

EXPLORING JOB SATISFACTION: A COMPARATIVE STUDY OF NURSES AND
HEALTHCARE ADMINSTRATIVE PROFESSIONALS ACROSS HIERARCHICAL
LEVELS

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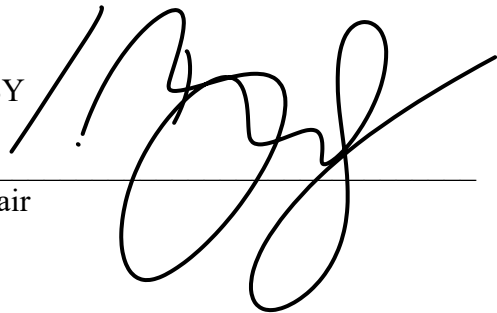
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Dedication

This dissertation is dedicated to all healthcare employees and leaders.

Revolutionising Professionalism

Acknowledgements

For the Lord gives wisdom ... Proverbs 2:6

Honestly, it is by the grace of almighty God; otherwise, this doctoral journey would have been nothing but a dream to me. I thank God for His wisdom and guidance that out-shined everything and helped me complete my research without any setbacks or lags.

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Finally, I dedicate this doctoral degree to my parents, for their immense support during my studies; their commitment and moral support contributed to completing the doctoral research. You have always supported me in every path I took and encouraged me in all my endeavours. It was through your guidance and patience that I could complete this doctoral degree. Thank you, and may God richly bless you all.

ABSTRACT

EXPLORING JOB SATISFACTION: A COMPARATIVE STUDY OF NURSES AND HEALTHCARE ADMINISTRATIVE PROFESSIONALS ACROSS HIERARCHICAL LEVELS

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Background

As much as researchers remain intrigued by the dilemma job satisfaction presents, it is a major concern for employers as well as employees. It is especially a debatable topic in a healthcare organisation, where under one roof, different job profiles operate. Through this thesis, a parallel was drawn between various factors affecting job satisfaction among multi-disciplinary employees of a healthcare organisation, specifically nurses and the administrative personnel. While analysing how an employee perceives job satisfaction, depending upon the individual factors, this study determined the role of transformative leadership in enhancing job satisfaction.

Methods

The study used both quantitative and qualitative methods to draw a parallel between the factors affecting different classes of healthcare employees at various hierarchical levels. A survey analysis was done through a defined set of questionnaires. The target population was multidisciplinary healthcare workers, nurses, and administrative healthcare personnel.

Results

The data was analysed using content and construct validity, and the correlation method was used to establish the credibility of the study.

Discussion and Conclusion

The study's findings could be valuable to healthcare setups as they might fill a gap in understanding strategies to increase job satisfaction among multi-disciplinary professionals.

This research can contribute to leadership growth, leadership development theory, job satisfaction strategies, and healthcare setup performance.

Furthermore, it will help provide in-depth insights into how different classes of healthcare employees perceive job satisfaction among themselves. The study will establish the various factors that impact job satisfaction among the same class of healthcare employees at different hierarchical levels.

KEYWORDS

Job Satisfaction, Healthcare Employees, Hierarchical Levels, Leadership, Transformational Leadership, Motivation, Empowerment, Professional Growth, Freedom to Make Decisions, Encouragement, Financial Growth, Supportive Leadership, Training, Performance, Employee Engagement, Open Door policy, Non-financial Rewards.

LIST OF ABBREVIATIONS

HCE- Healthcare Employees

TL- Transformational Leadership

JS- Job Satisfaction

HR- Human Resources

JSS- Job Satisfaction Survey

JDI- Job Description Index

EE- Employee Empowerment

CL- Charismatic Leadership

ANS- Assistant Medical Superintendent

AMS- Assistant Medical Superintendent

PME- Performance Management & Evaluation

HPWT- Happy-Productive Worker Thesis

HPSW- Happy-Productive Work Systems

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CHAPTER I: INTRODUCTION

1.1 Introduction

In a healthcare setup where employees deal with unforeseen situations every minute, parameters for Job Satisfaction (JS) can vary from employee to employee. The same can be observed within the same class of Healthcare Employee (HCE) at various hierarchical levels. According to Glission & Durick (1998), JS is lower among healthcare employees than in other organisation setups. The same can be attributed to the nature of work in a healthcare setup, which may easily lead to physical or emotional burnout, especially among the HCE who deal directly with the patients. While JS is the content level of an employee with his work profile (Spector, 1997; Vroom, 1964), it cannot be ignored that job satisfaction is an employee's attitude to the situation at hand (Rosenberg & Hovland, 1960; Allport, 1935; Thurstone, 1928). The same holds true for a nurse who directly deals with situations where she has to make life-saving decisions for her patients, as compared to an administrative staff member who has to ensure that support services are provided properly to enhance the patient experience with the healthcare setup.

Within the constraints of professional demand, an employee usually tends to subdue his need for better provisions necessary for his benefit and ends up being frustrated or morally let down, which is eventually reflected in his performance as well (Syptak et al., 1999, p. 26). This, unsatisfied and frustrated employee fails to deliver the expected job outcome, which results in an overall inferior performance index for a team, the department, and eventually the organisation (Asif et al., 2019; Boamah & Laschinger, 2017). This unsatisfied employee is the reason for a bad name for the healthcare setup as well as a poor patient experience. This not only leads to a bad market reputation for the

healthcare setup but also results in overall business loss due to unsatisfied patients. Such employee behaviour and performance may further result in a greater turnover ratio and absenteeism with a lower performance index of employees (Nagy, 2002; Glission & Durick, 1988). This, eventually, not only results in patient loss to the organisation but also manpower loss, thus, affecting the overall performance of the healthcare setup.

In a healthcare organisation, where an employee must always be attentive and on his feet, meeting the demands of the job and patients can be tricky. Healthcare work often leads to mental or physical burnout due to its demanding nature (Cunningham et al., 2022; Nemmaniwar & Deshpande, 2016; Lee & Cummings, 2008). In such a scenario, a peaceful and supportive work environment is the only answer to dealing with this JS dilemma (Asif et al., 2019; Nemmaniwar & Deshpande, 2016). Leadership plays a very crucial role in defining the organisation's work culture. Nagy (2002), detailed various factors that play a role in defining JS among employees. According to him, JS contributes to a lower attrition rate, better employee performance, less absenteeism, etc. According to Singh et al. (2019), leaders who identify gaps and work towards improving and providing a healthy work atmosphere tend to create and lead a team of happy and satisfied employees. These leaders, thus, encourage their team to perform beyond expectations, thereby delivering patient-oriented services that eventually reflect on the performance of the healthcare setup. Thus, such leaders are the means to curb the practice of absenteeism, improve the attrition rate, and help deliver better services that are more organisation-oriented (Aazami et al., 2015; Herzberg, 1974). Such leadership enhances job satisfaction among the employees.

1.2 Research Problem

Job satisfaction is not a new concept for any organisation or researcher. Though time and again, this ancient topic has been immensely explored (Bass & Avolio, 1994;

Rosenberg & Hovland, 1960; Vroom, 1964), numerous unanswered questions still exist. How can employees from different strata of society with different backgrounds, skill sets, and job responsibilities all contend with their work profiles? What role does transformational leadership play in covering these gaps? Why are the factors responsible for the satisfaction of one head of employee different from the other category of employees in a healthcare organisation? How do parameters defining JS differ among different hierarchical levels within the same class of employees?

Various studies conducted in the past have enlightened us about the need for a satisfactory work profile (Cunningham et al., 2022; Asif et al., 2019; Nemmaniwar & Deshpande, 2016; Lee & Cummings, 2008). With the ever modernising and fast growing world, targets seem all the more difficult to achieve. While many organisations take constructive steps towards delivering a healthy work culture, there is still overall dissatisfaction among employees in many organisations. Factors affecting JS were studied intricately within a healthcare setting. This study evaluated the various factors affecting different classes of employees within an organisation. The study analysed the parameters causing dissatisfaction at various hierarchical levels among the same class of employees. The role of transformational leadership was assessed in creating a healthy work environment.

1.3 Purpose of Research

There is a need for a better understanding of individual factors defining job satisfaction for an employee. More specifically, the following research questions must be addressed:

- Do we identify problematic factors as leaders and employers?
- Are organisations willing to invest in their employees?
- Are we good leaders or good colleagues?

- Do we set up an example of an ideal employee?
- Are we an asset to our organisation?
- Do we abuse the power given to us by our leaders, or do we use it to improve the organisation?
- Do we strive to enhance the skills of our team members?
- Do we keep patient care as our priority?

These questions might seem irrelevant, but they certainly have a major significance in shaping an employee's performance and attitude towards his job profile, thus affecting his JS. The answer to these questions is the solution to the factors responsible for creating employee dissatisfaction.

Specific Aims

- To explore the mindset of healthcare employees to increase overall job satisfaction.
- Identifying an employee's perception of job demands under different circumstances among different classes of employees.
- Identifying the role of transformative leadership in enhancing job satisfaction.
- Examine solutions and methods that healthcare setups can use to enhance job satisfaction amongst their employees.

1.4 Significance of the Study

With the ever-transforming healthcare industry, the need to deliver excellence in patient care services is of the essence today. Patients follow their medical advisors, but it is both the nurses and other multidisciplinary healthcare employees who help the patients evaluate the quality of medical services rendered to them. Clinicians may help resolve the medical dilemmas of the patients, but it is both the nurses and other support service staff who are the face of the healthcare setup who help shape the image of the organisation in a

patient's mindset. Thus, providing an environment that helps an employee perform to their best capabilities is the need of the hour.

The Indian healthcare system is vast and well-developed. Healthcare services are now available in the comfort of our homes, and this leads to healthcare setups fighting to provide excellence in service to attract major crowds to themselves. While introducing new technologies in healthcare setup can fairly enhance the crowd flow to the organisation, it is the patient experience defined by the empathy and compassion received during his care that shapes his experience with the healthcare setup. In order to do that, it majorly depends on an employee's performance, which, again, depends on the work environment given to them. This research will analyse how different classes of employees perceive job satisfaction under different circumstances, given their job responsibilities. This research will lead to a better understanding of the individual perception of job satisfaction and how it differs among nurses and healthcare administrative personnel working in the same organisation. The study will also evaluate how JS differs at various hierarchical levels within the same class of employees. The research will thus provide the answers to overcome the above-mentioned barriers and provide a better outlook to create a work culture with enhanced patient experience.

Therefore, this research can help identify and eliminate the factors that lead to job dissatisfaction among multidisciplinary healthcare employees. The study will provide a better insight into understanding JS, especially in healthcare setups, by understanding individual factors for individual classes of employees at an individual hierarchical level. This research will thus, unravel the JS dilemma faced by both employees and employers and will also enlighten how to achieve the goal, thus enhancing JS among employees and eventually improving a healthcare organisation's market value.

1.5 Research Purpose and Questions

The main aim of the research is to explore the factors that define job satisfaction amongst healthcare employees, and to analyse how these factors differ based on different work profiles and different working conditions. This shall lead to the following objectives:

1. The development of new knowledge, such as how factors affecting job satisfaction, differs within an organisation amongst different classes of employees.
2. Sharing increased knowledge and learning about individual perceptions of job satisfaction under different circumstances.
3. Analysing how JS differs within a class of employees at various hierarchical levels.
4. Assessing the role of transformational leadership in evaluating the factors affecting job satisfaction and providing enhanced work experience to the team.

CHAPTER II: REVIEW OF LITERATURE

2.1 Introduction: Background of Job Satisfaction

Job satisfaction is one of the ancient yet still very extant topics of discussion. It is one of the most closely and extensively studied topics by research analysts. While the modern world suffers from the issue of creating new and creative job opportunities in accordance with existing demands, achieving JS is yet another dilemma employers face. Industrialization has redefined our criteria for comfort, and the work environment is not untouched by it. Today, JS is not limited to better pay benefits and opportunities alone; various other factors, such as professional growth, work and social life balance, etc., comes into play while understanding the modern concept of JS. Not only this, but our intricately socially connected world is forcing employers to excel against their opponents while providing services to their employees. This not only ensures a lower attrition rate in an organisation but also improves the market value of the setup.

Organisations need to understand and inculcate the concept of JS. Job satisfaction is the key to success for any organisation (Smith et al., 2020; Bakotić, 2016). It is non-debatable that an employee spends most of his time at his workplace. Thus, achieving a good working environment is a necessity in today's world. A happy and content employee tends to deliver performance beyond expectations, thus improving the level of services and eventually improving the organisation's face-value. According to Syptak et al. (1999), employees are responsible for developing the market value for any organisation and it is the employees who contribute to achieving the targeted goals. However, it is easier said than delivered. Job satisfaction is a multi-dimensional, relative term. It is multi-factorial and depends on the situation at hand and an individual's perception of the surrounding circumstances.

Literature defines JS as an employee's attitude (positive or negative) towards their job (Schermerhorn, 2010, p. 672). It is a very individual factor and circumstance-dependent. According to Mishra, (2013) job satisfaction is a general attitude governed by three specific components: specific job factors, individual characteristics, and acquaintances outside the job. Thus, it is safe to suggest that JS can be understood as an individual's perception of the circumstances he is presented with. Leadership plays a very crucial role in defining an organization's work culture. Strong leadership curbs abusive and derogatory practices and promotes a healthy and motivating work environment. Leaders who identify gaps and work towards improving and providing a healthy work atmosphere tend to create and lead a team of happy and satisfied employees (Singh et al., 2019, p. 3268-3275). These leaders curb the practice of absenteeism, improve the attrition rate, and help deliver better services that are more organisation oriented (Aazami et al., 2015; Herzberg, 1974). Such leaders tend to create and re-create a team of self-motivated and organisation-oriented employees who further deliver services beyond expectations, thus not only improving the team's performance but also the organisation's overall performance. However, the burden of maintaining this team spirit lies on the shoulders of the leaders. They ought to continually encourage and promote their team members to achieve the desired goals. Such employees tend to seek professional and financial growth, and it's the leader's burden to ensure his team's satisfaction to achieve the best outcome for the organisation.

Leaders who understand their team and work towards empowering them are known as transformational leaders and such leadership practice is known as Transformational Leadership (TL). TL can effectively enhance an employee's perception of JS. TL influences an employee's attitude toward the individual objectives to utilize their maximum potential to achieve desired goals. This type of leadership works by

identifying the individual employee's skill-set, empowering them, intellectually stimulating them, challenging them toward goals, and coming up with innovative ideas to accomplish a task (Asif et al., 2019; Curtis & O'Connell, 2011). Transformational leaders develop an environment of mutual respect and trust among their teams. This transformational leadership eventually creates an environment of positive work-culture, wherein an employee enjoys the freedom to make independent decisions, explore and achieve goals beyond expectations, and develop mutual trust and respect (Boamah & Laschinger, 2017; Samad, 2012). This leadership practice develops the practice of process-dependent rather than person-dependent teamwork in an organisation. This team will not be individual-dependent but will be self-sufficient and multi-skilled to perform the tasks at hand. Not only this, but this team will be self-motivated and will require minimal interference from the hierarchy to achieve the desired outcome. TL is very beneficial in a healthcare setup owing to the nature of the job the employees are burdened with. In a healthcare setting, employees, especially nurses, need to make independent decisions and work as a team to deliver the best outcomes for their patients. Thus, TL plays a major role in a healthcare organisation's work culture for developing a self-motivated and over-performing team. Such a team is the reason for a satisfied patient experience and an organisation's growth and performance beyond expectations.

Empowering employees works by reinforcing a manager's belief in his employees. Such leaders influence employees to make independent decisions. These employees will be patient-oriented and develop critical thinking, which will help them handle the different circumstances they are presented with. The employees are motivated to deliver quality care and achieve desired patient outcomes. These empowered employees deliver services beyond expectation, eventually leading to happy patients and thus enhancing the patient experience (Purwanto & Agus, 2020).

Patient satisfaction is the desired end goal of any healthcare setup. Motivated and driven employees tend to be more focused and accept the tasks assigned as challenges and deliver services beyond expectations. This attitude creates an environment wherein patients enjoy open and transparent communication with these employees. These employees help build trust between patient and employee with their performance and communication skills, thereby, resulting in an enhanced patient experience. Such patient experience tends to drive in more crowds in a healthcare setup, thus benefiting the organisation and the employees in return (Asif et al., 2019; Boamah & Laschinger, 2017).

However, introducing a healthy and happy work culture can also be seen as an advantage by an employee for their benefit and may lead to dereliction of duties. Some employees may abuse the freedom given to them by their managers. While, others may be opportunistic who develop their skill-set and leave the organisation for better benefits. It is the role of leaders to keep the employees in check and build a strong and trust-worthy team while ensuring a favourable work environment.

2.1.1 Significance of Studying Employee Satisfaction in a Healthcare System

Healthcare setups have obligations to both their employees and patients. A job satisfied and happy employee will be able to exceed expectations in delivering patient care thus enhancing a patient's hospital experience and thereby improving the healthcare set-up's market reputation (Smith et al., 2020; Bakotić, 2016). An organisation dedicated to its employees tends to create an environment of mutual trust and loyalty with motivated and empowered employees. Practicing transformative leadership and open-door policies helps build a healthy work culture. These employees will feel appreciated and empowered. They will go beyond expectations to deliver the services expected. There will be less absenteeism and a low attrition rate among employees, thus reducing the organisation's expenses in training new employees (Syptak et al., 1999, p. 26). These

employees will work not only to enhance their own skills but will also motivate their colleagues to build up their skill sets. There will be process-dependent workflow rather than person-dependent practice. Happy and motivated employees tend to communicate with their patients and, thus, create an atmosphere of trust between the patient and the service provider (Asif et al., 2019; Boamah & Laschinger, 2017). These employees are the face of the organisation. Their attitude and behaviour towards their patients speak volumes about the culture practiced in the healthcare setting. Empathetic and caring employees tend to bond easily with their patients. This, not only enhances a patient's experience with the healthcare set-up but also attracts more crowds to the organisation, thus benefiting the organisation in retrospect.

2.2 Theoretical Framework

The study seeks to understand the discrepancy caused by factors affecting job satisfaction among different classes of healthcare employees and the role of transformational leadership in addressing the gaps influencing job dissatisfaction among employees.

Syptak et al. (1999), implicit theories are used in the study to understand the concept of job satisfaction, its individual perception, and its effect on an employee's and an organisation's performance. Their study revolved around the concept of a satisfied employee performing beyond expectations, resulting in overall excellence in patient care being achieved and the organisation's overall performance. In their study, they implemented Frederick Herzberg's two-factor theory, also known as motivation-hygiene theory (Herzberg, 1959, p. 18-29), which explains that financial benefits, hierarchy, social standing, and work culture are the 'hygiene issues' that, once, addressed, build up employee satisfaction using the motivators, reflected by professional growth, responsibility, recognition, and work profile. They insisted that recognition and

achievement are the two important motivators in bringing out the maximum potential of an employee. With their study, they gave forth The Trickle-down Effect, where they explained that by working at ground-level, which herein, was employee satisfaction, a team of happy and motivated employees was built up which further put efforts into delivering patient-oriented services resulting in enhanced patient satisfaction and overall improved organisation performance.

Pandey & Asthana (2017), & Ting (1996), categorised factors affecting job satisfaction under five major verticals, i.e., work-environment, organisational policies, future advancement opportunities, burn-out and financial and non-financial incentives. Their study evaluated the five verticals and their contribution to influencing job satisfaction among employees. They concluded that compensating employees through financial and non-financial benefits motivates employees and enhances their productivity. They explained that framing policies and building up work-culture which is in accord with the employee's benefits helps enhance their satisfaction level and decreases their job stress and frustration.

Burns (1978), introduced transformational leadership theory, where he negates the ideology of true leadership being viewed as 'power and dominion' but concurs with the concept of true leadership as one which influences followers, and motivates them to reciprocate to their leader for a common purpose, benefiting both the leader and the followers and promoting each other throughout the journey. He further explained that transformational leadership draws on rational thinking, transformation, comprehensive judgement and risk-taking. Burns leadership is based on Maslow's hierarchy of needs (Maslow, 1943, p. 370-96) which, explains that an individual grows from a lower level of need to a higher level until he reaches a point of 'self-actualization' where his need to achieve personal goals comes into play to gain a sense of self-achievement. Burns (1978),

believed that 'self-actualisers' are actual leaders as they grow from the bottom and have faced the struggle to grow, thus, they can understand and relate to others need to grow all the while leading and motivating them to their true potential. Burns (1978), focuses on the benefits of transformational leadership, such as employee engagement, work performance, teamwork and communication, motivation, employee retention, and conceptualization of job satisfaction strategies for work satisfaction and business performance.

All these past studies conclude that with more development opportunities for employees and leaders, the impact of objective-monitoring behaviours will grow and be more influential through transformative leadership strategies to improve job satisfaction among healthcare employees. This will eventually enhance the patient experience and effect positively on the healthcare system.

2.2.1 Understanding Job Satisfaction

Job satisfaction is a relative term. Literature has defined JS as an employee's attitude towards their job (Spector, 1997; Vroom, 1964). Academics and Human Resources (HR) describe it in two variables: affective and cognitive job satisfaction (Rosenberg & Hovland, 1960; Allport, 1935; Thurstone, 1928). While, factors contributing to JS remain the same, including financial and professional growth, leadership style and organisation's policies and work-culture, the effect on an employee's JS can be categorised into affective and cognitive JS. Affective JS essentially depends on the organisational contribution in achieving the feeling of satisfaction among employees while cognitive JS is governed by an individual's perception of the factors involved. Job satisfaction is a multi-dimensional, relative term (Mrzygłód, 2004, p. 183-196).

According to the study, under the same circumstances, every employee will judge his satisfaction level according to his perception of the situation and his priorities. It is a very

individual factor and circumstance-dependent. JS is a general attitude governed by three specific components: specific job factors, individual characteristics, and acquaintances outside the job (Mishra, 2013, p. 45-54). While, for an employee, all three components may define JS, for another employee either of the components will be enough to achieve JS. These components will also vary among different hierarchical levels within a team of employees.

As precise as these definitions may be, an employee's criteria to be job-satisfied is relative to their present circumstances, goals, perception of the situation at hand, and financial and individual stability. Job satisfaction criteria may differ from person to person. Various studies have tried to understand the concept of JS (Bass & Avolio, 1994; Rosenberg & Hovland, 1960; Vroom, 1964). All the past research has emphasised the need for leadership to analyse the employee mindset and provide favourable opportunities and work environments to achieve JS. According to these studies, an ideal leader, better known as a transformational leader, works by influencing his team, motivating and encouraging them, stimulating them intellectually to make independent decisions and understand their individual needs (Avolio et al., 1991, p. 9-16). A transformational leader understands the work culture and ethics of an organisation along with the needs of his team and works by creating an environment and opportunities which suits both the organization and the employees. He builds up a work culture that induces autonomy of work at ground level, all the while following the organisation's ethics. These leaders align their team with the organisational values and policies while achieving maximum output from the team. Another responsibility of these transformational leaders is to enlighten the organisation's hierarchy about the much needed changes to be brought to the work culture and policies for the benefit of the team, thereby creating a mutually favourable work environment for the employees and the employers.

2.2.1.i Significance of Employee Satisfaction for the Organisation

For us to understand the concept of job satisfaction in a healthcare setup, it is evident that employees, both in direct and indirect contact with patients, are studied. Nemmaniwar & Deshpande (2016), explain that in a healthcare setup, a patient's experience is defined by the JS level of an employee. According to them, besides financial and non-financial benefits, factors like professional growth opportunities, less burnout, recognition, and empowerment play a major role in enhancing an employee's JS. These satisfied employees then tend to deliver services beyond expectations, thus, improving the patient-experience and eventually the organisation's performance. Elements defining JS for a nurse may differ from those for a clinician or administrative personnel or support service staff (Cunningham et al., 2022; Nemmaniwar & Deshpande, 2016; Lee & Cummings, 2008). According to past studies, front-line managers and nurses deal with the major burden of patient care owing to the nature of their job. The patient's experience with the healthcare setup is majorly defined by these front-line employees. They are the face of an organisation. Undoubtedly, the burnout level of these front line employees is more concerning than the hierarchy which does not deal with patients directly. It is, therefore, very important that leaders should ensure that these front-line employees are extended maximum organisational support and empowerment to make independent decisions and deliver services beyond expectations.

While factors playing a significant role in defining JS among nurses can be their workload, stressful situations leading to mental burn-out, and different shift timings, the factors responsible for identifying job satisfaction among healthcare administrative personnel can be remuneration, empowerment or decision-making freedom, challenging job profiles, etc (Cunningham et al., 2022; Nemmaniwar & Deshpande, 2016; Lee & Cummings, 2008). Together, these employees deliver services that define a patient's

overall hospital experience (Nemmaniwar & Deshpande, 2016, p. 27-31). Since, healthcare providers, responsibility is not limited to the welfare of their employees alone, but also the patients, it is therefore, important that the leaders identify the needs of the team and the patients, and work towards covering these gaps to provide means to deliver excellence in service.

Thus, benefits of maintaining employee satisfaction in a healthcare setup can be summarised as (Asif et al., 2019; Nemmaniwar & Deshpande, 2016):

- i. Decreased attrition rate.
- ii. Enhanced work-productivity.
- iii. Overall patient satisfaction.
- iv. Reduced recruitment and attrition, thus, reducing the training costs for new employees.
- v. Reduced wastage of resources in the form of manpower, processes or technology.
- vi. Decreased absenteeism.
- vii. Self-driven employees.
- viii. Improved team coordination and teamwork.
- ix. Improved overall image of an organisation.

In the same line of thought, effects of employee satisfaction on the employees themselves can be described as (Nemmaniwar & Deshpande, 2016, p. 27-31):

- i. Improved services rendered by an employee and thus, by the team itself.
- ii. Good work-environment.
- iii. Loyal and understanding employee team.
- iv. Self-driven team of employees.
- v. Process-dependent rather than person-dependent work-culture.
- vi. Less burn-out among team members.

2.2.2 Factors Affecting Job Satisfaction

As appalling as it may sound, a dissatisfied employee creates a team of under-performing employees who, in turn, affect the leader's and the organisation's performance (Smith et al., 2020; Bakotić, 2016). Bakotić (2016), in his study, concluded that an organisation's performance is affected by the JS level of its employees and not vice versa. His research observed that successful and reputed organisations fail to deliver JS among their employees due to a lack of financial and professional opportunities or their work culture. However, they explained that a job-satisfied employee tends to perform beyond expectations, thus ensuring the organisation's overall enhanced performance index. Thus, it can be concluded that, it is a vicious chain wherein if an individual is affected, it will create a chain reaction, and everyone in that chain will be affected (Syptak et al., 1999, p. 26). For example, in a healthcare set-up, if a front-line administrative executive is not job satisfied, the patient's first encounter with the hospital's face or in this, case this frustrated, employee will be 'unwelcome'. This perception of 'unwelcome' behaviour will be carried by the patient while he is being attended by nurses and, consecutively, might affect his interaction with the nurses and eventually the nurse's attitude towards this already displeased patient. Similarly, a patient experiencing good interaction with the front-line staff might motivate the other employees to deliver the same level of services to the patient, thus, creating a chain reaction of enhanced level of services rendered.

Numerous studies conducted over decades have tried to fathom the concept of JS and have arrived at various conclusions regarding the factors affecting job satisfaction. Vroom (1964), extensively studied the factors affecting JS and drew the following conclusions:

- i. Enhanced JS leads to a low attrition rate.

- ii. Job satisfied employee tends to be loyal to organisation and follow less absenteeism practice.
- iii. JS does not guarantee job performance. Job performance depends upon numerous other variables and not just the content level of an employee.

According to Locke (1976), when an employee's satisfaction factors, namely remuneration, professional growth, inter-social relationships at workplace, work culture are met, his JS is achieved. Ting (1996), grouped factors affecting JS into the following categories:

- i. Professional factors, which include, financial benefits, job roles, recognition, and skill utilisation.
- ii. Organisational factors, which include leadership style, work environment, organisation policies.
- iii. Personal factors can be identified as social standing, age, and gender.

According to the study conducted by Ting (1996), organisational and professional factors play a major role in defining the JS among the employees. Spector (1997), identified these factors and categorised them into two groups: personal and environmental factors. According to him, age, gender, and work profile fall under personal factors, while factors like professional growth, work culture, social standing can be grouped under environmental factors. His study concluded that both personal and environmental factors have an equal influence in defining JS among employees. This theory was further studied by Abdulla et al. (2011), who then suggested that demographic aspects, such as gender, working shifts, social life, and nationality, do not contribute as much to JS as environmental factors, such as remuneration and perks, job profile, organisation's reputation and policies, leadership, inter-colleague relationships, and financial growth do. According to his study, other environmental factors such as burn-out,

professional growth, performance and recognition and open-door policy do not contribute as much to JS. This was in contrast to the research conducted by Spector (1997), who concluded that both personal and environmental factors equally influence JS among employees. According to a study conducted by Yang et al. (2011), inter-personal relationships among employees is a significant factor in defining the JS of an employee. They suggested that, since an employee spends a significant amount of his time at work-place, good communication with colleagues and supervisors is important in defining their JS.

However, the eventual onus of a team and its performance lies on the shoulders of its team leader (Bass & Avolio, 1994; Rosenberg & Hovland, 1960; Vroom, 1964). An under-performing team leads to unachieved goals, poor performance index, unsatisfied patients and employers and eventually a bad reputation for the organisation itself (Syptak et al., 1999, p. 26). This under-performing team is the leader's responsibility, to identify and to check the factors causing dissatisfaction and reasons for the under-performance of his team members (Avolio et al., 1991, p. 9-16). When left unchecked, this team eventually is the reason for the hierarchy to question the capabilities of the leader and his performance. If, despite all the efforts of the leader, the team still does not perform, it reflects the failure of leadership. This failed leadership is the reason for lower performance by the different departments of an organisation and thus, under-performance of an organisation itself. This team is thus, the reason for a harassed leader, who is eventually responsible for the team's performance and further an organisation's performance. Thus, ensuring employee job satisfaction is paramount for both the leader and the organisation.

The difficult part of the task lies in recognising the individual factors affecting the employee's performance. While one employee may be dissatisfied financially, another

may be unhappy with the job profile or lack of growth opportunities; on the other hand, for another employee, lack of recognition may be the demotivating factor (Spector, 1997, p. 1173-1193). A transformational leader ought to identify these individual factors affecting JS among employees and work upon addressing the gaps. It is his burden to build a work environment which is both challenging and yet exciting for an employee to pursue. Identifying and enhancing individual skill-set ought to be the leadership's forte to achieve the maximum potential of the team.

Maslow (1943), introduced Maslow's hierarchy of needs, which states, that human needs can be arranged in a hierarchy with basic needs such as survival at the bottom and aspiring needs like 'self-actualization' needs at the top. According to Maslow, survival needs are a priority for an individual before aiming for higher needs, which are a difficult target to achieve, leading to frustration or dissatisfaction. Maslow's hierarchy of needs can be summarised as:

1. Physiological needs comprise of fulfilling the basic requirements such as food, shelter and clothing required for human survival.
2. Safety needs relate to a sense of security over life and social capability.
3. Love and Belonging needs refer to emotional security desired by an individual.
4. Esteem needs are described as the need to feel worthy, accomplished and standing in society.
5. Self-actualization needs marked the highest level in Maslow's hierarchy of needs referring, to an individual's need to self-realisation with respect to individual achievements and capabilities.

Maslow (1954), further added a two-level division i.e., deficiency and growth needs, to his theory of hierarchy needs. He proposed that the first four levels comprising of physiological needs, safety needs, belonging and love needs and esteem needs can be

categorised as deficiency needs, while the highest level of hierarchy, i.e., self-actualization needs can be referred to as growth or being needs. According to Maslow (1954), deficiency needs arise from the lack of basic amenities such as food, shelter, education, social relationships, etc, whereas growth needs are motivated by an individual's desire to progress in society be, it in his profession, personal life, social standing or self-recognition. However, Maslow's hierarchy of needs explained that an individual moves the levels up in the hierarchy of needs once he has achieved the lower levels, else he strives at the existing level without focusing on further levels of needs. Thus, Marslow concluded that the way to contentedness is moving up the pyramid and not vice-versa or back and forth. In a healthcare setup, this would mean that an employee will remain fixed at a lower level of hierarchy in case they do not have enough skill-set to achieve other growth options and managers will remain focused on achieving the specific tasks at a given period of time.

Alderfer (1969), developed Alderfer's ERG theory based on Maslow's hierarchy of needs (Maslow, 1943). Alderfer's ERG theory (Alderfer, 1969, p. 142-175) is a refined version of Maslow's hierarchy of needs. ERG theory is based on three criteria, namely, existence, relatedness needs, and growth needs. Unlike Maslow's theory ERG theory states that an individual can move back and forth in need pyramid as per the individual mind-set or need. ERG theory focuses on priorities of needs rather than hierarchy of needs. According to ERG theory, existence needs such as food, finance, clothing, etc might be secondary to growth needs for an individual. For example, a healthcare employee who is qualified enough but works for a low remuneration scale might enjoy a better position at the workplace with better social standing which brings him enough relatedness as well as present with future opportunities of growth will be job satisfied. In retrospect, his existence needs will be secure owing to his professional status.

Factors affecting JS can be majorly classified into the following categories (Pandey & Asthana, 2017; Ting, 1996). It is evident that understanding each of them individually and working upon these factors is the key to achieving job satisfaction among employees. These factors have been discussed below:

1. Individual Factors such as mental and physical health, social harmony

i. Mental and Physical Health

Indeed, mental health is an individual's personality trait but, it is no doubt that JS level contributes to defining an employee's mental health and thus, physical health. According to Faragher (2003), organisations need to focus on policies which help curb an employee's burn-out and job dissatisfaction to improve their mental and physical health. Happy employees tend to create a team of self-motivated and over-achieving employees. A healthy and happy employee tends to perform beyond expectations, which is beneficial both for the employee and the organisation (Asif et al., 2019; Boamah & Laschinger, 2017).

ii. Social Harmony

An employee's social standing or inter-personal relationships both in and out of the organisation can be related to his emotional status, his family, his work environment. These inter-personal relationships play a significant role in shaping an individual's personality and vice-versa. An employee enjoying good social status among colleagues will tend to be more job satisfied than those who do not benefit from social interactions as much (Burns, 1978; Yang et al., 2011). Such employees will be more mentally content and this will reflect on their physical health too (Pandey & Asthana, 2017; Ting, 1996).

2. Organisational Factors, such as remuneration scale, work culture, job profile, burn-out, growth aspects, etc.

i. Financial Benefits

Undoubtedly, money is the motivating factor under any circumstances. However, its significance in defining JS among employees has always been debatable. Fair rewards generally make an employee satisfied.

a. Remuneration

Pay benefits is one of the driving forces for any employee. Rewards, both in the form of a pay scale and compensation, are appreciated by an employee (Mishra, 2013; Rad & Moraes, 2009). However, studies in the past have drawn contradictory conclusions about the significance of monetary benefits in gauging the importance of pay benefits over other factors affecting JS among employees. According to some studies, financial benefits are secondary in defining JS among employees (Pandey & Asthana, 2017; Ting, 1996) in contrast to the results drawn from other studies, which emphasized the equal need for financial benefits in defining JS among employees (Spector, 1997, 1173-1193).

b. Benefits

Besides, financial benefits, other compensation like rewards, additional perks like allowances, etc., may help boost an employee's satisfaction level (Mishra, 2013, p. 45-54).

ii. Work-culture

An employee spends the majority of his time at his workplace. Thus, a happy and motivating work environment is one of the key factors in determining his satisfaction level. An encouraging and peaceful work environment will motivate an employee to perform beyond his capabilities and, thus, create a feeling of satisfaction in him. Such employees tend to feel less burnout and are more productive (Mishra, 2013; Rad & Moraes, 2009). This happy work culture is developed by making an employee feel recognised, appreciated, and empowered.

iii. Job-profile

Glission & Durick (1998), established that healthcare employees tend to be less satisfied with their job as compared to other classes of employees. Job satisfaction has been defined as the satisfactory level with the nature of work (Spector, 1997; Vroom, 1964). It is undoubtedly a significant criteria for defining JS among employees. A skilled employee will always tend to aspire for better job opportunities and will seek ways to enhance his skills further. Furthermore, in a healthcare setting, employees dealing directly with patients will tend to be more dissatisfied compared to those involved indirectly with patients (Cunningham et al., 2022; Nemmaniwar & Deshpande, 2016; Lee & Cummings, 2008). Thus, the nature of the job is a very important factor in enhancing JS among employees.

iv. Burnout

Mental and physical burnout is very common among employees, especially those involved in the healthcare sector. This can be attributed to the nature of the job that Healthcare Employees (HCE) tend to be dealing with, where burnout is especially high (Piko, 2006, p. 311-318). HCEs are burned with dealing with patient life, taking emergency calls. Besides, the nature of their job, among HCE's the feeling of being unrecognised, underappreciated, or lacking open communication can also lead to burnout. All these lead to a stressful environment for them, resulting in both mental and physical burn-out. Transformative leadership plays a significant role in identifying these gaps and building a healthy work environment.

v. Growth Aspects

Both professional and financial growth matter to any employee. However, after a certain period of time, an employee develops enough skill set that he seeks professional growth more than financial growth (Mishra, 2013, p. 45-54). But, of course, financial

growth is followed by professional growth. Together, these serve as a determining factor in defining JS among employees.

3. Leadership factors, such as support, recognition, freedom of independent decision-making, etc.

i. Support

It is human psychology that once given support and motivation, an individual will tend to perform beyond expectations. This is due to the building of mutual trust and respect from the support provider. The same principle applies to HCE too. In a study conducted by Specchia et al., (2021), it was analysed that strong leadership helps develop an employee's skill set by extending support and motivation. Leaders ought to identify the gaps involved in an employee's growth and work to provide means to overcome those gaps, thereby empowering the employee and building an environment of mutual trust, thus motivating the employee to perform beyond expectations. These employees are then driven by a feeling of self-esteem and are self-driven to perform and are job satisfied (Tsai, 2011, p. 98).

ii. Recognition

Recognition comes with support and empowerment. Recognition helps build a feeling of being appreciated. It is a significant factor in shaping an employee's JS level. A supportive and transformational leadership style empowers an employee to enhance his skill set and develop a feeling of being appreciated by recognising his efforts and empowering him to make independent decisions benefiting the team and organisation (Tsai, 2011, p. 98). Such leadership builds a healthy work culture in an organisation where employees are self-driven and empower each other to build up their skill set and perform beyond expectations. Such an organisation is process-dependent rather than person-dependent.

iii. Freedom to Make Independent Decisions

Empowerment influences an employee to be self-driven. They are motivated and feel confident in making independent decisions that are organisation oriented (Specchia et al., 2021, p. 1552). Their study observed that empowerment results in freedom to make independent decisions, develops a feeling of being appreciated and respected, and influences an employee's job satisfaction. According to Tsai (2011), when an employee enjoys an open-door policy from his superiors and colleagues, it boosts his ability to contribute further to his team and encourages him to perform beyond expectations while being self-driven, thus benefiting the organisation as well as enhancing his JS level.

For an employee to achieve JS, financial benefits alone do not matter (Pandey & Asthana, 2017; Ting, 1996). According to them, growth opportunities - both professional and financial and an organisation's policies and work culture define an employee's JS level. For example, an organisation where an employee in an upper-level hierarchy does not enjoy the freedom to make decisions will eventually be job dissatisfied. He will feel frustrated and not be utilised to his maximum potential. This will eventually be reflected in his performance and that of the team henceforth. This affects the organisation's performance as well. According to Alderfer (1969), growth needs surpass existence and relatedness needs. An employee who is content with his professional life will tend to have a good inter-personal relationship with people both in and out of the organisation, as well as be self-motivated to perform beyond expectations.

2.2.3 Measuring Job Satisfaction

As described earlier, job satisfaction is a very personal factor; thus, various factors might come into play while measuring an employee's JS. An organisation's performance depends on its employees performance, which is affected by their satisfaction level (Syptak et al., 1999, p. 26). Thus, it is of the essence for an organisation

to keep a check on the dissatisfaction level of its employees. Job satisfaction is usually measured through survey analysis, which involves data collection in the form of questionnaires including yes-or-no questions, True? False questions, Agreeability scale, multiple-choice questions, point systems, and short-answer questions. However, Likert scale (Likert, 1932, p. 5-53) remains the most common tool utilised for data collection. The data is collected by developing a simple survey analysis that captures every aspect of the research area.

2.2.3.i Job Satisfaction Survey

Spector (1985), introduced the idea of measuring JS levels through Job Satisfaction Survey (JSS). JSS was developed with the idea of capturing human-behaviour or emotions, with respect to the conditions presented. It specified nine major elements, with various sub-factors contributing to employee job satisfaction analysis. The significant areas of interest on which the survey depended were remuneration, promotion, perks, recognition and rewards, resources provided, job profile, attitude of colleagues and superiors, open-door policy, and superior's support.

Over decades, studies have shown the effect of all these nine elements in defining JS among employees (Mishra, 2013; Spector, 1997; Vroom, 1964). While for some employees, individual factors may help decide JS level, for others, professional and organisational factors may play a significant role in enchaining their JS (Pandey & Asthana, 2017; Ting, 1996). Since JSS includes all nine aspects affecting job satisfaction, it provides a means to individually capture and analyse each emotion and behaviour towards those nine factors. JSS is related most strongly to employee perceptions relating to JS. Since JSS covered most aspects of employee behaviour, the survey results could be correlated and proved to be consistent over time under different sets of conditions, thus reflecting on the reliability of JSS.

2.2.3.ii Job Descriptive Index (JDI)

The Job Descriptive Index (JDI), developed by Smith et al., (1969) is another commonly used measure for analysing job satisfaction (Vroom, 1964). It evaluates the various factors affecting employees of different classes and hierarchies. An employee marks against the element that describes his job for him. The results are subsequently analysed for a specific employee category. JDI captures five main aspects, namely: job profile, leadership, financial benefits, professional growth, and interpersonal relationships in the workplace.

2.3 Transformational Leadership (TL)

While identifying organisational issues is one aspect of leadership, another crucial role lies in analysing the skills of an individual employee and evaluating how to encourage him to develop and utilise his skills for the betterment of both the organisation and the employee himself. Such leadership is described in literature as Transformative Leadership (TL) (Burns, 1978). Burns (1978), first introduced the idea of transformative leadership. He described them as leaders who “serve as an independent force in changing the makeup of the follower’s motive base ...”

Transformative leadership involves identifying an employee’s true potential and motivating them to utilise it to the maximum (Bass & Avolio, 1993, p. 112-121). Bass (1985), categorised transformative leadership into four major components, and a model known as the ‘4Is’ of transformational leadership was introduced (Bass & Avolio, 1993, p. 112-121). The ‘4Is’ include idealised influence, inspirational motivation, individualised consideration, and intellectual stimulation. Transformative leadership works by analysing an employee’s behavior and working towards providing means and solutions to the gaps causing hindrance in his performance, thus motivating the employee

to perform beyond expectations (Bass & Avolio, 1993; Burns, 1978). The '4Is' could be summarised as follows:

i. Idealised Influence: A true leader sets an example for others to follow.

Transformational leadership operates by modulating oneself as per the core ethics of an organisation, conducting oneself for the benefit of the team and the organisation, motivating others, and, all the while, setting oneself as an example of an individual to be idealised and followed (Bass, 1985, p. 26-40).

ii. Inspirational Motivation: Bass (1985), explained the second component as a leader's quality to inspire his team through his conduct, his working style, and his ability to handle situations he is presented with. Such a leader, inspires his team to follow his example and learn from him to develop their individual skill-sets.

iii. Intellectual Stimulation: A leader's ability to resolve issues at hand, using his professional knowledge and wit, speaks volumes about his intellectual capabilities. Such leaders influence their team members to learn from them and follow their example. They motivate their team to make independent decisions for the benefit of both the team and the organisation (Bass, 1985, p. 26-40).

iv. Individualised Consideration: A transformative leader evaluates the needs of every individual in his team. He analyses the gaps that hinder employee growth and works towards providing answers to these employee's requirements. In all, he bridges the gap in a team's growth by identifying the individual needs of an employee and, thus, helps motivate his team to perform beyond expectations, thereby benefiting the organisation as a whole (Bass & Avolio, 1993, p. 112-121).

Transformational leadership works by influencing the employees, empowering them, intellectually stimulating them to think outside the box, challenging them towards goals, and coming up with innovative ideas to accomplish a task (Asif et al., 2019; Curtis

& O'Connell, 2011). With their practice of focusing on every individual and motivating ideology, transformational leaders develop an environment of mutual respect and trust among their teams. This eventually creates an environment of positive work culture wherein an employee enjoys the freedom to make independent decisions, which further encourages him to explore and achieve goals beyond expectations and develop mutual trust and respect among colleagues and superiors (Boamah & Laschinger, 2017; Samad, 2012). This, evidently, affects the work environment of an organisation, leading to a healthy work culture. The employees tend to be more job-satisfied and performance-oriented (Boamah & Laschinger, 2017). In a healthcare setup, it is essentially necessary to follow TL, as these motivated and contented employees tend to deliver excellence in patient care, thus enhancing a patient's hospital experience and thus, attracting more crowd to the organisation and benefiting the healthcare setup in retrospect (Higgins, 2015).

Transformational leadership can be essentially described as :

- i. Identifying the area of interest of an employee.
- ii. Motivating him to excel in that area under given circumstances.
- iii. Correcting him while navigating him on the right course.
- iv. Challenging him beyond his forte.
- v. Giving him the freedom to utilise his skill-set and make independent decisions.
- vi. Supporting and recognising him through his efforts.
- vii. Creating a leader out of him.

2.3.1 Transformational Leadership and Organisation Work-Environment

An employee is definitely the face of an organisation. Thus, his conduct at the workplace defines the work culture of the organisation. An organisation may lay out policies and ethics for its employees, but implementing them and their practical implications depends

upon an employee's attitude towards them. A transformational leader plays a role model in adapting an organisation's policies and ethics, motivating his team to follow his example, and thus defining an organisation's work-culture. This team of employees will be close-knit owing to a strong leadership and will have mutual trust and respect for each other. This, in turn, will develop a healthy work environment and enhance an employee's JS level (Tsai, 2011, p. 11-98). In a healthcare setup, this will be evident by the level of patient care extended and the satisfaction level of the patient with the organisation (Smith et al., 2020; Bakotić, 2016).

2.3.2 Transformational Leadership and Job Satisfaction

Achieving JS among healthcare employees is an exceptionally challenging task for employers and leaders. This could be related to the nature of the work of HCEs. Stressful conditions, especially those dealt with by HCEs directly involved in patient care, lead to burnout and frustration among these employees and, thus, a low JS level (Glission & Durick, 1998, p. 61-81). As discussed earlier, TL operates by involving, motivating, and empowering the employees, thus enhancing their JS level (Bass & Avolio, 1994; Burns, 1978). In a healthcare setup, TL, in particular, works by analyzing every individual employee's challenges with their work profile and identifying and resolving those gaps. For example, a nurse lower in the hierarchy may be burned with the task of managing and caring for a patient but might not be empowered to make vital calls related to the patient's life and may be dependent on her superior for the same, who might not be prompt enough, thus frustrating both the nurse and the patient. It is thus, the responsibility of these seniors to guide and educate her on the challenges she faces at her work and navigate her in the right direction to make independent calls. Similarly, a front-line administrative HCE may be burdened with the task of managing appointment schedules or financial clearances for a patient. In situations where a clinician is not timely

available or circumstances where a patient requires urgent financial clearances, this front-line executive may not be oriented enough to take calls or handle the situation, thus affecting both the patient's experience and his own JS level. In such scenarios, a leader should educate this staff on how to schedule timely appointments for patients to arrange for other means for clinician availability as well as how to make urgent calls on financial clearances. When leaders focus on these individual frustrated employees, they tend to motivate them and empower them towards developing their skillset, eventually lowering their burnout and enhancing their JS level (Bass & Avolio, 1993; Burns, 1978).

2.3.3 Transformational Leadership, Organisation Work-Environment and Job Satisfaction

It is indisputable that TL, organisation work culture and an employee's JS level are interrelated. An employee represents his team, an organisation and its values. Thus, an employee's attitude defines the organisation's environment and eventually the job satisfaction level among its employees. Thus, these three components affect each other in retrospect (Smith et al., 2020; Bakotić, 2016; Tsai, 2011; Bass & Avolio, 1993). It is especially of major significance in a healthcare setup where, an employee's satisfaction level is low owing to the nature of their job and reflects on their work practices, which further define the patient's experience with the organisation (Smith et al., 2020; Bakotić, 2016; Higgins, 2015). This eventually affects an organisation's market value (Smith et al., 2020; Bakotić, 2016).

2.4 Employee Empowerment (EE)

Employee Empowerment (EE) is the key to transformational leadership (Purwanto & Agus, 2020). It is defined as "recognising the gifts and talents, the compassion, and the intelligence in another person and assisting them in living up to that" (Ahearne et al., 2005; Arnold et al., 2000; Kirkman & Rosen, 1997).

Kirkman & Rosen (1997), categorised empowerment into four components: potency or competency, meaningfulness or recognition, autonomy or self-drive, and impact or productivity. These components can be understood as:

- i. Potency or Competence:** An empowered employee tends to develop his skill set. When such a team of employees together performs for an organisation, it accounts for the competence level of the team rather than the performance of an individual employee (Kirkman & Rosen, 1999, p. 58-74). They further explained that competence differs from an individual's performance in the fact that it reflects a team's performance rather than an individual. Competence is thus, not an individual's achievement but of the team. The output is not limited to an individual but effects the entire team and thus, the organisation (Guzzo et al., 1993, p. 87-106). Therefore, it can be concluded that empowerment leads to the development of a team and not just an individual employee.
- ii. Meaningfulness or Recognition:** Empowerment leads to the development of a sense of self-achievement and recognition in an employee. This further motivates him to perform beyond expectations. When a team of such motivated and recognised employees work together to achieve a goal, there is a common feeling of achievement and appreciation as a team among them. They influence each other and inspire and appreciate each other as a team to achieve the desired goal (Kirkman & Rosen, 1999, p. 58-74).
- iii. Autonomy or Self-Driven:** An empowered team of employees usually tends to be self-driven, including taking necessary calls when required. In a healthcare set-up, for example, a team of nursing staff, when empowered and trained enough, will be able to make life-saving decisions for their patients without having to wait for the physician. However, this team is the result of an individually empowered employee

who is oriented enough to the processes related to his job profile as well as to the organisation's policies. The achievements of this team reflect the competency of individual employees and the team as a whole (Kirkman & Rosen, 1999, p. 58-74). This practice, unburdens an employee from shouldering individual responsibilities for the team. This team of self-driven employees tends to make mutual decisions, with each of them contributing their own fair share and, thus, the onus of decision-making does not lie on an individual employee, rather, it's the team's contribution (Uhl-Bien & Graen, 1998, p. 340-350).

iv. Impact or Productivity: Among a team of self-driven and motivated employees, achievements are cherished and celebrated as a team's and not just personal achievements. These achievements are felt on an individual scale by every member of the team and are shared with their colleagues, resulting in feedback from their co-workers, which further motivates them to perform beyond their limits, thus benefiting the team and organisation in retrospect (Smith et al., 2020; Bakotić, 2016). In a healthcare setup, this attitude of team achievement is significant as it defines a patient's experience with the patient care services extended to him and his overall feedback about the healthcare organisation (Smith et al., 2020; Bakotić, 2016; McHugh. et al., 2011).

Transformative leaders are out to identify the potential of their team and to drive them in a direction to deliver results that are both patient-oriented and organisation-oriented. Such transformational leadership not only establishes a connection between the patients and the staff but also provides an enhanced patient experience, which in turn affects an organisation's market reputation and eventually its revenue. According to a study conducted by McHugh. et al. (2011), healthcare organisations that focus on improving work conditions and providing a healthy work culture help enhance the job

satisfaction level among the nursing staff and help enhance patient satisfaction by improving the services rendered to patients, which in turn affects the healthcare setup positively, improving its market value.

Empowering employees works by reinforcing a manager's belief in his employees. According to Basar et al., (2011), motivating employees through praise, recognition, and empowerment leads to better employee performance. They suggested Charismatic Leadership (CL), (Bass, 1985, p. 26-40) as an answer to enhance an employee's JS level. They explained charisma as one of the components of transformational leadership, which works by influencing the team members to follow the lead of these charismatic leaders. Such leaders influence employees to make independent decisions by being role models for them, thereby influencing them to develop their skill-sets and motivating them to perform beyond their capabilities. These employees are further, motivated towards delivering quality care and achieving the desired patient outcome. This eventually leads to happy patients and, thus, enhances the patient experience (Purwanto & Agus, 2020).

2.4.1 Employee Empowerment and Job Satisfaction

Glission & Durick (1998), explained that JS is particularly low among healthcare employees, owing to the nature of their job. This invariably leads to burnout among HCEs, especially the front-line staff who are in direct contact with patients. Among these, nurses who are burdened with the task of taking patient care as well as working in stressful conditions to make life-saving decisions for their patients are more affected. This overall leads to frustration and a decreased job satisfaction level among employees. EE essentially helps in overcoming this feeling of burnout and nonrecognition by involving the employees in decision-making, thereby developing a sense of being utilised and of importance to the team and organisation, motivating them to build their skill-sets, which boosts their confidence and helps reduce emotional stress (Basar et al., 2011;

Ahearne et al., 2005; Arnold et al., 2000; Kirkman & Rosen, 1997). In a healthcare setting, such employees feel appreciated, and their skill set utilised to its maximum potential. This invariably helps them enhance their JS level. These employees are self-driven and organisation-oriented, thus proving to be an asset to the organisation, pillars in providing excellence in patient care, thus, improving the patient's experience with the healthcare set-up and thus benefiting the organisation in retrospect with their performance (Smith et al., 2020; Bakotić, 2016; McHugh. et al., 2011).

2.5 Employee Performance

Mother Teresa rightly said, "Peace begins with a smile." We can all affirm that a happy heart reflects on our face and attitude. On the same note, a satisfied employee reflects his satisfaction level in delivering his performance (Collins, 2008; Syptak et al., 1999). Performance can be described as the evaluation of individual components, including employee skills, technical support, leadership style, and infrastructure, together which help evaluate an organisation's productivity or output according to the laid standards and policies (Jenatabadi, 2015). Syptak et al. (1999), explained "the trickle-down effect," according to which, by building up a healthy work environment, keeping in mind the individual needs of employees, understanding the factors affecting their job satisfaction level, and working towards providing solutions to those gaps, an employee's JS level can be enhanced, thereby motivating an employee to be more efficient and productive. This, in turn, positively affects the patient's experience and eventually benefits the healthcare organisation.

The Happy-Productive Worker Thesis (HPWT) has been used for decades to analyse an employee's performance (Landy; 1985; Cropanzano & Wright, 2001). The theory insists that a contented employee tends to perform beyond expectations. It is indeed indisputable that a healthcare employee's performance not only reflects the

organisation's performance but also determines the patient satisfaction level (Hewko & Cummings, 2014, p. 52-68). Thus, it is inevitable that healthcare setups take appropriate steps to ensure their employees' job satisfaction.

Healthcare organisations utilise various Performance Management and Evaluation (PME) practices to analyse their employee performance (Noe et al., 2006, p. 192-222). According to Noe et al. (2006), PME is defined as the measure of an employee's output against organisational targets. This clearly indicates, that an employee's performance has a direct effect on an organisation's growth. According to Noe et al. (2006), PME can be categorised into three components as follows:

- i. Defining Performance:** This can be understood as an employee's perception of the instructions given to him or his understanding of what is expected of him. An employee performs as per what is asked of him by his supervisors, utilising his skill sets to give the expected results. Thus, performance can be simply put as an employee's output according to the directions given to him.
- ii. Measuring Performance:** In a healthcare setup, an employee's performance can be measured with respect to the patient's satisfaction level with the services rendered to him as well as the patient's perception of the organisation. In other words, an employee's performance is the measure of the organisation's performance.
- iii. Providing Feedback on Performance:** Feedback on performance can be attributed to the outcome of an employee's efforts in delivering a task. This feedback reflects the positive or negative affect on the team's performance as well as the organisation's growth.

Together, these three components help evaluate an employee's overall performance, thus marking the team's performance and eventually the organisation's output.

PME can further be affected by decision making system, which can be classified as micro-level decision making, meso-level and macro-level decision-making system (Barbazza et al., 2021, p. 1010-1020). These indicators can be understood as below:

- i. **Micro-level:** In a healthcare organisation, this includes the practice of decision-making that affects an individual employee directly. For example, a nurse who is working at a much lower level in the hierarchy but has a good skill set to manage her patients and knows to take calls under life-saving conditions, when empowered by her manager, will be motivated to perform better. This decision by the manager to empower her is at the micro-level, affecting the employee and her performance and further paving the road for her future growth.
- ii. **Meso-level:** This indicator can be understood as the performance of a team and an organisation's contribution to the same. For example, in the above said example, if this nurse is appreciated by the organization in the form of better pay-outs or non-financial rewards to merit her performance, she will be motivated to further outperform beyond her skills and will eventually influence her team members to follow suit, thus enhancing a team's overall performance. This team will not only be motivated to achieve the goals but also, adhere to the organisational policies and will be self-driven.
- iii. **Macro-level:** Such performance indicators depict the role of an organization in improving its policies and strategies for the benefit of both its employees and itself. For example, in the above context of the nurse setting herself as an example for her team, an organisation's strategies to monitor and improve not only the team's but, system's overall performance, developing policies for the benefit of patients as well as the employees, will help build an employee's as well as the patient's trust in the system and thus, benefit the healthcare organisation.

While healthcare setups may use various PME practices, according to Hewko & Cummings (2014), micro-level PME systems in healthcare organisations help achieve the goal better. This practice will ensure the organisation's reach to the patients with respect to the care rendered while maintaining the standards of care. Padamata & Vangapandu (2023), studied the Indian healthcare industry to analyse High-Performance Work Systems (HPSW) and employee attitudes. They incorporated an "employee-centric" approach in their study. This centers on the employee, thus ensuring a healthy and satisfactory work environment for the employee. In their research, they found that an employee's perception of HPSW had a positive effect on their performance. They concluded that these healthcare employees were more committed to their job roles and performed better.

According to Ramli (2018), an employee reciprocates his environment and mental and physical health. Through their study among HCEs, they concluded:

- i. An employee tends to be loyal to the organisation that identifies with him and works towards curbing the factors causing his burnout.
- ii. An employee who is mentally or physically burnout will not perform as per expectations, thus affecting the team and the organisation itself. They emphasised the role of leadership in checking job related stress to enhance the work performance of an employee.
- iii. Organisations that form policies in favour of their employees and build a healthy work environment tend to create a team of happy and satisfied employees, who then perform beyond expectations, resulting in the overall enhanced performance of the organisation itself.

Thus, an organisation and its leaders must identify the determinants of their team's satisfaction level. They should then provide the required solution to their team for

enhanced work performance. According to Purwanto & Agus (2020), & McHugh et al. (2011), JS leads to improved patient-care services, resulting in improved patient satisfaction. On the contrary, a dissatisfied employee has a lower performance index, which then results in unsatisfactory patient care services and, thus, an unhappy patient. According to a study conducted by McHugh et al. (2011), in a healthcare setting, a nurse's satisfaction level is a measure of the patient's satisfaction level. Their study concluded that healthcare organisations, where nurses felt stressed out, were dissatisfied with their jobs, and patient satisfaction was much lower in those organisations. Such organisations also faced a higher attrition rate among nurses. Thus, they proposed identifying the factors causing burnout among nurses to enhance patient satisfaction with the healthcare setup and, eventually, organisation's performance.

Transformational leaders analyse the reason for the team's dissatisfaction. They work towards providing solutions to the factors while motivating their team towards a better future, intellectually challenging them, giving them the freedom to make decisions, and appreciating them (Burns, 1978). Thus, TL motivates an employee to be self-driven towards the goal set in front of him, and in achieving the same, the employee feels appreciated and is motivated towards higher goals, thus following Alderfer's ERG theory (Alderfer, 1969, p. 142-175). This eventually transcends an employee into an example for his team members, who then follow the pursuit and, ultimately, benefit the organisation.

2.6 Organisation Performance

Transformational leaders create a team of individual leaders. They contribute to an organisation's growth and, hence, an individual employee's growth by motivating and supporting them (Syptak, 1999, p. 26). According to him, an employee's satisfaction is imperative to achieving both patient satisfaction and the eventual goals of an organisation, defining its productivity. It was further concluded; that transformational leadership

factors, such as motivation, appreciation, and recognition, enhance an employee's satisfaction level and drive him to further develop his skills. While factors like financial benefits, leadership, social standing and work-culture can be significant factors in defining an employee's satisfaction level with the organisation. An organisation's efforts to offer fair wages; and a good work culture can positively benefit an employee's attitude towards his set targets and motivate him to perform better, thus benefiting the organisation in retrospect (Syptak, 1999, p. 26).

In a healthcare setting, there is a vast diversity in the roles of different classes of employees. While clinicians will be responsible for their patient's lives, nurses work round the clock in stressful situations while dealing with the patient, his family, and the clinicians. They are burdened with the patient's life and judging and taking the calls in a situation that could be fatal to their patients. On the other hand, administrative personnel are tasked with ensuring the proper day-to-day functioning of healthcare setups. They may deal with the patient directly or indirectly, but their role in healthcare is undoubtedly essential. They should maintain the finer nuances of running the healthcare setup. Lu et al. (2016), conducted a study on healthcare workers to analyse the relationship between JS and various factors affecting job satisfaction. In their study, they concluded; that JS among HCE can be enhanced by focusing on maintaining a healthy work culture with environment, which leads to less burnout among HCEs, fairly paying them for their contribution to the organisation and helping them manage work-life balance. They also found that JS directly affects doctor-patient relationships. They concluded that a satisfied HCE leads to better patient services and, thus, a satisfied patient. It is evident that making policies that enhance JS among employees leads to better performance of the team and thus the organisation.

While playing their role in a healthcare setup, these different classes of employees provide patient-oriented services and define their overall hospital experience. Suppose this chain of different strata of employees is happy. In that case, it is reflected in their performance, which together demonstrates an organisation's performance and, thus, defines a consumer's experience with the setup. Numerous studies (Padamata & Vangapandu, 2023; Garcia-Buades et al., 2019; Hewko & Cummings, 2016; Qasim et al., 2012) have emphasised the need for a content employee in order to achieve the eventual outcome for an organisation. Padamata & Vangapandu (2023), conducted a study on nurses in the Indian Healthcare System. They explained that a nurse's JS level has a positive, direct effect on her performance and, thus, the organisation's performance. A nurse who perceives her work environment as satisfying tends to extend better patient services and builds up good relations with her patients, thus, enhancing the patient's experience with the healthcare organisation and eventually benefiting the organisation. Garcia-Buades et al. (2019), in their study, concluded that a happy and healthy work-environment, motivates an employee at ground level and, thus, the team to perform beyond limits and develop their skills, that, in turn, benefits the organisation. Hewko & Cummings (2016), explain that by developing strategies which motivate and encourage HCE to develop his skills and make him feel appreciated, his JS can be enhanced, and thus, his performance and, thus, the organisation's performance. According to Qasim et al. (2012), providing a healthy and supportive work culture is imperative to enhance an employee's JS. They concluded, a healthy work culture surpasses the employee's need for both financial and non-financial benefits. The work environment plays a major role in defining an employee's perception of his JS and thus, has a direct effect on the organisation's performance. These studies have thus; established the co-relationship between a happy employee performing better and achieving goals, thus providing

excellent patient care services and improving an organisation's performance and thus its reputation.

2.7 Summary

The chapter reviewed theories advocated by Cunningham et al. (2022), Nemmaniwar & Deshpande (2016), and Lee & Cummings (2008), which describe elements defining job satisfaction for a nurse to be different than those for a clinician, administrative personnel, or support service staff. Cunningham et al. (2022), in their study, clearly demarcated the satisfaction level as being different among various HCEs. They concluded that JS to be most high among clinicians and healthcare managers who are either not in direct contact with the patient or do not work under stressful conditions. On the other hand, JS was found to be lowest among nurses and support service staff who are either in direct contact with patients or work under stressful conditions. Nemmaniwar & Deshpande (2016), in their analysis of past research, concluded that besides financial and non-financial benefits, work culture, factors like appreciation, recognition, and professional growth are significant to enhancing JS among HCEs. Lee & Cummings (2008), analysed literature and established that empowering, supporting, and motivating front-line nurse managers as leaders tends to build a feeling of enhanced JS among them, thereby motivating them to perform better and deliver a good patient experience and, thus, better organisation performance.

The study highlighted the role of various factors like professional and financial growth, empowerment, and superior support in defining JS among HCE. While; it is evident that factors affecting JS among nurses are different than those affecting administrative staff, it can invariably be related to the nature of work in these different HCE classes. However, enhanced JS leads to improved organisation performance, as discussed in the literature above. The study's consideration was drawn from a leadership

mindset. It is indisputable that TL helps build an environment of trust and loyalty by identifying individual talent among HCEs and offering them the means to grow while providing solutions to their dilemmas. Transformational leaders work as mediators between the management and the employees, thus redefining the policies and shaping the employee's JS for the benefit of both the employee himself and the organisation. Such leadership builds a team of self-driven employees who are then an example for others to follow. This practice enhances the JS among HCEs and builds a healthy work culture with a low attrition rate, thus benefiting the organisation. Such healthcare setups also cater to the most satisfied patients with the highest patient care standards.

The chapter's review shows that the organisation worsens when the leaders and employees show low work satisfaction. A dissatisfied employee tends to neglect his duties or under-perform. In the healthcare sector, neglected duties can affect a patient's life or his medical outcome. Thus, it is important that the management and the leader identify the areas of lack for an employee and empower them to perform their best. Leaders, must ensure a potentially healthy working atmosphere that can keep employees motivated and satisfied. It is especially crucial for a healthcare setup where burnout and dissatisfaction are quite common among employees owing to the nature of their job. A happy HCE tends to provide patient-oriented services and improve the patient's experience with the setup, thereby making the patient happy as well as developing a feeling of being appreciated and recognised, in the employee himself. Through this assuage effect, the healthcare setup can maintain profitability and loyal customers.

The next chapter discusses the methodology, data collection methods, data analysis, validity, and reliability of the study.

CHAPTER III: METHODOLOGY

3.1 Overview of the Research Problem

Advancing technology promises better life expectancy with better healthcare options, thus leading to competition among healthcare setups to provide better quality patient care. While a healthcare setup can be fully equipped with modern technologies, performance and patient satisfaction rely entirely on the performance of its employees. It's not just the skillset of an employee or the technical support provided by the organisation, that measures his performance; his attitude towards his job defines the same. An employee is the face of a healthcare system. A patient's perception of the organisation is built upon the way support and care are extended to him by his treating nurses and support service staff. The attitude and empathy of HCEs towards their patients and their families; define the patient's experience with the healthcare setup. Thus, there is a direct correlation between an employee's performance, a patient's satisfaction level with the healthcare setup, and the performance of the healthcare organisation (Smith et al., 2020; Bakotić, 2016). An employee's performance or his attitude towards his job or the patients depends upon his satisfaction level with his job. This satisfaction level; is built up by both the leadership and the organisational policies. As discussed earlier, the more content an employee is with his job, the better his performance. Achieving JS is especially important in healthcare setups where dissatisfaction levels are higher among employees owing to the nature of their job (Glission & Durick, 1998, p. 61-81). While JS has always been an intriguing subject for researchers, the ever-rising need to provide excellent patient care services, especially with the rise of door-to-door healthcare services, makes it an even more important task to achieve JS among healthcare employees.

However, the most significant question is not what JS is, but rather how to achieve it, especially among healthcare employees where different classes co-exist and, work under immense stress, and are more prone to burnout. These HCEs not only differ in the job roles they perform but also differ in their educational backgrounds, right from clinical to non-clinical, thus making it difficult to adapt to the healthcare work environment; different job roles with respect to patient interaction level and, thus, different job stress levels; different shift hours, thus adjusting to the work-life balance; different social-economic backgrounds, etc. While under the same roof in a healthcare setup, HCE performs various tasks under different stress levels owing to both the nature of their job and their hierarchical status, defining their patient-interaction level. Thus, the factors determining the JS among these different HCEs are different. In a healthcare setup, the problem lies not only in identifying these individual factors affecting JS among different classes of HCE but also the gaps at various hierarchical levels. While a junior nurse may be dealing with the stress of dealing with patient life and depending on her senior to make vital calls for her patient, a senior nurse might be enjoying the freedom to make decisions while keeping patient interaction to a bare minimum, thus dealing less with the mental stress. Similarly, a front-line administrative executive may be burdened with the task of scheduling and managing the patient's appointment and timely follow-up by the clinician, where he has to not only deal with the patient but also ensure that appointments and processes such as lab reports and investigations are processed in time, while his manager may be tasked with just ensuring that his team does its job in time, thus reflecting the different level of job stress. This reflects the different nature of job roles within the same HCE class, and the extent of burnout faced by these different hierarchies. The role of the HCE in providing patient care is undeniable, and thus, the

need to ensure the JS among HCEs is a significant challenge faced by healthcare leaders and employers today.

Various studies conducted over the past decades have established that an organisation's performance and reputation depend on its employees performance (Smith et al., 2020; Asif et al., 2019; Boamah & Laschinger, 2017). This, especially; stands true for a healthcare organisation where a patient's experience is defined by the care extended to him, which depends upon the performance of the HCE, which, is again dependent on his satisfaction level. Syptak et al. (1999), explained that a team of under performing employees leads to an under performing organisation. A leader's responsibility is to identify the gaps causing the dissatisfaction of individual employees and eventually, the low performance index of his team and to ensure the best outcome for his team and eventually the organisation. Thus, an under performing team is the result of failed leadership. In a healthcare setup, this under performing team does not just reflect the failing leadership or the organisation, but also the inability to provide patient centred services. Thus, the burden of ensuring job satisfaction among employees is of utter importance both for the leader and the organisation. Transformational leadership plays a significant role in identifying the factors affecting JS among employees and building up a work environment that is beneficial for both the employees and the organisation.

As discussed earlier, factors affecting JS can be majorly classified into the following categories (Pandey & Asthana, 2017; Ting, 1996):

1. **Individual**, such as mental and physical health; social harmony
2. **Organisational**, such as remuneration scale; work culture; job profile; burnout; growth aspects; etc.
3. **Leadership**, such as; support, recognition, freedom of independent decision-making, etc.

The concept of transformational leadership was first introduced by Burns (1978). According to his study, a transformational leader acts as a role model for his team of employees. This leader is an ideal example of skill-set, understanding, and performance for his team to be motivated by and follow the pursuit. However, the role of a transformational leader is not an easy one. TL works by identifying the individual employee's areas of gaps causing his dissatisfaction with the job and providing the employee with a solution for the same while ensuring that the organisation's policies are not compromised in the process.

Transformational leadership can be summarised as revolving around the following steps:

- i. Skill recognition
- ii. Motivation
- iii. Empowerment
- iv. Skill development

TL empowers an employee to achieve his professional goals. It works by identifying the areas causing an employee's dissatisfaction and providing solutions to overcome them. In the process, a transformational leader motivates the employee to build his skill-set and move towards achieving his goal. Meanwhile, TL encourages an employee to make decisions that he deems fit to enhance his performance. While the use and abuse of power is entirely a personal perception of an employee, transformational leadership must ensure that this freedom given to the employee is not abused, especially in the healthcare sector, where a wrong decision can compromise the patient's outcome. TL not only enhances an employee's perception of his job, but in a healthcare organisation, it plays a significant role in defining a patient's experience with the organisation. Transformational leadership helps build a team of self-driven and process-oriented employees who then perform beyond expectations and thus enhance a patient's

experience and eventually the organisation's overall performance and, therefore, its market value (Burns, 1987; Syptak et al., 1999).

3.2 Operationalization of Theoretical Constructs

Healthcare setups are seen as organisations run solely by clinicians. We conveniently forget the role of nursing and administrative staff and, even more, the support service staff's contribution to running the healthcare setup's day-to-day functioning. Undoubtedly, clinicians are responsible for the lives of their patients, but their round-the-clock availability for the patient is an issue. Ensuring care is provided and the patient is taken care of properly is overseen by nursing. While nursing may be dealing with providing patient care under stressful conditions, the administrative staff ensures the finer nuances of the healthcare setup are run properly. They ensure that there are no hindrances to providing the best healthcare services to patients. Since a healthcare setup demands round-the-clock services for its patients, both the nursing and administrative staff are available round the clock to deliver patient care services. This is an additional factor that leads to dissatisfaction among HCEs as it affects their work-life balance. Not to mention, this also implies that these HCEs shoulder the burden of making independent decisions in the absence of hierarchy, which can be an additional stress factor in cases of a lack of experience or guiding factor. However, the same can be seen as a factor empowering these HCEs, if they make discerning decisions while keeping in mind the benefits of both the patient and the organisation. Specchia et al. (2021), analysed the past studies to evaluate the factors enhancing JS among nurses. They concluded that, TL has a direct and positive effect on enhancing nurse's JS levels by motivating and empowering them, resulting in a healthy and encouraging work culture and, thus, an enhanced patient satisfaction level. In a study conducted by Lu et al. (2016), on various classes of HCEs, they concluded that, JS among healthcare employees was majorly dependent on factors

like burnout, work life balance, work load, financial benefits, relationships with patients. It is evident from their study that ensuring a healthy and stress-free work environment is of essence, especially in a healthcare setting where employees are more prone to burnout. Along with, ensuring the work-life balance is maintained, through a decrease in the number of night-shifts and work load, JS can be enhanced. Such factors motivate the HCEs and lead to better job perception and thus, better efficiency and, eventually, good relationships with their patients and, hence, better performance and patient satisfaction (Purwanto & Agus, 2020; McHugh et al., 2011).

While delivering their individual contribution to patient care, a nurse holds the responsibility for medical care, and administrative personnel are responsible for improving a patient's experience during his stay or visit to the healthcare setup. Both responsibilities come with the burden of dealing with situations that often define a patient's experience with the healthcare setup. A HCE, especially a front-line HCE, is the face of the organisation for the patient. The attitude of this front-line HCE builds up the first impression about the setup for the patient. A patient's perception of the medical care rendered to him and the support provided to him and his family is judged based on the attitude of these front-line HCEs. This attitude invariably depends on the JS level of these HCEs.

It is thus, invariably important that both of these HCE classes perform at their best to provide excellent patient care services. However, the healthcare setup is not essentially an employee-friendly environment. Irrespective of the fact that the organisation is providing support to its employees, the day-to-day stressful situations of dealing with the patient's life and the chaos of medical dilemmas can very well result in a burnout employee or an unsatisfied employee. It is the responsibility of the leader to identify such factors that may lead to his employees' dissatisfaction. According to a study conducted

by Boamah & Laschinger (2017), on nurses in a healthcare setting, transformational leadership is the answer to achieving patient satisfaction. In their study, they concluded that nurses, when empowered by transformational leaders, tend to be less stressed out and are motivated to perform better. Their attitude towards their job and supportive leadership help them build up a healthy work culture and these nurses are more job satisfied and, thus, the patient care services rendered by them are better, leading to ultimate patient-satisfaction. Along with, they concluded that the attrition rate of nurses decreased in organisations that had satisfied employees. On a similar note, in a study conducted by Asif et al. (2019), on nurses in a healthcare setup in Pakistan, it was concluded that TL not only enhances a nurse's JS level but also improves patient-care level as well as the patient-satisfaction level and lowers the chances of adverse outcomes of patient-care. TL helps build a healthy work environment which further motivates the employee to be self-driven develops his skillset and motivates him to perform better, thus, positively affecting the patient satisfaction level.

This study analysed various factors contributing to job satisfaction amongst different classes of healthcare employees, namely the nurses and the administrative personnel, through a pre-defined set of survey questionnaires. Their job profiles differed from direct patient interaction to running day-to-day hospital operations; thus, the individual factors responsible for defining job satisfaction varied. The survey was then analysed to define the factors affecting JS among the same class of employees at different hierarchical levels, and the same was evaluated to draw conclusions on the factors affecting JS among different classes of HCE at various hierarchical levels.

3.3 Research Purpose and Questions

According to Glission & Durick (1988), JS is lower among healthcare employees as compared to other organisational setups. They explained the reason for the same to be

related to the nature of jobs in the healthcare sector, which leads to burnout. Piko (2006), in his study, that burnout is especially higher among HCEs owing to the stressful nature of their jobs, which leads to job dissatisfaction among these HCEs. The main aim of this research is to explore the factors that define job satisfaction among healthcare employees and how these factors differ based on different work profiles and different working conditions. Along with, the implications of these factors affecting JS among the same class of HCEs at different hierarchical levels will be analysed.

Specific Aims

1. Development of new knowledge, such as how factors affecting job satisfaction differ within an organisation among different classes of employees.
2. Sharing the increased knowledge and learning about individual perceptions of job satisfaction under different circumstances.
3. Assessing how job satisfaction differs at different hierarchical levels within the same class of employees.
4. Evaluating how job satisfaction is perceived at the same hierarchical level among different classes of employees.

Research Question

1. How do factors affecting JS differ among various classes of healthcare professionals?
2. How is JS perceived at different hierarchical levels within the same class of HCEs and among different classes of HCEs?
3. What mindset and strategies are implemented to achieve JS among multi-disciplinary healthcare professionals?

3.4 Research Design

Over the decades, job satisfaction (Bass & Avolio, 1993; Vroom, 1964; Rosenberg & Hovland, 1960) and the role of transformational leadership in improving

job satisfaction have been vastly studied areas (Bass & Avolio, 1993; Burns, 1978). This area of research has been of special interest, especially in the healthcare sector, where achieving JS among HCEs is still a battle to win. Healthcare setups owe responsibility not only to the employees, but also to the patient life. Thus, analysing and finding a solution to the area of gaps is important for both healthcare employers and researchers. While this area of research has been deeply fathomed by researchers and scholars, there is still a need to understand how job satisfaction factors differ for various employees in a healthcare setting. Moreover, there is an existing need to understand how JS differs at various hierarchical levels within the same and different classes of HCEs. To further enhance our knowledge of the above dilemmas, this research employs both qualitative and quantitative methods of research utilising the survey analysis method.

Qualitative research is a vast research methodology comprising various aspects to understand the “what and why” of a problem. It focuses on observations, open-ended discussions, and behavioral analysis of the focused group (Silverman, 2016). Qualitative research is inductive in nature and incorporates all the elements required to understand the problem. Thus, several methods are used to conduct qualitative research, which include the interpretive method, narrative analysis, phenomenology, case study, critical qualitative research, etc (Merriam, 2002, p. 1-17). Qualitative research is usually descriptive in nature. It is used to understand the different perceptions of different individuals about a particular situation (Fossey et al., 2002, p. 717-732). These inferences are usually drawn from the data collected along with the qualitative research method being utilised. The authenticity of the qualitative research is judged by its relativity to the research problem and to the qualitative data collected (Fossey et al., 2002, p. 717-732). The data collection method used falls under the quantitative research method and is usually backed up by the qualitative research method. In this research, qualitative data

will be collected through observations and will be used to evaluate the results of quantitative data to understand the factors affecting JS among different classes of HCEs.

Quantitative research involves systematic quantifiable data collection through schematic interviews, survey analysis, online polls, and questionnaires. According to Creswell (1994), quantitative research involves data collection in the form of numbers and analysing it using statistics to interpret a particular phenomenon or idea. Sukamolson (2007), explained that quantitative research is used to analyse social reality using numerical representation. to emphasise the authenticity of the research. Quantitative research is used to study the behaviour, attitudes, and opinions of a population about a certain problem or theory (Sukamolson, 2007, p. 1-20). Thus, it helps study the relationship between two variables. In this research, quantitative data analysis will help define the relationship between different factors affecting different sets of employees within a healthcare setup. Also, it will help infer the factors affecting JS among HCEs at various hierarchical levels within the same class and among different classes of employees. Guided by the characteristics of quantitative research, to address the questions presented in the problem statement, research will be conducted on a focused group of healthcare employees.

Check & Schutt (2012), defined survey research as a way of collecting data in the form of individual answers to a schematic set of questions. Surveys are a means to infer the attitude and behaviour of a population set towards a given problem (Story & Tait, 2019). However, formulating and conducting a survey is a challenge in itself. An ideal survey should be clear and simple, precise, expressive, and yet short enough to hold the respondent's attention (Story & Tait, 2019, p. 192-202). They explained that the results of the survey should reflect the answers to the problem. They should be reproducible and represent the parameters required to cover the answers to the problem. Survey

questionnaires can be categorised into four types depending upon their nature (Roopa & Rani, 2012, p. 273-277):

1. **Contingency Questions or Cascade Format:** As the name suggests, this involves a set of questions that are applicable only if the previous questions were answered, or, it can be viewed as a set of questionnaires that are dependent upon the previous response. Example: In a healthcare setting, if an individual's response to job profile is accounts and finance, then the next question pertaining to his clinical experience will not be valid for him.
2. **Matrix Question:** This involves lining up similar response questions under the same vertical, thus forming a matrix with response categories along the top and a list of questions at the bottom.
3. **Closed-ended Questions:** In this type of survey questionnaire, the respondents have a limited choice of what to respond to. The closed-ended questionnaire can be further divided into the following sub-types:
 - i. **Yes/No Questions:** As suggested by the name, the respondent has a limited choice of responding to a 'yes' or a 'no' in this type of questionnaire.

Example: Would you recommend your current organisation to your colleagues as a good workplace?

- a. Yes
- b. No

- ii. **Multiple Choice Questions:** Here, the respondents get a number of options to choose from.

Example: How many years of work experience do you have?

- a. Less than 1 year
- b. 1 to 5 years

- c. 6 to 10 years
- d. More than 10 years

iii. Scaled Questions: In this type of survey questionnaire, respondents are asked to rate their responses on a scale. Usually, the Likert scale and the Semantic differential scale are used for this analysis. The Likert scale employs psychometric behaviour studies, capturing responses based on the individual's attitude towards an issue.

Example: Are you happy with the empowerment at your workplace?

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree
- e. Neither agree nor disagree

Semantic differential scale uses psychological measures to analyse the responses

Example: What factors define job satisfaction for you?

- a. Money
- b. Professional growth
- c. Superior's support
- d. Work profile
- e. Empowerment
- f. Work-life balance
- g. Overall work culture
- h. All the above

4. Open-ended Questions: Here, the respondents get freedom to express themselves in their own words without being bound to a pre-defined set of responses. Various types of open-ended questions are described below:

i. Completely Unstructured: These questions are open and have a direct approach to the respondent's thought processes.

Example: What do you believe can be done to improve job satisfaction in your role?

ii. Word Association: In this set of questionnaires, words are dropped as hints for a respondent to draw ideas from.

Example: If the interviewer says job satisfaction, the respondent might respond with money, professional growth, and so on.

iii. Sentence Completion: As the name suggests, here the respondent completes the incomplete sentence, expressing his thoughts.

Example: _____ is the deciding factor in improving my job satisfaction.

iv. Story Completion: Here, respondents are asked to complete an incomplete story in their own narrative.

v. Picture Completion: In this methodology, respondents fill an empty conversation balloon, expressing their views of the narration.

vi. Thematic Appreciation Test: Here, the respondents are asked to evaluate a pictorial presentation or come up with a story expressing their views about the image presented to them.

Keeping the above points into consideration, a schematic survey will be drafted and conducted through a defined set of questionnaires for data collection. Besides this, close observations will be made to study the behavioural aspects of different classes of employees that define their perception of JS. The results will then be analysed to draw a parallel between factors affecting job satisfaction amongst nurses and administrative healthcare employees. Factors affecting JS within the same and different classes of HCEs at different hierarchical levels will also be analysed. The role of transformational leadership will be defined as enhancing JS among HCEs.

The study uses the correlation and regression method to validate the credibility of the research. Correlation can be explained as the association between two components. These two components are invariably interdependent on each other (Asuero et al., 2006, p. 41-59). For example: An employee's professional growth will certainly lead to his or her better financial and social status. Thus, professional growth and financial growth are interdependent. Regression, can be defined as the association between an independent factor and a dependent variable(s). Thus, the regression method is based on factors that are dependent on each other (Asuero et al., 2006, p. 41-59). For example: Job satisfaction and, thus, personal growth (financial growth and social status) can be enhanced by better professional growth opportunities. Thus, JS and personal growth are dependent on professional growth, which is an independent factor. Thus, it can be said, that correlation helps in concluding two or more variables without manipulating the data, which will further help inter-relate two or more variables in determining JS among HCE.

3.5 Population and Sample

According to Ponto (2015), the methods utilised for data collection in research are determined by several factors, such as the aim of the research, the questions to be analysed in the research, and the available resources. Determining the research method based on the above factors, helps reduce the chances of potential errors, in data collection and analysis. He explained that the strategies used while determining participant selection can affect the acceptability and characteristics of the sample obtained. He further emphasised using diverse sample selection techniques to achieve desired results. This study was conducted in a 450-bed, tertiary healthcare set-up in Faridabad, India, with an employee strength of 910. Over three months, September through November 2023, 410 employees were selected based on their job profiles and surveyed through a set of pre-defined questionnaires. These 410 employees who met the required criteria were selected

by purposeful sampling. According to Yin (2018), purposeful sampling is a form of non-probability sampling where a researcher uses his perception to select the participants for the study. The sample population in this study explains the categories of healthcare professionals according to their job profiles, designations, and work nature. The study used multi-disciplinary healthcare professionals to analyse the factors affecting JS among them while working in the same organisation and to study how these factors affect job satisfaction among them at various hierarchical levels within the same and different classes of HCE. The same module will be used in the research results to determine the effects of different natures of job profiles, designations, degrees of patient interaction, empowerment, etc., to assess job satisfaction among different classes of healthcare employees, at various hierarchical levels.

The data was collected through a pre-defined set of online survey questionnaires, distributed among the selected population. Survey research can be explained as the method of data collection through a set of questions directed at the selected sample population (Check & Schutt, 2012, p. 159-185). Survey research can utilise either or both quantitative and qualitative research methods through questionnaires, interviews, or open-ended questions. Survey research allows the researcher to approach a large population and evaluate the general perception of the population of a given problem or idea (Ponto, 2015, p. 168-171). This study utilised a set of self-administered pre-defined questionnaires to collect the data. Questionnaires can include verticals like demographic details of the participants, along with questions related to the problem at hand (Ponto et al., 2010, p. 357-364). According to Ponto et al. (2010), survey questionnaire may be distributed to the selected participants through forms, e-mails, internet-based survey platforms, or a combination of both to capture the maximum response from the participants.

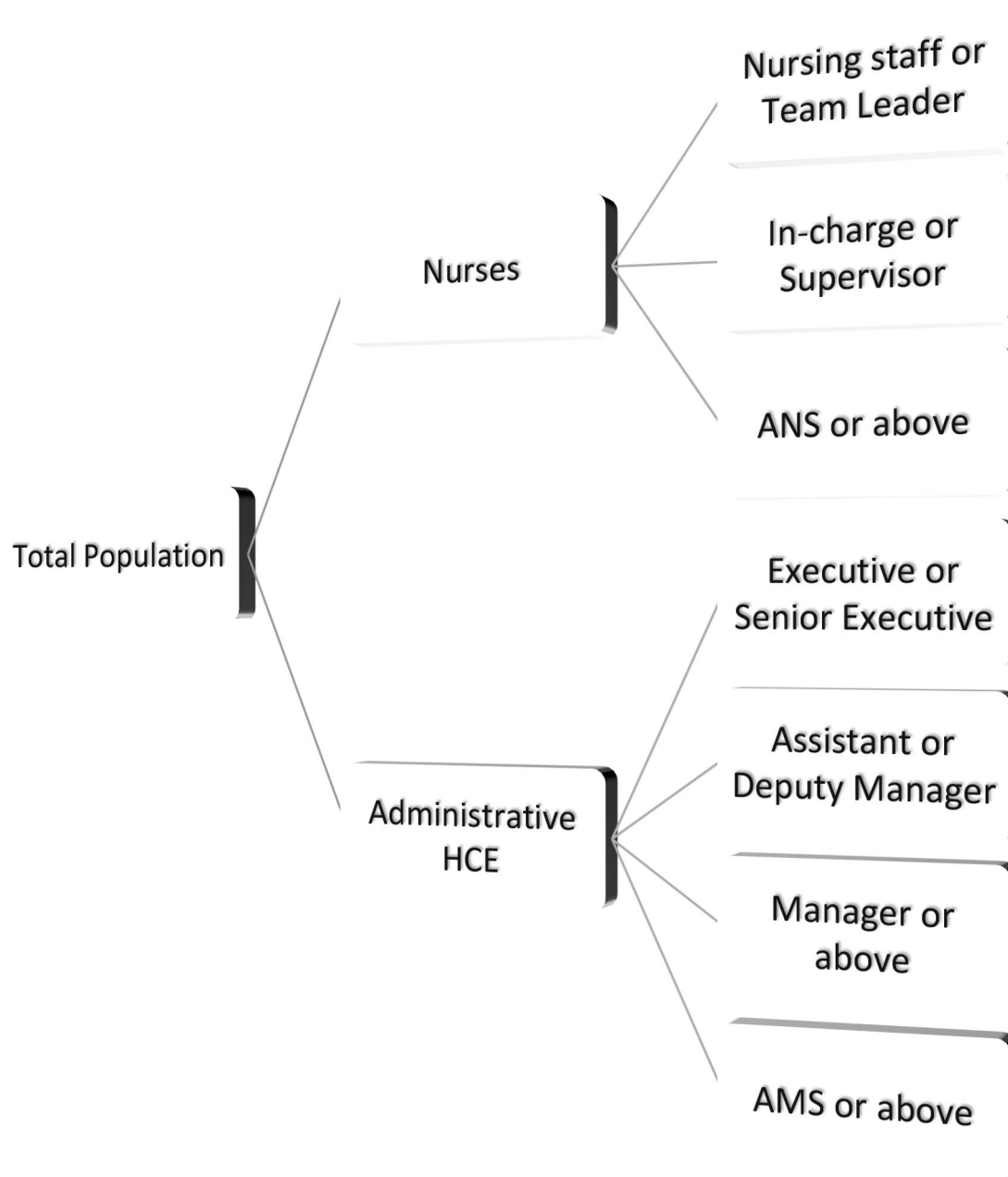


Figure 1. Sample Population of Healthcare Organisation (HCE: Healthcare Employees; ANS: Assistant Nursing Superintendent; AMS: Assistant Medical Superintendent (Source: Micah Nath).

This study utilised an online survey platform to create the survey questionnaire and distributed it to the focused group of participants through a social platform, in this case, 'WhatsApp'. Figure 1 represents the sample population selected to conduct the survey. The participant's selection is explained below in the next sub-heading of the study.

3.6 Participant Selection

Ponto (2015), described the challenges faced in sample collection and, thus, the need to identify the sample population meticulously for the survey. According to him, the strategy used for participant selection has a direct effect on the results obtained from the survey. He thus, emphasised the need to meticulously select the sample population based on the characteristics that fulfill the requirement for survey eligibility, example, in the current research, these factors include the knowledge of healthcare employees in their field, their socio-economic background, their experience, and their awareness of the problem is focused on. Ponto (2015), also emphasised the need to focus on a large population sample to obtain the maximum response, which helps understand the frame of mind of the general population. According to Buckingham & Saunders (2004), a survey questionnaire is a means of gathering statistical data related to characteristics and the nature of a population by distributing standardised questions among them. Roopa & Rani (2012), describe the questionnaire as a tool for collecting quantitative data that is consistent and serves the objectives of the research by providing answers to the focused problem. In the current study, participants of interest for the survey analysis were, thus, meticulously selected in a tertiary healthcare organisation based on their job profile, nature of the job concerning patient interaction, their awareness of the nature of their job, their job role, their expertise, and their orientation of the organisational policies.

Roopa & Rani (2012), explained the importance of keeping the questionnaire short and straightforward to keep the attention of the respondent population focused to obtain the maximum response. Since it is difficult to collect the desired sample data, it is in the interest of the researcher to choose a large sample population (Ponto, 2015, p. 168-171). In the current study, of the 910 employees, including physicians, nurses, technicians, administrative staff, and support service staff, 410 employees were selected through purposive sampling (Martinez-Mesa et al., 2016, p. 326-330) who fit the above-mentioned criteria for research analysis. Purposive sampling involves a large participant population that holds expertise in or has good knowledge of the topic of research (Martinez-Mesa et al., 2016, p. 326-330). Of these 410 employees, 57.3% (235) were registered nurses, and the other 42.7% (175) were comprised of healthcare administrative staff. It was ensured that the selected target population fit the idea behind the research and had adequate knowledge of the research problem. A survey questionnaire comprising 16 questions was formed and distributed online among the selected sample population.

3.7 Instrumentation

Bhandari (2023), described the questionnaire as a tool or instrument to collect data. She explained the questionnaire as a set of questions formulated together to collect the respondent's opinions about their perception, experience, or behaviour towards the given problem. According to her, questionnaires can be used to collect both quantitative and qualitative data. She emphasised the need to formulate a questionnaire based on the objectives of the research, its simplicity to understand, and one that can keep the respondent population focused on collecting the maximum response rate. Check & Schutt (2012), explained that the use of internet-based methods, such as e-mail or online survey platforms, to distribute questionnaires allows the researcher to cover a maximum population size and is relatively low cost. According to Ponto (2015), survey research

utilises various methods for data collection, questionnaires and interviews being one of them. According to him, questionnaires may be distributed among the participants in paper format or through e-mail, or recently through online survey platforms. A combination of all these methods can also be utilised, ensuring maximum reach to the population and, hence, maximum response rate. Ponto (2015), explained the inclusion of demographic questions along with questions related to the research problem. This helps the researcher understand the respondent population better. Thus, collecting data through questionnaires relies on obtaining essential knowledge about the research problem through a defined set of questions from a targeted population. The survey questionnaires used in the present study comprised open-ended and closed-ended questions, including multiple-choice questions, and Likert and Scaling questions, to achieve the desired results (Roopa & Rani, 2012, p. 273-277). While open-ended questions leave the possibility of further queries and, thus, more discussion, close-ended questions simply allow the respondents to answer with a 'yes or no', hence leaving no chance for further discussion. Multiple-choice questions allow the participants to indulge in various choices while answering their responses. This gives the respondents an option to express themselves explicitly, especially when there is an option to select multiple options among the choices given. Likert and Scaling questions allow the respondents to reply to questions based on their opinions, attitudes, and behavior. This scale employs the method of rating to capture the response. It usually helps capture a respondent's agreeability or disagreeability with a particular question based on their feelings and perception of the statement asked.

With the above verticals in mind and based on the literature review, a 16-question survey questionnaire was developed covering the demographics, facts, and judgments of the sample population (Gürbüz, 2017; Roopa & Rani, 2012). It was then circulated through the means of 'WhatsApp' among the selected sample population to achieve the

results. The main objective of the questionnaire was to draw a parallel between the factors affecting JS among multi-disciplinary healthcare employees and to understand how these factors affect HCEs at various hierarchical levels within the same and different classes of job roles. The responses collected indicated the perception of JS among the HCEs in the current healthcare organisation.

Alongside the survey, close observations were made of the targeted population, analysing their behavioural aspects regarding JS, thus incorporating both quantitative and qualitative data collection methods.

3.8 Data Collection Procedures

The targeted population was determined based on the research question in mind and the employee details collected from the Human Resources (HR) department of a tertiary healthcare setup. The sample population was chosen based on their job profile, designation, role in patient care, level of patient interaction, and experience with the healthcare setup. The online survey was pre-tested to understand its productivity and respondent's opinions about the ease of completing it. The survey was conducted through a 'WhatsApp link'. Prior permission was sought to conduct the survey analysis anonymously within the organisation by sharing the link. The survey questionnaire is attached in Appendix A.

The short-listed targeted population details were shared with the Quality and Assurance (Q&A) department of the organisation and the survey link was circulated among the targeted population by the Q&A department. The same was conducted during three months, from September 2023 to November 2023. The responses were collected through online means. The link was circulated with reminders every fortnight to achieve the maximum response rate. Of the 410 targeted population, 159 responses were received, accounting for 36.83% of the response rate.

3.8.1 Data Management

Belisario et al. (2015), described the self-administered survey questionnaire as a preferred and reliable method of conducting a survey. In their study, they determined that the use of online platforms providing means to conduct survey research was more reliable and reachable compared to other methods. They explained that, with advanced technology, conducting surveys through online means that are easily available and accessible through smartphones allows the researcher to capture more populations and ensures a better response rate. These applications also allow researchers to collect data through electronic means and analyse it through the same apps.

Using electronic means to run the survey not only fastens the entire process but also improves the quality of the study with a maximum reach out to the population. The respondents tend to prefer electronic means of survey collection if it is easy to respond to, perceivable, easily accessible, easy to complete in the shortest length of time, the anomaly of the respondent is maintained, delivery mode, and awareness of the topic (Belisario et al., 2015). Not only this, electronic means of survey collection also help the researcher understand the areas of gap the respondents face in completing the survey. These gap areas may be the survey questionnaire pattern, its length, issues with connectivity for the respondents, forgetfulness, a low level of engagement with the questionnaire, and low motivation factors for the respondents (Belisario et al., 2015; Marshall, 2005). Overcoming these areas of gap helps the researchers capture the maximum response rate from the targeted populations and, thus, helps them conclude their research in a better and more helpful way.

3.9 Data Analysis

Chen & Weng (2009); Marshall (2005), categorised survey questionnaires into seven data types as follows:

1. **Open Questions:** These questions demand responses that speak the mind of the respondent in their language. Thus, open-ended questions are narrative and bear qualitative information.

Example: What measures can be taken to improve JS for you?

2. **Closed Questions:** Such questions do not leave the respondent with many option to express themselves besides the choices given to them in the form of 'yes or no', or 'multiple-choice questions'.

Example: Are you satisfied with your current job responsibilities?

- i. Yes
- ii. No

3. **Quantity:** These questions generate responses in terms of numerical data.

Example: How many years have you worked with the current organisation?

- i. Less than 1 year
- ii. 1 to 5 years
- iii. 6 to 10 years
- iv. More than 10 years

4. **List:** Here, the respondent gets the choice to select options from various choices laid out in front of him.

Example: What factors define JS for you?

- i. Financial growth
- ii. Professional growth
- iii. Empowerment
- iv. Superior support
- v. Open-door policy
- vi. Work-life balance

vii. Overall work culture

viii. All the above

5. Category Questions: These questions have responses in the form of exclusive categories or types.

Example: What is your job title?

- i. Nurse
- ii. Healthcare administrative personnel

6. Ranking/Scales: These questions utilise the Likert and Scaling method to generate a response in the form of rating or scaling depending upon the respondent's agreement or disagreement with the problem.

Example: How satisfied are you with the freedom to decide how to do your work?

- i. Extremely satisfied
- ii. Very satisfied
- iii. Satisfied
- iv. Somewhat satisfied
- v. Not satisfied

7. Grids: These questions generally have two parts to them, i.e., two questions within a single question.

Example: What do you think could be done to improve job satisfaction in your role, and how?

- i. Financial growth
- ii. Professional growth
- iii. Superior's support and recognition
- iv. Empowerment
- v. Improved work-life balance

- vi. All the above
 - vii. Other (please specify)
-

Chen & Weng (2009), further introduce data mining problems associated with questionnaires and methods to help with the same. They explained that fuzzy techniques help evaluate the data collected through questionnaires in a uniform pattern. In the current study, the online survey was shared with the targeted population via a 'WhatsApp link' and responses were collected online. The questionnaire comprised all the models of data collection to ensure reliable data collection. Data mining was done through the online survey platform itself.

3.9.1 Reliability and Validity of the Study

Reliability

Tsang et al. (2017), described questionnaire reliability as the survey results consistency irrespective of the changes in respondents, measurement errors in content sampling, or differences across raters. They defined three methods of evaluating reliability:

- 1. Internal Consistency:** As the name suggests, internal consistency is a measure of the extent to which the questions related to the focused problem are interrelated and the extent to which they deliver a consistent response to a similar problem. Internal consistency is measured using the coefficient alpha, also known as Cronbach's alpha (Cronbach, 1951, p. 297-334). Cronbach's alpha depends on the responses collected from a specific sample of respondents (Cohen, 1960, p. 37-46). While conducting the research, it is important to keep in mind that Cronbach's alpha is not a definite indicator of the reliability of a questionnaire. The Alpha value is an indicator of its reliability for a particular set of sample populations, and the same can very well vary for another set of targeted populations. Thus, it is necessary to ensure the reliability

of the questionnaire each time it is administered to a different set of sample populations (Tsang et al., 2017, p. 80-89).

- 2. Test-retest Reliability:** This refers to the consistency in response collected over repeated administrations of the same or alternate questionnaire to a targeted population. Test-retest reliability helps evaluate questionnaires formulated to study the behaviour, attitude, and the perception of an individual over a time period. However, the researcher needs to give the respondent breathing time to forget the previous response to the questionnaire so that unbiased results are achieved. It is analysed using Pearson's product-moment correlation coefficient (Pearson's r). It is also referred to as the coefficient of stability between the responses collected from two different sets of questionnaires (Tsang et al., 2017, p. 80-89).
- 3. Inter-rater Reliability:** Inter-rater reliability refers to the consistency obtained in the responses of multiple respondents to the set of observations they make across the same group of problems. This is estimated using kappa statistics (K). Kappa statistics was introduced by Cohen, (1960, p. 37-46) and has ever since been one of the most utilised tools in studying inter-rater reliability.

This research used both internal consistency and inter-rater reliability to evaluate the data collected.

Validity

According to Tsang et al., (2017, p. 80-89) the validity of a questionnaire is the measure of the conclusion and inference drawn based on the responses collected. There are two types of questionnaire validity:

- 1. Content Validity:** It refers to the validity of the construct regarding the theory or idea behind the research (Schultz & Whitney, 2005). Although questionnaire design is based on the areas of focus or the problem, it is still imperative to evaluate the

questionnaire for its content validity during the initial stage of its formation (Crocker & Algina, 2008). Tools like content validity ratios (Lawshe, 1975, p. 563-75) and content validation forms (Barrett, 1992, p. 41-52) are available to ensure the validity of the construct, however, Alnahhal & May (2012), suggested that the validity of a questionnaire could be determined by considering the following:

- i. Ease of understanding questions.
- ii. Suggested topics were covered.
- iii. Considering the reliability of the questionnaire to be used for future surveys.
- iv. Missing topics in the survey questionnaire.
- v. The anomaly of the respondents is maintained.

2. Construct Validity: Cronbach & Meehl (1955), defined construct validity as a measure of the construct based on the analysis of behaviour, attitude, perception, and ideas, that cannot be observed or inferred directly. It is the backbone of a questionnaire design, as a questionnaire that lacks the construct validity will not be able to draw conclusions based on the behavior pattern of the targeted population (Tsang et al., 2017, p. 80-89).

The current study used both methods of validation to ensure better data collection and inference.

3.10 Research Design Limitations

This research has limitations that may hinder the generalizability of the findings. The limited number of the targeted population and, thus, the limited response collected are one of the major limitations of this study. Yin (2018), stated that assumptions are facts that have not been verified, and researchers who assume facts to achieve the desired results do not reach fair conclusions. In the current study, the researcher made the assumption when developing and analysing the research design. The researcher assumed

that the sample population surveyed represented the entire strength of the tertiary healthcare organisation. Further, the researcher assumed that the small sample population represents the overall healthcare demographic characteristics in India.

Moreover, it is difficult to presume that survey questions were answered honestly and accurately by healthcare employees, despite maintaining the respondent's anonymity. The researcher also anticipated that all the research participants would have appropriate knowledge of their job profile, organisational policies, and effective strategies to increase overall employee job satisfaction and performance. The researcher also excluded the probability that the employees associated with the current organisation for more than 5 years might have developed a sense of comfort zone, and their responses might be biased. Finally, the limitation that poses a vital weakness to the research design is the study's non-generalizability and the chances of the research participants being hesitant to share their perceptions openly.

3.11 Conclusion

The chapter discussed the quantitative and qualitative analysis process and the use of a survey questionnaire to determine the employee's job satisfaction and draw a parallel between various factors affecting the same among multi-disciplinary healthcare professionals within the same or at different hierarchical levels. Also, methods used to validate the study were discussed.

The chapter outlined methodology, research design, and sample size, using a survey analysis to analyse job satisfaction among different classes of healthcare professionals. The study stressed the importance of reliability, and validity using internal consistency and inter-rater reliability along with content and construct validity. Healthcare organisations deploy the majority of their resources to enhance the patient's experience with the setup. It is, therefore, imperative for their staff to be job-satisfied,

which is again a major challenge for these healthcare setups and their leaders owing to the nature of the job. It is these satisfied employees who deliver the ultimate goal of patient satisfaction, which eventually reflects on the organisation's performance. Thus, healthcare organisations can use the study results to improve job satisfaction among their employees, thereby improving their performance index and, thus, patient satisfaction levels and, eventually, the organisation's overall performance and its market value.

The findings from this study could contribute to a better understanding of successful strategies for job satisfaction that increase overall satisfaction among healthcare employees with their jobs and boost an organisation's performance. Also, the current study will help better understand the dilemma that comes with understanding JS among employees at different hierarchical levels.

The next chapter introduces the findings obtained from the research on the importance of job satisfaction and the implications of a transformational leadership mindset on employee performance.

CHAPTER IV:

RESULTS

4.1 Introduction

Chapter 3 discusses the preferred methodology, the design, and the data collection method for the research and emphasises the study's importance of using validity and reliability methodologies to validate the research findings. Various factors to be considered while designing the questionnaire were discussed as well. The importance of formulating a questionnaire that can generate the maximum response was emphasised. Besides that, factors that could hamper the concluding results were also stated to help researcher avoid stumbling with the same. This chapter presents the findings of the study's research participants. The current chapter will focus on the results drawn from the survey analysis to answer the research questions. The data from the participants was obtained through a survey questionnaire and direct observations, thus, utilising both the quantitative and qualitative methods of research analysis.

The findings of the research were also aligned with the study's literature review to address the study questions. For the quantitative analysis, the overarching research issue was: What factors define job satisfaction among different classes of healthcare employees? How do these factors differ at various hierarchical levels within the same class and different classes of HCEs? To arrive at a comfortable response, the researcher conducted a survey analysis through an online questionnaire with 410 selected targeted populations in a tertiary healthcare organisation in Faridabad, India. The data was collected for three months, from September 2023 to November 2023, while sending reminders every fortnight to the targeted sample population. Each participant had sound knowledge of the organisational policies and his or her job demands, and it was ensured that the anomaly of the participants was maintained, which helped collect reliable data.

As established in the literature review, the performance of a healthcare setup is determined by the level of satisfaction the patient experiences, which; is again dependent upon the leatherette employees who are the face of the organisation for these patients. The performance of these HCEs is determined by their job satisfaction level. As mentioned in the methodology chapter, the study used HCE to represent multi-disciplinary healthcare employees categorised based on their profession, position in the organisation, nature of their job concerning patient interaction level, their experience and work profile from the sample population. The HCE used in the results section breaks down the age categories, professional background, experience, and their role in patient satisfaction for the study.

The researcher deployed a questionnaire for the study to strengthen the results and bring more accuracy to the findings. Besides conducting the survey, the researcher made close observations of the targeted population to study their attributes related to their job roles, their empowerment level, their satisfaction level with their performance and financial and non-financial perks, and the role of the organisation and the leaders in enhancing their job performance, their perception of the organisation and their overall views about their role as an HCE. The research was conducted as an online survey via a questionnaire, distributed via an online platform.

Of the total employee strength of 910 healthcare employees, including physicians, technicians, nurses, administrative staff and support service staff, the researcher conducted the study on a targeted sample population of 410 healthcare employees in a tertiary healthcare setup; between September to November 2023, in Faridabad, India. These 410 employees were comprised of registered nurses, accounting for a total of 57.3% of the targeted population, and 42.7% of the sample population was comprised of healthcare administrative staff. Table 1 provides the sample population details.

HCE	Profession	Working Experience	Respondent (%)
HCE 1	Nurse	Less than 1 year	37 (38.5%)
HCE 2	Nurse	1 to 5 years	39 (40.6%)
HCE 3	Nurse	6 to 10 years	16 (16.7%)
HCE 4	Nurse	11 years and above	4 (4.2%)
HCE 5	Healthcare administrative personnel	Less than 1 year	15 (28.3%)
HCE 6	Healthcare administrative personnel	1 to 5 years	32 (60.4%)
HCE 7	Healthcare administrative personnel	6 to 10 years	3 (5.7%)
HCE 8	Healthcare administrative personnel	11 years and above	3 (5.7%)

Table 1 Sample details of Healthcare Employees

As is evident from Table 1, a majority of the sample population is comprised of HCEs with 1 to 5 years of work experience followed by those with less than 1 year of work experience in their current organisation, indicating a lower attrition rate among healthcare employees. A total of 410 employees were selected to survey a 16-question online survey questionnaire. Of these, 159 responses were collected, of which only 151 completed the survey, accounting for a response rate of 36.83%. As represented in Figure 2, of the total respondent population, a total of 61% of nurses and 34% of administrative staff responded to the survey conducted, while, 5% of the population didn't respond to the survey.

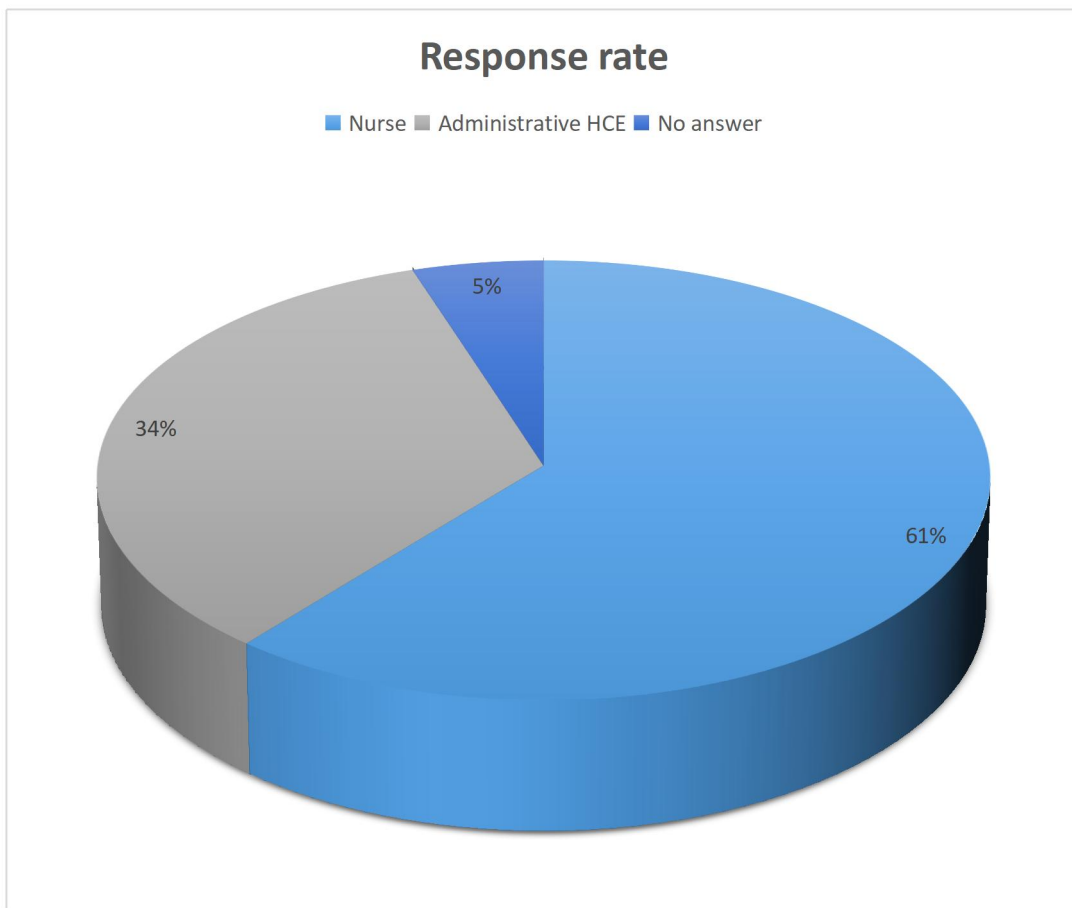


Figure 2. Chart representing the overall response rate.

4.2 Demographic Information

Besides the focused problems in research, the survey questionnaire included questions covering the demographic details of the sample population. Areas, such as job profile, designation, age group, gender, and years of working experience with the current organisation were covered. The following headings cover the graphical representation of the responses collected from the research participants.

4.2.1 Job Category of Participants

To understand the factors affecting job satisfaction among healthcare employees operating under different classes owing to the nature of their job, and at different hierarchical levels, the researcher categorised them into various categories based on their designation and job nature. These HCEs were categorised into nursing and administrative staff, with further sub-categorisation according to their hierarchical levels.

Of the targeted sample population, 61% of the nursing strength completed the survey analysis, with a response rate of 52.80% from staff nurses or team leaders. This is not only comprised of the maximum respondent population among the nurses; but also among the entire targeted sample population. The same was followed by a response rate of 6.9% from the nursing in charge or supervisors and 1.9% from ANS (Assistant Nursing Superintendent) or above. Only 34% of the healthcare administrative staff responded to the survey questionnaire, with a maximum response from executive and senior executive administrative staff accounting for a response rate of 23.90%, followed by Managers or above, with a response rate of 6.3%, and Assistant or Deputy Managers, with a respondent population comprising of 3.1%, followed by 0.6% of the response rate from a population comprising of AMS (Assistant Medical Superintendent) or above. Figure 3 represents the response rate collected from various classes of HCEs operating at different hierarchical levels.

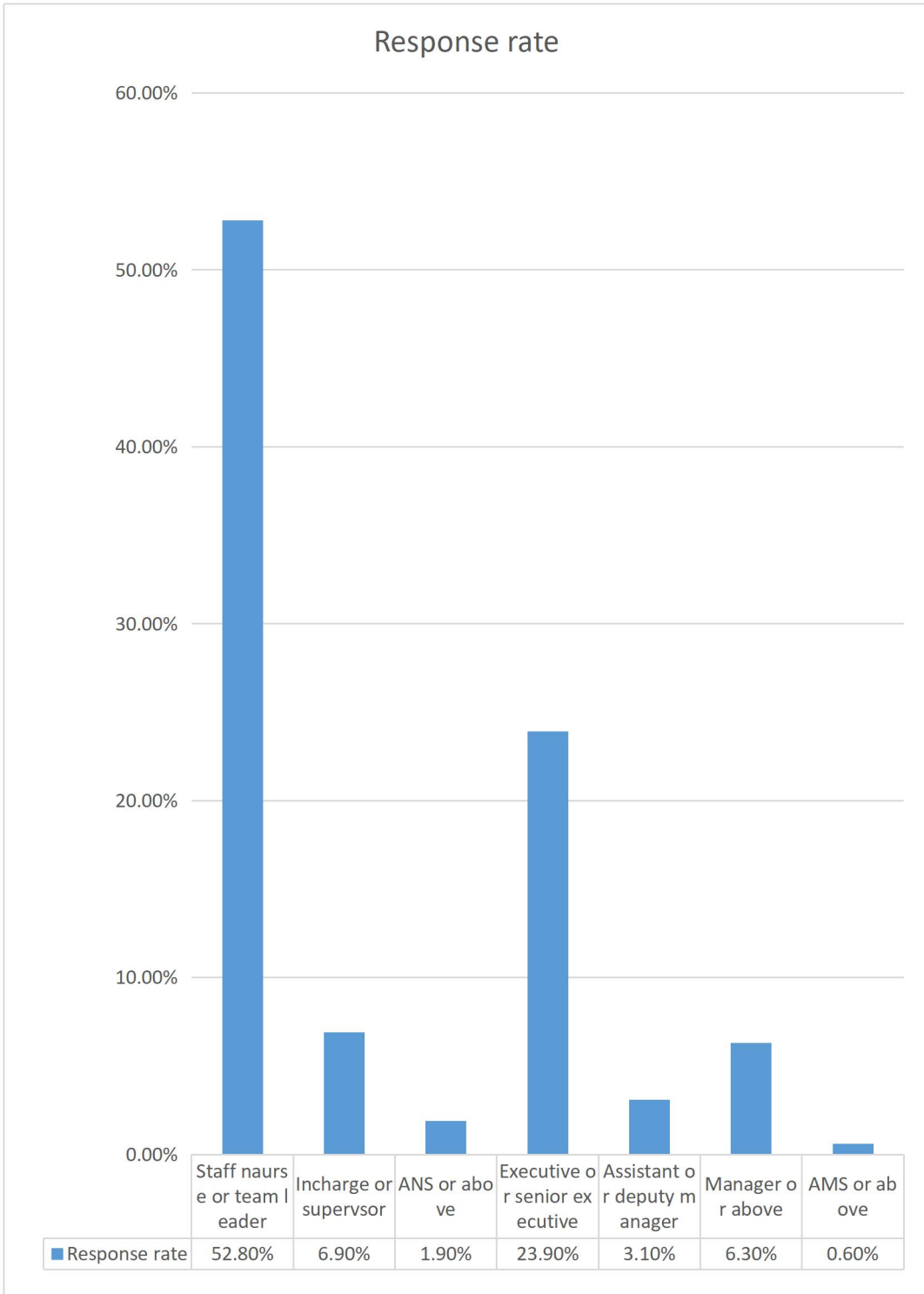


Figure 3 Job category distribution of HCE

4.2.2 Age Distribution of Participants

In a research analysis, to understand the mind-frame and attributes of the respondent group, it is evident that their demographic details, including their age distribution are accounted for. While factors affecting JS may be different for a younger sample population, the same might not be the case for an experienced sample population. Example: For an inexperienced, younger group of employees, financial growth might be the key factor in deciding his JS, but for an experienced population, professional growth and empowerment might play a key role in deciding his satisfaction level. Keeping this in mind, the researcher thought it important to analyse the attributes of the targeted population based on their age group.

In the current study, to analyse how the factors affecting JS differ among HCEs based on their age group and their job profile, the researcher categorised them according to the two parameters. This helped in analyzing the perception of a particular set of sample populations, regarding the factors contributing to their job satisfaction based on their age group. The same contributed to providing the answers to further dilemmas faced by employers and leaders about how to enhance JS among employees and how to resolve the gaps. The age distribution of research participants ranged from 21 years to 60 years. It was observed, that most of the healthcare workers were aged between 21-30 years old, representing 61% of the sample population. The age group of 51 to 60 years old formed the smallest percentage of the targeted population with a total strength of 1.3%. However, the age group, of 31 to 40 years comprised of 28.3% of the respondents and was followed by the age group of 41 to 50 years, with a total respondent population of 5%. The same has been graphically represented in Figure 4.

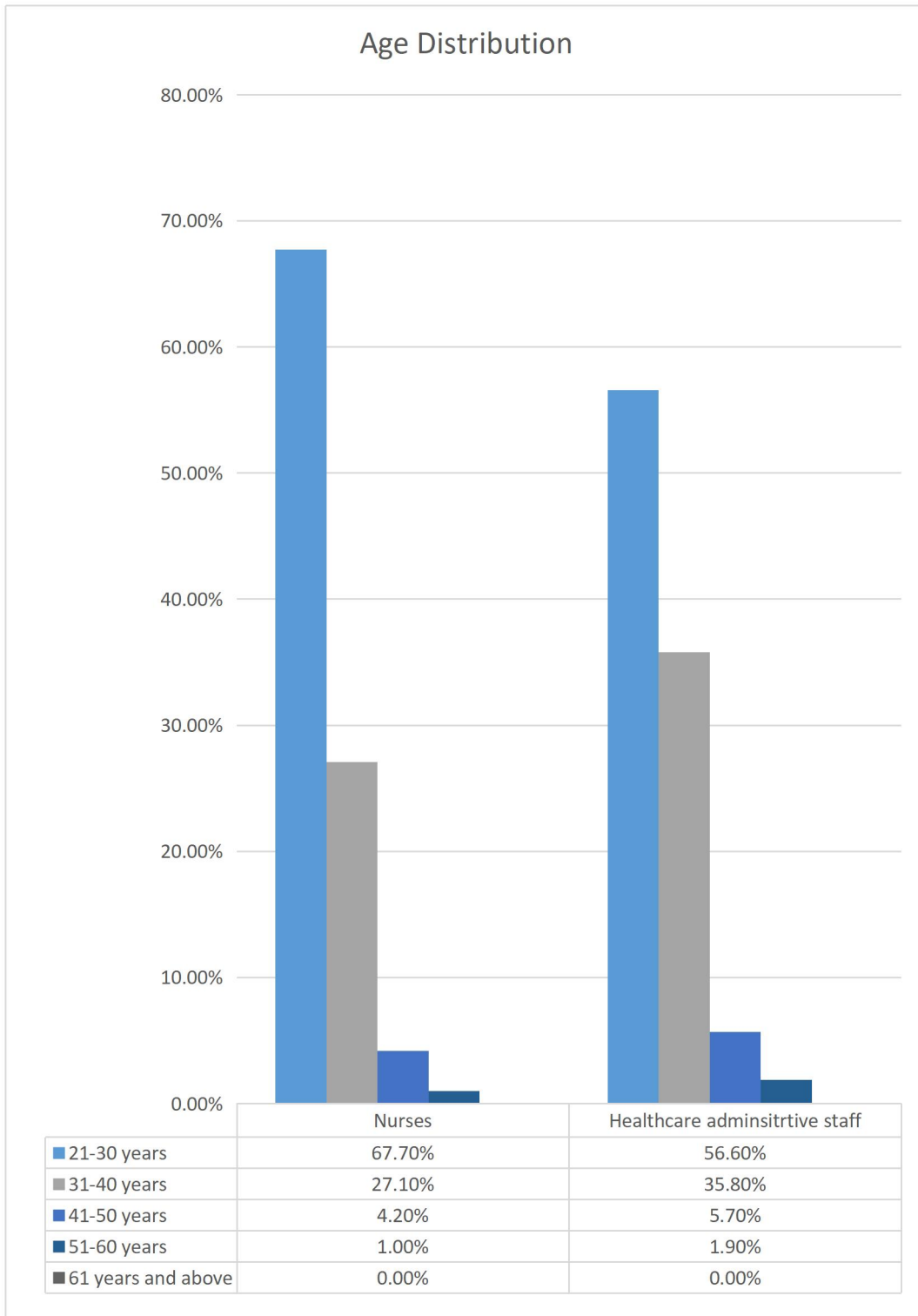


Figure 4 Age distribution of the study participants

Further, to analyse how the factors affecting JS differ among HCEs based on their age group and hierarchical level, the researcher categorised them according to the two parameters. The results showed that, among the front-line staff comprising of staff nurses or team leaders and executive or senior executive administrative staff, 78.3% of nurses and team leaders belonged to the age group of 21-30 years, while; 21.7% of nurses and team leaders belonged to the age group of 31-40 years. Similarly, 69.4% of the respondent population belonged to the age group of 21-30 years, comprised of executive and senior executive staff, while 27.8% of the population belonged to the age group of 31-40 years, and 2.8% of the population belonged to the age group of 41-50 years, comprised of executives and senior executives. This shows better professional growth opportunities among nurses as compared to the administrative staff. While 72.7% of nurses aged 31-40 years held an incharge or supervisor positions, the same hierarchy was shared by 27.3% of the respondent population, who belonged to the age group of 41-50 years. On the other hand, 40% of the administrative staff belonging to the age group of 21-30 years held the designation of Assistant or Deputy Manger while 60% of them belonged to the age group of 31-40 years. Similarly, administrative staff holding the designation of Manger or above who fell into the age group of 21-30 years comprised 30% of the respondent population, followed by 50% of them belonging to the age group of 31-40 years and, finally, 10% each belonging to the age group of 41-50 years and 51-60 years, respectively. This, reflects the organisational policy is to give opportunities for professional growth to employees, irrespective of the age group belongs to. Finally, ANS and above hierarchy were held by 33.3% of the population, who belonged to the age groups of 31-40 years, 41-50 years and 51-60 years respectively. However, the AMS and above hierarchy belonged to the administrative staff, with an age group of 41-50 years

(Figure 5). Thus, it can be concluded that the organisation under study motivates the skill set irrespective of the age group of the employees, thus promoting new talent.

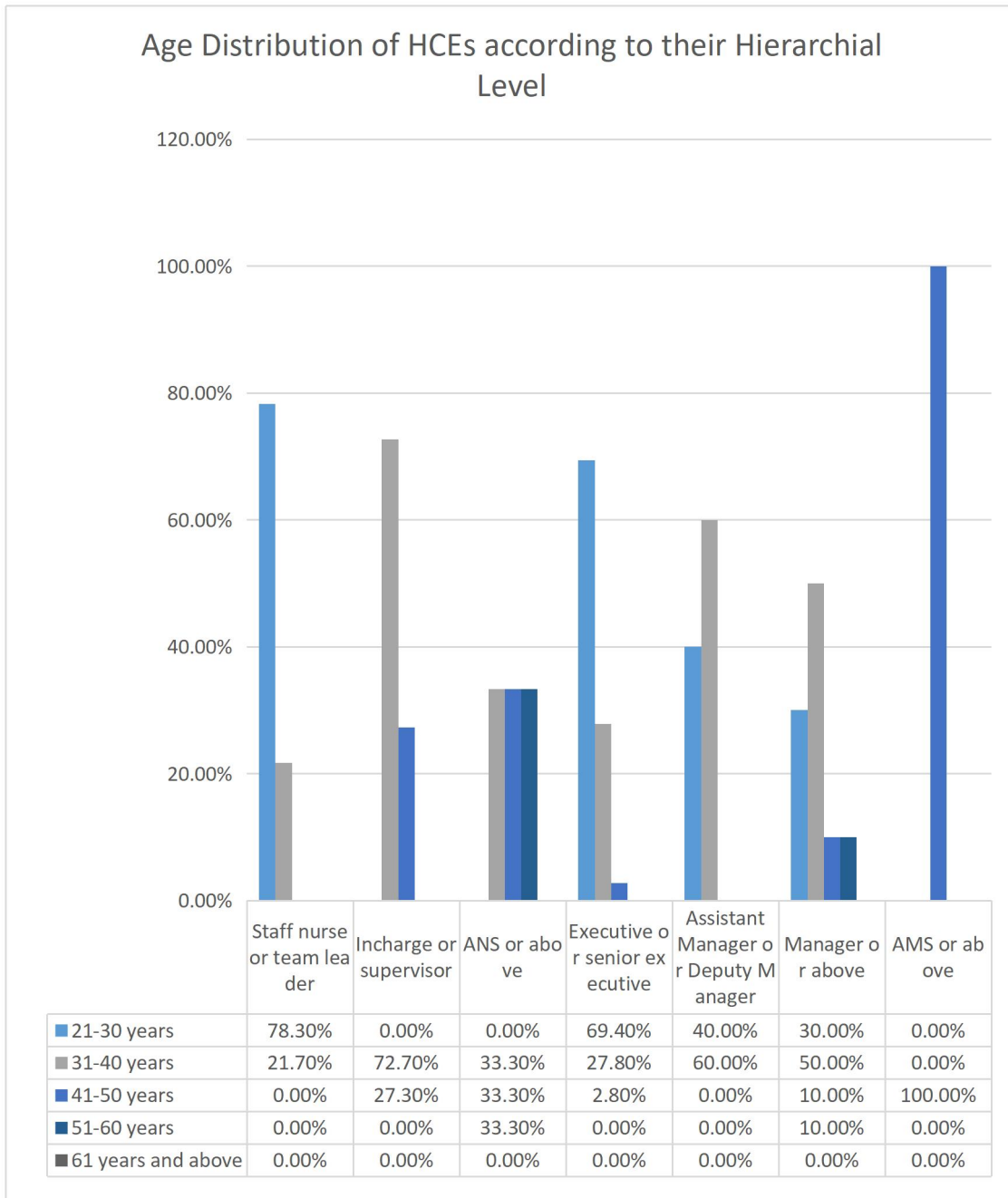


Figure 5 Age distribution of the study participants according to their hierarchical level

4.2.3 Gender Distribution of Participants

Analysing how gender affects JS among HCEs can be an area of interest. It may represent the organisational policy of whether it motivates or demotivates an employee based on gender distribution. This can be studied in various verticals, including financial benefits, empowerment level, opportunities for professional growth, and communication among colleagues. It can also be seen as the socio-economic status of the population included in the research as well as the level of freedom given to the female population to pursue their professional lives.

In the current study, of the total respondents, 42.8% were males, while the female population accounted for 52.8%. However, 4.4% of the population chose not to answer. The same is represented in Figure 6.

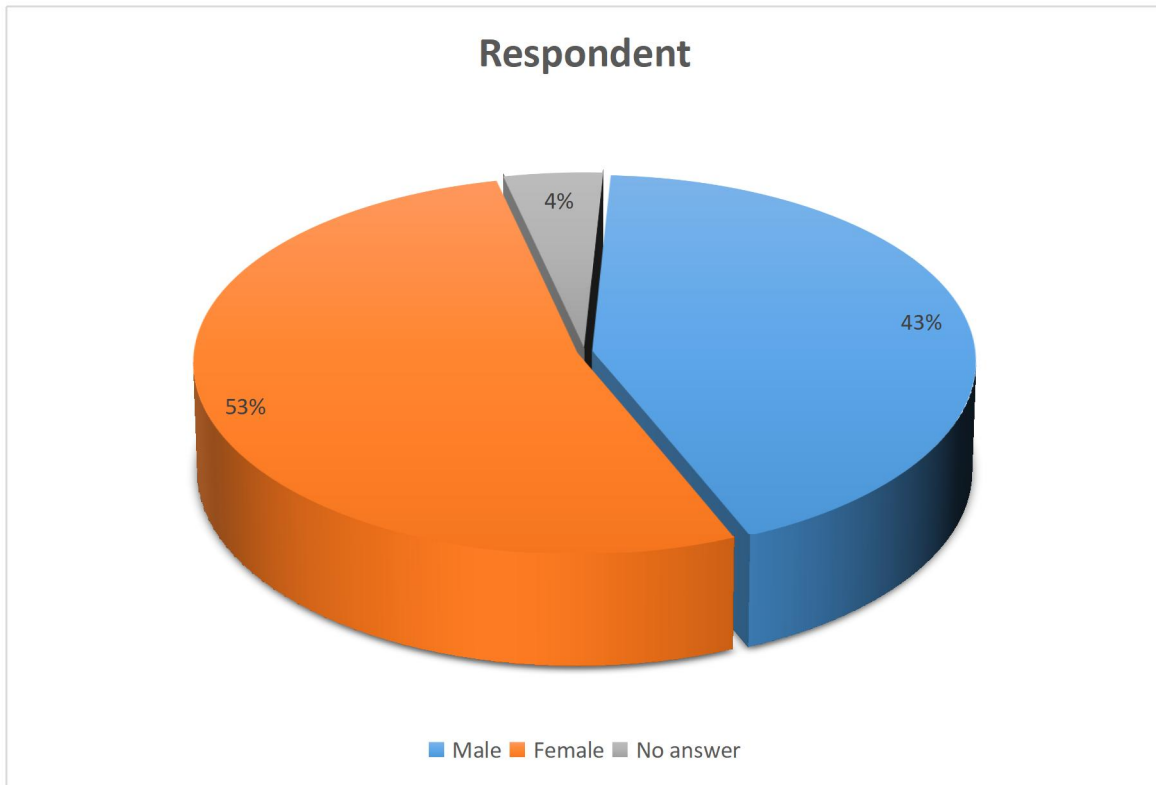


Figure 6 Gender distribution among respondents

Besides this, the researcher also categorised the respondent population depending on their nature of work and their hierarchical level. This analysis helped us understand the attributes of a particular population's gender.

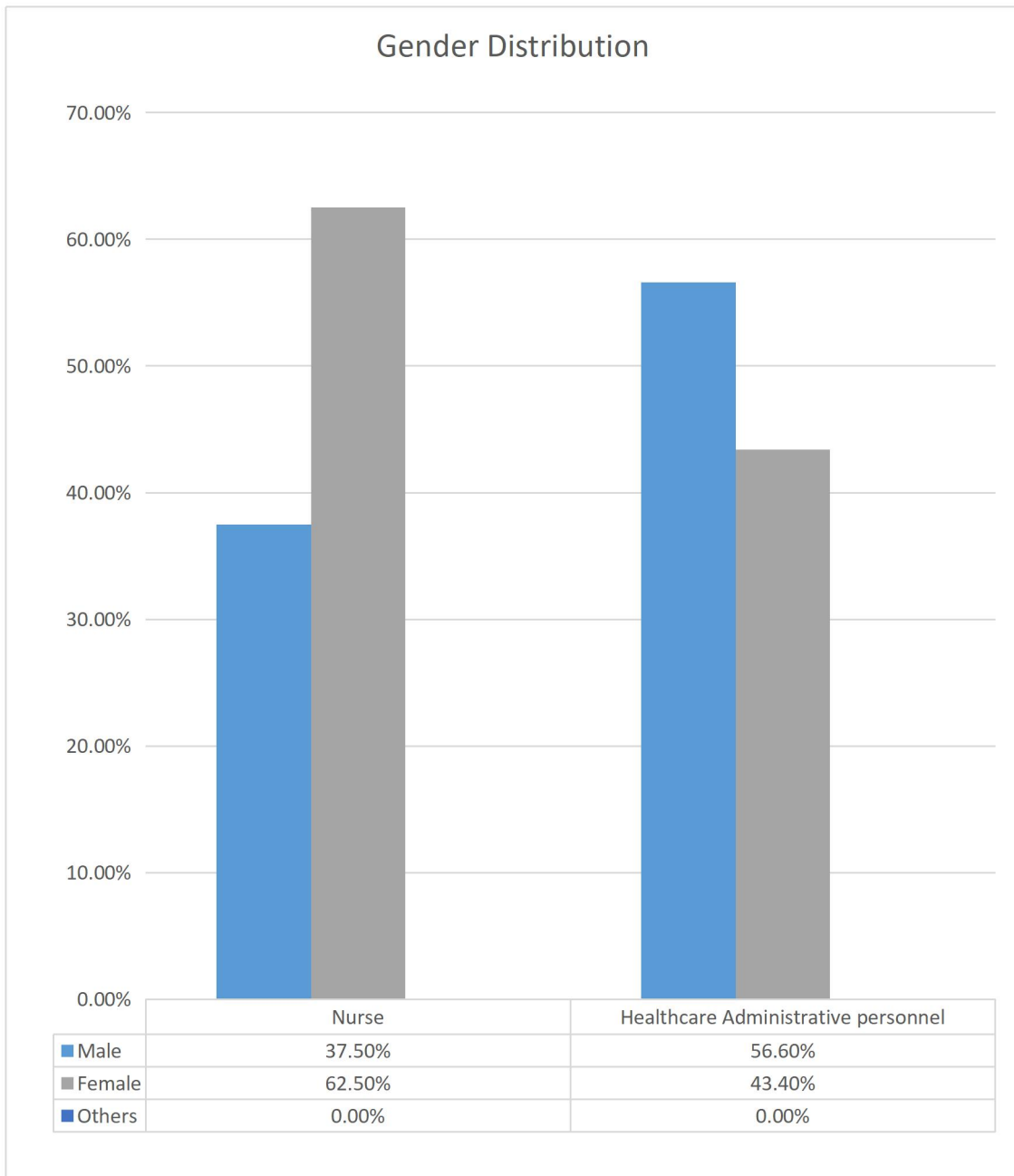


Figure 7 Gender distribution among respondents according to their job profile

The results showed that while 62.5% of the nursing strength was comprised of females, 43.4% of females accounted for healthcare administrative personnel. However, only 37.5% of males accounted for nurses as compared to 56.6% of administrative personnel. These results show that while the targeted male population prefers administrative profiles as compared to nursing, females can be included in both job profiles. Figure 7 represents the gender distribution of HCEs based on the nature of their job.

Further, the researcher categorised these HCEs according to their gender distribution and their hierarchical levels. On cross-tab evaluation, it was found that in a healthcare setup, while 3% of males and 1.2% of females accounted for senior hierarchy like ANS or above, 1.5% of males accounted for AMS and above designation with the female population according to zero. On the other hand, while only 3% of males accounted for in-charge or supervisor level hierarchy, females accounted for 10.8% of the population is at the same hierarchical level. However, the same was not true for administrative personnel, where 6.1% of males held the designation of Assistant or Deputy Manager and 10.6% of them accounted for Managers, with only 1.2% of females account for Assistant or Deputy Managerial positions and only 3.6% of them held Manager or above level hierarchy. Furthermore, while 48.5% of males were employed as staff nurses or team leaders, a total of 61.4% of females filled the same hierarchy. Administrative personnel accounted for an almost similar gender distribution at the executive and senior executive levels, with males accounting for 27.3% of the population and females contribute to a population of 21.7%. Figure 8 represents the gender distribution of HCEs based on their hierarchical level. This analysis can also be considered a representation of the perception of the Indian healthcare society, where

females can be found to be more inclined towards clinical services and males can be found to be more inclined towards administrative profiles.

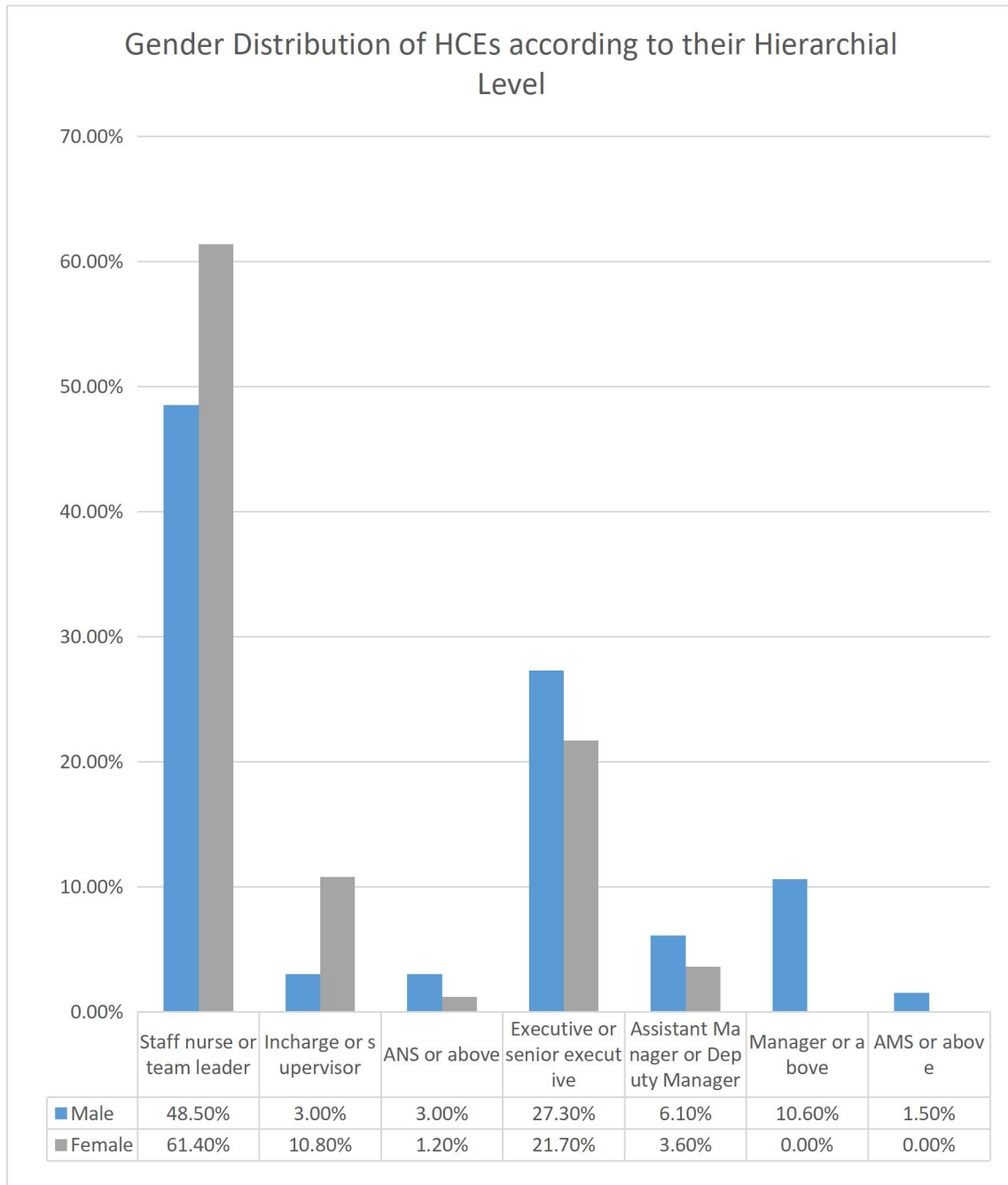


Figure 8 Gender distribution among respondents according to their hierarchical levels

4.2.4 Working Experience of Participants

Most of the participating population had 1 to 5 years of working experience in the current organisation, contributing to a total strength of 45.3% of the respondent population, while only 4.4% of the respondents had 10 years and above working experience with the current healthcare setup. The population with less than 1 year of experience with the current setup was higher than those with 6 to 10 years of working experience with the current organisation, accounting for 34% and 11.9%, respectively. Figure 9 is the graphical representation of the same statistical analysis.

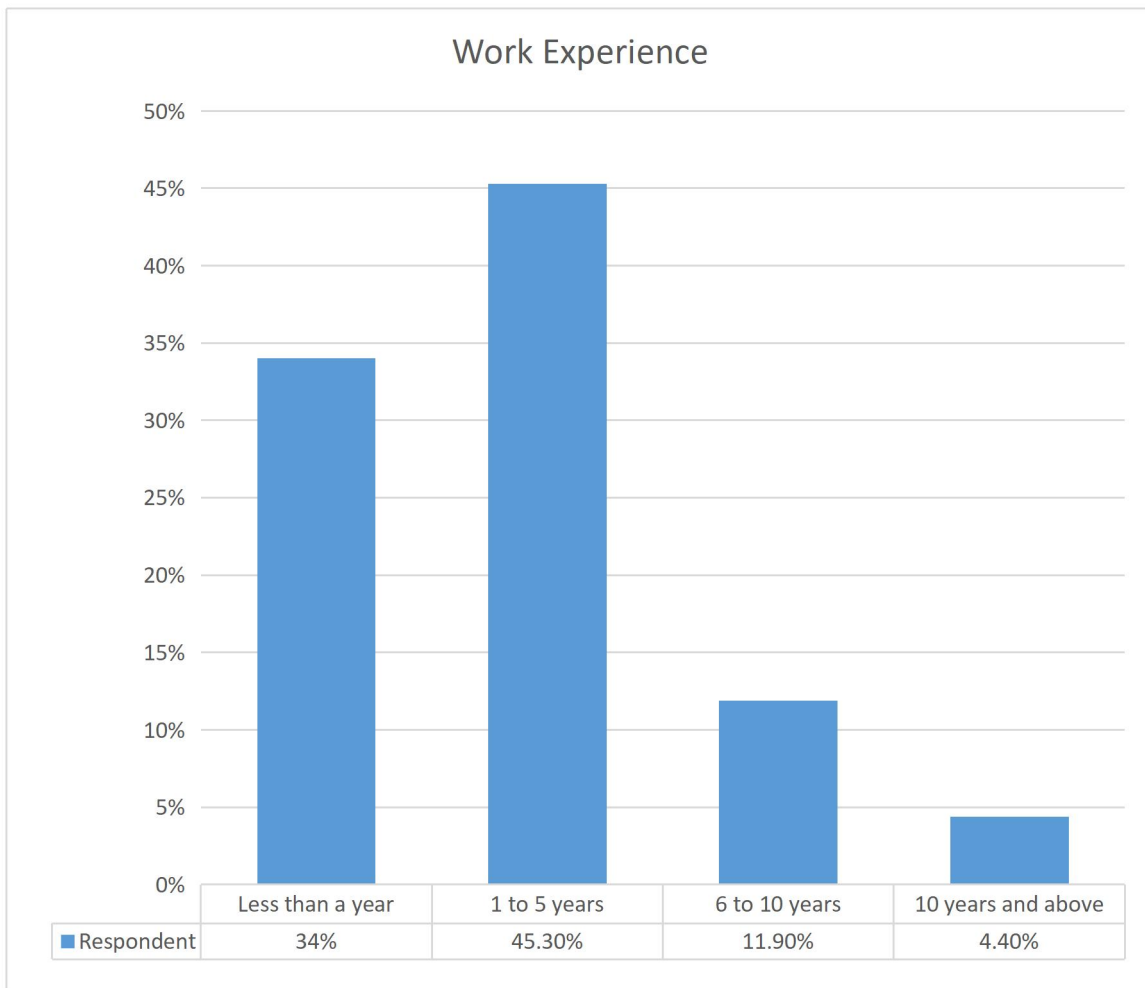


Figure 9 Working experience of the study participants in the current organisation

Work experience is not just a measure of an employee's professional knowledge or skills, his stability within an organisation can be defined as his experience with the setup in terms of his approval of the organisation. As discussed earlier in the literature review, employees who are job satisfied and content with their work culture tend to stay put in the organisation, thus, lowering the attrition rate of the employees and reflecting the organisation's healthy work culture. For this purpose, this study analysed the work experience of HCEs with the current organisation. On cross-tab evaluation to determine the attrition rate among nurses versus administrative staff, it was found that a majority of healthcare administrative personnel were associated with their current organisation, for a period of 1 to 5 years, accounting for a total of 60.4% of the respondents population. The same time period was true for 40.6% of the nurses, which was closely followed by 38.5% of nurses with their association with their current organisation for less than 1 year. Among administrative personnel, the respondent population with less than 1 year of experience accounted for a total of 28.3%. Healthcare administrative professionals aged 6 to 10 years and 10 years and older accounted for 5.7% of each of the respondent population. During the same time period for nurses accounted ,16.7% and 4.2%, respectively. The same is represented in Figure 10.

This cross-tab evaluation helped the researcher determine the content level of an HCE with their current organisation. Since a majority of the respondent population belonged to 1 to 5 years of working experience with their current organisation, both among nurses and administrative professionals, it is evident that the organisation was seen by the employees as a good place to work. However, to understand the perception of the work environment of the organisation by the HCEs, it is evident to analyse the same according to the hierarchical level.

Work Experience Distribution of HCEs According to their Job Profile

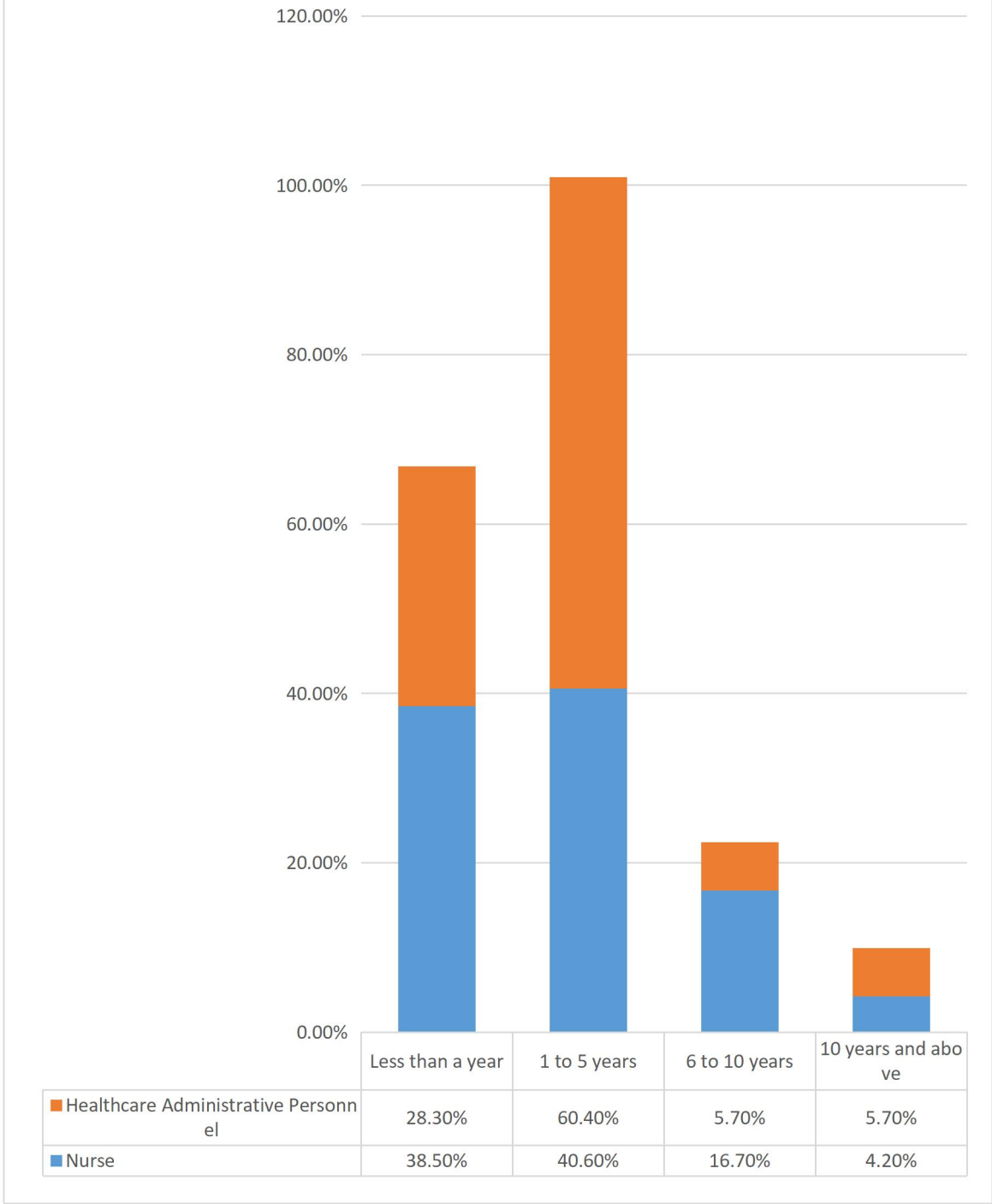


Figure 10 Working experience of the study participants according to their job profiles

Further, the HCEs at various hierarchical levels, were analysed according to their work experience with the current organisation, to better understand their perception of the work culture of the healthcare setup. On cross tab evaluation of the two parameters, it was found that 18.2% of the nursing incharges and supervisors held 10 years and above experience with the current organisation, the same was true for 20% of administrative professionals in the hierarchy of Managers and above. While, a majority of nursing strength, which included the hierarchy of ANS or above, had 6 to 10 years of work experience with the current organisation, accounting for a total of 66.7%, while, among administrative professionals AMS and above, 100% of respondents with 1 to 5 years of working experience in the present organisation. Furthermore, the majority of nursing in-charges and supervisors accounted for 1 to 5 years of experience with the current organisation at a response rate of 36.4%, while 40% of administrative Assistant Managers and Deputy Managers and 60% of Managers and above administrative hierarchy had 1 to 5 years of work experience with the present organisation. Finally, 41% of the hierarchy at the level of nursing staff and team leaders were found to have less than 1 year of experience with the current organisation. While, administrative executives and senior executives accounted for 27.8% of the respondent population with less than a year's experience with the current organisation (Figure 11).

With a majority of HCEs at the upper hierarchical level; contributing to the maximum number of the respondent population, it can be concluded that these HCEs may be stuck within the same organisation, owing to their comfort zone or lack of skill set. However, this cross-tab analysis not only emphasised the work culture of the healthcare setup in focus, reflecting the majority of staff's preference to enjoy working with the present organisation over a longer period, but it also reflected on the fact that the organisation promotes its employees with skill-set. With a strength of 20% of managers

and above with 10 years and above experience with the current organisation and 66.7% of the ANS and above hierarchy with work experience of 6 to 10 years with the present organisation is proof of the same.

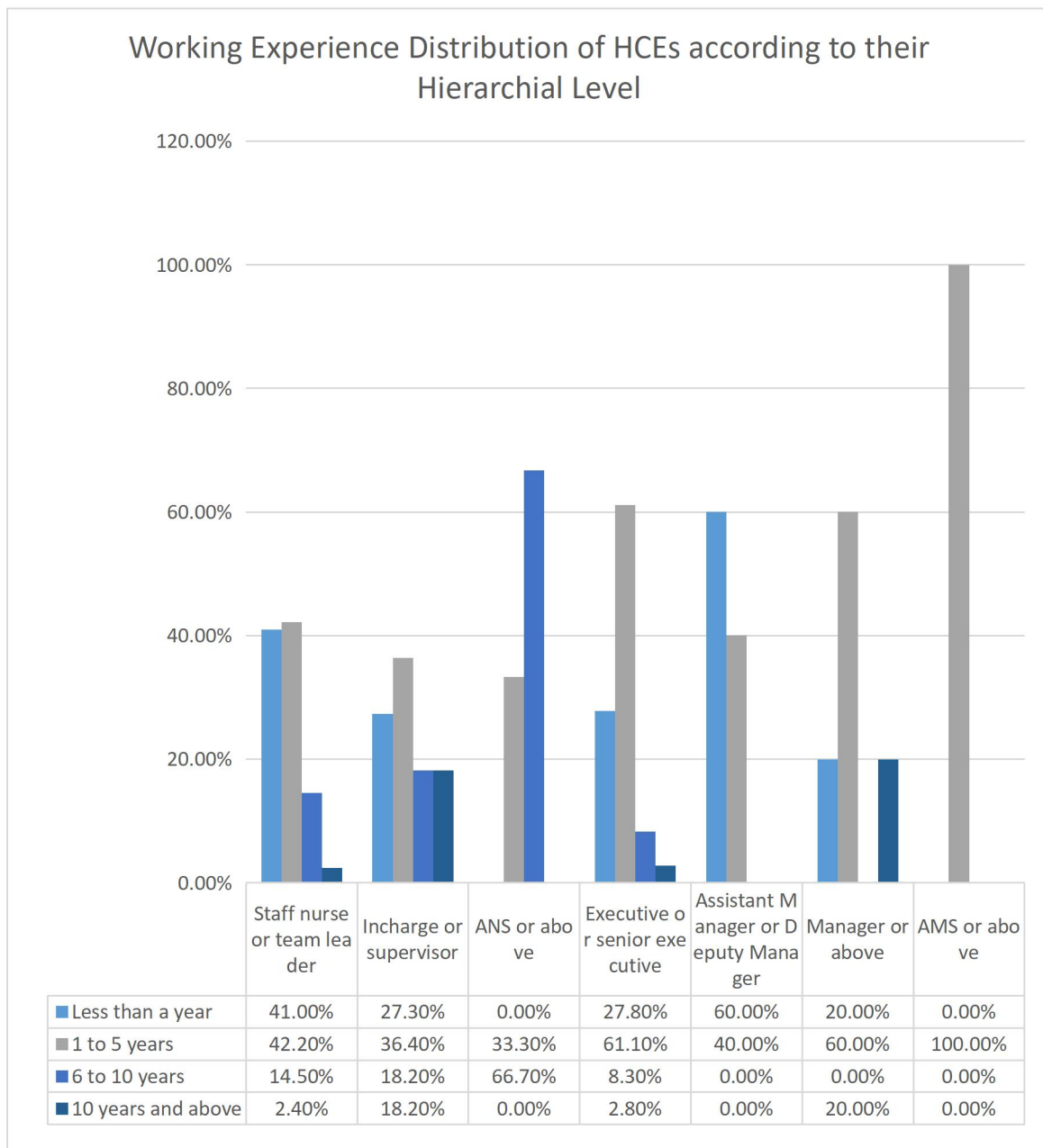


Figure 11 Working experience of the study participants according to their hierarchy

4.3 Factors Defining Job Satisfaction

As discussed in the literature review, factors defining job satisfaction can be an individual's perception of his current circumstances, including financial and social status, emotional and mental health, his job profile, his level of empowerment and recognition, opportunities for future prospects, etc. It is very individual-based and can be affected by one or numerous factors altogether. Although organisations understand the importance of providing a healthy and motivating work culture for their employees to achieve enhanced JS among them and achieve maximum output from them, there are always some gaps. These gaps are primarily associated with healthcare organisations, where employees tend to work under stressful conditions. This study not only analysed the factors defining JS among HCEs in general, but also focused on their variability, like their job profiles and their hierarchies. A total of seven parameters were considered, while conducting the study to analyse JS among HCEs.

Figure 12 demonstrates the distribution of factors that define job satisfaction among the respondents. Seven parameters, namely,

1. Pay benefits
2. Professional growth
3. Superior support
4. Work profile
5. Empowerment
6. Work-life balance and
7. Overall work culture were analysed to evaluate the JS among HCEs.

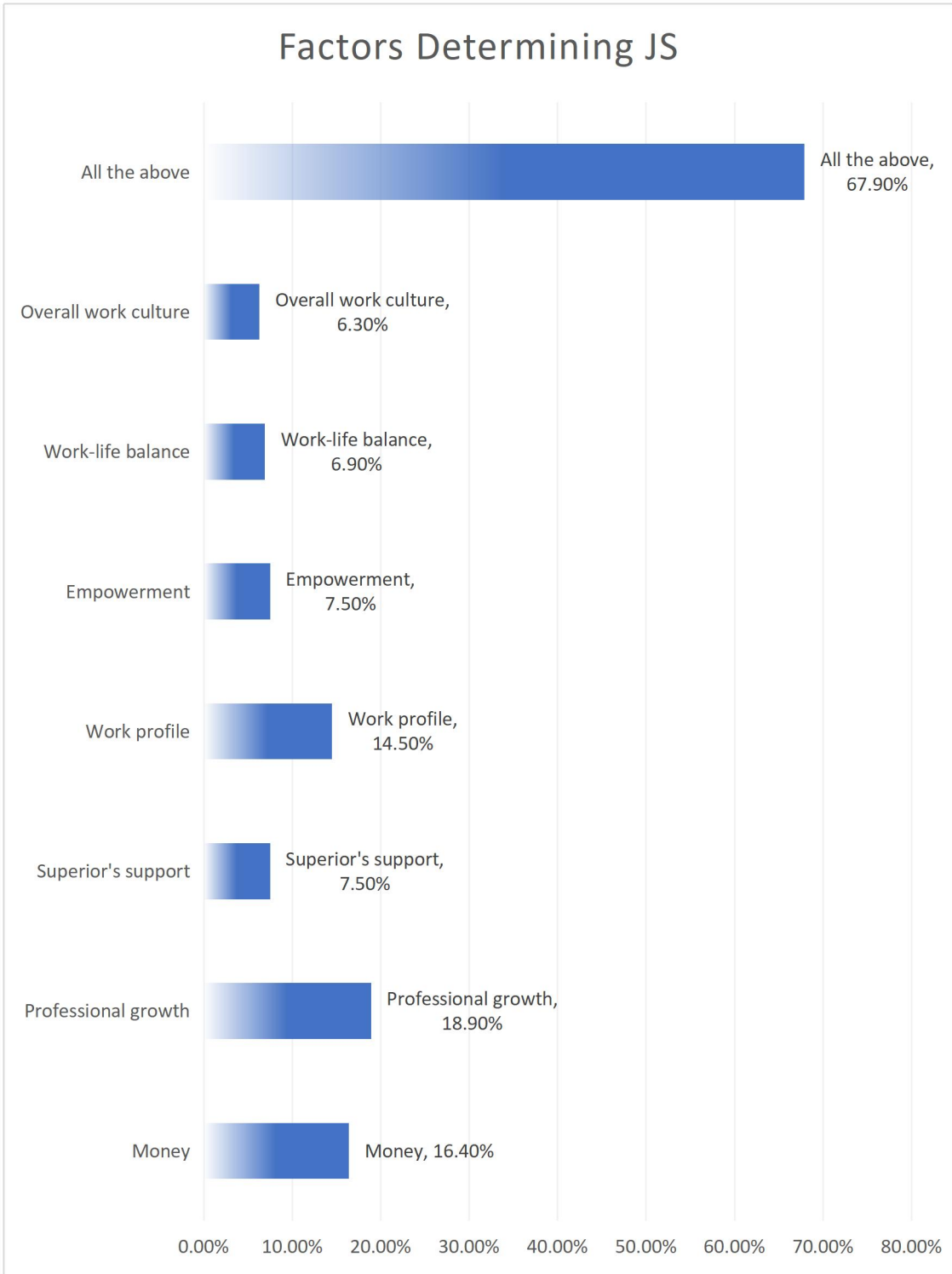


Figure 12 Graph representing the factors determining JS among HCE

Overall, 67.9% of HCEs believed that all seven listed factors contributed to their job satisfaction. 18.9% of the respondent population said professional growth held more importance than pay benefits, accounting for 16.4%. While, the work profile accounted for 14.5% of the total response, both superior's support and empowerment contributed to 7.5% of the response rate. Work-life balance and work culture contributed to 6.9% and 6.3% of the responses, respectively (Figure 12). Thus, it can be inferred that for a general HCE population, while all the seven parameters mapped defined JS, professional growth outranked other factors. This suggests that, while an employee may seek empowerment, and financial and non-financial perks, he understands the need to grow professionally, which, in retrospect, helps boost both his financial and social status and thus recognition as well. This is evident from the fact that the work profile held importance for 14.5% of the respondent population. Work profile, again, not only reflects the nature of work an employee does, but also the quality of the services he renders to the organisation. Not to mention, an employee who is involved in direct patient care, will be motivated by better patient outcomes, thus, reflecting his competent skill sets and eventually seeking opportunities for better professional growth. However, financial growth can be seen shortly following the financial benefits, thus implying the importance of financial security for an employee. Empowerment and superior support, both accounted for 7.5% of the response from the targeted respondent population. This shows that both superior's support and empowerment go hand-in-hand with the two factors, influencing each other. Furthermore, work-life balance and overall work culture both hold almost similar importance for HCEs, thus indicating the need for leaders and employers to identify the issues related to stressful working conditions, shift duties, and possibly long work hours which may hamper an employee's personal life and thus, the team's spirit to perform and eventually the work-environment.

The crosstab evaluation between the factors determining JS among HCEs and their job profile was done. The data collected showed that for both nursing and administrative HCEs, professional growth surpassed other factors, accounting for a response rate of 15% and 10.10%, respectively. Among nursing HCEs, financial benefits accounted for 12.9% of the response rate, shortly followed by work profile with a response rate of 12.10%. Thus, emphasising the need for better opportunities for professional growth and the need for a job profile, that gives them a sense of self-importance. On the same note, among administrative HCEs, monetary benefits accounted for 9% of their response rate, followed by the need for a better work profile and superior support, both accounting for 6.7% of the response rate. However, nursing HCEs emphasised more empowerment with a response rate of 5.7% than superior support with a response rate of 4.3%. While, for administrative HCEs, empowerment accounted for 4.5% of the total response rate, along with other factors like work-life balance and overall work culture. However, 5% of nursing HCEs emphasised the importance of work-life balance as the deciding factor in enhancing their JS. Finally, while 40.7% of the nursing strength believed that all seven parameters contributed to their JS, 53.9% of the administrative HCEs believed in the same line of thought (Figure 13). This cross-tab evaluation emphasised the notion that nursing HCEs are more prone to burnout and frustration owing to the nature of their job. Since, factors like empowerment, work profile, work-life balance hold more importance for nursing employees, it is clear that the nature of their job, especially shift duties, direct patient interaction, the stressful nature of work owing to patient care as the main job profile, making decisions regarding patient welfare and his medical needs, taking emergency calls regarding patient life, and handling the family of the patient along the journey, leads them to more burnout and thus, increases their need for empowerment, a better job-profile, and improved work-life balance.

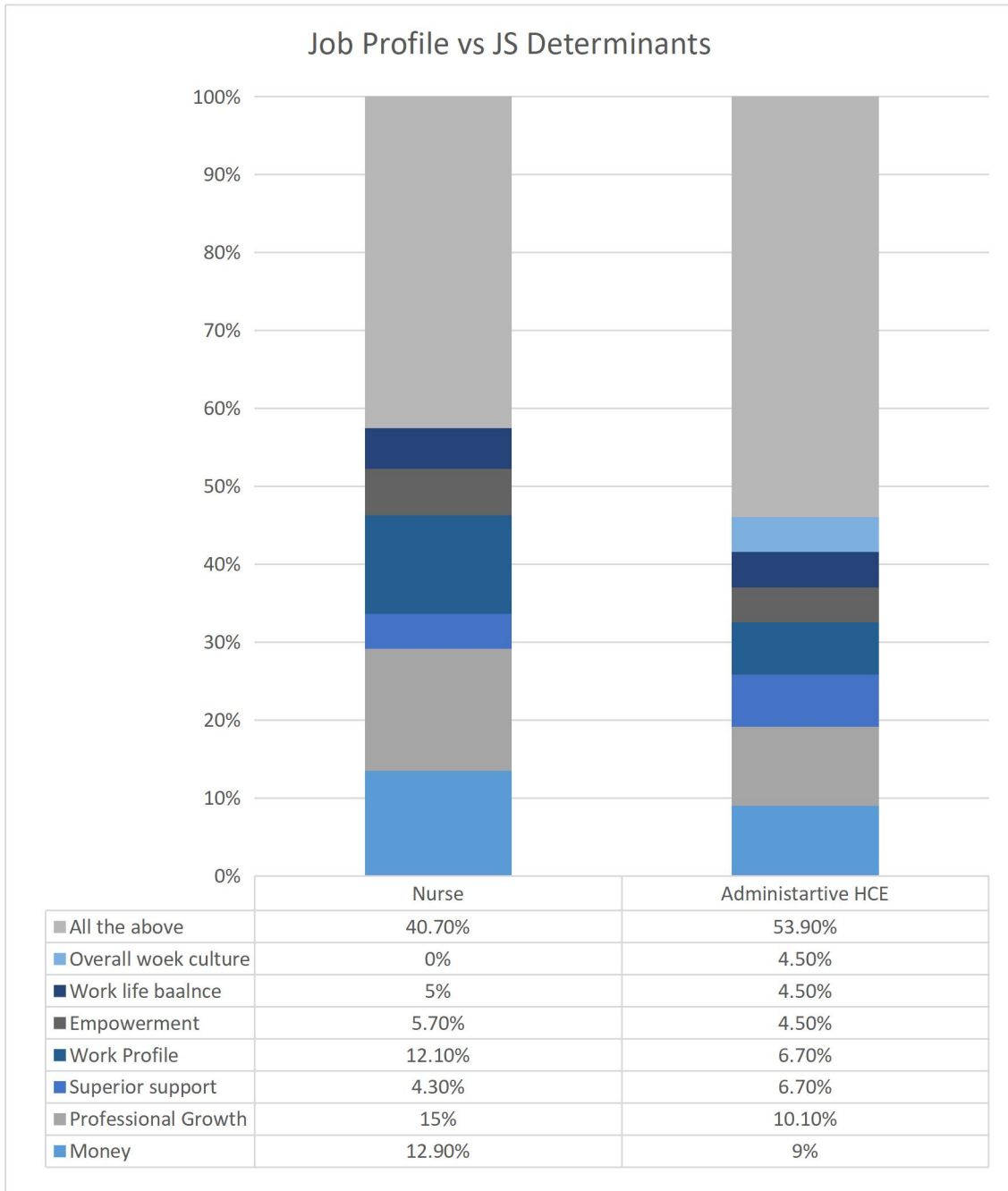


Figure 13 Graph representing job profile vs. factors affecting JS

To determine how these seven parameters affect JS among HCEs at various hierarchical levels within the same class and among different classes of employees, the

researcher correlated the two parameters (Figure 14). On cross-tab evaluation, it was found that for a majority of nursing staff and team leaders, professional growth surpassed the need for financial growth, with a response rate of 16.5% and 14.2%, respectively. The same stood true for administrative professionals in the hierarchy of executives and senior executives, with a response rate of 10.4% for professional growth and 9% for financial growth as a factor determining their JS. While, work-profile, empowerment, and work-life balance followed the pursuit of nursing staff and team leaders with a response rate of 11%, 5.5%, and 5.5%, respectively. For executives and senior executive administrative personnel, supervisor support held equal importance as work-profile with a response rate of 7.5%, followed by better empowerment and work-life balance, with a response rate of 6% each. Among nursing in-charges and supervisors, a majority of the respondent population responded to all seven parameters necessary to determine their JS, followed by both work-profile and empowerment as the deciding factors, with a response rate of 9.1% each. However, assistant and deputy manager HCEs emphasised the need for all three factors, including financial benefits, professional growth, and work profile as their JS determinants, with a response rate of 12.5% each. While managers and above, the administrative hierarchy emphasised the need for financial benefits, professional growth, and superior support as the deciding factors, with a response rate of 8.3% each. At ANS and above hierarchy among nursing HCEs, 66.7% of the respondent population emphasised the need for a better work profile. While, the AMS and above hierarchy among administrative HCEs said all seven parameters contributed to their JS (Figure 14). This analysis shows that, while professional growth surpasses the other factors determining JS in the lower hierarchy, the need for a better work profile is a prevalent factor in deciding JS among the middle and senior hierarchy.

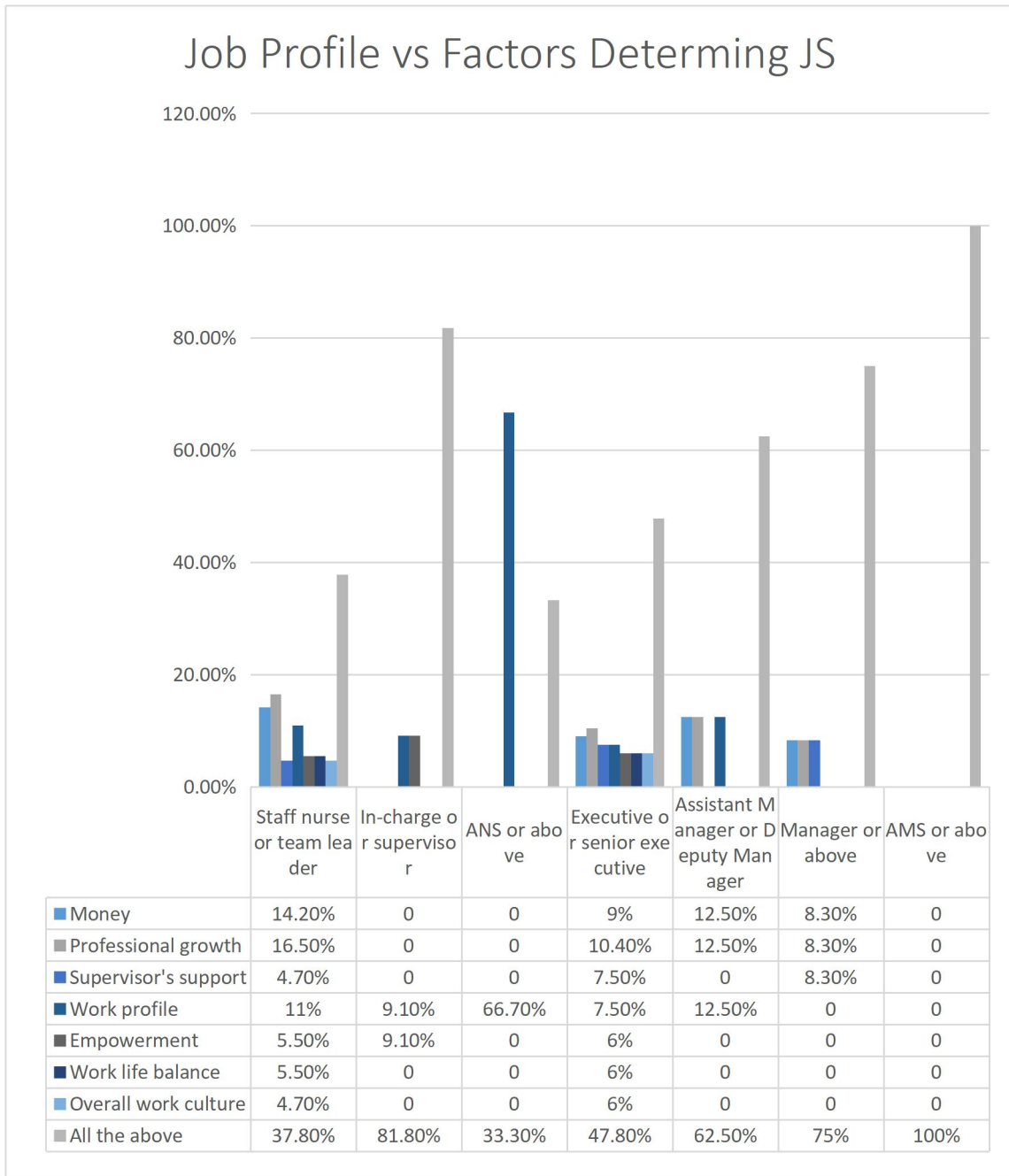


Figure 14 Graph representing job profile at hierarchical level vs. factors affecting JS

Further, the researcher analysed the influence of age group, gender, and work experience within the current organisation, on the factors determining JS among healthcare employees. On evaluating the respondent population based on their ages group,

it was found that the HCEs between the age group of 21 to 30 years were more inclined towards professional growth, accounting for 14.7% of the response, shortly followed by financial growth, with a response rate of 14.1%. While factors like work profile held importance for 8.3% of the respondents, other factors like empowerment and superior support, and work-life balance, equally mattered to them with, a response rate of 5.8%. However, 5.1% of the respondents belonging to this age group believed overall work culture was important in deciding their JS. Most of the population belonging to the age group 21 to 30 years believed all the seven parameters contributed to their JS with a response rate of 40.4%. However, for the age group of 31 to 40 years, 56.3% of the respondent population believed that while all the seven parameters defined JS for them, 12.5% of the respondents of this age group believed work profile was a deciding factor in enhancing their JS, while 10.9% of the respondent's population believed professional growth mattered more. Factors like financial growth and superior support accounted for 6.3% and 4.7% of their response rates respectively. While, other factors, like empowerment, work-life balance, and overall work culture collected an equal response of 3.1% among this age group of respondents. However, for the respondent population belonging to the age group of 41 to 50 years, while 71.4% of the respondents all the seven parameters defined JS for the, both work-profile and empowerment were the deciding factors in enhancing their JS with a response rate of 14.3% each. Similarly, for the respondent population between the age groups of 51 to 60 years, while 50% of them emphasised the importance of all seven parameters in defining their JS, the rest 50% of the population believed work profile was a deciding factor in improving their JS (Figure 15).

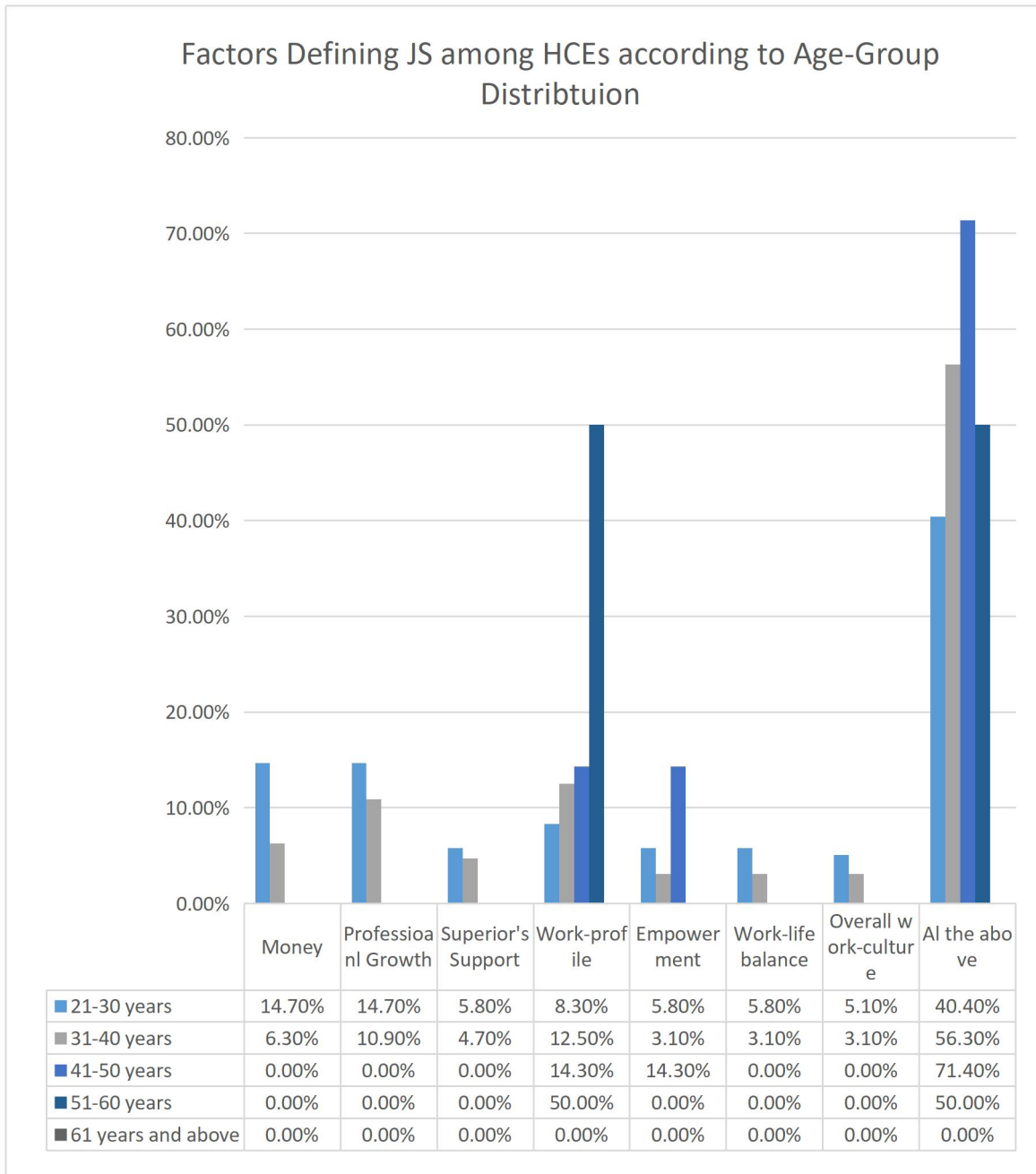


Figure 15 Graph representing factors determining JS among HCE according to the age group distribution.

This crosstab evaluation indicates that, while at a young age with less experience, an employee seeks better opportunities for professional growth, after achieving the same, he seeks an improved work profile and empowerment. This trend indicates the need to

feel recognized and valued by the employee by establishing the importance of his role as an HCE.

Further, the factors determining JS were evaluated according to the gender of the HCEs (Figure 16). It was found that while 44.6% of the male respondents believed that all seven parameters were necessary to enhance JS for them, 47% of the female respondents believed in the same line of thought. However, the need for professional growth surpassed all the other factors both among male and female populations, with a response rate of 12.5% and 13.7%, respectively. While this was shortly followed by financial benefits needs among male respondents with a response rate of 11.6%. Their counter-female population believed that both financial benefits and work-profile equally held importance for them in deciding their JS with a response rate of 11.1% each. The need for better work profile was seen in 8.9% of the respondent male population. Furthermore, empowerment held more importance than superior support among female respondents with a response rate of 6% and 4.3% respectively. While, male population believed the reverse to be true for them with superior support, collecting a response rate of 6.3% and empowerment as a factor with a response rate of 4.5% respectively. Better work-life balance needs predominate the need for a better work culture among male populations, with a response rate of 6.3% and 5.4%, respectively. The same held equal importance for the female population with a response rate of 3.4% each. This evaluation shows that while professional growth held equal importance for both the male and female respondents, factors like better work-profile and empowerment held more importance for female respondents. This can be seen as a higher professional aspiration need among the female gender population.

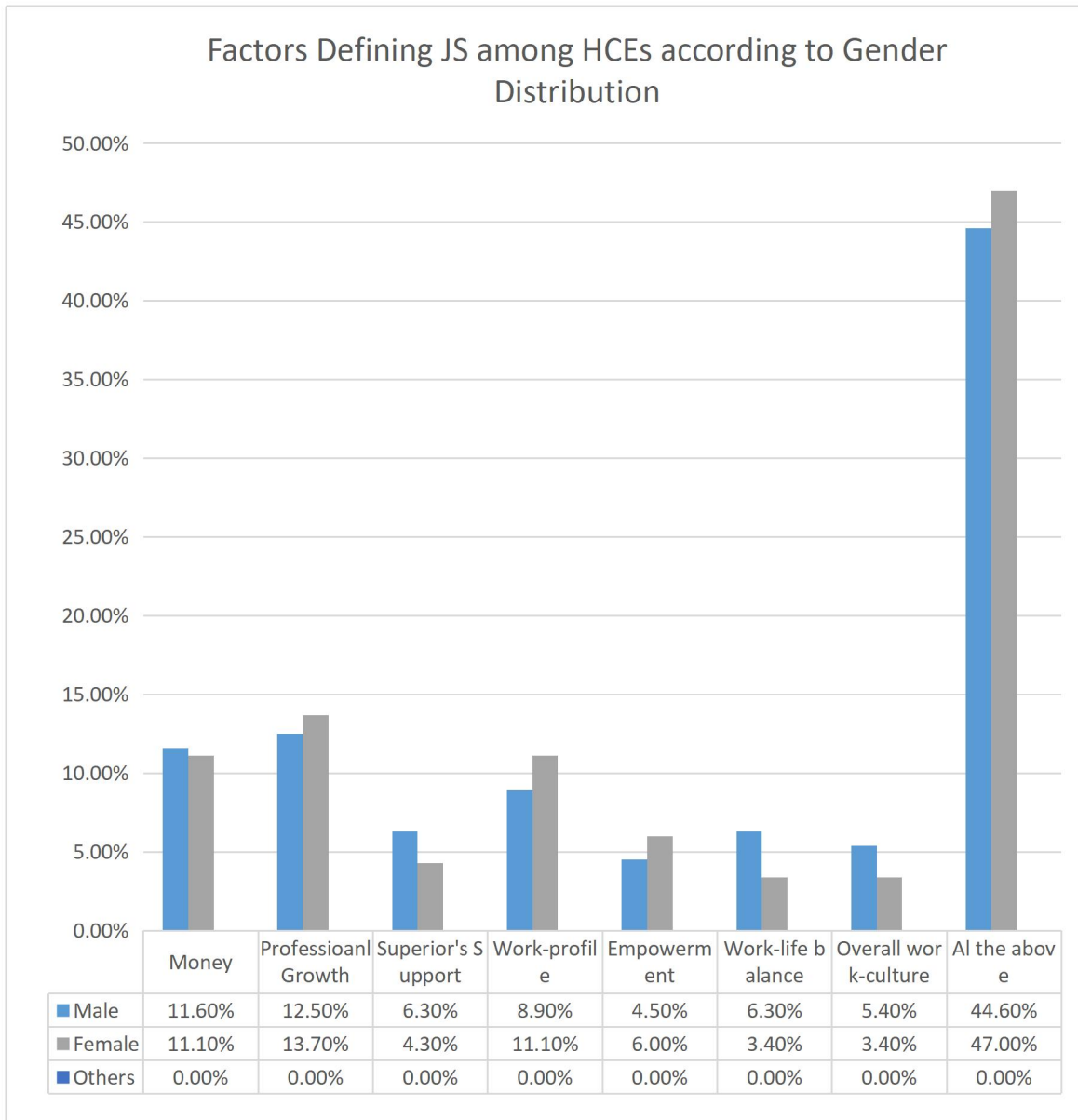


Figure 16 Graph representing gender distribution vs. factors affecting JS.

On further evaluating the factors determining JS among HCEs based on their working experience with the current organisation, it was found that the respondents with less than a year's work experience were more inclined towards professional growth than financial growth and a better work profile with response rate of 15.1%, 116.%, and 11.6%, respectively. These were followed by factors such as superior support,

empowerment, and overall work culture with a response rate of 5.8% each, which was shortly followed by their need for a better work-life balance with a response rate of 4.7%. However, 39.5% of them believed that all seven parameters were required to define JS for them. HCEs with 1 to 5 years of working experience believed that financial growth held more importance for them, shortly followed by professional growth opportunities, with a response rate of 12.9% and 12.1%, respectively. Their need for a better work profile was rated at 6.9% and was shortly followed by their needs for better empowerment, superior support, and work-life balance, with a response rate of 6% each. 4.3% of them believed the overall work culture could be improved for better JS, while, 45.7% of them believed all seven parameters contributed to enhancing their JS. Contrary to this, 20% of employees with 6 to 10 years of working experience with the current organisation, believed a better work profile could lead to their enhanced JS. This was followed by a need for better professional growth with a response rate of 15% and financial growth accounting for only a 5% response rate. However, 60% of them believed that all seven parameters were necessary for their JS. Yet again, employees with 10 years and above of experience with the current organisation, hold more importance to their work profile as the deciding factor for enhancing their JS, with a response rate of 14.3%. However, 85.7% of them believed that improving all seven parameters could contribute to their enhanced JS (Figure 17). This evaluation clearly shows that with more experience, an employee tends to seek self-recognition and the need for self-achievement more than the need for financial growth or any other factor.

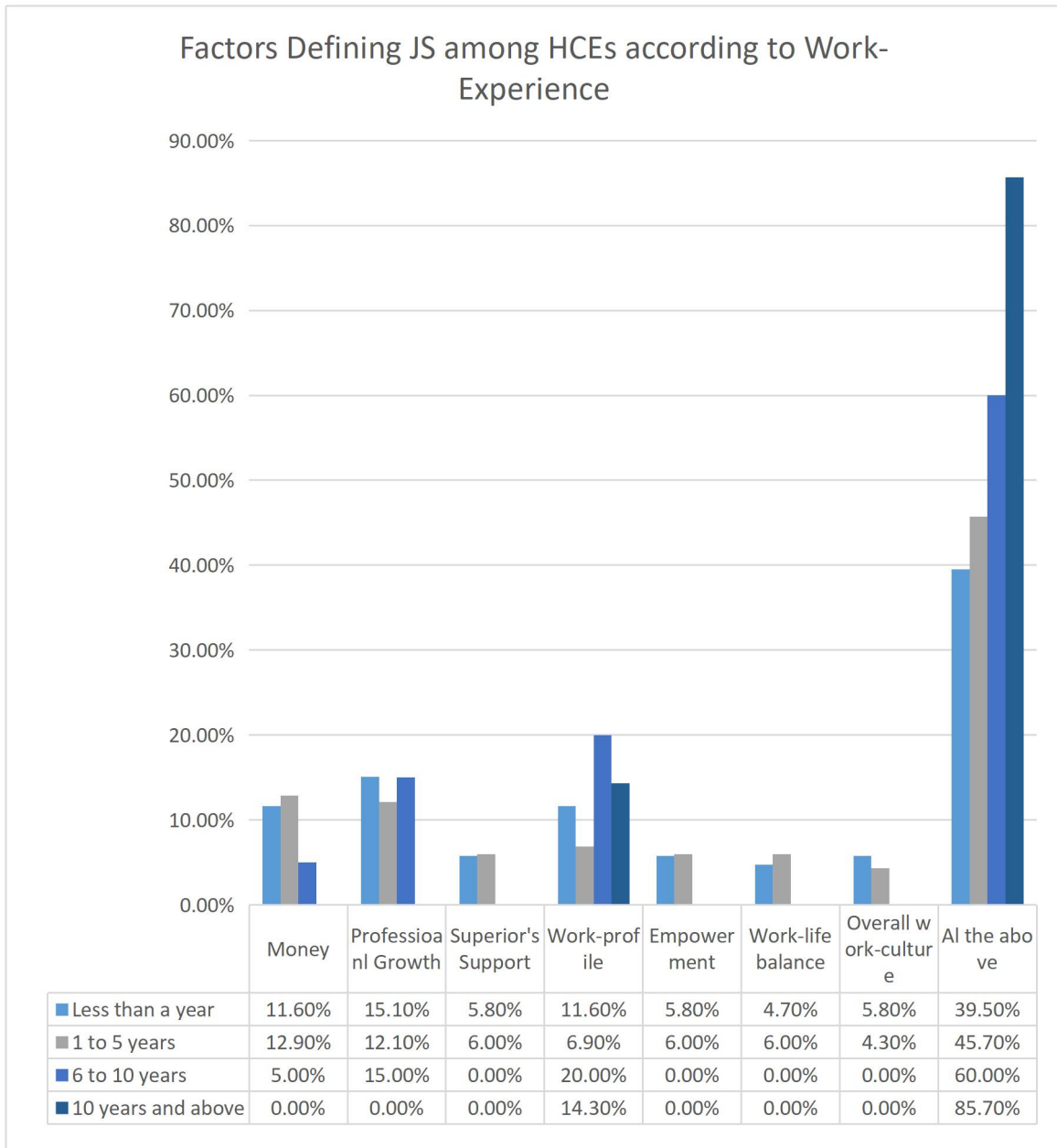


Figure 17 Graph representing work-experience distribution vs. factors affecting JS.

4.4 Research Question One: Factors Defining Job Satisfaction Among Multi-disciplinary HCEs.

The results from the study conducted were analysed to evaluate how the seven parameters, namely, pay benefits, leave benefits, empowerment, skill utilisation, open-

door policy, rewards, and recognition, burn-out, were studied for determining JS among HCEs, affect their perception of job satisfaction among various classes, namely nurses and healthcare administrative professionals.

4.4.1 Pay Benefits

As discussed in the literature review, while there have been controversies regarding the importance of financial benefits in defining JS among employees, it has been established that professional growth supersedes these expectations. The results of our study were in line with the same conclusion. Figure 18 represents the general perception of the HCEs concerning their pay benefits.

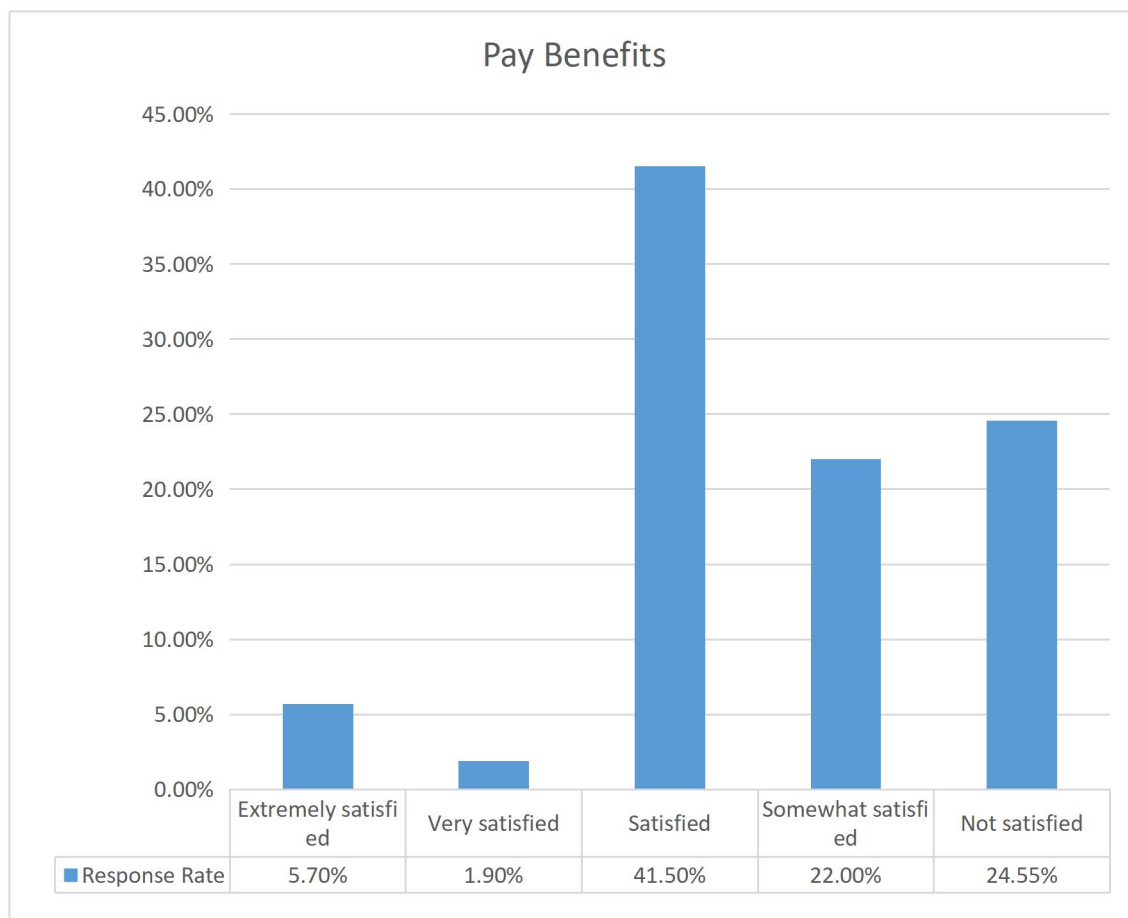


Figure 18 Graph representing Pay Benefit Distribution as JS Determinant

A majority of the HCEs said they were satisfied with their pay benefits, accounting for a total response rate of 41.5%. This was followed by 24.55% of the respondents who claimed they were not satisfied with their pay benefits. 22% of the healthcare respondents said they were somewhat satisfied with the monetary benefits. However, only 5.7% of the respondents said they were extremely satisfied with their financial benefits, while just 1.9% agreed that they were very satisfied with their financial benefits. This analysis indicates that there is a very thin line between the satisfaction levels of pay benefits among HCEs. However, this can be understood owing to the nature of the job of HCEs, the stressful environment, and the demands they need to fulfil. To understand, how the pay benefits affect the HCEs according to the nature of their job, and their interaction level with patients, the researcher analyzed the pay benefits against the class of HCEs.

On crosstab evaluation of pay benefits as a factor determining job satisfaction among multi-disciplinary HCEs, namely nurses and administrative professionals, it was found that while 40.60% of nurses were satisfied with their pay benefits, 49.10% of administrative respondents felt they were satisfied with their financial perks. However, 31.3% of respondents belonging to nursing HCEs said they were not satisfied with their pay benefits, while the same was true for 15.1% of administrative HCEs. While, 19.8% of nursing HCEs believed they were somewhat satisfied with their pay benefits, 28.3% of administrative HCEs believed in the same line of thought. However, 6.3% of nursing HCEs said they were extremely satisfied with their pay benefits, as compared to 5.7% of administrative HCEs, who were extremely satisfied with their financial growth. Finally, while 2.1% of nurses said they felt very satisfied with monetary benefits, 1.9% of administrative professionals believed the same.

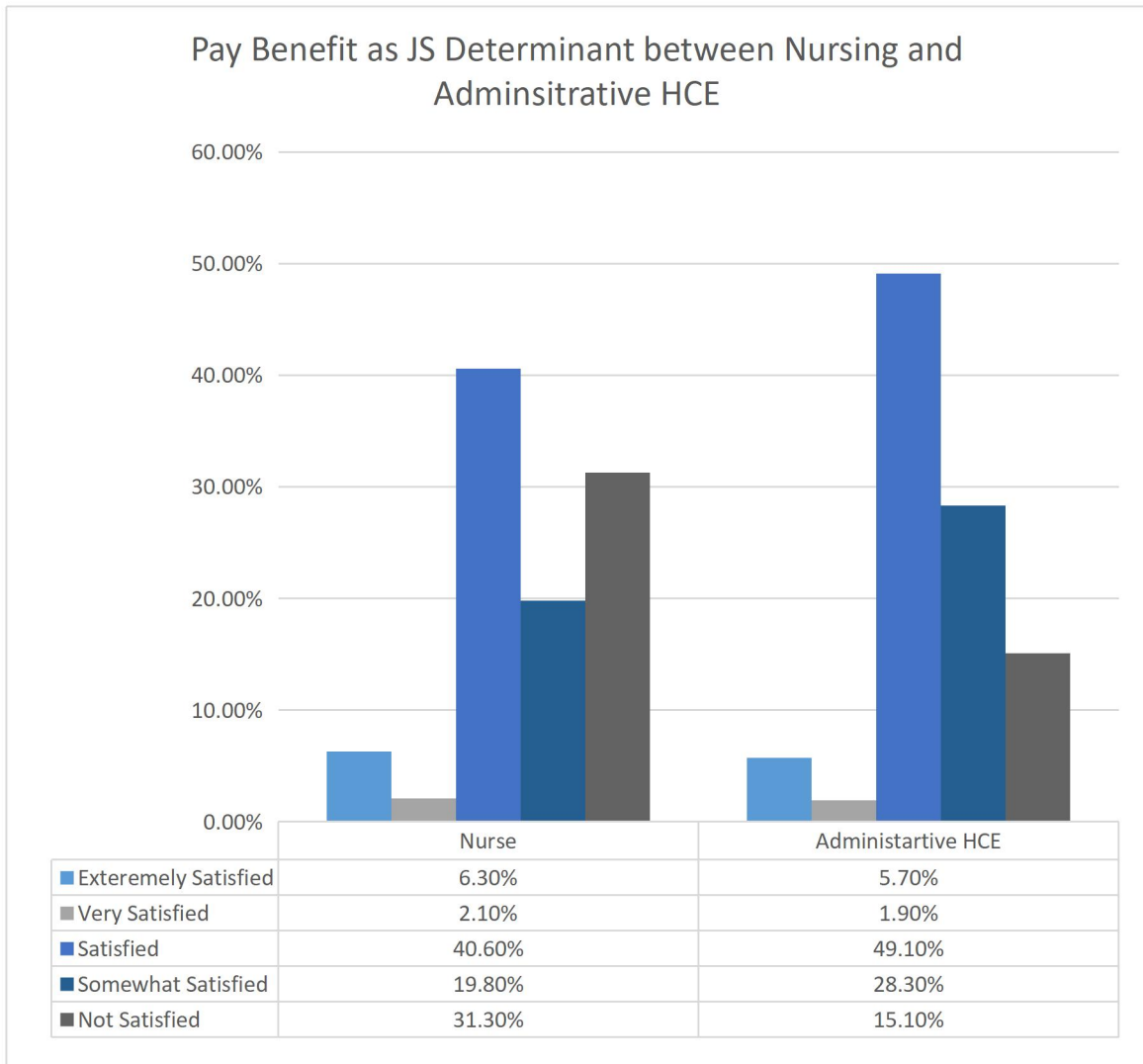


Figure 19 Pay benefits as JS determinant between Nursing and Administrative HCE

While, the section of multi-disciplinary HCEs who were extremely satisfied or satisfied with their pay benefits can be attributed to their hierarchical level or the nature of the job, which does not involve shift duties or much patient interaction, thus, less stressful working conditions, resulting in feeling less burnout and thus, justifiable pay-outs to them. On the same note, as evident, nurses are involved in direct patient care and work under stressful conditions where they have to make decisions regarding their patient’s care, stress and burnout are evident and thus, the feeling of not being

compensated accordingly, especially in the form of monetary benefits. Therefore, the results of the study indicated that a significant number of nurses felt they were not satisfied with their pay benefits as compared to a much lower population of respondents among administrative staff. The same is depicted in Figure 19.

4.4.2 Leave Benefits

Leave benefits form an elemental part of an employee's job satisfaction criteria. Leave benefits speak volumes about the work-life balance of an employee and thus his burnout level and frustration level. This especially applies to a healthcare setup where burnout is very common and shift duties or prolonged work hours are quite common owing to the nature of the job. To analyse the satisfaction level concerning the work-life balance of an employee, the researcher mapped the same criteria through the leave benefits extended to the HCEs. This study showed that a majority of HCEs, accounting for 57.2% of the respondent population claimed that they were likely to avail leave benefits as per their needs. However, 18.2% of the respondent population said they were neither likely nor unlikely to avail the leave benefits. This could be attributed to the nature of their job, especially those involved in direct-patient care services. This also stands true for the multi-disciplinary HCEs who work on shift duties, which often leads to a disrupted personnel life. Furthermore, 11.9% of the respondent population said they were very likely to avail leave benefits as per their requirements. This reflects on a good leadership culture and organisational policy, both of which appreciate managing work-life balance for their employees. However, 5.7% of the respondent population said they were unlikely to avail leave benefits, while, 2.5% said they were very unlikely to avail leave benefits as per their needs. These responses reflect on either the nature of the job of this segment of the respondent population or the issues with their leadership. However, to analyse the issue better, it is necessary to further evaluate the satisfaction level, both at

multi-disciplinary level and at a hierarchical level. Figure 20 represents the graph depicting leave benefits as a determinant for job satisfaction among healthcare employees.

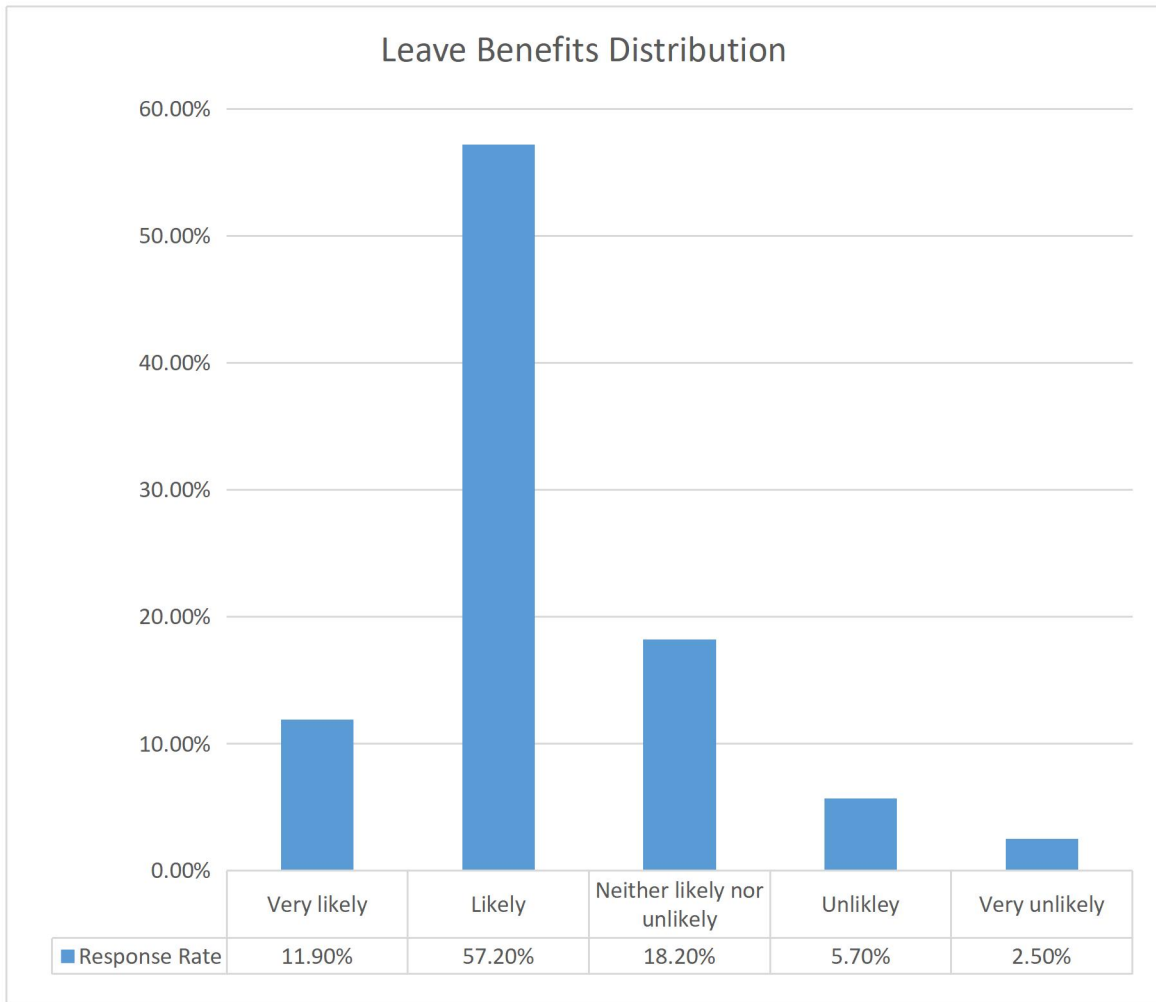


Figure 20 Leave benefits as a determinant for JS among HCE

On cross tab evaluation between leave benefits and the class of HCE, it was found that, 56.3% of nursing HCE believed they availed leave benefits as per their needs, while the same stood true for 66% of administrative HCE. Also, 20.8% of nurses said they were neither likely nor unlikely to get leave benefits, while, 15.1% of administrative HCE responded in the same line of thoughts. However, 12.5% of nurses said they were very

likely to avail leave benefits while, 13.2% of administrative professionals believe the same. However, while 7.3% of nursing HCE said they were unlikely to avail leave benefits as per their needs. 3.8% of administrative HCE believed in the same line of thoughts. Finally, 3.1% of the nursing HCE said they were very unlikely to avail leave benefits as per their requirements, while 1.9% of the administrative HCE said the same. This evaluation is depicted in Figure 21.

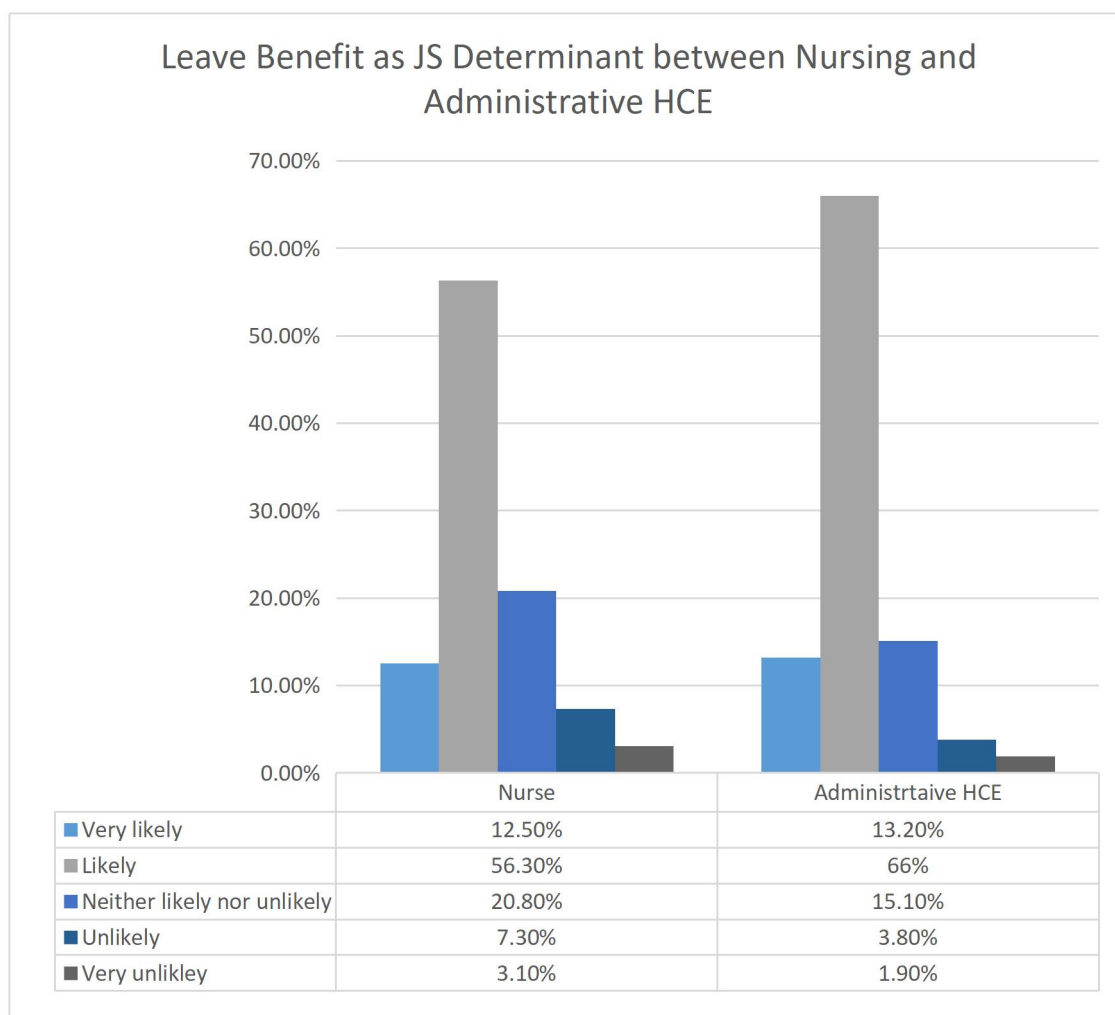


Figure 21 Leave benefits as a determinant for JS among Nursing and Administrative HCE

This cross tab evaluation, certainly reflects the administrative HCE at more satisfaction level than nursing class. This is invariably because of the nature of the job of the nurses. Irrespective of the fact that a nurse is at an upper hierarchy, their level of patient interaction and circumstances where they need to make decisions regarding their patient's will always be higher than any administrative staff and, thus, less flexibility with the leave benefits. While, there is definitely a close response rate between the two classes of HCEs regarding satisfaction level. The same can be seen to variate a lot with respect to their dissatisfaction level. This is a clear indicator of the more stressful nature of a job at the junior level of hierarchy, especially among the nurses who are directly involved with patient-care round the clock and often end up with shift duties, thus, making out very less time for themselves. However, in order to better understand this, the researcher analysed the leave benefits according to the hierarchy of multi-disciplinary HCE, which will be discussed further in the result section.

4.4.3 Empowerment

Empowerment is the source to utilise maximum potential of an employee. An empowered employee will not only be motivated himself and perform beyond expectations, but will serve as an example for his colleagues, thereby motivating them, guiding them to follow the path, thus, resulting in a team of self-driven, motivated employees who work for the benefit of the patient and thus, the organisation.

The researcher analysed the targeted population about their need for empowerment. The study showed that a majority of the respondent population said they were satisfied with the level of empowerment they get. This accounted for a total response of 54% of the sample population. Furthermore, 7% of the respondent population said they felt extremely satisfied with the level of empowerment given to them. While, 22% of the respondents said they felt very satisfied with the empowerment given to them.

However, 10% of the respondents believed they were somewhat satisfied with the empowerment they enjoyed. While, 7% of the respondent population believed they were not satisfied with the empowerment given to them. The same has been represented in Figure 22.

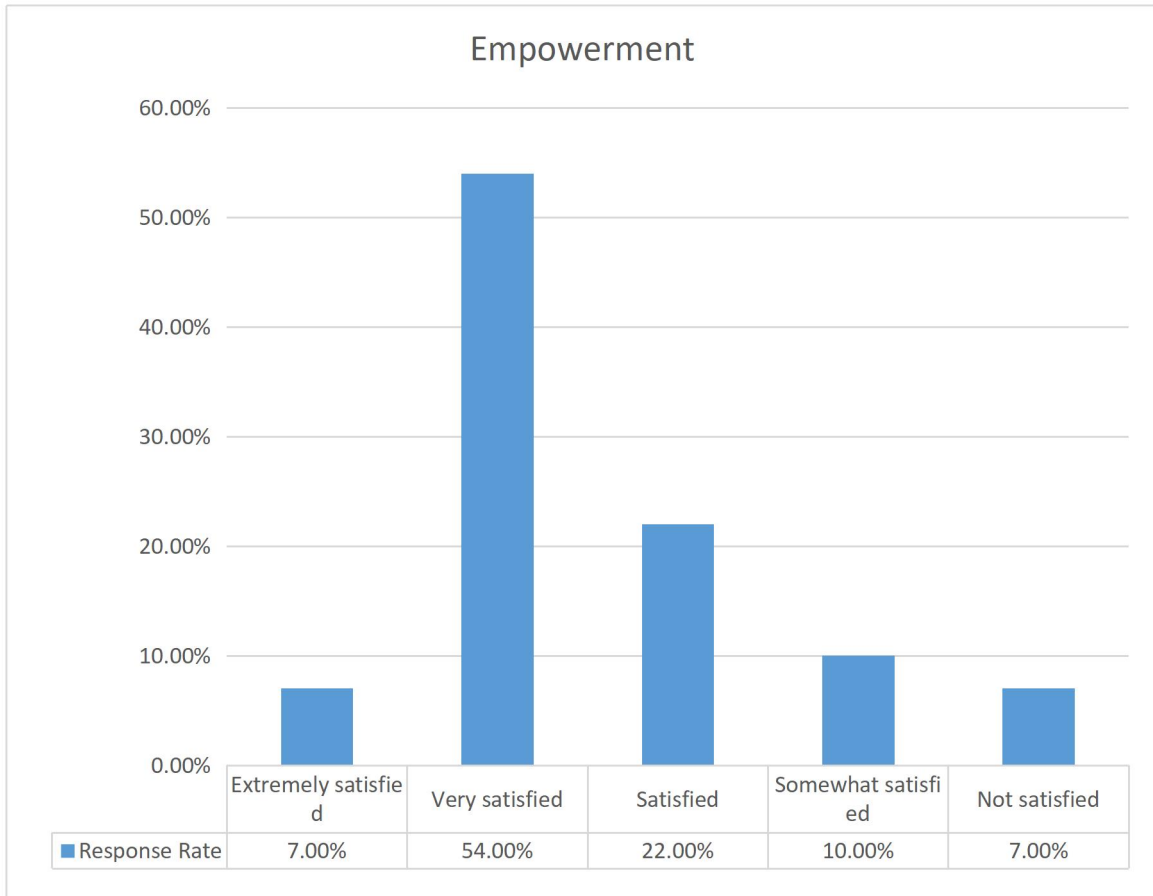


Figure 22 Empowerment satisfaction among HCE

This analysis shows the culture of good leadership followed by the current organisation where, a significant number of employees feel empowered. However, the respondent population which felt they were not empowered enough could be related to their experience level or the nature of their job. Also, the same perception may be more among the nursing HCEs as compared to the administrative professionals, as the nurses

are responsible with dealing with patient care and taking calls which may be critical for patient life. In such scenarios, a leader may not empower his team, while losing the sight of the nature of work. In order to understand the same better, the researcher analysed the two parameters on cross tab based on the multi-disciplinary satisfaction level with the empowerment given to them, as well as satisfaction of HCEs at various hierarchical levels. The same shall be discussed further in the result section.

Further, the researcher analysed the satisfaction level among multi-disciplinary HCEs. Figure 23 represents the same. On analysis, it was found that while only 5.2% of the respondents nursing HCE felt they were extremely satisfied with the level of empowerment they enjoyed, the same stood true for 9.4% of administrative professionals. While, 19.8% of nursing HCE felt they were very satisfied with their empowerment level, 24.5% of administrative professional respondents believed they were very satisfied with the same. Furthermore, 53.1% of nursing HCE said they enjoyed a satisfactory level of empowerment, while 56.6% of administrative HCE believed in the same line of thoughts. However, 12.5% of nursing HCE said they were only somewhat empowered. While, only 5.7% of administrative HCE responded on the same note. Finally, while, 9.4% of the nursing HCE were not satisfied with the freedom to make decisions, only 3.8% of administrative HCE believed in the same line of thoughts.

It is clear that while administrative HCE believed they felt more empowered, it is the nursing HCE who lack the same faith in their leaders. This may be attributed to the level of patient interaction a nursing HCE faces along with the stressful nature of their job. Although, a majority of nursing HCE felt they were satisfied with their level of empowerment, still, a significant population among nursing respondents were not satisfied with the empowerment given to them. As much as this can be attributed to the nature of their job and its demand, owing to the responsibility of the patient and his life,

this attribute needs to be checked by the leader. The sense of empowerment not only makes an employee confident while carrying out the task given to him, but is also eager to learn from his mistakes and short-comings and is always motivated to enhance his skill-sets further. Thus, a leader should focus on empowering his team for better performance. The effects of empowerment at various hierarchical levels will be discussed in the next section.

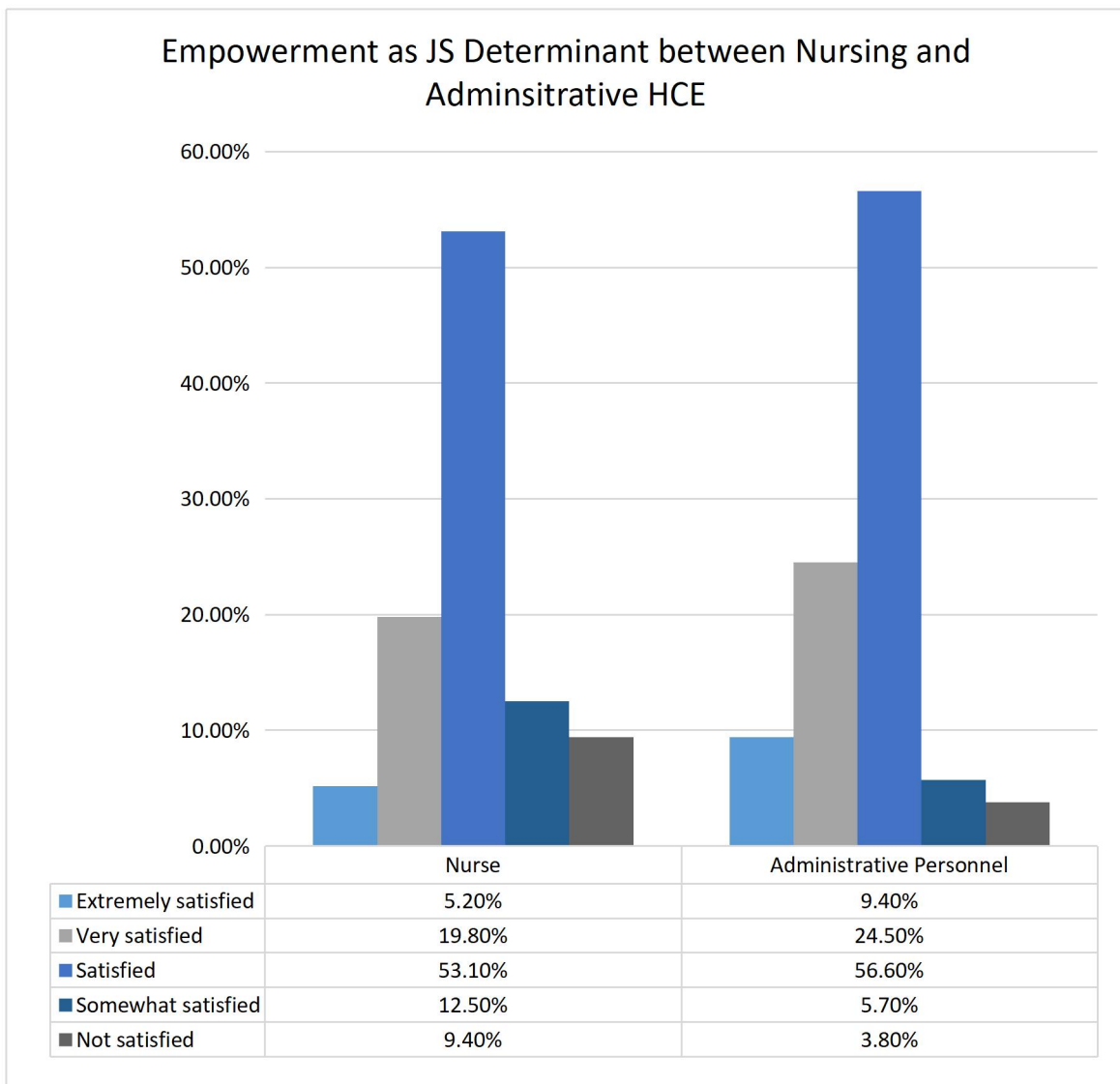


Figure 23 Empowerment satisfaction among Multi-disciplinary HCE

4.4.4 Skill Utilisation

Skill utilisation is an important aspect in defining JS. An under-utilised employee will always be frustrated and will tend to seek better opportunities for further growth. However, in the case of an in-experienced employee, identifying and utilising the skill-set is the burden of the leader. This not only motivates the employee to enhance his skill-set but also enhances his JS. The current study shows that a significant majority of HCEs believed their skill-sets were utilised, owing to a response rate of 82.4%. While, 13.2% believed their skill-utilisation was not done upto their expectations. Figure 24, depicts the graph representing the satisfaction level with skill-set utilisation among HCEs.

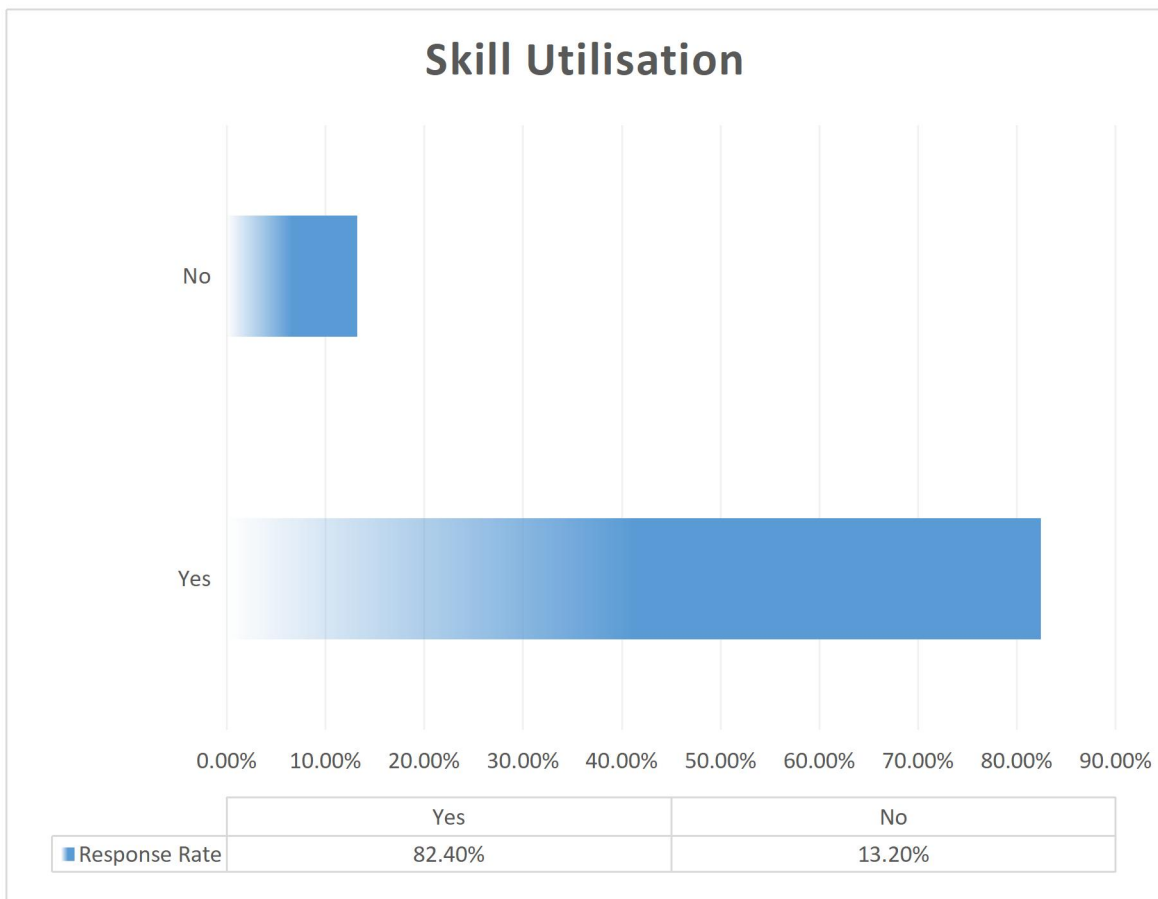


Figure 24 Graphical representation of skill utilisation among HCE

On cross tab evaluation between the two disciplines of HCEs and their satisfaction level with their skill-utilisation (Figure 25), it was found that while, 88.7% of administrative HCE said they were satisfied with their skill-utilisation, 84.4% of nursing HCE believed in the same line of thoughts. However, 11.3% of administrative HCE said they did not believe their skill-sets were properly utilised. The same stood true for 15.6% of nursing HCE. This is thus, evident, that there is a higher level of dissatisfaction among nursing HCE as compared to the administrative HCE. This may be linked to the lower level of satisfaction with empowerment given to nurses and, hence, the feeling of being recognised and appreciated less as compared to their colleagues and thus, lower level of satisfaction. While, this can be attributed to the nature of their work, it is the onus of a leader to identify such gaps and provide a solution to tap maximum output from his team, both for the benefit of the patient and the organisation.

Although, administrative professionals had a better satisfactory level than nursing HCEs, it cannot be ignored that the reasons for causing dissatisfaction among administrative personnel cannot be described as stressful nature of job, owing to the responsibility of patient's life. It is evident, that administrative personnel lack the feeling of being efficiently utilised, either due to lack of training given to them or due to lack of empowerment or organisational policies. However, it is to be kept in mind, that the need for professional growth and better work-profile and thus, better skill-utilisation comes from middle to upper hierarchical level. It can be very related to the healthcare administrative professionals are higher up the hierarchy, who, although they enjoy a certain level of power and freedom to make independent decisions, will definitely have to work within the organisational policies all the while, ensuring patient safety and welfare is not compromised. This can lead the HCE to face certain situations, where he feels he is

being under-utilised. Thus, evaluating the above parameters based on a multi-disciplinary hierarchical level is evident to correctly gauge the satisfaction level of HCEs.

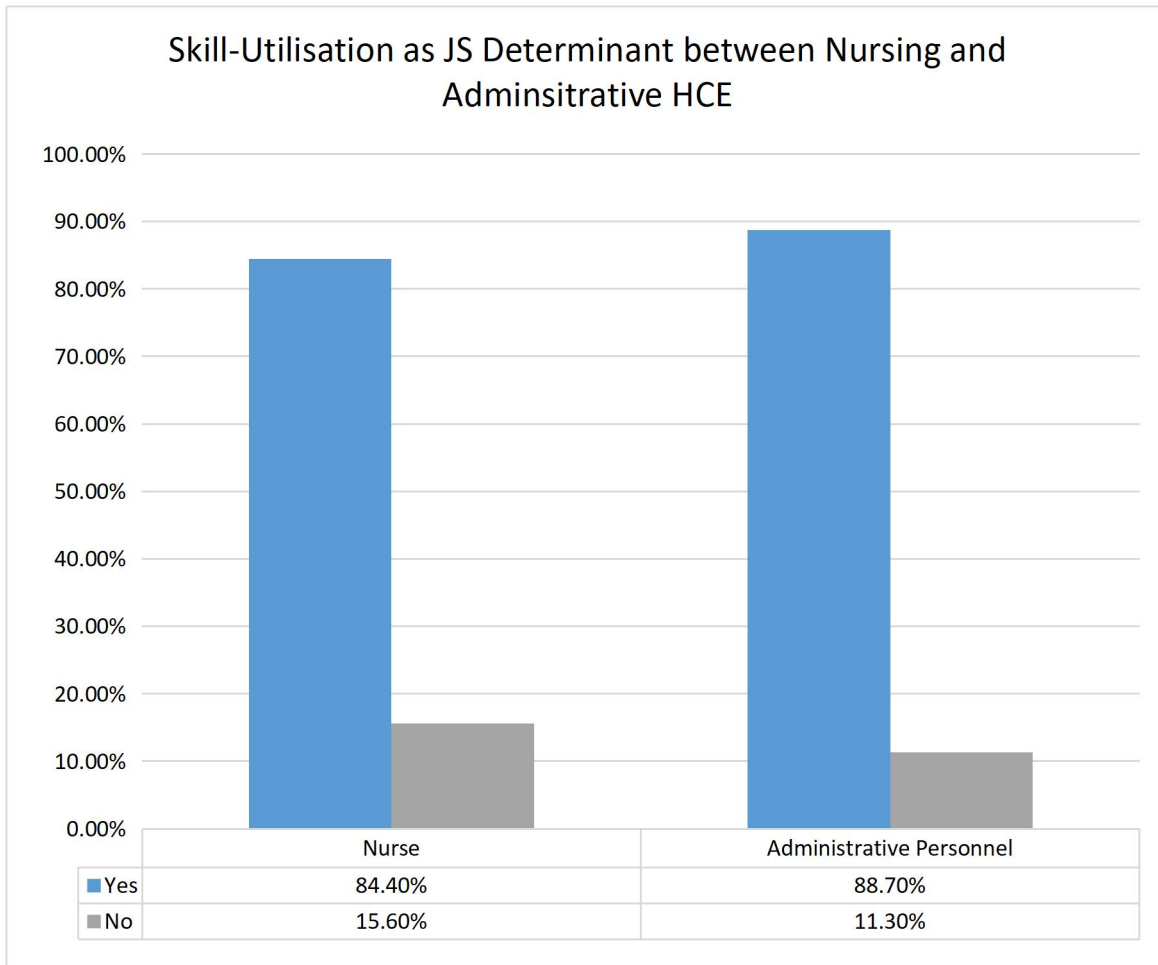


Figure 25 Skill-utilisation as JS determinant among Multi-disciplinary HCE

4.4.6 Open-door Policy

Being able to freely communicate and express one’s views is a necessity, especially in the workplace where, ideas should be appreciated to enhance the performance of the team. This stands especially true for healthcare organisations where employees do not only worry about their individual or a team’s performance but they also have to consider the patient welfare. Keeping this in mind, open-door policy was studied as a

parameter defining JS among HCEs. The study results show that, a majority of HCEs were satisfied with the communication they shared with their colleagues and supervisors. 17% of HCEs said they believed they shared excellent communication among their team members and with their hierarchy. While 35.8% of the respondent population felt they enjoyed a very good ‘open-door policy’, 34.6% believed they shared good communications with their colleagues and superiors. However, 5% of the respondent population believed they shared fair communication channels, while 3.1% of the respondents believed they suffered from poor communication channels with their team members or their seniors. The same has been represented in Figure 26.

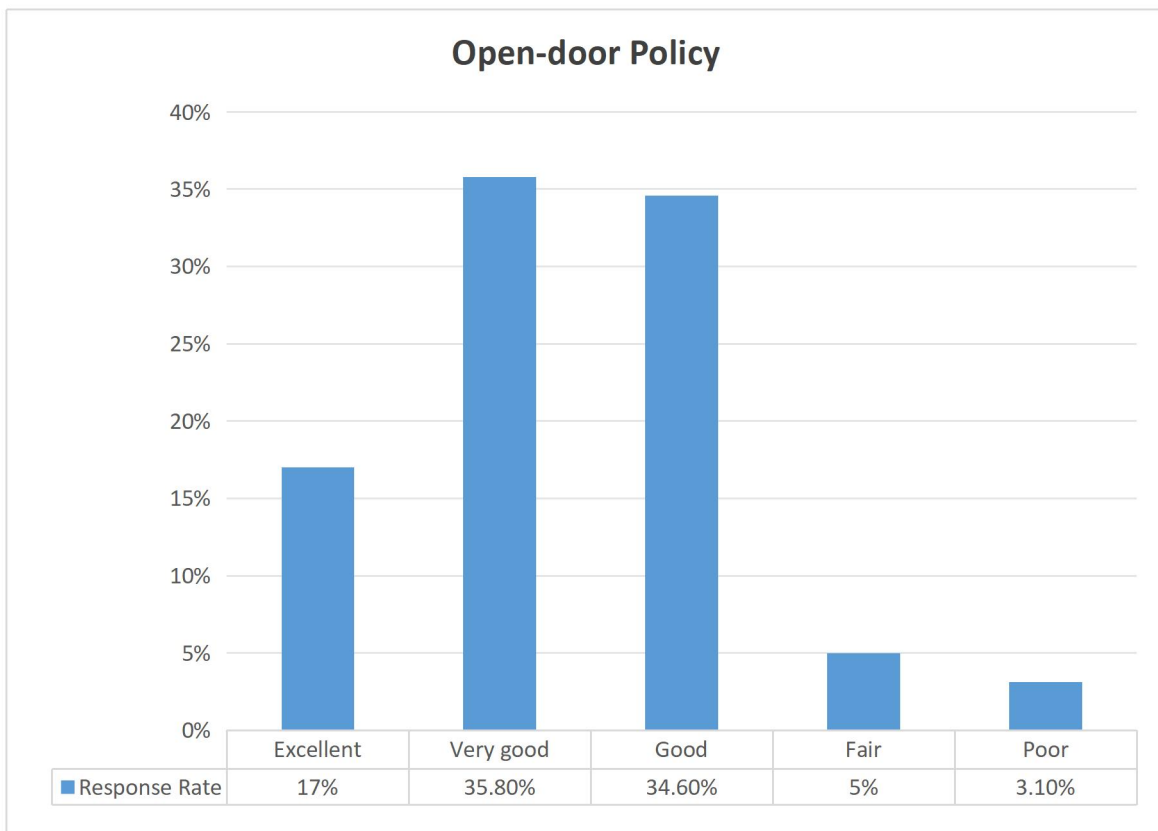


Figure 26 Chart representing open-door policy satisfaction distribution as JS determinant

While this is to be noted that at the senior hierarchy, an employee tends to be more empowered and, thus, feel better communication with his colleagues and hierarchy. An employee at a lower hierarchy often finds it difficult to approach his senior or vice-versa. It is the leader's responsibility to be easily accessible to his team members without making them feel 'left-out' and to ensure that every individual employee in the team shares good communication channel among themselves. However, an employee who does not feel empowered enough will also tend to find it difficult to approach his team members and the seniors. This will not only add to his frustration level but also low morale and dissatisfaction with his job. This can especially affect the nursing HCE who work under stressful conditions and are in more need of empowerment and to be let free to express themselves than any other class of HCEs. For this, the researcher analysed the open-door policy on multi-disciplinary HCEs.

On cross-tab evaluation between open-door policy as JS determinant and multi-disciplinary HCE (Figure 27), it was found that 28.3% of administrative personnel enjoyed an excellent open-door policy, only 12.5% of nursing HCEs believed the same. However, while, 28.3% of administrative professionals believed they enjoyed a very good communication channel between their team members and their seniors, a total respondent population of 42.75% of nursing HCEs believed in the same line of thought. Moreover, 39.6% of administrative HCEs said they enjoyed good communication between their colleagues and seniors while the same stood for 34.4% of nursing HCEs. On the other hand, 7.3% of nursing HCEs said they enjoyed fair communication channel between their team members and seniors. However, 3.8% of administrative HCEs said they shared poor communication channels with their team members and seniors, the same stood true for 3.10% of nursing HCEs. These results are a clear indicator of nursing HCE being at the receiving end of burn-out due to the nature of their job. As they believed they

could not reach out to their seniors or team members, it shows the lack of good leadership from their perspective and hence the lack of much required training and empowerment.

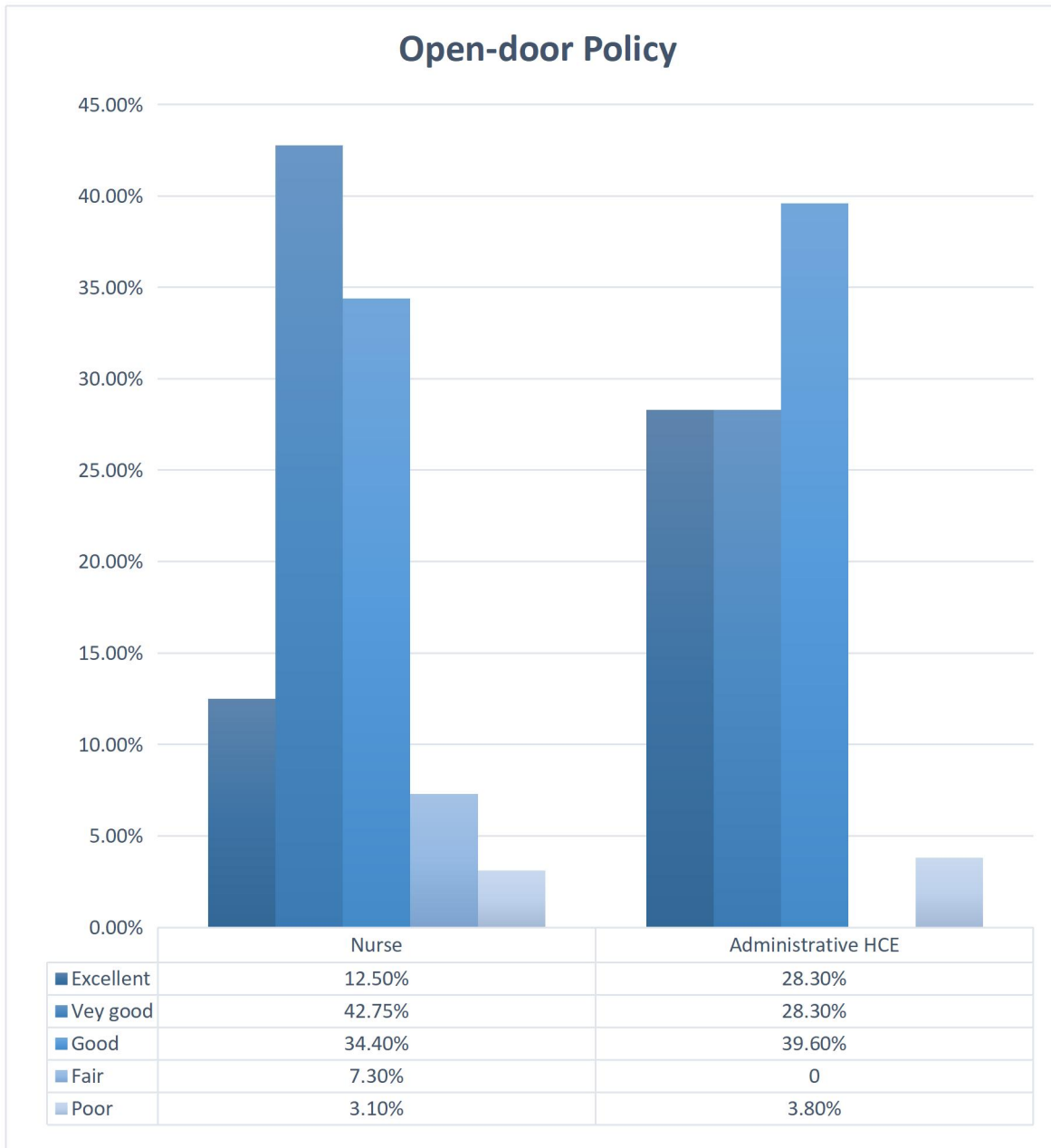


Figure 27 Graph representing open-door policy satisfaction distribution as JS determinant among multi-disciplinary HCE

4.4.7 Rewards and Recognition

Being appreciated and recognised is an important aspect of JS among employees. This especially stands true for HCEs, who do not seek recognition only from their organisation but also from their patients. In the current study, it was found that while 73% of the HCEs believed they were appreciated and recognised by their leaders and the organisation, 27% of the respondents disagreed with the same (Figure 28). To better understand the same, the researcher analysed the same aspect on a multi-disciplinary level.

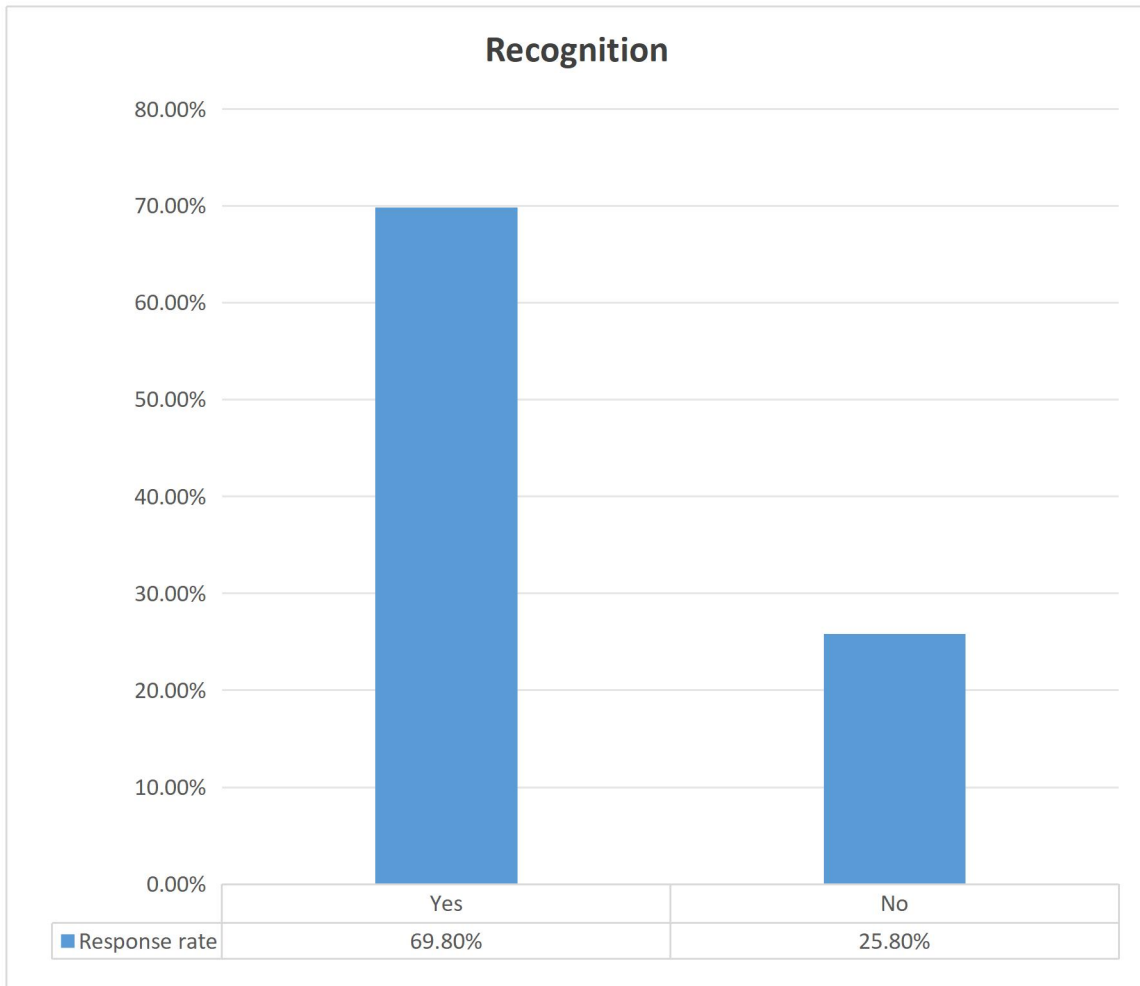


Figure 28 Chart representing rewards and recognition distribution as a JS determinant

On cross tab evaluation between rewards and recognition as JS determined and multi-dispansary HCEs (Figure 29), it was found that while, 76% of nurses believed they were recognised and appreciated by their leaders and the organisation, 24% of them did not agree with the same. However, among the administrative professionals, 67.9% of the respondent population believed they were appreciated and recognised, 32.1% of them disagreed with the same notion.

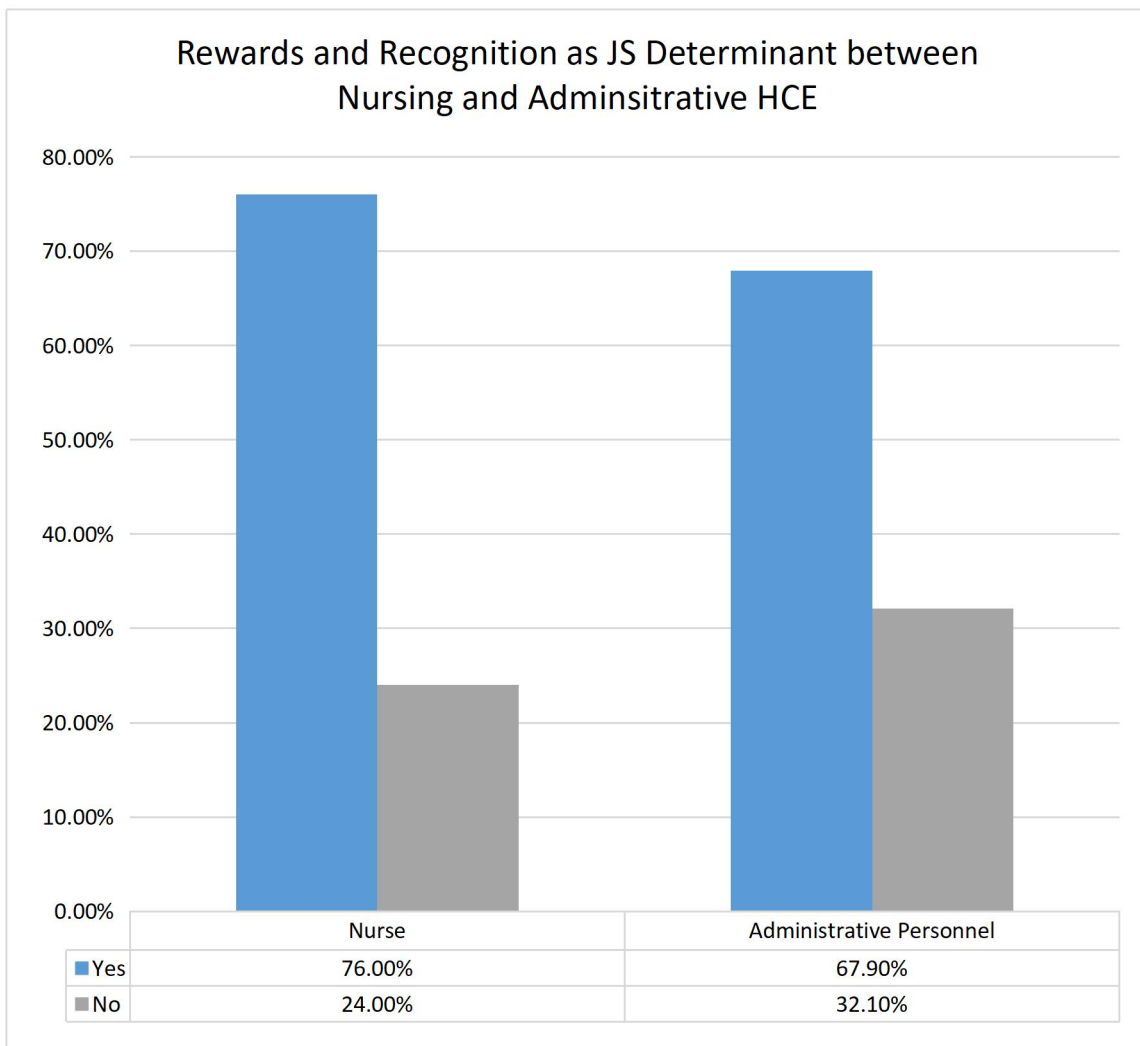


Figure 29 Chart representing rewards and recognition distribution as a JS determinant among multi-disciplinary HCEs

This can be attributed to the lack of appreciation and recognition by the leader at a lower hierarchical level due to a comparatively less output as compared to their team members, no matter the effort put in by the employee. Also, it can be due to lack of recognition by the management of the efforts put in by the higher up hierarchy for the decisions made and policies put into effort for the benefits of both the organisation and the patient. To understand this better, the researcher further analysed this aspect of JS at hierarchical level in the next section.

4.4.8 Burn-out

It is evident that the above discussed factors, if not, fulfilled upto the expectations of an employee can lead to burn-out among HCEs. The current study showed that there was a close line between the HCEs who felt they were stressed by their job profile, accounting to a total response rate of 51.6%, as compared to those who disagreed with the same, with a response rate of 46% (Figure 30), while, 4.4% of the respondents chose not to answer.

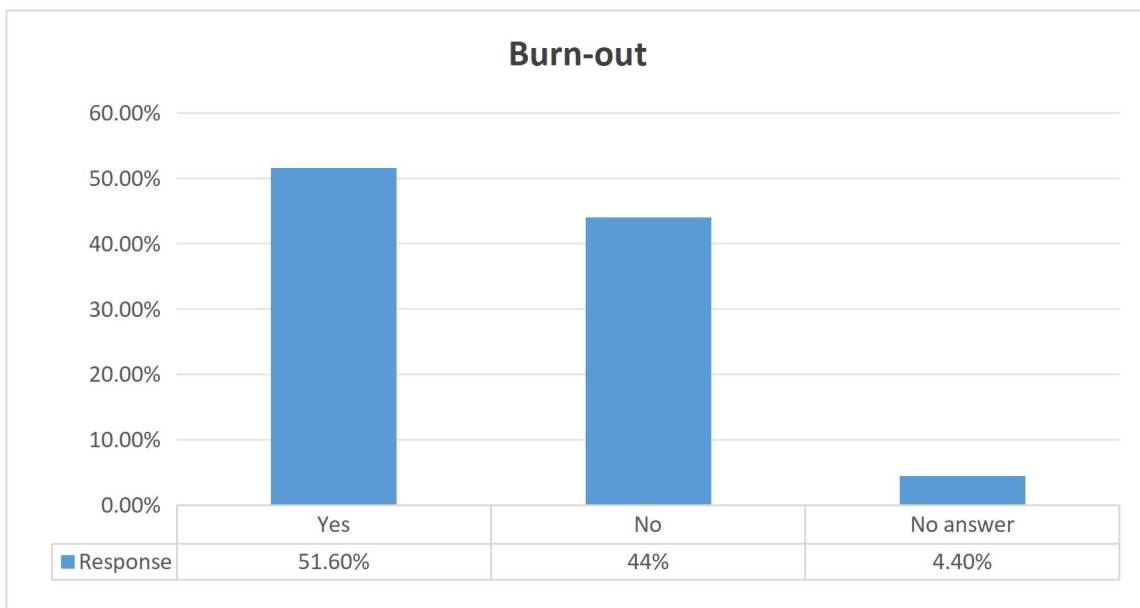


Figure 30 Burn-out representation among HCE

Further, on cross-tab evaluation to analyse the burn-out among multi-disciplinary HCE, it was found that while, 65.6% of nursing HCEs believed they felt burn-out with their job profile, it was true for only 32.1% of administrative professionals. On the other hand, while 34.4% of nursing HCEs believed they did not feel the burn-out of their job profile, 67.9% of the administrative staff believe in the same line of thoughts (Figure 31). There is a clear distinction between the two classes of HCEs with respect to the stress level faced in their respective job profile. While this can be attributed to the direct patient involvement and shift duties of the nursing HCEs, it cannot be ignored that good leadership can help curb the same feeling, and, thus, the need to analyse the same at a hierarchical level.

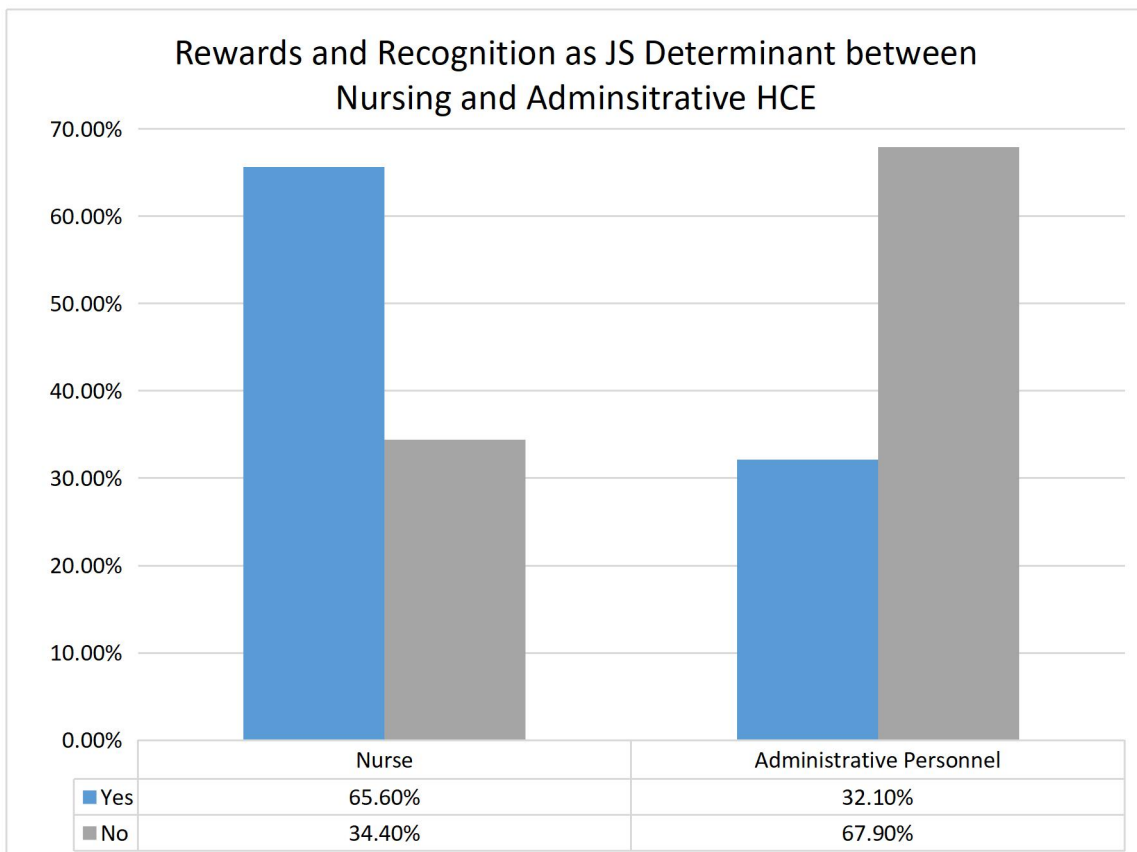


Figure 31 Burn-out representation among multi-disciplinary HCE

4.4.9 Organisation Recommendations as a Good Workplace

All the seven parameters discussed above determine the eligibility of an organisation's good workplace or not. The current study shows that while 20.1% of the respondents population believed they were very likely to recommend their current organisation as a good workplace, 62.3% of them believed they were likely to do the same. However, a total of 9.4% of the respondent population believed they were neither likely nor likely to recommend their current organisation as a good work place. On the other hand, 1.3% of the respondents said they were unlikely to do the same, while, 2.5% of the respondents said they were very unlikely to recommend the organisation as a good workplace (Figure 32).

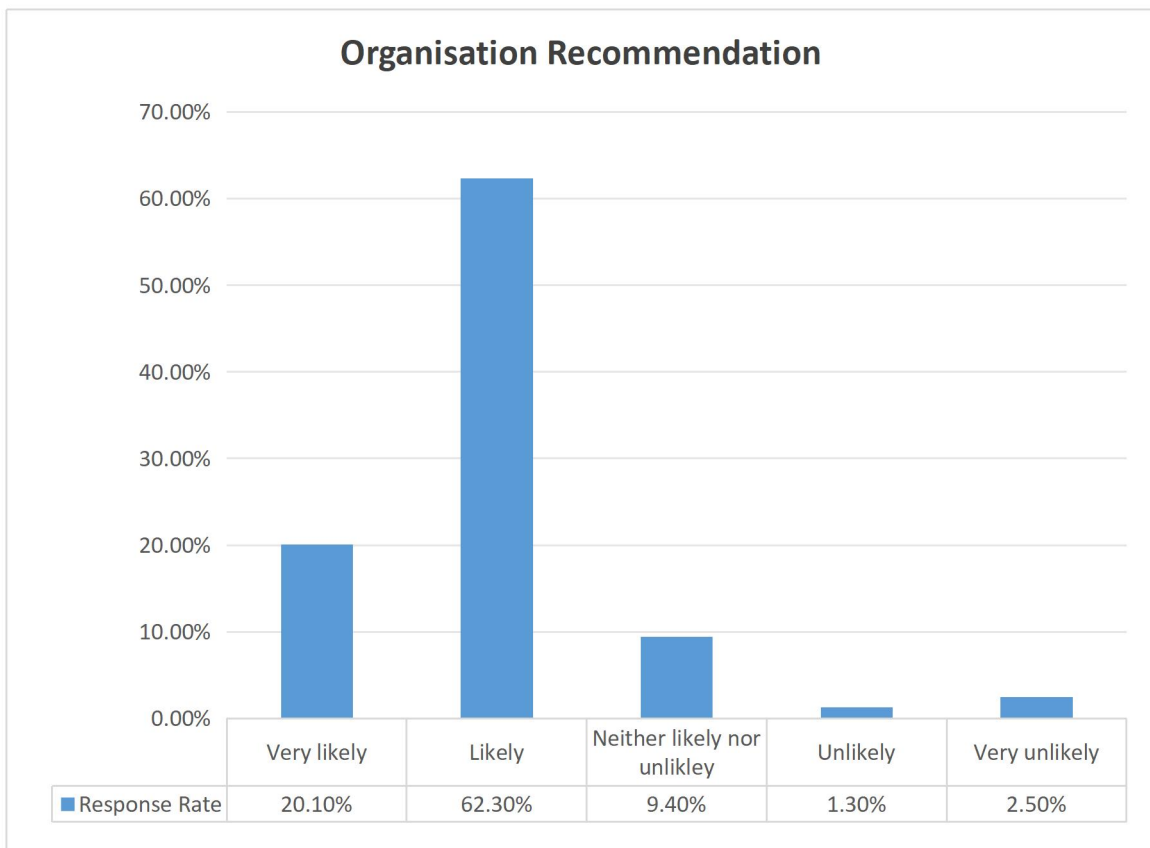


Figure 32 HCE recommendation for organisation as a good workplace

On cross tab evaluation, it was found that both 20.8% of nursing and administrative professionals believed they were very likely to recommend the organisation as a good workplace. While, 62.5% of nursing believed they were likely to recommend the organisation as a good workplace , the same stood true for 69.8% of administrative HCEs.

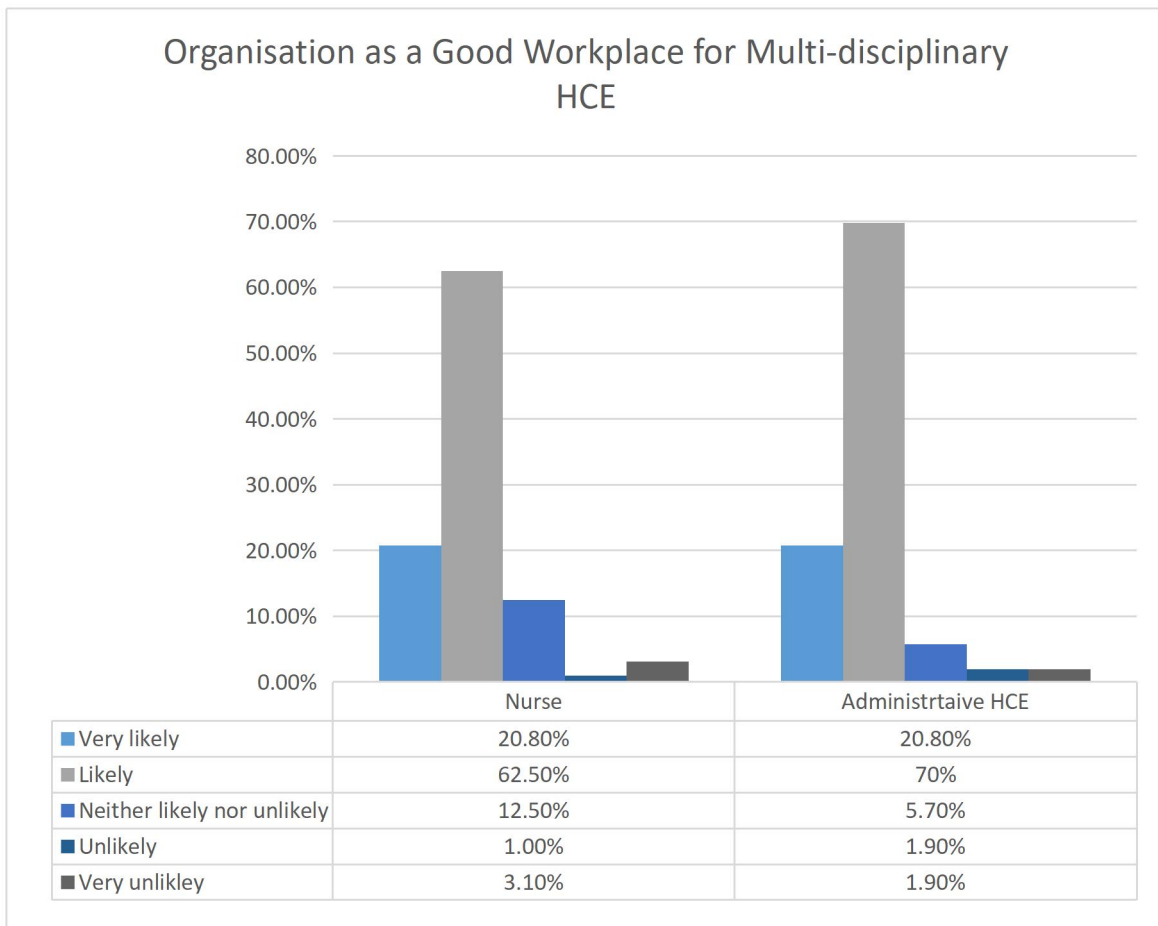


Figure 33 Organisation recommendation as a good workplace by multi-disciplinary HCEs

Furthermore, while, 12.5% of nursing HCEs said they were neither likely nor unlikely to recommend the current organisation to their social circle, only 5.7% of the administrative believed in the same line of thoughts. However, 1% of nursing HCE said

they were unlikely to recommend the organisation as a good workplace, against 1.9% of administrative respondents believed the same. Finally, while, 3.1% of nursing HCEs said they were very unlikely to recommend their current workplace as a good organisation to work in, 1.9% of administrative professionals believe in the same line of thought (Figure 33).

4.4.10 Steps to Improve Job Satisfaction

In order to enhance JS, it is not only necessary to identify the factors responsible for causing dissatisfaction among HCEs, it is also necessary to evaluate the steps that can enhance JS among them (Figure 34).

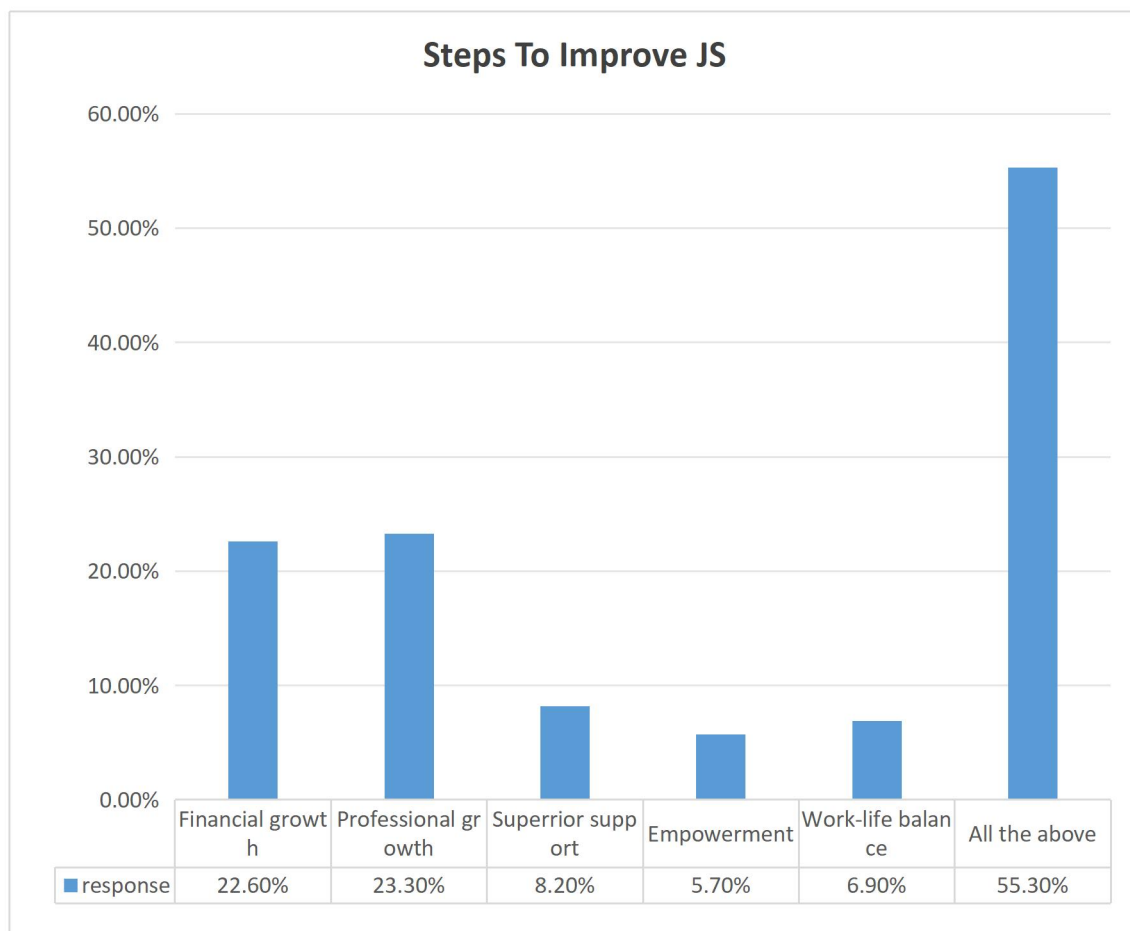


Figure 34 Chart representing measures to take to enhance JS among HCE

The current study shows that while 23.3% of the respondent population believed professional growth could enhance their JS, 22.6% of them believed financial growth mattered to them. However, superior support, work-life balance and empowerment followed the pursuit with a response rate of 8.2%, 6.9% and 5.7% respectively. However, a majority of the population believe that all the five parameters have equal importance to enhancing their JS with a total response rate of 55.3% (Figure 34).

Further, on cross tab evaluation among multi-disciplinary HCEs, it was found that among nursing HCEs, financial growth and professional growth were the defining elements to enhance their JS with a response rate of 20.9% and 20.2% respectively. Superior's support and recognition was important for 7% of the nursing respondents population. However, improved work-life balance and empowerment held importance for the nursing HCEs with a response rate of 6.2% and 5.4% respectively. 38% of the nursing HCEs believed that all the five parameters could enhance their JS. Among the administrative professionals, professional growth was more important with a response rate of 15.9% as compared to financial growth with a response rate of 13%. while for the 5.8% of the administrative HCEs superior's support and recognition was responsible for determining their JS, improved work-life balance and empowerment held importance for 4.3% and 2.9% of the respondent population respectively. However, 55.1% of the administrative professionals believed that all the five parameters could enhance their JS (Figure 35). Besides this, the respondents also suggested increasing the man-power, improving their financial and non-financial benefits and implementing other methods of appreciation for the employees. Good behaviour was also a suggestion among the others. This analysis indicates the need to revise the appreciation and recognition policy used by the organisation along with the ways to decrease burn-out, either by overcoming the man-power shortage or implementing strategies for efficient use of man-power.

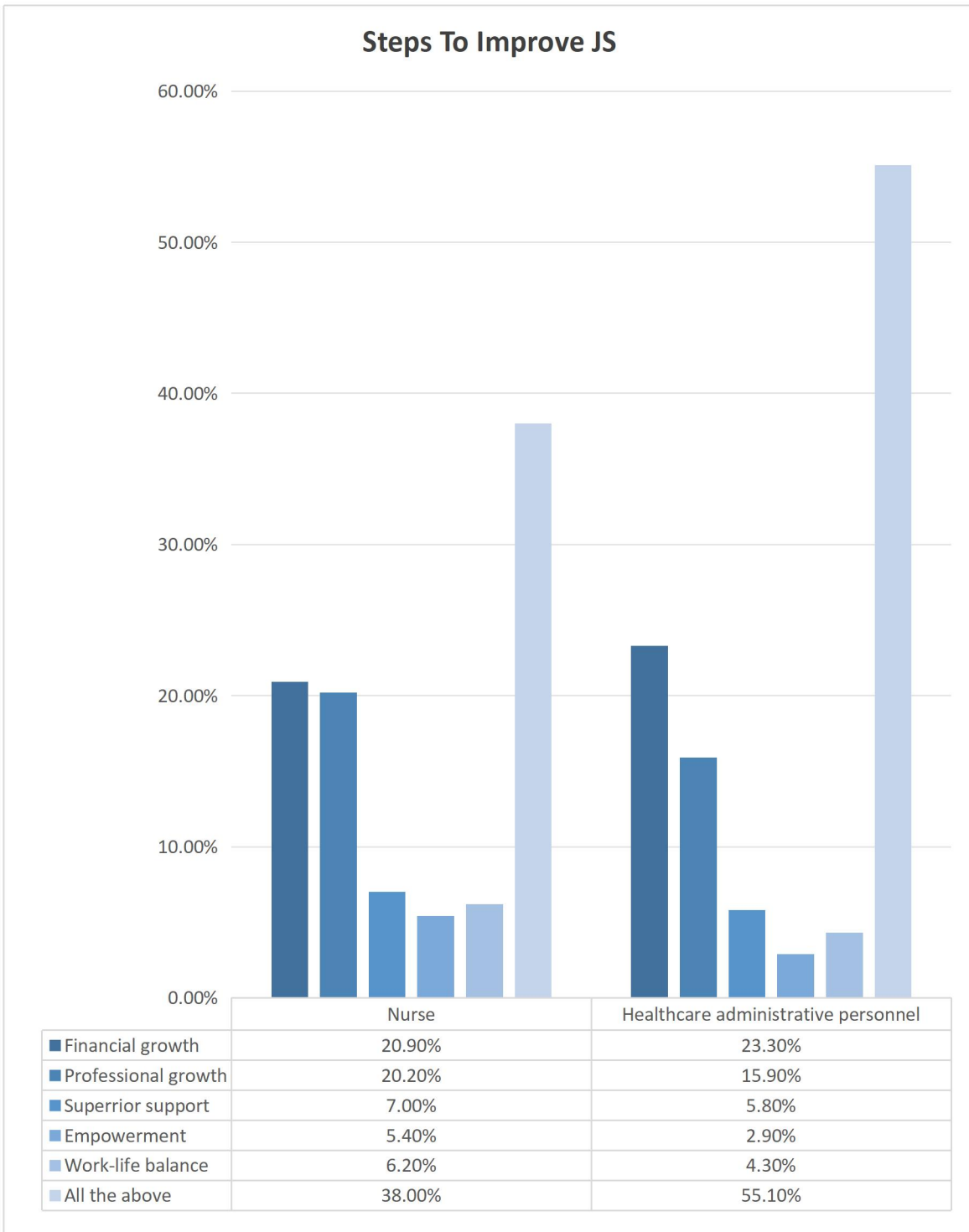


Figure 35 Chart representing measures to take to enhance JS among multi-disciplinary HCE

In order to understand the factors affecting JS among multi-disciplinary HCEs, it is necessary to analyse the same at a hierarchical level. The next section discusses the same.

4.5 Research Question Two: How is Job Satisfaction Perceived at Different Hierarchy Levels within the Same and Among Different Classes of HCEs?

The seven parameters, namely, pay benefits, leave benefits, empowerment, skill-utilisation, open-door policy, rewards and recognition and burn-out were analysed at the hierarchical level among multi-disciplinary HCEs to better understand the factors affecting their JS.

4.5.1 Pay Benefits

While, a majority of both nursing and administrative HCE were satisfied with their pay benefits, it is necessary to analyse it at a hierarchical level. On cross-tab evaluation, it was found that while 37.3% of the nursing staff and team leaders were satisfied with their pay benefits, 32.5% said they were not satisfied with the same. However, a total of 21.7% of the nursing respondent population said they were somewhat satisfied with their financial benefits, while 7.2% of them believed they were extremely satisfied and only 1.2% of the respondents said they were very satisfied with their remuneration scale. This was highly in contrast to administrative executives and senior executive hierarchy where, a majority of them believed they were satisfied with their pay benefits accounting to a total response rate of 52.8% while, 25% believed they were somewhat satisfied. However, 13.9% of the respondents of this hierarchy believed they were not satisfied with their pay scale. While, 5.6% of the respondents said they were extremely satisfied and 2.8% of them said they were very satisfied with their remuneration scale. Among the nursing hierarchy belonging to in-charge and supervisor level, 54.5% of the respondents believed they were satisfied with their pay scale, while

27.3% of them said they were not satisfied with the same. However, 9.1% of the respondents believed they were extremely satisfied while 9.1% of them said they were somewhat satisfied with their pay benefits.

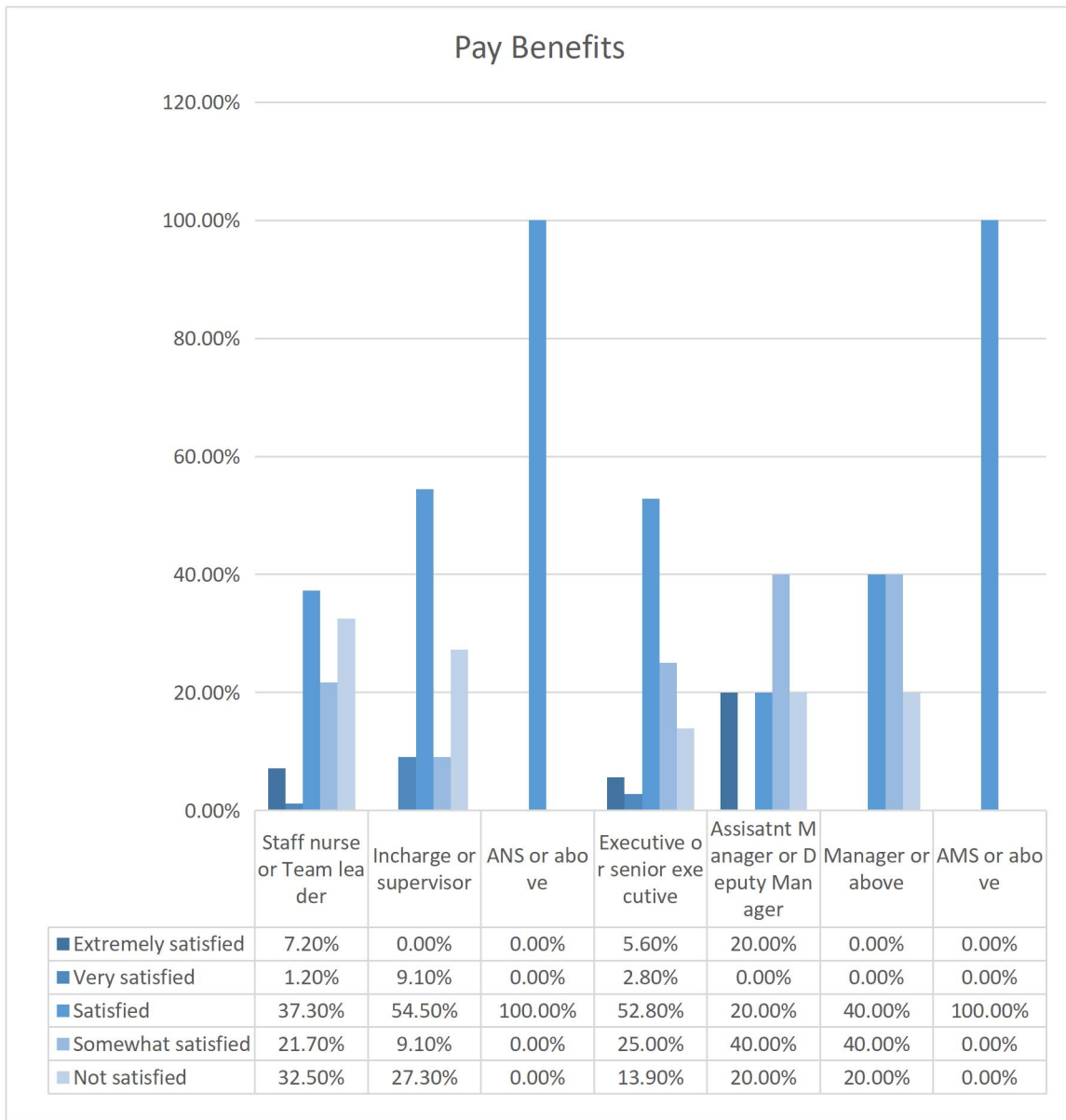


Figure 36 Graph representing pay benefits as a factor affecting JS among HCE at hierarchical levels

Among the administrative hierarchy belonging to assistant and deputy manager or manager and above level, while, 20% of assistant and deputy managers felt they were extremely satisfied with their pay benefits, 20% of them believed to be satisfied, against a total of 40% of manager and above respondent population saying they were satisfied with their pay scale. 40% of the respondents belonging to this hierarchy said they were somewhat satisfied with their pay benefits. However, 20% of them believed they were not satisfied. Among the nursing ANS and above hierarchy, there was a 100% satisfaction rate similar to AMS and above level with the same response rate (Figure 36). This analysis, shows that at the higher and middle level hierarchy, employees tend to be more satisfied with their pay benefits while, at the lower hierarchy, financial benefits matter more. This can be attributed to the professional growth achieved with experience, which motivates an employee more than financial factors alone.

4.5.2 Leave Benefits

As discussed earlier in the previous section, nursing HCEs were more unlikely to be satisfied by leave benefits as compared to administrative professionals. In order to understand this better, the current study evaluated the same at multi-disciplinary hierarchical level. The results of the current study show that, at the lower hierarchical level among nursing and administrative HCEs, , 12% of nursing staff and team leaders were very likely to get leave benefits, 18.2% of the executives and senior executives could avail the same. Furthermore, 55.4% of the nursing HCEs in this hierarchy believed they were likely to get leave benefits as per their needs, while 61.1% of executives and senior executives believed in the same line of thought. While, 21.7% of the nursing staff and team leaders said they were neither likely not unlikely to avail leave benefits, the same stood true for 13.9% of executives and senior executives. However, against a 7.2% of nursing staff and team leaders, 5.6% of the executives and senior executives believed

they were unlikely to avail leave benefits. Finally, 3.6% if the nursing staff in the above mentioned hierarchy believed they were very unlikely to avail benefits, while 2.8% if the executives and senior executives believed the same. At the middle level hierarchy, respondents, comprised of nursing in-charges and supervisors and assistant or deputy and managers and above level, while, 54.5% of nursing HCEs believed they were likely to avail leave benefits, 60% of the assistant or deputy managers and 90% of the managers and above believed they were likely to avail leave benefits as per their needs.

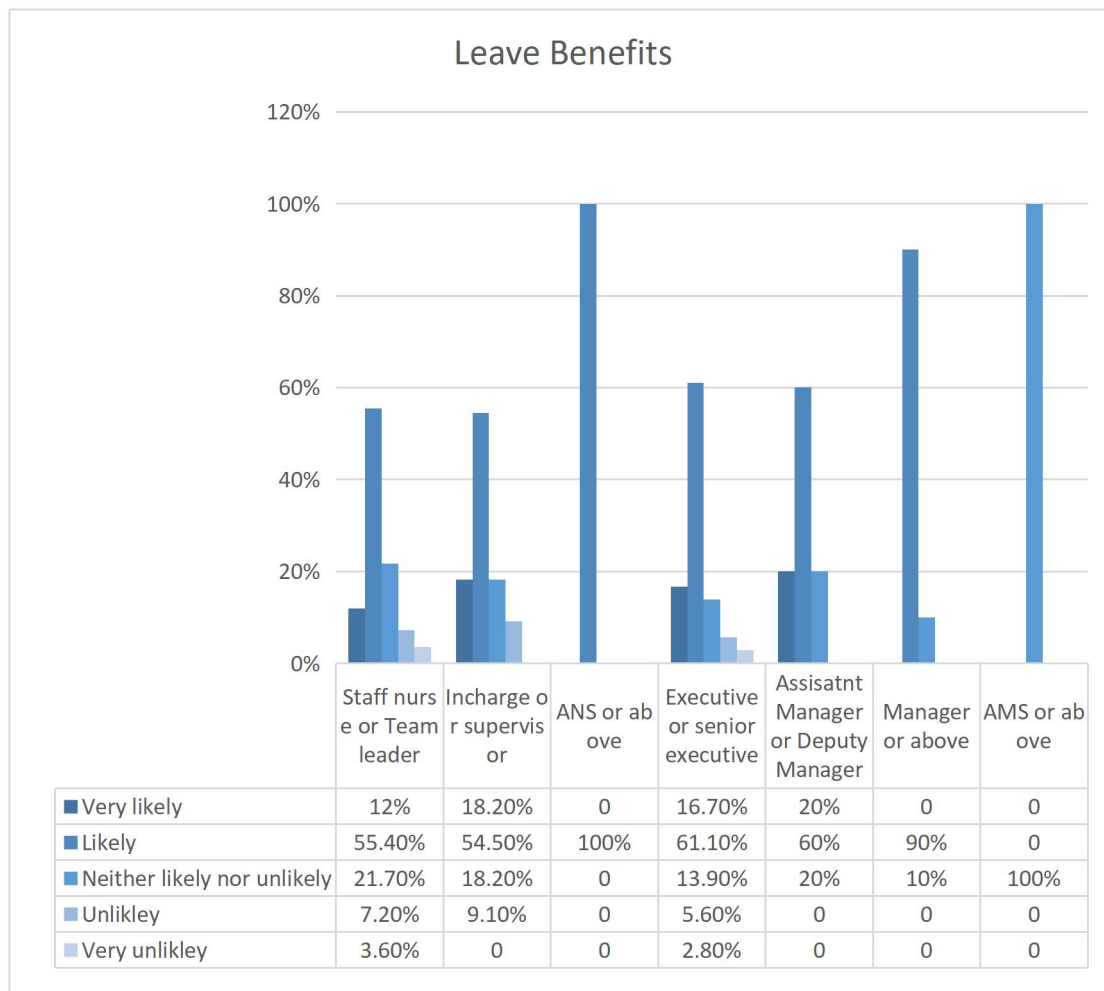


Figure 37 Graph representing leave benefits as a factor affecting JS among HCE at hierarchical levels

However, 9.1% of nursing in-charge and supervisors said they were unlikely to avail leave benefits as per their requirements, the administrative HCEs disagreed with the same. Among the upper hierarchical staff belonging to ANS and above level among nursing HCEs, 100% of them believed they were likely to avail leave benefits as per their needs, while, AMS and above hierarchy belonging to administrative HCEs said they were neither likely nor unlikely to avail leave benefits as per their need with a response rate of 100% (Figure 37). This analysis shows that while the lower hierarchy can face some difficulty availing leave benefits as compared to the middle level hierarchy, the nursing senior hierarchy can avail the same benefits easily, while the same remains a question for the administrative professionals. The same can be attributed to the burden of the entire organisation on the shoulders of administrative professionals of senior hierarchies, including that for nursing HCEs.

4.5.3 Empowerment

While the previous section established that the nursing HCEs felt less empowered as compared to the administrative professionals, it was necessary to determine the same at a multi-disciplinary hierarchical level. The current study shows that, lower hierarchy belonging to nursing staff and team leaders were satisfied with the empowerment given to them with a response rate of 54.2%, executives and senior executives belonging to the administrative HCEs, were satisfied with the same with a response rate of 52.8%. While, 6% of nursing staff and team leaders were extremely satisfied with their empowerment level, 16.9% of them said they were very satisfied with the same. However, for executives and senior executives, 11.1% of the respondents believed they were extremely satisfied, while 25% of them believed they were very satisfied with the level of empowerment given to them. Furthermore, 8.4% of the nursing staff and team leaders said they were not satisfied with the level of empowerment they were given while, the

same was true for 5.6% of executives and senior executives. While at the middle hierarchical level among the nursing HCEs comprising of the in-charges and the supervisors, only 45.5% believed they enjoyed enough empowerment, the same was true for 80% of assistant or deputy manager and for 70% of manager and above hierarchy among administrative HCEs. While, 36.4% of the nursing in-charge said they were very satisfied with their empowerment and 18.2% believed they were not satisfied. Among the assistant and deputy managers, 20% said they were extremely satisfied with the empowerment they enjoyed, while 20% of managers said they were very satisfied with their empowerment level. Similarly, among the senior hierarchy belonging to ANS and above among nursing HCEs, while 66.7% were very satisfied and 33.3% were satisfied with their empowerment level. For AMS and above hierarchy, 100% believed they were very satisfied with the empowerment given to them. Figure 38 represents the graph depicting the same analysis.

This can be viewed as a very debatable evaluation. While, a certain hierarchy offers an employee with freedom to make independent decisions, the employee will still be bound by the organisational policies and, in a healthcare setup, such employee will also consider the patient's welfare while taking any decision. Thus, empowerment is a very tricky concept for employees in the upper hierarchy. However, employees at the middle hierarchy often enjoy enough empowerment and freedom from their supervisors and they get the benefit of looking upto their seniors to support them in taking major decisions. Thus, empowerment may feel different and better for middle level hierarchy. On the same note, while junior hierarchy may be inexperienced both with the demands of their jobs as well as the organisational policies, yet they are constantly supervised and motivated by their leaders, thus, defining empowerment all together on a different note for them.

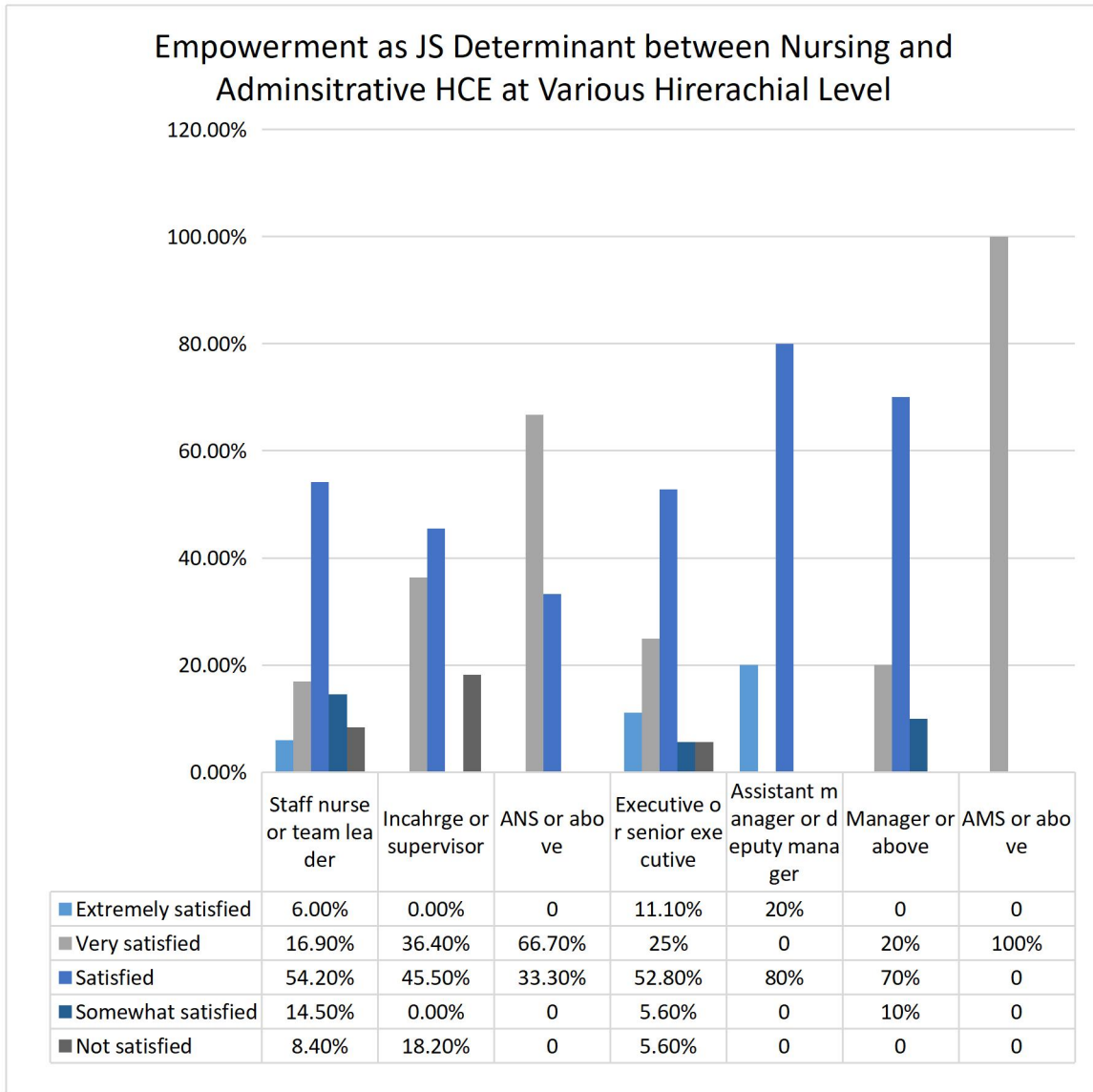


Figure 38 Empowerment satisfaction among HCE at various hierarchical levels.

4.5.4 Skill Utilisation

Although, the satisfaction level with skill utilisation was almost similar among both the classes of HCEs, it is evident that the same should be analysed at a multi-disciplinary hierarchical level to overcome any gap. The present study shows that, while, 84.3% of nursing staff and team leaders believed their skills were properly utilised,

88.9% of executives and senior executives believed in the same line of thoughts. Furthermore, 81.8% of the nursing in-charge and supervisors believed their skills were utilised to the maximum, while, 100% of assistant or deputy managers and 90% of managers and above believed the same. However, while 100% of the ANS and above level hierarchy believed their skills were utilised properly, 100% of the AMS and above hierarchy believed their skills were not used efficiently (Figure 39).

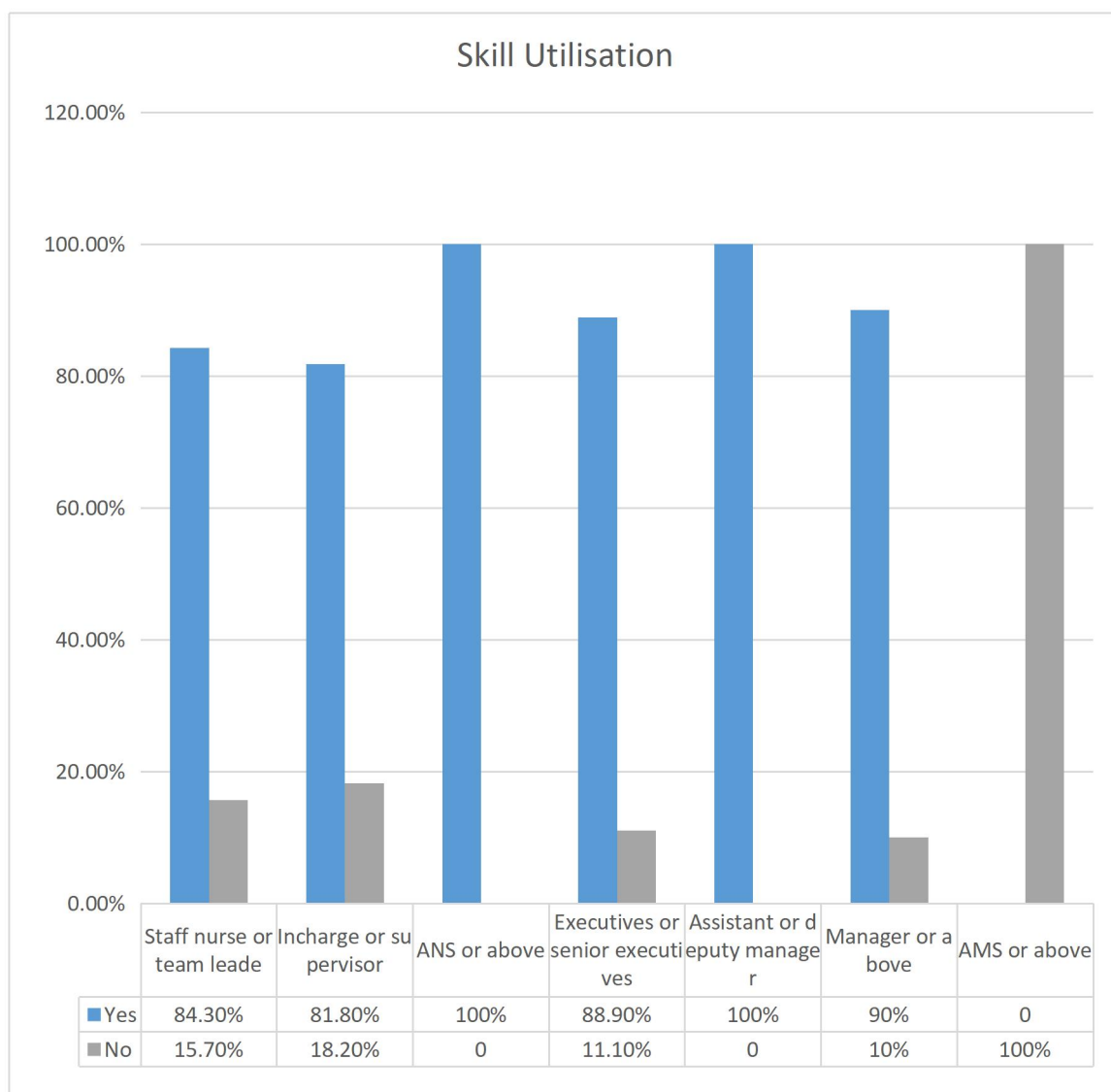


Figure 39 Skill utilisation as JS determinant at hierarchical levels

This analysis shows the lack of utilisation of the skill-set, especially in senior hierarchy among the administrative HCEs. Although, this can be attributed to the more aspiring nature of the administrative HCEs. While the dissatisfaction among lower hierarchical level can be attributed to the lack of training given to them or lack of recognition of their skill-sets by the leader.

4.5.5 Open-door Policy

As discussed in the previous section, while both the classes of HCEs enjoyed fairly equal satisfaction level with the open-door policy, dissatisfaction among the nursing HCEs was a bit on the higher side as compared to the administrative professionals. On cross tab evaluation, it was found that, at lower hierarchical levels, satisfaction levels were almost similar with nursing staff and team leaders responding to a good satisfaction level with a response rate of 37.3% and executives and senior executives believed good satisfaction with the communication channels with a response rate of 36.1%. While, 41% of the nursing staff and team leaders believed they shared very good communication with their senior sand among their team members, 27.8% of the executives and senior executives believed the same. However, only 10.85% of nursing staff and team leaders believe they enjoyed excellent communication, 30.6% of executives and senior executives believed the same. While, 3.6% of nursing staff and team leaders believed they shared poor communication channels with their team members or their seniors, it was true for 5.6% of executives and senior executives. The middle level hierarchy comprising of nursing in-charges and supervisors believed they enjoyed very good communication among themselves and their seniors with a response rate of 45.5% and 40% of managers and above hierarchy believed the same among administrative HCEs. While only, 27.3% of nursing in-charge and supervisors said they enjoyed excellent communication with their colleagues and seniors, the same was true for

80% of the assistant managers or deputy managers. However, 9.1% of nursing in-charge and supervisors said they enjoyed fair communication between their team members and seniors while the administrative HCEs at a similar hierarchy differed. While nursing ANS and above hierarchy said they shared very good communication with their team members and seniors, with a response rate of 100%. among, administrative hierarchy at AMS and above level felt they enjoyed good communication with a response rate of 100% (Figure 40).

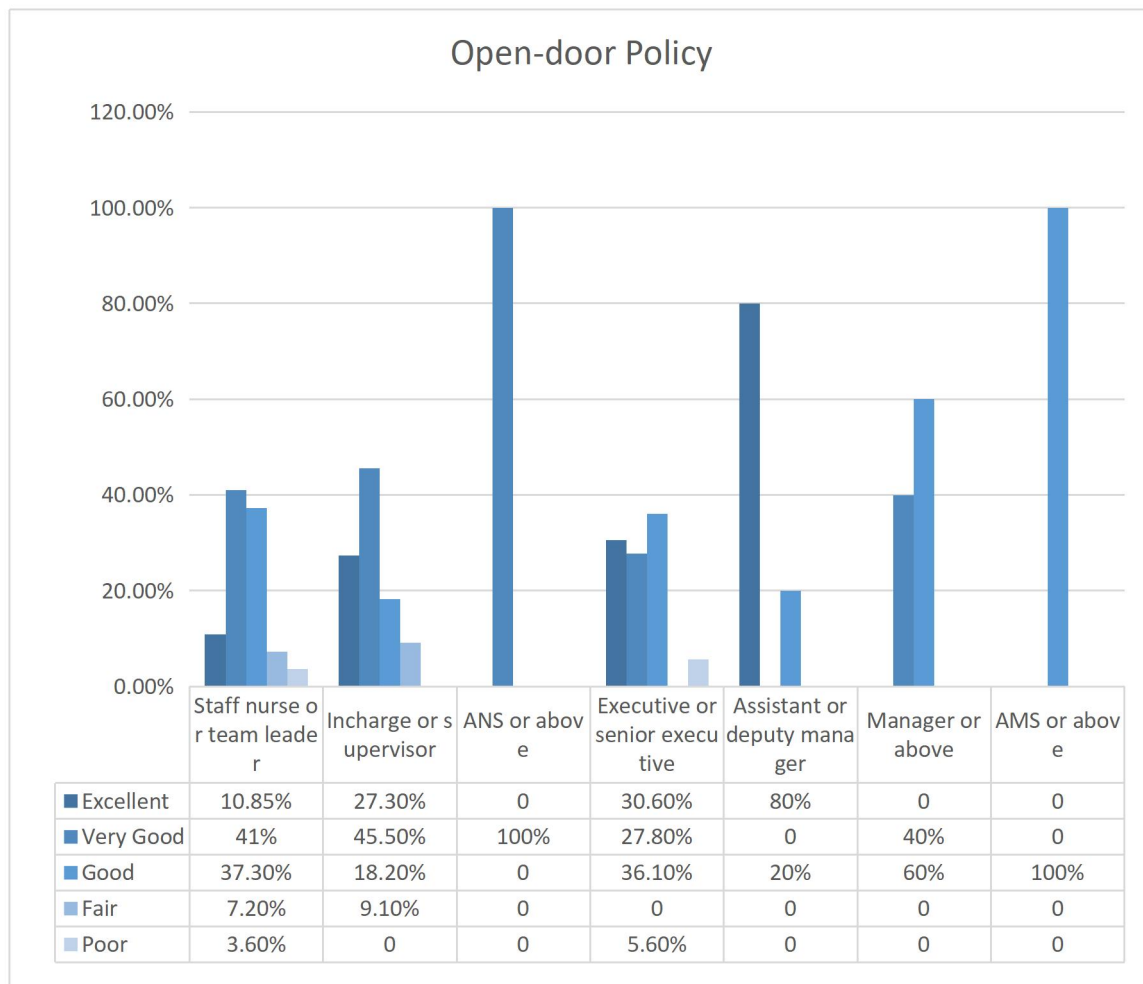


Figure 40 Graph representing open-door policy satisfaction distribution as JS determinant among HCE at hierarchical levels.

This analysis shows that while for nursing HCEs, open-door policy satisfaction increases with the rise in hierarchy, the same is not true for the administrative HCEs. This can be attributed to the difficulty in reaching out to the management of the organisation at senior hierarchies among the administrative professionals.

4.5.6 Rewards and Recognition

Appreciation and acknowledgment are yet another major aspects for determining JS. On cross tab evaluation among multi-disciplinary HCEs, it was found that, while 75.9% of nursing staff and team leaders believed they were recognised, 63.9% of the executives or senior executives believed the same. Furthermore, while, 72.7% of nursing in-charges believed they were recognised and appreciated, 100% of assistant or deputy managers believed the same, while only, 70% of managers and above hierarchy believed in the same line of thought. While, 100% of the ANS and above hierarchy felt they were recognised, 100% of the AMS and above hierarchy felt they were not appreciated for their efforts. Figure 41 represents the graph depicting the above analysis.

This analysis shows that among administrative professionals at senior hierarchy dissatisfaction levels increases owing to lack of communication, skill-utilisation and recognition by the management. At senior level, administrative professionals are responsible for the burden of the entire healthcare setup, including both the clinical and non-clinical side of it. Although, they may not be involved with patient care yet, their role in implanting policies for the benefits of both the employees and the patients cannot be ignored. Hence, it is easier for the senior administrative hierarchy to succumb to dissatisfaction owing to lack of recognition. In the present study, the same does not stand true for the nursing hierarchy as they eventually look up to these administrative senior hierarchies who are already dealing with the dissatisfaction with respect to ease of

communication, skill utilisation or recognition, can identify the gaps and thus ensure the same is not affecting the nursing hierarchy.

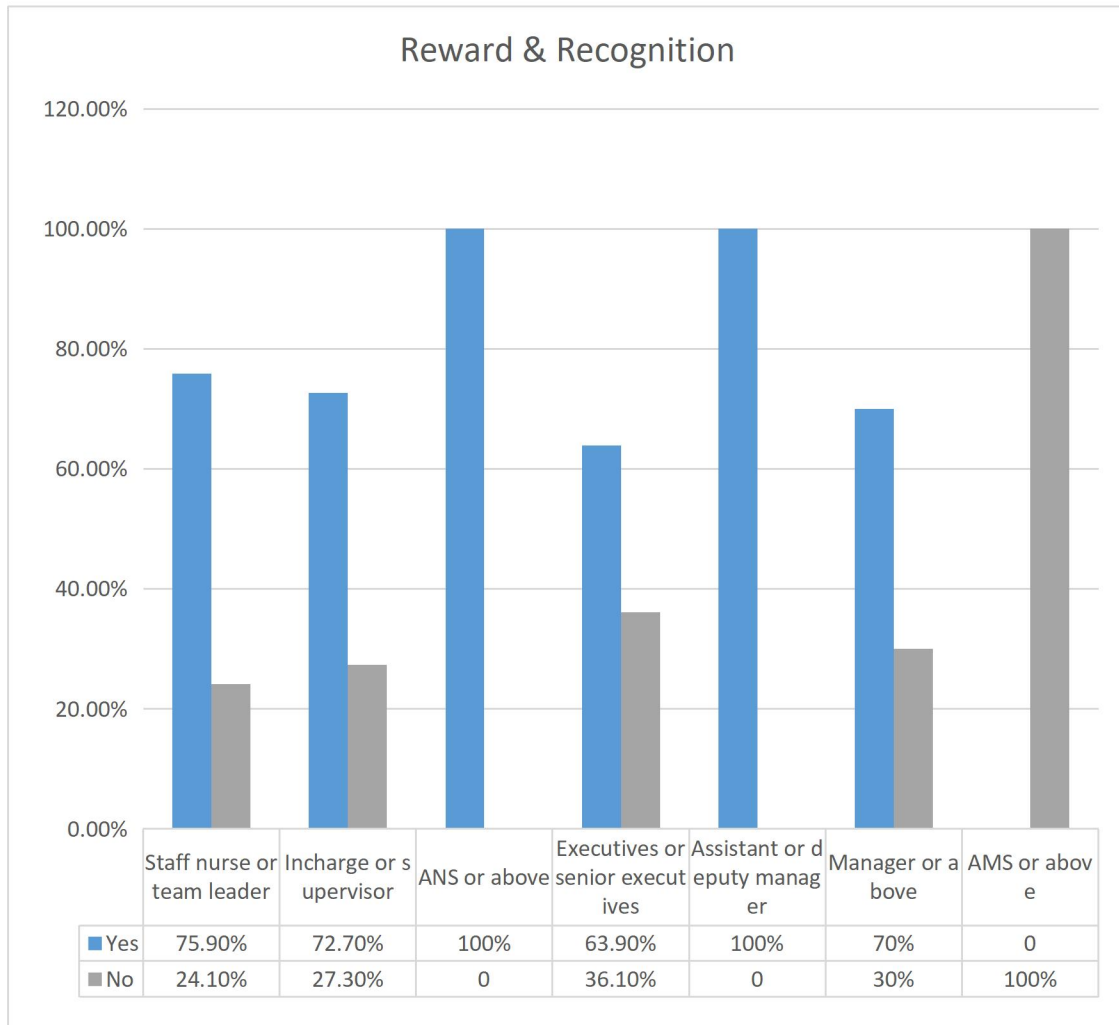


Figure 41 Reward and recognition distribution as determinants of JS among HCEs at different hierarchical levels

4.5.7 Burn-out

It is indisputable that the stressful nature of the job for nursing HCEs leads to more burn-out among them as compared to the administrative HCEs. However, the researcher tried to analyse the burn-out at a hierarchical level to better understand the

same. In the present study, on cross tab evaluation, it was found that while 67.5% of nursing staff and team leaders believed they felt their job profiles lead to their burn-out, only 33.3% of executives or senior executives believed in the same line of thought. Furthermore, while, 45.5% of nursing in-charge felt they felt mental or physical burn-out owing to the nature of their job, 40% of managers and above hierarchy felt the same. However, while, 100% of the ANS and above hierarchy felt they felt their job stressed them out, 100% of the AMS and above hierarchy disagreed with the same (Figure 42).

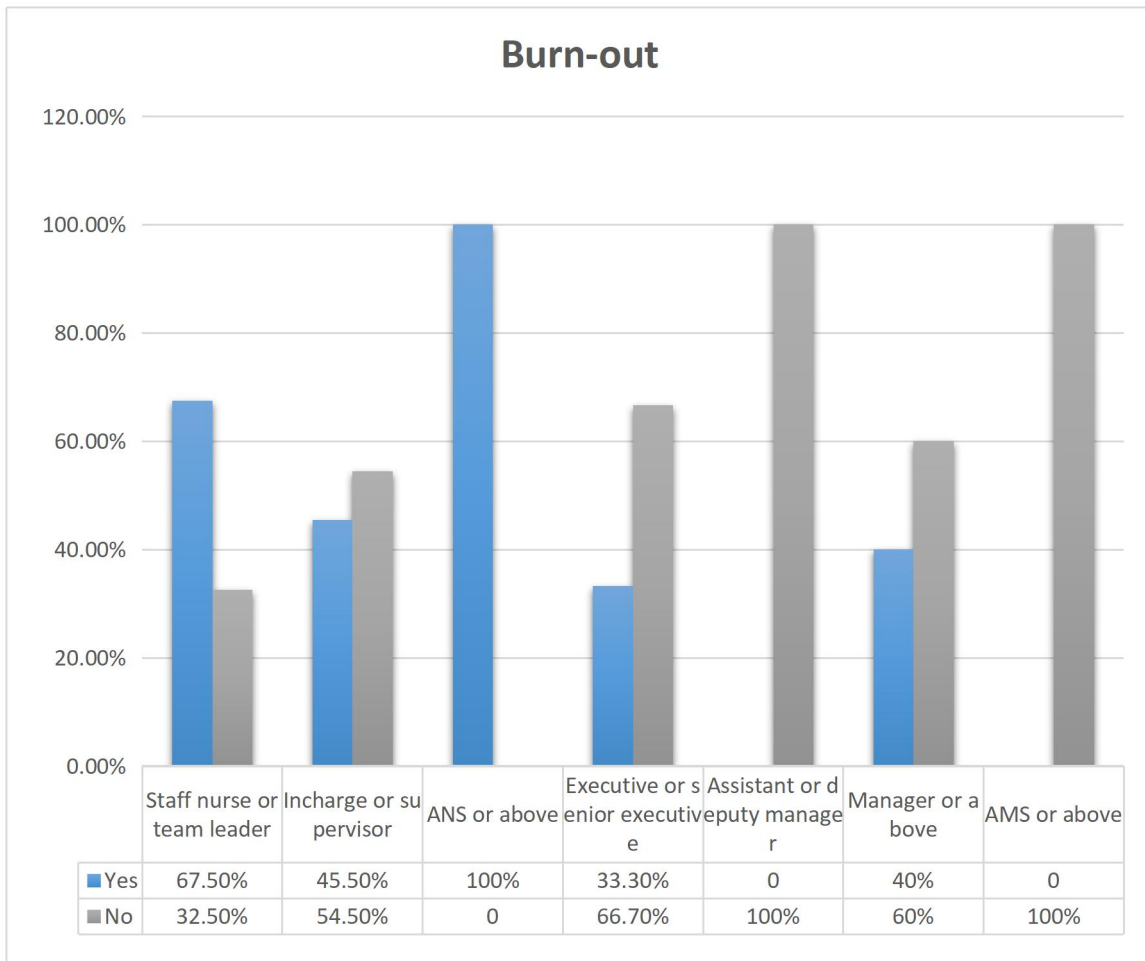


Figure 42 Graph representing burn-out as a JS determinant among HCE at hierarchical levels

The same can be attributed to the level of patient-interaction nursing HCEs face as well as the stress conditions where they are expected to make vital calls regarding their patients. Not to mention, shift duties and extended work-hours also add to their mental or physical burn-out.

4.5.8 Organisation as a Good Workplace

While the HCEs of the current organisation believed they were happy with their workplace, it is necessary to understand the perception at hierarchical level. On cross tab evaluation it was found that while, 20.5% of nursing staff and team leaders believed they were very likely to recommend their current organisation as a good work place, 16.7% of the executives and senior executives believed in the same line of thought. While 62.7% of nursing staff and team leaders felt they were likely to agree with the organisation being a good workplace, the same was true for 72.2% of executives and senior executives. However, while 3.6% of the nursing staff and team leaders believed it was very unlikely for them to recommend the organisation as a good work place, 2.8% of executives and senior executives believed the same. Furthermore, while 18.2% of nursing in-charge and supervisors believed that they were very likely to recommend the organisation was a good workplace, 60% of assistants or deputy managers and 20% of managers and above believed the same. While, 63.6% of nursing in-charge and supervisors thought they were likely to recommend the organisation as a good working-place, 40% of assistant or deputy managers and 70% of managers and above hierarchy believed they were likely to recommend the organisation as a good workplace. While, 33.3% of the ANS and above believed they were very likely to recommend the organisation as a good work place. 66.7% of them were likely to recommend the same, against a 100% of AMS and above respondents who believed they were likely to recommend the organisation as a good work place. Figure 43 represents the graph depicting the above analysis.

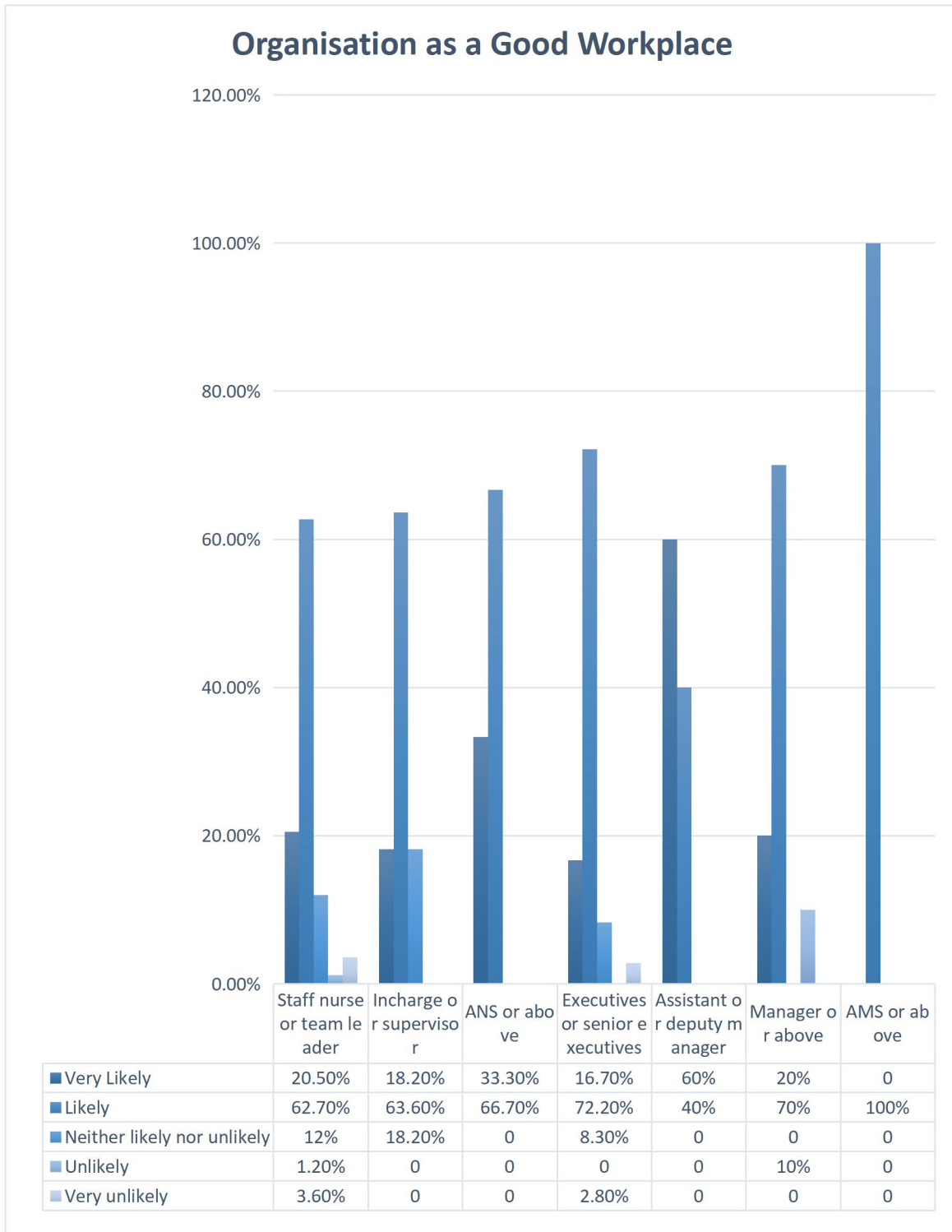


Figure 43 Organisation recommendation as a good place of work by HCE at hierarchical levels

4.5.9 Steps to Improve Job Satisfaction

As discussed in the previous section, financial growth remained the highest response as a factor to enhance JS among multi-disciplinary HCEs, followed by professional growth opportunities. It is necessary to analyse the same at a multi-disciplinary hierarchical level. On cross tab evaluation it was found that, while for nursing staff and team leaders, financial growth held importance with a response rate of 22.6%, followed shortly by professional growth with a response rate of 21.7%, for administrative executives and senior executives, financial growth was second to professional growth with a response rate of 12.5% and 18.8%, respectively. While superior support and work-life balance, both rated at 7% for nursing staff and team leaders, it generated a response rate of 8.3% and 2.1% respectively among the administrative executives and senior executives. However, for 6.1% of nursing staff and team leaders said empowerment mattered, while the same was true for only 2.1% of executives and senior executive hierarchy. Furthermore, 33% of nursing staff believed all the five parameters could be used to enhance their JS, 52.1% of executives and senior executives believed the same. At the middle hierarchy level comprising of nursing in-charges and supervisors, while, all three parameters, namely, financial growth, professional growth and superior support equally held importance with a response rate of 8.3% each, the same was true for assistant and deputy managers with a response rate of 14.3%, 14.3% and 0% respectively and 18.2%, 9.1% and 0% respectively, for manager and above hierarchy. While, 75% of nursing in-charge and supervisors believed all the five parameters were important to enhance their JS, the same was true for 57.1% of assistant and deputy managers, and 72.7% of managers and above hierarchy. Furthermore, while 100% of ANS and above hierarchy believe that all the five parameters could enhance their JS, 50% of AMS and above believe that empowerment could enhance their

JS, while another 50% believed that work-life balance was necessary to enhance their JS (Figure 44).

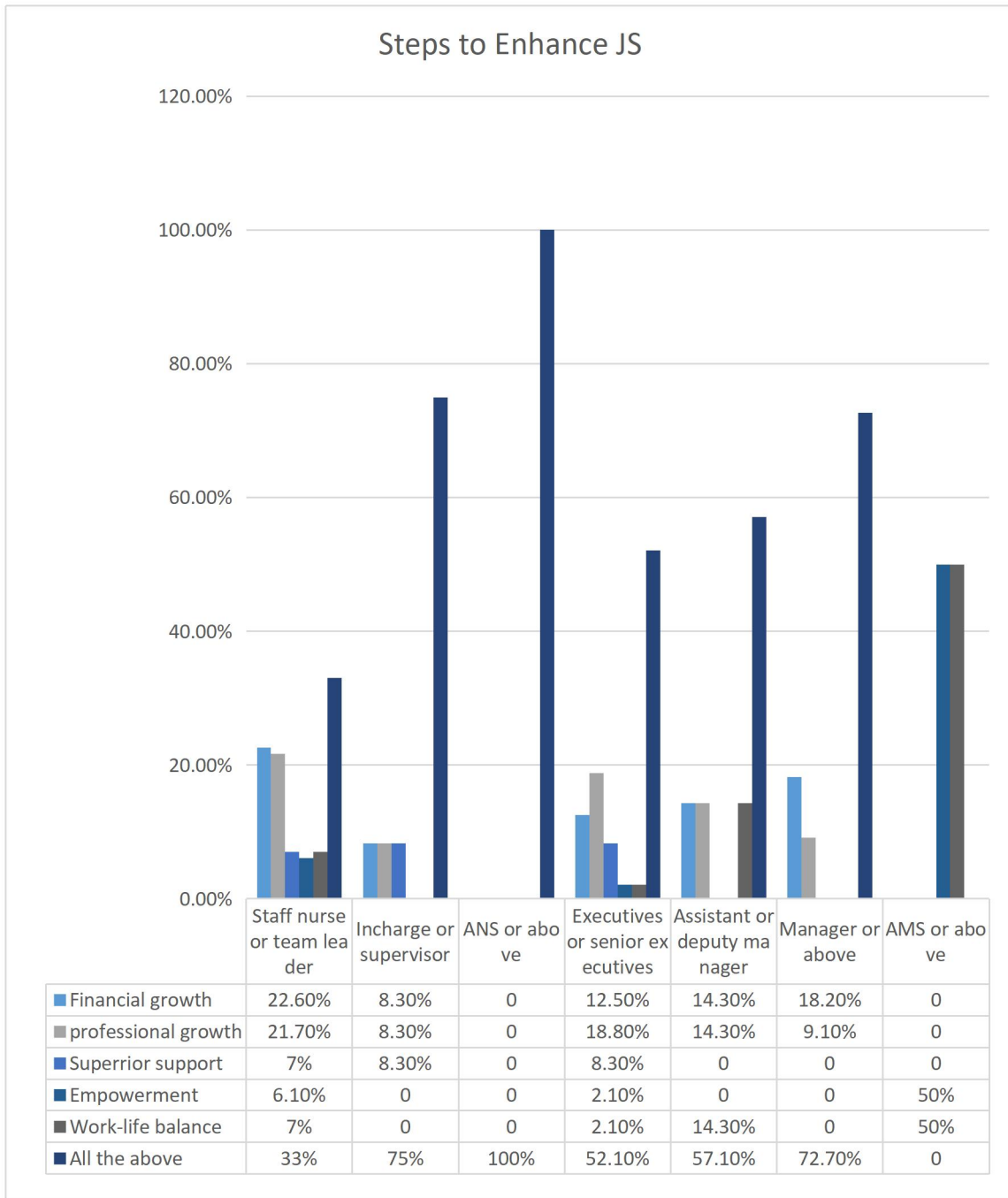


Figure 44 Measures to take to enhance JS among HCE at various hierarchical levels

Besides this, the HCE also suggested increasing man-power, introducing incentive policies and other methods to recognise the employees. All these suggestions indicate the need to check the factors leading to the evident burn-out among the HCEs in the current organisation, as well as revise their reward and recognition policies. This evaluation, indicates that financial growth is important at the lower hierarchy and somewhat important at the middle hierarchy. However, professional growth closely follows the pursuit at both the hierarchical levels. While the need for empowerment and work-life balance is evident at lower hierarchical levels, especially among the nursing HCEs, the same is reflected in the senior administrative hierarchy. This is another indicator of the need for management support to the senior hierarchy among administrative HCEs.

4.6 Research Question Three: What Strategies can Healthcare Organisations use to Increase Employee's Overall Job satisfaction?

The results analysed in the previous section are a clear-cut indicator for the organisation to implement certain policies to decrease dissatisfaction among the employees. While, monetary and professional growth opportunities are one of the aspects of enhancing JS, the current study clearly indicates the importance of ease of accessibility of leadership, recognition, training, empowerment, skill-utilisation and improved work-life balance. Although, a majority of the HCEs of the current organisation believe the organisation to be a good workplace, yet to achieve the maximum output and enhance patient outcomes, it is in favour of the organisation to implement certain policies and revise a few existing ones. During the study, the following strategies come to mind in order to enhance job satisfaction among HCEs:

Strategy 1: Offer professional growth opportunities

Strategy 2: Offer both financial and non-financial benefits

Strategy 3: Offer supportive leadership

Strategy 4: Training

Strategy 5: Take measures to curb burn-out

Strategy 6: Incorporate open-door policy

4.6.1 Strategies to Enhance Job Satisfaction Among Healthcare Employees

Strategy 1: Offer Professional Growth Opportunities

It is indisputable that with better professional growth opportunities, financial growth and better social standing follows. Although the current study shows that there are a total of 23.3% of HCEs who believe that better professional growth opportunities can help them enhance their JS, yet at multi-disciplinary hierarchical level it was found that while professional growth mattered more for lower level hierarchy among administrative HCEs, the same was not the case with middle level hierarchy, who preferred financial benefits over professional opportunities. However, among the nursing HCEs, there was a close call between the two factors, with professional growth being secondary to financial growth at a lower hierarchical level. As discussed in the literature review, previous studies have drawn debatable results over employee's perception of the significance of professional factors over benefits. While, Mishra (2013), emphasised the need for better pay benefits in his study, Rad & Moraes (2009), concluded that both professional and financial factors were important to enhance JS among the employees. Most of the studies determine the importance of work culture and financial growth to enhance JS, but their study implicated the role of promotion opportunities as a marker of JS (Rad & Moraes, 2009, p. 51-66).

In the present study, although a majority of HCEs (55.3%) said that all the seven parameters were important to enhance their job satisfaction. There was a close call between respondents demanding professional growth opportunities, comprising of a total

of 23.3% of the respondent population, and those seeking for better financial growth, accounting for a total response rate of 22.6%. However, at multi-disciplinary level, while, professional growth was secondary to financial growth for nursing HCEs accounting to a response rate of 20.2% against 20.9% for financial growth. There was a significant difference between the two factors, among the administrative class, with them seeking professional growth secondary to financial growth with a response rate of 15.9%.

It is evident, that the organisation should revise it's policies pertaining to financial benefits. However, the same should be done keeping in mind professional growth. As shown by the results of the current study, middle level hierarchy held more significance for financial growth than professional growth, thus, showing the need for the healthcare setup to revise the pay benefits policy. While, this will enhance the JS of existing HCEs at the middle level hierarchy, the same will also motivate others, especially those at lower hierarchy to seek professional growth, thus, enhancing their skill-sets to achieve their targeted goal with respect to both professional and financial status. This in turn will benefit the organisation by gaining a set of skilled employees and thus, better patient care and organisational benefits.

Strategy 2: Offer Financial and Non-financial Rewards

Mishra, (2013), in their study, concluded that providing both financial and non-financial benefits certainly enhances an employee's overall perception with relation to his job satisfaction. Judge et al., (2010) emphasised the importance of financial growth in relation to job satisfaction. According to their meta-analysis, although modest, a positive correlation exists between pay benefits and JS. Although the results were not overwhelming, better pay benefits were seen to improve JS levels among employees. Rad & Moraes, (2009) in their study on healthcare employees, concluded that, among other factors, pay benefits were a definite indicator for enhancing JS among hospital employees.

Healthcare organisations should keep in mind to strike a balance between both professional and financial opportunities. HCE tend to work in the most stressful and unpredictable circumstances. Their role as nurses or administrative professionals challenges them with lifesaving situations and find a balance between organisation's benefit and patient satisfaction. Hence, it is easier for them to feel not recognised or paid enough. The best possible way to appreciate them is through financial and non-financial benefits, as well as providing them with professional growth opportunities. According to Piko, (2006) often, demanding jobs lead to frustration among employees and what we know as burn-out. This could lead them to feel under-appreciated or not compensated properly. Healthcare organisations should keep the demands of the job in mind while compensating their employees.

According to the current study, among the factors responsible for enhancing JS among HCEs, financial growth was a secondary factor shortly, followed by professional growth with a response rate of 22.6%. However, the results were a clear indicator that both the lower level and middle level hierarchy were not satisfied with their pay benefits. While nursing, HCEs at a lower hierarchy tend to seek financial growth with a response rate of 22.6%, administrative HCEs, in the middle hierarchy, held more significance for financial growth, with managers and above hierarchy accounting for a total of 18.2% of the response rate. This can be viewed by the organisation, as a need to revise the financial policy. Furthermore, HCEs also suggested introducing methods to appreciate their efforts through both financial incentives, among other methods to recognise them.

Strategy 3: Offer Supportive Leadership

Leadership plays a vital role in providing support. They should be keen-eyed to recognise the talent and provide them with opportunities to make independent decisions that make the HCE feel worthy, and his skills utilised (Bass & Avolio, 1994; Burns,

1978). Transformational leadership recognizes such employees and encourages them to develop their professional skills while encouraging others to follow the pursuit (Bass & Avolio, 1994; Burns, 1978). They act as the first line of check of an employee’s performance and evaluate them for their talents. Such leaders should motivate others to follow the steps by promoting the employees.

According to the current study, 8.2% of the total respondents said supportive leadership can enhance their JS. At the multi-disciplinary level, the same was true for 7% of nursing HCEs and 5.8% of administrative HCEs. However, at the multi-disciplinary hierarchical level, it was found that the nursing lower and middle level hierarchy sought supportive leadership more than the administrative hierarchy, with a response rate of 7% and 8.3% from nursing lower and middle hierarchical levels respectively, and a response rate of 8.3% from administrative lower level hierarchy.

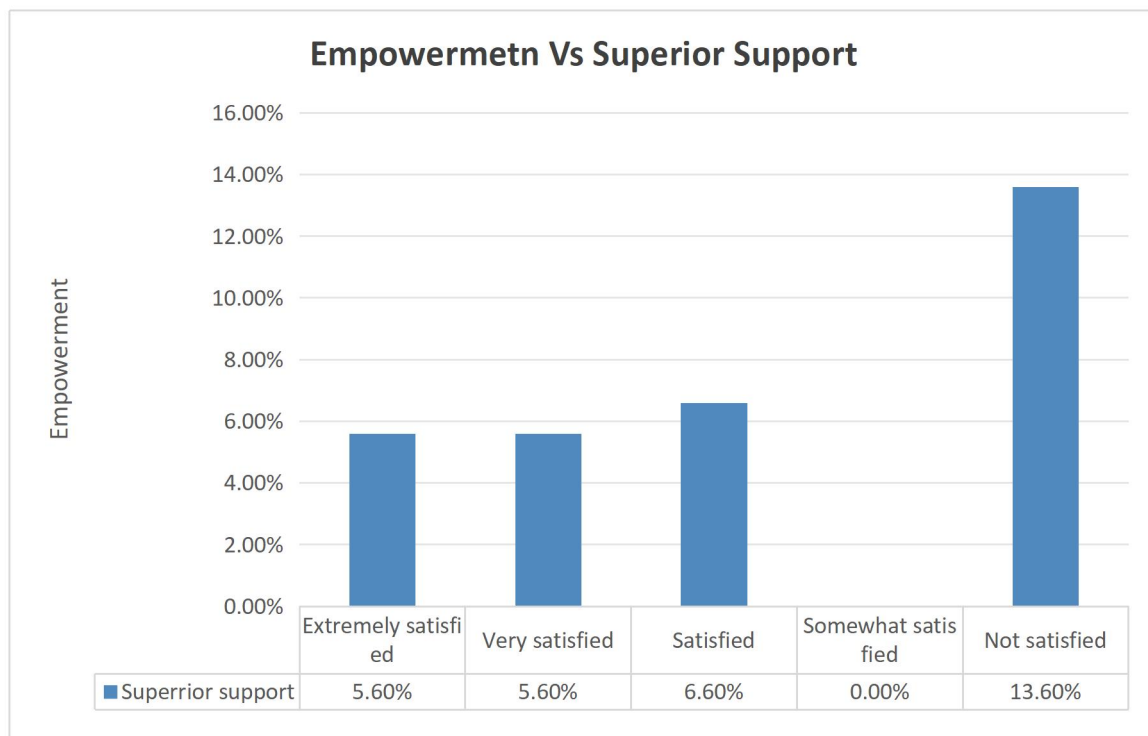


Figure 45 Correlation between empowerment and superior support

This can be correlated with the results drawn from the need for empowerment, where, HCEs who were extremely satisfied and very satisfied with their empowerment level sought superior support with a response rate of 5.6% each. while, HCEs who were not satisfied with their empowerment level sought superior support with a response rate of 13.6% (Figure 45). Furthermore, while 84.4% of nursing HCEs believed their skills were utilised properly, the same was true for 88.7% of administrative professionals. On cross tab evaluation, it was found that 5.6% of HCEs who believed their skill-sets were utilised properly sought superior support and 2.5% of them sought empowerment, while 10.5% of the HCEs who didn't believe their skills were properly utilised, sought superior support, while 13.2% of them sought empowerment (Figure 46).

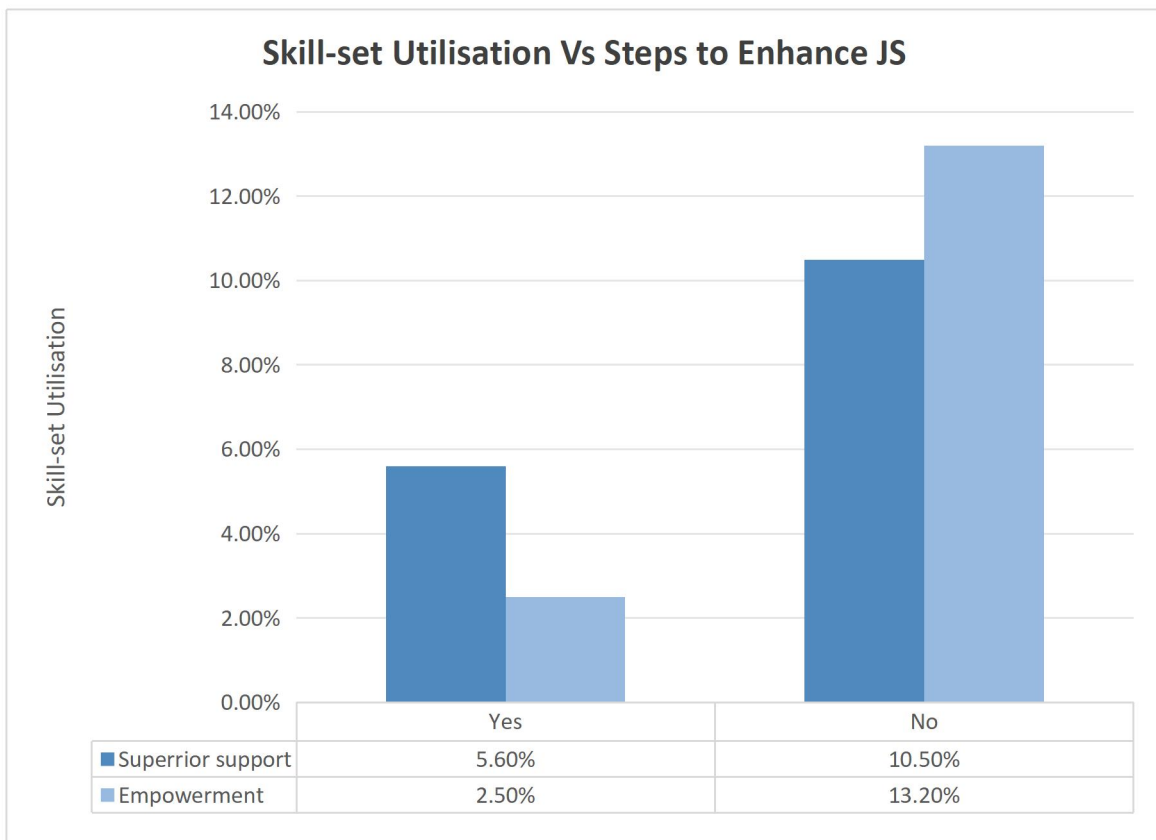


Figure 46 Correlation between skill-set utilisation and factors enhancing JS

TL should identify the individual needs of the employees and provide them with means to work towards the same (Ramli, 2018). An employee who performs better than the rest should not only be promoted professionally, but also financially. He should be provided with means to enhance his professional skills through training and workshops (Barlett, 2001). It is the responsibility of the TL to ensure the same. This encourages the employees to improve their skills and perform beyond their capabilities that reflects on an organisation's performance (Smith et al., 2020; Asif & Jameel, 2019; Boamah & Laschinger, 2017).

Strategy 4: Training

As discussed in the literature review, a dissatisfied employee creates a team of under-performing employees, who, in turn, affect the performance of the leader and the organisation itself. It's a vicious cycle where, if an individual is affected, a chain reaction will start and everyone in that chain will be affected (Syptak et al., 1999). While a HCE will be a professional, the leader must be responsible for improving his skill set. TL identifies an employee's skills and puts them to use in the right direction. TL provides a platform to develop and enhance the lacking skills, thus, empowering them (Wong & Laschinger, 2013). This study revealed that while, 5.4% of nursing HCEs said they feel the need to be empowered to enhance JS, only 2.9% of administrative HCEs fell into a similar line of thought. Furthermore, the need for empowerment was seen more among the lower level nursing hierarchy, accounting for a total response rate of 6.1%. At the same time, the same was true for the senior administrative hierarchy at AMS and above level, with a response rate of 50%. Thus, it is evident that the lower nursing hierarchy in the current organisation are in desperate need of training and skill development to be empowered. Furthermore, trained as they may be, senior hierarchy among the administrative professionals needs to be empowered by the healthcare management to enhance their JS. While they have all the authority, still

need to mind the organisational policies and patient welfare before making any decisions. Thus, the need for an easier approach to management is inevitable.

Strategy 5: Take Measures to Curb Burn-out

According to Piko, (2006) burn-out is very common, especially among HCEs. The stressful nature of their job results in the same. Burnout can be both mental and physical. Among HCE, it is very common and often results because of role conflicts, the nature of the job, and feeling under-appreciated (Maslach & Goldberg, 1998; Maslach, 1976). All these factors result in low JS and adversely affect an employee's performance and, thus, an organisation. The present study concluded that burnout was higher among nursing HCEs than administrative HCEs, with a response rate of 65.6% and 32.1% respectively. Furthermore, it was evident that burn-out was higher among the lower level hierarchy with a response rate of 67.5% nursing HCEs and 33.3% of administrative HCEs. However, while the senior level of nursing HCE said they felt their jobs could lead to their mental or physical burn-out with a response rate of 100%, administrative professionals disagreed with the same with a response rate of 100%.

These results can be attributed to the nature of the job of nursing HCEs alongside the lack of empowerment given to nursing HCEs as compared to the administrative HCEs. It is very clear that nursing bears the toll of their job profile the most. However, the most affected are the junior hierarchy. It could be due to a stressful job role involving patient care along with lack of enough experience to make decisions for patient welfare. Good leadership and training can be effective in curbing the burn-out among these HCEs. Healthcare setups should keep the burn-out in check to help the organisation grow. Providing sufficient manpower with better opportunities to enhance their professional skill sets and, thus, promise for professional and, thus, financial growth, maintaining work-life balance and recognising the employees can be a few attributes which may contribute to curbing burn-out.

Strategy 6: Incorporate Open-door Policy

Open communication channels are the key to developing trust and understanding and are found to positively affect a relationship. The same can be applied to a leader and his team. According to Wade et al., (2008) an open-door policy is vital in improving employee transparency, thereby developing trust and motivating the HCE to perform beyond their capabilities. Such a policy improves the chances of misunderstandings among employees and increases their morale and, thus, JS (Upenieks, 2003). According to the current study, 35.8% of HCEs said they enjoyed good communication between themselves and their supervisors, while, 3.1% of the respondent population said they shared poor communication with their team members and their hierarchy. Furthermore, at multi-disciplinary level, 42.7% of nursing HCEs said they enjoyed very good communication, while 28.3% of administrative HCEs said they shared very good communication between their team members and their hierarchy. However, dissatisfaction was evident at lower hierarchical HCEs, with nursing staff and team leaders saying they faced poor communication, accounting to a total response rate of 3.6% and executive and senior executive administrative HCEs accounting for a total response rate of 5.6% from poor communication shared between their team members and with their hierarchy.

Perceiving the vision of an organisation is crucial for an employee in order to achieve the desired goals. Thus, it is important for the healthcare setups to ensure easy access to the leadership, and a healthy work-environment among the team members. Good communication helps build the gap (Tsai, 2011). The open-door policy not only ensures an employee's loyalty towards the organisation but is also responsible for motivating him to enhance his skill-sets and, thus, significant in improving an employee's performance and JS, and therefore, lower attrition rate and, thus, positively affecting the organisation.

4.7 Summary of Findings

JS is a relative term, and achieving the same can be difficult within the constraints of an organisation's policies. However, it is not entirely unachievable. Healthcare setups need to pay more attention to the existing demands for a better work culture. The rise in dissatisfaction levels among HCEs can be attributed to the nature of their job, their role conflicts, and stressful conditions at work (Piko, 2006). Transformational leadership is the answer to overcome these gaps. According to Avolio et al., (1991) a transformational leader identifies the individual skills of an employee and motivates him to further enhance his skill sets while determining the factors responsible for the dissatisfaction with the employees and providing a solution for the same. TL creates a team of independent and self-driven employees who motivate their colleagues to enhance their skill sets and, thus, overall team's performance. This team of employees is often seen to be enjoying an open-door policy both among their colleagues and the patients. They tend to have a better satisfaction level, thus, tend to be retained in an organisation for a longer period of time. Since, the ultimate goal of a healthcare setup is to achieve eventual patient satisfaction, which can be achieved by a team of dedicated employees who are skilled and loyal both to their patient care and the organisation. This, results in better output, improved patient satisfaction and, thus, improved organisation performance (Asif et al., 2019; Boamah & Laschinger, 2017). Although, claimed unachievable, healthcare sectors can still strive to provide better opportunities for their employees to enhance JS among them. It is the responsibility of the leaders and the employers to identify the factors responsible for causing dissatisfaction among their employees and revise their policies to enhance JS among their employees. Providing compensation that justifies their nature of work, implementing transformational leadership within the organisation, promoting an open-

door policy, and offering training and opportunities for professional growth could be done to achieve the same (Mishra, 2013, p. 45-54).

The present study drew a parallel between factors affecting JS among multi-disciplinary HCEs. These factors were further evaluated at hierarchical level to better understand the dissatisfaction causing factors. It was found that while pay benefits affected JS, HCEs anticipated professional growth slightly more than financial growth, especially among the nursing HCEs. Although there is a modest difference between the two factors, namely financial and professional growth affecting an employee's JS, the healthcare setup needs to identify this gap and ensure that their pay-benefit policies are in line with the professional growth prospects. The leaders need to ensure that the employees understand that professional growth contributes to financial growth while ensuring the organisational policy regarding the same is in line with the employee's needs. While a majority of HCEs said their job didn't lead them to burn-out, it was invariably high among nursing HCEs, indicating the nature of their job taking a toll on their mental and physical health. Furthermore, junior and middle level nursing HCEs believed their skills were not utilised appropriately in their role. This could be attributed to less empowerment among them as compared to administrative HCEs. However, senior most administrative hierarchy believed their skill sets were not properly utilised, this can be correlated to their need for empowerment. This could be also correlated to the lack of recognition among middle and senior level administrative hierarchy as compared to nursing HCEs. Moreover, nursing HCEs at the junior and middle level hierarchy were not satisfied with their work-life balance as compared to the administrative HCEs at the same hierarchy. This can be attributed to the nature of the job of nursing HCEs. However, senior administrative hierarchy felt the need for better work-life balance as compared to the senior nursing hierarchy. This can be correlated to the responsibilities of an

administrator who shares the burden of the entire setup while keeping in mind both the patient's welfare as well as organisational policies.

4.8 Conclusion

This study highlights the importance of maintaining a balance between various attributes contributing to JS among various classes of HCEs. While the junior hierarchy of HCEs may not feel empowered enough owing to their lack of professional experience, the burden of running the daily nuances of a healthcare setup, especially in the case of nurses, lies on their shoulders. Thus, emphasising the need to train them and empower them. Similarly, while the senior hierarchy of HCEs will be satisfied with their pay benefits and professional growth opportunities, the same might not be true for the junior hierarchy HCEs. The factors which may affect their perception of JS will hence vary from those contributing to the senior hierarchy of HCEs. Not only this, factors affecting JS within the same hierarchy may be different among multi-disciplinary HCEs. While, senior hierarchy of nursing felt their job led them to their burn-out, the same was not true for the administrative senior hierarchy. Similarly, while the senior nursing hierarchy felt they enjoyed work-life balance and empowerment, the same was not the case with the administrative senior hierarchy. Thus, healthcare organisations need to re-evaluate their policies to identify the gaps at both multi-disciplinary and hierarchical levels to achieve JS among HCEs. They should introduce policies keeping in mind the various classes of employees, including the nature of their job.

To achieve the reliable response, HCEs were selected according to their job profile, experience with the current organisation, their orientation with the organisational policies. The validity of the research, the study used both content and construct validity. The survey questionnaire was used to ensure that it could be easily understood, and reliable, covering all the parameters deemed necessary for the study. The questionnaire

was shared through online medium to reach receive maximum response from the targeted population. The result obtained could be related to the research questions and the literature review. The next chapter highlights the findings, discussions and the correlation of the results with the study's conceptual framework and literature review.

CHAPTER V:
DISCUSSION

5.1 Discussion of Results

The first conclusion that can be drawn from the present study is that the factor affecting JS invariably differs among different classes of HCE. Not only this, these factors tend to vary at hierarchical levels within the same and different disciplines. Healthcare setups should evaluate these factors and take necessary steps to offer maximum JS among their employees to achieve the desired performance and thus, patient outcome from them. The chapter correlates the findings, correlation of the conceptual framework, and results related to the existing literature review (Figure 47).

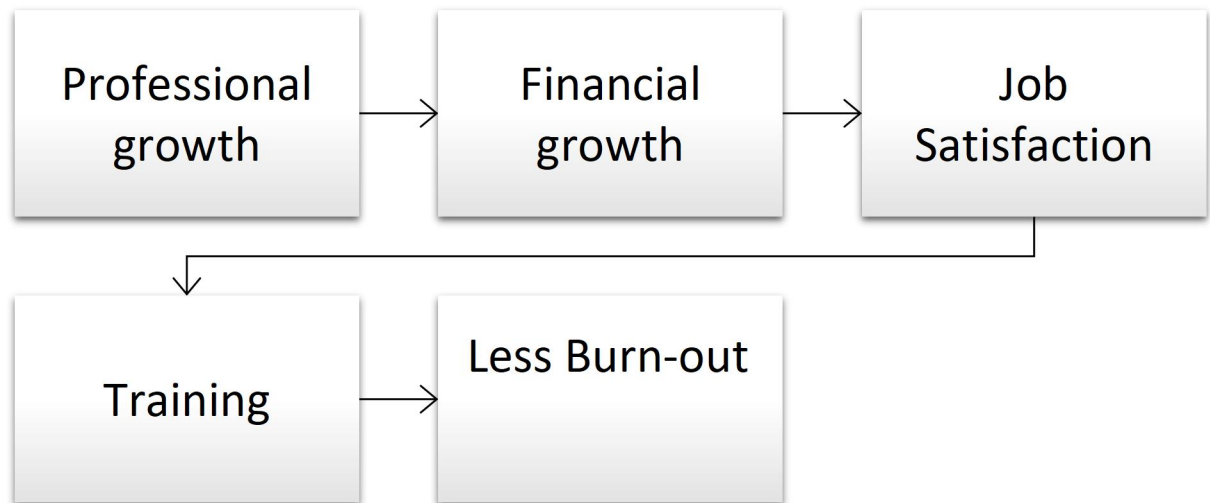


Figure 47 Linking the strategies, correlations, and literature discussions (Source: Micah Nath).

Professional growth was found to be the highest determined of JS, shortly followed by financial rewards. The above correlation depicts the dependence of financial growth on professional growth, which is directly related to training. Training is further a factor that determines burn-out, which is again directly dependent on JS. Thus, all these factors are inter-related and together contribute to deciding JS for an employee.

5.2 Discussion of Research Question One: Factors Affecting Job Satisfaction Among Healthcare Employees

Of the seven parameters, namely, financial benefits, professional growth, superior support, work profile, empowerment, work-life balance and overall work culture, a majority of HCEs said all these factors were necessary to enhance their JS. However, it is obvious that certain factors supersede others. What the leaders need to understand is that all these factors are inter-related and thus, ignoring either of them could lead to a dissatisfied employee and thus, an under-performing team, resulting in dissatisfied patients.

Correlation to the Conceptual Framework

As discussed in the literature review, JS is the key to success for any organisation (Smith et al., 2020, Bakotić, 2016). While researchers have advocated various factors in determining the JS among employees (Pandey & Asthana, 2017; Ting, 1996), it is necessary to understand which factors affect employees of different classes and work-profile (Cunningham et al., 2022; Nemmaniwar & Deshpande, 2016; Lee & Cummings, 2008). The current study suggests that while a majority of the respondent population sought all the seven parameters to enhance their JS with a response rate of 67.9%. professional growth supersedes the necessity for financial growth with a response rate of 18.9% and 16.4% respectively. This was followed by 14.5% of respondents asking for a better work-profile. Empowerment and superior support followed the pursuit with a

response rate of 7.5% each. Finally, work-life balance and overall work-culture was sought by the HCEs with a response rate of 6.9% and 6.3% respectively. It is interesting to understand that the employees often miss the fact that professional growth paves the way for better financial aspects. However, professional growth itself is dependent on empowerment, which is further dependent on work-profile, superior support, work-life balance and overall work-culture. This can be explained as, with better training or empowerment given by a senior, an employee feels empowered and performs beyond expectations, thus, accepting and improving his work-profile. This efficiency also helps him gain work-life balance and develop good terms with colleagues and seniors, thus, affecting the overall work-culture. Thus, leaders and employers need to understand that all these seven parameters defining JS are inter-related and one cannot be given importance over the other.

Discussion Related to Existing Literature

Although numerous studies in the past have tried to identify and categorize the factors affecting JS (Pandey & Asthana, 2017; Ting, 1996), it can be better understood as an individual's perception of the environment or situation he is in (Rosenberg & Hovland, 1960; Allport, 1935; Thurstone, 1928). ensuring that the employees are satisfied is often a challenge for the leaders and the employers. However, ensuring the same, especially in a healthcare sector, is important. HCEs are not only responsible for ensuring running day-to-day hospital operations, but are burdened with the responsibility of patient welfare as well. Thus, ensuring they are content with their job is necessary to achieve maximum output and the eventual goal of patient satisfaction from them. It is the individual performance of these employees, which reflects on a team's performance and, thus, an organisation's performance (Asif & Jameel, 2019; Boamah & Laschinger, 2017; Herzberg, 1959). It is necessary to understand that these factors affecting JS among

HCEs will be different, not just based on an individual's perception of the situation at hand, but will vary according to his job-profile, level of patient interaction, work-life balance. Thus, in a healthcare setup, multi-disciplinary classes need to be evaluated to understand the factors causing JS (Cunningham et al., 2022; Nemmaniwar & Deshpande, 2016; Lee & Cummings, 2008) and how these factors differ among them at hierarchical level.

5.3 Discussion of Research Question Two: Factors Affecting Job Satisfaction Among Multi-disciplinary Healthcare Employees at Various Hierarchical Levels

As discussed in the literature review, factors affecting JS among HCEs differ based on various elements such as, their job-profiles, shift duties, level of patient interaction, empowerment level, financial and professional standing. It cannot be denied that nurses face the maximum stress of patient-care. Their job profile, which leads to maximum working hours dealing with patient care and making decisions for the benefit of patients, along with their shift duties, make them prone to more burn-out. However, it cannot be denied that administrative professionals, though not being in direct patient contact, work in stressful situations to ensure the patient's welfare and that his satisfaction is met. Although, the two classes share their own burden, in delivering the expected outcome from them, it is necessary to evaluate the factors causing dissatisfaction between these HCEs at various hierarchical levels within the same or different classes of employees.

Correlation to the Conceptual Framework

The current study shows that financial benefits were more important than professional growth opportunities for administrative HCE with a response rate of 23.3% and 15.9% respectively. However, for nursing HCEs, the same was recorded at 20.9% and 20.2% respectively. In order to understand if this was a general perception of the

entire class of a particular discipline or it varied at different hierarchical levels, the researcher further analysed the data at a multi-discipline hierarchical level. The result shows that financial growth held more importance for middle hierarchical administrative HCEs at manager and above level with a response rate of 18.2% against 9.10% seeking professional growth. However, the assistant assistant and deputy managers hierarchy held equal importance for both financial and professional growth with a response rate of 14.3% each. However, the middle hierarchy of nursing HCEs said they sought both financial and professional growth equally with a response rate of 8.3% each. Furthermore, junior administrative hierarchy preferred professional growth over financial growth with a response rate of 18.8% and 12.5% respectively. While, the nursing hierarchy at junior level sought financial growth with a response rate of 22.6% over professional growth with a response rate of 21.7%. This can be correlated with manager and above hierarchy saying they were somewhat satisfied and not satisfied with their pay benefits with a response rate of 40% and 20% respectively against the nursing middle level hierarchy with a response rate of 9.1% and 27.3% respectively. This analysis reflects the need for the organisation to revise its pay out policies, especially at middle hierarchical level where pay benefits do not justify their job profile.

Similarly, the need for superior support and empowerment was more among nursing HCEs with a response rate of 7% and 5.4% respectively, the same was true for 5.8% and 2.9% administrative HCEs. When analyzed at hierarchical level, it was found that 7% of junior and 8.3% of the middle level nursing hierarchy sought superior support as a factor to enhance their JS while 8.3% of junior administrative professionals sought the same. Furthermore, while 6.1% of the junior nursing hierarchy sought empowerment, the same was true for only 2.1% of the junior administrative hierarchy. However, senior administrative hierarchy believed that better empowerment could enhance their JS with a

response rate of 50%. Thus, reflecting the need for good leadership. While, 6.2% of nursing HCEs believed that improved work-life balance could enhance their JS, the same was true for 4.3% of administrative HCEs. However, on further evaluation at hierarchical level, it was found that the need for work-life balance was more among junior level nursing hierarchy, accounting for a total response of 7%, against 2.1% of the respondent population of the administrative junior hierarchy. However, middle administrative hierarchy at assistant and deputy manager level sought empowerment as a factor determining their JS with a response rate of 14.3%, while the senior administrative hierarchy sought the same with a response rate of 50%. This is clearly a reflection of the stressful nature of the work of these employees. However, unlike expectations, it is evident that the middle and senior administrative hierarchy suffers the most from work-life balance.

Discussion Related to Existing Literature

Various studies have established that the factors affecting HCEs differ depending upon their classes (Cunningham et al., 2022; Nemmaniwar & Deshpande, 2016; Lee & Cummings, 2008). However, it is interesting to note that these factors do not just differ according to the various classes of HCEs, but also vary according to their hierarchical levels. This can be related to the ERG theory (Alderfer, 1969, p. 142-175). The hierarchical level analysis clearly reflected the need for professional growth superseding financial prospects, yet it was clear that a majority of the middle level administrative hierarchy preferred financial benefits over professional growth. Thus, relating the result of ERG theory, where an employee, after achieving his goal, in this case, professional status, can move back to the lower hierarchical need, in this case, financial benefits. The same can be related to the need for empowerment and work-life balance among the senior administrative hierarchy.

5.4 Discussion of Research Question Three: Strategies for Enhancing Job Satisfaction among Healthcare Employees

5.4.1 Offer Professional Growth Opportunities

The analysed data reflects the need to implement measures to ensure professional growth among HCEs. While a majority of HCE said all seven parameters defined JS for the, there was a very modest difference between professional growth and financial benefits as factors defining JS among HCEs. While the same when evaluated at a multi-disciplinary hierarchical level, was found to vary with difference in hierarchy. Although there was a very modest difference between financial growth needs and professional growth opportunities among junior hierarchy nursing HCEs, the administrative lower hierarchy HCE definitely sought professional growth over financial growth. While middle level nursing hierarchy held equal importance for both professional and financial growth, managerial level and above hierarchy sought financial benefits more than professional growth opportunities.

Correlation to the Conceptual Framework

Mohammad & Hossein (2006), in their study, established that professional growth is an important indicator of JS. Most of the studies determine the importance of work culture and financial growth to enhance JS, but their study implicate the role of promotion opportunities as a marker of JS. An employee giving outstanding performance should be provided with means to enhance his professional skills through training and workshops (Bartlett, 2001, p. 335). it is the responsibility of TL to ensure the same. This, not only encourages the employees to improve their skills and perform beyond their capabilities but also reflects on an organisation's performance (Smith et al., 2020; Asif & Jameel, 2019; Boamah & Laschinger, 2017).

According to the survey conducted, a majority of nursing HCEs believed that providing professional growth opportunities could help them enhance their JS. While the same was true for junior and middle level administrative hierarchical HCEs, a majority of managers and above hierarchy preferred financial growth aspects more than professional growth. Thus, reflecting a dis-balance between the pay scale and the hierarchical level in the current organisation. The results conclude that the healthcare setups should offer regular training to HCEs to improve their skills. TL plays a vital role in determining individual skill-set and offering opportunities to enhance professional skills, which could, in turn, benefit the organisation. This not only improves the quality of services provided, but also has a positive effect on the organisation's performance index. Along with this, the organisation should revise its pay benefits policy to motivate the employees at all hierarchical levels to strive to develop their skills and achieve their goals. The survey indicated that the HCEs who said their job could lead them to burnout believed providing options for professional growth could improve their JS index.

Discussion Related to Existing Literature

From analysing strategy 1, the maximum respondents said providing professional growth opportunities could enhance their JS. Professional growth opportunities provide financial growth opportunities in retrospect, along with less burn-out and feeling recognized. All these factors have a positive correlation with JS. According to Mohammad & Hossein (2006), professional growth is an important indicator for JS. Most of the studies determine the importance of work-environment and pay benefits to enhance JS, but their study emphasised the role of promotion opportunities with respect to future prospects of growth as a marker of JS. In a similar study conducted by Mishra (2013), it was concluded that after gaining certain experience, an employee seeks professional growth over financial benefits. This is in line with the results drawn from the current

study. Although there is a very thin line differentiating the two factors, after gaining a certain experience and achieving a certain hierarchical level, the HCEs sought professional growth over financial growth.

TL endures that the HCE is identified as someone who can be trained and groomed for further skill development (Bartlett, 2001, p. 335). This ensures improving HCE's performance index, thereby showing positive growth for an organisation (Smith et al., 2020; Asif & Jameel, 2019; Boamah & Laschinger, 2017). An employee who gives outstanding performance should be provided with means to enhance his professional skills. The leader should ensure such an employee receives the required training through workshops or seminars (Bartlett, 2001, p. 335). This, not only encourages the employees to improve their skills and perform beyond their capabilities but also reflects on an organisation's performance (Smith et al., 2020; Asif & Jameel, 2019; Boamah & Laschinger, 2017). The presence of a positive work environment would develop good relationships between leaders and followers and rekindle higher efficiency, thus, ensuring better revenue for the organisation, developing an employee's loyalty to the organisation as well as decreasing the employee attrition rate.

5.4.2 Improve Financial Rewards

Professional growth, healthy work culture, empowerment, work-life balance, and supervisor's support, are all determinants of JS among HCE. Although, all the seven parameters held importance in the current study, financial growth followed professional growth shortly as a major JS determinant. Financial growth ensures an employee's future security and loyalty to the organisation. While professional growth can be achieved by improving an employee's skill sets or better qualifications, financial growth is dependent on an organisation's policies. It serves as a criteria by which an employee judges himself against the input he gives to the organisation. Financial benefits are especially important

in a healthcare sector where employees tend to work in stressful conditions and, thus, are prone to succumbing to the feeling of not being compensated properly.

Correlation to the Conceptual Framework

Strategy 2 is related to the concept of offering financial and non-financial perks to HCE, thereby enhancing their JS. Judge (2010), emphasized the importance of financial growth in relation to job satisfaction. According to their meta-analysis, a positive correlation exists between pay benefits and JS. Although the results were not overwhelming, better pay benefits were seen to improve JS levels among employees. Better financial growth will not only enhance their JS but also win their loyalty to the organisation.

According to the current study, pay benefits were among the second largest factor contributing to JS, following shortly after professional growth opportunities. A majority of the junior and senior level hierarchy of HCEs were satisfied with their pay benefits. The same was not true for the middle level administrative hierarchy, both at assistant or deputy manager and managerial and above level. A majority of them were either somewhat satisfied with a response rate of 40% each for assistant or deputy managers and managers and above hierarchy respectively, or not satisfied with their pay scales with a response rate of 20% for both the hierarchies. According to them, improving their pay benefit could enhance their JS. This reflects either an issue with pay out benefits at middle hierarchical level with respect to their experience or work load. Although the administrative HCE is usually not in direct contact with patients and is not involved in patient care, their role in running the day-to-day nuances of the hospital and the stress along-with cannot be undermined. The organisation should revise its pay benefits policy to curb the rising dissatisfaction among this class of employees. Nursing HCEs belonging to the lower hierarchy were also seen to be dissatisfied with their pay benefits as

compared to their peer hierarchical HCEs. This could be attributed to the nature of their jobs, shift duties affecting their work-life balance. Leadership should ensure to curb the same by managing man-power distribution as well as providing training to them to help them enhance their skill sets and, thus, prospects for both professional and financial growth.

Discussion Related to Existing Literature

Healthcare organisations should keep in mind to strike a balance between both professional and financial opportunities. HCE tends to work in the most stressful and unpredictable circumstances. Their role as nurses or administrative personnel challenges them with life-saving situations and find a balance between the organisation's benefit and patient welfare. Hence, it is easier for them to feel not recognised enough. The best possible way to appreciate them is through financial and non-financial incentives. Often, demanding job leads to frustration among employees, which we know as burnout (Piko, 2006, p. 311-318). This could lead them to feel under-appreciated or not compensated properly. Healthcare organisations should keep in mind the demands of the job while compensating their employees. Both in financial and non-financial form, rewards enhance an employee's JS and win his loyalty to the organisation. It motivates them to strive further to develop their skill-sets and perform beyond their capabilities. This also helps curb burn-out among the employees. These employees tend to set an example for other employees to follow their pursuit. This benefits the organisation both in terms of achieving improved patient satisfaction as well as the organisation's overall performance and market value by improving its revenue.

5.4.3 Offer Supportive Leadership

An employee's trust is built on leadership. Leadership plays a vital role in providing the support. Transformational leaders play a role in identifying and utilising talent in the best

interests of both the employee and the organisation. Easy access to a leader through an open-door policy does not only build trust and good relations but also enhances an employee's performance by giving him a sense of recognition and motivation. No matter what professional growth and financial perks offer JS to an employee. Good leadership always motivates them to reach beyond their capabilities.

Correlation to the Conceptual Framework

Strategy 3 identified the role of leadership in enhancing JS among HCEs. Leadership should be to hold and lead the team together. They should be keen-eyed to recognise the talent and provide them with opportunities to make independent decisions, which make the HCEs feel worthy, and their skills are utilised (Baas & Avolio, 1993; Burns, 1978). TL recognises such employees and encourages them to increase their limits while encouraging others to follow the line (Bass & Avolio, 1993; Burns, 1978). They act as the first line of check on an employee's performance and evaluate them for their talents and efforts. Such leaders motivate others to follow the steps by encouraging and motivating the employees.

While the present study showed that 7% of nursing HCE sought superior support as compared to 5.8% of administrative HCEs to enhance their JS. It was evident that the same was more important at junior hierarchical level with 7% of nursing staff and team leaders seeking superior support against 8.3% of executive and senior executive HCEs. Furthermore, middle level nursing hierarchy comprising of nursing in-charge and supervisors sought superior support with a response rate of 8.3% while their administrative colleagues at the same hierarchical level did not seek the same as JS determinant. This can be correlated with the practice of an open-door policy in the organisation, where satisfaction among both the disciplines was rather good, with junior level hierarchy saying they faced poor communication with their team members and seniors with a response rate of 3.6% from nursing HCEs and 5.6% from administrative

HCE. Furthermore, junior nursing hierarchy felt they were not satisfied with the empowerment given to them with a response rate of 8.4% as compared to administrative HCEs with a response rate of 5.6%.

TL should identify the individual needs of the employees and provide a platform to work towards the same (Ramli, 2018). An employee who gives an outstanding performance than the rest should be appropriately praised, recognized, and given a chance to up-skill himself and this burden lies on the leader.

Discussion Related to Existing Literature

Empowering employees works by reinforcing a manager's belief in his team members. According to Basar et al. (2011), motivating employees by praise, recognition and empowerment leads to better employee performance. Such leaders influence employees to make independent decisions. They are motivated towards delivering quality care and achieving the desired patient outcome. This eventually leads to happy patients and thus enhances the patient experience (Purwanto & Agus, 2020). HCEs should be provided with means to enhance their professional skills through training and workshops (Bartlett, 2001). It is the responsibility of TL to ensure the same. This, not only encourages the employees to improve their skills and perform beyond their capabilities but also, reflects on an organisation's performance (Smith et al., 2020; Asif & Jameel, 2019; Boamah & Laschinger, 2017).

TL is a behaviour based approach to obtaining performance beyond the basic expectations of workers and striving for excellence (Bass & Avolio, 1994; Burns, 1978). This type of leadership works by influencing the employees, empowering them, intellectually stimulating them, challenging them towards goals and coming up with innovative ideas to accomplish a task (Asif & Jameel, 2019; Curtis & O'Connell, 2011). TL develops an environment of mutual respect and trust among their teams. This

eventually creates an environment of positive work culture wherein, an employee enjoys the freedom to make independent decisions, explore and achieve goals beyond expectations, and develop mutual trust and respect (Boamah & Laschinger, 2017; Samad, 2012). TL empowers an employee to achieve his professional goals. The use and abuse of power is entirely a personal perception of an employee, transformational leadership motivates towards achieving targets beyond expectations, thus, improving an organisation's overall performance and, thus, its market value (Syptak et al., 1999; Burns, 1987).

5.4.4 Offer Training

While learning is a continuous process, it is especially true for HCE. The healthcare sector, like other sectors, is advancing at a great pace. While HCEs face stressful situations throughout their life career, it is with the continuous upgrading of their skills that they live up to the expectations of both the patients and the organisation. While HCE will be a professional, the leader must ensure that his team members get a platform to enhance their skills through a continuous training and development programme. TL identifies an employee's individual skills and his areas of interests and puts them to use in the right direction.

Correlation to the Conceptual Framework

Strategy 4 revealed that HCE's much demanded need for empowerment can be granted only through training and skill development. TL provides a platform to develop and enhance the lacking skills, thus, empowering them (Wong & Laschinger, 2013). This study revealed that while 5.4% of nursing HCE said they feel the need to be empowered to enhance their JS, only 2.9% of administrative HCEs fell in the same line of thought. Furthermore, the need for empowerment was seen more among the junior nursing hierarchy comprising of nursing staff and team leaders, accounting for a response rate of

6.1%, while the same was true for executives and senior executives with a response rate of only 2.1%. However, the need for empowerment was felt more in the senior administrative hierarchy with a response rate of 50%. This can be correlated with the feeling of being under-utilised by the junior and middle level nursing hierarchy with a response rate of 15.7% and 18.2% respectively against 11.1% response rate of administrative executives and senior executive profiles and 10% of manager and above hierarchy. However, senior administrative hierarchy felt their skills were not utilised with a response rate of 100%. This evaluation can be understood as the apparent need for a training and skill development programme among the junior and middle hierarchy HCE with enough empowerment bestowed to the senior hierarchy to better use their skill sets.

Discussion Related to Existing Literature

Employee empowerment is the key to transformational leadership (Purwanto & Agus, 2020). It is described as identifying the individual skillsets, area of expertise and interest, the intellectual of an employee and motivating him to achieve his goals (Ahearne et al., 2005; Arnold et al., 2000; Kirkman & Rosen, 1997). Transformational leaders ought to identify the potential of their team and to drive them in a direction to deliver results which are both patient-oriented and organisation oriented. This not only establishes a connection between the patients and the HCE but also delivers an enhanced patient experience, which in turn affects the organisation's market reputation and eventually its revenue (McHugh et al., 2011, p. 202-10). HCE should be given opportunities to enhance their skills, thus, creating a path for their professional growth. It is the responsibility of a TL to identify the HCEs and motivate them to stretch beyond their limits and perform beyond their capabilities.

As appalling as it may sound, a dissatisfied employee creates a team of under-performing employees who, in turn, affect the performance of the leaders and, thus, the

organisation itself. If an individual is affected, his dissatisfaction can reach out to his team members, through his behavior or performance, thus, affecting the overall team performance (Syptak et al., 1999, p. 26). This team is the reason for a harassed leader. Thus, it is the burden of a leader to identify the talent and train them for the benefit of all.

5.4.5 Check Burn-out

HCE work under stressful conditions, dealing with patients' lives, and taking calls regarding their patients' lives, all the while trying to give their best performance. Burn-out is, thus, inevitable among HCEs. According to Piko (2006), burn-out is very common, especially among HCEs. The stressful nature of their job results in the same. Leadership plays a very crucial role in checking out the burn-out. TL ensures their staff is adequately man-powered, given the right working conditions, properly recognised and appreciated, all the while maintaining transparent communication.

Correlation to the Conceptual Framework

Strategy 5 emphasised the need to curb burn-out among HCEs. Burn-out can be both mental and physical. Among HCEs, it is very common and often results because of role conflicts, the nature of the job, and feeling under-appreciated (Maslach, 1976; Maslach & Goldberg, 1998). All these factors result in low JS and adversely affect an employee's performance and, thus, an organisation. The present study concluded that burn-out was higher among nursing HCEs than administrative HCEs, with a response rate of 65.6% and 32.1% respectively. Furthermore, it was evident that burn-out was higher among the junior nursing hierarchy and the senior nursing hierarchy with a response rate of 67.5% and 100% respectively. This can be attributed to more patient interaction in the junior hierarchy with minimal experience and empowerment while, senior hierarchy shoulders the burden of ensuring best patient-outcome while, taking major decisions regarding patient-care. However, burn out among the administrative HCEs was more in the middle

hierarchy, with managers and above saying their job takes a toll on them with a response rate of 40%. This can be correlated to the need for financial benefits among this class of HCEs.

Discussion Related to Existing Literature

Healthcare setups should keep the burn-out in check to help the organisation grow. Not only this, it is evident to achieve good patient outcome. Providing sufficient manpower with better opportunities for work-life balance and recognising the employee can be a few attributes which may contribute to curbing burn-out. Maslach (1976), and Maslach & Goldberg (1998), emphasized the need to appropriately recognize an employee, offer them a work-life balance, and keep open communication channels with them. All these factors help enhance JS. Neglect will only lead to HCE burnout and affect the organization in retrospect. An employee reciprocates both his environment and mental and physical health. Thus, the leaders must identify the determinants of their team's satisfaction level (Ramli, 2018) which may result in burn-out.

5.4.6 Ensure Open-door Policy

Open communication channels are the key to developing trust and understanding and are found to positively affect a relationship. The same can be applied to a leader and his team. Ease of access to a leader, not only builds an employee's trust in him but also, encourages him to follow his lead. Such a leader can influence his team members by being available to them and hearing them out. According to Wade et al. (2008), an open-door policy plays a vital role in improving transparency among employees, thereby developing trust and motivating the HCE to perform beyond their capabilities. Such a policy improves the chances of misunderstandings among employees, and increases their morale and, thus, JS (Upeneiks, 2003, p. 140-152).

Correlation to the Conceptual Framework

As per strategy 6, the current study revealed that HCEs who faced poor communication network among their colleagues and supervisors felt burnt-out, thus, dissatisfied with their job profile. The present study showed that 80% of HCEs who felt they were mentally and physically burnt out also said they shared poor communication with their colleagues and supervisors. While the current study showed the HCEs enjoying overall good communication channels between their team members and seniors, 3.6% of nursing staff and team leaders say they share poor communication channels with their team members and seniors, against the response rate of 5.6% from executive and senior executive administrative professionals. Furthermore, 21.1% of HCEs who said they shared poor communication channels with their colleagues and seniors, also believed that offering professional growth opportunities could enhance their JS. Thus, transparent communication leads to better growth opportunities, as suggested previously in the literature review.

Discussion Related to Existing Literature

Perceiving the vision of an organisation is crucial for an employee in order to achieve the desired goals. Good communication helps build the bridge (Tsai, 2011, p. 98). The open-door policy not only ensures an employee's loyalty towards the organisation but, also, is significant in improving an employee's performance and his JS and, thus, positively affects the organisation.

5.5 Summary

The chapter highlighted the importance of identifying the factors that determine JS among HCEs. Professional growth, pay benefits, supportive leadership, training, curbing burn-out and an open-door policy were emphasised as the markers for improving JS. JS can be perceived by an employee as per the situation at hand (Rosenberg &

Hovland, 1960; Allport, 1935; Thurstone, 1928). In a healthcare sector with different classes of employees working in stressful situations, JS can vary inevitably between multi-disciplinary HCEs. Leadership plays a vital role in identifying these factors and curbing them. Leaders who identify gaps and work towards improving and providing a healthy work atmosphere tend to create and lead a team of happy and satisfied employees (Singh et al., 2019, p. 3268-3275). These leaders curb the practice of absenteeism, improve attrition rate, and help deliver better services which are more organisation-oriented (Aazami et al., 2015; Herzberg, 1974).

The chapter discussed the strategies raised from the research questions and findings that healthcare setups need to offer better professional and financial growth opportunities along with reformation in leadership style in order to curb burnout and dissatisfaction among their employees. Lastly, the chapter discussed the correlation of the strategies to the conceptual framework and related it to the exciting literature review.

The next chapter summarises social change and implications for professional practice, the study limitations, and recommendations for future study.

CHAPTER VI:
SUMMARY, IMPLICATIONS, AND RECOMMENDATIONS

6.1 Summary

Healthcare setups offer the most unpredictable working situations. HCE strives every day to make decisions on which their patient's life depends. Such circumstances lead to burn-out, especially if the HCE does not feel appreciated, well rewarded, empowered, and does not enjoy healthy communication with colleagues and supervisors. Thus, JS is lower among HCE (Glission & Durick, 1988, p. 61-81). JS can be defined as an employee's perception of the situation at hand (Rosenberg & Hovland, 1960; Allport, 1935; Thurstone, 1928). Thus, in a healthcare setup, where multi-disciplinary HCE works under the same roof in different situations, JS can vary among these different classes of employees, including different hierarchical levels. The present study confirmed the same. It was found that not only the factors affecting JS among different classes of HCE vary, but they also varied according to their hierarchical level within the same and different discipline of HCE.

JS can be enhanced by identifying the lags at an individual discipline level and offering solutions for the same. TL plays a crucial role in the same (Singh, et al., 2019, p. 3268-3275). It works by motivating an employee to enhance his skill set all the while empowering him, thus, improving his performance index and curbing the practice of absenteeism, thus achieving a low attrition rate, which further reflects on an organisation's performance (Aazami et al., 2015; Herzberg, 1974). Leaders should practice TL, thereby identifying the individual talent of their team. Motivate their team while keeping open communication channels to build trust and loyalty. Offer their team the chance to grow, by empowering them, thereby improving their performance and eventually the team's performance and, thus, the organisation's reputation. Healthcare

setups should incorporate TL practices. It should be ensured that JS determinants are identified at an individual discipline level and at different hierarchical levels, in order to enhance JS among employees, which affects patient satisfaction and, thus, an organisation's performance.

6.2 Implications

6.2.1 Implications for Social Change

Healthcare setups are never untouched with the ever advancing and revolutionising technology and the subsequent demands and expectations of the patients. Patient satisfaction is the desired end goal of any healthcare setup. Motivated and driven employees tend to be more focused and accept the tasks assigned as challenges and deliver services beyond expectations. This attitude creates an environment wherein patients enjoy open and transparent communication with these employees. Such patients tend to drive in more patients in a healthcare setup, thus, benefiting the organisation and the employees in return (Asif & Jameel, 2019; Boamah & Laschinger, 2017).

To meet the demands of the patients is a dire necessity for any healthcare setup. This not only helps improve patient satisfaction but caters the ultimate aim of improving an organisation's performance and market value. Thus, with the stressful working conditions a healthcare setup offers, it is especially vital for healthcare organisations to enhance JS among HCE and to curb any determinants affecting JS among them. Introducing TL and practicing open-door policy could enhance JS. Leaders open to ideas and discussion often result in creating a team which is motivated, enthusiastic to perform and loyal to its leader as well as the organisation. They feel appreciated as well as empowered and this is reflected in their overall performance. This is reciprocated positively in patient satisfaction level and, thus, the organisation's performance.

The ever-demanding healthcare needs can be answered by enhancing JS among HCE. Healthcare setups can reach out to the maximum population by enhancing JS among it's employees. They can create a team of self-driven and empathetic leaders who with their performance reach out to the population at large and help to build the reputation of the organisation. This will not only positively affect the revenue of the healthcare organisation, but also help deliver quality care services to patients.

6.2.2 Application to Practitioners

As discussed in the literature review, JS can be defined as an employee's reaction to his surrounding environment (Rosenberg & Hovland, 1960; Allport, 1935; Thurstone, 1928). in a healthcare setup, where the multi-disciplinary HCE works under the same roof in different situations, JS can vary among these different classes of employees, including different hierarchical levels. Thus, it is important to determine these factors and offer solutions to enhance JS among HCE.

The researcher used quantitative and qualitative analysis through online survey questionnaire and close observations, in a tertiary hospital in Faridabad, India, to draw a parallel between factors determining JS among nurses and healthcare administrative personnel. The survey offered insight into various factors affecting JS among multi-disciplinary HCE. The study concluded that JS determinants can not only be different between different classes but also vary at different hierarchical level within the same or different class of employees. The participants believed that offering professional growth opportunities, monetary benefits and empowerment could enhance their JS. Professional growth opportunities and the need for an open-door policy was especially evident among junior level HCE.

Although a lot of study has been done in the past to analyze the factors affecting JS among HCE, a number of them analyzing the JS determinants among nurses or

drawing parallel between factors affecting nurses, para-medical staff and clinicians. Not much literature is available drawing parallels between factors affecting JS between nursing and administrative HCE. However, Kolo (2018), conducted a cross-sectional study to evaluate JS among multi-disciplinary HCE in a Nigerian hospital. He concluded that HCE in Nigeria were satisfied with their job and worked to serve the community. The present study emphasised finding differences between factors affecting JS among different classes of HCE. In the same line as Kolo (2018), the present study concluded that 82.4% of HCE would recommend their organisation as a good workplace to their colleagues and friends, suggesting their overall satisfaction with their present organisation.

The research results provide healthcare organisations with perspectives to improvise employee welfare practices and incorporate a work environment which ensures professional growth, open-door policy as well as less burn-out among HCE and, thus, maximise the organisation's productivity. An organisation's performance depends on its employee's performance, which is affected by their satisfaction level (Syptak et al., 1999, p. 26). Since not much literature is available on factors determining JS among multi-disciplinary HCE at the hierarchical level, the present study, although conducted in a single tertiary hospital in Faridabad, India, can be generalised to other healthcare setups across India. However, the results are in line with the previously conducted studies analysing the factors affecting JS among employees. Thus, the same can be utilised to establish ideas to evolve work culture practices into enhancing JS, especially among HCE. The results can encourage the healthcare setups to improvise the existing employee-welfare practices and introduce TL into practice, creating an environment of appreciation, recognition, motivation, empowerment and rust among HCE.

The study's practitioner implication is to provide job satisfaction strategies to healthcare organisations that, if applied, will give sense to the work of employees and implementation strategies to assess the desired result of JS among HCE.

6.3 Recommendations for Future Research

The research concentrated on the strategies that healthcare setups use to enhance JS among HCE. Introducing such practices is essential to healthcare setups to achieve the ever-rising demands from patients at large and achieve the desired goals. The study's outcome represent the perception of multi-disciplinary HCE in a tertiary hospital in Faridabad, India.

To analyse if the results of the present study fall in line with other healthcare organisations, the study recommends conducting similar research in various other healthcare setups in India.

Furthermore, since the sample size of the targeted population was small with a further lower respondent rate, it is recommended to conduct quantitative analysis on a large-scale population incorporating cross-sectional study methods.

6.3.1 Recommendations for Action

The research goal was to analyse the factors which determine JS among different classes of HCE and offer solutions to enhance JS. The study results confirm the existence of a difference in factors perceived as JS among multi-disciplinary HCE as well as among different hierarchy levels within the same and different classes of HCE. The study findings suggested strategies, that should be incorporated in healthcare setups to achieve the desired JS outcomes among HCE, thereby enhancing their performance index. The results concluded that HCE tend to desire professional growth slightly more than financial growth, especially among junior level HCE. However, there was a very modest

difference between the two factors as JS determinants. Furthermore, the need for superior support was also reflected in their response.

The survey emphasised the need for healthcare setups to incorporate TL policies which ensure ease of access to the leadership by practicing open-door policy, thereby, ensuring an environment where HCE feel motivated, appreciated and empowered. TL should determine the factors which affect different classes of HCE at different hierarchical levels and offer solutions to the same. The researcher intends to share the survey analysis, with the healthcare setup, allowing the management to make decisions to improve the JS index among HCE and to explore options for publications.

6.3.2 Limitations of the Study

The study has limitations of its own. Firstly, the respondent population accounts for only 36.83%, which is very low. The idea of generalising the study concept to the population at large is questionable with such a low response rate. Although, the study highlighted a good insight into the various factors which affect at different hierarchical levels and vary among multi-disciplinary HCEs, the lack of sufficient data is a huge gap in the study. Not to mention, not much research had been previously done to compare with the current analysis.

The study mainly focused on nursing and administrative HCE, excluding clinical and paramedical staff, which is another gap in the research. In order to appropriately determine the factors affecting JS among multi-disciplinary HCE, it is evident to compare all the classes of HCE with a defined set of JS parameters. For instance, clinicians face overwhelming situations while dealing with a patient's life and welfare. They make decisions which affect the lives of their patients on a day to day basis. While clinicians enjoy good financial and professional benefits, it is not debatable they face burn-out to the maximum. Paramedical staff are indeed responsible for aiding the clinicians and the

nursing in the finer nuances of offering healthcare services. Their burden lies in ensuring proper services delivery while keeping themselves updated with the ever changing and revolutionising technology. Thus, it can be safely assumed that they do face burn-out and may feel unappreciated given the circumstances they face every day.

Thirdly, the study used both qualitative and quantitative survey analysis, but was focused on a single healthcare unit, which limits the data justification. In order to achieve a better idea about the research topic, studies must be conducted analyzing a larger population using both quantitative and qualitative data analysis methods. Cross-sectional studies will greatly help in drawing a conclusion. For example, studies, including face-to-face interviews, will help determine the perception of individual participants in a better way. Cross-sectional studies between various healthcare set-ups will help draw inference with better understanding of the concept. It would be interesting to support the concept with a literature review. Researchers should take up the idea of not just identifying the factors affecting JS among HCE but also fathoming the possibility of existence of variation in these factors between multi-disciplinary HCE belonging to different hierarchical levels.

To the knowledge of the researcher, this is the first study analysing the affect of JS on multi-disciplinary HCEs at various hierarchical levels. Thus, further research needs to be conducted to validate the present study results.

The inability of study's generalizability due to its small sample size is another limitations. However, as discussed earlier, future research involving mixed methods of analysis on larger population size can help validate the present study.

6.4 Conclusion

While further work needs to be done to identify various factors which affect JS among multi-disciplinary HCE, within different hierarchical levels, the study gives an

insight into the concept and provides a step towards understanding the JS determinants at different hierarchical levels among different classes of HCE to improve JS among them.

The researcher concluded that, while a majority of HCE were overall satisfied with their job and would recommend their organisation as a good work-place, there were factors which could contribute to further enhance their JS perception. The research found that offering professional growth was imperative, followed by providing means for financial benefits. leadership played a crucial role in identifying the potential of employees and offering them the chance to grow.

The current study results show that offering professional growth opportunities, providing financial benefits and improving superior support will largely influence job satisfaction among the multi-disciplinary HCE.

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APPENDIX A:
SURVEY QUESTIONNAIRE

This study's central research question is: to draw a parallel between factors affecting job satisfaction between nurses and healthcare administrative personnel and identify how these factors differ for the two classes at hierarchical levels?

1. What is your job title?
 - i. Nurse
 - ii. Healthcare administrative personnel
2. What is your current designation?
 - i. Staff Nurse or Team Leader
 - ii. In-charge Nurse or Supervisor
 - iii. ANS or above
 - iv. Executive or Senior Executive
 - v. Assistant Manager or Deputy Manger
 - vi. Manger or above
 - vii. AMS or above
3. What is your age group?
 - i. 21-30
 - ii. 31-40
 - iii. 41-50
 - iv. 51-60
 - v. 61 and above
4. What gender do you identify as?
 - i. Male
 - ii. Female

iii. Others

5. How many years have you been in your current position?

i. Less than a year

ii. 1 to 5 years

iii. 6 to 10 years

iv. 10 years and above

6. Which department are you working in?

7. What factors define job satisfaction for you?

i. Money

ii. Professional growth

iii. Superior's support

iv. Work profile

v. Empowerment

vi. Work-life balance

vii. Overall work culture

viii. All the above

8. How satisfied are you with your pay benefits?

i. Extremely satisfied

ii. Very satisfied

iii. Satisfied

iv. Somewhat satisfied

v. Not satisfied

9. How likely are you to get leave time when you need it?

i. Very likely

- ii. Likely
 - iii. Neither likely nor unlikely
 - iv. Unlikely
 - v. Very unlikely
10. How satisfied are you with the freedom to decide how to do your work?
- i. Extremely satisfied
 - ii. Very satisfied
 - iii. Satisfied
 - iv. Somewhat satisfied
 - v. Not satisfied
11. Do you feel your skills and abilities are utilised effectively in your current role?
- i. Yes
 - ii. No
12. How will you rate the support and communication from your colleagues and supervisors?
- i. Very good
 - ii. Good
 - iii. Fair
 - iv. Poor
13. Do you feel your efforts are recognised and rewarded adequately?
- i. Yes
 - ii. No
14. Do you feel your job can lead you to a mental or (and) physical burn-out?
- i. Yes
 - ii. No

15. How likely are you to recommend your organisation as a good workplace?

- i. Very likely
- ii. Likely
- iii. Neither likely nor unlikely
- iv. Unlikely
- v. Very unlikely

16. What do you believe could be done to improve job satisfaction in your role?

- i. Financial growth
 - ii. Professional growth
 - iii. Superior's support and recognition
 - iv. Empowerment
 - v. Improved work-life balance
 - vi. All the above
 - vii. Others (please specify)
-