

**JOB SATISFACTION AND MOTIVATION AMONG  
NURSES IN SYNOD HOSPITAL, MIZORAM**

*Dissertation Submitted for the Award of the Degree of*  
**MASTER OF PHILOSOPHY IN COMMERCE**

By  
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### **CERTIFICATE**

This is to certify that the dissertation entitled “Job Satisfaction and Motivation among nurses in Synod Hospital, Mizoram” submitted to the Mizoram University for the award of the degree of Master of Philosophy in Commerce, is a record of research work carried out by Smt. Laldingliani under my supervision.

She has fulfilled all the requirement laid down in the M.Phil regulations of Mizoram University. The dissertation is the result of her investigation into the subject. Neither the dissertation as a whole nor any part of it was ever submitted to any other University for any research degree.

Date:

Place: AIZAWL

(Dr. LALDINLIANA)  
Supervisor

## DECLARATION

I, Laldingliani, do hereby declare that the subject matter of this dissertation is the record of work done by me, that the contents of this dissertation did not form basis of the award of any previous degree to me or to the best of my knowledge to anybody else, and that the dissertation has not been submitted by me for any research degree in any other University/Institute.

This is being submitted to the Mizoram University for the degree of Master of Philosophy/Doctor of Philosophy in Commerce Department.

Date:

(LALDINGLIANI)

Place: Aizawl, Mizoram

Research Scholar

## PREFACE

Work gives a meaningful purpose in our lives. It may be difficult or easy, but the essence of it is the ability to do some productive work. It offers importance, value and respect to a person. It defines the person we are based on our chosen profession and the interest it stimulates. As majority of our time is spent in the workplace, the work environment can directly impact the physical well being and the behaviour of a person even outside the workplace both positively and negatively. Hence, it is important to create inner desire to satisfy the personal needs and wants, and positive attitude to foster the right drive to achieve the goals and objectives of the organisation.

Considering the profession that is imperative for the community and that has significant contribution the life of others, the need was felt to conduct the study in nurses. Also, job satisfaction is an important component of nurses' lives that can impact on patient safety, staff morale, productivity and performance, quality of care, retention and turnover, commitment to the organisation etc. Synod hospital being the oldest and largest running private hospital in the state of Mizoram was selected for this research.

The present study attempts to determine the relation between job satisfaction and motivation, job satisfaction being the predictor and motivation being the outcome. As mentioned earlier, the respondents are nurses employed in the Synod hospital. There is no distinction in different hierarchy of nurses (the nursing superintendent, assistant nursing superintendent, tutors, sisters and staff nurse) during the time of research and primary data has been collected from 141 employees using two different standard structured questionnaires based on a five pointer Likert scale.

The study is broadly divided into four chapters.

*Chapter One* depicts the problem of enquiry and the design adopted thereof.

*Chapter two* presents an overview of the Synod hospital in terms of history, mission statement, governance, infrastructure, finance, partners, future plans and a brief outline on nursing staff.

*Chapter three* analyses determinants of job satisfaction and motivation, and demographic profile of the nurses in Synod hospital.

Lastly, the dissertation concludes with summary of the findings and suggestions in *Chapter four*.

The questionnaire used in the survey is given in the *Annexure*.

## ACKNOWLEDGEMENT

First of all, I praise **God, *The Almighty*** for giving me this opportunity and granting me the capability to proceed successfully.

I express my heartfelt gratitude to my supervisor, Dr. Laldinliana, Assistant Professor, Department of Commerce, Mizoram University. I have been amazingly fortunate to have a supervisor who is a gentleman and has expertise on the subject matter. I take this opportunity to thank him for his excellent guidance, encouragement, expertise and endless support throughout this research.

I sincerely thank all the faculty members at the Department of Commerce, Mizoram University, for their guidance. My special thanks goes to Prof. NVR Jyoti Kumar, Dr. Bhartendu Singh, Dr. Rokendro Singh, Dr Rama Ramswamy for their insightful comments and constructive feedback at different stages of my research.

I am very grateful to the Director, Nursing Superintendent and all the respondent of this study. I thank everyone for their patience, cooperation and providing me with all the necessary information for the successful completion of my research.

I would like to thank all my friends for their support and care that helped me overcome setbacks and stayed focused on my research work. I greatly value their friendship and appreciate their belief in me.

Most importantly, none of this would have been possible without the love and support of my family to whom this dissertation is dedicated. I have to give a special mention for the support given by my father, K. Chalkhuma.

Date:

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Place: Aizawl, Mizoram

Research Scholar

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## Chapter 1

### INTRODUCTION

#### 1.1 JOB SATISFATION

Job satisfaction is the most crucial attitude of an employee as it is the key to achieve the goals and objectives of an organisation. As the term suggests, it is a relationship between two terms i.e., job and satisfaction of an employee. It determines how content an individual is with his or her job. One of the biggest preludes to the study of job satisfaction was the Hawthorne studies. These studies (1924–1933), primarily credited to Elton Mayo of the Harvard Business School, sought to find the effects of various conditions (most notably illumination) on workers' productivity. These studies ultimately showed that novel changes in work conditions temporarily increase productivity (called the Hawthorne Effect). It was later found that this increase resulted, not from the new conditions, but from the knowledge of being observed. This finding provided strong evidence that people work for purposes other than pay, which paved the way for researchers to investigate other factors in job satisfaction.

Job satisfaction can also be seen within the broader context of the range of issues which affect an individual's experience of work, or their quality of working life. Job satisfaction can also be understood in terms of its relationships with other key factors, such as general well-being, stress at work, control at work, home-work interface, and working conditions.

According to Luthans (2005), the term job satisfaction is a positive feeling about a job, resulting from an evaluation of its characteristics. A person with a high level of job

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This standard is cited by Andy Field in his book "Discovering Statistics using SPSS".

satisfaction holds positive feelings about his or her job, while dissatisfied person holds negative feelings. To elaborate further, it is imperative to maintain high level of job satisfaction in order to create pleasant working environment within the work force irrespective of the job characteristics and to yield effective outcome in an organisation.

Satisfaction, as defined by Maslow (1943), involves fulfilling a conscious or unconscious desire to a level where the individual is no longer motivated to fulfill that need.

Job satisfaction is a pleasurable feeling that results from the perception that one's job fulfils or allows for the fulfilment of one's important job values (Wagner, 2009). This definition includes three key components: values, importance of job values, and perception.

According to Locke (1976), job satisfaction is "a pleasurable or positive emotional state, resulting from the appraisal of one's job or job experiences. Job satisfaction is a result of employees' perception of how well their job provides those things that are viewed as important. It is generally recognized in the organisational behaviour field that the job satisfaction is the most important and frequently studied attitude.

Although theoretical analyses have criticized job satisfaction as being too narrow conceptually, there are three generally accepted dimensions to job satisfaction such as job satisfaction is an emotional response to a job situation. As such, it cannot be seen; it can only be inferred, job satisfaction often determined by how well outcomes meet or exceed our expectations, job satisfaction represents several related attitudes.

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Jobs require interacting with coworkers and bosses, following organisational rules and policies, meeting performance standards, living with working conditions that are less than ideal, and the like. Job design aims to enhance job satisfaction and performance, methods include job rotation, job enlargement, job enrichment and job re-engineering. Other influences on satisfaction include the management style and culture, employee involvement, empowerment and autonomous work position. Job satisfaction is a very important attribute which is frequently measured by organisations. The most common way of measurement is the use of rating scales where employees report their reactions to their jobs. Questions relate to rate of pay, work responsibilities, variety of tasks, promotional opportunities, the work itself and co-workers. Some questionnaires ask yes or no questions while others ask to rate satisfaction on 1-5 scale where 1 represents "not at all satisfied" and 5 represents "extremely satisfied" (Kumari and Pandey, 2011).

## **1.2 MOTIVATION**

Motivation is defined as the process that accounts for an individual's intensity, direction, and persistence of effort toward attaining a goal (Robbins, Judge and Sanghi, 2009). The three elements in their definitions are intensity, direction, and persistence. Intensity is concerned with how hard a person tries. This is the element to focus on when talking about motivation. However, high intensity is unlikely to lead to favourable job performance outcomes unless the effort is channelled in a direction that benefits the organisation. Therefore, it is important to consider the quality of effort as well as its intensity. Effort that is directed toward, and consistent with, the organisation's goal is

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the kind of effort that should be sought. Finally, motivation has a persistence dimension. This is a measure of how long a person can maintain effort. Motivated individuals stay with a task long enough to achieve their goal.

Maslow (1943) also defined motivation as a conscious or unconscious human desire to satisfy individual wants and needs developed through physiologic, psychological, conscious and unconscious requirements.

According to Luthans (2005), motivation is a process that starts with a physiological or psychological deficiency or a need that activates behaviour or a drive that is aimed at a goal or incentives. The main elements are needs, drives and incentives. Fulfilment of needs results in some type of reward, which can be either intrinsic or extrinsic (Lambrou et al., 2010). The former is derived from within the individual, e.g. taking pride and feeling good about a job well-done, whereas the latter pertain to rewards given by another person.

Motivation may be defined as a process of simulating someone to adopt a desired course of action. In order to intensify the willingness of a person to work hard for achievement of organisational objectives, his motives must be satisfied by offering incentives. An incentive is something an individual perceives as helpful towards achieving his goals. Incentives exist to satisfy human needs (Kumar, 2008).

Modern research (Luoma, 2006) recognises three main components of motivators which are: the perceived importance of the work (Valance), the perceived chances of success (Self-Efficacy) and the expectation for personal reward (Expectancy).

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There are various theories formulated regarding motivation such as need-based theory including Maslow's hierarchy of need, Alderfer's ERG (existence, relatedness, growth needs) approach, Herzberg's two factor theory and McClelland's acquired needs theory. Another approach focuses on external factors and their role in understanding employees' motivation (e.g. Skinner's reinforcement theory). Theories based on intrinsic factors focus on internal thought processes and perceptions about motivation (e.g. Adam's equity theory, Vroom's expectancy theory, Locke's goal setting theory).

### **1.3 SIGNIFICANCE AND SCOPE OF THE STUDY**

There are different problems experienced by nurses in attaining job satisfaction and motivation in private hospitals due to different reasons - economic condition, individual likings, and organisational structures. One survey conducted by the New South Wales Nurses' Association (2008) highlighted that 70% of private nurses listed parity of pay, and one-third of respondents reported that their private hospital was understaffed and 61% worked overtime without compensation, which was detrimental for patient care and eventually for the health care institutes. Moreover, job dissatisfaction was shown as a prominent cause of dissatisfaction and burn out/quit rate, in private hospitals, due to the organisation set up in the said study. Walsh (2001) quoted that many nurses are thrown into roles for which they are not prepared and which may put the patient at risk. Problems such as having to work unpaid overtime and being expected

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to perform tasks outside their training, causing private sector nurses to experience great amounts of stress, which may lead to inefficiency in their nursing duties<sup>1</sup>.

This issue is no stranger to the Indian scenario. In December 2011, hundreds of nursing staff working in various private hospitals in the district of Kerala shared their dissatisfaction over the heavy workload and poor pay by hospital managements at the district convention of Indian Registered Nurses Association (IRNA). Their other grievances included non-payment of the government stipulated minimum wages, lack of adequate compensation for extra work and maltreatment being faced in quite a few private hospitals in 10 districts of Kerala<sup>2</sup>. Even in a small state like Mizoram, the number of private hospitals is growing in the past 8 years<sup>3</sup>, along with it, a resultant onset of competition in the health care market, of which nursing and patient care would constitute a very prominent marketing variable.

The study was conducted among the nurses in private hospitals in Mizoram, the oldest (started in 1928) and largest (capacity of 30 beds as per Mizoram Synod Report, 2011) running private hospital in the state, the Synod hospital is selected for conducting this research<sup>4</sup>. As the study focused on job satisfaction and motivation, the selected hospital suited the empiricist due to the fact that this hospital is committed in giving its incumbents employee benefits like allowances, medical treatment support, pensions, provident deposits etc. Moreover, the hospital is well-equipped to provide a professional

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<sup>1</sup> Retrieved from [http://www.ehow.com/about\\_6172568\\_problems-faced-private-hospital-nurses.html](http://www.ehow.com/about_6172568_problems-faced-private-hospital-nurses.html) on 20<sup>th</sup> April 2012

<sup>2</sup> Retrieved from <http://www.thehindu.com/news/states/kerala/article3025401.ece> on 20th April 2012.

<sup>3</sup> Alleged by the Firms & Societies personnel, Commissionerate of Taxation (Govt. of Mizoram)

<sup>4</sup> Govt. Aizawl Civil Hospital which was started in 1896 as per record is the oldest established hospital in Mizoram. The Synod Hospital is recorded as the second oldest functioning hospital on record. The Welsh Missionaries started the hospital in 1928 with one doctor, one nurse and six beds.

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health care environment, functioning with 64 doctors, 169 nursing staff and 300 beds. As per Mizoram Synod Report 2011, the number of patients who visited the hospital for consultation was 72,488 during October 2010 to September 2011. The hospital is a multi-specialty tertiary care centre wholly run and owned by the Presbyterian Church, Mizoram<sup>5</sup> having its own 3 (three) outreach centres outside the hospital campus, namely, Dr. Fraser's Clinic (for out-door patients), Grace Inn (a drop-in centre for persons with substances abuse problems), and Millennium Shopping Centre (for out-door patients).

Since there is different hierarchy in nursing profession such as staff nurse, tutor, ward superintendent/sister, assistant nursing superintendent and nursing superintendent, this study tried to find out the factors of job satisfaction and motivating among nurses in different role. Nurse as a term is a common gender therefore, in this present study, the term nurse referred to only female nurses.

#### **1.4 REVIEW OF LITERATURE**

Various literatures were review to familiarise the researcher with factors contributing to job satisfaction and motivation of employee in an organisation, to identify the research problem, to evolve appropriate methodology, and to formulate a conceptual framework for the study. Some research works reviewed are highlighted as follows.

A study conducted by Emmert and Taher (1992) found that job characteristics do not explain variations in professionals' satisfaction, motivation and involvement, rather

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<sup>5</sup> <http://www.derhkentlang.org/news.php> accessed on 21th April 2012

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they can be explained by social satisfaction, fulfilment of employees' intrinsic needs (especially growth needs) and information from others on job performance.

Using the Ward Organisation Features Scales (WOFS), relationships between aspects of the organisations of acute hospital wards, nurses' personal characteristics and nurses' job satisfaction were examined among a nationally representative sample of 834 nurses in England (Adams and Bond, 2000). The study highlighted the importance of interpersonal relationships to nurses' job satisfaction. In particular, the positive contribution of the cohesiveness of ward nursing staff was highlighted. Other influential factors were nurses' relationships with medical staff, perceptions of their workload and their evaluation of the appropriateness of the system of nursing being practiced. A weak association was found between grade and job satisfaction. Individual nurse characteristics were found not to be associated with job satisfaction.

Macdonald and MacIntyre (1997) found that job characteristics like promotions, pays, posts, working circumstances and terms with other workers are the most widely used models that have been considered in numerous scales to measure job satisfaction. They also found that general models inspect levels of satisfaction despite their source.

Hussami (2008) studied on how job satisfaction depends on commitment, perceived supports, leadership and education level. He found that organisation commitment, job stress and tension were identified as key factors and strong reasons for nurses leaving their jobs. A leadership style or behaviour may influence the level of job satisfaction.

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Pillay (2009) conducted a national study in South Africa that compares and contrasts satisfaction levels in nurses in both public and private sectors. A total of 569 professional nurses participated in a cross-sectional survey conducted throughout South Africa using a pretested and self-administered questionnaire. Univariate and bivariate statistical models were used to evaluate levels of satisfaction with various facets of work and to elicit the differences in satisfaction levels between different groups of nurses. It was found that private-sector nurses were generally satisfied however dissatisfied with their pay and career development opportunities. Professional nurses in the more rural provinces, those intending to change sectors and those more likely not to be in their current positions within the next five years were also more likely to be dissatisfied with all facets of their work. This study highlighted the overall dissatisfaction among South African nurses and confirmed the disparity between the levels of job satisfaction between the public and private sectors. Health managers should address those factors that affect job satisfaction, and therefore retention, of nurses in South Africa. Improving the work environment would more likely increase the satisfaction of nurses and consequently have a positive effect on individual, organisation and health outcomes.

The influence of Leadership on job satisfaction was assessed by Watson (2009). He pointed out that leadership styles of frontline medical imaging supervisors. Three hundred fifty nine staff technologists completed a survey on their supervisors' leadership behaviours and the intrinsic and extrinsic motivating factors that influence job satisfaction and organisation commitment. His study indicated that there were

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strong, positive relationships between supervisors' transformational and contingent reward behaviours and intrinsic esteem motivators that influence staff members' job satisfaction. The behaviours with the strongest relationship to intrinsic esteem motivators were individualized consideration and contingent rewards. The results of his study provided insight into what employees need from their leader and the organisations that employs them. This information can be used to help develop strategies to meet those needs through work redesign and leadership behaviour development.

Kalisch et al. (2010) explored the influence of unit characteristics, staff characteristics and teamwork on job satisfaction with current position and occupation. It was a cross sectional study with a sample of 3,675 nursing staff from five hospitals and 80 patient care units. Participants completed the Nursing Teamwork Survey. The study found that participants' levels of job satisfaction with current position and satisfaction with occupation were both higher when they rated their teamwork higher ( $p < 0.001$ ) and perceived their staffing as adequate more often ( $p < 0.001$ ). Type of unit influenced both satisfaction variables ( $p < 0.05$ ). Additionally, education, gender and job title influenced satisfaction with occupation ( $p < 0.05$ ) but not with current position. Results of this study demonstrate that within nursing teams on acute care patient units, a higher level of teamwork and perceptions of adequate staffing leads to greater job satisfaction with current position and occupation.

Lambrou et al. (2010) conducted a study among medical and nursing staff of the Nicosia General Hospital to investigate the effect of specific motivation factors, and the association between job satisfaction and motivation. Furthermore, to determine the

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motivational drive of socio-demographic and job related factors in terms of improving work performance. A previously developed and validated instrument addressing four work-related motivators (job attributes, remuneration, co-workers and achievements) was used. Two categories of health care professionals, medical doctors and dentists (N = 67) and nurses (N = 219) participated. The survey revealed that achievements were ranked first among the four main motivators, followed by remuneration, co-workers and job attributes. The factor remuneration revealed statistically significant differences according to gender, and hospital sector, with female doctors and nurses and accident and emergency (A+E) outpatient doctors reporting greater mean scores ( $p < 0.005$ ). The medical staff showed statistically significantly lower job satisfaction compared to the nursing staff.

Khaliq et al. (2011) found that during the last few years, an increase in nursing dissatisfaction has been noted. One of the main reasons was that nurses are leaving because of intensive workloads, less staff, long working hours and less time with families. In a survey, nurses reported that the departments have high stress levels, shortage of staff, compromised patient care and congestion of beds. Nurses were also experiencing the feeling of less appreciation for the work they do. They reported the underappreciated feeling and felt the dissatisfaction of seniors. All of these factors were enough for nurses to leave the hospital setting and join a smaller clinic facility with regular timing, less patients and a more supportive staff. Furthermore, it was recorded that around 62.3% nurses leave the profession, thus creating health problems. This is all due to a lack of job satisfaction at workplace. Nurses were rarely praised or rewarded by

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the senior nurse for exceptional performance and this develops dissatisfaction among them. Verbal praise should be considered by the managers for the possible effects used to increase performance. Seniors can give verbal praise, small gifts, certificates and medals to stimulate motivation, leading to increase in job satisfaction. It is further recommended that managers provide more non-financial encouragement to increase motivation and commitment. This will acknowledge and identify the extraordinary performance.

Srivastava and Barmola (2011) explored the role of motivation in higher productivity using a concept based findings method to find out the link between the extent to which various motivation strategies encourage the workers to improve their job commitment and increase their productive capacity. Research suggested that individuals are motivated to perform well when the work is meaningful and individuals believe they have responsibility for the outcomes of their assigned tasks. It was recommended that, an organisation movement should be away from the current merit pay reward system to an organisation structure that promotes challenges and accomplishments, creates organisation learning opportunities, utilizes group incentives as well as individual incentives, rethinks job design, uses positive reinforcement and promotes healthy work environments.

Natarajan and Nagar (2011) investigated the impact of service tenure and occupational category on organisation commitment and job satisfaction. 220 managers from three service tenure categories (1-7 yrs, 8-15yrs and 16+ yrs) and three occupational category (executive, technical, administrative) of a large public sector

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organisations were asked to rate 18 items of commitment in a scale developed by Meyer and Allen (1991) and 15 items in a self developed job satisfaction scale. Results found that managers with longer service tenure exhibited higher affective and normative commitment and intrinsic job satisfaction as compared to their counterparts. Furthermore, technical managers (engineers) exhibited higher affective and normative commitment and intrinsic job satisfaction as compared to others.

In Indian context a number of studies have been conducted on job satisfaction. Singh and Srivastava (1975) found that the status of a job and job satisfaction are positively correlated. Sharma and Bhaskar (1991) reported recognition and appreciation as important determinates of job satisfaction. Joshi (2001) found that the extent of job satisfaction is not significantly higher in the private hospital than in public (government) hospital. He found significant difference in job satisfaction of managers, supervisors and worker in private sector. Patil and Chaudhari (2011) assessed the satisfaction level of nurses in private and government hospitals with their jobs and working environment as well as to examine the effect of nurses' demographic factors on it. Questionnaire response analysis was used. The means and standard deviations show that 40% of private hospital nurses were satisfied with their job.

## **1.5 RESEARCH DESIGN**

### **1.5.1 Statement of the problem**

The cited studies have indentified that job satisfaction and motivation derived by the nurses from their work plays an important role in delivering effective nursing care to

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the patients. Since private hospitals, like any commercial institutions, primarily depend on the earnings derived from the hospital revenue, their goodwill, in terms of professionalism and medical care is an asset. From the Mizoram Synod Report 2011, most of the hospital revenue is generated from the in-patients. Therefore, the nurses may be regarded as the vanguard of their hospitals, as these patients will be interacting with the nurses most of the time. The present study is instrumental in deducting motivating factors which would stricture job satisfaction and motivation for nurses working in private hospitals in Mizoram. Even though motivation and job satisfaction is a favourite research area in organisational behaviour and human resources management, the literatures reviewed led to a conclusion that there is a research gap in this field especially in Mizoram. Thus, this study brought about empirical inputs as to what are significant in bringing about job satisfaction and motivation among the nurses in private hospitals of Mizoram.

### **1.5.2 Objectives**

- To identify the factors influencing job satisfaction and motivation and to establish their significance among nurses in Synod hospital in Mizoram.
- To provide practical suggestions to the organisation for motivating and retaining the talented nurses.

### **1.5.3 Hypotheses**

The hypotheses tested are:-

H1: There is a significant relationship between job satisfaction and motivation.

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H2: Job satisfaction significantly correlates with the length of service of nurses.

#### **1.5.4 Research Methodology**

##### **1.5.4.1 Instrument**

Minnesota Satisfaction Questionnaire developed at the University of Minnesota, examined the level of job satisfaction, first developed for the University of Minnesota but now used across the country. A validated instrument based on Maslow's need theory was developed for the present study. The questionnaire (Annexure-I) was divided into two sections: Job satisfaction section and motivation section. Job satisfaction section consists of 20 items such as ability utilisation, achievement, activity, advancement, authority, company policies and practices, compensation, co-workers, creativity, independence, moral values, recognition, responsibility, security, social service, social status, supervision-human relations, supervision-technical, variety, working conditions. Each item refers to reinforce in the work environment. The section on motivation consists of 20 items including salary, salary increments, breaks, physical working condition, security, retirement benefits, medical benefits, visibility, recognition, status, responsibility, interpersonal relationships, support from HR, team work, job control and creativity opportunities. Responses were provided on five point scale, in which 1 is corresponds to "very dissatisfied" 2 to "dissatisfied" 3 to "neutral" 4 to "satisfied" and 5 to "very satisfied". Socio-demographic data in respect of age, gender, marital status, education and work-related data such as designation, nature of job, years in service, and monthly income was also collected.

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#### **1.5.4.2 Sources of information**

Primary information was collected from nurses in Synod hospital. The schedule included questions related to socio demographic particulars, determinants of job satisfaction and motivation. The schedule was used to get information from the nurses. Primary data was collected by informal interview and observation.

Secondary data was collected from office of the Synod hospital, office of nursing superintendent, commentaries, on the subject matter in the form of articles, Synod hospital souvenir published in the event of its Diamond Jubilee, magazines, Synod annual report. The data was collected from published and unpublished sources, annual report and official report as well.

#### **1.5.4.3 Sample**

The present study was conducted in Synod Hospital, which is the oldest and largest private hospital in Mizoram, with a capacity of three hundred (300) beds. It employs a total of 169 nurses (Mizoram Synod Report, 2011) out of which only six are male nurses. This study concentrated only on female nurses from casualty, community health clinic, eye operational theatre, surgical operational theatre, gynecology operational theatre, Intensive care unit (ICU), eye ward, Lawmna ward, male surgical ward, female surgical ward, male medical ward, female medical ward, pediatric ward, private ward, cabins, gynecology ward, nursing school faculty and office of the nursing superintendent. A questionnaire was developed and distributed to nurses. Convenient

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sampling method was used and data was collected from 141 nurses which is more than the calculated required sample size of 116 female nurses<sup>6</sup>.

#### **1.5.4.4 Statistical analysis**

Relevant quantitative tools were used to arrive at inferential deductions. Various analysis was made for a meaningful representation and interpretation of the data.

### **1.6 CHAPTERISATION**

The chapterisation is as follows:-

Chapter 1 - Introduction

Chapter 2 - Synod Hospital – A profile

Chapter 3 - Data Analysis and Interpretation

Chapter 4 - Findings and Suggestions

### **1.7 LIMITATIONS**

- As the study is a pioneer work in the field of organisational behaviour, job satisfaction and motivation to be précised, there is hardly secondary data on job satisfaction and motivation especially among the health workers in Mizoram.
- Time constraint can also be cited as one of the factors of limitations.

## **Chapter 2**

### **SYNOD HOSPITAL – A PROFILE**

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<sup>6</sup> Calculated at 95% level of confidence and 5% confidence interval for population of 169 nurses

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## 2.1 A BRIEF OUTLINE

Synod Hospital, situated at Durtlang is a secondary level, multi specialty hospital, wholly owned and run by the Mizoram Presbyterian Church. The Hospital was established in 6th March 1928. It has a long history from a humble beginning of few beds to the present state of 300 beds with every specialty.

The Hospital is situated at Durtlang Village which lies at the northern outskirts of Aizawl City. The village lies at an altitude of about 4538ft high. The atmosphere here is always pleasant from being cool in summers to a bit chilly in the winter.

Derhken Tlang, is the name of the hill on which the Hospital is now standing. The hill used to be covered with Marigold (Derhken) flower, hence the name.

The hospital is till date running as a charitable hospital. It is no doubt Mizoram is still a very poor state both in infrastructure and monetary wise, there are thousands of people who could not afford even basic health facilities, it is the aim of this hospital to provide this quality health Care to all the people at minimum possible cost. Making the Base hospital here at Durtlang, the hospital has plenty of outreach to even the remotest places, where even vehicles could not reach. Regular Mobile Clinics are held at different places in the far flung villages in non-profit no loss basis, the hospital doctors would provide these people with health care to the best they can, and also providing them with basic health education, from maternity and child health to infectious diseases.

Synod Hospital is widely known among Mizo people as "Durtlang Hospital". It started with one Doctor, one Nurse and six beds in 1928, it has progressed to 27

Doctors, 12 of whom are Specialists, 201 Nursing Staff. The growth, though not very

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dramatic in nevertheless slow and steady, keeping pace with the needs of the people it served. Side by side with the hospital, the Nursing School also progresses steadily, producing good quality Christian Nurses.

The hospital is equipped with all the modern equipments including a licensed Blood Bank. It is also the only Barrier-Free hospital in the state. Besides the routine out-door patients and wards facilities, there are 2 other special wards, namely:

i) Grace Ward - A special ward dedicated solely for the care and treatment of substance abuse victims. It consisted of two wards one for Abscess management and the other for detoxification.

ii) Grace Home - A hospice for AIDS patients with medical problems. Over and above the work in the Hospital, a mobile clinic team regularly visits the interior villages throughout the length and breadth of the state, delivering health services to those unable to obtain treatment elsewhere.

The Hospital also has 3 (three) outreach centres outside the hospital campus, namely:

i) Dr. Fraser's Clinic - For out-door patients.

ii) Grace Inn - a drop-in centre for persons with substances abuse problems.

iii) Millennium Centre - out-door patients in Millennium Shopping Centre.

## **2.2 HISTORY**

The History of Synod Hospital can be divided into two periods, viz :

- Under the Welsh Mission (1928-1958) and,

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- From the time it was handed over to the Mizoram Presbyterian Church in 1958 to date.

### 2.2.1 Welsh Mission Period

The condition of life in Mizoram in 1920's may be difficult to imagine for the present generation as there was no proper road channel and the only route of transportation of commodities from outside was along the Tlawng river. People had to row boats from Lalaghat, near Silchar upto Sairang and from there on they had to take bullock carts and spend one whole day to reach Aizawl.

Under such circumstance, Dr. John Williams, L.M.P arrived in Mizoram on 22<sup>nd</sup> February 1928 and settled at Durtlang. He was christened Pu Daka by the local people. With the help of only two trained staff viz: D. Thianga Compounder and Tlawmkungi, Staff Nurse, he converted the old Theological School building and used it for the hospital. The hospital beds were procured from the old hostel and thus with the admission of the first patient on 6th March 1928 the Durtlang Hospital was inaugurated and named as the 'Welsh Mission Hospital'. In order to augment the nursing services Dr. Williams started a school of Nursing in the same year and the first student was a 16 years old local maiden named Khuangi, who continued to work for the hospital till 1936. Miss Winifred Margaret, the first missionary nurse arrived at Durtlang on 7<sup>th</sup> January 1929 and was christened Pi Hmangaihi by the Mizos.

In the year 1929, a missionary engineer named Rev. Lewis Evans and his wife arrived to undertake construction of the Hospital building. Being an Engineer he was

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quite conveniently named Pu Niara by the local people. Another missionary Rev. E. L. Mendus and his theological school students started the work of leveling the ground. Rev. Evans then built the hospital which extended from the present 'Lawmna' ward, operation theatre complex and the 'Rinna' ward. Besides constructing the hospital building, Rev. Evans was one of the founders of the biggest voluntary social organisation – 'Young Mizo Association'. He became the first President of that Association and thus curved his name in the history of Mizoram.

The second missionary nurse – Miss Eirlys Williams arrived in 1933. As she was a tall lady the Mizos called her Pi Sangi. She spent seven years in the Hospital teaching in the school of Nursing and supervising the nursing services at the Hospital.

On the 1st February 1934 the Welsh Mission Hospital recruited its first Mizo Doctor- Dr.H K Thanglura, L.M.P. Also another missionary nurse by the name Miss Gladys M Evans arrived on 11<sup>th</sup> March 1936 took keen interest in public health when she saw that many people living in the interior were not able to reach the hospital to seek from their illness. Soon after her arrival of Miss Evans now called Pi Hruaii by the local people, the hospital building constructed by Rev. Lewis Evans was occupied and the bed strength of 14 in the old Theological school was increased to 40 beds. Later 50 beds were placed due to increase in number of patients seeking admission.

### **Exhibit 2.1 Nursing Staff, 1937**

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Before much progress was made, a lady missionary doctor named Dr. Gyneth Parul Roberts arrived in November 1937 (Exhibit 2.1), she was called Pi Puii by the Mizos. Unlike her predecessor she was a graduate in science and in medicine (B.Sc., M.B., B.Ch.) She was a talented doctor. One of her concern was the improvement of the School of Nursing. Dr. Roberts and Miss Evans shared this same zeal and therefore, developed a formal Nursing course of four years duration in the pattern of syllabus in Great Britain. When the Assam Nursing and Midwifery Council was established in 1944, Synod Hospital was among the first to be recognized. All of the text books were translated into Mizo language by these two missionaries and they took the pain to see that their candidates obtained good marks. This school, in fact, was the only Nursing School in Mizoram till 1981.

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Since the tenure of Dr. Roberts there was a rapid growth in this hospital. Beside regular hospital services, new ventures were undertaken such as the school of Nursing, Rural dispensaries, Mobile Clinic, Well Baby Clinic, TB Treatment, immunization programme and opening of Clinic in and around Aizawl city.

In July, 1951, the second national doctor - Dr.R.K Nghakliana joined after completing his MBBS at Christian Medical College, Vellore, South India. He was sponsored by the church to study medicine. He worked under expert advice and guidance of Dr Roberts, crystallized his talents to become a good surgeon.

Prior to 1958 the hospital was more ill-equipped. Despite this, critical cases of operation were successfully carried out. In the operation theatre there was hardly anything except few scalpels and forceps, a small sterilizer heated with a kerosene stove. The first notable equipment acquired was Lister Engine Generator and an X-ray unit, which was used for the first time on Friday, February 28, 1958.

### **2.2.2 Transfer of Property to the Synod of the Presbyterian Church in the Mizo District Assam**

The political climate in the country began to forebode uncertainty for the Missionaries. It became clear that the era of Missionaries was coming to end. Anticipating this, the welsh mission in Mizoram handed over the ownership and management of the hospital including the land and, buildings and all assets to the Synod of the Presbyterian Church in Mizoram on 28th February 1958 as seen in Exhibit 2.2 and 2.3. On behalf of the Welsh Presbyterian Mission in the Mizo District, Pi Puii (DR.

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G.P. Roberts) handed over the charge of the hospital to the Presbyterian Church Synod Moderator, Rev. J,M Lloyd. From that day onwards, the hospital which was hitherto known as Welsh Mission Hospital for almost thirty years came to be called the Presbyterian Church Synod Hospital, the name which is retained till today.

**Exhibit 2.2**  
**Signing of Transfer document of Welsh Mission Hospital, Durtlang to the Synod of the Mizoram Presbyterian Church dated 28<sup>th</sup> February 1958**



**Exhibit 2.3**  
**Transfer document from Welsh Mission Hospital, Durtlang to the Synod of the Mizoram Presbyterian Church**

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4. The Hospital shall continue to serve the purposes for which it was originally founded, namely to treat and care for the sick and to train nurses in a Christian atmosphere. This implies that the work of the hospital is an important evangelizing activity in its own right.
5. The profits which accrue over and above what is required for the maintenance and running costs shall be employed for the expansion of the medical work either in the hospital itself or within the boundaries of the Mizo District.

*G. Parul Roberts*  
 G. PARUL ROBERTS  
 Secretary of the Executive  
 Committee of the Welsh Presbyterian  
 Mission in Mizo District

Dated : The 28.2.58

**Schedule .**

**Description of the property :-**

1. Name of place .....
2. Buildings .....

Durtlang, Mizo District, Assam.

- (a) Year of construction or when bought.
- (b) Area of plinth.
- (c) Nature of Posts.
- (d) Kind of floor.
- (e) Kind of walls inside and outside.
- (f) Kind of roof.

*J.M. Lloyd*  
 J.M. Lloyd  
 Moderator of the Synod Presbyterian  
 Church in the Mizo District

*Chawngzika*

CHAWNGZIKA  
 Secretary of the Synod Presbyterian  
 Church in the Mizo District

Witness No. 1. *Lalsawia*  
 LALSAWIA  
 C.E.M., M.D.C.  
 Designation and Address.

Witness No. 2. *V.L. Tluanga*  
 V.L. TLUANGA  
 Chairman, District Council  
 Designation and Address.

*Chlhunna*  
 CHLHNUNA  
 Secretary of the Synod  
 Presbyteriang Church in the  
 Mizo District

Despite giving the charge and responsibility to the Mizo church, the missionaries continued to work under it, with their pay being arranged from Britain, and not included

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in the payroll of the hospital staff. At that time, there were 3 (three) missionaries, namely Dr. G.P. Roberts, Miss. May Bounds and Miss G.M. Evans. Sometime later, in 1964 Miss Horner also came. The first ever Mizo church doctor, Dr. R.K. Nghakliana joined up in July, 1957 and began working with Dr. G.P. Roberts. Besides them, the staff in 1958 comprised as seen in Table 2.1.

**Table 2.1**  
**Medical Staff, 1958**

Designation of Staff	Number
Compounder	2
Laboratory Assistant	1
Nurse	7
Tailor	1
Business & Office	1
Carpenter	1
Other workers	14
Total	27

In April, 1961 the missionary doctor, Dr. G.P.Roberts left Mizoram followed by Miss. May Bounds in 1963, Miss G.M. Evans on January 12, 1968 and finally Miss Horner on February 19, 1968, since then the workers were purely Mizos. Dr. L. Ringluaia, Dr. Lianzama, Dr. Lalsangliani and Dr C. Biakmawia were sent to their studies on church's sponsorship.

The land for hospital was acquired as Land lease. Before 1958, there were not many buildings standing on the hospital hill, save for the main hospital building and the two-storeyed one by its side, the two small houses at the back of the two-storeyed building, near Finna Ward.

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From 1974, a separate office building was constructed so that the staff working became an easier and more pleasant affair. Then in 1973 a fairly spacious lecture hall that can accommodate stores beneath it was constructed with Government's assistance and thus there is now a good place for the use of the students of Nurse and their teachers.

For quite a long time the administration of the hospital was practically under the charge of the doctor. There used to be a committee on the administration of the hospital in a proper manner. Before 1971 the members of the committee on the hospital administration appears to be the hospital officials, synod officials and persons selected from Aizawl and Durtlang.

Those which should not be omitted in the hospital's history are:-

i) Treatment of T.B

Since there was no longer been a separate ward for T.B patients, the younger generations might well think that T.B has never been treated in the Synod hospital. As a matter of fact, the task of treating T.B was taken up from the initial stage and with a two-storey building having 30 bed capacity having been constructed in 1959, treatment of T.B has been one of the main work.

When the government's T.B. Hospital building needed reconstruction all their T.B. patients were shifted to Durtlang and so for some time Synod hospital was the only T.B. hospital in Mizoram, All the expenses were borne by the government while the hospital provided the workers and services. After completion of the government T.B.

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hospital in Zemabawk, all the T.B. patients were shifted there on 26<sup>th</sup> August 1976 and henceforth the T.B Ward in the Synod Hospital remains closed.

#### ii) Treatment of Mental Cases

In Mizoram there have often been mentally-ill patients, many of whom have been taken to the other State for treatment, but a good number who cannot afford to go to other places remain untreated. For those who have this kind of problem, there was once no institution to go to in Mizoram. Though the hospital did not really have the place, the equipment and the expertise for treatment of such cases, it was due to unavoidable circumstance that the treatment of mental cases was taken up from 1970. This service was the fruits of labour of the Zoram Presbyterian Church Women and it would not be wrong to say it is purely their handiwork.

One machine, Electro-convulsive Therapy (E.C.T) was purchased hurriedly and the doctor underwent a crash course in Alipore, so treatment has been done with the help of this machine and counseling as far as possible. As there is no separate building, at first the patients cannot but mix with the other patients, causing quite a few botheration at times. Alive to the need for having a separate ward, the Zoram Presbyterian Church Women once again raised fund and the building was completed and opened in 1977 and was named 'Finna Ward'.

#### iii) Rural Health Centre

Four dispensaries in rural areas have been maintained. As already mentioned, theses dispensaries were once looked after by Miss Gladys M. Evans, then in 1963, after

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she went home, by Mr. Darringaia; but when disturbance broke out in 1966, it was impossible to maintain them and so they were closed.

The services of the dispensaries remain alive in the minds of the public and there was always an awareness of the need for starting them again; but for various difficulties they could not be started again immediately and it was after the Synod resolved to start them again that they were set up a fresh in three villages. With the renewal of rural services, not only the health care was in the minds, but the main aim was to improve the health of the society and eradicate diseases and as such these services were named Rural Health Centre. After these Rural Health Centres were functioning rather smoothly for a little more than seven years, due to various difficulties and the hope that service through Mobile Clinics would be more fruitful, the Synod Hospital Board decided to discontinue them again. As per the Board's minute No. 2 (b) dt 18.10.1983, the name of Rural Health Centres which were closed can be seen in Table 2.2.

**Table 2.2**  
**Rural Health Centre closed in 1983**

Sl. No.	R.H.C	Date of Closing
1	Khawhai	2.2.1984
2	Khawzawl	3.2.1984
3	Khawdungsei	7.2.1984

iv) Medical Record

One more recent achievement of the hospital is a new paramedical unit, the Medical Record Unit. The technician to man this was already trained in 1982; but owing to different constraints it could not be started for some time. To help make the start, Mr.

Emmanuel Rai Singh, Deputy Medical Record Officer, Christian Medical College

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Hospital, Ludhiana was invited and it was he who eventually set up the Medical Record Unit on 20<sup>th</sup> May, 1987. It is difficult to many to see the importance of Medical Record, yet it serves as one of the most vital basis for running hospital in the more advanced countries. Not only for the purpose of analysing diseases, but also for reflection of the hospital's standard, for finding out whether its performance is good or not, as well as for the planning, it has come into great use.

### **2.3 MISSION STATEMENT**

The Welsh Missionaries started this hospital and Nursing School, based on two guiding principles, such as:

- i) To care for all the sick and needy at all times without discrimination.
- ii) To train quality nurses with strong Christian principles.

### **2.4 GOVERNANCE**

The hospital is governed by a board constituted by the Presbyterian Church, Mizoram Synod. The Synod Moderator is chairman of the Board, and the Hospital Director, the Board Secretary. The members consisted of representative from all the Presbyteries under the Mizoram Synod, 7 nominated members, 2 staff representatives and 6 ex-officio members, 3 from the Synod Office and 3 from the Hospital Administrative Staff. The Governing Board meet twice a year, and to manage the day-

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to-day running of the hospital, Consultative Committee is instituted, which meets every month.

## **2.5 INFRASTRUCTURE**

The hospital is now equipped with well furnished Major Operation Theatre, Gynae O.T, and Eye O.T. Medical, Surgical, Pediatrics, Orthopedics, Eye, ENT and Obs & Gynae wards and two complexes of Private wards with Deluxe rooms in the New Cabin Complex. The hospital also improved in infrastructure with almost all modern equipment's like X-ray machine, USG machine, ECG machine, CT Scan, fetal monitor and Endoscopy equipment's. They now have specialists in almost all important branches like Medicine, Surgical, Gynae, Paediatrics, Pathology, Microbiology, Anaesthetic, ENT, Eye and Orthopaedics. Each Unit has special equipments for its usefulness.

## **2.6 FINANCE**

In the beginning, the hospital was a free hospital, all the costs borne by the churches in Wales. Eventually, minimal charges were levied for accommodation, food and medicines. This policy is maintained till today, in order to accommodate everyone especially the economically disadvantaged groups, the deficit somehow filled in by the Mizoram Synod. In spite of the back-log of unpaid bills that is accumulated, the hospital manages to thrive and grow, proving that money alone does not sustain an institution,

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rather it is good governance and the good-will and un-ending prayers of the Churches that gives it sustenance.

## **2.7 PARTNERS**

The Hospital work closely with the following organisations to deliver health-care services:

i) The Department of Health and Family Welfare, Govt. of Mizoram for RCH Services, Tuberculosis treatment, Control of Malaria, Cancer Detection, Blindness Control and MNGO Services. The hospital is also looking after 1 (one) Primary Health Center (PHC) at Marpara Village under Public Private Partnership (PPP) mode.

ii) The Mizoram AIDS Control Society for Drop-in-Centre, Hospice namely Grace Home.

iii) The Christian Blind Mission (CBM) for Eye Services.

iv) The Christian Medical Association of India (CMAI) for Malaria Control, Community Development Programme and Training.

v) UNODC, H13 Project for Oral Substitution Therapy.

vi) The Mizoram State Social Welfare Department for State Referral Centre for persons with disabilities.

vii) Under Mobile medical unit, the hospital is scattering Health Services in Aizawl District, West.

## **2.8 FUTURE PLANS**

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i) Upgrading of Nursing School to college of Nursing, steps are already taken for staff development.

ii) Extension of Grace-Home (Hospice for AIDS victims) to accommodate more patients and to start a comprehensive treatment and training centre for the control and prevention of HIV/AIDS.

iii) To build a new Hospital Chapel, since with the growth in staff and patients, the old one has become too small.

iii) Private ward which can accommodate approximately 28 private rooms is under construction.

iv) New Building for Nursing School to be constructed by 2014.

v) Nursing hostel is under construction.

vi) Proposal to purchase the first MRI equipment has already been approved by the Mizoram Synod and will be acquired by 2014.

## **2.9 A BRIEF ON NURSING STAFF**

Nurses working in this hospital can be classified into 3 (three) sections based on their station and nature of work, such as:

i) The office of Nursing Superintendent

ii) School of Nursing

iii) Nurse – Ward duty

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### **2.9.1 The office of Nursing Superintendent**

The office is occupied by the nursing superintendent and 2 (two) assistant nursing superintendent. The main nature of work is administration of the nursing staff which includes maintaining statistical record, scheduling duty roster, coordinating and organizing training, and other administrative works.

### **2.9.2 School of Nursing**

The total strength of staff in Nursing school is 12 (twelve) which consists of The Principal, Vice Principal and 10 (ten) sister tutor. They are mostly engaged with imparting education and basic administrative work relating to nursing school.

### **2.9.3 Nurse - Ward duty**

The definite number of nursing staff on ward duty engaged in the hospital is quite difficult to determine as there are three types of engagement existed such as permanent/regular, contract and daily employee. As the name suggests permanent/regular employees are those who have official employment engagement, whereas contract employees are hired for the duration of 6 months which is renewable as per the requirement of the hospital. Daily employees do not have official employment agreement; they are hired and paid on daily basis. Such is the terms and conditions of their employment engagement, hence the number of nursing staff differs very often.

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## Chapter 3

### DATA INTERPRETATION AND ANALYSIS

This chapter attempts to give meaningful inference to the collected raw data by using various statistical tools so as to determine the intention of the respondents.

#### 3.1 HYPOTHESES TESTING

**H1: There is a significant relationship between job satisfaction and motivation**

**Table 3.1**  
**Correlation between Job Satisfaction and Motivation**

		Job Satisfaction	Motivation
Job Satisfaction	Pearson Correlation	1	.671**
	Sig. (1-tailed)		.000
	N	141	141
Motivation	Pearson Correlation	.671**	1
	Sig. (1-tailed)	.000	
	N	141	141

\*\* . Correlation is significant at the 0.01 level (1-tailed).

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Pearson’s Correlation Analysis shows that there is a significant relationship between Job Satisfaction and Motivation of the nurses. Further, 45% of motivation level is explained by the job satisfaction level of the nurses.

*Thus, H1: There is a significant relationship between Job Satisfaction and Motivation is accepted.*

**H2: Job satisfaction significantly correlates with length of service**

**Table 3.2  
Correlations between Job Satisfaction and Length of Service**

		Job Satisfaction Total	Tenure in present occupation
Job Satisfaction Total	Pearson Correlation	1	-.142
	Sig. (1-tailed)		.078
	N	141	102
Tenure in present occupation	Pearson Correlation	-.142	1
	Sig. (1-tailed)	.078	
	N	102	102

Running Pearson’s Correlation between the variables, job satisfaction and tenure in present occupation shows that there is no significant relationship between the two.

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*Thus, H2: Length of service significantly correlates with Job Satisfaction rejected. However, it is interesting to note that the relationship, though not significant, is negative. In other words, lengths of service period negatively affect the level of job satisfaction in the case of nurses working under the Synod Hospital.*

### **3.2 DETERMINANTS OF JOB SATISFACTION**

An attempt to conduct Principal Component Analysis (PCA) on the 20 items of the latent variable<sup>7</sup> - Job Satisfaction was made. A preliminary analysis to measure the sampling adequacy and correlation between items to qualify the PCA was done and demonstrated in Table 3.3.

**Table 3.3**  
**KMO and Bartlett's Test – Job Satisfaction**

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<sup>7</sup> Latent variables are variables that are not directly observed but are rather inferred from other variables that are directly measured.

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Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.721
	Approx. Chi-Square	1005.891
Bartlett's Test of Sphericity	df	190
	Sig.	.000

Kaiser-Mayer-Olkin (KMO) Measure verified the sampling adequacy for the analysis, KMO=.721 (which is considered adequate by standard). Bartlett’s test of Sphericity  $\chi^2(df 190) = 1005.891$ ,  $p < .001$  indicated that correlation between items were sufficiently large for PCA and factor analysis for job satisfaction is appropriate.

While doing factor analysis, criteria like communality, Eigenvalues, % of variance, cumulative % are considered. In deriving the components for job satisfaction, those components with more than 10% of variances are considered. The number of components so stated is three. This is also supported by Scree Plot (three components are seen before the point of inflexion).

The proportions of each variable’s variance<sup>8</sup> that can be explained by the factors are represented as communalities, which are demonstrated in Table 3.4.

**Table 3.4**  
**Communality of Job Satisfaction Sub-Factors**

Variable	Communality
Being able to keep busy all the time	.411
The chance to work alone on the job	.629
The chance to do different things	.482

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<sup>8</sup> Variance is the average error between the mean and the observations made (and so is a measure of how well the model fits the actual data)

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Chance to be somebody in community	.316
The way my boss handles his workers	.327
The competence of my supervisor in making decisions	.249
Being able to do things that do not go against my conscience	.596
The way my job provides for steady employment	.455
The chance to do things for other people	.503
The chance to tell people what to do	.579
The chance to do something that makes use of my abilities	.595
The way organisation policies are put to practice	.486
My pay and amount of work I do	.658
The chances for advancement on this job	.488
The freedom to use my own judgement	.376
The chance to try my own methods of doing the job	.288
The working conditions	.288
The way my co-workers get along with each other	.510
The praise I get for doing a good job	.357
The feeling of accomplishment I get from the job	.585

The above table suggests that the factor analysis model significantly explains the variations in sub variables – work autonomy (the chance to work alone on the job) and job-work coherence (my pay and amount of work I do). To be more precise, 66% of variations in job-work coherence and 63% of variations in work-autonomy is explained by the model. The model explained only 29% of variations in working conditions and creativity in the workplace.

An initial analysis was run to obtain eigenvalues<sup>9</sup> for each component in the data. The analysis shows that there are seven components with eigenvalues greater than 1 as shown in Table 3.5. As per standard (Andy Field, 2009), components with Eigenvalues greater than 1 should be considered. In the present analysis, there are only 20 components (sub factors) and therefore to consider 7 out of the 20 sub variables would

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<sup>9</sup> Eigenvalues are the variances of the factors. Since, factor analysis is conducted on the correlation matrix, the variables are standardised, which means that the each variables has a variance of 1, and the total variance is equal to the number of variables used in the analysis.

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be too complex. Therefore, 3 components with more than 10% of variance are taken and in combination explain 46% of the variance.

**Table 3.5**  
**Total Variance Explained – Job Satisfaction**

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings <sup>a</sup>
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total
1	4.693	23.463	23.463	4.693	23.463	23.463	3.775
2	2.449	12.243	35.706	2.449	12.243	35.706	2.896
3	2.038	10.190	45.896	2.038	10.190	45.896	3.262
4	1.449	7.247	53.143				
5	1.244	6.222	59.365				
6	1.128	5.640	65.004				
7	1.016	5.081	70.085				
8	.936	4.680	74.765				
9	.853	4.263	79.028				
10	.647	3.234	82.262				
11	.528	2.638	84.900				
12	.471	2.356	87.257				
13	.438	2.191	89.448				
14	.402	2.010	91.458				
15	.370	1.852	93.310				
16	.350	1.751	95.061				
17	.308	1.538	96.598				
18	.248	1.239	97.837				
19	.227	1.136	98.974				

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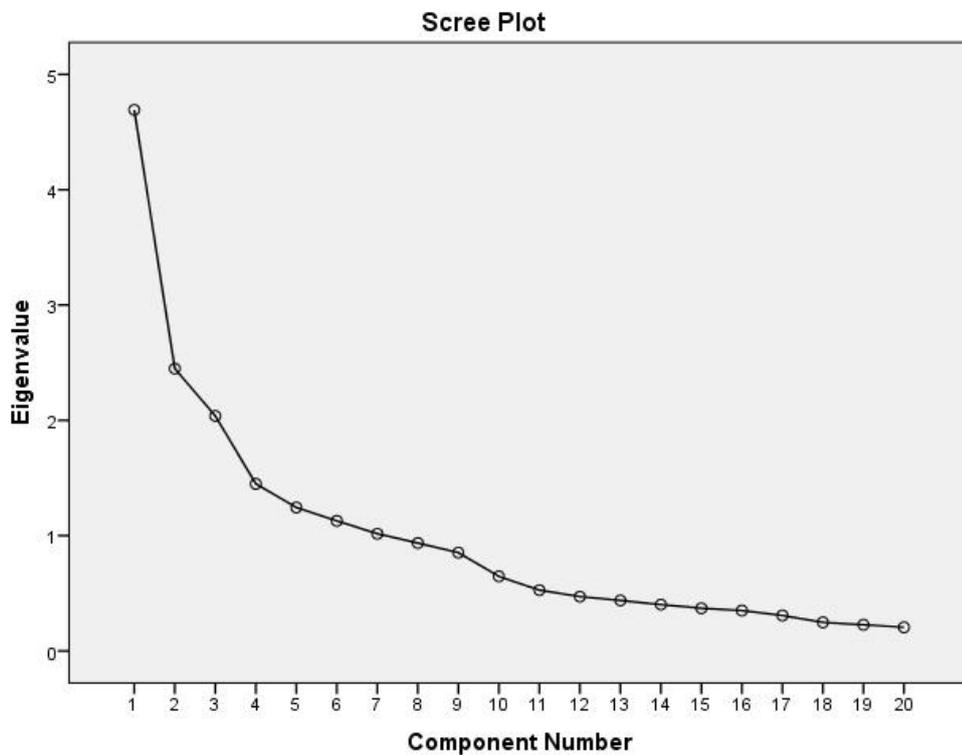
20	.205	1.026	100.000				
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Extraction Method: Principal Component Analysis.

a. When components are correlated, sums of squared loadings cannot be added to obtain a total variance.

Table 3.6 indicates the rotated factors that have been extracted and shows the three considered components having with more than 10% of the variance along with its categorized factors.

Factor loadings of .4 are considered for selecting the job satisfaction determinants



**Table 3.6**  
**Pattern Matrix of the Components – Job Satisfaction**

Variables	Component		
	1	2	3
The feeling of accomplishment I get from the job	.769		
The way my coworkers get along with each other	.675		

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The chance to tell people what to do	.626		
The working conditions	.549		
The chance to try my own methods of doing the job	.539		
The praise I get for doing a good job	.537		
The chance to do things for other people	.477		
Being able to keep busy all the time	.443		
My pay and amount of work I do		.803	
The chance to work alone on the job		.792	
The freedom to use my own judgment		.604	
The chance to do different things		.509	
Chance to be somebody in community		.469	
The chance to do something that makes use of my abilities			.788
Being able to do things that don't go against my conscience			.698
The chances for advancement on this job			.671
The way my job provides for steady employment			.571
The way organisation policies are put to practice			.461
The way my boss handles his workers			.359
The competence of my supervisor in making decisions			.306
Extraction Method: Principal Component Analysis. Rotation Method: Oblimin with Kaiser Normalization.			

Two variables i.e, 'The way my boss handles his workers and the competence of my supervisor in making decisions' are not included from the factors as their factor loading are less than .4

The items that cluster on the same component suggested that Component 1 represents Behavioural Issues, Component 2 represents Organisational Issues, and Component 3 represents Work Environment Issues.

### 3.2.1 Behavioural Issues

This component consists of eight sub variables such as achievement (the feeling of accomplishment I get from the job), co-workers (the way my co-workers get along with each other), authority (the chance to tell people what to do), working conditions (the working conditions) , creativity (the chance to try my own methods of doing the

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job) , recognition (the praise I get for doing a good job), social service (the chance to do things for other people) and activity/workload (being able to keep busy all the time) .

### **3.2.1.1 Achievement**

According to Gazioglu and Tansel (2006), those in the education and health sector are less satisfied with their pay but more satisfied with their sense of achievement. Setting a clear, achievable goals and standards for each position plays important role. Employees should also receive regular, timely feedback on how they are doing and should feel they are being adequately challenged in their jobs. Careful measures must be taken not to overload individuals with challenges that are too difficult or impossible, as that can be paralyzing (Syptak, Marsland and Ulmer, 1999). In this study, the factor analysis explained the variation in achievement as about 58.5%.

### **3.2.1.2 Co-workers**

Dotan (2007) suggested that when employees have trustful friends at work, they can get help or advice from their friend coworkers and, therefore, gain feelings of security, comfort, and satisfaction with their job at work. Also, employees in friendship tend to engage in altruistic behaviours by providing co-workers with help, guide, advice, feedback, recommendation, or information on various work-related matters (Hamilton, 2007). This study indicated that about 51% of the variation in relationship among co-workers is explained by the factor model.

### **3.2.1.3 Authority**

Employees are more satisfied when they have adequate freedom and authority to do their jobs. Empowerment through delegation is a participative management style that

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will encourage real delegation of authority (Muindi, 2011). Giving ample amount of authority results in increase in job satisfaction as it boosts self confidence and creates the right drive for increasing accountability. It is important to let the employee make decision and allow them to participate on decisions that will affect them as this will help to determine how they will achieve the work goals by identifying innovative ‘best practices’. The factor model explicates the variation in authority at about 58% in this study.

#### **3.2.1.4 Working Conditions**

The focus on healthy work environment began in clinical settings with the goals of improving safety, enhance the recruitment and retention of nurses and promote excellence in clinical practice (Brady M, 2010). Some hospitals have created healthy workplace environments for nurses, which typically include: recognition of the value of nursing’s contribution, the presence of adequate numbers of qualified nurses, the presence of expert, competent, credible, visible nursing leadership, collaborative practice cultures with shared decision making at all levels, encouragement of professional development for nurses, clear and respectful communication and cultures of accountability. In this study, 29% of the variation is explained by this model.

#### **3.2.1.5 Creativity**

Many employees hate to be micro-managed (Richard D White, 2010). Often people get more job satisfaction when they are familiar with their workgroups and supervisors, and trust them to provide empowerment. Sometimes this means allowing nursing staffs to make their own decisions on improving nursing relations.

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Empowerment gives employees ownership of their jobs, and it makes them more creative within the organisation. The variation in creativity in this study is at about 29% as explained by the factor analysis.

### **3.2.1.6 Recognition**

Wilson (1994) stated that the conditional recognition is that type of recognition which one has to earn by his own efforts and which is gained by some sense of achievement of an action or result. Employees are definitely closer to their organisation as their job can become the major satisfaction in their life after having a proper recognition at their job. Individuals at all levels of the organisation want to be recognized for their achievements on the job and their successes don't have to be monumental before they deserve recognition, but the praise should be sincere (Syptak, Marsland and Ulmer, 1999). The factor analysis model in this study explained 36% of the variation in recognition as indicated by the communality.

### **3.2.1.7 Social Service**

According to Taris and Feij (2001), intrinsic and extrinsic work values and social relations at work affect job satisfaction and the intention to leave employment. Social service can literally mean helping others which is providing assistance to individuals or groups<sup>10</sup>. One of the key functions of any organisation would be to cater the need of other people. Especially in this study, helping others plays significant role as the level of job satisfaction can be greatly involve with getting to help others, being creative and utilizing special technical expertise. Career fulfillment is finding a job that involves in

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<sup>10</sup> Retrieved from [http://careerplanning.about.com/od/selfassessment/a/work\\_values.htm](http://careerplanning.about.com/od/selfassessment/a/work_values.htm) on 22<sup>nd</sup> March 2013

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helping others and this can be best explained by the nursing care offered to those patients in need of medication. 50% of the variation in ability to help others is explained by the factor model in this study.

### **3.2.1.8 Activity**

The characteristics of the organisation and of work activities have a crucial impact on the job satisfaction (Blegen 1993, Irvine and Evans 1995). Dealing with a workload that is far too heavy and deadlines that are impossible to reach can cause job satisfaction to erode for even the most dedicated employee. When referring to workload, it is mostly intended to working hours, number of patients, less number of patients per day, longer consultation time etc. The actual measurement of workload is in terms of frequency of activities or the amount of time taken (Groenewegen and Hutten, 1991). The factor analysis used in this study explained about 41% of the variation in this sub variable.

## **3.2.2 Organisational Issues**

This component consists of five variables such as compensation (my pay and amount of work I do), responsibility (the chance to work alone on the job) , autonomy (the freedom to use my own judgment), complexity and variety (the chance to do different things), social status Chance to be somebody in community).

### **3.2.2.1 Compensation**

Compensation refers to all forms of tangible and non tangible benefits that an organisation provides to his employee for rendering their services as a part of employee relationship strategy (Milkovich and Newman, 2005). Compensation can be divided

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into two components, direct financial benefits and indirect financial benefits (Dessler, 2000). Pay equity can increase the service quality and organisational performance. Generally, employees accept salary as a reward for the work they have performed.

Direct financial benefits as a part of employee's compensation includes salary, wages, incentives, commission and bonuses where as indirect financial benefits is usually non-cash in nature and include holidays, medical facilities, life insurance, medical leave, sick leave, casual leave, vision care, retirement plan, child care assistance, employee's assistance program, education assistance program, etc. The factor analysis explained the variation in compensation at about 66% in this study.

### **3.2.2.2 *Autonomy***

Work independence is considered as one of the most important characteristics of work (Cordery and Wall, 1985). Independence in the workplace refers to how much freedom employees have while working. For some organisations, autonomy means employees are allowed to set their own schedules. In other organisations, autonomy means employees can decide how their work should be done. Hackman and Oldham (1980) stated that enriching work autonomy of employee results in the increase in experienced responsibility which subsequently leads to job satisfaction and other positive work outcome behaviour. In this study, 38% of the variation in responsibility is explained by the factor model.

### **3.2.2.3 *Responsibility***

Increased responsibility levels may lead to satisfaction because of the greater involvement, challenge, and control (Bishay, 1996). This requires giving employees

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enough freedom and power to carry out their tasks so that they feel they “own” the result. As individuals mature in their jobs, it is important to provide opportunities for added responsibility. Finding ways to add challenging and meaningful work, perhaps giving the employee greater freedom and authority can positively affect their job satisfaction. As indicated by communality in this study, the factor model explained 63% of the variation in autonomy.

#### **3.2.2.4 *Variety/Complexity***

Lambert (2004) refers to job variety as “the degree of variation in a job” Employees generally find jobs more satisfying if they are more complex and offer more variety. Skill variety refers to the degree to which a job requires a variety of different activities in carrying out the work, which involve the use of a number of different skills and talents of the person (Hackman and Oldham, 1975). When the job seems to be stereotype, the employees tend to feel bored and less important as they need to be challenged a little to add some variety in the tasks they carry out. In this study, about 48% of the variation in this sub variable is explained by the factor analysis model.

#### **3.2.2.5 *Social Status***

In this study, the factor model explained 32% of the variation in social status. Employees care about their social status and their involvement within the workplace and local area (Lee and Lee, 2012). Social status is another conflicting aspect of one's job-satisfaction. Employees in the establishment stage are (generally) still striving for achieving their dream status in the society whereas those in the next stage have either achieved or about to achieve the aspired status. They, hence, find it very significantly

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correlated with the satisfaction. Dissatisfaction regarding inferior social status leads them to exert themselves to the utmost level.

### **3.2.3 Work Environment Issues**

This component consists of seven variables such as ability utilisation (the chance to do something that makes use of my abilities), moral values (being able to do things that don't go against my conscience), advancement (the chances for advancement on this job), job security (the way my job provides for steady employment), organisational policies and practices (the way organization policies are put to practice), supervision-human relations (the way my boss handles his workers), supervision-technical (the competence of my supervisor in making decisions).

#### **3.2.3.1 Ability Utilisation**

The chance to use abilities emerges from many sources as a variable that is important to job satisfaction. Vroom (1982) stated that individuals gain satisfaction from jobs that require the use of their abilities as compared to jobs in which they feel like their abilities are not being used. Sutter (1994) discovered that ability utilisation is a predictor of job satisfaction. Abilities can be attained by education and work experience to do a job. In this study, about 59% of the variation in ability utilisation is explained by the factor model. Effective utilisation of skills is about confident, motivated and relevantly skilled individuals who are aware of the skills they possess and know how to best use them in the workplace that provide them with meaningful and appropriate encouragement, opportunity and support to use their skills effectively in order to

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increase performance and productivity, improve job satisfaction and employee well-being, and stimulate investment, enterprise and innovation.<sup>11</sup> Employees frequently have skills and abilities beyond the position that they have been hired for. Organisations need to take steps to discover the skill sets of their employees and utilize them.<sup>12</sup>

### **3.2.3.2 Moral Values**

Values are believed to have a substantial influence on the affective and behavioural responses of individuals (Locke, 1976). An individual's work ethic is an important facet in employment. It has been reported that a work ethic commanded higher priority than skills in hiring among employers since the early 1990s (Flynn, 1994). According to Beekun (1996), work ethic in its most basic form refers to the internalised view of work as the natural expression and stewardship of one's abilities and energies. The moral values analysed by factor model explained 60% of the variation in this study. Ethical practices in organisation serve several purposes such as enabling a supervisor to comply with the rules and regulations, sound ethical policies engendering trust and reliability with respect to hospital staff and patients, helping to keep employees happy and willing to work hard to achieve organisational goals and lastly, following ethical practices is the right thing to do. Unethical behaviour should be measured

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<sup>11</sup> Retrived from <http://www.scotland.gov.uk/Topics/Education/skills-strategy/making-skills-work/utilisation> on 31st March 2013

<sup>12</sup> Retrieved from [http://www.shrm.org/research/surveyfindings/articles/documents/10-0252%20jobsatsr\\_textfllowrez.pdf](http://www.shrm.org/research/surveyfindings/articles/documents/10-0252%20jobsatsr_textfllowrez.pdf) on 31<sup>st</sup> March 2013., A research report by the Society for Human Resource Management on 2010 Employee job satisfaction.

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against a code of conduct or organisational policies. While ethical behaviour promotes job satisfaction, job satisfaction also promotes ethical behaviour.<sup>13</sup>

### **3.2.3.3 Advancement**

Schneider, Gunnarson, and Wheeler (1992) stated that promotional opportunity is important to job satisfaction. According to them, employees who perceive few opportunities for advancement have negative attitudes toward their work and their organisations. This study indicated that 49% of the variation in advancement is point out by the factor analysis model. Employees are more satisfied with their current job if they see a path available to move up the ranks in the organisation and be given more responsibility and along with it higher compensation. Supervisor plays important role in mapping out a path to show what needs to accomplish and what new skills to develop in order to be on a track to advancement within the organisation. When feasible, employees should be supported by allowing them to pursue further education.

### **3.2.3.4 Job Security**

As defined by Blanchflower (1999) job security refers to people's perceptions about the probability of losing their job. With the increasing pressure of globalization and competition in the market, Organisation are emphasizing on lowering the overhead expenses so that the bottom line result of income statement can be positive and higher than before. In order to achieve the marked increasing profit many organisations are restructuring, merging and downsizing to cut their cost and utilize their human resources on the maximum level so that the organisational aims and objectives can be achieved with a lower cost. However,

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<sup>13</sup> Retrieved from <http://www.workplaceethicsadvice.com/2011/08/work-ethics-job-satisfaction.html> on 2nd April 2013

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In the books of "Applied Multivariate Statistics for Social Sciences (2002), 4<sup>th</sup> Edition, published by Hillsdale, NJ. Erlbaum. JP Stevens cited that for sample size of 50 a loading of 0.722 is considered. For 100 samples 0.512 and for 200 sample 0.364 are kept. Our sample size is 141 and therefore by interpolation, we retained factor loading of 0.4 according to his standards.

downsizing itself generates or inclines toward job insecurity in an organisation which at times becomes a serious reason for employee to have an intension towards job turnover intension to quit, feeling of job insecurity and decline in organisation commitment are some of the major outcomes emerging from organisations restructuring and downsizing of employee (Coleman, 1999).

On the other hand the job turnover itself is among a biggest threat to the organisation as there are plenty of employees on which an organisation dependence exist and ineffective strategy adopted in restructuring and downsizing may lead to a volunteer turnover of high performing employees whose commitment, motivation and loyalty towards the organisation becomes a success steps for the organisation. This study indicated that the factor model explained about 45% of the variation in job security.

### ***3.2.3.5 Organisational Policies and Practices***

Organisational policy is the guide that clearly spells out responsibilities and prescribes action to be taken under a given set of circumstances (DiVincenti, 1986). Policies can be implied or expressed. It can also be written or in an oral form; whatever it is, managers are to make sure that policies are consistently applied because inconsistency leads to uncertainty, feelings of bias and preferential treatment and unfairness.

Policies should be fairly applied to all employees so that they will not feel any discriminatory treatment, which automatically lead to dissatisfaction; but if they feel that policies are applied consistently to all employees, they will feel a sense of

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belonging to an organisation (Marriner –Tomey, 1996). To ensure that all employees are well informed of policies and procedures within their organisation and secure their cooperation, two-way communication is to be practiced in organisations to allow dissemination of policies and any changes that are taking place (Booyens, 1998).

According to Locke (1976), there should be clear policies and strategies in the organisation which makes easy for employees to understand their tasks and objectives etc because otherwise it may lead toward dissatisfaction. In this study, the factor analysis model explained 49% of the variation in organisational policies.

### **3.2.3.6 *Supervision-Human Relations***

According to Carrell, Elbert and Hatfield (1998) satisfaction is promoted where there is good supervision and the employee perceives the supervisor as helpful, competent and effective. Poor supervision may arise within the work environment when the supervisor is insensitive, incompetent and uncaring, leading to a negative effect on employees' job satisfaction. An effective supervisor recognizes his employees' needs for responsibility, recognition and growth. A good supervisor supplies information and advice to employees when necessary and also emphasizes personal responsibility and accountability while providing a climate of freedom for work accomplishment. 33% of the variation in supervisor-human relations is explained by the factor model in this study.

### **3.2.3.7 *Supervision-Technical***

According to McFarland and Morris (1984), supervisory skill involves the use of knowledge, procedures, techniques and equipment to perform task. These skills can be

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learned through training and education. Effective supervision and leadership in an organisation should help employees in performing their jobs because where good supervision exists, employees are made aware of their strengths and weaknesses and necessary assistance would be put in place to improve their performance. Where supervision is not in place, employees tend to feel lost in their workplace. Due to lack of direction, they become dissatisfied especially where the supervisor lacks assertiveness, unwilling to make decisions and if supervisors lack planning skills (Gerber et al, 1998). This study shows that the factor analysis explained the variation on this sub variable at about 25%.

A correlation analysis was done to show the relationship between the three components as shown in Table 3.7.

**Table No. 3.7**  
**Component Correlation Matrix – Job Satisfaction**

Component	Behavioural Issues	Organisational Issues	Work Environment Issues
Behavioural Issues	1.000	.122	.213
Organisational Issues	.122	1.000	.122
Work Environment Issues	.213	.122	1.000

Extraction Method: Principal Component Analysis.  
Rotation Method: Oblimin with Kaiser Normalization.

Correlation coefficient between Behavioural Issues and Organisational Issues & component Organisational Issues and component Work Environment Issues are both .122 which shows insignificant relationships between the said components. Similarly, the relationship between component Work Environment Issues and component

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Behavioural Issues is insignificant as the table shows the coefficient at .213. Thus, all three components share insignificant relationships between each other.

### 3.3 DETERMINANTS OF MOTIVATION

An attempt to conduct Principal Component Analysis (PCA) on the 20 items of the latent variable - Motivation was made. An initial analysis to measure the sampling adequacy and correlation between items to qualify the PCA was done and demonstrated in Table 3.8.

**Table 3.8**  
**KMO and Bartlett's Test – Motivation**

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.718
	Approx. Chi-Square	795.208
Bartlett's Test of Sphericity	Df	190
	Sig.	.000

Kaiser-Mayer-Olkin (KMO) Measure verified the sampling adequacy for the analysis, KMO=.718 (which is considered adequate by standard). Since Bartlett's test is highly significant i.e.  $p < .05$ , factor analysis for job satisfaction is appropriate.

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While doing factor analysis, criteria like communality, Eigenvalues, % of variance, cumulative % are considered. In deriving the components for motivation, those components with more than 10% of variances are considered. The number of components so stated is two. This is also supported by Scree Plot (two components are seen before the point of inflexion).

The proportions of each variable's variance that can be explained by the factors are represented as communalities, which are demonstrated in Table 3.9.

**Table 3.9**  
**Communality of Motivation Sub-Factors**

Variable	Communality
The salary increments given to employees who do their job very well motivates them	.407
Financial incentives motivates me more	.385
I am satisfied with my present salary	.470
I am satisfied with the lunch breaks etc.	.260
Good working conditions are provided	.258
The employees feel secured	.172
The retirement benefits available are sufficient	.276
The medical benefits are satisfactory	.424
Visibility with top management is important to me	.204
I feel that my superiors always recognise the work done by me	.343

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I feel that the job I do gives me a good status	.319
I am satisfied with the responsibility and role that I have in my work	.395
The quality of the relationships in the informal work group is quite important to me	.483
I am satisfied with the support from administrative section	.505
There is fair amount of team spirit	.304
I feel more motivated in participating in other activities	.445
I want to be the best at my job	.396
I generally like to schedule my own work and to make job decisions with minimum supervision	.139
I find opportunity for personal advancement	.308
My aim is self actualization	.496

The above table suggests that the factor analysis model significantly explains the variations in sub variables –50% of variations in support from administrative section (I am satisfied with the support from administrative section), 50% of variations in self actualization (my aim is self actualization) and 48% of variations in informal relationship (the quality of the relationships in the informal work group is quite important to me) is explained by the model. On the lower side, the model also explained only 17% of variations in job security and 14% of variation in job enrichment.

An initial analysis was run to obtain Eigenvalues for each component in the data. The analysis shows that there are six components with Eigenvalues greater than 1 as shown in Table 3.10.

As per standard, components with Eigenvalues greater than 1 should be considered. In the present analysis, there are only 20 components (sub factors) and therefore to consider 6 out of the 20 sub variables would be too complex. Therefore, two components with more than 10% of variance are taken and in combination explain 35% of the variance.

**Table 3.10**

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**Total Variance Explained - Motivation**

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings <sup>a</sup>
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total
1	4.776	23.882	23.882	4.776	23.882	23.882	4.079
2	2.212	11.062	34.944	2.212	11.062	34.944	3.511
3	1.590	7.950	42.895				
4	1.290	6.448	49.342				
5	1.209	6.045	55.388				
6	1.026	5.130	60.517				
7	.953	4.764	65.281				
8	.898	4.490	69.772				
9	.826	4.131	73.902				
10	.752	3.760	77.662				
11	.740	3.702	81.365				
12	.611	3.053	84.418				
13	.541	2.705	87.123				
14	.518	2.590	89.713				
15	.459	2.293	92.006				
16	.417	2.083	94.089				
17	.383	1.915	96.004				
18	.293	1.463	97.467				
19	.271	1.356	98.823				
20	.235	1.177	100.000				

Extraction Method: Principal Component Analysis.

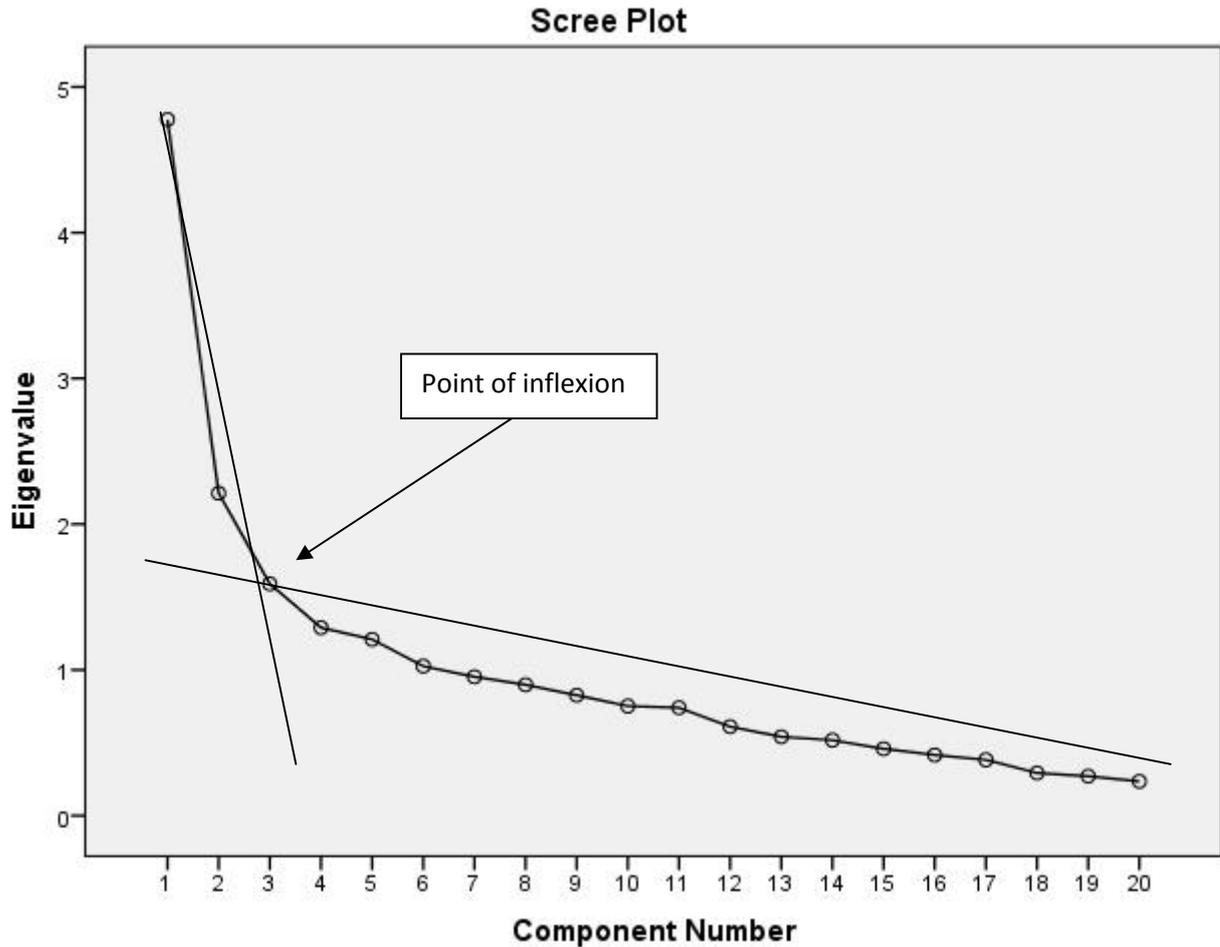
a. When components are correlated, sums of squared loadings cannot be added to obtain a total variance.

Table 3.11 indicates the rotated factors that have been extracted and shows the two considered components having with more than 10% of the variance along with its categorized factors.

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**Table 3.11**  
**Pattern Matrix of the Components - Motivation**

Variables	Component	
	1	2
The salary increments given to employees who do their job very well motivates them		.638
Financial incentives motivates me more		.606
I am satisfied with my present salary		.706
I am satisfied with the lunch breaks etc.		.499
I am satisfied with the support from HR Dept.		.685
The employees feel secured		.324
The retirement benefits available are sufficient		.486
The medical benefits are satisfactory		.580
I feel that my superiors always recognise the work done by me		.380

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I feel that the job I do gives me a good status	.381	
I am satisfied with the responsibility and role that I have in my work	.594	
The quality of the relationships in the informal work group is quite important to me	.700	
There is fair amount of team spirit	.418	
I feel more motivated in participating in other activities	.684	
I want to be the best at my job	.624	
I generally like to schedule my own work and to make job decisions with minimum supervision	.384	
I find opportunity for personal advancement	.511	
My aim is self actualization	.717	
Good working conditions are provided	.431	
Visibility with top management is important to me	.453	

The items that cluster on the same components suggested that component 1 represents extrinsic factors and Component 2 represents intrinsic Factors.

### 3.3.1. Extrinsic Factors

This component consists of eleven variables such as increments (the salary increments given to employees who do their job very well motivates them), incentives (financial incentives motivates me more), salary (I am satisfied with my present salary), lunch breaks/socialization (I am satisfied with the lunch breaks etc.), administrative support (I am satisfied with the support from administrative section), job security (the employees feel secured), retirement benefits (the retirement benefits available are sufficient), medical benefits (the medical benefits are satisfactory), recognition (I feel that my superiors always recognise the work done by me).

#### 3.3.1.1 Increments

Increment is an increase of some amount, either fixed or variable in the monthly salary of the employee. Incremental true-based systems might be of some value in

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encouraging a high degree of commitment, which may result in a high level of employee retention. But they are of little value in the current competitive business environment, which requires the use of appropriate performance-based strategies to achieve competitive advantage. Motivating employees to greater performance and productivity is considered one way to achieve such advantages. The drive against incremental systems has taken place because management does not see why they should pay people more for being there (Armstrong, 2005). In this study, about 41% of the variation in increment is explained by the factor analysis model.

### **3.3.1.2 Incentives**

According to Lai (2009), incentive is something that triggers a particular course of action. When an incentive is offered for meeting specific goals, the employee is likely to expend more energy and effort into the job, and thereafter the incentive will be given to the employee as a reward when the goal is met but it all stem from incentives. By and large, organisations use rewards as incentives to stimulate desired behaviour. Monetary incentives refer to financial reward given to employees in terms of bonuses, insurances, paid leave, commission etc. In this study, the factor analysis explained about 38% of the variation in this sub variable.

### **3.3.1.3 Salary**

Salary is a key factor affecting job satisfaction (Kabir, 2011). Organisation need to have an instrument in place to assess employee performance and provide salary increases. Prospect to earn special incentives, such as bonuses, extra paid time off or vacations also bring stimulation and higher job satisfaction. Pay satisfaction has been

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found to have both direct and indirect effects on intention to turnover, with job satisfaction and organisation commitment being the intervening variables (Lum et al., 1998). Salary refers to the monthly rate of pay, irrespective of the number of hours put in by an employee. They differ from employee to employee, and depend upon the nature of job, seniority and merit. Making sure employee salaries and benefits are comparable to other organisation salaries and benefits will help raise satisfaction. If an organisation wishes to produce a competitive product they must also offer competitive wages. This study shows that about 47% of the variation in salary is explained by the factor analysis model.

#### **3.3.1.4 *Lunch breaks/Socialization***

According to Syptak, Marsland and Ulmer (1999), part of the satisfaction of being employed is the social contact it brings. Allowing employees a reasonable amount of time for socialization (e.g., over lunch, during breaks, between patients) helps them to develop a sense of alliance and teamwork. Also, it facilitates to crack down on rudeness, inappropriate behaviour and offensive comments. The factor model used in this study explained 26% of the variation. Allowing employees to develop a social aspect to their job may increase satisfaction as well as develop a sense of teamwork.

#### **3.3.1.5 *Administrative Support***

As an employee advocate, the HR department should make sure the employer-employee relationship is one of reciprocal value by caring for, listening to, empathising with and responding to employees and their concerns. A reliable HR department does its best to seriously deal with employee questions and problems, thereby showing it cares

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for employee concerns. Responsiveness means the HR department is willing to help, and provides prompt service. As such, responsiveness is directly linked with responding to employees and their problems, one of the aspects in Ulrich and Brockbank's conceptualisation of the employee advocate role (Ulrich and Brockbank, 2005). Neglecting this role may negatively impact on employees' sense of well-being and commitment in the organisation (Ulrich, 1997). Human resource strategies are adopted in times of organisational decline, merger, growth, start-up and redirection.

As per the communality, 50% of the variation in support from the administrative section is explained by the factor model.

#### **3.3.1.6. *Job Security***

Job security guarantees the continuity of employment. The assurance that the employee will work at the same jobs for long years eliminates questions and worries about future, which is perceived as a part of job safety (Senol, 2011). Job security provides employee with high motivation and it also affects other motivational level. It also helps to relieve from mental tension and promote the effectiveness of an employee towards achieving the goals and objective of the organisation. This study showed 17% of the variation in job security as explained by the factor model analysis.

#### **3.3.1.7 *Retirement benefits***

Employees empowered with the knowledge and tools necessary to help maximize the retirement programs that employers are offering are likely to become a more confident, motivated and productive workforce" (KPMG, 1997). Retirement benefits are supplementary income to employees after they retire for social security. It is a valuable

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benefit that impacts the present and future lives of employees. Offering retirement benefits is a great way to enhance the benefits piece of compensation package. Employees are encouraged to save for retirement through plans set-up at work because it's easy to do.<sup>14</sup> These benefits, when properly designed and communicated, can help avoid threats to the organisation, such as loss of valuable talent, worker shortages in key areas, loss of employee motivation, and higher costs for health care and retirement benefits. In short, retirement benefits can and should play a vital role in the workforce planning strategies.<sup>15</sup> Retirement benefits when analysed with the factor model in this study indicated 28% of the variation.

### **3.3.1.8 Medical benefits**

Organisations are encouraged to offer satisfactory medical benefits to their employees. Formulating health plans that fit their employees' needs is a way to do so. Organisation may opt for local medical health plans or, if possible, acquire a global healthcare plan for their employees. By doing so, employees will feel that they are valued by the organisation. It goes to show that the management takes care of their employees because they are concerned with their health. Having these privileges as part of employee compensation is an efficient tool to motivate employees. Suffice to say, wellness and health benefits are advantageous not only to the employees but also to the organisation themselves as employees who are healthy seldom miss work and are less

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<sup>14</sup> <http://www.bizfilings.com/toolkit/sbg/office-hr/managing-the-workplace/employee-retirement-benefits-pros-cons.aspx> accessed on 16th February 2013

<sup>15</sup> <https://www.buckconsultants.com/Services/Communication/EmployeeListening/Retirementplanningandbenefits.aspx> accessed on 16th February 2013

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likely to quit their job due to health reasons<sup>16</sup>. 42% of the variation in medical benefits is explained by the factor analysis model in this study.

### **3.3.1.9 Recognition**

Individuals at all levels of the organisation want to be recognized for their achievements on the job. Their successes do not have to be monumental before they deserve recognition, but the praise should be sincere (Syptak, Marsland and Ulmer, 1999). Traditionally, most reward and recognition programmes were vague and often given in response to a manager's perception of when an employee performed exceptionally well. In current organisational settings this is no longer the case, as organisations understand the great gains derived by linking rewards and recognition to their business strategy (Flynn, 1998) Employee recognition programs may include cash prizes or additional paid vacation days as part of the reward for being recognized as a premier contributor to the company. A report by IDS (2002) contends that it is the act of recognition itself and the esteem it gives to employees that is the heart of the motivation provided by non-financial recognition. The model used for analysis explained only 34% of the variation in recognition.

### **3.3.2 Intrinsic Factors**

This component consists of five variables such as self esteem (I feel that the job I do gives me a good status), role and responsibility (I am satisfied with the responsibility and role that I have in my work), relationship with informal workgroup (the quality of

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<sup>16</sup><http://satoriworldmedical.wordpress.com/2012/10/25/satisfactory-medical-benefits-a-tool-for-employee-motivation/> accessed on 17<sup>th</sup> February 2013

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In the books of "Applied Multivariate Statistics for Social Sciences (2002), 4<sup>th</sup> Edition, published by Hillsdale, NJ. Erlbaum. JP Stevens cited that for sample size of 50 a loading of 0.722 is considered. For 100 samples 0.512 and for 200 sample 0.364 are kept. Our sample size is 141 and therefore by interpolation, we retained factor loading of 0.4 according to his standards.

the relationships in the informal work group is quite important to me), team spirit (there is fair amount of team spirit feeling), intramural activities I feel more motivated in participating in other activities), work commitment (I want to be the best at my job), job enrichment (I generally like to schedule my own work and to make job decisions with minimum supervision), career advancement (I find opportunity for personal advancement), self actualisation (my aim is self actualization), working conditions (good working conditions are provided), visibility (visibility with top management is important to me).

### **3.3.2.1 *Self Esteem***

According to Leonard, Beauvais and Scholl (1999), employees behave in ways which satisfy reference group members, first to gain acceptance, and after achieving that, to gain status. These two needs, for acceptance and status, are similar to McClelland's (1961) need for affiliation and need for power. The individual continually strives to earn the acceptance and status of reference group members. This status orientation usually leads to an ordinal standard of self evaluation, that it is important for the individual to be first, best, or other indicators of superiority over others. In this study, 32% of the variation in relations to social status is explained by the factor analysis.

### **3.3.2.2 *Role and Responsibility***

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Responsibility is the obligation to do perform the assigned task to the best of one's worth. In organisation, responsibility is the duty that one has to perform in organisational tasks, functions or assignments. Employees are motivated when their responsibilities are meaningful and engage their abilities and values. The most motivating responsibilities are those that stretch and develop skills as responsibilities are most meaningful when they fit a person's values. A caring person is motivated by work that helps others, like teaching and mentoring. Craftsmen are motivated by the challenge to produce high-quality products. Exacting managers may be motivated by the responsibility to build the processes necessary to implement a strategy (Maccoby, 2010). The factor model explained 39% of the variation in this sub variable.

### **3.3.2.3 *Relationship within informal workgroup***

People are motivated by good relationships with supervisors, collaborators, and customers. In technology companies, people are often motivated by interaction with team members who push each other to perform (Maccoby, 2010). This is a similar case with medical care as when someone with strong caring values may be motivated by the chance to help colleagues or patients. In this study, the factor analysis model explained 48% of the variation in informal relationship. For many, the relationship with the supervisor is paramount, determining the productivity of other relationships. There are three types of relationship such as relationship with supervisor, relationship with subordinates and interpersonal relations.

### **3.3.2.4 *Team spirit***

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Being a team player is very important in organisation today. According to Clark (2003), when people work in teams, they encounter two issues that can either help or hinder their team spirit and motivation; first is their belief about whether other team members have the variety of skills and knowledge necessary to achieve team goals; and, second is their expectation about whether the team will collaborate effectively to get the job done.

When people doubt that one or more of their team members are competent and when they believe that the capabilities of the other members are necessary to get the job done, motivation suffers dramatically. Enhancing team motivation therefore requires that team members must be encouraged to have confidence in each other's ability and if that confidence is damaged, it must be repaired quickly and effectively. Even when teams trust each others' expertise, team members may doubt that the team can work together effectively. Since collaboration is an essential requirement for team success, uncooperative, highly independent but talented players can wreck team motivation by refusing to work effectively with other members. One solution here is to avoid assigning highly independent people to work in collaborative teams. 30% of the variation in team spirit among employees is explained by the factor analysis model in this study.

### ***3.3.2.5 Intramural activities***

According to Anna Majelantle (2010), motivational and inspirational experiences improve employees' attitudes, confidence and performance. Motivational methods are wide-ranging, from inspirational quotes and poems, to team building games and

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activities, as ice-breakers, warm-ups and exercises for conferences, workshops, meetings and events, which in themselves can often be helpful for staff motivation too. People often enjoy events which include new non-work activities, especially when bosses and superiors take part in the same teams as their junior staff, which also helps cohesiveness and 'can-do' culture. team building games, activities, motivational speakers, team workshops and brainstorming, etc., all help to strengthen relationships, build understanding, increase motivation and improve performance. Work and business-based training commonly concentrates on process, rules, theory, structure and logic, all of which tend to develop and use the left-side of the brain. However, modern successful organisations rely just as heavily on their people having well-developed 'soft' skills and attributes, such as self-motivation, confidence, initiative, empathy and creativity, which all tend to use the right-side of the brain. Individuals primarily motivated by intrinsic process will only engage in activities which they consider fun (Leonard, Beauvais and Scholl, 1999). The factor model used to analyse this data explained 44% of the variation in this study.

#### **3.3.2.6 Work Commitment**

In work settings commitment refers to a perceived psychological bond that employees have with some target associated with their job, often a social entity (Klein, Molloy and Cooper, 2009). Employees with individual identities see themselves as separate from others, and they pursue self-interested goals that service their own well-being (Brewer and Gardner, 1996). In organisational settings individual-oriented employees behave in ways that help them obtain valued economic and socio-

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emotional rewards and prevent the loss of investments they have already accrued. These behaviours, which satisfy external constraints for obtaining rewards or avoiding punishment, reflect the psychological mechanism of compliance (O'Reilly and Chatman, 1986). The commitment that employees have toward their organisation and its constituents is a crucial work attitude. Commitment levels relate to numerous criteria, such as task and contextual performance, satisfaction, cognitive withdrawal, and turnover (Meyer and Allen, 1996). 40% of the variation in this sub variable is explained by the factor analysis model.

### **3.3.2.7 Job enrichment**

Job enrichment is another non- monetary incentive in which the job of a worker can be enriched. This can be done by increasing his responsibilities, giving him an important designation, increasing the content and nature of the work. This way efficient worker can get challenging jobs in which they can prove their worth. This also helps in the greatest motivation of the efficient employees. Many employees hate to be micro-managed and get more job satisfaction when they are familiar with their workgroups and managers, and trust them to provide empowerment. Sometimes this means allowing customer service people to make their own decisions on improving customer relations. Empowerment gives workers ownership of their jobs, and it makes them more creative within the organisation (Cote and Morgan, 2002).

Only 14% of the variation in job enrichment is explained by the present model used for analysis.

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### **3.3.2.8 Career Advancement**

Career advancement normally entails a clearly marked path of progression through the ranks of an organisation. It is based on merit without regard for race, gender, age or ethnicity. Deserving cases become eligible for advancement. When employees get to know that each one of them has an equal chance of making it to the top, it becomes easy for them to put in their best. Graham and Bennet (1995) agree and note that the prospect of career advancement might in itself motivate employees to work hard. Baguma and Rwabwera (n.d.) also confirm that employees aspire to progress steadily in organisations for which they work.

Mullins (2005), points out that training provides more opportunities for ‘career progression’ because it may boost competence levels of individuals and the organisation. Employees who perceive their career advancement is no longer possible in the future are likely to have low levels of work motivation (Jung and Tak, 2008). Also, personal advancement in terms of higher education and personal development contributes to employee’s motivation. This study indicated that 31% of the variation in personal development is explained by the factor model.

### **3.3.2.9 Self Actualization**

Training allows the individual to move toward self-actualization; to develop one’s potential, to learn new things, to take risks, and to feel even more confident in what one does. As the individual learns, and grows in the work environment (Benson and Dundis, 2003). Maslow’s concept of Self Actualisation refers to the need to realize and fulfill

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one's potential (Maslow, 1943). The factor analysis model in this study indicated 50% of the variation in self actualization. According to Maslow's hierarchical approach, self actualization only becomes a priority after all other needs are satisfied. Maslow's focus on self-actualization combines two recurring themes in his approach: the emphasis on positive aspects of human psychology over negative aspects and the belief that some human motivations are not directly linked to physiological needs of the homeostatic variety, implying that they are therefore not well understood by studying hungry rats. Self actualization can also be pursued through one's work, thus the desire for self actualization can intersect with motivation in the workplace.

#### **3.3.2.10 Working Conditions**

According to Gerber, et al (1998), working conditions are created by the interaction of employees with their organisational climate. Employees will perform better when they know what the employer expects from them and vice versa. They will be productive because they know the benefits they will get from their employer if their performance is satisfactory; but if they are not aware of what the employer expects from them, they will be unsure and less productive and feel dissatisfied. In this study, only 26% of the variation in the physical working condition is explained by the factor model.

#### **3.3.2.11 Visibility**

Visibility is another intrinsic motivation, because it's all about social recognition, is about showing how good they are. A sense of belonging developed through supervisors' and colleagues' perceived confidence in the expatriate's abilities formed a strong motivational undercurrent defining visibility (Schumacher, 2012). Savvy

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supervisors can improve employee motivation by rewarding employees with personal attention. This can include a pat on the back, a hand-written note, or a quick comment in the hall. By being specific, the employer comes across as much more sincere, and the employee realizes their actions are truly being watched. And, a highly level of employee motivation is the natural result. The factor analysis model indicated 20% of the variation in this study.

**Table 3.12**  
**Component Correlation Matrix- Motivation**

Component	Extrinsic Factors	Intrinsic Factors
Extrinsic Factors	1.000	.241
Intrinsic Factors	.241	1.000

Correlation coefficient between extrinsic factors and component intrinsic factors shows insignificant relationships between the said components.

### **3.4 REGRESSION OF JOB SATISFACTION (PREDICTOR) AND MOTIVATION (OUTCOME)**

The two latent variables Job Satisfaction and Motivation are introduced to find out their sensitivity towards each other using linear regression Analysis. Job satisfaction is ‘the predictor’ and motivation being ‘the outcome’. Before running the regression analysis, a preliminary test was done to find whether our model is fit for regression analysis. This F ratio was determined as follows.

**Table 3.13**  
**Regression Model fit using F ratio**

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In the books of “Applied Multivariate Statistics for Social Sciences (2002), 4<sup>th</sup> Edition, published by Hillsdale, NJ. Erlbaum. JP Stevens cited that for sample size of 50 a loading of 0.722 is considered. For 100 samples 0.512 and for 200 sample 0.364 are kept. Our sample size is 141 and therefore by interpolation, we retained factor loading of 0.4 according to his standards.

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Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	5064.081	1	5064.081	113.899	.000 <sup>b</sup>
Residual	6180.103	139	44.461		
Total	11244.184	40			

a. Dependent Variable: Motivation

b. Predictors: (Constant), Job Satisfaction

Table 3.13 indicated that F-ratio is 113.899, which is significant at  $p < .001$  (because the value in the column labelled Sig. is less than .001). Thus, we can interpret that the regression model overall predicts motivation level significantly well.

**Table 3.14**  
**Coefficients between Job Satisfaction and Motivation**

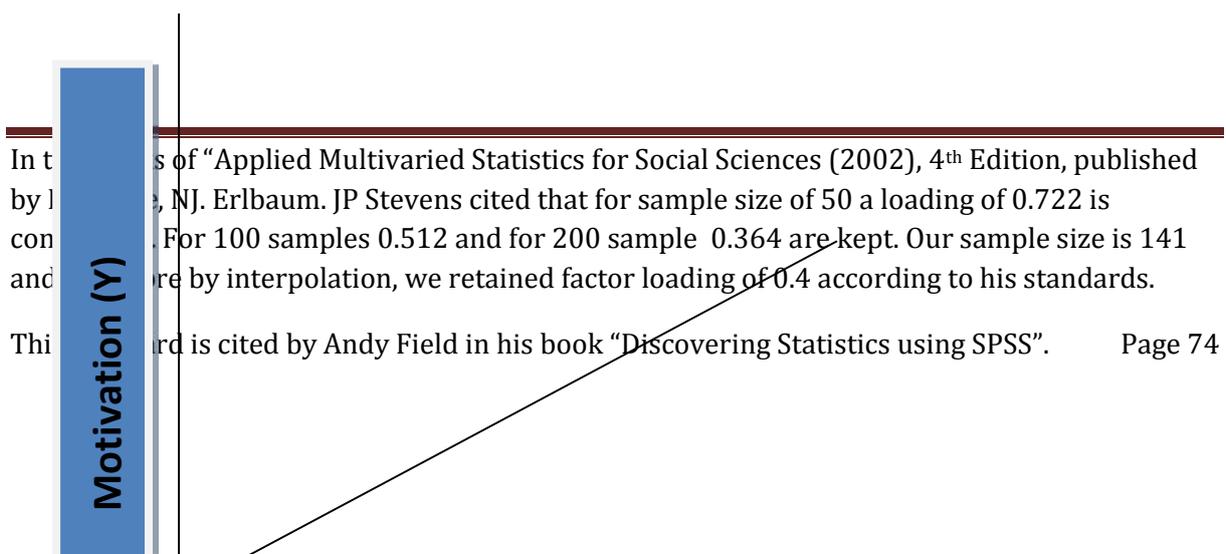
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	25.029	4.262		5.873	.000
Job Satisfaction Total	.640	.060	.671	10.672	.000

a. Dependent Variable: Motivation Total

Table 3.14 shows that  $b_0 = 25.029$ , and can be interpreted that even if there is no job satisfaction (when  $X=0$ ), the model predicts 25.029 motivation level or 25% (since the total score for motivation in the study) among the nurses in Synod Hospital. This finding can be graphically represented as shown in Exhibit 3.1.

### Exhibit 3.1

#### Graphical representation of Job Satisfaction and motivation



In the text of "Applied Multivariate Statistics for Social Sciences (2002), 4<sup>th</sup> Edition, published by Pearson Education, Inc., NJ. Erlbaum. JP Stevens cited that for sample size of 50 a loading of 0.722 is acceptable. For 100 samples 0.512 and for 200 samples 0.364 are kept. Our sample size is 141 and by interpolation, we retained factor loading of 0.4 according to his standards.

This finding is cited by Andy Field in his book "Discovering Statistics using SPSS". Page 74

$$Y = 25.029 + (.640X)$$

25%

### **3.5 FINDINGS RELATED TO DEMOGRAPHIC PROFILE OF THE RESPONDENT**

#### **3.5.1 Age of respondent**

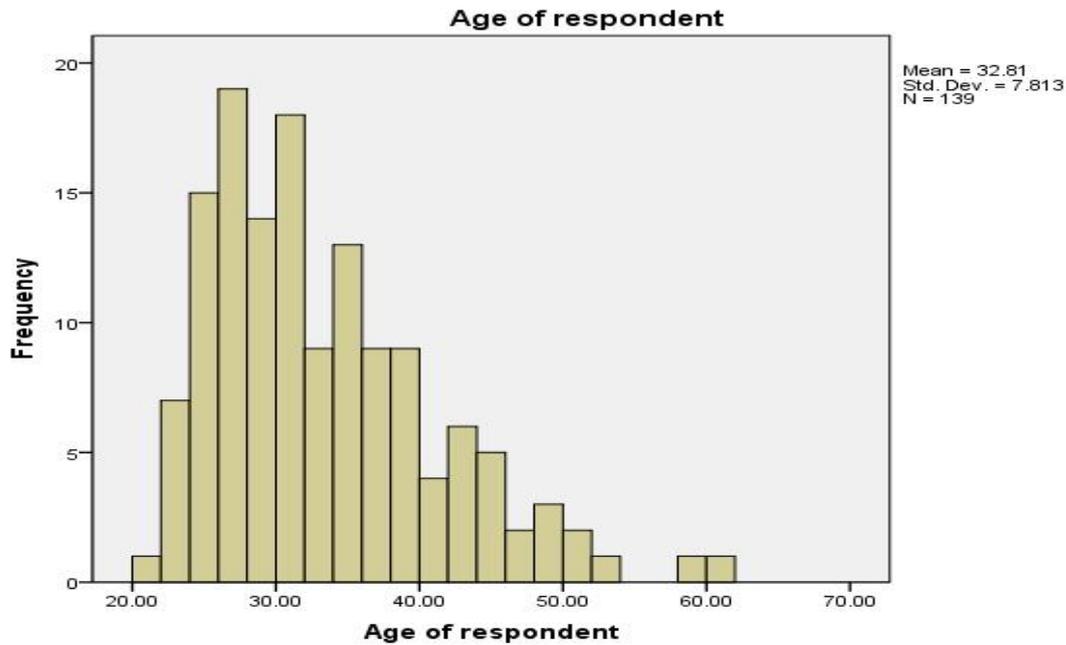
The age of respondents were collected as continuous variables and graphically represented in Exhibit 3.2.

#### **Exhibit 3.2**

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In the books of “Applied Multivariate Statistics for Social Sciences (2002), 4<sup>th</sup> Edition, published by Hillsdale, NJ. Erlbaum. JP Stevens cited that for sample size of 50 a loading of 0.722 is considered. For 100 samples 0.512 and for 200 sample 0.364 are kept. Our sample size is 141 and therefore by interpolation, we retained factor loading of 0.4 according to his standards.

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It can be inferred from Exhibit 3.1 that the maximum number of nurse incumbents falls between the age of 26 and 30 years. They constitute 34.5% of the total respondents whereas the minimum number of nurse incumbents belongs to above 56 years (1.4% of the total respondents). Also, the mean age of the total respondents is 32.81 years.

### 3.5.2 Marital Status

The nurses were asked regarding their marital status i.e., whether they are married or single and their responses were tabulated below.

**Table 3.15**  
**Marital Status**

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Marital status	Frequency	Percent	Valid Percent	Cumulative Percent
Single	76	53.9	54.7	54.7
Married	63	44.7	45.3	100.0
Total	139	98.6	100.0	
No response	2	1.4		
Total	141	100.0		

From Table 3.15, 53.9% of the nurse incumbents are single and this may be due to the reason being the maximum number of them belongs to 26 - 30 years age group. The study also shows that 44.7% of them were married whereas 1.4% of them did not specify their marital status.

### 3.5.3 Educational Level

The respondents were categorized according to their level of educational qualification and displayed as follows.

**Table 3.16**  
**Educational Level**

Education level	Frequency	Percent	Valid Percent	Cumulative Percent
GNM	131	92.9	92.9	92.9
B.Sc Nursing	8	5.7	5.7	98.6
M.Sc Nursing	2	1.4	1.4	100.0
Total	141	100.0	100.0	

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The study shows that 92.9% of them qualified in GNM (92.9%). Only 5.7% and 1.4% of them have a degree of B.Sc (Nursing) and M.Sc (Nursing) respectively.

### 3.5.4 Designation

The respondents are tabulated according to their present designation and can be seen in Table 3.17.

**Table 3.17**  
**Designation of the respondent**

Designation	Frequency	Percent	Valid Percent	Cumulative Percent
Staff Nurse	114	80.9	85.7	85.7
Tutor	8	5.7	6.0	91.7
Sister	8	5.7	6.0	97.7
Assistant Superintendent	2	1.4	1.5	99.2
Superintendent	1	.7	.8	100.0
Total	133	94.3	100.0	
No response	8	5.7		
Total	141	100.0		

Based on their nature of work, there are five different types of nursing incumbents in Synod Hospital. 80.9% of the respondent are staff nurses, 5.7% of them are tutors and ward sisters. It can be said that about 4/5<sup>th</sup> of the total respondents are staff nurses.

### 3.5.5 Nature of Employment

Nurses in Synod hospital are engaged in different terms of employment as shown in Table 3.18.

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**Table 3.18**  
**Nature of Employment**

Nature of Employment	Frequency	Percent	Valid Percent	Cumulative Percent
Daily	16	11.3	11.5	11.5
Contractual	42	29.8	30.2	41.7
Permanent	81	57.4	58.3	100.0
Total	139	98.6	100.0	
No response	2	1.4		
Total	141	100.0		

The nurses can be classified into three groups based on their nature of employment such as permanent/regular (57.4%), contractual basis (29.8%) and daily employee (11.3%). More than half of the nursing incumbents are on regular term of employment.

### 3.5.6 Monthly Income

The monthly income group of the sample respondents is expressed in the following table.

**Table 3.19**  
**Monthly income**

Income range	Frequency	Percent	Valid Percent	Cumulative Percent
Rs. 5000 to 15000	78	55.3	55.7	55.7

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Rs. 15000 to 25000	59	41.8	42.1	97.9
Rs. 25000 to 35000	3	2.1	2.1	100.0
Total	140	99.3	100.0	
No response	1	.7		
Total	141	100.0		

For this study, the base for income is Rs 5000 and the income range is Rs 10000. The highest number (55.3%) of nursing incumbents are in between the income range of Rs 5000 - 15000 followed by 41.8% of nurses whose income is in Rs 15000 – 25000 range. Only 2.1% of them are in between the income range of Rs 25000 to Rs 35000.

### 3.5.7 Tenure in present occupation

The length of services already rendered by the nurses interacted with are categorised and represented as percentages.

**Table 3.20**  
**Tenure in present occupation**

	Frequency	Percent	Valid Percent	Cumulative Percent
<= 1.00	15	10.6	14.7	14.7
1.01 - 6.00	32	22.7	31.4	46.1
6.01 - 11.00	21	14.9	20.6	66.7
11.01 - 16.00	17	12.1	16.7	83.3
16.01 - 21.00	9	6.4	8.8	92.2
21.01 - 26.00	7	5.0	6.9	99.0
26.01+	1	.7	1.0	100.0
Total	102	72.3	100.0	
Missing	99	39	27.7	
Total	141	100.0		

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70% of the nursing incumbents have worked in the hospital for 1-6 years. The study shows a slight decrease in the number of nurses as the year increases. 50% of the respondents have worked for 1 to 16 years. Those who worked for more than 21 years constitute 5.7%.

### **3.6 EFFECT OF DESIGNATION ON LEVEL OF JOB SATISFACTION**

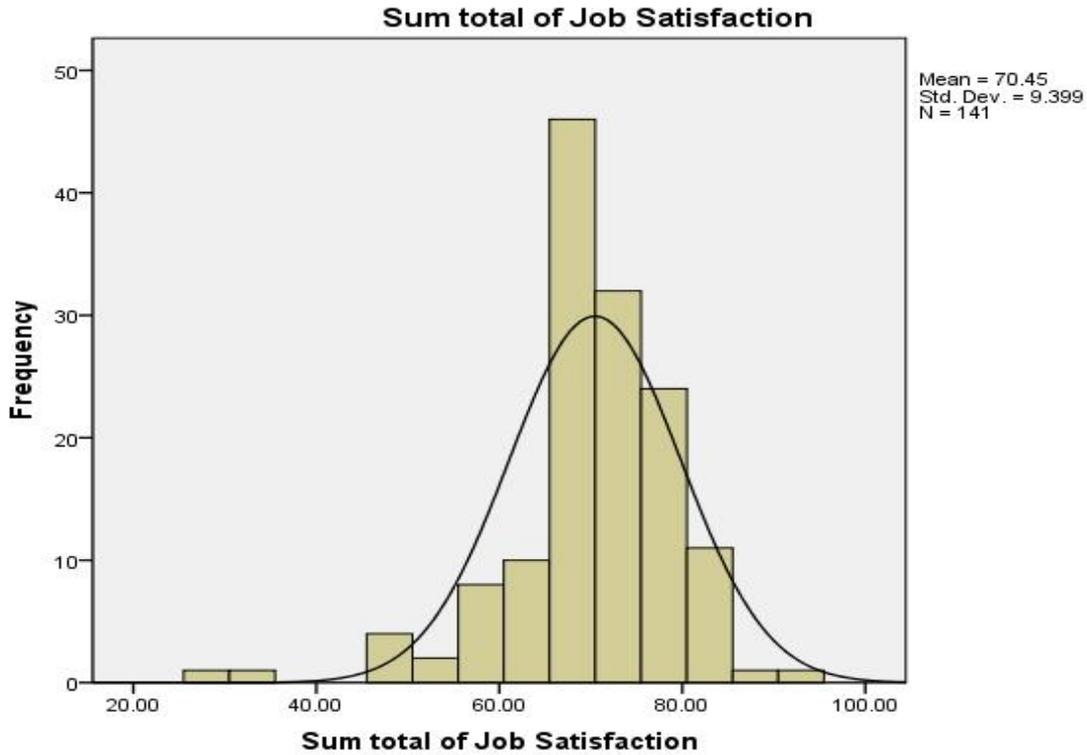
An attempt was made to find out whether the level of designation and level of job satisfaction are related among the nurses in the study. For this, analysis of variance (ANOVA) is used as shown in Exhibit 3.3.

#### **Exhibit 3.3 Level of Job Satisfaction**

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In the books of "Applied Multivariate Statistics for Social Sciences (2002), 4<sup>th</sup> Edition, published by Hillsdale, NJ. Erlbaum. JP Stevens cited that for sample size of 50 a loading of 0.722 is considered. For 100 samples 0.512 and for 200 sample 0.364 are kept. Our sample size is 141 and therefore by interpolation, we retained factor loading of 0.4 according to his standards.

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Fitting the sum total of sub-variables for *Job Satisfaction* in a histogram with visual normal curve, we can conclude that the data tend to be normally distributed. Hence, it is possible to run the parametric test (ANOVA) and analysis of variance is done to identify the similarity of job satisfaction across the different designations of nurses is operated. Even though there is only one case for the designation *Superintendent*, the ANOVA output is given below in Table 3.21

**Table 3.21**  
**Designation and Level of Job Satisfaction**  
**ANOVA**

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	100.727	4	25.182	.266	.899
Within Groups	12106.507	128	94.582		

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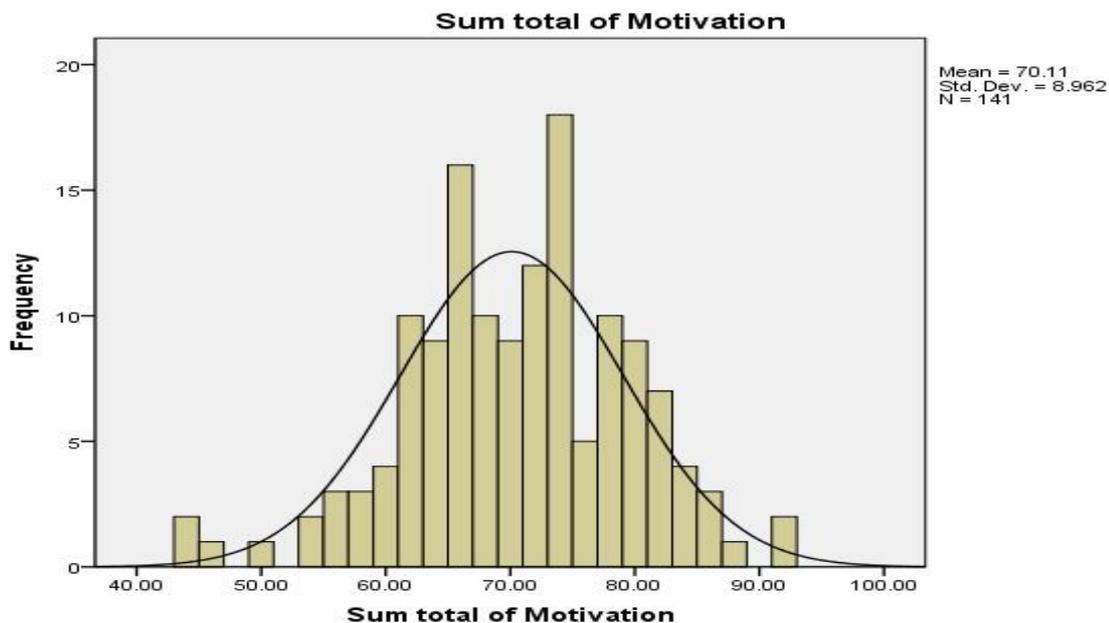
Total	12207.233	132			
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There is no significant effect of designation/ type of work performed by the nurses on their job satisfaction,  $F(4,128)=0.266$ ,  $p>0.05$ . In other words, designation does not affect their level of job satisfaction.

### 3.7 EFFECT OF DESIGNATION ON LEVEL OF MOTIVATION

An attempt was made to find out whether the designation and level of motivation are related among the nurses in the study. For this, analysis of variance is used.

**Exhibit 3.4**  
**Level of Motivation**



Since the data is normally distributed it is possible to run the parametric test (ANOVA). Therefore, analysis of variance is done to identify the similarity of

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motivation across the different designations of nurses. Even though there is only one case for the designation *Superintendent*, the ANOVA output is given in Table 3.22.

**Table 3.22**  
**Designation and Level of Motivation**  
**ANOVA**

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	359.592	4	89.898	1.087	.366
Within Groups	10583.656	128	82.685		
Total	10943.248	132			

There is no significant effect of designation of the nurses on their motivation level,  $F(4,128)=1.087$ ,  $p>0.05$ . In other words, designation does not affect their level of motivation.

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### 3.8 DESIGNATION WISE ANALYSIS ON SELECTED JOB SATISFACTION AND MOTIVATOION SUB- VARIABLES

Cross tabulation of the sub variables attributed to job satisfaction with their respective designations was made to enable meaningful analysis of the satisfaction level of the nurses.

#### 3.8.1 Responsibility

T level of job satisfaction among nurses in respect to their job responsibility is shown in Table 3.23.

**Table 3.23  
Responsibility**

		Designation					Total
		Staff Nurse	Tutor	Sister	Assistant Superintendent	Superintendent	
Very dissatisfied	Count	23	0	0	0	0	23
	% within Designation	20.4%	0.0%	0.0%	0.0%	0.0%	17.4%
Dissatisfied	Count	25	0	5	0	0	30
	% within Designation	22.1%	0.0%	62.5%	0.0%	0.0%	22.7%
Neutral	Count	15	1	1	0	0	17
	% within Designation	13.3%	12.5%	12.5%	0.0%	0.0%	12.9%
Satisfied	Count	49	7	2	2	1	61
	% within Designation	43.4%	87.5%	25.0%	100.0%	100.0%	46.2%
Very satisfied	Count	1	0	0	0	0	1
	% within Designation	0.9%	0.0%	0.0%	0.0%	0.0%	0.8%
Total	Count	113	8	8	2	1	132
	% within Designation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The table explains that there was a vast difference in the response given by ward based nurses (staff nurses and sisters) and non-ward based nurses (tutors, assistant

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nursing superintendent and nursing superintendent). While more than 87.5% of tutors and the staffs from office of nursing superintendent (assistant nursing superintendent and nursing superintendent) are satisfied on their job responsibility, only 44% of staff nurses and 25% of sisters responded negatively. It is interesting to come across that majority of sisters (62.5%) indicated dissatisfaction on this regard.

### 3.8.2 Supervision-Human Relations

The level of job satisfaction on supervision-human relations is shown in Table 3.24.

**Table 3.24**  
**Supervision-Human Relations**

		Designation					Total
		Staff Nurse	Tutor	Sister	Assistant Superintendent	Superintendent	
Very dissatisfied	Count	7	0	0	0	0	7
	% within Designation	6.1%	0.0%	0.0%	0.0%	0.0%	5.3%
Dissatisfied	Count	16	1	0	0	1	18
	% within Designation	14.0%	12.5%	0.0%	0.0%	100.0%	13.5%
Neutral	Count	13	4	1	0	0	18
	% within Designation	11.4%	50.0%	12.5%	0.0%	0.0%	13.5%
Satisfied	Count	65	3	7	2	0	77
	% within Designation	57.0%	37.5%	87.5%	100.0%	0.0%	57.9%
Very satisfied	Count	13	0	0	0	0	13
	% within Designation	11.4%	0.0%	0.0%	0.0%	0.0%	9.8%
Total	Count	114	8	8	2	1	133
	% within Designation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The table suggests that 68.4% of sisters, 87% of tutors and both the assistant nursing superintendents felt they received good supervision whereas the response of the

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nursing superintendent indicated dissatisfaction. The level of satisfaction for tutor attributes to only 37.5% and this did not result in an increase in their dissatisfaction level as 50% of them cannot decide on this aspect.

### 3.8.3 Moral Values

Moral values being one of the sub variables of job satisfaction, an analysis was made to determine the satisfaction level of the nurses on this regard.

**Table 3.25**  
**Moral Values**

		Designation					Total
		Staff Nurse	Tutor	Sister	Assistant Superintendent	Superintendent	
Very dissatisfied	Count	3	0	0	0	0	3
	% within Designation	2.7%	0.0%	0.0%	0.0%	0.0%	2.3%
Dissatisfied	Count	16	1	3	1	0	21
	% within Designation	14.3%	12.5%	37.5%	50.0%	0.0%	16.0%
Neutral	Count	17	2	1	0	1	21
	% within Designation	15.2%	25.0%	12.5%	0.0%	100.0%	6.0%
Satisfied	Count	62	5	3	1	0	71
	% within Designation	55.4%	62.5%	37.5%	50.0%	0.0%	54.2%
Very satisfied	Count	14	0	1	0	0	15
	% within Designation	12.5%	0.0%	12.5%	0.0%	0.0%	11.5%
Total	Count	112	8	8	2	1	131
	% within Designation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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This standard is cited by Andy Field in his book "Discovering Statistics using SPSS". Page 87

As shown in Table 3.25, the satisfaction level of ward based nurses (staff nurses and sisters) was higher than the non-ward based nurses. It appeared that 60% of both staff nurses and sisters were satisfied on their ability to act according to their conscience. Also, 50% of sisters and one assistant superintendent responded positively however, 37.5% of sisters disagreed on this statement.

### 3.8.4 Advancement

The response of nurses on advancement with regards to their job is shown in Table 3.26.

**Table 3.26  
Advancement**

		Designation					Total
		Staff Nurse	Tutor	Sister	Assistant Superintendent	Superintendent	
Very dissatisfied	Count	9	0	1	0	0	10
	% within Designation	7.9%	0.0%	12.5%	0.0%	0.0%	7.5%
Dissatisfied	Count	11	1	0	1	0	13
	% within Designation	9.6%	12.5%	0.0%	50.0%	0.0%	9.8%
Neutral	Count	13	3	2	0	0	18
	% within Designation	11.4%	37.5%	25.0%	0.0%	0.0%	13.5%
Satisfied	Count	78	3	5	1	1	88
	% within Designation	68.4%	37.5%	62.5%	50.0%	100.0%	66.2%

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Very satisfied	Count	3	1	0	0	0	4
	% within Designation	2.6%	12.5%	0.0%	0.0%	0.0%	3.0%
Total	Count	114	8	8	2	1	133
	% within Designation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

It can be seen from Table 3.26 that the level of satisfaction on career advancement was highest for the nursing superintendent (100%) followed by staff nurses (71%), sisters (62.5%). Although 50% of assistant nursing superintendent responded negatively on this respect, more than 50% of nurses in different designation expressed their satisfaction.

### 3.8.5 Ability Utilisation

The level of job satisfaction among nurses in regards to ability utilisation was analysed as shown in Table 3.27.

**Table 3.27**  
**Ability Utilisation**

		Designation					Total
		Staff Nurse	Tutor	Sister	Assistant Superintendent	Superintendent	
Very dissatisfied	Count	4	0	1	0	0	5
	% within Designation	3.5%	0.0%	12.5%	0.0%	0.0%	3.8%
Dissatisfied	Count	4	0	3	0	0	7
	% within Designation	3.5%	0.0%	37.5%	0.0%	0.0%	5.3%
Neutral	Count	10	3	0	0	0	13

In the books of "Applied Multivariate Statistics for Social Sciences (2002), 4<sup>th</sup> Edition, published by Hillsdale, NJ. Erlbaum. JP Stevens cited that for sample size of 50 a loading of 0.722 is considered. For 100 samples 0.512 and for 200 sample 0.364 are kept. Our sample size is 141 and therefore by interpolation, we retained factor loading of 0.4 according to his standards.

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	% within Designation	8.8%	37.5%	0.0%	0.0%	0.0%	9.9%
	Count	74	4	4	1	1	84
Satisfied	% within Designation	65.5%	50.0%	50.0%	100.0%	100.0%	64.1%
	Count	21	1	0	0	0	22
Very satisfied	% within Designation	18.6%	12.5%	0.0%	0.0%	0.0%	16.8%
	Count	113	8	8	1	1	131
Total	% within Designation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The table suggests a high level of satisfaction in regards to opportunity to utilise individual ability. There were no negative response from the assistant nursing superintendent and the nursing superintendent. Although, 50% of sisters were dissatisfied on this aspect.

### 3.8.6 Compensation

An attempt was made to analyse the level of job satisfaction in compensation as follows.

**Table 3.28**  
**Compensation**

	Designation	Total
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In the books of “Applied Multivaried Statistics for Social Sciences (2002), 4<sup>th</sup> Edition, published by Hillsdale, NJ. Erlbaum. JP Stevens cited that for sample size of 50 a loading of 0.722 is considered. For 100 samples 0.512 and for 200 sample 0.364 are kept. Our sample size is 141 and therefore by interpolation, we retained factor loading of 0.4 according to his standards.

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		Staff Nurse	Tutor	Sister	Assistant Superintendent	Superintendent	
Very dissatisfied	Count	26	0	1	1	0	28
	% within Designation	22.8%	0.0%	12.5%	50.0%	0.0%	21.1%
Dissatisfied	Count	29	0	2	0	1	32
	% within Designation	25.4%	0.0%	25.0%	0.0%	100.0%	24.1%
Neutral	Count	12	4	0	0	0	16
	% within Designation	10.5%	50.0%	0.0%	0.0%	0.0%	12.0%
Satisfied	Count	42	4	5	1	0	52
	% within Designation	36.8%	50.0%	62.5%	50.0%	0.0%	39.1%
Very satisfied	Count	5	0	0	0	0	5
	% within Designation	4.4%	0.0%	0.0%	0.0%	0.0%	3.8%
Total	Count	114	8	8	2	1	133
	% within Designation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Interestingly, the table indicated higher negative response and the divergence between negative response and positive response is 2.3%. Majority of staff nurse (48.2%) and superintendent (100%) are very dissatisfied with this statement, 62.5% of sisters are satisfied with their remuneration as compared to their amount of work.

### 3.8.7 Incentives

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A table was generated in an attempt to analyse the relationship between designation of nurses and financial incentives as sub variable of motivation.

**Table 3.29  
Incentives**

		Designation					Total
		Staff Nurse	Tutor	Sister	Assistant Superintendent	Superintendent	
Very dissatisfied	Count	9	0	0	0	0	9
	% within Designation	8.0%	0.0%	0.0%	0.0%	0.0%	6.9%
Dissatisfied	Count	25	0	4	0	0	29
	% within Designation	22.3%	0.0%	50.0%	0.0%	0.0%	22.1%
Neutral	Count	24	5	1	0	1	31
	% within Designation	21.4%	62.5%	12.5%	0.0%	100.0%	23.7%
Satisfied	Count	41	3	2	1	0	47
	% within Designation	36.6%	37.5%	25.0%	50.0%	0.0%	35.9%
Very satisfied	Count	13	0	1	1	0	15
	% within Designation	11.6%	0.0%	12.5%	50.0%	0.0%	11.5%
Total	Count	112	8	8	2	1	131
	% within Designation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The table implies less than 50% of tutors, 37.5% of sisters and 48.2% of staff nurses are motivated by the financial incentives. However, it is interesting to find out that while there is a peak in uncertain response from tutor (62.5%) and superintendent (100%), financial incentive is a major factor of motivation among assistant superintendent. As for 50% of sister and 30% of staff nurse, financial incentives do not stand as a significant motivator.

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### 3.8.8 Salary

Correlation between salary as sub variable of motivation and designation of the respondent was analysed as seen in Table 3.30.

**Table 3.30**

#### Salary

		Designation					Total
		Staff Nurse	Tutor	Sister	Assistant Superintendent	Superintendent	
Very dissatisfied	Count	25	0	1	0	0	26
	% within Designation	21.9%	0.0%	12.5%	0.0%	0.0%	19.5%
Dissatisfied	Count	32	0	3	1	0	36
	% within Designation	28.1%	0.0%	37.5%	50.0%	0.0%	27.1%
Neutral	Count	10	0	0	0	0	10
	% within Designation	8.8%	0.0%	0.0%	0.0%	0.0%	7.5%
Satisfied	Count	44	8	4	1	1	58
	% within Designation	38.6%	100.0%	50.0%	50.0%	100.0%	43.6%
Very satisfied	Count	3	0	0	0	0	3
	% within Designation	2.6%	0.0%	0.0%	0.0%	0.0%	2.3%
Total	Count	114	8	8	2	1	133
	% within Designation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

It can be interpreted from the table that all the tutors and the nursing superintendent are motivated by their present salary whereas only about 40% of nurses felt the same. The level of motivation on this sub variable among sisters and assistant nursing superintendent was 50%.

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### 3.8.9 Job Security

Job security as the sub variable of motivation and designation was tabulated in an attempt to find out its correlation.

**Table 3.31**  
**Job Security**

		Designation					Total
		Staff Nurse	Tutor	Sister	Assistant Superintendent	Superintendent	
Very dissatisfied	Count	12	0	0	0	0	12
	% within Designation	10.6%	0.0%	0.0%	0.0%	0.0%	9.1%
Dissatisfied	Count	22	1	1	0	1	25
	% within Designation	19.5%	12.5%	12.5%	0.0%	100.0%	18.9%
Neutral	Count	18	3	0	0	0	21
	% within Designation	15.9%	37.5%	0.0%	0.0%	0.0%	15.9%
Satisfied	Count	53	3	6	2	0	64
	% within Designation	46.9%	37.5%	75.0%	100.0%	0.0%	48.5%
Very satisfied	Count	8	1	1	0	0	10
	% within Designation	7.1%	12.5%	12.5%	0.0%	0.0%	7.6%
Total	Count	113	8	8	2	1	132
	% within Designation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

As seen in Table 3.31, the response suggested that assistant nursing superintendent (100%), sisters (87.5%), staff nurse (54%) and tutors (50%) were motivated by the job security provide by the hospital. About 30% of staff nurses were

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dissatisfied on this aspect. It is also interesting to find that the nursing superintendent who is a permanent employee responded negatively.

### 3.8.10 Retirement Benefits

Nurses were asked regarding the motivation caused by retirement benefits provided to them and their responses were tabulated below.

**Table 3.32**  
**Retirement benefits**

		Designation					Total
		Staff Nurse	Tutor	Sister	Assistant Superintendent	Superintendent	
Very dissatisfied	Count	37	0	4	0	1	42
	% within Designation	32.7%	0.0%	50.0%	0.0%	100.0%	31.8%
Dissatisfied	Count	46	5	2	2	0	55
	% within Designation	40.7%	62.5%	25.0%	100.0%	0.0%	41.7%
Neutral	Count	4	3	0	0	0	7
	% within Designation	3.5%	37.5%	0.0%	0.0%	0.0%	5.3%
Satisfied	Count	25	0	2	0	0	27
	% within Designation	22.1%	0.0%	25.0%	0.0%	0.0%	20.5%
Very satisfied	Count	1	0	0	0	0	1
	% within Designation	0.9%	0.0%	0.0%	0.0%	0.0%	0.8%
Total	Count	113	8	8	2	1	132
	% within Designation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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This standard is cited by Andy Field in his book "Discovering Statistics using SPSS". Page 95

The table indicated that about 73% of the respondents were dissatisfied on the retirement benefits provided to them. More than 70% of the ward based nurse, 62.5% of tutor, both the assistant nursing superintendent and the nursing superintendent responded negatively on this sub variable of motivation. It may be noted that there were no positive response from the non-ward based nurses on this regard.

### 3.8.11 Recognition

The response pertaining to recognition at work is shown in Table 3.33

**Table 3.33  
Recognition**

		Designation					Total
		Staff Nurse	Tutor	Sister	Assistant Superintendent	Superintendent	
Very dissatisfied	Count	5	0	0	0	1	6
	% within Designation	4.4%	0.0%	0.0%	0.0%	100.0%	4.5%
Dissatisfied	Count	18	1	4	1	0	24
	% within Designation	15.9%	12.5%	50.0%	50.0%	0.0%	18.2%
Neutral	Count	13	4	0	0	0	17
	% within Designation	11.5%	50.0%	0.0%	0.0%	0.0%	12.9%
Satisfied	Count	72	2	4	1	0	79
	% within Designation	63.7%	25.0%	50.0%	50.0%	0.0%	59.8%
Very satisfied	Count	5	1	0	0	0	6

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Total	% within Designation	4.4%	12.5%	0.0%	0.0%	0.0%	4.5%
	Count	113	8	8	2	1	132
	% within Designation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The table shows that 50% of sister, 50% of assistant nursing superintendent and the nursing superintendent responded to this statement negatively. It appears that their work and achievements are not being acknowledged and recognized. The least number of dissatisfied response comes from tutors (12.5%) followed by staff nurse (20%). The positive response is highest among staff nurse (68%).

### 3.8.12 Role and Responsibility

Response of nurses on their job role and responsibility was tabulated as follows.

**Table 3.34**  
**Role and Responsibility**

		Designation					Total
		Staff Nurse	Tutor	Sister	Assistant Superintendent	Superintendent	
Very dissatisfied	Count	4	0	0	0	0	4
	% within Designation	3.5%	0.0%	0.0%	0.0%	0.0%	3.0%
Dissatisfied	Count	6	0	1	0	0	7
	% within Designation	5.3%	0.0%	14.3%	0.0%	0.0%	5.3%

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Neutral	Count	2	0	0	0	0	2
	% within Designation	1.8%	0.0%	0.0%	0.0%	0.0%	1.5%
Satisfied	Count	84	7	5	2	1	99
	% within Designation	73.7%	87.5%	71.4%	100.0%	100.0%	75.0%
Very satisfied	Count	18	1	1	0	0	20
	% within Designation	15.8%	12.5%	14.3%	0.0%	0.0%	15.2%
Total	Count	114	8	7	2	1	132
	% within Designation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3.34 indicated high motivational level (90%) of nurses in their job roles and responsibility. Also, 89% of staff nurse and 85% of sisters agreed on the statement. It can be inferred that the delegation of job responsibility seem to be well managed especially for non-ward based nurses as there were no negative response from their end.

### 3.8.13 Intramural Activities

The response of nurses on their feelings on participating in activities other than work related is shown in Table 3.35.

**Table 3.35**

#### **Intramural Activities**

	Designation	Total
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This standard is cited by Andy Field in his book “Discovering Statistics using SPSS”. Page 98

		Staff Nurse	Tutor	Sister	Assistant Superintendent	Superintendent	
Very dissatisfied	Count	2	0	0	0	1	3
	% within Designation	1.8%	0.0%	0.0%	0.0%	100.0%	2.3%
Dissatisfied	Count	18	0	2	1	0	21
	% within Designation	16.2%	0.0%	25.0%	50.0%	0.0%	16.2%
Neutral	Count	9	1	0	0	0	10
	% within Designation	8.1%	12.5%	0.0%	0.0%	0.0%	7.7%
Satisfied	Count	68	7	4	1	0	80
	% within Designation	61.3%	87.5%	50.0%	50.0%	0.0%	61.5%
Very satisfied	Count	14	0	2	0	0	16
	% within Designation	12.6%	0.0%	25.0%	0.0%	0.0%	12.3%
Total	Count	111	8	8	2	1	130
	% within Designation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The above table indicated that the highest level of motivation from intramural activities can be found in tutors (87.5%). While positive response was also given by staff sisters (75%), nurses (74%) and assistant nursing superintendent (50%), the nursing superintendent responded negatively on this matter.

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### 3.9 AGE GROUP WISE ANALYSIS ON SELECTED JOB SATISFACTION SUB VARIABLES

#### 3.9.1 Age Group and Activity/Workload

The responses of nurses with regard to activity/workload may be analysed according to their age group as shown in Table 3.36

**Table 3.36**  
**Age Group and Activity/Workload**

		Being able to keep busy all the time					Total
		Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	
<= 25	Count	3	0	6	13	1	23
	% within Age of respondent	13.0%	0.0%	26.1%	56.5%	4.3%	100.0%
26- 30	Count	5	3	1	39	0	48
	% within Age of respondent	10.4%	6.2%	2.1%	81.2%	0.0%	100.0%
31 – 35	Count	0	0	2	22	1	25
	% within Age of respondent	0.0%	0.0%	8.0%	88.0%	4.0%	100.0%
36- 40	Count	3	0	0	19	0	22
	% within Age of respondent	13.6%	0.0%	0.0%	86.4%	0.0%	100.0%
41- 45	Count	0	0	0	11	0	11
	% within Age of respondent	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
46- 50	Count	0	0	0	4	1	5
	% within Age of respondent	0.0%	0.0%	0.0%	80.0%	20.0%	100.0%
51- 55	Count	0	0	0	3	0	3
	% within Age of respondent	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
56 +	Count	0	0	0	2	0	2
	% within Age of respondent	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
Total	Count	11	3	9	113	3	139
	% within Age of respondent	7.9%	2.2%	6.5%	81.3%	2.2%	100.0%

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It can be inferred from the table that all the nurses more than 41 years and 88% of those who are in 31-35 age group are satisfied with the quantity of activities performed in the hospital. The least number of satisfied nurses was from those less than 25 years (60%) as 26% of them could not decide on this matter.

### 3.9.2 Age Group and Responsibility

An analysis was done to determine the response of nurses on job responsibility based on their age group.

**Table 3.37**  
**Age Group and Responsibility**

		The chance to work alone on the job					Total
		Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	
<= 25	Count	6	5	4	7	1	23
	% within The chance to work alone on the job	26.1%	16.1%	22.2%	10.8%	100.0%	16.7%
26 – 30	Count	8	14	5	20	0	47
	% within The chance to work alone on the job	34.8%	45.2%	27.8%	30.8%	0.0%	34.1%
31 – 35	Count	3	2	3	17	0	25
	% within The chance to work alone on the job	13.0%	6.5%	16.7%	26.2%	0.0%	18.1%
36 – 40	Count	5	4	4	9	0	22
	% within The chance to work alone on the job	21.7%	12.9%	22.2%	13.8%	0.0%	15.9%
41 – 45	Count	1	2	1	7	0	11
	% within The chance to work alone on the job	4.3%	6.5%	5.6%	10.8%	0.0%	8.0%
46 – 50	Count	0	3	1	1	0	5
	% within The chance to work alone on the job	0.0%	9.7%	5.6%	1.5%	0.0%	3.6%
51 – 55	Count	0	1	0	2	0	3
	% within The chance to work alone on the job	0.0%	3.2%	0.0%	3.1%	0.0%	2.2%
56.00+	Count	0	0	0	2	0	2
	% within The chance to work alone on the job	0.0%	0.0%	0.0%	3.1%	0.0%	1.4%

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Total	Count	23	31	18	65	1	138
	% within The chance to work alone on the job	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3.37 suggests that 34.8% of nurses in 26-30 age group had the highest number of very dissatisfied nurses whereas there were no negative response from above 46 years of age.

### 3.9.3 Age Group and Authority

The level of satisfaction on authority based on the age group of nurses was examined as shown in Table 3.38.

**Table 3.38**  
**Age Group and Authority**

		The chance to tell people what to do					Total
		Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	
<= 25	Count	2	1	5	11	4	23
	% within Age of respondent (Binned)	8.7%	4.3%	21.7%	47.8%	17.4%	100.0%
26- 30	Count	3	3	2	23	17	48
	% within Age of respondent (Binned)	6.2%	6.2%	4.2%	47.9%	35.4%	100.0%
31 - 35	Count	0	1	0	17	7	25
	% within Age of respondent (Binned)	0.0%	4.0%	0.0%	68.0%	28.0%	100.0%
36- 40	Count	3	3	3	11	2	22
	% within Age of respondent (Binned)	13.6%	13.6%	13.6%	50.0%	9.1%	100.0%
41- 45	Count	0	1	1	8	1	11
	% within Age of respondent (Binned)	0.0%	9.1%	9.1%	72.7%	9.1%	100.0%
46 - 50	Count	0	0	0	5	0	5
	% within Age of respondent (Binned)	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
51- 55	Count	0	0	0	2	1	3
	% within Age of respondent (Binned)	0.0%	0.0%	0.0%	66.7%	33.3%	100.0%
56+	Count	0	0	0	2	0	2

In the books of "Applied Multivariate Statistics for Social Sciences (2002), 4<sup>th</sup> Edition, published by Hillsdale, NJ. Erlbaum. JP Stevens cited that for sample size of 50 a loading of 0.722 is considered. For 100 samples 0.512 and for 200 sample 0.364 are kept. Our sample size is 141 and therefore by interpolation, we retained factor loading of 0.4 according to his standards.

Total	% within Age of respondent (Binned)	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
	Count	8	9	11	79	32	139
Total	% within Age of respondent (Binned)	5.8%	6.5%	7.9%	56.8%	23.0%	100.0%
	Count						

It can be seen from the table that all the nurses above 46 years of age felt that they have authority in their respective job whereas 27.2% of the age group between 36 and 40 responded negatively on this statement. Among all the nurses, the least satisfied age group was 36-40 as only 59% of them expressed their satisfaction.

### 3.9.4 Age Group and Compensation

Compensation as a sub variable of job satisfaction was analysed based on the age of nurses as shown in Table 3.39.

**Table 3.39**  
**Age Group and Compensation**

		My pay and amount of work I do					Total
		Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	
<= 25	Count	7	5	5	6	0	23
	% within Age of respondent	30.4%	21.7%	21.7%	26.1%	0.0%	100.0%
26- 30	Count	10	15	5	17	1	48
	% within Age of respondent	20.8%	31.2%	10.4%	35.4%	2.1%	100.0%
31- 35	Count	3	4	2	14	2	25
	% within Age of respondent	12.0%	16.0%	8.0%	56.0%	8.0%	100.0%
36- 40	Count	5	6	4	6	1	22
	% within Age of respondent	22.7%	27.3%	18.2%	27.3%	4.5%	100.0%
41- 45	Count	1	2	2	5	1	11
	% within Age of respondent	9.1%	18.2%	18.2%	45.5%	9.1%	100.0%
46- 50	Count	0	0	0	5	0	5

In the books of "Applied Multivariate Statistics for Social Sciences (2002), 4<sup>th</sup> Edition, published by Hillsdale, NJ. Erlbaum. JP Stevens cited that for sample size of 50 a loading of 0.722 is considered. For 100 samples 0.512 and for 200 sample 0.364 are kept. Our sample size is 141 and therefore by interpolation, we retained factor loading of 0.4 according to his standards.

	% within Age of respondent	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
	Count	1	0	0	2	0	3
51- 55	% within Age of respondent	33.3%	0.0%	0.0%	66.7%	0.0%	100.0%
	Count	1	1	0	0	0	2
56+	% within Age of respondent	50.0%	50.0%	0.0%	0.0%	0.0%	100.0%
	Count	28	33	18	55	5	139
Total	% within Age of respondent	20.1%	23.7%	12.9%	39.6%	3.6%	100.0%

Table 3.39 shows dissimilar responses given by the respondent. The dissatisfaction with regards to compensation was higher than the positive response for those below 25 years (26.1%-Satisfied, 52.1%-Dissatisfied), 26-30 age group (37.5%-Satisfied, 52%-Dissatisfied), and 36-40 age group (41.8%-Satisfied, 50%-Dissatisfied). Although, none of nurses above 56 years old were satisfied on this aspect, all of 46-50 years responded positively.

### 3.10 AGE GROUP WISE ANALYSIS ON SELECTED MOTIVATION SUB VARIABLES

#### 3.10.1 Age Group and Job Security

The respondents' job security with regards to age group is tabulated as follows.

**Table 3.40**  
**Age Group and Job Security**

		The employees feel secured					Total
		Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	
<= 25	Count	1	5	4	12	0	22
	% within Age of respondent	4.5%	22.7%	18.2%	54.5%	0.0%	100.0%
26 - 30	Count	9	7	5	22	5	48
	% within Age of respondent	18.8%	14.6%	10.4%	45.8%	10.4%	100.0%

In the books of "Applied Multivariate Statistics for Social Sciences (2002), 4<sup>th</sup> Edition, published by Hillsdale, NJ. Erlbaum. JP Stevens cited that for sample size of 50 a loading of 0.722 is considered. For 100 samples 0.512 and for 200 sample 0.364 are kept. Our sample size is 141 and therefore by interpolation, we retained factor loading of 0.4 according to his standards.

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31 - 35	Count	0	6	3	13	3	25
	% within Age of respondent	0.0%	24.0%	12.0%	52.0%	12.0%	100.0%
36 - 40	Count	1	4	6	11	0	22
	% within Age of respondent	4.5%	18.2%	27.3%	50.0%	0.0%	100.0%
41 - 45	Count	1	1	3	5	1	11
	% within Age of respondent	9.1%	9.1%	27.3%	45.5%	9.1%	100.0%
46 - 50	Count	0	1	1	3	0	5
	% within Age of respondent	0.0%	20.0%	20.0%	60.0%	0.0%	100.0%
51 - 55	Count	0	0	0	2	1	3
	% within Age of respondent	0.0%	0.0%	0.0%	66.7%	33.3%	100.0%
56 +	Count	0	1	0	1	0	2
	% within Age of respondent	0.0%	50.0%	0.0%	50.0%	0.0%	100.0%
Total	Count	12	25	22	69	10	138
	% within Age of respondent	8.7%	18.1%	15.9%	50.0%	7.2%	100.0%

It can be inferred from the table that motivation derived from job security was highest in the age group of 51 -55 supported by 100% positive response, in the mean time, the highest negative response received belong to those above 56 years old (50%). 27% of below 25 years and 33% of 26-30 age group indicated dissatisfaction in this regard.

### 3.10.2 Age Group and Retirement Benefits

Response from nurses on retirement benefits is shown in Table 3.41.

**Table 3.41**  
**Age Group and Retirement Benefits**

	The retirement benefits available are sufficient					Total
	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	
<= 25 Count	9	5	1	7	1	23

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	% within Age of respondent	39.1%	21.7%	4.3%	30.4%	4.3%	100.0%
	Count	15	20	2	9	0	46
26 - 30	% within Age of respondent	32.6%	43.5%	4.3%	19.6%	0.0%	100.0%
	Count	7	12	0	6	0	25
31 - 35	% within Age of respondent	28.0%	48.0%	0.0%	24.0%	0.0%	100.0%
	Count	6	10	2	4	0	22
36 - 40	% within Age of respondent	27.3%	45.5%	9.1%	18.2%	0.0%	100.0%
	Count	3	5	2	1	0	11
41 - 45	% within Age of respondent	27.3%	45.5%	18.2%	9.1%	0.0%	100.0%
	Count	1	3	0	1	0	5
46 - 50	% within Age of respondent	20.0%	60.0%	0.0%	20.0%	0.0%	100.0%
	Count	2	1	0	0	0	3
51 - 55	% within Age of respondent	66.7%	33.3%	0.0%	0.0%	0.0%	100.0%
	Count	1	1	0	0	0	2
56 +	% within Age of respondent	50.0%	50.0%	0.0%	0.0%	0.0%	100.0%
	Count	44	57	7	28	1	137
Total	% within Age of respondent	32.1%	41.6%	5.1%	20.4%	0.7%	100.0%

The table shows that all the nurses above 51 years felt the retirement benefits provided to them are insufficient. 60% of below 25 years, 76% of 26-30 and 31-35, 73% of 36-40 and 80% of 46-50 age groups agreed on the same. Increase in negative response correlated with increase in the age group except for 36-40 age group where a decline of 3% was indicated as compared to the age group of 31-35.

### 3.10.3 Age Group and Salary

Salary being the prominent determinants of motivation, an attempt was made to study the response given by nurses on this matter in Table 3.42.

**Table 3.42**

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### Age Group and Salary

		I am satisfied with my present salary					Total
		Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	
<= 25	Count	6	7	3	7	0	23
	% within Age of respondent	26.1%	30.4%	13.0%	30.4%	0.0%	100.0%
26- 30	Count	11	12	5	19	1	48
	% within Age of respondent	22.9%	25.0%	10.4%	39.6%	2.1%	100.0%
31- 35	Count	3	7	1	14	0	25
	% within Age of respondent	12.0%	28.0%	4.0%	56.0%	0.0%	100.0%
36- 40	Count	4	6	2	9	1	22
	% within Age of respondent	18.2%	27.3%	9.1%	40.9%	4.5%	100.0%
41- 45	Count	1	3	0	6	1	11
	% within Age of respondent	9.1%	27.3%	0.0%	54.5%	9.1%	100.0%
46- 50	Count	0	0	0	5	0	5
	% within Age of respondent	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
51- 55	Count	1	1	0	1	0	3
	% within Age of respondent	33.3%	33.3%	0.0%	33.3%	0.0%	100.0%
56+	Count	0	1	0	1	0	2
	% within Age of respondent	0.0%	50.0%	0.0%	50.0%	0.0%	100.0%
Total	Count	26	37	11	62	3	139
	% within Age of respondent	18.7%	26.6%	7.9%	44.6%	2.2%	100.0%

Table 3.42 shows that the negative response pertaining to the amount of salary at present is higher than positive response in the younger age group (below 30 years) and the older age group (51-55 years) of the respondents. The level of dissatisfaction decreased from 56.5% (below 30 years) to 50% (26-30). The highest positive response (63.6%) was found in the age group of 41-45.

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### 3.11 Nature of Job and Tenure in Present Occupation

An attempt was made to analyse the correlation between nature of job such as daily, contractual and permanent and the service period of the nurses.

**Table 3.43**  
**Nature of Job And Tenure In Present Occupation**

		Nature of job			Total
		Daily	Contractual	Permanent	
<= 1.00	Count	10	3	2	15
	% within Nature of job	71.4%	12.0%	3.3%	15.0%
1.01 - 6.00	Count	4	19	8	31
	% within Nature of job	28.6%	76.0%	13.1%	31.0%
6.01 - 11.00	Count	0	2	19	21
	% within Nature of job	0.0%	8.0%	31.1%	21.0%
11.01 - 16.00	Count	0	1	16	17
	% within Nature of job	0.0%	4.0%	26.2%	17.0%
16.01 - 21.00	Count	0	0	8	8
	% within Nature of job	0.0%	0.0%	13.1%	8.0%
21.01 - 26.00	Count	0	0	7	7
	% within Nature of job	0.0%	0.0%	11.5%	7.0%
26.01+	Count	0	0	1	1
	% within Nature of job	0.0%	0.0%	1.6%	1.0%
Total	Count	14	25	61	100
	% within Nature of job	100.0%	100.0%	100.0%	100.0%

The table suggests that nurses engaged on daily basis have not worked for more than 6 years. About 71.4% of them have worked for less than 1 year and the rest (28.6%) worked from 1-6 years. The tenure of highest number of nurses on contractual employment is 1-6 years. Also, 4% of the contract employees have service tenure of 11-16 years.

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As for nurses on regular basis, the highest number (31.1%) has service tenure of 6-11 years, followed by 26.2% of them working for 11-16 years. It is also noteworthy that there is one nurse who had more than 26 years of experience in Synod hospital.

## **Chapter 4**

### **FINDINGS AND SUGGESTIONS**

This chapter aims to encapsulate the important empirical findings of the present study and to prescribe remedial suggestions based on these findings. This chapter also brought out areas for further research for prospective researchers in the field of job satisfaction, motivation and its related topics.

#### **Findings**

##### ***Introduction***

Chapter 1 depicts the problem of enquiry and the design adopted thereof. Job satisfaction is defined as a positive feeling about a job, resulting from an evaluation of its characteristics. A person with a high level of job satisfaction holds positive feelings about his or her job, while dissatisfied person holds negative feelings. Although theoretical analyses have criticized job satisfaction as being too narrow conceptually, there are three generally accepted dimensions to job satisfaction such as job satisfaction is an emotional response to a job situation. As such, it cannot be seen; it can only be inferred, job satisfaction often determined by how well outcomes meet or exceed our expectations, job satisfaction represents several related attitudes.

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Motivation is defined as the process that account for an individual's intensity, direction, and persistence of effort toward attaining a goal. Maslow also defined motivation as a conscious or unconscious human desire to satisfy individual wants and needs developed through physiologic, psychological, conscious and unconscious requirements.

### *Significance and scope of the study*

There are different problems experienced by nurses in attaining job satisfaction and motivation in private hospitals due to different reasons - economic condition, individual likings, and organisational structures. Problems such as having to work unpaid overtime and being expected to perform tasks outside their training, causing private sector nurses to experience great amounts of stress, which may lead to inefficiency in their nursing duties. The study focused on job satisfaction and motivation and the selected hospital suited the empiricist due to the fact that this hospital is committed in giving its incumbents employee benefits like allowances, medical treatment support, pensions, provident deposits etc. In this present study, the term nurse is referred to only female nurses. Since there is different hierarchy in nursing profession such as staff nurse, tutor, ward superintendent/sister, assistant nursing superintendent and nursing superintendent, this study tried to find out the factors of job satisfaction and motivating among nurses in different role. Since there are different hierarchy in nursing profession such as staff nurse, tutor, ward superintendent/sister, assistant nursing superintendent and nursing superintendent, this

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study attempted to find out the factors of job satisfaction and motivating among nurses in different role.

### *Review of literatures*

In the exploratory stage of this study, an intensive review of literatures of international, national, and regional works was undertaken to familiarize the researcher with the various aspects of job satisfaction and motivation, to identify the research problem, to evolve appropriate methodology and to formulate a conceptual framework for the study. However, the review of existing literatures leads to the conclusion that no work has been done on the particular topic in Mizoram. Therefore, the study on job satisfaction and motivation on medical nurses in synod Hospital, Mizoram is an attempt to fill the gap.

### *The problem*

The prior search have indentified that job satisfaction and motivation derived by the nurses from their work plays an important role in delivering effective nursing care to the patients. Since private hospitals, like any commercial institutions, primarily depend on the earnings derived from the hospital revenue, their goodwill, in terms of professionalism and medical care is an asset. From the Mizoram Synod Report 2011, most of the hospital revenue is generated from the in-patients. Therefore, the nurses may be regarded as the vanguard of their hospitals, as these patients will be interacting with the nurses most of the time. The present study would be instrumental in deducting

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motivating factors which would stricture job satisfaction and motivation for nurses working in private hospitals in Mizoram.

### *The objectives of the study*

The present study aims to identify the factors influencing job satisfaction and motivation and to establish their significance among nurses in Synod hospital in Mizoram. From the empirical findings, the researcher will try to provide practical suggestions to the organisation for motivating and retaining the talented nurses.

### *Research methodology*

The study used the Minnesota Satisfaction Questionnaire developed at the University of Minnesota to examine the level of job satisfaction. For quantifying motivational dimensions for the study, a validated instrument based on Maslow's need theory was developed.

Primary information was collected from nurses in Synod hospital. The schedule included questions related to socio demographic particulars, determinants of job satisfaction and motivation. The schedule was used to get information from the nurses. Primary data was collected by informal interview and observation. Secondary data was collected from office of the Synod hospital, office of nursing superintendent, commentaries, on the subject matter in the form of articles, Synod hospital souvenir published in the event of its Diamond Jubilee, magazines, Synod Annual Report. The data was collected from published and unpublished sources, annual report and official report as well.

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Convenient sampling method was used to interview 116 female nurses. Relevant quantitative tools were used to arrive at inferential deductions. Various analyses were made for a meaningful representation and interpretation of the data.

#### *Limitations of the study*

As the study is a pioneering work in the field of job satisfaction and motivation among health workers in Mizoram, there is hardly any secondary data to fit within the scope of the said dimensions. Further, time constraint may be a limitation for the study.

#### ***Synod Hospital – A profile***

Synod Hospital, situated at Durtlang is a secondary level, multi specialty hospital, wholly owned and run by the Mizoram Presbyterian Church. The Hospital was established in 6th March 1928. It has a long history from a humble beginning of few beds to the present state of 300 beds with every specialty. The Hospital is situated at Durtlang Village which lies at the northern outskirts of Aizawl City. Synod Hospital is widely known among Mizo people as "Durtlang Hospital". It started with one Doctor, one Nurse and six beds in 1928, it has progressed to 27 Doctors, 12 of whom are Specialists, 201 Nursing Staff. The growth, though not very dramatic in nevertheless slow and steady, keeping pace with the needs of the people it served. Side by side with the hospital, the Nursing School also progresses steadily, producing good quality Christian Nurses.

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The history of Synod Hospital can be divided into two periods - under the Welsh Mission (1928-1958) and from the time it was handed over to the Mizoram Presbyterian Church in 1958 to date. The Welsh Missionaries started this hospital and Nursing School, based on two guiding principles - to care for all the sick and needy at all times without discrimination, and to train quality nurses with strong Christian principles. The total strength of nursing staff as per Synod Report, October 2010 was 186 personnel.

### ***Data Interpretation and Analyses***

#### *Hypotheses testing*

The study shows that there is a significant relationship between Job Satisfaction and Motivation of the nurses. Further, 45% of motivation level is explained by the job satisfaction level of the nurses. Thus, H1: There is a significant relationship between Job Satisfaction and Motivation is accepted.

Correlation analysis between the job satisfaction and tenure in present occupation shows that there is no significant relationship between the two. Thus, H2: Length of service significantly correlates with Job Satisfaction rejected. However, it is interesting to note that the relationship, though not significant, is negative. In other words, lengths of service period negatively affect the level of job satisfaction in the case of nurses working under the Synod Hospital.

#### *Determinants of job satisfaction*

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A Principal Component Analysis was conducted on the 20 items of Job Satisfaction with oblique rotation (direct oblimin). Kaiser-Mayer-Olkin measure verified the sampling adequacy for the analysis to be adequate by standard. Bartlett's test of sphericity indicated that correlation between items were sufficiently large for such factor analysis.

An initial analysis was run to obtain eigenvalues for each component in the data. The analysis shows that there are seven components with eigenvalues greater than 1. However, three components with more than 10% of variance are taken and in combination explain 46% of the variance.

The items that cluster on the same components suggest that Component 1 represents Behavioural Issues, Component 2 represents Organizational Issues, and Component 3 represents Work Environment Issues. Behavioural Issues consists of eight sub variables such as achievement (58.5% of variance is explained by the research model), co-workers (51% of variance is explained by the research model), authority (57.9% of variance is explained by the research model), working conditions (28.8% of variance is explained by the research model), creativity (28.8% of variance is explained by the research model), recognition (35.7% of variance is explained by the research model), social service (50.3% of variance is explained by the research model), and activity/workload (41.1% of variance is explained by the research model). Organizational Issues consists of five variables such as compensation (65.8% of variance is explained by the research model), responsibility (62.9% of variance is explained by the research model), autonomy (37.6% of variance is explained by the

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research model), complexity and variety (48.2% of variance is explained by the research model), social status (31.6% of variance is explained by the research model). Work Environment Issues consists of seven variables such as ability utilization (58.5% of variance is explained by the research model) (59.5% of variance is explained by the research model), moral values (59.6% of variance is explained by the research model), advancement (48.8% of variance is explained by the research model), job security (45.5% of variance is explained by the research model), organisational policies and practices (48.6% of variance is explained by the research model), supervision-human relations (32.7% of variance is explained by the research model), supervision-technical (24.9% of variance is explained by the research model). It should also be noted that these three aforementioned issues share insignificant relationships between each other.

The result suggests that the factor analysis model significantly explains the variations in sub variables – work autonomy (the chance to work alone on the job) and job-work coherence (my pay and amount of work I do). To be more precise, 66% of variations in job-work coherence and 63% of variations in work-autonomy is explain by the model.

#### *Determinants of motivation*

An attempt to conduct Principal Component Analysis (PCA) on the 20 items of the latent variable - Motivation was made. An initial analysis to measure the sampling adequacy and correlation between items to qualify the PCA was done. Kaiser-Mayer-Olkin (KMO) Measure verified the sampling adequacy for the analysis, and was

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considered adequate by standard. Since Bartlett's test is highly significant, factor analysis for job satisfaction is appropriate.

The model significantly explains the variations in sub variables – 50% of variations in support from administrative section, 50% of variations in self actualization and 48% of variations in informal relationship are explained by the model. On the lower side, the model also explained only 17% of variations in job security and 14% of variation in job enrichment. As per standard, components with eigenvalues greater than 1 should be considered. In the present analysis, there are only 20 components (sub factors) and therefore to consider 6 out of the 20 sub variables would be too complex. Therefore, two components with more than 10% of variance are taken.

The items that cluster on the same components suggested that component 1 represents extrinsic factors and Component 2 represents intrinsic Factors. Extrinsic factors consist of eleven variables such as increments (41% of variance is explained by the research model), incentives (38% explained by the model), salary (47% explained by the model), lunch breaks/socialization (26% explained by the model), administrative support (50% explained by the model), job security (17% explained by the model), retirement benefits (28% explained by the model), medical benefits (42% explained by the model), recognition (34% explained by the model). Intrinsic factors consist of five variables such as self esteem (32% explained by the model), responsibility (39% explained by the model), relationship with informal workgroup (48% explained by the model), team spirit (30% explained by the model), intramural activities (44% explained by the model), work commitment (40% explained by the model), job enrichment (14% explained by the model), career advancement (31% explained by the model), self actualisation (50% explained by the model), working conditions (26% explained by the model), visibility (20% explained by the model).

Correlation coefficient between extrinsic factors and intrinsic factors shows insignificant relationships between the said components.

#### *Regression analysis between job satisfaction and motivation*

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The two latent variables i.e. Job Satisfaction and Motivation were introduced to find out their sensitivity towards each other using linear regression Analysis. Job satisfaction was ‘the predictor’ and motivation being ‘the outcome’. The analysis shows that even if there was no job satisfaction, the model still predicted 25% motivation level (since the total score for motivation in the study is 100) among the nurses in Synod Hospital. This may be attributed to the missionary zeal and spirit of selflessness inculcated by the nurses in the faith-based hospital.

#### *Demographical profiling of the respondents*

The maximum number of nurse incumbents falls between the age of 26 and 30 years. They constitute 34.5% of the total respondents whereas the minimum number of nurse incumbents belongs to above 56 years (1.4% of the total respondents). Also, the mean age of the total respondents is 32.81 years.

53.9% of the nurse incumbents were single and this may be due to the reason being the maximum number of them belongs to 26 - 30 years age group.

The study shows that 92.9% of them qualified in GNM (92.9%). Only 5.7% and 1.4% of them have a degree of B.Sc (Nursing) and M.Sc (Nursing) respectively.

Based on their nature of work, there are five different types of nursing incumbents in Synod Hospital. 80.9% of the respondent were staff nurses, 5.7% of them were tutors and ward sisters. It can be said that about 4/5<sup>th</sup> of the total respondents were staff nurses.

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The nurses can be classified into three groups based on their nature of employment such as permanent/regular (57.4%), contractual basis (29.8%) and daily employee (11.3%). More than half of the nursing incumbents were on regular term of employment.

For this study, the base for income was Rs 5,000 and the income range was Rs 10,000. The highest number (55.3%) of nursing incumbents were in between the income range of Rs 5,000 – 15,000 followed by 41.8% of nurses whose income was in Rs. 15,000 – 25,000 range. Only 2.1% of them were in between the income range of Rs. 25,000 to Rs. 35000.

70% of the nursing incumbents have worked in the hospital for 1-6 years. The study shows a slight decrease in the number of nurses as the year increases. 50% of the respondents have worked for 1 to 16 years. Those who worked for more than 21 years constituted 5.7%.

#### *Effect of designation on level of job satisfaction*

Analysis of Variance (ANOVA) was run to check whether designation had any effect on job satisfaction level of the nursing incumbents. The study shows that designation/ type of work performed by the nurses had no significant effect on their job satisfaction. In other words, designation did not affect their level of job satisfaction.

#### *Effect of designation on level motivation*

An attempt was made to find out whether the designation and level of motivation are related for nurses in the study. For this, analysis of variance (ANOVA) was used

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and it shows that there was no significant effect of designation of the nurses on their motivation level. In other words, designation did not affect their level of motivation.

*Designation wise analysis on job satisfaction sub- variables*

While more than 87.5% of tutors and the staffs from office of nursing superintendent (assistant nursing superintendent and nursing superintendent) were satisfied on their job responsibility, only 44% of staff nurses and 25% of sisters responded negatively. It is interesting to come across that sisters (62.5%) indicated dissatisfaction on this regard.

The study suggests that 68.4% of sisters, 87% of tutors and both the assistant nursing superintendents felt they received good supervision whereas the response of the nursing superintendent indicated dissatisfaction. The level of satisfaction for tutor attributes to only 37.5% and this did not result in an increase in their dissatisfaction level as 50% of them cannot decide on this aspect.

It was observed that the satisfaction level of ward based nurses (staff nurses and sisters) was higher than the non-ward based nurses with regards to their ability to act according to their conscience. It appeared that 60% of both staff nurses and sisters responded positively.

With regards to career advancement, the level of satisfaction was highest for the nursing superintendent (100%) followed by staff nurses (71%), sisters (62.5%).

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The study suggests a high level (81%) of satisfaction in regards to opportunity to utilise individual ability.

In case of the remuneration received as compared to their amount of work, the nursing Superintendent (100%) expressed dissatisfied with remuneration, 62.5% of sisters indicated satisfaction. Financial incentive is a major factor of motivation among assistant superintendent. As for 50% of sister and 30% of staff nurse, financial incentives did not stand as a significant motivator.

All the tutors and the nursing superintendent were motivated by their present salary whereas only about 40% of staff nurses agreed on the same.

The study suggested that assistant nursing superintendent (100%), sisters (87.5%), staff nurse (54%) and tutors (50%) were motivated by the job security provide by the hospital. About 30% of staff nurses were dissatisfied on this aspect.

73% of the respondents were dissatisfied on the retirement benefits provided to them.

With regards to recognition, 50% each of sisters and assistant nursing superintendent and the nursing superintendent felt that they get less recognition for the work they rendered.

It can be inferred that the delegation of job responsibility seem to be well managed especially for non-ward based nurses as there were no negative response from their end.

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The research indicated that the highest level of motivation from intramural activities can be found in tutors (87.5%). A high level of satisfaction was found in staff sisters (75%) and nurses (74%).

#### *Age group and job satisfaction*

It can be inferred from the table that all the nurses more than 41 years and 88% of those who are in 31-35 age group were satisfied with the quantity of activities performed in the hospital. The least number of satisfied nurses was from those less than 25 years (60%) as 26% of them could not decide on this matter.

34.8% of nurses in 26-30 age groups had the highest number of very dissatisfied nurses whereas there were no negative responses from above 46 years of age.

All the nurses above 46 years of age felt that they have authority in their respective job whereas 27.2% of the age group between 36 and 40 responded negatively on this statement. Among all the nurses, the least satisfied age group was 36-40 as only 59% of them expressed their satisfaction.

It is interesting to find that the dissatisfaction with regards to compensation was higher than the positive response for those below 25 years, 26-30 age group and 36-40 age group. Although, none of nurses above 56 years old were satisfied on this aspect, all of 46-50 years responded positively.

#### *Age group and motivation*

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Motivation derived from job security was highest in the age group of 51 -55 supported by 100% positive response, in the mean time, the highest negative response received belong to those above 56 years old (50%). 27% of below 25 years and 33% of 26-30 age group indicated dissatisfaction in this regard.

It can be noted that all the nurses above 51 years felt the retirement benefits provided to them are insufficient. 60% of below 25 years, 76% of 26-30 and 31-35, 73% of 36-40 and 80% of 46-50 age groups agreed on the same. Increase in negative response correlated with increase in the age group except for 36-40 age groups where a decline of 3% was indicated as compared to the age group of 31-35.

Negative responses pertaining to the amount of salary at present was higher than positive response in the younger age group (below 30 years) and the older age group (51-55 years) of the respondents. The highest positive response (63.6%) was found in the age group of 41-45.

#### *Nature of Job and Tenure in Present Occupation*

The study shows that nurses engaged on daily basis have not worked for more than 6 years. About 71.4% of them have worked for less than 1 year and the rest (28.6%) worked from 1-6 years. The tenure of highest number of nurses on contractual employment is 1-6 years. Also, 4% of the contract employees have service tenure of 11-16 years. As for nurses on regular basis, the highest number (31.1%) has service tenure of 6-11 years, followed by 26.2% of them working for 11-16 years. It is also

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noteworthy that there is one nurse who had more than 26 years of experience in Synod hospital.

### **Suggestions**

- The study indicates that there is a significant relationship between job satisfaction and motivation. However, it may not be feasible to stress every sub-variables of job satisfaction to optimize motivation. Therefore, if the management wishes to maximize motivation of the nurses, importance should be made to optimize their job autonomy and job-pay coherence for the reason that 66% of variations in job-work coherence and 63% of variations in work-autonomy are explained by the model.
- Since there is a decline in job satisfaction with the years of service rendered by the nurses, the management may try to enhance their job satisfaction and motivation level by delegating more authority to match their jurisdiction.
- The study shows that most of the nursing incumbents raised their opinion that their work and pay do not match. If the management can look into the pay structure in favour of the nurses, this would enhance the job satisfaction level of the nurses, and eventually will lead to higher organizational commitment.
- Synod Hospital is known to the general public for offering the best nursing services in Mizoram. It may be rightly said that much of the hospital brand itself rely on its nursing community. Therefore, such key issues like job security, pension benefits, extension of medical benefits to dependants, and so forth should be given importance by the management.

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### **Suggested area for further research**

- Emotional labour turnover of nurses
- Comparative study between faith based hospitals and government owned hospitals
- Organisational commitment of nurses
- Cross cultural comparative study between Indian nurses of different regions

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## ANNEXURE

### QUESTIONNAIRE

**Age:**

**Gender/Sex:** Male  Female

**Marital status:** Single  Married

**Education :** GNM  Bsc (Nursing)  Msc (Nursing)

**Designation:**

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**Nature of the job:** Permanent                      Contractual                      Daily

**Tenure in present occupation:**

**Monthly income:** Rs 5000- Rs 15000  Rs 15000 – Rs 25000  Rs 25000-35000   
Rs 35000 – Rs 50000

**Date:**

**SECTION – 1 (JOB SATISFACTION)**

*Ask yourself, How **satisfied** am I with this aspect of my job?*

***Very Sat.**, means I am very satisfied with this aspect of my job.*

***Sat.**, means I am satisfied with this aspect of my job.*

***N.**, means I can't decide whether I am satisfied or not with this aspect of my job.*

***Dissat.**, means I am dissatisfied with this aspect of my job.*

***Very Dissat.**, means I am very dissatisfied with this aspect of my job.*

<b>On my present job, this is how i feel about . . .</b>	<b>Very Dissat.</b>	<b>Dissat.</b>	<b>N</b>	<b>Sat.</b>	<b>Very Sat.</b>
1. Being able to keep busy all the time	<input type="checkbox"/>				
2. The chance to work alone on the job	<input type="checkbox"/>				
3. The chance to do different things from time to time	<input type="checkbox"/>				
4. The chance to be “somebody” in the community	<input type="checkbox"/>				
5. The way my boss handles his/her workers	<input type="checkbox"/>				
6. The competence of my supervisor in making decisions	<input type="checkbox"/>				
7. Being able to do things that don't go against my conscience	<input type="checkbox"/>				
8. The way my job provides for steady employment	<input type="checkbox"/>				
9. The chance to do things for other people	<input type="checkbox"/>				
10. The chance to tell people what to do	<input type="checkbox"/>				
11. The chance to do something that makes use of my abilities	<input type="checkbox"/>				

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12. The way organization policies are put into practice	<input type="checkbox"/>				
13. My pay and the amount of work i do	<input type="checkbox"/>				
14. The chances for advancement on this job	<input type="checkbox"/>				
15. The freedom to use my own judgement	<input type="checkbox"/>				
16. The chance to try my own methods of doing the job	<input type="checkbox"/>				
17. The working conditions	<input type="checkbox"/>				
18. The way my co-workers get along with each other	<input type="checkbox"/>				
19. The praise I get for doing a good job	<input type="checkbox"/>				
20. The feeling of accomplishment I get from the job	<input type="checkbox"/>				

**SECTION – 2 (MOTIVATION)**

	<b>Very Dissat.</b>	<b>Dissat.</b>	<b>N</b>	<b>Sat.</b>	<b>Very Sat.</b>
1. The salary increments given to employees who do their jobs very well motivates them.	<input type="checkbox"/>				
2. Financial incentives motivates me more than non financial incentives.	<input type="checkbox"/>				
3. I am satisfied with the salary I draw at present.	<input type="checkbox"/>				
4. I am satisfied with the lunch break, rest breaks and leaves given in the organization.	<input type="checkbox"/>				
5. Good physical working conditions are provided in the organization.	<input type="checkbox"/>				
6. The employees in the organization feel secured in their job.	<input type="checkbox"/>				
7. The retirement benefits available are sufficient.	<input type="checkbox"/>				
8. The medical benefits provided in the organization are satisfactory.	<input type="checkbox"/>				
9. Visibility with top management is important to me.	<input type="checkbox"/>				
10. I feel that my superior always recognizes the work done by me.	<input type="checkbox"/>				
11. I feel that the job I do gives me a good status.	<input type="checkbox"/>				
12. I am satisfied with the responsibility and role that I have in my work	<input type="checkbox"/>				
13. The quality of the relationships in the informal workgroup is quite important to me.	<input type="checkbox"/>				
14. I am satisfied with the support from the HR department.	<input type="checkbox"/>				
15. In this organization there is fair amount of team spirit.	<input type="checkbox"/>				

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16. I feel more motivated while participating in other activities (fun, entertainment etc) done here.
17. I want to be the best at my own job.
18. I generally like to schedule my own work and to make job-related decisions with a minimum of supervision.
19. I find opportunities for advancement in this organization.
20. My aim is self-knowledge and enlightenment. The most important thing to me is realizing my ultimate personal potential.

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