1996

The influencers and effectors of job satisfaction in the ambulatory setting

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Master's Theses. 1276.

DOI: <https://doi.org/10.31979/etd.qsfq-5tk4>

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**The Influencers and Effectors of Job Satisfaction
in the Ambulatory Setting**

A Thesis

Presented to

**The Faculty of the Department of Psychology
San Jose State University**

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

by

Lynda L. Wolfe

May 1996

UMI Number: 1379391

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ABSTRACT

The Influencers and Effectors of Job Satisfaction in the Ambulatory Setting

by Lynda L. Wolfe

A discussion of both influencing elements (Total Quality Management, leadership style, gender and occupation) and effectors (turnover, retention, patient satisfaction, competitiveness) of job satisfaction for today's health care organizations is presented. This research focuses on a public-sector, ambulatory setting, revealing support for the hypothesis that gender, occupation and work site location influence employee satisfaction. A second hypothesis, which suggests significant correlation of higher job satisfaction levels to such effects as lower turnover, higher retention, better perspective of the health care system and other positive elements of the employer, is supported as well. This research encourages further employee satisfaction study of ambulatory settings as the nation shifts from an inpatient perspective to an outpatient perspective.

dediated to the memory of my mother
Lois A. Gerdes

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The Influencers and Effectors of Job Satisfaction in an Ambulatory Setting

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Running head: JOB SATISFACTION

Footnotes

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Abstract

A discussion of both influencing elements (Total Quality Management, leadership style, gender and occupation) and effectors (turnover, retention, patient satisfaction, competitiveness) of job satisfaction for today's health care organizations is presented. This research focuses on a public-sector, ambulatory setting, revealing support for the hypothesis that gender, occupation and work site location influence employee satisfaction. A second hypothesis, which suggests significant correlation of higher job satisfaction levels to such effects as lower turnover, higher retention, better perspective of the health care system and other positive elements of the employer, is supported as well. This research encourages further employee satisfaction study of ambulatory settings as the nation shifts from an inpatient perspective to an outpatient perspective.

THE INFLUENCERS AND EFFECTORS OF JOB SATISFACTION IN AN AMBULATORY SETTING

Despite years and years of research on the subject, job satisfaction remains a subject of interest in organizational research. This is understandable given the fluctuating nature of today's businesses. And no type of business appears to be changing more than the health care industry. Health care organizations face increasing reform initiatives, increasing cost competition, and increasing customer demand (Shortell, O'Brien, Carman, Foster, Hughes, & O'Connor, 1995). With such volatility, one might question the influencers upon employee job satisfaction, and to what extent employee job satisfaction might influence a health care organization's ability to compete with other health care providers. The purpose of this study is to understand the various influences affecting employee job satisfaction in a health care setting and what effect job satisfaction has upon health care organizations.

Influences of Job Satisfaction in the Health Care Organization

Total Quality Management

One management theory that has recently had the biggest influence in the health care organization is Total Quality Management (TQM). TQM began in the 1930s at Western Electric Laboratories (later AT&T Bell Laboratories). W.

Edward Deming and Joseph M. Juran were mentored by the leaders of Western Electric Laboratories and carried the philosophy to Japan where it was successfully adopted and practiced after World War II (Berwick, 1989).

TQM is defined by Larkin (1992) as being process-oriented, customer-driven, and statistically controlled. The process-oriented aspect of TQM denotes that problems with manufacturing or service delivery are largely attributed to problems with the process, rather than individuals in the process. Prior to TQM, the manufacturing industry measured variation among products and then attributed unnecessary variation (defect) to individuals (Tenner & DeToro, 1992). The process-oriented perspective removes the individual from blame, enhances the employees level of participation in fixing problems, and increases the employees' awareness of customer need and expectation.

When one is clear and constant in one's purpose, when fear does not control the atmosphere (and thus the data), when learning is guided by accurate information and sound rules of inference, when suppliers of services remain in dialogue with those who depend on them, and when the hearts and talents of all workers are enlisted in the pursuit of better ways, the potential for improvement in quality is nearly boundless. (Berwick, 1989, p54)

To be customer driven, the TQM-striving organization must be attentive to what customers expect and push to fulfill those expectations. This is a great paradigm shift for health care organizations. Formerly, the delivery of health care was simple. Health care organizations purchased and supplied state-of-the-art technology to keep pace with customer needs. The "quality" of health care was clinically focused, based upon what that the physician deemed best. Now, the clinical and technological aspects of medical care are commonplace. People expect more than high-tech equipment and expert physicians. They expect to be treated with respect, have greater access to their doctors, and to do so without waiting long hours in a waiting room (Evans/McDonough Survey, 1995).

The "customer" in the customer-driven aspect of health service TQM is typically the patient. The patient, or external customer is the ultimate recipient of the product or medical service. As organizations make the paradigm shift, there will be greater emphasis on assessing patient expectations and satisfying patient expectations. Another customer, whose perspective is often diminished by the external customer, is the "internal" customer. The internal customer is that individual within an organization who is involved with producing the final product. The employee is considered an internal customer in that the employee expects

to receive information or materials in order to produce the final product. Like the patient, the employee has expectations of the organization. The health care organization striving for customer-focused care, must also assess the employees needs and values, in order to remain successful.

Failing to value the employee can prove detrimental to health care organizations. In Berwick's article, he enumerates seven key steps that are essential to the success of TQM. Two of the seven keys are "respect for the health care worker" and "dialogue between customers and suppliers of health care" (1989, p55). This confirms that organizations which understand customer needs and expectations and which integrate customer needs and expectations into planning, are more likely to be successful in the health care market.

One might ask to what extent does an unsuccessful TQM effort affect the health care organization; is it really so important to meet employee expectation, as long as the patient is satisfied. The literature reviewed explains that the organization that fails to involve employees and satisfy employee expectations, will fail to adapt and change and consequently be incapable of competing in the approaching competitive health care market.

Leadership Style

Leadership styles have been found to influence employee job satisfaction.

One leadership style gaining popularity is the "transformational" leader. Medley and LaRocholle (1995) describe the transformational leader as having a dynamic leader-follower dyad, and concern for second order change and processes related to higher order needs of individuals. The transformational leader motivates employees by increasing their confidence and elevating the value of work-related outcomes of the subordinates. This is contrasted with other leadership styles which utilize contingency rewards, negative feedback, management-by-exception, and flexible use of reward and punishment. In their research, Medley and LaRocholle demonstrated that higher employee job satisfaction positively related to the transformational leadership style and demonstrated little relation to other leadership styles.

It has also been demonstrated that medical workers who hold favorable impressions of leadership (described as increased facilitation and support), report more effective overall job performance, greater job satisfaction, decreased carelessness and increased effort (Butler & Ehrlich, 1991).

Leadership styles that foster employee autonomy and management styles that encourage empowerment appear to enhance employee satisfaction.

Demographic variables

In a study that connected job satisfaction to gender and occupation,

Cassidy and Warren (1991) compared job satisfaction among those working in "status consistency jobs" and "status inconsistency jobs." Cassidy and Warren describe status consistency jobs as those occupations that are dominated by one gender and status inconsistency jobs as those occupations that are not dominated by one gender. Two significant findings came from the study that are applicable to the health care setting. Workers of the same gender in status consistent jobs had higher levels of job satisfaction than those in status inconsistent jobs. And yet, women employed in status consistent jobs which were dominated by men had higher satisfaction levels than those women in status consistent jobs dominated by females. To relate this finding to the health care industry, a field that is highly status consistent, one could deduce that male physicians would have the highest level of job satisfaction and the female physicians would have higher job satisfaction than female nurses and female clerks.

Occupational type also impacts job satisfaction in varying ways. Butler and Ehrlich (1991) compared administrative personnel and medical workers in a health care organization in order to gain insight into what affects job satisfaction. They found that for both administrative personnel and medical workers, job pressures were negatively associated with satisfaction while leadership

facilitation and support were positively associated with job satisfaction. Additionally, role conflict contributed significantly to job dis-satisfaction. Though both groups correlated increasing job pressures to job dissatisfaction, the result differed among the two groups. For administrative personnel, increases in job pressures resulted in carelessness in work performance. For the medical workers, the effect of the increase in job pressures was stronger and was associated with the development of poorer attitudes towards patients.

Effects of Job Satisfaction

Turnover/Retention

Not only are there elements that influence job satisfaction, job satisfaction can also affect outcomes relevant to health care organizations. Low turnover and high job retention are both correlated to job satisfaction. Gaddy and Bechtel (1995) studied the turnover rate of non-licensed employees of long-term care facilities. They found that decreasing the stress on non-licensed employees while increasing personal satisfaction with patient care may lower turnover. This finding was based on exit interviews of those employees leaving long-term care facilities. Those facilities where turnover was high, the non-licensed staff perceived the environment as highly ordered, organized and structured. In those facilities where turnover was lower, non-licensed staff described the

administration as de-centralized, cooperative and less rigidly controlled.

When 310 nurses were asked the two main reasons they'd leave an organization, 18.4% reported salary/hours/benefits, 11% wanted a different role, 8.7% claimed physical and emotional stress, 8.7% for personal and family reasons, 7.4% due to lack of respect and acknowledgment, 6.4% due to lack of challenge or no opportunity for advancement and 5.5% due to administrative problems. Five hundred eighty-nine nurses were asked the two reasons they stay with an organization. Twenty-two percent reported salary/hours/benefits, 19.9% because of satisfying and rewarding work, 8.8% for personal growth and challenge, 7.3% due to work environment and staff relationships, 5.6% for patient teaching and contact, 4.6% due to comfort and confidence with job, and 4.4% did not want to look for another job (Stolte & Myers, 1995). Relf (1995) also linked job satisfaction to turnover, finding that shared governance and participative management affected staff nurse satisfaction and lowered turnover.

Patient Satisfaction

Employee job satisfaction also affects patients perception of health care organizations. Aside from good clinical outcomes, patient satisfaction is the most vital aspect of health care delivery. The importance of employee satisfaction has been directly linked to patient satisfaction. Weisman and

Nathanson (1985) found that staff satisfaction exerts a strong impact on client satisfaction. They found that clinics which maintained mature staff and which demonstrated lower conflict led to greater employee satisfaction and more satisfied clientele. The authors suggest that managers of health care organizations can improve certain client outcomes by providing working conditions that are conducive to professional staff satisfaction.

Competitiveness

Patient satisfaction is gaining importance within health care organizations. This is because health care providers are facing competitive relationships with other health care providers. Though the competitive health care market is not new to many health care organizations, it is fairly new for the public sector. "Managed care, the primary tool of market-based health care reform, is rapidly being expanded by employers and insurers including the federal and state government" (SACP Trendlines, July 1995).

In 1996, California will initiate Managed Care to the "Aid to Families with Dependent Children (AFDC)" population. In Santa Clara County, the State department of Health Services has approved a two plan model. Approximately 60% of the AFDC patients will be signed up with the County's Health Maintenance Organization (HMO) and 40% with a commercial HMO. Each HMO

will receive capitated dollars for each AFDC life from the State Department of Health Services. In turn, the HMO assumes the risk. This means that for those patients needing more medical care than the capitated dollars can cover, the HMO will spend more money on those patients. The way an HMO is able to make profits is to sign up as many lives as possible and to have those people remain fairly healthy, avoiding risk and ultimately high cost.

At defined time frames, the AFDC patients will be able to switch from one plan to another. Here inlays the challenge for publicly funded health care organizations. Government-funded programs typically do not have the processes in place to compete in health care delivery (Shortell et al., 1995). Consequently, the government-funded programs are likely to be at a disadvantage in managed competition.

Another aspect of maintaining a competitive edge in the new market-based health care is maintaining satisfied employees. Richardsen and Burke (1993) conducted a study that assessed numerous variables among 303 female Canadian physicians: occupational stress, job satisfaction, individual characteristics and job-related variables. A significant finding from this study was that the high-stressed, and less satisfied physicians had negative views of the functioning of the health care system when compared to those physicians

who did not reflect high stress and low satisfaction. This suggests that the link between job satisfaction and perception of the health care system can have negative implications for health care organizations and speaks to the role the employee plays in managed competition.

Managed care encourages an entirely new way of approaching and treating the patient. Paralleling the TQM philosophy, managed care views the patient as a "customer." Rather than the physician dictating what the patient needs, the patient is given choice, barring clinical necessity. Additionally, managed care places a greater accountability upon health care organizations. Published measures of quality for every health care organization and provider are becoming standard in order to provide information to businesses shopping for an HMO for its employees. Such measures are perceived as threatening, not to mention often difficult to accurately gather and standardize as patient populations and health care organizations vary. Nonetheless, these measures can become indicators of a health care organization's functional level of performance and competence. Naturally, if a health care organization contracting with an HMO, is unable to provide care efficiently, then the organization will fail to meet customer expectations and threaten its own financial sustenance.

The literature reviewed for this study supports the various influences which impact employee satisfaction. The literature presented addresses the influencers of job satisfaction as TQM, leadership style, and the demographic variables of gender and occupation. The literature also identifies that job satisfaction has a direct effect on turnover and retention, patient outcomes, and an organization's ability to compete. From this literature, it can be concluded that multiple elements affect employee satisfaction and that the effects of low employee satisfaction can negatively impact patient care and outcomes. The literature is not able to reflect whether the same findings are true in the ambulatory setting. Much of the health care research available and cited above has been conducted in a hospital setting. Very little literature pertaining to the ambulatory setting is available.

Purpose and Hypotheses

The importance of job satisfaction continues to grow as industries become increasingly competitive and grasp the role the employee has with the client. Now that health care organizations are becoming more and more competitive, they too must factor in all that impacts patient satisfaction. The purpose of this study is to assess the level of job satisfaction among employees working in an ambulatory care setting. This assessment will begin to identify factors which

impact employee satisfaction.

The second purpose of the study is to identify the effects that satisfaction levels have for ambulatory health care settings. Realizing that managed competition will be the biggest challenge for publicly-funded health care organizations, the principal investigator measures employee satisfaction within a public sector ambulatory health care setting and studies the effects of varying levels of satisfaction on the health care organization's competitiveness.

The first hypothesis addresses the demographic variable of gender, occupation and work site location as influencers of job satisfaction. First, that males in male-dominated occupations will be more satisfied than females in female-dominated occupations, based upon the findings of Cassidy and Warren (1991). Secondly, those employees working at certain locations and managed by nurse-trained managers will be more satisfied than those working at other locations and managed by non-nurse-trained managers. This second point is based on the theory that nurse-trained managers are more empathic and understanding of clinic employees and demonstrate more satisfying leadership skills than their non-nurse-trained counterparts.

For the second hypothesis, the principal investigator queries, as employee satisfaction levels differ, to what extent does internal customer

satisfaction levels impact an organization's reputation and ability to compete? It is hypothesized that low satisfaction levels among employees will negatively affect an organization's competitiveness while high satisfaction levels among employees will positively affect an organization's competitiveness.

Methods

Participants and Setting

Santa Clara Valley Medical Center (SCVMC) is the County hospital for Santa Clara County. It is a 300-bed, tertiary hospital with 24 hour emergency services. Ambulatory and Community Health Services (ACHS) is the ambulatory sector of SCVMC and is comprised of eight satellite clinics, emergency services and various outpatient clinics located within the hospital grounds (Radiation/Oncology, Gastroenterology, General Medicine, Arthritis, Orthopedics, Eye, Ear Nose and Throat, Urgent Care, Obstetrics/Gynecology, Surgery, and Neurology). Over 500,000 visits are performed within the Ambulatory setting each year.

SCVMC is unique in comparison with other local medical centers operating under commercial HMO plans. The SCVMC patient is typically indigent, low-income, and poorly educated. Some patients are without U.S. residency. Many patients are without any financial assistance at all. For 32.7%

of the patients, English is their second language (SMS database, FY 93-94). Because of the multi-cultural, multi-ethnic differences, providing medical services to SCVMC patients is both complex and challenging.

The survey response rate was 48.9% with 405 being the total number of participants. Table 1 indicates the response breakdown for each participant variable. Seventy-two percent of the participants were females and 26% of the participants were males. Within the occupational demographics, the data entry and clerk occupations comprised 19% of the respondents, the health and dental assistants and technicians comprised 9% of the respondents, the nurses comprised 35% of the respondents, and the providers (physicians, dentist, nurse practitioners, physician assistants) comprised 24% of the respondents. Forty-three percent of the participants were managed by nurse managers and 36% of the participants were managed by non-nurse managers.

The employees either worked at one work site location or at multiple locations. The type of client population range from primary medicine (including Obstetrics and Gynecology, Pediatrics, Adult Medicine & Geriatrics) to specialty services (e.g., Oncology, Radiology, AIDS Health Services, Surgery, Rheumatology, etc...) The participants in the study represented a fair distribution of ACHS employees with both the nurses, physicians and

Table 1: Response Totals and Rate by Demographic Variable

Variable	Gender		Totals	
	Male N(%)	Female N(%)	N	%
GENDER				
Male	-	-	105	.26*
Female	-	-	291	.72*
AGE				
18-40 years	43 (.23*)	136 (.76*)	178	.44*
41-61+ years	62 (.28*)	151 (.69*)	218	.54*
OCCUPATION				
Data entry / Clerk	11 (.15*)	63 (.84*)	75	.19*
Health / Dental assistant / Technician	8 (.22*)	26 (.72*)	36	.09*
Nurse	11 (.08*)	129 (.91*)	141	.35*
Providers	57 (.59*)	36 (.38*)	96	.24*
WORK SITE				
Clinics managed by Nurse Managers	49 (.28*)	123 (.70*)	176	.43*
Clinics managed by non-nurse managers	35 (.24*)	109 (.74*)	147	.36*
YEARS IN OCCUPATIONS				
<1-10 years	57 (.24*)	171 (.73*)	235	.58*
11-26+ years	34 (.26*)	96 (.73*)	131	.32*
YEARS WITH COUNTY				
<1-10 years	79 (.28*)	197 (.70*)	283	.70
11-26+ years	25 (.21*)	93 (.78*)	119	.30

note: "-" = inapplicable

note: (*) indicates only valid responses, missing values not calculated

dentists responding slightly more frequently than the data entry personnel, clerks, health assistants and dental assistants.

Instrument

The instrument used for the project was the Facet-specific Job Satisfaction tool originated by Quinn and Staines in 1979 (Cook et al., 1981; Quinn & Shephard, 1974). This tool was chosen for its strong reliability as a total measure of satisfaction and for ACHS administration's interest in the six facets. The measurement of job satisfaction is derived from 33 questions which are grouped into 6 facets. These facets include comfort, challenge, financial rewards, relations with co-workers, resource adequacy, and promotion. For the purpose of this study the 33 questions were averaged to represent the satisfaction level, likened to Quinn's analysis in his 1972-1973 Quality of Employment study. This decision was based on the strong correlations that the "intrinsic" factors (challenge, resource adequacy, promotion) had with the "extrinsic" factors (comfort, financial reward, relations with co-workers). The Facet-specific Job Satisfaction tool uses a four point Likert, anchored with "not at all true" and "very true." (See Appendix A). The 33 questions are grouped by the relative facet being measured.

ACHS Administration was also interested in some factors that the tool did

not cover. Ten additional questions were formulated and added to the end of the Facet-specific Job Satisfaction tool, leaving a total of 43 questions in the Employee Survey. The additional questions endeavored to uncover some effects of the employees' overall satisfaction level. These ten questions asked about additional elements of their job life (e.g., "I am recognized for the work I do," "I feel a sense of pride in working for Ambulatory Services") (see Appendix A). Questions 41, 42 and 43 were presented to test the relationship satisfaction has with an employees likelihood of staying. Question 40 was presented to assess the effect satisfaction would have on an employee's likelihood of referring family members to the health facility which in turn could be a factor with Managed Care. This question was of particular interest due to the effect this might have on Managed Care and confirmation of the Canadian study conducted in 1993 by Richardsen and Burke.

Procedure

The Employee Survey was distributed at the same time as the pay check. The tool was placed in an envelope with each employee's name, along with a letter of informed consent (see Appendix B) and a return-addressed stamped envelope. All ACHS employees were included in the mail-out. A total of 824 tools were distributed and received by ACHS employees. Respondents to the

survey were asked to complete demographic information from which the principal investigator could later correlate with satisfaction levels. Employees were given time on the job to complete the survey tool.

One of the confounding issues pertaining to the physician participation is that medical doctors working in the ambulatory setting also work in the hospital setting. While many physicians work primarily in the ambulatory setting, others work predominantly in the hospital setting. This is especially true for specialty physicians. The research did not code for these variances. The inclusion of all physicians in the study, though important and pertinent to ACHS's assessment of employee satisfaction, could not produce a clear picture of physician job satisfaction, as varying independent variables could not be controlled. It is expected that the elements of "supervision" or "administrative support" will be confounded by those physicians working predominantly in the hospital setting and only partially in ACHS.

No follow-up reminders were distributed after the initial handout since the response rate was so favorable. After the initial analysis was completed, demographic findings and overall satisfaction levels by work site were distributed to all employee in the same manner the tool had been distributed. This served to to inform and bring closure to participating employees.

Prior to analysis of the data, the principal investigator grouped participants in order to offer better comparisons. The occupational groups were grouped into the following four groups: clerks, typists and data entry; health and dental assistant and technicians; nurses; physicians, dentist, nurse practitioners, and physician assistants. This re-grouping of occupations afforded the testing of the hypothesis that gender and occupation in status consistent jobs would lend to higher levels of job satisfaction than those in status inconsistent jobs.

Results

Table 2 reveals the mean levels of job satisfaction for each demographic variable. To test the first hypothesis, that leadership and management styles, gender, and occupation would influence job satisfaction, one way ANOVAs were conducted comparing satisfaction levels for the different factors. Significant differences were found for the factor of "primary work site" $F(2,322)=7.41, p<.01$. Those clinics managed by clinic managers with nursing backgrounds demonstrated significantly higher levels of satisfaction ($m=3.05$) than those clinics which were managed by clinic managers without nursing backgrounds ($m=2.89$).

The results also revealed that employees working in certain occupations had varying levels of satisfaction $F(4,343)=3.95, p<.01$. The providers displayed

Table 2: Mean Levels of Satisfaction by Demographic Variable

Variable	m	SD
GENDER		
Male	2.97	.47
Female	2.99	.49
AGE		
18-40 years	2.97	.49
41-61+ years	3.01	.49
OCCUPATION		
Data entry / Clerk	2.93	.53
Health/Dental assistant / Technician	3.08	.41
Nurse	2.89	.51
Providers	3.09	.47
WORK SITE		
Clinics managed by Nurse Managers	3.05	.45
Clinics managed by Non-Nurse Managers	2.89	.53
YEARS IN OCCUPATIONS		
<1 - 10 years	3.00	.47
11-26+ years	2.97	.54
YEARS WITH COUNTY		
<1 -10 years	2.97	.51
11-26+ years	3.03	.45

Satisfaction levels range from 1.0 - 4.0.

the greatest level of job satisfaction ($m=3.09$), while the nurses displayed the lowest level of satisfaction ($m=2.89$). To determine if the female providers had higher levels of satisfaction than the nurses, thus supporting the findings of Cassidy and Warren (1991), the researcher conducted analysis of variance to determine if there was an interaction between gender, occupation and levels of job satisfaction. The two-way interaction of gender and occupation demonstrated an F statistic of .526, $p = .665$. This reveals that there is no significant interaction between the demographic variables of gender and occupation.

Comparison between the male providers and the female providers revealed that female providers were more satisfied than male providers ($m=3.15$ and $m=3.07$, respectively). The satisfaction means of the female providers and the female nurses were $m=3.15$ and $m=2.91$ respectively. Male nurses demonstrated lower satisfaction levels than their female counterparts ($m=2.62$ and $m=2.91$, respectively).

Another two-way interaction was conducted on those employees in the nursing occupation. The two-way interaction compared the levels of job satisfaction among those nurses from the two types of work sites. Occupation and work site location interact insignificantly as well, F statistic of 1.97, $p = .119$.

Table 3: Cell Means of Satisfaction Levels for Providers and Nurses by Gender

	Occupational Type	
	Nurses	Providers
Gender		
Male	2.62 (11)	3.07 (57)
Female	2.91 (129)	3.15 (36)

Table 4: Cell Means of Satisfaction Levels of Occupational Type and Work site

	Occupational Type			
	Clerical	Assistants	Nurses	Providers
Work site				
Better Management	3.01 (32)	2.99 (14)	3.06 (51)	3.09 (55)
Worse Management	2.88 (26)	3.01 (9)	2.76 (73)	3.13 (25)

The satisfaction means of nurses working in the two site locations vary. The nurses managed by nurse-trained managers demonstrate a higher level of satisfaction than the nurses managed by the non-nurse-trained managers ($m=3.06$ and $m=2.76$, respectively), although these values are not significantly different from each other. Though the nurses were the least satisfied occupational group, their level of satisfaction alone does not account for the variance of satisfaction levels between work site locations.

In order to test the second hypothesis, overall job satisfaction was correlated with the last ten questions of the survey. All of the last ten questions correlated significantly with overall job satisfaction ($p < .001$). These results confirm that those employees who feel recognized for their work, who feel empowered in their job, who feel a sense of pride in working, relate higher levels of job satisfaction. Those employees who were more satisfied also perceived that their working environment had improved over the past five years, that the administration sought out ideas from the employee and generally felt that the organization was a great place to work. Satisfied employees were also more likely to recommend the ambulatory care to friends. All of these effects have great implications for health care organizations embarking upon managed care.

Table 5: Correlation Table of Questions 34- Questions 43

	Satis	Q34	Q35	Q36	Q37	Q38	Q39	Q40	Q41	Q42	Q43
Satis	1.00										
Q34	.66 ***	1.00									
Q35	.64 ***	.53 ***	1.00								
Q36	.51 ***	.36 ***	.41 ***	1.00							
Q37	.57 ***	.44 ***	.52 ***	.49 ***	1.00						
Q38	.57 ***	.41 ***	.47 ***	.49 ***	.66 ***	1.00					
Q39	.53 ***	.39 ***	.47 ***	.49 ***	.57 ***	.60 ***	1.00				
Q40	.51 ***	.35 ***	.37 ***	.48 ***	.61 ***	.65 ***	.59 ***	1.00			
Q41	.41 ***	.35 ***	.29 ***	.21 ***	.36 ***	.40 ***	.27 ***	.35 ***	1.00		
Q42	.53 ***	.37 ***	.46 ***	.41 ***	.46 ***	.51 ***	.47 ***	.44 ***	.23 ***	1.00	
Q43	.23 ***	.19 ***	.14 p=.01	.02 p=.69	.08 p=.12	.05 p=.32	.03 p=.52	.00 p=.99	.34 ***	.11 p=.04	1.00

*** p < .001

(note: other levels of significance noted)

(note: Ns range from 364 to 402)

Discussion

This study demonstrates that work location and occupation influence job satisfaction while supporting the notion that employees with higher levels of satisfaction maintain more favorable impressions of the health care organization than those employees with lower levels of satisfaction. The first hypothesis investigated whether management or leadership styles, gender and occupation are related to job satisfaction. The findings indicate mixed support for this hypothesis.

The relationship of management/leadership style to job satisfaction can be substantiated by the literature. Certainly the literature supports various elements within the studied population. Unfortunately, the study did not set out to make the distinction between nurse managers and non-nurse managers. In fact, there is danger in assuming that the element of having a nursing background is a predictor of higher staff satisfaction in employees as there probably exist numerous reasons why employees at particular work sites are more satisfied than other employees working at other work sites. Work sites vary considerably by such factors as distance from main campus, varying levels of support, or conditions of work site facilities.

Another consideration regarding leadership style is that the literature

which addresses effective leaders is not exclusive to nurse-trained managers. The researcher concludes that the empathic and understanding leader is more likely found in the nurse-trained manager as he/she would maintain a greater comprehension of clinic staff needs and expectations. This is not to infer that non-nurse-trained managers cannot learn the skills that exemplify the transformational leader. Yet the researcher believes that clinic staff have greater trust and confidence in a manager who has the experience to guide their work.

The second hypothesis assessed the relationship of employee satisfaction and employee responses to various effects. The findings demonstrated significant correlation among the elements of employee retention, positive employee perspective of the organization and the likelihood that the employee would recommend the health care organization to friends. These findings have great implications for health care organizations.

Implications of the study

One implication of the study is the relevance of occupational position and its impact on satisfaction levels. This is supported by the literature as well as this study. The participants in this study validated the status consistency theory in that satisfaction levels descended respectively from male providers, female providers, clerks and assistants, to nurses. This descending order of satisfaction

levels did not confirm the hypothesis. The researcher did not anticipate that the nurses would be the least satisfied occupational group. Other factors, theories, and influences could be relevant to this finding. This finding could support many theories as to why nurses in this study were the least satisfied occupational group. Though it is impossible to completely explain the satisfaction levels of clinic staff, it is noteworthy that a major group of direct-patient care personnel demonstrate lower satisfaction. Since direct-patient care personnel influence patient satisfaction, organizational efforts to uncover the factors influencing the nurses levels of satisfaction would be worthwhile.

The interactions conducted for gender and occupation did not reveal statistical significance. Yet variance between groups is evident. The between groups variance identifies the influence of gender and occupation on total job satisfaction. The implication of this to a health care organization is meaningful in that the health care field is predominantly status-consistent. As more males enter the nursing field, further consideration must be placed on improving their job satisfaction and altering the social effects of a female-dominated occupation. As for the nurses in the study, whose satisfaction level was the lowest among the studied occupations, health care organizations might want to assess the factors influencing this dissatisfaction.

The final implication of this study is the significance of the last ten questions of the survey instrument to employee job satisfaction. What has only recently been demonstrated, through Richardsen and Burke's work in 1992 and this study, is that job satisfaction levels affect an employee's impression of an organization and likelihood that the employee would recommend the organization to a family member. This study confirms the findings of Richardsen and Burke while sending an important message to those health care organizations which strive to compete in the future world of managed competition. Organizations which aim to succeed in a competitive market must become educated about internal customer needs and attempt to meet those needs as well as possible.

Strengths and weaknesses

One of the weaknesses of the study was the lack of ambulatory-relevant literature. For example, the literature pertaining to the nurse-trained managers referenced the hospital setting only. It is more likely that non-nurse-trained managers would function in an ambulatory setting, thus warranting further study as to what factors make a manager more effective in an outpatient clinic.

Another weakness of the study was the unfortunate timing of the data collection. At the time the study was conducted, some organizational

interventions were not controlled for and consequently could have confounded the findings. The organization was involved in a budgetary crisis, the downsizing of the employee pool, and the initiation of a reengineering project, concurrent with the data collection. One can speculate that these organizational interventions affected the research process and findings. An assumption is made that since all three of these elements provoke negative perspectives, that the overall satisfaction response might be less than baseline.

Also important from the research is the great variance between employees within occupational groups. This study demonstrated support of the findings from previous research. Direct comparisons of the interaction of gender and occupation was weakened by the unequal group sizes. The researcher acknowledges that further research is needed as the sample sizes of male and female providers and male and female nurses were small and unequal (PROVIDERS: male $n = 57$; female $n = 36$; NURSES: male $n = 11$; female $n = 129$).

A strength of the study was the initial assessment of employee satisfaction levels. Such a measure had never before been conducted involving all occupational levels. The response rate was high, indicating valid overall job satisfaction levels among ACHS employees. Repeated measure and

subsequent findings would be key additions to this research and to the organization.

Another strength of the research was the realization that satisfaction levels vary significantly among employees at various work site locations. This study focused primarily in on the element of management style as a factor that differentiates the work site's location. The connection of work site to leadership/management style is purely speculative, yet no less an important element to pursue further. As mentioned above, many factors influence job satisfaction. The finding that variance in mean satisfaction levels between work sites does not necessarily mean that leadership style was the major explanation for the variance.

The greatest support from the research is the strong correlation between job satisfaction and the last ten questions of the survey. Though the researcher is not surprised by the findings, the findings aligned with the second hypothesis and provide great support for organizational efforts aimed to improve and maintain employee satisfaction levels. Without such efforts, health care organizations cannot expect to compete and remain viable.

Suggestions for future research

Continued efforts and research to uncover the predictors and influencers

of job satisfaction would be of great benefit and importance for health care organizations. Santa Clara County as a whole will be facing heavy competition in the coming years. Revealing further findings could only further prepare the County of Santa Clara in its quest to provide cost effective, quality proficient health care. Repeated measures over time, while accounting for the presence of concurrent organizational interventions, would be worthwhile for the health care organization in order to make comparisons and to measure improvement.

Specific and focused research that studies job satisfaction within occupational groups and between work site locations is needed. More validation is needed to support the findings of this study while additional reviews are needed to uncover what differentiates the work site variable of this study. Another recommendation is to measure patient satisfaction while re-measuring employee satisfaction and study the relationships of these two measure with each other. As literature supports that employee satisfaction influences patient satisfaction, this would be a significant direction for future investigations.

Conclusion

In general, further research is needed in order to explain the crucial elements of job satisfaction and the effects of job satisfaction for ambulatory settings. This is reasoned in that greater focus is being placed on preventative

and primary care and less focus on acute care. As stated above, little research is available with regard to outpatient clinic settings. Additional studies directed towards ambulatory care would reveal more applicable information to those health care organizations determined to improve outpatient services in the growing market of managed competition.

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AMBULATORY AND COMMUNITY HEALTH SERVICES EMPLOYEE QUESTIONNAIRE

Gender: Male ☐ Female ☐

Age: 18-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61+ ☐

Occupational group: Clerk/Secretary ☐ Data entry ☐ Health/Dental Asst. ☐ Nurse ☐ Educator ☐
 Technician ☐ Manager ☐ Physician/Dentist ☐ NP/PA ☐ Other ☐

Primary Work-site: Chaboya ☐ East Valley ☐ Emergency Dept. ☐ Fair Oaks ☐
 Moorpark ☐ OPD ☐ Park Alameda ☐ Silver Creek ☐
 South Valley ☐ VHC ☐ Amb. Admin. ☐

Primary client population served: Pediatrics ☐ Primary Medicine ☐ OB/GYN ☐ Not specified ☐
 Geriatric ☐ HIV/AIDS ☐ Speciality ☐ Other ☐

Number of years in current occupation: 0-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 20-25 ☐ 26+ ☐

Number of years employed by the County: 0-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 20-25 ☐ 26+ ☐

Code Status: Full-time ☐ Part-time ☐ Extra help ☐

Mark the box to the left that best describes your opinion.

(Answer these comments keeping a perspective of how your job has evolved over time.)

Very true	Somewhat true	A little true	Not at all true	
☐	☐	☐	☐	1. I have enough time to get the job done.
☐	☐	☐	☐	2. The hours are good.
☐	☐	☐	☐	3. Travel to and from work is convenient.
☐	☐	☐	☐	4. The physical surroundings are appropriate to my job.
☐	☐	☐	☐	5. I can forget about my personal problems.
☐	☐	☐	☐	6. I am free from the conflicting demands that other people make of me.
☐	☐	☐	☐	7. I am not asked to do excessive amounts of work.
☐	☐	☐	☐	8. The work is interesting.
☐	☐	☐	☐	9. I have an opportunity to develop my own special abilities.

PLEASE TURN OVER AND COMPLETE THE REVERSE SIDE.

Mark the box to the left that best describes your opinion.

pg 2

Very true	Somewhat true	A little true	Not at all true	
				10. I can see the results of my work.
				11. I am given the chance to do the things I do best.
				12. I am given a lot of freedom to decide how I do my own work.
				13. The problems I am expected to solve are hard enough.
				14. The pay is good.
				15. The job security is good.
				16. My fringe benefits are good.
				17. The people I work with are friendly.
				18. I am given a lot of chances to make friends.
				19. The people I work with take a personal interest in me.
				20. I have enough information to get the job done.
				21. I receive enough help and equipment to get the job done.
				22. I have enough authority to do my job.
				23. My supervisor is competent in doing his or her job.
				24. My responsibilities are clearly defined.
				25. The people I work with are competent in doing their jobs.
				26. My supervisor is very concerned about the welfare of those under him or her.
				27. My supervisor is successful in getting people to work together.
				28. My supervisor is helpful to me in getting my job done.
				29. The people I work with are helpful to me in getting my job done.
				30. My supervisor is friendly.
				31. Promotions are handled fairly.
				32. The chances for promotion are good.
				33. My employer is concerned about giving everyone a chance to get ahead.
				34. I am recognized for the work I do.
				35. I feel empowered in my job.
				36. My working environment has improved over the past 5 years.
				37. I feel a sense of pride in working for Ambulatory Services.
				38. Few organizations can match this one as a good place to live and work.
				39. Ambulatory Services seeks out ideas from staff regarding improving service delivery.
				40. I would recommend the health care of Ambulatory Services to my friends.
				41. I would choose another employer if given the opportunity.
				42. Few departments within the Santa Clara Valley Health & Hospital System can match this one as a good place to work.
				43. I would work for another County department (outside of Ambulatory Services) if given the opportunity.

*Dedicated to the Health
of the Whole Community*

**SANTA CLARA
VALLEY**
HEALTH & HOSPITAL SYSTEM

AMBULATORY & COMMUNITY
HEALTH SERVICES

Administration
828 South Bascom Avenue, Suite 280
San Jose, California 95128
Tel: (408) 885-5714
Fax: (408) 885-5714

Dear Ambulatory and Community Health Service Employee,

I am the Quality Improvement Coordinator for ACHS and a graduate student in the Industrial/ Organizational Psychology Department at San Jose State University. Representing ACHS, I am embarking on a research study which will assess the level of job satisfaction of all ACHS employees. The title of this study is "Ambulatory and Community Health Services Employee Satisfaction Survey".

The ACHS Administration is asking you to complete the attached questionnaire which asks specific questions about your perceptions of your job. The purpose of this study is to provide ACHS Administration with valid information concerning your expectations of the Administration and lay the ground work for a better working environment.

Your responses to the questions will remain confidential. All of the information will be kept in a confidential computer file in the Quality Improvement Coordinator's office with the returned questionnaires. Please note: **DO NOT PLACE YOUR NAME ON THE QUESTIONNAIRE.** ACHS Administration is not interested in individual satisfaction levels but those of the ACHS division as a whole. Moreover, your honest perceptions and feelings are of the greatest importance.

Although you may not receive any direct or immediate benefit from this study, information that is collected will assist ACHS Administration's efforts to improve your level of satisfaction and consequently the delivery of health care to our patients. **ACHS ADMINISTRATION CANNOT AND WILL NOT GUARANTEE OR PROMISE THAT YOU WILL RECEIVE ANY BENEFITS FROM THIS STUDY.** There are no identifiable risks involved with completing the questionnaire.

Your participation in this study is completely voluntary. Participation or nonparticipation will in no way affect your present or future relationship with ACHS Administration. Completion of the attached questionnaire (front and back) indicates your consent to participate in this research study. ACHS Administration has provided a return addressed and stamped envelope for your use. The questionnaire will take approximately 15 minutes to complete.

If you have any questions, please feel free to contact Lynda Wolfe, QI Coordinator (principal investigator), at (408) 885-2332. If you have any questions concerning your rights as a research subject, you may contact the Research and Human Subjects Review Committee which is concerned with the protection of volunteers in research projects. The Committee may be reached by calling the office from 9:00 a.m. to 5:00 p.m., Monday through Friday, at (408) 885-4013, or by writing to the Committee, Santa Clara Valley Medical Center, Office Annex Building, Room 127, 751 South Bascom Avenue, San Jose, CA 95128. In addition, you may notify Dr. Cooper, Department Chair of Psychology of San Jose State University (408-924-5600), or Dr. Serena Stanford, Ph.D, Associate Academic Vice President for Graduate Studies and Research of San Jose State University (408-924-2480).

Your perceptions and opinions are important and appreciated.

Thank you for your time.

Lynda L. Wolfe, R.N., Q.I. Coordinator