for power prefer to work in an environment where they can exert control; direct other peoples' actions (Smit *et al.*, 2007: 347). Nel *et al.*, (2008: 339) mention two types of power – social power and personalised power. Social power, according to Nel *et al.* (2008: 339) is aimed at inspiring and influencing employees to achieve goals, while personalised power is exercised to control and exploit people. These two kinds of power, when combined with the need to affiliate, tend to produce either totalitarian or democratic control (Grobler *et al.*, 2006: 218). The needs for affiliation and power tend to be closely related to managerial success (Robbins *et al.*, 2009: 149).

To motivate employees who have a need for power, Lussier (2000: 429) suggests that employees should be given power or authority to plan and control their jobs, as well as involve them in decision making, especially when the decisions affect them.

The need for achievement

This involves people that have a high need for achievement, and they tend to take responsibility for solving problems. Those who have a high need for achievement are goal oriented; set moderate, realistic and attainable goals, and take moderate and calculated risks. They also seek challenge, excellence and individuality (Lussier, 2000: 428). Those who have a high need for achievement are motivated by non-routine, challenging tasks with well defined goals (Smit *et al.*, 2007: 347). They add that employees who have a high need for achievement enjoy frequent feedback on their performance and should continually be given increased responsibility to do new things. Those who have a need for achievement usually do well as entrepreneurs (Robbins *et al.*, 2009; Nel *et al.*, 2008; & Smit *et al.*, 2007).

Of the three needs, McClelland and subsequent researchers had a particular fascination with the achievement motivation (Robbins *et al.*, 2009: 149). Using a group of volunteers, McClelland was able to establish that those who have a high need for achievement set targets far above other participants for a challenge in order to produce an ideal challenge - not too easy, and not impossible (businessballs. n.d).

Research shows that people generally have a need for these needs and they are found in varying degrees in different people (Smit *et al.*, 2007: 347). This mix of motivational needs characterises a people or manager's style and behaviour, both in terms of being motivated and in the management and motivation of others (businessballs, n.d).

2.3.3 The Two-Factor Theory of Motivation (1959)

Herzberg's two-factor model comprises maintenance and motivational factors (Cronje, Du Toit, Marais & Motlatla, 2006: 227). Maintenance factors are also called hygiene factors (Nel *et al.*, 2008: 340). They do not motivate, but if inadequate or absent, will cause

dissatisfaction. These hygiene factors include aspects of the environment that are closely associated with the job (Hellriegel *et al.*, 2006: 270). Grobler *et al.*, (2006: 219) contend that this theory is perhaps one of the most interesting and controversial theories.

The hygiene and motivational factors are presented below.

Table 2.1: Two-Factor Theory of Frederick Herzberg

Hygiene Factors	Motivators
Organizational policy and administration	Achievement
Equipment	Recognition for what has been achieved
Supervision	The job itself (how interesting, meaningful and challenging it is)
Interpersonal relationships with colleagues, superiors, and subordinates	Progress or growth (learning and developing)
Salary	Responsibility
Status	Feedback
Working conditions	
Work security	

(Source: Nel *et al.*, 2008: 340)

Motivator factors are aspects of the job and organizational contexts that create positive attitudes among employees, while hygiene factors refer to non-task characteristics of the work environment that create dissatisfaction (Hellriegel *et al.*, 2006: 270). Herzberg's motivator factors relate closely to the job content environment, which includes nature of the job, job guidelines and goals, utilization, status and recognition and development. Nel *et al.*, (2008: 14) define the job content environment as the psychological satisfaction experienced by employees while doing the job for which they are appointed. It is, according to these authors, one of the three environments that influence an employee's functionality within an organization.

Hygiene factors are external to the employee and to the job, and are hence beyond the control of the employee (Grobler *et al.*, 2006: 219).

While support for Herzberg's theory is weak, it is useful to classify employees' attitudes. This is the claim of Bitsch and Hogberg (2005: 659). They went further to state that the theory helps to provide a systematic approach to analyze job satisfaction components. However, Berl, Powell, and Williamson (1984: 18) previously found that:

The empirical results associated with Herzberg's Dual- Factor theory are mixed in nature. Virtually all of the studies, which utilized Herzberg's original methodology had findings, which were supportive of the theory. The majority of the studies using methodology, which varied from the technique used in Herzberg's original analysis had results, which failed to support the Motivation- Hygiene Theory. This has led to the conclusion on the part of some researchers that the theory is bound to a single methodology.

Based on the above, Berl, Powell, and Williamson conclude that a lack of support exists for Herzberg's Motivation-Hygiene theory in terms of satisfaction leading to performance.

2.3.4 The Expectancy Theory of Victor Vroom (1964)

This theory is the basis for the integrated view of motivation. Expectancy theories view behaviour and motivation as a function of beliefs, values, expectations, perceptions and other mental processes. This theory holds that people are motivated to act in a specific way if they believe that a desired outcome will be attained.

Victor Vroom's theory has three key concepts namely valence, instrumentality and expectancy. Valence according to Nel *et al.*, (2008:343) refers to how attractive a specific

outcome is to an individual. It focuses on how much a person values the outcomes that are associated with the intended behaviour.

Expectancy refers to an individual's belief that a certain level of effort will lead to a certain level of performance. Marchington and Wilkinson (2008, cited in Coetzee & Schreuder (2010:287) capture the concept succinctly: "expectancy theory implies that management needs to demonstrate to employees that effort will be recognised and rewarded, in both financial and non-financial terms". However, Werner *et al.*, (2007: 90) warns that expectancy theory is a difficult approach for managers to follow because it is difficult to ascertain the strength of each employee's different beliefs. Robbins, Judge, Odendaal, and Roodt, (2009: 157) submit though that in a practical sense, if a person has a zero expectancy, then the effort will lead to performance, and the person will not put in a remarkable effort. An example of this would be that if it has been decided at a certain company that a reward will be offered to a salesperson who achieves an x amount in sales and a salesperson desires the reward but believes that it is unrealistic to reach that particular amount; he will not see the reason to put in more effort. Likewise, if the salesperson expects that he will be successful at achieving the desired level of performance, he will put in more effort in order to perform. Certain factors influence a person's expectancy perceptions and these include self-esteem, self-efficiency, and support (Kreitner & Knicki, 2001:247, cited in Nel *et al.*, 2008: 344). Expectancy focuses on whether effort needed to perform will be in line with the intended behaviour.

Instrumentality refers to the perception that performance will lead to a desired reward or outcome (Coetzee & Schreuder, 2010: 287). Performance is instrumental when it leads to a specific outcome or outcomes (Nel *et al.*, 2008: 345). The first level outcomes relate to the job itself, while the second level outcomes relate to the rewards and or punishment that accrue from having performed poorly or otherwise on the job (Cronje *et al.*, 2006: 230). In this case, one should first accomplish the organizational goals in a bid to attain personal goals. This can be evidenced by what the theory asserts. The theory states that the attainment of an organizational goal can be an instrument through which a person can attain

personal goals. People do not receive rewards for their efforts but rather for achieving actual results. Thus, instrumentality can be said to focus on how a person values outcomes, which are associated with the intended behaviour.

2.3.5 Goal-setting Theory (1968)

According to Hellriegel *et al.*, (2006: 277), Edwin A. Locke's goal-setting theory focuses attention on peoples' aspirations. Goal-setting strategies involve a systematic process whereby the manager and the subordinate discuss and agree on a set of jointly determined goals. With proper preparation, each party should be able to present a case for or against each goal. If the process functions effectively, the final result will be a set of goals that aligns with the objectives of the organization (Grobler *et al.*, 2006: 218).

Goals influence motivation by increasing the amount of effort exerted and then directing or channelling that effort (Hellriegel *et al.*, 2008: 276). Locke and Latham, (1970, cited in Schultz *et al.*, 2003: 61) present the following suggestions that should help to ensure that the goal-setting process results in employee motivation to achieve a desired goal.

1. Goals should be acceptable to the employee for whom the goal is set.
2. Goals should be challenging.
3. Goals should be clearly understandable.
4. Goals should be specific and easily quantified.
5. Feedback on goal achievement is important.

The best known expression of goal-setting theory is management by objectives (MBO) (Grobler *et al.*, 2006: 218). MBO is a widely used management technique that fosters employee participation in goal-setting, decision-making and feedback (Nel *et al.*, 2008: 346).

The theory, however, does not address absenteeism, turnover or satisfaction (Robbins, Judge, Odendaal, & Roodt, 2007: 189).

2.3.6 Stacey Adams Equity Theory (1963)

The Stacey Adams Equity Theory of Motivation is the only one that has a social component; it discusses the social comparisons that people make when they compare their inputs (efforts put into a task) against their outputs (Schultz *et al.*, 2003: 64). Equity theory relates to how employees make judgments about whether the organization treats them fairly. If an employee believes that he has been treated unfairly, he may become despondent and might lower his efforts which can impact negatively on productivity. However, Anthony, Kacmar and Perrewe (2002: 419) argue that dissatisfaction may not result from positive inequity. What this means is that a worker may not be unhappy if he is rewarded much more than he is worth.

2.4 Facets of job satisfaction

The five facets of job satisfaction include satisfaction with work, pay, opportunities for promotion, supervision, and co-workers. Robbins *et al.*, (2009: 77) call these a complex summation of a number of discrete job elements. However, they opine that summing up employee responses to a number of job factors would likely achieve a more accurate evaluation of job satisfaction.

Satisfaction with each of the five job facets is a highly significant contributor to the overall job satisfaction although a different mix of these job characteristics may produce a different level of overall job satisfaction (Skalli, Theodossiou, & Vasileiou, 2008: 1916). Job satisfaction refers to an individual's general attitude towards his or her job (Smit *et al.*, 2007: 299) and reflects a critical work outcome, namely feelings of fulfilment from the job and the work

setting (Coetzee & Schreuder, 2010: 249). However, Skalli, Theodossiou and Vasileiou (2008: 1916) warn that jobs are not one-dimensional. A worker may be willing to accept a job, which involves less of a given desirable facet if he or she is compensated with more of another desirable attribute.

2.4.1 Pay as a facet of job satisfaction

Health workers in South Africa have been reported as being extremely dissatisfied (Luddy, 2005; Hennessy, 2009). Some of the reasons for this dissatisfaction range from poor working conditions to poor remuneration (Pietersen, 2005; Makie, 2006; Pillay, 2008). Not too long ago, Netcare hospitals in four provinces of South Africa were almost forced to shut down as a result of staff picketing outside these hospitals. The staff were dissatisfied with a wage offer (Times, 2010).

Pay, as a facet of job satisfaction, has constituted a major source of controversy among employers of labour. Economists, executives and labour leaders have stressed the importance of the size of the pay packet to determine a worker's job satisfaction and the probability that the worker will remain in the job. Oshagbemi and Hickson (2003: 358), for instance, are convinced that satisfaction with pay deserves an intense review, firstly because pay affects the overall level of a worker's job experience, and, secondly, because pay is one of the five indices incorporated in both the original and the revised Job Descriptive Index (JDI). Nel *et al.*, (2008: 282) add that pay constitutes a substantial spend of an organization and as a result must be satisfying to both the employer and employee. Oshagbemi and Hickson (2003: 358) argue that pay satisfaction happens when existing pay corresponds to, or is greater than the desired pay, while pay dissatisfaction occurs when existing pay is less than the desired pay. This submission somewhat justifies many authors' position that pay is both a psychological and economic phenomenon (Grobler *et al.*, 2006; Nel *et al.*, 2008).

There have been two sides to the effect of pay on job satisfaction. On one side are studies (De Witte, 2005; Coomber & Barriball, 2007), which indicate that pay has a positive relationship to job satisfaction; while on the other, are studies (Green & Heywood, 2008; Mbindyo, Blaauw, Gilson, & English, 2009) which claim that pay has no direct positive bearing on job satisfaction unless in association with elements such as performance pay schemes, health worker's personal values and the work itself. It is also argued amongst certain researchers (Coomber & Barriball, 2007; Williams, Brouer, Ford, Williams & Carraher, 2008) that pay satisfaction is not in itself enough, but the perception of the person receiving the pay and the inclusion of pay administration variables. In the current study, the perception of the person receiving the pay will form a major consideration, although this will be considered along with the global perception of pay in all the groups in the sample. Grobler *et al.* (2006: 352) and Nel *et al.* (2008: 282) state that pay administration variables are significant in understanding pay satisfaction. In other words, fair and adequate pay administration policies and not increase in the pay can result in pay satisfaction and subsequently job satisfaction itself.

Dreher (1981, cited in Williams, McDaniel & Nguyen, 2006; Kim, Mone & Kim, 2008; Judge, Piccolo, Podsakoff, Shaw, & Rich, 2010), using a sample of managerial, professional and technical employees from a large oil company, examined the degree to which salary satisfaction can be predicted by using company information, which is commonly available to salary administrators. Predictors included years of continuous service, educational level, performance rating, and estimate of career potential, monthly salary, a measure of the most recent salary increase and gender. A variety of hypotheses derived from Lawler's (1971) model of pay satisfaction were also tested, focusing on the relative contribution of perceived performance, perceived job demand, certain non-monetary outcomes, and external and internal pay equity. The result suggested that without the inclusion of a variety of employee perceptions, only a small proportion of pay satisfaction can be accounted for, with salary and gender representing primary objective predictors. Perceptions regarding advancement opportunity and benefit packages are also important. With this finding one can say that the

way that workers perceive pay satisfaction differs from one another and, more importantly, differs from company to company and even in terms of age, gender and education.

Anthony, Kacmar and Perrewe (2002: 418) claim that negative pay inequity might result from employees who feel that they have been under rewarded. This feeling may impact negatively on workers' attitude towards the organization. What this means is that workers would more than likely feel unfavourably compensated if their colleagues earned more than them. Perhaps this justifies a 1961 study by Elliot Jaques (Gordon, 1969) who emphasized that most industrial disputes were based on patterns of distribution of income among members of a workforce.

De Witte (2005) argues that one of the reasons for the feelings of insecurity in South Africa is pay inequality, and these feelings of job insecurity could lead to insecurities regarding the continued existence of valued aspects of the job, such as pay, working hours, colleagues and the job content (for example, autonomy, and responsibility). Poor pay and insecurities (job insecurity, inability to maintain family and social responsibilities, and so on) have been considered as some of the reasons why nurses and teachers in the South African public service sector have sought greener pastures outside of public service (Kingma, 2001; Bailey, 2003; Stern & Szalonti, 2006). Feeling insecure in one's job goes against the traditional expectations of an employee from his employer (Nel *et al.*, 2008: 41). When less security is offered, employees may attempt to restore the imbalance by showing less involvement, less motivation, by lowering their performance or by seeking better opportunities elsewhere (Grobler *et al.*, 2006: 221). Elsewhere in Europe, Oshagbemi and Hickson (2003: 358-364) reviewed several studies, which indicate that satisfaction with pay was a significant factor in employment termination decisions. That is, when one is not satisfied with ones pay, one might decide to terminate one's appointment. However, they made an interesting revelation: a strong positive relationship exists between pay satisfaction and gender, indicating that women academics were more satisfied than their men counterparts in the United Kingdom.

Carraher and Buckley (2008:102) equally found out that a company's staff turnover would reduce if its pay was satisfying.

Another study on the effect of pay on worker satisfaction was carried out by Oosthuizen (2005). She tried to infer what nurses considered as major reasons for wanting to leave South Africa. Using a sample of 27 nurses, the variables considered in this study were age, seniority, education, ethnicity and gender, all of which were assumed to indicate the extent of their "investment" in their jobs. The investigation found that nurses, whose degree of reward or pay was favourable in comparison with their investment or input, expressed a greater degree of satisfaction than nurses whose degree of reward was unfavourable in relation to their investment. In a field study by Kingma (2001: 208-209), it was discovered that pay was an important facet of job satisfaction. Citing international nurse migration figures obtained from a study of nurses migration in Africa, the study implicated several factors as reasons for this trend. The main reason was pay. Other reasons implicated in the study included ill-defined and poorly structured locally-run postgraduate programmes and delayed promotions. While the study made use of a comparative category – high income and middle/low-income countries, as determined by their gross national product, it was evident that pay was clearly a much more powerful incentive to migrate from middle/low-income countries. Slabbert (2008:80), in a South African optometry study, found that 45% of staff in the optometric industry indicated that they were poorly remunerated. When asked to rank in order of importance, reasons that were considered most significant by staff in an optometric practice, as factors responsible for leaving, Slabbert (2008) also found that remuneration ranked lowest.

Myburgh (2004:123-124) states that thoughts of whether to emigrate or not to emigrate among professional bands hinge on safety and wage differentials. Mattes and Richmond (2000:16) had earlier utilised a survey of representative professional bands to indicate reasons for choosing an overseas destination over South Africa. It emerged that the emigration of professional South Africans was based on factor, which relate to labour market

conditions. These labour market conditions included the level of income and cost of living. Stern and Szalontai (2006:129) did not find this surprising. They had noted that professional migration from South Africa had risen particularly strongly since the nineties. They wrote that South Africa had become a major supplier of professional migrants to Australia, the United Kingdom and New Zealand, and warned that migration would occur as long as income differentials outweighed the costs of migration. Bailey (2003: 235) had earlier cited a number of screaming headlines from South Africa's news media to drive home the point that an alarming degree of medical and health-related personnel were pursuing greener pastures. In Bailey's study, it was clear that the overarching factor for the increasing skills migration was the highly attractive salary packages offered by enterprises in North America, Europe and Australia. Health personnel have always been subject to the lure of migration, in particular nurses and doctors and, recently, also physiotherapists, pharmacists and biomedical researchers (Martineau *et al.*, 2004:2). This somewhat gives impetus to the finding of Coomber and Barriball (2007). In their study relating to the impact of job satisfaction components with reference to hospital-based nurses, Coomber and Barriball (2007: 302) found that level of education and pay had some association with job satisfaction.

Adopting a web-based survey and utilising 84 subjects, Kerr-Phillips and Thomas (2009:86-87) explored the challenges of employee attraction and retention both at micro (organizational) and macro (country) levels. The study notes that competitive remuneration packages were among the main drivers of talent attraction and retention at both micro and macro levels, and subsequently warned that business leaders must consciously develop a culture of transformation in their organizations, which includes expectation of high standards and competitive remuneration packages. There is, therefore, substantial literature that suggests that pay is a strong element within employee job satisfaction.

2.4.2 Supervision as a facet of job satisfaction

Since the 1950's, supervision has been mentioned as an important source of employee satisfaction. However, Uys, Minnaar, Simpson, and Reid (2005: 282) ponder why supervision, a critical facet of employee satisfaction, had received little attention in South Africa's organizational behaviour literature. Exploring the effect of two models of supervision (The Modified Matrix model and The Centre for Health and Social Studies model) on selected outcomes, these researchers investigated whether supervision affected the quality of care and job satisfaction among nurses in rural districts in South Africa. Citing earlier studies, they confirmed that supervision was lacking; nurses and supervisors in the primary health care system received no training; job descriptions were non-existent; and so-called policies and plans were not implemented.

Supervision is a non-financial incentive. The importance of non-financial incentives to employee job satisfaction cannot be disputed. Reporting on an unpublished study presented at a migration and development conference, Stilwell, Diallo, Zurn, Vujicic, Adams and Dal Poz (2004: 598) mentioned that the study had found that non-financial incentives were important to motivate health care workers both to do a good job and to retain their jobs. These incentives, according to the study, included, among others, supervision. Effective supervision ensures that the workplace consists of high performing employees who understand their job description and the standards for performance management (Grobler *et al.*, 2006: 214). Anthony, Kacmar and Perrewe (2002: 291) suggest that the success of work teams is primarily owing to the leaders and workers' awareness of their roles. Recently, Cameron (2011: 32) added that the state of mind of a manager can have a positive or negative impact on the functioning of a team. In his words '*the emotional state of leaders has a significant impact on the emotional climate of a team and, therefore, their performance output. Stressed leaders not only lose their self-awareness and social awareness, which are key to emotional intelligence competencies, but also trigger their staff's stress response*'. If

this is the case, it would justify the position of supervisors who are in the best position to observe an employee's behaviour and determine whether the employee has reached specified goals and objectives. This way the supervisor gives complete and accurate feedback to employees when appraising their performances as well as noting areas of improvement (Grobler *et al.*, 2006: 354). Roos and Van Eeden (2008: 56) add that needs related to the self and higher-order needs that affect job satisfaction, include recognition of performance.

Health workers retain their membership of organizations for different reasons, which range from strong leadership support (Rust & de Jager, 2010), commitment to health care (Mbindyo *et al.*, 2009) and elements within the job content and work environment (Peters, Chakraborty, Mahapatra, & Steinhardt, 2010). Among labour experts, there is a general agreement that certain issues are likely to lead to an organising drive by employees. Grobler *et al.*, (2006: 417) maintain that fair and just supervision is but among the agreed reasons why employees join a union. This perhaps supports the thinking of Stamps, Piedmont, Slavitt and Haase (1978), Packard and Kauppi (1999), Foels, Driskell, Muller, and Salas (2000) who argue that style of leadership also plays an important role in determining level of job satisfaction. Using a meta-analytic integration of research evidence to address the paradox, they reveal that there was a significant tendency for groups that experience democratic leadership to be more satisfied than groups that experience autocratic leadership. Stamps, Piemont, Slavitt, and Haase, (1978:339) state, however, that the relationship of levels of satisfaction and types of supervision depend on the type of job, the size of the group of employees and the amount of independence that the employee desires. With regard to what drives current employees to consider alternative employment, a number of reasons emerged from a study, which was conducted by Kerr-Phillips and Thomas (2009: 86-87). A lack of business leadership and a sound organizational culture were implicated in this study.

Increased upward communication and its rewards also result in employee satisfaction. Avtgis (2000: 82) indicates that people who reported increased communication and high reward in

communication also reported greater relational satisfaction and greater perceived organizational influence. Within the South African public health service sector, research suggests that explicit and open communication regarding, for instance, organizational changes, is effective in reducing employee dissatisfaction (Oosthuizen, 2005; van der Westhuizen, 2008). Open, honest and early communication increases the predictability and controllability of future events. Additionally, organizational communication increases the perception that one is respected as an employee. Participation in decisions about an organization's future (and thus about employment) also increases satisfaction. In fact, De Witte (2005: 5) insists that should insecurity arise from a lack of organizational communication and integration, compensating employees through other rewards such as pay or status could lead to satisfaction and a sense of belonging, which management should instil in their employees.

As though confirming that supervision is an important factor in employee satisfaction consideration, Pietersen (2005:22), using a sample of 200 nurses at a government hospital in Limpopo Province in South Africa, found that 58% of respondents were dissatisfied with extrinsic work factors such as supervision, pay, and working conditions. The study, in general, identified that 65% of the population was dissatisfied. Further, while she reports literature's enormous chronicle of extrinsic factors such as working conditions, supervision, management styles and salary, which negatively affect employee satisfaction, Pietersen added to the literature by establishing that respondents in her study were clearly dissatisfied with their supervisors.

Hyrkas (2005: 532-533), referring to some published studies, recalled that amongst healthcare professions, clinical supervision had been evaluated from varying perspectives, while challenges of evaluation had also been identified: for example, what to evaluate, how to evaluate, and what the parameters of evaluation were in terms of benefits or outcomes to healthcare professionals, patients, and organizations. Thus, by using 14 healthcare institutions that are widely geographically spread, her study aimed at describing and

evaluating the effectiveness of clinical supervision and its impact on job satisfaction and burnout on health care professionals. The findings from this study indicate that clinical supervision was beneficial for the mental health of psychiatric healthcare professionals in terms of their job satisfaction and levels of stress.

Kavanaugh, Spence, Strong, Jill, and Crow (2003: 191) worked with a representative sample of 272 staff members from public health services across Queensland, Australia. They examined whether supervision characteristics impacted on mental health practice and morale, by using a new Supervision Attitude Scale (SAS), which they developed. Although supervision was widely received and positively rated, it had a low average intensity, while assessment and training of skills was rarely incorporated. Perceived impact of supervision on practice was associated with acquisition of skills and positive attitudes towards supervisors, but the extent of supervision was related to impact only if it was from within the profession. In this same study, intention to resign was unrelated to the extent of supervision, but was associated with positive attitudes towards supervisors, accessibility, high impact, and empathy or praise in supervision sessions. The study supported the role of supervision in retention and in improving practice. It also highlighted supervision characteristics that might be targeted in training, and provided preliminary data on a new measure.

Working with 1965 registered pharmacists in Ireland, McCann, Hughes, Adair and Cardwell (2009: 192) found that a considerable number of pharmacists responded that they would not choose the same profession again. These groups of pharmacists blamed occupational stress as the reason for their response. They claimed that frequent interruption by phone calls, too much work and a lack of adequate staff to cover duties were some of the sources of stress.

The studies cited above are good indicators that measures of supervisory behaviour should constitute an integral aspect of employee satisfaction.

2.4.3 The job itself as a facet of job satisfaction

The job itself is regarded as one of the important elements in the job content environment (Nel *et al.*, 2008: 15). The job content environment is related to psychological satisfaction experienced by the holder of a job while doing the job. It is one of the environments that exert an influence on employee functioning within an organization (Nel *et al.*, 2008:14). The job itself refers to what the job is about and is known to belong to Herzberg's intrinsic satisfaction dimension (Spector, 1997; Hirschfield, 2000). Intrinsic satisfaction refers to job tasks and job content such as variety, autonomy, skill utilisation, self-fulfilment and self-growth (Pietersen, 2005: 19). Thus, theorists (Nel *et al.*, 2008; Robbins *et al.*, 2007, 2009) argue that for any job to satisfy, it must have some task variety (not monotonous), a good degree of autonomy (and/ or responsibility, where the executor of the job feels a certain degree of control of the job from start to finish), skill utilisation (a reasonable degree of challenge) and an opportunity or opportunities for the job holder to advance both in the organization and in the chosen field. This submission confirms the main points of Hackman and Oldham's job characteristics theory. The job characteristics theory states that people will be more motivated to work and more satisfied with their jobs to the extent that their jobs possess certain core characteristics such as skill variety, task identity, task significance, autonomy, and feedback. Nel *et al.*, (2008: 341) explain these attributes of a better satisfying job below.

Table 2.2: Job Characteristics Model

Job characteristics	Explanation
Skill variety	The extent to which a job requires a person to do a variety of tasks that require different skills and talents.
Task identity	The extent to which a person is responsible for a completely identifiable piece of work.
Task significance	The extent to which the job impacts on other people.
Autonomy	The extent to which the job allows the person to experience freedom and discretion to plan, schedule, and execute the task.
Feedback	The extent to which the person receives factual information on how effectively the job is done.

Nel *et al.* (2008: 341) argue further that critical psychological factors influenced by these job characteristics include experienced meaningfulness, experienced responsibility and knowledge of results. Brown (2006: 21) concurs by stating that '*annual productivity appraisals are pretty much a waste of time, people need frequent and specific feedback on how they are doing*'.

In a survey of both private and public sector professional nurses, which was conducted throughout South Africa by using a pretested and self-administered questionnaire, Pillay (2009: 7) established that private sector nurses were generally satisfied, while public sector nurses were generally dissatisfied. Private sector nurses had specifically indicated that they were dissatisfied with career development opportunities, while public sector nurses indicated that they were dissatisfied with career development opportunities, workload and a lack of resources. In an earlier study of nurses in South Africa's public sector, Pietersen (2005:22) reported that there was no clear difference between general levels of job satisfaction and dissatisfaction, although more respondents were dissatisfied than those who were satisfied. Specifically, Pietersen's study showed that public sector nurses were more satisfied with the job itself and, subsequently, believed that their jobs were worthwhile.

An integral part of the health care delivery system, emergency medical services employees provide access to emergency healthcare for twenty-four hours a day. Studnek and Mac Crawford (2007: 464) add that *'emergency medical services is a unique and diverse profession where individuals are asked to treat and transport sick and injured patients in times of great need.'* In their study of factors, which are associated with back problems among emergency medical technicians Studnek and Mac Crawford (2007) disclosed that overall physical fitness and satisfaction with current emergency medical services assignments were predictors of back problems. While hinting that physical fitness and satisfaction with the job itself had some association with recruitment flaws, their study indicated increased odds of reporting back problems with decreased levels of satisfaction. This they maintain does not indicate that increasing satisfaction would reduce back problems. The hint that emergency medical technicians' back problems could have been a recruitment flaw is a deduction from a requirement for the emergency medical technician job, which is physical fitness (Bureau of Labor Statistics, 2010: 2).

Several factors have been mentioned as reasons why many organizations struggle with staff retention. Some of these factors include a lack of workplace cohesion, poor career

opportunities, poor salary and a lack of organizational commitment. Slabbert (2008: 79) argues, however, that these factors differed from person to person. In a study of macro and micro challenges for talent retention in South Africa, Kerr-Phillips and Thomas (2009: 87) mention the following factors as enabling retention possibilities for employees:

- Personal growth associated with participation in leadership development programmes;
- Unlimited career development opportunities;
- A value placement on skills and ability.

In another study, Myburgh (2004:122) argues in favour of wage differentials as the main reason for a lack of retention of professional skills in South Africa, rather than some analysts' suggestion that racism and Affirmative Action played a role. If racism and Affirmative Action were to blame, it meant that employees would not be served meaningful roles and that their skills and abilities are then underrated. Somewhat acknowledging the significance of group level task interdependence, Vander, Emas and Van DeVliet (2001: 61) argue that it increases the feeling of belongingness and coordination among employees, and hence increases degrees of employee satisfaction.

Research findings of De Jonge, Dollard, Dormann, LeBlance and Houtman (2000) and Gevers, Van Erven, De Jonge, Maas and De Jong (2010) provide renewed empirical support for the view that high-strain jobs (high demand and low control) are conducive to ill-health (emotional exhaustion and health complaints). Further, it appears that active jobs (high demand and high control) give rise to positive outcomes (job challenge and job satisfaction). This seems to support the commonly held belief that routine jobs are boring, while jobs that are challenging in nature create a feeling of satisfaction.

While many organizations are said to plan well in advance, some organizations still experience some degree of uncertainty in terms of production. Despite planning, uncertainty

of production cannot be avoided. It is, therefore, important to find a linkage between production uncertainty and employee satisfaction. A while back, Wright and Cerdery (1999, cited in Bajpai & Srivastava, 2004: 91) investigated the relationship between job control and affective outcome (job satisfaction and intrinsic motivation), and found that they vary with levels of production uncertainty. Production uncertainty can influence job insecurity. De Witte (2005:2) argues that job insecurity is not necessarily a perception. It can result from the objective conditions in which people work. De Witte continues that 'job insecurity is a good reflection of an individual's real (or 'objective') chances and position on the labour market, despite its subjective nature.'

The qualification of an employee must match his job. If he feels that his qualification is not matched with his job, chances are that he will be dissatisfied. In an investigation of the effects of perceived over-qualification on dimensions of job satisfaction, Johnson and Johnson (2000, cited in Bajpai & Srivastava, 2004: 91) disclosed a result, which supported their hypothesis and also suggested that perceived over-qualification had a negative effect on employee satisfaction. Azalea, Omar and Mastor (2009: 497-498) made reference to Core-Self Evaluation (CSE) when they found that if a person feels that he deserves an offer, he will experience some satisfaction as opposed to someone who feels he does not deserve a particular offer. This finding is relevant to the present study because different levels of health related professionals' responsibility are examined and their levels of satisfaction or dissatisfaction may be explained in terms of their monotony.

Health care professionals in South Africa face a number of difficulties given the nature of their jobs (De Witte, 2005; Slabbert, 2008; Pillay, 2009). In a study, which dealt with job satisfaction of hospital nursing staff at a South African government hospital, Pietersen (2005:22) found that the job itself was rated higher than some intrinsic factors such as promotion. Makie (2006: 102) and Smit (2006: 130) also confirmed that burnout, compassion fatigue, abuse by the sick and workload (insufficient staff) were responsible for the lack of satisfaction that South African health care professionals experienced. Although Pundit's

(2006: 44) work seemed to suggest that nurses enjoyed their relationships with patients; public sector nurses had the bigger challenge of working with fewer resources. Elsewhere, in Turkey, research shows that nurses were keen to quit because of inappropriate working hours (Yildiz, Ayhan & Erdogmus, 2009: 116), whereas Luddy (2005:104), in her investigation of health care workers in a Western Cape health facility indicated a nearly non-significant relationship with the job itself. However, owing to the type of patients at a Gauteng health facility, Hennessy (2009: 56) found out that health care workers felt severely stressed, demoralised and lacked genuine administrative and material support. Govender's (2006; 91) doctoral study of a military health facility in South Africa indicated differently. It emerged from her work that health care professionals at the military establishment enjoyed the actual nature of their work - 85% of the respondents indicated that their work made a difference in the Department of Defence.

2.4.4 Working conditions

Working from a total of 248 completed questionnaires, which represented 31% of the dispensed questionnaires, Hennessy (2009: v) disclosed that the reason for investigating job satisfaction and the impact of HIV and AIDS on nurses in a public hospital in Gauteng, included absenteeism, lateness, low morale and negativity. She believed that job satisfaction was adversely affected by staff shortages, workload, frustrations with management, remuneration, lack of developmental opportunities and equipment.

Indicating that a majority of her subjects were females, Black and older than 40 years, Pundit (2006: 44) declared that there was a significant difference between the responses from the nurses in the private sector regarding working conditions. Public sector nurses complained of a significantly bigger workload than the private sector nurses. The private sector nurses showed higher levels of satisfaction with their work environment, which they considered safer than public sector nurses. In what seemed like a summary of her findings, Pundit maintained

that 60% of South Africa's nursing fraternity suffered severe job dissatisfaction with most job facets aside from co-worker relationships and relationships with patients.

Uncompromising conditions of work are not only faced by nurses and doctors. Slabbert (2008: 80) disclosed that unreasonable working hours – including working on weekends and public holidays – were some of the reasons for resignation considerations. Roth, Reed and Zurbuch (2008: 158) capture the working conditions of emergency medical services workers: *'EMS providers are placed in high stress situations on a daily basis. They work in a variety of environments, including all types of weather (rain, heat, cold, wind and ice) and different terrain. Providers face violent patients or aggressive bystanders at the scene.'* They went on to state that *'... clearly these health threats are a source of stress that providers and families must struggle with on a daily basis'*.

Patterson, Moore, Sanddal, Wingrove and La Croix (2009) also maintain that poor working conditions, which emanate from transport, among others, were significant reasons for resignation considerations.

Arguing intensely that labour demand exceeds labour supply within the emergency medical services environment, Powers (2007) confirms that emergency medical services were in a constant struggle for funds. This problem, Powers adds, though not unique to emergency medical services, pervades most public service establishments.

As if taking a hint from Studnek and Mac Crawford (2007), Powers (2007) proffers a suggestion on how the emergency medical services environment can be made more fluid to the needs of its community. Firstly, Powers suggests that retention efforts should begin from the first day of the new hire. A new employee comes to an organization with certain expectations about a variety of issues (Coetzee & Schreuder, 2010: 240). Assigning a mentor to a new employee helps them through the early processes of learning a job (Powers, 2007). Induction can be a good start in the learning process (Coetzee & Schreuder, 2010:

371). This is also the argument of Nel *et al.*, (2008: 261). Inducting a new employee by using a 'buddy' or mentor helps to clarify the big picture while at the same time improve job satisfaction.

Examining job satisfaction amongst health care personnel in a military health facility in KwaZulu Natal province, Govender (2006: 89) argues that the lack of resources and tools that are required to perform jobs indicates that top management had not adequately assessed the risks in the internal environment that needed to be addressed in order to maximise service delivery, as well as meet the goals of the organization. Analyzing this finding, Govender indicates that as a result of this lack of resources, health care professionals may lose confidence in their management's ability to handle issues that affect service delivery. This would, therefore, imply that the management does not proactively scan the environment for potential threats or opportunities and identify strategic factors that should be changed or updated. In another public funded health facility, Pietersen (2005: 23) reported that health care workers at this establishment were clearly dissatisfied with working conditions at the hospital.

Using a theoretical framework derived from Maslow's Hierarchy of Needs Theory, as well as a target population representative of nurses registered with the South African Nursing Council (SANC) and completing their studies in 2002, Oosthuizen (2005: 191), in her analysis of factors, which contribute to the emigration of South African nurses found, among other reasons that factors related to working conditions of nurses in South Africa were important issues that contributed to newly qualified nurses' decisions to emigrate. This study also found that while 94% of the population who considered leaving South Africa agreed that inadequate staffing was stressful for them and as a result would rather go overseas, 90% of the respondents stated that they considered leaving South Africa because of heavy workloads. Generally, Oosthuizen (2005: 193) revealed that 75% of her population was dissatisfied with their working conditions to the extent that they considered leaving South Africa for greener pastures.

Explaining medical doctors concerns about their placement in rural hospitals in the Western Cape, De Villiers and De Villiers (2004: 21) asserted that rural hospitals are under-staffed, which prompted longer working hours; and doctors are unable to perform their duties satisfactorily because of a lack of equipment, drugs, transport and unsupportive management systems. These researchers warn that it is important that factors, which satisfy or dissatisfy doctors who work in rural areas should be identified and dealt with. Another interesting finding from this Western Cape study was that the doctors did not have sufficient nursing staff to support their work. In cases where nurses were available, they lacked motivation. This study also revealed that because of a severe lack of material resources, certain procedures did not receive helpful attention. For instance, special investigations had to be kept to an absolute minimum owing to budgetary constraint, while patients who needed urgent and repeated laboratory tests were better off if referred to a higher level of care elsewhere.

2.4.5 Opportunity for promotion and growth

Though Koch (1998) agrees that employees want fair, competitive compensation, she also states that they want to be recognized for their contributions. She argues that employee commitment can no longer be bought -- if it ever could. Later studies (Nel *et al.*, 2008; Pillay, 2009) confirm that while financial rewards were still vital to employee commitment and performance, money alone will not energize workers or boost performance. People want more than money (Stilwell *et al.*, 2004; Pietersen, 2005). They want to be needed, valued and appreciated -- something a paycheck alone cannot do anymore.

Professional and non-professional nursing bands reported high levels of dissatisfaction with growth and development opportunities at a health facility in Gauteng (Hennessy, 2009:53). Given her study of a military health facility in KwaZulu Natal, Govender (2006: 85, 87) also indicated that health care workers were unhappy with growth opportunities. Govender

observed that there was a perception that there are no equal opportunities for everyone at a military health facility in KwaZulu Natal province. She states that this could actually be owing to the transformation process in the South African National Defence Force (SANDF), which resulted in implementation of the Affirmative Action policy where previously disadvantaged individuals were given preference in terms of available opportunities. These opportunities included promotions and other benefits such as attendance of military courses, attendance of international seminars and conferences, appointment of military attachés, and selections in terms of special projects such as military liaison officer posts. Pietersen (2005: 24) found that nurses at a Limpopo Province's medical establishment were unhappy with opportunities for promotion, while acknowledging that previous studies about nurses' satisfaction had emphasized nurses' satisfaction with opportunities for promotion. The optometric industry does not fare differently. Slabbert (2008: 80) reports that 39% of staff in the optometric industry indicated that their consideration to leave or stay with a practice depended on the presence or lack of opportunity for advancement.

With the hope of determining the extent of work satisfaction among nurses and also examining variables, which influence 13 aspects of job satisfaction, Pillay (2009: 8) discovered that not much difference existed between public sector nurses and their private counterparts in terms of opportunities for promotion and growth. Both public sector nurses and private sector nurses felt that career development opportunities were non-existent. However, Patterson, Moore, Sanddal, Wingrove and La Croix (2009: 86) found that emergency medical services workers were satisfied with opportunities for advancement, which has a significant association with years of experience, work location, education, income and type of agency.

Kerr-Phillips and Thomas (2009:86) states that a majority of their sample had confirmed that they had kept their jobs because their organizations had a high-performance culture and a well-structured development programme. These they said strengthened their commitment to

their organizations. In the analysis of their findings, they discovered four common themes that attracted and kept their samples at their current jobs:

“Quality and depth of company leadership development programmes, including personal growth and development opportunities; high-performance workplace cultures that offer challenging and stimulating work opportunities; an attractive company brand and a culture that actively promotes people development and is ethical in its business approach; competitive remuneration packages”.

Linking some of the reasons for emigration to esteem and self-actualisation needs, Oosthuizen (2005: 195) found that the opportunity to gain experience, which is non-existent in a facility that lacks requisite amenities, a lack of appreciation and respect and a lack of promotion and career advancement, which were some of the reasons, which were provided for South African nurses' intention to emigrate.

Given the above, it thus becomes clear that many people experience satisfaction when they believe that their future prospects are good. If their future prospects are good, it may then translate into opportunities for advancement and growth in their current workplace, or enhance the chance of finding alternative employment. Conversely, if people feel that they have limited opportunities for career advancement, their job satisfaction may decrease. Robbins *et al.*, (2009), however argue that promotions provide opportunities for personal growth, increased responsibility, and increased social status. This somewhat suggests that with promotions, an employee can enhance other growth opportunities. Presenting an almost conditional statement on the case of promotions, Visser (1990, cited in Bull, 2005: 40) indicates that an individual's standards for promotion hinged on personal and career aspirations. In a sense, this supports an earlier study by McCormick and Ilgen (1985: 312) who disclosed that employees' satisfaction with promotional opportunities will depend on a number of factors, including the probability that employees will be promoted, as well as the basis and fairness of such promotions.

2.4.6 Supportive co – workers

The third order of Maslow's 1954 Hierarchy of Needs pyramid comprises social needs, which include belonging to a group, love and acceptance by other people. Facets of job satisfaction, which were developed by Smith, Kendall and Hulin in 1969, include co-worker support. This essentially means that supportive co-workers have a significant influence on job satisfaction of employees.

Based on her comparative study of the public and private nursing sector, Pundit (2006:44) declares that aside from relationships with peers and patients, all other facets of job satisfaction ranked lower for this health-related profession. This finding is also concurred by Pillay (2009: 2) who found that supportive co-workers made nurses and doctors gain a sense of belonging. Pundit (2006: 20) also adds that 'the camaraderie among nurses is of particular significance in the South African context as it is in keeping with the concept of Ubuntu and the cultural background of most nurses in South Africa who are Black'.

The work group normally serves as a source of support, comfort, advice and assistance to the individual worker. Luthans (2002), however, argues that co-worker relations are not directly essential to job satisfaction, but in the presence of extremely strained relationships, job satisfaction will likely suffer. Studies show that levels of co-worker support differ. Booyesen (2008: 28) refers to co-worker support, which emanates from observed behaviour of 'veteran' employees – 'if an organization's veteran employees work hard and talk positively about their jobs, new employees will model this behavior, which will result in productiveness and satisfaction.' An employee may be dissatisfied with his colleagues, including his superiors, or may even dislike his job. This can be partly because individual motivation and performance is either positively or negatively affected by the individual's job context environment (Nel *et al.*, 2008: 19). Nel *et al.*, (2008: 16) state that an employee's job context environment contains two important factors – leadership element and the hygiene factors of Frederick Herzberg.

Arguing that person-organization-misfit can lead to a number of negative outcomes for organizations, Wheeler, Gallagher, Brouer and Sablynski (2007: 207) argue that 'should individuals and organizations share mutual attraction; they will select each other (in the form of a job offer and an offer acceptance). So long as the organization and the employee remain mutually attracted, the employee will remain with the organization. If either the organization or the employee at some point feels that the employee no longer fits with the organization, the employee will leave the organization through involuntary or voluntary means'. Thus, the structure of a formal organization depends on the interaction of individuals and groups (Schultz *et al.*, 2003: 7). Groups and teams are fundamental to human existence (Hellriegel *et al.*, 2006: 335). An organization depends on groups for the achievement of its goals. The ideal state for each group is one of harmonious cooperation to achieve the goals of the organization (Nel *et al.*, 2008: 19). Co-worker support is part of an employee's job context environment, which also influences job satisfaction.

2.5 Consequences of employee dissatisfaction

What happens when employees are dissatisfied? What do they present? What is the overall effect of their dissatisfaction on the organization? Evidence shows that employee dissatisfaction impacts negatively on both the organization and the employee. Locke (1976: 1328-1329) argues that the outcomes cannot be forecasted nor generalised.

Healthcare workers experience major changes in their practice (McCann *et al.*, 2009: 189). These can lead to severe distress, burnout or physical illness and to a decrease in quality of life and service provision. When any of these are experienced, it can lead to increased absenteeism and turnover (Grobler *et al.*, 2006; Robbins *et al.*, 2009); while increased absenteeism and turnover can subsequently lead to increased workload, poor response to suffering or dying patients and organizational problems and conflicts (De Witte, 2005; Govender, 2006; Pundit, 2006).

2.5.1 Turnover

As a result of job dissatisfaction, workers are pushed out of their present jobs into new jobs (Kingma, 2001; Bailey, 2003). However, Ugwuegbu (1991, cited in Iwu, 1993) and Newstrom and Davis (1997) had long argued that there can be some positive outcomes in respect of turnover. It could lead to internal promotions and appointment of 'new blood'. When someone leaves an organization, it creates an opportunity for another person to step into the position. The new entrant approaches the job with enthusiasm and might introduce a more progressive spirit into the job. It could also bring about a lowering of the wage paid by the organization to the new hire who is offered a lower salary.

According to the 2007/2008 Global Strategic Rewards report from Watson Wyatt and WorldatWork, whether it is Boise or Beijing, employers worldwide underestimate the role that stress plays in a worker's decision to leave a job. Within the South African public service, research shows that many public service institutions are poorly funded and as a result do not have the necessary equipment to function effectively (Luddy, 2005; Govender, 2006). Within government health facilities, it is common knowledge that the members work under very harsh conditions and, as a result, many have been known to have retired or signed up leave of absence to enable them to recuperate from the stresses of work (Oosthuizen, 2005; Slabbert, 2008). Stress from safety and security and cost of living amongst the South African public and commercial services contribute to reasons for professional emigration (Bailey, 2003: 247). Nurses, as well as those in emergency services, have been known to experience stress as a result of poor working conditions (Bundred & Levitt, 2000; Kingma, 2001; Marchal & Kegels, 2003), which can influence their considerations to resign.

2.5.2 Absenteeism

When a work environment is not conducive, workers resort to staying away from work (Pundit, 2006; Hennessy, 2009). Absenteeism can also result from a lapse in management to

properly set controls (Govender, 2006, Slabbert, 2008). A high rate of absenteeism will result in a huge financial burden for management in terms of productivity and performance (Grobler *et al.*, 2006; Robbins *et al.*, 2009). Absenteeism is similar to turnover in the sense that normal operations and activities are also disrupted and cost can escalate.

Robbins (2001), however, advocates that absenteeism may be owing to other legitimate reasons such as medical or personal reasons. Grobler *et al.*, (2006: 122), while prescribing a computation of the cost of absent workers, also submit that absenteeism is not unique to any industry or geographical area. These authors add that '[absenteeism] is a major problem for every organization, particularly since downsizing and other lean and mean changes have left employers with a smaller workforce'.

2.5.3 Worker union disturbance

When employees' needs are not fully satisfied, they join a union. This is the argument of Coetzee and Schreuder (2010: 449) in their analysis of ICFTU's definition of what a trade union is. Justifying this argument, they further argue that people who have unfulfilled or unsatisfied needs or expectations will try to find ways to satisfy these needs or meet their expectations. As if speaking Maslow's mind, these needs could be basic, job security, social or even self-fulfillment needs. In this instance, it helps to refer to Nel *et al.*, (2008) who present a case that each employee's needs differ. Workers could also become aggrieved by poor pay, arbitrary and capricious discipline, and poor and unsafe working conditions, which call for collective action or unionization that may be perceived as the best solution to their grievances. Each employee, therefore, joins a union in order to primarily secure his or her needs. This statement echoes Guest and Dewe's (1991:77) submission that a worker's primary loyalty is to himself, and possibly by extension, to the group and the union.

In terms of South African law, employees and employers are free to belong to any labour organization of their choice. Labour union objectives include the protection of rights of

members and the extension of their liberties within the spheres of their organization. As Robbins *et al.*, (2009: 81) note, 'job dissatisfaction predicts a lot of specific behaviours including unionization attempts. According to Grobler *et al.*, (2006) and Nel *et al.*, (2008), South African labour unions deploy a number of means to state their case. These include work-to-rule, lockouts, strikes, go-slows, overtime bans, product and service boycotts, and so on. Whatever tactics these labour unions adopt will cause a loss of profitable work time.

Increased unrest and other legitimate forms of worker protest can result from workers who are dissatisfied. Poor working conditions and workers' perceived lack of influence to effect changes to those conditions can persuade workers to join a union.

2.5.4 Physical and psychological malaise

Studies (Makie, 2006; Smit, 2006) in South Africa confirm the negative effects of employee dissatisfaction. Individuals who dislike their jobs may experience negative health effects that are either psychological or physical. Conversely, Luthans (2002); Price, Kiekbusch and Theis (2007) and Rothmann (2008) report that employees who have high levels of job satisfaction tend to experience better mental and physical health and when this occurs, employees' commitment and loyalty are extended, which then impact positively on customer satisfaction.

Burnout, stress, violations of psychological contracts, job insecurity and downsizing are some of the problems that employees face in South African health professions (De Witte, 2005; Jacobs, 2005; Pundit, 2006). Burnout can result from work overload, lack of control, insufficient rewards and breakdown in community. Stress can result from burnout, insufficient information and poor match between an employees and their work environment. Taking a sample of emergency workers in South Africa, Naude and Rothman (cited in Rothman, 2003:19) found that burnout and work engagement measures showed different scales among Nguni, Afrikaans, English and Sotho groups.

Burnout, stress, psychological contract violations, job insecurity and downsizing play leading roles in job turnover, absenteeism, low morale and employee dissatisfaction (Rothmann, 2003; Grobler *et al.*, 2006).

2.5.5 Low productivity

All of the above consequences can lead to decreased productivity. Employee behaviour literature confirms that burnout can lead to deterioration in the quality of care or service that is provided by staff (Govender, 2006; Pillay, 2009). Job insecurity does have serious negative consequences on the health of a worker (De Witte, 2005; Pundit, 2006).

Cost of living in South Africa has risen in the last few years owing to a number of reasons (News24.com). Many workers are unable to maintain the standard of living that they are used to. A workers' inability to maintain a social lifestyle can result in a negative feeling towards his employer. An unhappy employee can start to stay away from work for all kinds of reasons. If the worker feels threatened by his work environment, it can lower his level of concern for his tasks.

Ineffective leadership in the healthcare industry can also lead to stress (De Villiers & De Villiers, 2004; Hyrkas, 2005). Workplace stress can lead to burnout, and burnout can lead to several negative consequences for an organization such as lateness, absenteeism, physical and psychological malaise (Rothmann, 2003; Grobler *et al.*, 2006).

A dissatisfied worker is an unhappy worker. An unhappy worker does not commit to the objectives of an organization. The worker's unhappiness may be a result of poor work equipment or workers' lack of ability. If the worker has knowledge of the work and his equipment functions properly, he will more likely perform well (Pietersen, 2005; Govender, 2006). Performing well may satisfy the worker. Satisfied employees are more likely to be friendly, upbeat, and responsive, which customers appreciate (Robbins *et al.*, 2009: 81).

2.6 Organizational climate and employee satisfaction

There is a common ground between the concepts of organizational culture and organizational climate. This common ground stems from the use of concepts by different authors in a manner that suggests that the concepts can be used interchangeably. This has perhaps prompted Castro and Martins (2010:2) to admit that organizational culture and climate are interwoven and often used interchangeably. According to them, since the concepts of organizational culture and climate have gained acclaim within the field of organizational behaviour, many authors have had the challenge of making helpful distinctions between the two concepts. Mearns and Flin (1999:6), referring to several authors, also admit that the concepts of culture and climate have been widely debated amongst the organizational literature, while researchers have been at pains to make clear distinctions between them. Denison (1996, cited in Mearns & Flin, 1999:6) had earlier called for integration of the two concepts in order to better serve the future study of organizational contexts. Sempane, Rieger, and Roodt (2002: 24) also commented that organizational culture and climate are interdependent and reciprocal in nature since climate is to a certain extent the manifestation of organizational culture.

Organizational culture is a system of shared meaning, which is held by an organization's members that distinguishes one organization from another (Robbins *et al.*, 2009: 424). Nel *et al.*, (2008:17) describe organizational culture as the manner in which things are done in an organization. They add that it is also the personality of an organization. Earlier, Reichers and Schneider (1990:6) had suggested that climate denotes the way '*things are around here*'. Climate could also be described as organizations' members' perceptions of the organizations offerings (Erwee, Lynch, Millet, Smith & Roodt, 2001; Peek, 2003; Mullins, 2007) and could potentially influence behaviour in an organization (Castro & Martins, 2010:2). Favourable work outcomes were a function of how well peoples' needs or personalities were matched by a number of work-environment variables, which included the culture of an organization.

The above thus suggests that the concepts are used interchangeably. Both concepts are, however, constantly challenged by the external environment (Nair, 2006; Castro & Martins, 2010) and, therefore, susceptible to change dynamics (Lussier, 2000; Schultz, Bagraim, Potgeiter, Viedge & Werner, 2003). O'Rourke (2007:32) adds that many organizations rely on a particular culture for their daily operations and as a result employees must not expect the existing climate to change for them, rather, they must adapt to the climate.

This study would utilise the terms – organizational culture and organizational climate - interchangeably.

Organizational climate is defined in different ways by several authors and researchers as referring to a set of values, beliefs and behaviour patterns that form the core identity of the organization (Schultz, Bagraim, Potgeiter, Viedge & Werner, 2003; Grobler *et al.*, 2006). These then help in shaping the employees' behaviour (Erwee, Lynch, Millet, Smith & Roodt, 2001:7).

Elton Mayo's 1933 work on Western Electric (cited in Castro & Martins, 2010:1) commenced the varied interest in organizational climate. Since then researchers have focused on how employees' perceptions of their global work environment influence not only productivity, but also their levels of satisfaction.

Organizational climate and employee satisfaction are related. Several authors have justifiably presented arguments in this regard (Grobler *et al.*, 2006; Castro & Martins, 2010). Elements that are clearly discerned as belonging to the job content environment such as degree of responsibility, high utilisation, growth opportunities and the nature of the job have been found to create good organizational climates (Peek, 2003; Mullins, 2007; & Nel *et al.*, 2008). Drawing from Brief's 1998 work, Castro and Martins (2010:4) also report that salary; benefits

and advancement opportunities were components of organizational climate that had a direct influence on employee satisfaction.

Cultures that exist in organizations vary from one organization to the other (Smit, Cronje, Brevis, Vrba, 2007: 225). Every organization has its own distinct ways of transmitting its culture (O'Rourke, 2007:2). Some cultures are built and established through owner's philosophy (Schultz, Bagraim, Potgeiter, Viedge & Werner, 2003: 26), recruitment and selection, social tools and training and reward systems (Ostroff & kozlowski, 1992; Cable & Parsons, 2001; Mullins, 2007), while in some organizations, social systems and documented communication sustain cultures (O'Rourke, 2007: 31, 202).

Van der Post *et al.*, (1997:148) insist that appreciation of an organization's culture requires identification of certain dimensions that shape behaviour, which are subsequently regarded as the culture of the organization. Schultz *et al.*, (2003: 24) agree with this statement. According to them, 'even though we describe culture as shared assumptions, beliefs, values and feelings, it does not mean that an organization has one defined culture'. This thus suggests that an organizational culture has several dimensions. The following, according to Mullins (2007:810), characterise the dimensions of a healthy organizational climate.

- The integration of goals – organizational and personal;
- The most appropriate organization structure based on the demands of the socio-technical system;
- Democratic functioning of the organization with full opportunities for participation;
- Justice in treatment with equitable HRM and employment relations practices and policies;
- Mutual trust, consideration and support among different levels of the organization;
- The open discussion of conflict with an attempt to avoid confrontation;

- Managerial behaviour and styles of leadership appropriate to the particular work situations;
- Acceptance of the psychological contract between the individual and the organization;
- Recognition of people's needs and expectations at work, and individual differences and attributes;
- Concern for job design and work/life balance;
- Opportunities for personal development and career progression; and
- A sense of identity with, and loyalty to, the organization and a feeling of being a valued and important member.

Jacobs and Roodts (2008: 64) present the following dimensions:

- Conflict resolution;
- Culture management;
- Customer orientation;
- Disposition towards change;
- Employee participation;
- Goal clarity;
- Human resource orientation;
- Identification with the organization;
- Locus of authority;
- Management style;

- Organizational focus;
- Organizational integration;
- Performance orientation;
- Reward orientation; and
- Task structure.

The following constitute Castro and Martins (2010: 3) dimensions of organizational climate.

Dimension	Description
Trust	Refers to trust between employee and manager. Managers are honest and open.
Training and development	Refers to training initiatives received, satisfaction with the initiatives and availability of training plans. An awareness of mentoring and coaching programmes, promotion criteria and opportunities.
Transformation and diversity	Refers to equal treatment and management of employees. Refers to understanding, acceptance and support of the transformation strategy and initiatives.
Job satisfaction	Employees feel positive about their future and work is challenging and interesting. The organization cares for its employees and retains effective employees.
Leadership	Refers to ability of managers to manage and lead employees, how they behave and treat employees and the knowledge they have.
Employee wellness	Refers to the support given to employees to balance work and family life and the pace of the work and level of stress.

Communication	Refers to communication issues in the company, the manager's ability to listen to the staff, share information and sort out misunderstandings.
Performance management	Refers to receipt of information and feedback about the employee's job, responsibilities and goals. Refers to satisfaction with job evaluation and recognition received.
Remuneration and reward	Refers to fairness of salary package in relation to the market and in comparison with similar jobs in the organization.
Teamwork	Refers to belonging and fit in the team and organization. Refers to team dynamics and decision making.
Work environment	Refers to quality of equipment and technology. Physical work environment.
Image of the organization	Employees are proud to be associated with the organization. An employer of choice, well known in the market and highly rated.

The different organizational culture dimensions presented above prove that organizational culture has several dimensions (Schultz *et al.*, 2003), which differ from one organization to another (Smit *et al.*, 2007), however they share some commonalities (Castro & Martins, 2010). The table below captures dimensions that this study examines.

Table 2.3: Different organizational culture dimensions and their interaction with the current study's objectives

Mullins' (2007) Organizational Culture dimensions	Jacobs and Roodts' (2008) Organizational	Castro and Martins' (2010) Organizational	Various organizational culture dimensions
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	Culture dimensions	Climate dimensions	and their interaction with the objectives of this study
Integration of goals.	Goal clarity; identification with the organization.	Trust; Communication.	Right attitudes and behaviours from leadership produce trust and better alignment with organizational goals.
Democratic functioning of the organization with full opportunities for participation; a sense of identity with, and loyal to, the organization and a feeling of being a valued and important member.	Employee participation.	Team work.	Work groups that serve as support systems create an enabling environment for growth, which reduces turnover and absenteeism.
Recognition of peoples' needs and expectations at work, and individual differences and attributes	Task structure.	Work environment.	A job excites if it has a good degree of autonomy, proper skill utilization, task variety, as well as advancement opportunities.
Opportunities for personal	Performance	Performance	Organization members retention

<p>development and career progression.</p>	<p>orientation.</p>	<p>management.</p>	<p>possibilities are enhanced by unlimited career development opportunities based on, among others, equitable performance management.</p>
<p>Managerial behaviour and styles of leadership appropriate to particular work situations.</p>	<p>Management style.</p>	<p>Leadership.</p>	<p>Managers play leading roles in issues that affect employees. They provide opportunity for participation in decision making and also assign tasks on the basis of the degree of maturity of employees.</p>
<p>Justice in treatment with equitable HRM and employment relations practices and policies; mutual trust, consideration and support among different levels of the organization.</p>	<p>Reward orientation.</p>	<p>Remuneration and reward.</p>	<p>Poor pay and inequitable remuneration attract feelings of insecurity, less motivation and, consequently, turnover, absenteeism and</p>

			poor productivity.
Concern for job design and work-life balance.	Human resource orientation.	Employee wellness.	An environment that provides an organization's members with task clarity, opportunity to distress is said to have a conducive work environment.

The above dimensions have been chosen because they are closely linked to the objectives of the study.

Authors such as Jacobs and Roodt (2008) and Nel *et al.*, (2008) agree that organizations must create the right climate that will support the realisation of employees' expectations. These expectations include opportunities for personal development, task autonomy and commensurate rewards.

High performing organizations have climates that support productivity (Brown & Leigh, 1996; Watkin & Hubbard, 2003). Thus a favourable organizational climate can be a sustainable competitive edge. It can create a corporate identity that distinguishes an organization and its members from others, help to lend commitment to the organization, as well as guide employees in terms of acceptable behaviours and attitudes, especially when they have to make decisions and solve problems. It also creates social system stability with associated emotional security (Schultz *et al*; 2003: 24).

Jacobs and Roodts (2008: 72) also found that organizational culture was a predictor of the turnover intentions of professional nurses in South Africa, amongst other factors, such as job insecurity, political uncertainty (Myburgh, 2004: 146), poor remuneration (Pundit, 2006: 51) and a lack of a well-focused professional development programme (Kingma, 2001: 208, 211). Jacobs and Roodt (2008: 65), referring to Coile (2001), state that a positive organizational culture could lower turnover intentions. According to Coile, hospitals that have a strong mission, empowerment of leaders, participative management, patient focus, reward orientation, visible/accessible leaders and supported education are representative of establishments with lower turnover prospects. Aside from cultural factors (Lu, et al; 2005), Mullins (1999) mentions a number of factors, which contribute to job satisfaction among nurses. These include personal factors (level of education, intelligence, abilities, and personality), social factors (relationships with colleagues), environmental factors (social, economic and government influences) and organizational factors (worker perceptions of management, salary, autonomy, work demands and opportunities for development). According to Pillay (2002), these factors contribute to levels of job satisfaction among employees and given the circumstances, will influence some more than others.

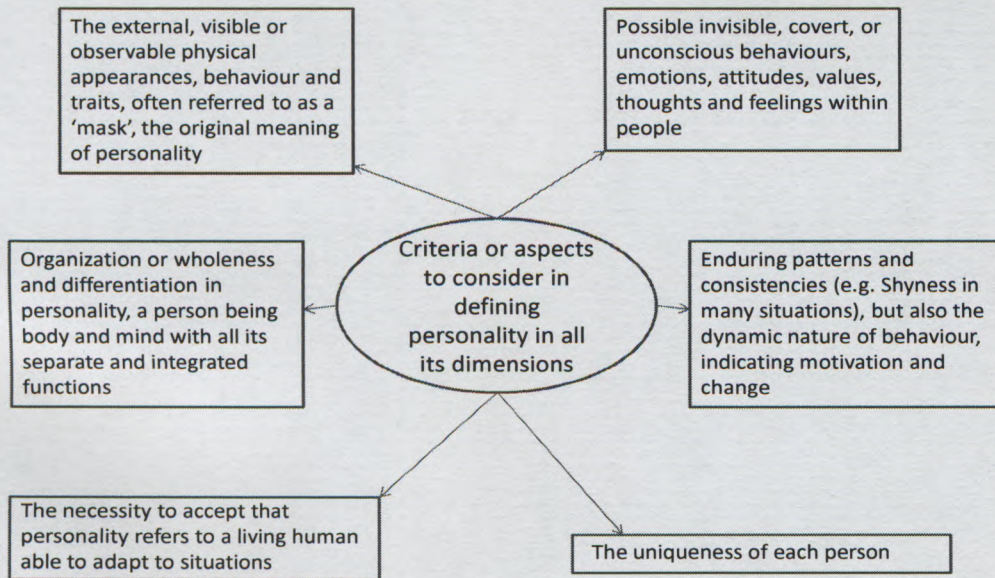
Essentially, the studies cited above have shown the closeness of employee satisfaction to the various dimensions of organizational climate. Clear proximities can be established between the variables that connect organizational culture and job satisfaction. The relationship between job satisfaction and corporate culture is strengthened by the synergy between individual motives and needs and organizational culture (Roos & Van Eeden, 2008: 61).

2.7 Personality variables

Although several authors have argued that employee satisfaction or dissatisfaction should be contextualised against individual employees, there seems to be some disagreement regarding how best to understand individual employees. While some authors (Schultz *et al.*,

2003: 41) claim that personality variables such as interpersonal skills, emotional intelligence, communication skills, self-control and integrity largely determine how well a person applies himself in a chosen field, some others (Berg & Theron, 2006; Nel *et al.*, 2008) believe that in order to understand an individual employee, one should ascertain one's personality traits.

Several definitions of personality exist, which give credence to Bergh and Theron's (2006: 291) contention that no universally accepted definition of personality exists. However, they add that while a common ground prevails amongst researchers, impetus is given to the addition of certain aspects, which influence personality. These aspects or *traits* must serve to properly situate an individual. Bergh and Theron (2006) thus argue that to define personality in all its dimensions, the criteria or aspects shown in the figure below, must be considered.



Adapted from Berg, Z., & Theron, A. 2006. Psychology in the work context. Third Edition. Page 291

Figure 2.4: Criteria or aspects to consider in defining personality in all its dimensions

Berg and Theron argue that no single definition of personality can be possible unless one considers the interaction of aspects such as the uniqueness of each person, the observable physical appearance, traits of a person, and the non-visible or covert behaviours or emotions. Other criteria to consider in defining personality include patterns of behaviour and their consistencies such as identifying when one is shy and the dynamic intensity of such an

emotion, which may not be easily captured, but would indicate a change in behaviour. These, Berg and Theron insist, amount to wholeness; yet differentiated personality with all its separate and integrated functions.

In what would seem like an agreement with Bergh and Theron (2006), Nel *et al.*, (2008: 36) posit that 'personality refers to the way in which the biological, physical, social, psychological and moral *traits* of an individual are organised into a whole, and also the relatively stable set of behavioural patterns that flow from the dynamic interaction between the individual and his or her environment in a particular situation'. Taking Bergh and Theron (2006) as well as Nel *et al.*'s., (2008) positions together, the understanding, therefore, is that various personality traits are discernible, essentially indicating a relatively stable characteristic responsible for some form of consistency in behaviour.

In an attempt to show the challenges that organizational behaviourists have had in pigeonholing personality, Mullins (1999: 302) presents the example of two individuals who share similar characteristics; same age, residence and same academic qualification. In the course of their work lives, these two individual's attitudes and performance would be predicted differently on the basis of their interactions and relationships with others. If one of these were female, again a further set of assumptions about their personality would emerge.

Despite the lack of a universally accepted definition of personality (Bergh & Theron, 2006: 291) and a long and confusing list of personality traits (Schultz *et al.*, 2003: 41), studies (Saari & Judge, 2004; Nel *et al.*, 2008; Azalea, Omar & Mastor, 2009) indicate that there is a close relationship between the personality of an employee and job satisfaction. Many (Tait, Padgett, & Baldwin, 1989; Judge & Watanabe, 1994, cited in Saari & Judge, 2004: 399) also argue that employee satisfaction is a 'spill over'. The point that these researchers make is that an unhappy life spills over into one's job experiences and vice versa. On the basis of this, Saari and Judge state that one might speculate on the possibility that the 'spill over' model emanates from personality traits that cause both low job satisfaction and depression.

Several of these personality traits have been condensed into what McShane and von Glinow (2003: 85) and Robbins (2009: 94, 95) refer to as the big five personality model.

The following table presents the big five personality dimensions.

Table 2.4: The Big Five Personality Dimensions

Personality dimension	Description	Associated characteristics
Extraversion	How comfortable does the person feel in relationships?	Outgoing, talkative, assertive, interactive
Agreeableness	To what extent does the person comply with others?	Cooperative, good natured, trusting, warm
Conscientiousness	How reliable and meticulous is the person?	Responsible, organised, persistent, achievement-oriented
Emotional stability	How resilient is the person under stressful situations?	Relaxed, secure, confident, controlled
Openness to experience	To what extent does the person seek new experiences?	Imaginative, inquisitive, broad-minded, intellectual

(Source: Werner *et al.*, 2007: 56).

The extraversion dimension captures an individual's comfort level with relationships (Robbins *et al.*, 2009: 94). The opposite of this personality dimension is introversion (McShane & Glinow, 2003: 86). Introverts are shy, quiet and cautious. Extraverts tend to be happier in their jobs and in their lives as a whole. (Robbins *et al.*, 2009: 94). An agreeable personality connotes a courteous, good-natured, empathic and caring personality (McShane & Glinow, 2003: 86), while a conscientious personality brings with him greater effort and performance, more drive and discipline and better planning and organization (Robbins *et al.*, 2009: 95). Robbins *et al.*, (2009: 94) explain further: *although conscientiousness is the Big Five trait's most consistently related to job performance, the other traits are related to aspects of*

performance in some situation. Emotional stability is the most strongly related to life satisfaction, job satisfaction and low stress levels.

The figure below presents the Big Five Personality dimensions and their relationship to productive organizational behaviour.

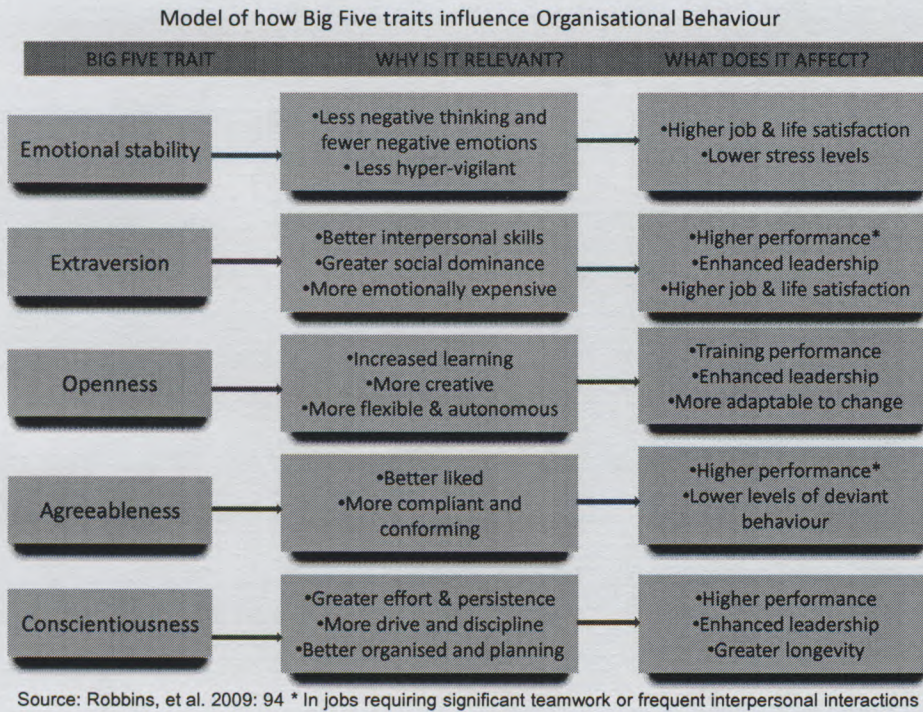


Figure 2.5: Model of how the Big Five traits influence organizational behaviour

The model above argues that since those who are emotionally stable bring with them a much relaxed life orientation, they tend to have a better, positive influence on an organization than those who are not emotionally stable. A person who scores high on extraversion will have better interpersonal skills, enjoy co-worker relations and can contribute more to team performance than those who score low on extraversion. Those who are open to experience are more apt to learn, are creative and will enjoy the flexibility that comes with dynamic work environments. Agreeable persons are less deviant, more cooperative and easier to conform to an organization's culture than a less agreeable personality. Conscientious employees are better leaders – good at organizing, are dependable and persistent.

Another model, which is used to describe personality, is the Myers-Briggs Type Indicator (MBTI). The MBTI measures how people prefer to focus their attention (extroversion versus introversion), collect information (sensing versus intuition), process and evaluate information (thinking versus feeling), and orient themselves to the outside world (judging versus perceiving) (McShane & Glinow, 2003: 87).

The Big Five Personality dimensions and the MBTI do not capture every personality trait (McShane & Glinow, 2003: 88). Werner *et al.*, (2007: 56) refer to Hellriegel and Slocum's (2004) inclusion of other aspects of personality that are important in the workplace. These include locus of control, self esteem, and goal orientation. Locus of control refers to a generalized belief about the amount of control that people have over their lives (McShane & Glinow, 2003: 88). Those who believe that they control their destinies are said to have internal locus of control, while those who tend to attribute situations in their lives to outside forces are said to have external locus of control (Robbins *et al.*, 2009: 96). People perform better in most employment situations when they have a moderately strong internal locus of control (McShane & Glinow, 2003: 88). Self esteem, or as Robbins *et al.*, (2009: 97) call it, self-monitoring, refers to an individual's continuous self-evaluation, based on an assessment of one's abilities, successes and failures, looks, ability to respond to situations and other people, as well as the opinions of others (Werner *et al.*, 2007: 56). Individuals who are high in self-monitoring show considerable adaptability in adjusting their behaviour to external situational factors (Robbins *et al.*, 2009: 96). People who have a learning goal orientation focus on learning new competencies and mastering new situations, while those who have a performance goal orientation demonstrate competencies that will attract the approval of others (Werner *et al.*, 2007: 56).

In their study of the role of individual differences in influencing job satisfaction levels of Indonesians and Malaysians, Azalea, Omar and Mastor (2009: 505) found that only two personality traits determine job satisfaction. These traits are agreeableness and openness. According to the researchers, one of the main reasons why the study was able to link

agreeableness to job satisfaction was owing to the individualism level of these two countries. Referring to Hofstede and Bond (1988), Azalea, Omar and Mastor report that Indonesia is a more collective country than Malaysia, where one of the descriptions of a collective society is that individuals have to feel that they belong to a group and that decisions have to be made as a group. Therefore, Indonesians have a higher need to be agreeable to their surroundings in order to be successful in their job, which could somewhat translate to satisfaction with one's job. However, Malaysians, who have a more individualistic culture, have less of a need for others' approval while making decisions in order to feel satisfied with their job. Therefore, agreeableness was found to be related to job satisfaction amongst Indonesians, but not amongst Malaysians.

Individual differences do make a difference. This is the finding of Rosse and Saturay (2004: 16) in their investigation of various personological traits on individuals' reactions to job dissatisfaction at differing levels of intensity. Their study revealed that their subjects responded in a variety of ways when confronted with dissatisfying working conditions. In some cases the subjects considered planned exits and disengagement while others considered problem solving and loyalty. Different individuals react differently to different situations at different times. A worker may be unhappy with his wages, promotional opportunities, and fringe benefits, but may be satisfied with his environmental conditions, co-worker behaviour and supervision. An individual typically experiences different levels of satisfaction across different sectors (Spector, 2003, cited in Roos & Van Eeden, 2008: 55). In her analysis of staff turnover rates in the optometric industry, Slabbert (2008) notes that reasons for wanting to stay or leave an optometric practice differed from person to person.

A person's personality is partly contingent upon situational factors (Schultz *et al.*, 2003: 41). These factors can include a person's environment, culture, social standing, values, attitudes and beliefs, family and heredity (Nel *et al.*, 2008: 37). This means that each employee's personality is unique; essentially differing from others. A consequence of this is that each employee would have a different expectation from others and this is normally obvious in the

way that they pursue personal goals in organizations. In practice, one finds that some individuals are happy if they can satisfy their basic needs and the minimum needs of the organization (Nel *et al.*, 2008:38). The cognitive dissonance theory of Leon Festinger (1962) tends to tow this line. Festinger suggests that even when an individual hates his hob, he could still perform well in it (Werner *et al.*, 2007: 62). Festinger attributes this to the significance of the variables that pertain positively to the individual, the control that the individual believes he has over the elements and the rewards that may be involved. Simply put and borrowing the words of Nel *et al.* (2008: 239), “the problem in selection is to predict accurately, which applicants in the pool will become capable, productive, and loyal employees.” This statement cements the opinions of several researchers that individual’s personality cannot be precisely determined because of various influences that each individual confronts.

2.8 Demographic variables

Several studies (Stamps *et al.*, 1978; Sarker *et al.*, 2003; Kavanaugh, Duffy & Lilly, 2006; Patterson *et al.*, 2009) indicate a close association between demographic variables of healthcare professionals and job satisfaction. This interest in healthcare professionals’ job satisfaction has arisen owing to a number of factors, namely the strategic importance of the healthcare professional in disease control initiatives (Marchal & kegels, 2003: 89), the need to retain healthcare professionals (Kavanaugh, Duffy & Lilly, 2006: 304); and the need to stem the tide of professional nurses’ migration to developed economies (Jacobs & Roodt, 2008: 64). Roos and Van Eeden (2008: 54) capture the significance of a study into employee satisfaction beyond the realm of the healthcare professional –

“Against the background of increasing local and global competitiveness, it is crucial for any organization, particularly for those in developing countries with limited resources such as South Africa, to ensure that it consistently develops and retains a loyal, committed and able workforce”.

Demographic variables include age, gender, family size, family life cycle, income, occupation, religion, race and education (Cronje, Du Toit, Marais & Motlatla, 2006: 303). These variables are also used to explain an organization's diversity (Smit, Cronje, Brevis & Vrba, 2007: 240). Grobler *et al.* (2006: 76) divide these variables into two – primary and secondary dimensions. Primary dimensions include age, gender, ethnicity, race, physical abilities/qualities and sexual orientation. They are those human differences that are inborn and that exert a major impact on us. Secondary dimensions add depth and individuality to our lives and they include education, geographical location, income, marital status, military experience and parental status.

Demographic variables are the characteristics of work groups, or organizations that play a role in human resources management. These variables reflect the degree of mix of characteristics of the people who make up an organization's workforce (Hellriegel *et al.*, 2006: 94, 368).

Martin and Roodt (2008: 28) found a significant relationship between demographic variables and organizational commitment. According to them, commitment to an organization increases as one's age increases. This finding enjoys the support of previous works such as James and Jones (1980); Mathieu and Zajac (1990); and Sarker *et al.* (2003). James and Jones (1980: 127) argue that job satisfaction seems to increase with age, which may suggest a more realistic adjustment to the work situation or less mobility. Mathieu and Zajac (1990) insist that the longer a worker stays with an organization, the better his promotional opportunities, as well as income, and if this is the case, then it can be argued that he will be more satisfied with his job. A majority of studies on the relationship of age and job satisfaction have found some association between employee age and job satisfaction (Sarker, Crossman & Chinmeteeptuck, 2003: 746). These researchers contend that organizational tenure is a covariate of age, where both have been found to influence an individual's job satisfaction, thus, age and organizational tenure are usually highly correlated with each other. The researchers found that while there was a significant relationship

between tenure and facets of satisfaction, the effect of tenure on satisfaction was significantly modified by age. Thus, according to the researchers, tenure and age should be considered simultaneously for better understanding of their effect on the level of job satisfaction. The only positive and significant correlation Smerek and Peterson (2007:245) found was between length of service and the work itself.

There is a close association between age, race and turnover, as well as commitment to an organization. As one ages, intentions to stay are improved. This is the argument of Sarker, Crossman and Chinmeteeptuck (2003) and Okpara (2004). Broadly, these researchers claim that older workers place more investment within an organization, hence their intention to stay longer. In the findings of Sarker, Crossman and Chinmeteeptuck, tenure has a positive effect on job satisfaction levels. Their study indicates a rise in satisfaction with fringe benefits for the 11-20 years tenure group (p752, 755). Okpara (2004: 335) found that older managers and those who have longer organizational tenure in the workplace have higher levels of job satisfaction than younger workers and those who have a shorter organizational tenure.

Several studies (Okpara, 2004; Okpara, Squillace & Erondu, 2004; Okpara, 2006) have shown the closeness of job satisfaction to the education dimension of demography. Education and experience combined contributed significantly to satisfaction with pay, which to some extent indicated that 62 percent of the variance in pay satisfaction could be accounted for by education, and experience among other variables. Well educated employees tend to lower commitment, especially if they perceive that the organization does not necessarily support them. Other studies (Mathieu & Zajac, 1990; Martin & Roodt, 2008) support this submission. A higher academic qualification, which results in more job opportunities and task diversity tend to promote job satisfaction.

In a study of perceived gender differences in pay and promotion in the services industry and how these differences affect job overall satisfaction of male and female managers, Okpara (2006: 224) disclosed that a salary differential does exist between male and female

managers in Nigeria. Male managers were more satisfied with their salary than their female counterparts. This study also revealed that there were gender differences in promotion. Male managers were overall more satisfied with their company promotion policies than their female counterparts. Govender (2006: 99, 100) found to the contrary that there were no significant differences between married and unmarried healthcare providers at a military establishment in South Africa. However, within emergency medical services, Patterson, *et al.* (2009: 86) report that approximately six percent of their sample indicated that they would not spend more than a year within the profession. This intention to leave was tightly linked to, among other factors, gender.

Jacobs (2005) and Martin and Roodt (2008) found a common interaction between gender and turnover intentions. In South Africa, employment laws that impact on employment relations favour women than men. This assertion is derived from the inclusion of women as part of the disadvantaged group in the Employment Equity Act (1998). It can then be argued that fewer men would like to remain in an environment that openly regards women as supreme and deserving of opportunities.

In a study of work satisfaction amongst medical doctors in the South African private health sector, Pillay (2008: 259) reported a close association between gender, age, group practice and overall satisfaction. Pillay noted that certain female doctors reacted positively or otherwise on the basis of years of practice, group interaction and presence of incentives. Having practiced for twenty years or more in groups of more than six doctors and received incentives, female doctors were significantly more satisfied than their colleagues who had fewer years of practice without a commensurate amount of group practice support, Pillay adds.

Govender's (2006) study also disclosed that concerns were raised by the healthcare workers who had children. Family size and family responsibility reacted negatively to job satisfaction. While the military provides support for families that are separated by their breadwinners, the

fact that individuals will be separated from their children for extended periods of time would have a negative impact on family life and thus lead to greater levels of dissatisfaction.

Demographic variables no doubt help to confirm distinctions of correlations amongst employees regarding certain characteristic dimensions.

2.9 Summary of the chapter

This chapter set out to provide a theoretical background of the concepts of employee satisfaction and motivation. Employee satisfaction refers to the satisfaction or joy derived by an employee from the presence of the facets of job satisfaction in an organization. These job satisfaction facets include income, supervision, co-worker relations, the job itself and opportunities for advancement. Saari and Judge (2004:400-401) note that through measuring facets of job satisfaction, organizations can obtain a complete picture of their specific strengths and weaknesses in relation to employee job satisfaction and then use those facet scores for an overall satisfaction measure, or better still, use overall satisfaction questions for that purpose. Bateman and Snell (2007: 440), however, warn that employee satisfaction is a more complex process and not simply a pleasure-displeasure response.

Within the exception of nurses, most studies on employee satisfaction and motivation in South Africa have focused on medical doctors without a commensurate interest in health-related professions in South Africa. This study hopes to develop a model of employee satisfaction within the health-related professions in South Africa. In order for the main objective of this study to be realized and also to give impetus to the main objectives of this chapter, the researcher also provided some background to the theories of motivation, whilst connecting the theories of motivation to the facets of job satisfaction. Oosthuizen (2005) and Smerek and Peterson (2007) had, however, indicated that motivation theories help to understand the reasons behind the actions of employees.

Employees play a key role in the functioning of any organization (Daft & Marcic, 2010: 288). This indicates that a good relationship between employees and management will yield favorably higher levels of productivity, which then create profit. Thus management of any organization must try to maintain valuable employees in order to build human capital, which would ensure sustainable growth for the business (Hall, 2008).

Management can retain employees as well as good relations by providing a satisfying work environment where these employees can perform well and continue to be productive (Holman, Wall, Clegg, Sparrow, & Howard, 2003). Employee dissatisfaction impacts negatively on both the organization and the employee. Healthcare workers experience major changes in their practice, which can lead to severe distress, burnout or physical illness and to a decrease in quality of life and service provision. When any of these is experienced, organizations may experience increased absenteeism and turnover. Increased absenteeism and turnover can subsequently lead to increased workload, poor response to suffering or dying patients and organizational problems and conflicts.

The terms organizational climate and organizational culture are used interchangeably in this study to refer to a system of shared meaning, which is held by an organization's members that distinguishes one organization from another. The reason for using the terms interchangeably is not only derived from the commonness of the definitions by several authors, but also on the basis of the difficulty in maintaining substantive distinctions between them. While both terms are constantly challenged by the external environment, elements, which surround the terms have remained constant and related. Organizational climate and employee satisfaction are related. High performing organizations have climates that support productivity. A good organizational culture reduces turnover intentions and extends participative management.

While a universally accepted definition of personality does not exist, research is replete with claims of a close relationship between the personality of an employee and job satisfaction.

However, it must be noted that individual personality cannot be precisely determined because of the various influences that each individual confronts. Hence, different employees are excited by different things. Every organization must attempt to understand the individual worker and then direct those job satisfaction facets appropriately.

Within health-related professions, demographic characteristics such as age, educational status, tenure and gender have been positively utilized to show a significant association to employee job satisfaction. In some instances, an employee has been shown as experiencing fulfillment on his job as a result of having been with the job for a longer period. At other times, some studies have shown that females bring with them aspects of emotional intelligence that serve to maintain better relationships at work.

Essentially, the highlights of this chapter have been to present a theoretical backdrop to the concepts that will help to possibly develop a model of employee satisfaction within the health-related professions in South Africa.

Chapter 3

Research methodology

3.1 Introduction

This study first surveyed theoretical literature, which dealt with employee satisfaction, organizational climate, influence of demographic variables and degrees of impact on employee satisfaction according to the personality of the employee. This chapter discusses methods that were utilized to explore the research problem; identification of appropriate research design; and selection of research participants, including administration of the research instrument. It is necessary to present these systematically in order to enhance an appreciation of the study. Essentially, this chapter deals with how data, which will help to answer the research questions, was collected, analysed and reported. The purpose of the study was to develop a model of employee satisfaction for health-related profession in South Africa; specifically the Cape Metropole.

The research methodology that was utilized in this study comprised a descriptive survey, namely using a self administered pre-tested questionnaire. For over six decades, questionnaires have been deployed in the study of employee satisfaction (Weitz, 1952: 201) and have remained, by far, the most common approach (Buchanan & Bryman, 2009: 204). The researcher chose this methodology because it allows for (1) anonymity and can, therefore, persuade respondents to give as much information as possible (Chang, Shih & Lin, 2010: 430); (2) conformity of questions because each respondent receives the same questionnaire and the same questions thus permitting a possible generalisation of findings (Rao, 2010: 121), and, importantly, this method is commonly known to facilitate big enquiries (Fincham & Rhodes, 2005: 5). The Cape Metropole is a large area, hence easier and quicker access to the health-related professionals required the use of a questionnaire as opposed to

interviews, which can be done telephonically (thus cost issues) or personally (travel/cost issues) (Coetzee & Schreuder, 2010: 34).

3.2 Research design

Firstly, the study was more qualitative in nature given the main objective of the study, which was to develop a model of employee satisfaction amongst the health-related profession. Secondly, the concept, satisfaction, is subjective (Judge & Locke, 1993; Meeberg, 1993; Sheldon & Bettencourt, 2002) and will, therefore, be suitable for a more qualitative research design (Malterud, 2001:483). Kitto, Chesters and Grbich (2008: 243) suggest the significance of the qualitative method in studies pertaining to health-related professions. They argue that qualitative research assists with careful and systematic collection, ordering, description and interpretation of data.

The goal of qualitative research is to explore the behaviour, processes of interaction, meanings, values and experiences of purposefully sampled individuals and groups in their natural context (Liamputtong & Ezzy, 2005; Malterud, 2001). Citing Fellows and Liu (1997), Ndiokubwayo (2008:45) confirms that qualitative methodology seeks to understand employees' perceptions, beliefs and opinions about a particular issue. Mpambane (2008:39) seemed to support this statement by stating that the qualitative approach was mostly concerned with providing in-depth reasons for peoples' actions and experiences. Cronje (2010) declares that qualitative researchers attempt to provide a description of how society or a segment of a population constructs its reality, or places meaning to a particular issue. While shedding some light on the nature of qualitative research, Vanderstoep (2009) also argues that this method describes peoples' social construction of reality.

However, the study also had a quantitative dimension to it in the form of frequency and descriptive statistics. The reason for this was to enable the researcher to analyse data. The process of capturing and analyzing data is quantitative (Welman, Kruger, & Mitchell, 2005;

Buchanan & Bryman, 2009; Rao, 2010). Quantitative research methods aid in the collection of large volumes of data (Taylor, 2009) and in the elimination of factors that are irrelevant for the study (Hopkins, 2000).

The study was also exploratory because it sought to develop a model of employee satisfaction amongst health-related professions in South Africa. No model of this nature currently exists within health-related professions in South Africa. Exploratory studies help to uncover problems, opportunities, threats and salient variables or trends that are located within a research project (Webb, 2002:20). Dane (2011:181) adds that exploratory studies aim to douse curiosity, as well as gain greater understanding of a phenomenon.

3.3 Population and sample

The population comprised laboratory technicians, optometrists, radiographers, emergency medical services personnel (specifically paramedics), pharmacists and nurses who work in both the private and public sector of selected institutions.

Having utilized the purposive sampling method to select the institutions, the researcher decided not to take a sample but to include all members of this population in the participating institutions in order to obtain as many participants as possible. This is referred to as a census. In a census, each member of the population is supposed to be included and classified in terms of certain biographical variables (Welman, Kruger & Mitchell, 2005:101).

The purposive sampling method helps to access a particular subset of people (Trochim, 2006), and in the selection of sampling units that facilitate an investigation (Adler & Clark, 2007: 121), thus gaining better control of the research process (Keegan, 2009).

From a total population of 987, 117 usable questionnaires were returned, giving a response rate of 33.4 percent. Sekaran (2000) argues that a response rate of 30 percent is acceptable for most research purposes. While the number of returned questionnaires seems justified, it is important to acknowledge that health-related professionals work in highly pressured environments and are not likely to find the chance to respond to questionnaires. During the

preliminary interaction, fear was raised by senior management at the selected institutions that there may not be enough time to complete the questionnaires. This seems to support the findings of McCann, Hughes, Adair, and Cardwell (2009: 192) regarding pharmacists who felt disturbed by phone calls.

Citing Hill and Winfrey (1996) and Sobal *et al.* (1990), Pillay (2008:262) acknowledges that getting health professionals to respond to surveys was difficult. The subjects were served with the data collection instrument electronically. The use of an electronic questionnaire was justified given that it provided some form of anonymity, especially since the respondents had to access the questionnaires from a common pool, which required no usernames, passwords, or registration.

3.4 Data collection procedure

Permission to access the selected institutions for the study was granted. Following the approval, the researcher and the responsible persons at these institutions met at separate times to reach agreements on the following: (1) at no time and anywhere in the final report should the identity of the institutions be revealed; and (2) the instrument distribution logistics. The researcher asked that the questionnaire be located in a common pool or folder on the servers of the institutions so that the sample frame could access the instrument at will. It was also the view of the researcher that this folder should not require participants to submit either usernames, passwords or any form of registration. This was agreed upon by the participating institutions.

The researcher was also made to sign an undertaking with regards to point 1 above. The undertaking in two of the institutions was drafted by the institutions legal team. It is significant to note that the appointed responsible persons were either staff of the human resources department or the marketing department. In two of the institutions, it was agreed, for reasons of confidentiality, that the respondents (1) on completion of the questionnaires return them

directly to either of the researcher's two email addresses; (2) good ethical practice requires that participants in a study of this nature do so without any form of coercion. Following this, the letter that was sent out by two of the institutions to the sample frame read, *inter alia*: *should you wish to take part in this survey, please find attached the questionnaire pertaining to the survey. ... please be assured that all information will be treated as strictly confidential.* Essentially, the above two agreements were pushed for tenaciously by the researcher for fear that the subjects might be hesitant to cooperate.

At no time was the researcher allowed access to the subjects directly rather the responsible persons presented a list to confirm that they had approached a reasonable number of these professionals. The distribution of the questionnaires was therefore undertaken by the responsible persons at the institutions. In the case of a participating institution whose head office was located outside of the Western Province, it was agreed upon between the researcher and this institution that the distribution of the questionnaire would take place from the head office and not at the practices located in Cape Town. The researcher believed that practitioners might not feel comfortable or might not even want to complete the questionnaires if their immediate superiors had asked them to do so. Data collection was terminated six weeks after the initial mail was distributed.

3.5 Data collection instrument

The choice of an appropriate survey instrument is determined by a number of factors, which include (a) fitting objective of the study (Coetzee & Schreuder, 2010: 31; Rao, 2010: 119); (b) easy interpretation of results obtained (Buchanan & Bryman, 2009: 451); and (c) ability to collect data from a large, dispersed and carefully selected sample of respondents (Leong & Austin, 2006: 186). The broad objective and significance of this study, as previously stated, included among others: to develop a model of employee satisfaction for health-related professions so that South African health-related professions can properly identify and pay adequate attention to issues related to employee satisfaction. This was stated against the

backdrop that this band of professionals is critical to the delivery of high quality care to patients across a wide range of care pathways and in a variety of settings. The choice of an instrument for this study was thus informed by these factors.

The instrument which was utilized for data collection was the revised closed-ended *Plus Delta Organizational Climate Questionnaire*. This instrument was utilized because it is condensed; and, according to De Cock (2006), combines facets of job satisfaction with organizational climate dimensions. Plus Delta Consulting, author of the Organizational Climate Questionnaire confirm the following: *It is an ideal tool to help management to better understand how employees think and feel as contributing members of their organizations. With an accurate picture of their attitudes, management will be able to create an action plan with specific solutions that address any areas of concern or in need of improvement.*

The preliminary literature review, as well as casual interaction with some members of health-related professions revealed six primary components of occupational satisfaction dimensions of clinical and non-clinical health professionals. These dimensions included compensation, nature of work (prestige/status), autonomy, task requirements, growth opportunity, and support team (illuminating the essence of co-worker relationships and cooperative environment). These components relate to both the job content and job context environments. Both these environments have an effect on an organization's climate (Nel, 2008: 17). These components are also almost similar to Van Saane *et al.*'s (2003:194, 197) work factors, which they insist meet the quality criteria, as well as content validity that is relevant to employee satisfaction studies. The facets of job satisfaction, as well as the dimensions of organizational climate were considered as germane to the research objectives, which firstly motivated the choice of the *Plus Delta Organizational Climate Questionnaire* and, consequently influenced the consideration to modify the *Plus Delta Organizational Climate Questionnaire*.

The questionnaire comprised two sections, namely: (1) the demographic information questionnaire; and (2) the modified version of the *Plus Delta Organizational Climate questionnaire*. Section 2 had 11 categories, which represented dimensions of organizational climate, as well as job satisfaction facets. Of the 11 categories, 9 had 5 items each, while only two categories had 4 items each. Respondents were asked to rate, by using a five-point Likert scale on how they found each situation (53 in total). The five-point Likert scale ranged from (1) “strongly disagree” to (5) “strongly agree”.

The motivation to adapt the *Plus Delta Organizational Climate Questionnaire* did not exclude the instrument from a validity and reliability test. Every research instrument must be assessed prior to use for both validity and reliability purposes (NNSDO, 2005:1) in order for the instrument to prudently measure what it set out to measure (Coetzee & Schreuder, 2010:125), and also to lend some credibility to the findings of a study (Welman, Kruger & Mitchell, 2005:145). The reliability of the data collection instrument was tested by using the Cronbach Alpha coefficient. Each of the categories was separately tested, achieving an acceptable score (>.9). Given this result, the instrument was deemed sufficient for the study. Previous studies (Van Breda, 2003: 5-7; Chen, Yang, Shiau, & Wang, 2006: 490) state that a reliability coefficient, which exceeds exceeding 0.8 for any test or scale, was the minimum acceptable reliability coefficient.

3.6 Preliminary study

The survey was preliminarily tested with 19 members of health-related professions who practice in Cape Town. The researcher also invited six human resources practitioners to complete the self-administered questionnaire. The pilot study revealed that some items were ambiguous, while some of the questions were repetitive and the questionnaire was too long. The items that were ambiguous were reworded, while the items that seemed repetitive were deleted.

Leong and Austin (2006: 11) sum up the necessity of preliminary studies by stating that: *preliminary research is designed to fine-tune measures ... carefully evaluate the appropriateness of a proposed method, as well as the adequacy of the planned procedures.*

3.7 Data analysis

The data that was collected was coded for Statistical Program for Social Science (SPSS) suitability. The SPSS was utilized to generate the descriptive statistics, as well as correlation statistics. The descriptive statistics were compiled with the help of frequency tables, while correlation analysis was done by using a combination of factor analysis, analysis of variance (ANOVA) and T-Test.

Factor analysis was considered as the most suitable statistical technique for this study because of its ability to simplify complex sets of data. The instrument that was utilised for data collection in this study comprised 11 categories and 53 items. It would have been disingenious to utilise another approach to data analysis besides factor analysis. This is because factor analysis has the capacity to discover underlying patterns or relationships in a large number of variables and can reduce these variables to a smaller set of factors or new variates (Blaikie, 2003: 155). Also referring to Leong and Austin (2006: 250), variables (or items) that are generally quite small are unlikely to give rise to sensible common factors. Zikmund, Babin, Carr and Griffin (2010: 593) provide support for the researcher's submission by adding that factor analysis is a technique that statistically identifies a reduced number of factors from a larger number of measured variables. According to them, the factors themselves are not measured, but are identified by forming a variate, which uses measured variables. Kline (2002:1) regards factor analysis as the best statistical technique for psychological studies as well as the social sciences. Another reason why factor analysis was chosen for this study was because of its exploratory nature (Zikmund *et al.*, 2010: 593), which supports the nature of this study – an exploratory study that sought to develop a model of employee satisfaction amongst the health-related professions in South Africa because no model of this nature currently exists within health-related professions in South Africa.

Both ANOVA and T-Test measure differences between means. ANOVA is normally deployed for multiple groups within factorial designs (Zikmund *et al.*, 2010: 556), which then assist with a helpful pairing of two sets of data in order to test the significance of the difference between the means (Guilford & Frutcher, 1981:223). Conversely, T-Tests suit two groups (Zikmund *et al.*, 2010: 535).

An analysis of the data was undertaken to establish the objectives of the study, some of which included (1) is there a relationship between biographical variables - such as gender, tenure, race, age, education, marital status, income - and employee satisfaction?; (2) will the demographic variables explain the variance in employee satisfaction?; (3) is there an effect of demographic variables on employee perceptions of the facets of job satisfaction?; (4) to establish if any correlations exist between the causes of employee dissatisfaction on one hand, and organizational culture and climate and demographic variables, as well as personality, on the other.

3.8 Summary of the chapter

This chapter provided narratives on the research methodologies, which were used in this study. It has also presented the data collection procedure, as well as the data collection instrument, population sampled and narratives on the preliminary study.

The preliminary literature review, as well as casual interaction with those employed in the health industry, revealed six primary components of occupational satisfaction dimensions of clinical and nonclinical health professionals. These dimensions include compensation; nature of work (prestige/status); autonomy; task requirements; growth opportunity; and support team (illuminating the essence of co-worker relationships and cooperative environment). These dimensions were focused on in conjunction with the dimensions of organizational climate.

Presentation and analysis of data that was obtained are therefore, presented in the following chapter.

Chapter 4

Presentation and analysis of results

4.1 Introduction

This chapter deals with the analysis and interpretation of the data that was collected. The analysis is descriptive, and express relationships between variables in a form that captures the objectives of the study, which include the presentation of a model of employee satisfaction within health-related professions of South Africa.

This chapter also presents the different categories in the questionnaire, which interact closely with organizational climate dimensions and job satisfaction facets. Presentations appear in the form of charts. Each category contains items that describe its different levels of relationships. The items are presented in the form of a Likert scale.

This chapter states each category's reliability coefficient. The overall reliability analysis of the instrument which used the Cronbach coefficient was .91.

4.2 Analysis in terms of categories

4.2.1 Organizational design

There are five items under the category Organizational Design. Every organization's structure should link well with the organization's broader goals and objectives. Organizational design benefits an organization in terms of clarifying the organization's goals and ensuring that every organizational member understands these goals. To achieve these goals, the right

skills sets are demanded. The main objective of this category was to assess employees' perceptions of the above. The Cronbach coefficient was reliable (.75).

In terms of clarity of organizational goals and objectives, there was a strong indication that the organizational goals and objectives were clear to the health-related professionals who were sampled (see Figure 4.1). This is evident from the almost 91 per cent of affirmative responses. This somewhat makes sense because of the nature of the professions.

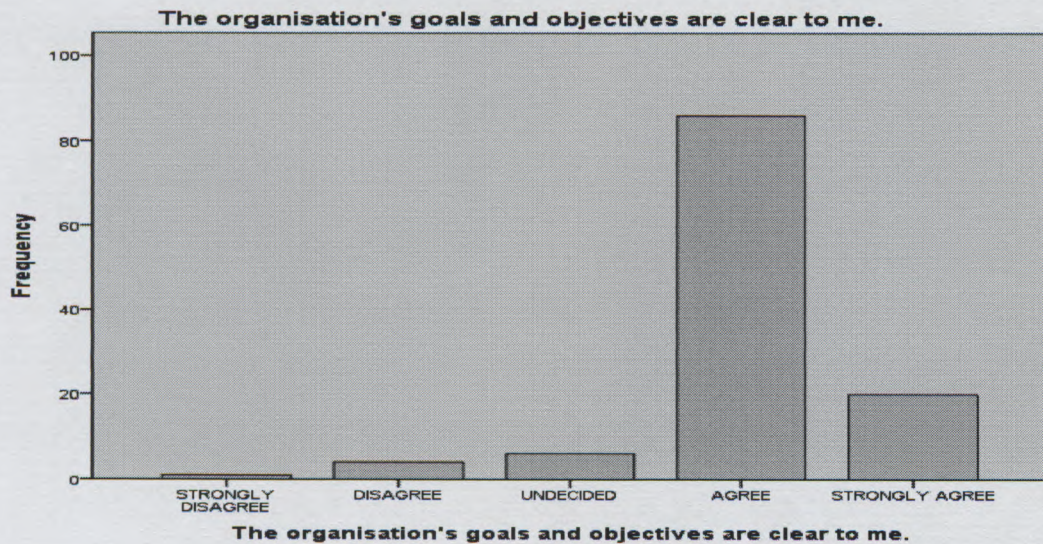


Figure 4.1: The organization's goals and objectives are clear to me

Realising an almost similar result to the one above, the health-related professionals indicated that they had a shared understanding of what the organization was supposed to do (see Figure 4.2). This cascades from their understanding of the organizational goals and objectives, and hence it is not surprising that each professional's work is clearly stated.

Employees have a shared understanding of what the organisation is supposed to do

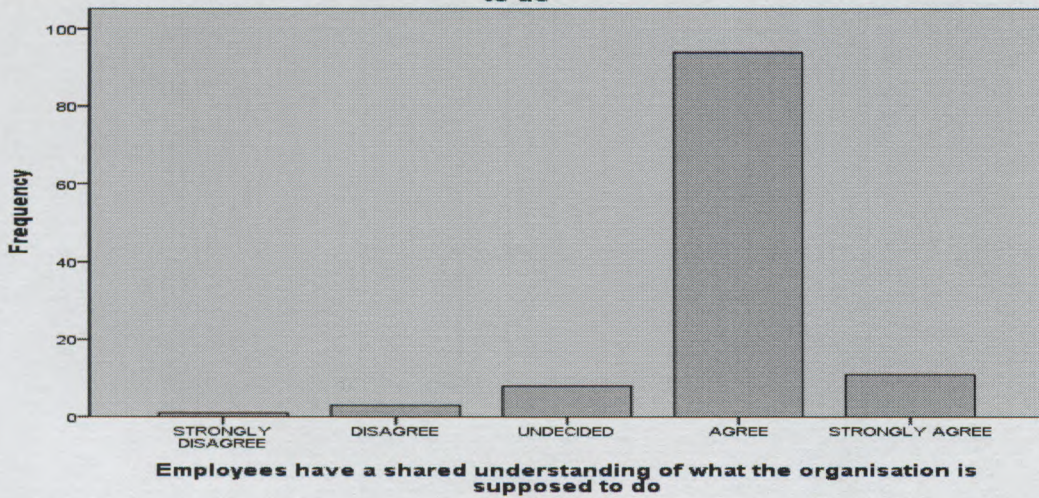


Figure 4.2: Employees have a shared understanding of what the organization is supposed to do

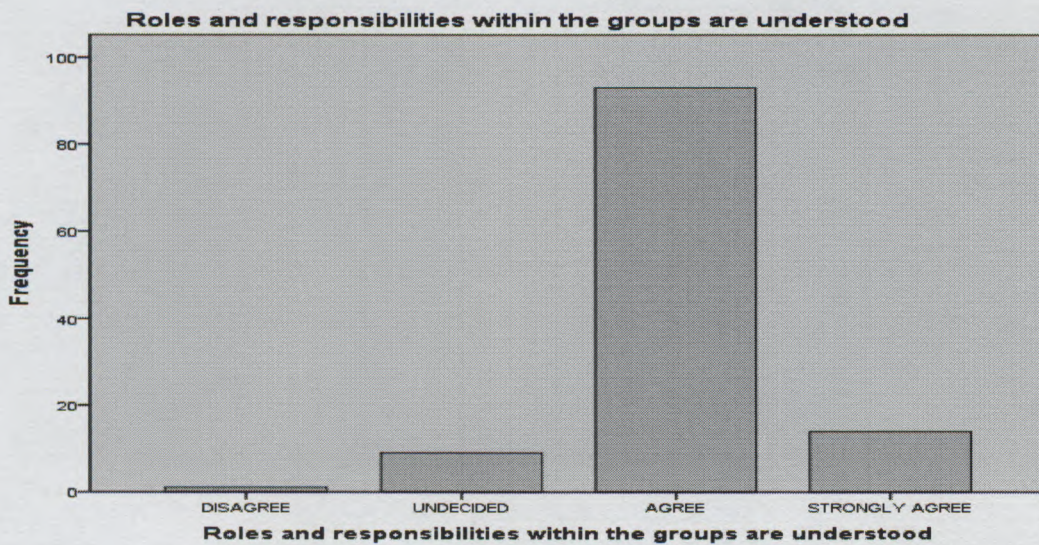


Figure 4.3: Roles and responsibilities within the groups are understood

Close to 92 per cent of respondents agreed that their roles and responsibilities were well understood (see Figure 4.3). This may have flowed from their appreciation of what their organizations were about. It is equally critical to point in the direction of the nature of the professions – saving lives, which demands a proper articulation of each person’s roles and responsibilities.

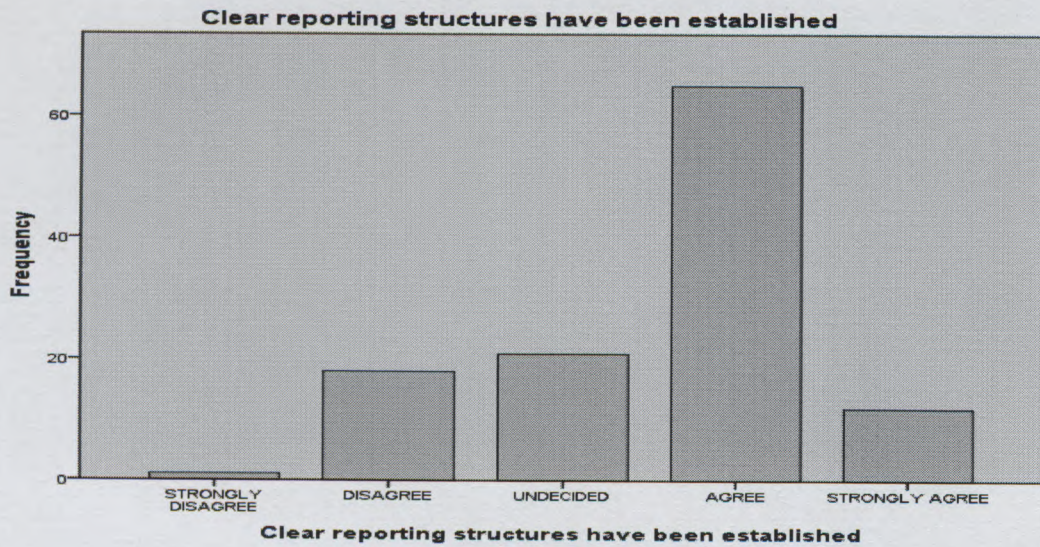


Figure 4.4: Clear reporting structures have been established

A higher percentage (66%) of respondents believed that clear reporting structures were established in their institutions (see Figure 4.4). Clear reporting structures extend clarity to the objectives of the organization.

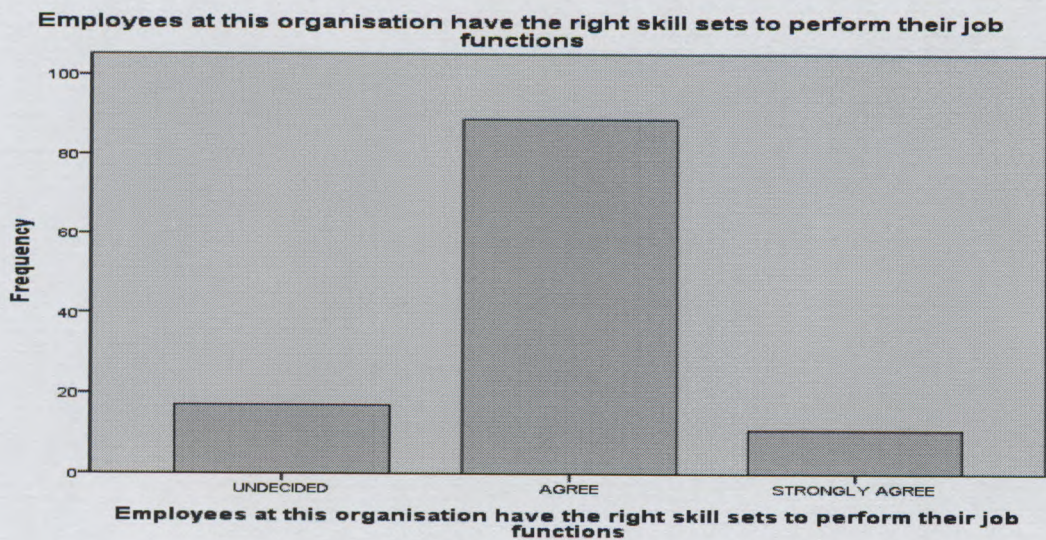


Figure 4.5: Employees at this organization have the right skill sets to perform their job functions

A total of 100 respondents believed that they possessed the right skills set to perform their job functions. This goes without saying, since given the nature of the professions, each member must have the right skills set to be appointed to their job in the first place.

Summary: The five items that addressed organizational design clearly indicate that most of the respondents were aware of the organization's vision and mission, as well as what was expected of them. Members of the establishments also believed that they possessed the right skills sets to be appointed in their respective positions. The only slight concern for the researcher was that if higher percentages were derived from four of the items, and there was a slightly lower percentage emanating from item number 4 (represented by Figure 4.4) in this category (in comparison to the high percentages of the other four), it thus deserved scrutiny because one would expect that given the nature of the professions, clear reporting structures must be well established and acknowledged by all members, especially when roles and responsibilities within the group appear to be well understood.

4.2.2 Individual job characteristics

There are five items in this category. The objective of this category was to examine the extent to which respondent's derived satisfaction from their current job responsibilities, the extent to which their skills and abilities were utilised; the level of challenge that existed in their jobs; and their appreciation of the level of value that their jobs offered their respective establishments.

The Cronbach reliability coefficient for the items in this category was .82.

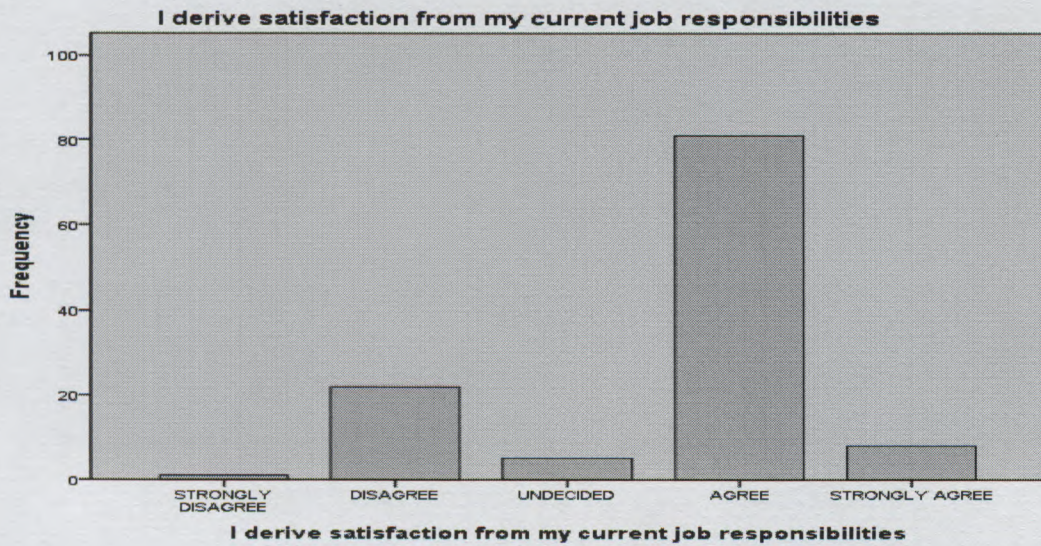


Figure 4.6: I derive satisfaction from my current job responsibilities

Figure 4.6 above presents a clear indication (76%) that the respondents are satisfied with their current job responsibilities. This gives credence to item 4 under organizational design, which probed whether members' roles and responsibilities within the groups were well understood.

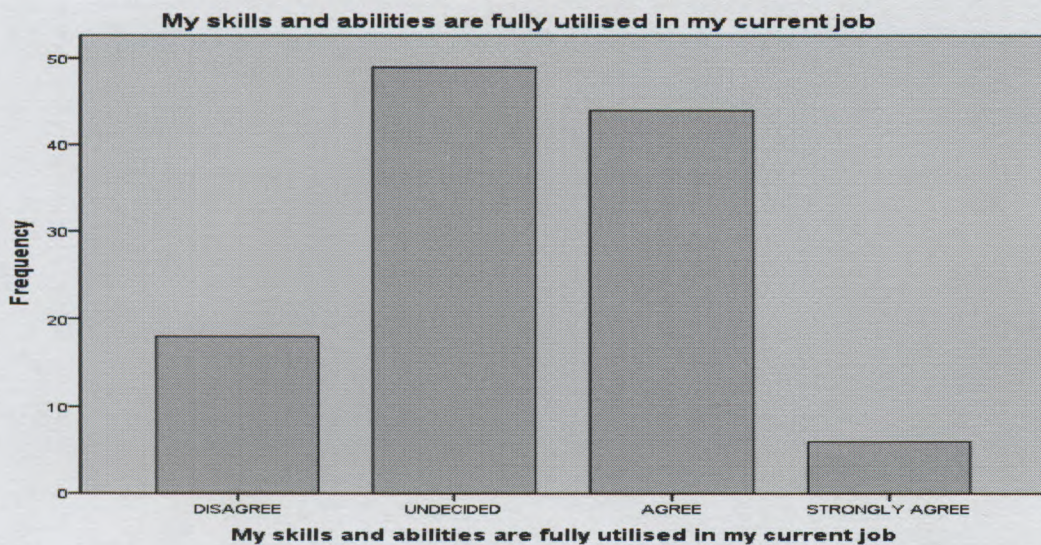


Figure 4.7: My skills and abilities are fully utilised in my current job

Figure 4.7 above suggests that many of the respondents were unclear about the level of utilisation of their skills and abilities. The researcher prefers to implicate two factors for this

result. It is possible that the respondents believed that only the skills and abilities that pertain to their respective job functions are utilised, in exclusion of some other skills that they may have. The other factor that is implicated here is the view that the members had not reached their full potential, especially if one critically analysed the responses to item 7 (Figure 4.8) – *I have the opportunity to further develop my skills and abilities*. The responses to item 7 suggest that almost 96 per cent of respondents agree that they had an opportunity to further develop their skills and abilities, which indicate that there was still room for their skills and abilities to be fully utilised.

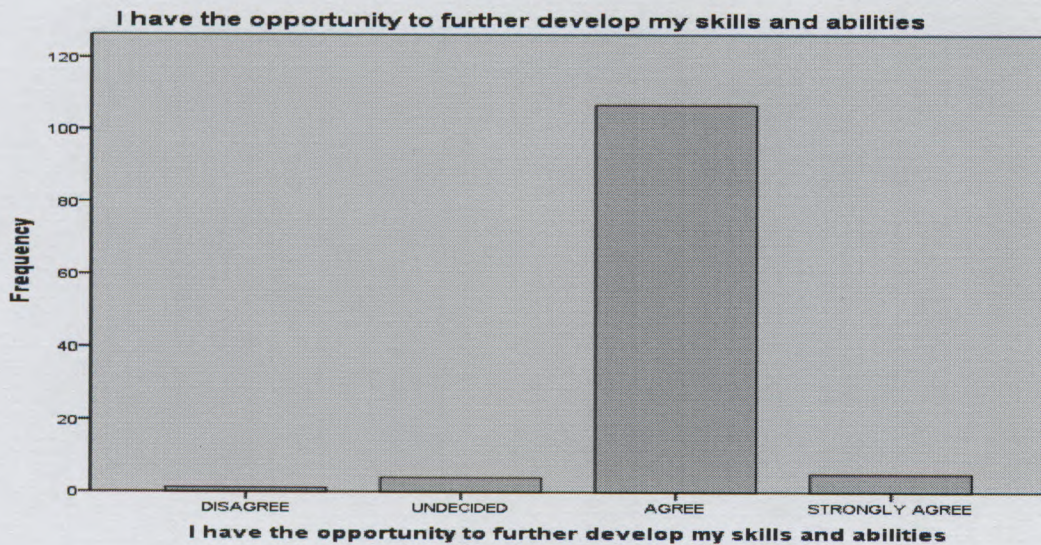


Figure 4.8: I have the opportunity to further develop my skills and abilities

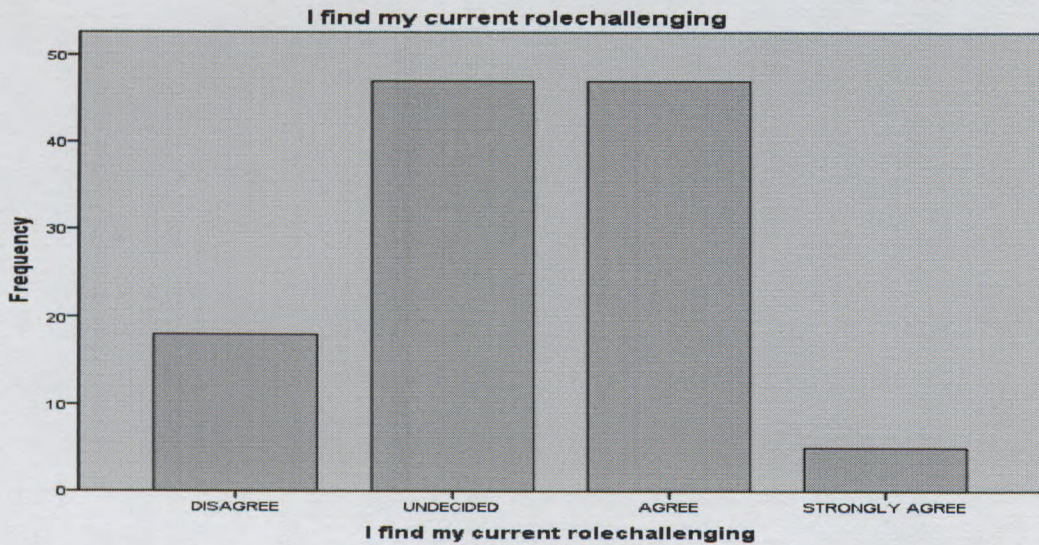


Figure 4.9: I find my current role challenging

If respondents stated that they derived satisfaction from their job responsibilities (see Figure 4.6), but desire more responsibilities and/or utilisation of their other skills and abilities (Figure 4.7), they may experience some form of dissatisfaction because they only used the skills and abilities that pertained to their job responsibilities. This could translate to a need for exposure to other tasks, which demand higher degrees of challenge. Hence, this is evident from the total 44 per cent of respondents who claimed that their respective roles presented challenges to them.

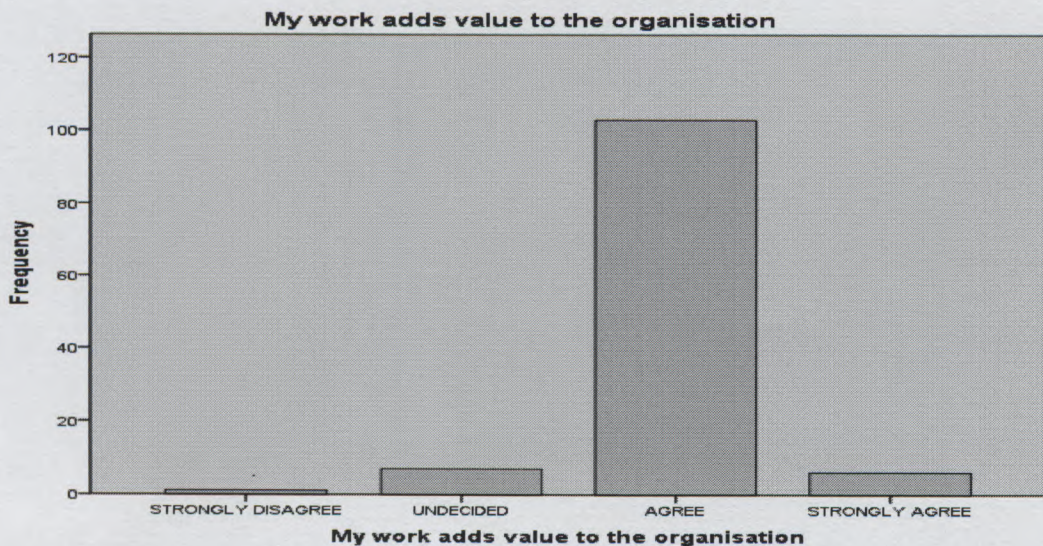


Figure 4.10: My work adds value to the organization

Although Figures 4.7 and 4.9 do not present a robust picture in terms of challenge and utilisation of skills and abilities, the respondents were convinced that their roles added value to their organizations (see Figure 4.10). It can also be deduced from the responses that the respondents derived satisfaction from their different job responsibilities. One can thus sum up that the respondents' perceptions of value stemmed from the job itself, which is a job content environmental factor.

Summary: There seems to be a sense of pride amongst the professions, which perhaps emanates from respective job responsibilities. However, the poor percentage response rates associated with items 7 and 9 is somewhat telling of a profession whose skills and abilities were yet to be fully utilised, and as a result, demand more given the responses to 'my current role is challenging'.

4.2.3 Co-worker relations

This category has five items, which range from management of conflicts, value recognition from peers, and appreciation of the contributions of peers. The five items in this category obtained a reliability coefficient of .90.

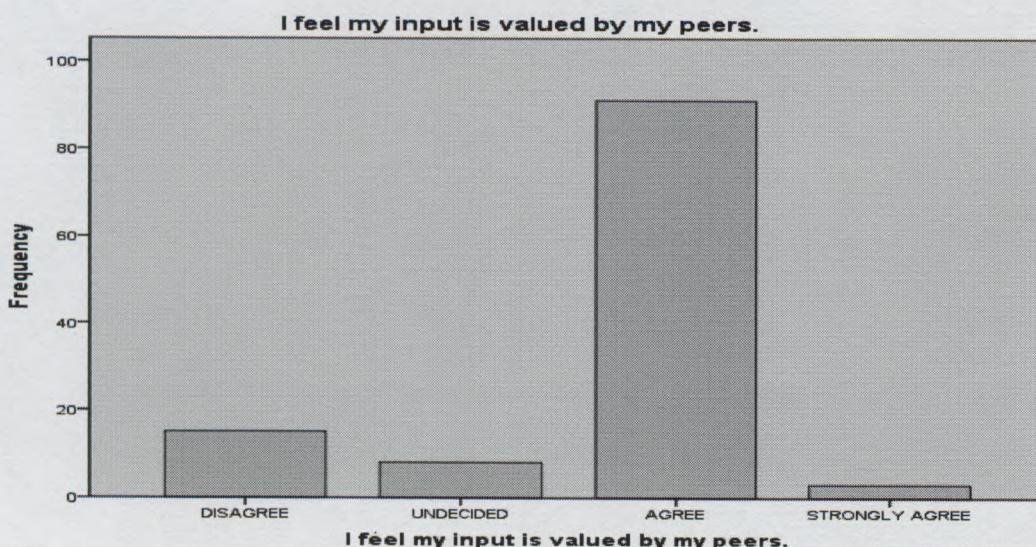


Figure 4.11: I feel my input is valued by my peers

There is a strong indication that mutual respect for each other's work exists in the organizations that were sampled (Figure 4.11). However one wonders why there seemed to be a higher percentage of respondents who indicated that they strongly disagreed, disagreed or were undecided with regard to identifying knowledge and information sharing as organizational norms (see Figure 4.12 below).

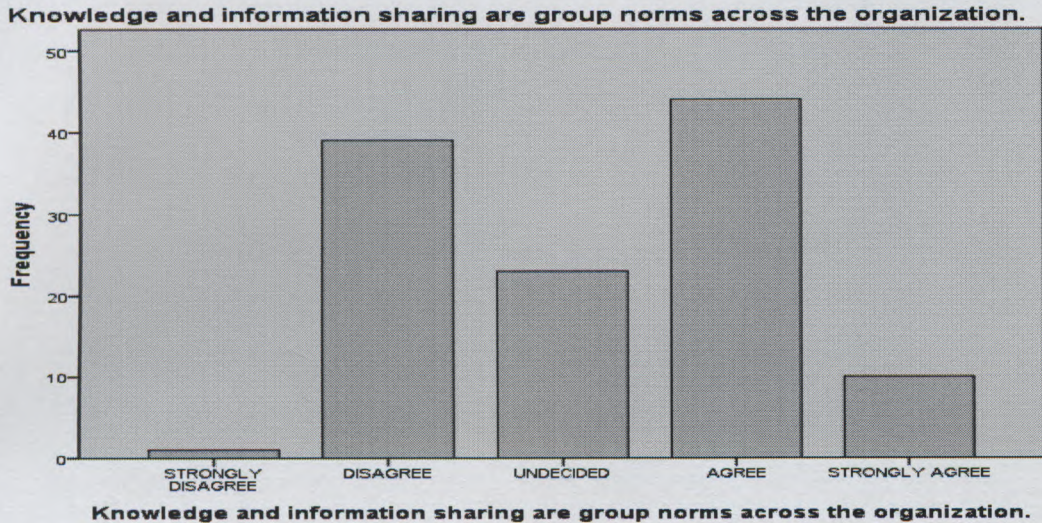


Figure 4.12: Knowledge and information sharing are group norms across the organization

The above results validate some other results, which were obtained in this study. In the case of 'my skills and abilities are fully utilised in my current job' (see Figure 4.7) and 'I find my current role challenging' (see Figure 4.9), it was evident that many of the respondents do not consider information and knowledge sharing as critical norms in their organizations. This is perhaps because (1) they were not utilised beyond the skills and abilities for which they were hired; and (2) they remained in the roles that they were hired for and hence began to experience dissatisfaction.

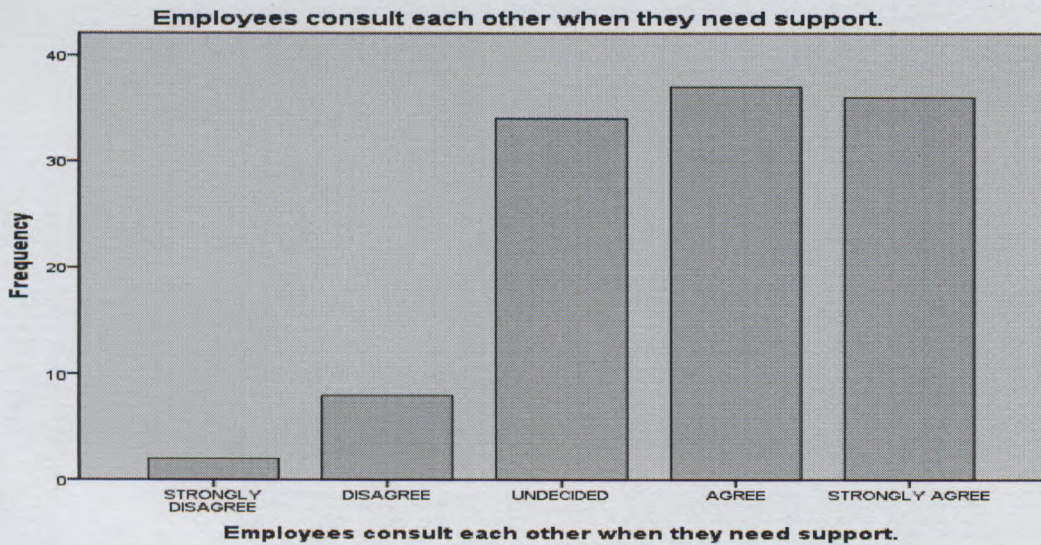


Figure 4.13: Employees consult each other when they need support

Most respondents stated that they could consult their colleagues if they needed help (see Figure 4.13). This may give impetus to the result (see Figure 4.11) that acknowledged value amongst peers.

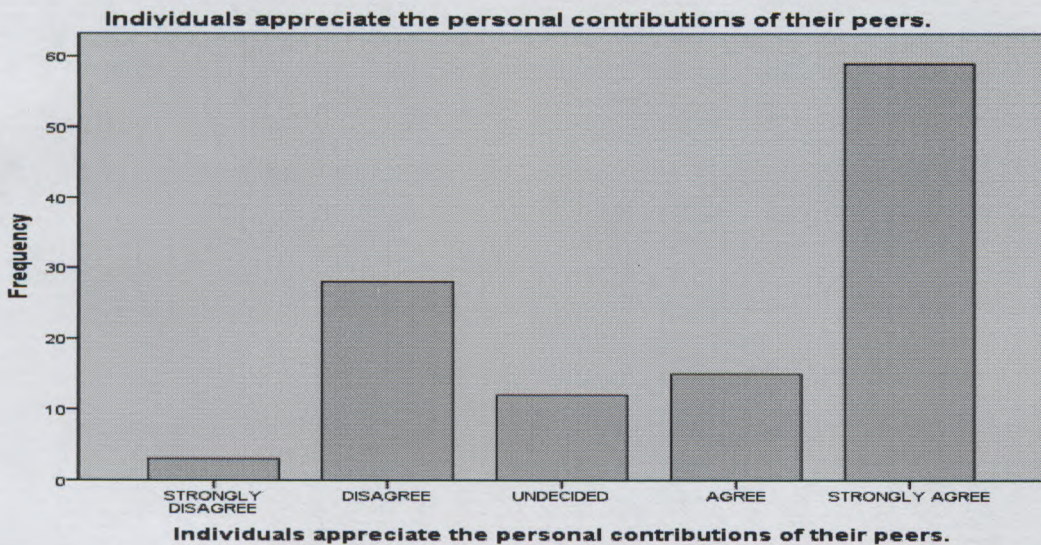


Figure 4.14: Individuals appreciate the personal contributions of their peers

Items 13 and 14 seem to share the same result. Almost 64 per cent of respondents (see Figure 4.14) believed that the personal contributions of members were appreciated. This may be a result of the need to provide good service to clients, which consequently required constant value-add to the organizations.

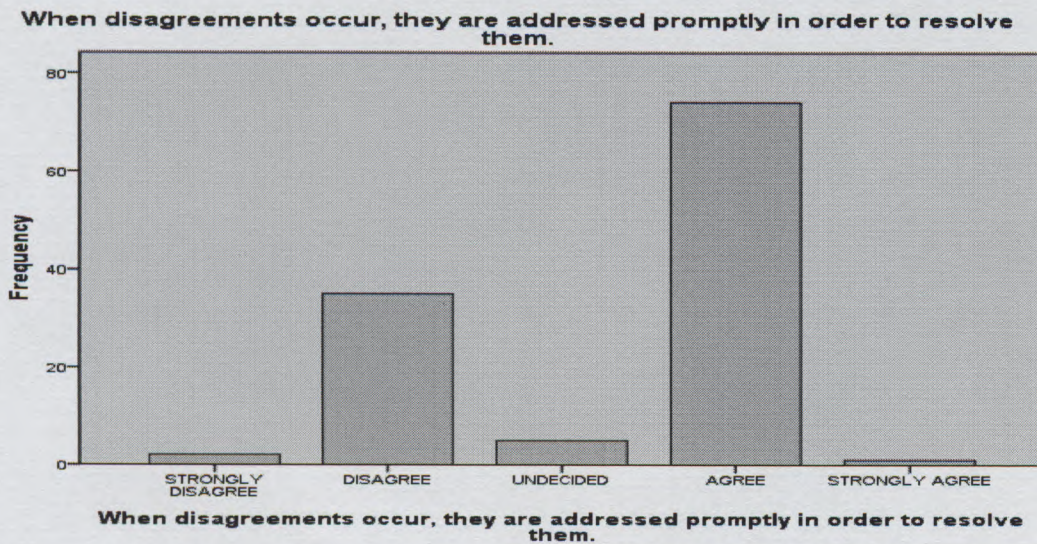


Figure 4.15: When disagreements occur, they are addressed promptly in order to resolve them

A majority of the respondents agreed that when disagreements occurred, they were quickly resolved. This perhaps suggests that given the nature of the professions, it was important not to dwell unnecessarily on disagreements which may derail the object of the professions as well as impact the level of satisfaction that members derived from their job roles.

Summary: The above results show a good degree of co-worker relations. The low response rate obtained with regard to 'knowledge and information sharing are group norms...' seems to suggest that co-worker relations are strictly based on job responsibilities.

4.2.4 Culture/work environment

There are five items in this category, which sought to assess the extent to which members of the health-related professions were valued as employees; the extent to which they balanced work and personal life; and their perceptions of their organizations. The five items generated a Cronbach coefficient of .70.

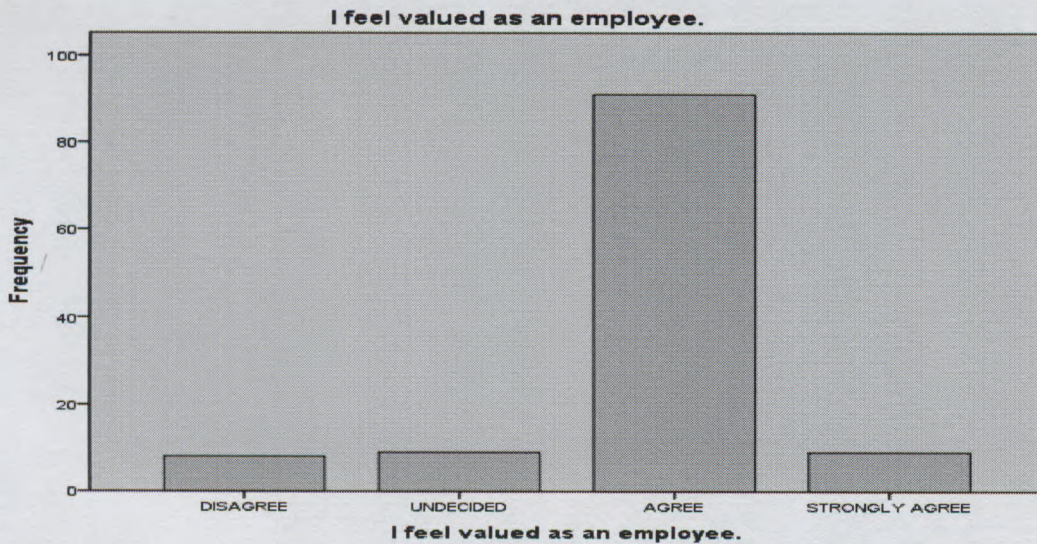


Figure 4.16: I feel valued as an employee

Previously, respondents indicated (at 94%) that they perceived their work as adding value to their organizations (see Figure 4.10). It is, therefore, not surprising that 85 per cent of respondents indicated that they are valued as employees. One can argue that given the nature of their professions and the contributions that they make to the image of their organizations that they consider value as representative of the satisfaction that they derive from their current job responsibilities. See Figure 4.16 above.

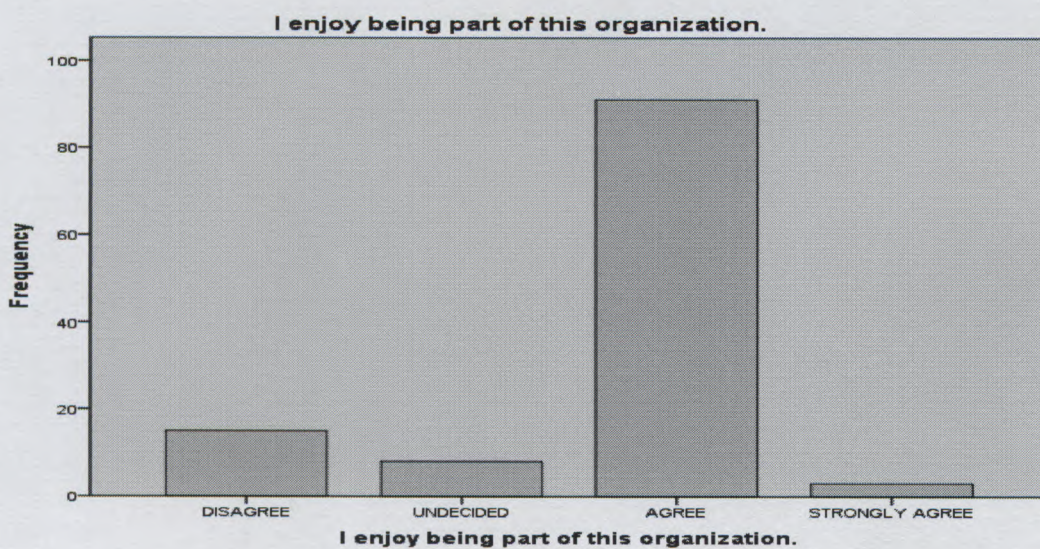


Figure 4.17: I enjoy being part of this organization

A total of 94 of the respondents (n=100) believed that they enjoyed being part of their organizations. This is an indication that does not surprise, given the earlier results (Figures 4.6, 4.11, and 4.13).

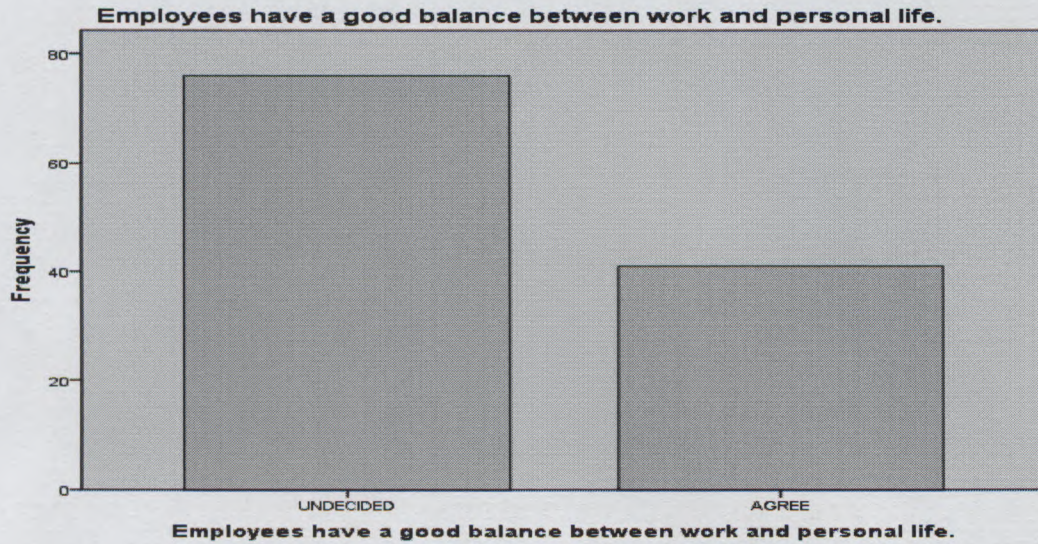


Figure 4.18: Employees have a good balance between work and personal life

A total of 35 per cent of respondents (see Figure 4.18) agreed that they have a good balance between work and personal life. The small figure suggests that the nature of the job itself does not allow for socialisation, hence one can infer that the professionals are in a high pressured work environment.

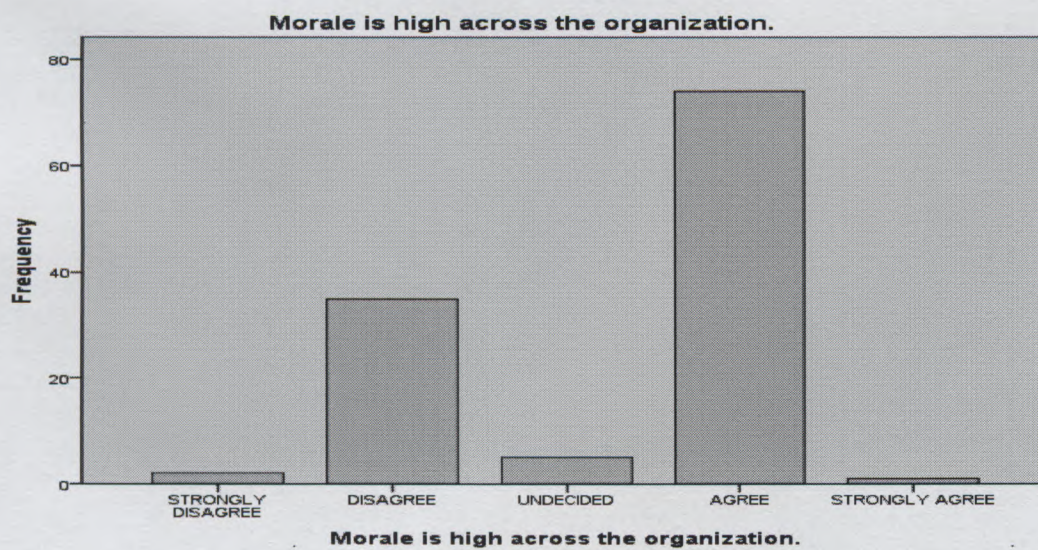


Figure 4.19: Morale is high across the organization

Figure 4.19 above presents a trend. Previously respondents indicated, among others that (1) their work added value to their organizations (Figure 4.10); (2) their input was valued (Figure 4.11); and (3) they resolved disagreements quickly in order to focus on the core business of the organization. These responses indicate that there is a high level of confidence and enthusiasm amongst members of the professions, which were sampled regarding their professions, as well as their roles and responsibilities.

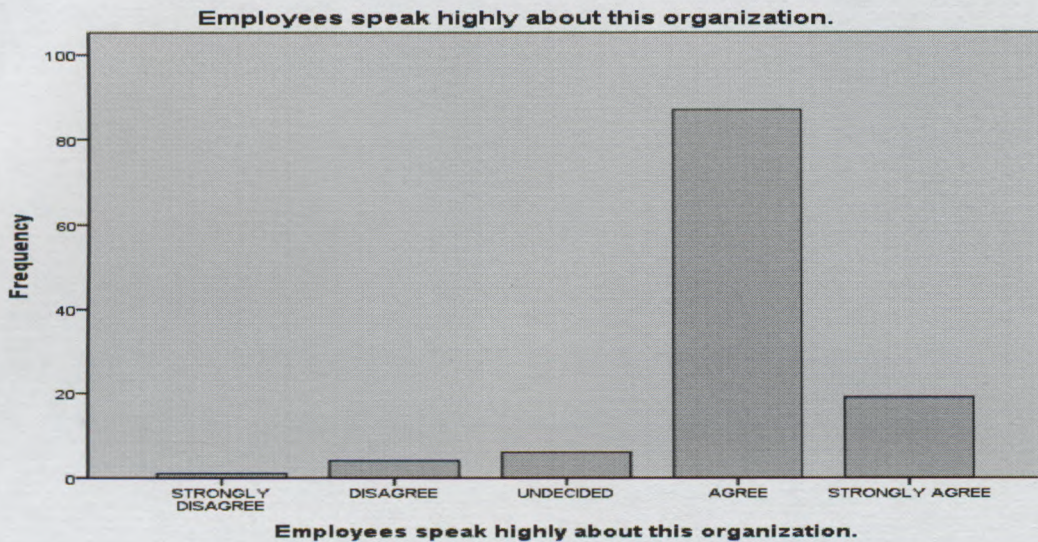


Figure 4.20: Employees speak highly about this organization

More than 90 per cent of the respondents (see Figure 4.20) reported that they spoke highly of their organizations. This possibly stems from the recognition that they receive as employees (see Figure 4.16), and the fact that they have their right skills sets (see figure 4.5), and the clarity of organizational goals and objectives (Figure 4.1) have contributed to a shared understanding of what the organization is supposed to do (Figure 4.2).

Summary: The results from the above category indicate that there is a good work culture in the organization's that were sampled. Good work culture extends employee morale, which brings about a feeling of commitment to the organization and positive perceptions amongst employees towards their organization. However, the work culture does not allow for

socialisation, which warrants the summation that the sampled population worked in a high pressured environment.

4.2.5 Senior management

There are five items in this category. The main objectives of the category included (1) to assess the extent of collaboration between senior management and employees; and (2) to assess the extent to which management is supportive and shows concern for employees. The Cronbach coefficient was reliable (.67).

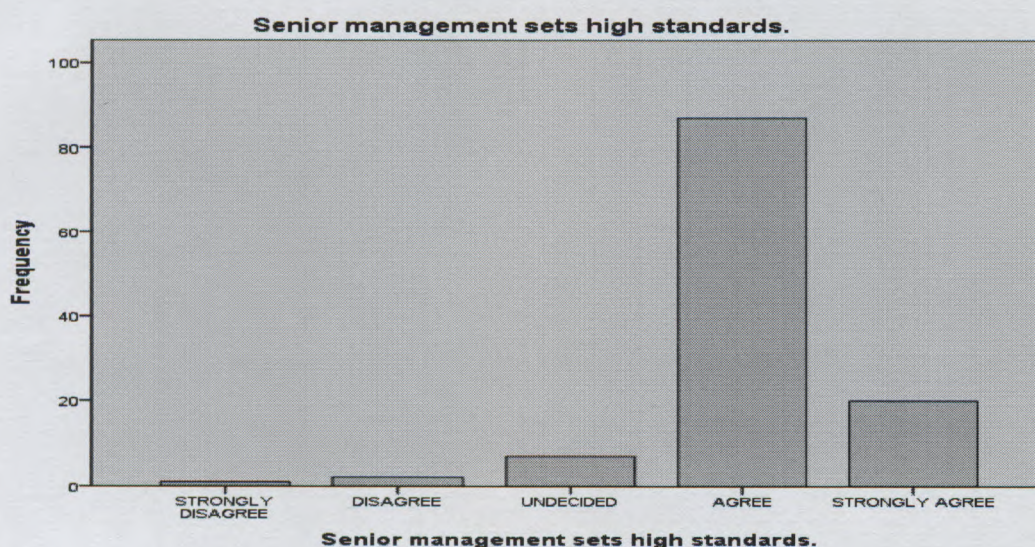


Figure 4.21: Senior management sets high standards

The above figure shows, it is evident that respondents perceived that their senior management sets high standards. This can be attributed to the nature of the business of the organizations. The organizations are renowned for providing well-rounded teams that diagnose and treat patients. Thus, it can be argued that senior management sets high standards in order to continue to provide high quality care to patients across a wide range of care pathways and in a variety of settings.

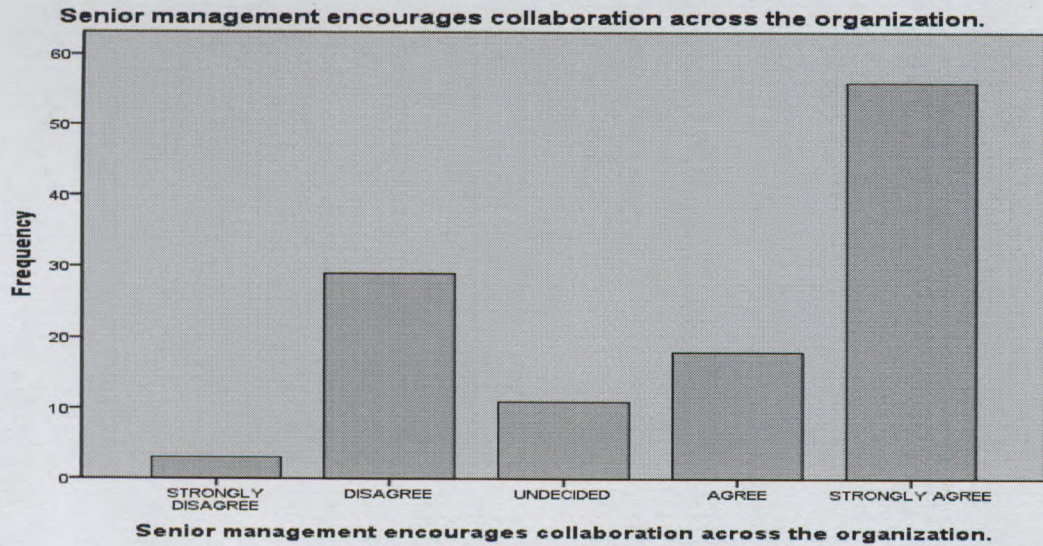


Figure 4.22: Senior management encourages collaboration across the organization

The above figure suggests that senior management encourages collaboration across the organization. This 63 per cent response rate may have derived its substance from an appreciation of information and knowledge sharing (see Figure 4.12).

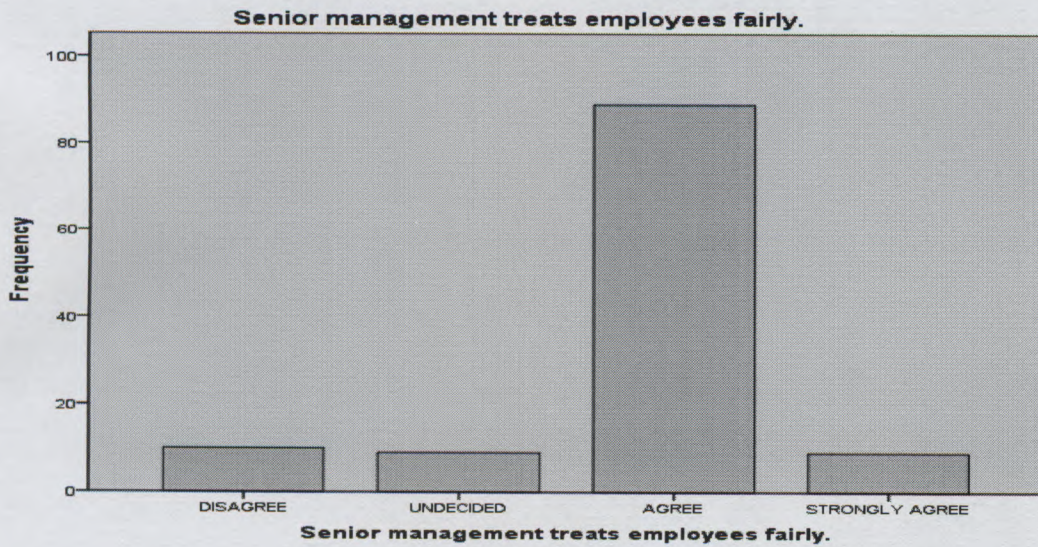


Figure 4.23: Senior management treats employees fairly

The perception that senior management treats employees fairly is clearly indicated in the above figure. A total of 84% of the population agreed, while 16% responded negatively.

Treating employees fairly will advance the objective of high quality service, which is a critical interest amongst health-related professions.

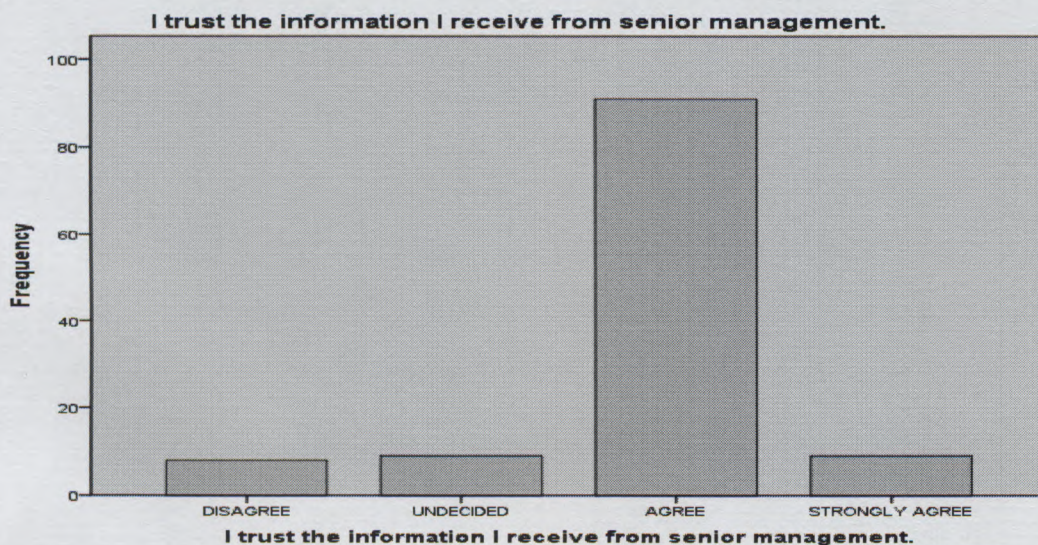


Figure 4.24: I trust the information I receive from senior management

Information is critical to the survival of every organization. In the above figure, a total of 100 of the respondents indicated that they trust the information that they receive from senior management. This result relates closely to Figures 4.1 and 4.2 above. If employees have a shared understanding of what their organizations are supposed to do, it confirms that adequate information is communicated to them, which again strengthens the submission that employees understand their organization's goals and objectives.

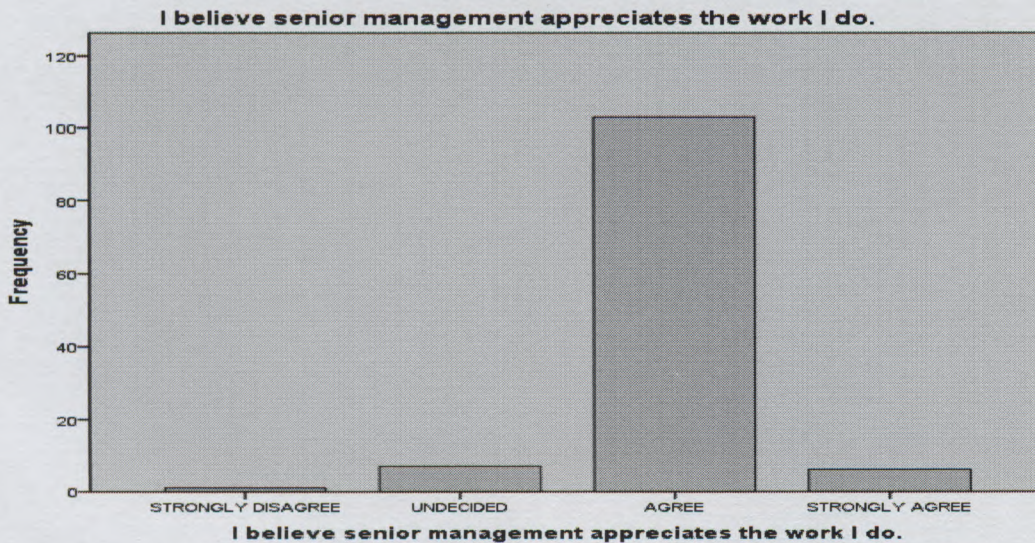


Figure 4.25: I believe senior management appreciates the work I do

A total of 93 per cent of the respondents (see Figure 4.25) indicated that they believe that senior management appreciates the work that they do. Perhaps this result extends a previous result (Figure 4.6) where a majority of respondents indicated that they were satisfied with their current job responsibilities.

Summary: It is evident from the results in this category that the senior management of the institutions that were sampled treats employees fairly, communicates appropriate work information and also values the contribution that these employees make.

4.2.6 Direct supervisor

This category contains five items. The objective of this category was to assess the measure of supervisory behaviour towards employees as well as the perceived influence, helpfulness, friendliness and trust on the part of the supervisor. The items under this category achieved a Cronbach alpha reliability coefficient of .63.

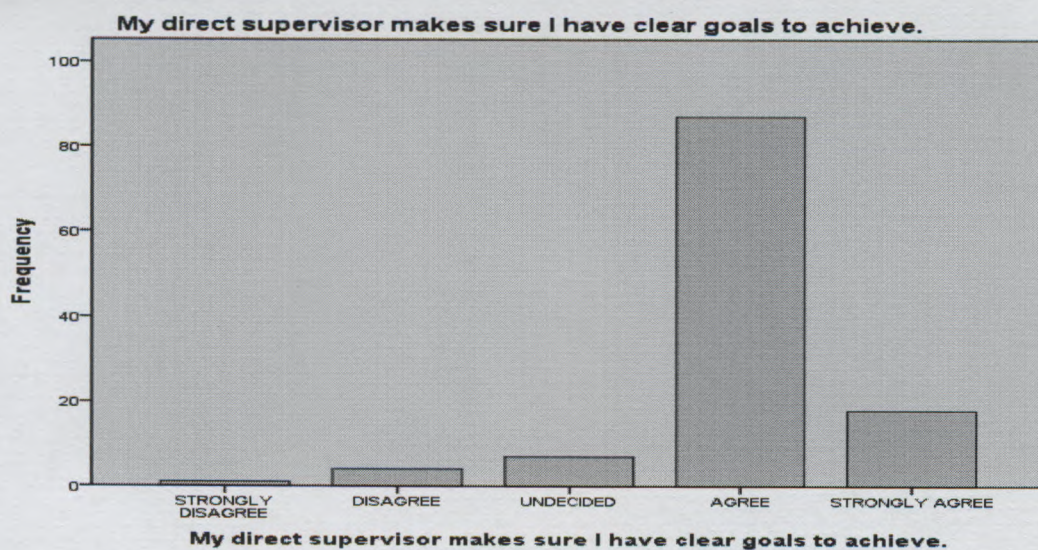


Figure 4.26: My direct supervisor makes sure I have clear goals to achieve

A total of 90% of respondents (see Figure 4.26) agree that their supervisors provided clarity in terms of goals and objectives. This validates an earlier result (Figure 4.1) with respect to the overall clarity of the respective organizations' goals and objectives.

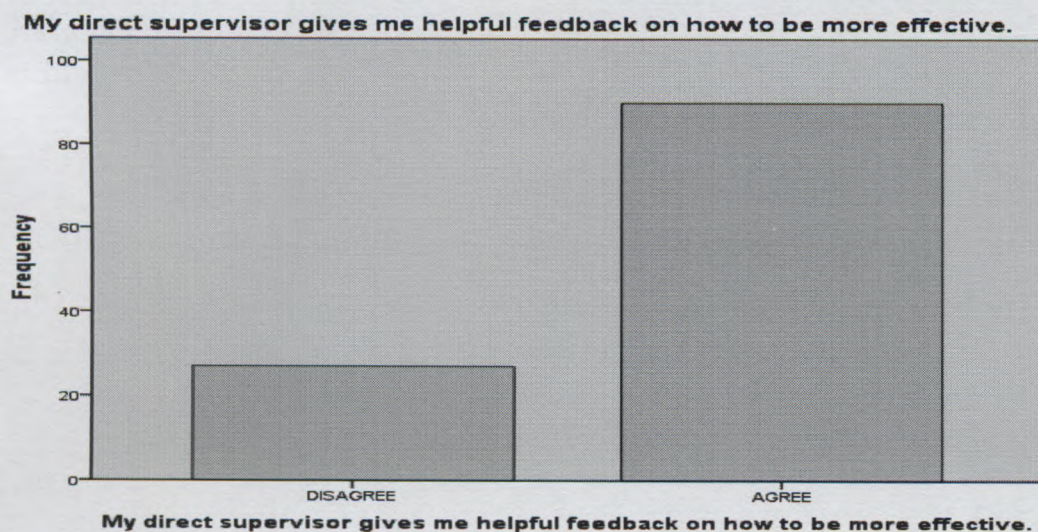


Figure 4.27: My direct supervisor gives me helpful feedback on how to be more effective

A total of 77% of respondents (see Figure 4.27) stated that they receive helpful feedback from their direct supervisors. The supervisor is in the best position to observe an employee's behaviour and determine whether the employee has reached the specified goals and

objectives. Hence, the supervisor is able to give complete and accurate feedback to employees so that the specified goals and objectives are achieved.

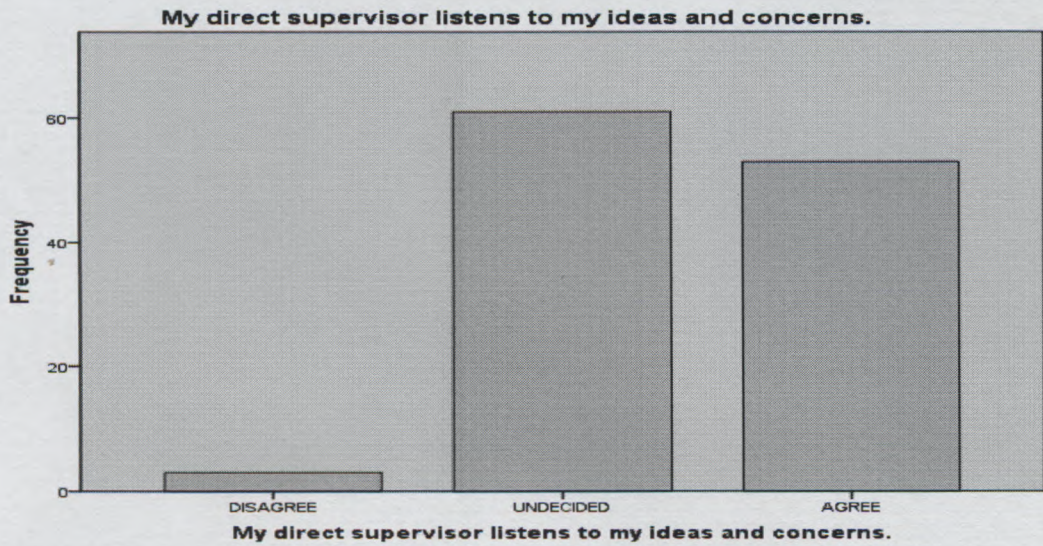


Figure 4.28: My direct supervisor listens to my ideas and concerns

The above figure indicates that 53% of respondents have supervisors who listen to their ideas and concerns. In a previous result (Figure. 4.12) it was evident that knowledge and information sharing was not an organizational norm.

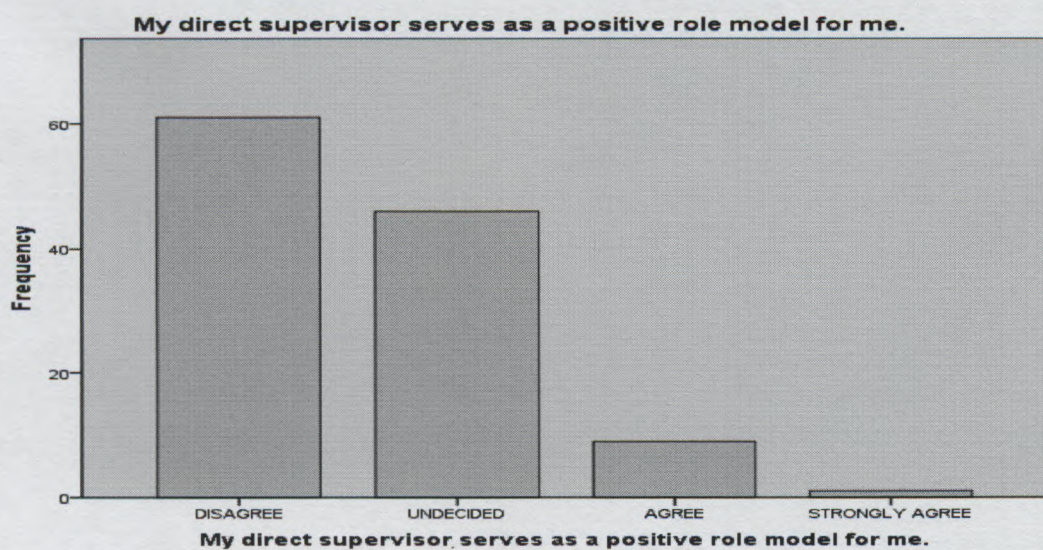


Figure 4.29: My direct supervisor serves as a positive role model for me

Given the results from Figure 4.28, it may not surprise that the respondents do not regard the supervisor as a positive role model for them (see Figure 4.29).

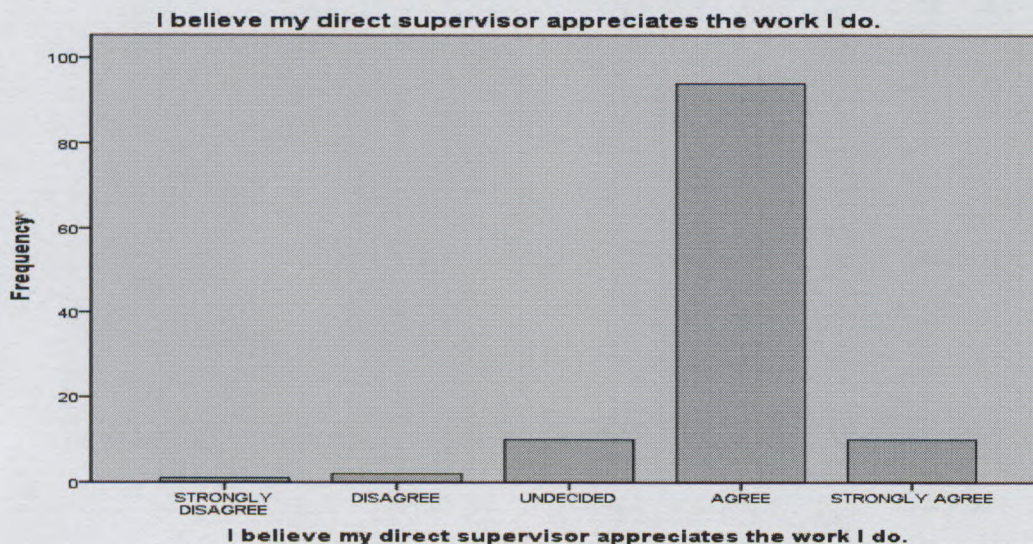


Figure 4.30: I believe my direct supervisor appreciates the work I do

Close to 89% of the respondents (see Figure 4.30) claimed that their direct supervisor appreciates the work that they do. This result relates closely to Figure 4.25, which suggests that within the prism of the roles and responsibilities of the respondents (Figure 4.3), there is clarity and as long as employees do their jobs, there is no conflict between them and their immediate supervisors.

Summary: The responses from this category indicate that members of the health-related professions have direct supervisors who appreciate their work; clarify objectives of the organization; and provide helpful feedback. However, poor responses were noted in favour of 'my direct supervisor listens to my ideas and concerns' (45%); and 'my direct supervisor serves as a positive role model' (8%). This perhaps suggests that the members value interaction around creative ideas and personal feelings and if these are not allowed, then perceptions of the direct supervisor are negative.

4.2.7 Work processes

Work processes refer to steps, which are required to produce a result. The objective of this 5-item category was to assess the extent to which employees were clear on what they should do; level of connectedness with their tasks; and how much collaboration exists among employees with relation to task execution. This category also hoped to examine the influence of task activities on an employee's functioning within an organization. The five items in this category generated a Cronbach reliability coefficient of .65.

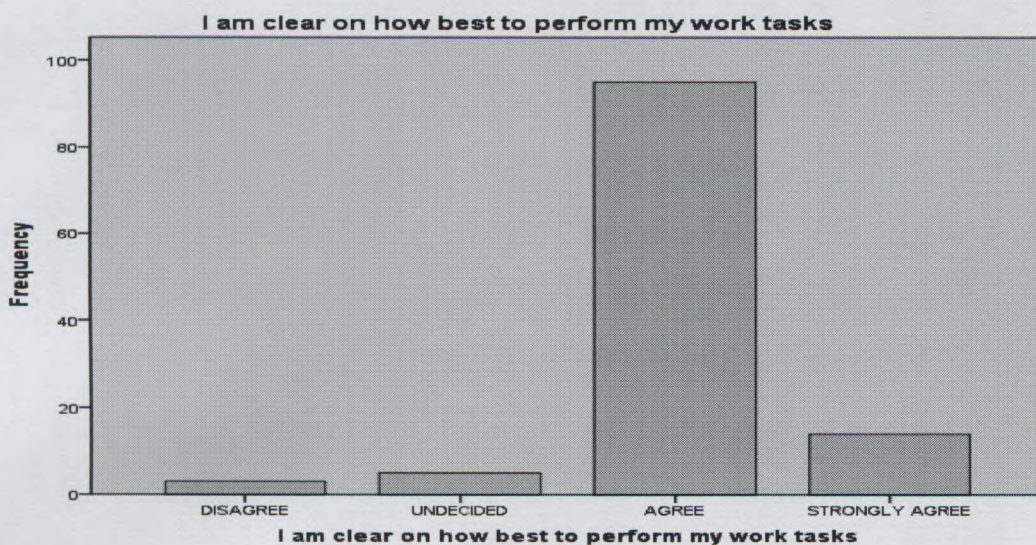


Figure 4.31: I am clear on how best to perform my work tasks

Previously, Figure 4.3 indicated that the respondents were clear about their roles and responsibilities. This lends credence to the figure above (4.31), which shows that a total of 109 of the respondents were clear about how best to perform their tasks. Essentially, if roles and responsibilities were clearly defined, it then follows that employees should understand their various roles and be able to perform their tasks sufficiently well.

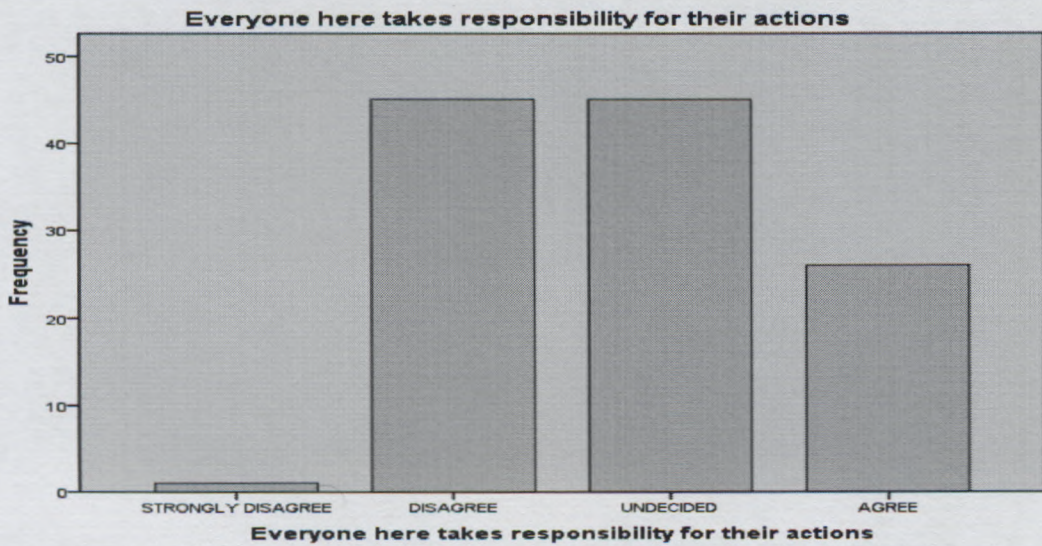


Figure 4.32: Everyone here takes responsibility for their actions

The figure above (4.32) indicates that 39% of respondents disagreed that everyone took responsibility for their actions, while 38.5% was undecided, leaving a meagre 26% agreeing that everyone took responsibility for their actions. One can then deduce that there is not much collaboration (Figure 4.12), and since everyone understood their roles and responsibilities (Figure 4.31), each person was responsible for his actions.

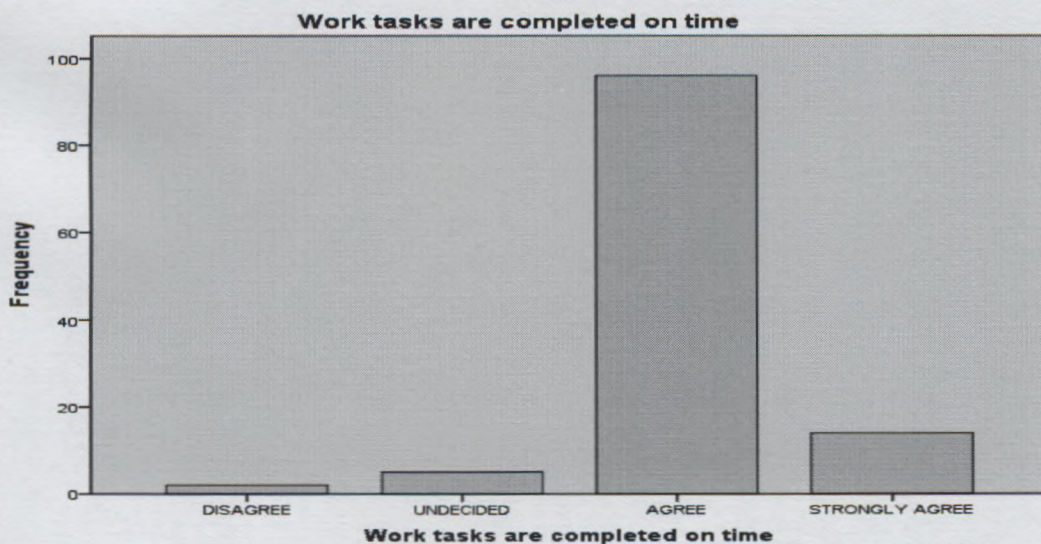


Figure 4.33: Work tasks are completed on time

The above figure (4.33) suggests that close to 95% of respondents answered in the affirmative regarding on-time task completion. This is perhaps so because of the nature of the professions. Efforts are supposedly directed towards the main job roles.

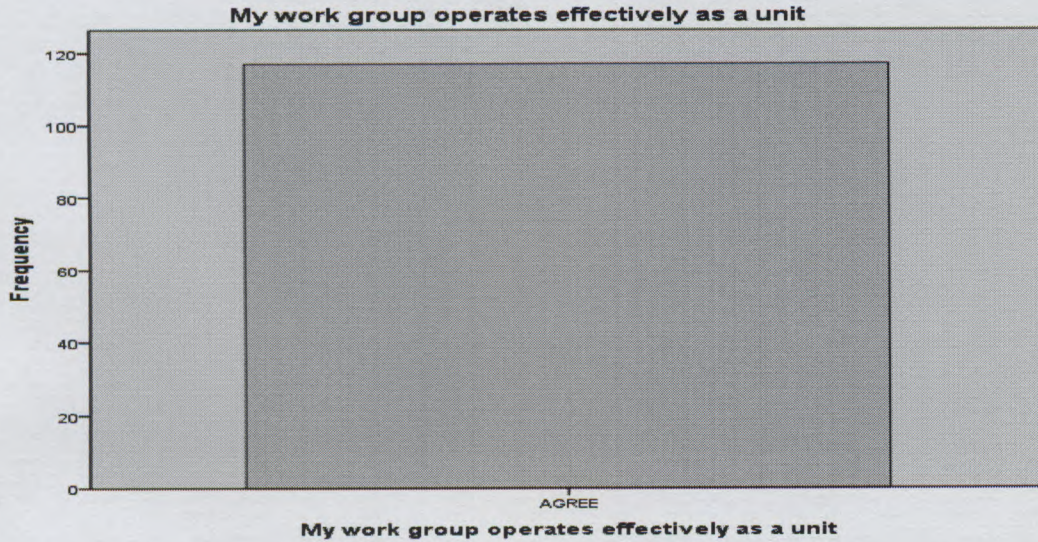


Figure 4.34: My work group operates effectively as a unit

While it may seem as though everyone took responsibility for their actions given that roles and responsibilities were clearly defined, one gets a sense that there is a high level of team effort that exists among the professionals (see Figure 4.34). This position is taken given the results described in Figures 4.13, 4.14, and 4.15.

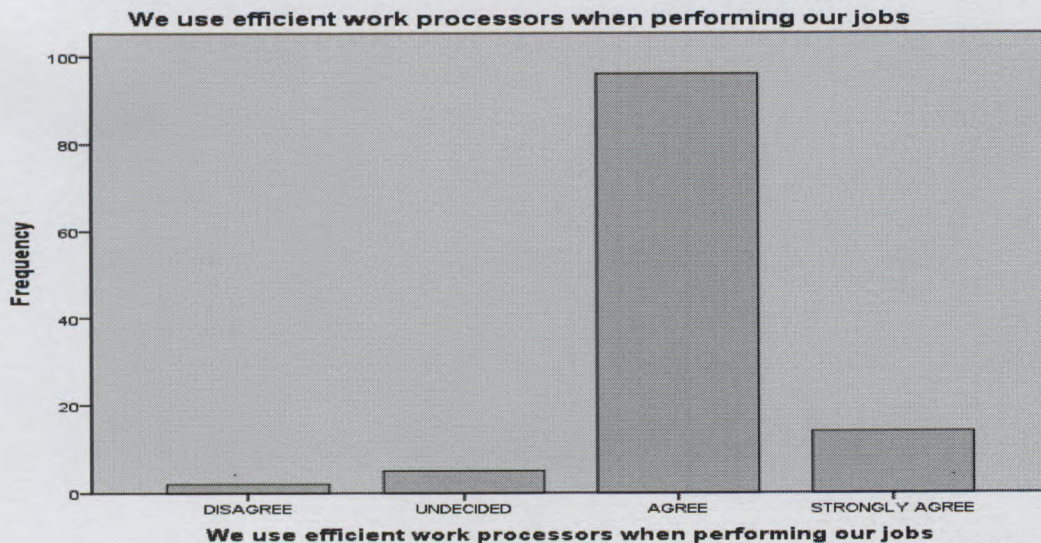


Figure 4.35: We use efficient work processors when performing our jobs

Effective work processes extend job satisfaction and performance. Effective work processes create a high performance culture. The figure above (4.35) shows that 94% of respondents agreed that they use efficient work processes. This can be validated giving the nature of the job, which requires effective systems that enhance the missions of the organizations that were sampled.

Summary: There is a general positive feeling towards the work processes in use at the organizations that were sampled, and these work processes no doubt accelerate work, which enhance the responsibility of members towards their tasks. They also help members to operate effectively.

4.2.8 Communication

There are 5 items in this category. The significance of this category is to assess how communication modalities such as written, face-to-face and other types of communication are perceived by employees. It was also the objective of this category to assess the perceptions of employees in terms of communicated information, as well as interpersonal relationships. A Cronbach reliability coefficient of .55 was generated from the five items in this category.

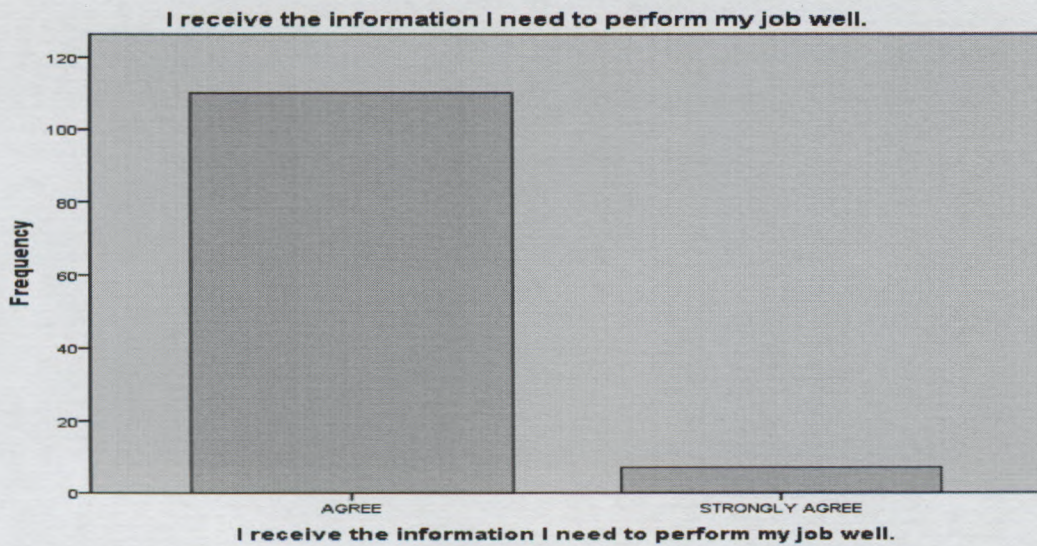


Figure 4.36: I receive the information I need to perform my job well

Figure 4.36 above shows that there is a consensus on the part of the sampled population regarding helpful information for task execution. This suggests that employees must perform their tasks on the basis of their roles and responsibilities, which are clearly defined.

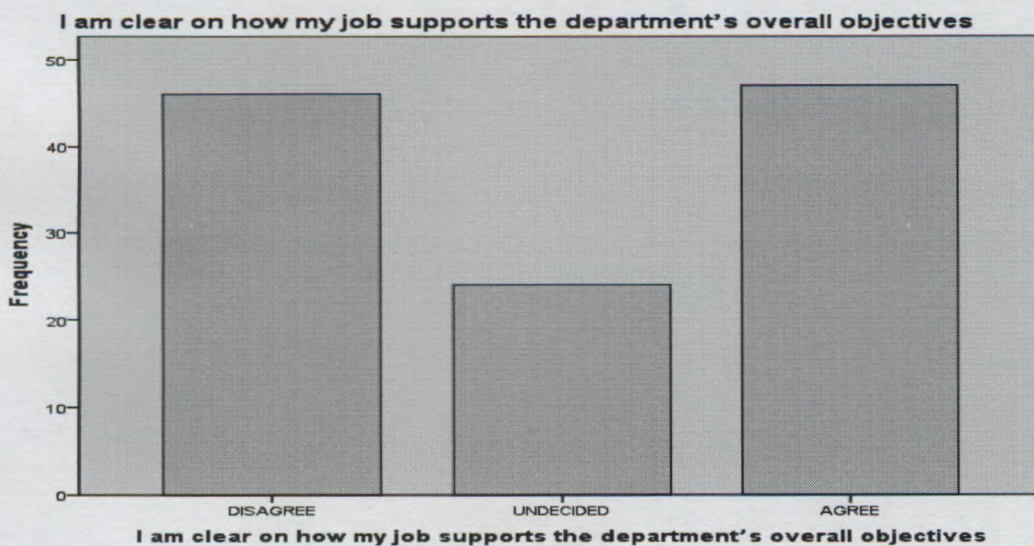


Figure 4.37: I am clear on how my job supports the department's overall objectives

Figure 4.37 above shows that a total of 40.2% of respondents are clear about how their jobs support their department's overall objectives. This is perhaps an indication that though they feel that their work added value to their organizations (Figure 4.10), this is not communicated

to them. This result also somewhat supports an earlier result which indicated that knowledge and information sharing (Figure 4.12) was not a strong group norms.

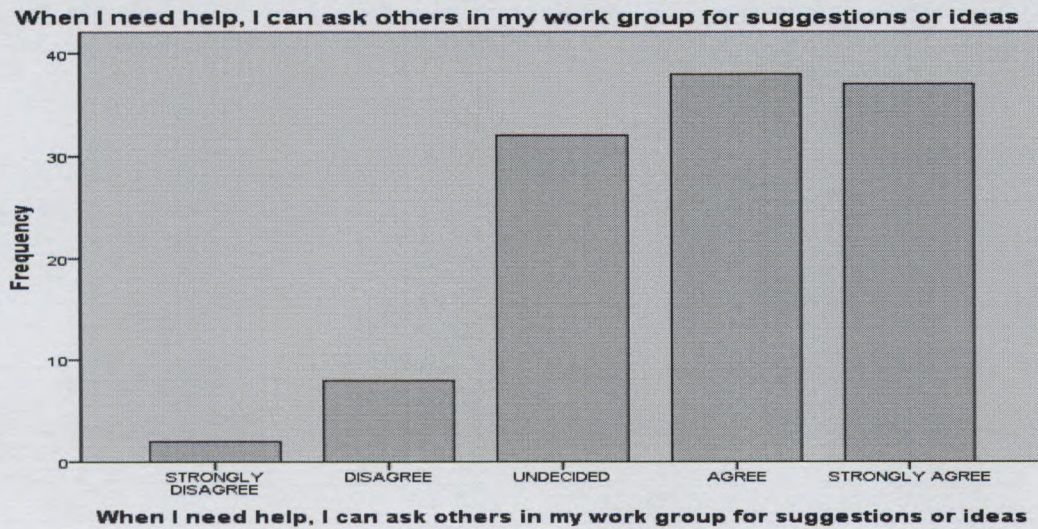


Figure 4.38: When I need help, I can ask others in my work group for suggestions or ideas

A total of 64% of respondents indicated that they can ask for suggestions or ideas from their work group (see Figure 4.38). This is similar to a previous result obtained (see Figure 4.13) where respondents (62%) indicated that they could consult each other when they needed support. Again this may give impetus to the result (see Figure 4.11) that acknowledged value amongst peers.

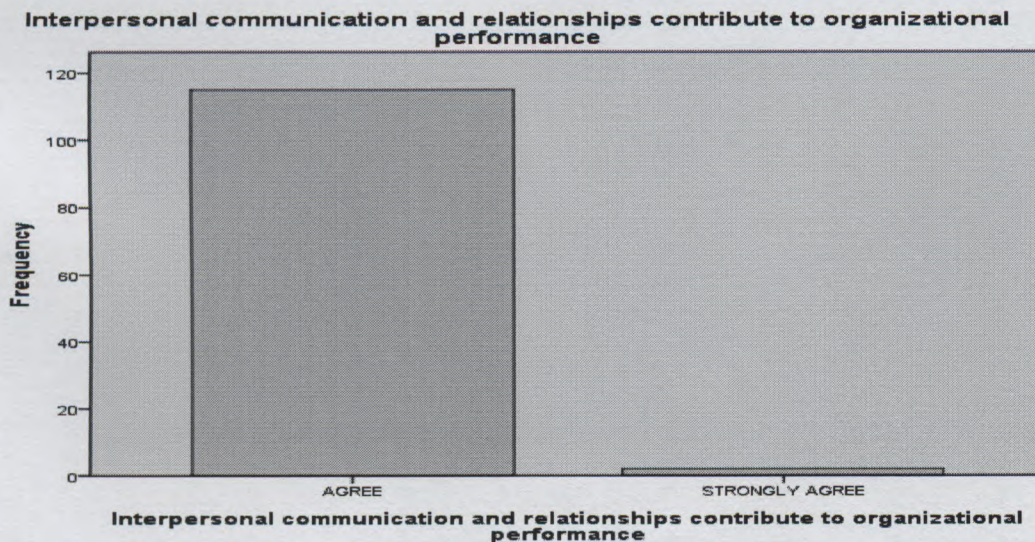


Figure 4.39: interpersonal communication and relationships contribute to organizational performance

Figure 4.39 above gives a strong indication that employees perceive interpersonal communication and relationships as major contributors to organizational performance. This does not surprise given an earlier result (Figure 4.18), where 35% of respondents indicated that there was no balance between work and personal life.

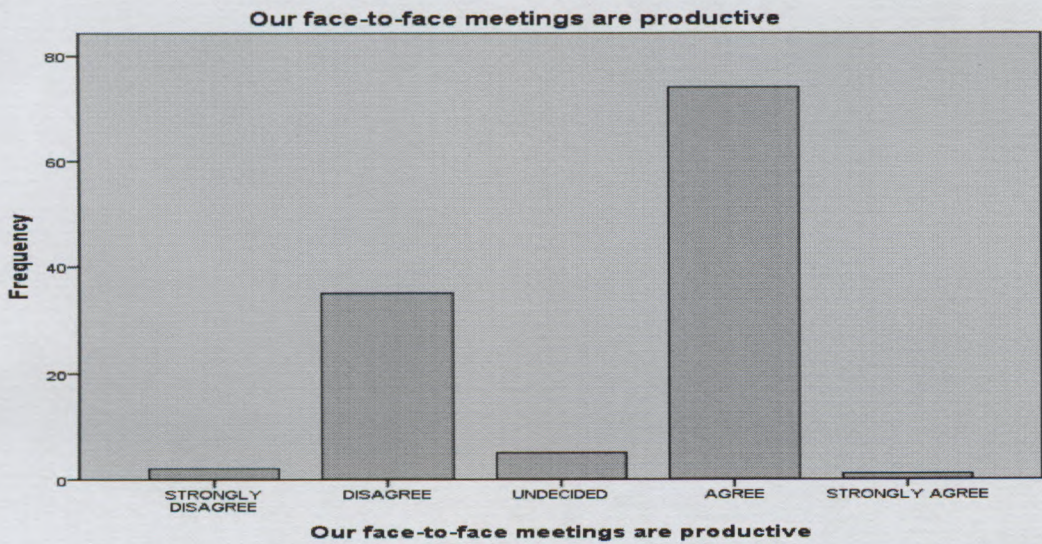


Figure 4.40: Our face-to-face meetings are productive

A total of 64% of respondents (see Figure 4.40) answered in the affirmative regarding the efficacy of face-to-face meetings. The inference drawn here can be that direct supervisors provide helpful feedback about how employees can be more effective (Figure 4.27), and perhaps the feedback is given on a one-on-one basis.

Summary: It is evident in this category that fairly positive perceptions of organizational communication exist among the organizations that were sampled. Respondents affirmed that they received the information that they needed to perform their tasks efficiently; could ask for help from group members when they needed it; and were convinced that interpersonal communication and relationships contributed to organizational performance. The down-side of this result was that 40% of respondents were clear about how their jobs supported their department's overall objectives, thus hinting that the connection that their jobs had with the organization was not properly communicated.

4.2.9 Technology

There are five items in this category, which sought to determine the quality of tools and technologies that were required to perform tasks and how these tools and technologies were perceived by employees as adding value to their work. A high reliability coefficient of .88 was generated for the five items in this category.

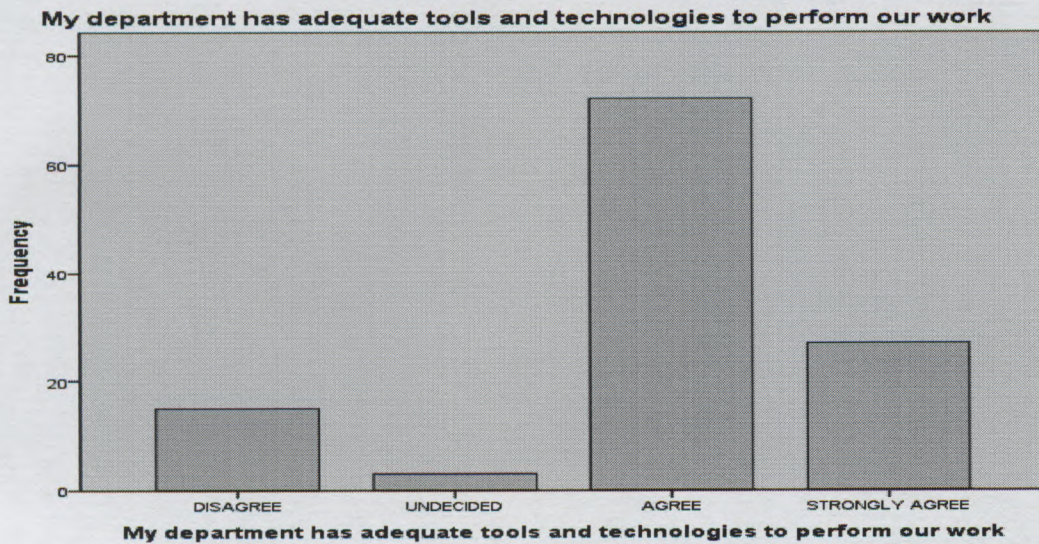


Figure 4.41: My department has adequate tools and technologies to perform our work

A total of 99 of the respondents perceived their tools and technologies as adequate to perform their work (see Figure 4.41). This is expected given that the professions require tools and technologies that function efficiently in order to serve the needs of clients.

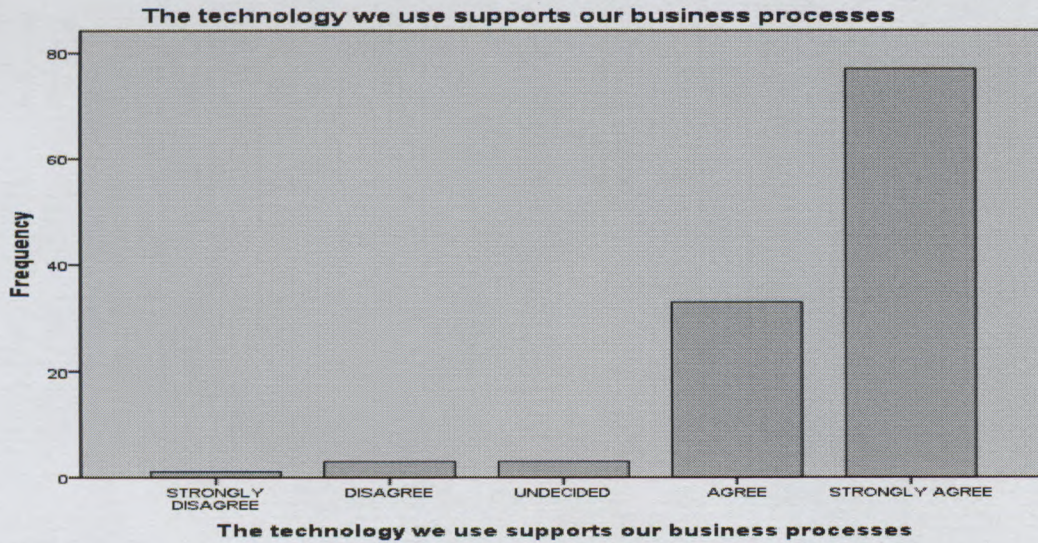


Figure 4.42: The technology we use supports our business processes

A total of 94% of respondents agreed that the technology that they use supports their business processes. Again it is expected that given the nature of the professions, employees should always have the appropriate equipment to carry out their roles and responsibilities.

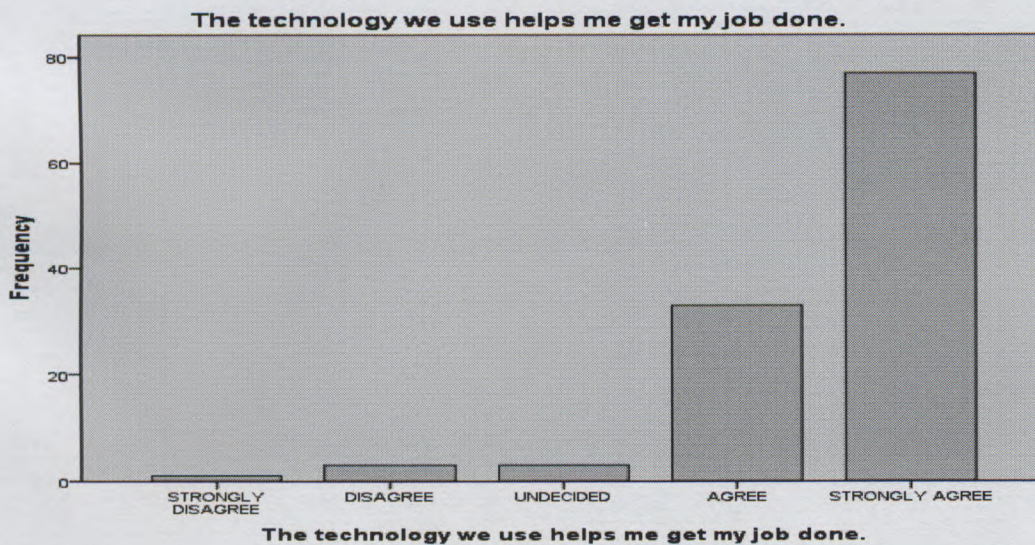


Figure 4.43: The technology we use helps me get my job done

Of the 117 respondents, 110 of them perceived the technology that they use as helpful to get their jobs done (see Figure 4.43). This is perhaps a source from which they derive satisfaction from their current job responsibilities (Figure 4.6).

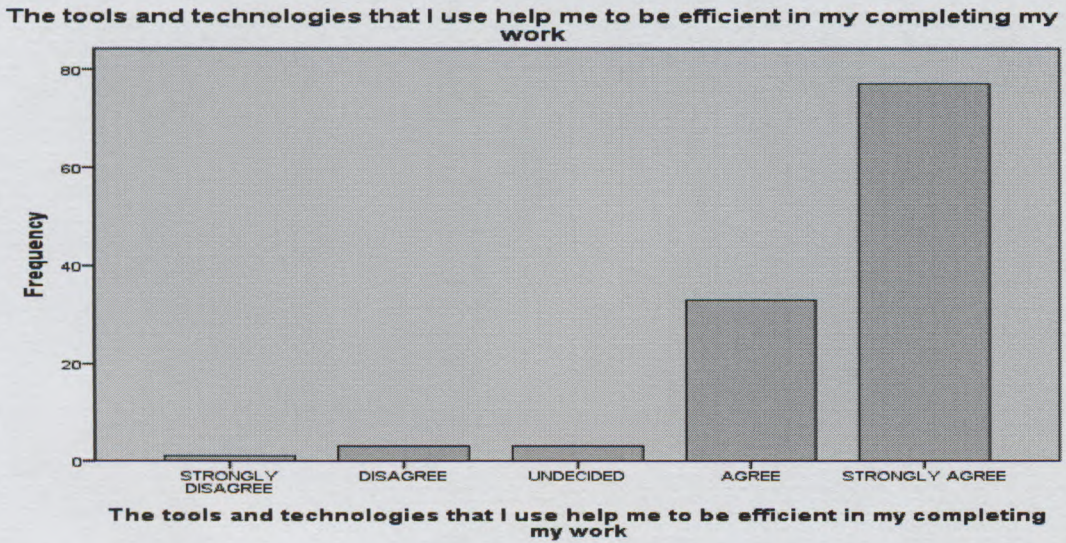


Figure 4.44: The tools and technologies that I use help me to be efficient in completing my work

A total of 94% of respondents submit that the tools and technologies that they use help them to efficiently complete their work (see Figure 4.44). Again, this is perhaps a source from which they derive satisfaction from their current job responsibilities (Figure 4.6).

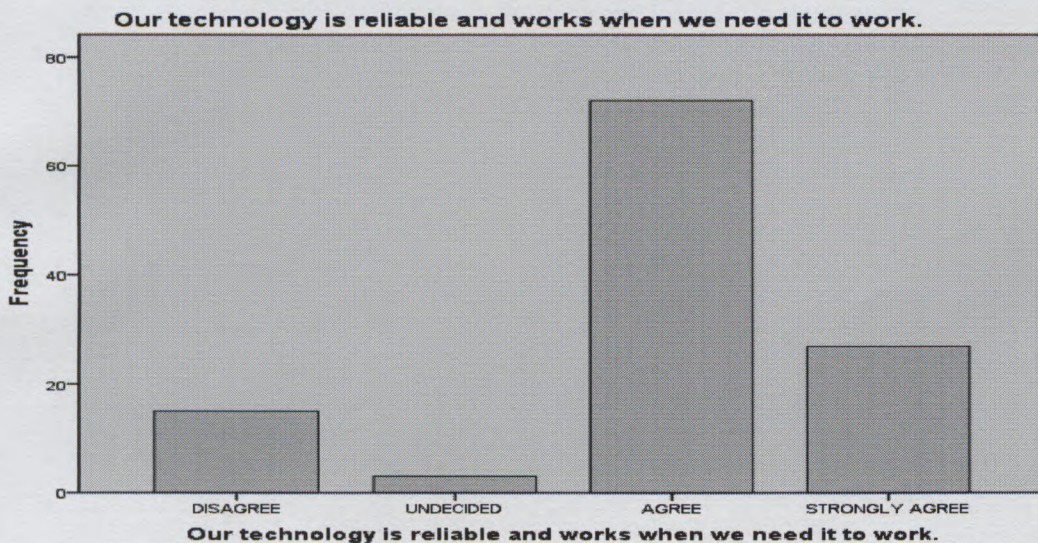


Figure 4.45: Our technology is reliable and works when we need it to work

A total of 85% of respondents agreed that they rely on their technology to function efficiently in the execution of their tasks. This is perhaps the reason why they perceive their work as adding value to their organizations (Figure 4.10); speak highly of their organizations (Figure 4.20); believe that senior management appreciates the work that they do (Figure 4.25), and why they are clear about how best to perform their tasks (Figure 4.31).

Summary: Given the high percentage of positive responses, it is clear that there is a high level of appreciation of the significance of efficient technology in the organizations that were sampled. Technologies in use assist with the execution of tasks, which advance business processes.

4.2.10 Customer satisfaction

This 4-item category explored employee perceptions of service quality. The Cronbach coefficient that was generated for the four items, was a strong .65.

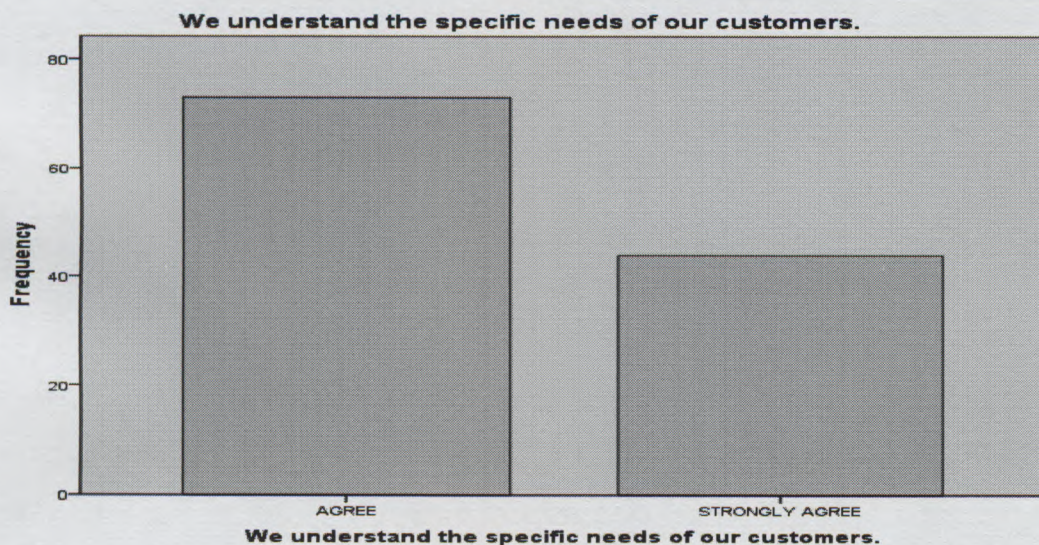


Figure 4.46: We understand the specific needs of our customers

Figure 4.46 above indicates that 100% of respondents agreed that they understand the specific needs of their customers. This result validates earlier results (see Figure 4.1 and Figure 4.2) which showed that organizational goals and objectives were clear to employees and that employees had a shared understanding of what their organizations entail.

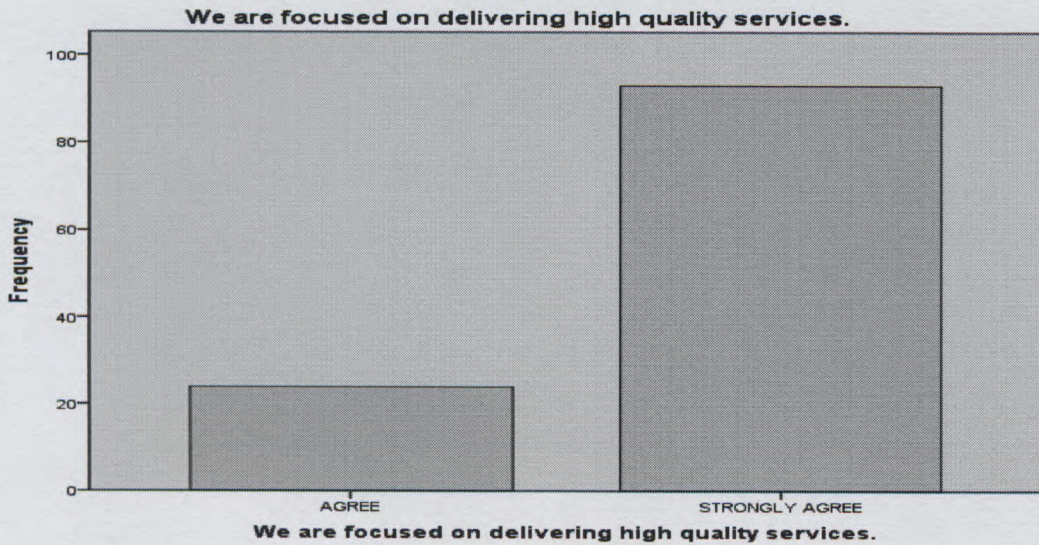


Figure 4.47: We are focused on delivering high quality services

The necessity to deliver high quality service is indicated in the figure above. A total of 100% of respondents affirmed that they are focused on delivering high quality service to their customers.

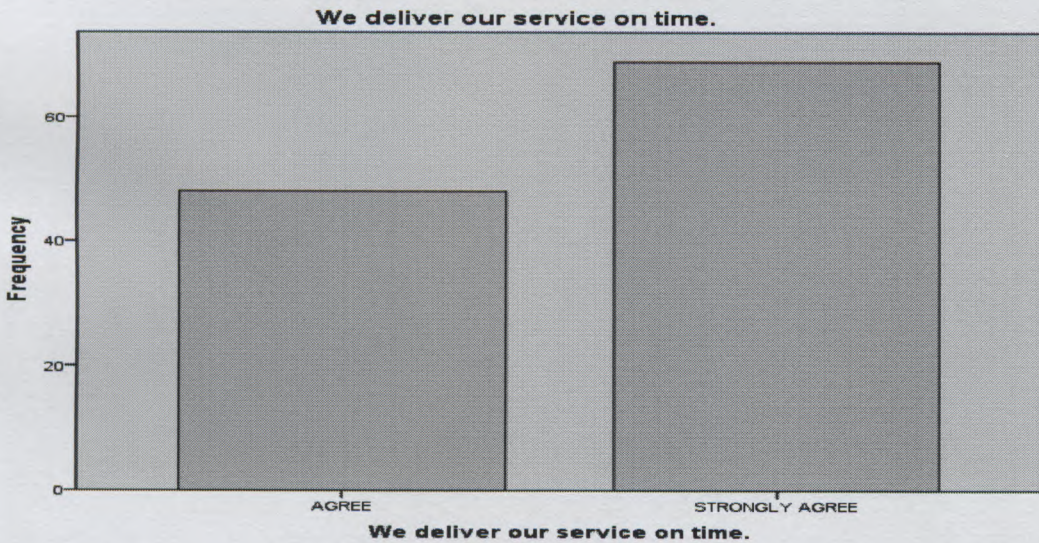


Figure 4.48: We deliver our service on time

The urgency that is required in dealing with issues, which relate to customers, is indicated in the above figure. A total of 100% of respondents agreed that they deliver their service on

time, thus implicating results obtained in another category (see Figures 4.42, 4.43, 4.44, and 4.45).

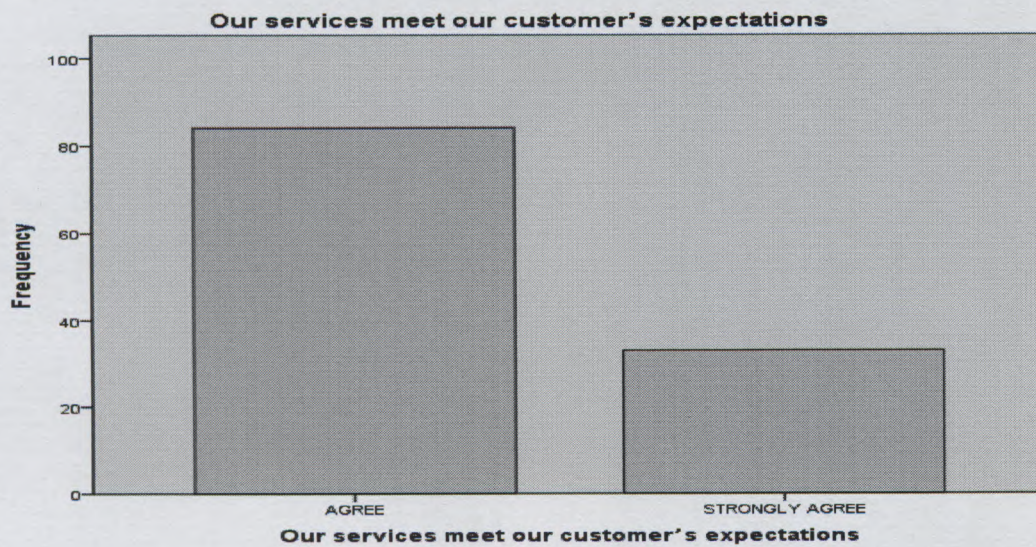


Figure 4.49: Our services meet our customer's expectations

From the above figure, it is clear that all the respondents believed that their services meet their customers' expectations. This result can be linked to a previous result, which indicated that the respondents derived satisfaction from their current job responsibilities.

Summary: The results from the category 'Technology' indicated an appreciation of efficient technology in the execution of tasks. The category 'customer service', however, strengthens this result. The necessity to deliver high quality service is indicated in the 100% of the respondents' affirmation that they are focused on delivering high quality service to their customers.

4.2.11 Remuneration

This 4-item category examined employees' perceptions of remuneration. From the four items, the Cronbach coefficient that was generated was 1.6, which suggested poor reliability. This was owing to the structure of the questions that were posed in the category.

Figure 4.50 and Figure 4.52 (see below) present questions that were structured in a negative format ('barely enough' and 'less'), while Figure 4.51 and Figure 4.53 (see below) present questions that were structured in a positive format ('adequate' and 'fit'). It would have been impossible to generate consistent responses for the four items that would result in a satisfactory Cronbach coefficient. However, when the questions, which were presented by Figure 4.50 and Figure 4.52 were tested together; they achieved a Cronbach of .77, but the questions, which were represented by Figure 4.51 and Figure 4.53 generated a Cronbach of .51.

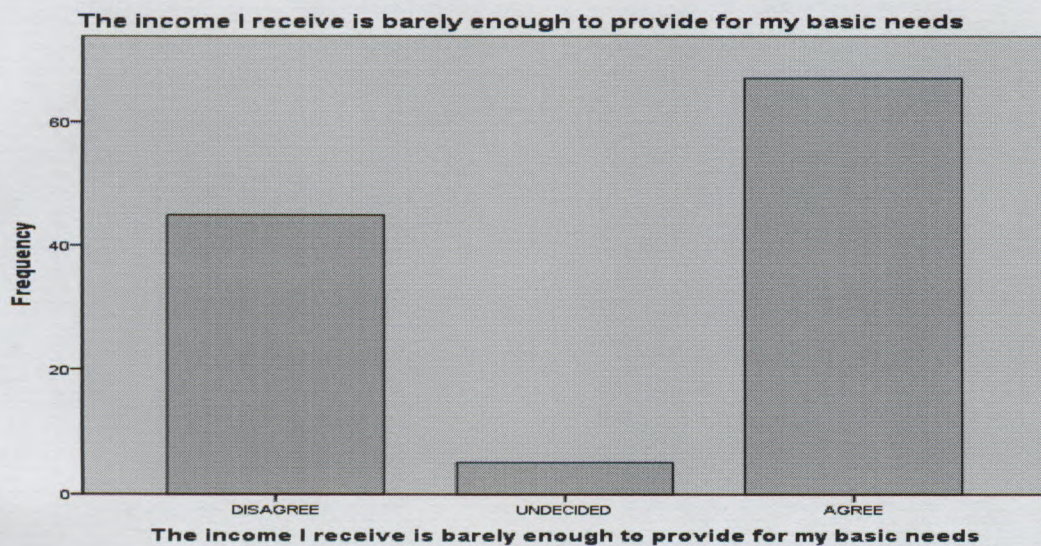


Figure 4.50: The income I receive is barely enough to provide for my basic needs

A total of 57% of respondents (see Figure 4.50) stated that the income that they receive was barely enough to take care of their basic needs. The word 'barely' suggests that the income does not accommodate their basic needs.

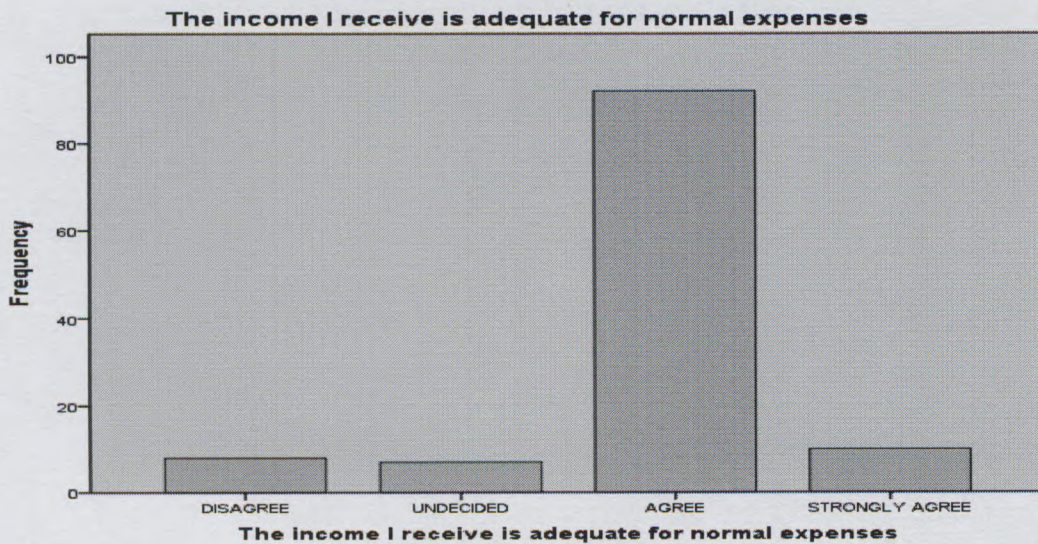


Figure 4.51: The income I receive is adequate for normal expenses

A total of 87% of respondents (see Figure 4.51) affirmed that the income that they receive was adequate for normal expenses. This perhaps suggests that the income that the respondents received only took care of basic responsibilities.

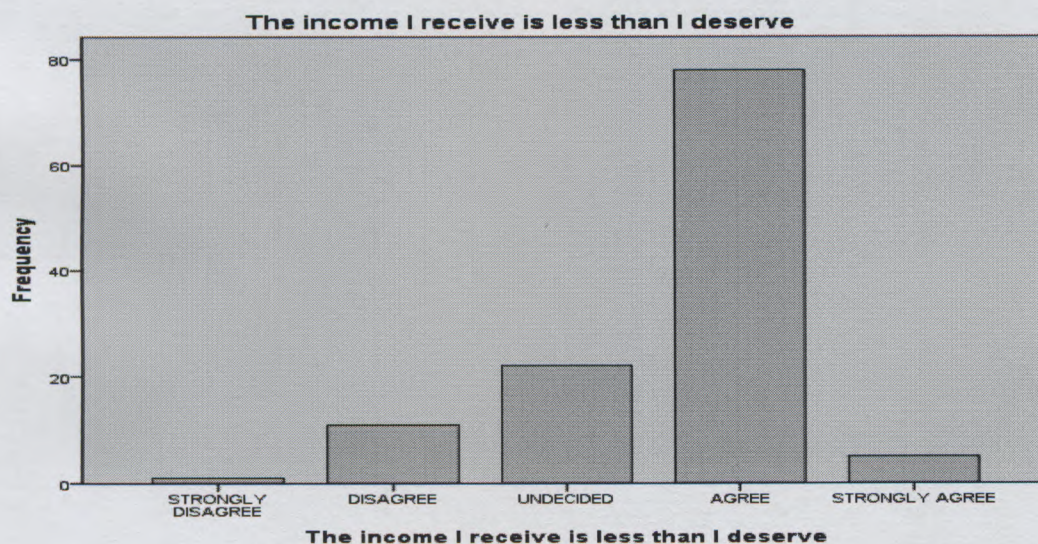


Figure 4.52: the income I receive is less than I deserve

The figure above (4.52) shows that a total of 83 respondents believed that they received lesser income than they deserved, which indicates that they are not satisfied with their income.

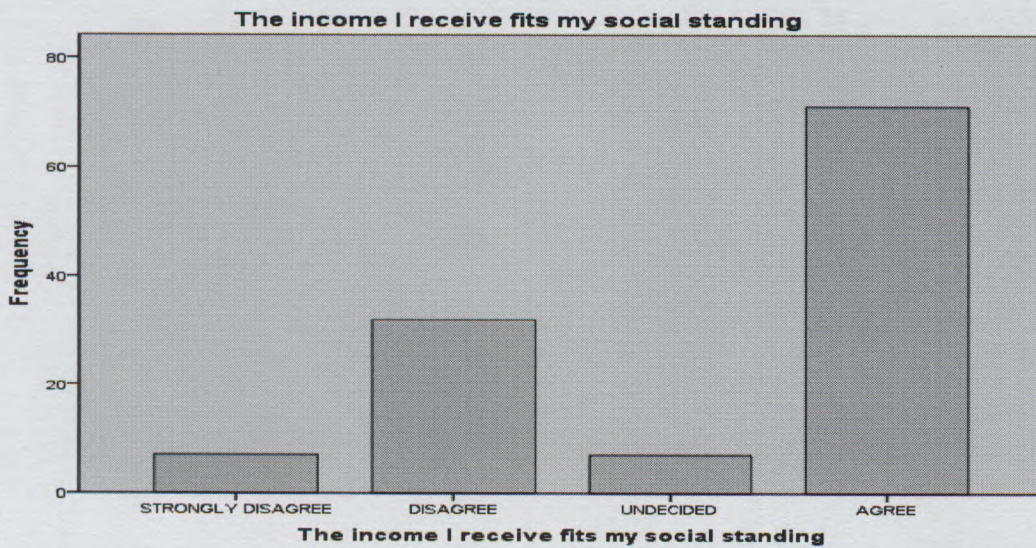


Figure 4.53: The income I receive fits my social standing

A total of 60% of respondents believed that the income that they received suited their social standing. The inference that can be drawn from this is that even though the respondents may not be satisfied with their income, they still believed that they were socially comfortable with their earnings.

Summary: The results from the category – remuneration - indicate that the respondents were generally dissatisfied with their income. This conclusion is drawn from the trend of responses which seem to suggest that the income does not accommodate their basic needs. However they were socially comfortable with their earnings.

4.3 Respondents' demographics

Table 4.1: Gender of respondents

Gender of Respondent					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	62	53.0	53.0	53.0
	Female	55	47.0	47.0	100.0
	Total	117	100.0	100.0	

A total of 62 of the respondents are males, which represent 53 per cent of the sample, while 47 per cent are females (n= 55).

Table 4.2: Age of respondent

Age of Respondent					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21-30 years	8	6.8	6.8	6.8
	31-40 years	38	32.5	32.5	39.3
	41-50 years	59	50.4	50.4	89.7
	51-60 years	12	10.3	10.3	100.0
	Total	117	100.0	100.0	

A total of 50.4 per cent of respondents were between 41 – 50 years old, while only 6.8 per cent were between 21- 30 years. Thirty eight members of the sample were between 31-40 years old, while only 10.3 per cent were between 51 – 60 years old.

Table 4.3: Marital status of respondent

Marital Status					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	16	13.7	13.7	13.7
	Married	88	75.2	75.2	88.9
	Seperated	13	11.1	11.1	100.0
	Total	117	100.0	100.0	

With regard to marital status, 75.2 per cent were married, while 16 and 13 members of the sample were single and separated, respectively.

Table 4.4: Household annual income

What is your household annual income?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	less than R100 000	1	.9	.9	.9
	R101 000 - R200 000	1	.9	.9	1.7
	R201 000 - R300 000	90	76.9	76.9	78.6
	R301 000 - R400 000	23	19.7	19.7	98.3
	R401 000 - R500 000	2	1.7	1.7	100.0
	Total	117	100.0	100.0	

Respondents who earned between R201, 000 to R300, 000 represented 79.5 per cent of respondents, while only 1.7 earned between R101, 000 to R200, 000 and R401, 000 to R500, 000, respectively.

Table 4.5: Ethnic groups of respondents

Ethnicity					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	African	28	23.9	23.9	23.9
	White	50	42.7	42.7	66.7
	Indian	9	7.7	7.7	74.4
	Coloured	28	23.9	23.9	98.3
	Asian	1	.9	.9	99.1
	Others	1	.9	.9	100.0
	Total	117	100.0	100.0	

Africans represented 23.9 per cent of the sample, while there were 28 Coloureds, 7.7% of Indians, and 0.9% of Asians and other ethnic groups, respectively. A majority of respondents are Whites, which represent 42.7 per cent or 50 members of the sample.

Table 4.6: Educational levels of respondents

What is your highest level of education?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	National Diploma/Bachelor Degree	8	6.8	6.8	6.8
	B.Tech/Hounours/Postgraduate Diploma	103	88.0	88.0	94.9
	Master Degree	4	3.4	3.4	98.3
	Doctorate Degree	2	1.7	1.7	100.0
	Total	117	100.0	100.0	

Those who have academic qualifications above a national diploma and a bachelor degree, but not exceeding a postgraduate diploma, represented 88 per cent of the sample, while 6.8 per cent and 3.4 per cent represented national diploma/bachelor degree and masters degree, respectively. There were only 2 doctoral degree holders in the sample, which represented 1.7 per cent of the population.

Table 4.7: Tenure

How long have you been with this organisation?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 5 years	47	40.2	40.2	40.2
	6-10 years	40	34.2	34.2	74.4
	11-15 years	17	14.5	14.5	88.9
	16-20 years	10	8.5	8.5	97.4
	21-25 years	3	2.6	2.6	100.0
	Total	117	100.0	100.0	

A majority of the respondents indicated that they had been with their respective institutions for less than 5 years, whereas only 2.6 per cent of the respondents disclosed that they had been with their institutions for over 21 years. Forty members of the sample, which represented 34.2 per cent indicated that they had worked for their respective organizations for between 6-10 years.

4.4 Summary of the chapter

A descriptive analysis of the data that was collected was presented here. The chapter began with a presentation (using charts) of the different categories (as expressed in the modified Plus Delta Organizational Climate Questionnaire), and the varying responses of the target population. This chapter also presented the respondents' demographic properties, which detailed gender, tenure, marital status and income. Under respondents' demographics, the chapter also presented the respondents' religion (in terms of percentages), and educational qualifications.

The next chapter presents a discussion of the study's findings.

Chapter 5

Discussion of Results

5.1 Introduction

The previous chapter considered the analysis and interpretation of the data that was collected. This chapter presents a discussion of the findings. This is done by means of factor analysis, analysis of variance (ANOVA) and T-Test, while discussion is based on the research objectives, which included the following:

- (1) To determine the influence of job satisfaction facets on employee satisfaction within health-related professions in South Africa;
- (2) To determine the influence of organizational climate on employee satisfaction within health-related professions of South Africa;
- (3) To determine the effect of demographic variables on employees' perceptions of the facets of job satisfaction, as well as the dimensions of organizational climate;
- (4) To determine the factors that influence employee satisfaction for the benefit of an organization's productivity; and
- (5) To propose a model of employee satisfaction for South African health-related professions.

The last objective outlined above was the main objective of this study. However, in order to achieve this, the researcher investigated objectives 1 – 4 above as means to establish whether a relationship existed between demographic variables and job satisfaction facets on one hand and demographic variables and organizational climate dimensions on the other.

The study also examined if a relationship existed between organizational climate dimensions and job satisfaction facets. This approach was considered important because in order to develop a model for health-related professions in South Africa, one needed to understand the facets of job satisfaction and dimensions of organizational climate that have significant statistical relationships. Identifying these job facets and organizational climate dimensions thus became the platform on which to align respondents' demographics. It was only after this was done that the researcher introduced a model of employee satisfaction for the health-related professions in South Africa.

5.2 Reliability measures of the categories contained in the data collection instrument

There are varying preferences in terms of what constitutes appropriate statistical significance or reliability in any research. Leong and Austin (2006: 107) referred to Thorndike (1997) when they stated that the appropriateness of reliability for a test depended on the purpose of the test. Zikmund *et al.* (2010: 306) also commented that scales with a coefficient α between 0.70 and 0.95 were considered to have good reliability, while scales with a coefficient α value of between 0.60 and 0.70 could be said to have fair reliability. In some other studies, 0.50 or more are considered as 'large' reliability (Blaikie, 2003: 111).

Aside from the main objective of this study, which was to develop a model of employee satisfaction amongst health-related professions in South Africa, the study would also serve to identify and possibly direct attention to those factors that significantly enrich the existence and continued performance of health-related professionals. In order to achieve these, it was important to make determinations on the degree of reliability that would help perform a meaningful analysis, interpretation and discussion of the results. To make these determinations, the researcher needed to isolate factors and/or categories on the basis of their reliability/statistical strength. To this end, the researcher chose to use Zikmund *et al.*

(2010: 306). Therefore, the reliability Cronbach α must be > 0.6 to achieve minimum coefficient significance.

In order to develop a model of employee satisfaction, it was necessary to consider those categories that have reasonably high reliability (in essence indicating those categories and items with very high factor loadings).

Table 5.1: Reliability measures of the categories

	Reliability Cronbach's Alpha	Must be > 0.6	Reliability Cronbach's Alpha		Reliability Cronbach's Alpha
Category: Organisational Design	0.754				
Category: Individual Job Characteristics	0.826				
Category: Co-Worker Relations	0.907				
Category: Culture / Work Environment	0.709				
Category: Senior Management	0.67				
Category: Direct Supervisor	0.631	delete v 26	0.727		
Category: Work Processes	0.656	Delete v32	0.882		
Category: Communications	0.552	delete v36, v39	0.66	Delete v37	0.768
Category: Technology	0.882				
Category: Customer Satisfaction	0.659				
Category: Remuneration	0.609	V 50 and 52 reverse coded			

The above table shows reliability measures of all the categories. The reason for doing this first was to abide by the earlier determination – to focus on categories, which have high factor loadings. It is evident from the table, that certain items were deleted in order to arrive at an acceptable reliable coefficient α . According to Blaikie (2003: 220),: *Before applying factor analysis, it is a good idea to inspect the matrix of correlation coefficients. The first thing to do is to see if any item has very low coefficients with all or most of the other items. Such items are not going to find their way into any factor and would be excluded.* To achieve a reliable Cronbach α in the category Direct supervisor, the researcher needed to eliminate item 26. The same process was undertaken for the categories Work process (item 32 was deleted) and Communications (items 36 and 39 were deleted). A further interrogation of the category Communications led to the exclusion of item 37, which then enabled the achievement of a Cronbach α of 0.768. Thus, given the objective of the study, elimination certain items (guided by factor analysis), was deemed necessary.

5.3 Exploratory factor analysis

Exploratory factor analysis is performed in order to understand how many factors exist among a set of variables (Zikmund *et al.*, 2010: 593). The researcher took initial step to explore all the items in the categories and then determined their degree of connectedness or otherwise. Following this, a Rotated Component Matrix (A) (see Appendices) was produced. The Rotated Component Matrix was also important because it helped to identify the most interpretable and meaningful structure of the groups of variables (Leong & Austin, 2006: 251). From the Rotated Component Matrix (A), it was then necessary to group together all the items with a high correlation to each other. Each grouped item is considered as a factor and then labelled differently. The new factors are Role clarification and job design; Equitable performance management; and Integrated leadership and knowledge sharing. The others include Self-efficacy; Family-friendly work environments (FFWE's), Leader credibility and innovation and Excellent customer relations and technology. The grouped factors are discussed with the aid of tables below. This approach amplifies Kline's (1994: 7) statement: *'In exploratory analysis, the aim is to explore the field, to deliver the main constructs or dimensions ... [essentially to ask] what constructs or dimensions account for correlations [in a study]*'. This was an exact element of the study.

A discussion of the newly identified factors, in the light of empirical evidence, follows. After each factor is discussed, a framework (in the form of a figure) is presented. This framework captures the factor loadings, including their mean scores and standard deviation. This is done in order to enhance the understanding of the discourse.

5.3.1 Role clarification and job design

Robbins *et al.* (2009: 221) describe role clarity as the understanding of a set of expected behaviour patterns by someone occupying a given position. According to Carpenter, Schneider, Brandon and Wooff (2003: 1092), role clarity concerns the extent to which

employees are aware of what is expected of them by the organization, including goals and tasks, and whether they feel that they have the authority to carry out their responsibilities. Improving role clarity was an urgent need in health care establishments, especially in low and middle income countries. This is the finding of Rowe, de Savigny, Lanata and Victoria (2005: 1026, 1032) who also added that simplifying and clarifying guidelines were genuine determinants of performance. According to Albion, Fogarty, Nachin and Patrick (2008: 279), role clarity was the only organizational climate variable that emerged in their study as a unique contributor to the formation of intentions to leave the health profession.

Nel *et al.* (2008: 394) state that job design determines the content of work, how the job is performed, and the depth of responsibility associated with the job. They also add that the objective of a well-designed job is to provide job satisfaction for the job holder and to achieve the strategic goals of the organization. Jobs can be designed to increase the number and variety of tasks (job enlargement); increase the degree to which the worker controls the planning, execution and evaluation of the work (job enrichment); and possibly to periodically move an employee from one task to another (job rotation). This was the assertion of Robbins *et al.* (2009: 173) who add that jobs can be designed to alter work arrangements by using flexitime, job sharing and telecommuting approaches.

The items under this factor come from a mix of categories, namely Organizational design, Culture/work environment, Senior management and work processes. (See Plus Delta Organizational Climate Questionnaire in Appendices). These four categories represent different organizational climate dimensions (Castro & Martins, 2010; Jacobs & Roodts, 2008; Mullins, 2007). The items are brought together to form the factor *Role clarification and work design* because they have high factor loadings, which achieved a reliability coefficient a of 0.949. See table below.

Table 5.2: Role clarification and work design

	Role clarification and work design	Component													
		1	2	3	4	5	6	7	8	9	10				
v1	The organisation's goals and objectives are clear to me.		.860												0.949
v3	Roles and responsibilities within the groups are understood		.843												
v20	Employees speak highly about this organization.		.853												
v21	Senior management sets high standards.		.826												
v31	I am clear on how best to perform my work tasks		.859												
v33	Work tasks are completed on time		.860												
v35	We use efficient work processors when performing our jobs		.860												

A major driver of organizational commitment is goal clarity (Jacobs & Roodts, 2008). Castro and Martins (2010) opine that goal clarity enhances trust in an organization, but better enabled in an environment that regards communication as key to entrenching the right attitudes and behaviours. Being informed about important issues within the organization is an important function. This is the conclusion of van der Ploeg and Kleber (2003) in the study of predictors of health symptoms amongst emergency medical services personnel. Acknowledging that emergency medical personnel work in high risk environments replete with health symptoms such as fatigue, burnout, and post-traumatic symptoms, they believe that support from supervisors and adequate communication were some of the important ameliorating influences of these health symptoms. A great deal of role clarity correlates with effective leadership (Xu & Thomas, 2011: 403).

'In many hospitals in South Africa, support services for nurses are inadequate, often leaving them with no option but try to carry out such work themselves. The inevitable result is that, through no fault of their own, they have to neglect their primary responsibility of caring for their patients). This was the comment of Tshabane Motswasele (2011), a specialist nursing sister who shared her experience of a nursing stint in Saudi Arabia at the South African National Nursing Summit of 2011. She was certainly saying that because of a lack of defined roles and responsibilities, nurses in South Africa were not attending to their primary assignment, which essentially is taking care of patients.

Xu and Thomas (2011: 400) reported the findings of several studies, which insisted that role clarity, sufficiently meaningful work, and efficient work resources were some of the reasons why employees would invest themselves in their work. Nel *et al.* (2008: 349) call this employee engagement, which refers to the psychological commitment of an employee to his roles, given the sufficiently meaningful resources available to devote to such a role. These findings suggest that if health-related professionals are clear about how best to perform their tasks, one can then make the deduction that an understanding of the various roles and responsibilities was a *sin qua non* to effective task performance.

Roles must, however, be interesting. As Nel *et al.* (2008: 7) note, aspects that directly affect employee performance and satisfaction include the degree of challenge, variety and autonomy that the employee's job offers. This is what Bakker and Demerouti (2007) refer to as psychological meaningfulness, which is associated with high work standards. Psychological meaningfulness of a role is characterized by the degree of challenge of a role, as well as its autonomy (Bakker & Demerouti, 2007, cited in Xu & Thomas, 2011: 401). The item- *senior management sets high standards* – resonates well with these findings. Bass, Avolio, Jung and Berson (2003) had aligned transformational leadership to the provision of inspiration, meaning and challenge in followers' work. Meaning can be achieved from the significance of a task, state Robbins *et al.* (2009: 169) who explicate that for job design to be effective, it must resonate well with the ideology expressed by Hackman and Oldham's (1975) job characteristics model. Poor job design can negatively affect an employee's emotional and physical well-being, his attitude to work and the organization, and his performance and behaviour at work (Michie & West, 2004: 94). Work must, therefore, be designed to provide autonomy, a good degree of challenge, significance, status and recognition and excitement (Nel *et al.* 2008; Robbins *et al.* 2009).

According to Mukherjee and Malhorta (2006: 459), the antecedents to role clarity include feedback, autonomy, participation, supervisory consideration and team support. These they argue feed well into role clarity, which subsequently produces high service quality (which in

this study is viewed to relate to 'senior management sets high standards'); committed employee (in this study relates to an employee who completes work tasks on time because he is clear on how best to do so); and an employee who is generally satisfied with his work (thus persuading employees to speak highly of the organization). Mukherjee and Malhorta (2006: 461) also found that feedback does help to promote role clarity. They maintain that constant interaction with management enhances the understanding of the roles and responsibilities of employees, thus clarifying the organizations' goals and objectives. Clarity of what is expected of an employee as well as a clearer understanding of an organization's goals and objectives are the functions of a devoted management. Mendes and Stander (2011: 13) believe that only leader-empowering behaviour can achieve these. They also add that it is important to ensure that employees' roles are clarified through the provision of necessary information regarding expectations that are placed upon them. Battisti, Iacovone, and Nicolini (2007: 17) acknowledge that the real strength of a medical organization lies in the undoubted competencies of its health-related professionals.

Role and goal clarity are correlated. This is a deduction that one can make from Carpenter *et al's.* (2003) study, which found that greater role clarity and clarity of organizational goals improved the working conditions of healthcare teams (p. 1096). Health-related organizations that wish to stay competitive should rather improve role clarity, according to Mendes and Stander (2011) who also state that leaders who empower their employees were much better placed to achieve higher retention rates of professionals, as well as profitability.

Role clarity is achieved when an organization's goals and objectives are clear to an employee. Effective job design helps to assure the roles and responsibilities of members of an organization. If members of an organization understand what is expected of them, they will be able to perform their tasks with more clarity. Performing to the high standards set by management requires the right kinds of tools. With the right kinds of tools, employees can deliver quality service, which enriches market share. If external customers are satisfied, it improves the self worth of internal customers (in this case employees) and gives them a

feeling that they contribute to the growth of the organization. This also adds to their positive perception of the organization.

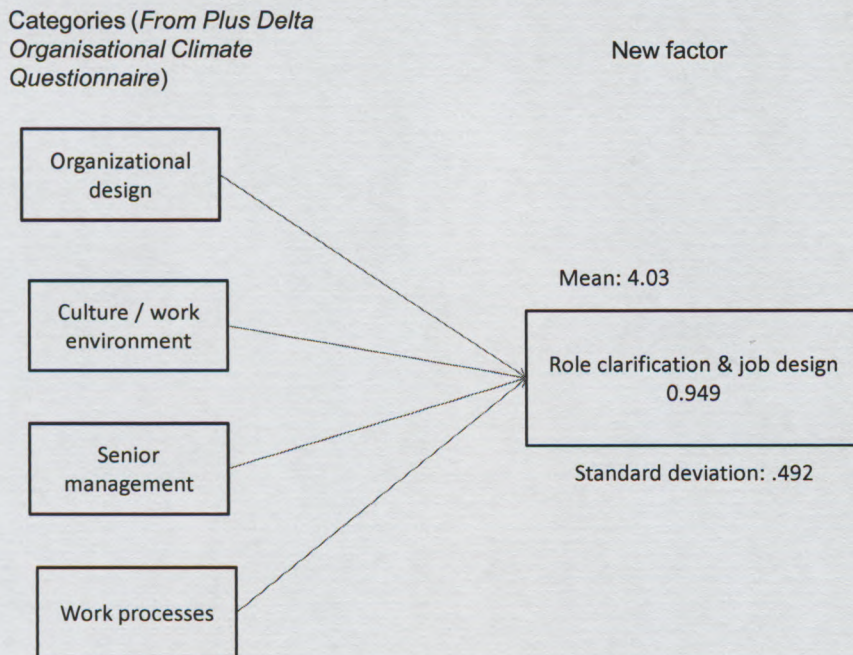


Figure 5.1: Framework for Role clarification & job design

The determination to adopt the factor – Role clarification and job design – is substantiated by the numerous studies cited above. The researcher, therefore, confirms this factor as a significant contributor to the model of employee satisfaction for health-related professions in South Africa.

5.3.2 Equitable performance management

Table 5.3: Initial factor analysis for Equitable Performance Management

v2	Employees have a shared understanding of what the organisation is supposed to do	.315							.650	0.537
v5	Employees at this organisation have the right skill sets to perform their job functions	.424						.651		
v30	I believe my direct supervisor appreciates the work I do.							.635		
v6	I derive satisfaction from my current job responsibilities						.556			
v8	I have the opportunity to further develop my skills and abilities			.344		.617				0.857
v10	My work adds value to the organisation					.916				
v25	I believe senior management appreciates the work I do.					.916				

Good performance management systems stem from a well conducted job analysis. Job analysis is the breakdown of tasks for a specific job and the personal characteristics, which are necessary for their successful performance (Hellriegel *et al.*, 2006: 241). It helps organizations to identify the right people for the tasks within an organization, and to plan for future workforce (Nel *et al.*, 2008: 191). If organizations are aware of the skills, knowledge, and abilities, which are required to execute tasks, it is then easier to manage performance because members of the organization know how their skills, knowledge and abilities connect with the tasks that they encounter. The tasks that employees encounter in their organizations must relate to what an organization is about (Hellriegel *et al.*, 2006; Nel *et al.*, 2008; Robbins *et al.*, 2009).

According to Grobler *et al.* (2006: 265), effective performance management can be achieved through performance appraisal, which serves both evaluative and developmental functions. The developmental function refers to the provision of opportunities for employee skill enhancement. Opportunity for skills enhancement is a job satisfaction facet (Kerr-Phillips & Thomas, 2009; Pillay, 2009; Oosthuizen, 2005).

A feeling that an employee's work adds value to an organization relates to a perfect job/skills match (Michie & West, 2004), as well as good communication and feedback from management and immediate reports (Robbins *et al.*, 2009). Job/skills match can be achieved through a good human resources policy, which incorporates recruitment, selection, training and remuneration.

On the basis of the commonalities that the items under these factors share (considering literature), the researcher considered it important to bring together all the items resulting in the emergence of the factor named Equitable Performance Management. See Table 5.3 below.

The items in this factor come from Plus Delta Organizational Climate Questionnaire categories, namely Organizational design, Direct supervisor, Individual job characteristics and Senior management. The table below presents items under these categories, as well as the Cronbach Coefficient Alpha of .662.

Table 5.4: Equitable Performance Management

Reliability Statistics				
Cronbach's Alpha	N of Items			
.662	7			
Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Employees have a shared understanding of what the organization is supposed to do	23.44	4.127	.251	.663
Employees at this organization have the right skill sets to perform their job functions	23.44	4.110	.362	.630
I derive satisfaction from my current job responsibilities	23.76	2.908	.442	.628
I have the opportunity to further develop my skills and abilities	23.39	4.361	.424	.628
My work adds value to the organization	23.42	3.935	.547	.589
I believe senior management appreciates the work I do.	23.42	3.935	.547	.589
I believe my direct supervisor appreciates the work I do.	23.44	4.146	.265	.657

According to Nel *et al.* (2008: 493), performance management can be defined as a holistic approach and process towards the effective management of individuals and groups to ensure that their shared goals, as well as the organization's strategic objectives are achieved. They went on to say that this process entails, among other factors, clarification and communication of organizational strategies and objectives; alignment of individual and group goals with the organization's objectives and coaching and mentoring of individuals and groups. Michie and West (2004: 101) add that performance management, as well as trust

and respect are at the heart of good leader-follower relations and are most effective in achieving good performance. The provision of helpful feedback and equitable rewards are two critical guidelines for effective performance management (Hellriegel *et al.*, 2006: 281).

A poorly managed performance system results in unhappiness with an organization, which decreases motivation. It also increases insecurity among members of that organization. To eradicate this, Webster and Omar (2003) suggest the institution of rights and equitable distribution of resources at all levels in an organization. Employees who fear that they may lose their jobs, experience a loss of job meaning. Stander and Rothmann (2010: 7) argue that this breeds a sense of incompetence (a situation that affects the skills and abilities of employees to do their work efficiently).

To retain health-related professionals will require unlimited career development opportunities based on, among other factors, equitable performance management. A healthy work environment provides a grounded structure with policies, procedures, and systems that allow employees to achieve personal and organizational goals versus an unhealthy work environment, which is fraught with stress, hostility and authoritarianism (Disch, 2000, cited in Strydom & Roodt, 2006: 15). Being informed about important issues within the organization is an important function in any organization (van der Ploeg & Kleber, 2003). This is because it creates a shared understanding of an organization's goals and objectives, which entails simplifying and clarifying guidelines. Rowe, de Savigny, Lanata and Victoria (2005: 1026, 1032) consider this as genuine determinants of performance. To achieve a high level performance, Lin (2008) warns that this is only possible in an environment that has effective communication opportunities, which enhance a sense of internal identification with an organization.

In their study of the relationship between organizational climate and salutogenic functioning, Cilliers and Kossuth (2002: 11) found that an individual's experience of a positive organizational climate relates to a high level of salutogenic functioning. They also found that

supervisor effectiveness (substantiated by *I believe my direct supervisor appreciates the work I do*), contribution to profits (*a feeling that an employee's work adds value to the organization*), and reward (*a feeling that the employee has the opportunity to further develop his skills and abilities*) were strong contributors to the salutogenic functioning of the individual. Rowe, de Savigny, Lanata and Victoria (2005) further add that health worker performance can be improved through supportive management, training, career advancement and an understanding of the expectations of the workforce, which they say can be achieved through goal clarification. These progressive human resources management practices enhance organizational citizenship behaviour (strengthened by employees having a shared understanding of their organization's objectives) and promote job satisfaction (*I derive satisfaction from my current job responsibilities*) (Machie & West, 2004: 98).

Maintaining a band of health-related professionals requires a good degree of psychological empowerment, which consists of meaning, competence, impact and self-determination (Stander & Rothman, 2010: 7). According to Michie and West (2004 94), the three psychological consequences which are key to predict functioning and performance at work are knowledge, skills and motivation. Matching the skills of employees with a task that they are able to undertake will remove the feeling of job insecurity. If employees have the responsibility for a task that they understand (task significance), they will experience satisfaction. Employees who enjoy a good degree of autonomy will experience high levels of job satisfaction. Providing meaning will require proper recruitment, selection, induction and training strategies to ensure that employees have the right skills sets to perform their job functions. These human resources management practices shape an organization's strategic initiatives and generate effective task performance (Michie & West, 2004: 98).

Certain hospitals possess organizational characteristics that allow nurses to use their expertise, knowledge and skills to provide quality care. These organizations have been able to weather national nursing shortages because of their favourable reputation for attracting and retaining nurses (Sullivan-Havens & Aiken, 1999, cited in Strydom & Roodts, 2006: 15).

Maio *et al.* (2004: 188) mention a different study, which indicate that pharmacists were unhappy because their skills were used to a lesser extent. Seston, Hassell, Ferguson, and Hann's (2009: 128) inquiry into the relationship between pharmacists' job satisfaction, intention to quit the profession, and actual quitting, echoes this. They found that pharmacists, who believed that their skills were underutilized, experienced lesser job satisfaction. What this presents is that a situation where health-related professionals are permitted to apply their skills, knowledge and expertise freely, will promote job satisfaction. This sort of situation can also spur a sense of pride in employees who will then feel that their work adds value to the organization. It also indicates that a healthy relationship exists between management and employees.

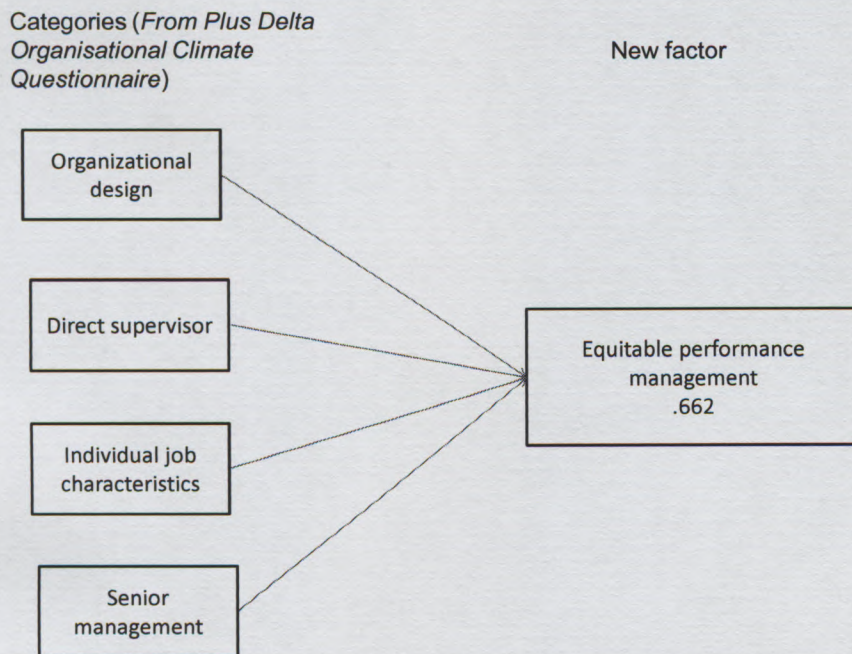


Figure 5.2: Factor framework: Equitable performance management

Given the above discussion, the choice of the factor *Equitable performance management* is justified.

5.3.3 Integrated leadership and knowledge sharing

The items in this category have been taken from different categories (as represented in the questionnaire. See Appendices) such as Co-worker relations, Culture/work environment, Senior management and Communications. The items were placed together because of their high correlations with each other, thus indicating a significant and positive relationship among the items. Together, the items achieved a high Cronbach alpha of 0.96.

Co-worker relations is one of the facets of job satisfaction and has severally been associated with predicting levels of employee satisfaction amongst health-related professions (Booyesen, 2008; Nel *et al.*, 2008; Maio, Goldfarb, & Hartmann, 2004; Saari & Judge, 2004). Co-worker relations is characterised by employees' feelings about fellow employees with regard to whether the co-workers are competent, responsible, helpful and supportive (Coetzee & Schreuder, 2010: 249). Culture/work environment is an organizational climate dimension. A good work environment is supported by an organizational culture that allows for democratic functioning of the organization, as well as full opportunities for participation, a sense of identity with and loyalty towards an organization (Mullins, 2007).

Another organizational climate dimension in this factor is Senior management. Senior management is usually considered for leading roles in issues that affect employees. They are also considered for providing participation opportunities in decisions that affect workers themselves. Communication, another important organizational culture dimension identified in this factor, is justified for its aptness in knowledge sharing and enhancement of trust. Coetzee and Schreuder (2010: 262) submit that leaders should be willing to consult with employees about decisions that affect them.

Table 5.5: Integrated leadership and knowledge sharing

v12	Knowledge and information sharing are group norms across the organization.	.684	.461								0.96
v13	Employees consult each other when they need support.	.835	.379								
v14	Individuals appreciate the personal contributions of their peers.	.870									
v15	When disagreements occur, they are addressed promptly in order to resolve them.	.745		.416							
v19	Morale is high across the organization.	.745		.416							
v22	Senior management encourages collaboration across the organization.	.843									
v38	When I need help, I can ask others in my work group for suggestions or ideas	.842	.367								
v40	Our face-to-face meetings are productive	.745		.416							

Integrated leadership can simply be defined as an opportunity presented to all members of an organization to participate in making decisions that affect them. This can be referred to as empowering leadership, which Srivastava, Bartol and Locke (2006: 1240) define as behaviours whereby power is shared with subordinates, which raises their levels of intrinsic motivation. Several studies (Rust & de Jager, 2010; King & Marks, 2008; Foels, Driskell, Muller & Salas, 2000) have implicated integrated leadership as a critical source of employee satisfaction.

Lin (2008) suggests that a connection exists between knowledge sharing and integrated leadership. In a study of the effect of the knowledge sharing model, Lin concluded that informal departmental interactions such as workshops or social activities were equally effective in increasing communication opportunities and enhancing the sense of internal identification with the organization. Lin states that these activities would enhance trust and commitment among units.

As far back as 1999, Bresman, Birkinshaw, and Nobel provided a definition of knowledge sharing to represent successful sending, accumulation and assimilation of new knowledge. These authors insist that facilitators of knowledge sharing included visits and meetings, communication, and articulability of knowledge. Rabbiosi and Maleka (2009: 15) adopted the definition of several authors with regard to knowledge sharing. They thus defined knowledge sharing as the extent to which potentially useful knowledge is gained from a sender and used by a receiver. Lindsey (2006: 500), citing Foy (1999), defines knowledge sharing as

facilitating learning, through sharing, into usable ideas, products and processes. Lindsey adds that the implication of this definition is that knowledge sharing within an organization should be for a specific purpose. This specific purpose can be to raise morale across all levels of the organization (King & Marks Jr, 2008; Srivastava, Bartol, & Locke, 2006; Ko, Kirsch, King, 2005).

Knowledge sharing is the fundamental means through which employees can contribute to knowledge application, innovation, and ultimately the competitive advantage of an organization (Jackson, Chuang, Harden, Jiang, & Joseph, 2006). An organizations competitive advantage can reside among its employees (Cronje, Du Toit, Marais & Motlatla, 2006: 193). Smit, Cronje, Brevis and Vrba (2007: 49) capture it succinctly in the words of Gratton (2000): *the new source of sustainable competitive advantage available to organizations has people at its center – their knowledge, creativity, and talent. Both capital and technological advantages can be emulated by competitors, but the human asset is intangible and very difficult to imitate.*

In a study of individual attitudes and organizational knowledge sharing, Jen-te Yang (2008: 352) found that managers had to continually stimulate and facilitate employees towards the highest levels of knowledge sharing, individual learning and organizational learning. Yang went on to say that knowledge sharing must be seen as a function of organizational culture and leadership roles, as well as individual behaviour. According to Yang these were critical because an effective sharing process would enable individuals to think about others' ideas and insights and learn from them, resulting in the enlargement of their capabilities. Wang and Noe (2010), in an empirical study of individual-level knowledge sharing found that management and supervisor support were critical for the success of knowledge sharing initiatives. This resonates well with Srivastava, Bartol, and Locke's study (2006: 1243), which found that empowering leadership fostered knowledge sharing among team members.

At the centre of knowledge sharing is an empowering leadership. An empowering leadership provides an opportunity for all members of an organization to participate in decisions that affect them. Participating in decisions that affect them creates an atmosphere where information is freely shared. Information sharing and integrated leadership boost co-worker intimacy and reduce conflict.

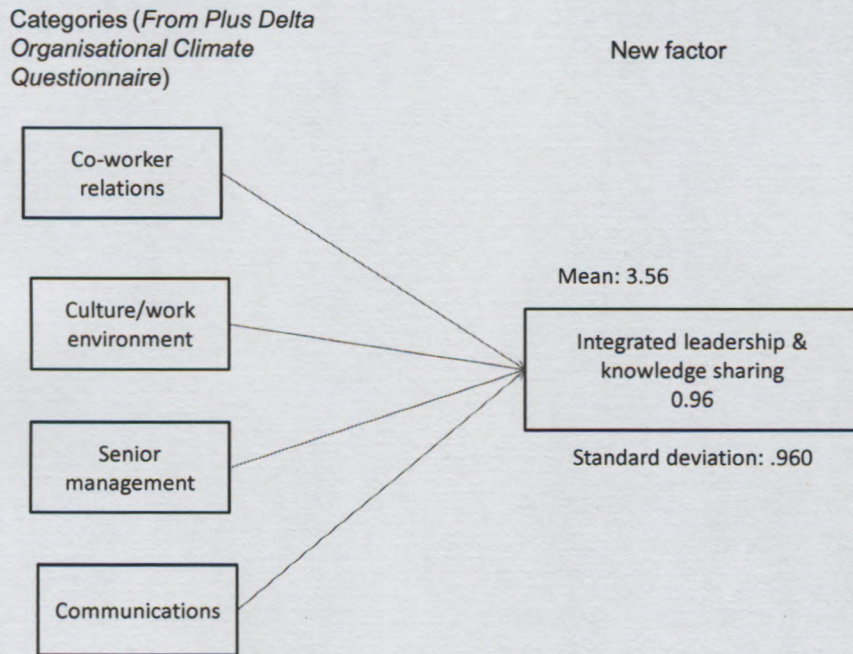


Figure 5.3: Factor framework: Integrated leadership and knowledge sharing

There is abundant evidence in research (discussed earlier) that the items under the factor – *Integrated leadership and knowledge sharing* - share close associations with each other, therefore, giving prominence to the emergence of the factor.

5.3.4 Self-efficacy

Albert Bandura's 1977 seminal paper set the tone for what is known today as self-efficacy (Cherry, 2011: 1). Self-efficacy, according to Albert Bandura, is the belief in one's capabilities to organize and execute courses of action, which are required to manage prospective situations (Robbins *et al.*, 2009: 504). Belief in ones capabilities (competence-based trust) comes with trust from management and constant communication (Covey & Merrill, 2006: 9,

10). Health-related professionals that have high self-efficacy will experience lesser stress and burnout (Stander & Rothmann, 2010; Koekemoer & Mostert, 2006).

The items in this factor were derived from two major organizational climate dimensions (Culture/work environment, and Senior management and one job satisfaction facet, namely Remuneration. They have been grouped together under the factor *self-efficacy* because of their high factor loadings. Together, these items achieved a Cronbach a of 0.918. See table below.

Table 5.6: Self-efficacy

v16	I feel valued as an employee.	.311			.826					0.918
v23	Senior management treats employees fairly.	.311			.816					
v24	I trust the information I receive from senior management.	.311			.826					
v51	The income I receive is adequate for normal expenses				.734					

In a study of the reasons for wanting to exit health-related professions in South Africa, van der Westhuizen (2008) found that a lack of respect from management was one of the reasons for wanting to leave the health profession. Van der Westhuizen subsequently recommends that management must improve workers' overall morale by rewarding excellence and treating these professionals with respect and dignity. Thus, managers must be able to show care, interest and empathy towards employees, be able to explain what is expected of them, as well as provide regular and positive feedback and recognition for work well done (Robinson, 2006, cited in Coetzee & Schreuder, 2010: 265). Bulgarella (2005: 4) reports the findings of Yoon, Hyun Seo, and Seog Yoon (2000) who identified organizational antecedents to improved self-efficacy. According to these authors, perceived organizational and supervisory support made employees to feel that their contributions were valued and that management cared about them. When employees have these perceptions, they argued, a climate of trust, helpfulness and friendliness is engendered.

Previous studies in South Africa had hinted that one of the reasons why health-related professionals opted to go overseas was because of a feeling of insecurity arising from,

among others, political uncertainty. Many health-related professionals had suggested that they were not sure how the new democratic dispensation would treat them. Perhaps this was one of the reasons why Schabracq (2003, cited in Coetzee & Schreuder, 2010: 266) warned that managers should treat all employees fairly because it would strengthen the psychological contract. According to Strydom and Roodt (2006: 22), the prestige attached to health-related professions offers an intrinsic satisfaction. They also found out that self-efficacy predicted job satisfaction when it interacted with internal climate dimensions such as specialist qualification.

Low self-efficacy could be related to high levels of burnout. This was the finding of Rothman (2003: 22) in a study that dealt with burnout and engagement. Jobs that enhance situational and personal control also have the potential to lead to higher self-management efficacy beliefs (Strydom & Roodt, 2006: 17). Psychological meaningfulness results in a much improved output (Xu & Thomas, 2011: 401).

In a study that addressed the issue of achieving and maintaining high quality performance of health workers in low-resource settings, Rowe *et al.* (2005: 1027, 1029) found that perceived self-efficacy was a factor that might influence health worker practices. Health worker self-efficacy can be enhanced through professional development, good remuneration and positive perceptions of management and the community. Improving non-monetary incentive frameworks (such as continuous training, supervision, appropriate equipment) faced by health personnel will improve motivation and thus productivity and quality of the health workforce (Liese, Blanchet & Dussault, 2003). Daviaud and Chopra (2008: 49) report an interesting example of how Thailand successfully utilized a system of peer review and recognition (non-monetary incentives) to motivate its health workers. According to Cherry (2011: 2), one of the major sources of self-efficacy is through the mastery of experiences, which refers to the successful completion of a task. Mastery of experiences comes with positive management support and feedback. In their study of employee engagement and manager self-efficacy, Luthans and Peterson (2002) found a close relationship between

employee self-efficacy and organizational commitment. They believed that a strong psychological commitment emanated from employees whose work environment was emotionally engaged (strong ties to work and co-workers) and cognitively engaged (provided with information and feedback).

The above discourse, therefore, suggests that a feeling of self-worth (feeling of being valued as an employee) is derivable from an organization that treats employees fairly; a management that interacts with employees (thus providing information to employees that can be trusted), total respect for one’s professional abilities and an organization that offers competitive remuneration packages. As Liese, Blanchet and Dussault (2003) counsel, medical establishments must offer internally competitive wages and benefit packages in order to retain highly trained staff. They admonish further: *‘health personnel must be offered a living wage so that they do not seek outside employment or under-the-table payments for services in order to survive’*.

Considering the above, the selection of self-efficacy as a factor is thereby justified.

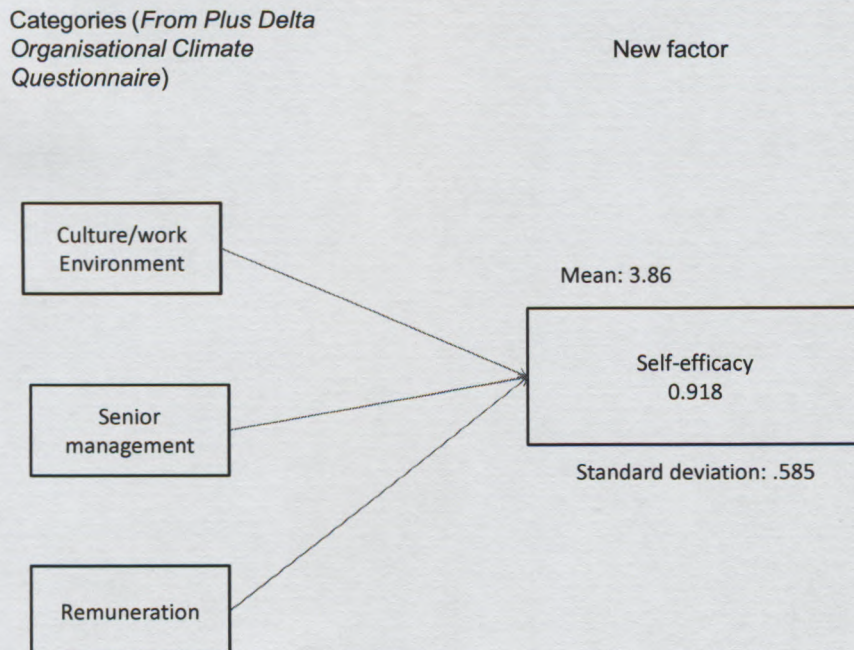


Figure 5.4: Factor framework: Self-efficacy

5.3.5 Family-friendly work environments (FFWE's)

Health-related professionals work in highly pressured environments, and are often detached from their families and other social environments. There is, therefore, a high need for various support mechanisms for these professionals. These support mechanisms can include flexible work schedules, dependent care assistance, leave arrangements, counselling and referral services, which Ngo, Foley and Loi (2009:667) refer to as components of family-friendly work environments. Family-friendly work environments (FFWE's) serve as positive symbols (Perry-Smith & Blum, 2000: 1114) that impact positively on both organizational and worker outcomes (Glass & Finley, 2002: 329). Davis and Kalleberg (2006) claim that FFWE's were introduced to help employees achieve a good balance between their work and family. Several other authors (Ashfourth & Humphrey, 1993; Berry, Zeithaml, & Parasuraman, 1990; Ellickson, & Logsdon, 2002; Hay, 2001; Noe, Hollenbeck, Gerhart, & Wright; 1997) suggest provision of job security and flexible benefits (such as child-care and exercise facilities) for the purpose of enriching employees' lives.

Glass and Finely (2002) would rather call FFWE's family responsive workplaces. In their quest to understand what family responsive employment practices represented, they suggested that organizations should incorporate family responsive workplace policies (flexible work arrangements – p.325, employer-supported child care policies – p.326, parental/maternity leave policies – p.327) in order to experience reduced absenteeism, intent to leave the organization, and stress and conflict.

The items in this category have been derived from a mix of categories namely Culture/work environment, Direct supervisor and Remuneration. The items were placed together to form a new factor called Family-friendly work environment (FFWE) because of their significant and positive statistical relationship. The items together achieved a significantly high Cronbach Coefficient Alpha of 0.86. (See Table 5.6 below).

Mariani, Gcaba, and Dalton (2003) reveal that poor supervisorial support and poor salary were major reasons given by health-related professionals with regards to intention to migrate. Top management upholds ethical values, establishes the reward and control system and facilitates the employment relationships (Valentine, Greller, & Richtermeyer, 2006, cited in Ngo, Foley & Loi, 2009: 667). Lesabe and Nkosi (2007, cited in Coetzee & Schreuder, 2010: 262) add that employees regard it as important for leaders and supervisors to be competent, accessible, accountable and visible to them. One can argue on the basis of this that employees would appreciate managers who serve as role models for them.

Given Coomber and Barriball's (2007: 302) finding that level of education and pay had some association with job satisfaction, it can be argued that, given the prestige attached to health-related professions, it makes sense to consider a rewarding compensation package that includes, among other things, a good salary.

Coetzee and Schreuder (2010: 263), reporting the findings of several studies, argue that employees who worked in family-friendly work environments showed significantly greater organizational commitment and expressed significantly lower intention to quit their jobs. Essentially, they add that for employees to commit to an organization, they need to know that they are cared for. At this juncture, three strong arguments can be made on the basis of previous studies, as well as the high factor loadings in the factor Family-friendly work environment (FFWE's). The first argument is that employees who are well compensated are less likely to look for work elsewhere. Secondly, supportive managers provide opportunities for interaction, which allows subordinates to share ideas and concerns. The freedom to share ideas and concerns should come with no penalties. Robbins *et al.*, (2009: 494) insist that people will only suggest and try new ideas if they believe that such behaviours exact no penalties and as Xu and Thomas (2011: 402) reported, leaders invigorate followers' adaptivity and creativity in a blame free context. Thirdly, and importantly, health-related professionals will experience job satisfaction if they operate in a family-responsive workplace. Utilizing Maslow's Hierarchy of Needs theory to explain reasons why health-

related professionals leave South Africa for greener pastures, Oosthuizen (2005) found that a lack of appreciation and respect from supervisors, and an inability to provide basic needs for family and reduced quality of life were some of the reasons given for looking beyond the shores of South Africa for employment. Van der Westhuizen (2008: 52) also warned that if health-related professionals were not allowed to voice their ideas and concerns, overall morale will be low.

All the above provide genuine support for a family-friendly work environment for health-related professions. As Ngo, Foley and Loi (2009) note, FFWE's were positively related to good organizational climate and had the potential to positively affect the perceptions of health-related professionals towards their organizations, which would subsequently improve their work motivation and job performance thus retaining talent.

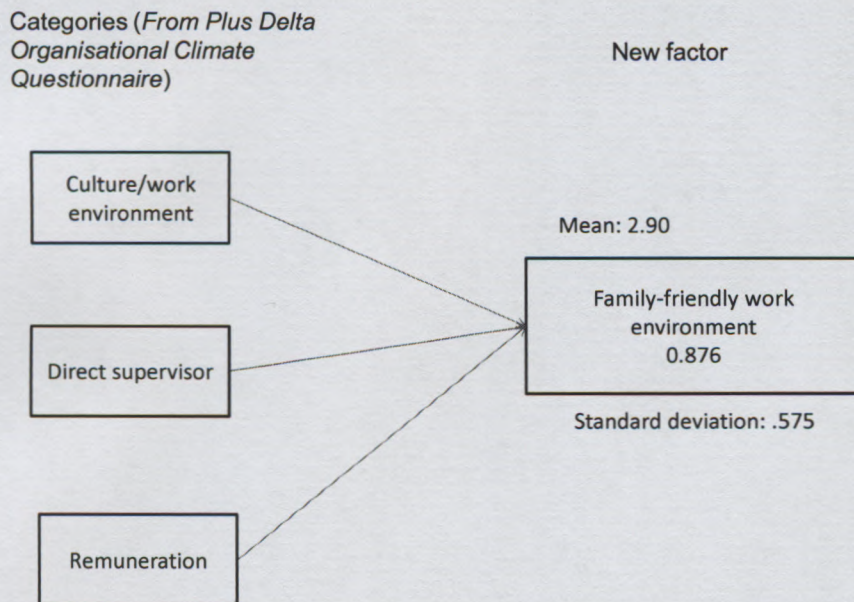


Figure 5.5: Factor framework: Family-friendly work environment

The adoption of Family-friendly work environment as a factor is thus substantiated.

as Ellickson and Logsdon (2002) and Hay (2001) who believe that up-to-date technology inspires health-related professionals. An organization must, therefore, design its structure and culture to allow for the efficient operation of its technology (Werner *et al.*, 2007: 13).

Health-related professionals can be classified as high-technology employees and as Eisenberger *et al.*, (1990, cited in Coetzee & Schreuder, 2010: 263) note, high-technology employees are particularly sensitive to recognition (a dimension of feedback). However, Coetzee and Schreuder (2010: 262) add: *leaders should be willing to provide guidance to employees where they need most assistance. The assistance could be the provision of adequate tools and technologies required for effective customer service* (p. 50).

Several authors have highlighted the negative impact of work overload within South African health-related professions. Van der Westhuizen's (2008: 50) quest to understand the reasons why healthcare professionals left their careers and pursued something else either in South Africa or elsewhere, revealed that workload was excessive, and that there was significant patient overload. Essentially, there was insufficient time available to perform the required duties. Oosthuizen (2005) also discovered that reduced quality of life expressed by nurses as one of the reasons for leaving their nursing careers and possibly migrating, was a result of burnout, which was a consequence of heavy workloads. What the referred studies above seem to indicate is that organizations that have the right calibre of tools and technologies will no doubt have a productive and excited team. In their paper 'The human resource crisis in health services in Sub-Saharan Africa', Liese, Blanchet, and Dussault (2003) observe that improving non-monetary incentive frameworks such as appropriate equipment advanced motivation and consequently the productivity and quality of the health workforce.

The nature of the relationship between manager and employees can have a significant impact on the development of a high trust employment relationship, especially in the initial stages of employment (Coetzee & Schreuder, 2010: 265). In an overview of health and

health care in South Africa from 1994-2010, Harrison (2010: 32) warns that to delight the health workforce would require a real sense of mission and personal fulfilment, which to a large extent depend on the ability of managers to articulate a clear vision and plan of action.

Leader credibility is supported by the perception that the leader cares for and values the contribution of employees. As Lesabe and Nkosi (2007, cited in Coetzee & Schreuder, 2010: 262) report, it does help for employees to perceive their managers as possessing the right skills and attitudes, which will consequently enable an environment of trust in the feedback received by employees. O'Neill *et al.* (2009) opine that functional systems that help to achieve an organizations objective can only be made possible by a creative and innovative leadership team. Robbins *et al.* (2009: 493) echo this sentiment by stating that organic structures positively influence innovation, which facilitates the flexibility, adaptation, and cross-fertilisation that make adoption of innovations easier. In other words, Robbins *et al.* suggest transformative leadership, which Iwu and Adeola (2011: 124) describe as the ability of a leader to positively create a change within followership and the environment within which he operates. This means that the transformative character of leadership, therefore, emits from its ability to provide helpful feedback to followers, as well as ensure that resources to achieve high performance, are available.

The second result (see Table 5.9 below) comprises items from the category customer satisfaction. Again, one can see that the items have high statistical relationships. Together the items obtained a Cronbach Alpha Coefficient of 0.694.

Table 5.10: Second result from factor analysis

v46	We understand the specific needs of our customers.									.750	0.694
v49	Our services meet our customer's expectations									.736	

Every organization has a different calibre of partners such as customers and suppliers. Customers are usually the reason for any organization's existence and hence organizations must have strategic relationships with them. As partners, they should maintain good relations with each other, gain experience with each other, develop a common language and perspective, which will reduce misunderstanding and enhance collaboration (Larson & Gray, 2011: 431), thereby improving the return on investment. Given the nature of the work of health-related professions, one can safely say that excellent customer relations is achievable through functional technology. One makes reference to Battisti, Iacovone, and Nicolini (2007) and Daviaud and Chopra (2008) in arguing that health related professions are both technology intensive professions, as well as a service-oriented one. Service-oriented industries realize their objectives through effective customer services, which are supported by functional technology.

On the basis of the above argument, this study therefore combines the two factor analysis results to form one factor, namely Excellent customer relations and effective technology. See table below.

Table 5.11: Excellent customer relations and effective technology

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
The technology we use supports our business processes	17.77	2.955	.878	.630
The technology we use helps me get my job done.	17.77	2.955	.878	.630
The tools and technologies that I use help me to be efficient in my completing my work	17.77	2.955	.878	.630
We understand the specific needs of our customers.	17.95	5.221	.142	.853
Our services meet our customer's expectations	18.04	5.352	.104	.856

Battisti, Iacovone, and Nicolini (2007: 9) refer to a healthcare organization as a service organization. Service organizations are characterized mainly by the intangibility of their offerings with external customers as the main reason for their existence. Given the impact of customer satisfaction on organizational profit, it is important that organizations continue to satisfy their employees. Satisfied employees are more likely to be friendly, upbeat, and responsive – which customers appreciate (Robbins *et al.*, 2009: 81). Performing to the high standards set by management requires the right kinds of tools. With the right kinds of tools, employees can deliver quality service. Quality service satisfies employees, and encourages them to deliver much delightful service.

The health system in South Africa is struggling to retain skilled health workers (Daviaud & Chopra, 2008: 49). Hence, health services have seriously deteriorated because those who remain in the service do more work resulting in burnout, demoralization and high absenteeism (Cullinan, 2006: 1, 18). Reacting to the implication of the shortage of health-related professionals, Daviaud and Chopra (2008: 49) suggest the Thailand intervention where both monetary and non-monetary incentives were introduced to enhance customer service. These incentives could range from good working conditions to supportive leadership. Oosthuisen (2005) notes that poor working conditions were one of the factors that contributed to the emigration of South African nurses. Bulgarella (2005: 4) on the other hand reports the findings of Yoon, Hyun Seo, and Seog Yoon (2000, cited in Bulgarella, 2005: 4) that identified what they called significant organizational antecedents to service quality. According to these authors, perceived organizational and supervisory support made employees to feel valued and cared for, and would then subsequently transact with customers in the most helpful way.

Increased competition has placed a premium on customer satisfaction (Larson & Gray, 2011: 11). Successful organizations meet the needs and expectations of their customers more effectively than their competitors, while at the same time generating acceptable financial returns (Strydom & Roodt, 2006: 15). If service quality is poor, health establishments may not be competitive. To measure the competitiveness of a health service organization, it is necessary to analyse not only performance levels, but also the perceived quality of the services provided and the level of customer satisfaction (Battisti, Iacovone, & Nicolini. 2007: 1). Vilares and Cohelo (2000, cited in Bulgarella, 2005: 2) found that perceived employee satisfaction, perceived employee loyalty, and perceived employee commitment had a sizeable impact on perceived product and service quality. According to Bulgarella (2005), empowered employees are those that have motivational resources to deliver adequate effort and care. These motivational resources can be training, meaningful remuneration, and adequate technology.

As far back as the 1950's, Joan Woodward (cited in Gawer, 2010; Orlikowski, 2010) conducted studies in order to determine whether certain organizations performed better than others and why. Her study revealed that organizations that have sophisticated technology tended to serve their customers better, which consequently affect the morale of the employees positively. Castro and Martins (2010) regard a functional and supportive work environment as constituting quality equipment and technology. With quality equipment and technology, employees then perceive their organizations as superior to their competitors (Jacobs & Roodts, 2008), thus strengthening their job satisfaction. Poorly equipped facilities will negatively impact quality of service (Daviaud & Chopra, 2008: 49).

Quality service enriches market share. If external customers are satisfied, it improves the self worth of internal customers (in this case employees), giving them a feeling that they contribute to the growth of the organization. Customers then become recipients of good service.

The way that employees feel about their jobs has an impact on the way that they relate with their work (Bulgarella, 2005: 5). If they are positive towards their job, service quality will improve. Service quality impacts both the internal and external image of an organization. The image of an organization represents the value that customers give to the organization (Battisti, Iacovone, & Nicolini, 2007: 3). Management of health establishments does not see patients. Health-related professionals do. This is substantiated by Bulgarella (2005: 3) who states that practical value is extended to customers by employees because they are in a position (by way of directly interacting with customers) to develop awareness of and respond to patients' needs.

Positive changes in employee attitudes will lead to positive changes in customer satisfaction (Bulgarella, 2005). Positive attitudes in an employee can be achieved through an empowering job, which Hackman and Oldham (1975) emphasize rather intensely by arguing that an empowering job must be one that possesses characteristics such as skill variety, task

identity, task significance, feedback and autonomy, which enhance satisfaction and subsequently performance (Robbins *et al.*, 2009: 169). Nel *et al.*, (2008: 15) write about an employee's job content environment as comprising the nature of the job, job guidelines and goals, degree of utilization, status and recognition, and opportunity for development. They go on to say that an employee's performance is influenced by job content environment, which refers to the psychological work environment. If an employee's psychological work environment is a positive one (namely the job offers opportunity for self-actualisation; the employees understand what is expected of them; employees are utilized according to their abilities, qualifications, experience and training; the job that the employee does is respected for what it is worth; and there is opportunity for career advancement), the employee is then empowered to deliver services for which he was appointed in the manner that customers of the organization will perceive the service and the organization as rewarding of their custom.

The above discussion confirms that there is a significant relationship among customer satisfaction, customer loyalty and employee satisfaction. Health-related professionals are happy when they are presented with the right set of tools that assists them to deliver the right kind of service; that assist them in meeting both the organizations and their individual aspirations. Essentially, health-related professionals require an organizational climate and a work atmosphere that encourages professional improvement and research activity (Battisti, Iacovone, & Nicolini, 2007: 17).

One can infer from the above discussion, therefore, that excellent customer relations is derived from an interaction of good supervision, supportive co-workers, an understanding of what an organization sets out to achieve, meaningful income, excellent internal communication, an awareness of what competitors are doing and, most of all, an understanding of customers' needs. However, for all these to interact well together, there must be good systems – technology must be up-to-date and functional while health-related professionals must be taught how to operate them. These factors will improve health-worker employment retention.

Categories (From Plus Delta
Organisational Climate
Questionnaire)

New factor

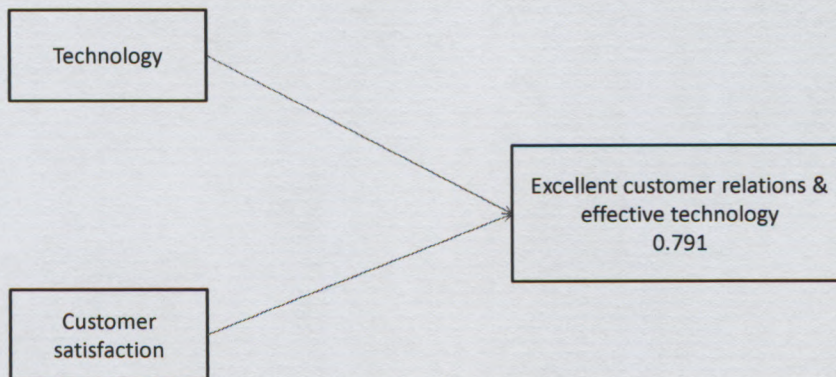


Figure 5.7: Factor framework: Excellent customer relations and effective technology

The choice of the factor - Excellent customer relations and effective technology – is therefore substantiated.

5.4 Demographic variables and their interaction with the factors

This part of the study presents interesting outcomes. There are varied levels of significant relationships between the new factors and the demographic variables.

5.4.1 Gender

There is no significant difference between males and females in all the new factors. See table below.

Table 5.12: Groups statistics for gender

Group Statistics					
New factors	Gender of Respondent	N	Mean	Std. Deviation	Std. Error Mean
Role clarification and job design	Male	62	3.96	.481	.061
	Female	55	4.12	.495	.067
Integrated leadership and knowledge sharing	Male	62	3.60	.920	.117
	Female	55	3.51	1.010	.136
Self-efficacy	Male	62	3.87	.504	.064
	Female	55	3.85	.670	.090
Family-friendly work environment	Male	62	2.91	.585	.074
	Female	55	2.90	.569	.077
Leader credibility and innovation	Male	62	3.98	.643	.082
	Female	55	4.04	.597	.080
Excellent customer relations and effective technology	Male	62	4.416	.5151	.0654
	Female	55	4.520	.4365	.0589
Equitable performance management	Male	62	3.87	.323	.041
	Female	55	3.96	.317	.043

According to the above table, the p value is greater than 0.05. The Levene's Test for Equality of Variances reveals that the variances are all equal, which means that if the variances are equal, then we read the first line and not the second line. Therefore, for all the new factors there is no significant difference between males and females.

The table below shows the independent T-Test for all new factors with regard to gender.

Table 5.13: Independent T-Test for gender

		Independent Samples Test								
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper	
Role clarification and job design	Equal variances assumed	1.845	.177	-1.754	115	.082	-.158	.090	-.337	.020
	Equal variances not assumed			-1.751	112.471	.083	-.158	.090	-.338	.021
Integrated leadership and knowledge sharing	Equal variances assumed	1.731	.191	.524	115	.601	.093	.178	-.260	.447
	Equal variances not assumed			.521	110.014	.603	.093	.179	-.262	.449
Self-efficacy	Equal variances assumed	2.442	.121	.114	115	.910	.012	.109	-.203	.228
	Equal variances not assumed			.112	99.580	.911	.012	.111	-.207	.232
Family-friendly work environment	Equal variances assumed	.160	.690	.107	115	.915	.011	.107	-.200	.223
	Equal variances not assumed			.108	113.983	.914	.011	.107	-.200	.223
Leader credibility and innovation	Equal variances assumed	1.416	.237	-.552	115	.582	-.064	.115	-.292	.164
	Equal variances not assumed			-.555	114.756	.580	-.064	.115	-.291	.163
Excellent customer relations and effective technology	Equal variances assumed	2.039	.156	-1.169	115	.245	-.1039	.0889	-.2799	.0722
	Equal variances not assumed			-1.180	114.773	.240	-.1039	.0880	-.2782	.0704
Equitable performance management	Equal variances assumed	.928	.337	-1.476	115	.143	-.087	.059	-.205	.030
	Equal variances not assumed			-1.478	113.820	.142	-.087	.059	-.205	.030

This finding thus suggests that gender has no relationship to the new factors.

5.4.2 Income

Five income groups were delineated for this study. These included (1) less than R100 000; (2) R101 000 to R200 000; (3) R201 000 to R300 000; (4) R301 000 up to R400 000; and (5) R401 000 to R500 000. A frequency analysis of the number of respondents in each income group showed that only two respondents belonged to the R100 000 to R200 000 income groups, respectively, while 77 per cent (n=90) of the population belonged to the R201 000 to R300 000 income group. The rest were within the R301 000 to R400 000 (n=23) and R401 000 up to R500 000 (n=2).

Table 5.14: Frequency analysis for income groups

What is your household annual income?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	less than R100 000	1	.9	.9	.9
	R101 000 - R200 000	1	.9	.9	1.7
	R201 000 - R300 000	90	76.9	76.9	78.6
	R301 000 - R400 000	23	19.7	19.7	98.3
	R401 000 - R500 000	2	1.7	1.7	100.0
	Total	117	100.0	100.0	

Given the distribution, it was considered, for the purposes of much clearer statistical computation, necessary to merge the first two (less than R100 000 and R101 000 – 200 000) with the third income group (R201 000 – 300 000). The last groups (R301 000 – R400 000 and R401 000 – R5000 000) were also merged. This merger resulted in two distinct groups: Group 1 represents those who earn up R300 000, while group 2 represents those who earn from R301 000 and above. This new distribution is shown below in Table 5.14.

Table 5.15: New income group distribution

New income group distribution					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	92	78.6	78.6	78.6
	2	25	21.4	21.4	100.0
	Total	117	100.0	100.0	

Once a new income group was delineated, the researcher went further to find out if there was a significant difference between the two income groups with reference to the new factors. And because there are only two groups, a T-test was deployed.

Table 5.16: T-test for the two income groups against the new factors

Group Statistics					
	NewInc	N	Mean	Std. Deviation	Std. Error Mean
Role clarification and job design	1	92	3.98	.460	.048
	2	25	4.22	.566	.113
Integrated leadership and knowledge sharing	1	92	3.49	.958	.100
	2	25	3.83	.939	.188
Self-efficacy	1	92	3.79	.605	.063
	2	25	4.14	.402	.080
Family-friendly work environment	1	92	2.82	.551	.057
	2	25	3.21	.570	.114
Leader credibility and innovation	1	92	4.02	.617	.064
	2	25	3.95	.639	.128
Excellent customer relations and effective technology	1	92	4.446	.5238	.0546
	2	25	4.536	.2628	.0526
Equitable performance management	1	92	3.86	.293	.031
	2	25	4.11	.351	.070

The above table indicates that there is no significant difference in the average mean scores for Role clarification and job design, Integrated leadership and knowledge sharing, Leader credibility and innovation and Excellent customer relations and effective technology.

Self-efficacy: There is a significant difference in the average for the factor - Self-efficacy - between the two income groups ($p < 0.05$). The means for self efficacy is 3.79 and 4.14. The earlier points closer to neutral and agree but 4.14 lies within the agree and strongly agree axis. This means that the population that has R100-300k income is closer to neutral, unlike those who earn from R301 upwards who are within the range of agree and strongly agree.

Family-friendly work environments: There is a significant difference in the mean for Family-friendly work environments ($p < 0.01$). The mean scores indicate a closer proximity to neutral.

Equitable performance management: There is a significant difference in the means ($p < 0.001$. mean score: 3.86/4.11), which suggests a strong slant towards agree and disagree. The table below provides some clarity.

Table 5.17: Levene's test for equality of variances

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Role clarification and job design	Equal variances assumed	6.932	.010	-2.213	115	.029	-.241	.109	-.458	-.025
	Equal variances not assumed			-1.966	33.111	.058	-.241	.123	-.491	.008
Integrated leadership and knowledge sharing	Equal variances assumed	.231	.631	-1.591	115	.114	-.342	.215	-.768	.084
	Equal variances not assumed			-1.609	38.679	.116	-.342	.213	-.772	.088
Self-efficacy	Equal variances assumed	2.153	.145	-2.765	115	.007	-.355	.128	-.609	-.101
	Equal variances not assumed			-3.469	56.904	.001	-.355	.102	-.559	-.150
Family-friendly work environment	Equal variances assumed	.000	.991	-3.085	115	.003	-.386	.125	-.634	-.138
	Equal variances not assumed			-3.026	37.108	.004	-.386	.128	-.645	-.128
Leader credibility and innovation	Equal variances assumed	.009	.926	.475	115	.636	.067	.140	-.211	.344
	Equal variances not assumed			.465	37.070	.644	.067	.143	-.223	.357
Excellent customer relations and effective technology	Equal variances assumed	5.463	.021	-.833	115	.407	-.0903	.1085	-.3053	.1246
	Equal variances not assumed			-1.192	79.386	.237	-.0903	.0758	-.2412	.0605
Equitable performance management	Equal variances assumed	.511	.476	-3.621	115	.000	-.250	.069	-.387	-.113
	Equal variances not assumed			-3.267	33.659	.003	-.250	.076	-.405	-.094

5.4.3 Tenure

There were four tenure groups, namely less than 5 years; 6-10 years; 11-15 years; and 16 years and above. A one-way analysis of variances was deployed to examine the degree of relationships between the groups and the new factors.

Table 5.18: Analysis of Variance (ANOVA) for the different tenure groups

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Role clarification and job design	Between Groups	9.770	3	3.257	20.124	.000
	Within Groups	18.287	113	.162		
	Total	28.057	116			
Integrated leadership and knowledge sharing	Between Groups	4.738	3	1.579	1.746	.162
	Within Groups	102.187	113	.904		
	Total	106.925	116			
Self-efficacy	Between Groups	3.041	3	1.014	3.126	.029
	Within Groups	36.640	113	.324		
	Total	39.681	116			
Family-friendly work environment	Between Groups	3.780	3	1.260	4.117	.008
	Within Groups	34.587	113	.306		
	Total	38.368	116			
Leader credibility and innovation	Between Groups	3.046	3	1.015	2.764	.045
	Within Groups	41.506	113	.367		
	Total	44.552	116			
Excellent customer relations and effective technology	Between Groups	.154	3	.051	.218	.884
	Within Groups	26.632	113	.236		
	Total	26.786	116			
Equitable performance management	Between Groups	3.372	3	1.124	14.731	.000
	Within Groups	8.622	113	.076		
	Total	11.994	116			

Role clarification and job design: A significant difference exists in the mean between the different tenure groups ($p < 0.01$), but they are mostly on the agreed side.

Self-efficacy: A significant difference exists ($p < 0.05$).

Family-friendly work environment: A significant difference exists ($p < 0.05$). The mean for 16 years or more is on the agreed side.

Leader credibility and innovation: There is a significant difference in the average mean scores ($p < 0.05$). Interestingly, all the mean scores are on the agree side.

Equitable performance management: There is a significant difference ($p < 0.001$) with the mean scores weighing heavily on the agree side.

5.4.3.1 Multiple comparisons: Tenure

On the basis of the significant difference between the mean scores of the various factors, it was important to establish where the significant differences existed among the different tenure groups. As a result, a multiple comparison of all the tenure groups was undertaken for each of the new factors.

Role clarification and job design

There is a significant difference ($p < 0.05$) between those who have 6-10 years experience and 16 years and above when compared to those who have worked for less than 5 years. Those who have 6-10 years work experience interact more with those who have 16 years and above in terms of significant difference in means ($p < 0.001$).

Essentially those who have worked for 16 years or more show a stronger relationship in the way that they relate to the factor Role clarification and job design, especially given that their means are strongly close to the strongly agree side.

Self-efficacy

There is a significant difference between the tenure group of less than 5 years and 16 years or more ($p < 0.05$).

Family-friendly work environment

There is a significant difference between the tenure groups 6-10 years and 16 years or more ($p < 0.05$). There is also a significant difference between the groups 11-15 years and 16 years or more ($p < 0.05$).

Leader credibility and innovation

Only a tenure group emerged here. There is a significant difference between the less than 5 years group and 11-15 years group ($p < 0.05$).

Equitable performance management

There is a significant difference for those who have worked for 16 years or more ($p < 0.05$).

From the *Post Hoc Tests* (Pairwise Comparisons), it was clear that those who have 16 years or more of work experience in health-related professions are much stronger (within the range of strongly agree) in their relationship to tenure category.

5.4.4 Race

Four major race groups were delineated for this study, which included African Blacks, Whites, Coloureds and the Indian/Asian/Other groups.

Table 5.19: One Way Analysis of Variance (ANOVA) for the different race groups

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Role clarification and job design	Between Groups	2.119	3	.706	3.078	.030
	Within Groups	25.937	113	.230		
	Total	28.057	116			
Integrated leadership and knowledge sharing	Between Groups	3.745	3	1.248	1.367	.257
	Within Groups	103.181	113	.913		
	Total	106.925	116			
Self-efficacy	Between Groups	13.443	3	4.481	19.299	.000
	Within Groups	26.238	113	.232		
	Total	39.681	116			
Family-friendly work environment	Between Groups	2.738	3	.913	2.894	.038
	Within Groups	35.630	113	.315		
	Total	38.368	116			
Leader credibility and innovation	Between Groups	6.757	3	2.252	6.734	.000
	Within Groups	37.795	113	.334		
	Total	44.552	116			
Excellent customer relations and effective technology	Between Groups	3.088	3	1.029	4.908	.003
	Within Groups	23.698	113	.210		
	Total	26.786	116			
Equitable performance management	Between Groups	1.386	3	.462	4.921	.003
	Within Groups	10.608	113	.094		
	Total	11.994	116			

Role clarification and job design

All the respondents agreed with the variables, although it is revealing that whites were more likely than the others to express a strong agreement.

Self-efficacy

There is a significant difference in terms of the mean scores for the factor self-efficacy. Africans are closer to neutral, but on the agree side, while Whites are on the strongly agree side. Indians and the Coloureds are also on the agree side.

Family-friendly work environment

Although there is no significant difference in the mean scores for all the race groups, the Whites are actually on the neutral side (3.07). Other race groups are on the disagree side. Previous studies support this finding. Jacobs (2005: 235) disclosed the yearnings of health workers with regards to family friendly work practices.

Leader credibility and innovation

There is a significant difference in the mean scores for this category. However it must be noted that all the race groups are on the agree side. The Indian and Asian category are much closer to strongly agree.

Excellent customer relations and effective technology

There is a significant difference between the mean scores ($p < 0.05$). All the race groups are on the agree side.

Equitable performance management

There is a significant difference between the mean scores ($p < 0.05$).

5.4.4.1 Multiple comparisons: Race

Role clarification and job design

In this category, a significant difference exists between Whites and Africans ($p > 0.001$).

Self-efficacy

Within the factor Self-efficacy, a significant difference exists between Africans and all the other race groups ($p>0.001$).

Leader credibility and innovation

In this factor, there is a significant relationship between Indians/Asians and Whites ($p>0.001$), as well as Africans and Whites, and Africans and Indians/Asians ($p>0.001$).

Excellent customer relations and effective technology

In this factor a significant relationship exists between Africans and Whites ($p>0.001$).

Equitable performance management

In this factor, a significant relationship exists between Africans and Whites ($p<0.05$).

5.4.5 Marital status

Only three marital status groups were utilized for this study, which included single, married and separated.

There was a significant relationship between the different marital status groups ($p<0.05$) within the factor Leader credibility and innovation. However, to understand where the difference lies among different marital status groups, this researcher conducted a Post Hoc test. Thus, through multiple comparisons of all the groups, it was found that the difference existed between married and separated employees.

Table 5.20: One Way Analysis of Variance (ANOVA) for the different Marital Status groups

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Role clarification and job design	Between Groups	.713	2	.356	1.486	.231
	Within Groups	27.344	114	.240		
	Total	28.057	116			
Integrated leadership and knowledge sharing	Between Groups	4.543	2	2.271	2.529	.084
	Within Groups	102.383	114	.898		
	Total	106.925	116			
Self-efficacy	Between Groups	.152	2	.076	.219	.804
	Within Groups	39.529	114	.347		
	Total	39.681	116			
Family-friendly work environment	Between Groups	.049	2	.025	.073	.929
	Within Groups	38.318	114	.336		
	Total	38.368	116			
Leader credibility and innovation	Between Groups	2.747	2	1.373	3.745	.027
	Within Groups	41.805	114	.367		
	Total	44.552	116			
Excellent customer relations and effective technology	Between Groups	.112	2	.056	.240	.787
	Within Groups	26.674	114	.234		
	Total	26.786	116			
Equitable performance management	Between Groups	.305	2	.153	1.490	.230
	Within Groups	11.688	114	.103		
	Total	11.994	116			

5.4.6 Age

Four different age groups were selected for this study. These included 21-30 years; 31 – 40 years; 41 – 50 years; and the 51 60 years age groups.

Table 5.21: One Way Analysis of Variance (ANOVA) for the different age groups

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Role clarification and job design	Between Groups	3.264	3	1.088	4.958	.003
	Within Groups	24.793	113	.219		
	Total	28.057	116			
Integrated leadership and knowledge sharing	Between Groups	3.085	3	1.028	1.119	.344
	Within Groups	103.840	113	.919		
	Total	106.925	116			
Self-efficacy	Between Groups	2.151	3	.717	2.159	.097
	Within Groups	37.529	113	.332		
	Total	39.681	116			
Family-friendly work environment	Between Groups	3.236	3	1.079	3.469	.019
	Within Groups	35.132	113	.311		
	Total	38.368	116			
Leader credibility and innovation	Between Groups	1.699	3	.566	1.493	.220
	Within Groups	42.853	113	.379		
	Total	44.552	116			
Excellent customer relations and Effective technology	Between Groups	.194	3	.065	.274	.844
	Within Groups	26.593	113	.235		
	Total	26.786	116			
Equitable performance management	Between Groups	.945	3	.315	3.220	.025
	Within Groups	11.049	113	.098		
	Total	11.994	116			

Role clarification and job design

There is a significant difference between the age groups 31-40 years and 51-60 years ($p < 0.05$). This finding perhaps supports previous studies, which found that as one grew older, one tended to understand one's work roles better. The risk with this is that not all

employees would stay long in an organization. It has been empirically confirmed that employees are more likely to leave the employment of an organization because of poor role clarity and job design. Therefore, it should be a critical element of an organization's mission to ensure that members of an organization are clear on what they are supposed to do on a regular basis. Organizations should not assume that their members' roles become clearer with time; they must find ways to clarify goals and design jobs in such a manner that employees are excited about their jobs.

Equitable performance management

The age groups 31-40 years share a significant difference with the age group 51-60 years ($p < 0.05$). This is an indication that health-related personnel who are 31 years and above favour equitable performance management. Writing about the differences in generations of workers (Generation Y and the rest), James, Swanberg and Mckechnie (2007: 3) argue that older workers tended to be more loyal than younger workers on the basis of improved structure and life purpose that work provides (maintaining and providing for dependents, fair treatment at work, and taking care of costly health insurance). They also believed that older workers were interested in being promoted, eager for training and can serve as mentors to younger workers.

5.5 Summary of the chapter

This chapter discussed the research study's findings. The discussion took the form of narratives by utilizing Factor Analysis, One-Way Analysis of Variance (ANOVA), and T Test. A set of factors, which would be employed in developing a model of employee satisfaction, was realized. Each factor was discussed in acknowledgement of previous empirical studies. The degree of interaction between the factors and the demographic variables were also discussed.

The next chapter presents the research study's model of employee satisfaction for the health-related professions in South Africa.

Chapter 6

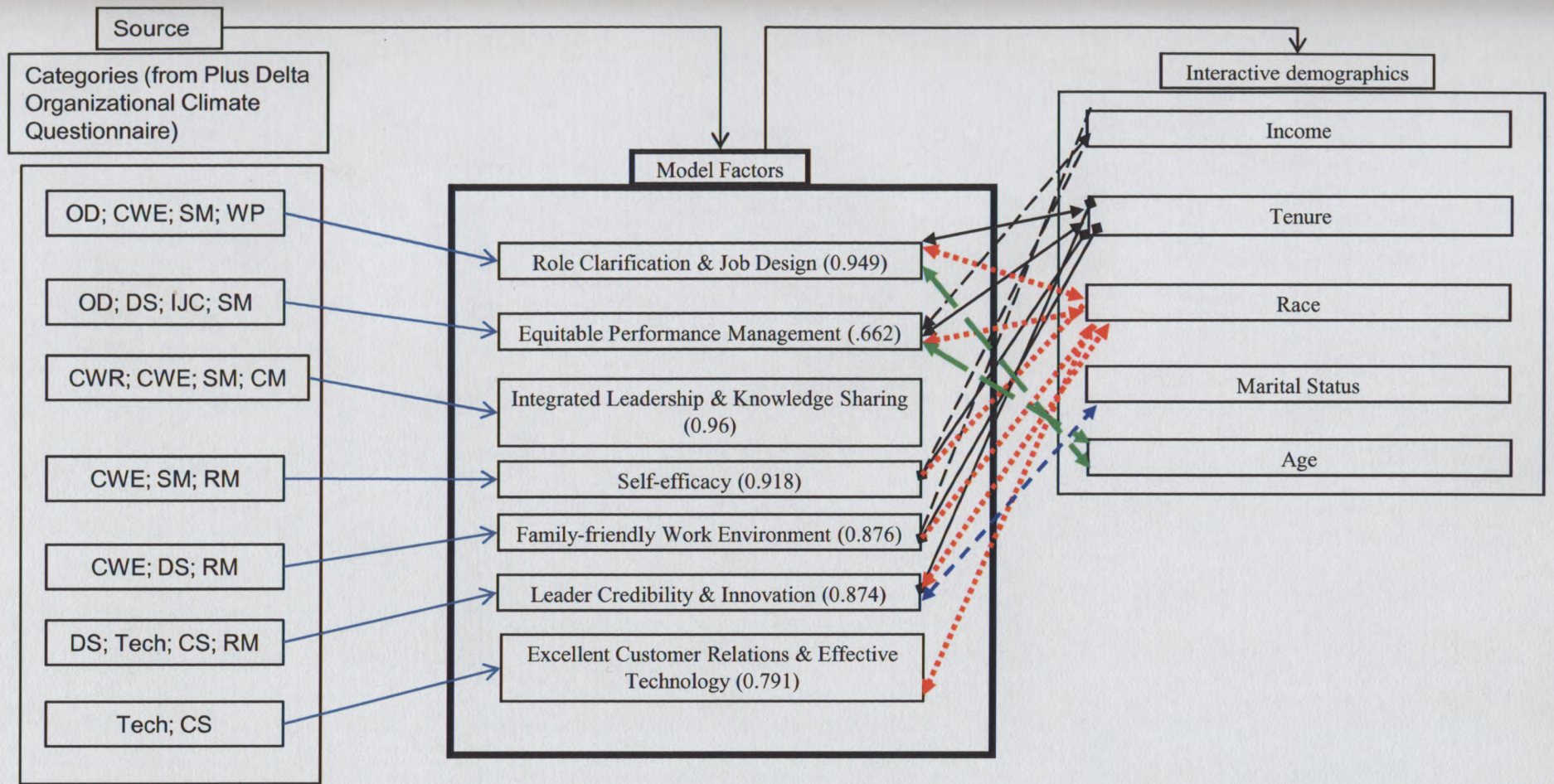
Model of employee satisfaction for the health-related professions

6.1 Introduction

This chapter is dedicated exclusively to the model of employee satisfaction for the health-related professions in South Africa on the grounds that development of the model served as the ultimate aim of the study. A discussion of how the model was arrived at (infusion of factors, and so on) formed part of the discussion in the previous chapter.

The most significant finding from this study is the emergence of seven factors from factor analysis which represent high statistical significance in this study. These factors include role clarification and job design, equitable performance management, integrated leadership and knowledge sharing and self-efficacy. The others are family-friendly work environments, leader credibility and innovation and excellent customer relations and effective technology.

Two of these factors were a result of a merger of two or three other factors. The argument for their merger was based on empirical evidence. These factors are equitable performance management and excellent customer relations and effective technology.



Key:

- OD: Organisational design
- CWE: Culture/work environment
- SM: Senior management
- WP: Work processes
- DS: Direct supervisor
- IJC: Individual job characteristics
- CWR: Co-worker relations
- CM: Communications
- RM: Remuneration
- CS: Customer satisfaction
- Tech: Technology

Figure 6.1: Model of employee satisfaction for health-related professions

6.2 Discussion of the model of employee satisfaction

Empirical findings from this study indicate that role clarity and job design were critical in explaining reasons for this study's objectives. Previous studies provide eminent support in this regard. For instance Albion, Fogarty, Nachin and Patrick (2008: 279) warn that role clarity was the only organizational climate variable that emerged in their study as a unique contributor to the formation of intentions to leave the health profession. There was also an urgent call by Rowe, de Savigny, Lanata and Victoria (2005) for health care establishments to improve role clarity. A well-designed job improves the psychological meaningfulness of a role and is, according to Bakker and Demerouti (2007, cited in Xu & Thomas, 2011: 401), associated with high work standards. Tenure, race and age were the demographic variables that interacted positively with this factor.

It was also the contention of this study that equitable performance management would prevent health-related professionals from looking elsewhere (outside the country or in other sectors) for greener pastures. Health-related personnel would be comfortable in an environment where both senior management and direct supervisors show appreciation for one's work either through the provision of helpful feedback, or through well-defined structures with policies, procedures and systems that allow employees to achieve personal and organizational goals. This factor had a positive relationship with income, tenure, race and age.

The factor – integrated leadership and knowledge sharing – typifies a work environment where senior management encourages collaboration across all levels; where individuals appreciate the personal contribution of their peers (without any form of negative attitude); and where individuals are consulted to participate in matters that affect them.

The factor – self-efficacy - draws inspiration from the argument that health-related personnel function better if they have a high sense of worthiness in and /or a belief in their capabilities to manage responsibilities. This will come from health-related personnel who are valued as employees; receiving meaningful remuneration and feeling that management treats them fairly. Employers of health-related personnel must be able to show care, interest and empathy towards employees. They should also be able to explain what is expected of health-related professionals, as well as provide regular and positive feedback and recognition for work well done. Income, tenure and race were the demographic variables that had a significant relationship with this factor.

There is an abundance of empirical evidence that family responsive workplaces reduce absenteeism, intent to leave the organization as well as stress and conflict. Family-friendly work environments are characterized by flexible work arrangements and child-care and exercise facilities. They are essentially a more fluid environment where health-related professionals experience a sense of community. Family-friendly work environment was found to have a positive relationship with income, tenure and race.

Leader credibility and innovation extends the thinking of previous researchers who recommended transformational leadership, and provision of quality service by using adequate technology. This factor gives impetus to the model of employee satisfaction because it recognizes the influence of poor technology on the quality of service delivery. This factor also argues that the ability of the leader to give helpful feedback also helps to generate some confidence in the employee that he is dealing with a competent superior. It, therefore, behoves the superior to act in a manner that lends trust in his competence to lead. To gain the trust of employees, managers must be seen to be knowledgeable in their work, caring of employees and approachable. The consequence of credible leadership is reduced tension and better handling of work roles. This factor showed close association with tenure, race, and marital status.

To achieve world class excellence in service and also meet and possibly exceed customers' expectations, health care establishments must understand the specific needs of their customers. To do this, however, requires functional tools and technologies that support health-related employees to complete their work. Health-related establishments are technology-driven and, as a result, must have technology that supports their business processes. The factor - excellent customer relations and effective technology - argues in support of a model of employee satisfaction for health-related professions in South Africa. Race was the only demographic variable found to have a positive relationship with this factor.

Reporting on Kanter's (1994) findings, Lee and Teo (2005: 28) submit that positive organizational behaviour is supported by work environments that provide access to information, resources, and an opportunity to learn and develop. Essentially, Lee and Teo argue that supervisory receptiveness to employee problems is a strong driver of employee satisfaction.

6.3 Summary of the chapter

Several factors plague an organization's successful realisation of its aim to exist. These factors reside both within and outside the organization. Some of the external factors include political culture of the area(s) in which the organization does business; the economic climate of the area in which it does business, including its social dynamics; and the technology that is required to execute its numerous tasks and activities. Internal factors can include a mismatch between an employee and the job he does, a lack of shared knowledge of what the organization is about; poor leadership; unequal performance management systems; unclear roles; and a frustrating structure.

This study has interacted with the above elements, and has built a strong case for the internal factors. This study also indicated, to a reasonable degree, that the antecedents to organizational effectiveness include an acknowledgement of factors such as income, working

conditions, collegiate work environment, opportunities for advancement on the job (and career) and a common knowledge of an organization's reason for existing. It is prudent to mention that these factors interact differently with demographic factors such as tenure, race, marital status and age.

The model of employee satisfaction lends credence to the above. It is, therefore, necessary to state that comparative competitiveness can be achieved through a healthy and committed workforce that is provided with a collegial environment, supportive leadership, clear and unambiguous roles, as well as an environment that does not add to the pressures of daily existence. This study has argued that when an environment described above is made available, health related employees provide excellent customer service, are happy to retain their employment, and commit more to the organization's growth. Adhering to the model would deliver the right rewards to the health-related professions in South Africa, specifically the Western Province.

The next chapter concludes the study. Recommendations, implications for further study and study limitations are presented.

Chapter 7

Conclusion and Recommendations

7.1 Introduction

This study mainly aimed to develop a model with which health-related professionals (specifically in the Western Cape Metropole) job satisfaction could be measured. There were other objectives, which included:

- (1) To determine the influence of job satisfaction facets on employee satisfaction amongst health-related professions in South Africa;
- (2) To determine the influence of organizational climate on employee satisfaction amongst health-related professions in South Africa;
- (3) To determine the effect of demographic variables on employees' perceptions of the facets of job satisfaction, as well as the dimensions of organizational climate; and
- (4) To determine the factors that influence employee satisfaction for the benefit of an organization's productivity.

These objectives were based on the following research problems:

- Low levels of trust and confidence in South African health-related professions;
- High levels of worker absenteeism in South African health-related professions;
- High turnover rates in South African health related professions; and
- Difficulty to retain skilled people within South African health-related professions.

Health-related professionals include nurses, optometrists, radiographers, pharmacists, laboratory technologists/technicians, and emergency medical services personnel. They are a diverse group of practitioners who deliver high quality care to patients across a wide range of

care pathways and in a variety of settings. These highly skilled professionals can be found in both the private and public sector. Their roles range from essential diagnostic and therapeutic roles to acute primary and community care, which involve work across a wide range of locations. They perform functions of assessment, diagnosis, emergency care, treatment and discharge throughout the care pathway – from primary prevention through to specialist disease management and rehabilitation. Health related professionals help to provide a well-rounded team to diagnose and treat patients.

Given that health-related professionals perform such important roles in health care delivery, it made critical sense to consider their well-being at work. These professionals should be valued, appreciated and rewarded. Potential effects of a less than conducive environment will include lowered job performance, withdrawal, and increased absence from duty, counterproductive behaviour and health problems. As Mosadegh (2006: 606) notes 'The aim of health care organizations should be to improve quality and to build the confidence of patients, professionals and cost payers in the quality of the context, structures, processes, and outcomes'.

This chapter concludes the study. This chapter captures major highlights of the study, while recommendations are also made here. The recommendations are for employers of health-related professionals, as well as the health-related professionals themselves. The study's limitations are also highlighted so that generalizations of the results can be made with caution.

7.2 Research methodology, data collection and sample

In order to have a good understanding of certain concepts in this study, a survey of empirical studies was undertaken. This approach aided in the choice of a research design for the study. The study incorporated both qualitative and quantitative approaches. The study was also exploratory because no model of this kind exists among the health-related professions

in South Africa. Dane (2011: 181) espouses the beauty of exploratory studies by stating that exploratory studies douse curiosity by helping the researcher to gain greater understanding of a phenomenon. Webb (2002: 20) adds that exploratory studies help to uncover problems, opportunities, threats and salient variables or trends that are located within a research project.

Permission to access the institutions that were selected for the study was granted by the institutions before the researcher approached the population for the study, which comprised laboratory technologists/technicians, optometrists, radiographers, emergency medical services personnel (specifically paramedics), pharmacists and nurses who work in both the private and public sectors of the selected institutions. The researcher decided not to take a sample but to include all members of this population in the participating institutions in order to obtain as many participants as possible. This is referred to as a census. Of a total population of 987, 117 usable questionnaires were returned.

The data collection instrument was the modified version of the Plus Delta Organizational Climate Questionnaire. This instrument was considered suitable for this study because it condenses organizational climate dimensions and facets of job satisfaction into one single instrument. Thus, there was no need to utilise several instruments to capture the perceptions of the health-related professionals. The utilisation of more than one instrument may further hamper the ability to collect information and may also not present an attractive option, since health-related professionals already complain of large workloads and too little time. The researcher, however, modified the original Plus Delta Organizational Climate Questionnaire to suit the purpose of this study.

The questionnaire comprised two sections, which included: (1) demographic information questionnaire and (2) the modified version of *Plus Delta Organizational Climate questionnaire*. Section 2 comprised 11 categories, which represented dimensions of organizational climate, as well as job satisfaction facets. Of the 11 categories, 9 had 5 items

each, while only two categories had 4 items each. Respondents were asked to rate, by using a five-point Likert scale on how they found each situation (53 in total). The five-point Likert scale ranged from (1) “strongly disagree” to (5) “strongly agree”.

Data that was collected was coded for Statistical Program for Social Science (SPSS) suitability. SPSS was utilized to generate the descriptive statistics, as well as the correlation statistics. The descriptive statistics was compiled with the help of frequency tables, while the correlation analysis was done by using a combination of factor analysis, analysis of variance (ANOVA) and T-Test.

7.3 Analysis of results

The data that was collected was analysed and presented descriptively with the use of tables and charts. There were 11 categories. Nine of these categories had 5 items each, while only two categories had 4 items each. All the categories were analysed with the objective of determining the degree of association that the respondents had with regards to the items. In this section the respondents’ demographic properties were also presented.

7.4 Recommendations

Management of health-related establishments should pay attention to the factors discussed in the previous chapters in order for them to make informed decisions with regard to job satisfaction among health-related professionals.

The following can serve important directives for management of health-related establishments:

- It is critical that health-related professionals should be made aware of what is expected of them through organized communication systems. They produce better

when they are clear on how best to meet perform their tasks especially when their tasks have high psychological meaningfulness.

- Performance management systems should not only be fair, but should be seen to be so. This is in order to achieve high employee morale and satisfaction.
- Health-related personnel should be integrated in matters that affect them. Integrated leadership can be empowering. When employees are involved in matters that affect them, they feel valued, respected and consequently value their membership of the organization. Formal and informal face-to-face meetings and socialization opportunities can enhance trust and communication among units. Achieving trust requires an environment that acknowledges the informal organization – the network of relationships that facilitate the auctioning of responsibilities.
- Flexible working hours, child-care utilities, as well recreational facilities can take the stress and strain from the long arduous schedule of the health-related professionals. Hence, they will be able to relax and also find time to spend with their families. Recreational facilities help with socialization at work.
- It is important that health-related personnel are made to feel a sense of value both in themselves and in their jobs. The feeling of self worth comes with comparative remuneration, a sense of fair treatment from management and the perception that the efforts are significantly related to organizational goals. This will help to reduce stress and burnout.

7.5 Study limitations, implications and suggestions for further research

This study wishes to acknowledge the following limitations, as well as proffer suggestions for further research:

- A response rate of 33.4 per cent of the target population; though sufficient for statistical testing, may not quite help with a generalization of the results. In an attempt

to raise the number of participants, the researcher put in serious efforts such as constant liaison with the responsible officers in the participating institutions. However, it seemed as though there was not much support from the management of the participating institutions for employees. The researcher found that leave time was not granted for employees to complete the questionnaire. Therefore, further studies in this area may require a much larger population.

- Apart from the low response rate, the researcher wishes to mention that the agreement to locate the instrument within the information systems of the participating institutions so that members of the institutions could access the instrument may not have been made possible by the management of the institutions. Further studies may deploy the use of an independent data collection system.
- This study was also limited by a lack of South African based empirical studies for most health-related professions such as pharmacists, emergency medical personnel, optometrists, and laboratory technologists. There is, therefore, a need for more studies in these areas in South Africa.

7.6 Concluding remarks with respect to the objectives of the study

7.6.1 Objectives 1 & 2

One of the main reasons for the utilization of the Plus Delta Organizational Climate Questionnaire was the instrument's possession of a combination of facets in respect of job satisfaction and organizational climate dimensions. The facets of job satisfaction contained in the questionnaire include individual job characteristics (representing the job itself), co-worker relations, direct supervisor, income and the culture work environment (representing work environment). Organizational climate dimensions, therefore, refer to the rest of the categories in the instrument.

This study implicated all categories in the instruments with regard to job satisfaction for health-related professionals in South Africa. It is equally significant to note that some of the categories have a more significant relationship to job satisfaction than others. This study can, therefore, safely conclude that with reference to objectives 1 and 2 of the study, job satisfaction facets and organizational dimension climate dimensions do have significant influence on employee satisfaction within health-related professions in South Africa.

7.6.2 Objective 3

Utilizing factor analysis, this study was able to identify seven (7) factors, which influence employee satisfaction amongst health-related professions in South Africa. These factors include

- Role clarification and job design;
- Equitable performance management;
- Integrated leadership and knowledge sharing;
- Self-efficacy;
- Family-friendly work environments;
- Leader credibility and innovation; and
- Excellent customer relations and technology.

On the basis of their development, the researcher can safely say that objective 3 was realized.

7.6.3 Objective 4

Objective 4 of the study was to determine the effect of demographic variables on the factors that influence employee satisfaction for the benefit of organizations' productivity. This study

found that only demographic variables such as income, tenure, race, marital status and age interacted well with only six of the factors, albeit at varying levels of relationship. The only factor that was found not to enjoy any significant association with any demographic variable was integrated leadership and knowledge sharing. Perhaps a further study could be undertaken to establish the reasons for this.

7.6.4 Objective 5

The development of a model of employee satisfaction was the main objective of this study. The study hoped that with a model, health establishments could have an instrument, which would pay much more attention to health-related professionals so that issues such as high levels of absenteeism, health-related professional turnover and unhappiness may be addressed. A full discussion of the model is in Chapter 6 of this report.

7.7 Conclusion

Empirical literature provided enormous evidence to show that when employees are satisfied, organizations experience high productivity, low absenteeism and turnover, less job stress and burnout, better safety performance, and a stronger tendency to achieve customer loyalty, among others. The reverse is the case when employees are dissatisfied. Employers will incur massive costs when employees stay away from work as a result of illness or any other untoward reason. Dissatisfied employees are usually the ones who stay away from work because they experience physical, psychological and social unhappiness.

Several calls have been made in South Africa by researchers to health establishments with regard to the management of their personnel. These calls have been made on the basis of high levels of dissatisfaction that have been reported by health establishment workers. Health establishments cannot fold their hands while their personnel continuously seek greener pastures either in other sectors or overseas. Health establishments are supposed to

cater for the well being of the South African population. Taylor (1911: 7, cited in Carson, 2005: 452) states "The principal object of management should be to secure the maximum prosperity for the employer, coupled with the maximum prosperity for each employee". There is, therefore, a need to begin to pay much closer attention to health-related professionals who provide functions of assessment, diagnosis, emergency care, and treatment from primary prevention through to specialist disease management and rehabilitation across a wide range of locations within acute, primary and community care.

This study will no doubt add value to, as well as expand the understanding of employee satisfaction amongst health-related professions. In addition, the study has produced a model, which health-related professions can utilise to manage themselves better. It is hoped that the model will serve health-related professions with better gains such as reduction in health-related professional attrition, low levels of trust between management and staff and the high incidence of absenteeism, which constituted the research problems.

Further studies should be conducted in order to establish the validity of the model. The researcher also proposes that a data collection instrument should be distilled from the model. The data collection instrument can be utilized to conduct health worker empowerment oriented studies within health-related professions.

The main aim of this study was to produce a model of employee satisfaction for the health-related professions of South Africa. This has been achieved through a meticulous review of literature, the use of a reliable data collection instrument and a careful analysis of results. Utilising factor analysis, the study was able to identify seven factors namely role clarification and job design, equitable performance management, integrated leadership and knowledge sharing, self-efficacy, family-friendly work environments, leader credibility and innovation and finally excellent customer relations and technology. These factors make up the model of employee satisfaction for the health-related professions of South Africa. It is hoped that given the important roles that health-related professionals play in health care delivery, that the

model would bring about a reduction in high incidences of absenteeism, health-related professional attrition, low levels of trust among members of the health-related profession and the acclaimed sense of job insecurity.

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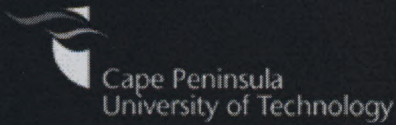
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APPENDICES

APPENDIX A: Plus Delta Organizational Climate Questionnaire (Revised)



Dear Sir / Madam,

The objective of this study is to develop a model of employee satisfaction within the related health professions of South Africa. This questionnaire hopes to delineate those elements that pertain to employee satisfaction.

Please be aware that your responses will be treated with utmost confidentiality and will only be utilized for the benefit of the study. Please note that while I urge you to complete the questionnaire, you are at liberty to ignore whichever question you do not feel comfortable with.

I thank you immensely for your time.

Chux Gervase Iwu

Section 1: Demographic Information Questionnaire

1. Name:
2. Title: Dr/Ms/Mrs/Mr
3. Gender: Female Male
4. What is your age?
5. What is your marital status?
6. Highest education level: Elementary High School University
7. Highest qualification:
 - a. National Diploma
 - b. Bachelor degree
 - c. Postgraduate diploma
 - d. Master degree
 - e. Doctorate degree
8. What religion do you profess?
9. How many people, including yourself, are there in your household?
10. What is your position in this establishment?
11. What is your household's total annual income for the most recent calendar year?
12. How would you classify yourself?
 - a. African Black
 - b. White
 - c. Colored
 - d. Foreign black
13. In which sector is the organisation you work for?
 - a. Public sector
 - b. Private sector
 - c. Not-for-Profit

Section 2: Organisational Climate Questionnaire (Modified)

Please read each statement clearly before answering.

Tick appropriate box and give only response for each statement.

Strongly disagree SD	Disagree D	Undecided UD	Agree A	Strongly agree SA					
Category: Organisational Design					SD	D	U	A	SA
1. The organisation's goals and objectives are clear to me.									
2. Employees have a shared understanding of what the organization is supposed to do.									
3. Roles and responsibilities within the group are understood.									
4. Clear reporting structures have been established.									
5. Employees at this organization have the right skill sets to perform their job functions.									
Category: Individual Job Characteristics									
6. I gain satisfaction from my current job responsibilities									
7. My skills and abilities are fully utilized in my current job.									
8. I gain satisfaction from y current job responsibilities.									
9. My skills and abilities are fully utilized in my current job.									
10. I have the opportunity to further develop my skills and abilities.									
11. I find that I am challenged in my current role.									
12. My work adds value to the organization.									
Category: Co-Worker Relations									

13. I feel my input is valued by my peers.					
14. Knowledge and information sharing are group norms across the organization.					
15. Employees consult each other when they need support.					
16. Individuals appreciate the personal contributions of their peers.					
17. When disagreements occur, they are addressed promptly in order to resolve them.					
Category: Culture / Work Environment					
18. I feel valued as an employee.					
19. I enjoy being part of this organization.					
20. Employees have a good balance between work and personal life.					
21. Morale is high across the organization.					
22. Employees speak highly about this organization.					
Category: Senior Management					
23. Senior management sets high standards.					
24. Senior management encourages collaboration across the organization.					
25. Senior management treats employees fairly.					
26. I trust the information I receive from senior management.					
27. I believe senior management appreciates the work I do.					
Category: Direct Supervisor					
28. My direct supervisor makes sure I have clear goals to achieve.					

29. My direct supervisor gives me helpful feedback on how to be more effective.					
30. My direct supervisor listens to my ideas and concerns.					
31. My direct supervisor serves as a positive role model for me.					
32. I believe my direct supervisor appreciates the work I do.					
Category: Work Processes					
33. I am clear on how best to perform my work tasks					
34. Everyone here takes responsibility for their actions					
35. Work tasks are completed on time					
36. My work group operates effectively as a unit					
37. We use efficient work processors when performing our jobs					
Category: Communications					
38. I receive the information I need to perform my job well.					
39. I am clear on how my job supports the department's overall objectives					
40. When I need help, I can ask others in my work group for suggestions or ideas					
41. Interpersonal communication and relationships contribute to organizational performance					
42. Our face-to-face meetings are productive					
Category: Technology					
43. My department has adequate tools and technologies to perform our work					

44. The technology we use supports our business processes					
45. The technology we use helps me get my job done.					
46. The tools and technologies that I use help me to be efficient in my completing my work					
47. Our technology is reliable and works when we need it to work.					
Category: Customer Satisfaction					
48. We understand the specific needs of our customers.					
49. We are focused on delivering high quality services.					
50. We deliver our service on time.					
51. Our services meet our customer's expectations					
Category: Remuneration					
52. The income I receive is barely enough to provide for my basic needs					
53. The income I receive is adequate for normal expenses					
54. The income I receive is less than I deserve					
55. The income I receive fits my social standing					

APPENDIX B: Rotated Component Matrix A

Exploratory factor Analysis											
Rotated Component Matrix A											
		Component = Factors or possible underlying constructs									
		1	2	3	4	5	6	7	8	9	10
v1	The organisation's goals and objectives are clear to me.	.860								-380	
v2	Employees have a shared understanding of what the organisation is supposed to do	.315									.650
v3	Roles and responsibilities within the groups are understood	.843									
v4	Clear reporting structures have been established	.410								-304	.391
v5	Employees at this organisation have the right skill sets to perform their job functions	.424									.651
v6	I derive satisfaction from my current job responsibilities								.556		
v7	My skills and abilities are fully utilised in my current job			.618					.554		
v8	I have the opportunity to further develop my skills and abilities					.344		.617			
v9	I find my current role challenging			.630					.604		
v10	My work adds value to the organisation							.916			
v11	I feel my input is valued by my peers.	.651				.316			.566		
v12	Knowledge and information sharing are group norms across the organization.	.684	.461								
v13	Employees consult each other when they need support.	.835	.379								
v14	Individuals appreciate the personal contributions of their peers.	.870									
v15	When disagreements occur, they are addressed promptly in order to resolve them.	.745		.416							
v16	I feel valued as an employee.	.311				.826					
v17	I enjoy being part of this organization.	.651				.316			.566		
v18	Employees have a good balance between work and personal life.			.860							
v19	Morale is high across the organization.	.745		.416							
v20	Employees speak highly about this organization.		.853							-374	
v21	Senior management sets high standards.		.826							-384	
v22	Senior management encourages collaboration across the organization.	.843									
v23	Senior management treats employees fairly.	.311				.816					
v24	I trust the information I receive from senior management.	.311				.826					
v25	I believe senior management appreciates the work I do.							.916			
v26											
v27	My direct supervisor gives me helpful feedback on how to be more effective.	.324			.781						
v28	My direct supervisor listens to my ideas and concerns.			.856							
v29	My direct supervisor serves as a positive role model for me.			.625							
v30	I believe my direct supervisor appreciates the work I do.										.635
v31	I am clear on how best to perform my work tasks		.859								
v32											
v33	Work tasks are completed on time		.860								
v34											
v35	We use efficient work processors when performing our jobs		.860								
v36											
v37											
v38	When I need help, I can ask others in my work group for suggestions or ideas	.842		.367							
v39											
v40	Our face-to-face meetings are productive	.745		.416							
v41	My department has adequate tools and technologies to perform our work			.777							
v42	The technology we use supports our business processes							.953			
v43	The technology we use helps me get my job done.							.953			
v44	The tools and technologies that I use help me to be efficient in my completing my work							.953			
v45	Our technology is reliable and works when we need it to work.				.777						
v46	We understand the specific needs of our customers.									.750	
v47	We are focused on delivering high quality services.	.311		.803							
v48	We deliver our service on time.			.646							
v49	Our services meet our customer's expectations									.736	
v50	The income I receive is enough to provide for my basic needs			.867							
v51	The income I receive is adequate for normal expenses					.734					
v52	The income I receive is not less than I deserve			.686							
v53	The income I receive fits my social standing				.626	.393					

APPENDIX C: Multiple comparisons for tenure (Post Hoc Tests)

Multiple Comparisons							
Bonferroni							
Dependent Variable	(I) NEWWOR	(J) NEWWOR	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Role Clarification & Job Design	Less than 5 years	6-10 years	-.251*	.087	.027	-.48	-.02
		11-15 years	-.129	.114	1.000	-.43	.18
		16-years or more	-.971*	.126	.000	-1.31	-.63
	6-10 years	Less than 5 years	.251*	.087	.027	.02	.48
		11-15 years	.122	.116	1.000	-.19	.43
		16-years or more	-.720*	.128	.000	-1.06	-.37
	11-15 years	Less than 5 years	.129	.114	1.000	-.18	.43
		6-10 years	-.122	.116	1.000	-.43	.19
		16-years or more	-.842*	.148	.000	-1.24	-.44
	16-years or more	Less than 5 years	.971*	.126	.000	.63	1.31
		6-10 years	.720*	.128	.000	.37	1.06
		11-15 years	.842*	.148	.000	.44	1.24
Integrated Leadership & Knowledge Sharing	Less than 5 years	6-10 years	-.184	.205	1.000	-.73	.36
		11-15 years	.109	.269	1.000	-.61	.83
		16-years or more	-.601	.298	.276	-1.40	.20
	6-10 years	Less than 5 years	.184	.205	1.000	-.36	.73
		11-15 years	.293	.275	1.000	-.45	1.03
		16-years or more	-.417	.304	1.000	-1.23	.40
	11-15 years	Less than 5 years	-.109	.269	1.000	-.83	.61
		6-10 years	-.293	.275	1.000	-1.03	.45
		16-years or more	-.710	.350	.271	-1.65	.23
	16-years or more	Less than 5 years	.601	.298	.276	-.20	1.40
		6-10 years	.417	.304	1.000	-.40	1.23
		11-15 years	.710	.350	.271	-.23	1.65
Self-efficacy	Less than 5 years	6-10 years	-.165	.122	1.000	-.49	.16
		11-15 years	-.110	.161	1.000	-.54	.32
		16-years or more	-.541*	.178	.018	-1.02	-.06
	6-10 years	Less than 5 years	.165	.122	1.000	-.16	.49
		11-15 years	.056	.165	1.000	-.39	.50
		16-years or more	-.375	.182	.247	-.86	.11
	11-15 years	Less than 5 years	.110	.161	1.000	-.32	.54
		6-10 years	-.056	.165	1.000	-.50	.39
		16-years or more	-.431	.210	.254	-.99	.13
	16-years or more	Less than 5 years	.541*	.178	.018	.06	1.02
		6-10 years	.375	.182	.247	-.11	.86

Family-friendly Work Environment	Less than 5 years	11-15 years	.431	.210	.254	-.13	.99
		6-10 years	.190	.119	.683	-.13	.51
		11-15 years	.145	.157	1.000	-.28	.57
		16-years or more	-.409	.173	.120	-.87	.06
	6-10 years	Less than 5 years	-.190	.119	.683	-.51	.13
		11-15 years	-.045	.160	1.000	-.48	.39
		16-years or more	-.599*	.177	.006	-1.07	-.12
	11-15 years	Less than 5 years	-.145	.157	1.000	-.57	.28
		6-10 years	.045	.160	1.000	-.39	.48
		16-years or more	-.554*	.204	.046	-1.10	-.01
	16-years or more	Less than 5 years	.409	.173	.120	-.06	.87
		6-10 years	.599*	.177	.006	.12	1.07
11-15 years		.554*	.204	.046	.01	1.10	
Leader Credibility & Innovation	Less than 5 years	6-10 years	.224	.130	.528	-.13	.57
		11-15 years	.474*	.172	.040	.01	.93
		16-years or more	.170	.190	1.000	-.34	.68
		6-10 years	Less than 5 years	-.224	.130	.528	-.57
	6-10 years	11-15 years	.250	.175	.944	-.22	.72
		16-years or more	-.054	.193	1.000	-.57	.47
		11-15 years	Less than 5 years	-.474*	.172	.040	-.93
	11-15 years	6-10 years	-.250	.175	.944	-.72	.22
		16-years or more	-.304	.223	1.000	-.90	.30
		16-years or more	Less than 5 years	-.170	.190	1.000	-.68
	16-years or more	6-10 years	.054	.193	1.000	-.47	.57
		11-15 years	.304	.223	1.000	-.30	.90
Excellent Customer Relations & Effective Technology		Less than 5 years	6-10 years	.0644	.1044	1.000	-.216
	11-15 years		-.0283	.1374	1.000	-.397	.341
	16-years or more		.0586	.1521	1.000	-.350	.467
6-10 years	Less than 5 years	-.0644	.1044	1.000	-.345	.216	
	11-15 years	-.0926	.1406	1.000	-.470	.285	
	16-years or more	-.0058	.1550	1.000	-.422	.410	
11-15 years	Less than 5 years	.0283	.1374	1.000	-.341	.397	
	6-10 years	.0926	.1406	1.000	-.285	.470	
	16-years or more	.0869	.1789	1.000	-.393	.567	
16-years or more	Less than 5 years	-.0586	.1521	1.000	-.467	.350	
	6-10 years	.0058	.1550	1.000	-.410	.422	
	11-15 years	-.0869	.1789	1.000	-.567	.393	
Equitable Performance Management	Less than 5 years	6-10 years	-.109	.059	.418	-.27	.05
		11-15 years	-.043	.078	1.000	-.25	.17
		16-years or more	-.568*	.087	.000	-.80	-.34
	6-10 years	Less than 5 years	.109	.059	.418	-.05	.27

		11-15 years	.066	.080	1.000	-.15	.28
		16-years or more	-.459*	.088	.000	-.70	-.22
	11-15 years	Less than 5 years	.043	.078	1.000	-.17	.25
		6-10 years	-.066	.080	1.000	-.28	.15
		16-years or more	-.525*	.102	.000	-.80	-.25
	16-years or more	Less than 5 years	.568*	.087	.000	.34	.80
		6-10 years	.459*	.088	.000	.22	.70
		11-15 years	.525*	.102	.000	.25	.80
	*. The mean difference is significant at the 0.05 level.						

APPENDIX D: Rotated Component Matrix

Rotated Component Matrix											Reliability Cronbach's Alpha	
		Component										
		1	2	3	4	5	6	7	8	9	10	
v1	The organisation's goals and objectives are clear to me.		.860								-.380	0.949
v3	Roles and responsibilities within the groups are understood		.843									
v20	Employees speak highly about this organization.		.853								-.374	
v21	Senior management sets high standards.		.826								-.384	
v31	I am clear on how best to perform my work tasks		.859									
v33	Work tasks are completed on time		.860									
v35	We use efficient work processors when performing our jobs		.860									
v2	Employees have a shared understanding of what the organisation is supposed to do		.315								.650	0.537
v5	Employees at this organisation have the right skill sets to perform their job functions		.424								.651	
v30	I believe my direct supervisor appreciates the work I do.										.635	
v6	I derive satisfaction from my current job responsibilities									.556		
v8	I have the opportunity to further develop my skills and abilities					.344		.617				0.857
v10	My work adds value to the organisation							.916				
v25	I believe senior management appreciates the work I do.							.916				
v12	Knowledge and information sharing are group norms across the organization.		.684	.461								0.96
v13	Employees consult each other when they need support.		.835	.379								
v14	Individuals appreciate the personal contributions of their peers.		.870									
v15	When disagreements occur, they are addressed promptly in order to resolve them.		.745		.416							
v19	Morale is high across the organization.		.745		.416							
v22	Senior management encourages collaboration across the organization.		.843									
v38	When I need help, I can ask others in my work group for suggestions or ideas		.842	.367								
v40	Our face-to-face meetings are productive		.745		.416							
v16	I feel valued as an employee.		.311			.826						0.918
v23	Senior management treats employees fairly.		.311			.816						
v24	I trust the information I receive from senior management.		.311			.826						
v51	The income I receive is adequate for normal expenses					.734						
v18	Employees have a good balance between work and personal life.			.860								0.876
v28	My direct supervisor listens to my ideas and concerns.			.856								
v29	My direct supervisor serves as a positive role model for me.			.625								
v50	The income I receive is enough to provide for my basic needs			.867								
v52	The income I receive is not less than I deserve			.686								
v27	My direct supervisor gives me helpful feedback on how to be more effective.	.324			.781							0.874
v41	My department has adequate tools and technologies to perform our work				.777							
v45	Our technology is reliable and works when we need it to work.				.777							
v47	We are focused on delivering high quality services.	.311			.803							
v48	We deliver our service on time.				.646							
v53	The income I receive fits my social standing				.626	.393						
v42	The technology we use supports our business processes						.953					1
v43	The technology we use helps me get my job done.						.953					
v44	The tools and technologies that I use help me to be efficient in my completing my work						.953					
v46	We understand the specific needs of our customers.									.750		0.694
v49	Our services meet our customer's expectations									.736		
v04	Clear reporting structures have been established		.410							-.304	.391	
v06												
v07	My skills and abilities are fully utilised in my current job			.618					.554			
v09	I find my current role challenging			.630					.604			
v11	I feel my input is valued by my peers.	.651				.316		.566				
v17	I enjoy being part of this organization.	.651				.316		.566				
v32												
v34												
v36												
v37												
v39												

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