DOI: 10.18843/ijms/v5i1(1)/01

DOI URL: http://dx.doi.org/10.18843/ijms/v5i1(1)/01

Job Satisfaction and Retention of Healthcare Professionals

Priyanka Singh Jadon,

Research Scholar, C.R.I.M., Barkatullah University, Bhopal, India. Bal Krishna Upadhyay,

Faculty of HRM, IIFM, Bhopal, India.

ABSTRACT

Several changes are occurring in the business environment, perhaps the management or other dominant forces have brought the current changes, but, it has certainly contributed to increased complexities. This has lead the healthcare sector to a critical state, where management is juggling a lot of issues and the employees are often much stressed out. Medical practitioners usually feel that they are deprived from the happiness they deserve; and the criticality of the issue has grown with growing dissatisfaction among them. This brings forth the issues of shortage and attrition as a major concern for the management due to its affect on efficiency and effectiveness of the healthcare delivery system. The retention of employees is considered pivotal for the hospitals as it is interpreted in terms of their services and patient satisfaction. The study revolves around exploring and understanding the healthcare setup in India and its other attributes, which may directly or indirectly influence hospital sector regarding their employee's satisfaction and lives, and coerce them to turnover. In this context, the study focuses on providing an insight into job satisfaction and retention; along with that it attempts to identify and establish the attributes acting as determinants of job satisfaction and retention.

Keywords: Job Satisfaction, Retention, Hospital setup, Medical Professionals, Healthcare Professionals etc.

INTRODUCTION:

Satisfaction of the employees is necessary for every employer and along with that it is the necessity of the time. It was believed that medical professionals are very self-sacrificing people and therefore people have more expectations from them (Bhat, 1993). But in the past few years in India as well as globally certain cases of dissatisfaction have been observed. Resolving these issues and facing them is essential because they clearly prognosticate an incommode in the immediate and long term future of the hospital, if they remain unaddressed. Everyone has certain expectations from their job but, most of the time people are often found to be facing the things which drag them towards content, distrust and dissatisfaction. Most of the times especially in case of medical professionals the joy of giving life and saving it, gives them a lot of happiness and fulfillment which adds to their satisfaction level, but, it is observed that they are still dissatisfied and disoriented sometimes, which leads to major issues at organizational level i.e. migration (Davidson, Folcarelli, Crawford, Duprat, & Clifford, 1997); lack of engagement and high turnover rates. Ultimately, all the positive traits of the job don't seem good enough and dissatisfaction level hikes up compromising their performance; all this ultimately drags them towards turnover (Morrison, Burke, & Greene, 2007). At individual level, In a healthcare setting, employee's satisfaction has been found to be positively related to quality of service and patient satisfaction (Tzeng, 2002). Several earlier studies have probed the intricate combination of job satisfaction, performance, commitment and retention (Griffeth, Hom, & Gaertner, 2000; Wood, Yaacob, & Morris, 2004).

The workforce crunch is often explored in context with retention because it is anticipated to compromise the performance at individual and organizational level along with affecting the recruitment and retention possibilities in several sectors including healthcare. Therefore, shortage of employees is considered as a

worldwide crisis (Kingma, 2001), especially when the possible outcomes could be interpreted not just as vacant posts, additional workload, etc. but, could end up as fatal results for their clients.

INDIAN HEALTHCARE SCENARIO:

India is a largely populated country, the population here is densely enriched and geographically, it is irregularly dispersed in two categories- urban areas and rural areas, which drives consequences, i.e. workload and irregularity issues, etc. These issues are escalated when they furcated, due to categories created within the patient pool because of matters of GDI and BPL associated with population. The issues are further aggrieved by dissimilarities observed at Government and private sector, namely, service quality levels issues, payment/ pricing matters and workforce differences, etc., which are creating a discrepancy in quality and utilization of services.

Over the past few decades, India has paid a lot of attention to amend and furbish the health care sector, viagrowth and development, improving the infrastructure and increasing supply of manpower, etc. But, quite conveniently managed to neglect addressing several important matters associated with manpower. However, the sector is working on multiple matters to channelize itself for its growth. This growth is creating new trends which are good for the business and giving exposure to noble practitioner's, which might act as a good but delicate combination of strong and weak incumbent, which might help putting right people at right places and improve their professional level of satisfaction and might affect their turnover too. With the recent technological advancement there have been several operational changes in the system of a hospital sector. There have been several things which have caused a slight change in the previous equilibrium i.e. medical tourism, etc.

NEW TRENDS IN HOSPITAL SECTOR:

Medical Tourism a comparatively recent trend in India has brought a tremendous inflow of money and patients; and it has also brought FDI and foreign currency in the business. Thus, it aided in developing a better compensation, infrastructure for the business (Fig. 1 Indicating the spending in healthcare industry as a percentage of GDP) and enhancing the competency of this sector by strengthening the healthcare facilities, and therefrom ultimately, it ended up in creating medical cities in India. Thus, giving a huge boost to the traditional and conventional medical practices used in India; and generating new employment opportunities for all hierarchical levels. But, along with that it created huge discrepancies in compensation (centered increase in compensation) in India. It also generated focused employment opportunities and along with that it brought in, its own sets of dissatisfaction issues, which launched its own sets of retention issues.

EMPLOYEE DISSATISFACTION AND EMPLOYEE TURNOVER:

In the past few decades, several new fatal and contagious diseases have increased and other mishaps have also contributed into the increased workload of medical practitioners. In today's health care departments the culture of the hospitals is changed i.e. a lot of paperwork, the malpractice suits, the lack of facilities and the different policies of the hospital management; they make professional life of medical professionals much more difficult. For instance, for Doctors, Nurses, Wardboy's the sanctity of their profession is diminishing due to their individual career ambitions, to pressure, to cope up with family or work, etc. Therefore, the biggest issue with dissatisfied employees is that they are always troublesome to retain.

Since, it is reckoned that it is difficult to retain dissatisfied employees. Professional commitment is a person's involvement, pledge, promise or resolution towards his/ her profession (Fang, 2001). Professional commitment has gained an increasing amount of interest, which is being explored under different forefronts. Literature review indicated, commitment has an incremental effect on a person's intention to leave the organization and it is believed to be positively associated with the job satisfaction of healthcare practitioners i.e., nurses.

EMPLOYEE SATISFACTION AND EMPLOYEE RETENTION:

Buss (1988) described job satisfaction as, an employee's perception that his or her job allows the fulfillment of important values and needs (Locke, 1969, 1976). According to George (2008), job satisfaction is the collection of feeling and beliefs that people have about their current job. But, people's levels or degrees of job satisfaction can range from extreme satisfaction to extreme dissatisfaction, in addition to having different mental attitude about their jobs, as a whole.

It is believed that employees are satisfied when they feel pride in their work or the culture, climate or interpersonal etc. People can also have different perception and attitudes about various aspects of their jobs such as, the kind of work they do, their co-workers, supervisors or subordinates. It is often considered that in health

sector job satisfaction and retention affects quality, effectiveness, efficiency and in some cases cost too. Worldwide many organizations perform surveys on satisfaction with customer service in order to increase earnings; the frequency of such surveys is seldom; and we do the same in India. But, somehow the job satisfaction surveys for their employees including healthcare sector are rarified indicating the extent to which these organizations are still neglecting the importance of their employee's job satisfaction, especially in case of health sector in India.

With the changing dynamics of the contemporary business scenarios in organizations, the job satisfaction and retention have become a widely discussed area due to their wide implications. If an employee is dissatisfied then it may be possible that his / her performance may get compromised, if the things don't change favorably than ultimately that may result into provoking that employee to resign from his / her job. In the earlier periods, people mentally disliked the idea of retirement (majority), but, now golden handshake is considered literally a golden opportunity by many. All of these affect the quantity of manpower in an organization.

Turnover also affects amount of manpower working in any organization. Tai and Robinson (1998) stated that "there is no consistent definition of turnover". Mobley (1982) stated that turnover is "the cessation of membership in an organization by an individual who received monetary compensation from the organization." So, neglecting retention can affect organizations at different levels in various ways. In order to effectively handle the situations and aid to retention the healthcare organizations and their administrators need to figure out the concerned determinants. This could also improve their services and help them to earn more because it is suggested in researches that happy and satisfied employees are beneficial and perform better than the rest.

PROFESSIONAL AND PERSONAL ATTRIBUTES AND ISSUES:

In today's environment organizations retain their employees for multiple reasons. Employees have become an intangible value adding assets for organizations working in a labour intensive sector like hospitals because, hospital's survival, market capturing, client attracting policies, success, efficiency and performance, completely depend on its employees. Since, healthcare employees are fundamentally unique a slight change in their job satisfaction might lead to turnover (Sourdif, 2004; Ito, Eisen, Sederer, Yamada, & Tachimori, 2001; Lum, Kervin, Clark, Reid, & Sirola, 1998; Hellman, 1997) by bringing change in their psychological contract via influencing their commitment, and resulting in their mobility from their hospital in search for a better job and sometimes towards a better career option. The shortage of skilled workers in hospitals is often steered to high patient mortality, job dissatisfaction and burnout too (Aiken, Clarke, & Sloane, 2002; Aiken, Clarke, Sloane, & Shilber, 1987).

Employee's seem to face few common (i.e. remuneration, working protocols, training, supervision etc.) and some fairly trenchant (i.e. workload, safety, respect, security, patient handling etc.) issues. These issues might have exhibited certain discrepancies according to employee's hierarchical level. Other colligated traits have been explored too (i.e. employee participation, workplace wellness etc.) indicating interest and recognition towards exploring the attributes associated with aspects of working life influencing people's decisions to stay with or leave a company (Hom & Griffeth, 1995); increased performance expectations and efficiency conducing to decrease in staff morale. The salient features which contribute towards retention are explored in the past by few researchers i.e. Shortell, & Schmittdel, (2005) associated the migration to foreign countries' with remuneration, but, other studies have dismissed it (Lu, While, & Barriball, 2007; Acker, 2004; Borrill, Carletta, Carter, Dawson, Garrod, & Rees, 2001). Therefore, to cope with the issues related to retention, several changes are incorporated in the healthcare setups and there is an urgent need to rigorously explore and identify factors affecting employee retention.

In terms of weight-age researches clearly indicate that job satisfaction and retention are very complex issues which are affected by an array of determinants. However, several researches were performed in the past and some in present but still the subjective information is incomplete, probably because of the pretermitting behaviour exhibited towards them. Until, we identify and fulfill the missing pieces with a customized approach their results of brusque nature might lose their importance. The studies which are made so far were more confined to global approaches making them rather generalized; or they were targeted to other nations but, somehow the developing nations especially India remain less explored. Therefore, there is a need for contemplating these issues incessantly, with a good approach, which is deprived of niggling.

Identifying workload issues, patient safety and care quality matters, and being an active contributor to a positive ward environment could help the organization to stay in the long run. Therefore, developing inter-collegial relationships and improving perceived support, participative climate, should affect inter-professional support that is vital for effective and efficient working of the organization. The intricate part played by employees

influences- roles and performances which are important for the organizations, especially hospitals as it might, influence job satisfaction and can be vital for growth, prosperity and sustenance of the company in the long term. However, in our country in health as well as other sectors we have constantly neglected the employees because focus of organization mainly lies on money, profit or other things. Few may have paid a slight attention to it but, mostly it has been neglected. Thus, affirming a constant neglect does not indicate any promising outcome but, constant long term neglect may turn it into a prominent issue.

CONCLUSION:

The various assumptions underlying the study clearly indicated that, the healthcare setup in India has undergone and is still undergoing several changes which is gradually altering several aspects of this sector ranging from employment to operation level. But, as healthcare is one of the most vital sectors for any developing country due to its critical nature. The specific identification of the constant long term requirements in the healthcare and the concerned consequences on job satisfaction are not to be neglected, because they affect the services being rendered by the employees and the hospitals. Since, satisfied employees play a crucial role in an organization's success, so health care organizations must pay attention to and should understand the importance of employees' job satisfaction. So, studies have recommended to monitor employees' job satisfaction levels on regular customized basis to avoid serious issues, especially for vital sectors like healthcare setups; and that too extensively to avoid dissatisfaction and facilitate retention.

Good and competent employees often leave fast, burdening average employees by adding to their workload, stress, etc., and ultimately, it will cost the hospitals in terms of money too. Thus, job satisfaction is a prerequisite for any hospital, if it plans to stay in health business and inattention to retention can drain the earnings of any organization irrespective of their level of success. So, it is crucial to pay attention to job satisfaction and retention of employees.

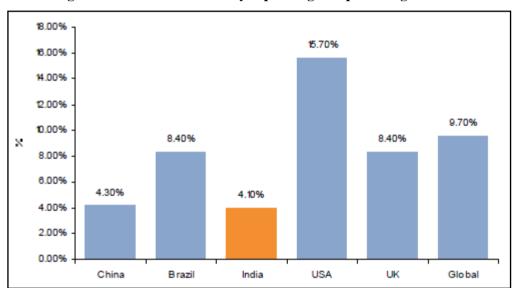
REFERENCES:

- Acker, G.M. (2004). The Effects of Organizational Conditions (Role Conflict, Role Ambiguity, Opportunities for Professional Development, and Social Support) on Job Satisfaction and Intention to Leave among Social Workers in Mental Health Care. *Community Mental Health Journal*, 40, 65-73.
- Aiken, L., Clarke, S. & Sloane, D. (2002). Hospital staffing, organization and quality of care: cross national findings. *International Journal for quality in Health care*, 14 (1), 5-13.
- Aiken, L., Clarke, S., Sloane, D, S. J., & Shilber, J. (1987). Hospital nurse staffing, patient mortality, nurse burnout and Job dissatisfaction. *JAMA*, 288 (16).
- Bhat, R (1993). The Private Health Sector in India, Berman, P and Khan, M E (eds.). *Paying for India's Health Care, Sage Publications*, 161-196.
- Borrill, J. Carletta, A.J. Carter, J. F. Dawson, S. Garrod, & Rees, A. (2001). The Effectiveness of Health Care Teams in the National Health Services. *Aston Centre for Health Service Organization Research*, Birmingham, UK.
- Buss, J. (1988). Job satisfaction and locus of control. Western Journal of Nursing Research, 10 (6), 718-731.
- Davidson, H., Folcarelli, P.H., Crawford, S., Duprat, L.J., & Clifford, J.C. (1997). The effects of health care reforms on job satisfaction and voluntary turnover among hospital-based nurses. *Med Care*, 35 (6), 634-645.
- Emerging trends in healthcare.(2010). Retrieved from URL http://www.icrim.eu/uploads/2014/12.html.
- Fang, Y. (2001). Turnover propensity and its causes among Singapore nurses: an empirical study. *International Journal of Human Resource Management*, 12 (5), 859–871.
- George, J.M. & Jones, G.R. (2008). *Understanding and Managing Organizational behavior*. (Fifth Edition). Pearson/Prentice Hall, New Jersey.
- Griffeth, R.W., Hom, P.W. & Gaertner, S. (2000). A meta-analysis of antecedents and correlates of employee turnover: Update, moderator tests, and research implications for the next millennium. *Journal of Management*, 26 (3), 463-488.
- Hellman, C. M. (1997). Job satisfaction and intent to leave. The Journal of Social Psychology. 137, 6, 677-689.
- Hom, P.W., & Griffeth, R.W. (1995). Employee Turnover. Cincinnati, OH: South-Western.
- Ito, H., Eisen, S. V., Sederer, L. J., Yamada, O. & Tachimori, H. (2001). Factors affecting psychiatric nurses' intention to leave their current job. *Psychiatric Services*, 52(2), 232-234.
- Kingma, M. (2001). Nursing migration: global treasure hunt or disaster-in-the-making? *Nursing Inquiry*, 8, 205–212.
- Locke, E. A. (1969). What is job satisfaction? Organizational Behavior and Human Resources Management, 4, 309-336.
- Locke, E.A. (1976). *The nature causes and causes of job satisfaction*. In M.C. Dunnette (Ed.), Handbook of Industrial and Organisational Psychology. Chicago, IL: Rand McNally.
- Lu, H., While, A.E., & Barriball, K.L. (2007). A model of job satisfaction of nurses: a reflection of nurses' working

- lives in Mainland China. Journal of Advanced Nursing, 58 (5), 468–479.
- Lum, L., Kervin, J., Clark, K., Reid, E., & Sirola, W. (1998). Explaining nursing turnover intent: Job satisfaction, pay satisfaction, or organisational commitment? *Journal of Organisational Behavior*, 19 (3), 305-320
- Mobley WH. (1982). *Employee Turnover: Causes, Consequences, and Control*. New York (NY): Addison-Wesley Publishing Company.
- Morrison, E.E., Burke III, G.C., & Greene, L. (2007). Meaning in motivation: does your organization need an inner life? *J Health Hum Serv Adm.*, 30(1), 98–115.
- Shortell, S. M., & Schmittdel, J. (2005). An Empirical Assessment of High- Performing Medical groups: Results from a National Study. *Medical Care Research and Review*, 62 (4), 407-434.
- Sourdif, J. (2004). Predictors of nurses' intent to stay at work in a university health center. *Nursing and Health Sciences*, 6, 59-68.
- Tai T.W., Robinson C.D.(1998). Reducing staff turnover: a case study of dialysis facilities. *Health Care Manage Rev*, 23, 21-42.
- Tzeng, H.M. (2002). The influence of nurses' working motivation and job satisfaction on intention to quit: An empirical investigation in Taiwan. *International Journal of Nursing Studies*, 39, 867-878.
- Wood, G., Yaacob, A., & Morris, D. (2004). Attitude towards pay & promotion in the Malaysian higher education sector. *Employee Relations*, 26 (2), 137-150.

FIGURE(S):

Figure 1: HealthCare Industry- Spending as a percentage of GDP



Source: WHO World Health Statistics 2010 (from web link www.icrim.eu.).