Job Satisfaction among Healthcare Professionals in Area Military Health Unit KwaZulu-Natal

by

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Submitted in partial fulfilment of the requirements for the degree of

Masters of Business Administration

University of KwaZulu-Natal

October 2006

EXECUTIVE SUMMARY

The current legislation in South Africa, namely the White Paper on Transformation of the Public Sector published on the 15 November 1995 by the Department of Public Service and Administration, addresses the need for transformation in the delivery of Public Services. The aim of this transformation process is to improve the efficiency and effectiveness of the way in which public services should be rendered, with the emphasis on customer focused ways of working.

The South African Military Health Services (SAMHS) as a public service healthcare organisation within the South African Department of Defence (SANDF) is also governed by the White Paper on transformation, and is constantly reminded of the call for improved service delivery to its clientele.

According to Schenke (2001:8) it is critical to understand that an interdependent relationship exists between employee satisfaction and customer satisfaction, and therefore an organisation would need to focus on both these assets.

An integral part of optimising service delivery in the SAMHS and improving customer satisfaction, would be to ensure job satisfaction among the healthcare professionals who render the services. Spytak, Marsland and Ulmer (1999:26) noted that satisfied employees tend to be more productive, creative and committed to their jobs.

A study was therefore undertaken to review job satisfaction among health care professionals in a sample population in the SAMHS. The study examined the main contributing factors that affected job satisfaction, and determined if there were differences in terms of job satisfaction across the demographic variables of age, gender, marital status, employees with or without children and tenure. Finally it explored the correlation between job satisfaction levels and intention to leave. The study constituted a comparative cross-sectional study of 61 healthcare professionals based at Area Military Health Unit KwaZulu Natal (AMHU KZN).

The research methodology adopted in this study was a quantitative survey. Statistical analyses were completed using ANOVA'S, Pearson's Correlations and Factor Analysis. The results of the study indicated that there were four major contributing factors affecting job satisfaction and these included, career management, strategic management and support, the nature of the work itself and interpersonal dynamics.

There were no differences noted in job satisfaction across the demographic variables of age, gender, marital status, employees with or without children and tenure. However results did indicate that there was a strong correlation between total job satisfaction and propensity to leave. A strong correlation was also found with each of the four main components affecting job satisfaction, namely career management, strategic management and support, the nature of the work itself, interpersonal dynamics, and propensity to leave.

Recommendations were made to the SAMHS with regard to job enrichment, compensation systems, staffing and promotions, and management style. The implementation of these recommendations could assist in improving the levels of job satisfaction among health care professionals. The study also recommended further research to better understand issues that could impact on job satisfaction of health care professionals in the military environment.

DECLARATION

I, Veni Govender, hereby declare that the contents of this dissertation is my own work, and that all sources utilised have been accurately reported and acknowledged, and that this dissertation has not been submitted at any university in order to obtain an academic qualification.

Signed:...........................on this 30 of October 2006.

ACKNOWLEDGEMENTS

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LIST OF ACRONYMS

SAMHS   -   South African Military Health Services

AMHU KZN -   Area Military Health Unit KwaZulu-Natal

SANDF   -   South African National Defence Force

DOD   -   Department of Defence

SAMS   -   South African Medical Services

SADF   -   South African Defence Force

CHAPTER 1

INTRODUCTION

1.1   INTRODUCTION

The South African National Defence Force (SANDF) comprises four arms of service: the Navy, the Army, the Airforce and the Medics. The medical core is known as the South African Military Health Services (SAMHS).

The SAMHS provides military health support to deployed Department of Defence (DOD) members and essential military health services to the SANDF, its members and their dependants. The SAMHS capability consists of deployable medical units, area military health services, specialist services and facilities, as well as logistic support and operational and medical support capabilities. The output of the area military health services is to provide a comprehensive, excellent, self supporting, multi-disciplinary area military health service through a formation headquarters commanding and controlling nine area military health units to ensure a healthy military community (DOD, 2003, paragraph 29). Area Military Health Unit (AMHU) KZN is one of the nine military health units providing a military medical service.

Internationally, healthcare has undergone much change, which has led to stakeholders demanding a more efficient and effective service delivery. Healthcare professionals, both caregivers and administrators, are thus required to improve the quality of care delivered to communities whilst promoting and maintaining a high standard of professional ethics (Spytak, Marsland and Ulmer, 1999:26).

Within a South African perspective, the White Paper on Transformation of the Public Sector published on 15 November 1995 by the Department of Public Service and Administration, addresses the need for transformation in the delivery of public services. The aim of this transformation process is to improve the efficiency and effectiveness of the way in which public services should be rendered. It urgently seeks to introduce a fresh approach to service delivery- an approach which:

- Puts pressure on systems, procedures, attitudes and behaviour within the public service.
- Frees up the energy and commitment of public servants to introduce more customer- focused ways of working.

This enhanced service delivery approach has been encapsulated in the name, "Batho Pele", (a Sesotho adage meaning: *"People First")*. The SAMHS as a public service healthcare organisation within the South African Department of Defence is also governed by the White Paper on transformation, and is constantly reminded of the call for improved service delivery and putting the Principles of "Batho Pele" into practice.

The new Surgeon General of the SAMHS has also emphasised that the government's imperative of "Batho Pele" (People First) will receive priority, particularly in the manner that patient care is provided (Ngqakayi, 2005, paragraph 5). The other area of priority was ensuring the ongoing process of transformation and representivity of the SAMHS in keeping with a democratic South Africa (Ngqakayi, 2005, paragraph 5). However a major concern raised, with regard to the transformation of SAMHS, was the brain drain experienced as more white personnel with expertise left the service. This is especially important in view of the dire shortage of suitably qualified black professionals. The loss of expertise could inevitably negatively affect the combat readiness of the SANDF at a time when its role is rapidly changing in view of its commitment to the African Union (Madasa, 2003, paragraph 3).

Therefore, the sweeping changes experienced with the political transformation of the SAMHS and the subsequent brain drain places increased pressure on healthcare professionals to ensure the effective, efficient and economic use of resources, making them acceptable and accountable to their stakeholders. The perceived low employee morale and satisfaction displayed among healthcare professionals could make it difficult to realise the mission of SAMHS.

An integral part of optimising service delivery in SAMHS and putting the principles of Batho Pele into practice is to ensure employee satisfaction among the healthcare professionals. Spytak *et al* (1999:26) noted that satisfied employees tend to be more

productive, creative and committed to their jobs, and have shown a direct correlation between employee satisfaction and customer satisfaction. According to Spytak *et al* (1999:26), organisations that can create work environments that attract, motivate and retain hard working individuals will be better positioned to succeed in a competitive environment that demands quality and cost-efficiency. Schenke (2001:8) also agrees that it is critical to understand that an interdependent relationship exists between employee satisfaction and customer satisfaction, and that an organisation needs to focus on both these assets. Strategies that narrowly focus on 'customer service' will in the long term succumb to the law of interdependence. Customer service driven organisations will burn up their financial and employee assets unless they are attended to in equal measure (Schenke, 2001:8).

In light of this the SAMHS needs to recognise that the healthcare professionals are the key to improving health service delivery and customer satisfaction. Therefore, it is important to look at job satisfaction of healthcare professionals in the SAMHS and first address the issues affecting job satisfaction as this would ultimately impact on customer satisfaction in the SAMHS.

1.2   RESEARCH PURPOSE

The aim of this study is to identify the key factors that affect job satisfaction among healthcare professionals in AMHU KZN. A further objective of the study will be to explore the relationship between job satisfaction and propensity to leave. This would highlight the issues that need to be addressed in order reduce turnover of professionals and to create a working environment that contributes to excellence in health care.

1.3   OBJECTIVES OF THE STUDY

The following are the specific objectives of the study:
  a)   To determine the major contributing factors that affect job satisfaction.
  b)   To determine if there are differences in terms of job satisfaction among health care professionals across the different demographic variables.
  c)   To explore the correlation between job satisfaction and intention to leave.

1.4   OVERVIEW OF THE RESEARCH REPORT

This dissertation is structured as follows:

Chapter 2:   Literature Review

The aim is to introduce and define the concept of job satisfaction and to examine the major theories of job satisfaction that form the theoretical foundation for the understanding of job satisfaction. The second part of chapter two will review the relationship between demographic variables and job satisfaction, and the last part of chapter two will look at job satisfaction and turnover.

Chapter 3:   Background to the Organisation

This chapter reviews the background to the Department of Defence (DOD) and the SAMHS, as this provides insight into the current issues in the organisation that could relate to job satisfaction among healthcare professionals in AMHU KZN.

Chapter 4:   Research Methodology

An overview of the methodology used in examining job satisfaction in respect to the objectives of the study is described in this chapter. This chapter includes an overview of the research instruments used and the data collection methods.

Chapter 5:   Results of the Study

The data obtained from the job satisfaction questionnaires were first analysed. The analysis of the demographic data provided a description of the sample. The principal component method and annova's were used to in analysing the first two first two objectives of the study. The propensity to leave questionnaire was also analysed and the Pearson's correlation was used to determine if there was a correlation between job satisfaction and propensity to leave. The various statistical tests used to test the data are discussed. The research findings are presented as per objective of the study.

Chapter 6:   **Discussion of Results**

This chapter deals with a discussion on the results of each objective of the study.

Chapter 7:   **Conclusions**

This chapter includes conclusions on each objective of the study.

Chapter 8:   **Recommendations**

This chapter includes recommendations of the study

Chapter 9:   **Limitations and Directions for Future Research**

This chapter deals with limitations of the present study and explores directions for future research.

CHAPTER TWO
THEORIES OF JOB SATISFACTION

2.1   INTRODUCTION

The structure of this literature review will be to first explore the concept of job satisfaction and the job satisfaction theories, to gain an understanding of theoretical foundations of job satisfaction. It should be noted that relatively old references have been used in the first part of this literature review as it dates back to the early theoretical frameworks and studies on job satisfaction. This traditional job satisfaction research was the foundation upon which a great deal of research has since developed. It should be noted that in the early literature the theories of motivation were also referred to as the theories of job satisfaction. Both these terms were used interchangeably. Reference has been made to the theories of job satisfaction in the literature review. The second part of the literature review will examine the relationship between job satisfaction and demographic factors while the last part of the literature review will look at job satisfaction and turnover.

2.2   THE CONCEPT OF JOB SATISFACTION

The concept of job satisfaction has been explored from varying points of view by researchers.

According to Vroom (1964:99), the terms 'job satisfaction' and 'job attitudes' appear to be closely related and are often used interchangeably in many research studies. Both refer to affective orientations by an individual toward work roles they occupy. Positive attitudes toward the job are considered equivalent to job satisfaction and negative attitudes toward the job are equivalent to job dissatisfaction. Locke (1976:701) also defined job satisfaction as the positive or negative attitudes held by individuals toward their jobs.

According to Robbins (1979:44-47) values are preconceived views that generally influence behaviour and they lay the foundation for the understanding of attitudes.

Beliefs are made up of facts, opinions and general knowledge that one holds about an object. Beliefs added to values, result in attitudes. Attitudes are more specific than values, and they also have an evaluative component that beliefs lack. Research has shown that the values that people have can explain their attitudes and in many cases their behaviour. Attitudes like values are acquired from parents, teachers and peer group members. In contrast to values, attitudes are not as stable due to changing beliefs that individual's experience (Robbins, 1979:44-7).

Greenberg and Baron (2003:147-149) noted that attitudes are composed of three major components: an evaluative component, the cognitive component and the behavioural component. The evaluative component refers to an individuals' liking, or disliking of any particular person, item or event (also known as the attitude object or the focus of ones attitude). Attitudes involve more than just feelings they also involve knowledge – that is, what one believes about a person, item or event, whether they are true or false. For example an individual may believe that a coworker earns a better salary than he does, and it is this belief, which may or may not be accurate, that comprises the cognitive component of attitudes. The behavioural component of attitudes is the predisposition to behave in a way consistent with ones beliefs and feelings about an attitude. However, such a predisposition may not predict one's behaviour. An example is if an individual's supervisor is involved in fraudulent activities the individual might seek alternate employment if he is unhappy with the situation. However, the individual will not accept the new job if there are other aspects of his job that compensate for the negative feelings. Therefore the intention to behave in a certain way may or may not dictate how one would actually behave (Greenberg and Baron, 2003: 147-149).

Based on the various components of attitudes, 'attitudes' is defined as a relatively stable cluster of feelings, beliefs and behavioural intentions toward specific objects, people or institutions(Greenberg and Baron, 2003:148). Work related attitudes are attitudes relating to any aspect of work or work setting. The various attitudes people hold toward their jobs are referred to as job satisfaction (Greenberg and Baron, 2003:148). Job satisfaction is not behaviour but is considered a general feeling of contentment with the effort-reward relationship on the job (Robbins, 1979:53).

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Gruneberg (1976:36) describes the traditional model of job satisfaction as consisting of the total body of feelings that an individual has about his job. An individual weighs up the overall variables of the job, such as the nature of the job itself, the pay, the promotion prospects, the nature of supervision and so on. When the sum total of the variables, give rise to feelings of satisfaction, the individual is satisfied with his job and when in total the variables reflect feelings of dissatisfaction it implies that the individual is dissatisfied with his job. This model looks exclusively at the situational variables in understanding job satisfaction.

However, according to Zaleznik, Christensen and Roethlisberger (1958:256-9), researchers can study satisfaction from two extreme points of view. One view is the assumption that an individual is an organic whole who perceives his world as a totality rather than as isolated experiences. This means that the individual's level of satisfaction or dissatisfaction is determined by the situation in every aspect of his life, including the situation in both his work and home front. The feeling of satisfaction or state of mind of an individual cannot be viewed in isolated parts. The level of satisfaction at work will affect the individual's level of satisfaction in other aspects of his life. Measuring satisfaction from this point of view would mean that a researcher would have to conduct in depth interviews with an individual to study his behaviour intensely, to view the world as he views it and to understand the meaningfulness of his experiences. Although this approach would provide valuable information, the challenge is that measurements and comparisons become difficult and imprecise.

According to Zaleznik *et al* (1958:259) another point of view is that an individual's satisfaction can be separated into discrete parts. Worker satisfaction can be divided into various work roles such as his job, his pay, his supervision, and the organisation he works for. The advantage of this approach is that the worker is able express his degree of satisfaction with each of the elements enabling the researcher to conduct measurements and make appropriate comparisons.

Vroom (1964:172-4), does not believe that job satisfaction should be studied from separate points of view. Although he recognises that most of the research on the causes of job satisfaction is based on the assumption that differences in job satisfaction are due exclusively to differences in work roles. Another assumption is

that differences in job satisfaction are a direct result of individual differences in personality. Individuals differ greatly in their motives, values and abilities and it is thought that it is these differences that affect the attractiveness of the work roles of people occupying it. However, Vroom is of the opinion that neither of these variables, one based on situational and the other on personality variables, can be viewed separately in the understanding of the causes of job satisfaction. He believes that job satisfaction must be assumed to be the result of both the situational and personality variables.

This point of view is similar to Porter and Lawler. Porter (1961:3) never developed an actual theory of satisfaction; however he sees satisfaction as the difference between what a person thinks he should receive and what he feels he actually does receive. According to Lawler (1973:82) the research on the determinants of job satisfaction has focused primarily on two relationships. This was the relationship between satisfaction and the characteristics of the job and the relationship between satisfaction and the characteristics of the person. This is in keeping with Lawler's approach to satisfaction, which he views as both a function of the person and the environment. Porter and Lawler indicate that personal factors influence what individuals feel they should receive and that job conditions influence both what people perceive they actually receive and what people perceive they should receive.

It is important to distinguish what is meant by factor or facet satisfaction and overall job satisfaction. According to Lawler (1973:64) facet satisfaction refers to people's affective responses to certain aspects of their jobs. The most common facets are job content, supervision, financial rewards, promotions, working conditions, and co-workers. Job satisfaction on the other hand refers to a person's affective reaction to his total work role. It is important to distinguish between facet satisfaction and job satisfaction as many of the theories on job satisfaction argue that job satisfaction is a result of some combination of an individual's affective reaction to the various facets of their jobs.

The implications for the current study is that when looking at the first objective of the study, namely exploring the main factors affecting job satisfaction, the various facets or situational variables of job satisfaction will be examined. As mentioned earlier the advantage of this approach is that it allows for easy and accurate measurements and

comparisons. In examining the relationship between job satisfaction and job behaviour, such as propensity to leave, an overall job satisfaction score based on the combination of an individuals overall reaction to the various facets of their jobs, will be used.

2.3 THEORIES OF JOB SATISFACTION

Gruneberg (1979:9) describes, two categories of theory regarding job satisfaction, content theories and process theories. Content theories give an account of the factors, which influence job satisfaction. Process theories attempt to explain the process by which the variables such as expectations, needs and values interact with characteristics of the job to produce job satisfaction.

According to Schermerhorn, Hunt and Osborn (1997:86) content theories profile different needs that may motivate individual behaviour. These theories suggest that a manager's job is to create a work environment that meets individual needs. It also explains how poor performance, undesirable behaviour and low satisfaction are actually a result of 'blocked' needs, or needs that are not satisfied on the job. This includes Maslow's Needs Hierarchy theory, Alderfer's ERG theory, McClelland Achievement theory and Hertzberg's Two-Factor theory of job satisfaction. The process theories seek to understand the thought processes that influence behaviour. Whereas the content theories identify the different needs important to individuals, the process approach analyse how these needs lead the person to behave in particular ways relative to available rewards and work opportunities. The process theories that will be discussed include the equity theory, expectancy theory, reference group theory and the need and value fulfillment theory.

2.3.1 CONTENT THEORIES

2.3.1.1 Maslow's Needs Hierarchy Theory

According to Locke (1976:88), probably the best-known conceptualisation of human needs in organisations has been proposed by Abraham Maslow. Maslow was a clinical psychologist who developed the needs hierarchy theory. In his view people

that grew up in an environment in which their needs were not met, would find it difficult to function as healthy, well-adjusted individuals. In applying this idea to organisations, his premise is that unless people get their needs met on the job, they will not function as effectively as possible. Maslow's theory specifies that there are five human needs and that these are activated in a hierarchical manner. These needs are basic physiological needs, safety and security needs, social (affection) needs, esteem needs and self-actualisation needs (Greenberg and Baron, 2003:192).

Physiological Needs

These needs lie at the bottom of the hierarchy; they are the lowest order, most basic needs specified by Maslow. These refer to the basic needs for survival, such as food, air, water and shelter. To satisfy these needs organisations must ensure that they are paying their employees a living wage. Periods of rest such as lunch and tea breaks and opportunities to engage in physical activities such as the use of physical and exercise facilities are also important for people to meet their physiological needs. Employee wellness has become a focus of most organizations with the provision of exercise and physical fitness programs for employees, to encourage them to maintain a healthy lifestyle (Greenberg and Baron, 2003:192).

Safety Needs

This forms the second level of needs in Maslow's hierarchy. Safety needs refer to the need for a secure environment that does not pose any threat of physical or psychological harm. Organisations can ensure that safety needs are met, by example providing employees with the necessary safety gear like thermal suits for those exposed to extreme temperatures, life and medical insurance cover, and protection forces like the police and fire protection. Jobs that provide no lay off agreements also provide a psychological security blanket that helps to satisfy safety needs. It is practices like these that create a safe and secure environment that enable people to function effectively without fear of harm (Greenberg and Baron, 2003:193).

Social Needs

If the physiological and safety needs are fairly well satisfied, the needs for belongingness and love will emerge and dominate motivated behaviour (Arkes and Garske, 1977:101). These needs refer to the need to be affiliative, to have affectionate relationships with others such as friends and to be loved and accepted by other people (Greenberg and Baron, 2003:193). Maslow emphasises that satisfaction of these needs requires both receiving and giving love. If these needs are not met they may lead to feelings of rejection, ostracism, loneliness and friendlessness, and continued deprivation may lead to severe psychopathology (Arkes and Garske, 1977:101). Social needs can be met in organisations by encouraging participation in social events, such as office braais or parties. An organisations sports club is also a good opportunity for meeting social needs, by giving employees a chance to socialise and develop friendships (Greenberg & Baron, 2003:193).

Esteem Needs

The fourth level of needs is esteem needs. This can be divided into two subsets, self-esteem and esteem of others. The former includes the need for strength, achievement, competence, independence and so forth. The latter includes needs such as status, prestige, recognition, attention and appreciation (Arkes and Garske, 1977:101). Companies can satisfy the esteem needs of individuals in various ways. They can for example have an awards evening to recognise high achievers, or monetary bonuses for improved employee performance. Non-monetary awards, such as trophies, commendation certificates also can be used to acknowledge the valuable contribution of employees and fulfill esteem needs. Employee of the month, or articles in a company's newsletter describing an employee's success are also some examples of things that can be done to satisfy esteem needs (Greenberg and Baron, 2003:193).

Self-Actualisation Needs

The uppermost need in Maslow's hierarchy is a need that is aroused only after all the lower-order needs have been met – the need for self actualisation. This refers to the need to become everything that one is capable of becoming; to develop one's fullest

potential (Greenberg and Baron, 2003:194). (Maslow, 1970 cited in Greenberg and Baron, 2003: 194) describes it in much the same way, "what a man *can* be, he *must* be". According to Greenberg and Baron (2003:193) self-actualised employees work at their maximum creative potential, and are therefore extremely valuable to an organisation. These individuals work at their peak affording the company maximum benefit from their human resources. Managers can emphasise self-actualisation by using techniques that make-work more meaningful. These techniques include planning special assignments that capitalise on employee's unique skills, or allowing the employees flexibility in designing work procedures and plans for implementation (Hellriegel and Slocum, 1979:400).

Controversies regarding Maslow's Theory

Maslow theorised that lower order needs must be met before man is capable of being concerned with fulfilling higher order needs, a concept called pre-*potency* (Gawel, 1997, paragraph 6). In his view people are concerned with satisfaction of their needs according to a system of priorities, which are divided into growth and deficiency needs. Deficiency needs are the lower order needs such as hunger, thirst, safety and security, which must be satisfied before higher order needs or growth needs such as self-respect and self-actualisation can be satisfied. Maslow also felt that once a need is satisfied it is no longer of importance and the individual will then seek to move up the hierarchy toward satisfying other needs (Sanzotta, 1977:28).

However, Locke (1976:92) has pointed out that there is some evidence that the satisfying of some needs lead to a strengthening of those needs, rather than the reverse. Although Maslow did not in fact develop his theory to explain job satisfaction, a number of theorists have applied his theory in this way. Applying this theory to a job situation would imply that an employee will be unable to seek satisfaction and achievement from the work itself, until his lower order needs for security and pay have been satisfied (Gruneberg, 1979:10).
Research has also shown that not all people are able to satisfy their higher order needs on the job. The findings indicate that lower level managers are able to satisfy only their deficiency needs on the job, while managers from higher up the structure of an organisation are able to satisfy both their deficiency and growth need. In terms of

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growth needs there is no urgency to attain a particular goal, rather there is a gradual move toward the actualisation of potential. At this stage of growth motivation, individuals are not just motivated but metamotivated (Arkes and Garske, 1977:101).

The importance of the different needs have also been questioned. Many researchers have tried to measure the importance of the different employee needs. Studies have shown that the fulfillment of needs differs depending on factors such as the job a person performs in the organisation, his or her age, race, the size of the company, and the cultural background of the employee. Briefly these studies have found:

- Line managers perceive greater fulfillment than do staff managers in areas of security, affiliation, esteem and self-actualisation needs. The largest difference between line and staff managers occur in esteem and self-actualisation needs (Porter, 1963:141-148).

- Young workers (twenty five years old or less) have greater need deficiencies than do older workers (thirty six years old or more) in esteem and self-actualisation needs (Altimus and Tersine, 1973: 53-66).

- There is a greater lack of need fulfillment in every need among black managers than their nonblack counterparts (Slocum and Strawser, 1972:28-33).

- At lower levels of management, small-company mangers are less deficient in their needs than are mangers that work for larger companies (Porter, 1963:386-397).

- Workers from different cultures have different hierarchies in their companies (Slocum, Topichak and Kuhn, 1971:435-445).

Locke (1976:93) has indicated that, although Maslow's theory has great intuitive appeal it has some major drawbacks. Firstly there is no evidence for a hierarchy of needs. In general, Maslow's theory has not received a great deal of support with respect to his view of the exact needs that exist and the order in which they are activated.

Researchers have also questioned whether it is not more likely that various needs could be present and attended to simultaneously. In such a situation where the needs are interrelated the hierarchy as proposed by Maslow would not be applicable. The hierarchy of needs would be applicable if it was individually determined with a general common needs arrangement which was more flexible than what Maslow proposed (Sanzotta, 1977:51).

Application of Maslow's Theory

Despite the controversies, the implication of Maslow's theory provides useful insight for managers and organisational leaders. Firstly, it is important for managers to look at ways of motivating employees by devising programs or practices aimed at satisfying emerging or unmet needs. Another implication is for organisations to implement support programs and focus groups to help employees deal with stress especially during more challenging times and taking the time to understand the needs of the respective employees (Kreitner and Kinicki, 1998:173).

According to Steers and Porter (1983:32), "managers have the responsibility to create a proper climate in which employees can develop to their fullest potential. Failure to provide such a climate would theoretically increase employee frustration and could result in poorer performance, lowered job satisfaction, and increased withdrawal from the organisation".

2.3.1.2 Alderfer's Need Theory

In response to the criticisms of Maslow's theory, Alderfer adopted an alternative approach. Alderfer's theory differed from Maslow's theory in three basic respects. Firstly there are only three types of needs instead of five, this includes the *existence needs*- the desire for physiological and material well-being, *relatedness needs* – the desire for satisfying interpersonal relationships and *growth needs* – the desire for continued personal growth and development. Secondly, although Maslow proposes that individuals move up the hierarchy as the result of the satisfaction of lower order needs, Alderfer's ERG theory includes a unique *frustration-regression* component. This suggests that an already satisfied lower level need can become activated when a

higher level need cannot be satisfied. An example is if a person is constantly frustrated in his or attempts to satisfy growth needs, relatedness needs can again surface as key motivators. Thirdly, unlike Maslow's theory, Alderfer's theory suggests that more than one need may be activated at the same time (Schermerhorn, *et al* 1997:90).

According to Greenberg and Baron (2003:194-5) the five needs of Maslow's theory correspond with the three needs of Alderfer's ERG theory as shown in Figure 2.1. The existence needs correspond to Maslow's physiological needs and safety needs. Relatedness needs correspond to Maslow's social needs, including the need for meaningful social relationships. Lastly, the growth needs correspond to the esteem needs and self-actualisation needs in Maslow's theory – the need for reaching one's potential.

Fig 2.1   Need Theories: A comparison

Growth needs

5. Self-actualisation needs

4. Esteem needs

Deficiency needs

3. Social needs

2. Safety needs

1. Physiological needs

- Growth

- Relatedness

- Existence needs

Maslow's Need Hierarchy Theory

Alderfer's ERG Theory
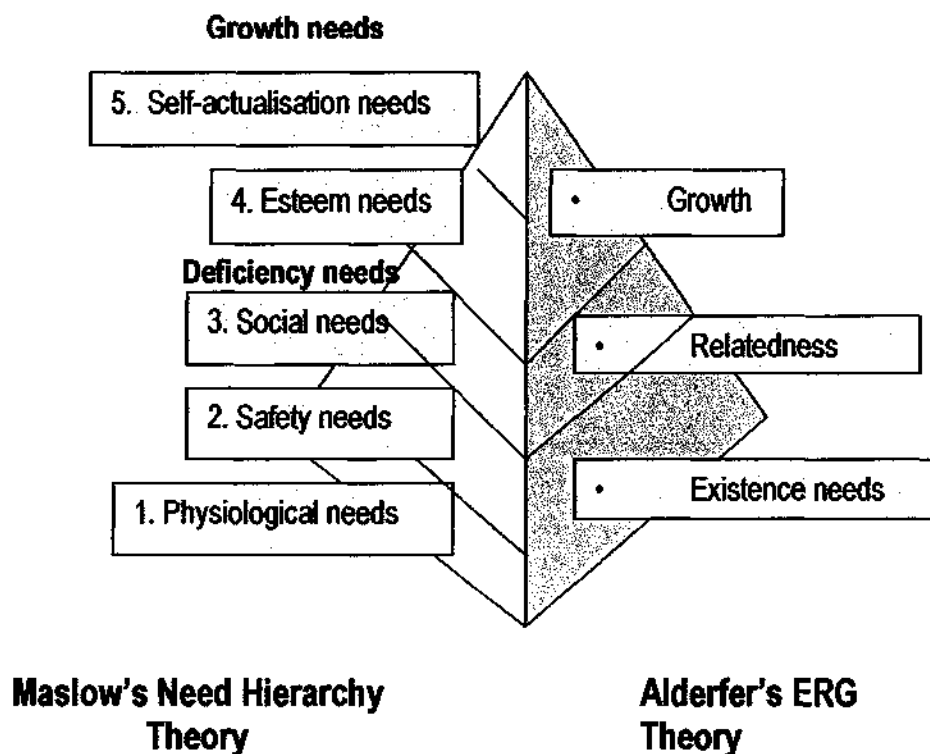
The ERG theory has made a valuable contribution to the current body of knowledge of human needs, in particular the allowance it makes for regression back to lower level needs. It does help in explaining why in some situations the focus of workers' complaints is primarily on wages, benefits and conditions of work- things related to existence needs. Even though these are important issues it may be exaggerated due to the fact that the jobs do not satisfy relatedness and growth needs. The ERG theory is therefore, a more flexible approach in understanding human needs than Maslow's strict hierarchy (Schermerhorn *et al*, 1997:90). However, although both theories are not in complete agreement about the exact number of needs and the relationships between them, they do agree that satisfying human needs is crucial in motivating behaviour on the job (Greenberg and Baron, 2003:195).

2.3.1.3   Hertzberg's Two Factor Theory

Related to Maslow's needs hierarchy theory is Hertzberg's well known Two Factor Theory of job satisfaction. According to Hertzberg there are two classes of factors involved in job satisfaction. These are referred to as motivators (satisfiers) and hygiene factors (disatisfiers). The satisfiers relate to what a person does while dissatisfiers relate to the situation in which the person does what he or she does. (Gawel, 1997, paragraph 6).

According to Grobler, Warnich, Carrell, Elbert and Hatfield (2002:107-8) hygiene factors such as salary and working conditions, reflect the *context* of the job. They are external to the employee and the job and are considered extrinsic conditions of the job. This means that they are controlled by someone other than the employee. Motivators on the other hand are intrinsic in nature and they reflect the *content* of the job. Managers do not dispense them to employees, but rather each employee controls and administers them personally. Figure 2.2 illustrates both the hygiene and motivator factors affecting job satisfaction according to Hertzberg's Theory.

Figure 2.2   Hertzberg's Theory: Factors Affecting Job Satisfaction.

Hygiene needs Reflect job context and lower-level needs	Negative job environment creates demands for	**Hygiene factors:** More money Better supervision Good working conditions Job security Consistent management policies and rules	Which Influence	**Level of job dissatisfaction**

Level of job performance

Motivator needs: Reflect job content and higher-level needs	Positive job opportunities allow worker to achieve	**Motivators:** Achievement Responsibility Growth Work Itself Recognition	Which Influence	**Level of job satisfaction**

Motivators are factors which if present in the working situation, lead to satisfaction, but if absent does not lead to dissatisfaction. Such factors include achievement, recognition, and the intrinsic interest of the work itself, and are linked to the higher levels of 'self autonomy' and 'self-actualisation' in Maslow's hierarchy of needs. These higher order factors differ from the second group of factors, known as the hygiene (or maintenance) factors, which when inadequate, lead to job dissatisfaction, but which when adequate do not lead to job satisfaction (Gruneberg, 1979: 11-13). This is the achievement of a neutral point, which is considered a "fair day's work". At his point there is no difference in performance as a result of motivation. Although adequate hygiene on the job does not result in job satisfaction, it does serve as a prerequisite for satisfaction. It is at his neutral point that the employees are prepared for the factors, which are considered motivators (Sanzotta, 1977:26).

Hygiene factors include pay, security and physical working conditions and correspond to the lower order needs in Maslow's hierarchy. In separately identifying these two classes of job satisfaction in this way, Hertzberg argues that the causes of job satisfaction and dissatisfaction are separate and distinct. The hygiene factors such as working conditions do not result in a feeling of satisfaction if they are good, however

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if it is bad it does lead to job dissatisfaction. However, job satisfaction can be achieved if an individual is allowed to "grow" psychologically, that is, to achieve a worthwhile aim, and to receive due recognition for his work, so that he can regard himself as a worthwhile individual. The absence of such factors does not lead to dissatisfaction, but it fails to achieve satisfaction (Gruneberg, 1979:11-12).

According to Hertzberg (1966:81) mentally healthy individuals will seek psychological growth from their jobs, and he views those who seek satisfaction from hygiene factors as having characteristics that lead to neurotic personalities. However, it has been argued that in several situations where psychological growth has not been possible due to the dull and routine nature of a job, individuals do gain satisfaction from hygiene factors such as money. This can be regarded as a healthy adjustment and is not indicative of a neurotic personality.

Furthermore, several studies have indicated that cultural factors also influence job satisfaction. In some cultures money is seen as the most important aspect of a job, therefore these hygiene seekers should not be viewed as individuals with poor adjustment (Gruneberg, 1979:14-15). Locke (1976) does not support Hertzberg's ideas on mental health. In his view a lack of self-esteem rather than the failure to cope with hygiene factors, would more likely be a major factor in neurosis.

One of the major criticisms of Hertzberg is that he has not emphasized the importance of individual differences in acquiring an understanding of job satisfaction and it is here where the process theories of job satisfaction, have made a significant contribution. The process theories attempt to give an account of how the individual's needs, values and expectations interact with the job to provide job satisfaction and dissatisfaction. It would be incorrect to consider the job itself in terms of opportunities for psychological growth without looking at the individual who will occupy the job and who will vary in terms of the values he wishes fulfilled in the job (Gruneberg, 1979:31).

Another criticism of Hertzberg's theory is that it does not indicate how the hygiene factors and motivators will be weighted together to produce an overall assessment of job satisfaction. However, it does highlight the importance of analysing the

characteristics of the work itself in gaining an understanding of job satisfaction (Gruneberg, 1979:18).

Research into Hertzberg's two-factor theory has produced mixed results. Some studies have shown that job satisfaction and dissatisfaction were based on different factors and these conform to the distinct motivators and hygiene factors suggested by the theory (Machungaws and Schmitt, 1983: 31-37). Other studies support the view that certain hygiene factors can contribute to job satisfaction, and certain motivators can contribute to dissatisfaction, thereby casting doubt on the two-factor theory. In light of these mixed results Hertzberg's two-factor theory can be considered an interesting but unverified framework for understanding job satisfaction (Machungaws and Schmitt, 1983: 31-37).

However, the two-factor theory is still important in its application in managing organisations. Managers should focus on motivators, such as the opportunity for personal growth of individuals and development of professional skills on the job. Steps should also be taken to look at hygiene factors or create conditions that prevent dissatisfaction. Creating a pleasant working environment is one example of how to prevent people becoming dissatisfied with their jobs. Research has shown that dissatisfaction is quite pronounced under conditions of overcrowding, poor lighting, high noise levels, extreme temperatures and poor air quality. The hygiene factors will not improve motivation. According to the Hertzberg approach the only way to motivate employees is to upgrade their jobs. Hertzberg has shown strong support for job enrichment, as a means of tapping the motivational potential within every worker (Sanzotta, 1977:27).

2.3.1.4   McClelland's Need Motivation

David McClelland looked at the distinctly human phenomenon of constructive activity beyond survival requirements, and identified this trait as the "need for achievement" (n Ach). According to Hellriegel and Slocum (1979:404), achievement motivation can be defined as the desire to perform in terms of a standard of excellence or a desire to be successful under competitive conditions. The level of achievement

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motivation of people is influenced by their childhood, personal and occupational experiences, and the type of organisation that an individual is working for.
The socio-economic background of these individuals is important. High achievers tend to come from a middle class background, in which competence is expected, and independence is encouraged from an early age (Sanzotta, 1977:25).

Achievement motivation was measured by using the projective technique known as Thematic Aperception Test (TAT). The TAT asks people to view pictures and write about what they see (Schermerhorn *et al*, 1997:90). The main intent of this is to obtain the individual's own perception of the world. The response to the individuals perception of the picture, the meaning each subject gives to it and how each subject organises the stimuli is assessed. McClelland has found that the responses often indicate each subject's own view of the world, personality structure, needs and feelings and ways of interacting with others (Hellriegel and Slocum, 1979:406). McClelland identified three themes that correspond to underlying needs, important in understanding human behaviour:

- The need for achievement, - which is defined as a preoccupation to focus on goals, *the desire to do something better or more efficiently.* Individuals with the need to achieve often prefer working independently and are often associated with a lack of group orientation (Grobler, *et al*, 2002:105).

- The need for affiliation, - the desire to establish warm, friendly interpersonal relations with others (Schermerhorn *et al*, 1997:90).

- The need for power- the desire to obtain and exercise control over the behaviour of others, resources and the environment (Grobler *et al*, 2002:105). McClelland found that individuals with a strong need for power and affiliation demonstrated a propensity for either totalitarian methods of control or more democratic methods (McClelland and Burnham, 1985:69-71).

Of MclCelland's three needs that have been identified, Sanzotta (1977:25), noted that professionals usually have a high need for achievement. Carrell, Elbert and Hatfield,

(2000:128) found that the need for achievement was the focus in McClelland's research. This need was highlighted as critical to the success of an organisation, as most organisations want their employees to achieve.

In the light of the fact that professionals are regarded as high achievers it is important to understand McClelland's description of high achievers as this would provide insight for an organisation that is looking at meeting the needs of their employees.

McClelland's description of high achievers are summarised as follows:

- High achievers like to set their own goals, as they are quite selective about the goals they choose. It is for this reason that they do not automatically accept goals set by others, including their supervisors. They do not seek advice from people except from experts in the field. High achievers prefer to remain accountable for the attainment of goals. If they are successful they would accept the credit for it and if they are unsuccessful they would accept the consequences. High achievers prefer to resolve problems rather than leaving the outcome to chance or to others (Hellriegel and Slocum, 1979:406).

- High achievers tend to choose moderate goals. The goals must not be so easy that achieving the goal produces minimal satisfaction, but neither must the goal be unattainable that it no longer provides a challenge (Hellriegel and Slocum, 1979:406).

- High achievers will prefer situations where they can obtain feedback on whether or not they have achieved their goals (Sanzotta, 1977:24).

The effect of extrinsic rewards such as money on high achievers is complex. High achievers do have a high opinion of the value of their services and, therefore, prefer to receive the pay of a valued employee. High achievers are often good at what they do and would not remain long in a job that does not pay them equitably for performing well. Incentive plans do not necessarily improve performance of these individuals as they are often working at their peak efficiency. Money is a strong symbol of their

achievement and adequacy, and may lead to feelings of dissatisfaction if they feel they their remuneration is low in comparison to others. Achievement satisfaction is not possible in an organisation where the tasks are routine, boring or where there is no competition (Hellriegel and Slocum, 1979:407). A high need achiever prefers to work in organisations where there are individual responsibilities, challenging goals and performance feedback (Schermerhorn *et al*, 1997:91).

McClelland has highlighted the importance of high achievers in terms of economic growth and maintains that underdeveloped countries have populations with low need for achievement. High achievers often embark on professional careers or in entrepreneurial activities. Although there is a need for high achievers no organisation should be made up of only high achievers. There is a need for employees who don't like taking risks like the finance department, and those who have little responsibility like assembly line workers. These employees don't require a work environment with limited restrictions and greater independence to maximise their achievement satisfaction (Sanzotta, 1977:25).

The content theories above have given an account of the factors, which influence job satisfaction. In essence the content theories identify the different needs important to individuals. The process theories in the discussion that follows will analyse how the needs identified by the content theories lead the person to behave in particular ways relative to available rewards and work opportunities.

2.3.2 PROCESS THEORIES

Process theories describe job satisfaction as being determined, not only by the nature of the job and its context, but by the needs, values and expectations that individuals have in relation to their jobs. The classes of theory that describe this are the expectations and equity theory, reference group theory and the needs/value fulfillment theory (Gruneberg, 1979:17).

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2.3.2.1 Adam's Equity theory

The expectation an individual has about his environment will affect how he or she behaves. Expectations are a frame of reference by which an individual judges the world about him. In a job situation, frames of reference can be used when deciding for example, what is reasonable pay. An individual would compare what they are receiving to what others are receiving and if they discover they receive less then this would lead to dissatisfaction. It is only when rewards and efforts are seen as reasonable compared to the rewards of other people is there satisfaction. This concept of what is a just reward for one's effort is the crux of the equity theory (Gruneberg, 1979:20).

The theory proposes that people focus on two variables in determining what is a just reward, the *outcomes* and *inputs*. Outcomes are the rewards employees receive from their job, such as pay, fringe benefits, prestige and recognition. Inputs refer to the contributions people make to their jobs such as their experience, qualifications, the amount of time worked, the amount of effort spent on their jobs and the number of units produced. Outcomes and inputs are based on the perceptions of people and not necessarily on any objective standards; therefore there often is debate as to what constitutes equitable treatment on the job (Greenberg and Baron, 2003:202).

Another way of describing the equity theory is that people strive to maintain ratios of their own outcomes (rewards) to their own inputs (contributions) that are equivalent to the outcome/input ratio of others that they compare themselves with. The "others" that they compare themselves to could be anyone, like other employees in their section, other employees in the organisation, individuals in the same profession, or even themselves at an earlier period of employ. These comparisons can result in any of three different states, overpayment inequity, underpayment inequity, and equitable payment. Overpayment inequity is a situation that results in feelings of guilt, in which the ratio of one's outcomes/inputs is more than the corresponding ratio of another individual with whom that person compares himself or herself. Underpayment equity is a condition that results in feelings of anger, in which the ratio of one's outcomes/inputs is less than the corresponding ratio of another individual with whom that person compares himself or herself. Equitable payment is a state in

which the income/output ratios of both individuals are equal, resulting in a feeling of satisfaction (Greenberg and Baron, 2003:202-203).

People can respond to inequity in behavioural and or psychological ways. These reactions assist in changing the perceived inequities into a state of perceived equities. According to the equity theory, if an employee detects a discrepancy in his effort and rewards compared to others, the employee may lower his input by putting less effort into his work, taking extended breaks, producing reduced quality goods and so on (Gruneberg, 1979:20).

On the other hand the employee can raise his outcomes by asking for a raise, or by taking home the organisation's property, such as equipment and office supplies. These are specific behavioural reactions in attempting to change inequitable states to equitable ones (Greenberg and Baron, 2003:203).

However, according to Chung (1977:117) some individuals do not change their behaviour but rather the way that they think about a situation. Since equity theory is based on the perceptions one has about fairness or unfairness, it would be reasonable to expect that inequitable states can be changed, merely by altering a persons' thinking about the situation. For example, an overpaid person may convince himself that his outcomes are actually deserved based on his inputs. He may rationalise that he indeed works harder than the others and therefore his higher pay is justified. Similarly, underpaid individuals may convince themselves that the comparison worker is really more qualified and therefore deserves a higher pay. In effect by changing the way people see things, people can perceive inequitable states as being equitable, and in so doing reduce their inequity distress. However the limitation of such cognitive distortion is that it may create a feeling of self-deception and guilt (Chung, 1977:117).

There is a lot of evidence that suggest that the equity theory is in fact practiced in many organisations. Research has shown that there is a higher rate of theft from individuals who have had pay cuts than from individuals who receive regular pay. According to the equity theory, these individuals may be seen as raising their outcomes (Greenberg, 1990:568).

People's perception of fairness in the organisation is known as organisational justice. This can be divided into three categories. Distributive justice concerns people's perceptions of how fairly rewards are distributed. Procedural justice concerns people's perception of the fairness of the procedures used to determine those rewards. Interactional justice focuses on people's perceptions of the fairness of the interpersonal encounters they have with others (Greenberg and Baron, 2002:201). If employees feel that the organisation is treating them unfairly they will retaliate against their employees to ensure a more equitable outcome (Skarlicki and Folger, 1997:442). The challenge, therefore, for organisations is to develop reward systems that are perceived to be fair and equitable and redistributing the reward in accordance with employee beliefs about their own value to the organisation (Pinder, 1984:186).

The equity theory of satisfaction does not account for all aspects of job satisfaction. Locke (1976: 21) argues that the main drawback of the equity theory is not so much that it has been shown to be wrong, but that it is so loose that it is able to account for anything.

2.3.2.2   Reference Group Theory

An important part of the equity theory as discussed above, is that an individual compares his inputs and outputs of a job with others, like friends, work colleagues and people in the industry and so on, before judging whether he has been equitably treated (Gruneberg 1979:21).

Hulin and Blood (1968:41-65) have argued that an understanding of the groups to whom the individual relates (reference group) is actually critical in understanding job satisfaction.

A study by Klein and Maher (1966:195-208) also confirms the importance of reference groups. The study found that college - educated managers were less satisfied with their pay than non-college educated managers. This could have been due to college- educated managers having higher expectations of pay because of their tertiary education and that they related their salaries to other managers with a tertiary education receiving a high salary.

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However, there have been a number of concerns that have been raised with regards to this theory. Some of the questions that remain unanswered are for example, how do individuals choose which reference group to relate to? Why do reference groups have the expectations they do? and what constitutes a reference group? It is also quite apparent that individuals differ in the reference group they choose because of their own individual personalities, needs and values (Gruneberg, 1979:22).

2.3.2.3 Need/Value Fulfillment Theory

According to Gruneberg (1979:25), "individuals differ in what they value in a job and this, too, is likely to affect the degree to which they are satisfied." The value theory suggests that job satisfaction depends to a large extent on the match between the outcomes individuals' value in their jobs and their perceptions about the availability of such outcomes. These outcomes refer to anything that the employee regards as being important.

A number of theorists have shown that the key to satisfaction would depend on the level of discrepancy between various facets of the job one has and those one wants (e.g. pay, learning opportunities), the greater the discrepancy, the greater the level of dissatisfaction. (Greenberg and Baron, 2003:154).

Vroom (1964:56) examined two models of the need fulfillment theory. The first model is the subtractive model, which states that job satisfaction, is negatively related to the degree of discrepancy between what the individual needs and the extent to which the job satisfies these needs. Taking all the needs into consideration, the greater the total discrepancy, the less the satisfaction, while the greater the congruence, the greater the satisfaction. The criticism of this theory is that it ignores the importance of a particular need. Some needs are more important to individuals than other needs, therefore a view of job satisfaction, which does not take into account the relative importance of needs, can be misleading. The second model, the multiplicative model, of need fulfillment takes into account need importance. In this model the perceived amount of need fulfillment offered by the job is multiplied by the importance of the need to the individual. The value of each need is then added together to give a total measure of job satisfaction. The problem with this model is

that it fails to distinguish between how much one wants something (its importance) and how much of something one wants (Gruneberg, 1979:24-26).

An interesting application of the value theory is that it focuses on aspects of the job that need to be changed to ensure satisfaction. These aspects might not be the same for everyone but it will include any valued aspects of a job where individuals perceive serious discrepancies. By emphasising values, this theory implies that job satisfaction can be derived from many factors. In order to improve job satisfaction, many organisations conduct surveys to identify sources of dissatisfaction and where possible provide people with what they want (Greenberg and Baron, 2003:155).

2.3.2.4   The Expectancy Theory

Vroom's model of expectancy theory differs from those of Maslow, McClelland and Hertzberg in that it indicates a thought process of why individuals choose certain outcomes while ignoring others. Although it does not provide specific suggestions on what motivates a person, it does indicate the determinants of motivation and how they are related (Hellriegel and Slocum, 1979:416).

The expectancy theory of work motivation looks broadly at the role of motivation in the overall work environment, instead of just focusing on individual needs, goals or social comparisons. Basically the theory asserts that people are motivated to work when they expect that they will be able to achieve the things that they want from their jobs (Greenberg and Baron, 2003:207).

There have been several different interpretations of the expectancy theory by researchers. However, most expectancy theorists agree that motivation is the result of three different types of beliefs that people have (Porter and Lawler, 1968:95). The three key variables of the theory are:

- Expectancy- this is the belief that one's effort will result in performance (Greenberg and Baron, 2003:207). Expectancy would be rated zero if the individual felt it impossible to achieve the given performance level, and would

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be rated 1 if the individual was100 percent certain that the performance would be achieved (Schermerhorn *et al*, 1997:95).

- Instrumentality- this is the belief that one's performance will be rewarded (Greenberg and Baron, 2003:207). Valences can be positive or negative depending on the results of the outcome and how the individual feels about this (Hellriegel and Slocum, 1979:413).

- Valence- The perceived value of the rewards to the recipient (Greenberg and Baron, 2003:207). Valences varies on a scale from −1 (very undesirable outcome) to + 1 (very desirable outcome) (Schermerhorn *et al*, 1997:96).

According to Vroom, expectancy theory states that motivation is a multiplicative function of all three components. Motivation (M) = Expectancy (E) x Instrumentality (I) x Valence (V). This implies that motivation will be high when expectancy, instrumentality and valence are high and positive. However, the motivational appeal of a given work path will be significantly lower when either one or more of the components approaches the value of zero. The multiplier effect requires managers to act in a way to maximize expectancy, instrumentality and valence when seeking to create high levels of work motivation through the allocation of work rewards. If any of the components is equal to zero this will result in zero motivation (Schermerhorn *et al*, 1997:96).

Research on Vroom's Model

Studies have shown that a persons expectations about job related outcomes could affect choice behaviour. A study conducted among nursing school graduates found that nurses choose hospitals that let them satisfy a variety of work related outcomes (attractive work hours, pay, leisure, work in specialised fields of interest, and challenging work assignments). Hospitals that gave nurses the opportunity to achieve these outcomes were chosen by nurses to a greater extent than hospitals where nurses did not have the opportunity to achieve these outcomes (Sheridan, Slocum and Richards, 1975: 361-368).

There is concern over a number of issues concerning the expectancy theory. Firstly, all the changes made to the basic model have made it too complex to measure. Secondly, researchers have also used various methods to measure expectancy, instrumentality and valence, thereby making comparisons between studies difficult. Thirdly the complexity of the model makes it difficult to test with very few studies having tested all the variables within the model. Finally research on this model does not support the multiplier effect of the model, for an individual to be motivated to exert some effort (Hellriegel and Slocum, 1979:415).

The expectancy model argues that both the attractiveness of the outcomes and the persons expectancies and instrumentalities influence what type of performance alternatives an individual will try to obtain. However, the theory does not examine the question of how the individual develops expectancies and instrumentalities and what influences them (Hellriegel and Slocum, 1979:415).

Managerial Implications

Based on the expectancy theory managers should try to intervene actively in work situations to maximise work expectancies, instrumentalities and valences that support organisational objectives. To influence expectancies managers should recruit capable individuals, train them well, provide them with the needed resources, and set clear performance goals. To influence instrumentality managers should clarify performance-reward relationships and ensure that individuals are actually rewarded for high performance, so that the individual remains motivated. To influence valences, managers should identify the needs that are important to each individual with the emphasis on matching the needs of the employees with the particular organisational reward (Schermerhorn *et al*, 1997:97).

2.3.3 Conclusion

The literature review indicates that each theory on job satisfaction has made a valuable contribution to understanding the concept of job satisfaction. As mentioned earlier the theories of job satisfaction are the same as the theories of motivation. These theories of motivation assist in the understanding of job satisfaction. In terms of

the current study the content theories would identify the main factors affecting job satisfaction, while the process theories analyse the behaviour of health care professionals in response to their levels of job satisfaction. The job satisfaction theories do indicate that there are a number of facets of a job, which can cause satisfaction/dissatisfaction, therefore measuring each of these as well as overall job satisfaction is important. However, it is also important to note that levels of job satisfaction may differ across employees as each employee may have different priorities. Therefore, it is important to look at job satisfaction among health care professionals across the different demographic variables. The next section of the literature review will examine the demographic differences among individuals and job satisfaction.

2.4   DEMOGRAPHIC DIFFERENCES AMONG INDIVIDUALS AND JOB SATISFACTION.

2.4.1 INTRODUCTION

Demographic characteristics are background variables (e.g.; age, gender) that help shape what a person becomes over time. It is considered to be the heart and soul of workplace diversity (Schermerhorn *et al*, 45). According to Moorhead and Griffin (1995:520) it is important to recognise that diversity exists in organisations before trying to manage them. The problem that many managers have is that they tend to stereotype people in organisations. As a result coworkers who differ in race, age, gender and other ways, and do not share the same beliefs as their managers, may be treated as 'different'. The danger with stereotypes is that it can often lead to developing prejudices. Management systems built on stereotypes and prejudices is inappropriate for a diverse work force.

Stereotypes and prejudices also tend to erode of the individuality of people. The distinctiveness and individual talent of individuals are minimised, resulting in a loss of self-esteem, which can lead to lower levels of satisfaction and performance. People, who are treated as incompetent, do over time begin to believe themselves to be incompetent, which leads to reduced productivity, lower creativity, and lower morale. It is therefore important to understand that diversity exists in workforces and

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manage it accordingly to prevent a workforce that has problems working cooperatively, is unhappy, disillusioned and underutilised (Moorhead and Griffin, 1995:520).

2.4.2 Gender

Findings on the impact of gender on job satisfaction are inconsistent. While some of the findings suggest that there are no differences in the level of job satisfaction among men and women (Mannheim, 1993:138), others do suggest that expectations of working - women in terms of job satisfaction are different from those of men (Martin and Hanson, 1985:91).

Some studies have indicated that the effects of gender on job satisfaction vary with the level at which an individual works. A study by Shapiro and Stem (1975:389) found that professional women such as clinical psychologists, social workers and medical workers experienced lower levels of job satisfaction than their male counterparts. Among nonprofessionals on the other hand the reverse was true.

In support of these results for job satisfaction among men and women depending on their occupational level, Varca, Shaffer and McCauley (1983:348), also found similar results in their study, examining job satisfaction among alumni 5 years after they graduated from college. Results indicated that at higher occupational levels men expressed more satisfaction than women in terms of pay and opportunities for advancement. Hagedorn (1996:569) has also presented evidence that the job satisfaction of female academics is lower when their earnings fall below the earning of comparable males.

The high cost of living has resulted in an increase in the number of women entering the workforce and consequently an increase in the number of dual-earner families (Aryee, 1993:823). The greater educational attainment of women has also resulted in increased number of women in managerial and professional positions. However, corresponding social roles and responsibilities have not kept pace. The women still assume the primary responsibility of child and home care. Movement toward

increased family sharing has been very minimal with working parents relying on extended family or live-in domestic helpers to care for children (Aryee, 1993:823). According to the gender role theory, women are more likely to see the family role as part of their social identity than men do (Gutek, *et al*, 1991:561). Research has shown that despite women's advancement in the work arena, women are still more likely than men to take parental leave and feel responsible for the family and home demands (Judiesch and Lyness, 1999:642). A study on work-family conflict and job satisfaction has also found that when work is seen as interfering with the time and energy needed at home, working parents especially working mothers become dissatisfied with their jobs (Grandey, *et al*, 2005:306). Consistent with the gender role theory, several studies have supported the proposition that the relationship between global work-family conflict and job satisfaction is stronger for women than for men (Bruck, Allen and Spector; 2002:336-352; Kossek and Ozeki, 1998:139-149). Therefore gender is an important demographic variable that should be considered in studies on job satisfaction.

2.4.3 Age

There is often concern over age, learning and flexibility. The older workforce is often associated with a sense of inertia, whereas studies have found that in reality it depends on the individual. In fact many older employees have been found to be quite flexible (McEvoy and Cascio, 1989:16).

Based on a broad review of literature on age, Rhodes (1983:328) concluded that overall job satisfaction is positively and linearly related with age. Older workers appear to show greater satisfaction with their employment than younger workers, however, this form of relationship is not clear. There are also many studies that suggest a linear relationship (Mottaz, 1987:387-409; Lee and Wilbur, 1985:781-791; Weaver, 1980:364-367), while other studies (Kacmar and Ferris, 1989:205) reported a U-shaped relationship. A study by Kalleberg and Loscocco (1983:79), suggest that satisfaction increases until age 40 then levels off, and then increases again when employee reach their late 50's.

2.4.4 Tenure

Tenure is not a good predictor of productivity. Employees that have been longer in a job are not necessarily more productive than people with fewer years of service (Robbins, 1996:85).

There is, however, a positive relationship between tenure, the length of time spent in the organisation, and job satisfaction. The longer the time spent in the organisation, the more satisfied managers are with their jobs. This may indicate that once the process of acculturation is over, managers settle into their jobs, have increased organisational commitment and seem to like their jobs (Farkas and Tetrick, 1989:855-860). On the other hand this could be an indication of complacency, suggesting that the longer the time spent in the organisation, the more managers become accustomed to the status quo. If the latter is the case, then a satisfied manger is not necessarily a productive manager. Rotating managers to different jobs reduces complacency and improves task variety, which has been suggested to be positively related to job satisfaction (Naumann, 1993:61-81).

Tenure appears to be a more consistent and stable predictor of job satisfaction than chronological age (Bedeian, Ferris and Kacmar, 1992:36).

2.4.5 Other Demographic Characteristics

Other demographic characteristics that are considered in studies on job satisfaction are usually able-bodiedness, racial and ethnic groups, marital status, number of children, and experience. In general the research indicates that married individuals tend to have fewer absences, lower turnover rates and greater job satisfaction than do unmarried individuals. A positive relationship has been found between number of children, and absences and job satisfaction (Schermerhorn *et al,*1997: 45). Studies have shown that military personnel, who are married and have dependant children, are less likely to indicate intent to leave the military (Kilburn, Lowie and Goldman, 2001 cited in Antecol and Cobb-Clark, paragraph 37).

Racial and ethnic diversity is also an important demographic factor that affects job satisfaction. Diversity issues are particularly salient for the United States military, with the military becoming even more racially and ethically diverse over time. Unfortunately this diversity has resulted in increased reports of racial and ethnic harassment (Antecol and Cobb-Clark, paragraph 3). Racial harassment has been found to significantly increase job dissatisfaction irrespective of the type of harassment considered. Furthermore, threatening racial incidents and career related discrimination have also resulted in increased intentions to leave the military (Antecol and Cobb-Clark, paragraph 19).

It is important to ensure that demographics are not used stereotypically, as it can create problems in an increasingly diverse workplace. It is also important to ensure that individuals are given a fair chance to demonstrate their true underlying potential in a work setting (Schermerhorn *et al*, 45).

2.4.6 Conclusion

The main aim of examining the concept of job satisfaction and exploring further the demographic variables that affect job satisfaction is to create an awareness of the problem areas that need to be addressed to improve levels of satisfaction among employees, which would ultimately reduce the turnover in organisations. The next section will examine the relationship between job satisfaction and employee turnover.

2.5   JOB SATISFACTION AND EMPLOYEE TURNOVER

2.5.1 INTRODUCTION

"Voluntary employee turnover" is one of the most studied behaviours in management research (Hom and Kinicki, 2001:975; Griffeth, Hom and Gaertner, 2000:463). Turnover is a major problem for many organisations as it is extremely costly for the employer – particularly in jobs which offer higher education and extensive on the job training (Cascio, 1982:46). Considerable research has been done on voluntary turnover with intent to quit as a commonly proposed antecedent. Conclusions from traditional turnover research is that intention to quit work (turnover intention) is the

best predictor of actual voluntary turnover in an organisation (Steensma, Van Breukelen and Sturm 2004:215). Turnover intention is regarded as a conscious decision and deliberate willfulness to leave the organisation whereas turnover is understood to be the termination of an individual's employment with a given company (Tett and Meyer, 1993:263).

Labour turnover has a profound impact on an organisation for three reasons. First, the main costs of labour turnover are not recruitment and selection, although not insignificant, but training and development. Second, there is loss of skills and 'core competence' involving the transfer of skills and knowledge, especially those that are tacit and informal, from the departing employees to other employees. Third, in order to ensure an effective strategy for skill formation, labour retention must be high enough for the average length of service to provide a return on human capital (Winterton, 2004:371).

2.5.2 A CONCEPTUAL MODEL OF LABOUR TURNOVER

Most conceptual models of voluntary turnover assume that job dissatisfaction is the main cause of labour turnover, and there are considerable findings of the negative relationship between employee turnover and job satisfaction (Locke 1975: 457-480; Vroom, 1964 and Brayfield and Crockett, 1955: 396). The traditional approach views labour turnover as a consequence of low job satisfaction combined with available labour market opportunities that encourage ease of movement to other more attractive employment (Price, 1977, cited in Winterton, 2004:373).

Porter and Steers (1973:173) believed insufficient attention had been paid to the "psychology of the withdrawal process", as a result of which, "understanding of the manner in which the actual decision is made is far from complete". According to Porter and Steers an expressed intention to leave represented the next logical step in the process after experiencing job dissatisfaction. (Mobley 1977, cited in Winterton, 2004:373), however, argued that intention to leave, "following several other steps, may be the last step prior to actual quitting". Mobley's model proved extremely influential in developing turnover theory and establishing the importance of

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intermediate stages between job dissatisfaction and the act of quitting (Griffeth and Hom, 1988: 103-111; Michaels and Spector, 1982: 53-59; Price and Mueller, 1981: 543-565).

Mobley's model involves eight stages before the intention to quit: evaluating the existing job; experiencing job dissatisfaction; thinking of quitting; evaluating the expected utility of search and cost of quitting; intention to search for alternatives; searching for alternatives; evaluating alternatives; and comparing alternatives with the present job. However, theoretical critiques of the Mobley model have suggested that it is over-specified, detailing elements in the process that are effectively redundant (Morrow, 1983: 486-500; Arnold and Feldman, 1982: 350-360 and Bluedorn, 1982: 135-153).

In a major advance, another theorist, Lee and Mitchell's (1994) 'unfolding model of voluntary turnover' expanded the scope and depth of theory on turnover processes. Lee and Mitchell introduced decision making concepts from 'image theory', according to which employees conserve mental resources by deliberating less extensively than is implied in earlier turnover models (Maertz and Campion, 2004: 567). This model shows that factors other than job dissatisfaction can initiate the process of turnover, and individuals need not compare their current job with alternatives and that the decision to quit may be based on a compatibility judgment rather than an evaluation of expected utility (Winterton, 2004:374).

In this model, the initiating action, usually a 'shock to the system', leads employees to deliberate about turnover. Lee and Mitchell propose five different decision paths. Path one may entail repeating a response to an event that has occurred before, such as a female employee leaving due to pregnancy. Path two represents a response to a shock that causes the employee to re-assess their attachment to the organisation. Path three involves a shock that causes an employee to consider whether they should form an attachment with another organisation. Path four, there is dissatisfaction, no shock and no consideration of alternatives, the individual experiences such job dissatisfaction that they quit regardless of the presence or absence of alternatives. Path five is essentially identical to path four except that it includes job search and

consideration of alternatives (Maertz and Campion, 2004: 567 and Winterton, 2004:374).

Taking into consideration the existing theories of labour turnover, Winterton (2004:375) proposed a conceptual model of labour turnover and retention that distinguishes four stages in the processes affecting an individual's intention to quit and actual separation from the job as represented in Figure 2.3.

Figure 2.3:   Stages in the Process of Voluntary Separation
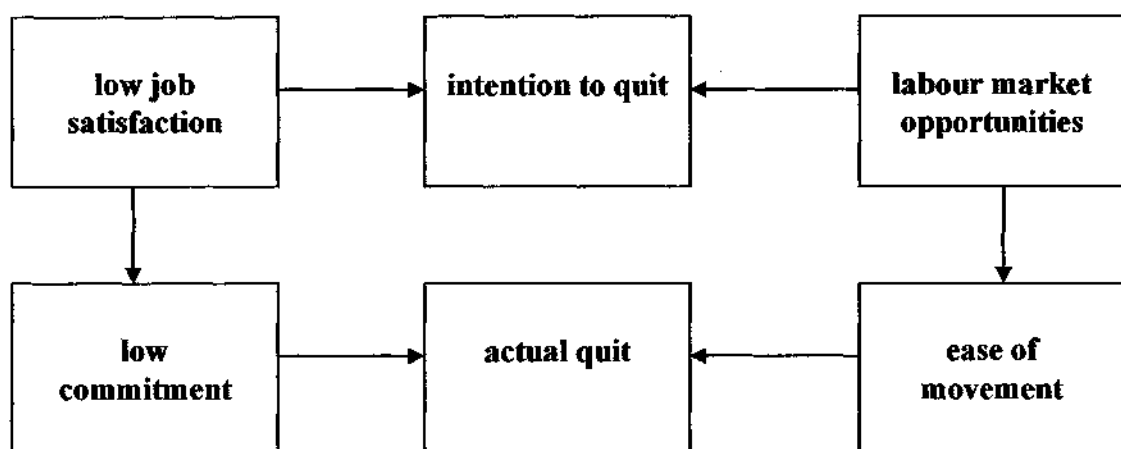
When job satisfaction is low and perceived opportunities are attractive, an intention to quit can be translated into actual separation given that there is sufficient ease of movement and organisational commitment is low. The intention to quit and the actual separation are influenced by the combined effects of the four factors that occupy the corners of the diagram in figure 2.3. The extent to which any of the four factors influence intentions and actual separation will invariably depend upon specific circumstances and the process can be initiated *at any point*. Although any of the four areas could initiate the separation process, turnover is anticipated to be the highest where all four are relevant (Winterton, 2004:375).

The intention to quit may be triggered by job dissatisfaction (a push effect) or by perceived alternatives (a pull effect), and in the latter case, job satisfaction may not be low. The actual quit may be triggered by low commitment irrespective of the level of job satisfaction, or by the ease of movement to another position (Winterton, 2004:375). Organisational commitment is the degree to which an employee identifies

with a particular organisation and its goals and is keen on maintaining membership in the organisation (Blau, 1986:578). Several studies have looked at job dissatisfaction and organisational commitment and found organisational commitment to have a stronger effect on turnover (McFarlane Shore and Martin, 1989:625-640 and Arnold and Feldman, 1982:350-360).

There could be high turnover even when there is a high level of job satisfaction because of increased labour market opportunities, low organizational commitment or ease of movement in any combination (Winterton, 2004:375). A study conducted by Carsten and Spector (1987:374-381), found that the intention to leave and turnover relation is moderated by economic alternatives. Low relations between both variables were found during times of high unemployment and limited employment opportunity and high relations were found in times of low unemployment and expanded job opportunities.

There are several factors that affect ease of movement. Studies have found a strong negative relationship between increased age and turnover (Robinson, 1972:282; Farris, 1971: 311-328 and Ley, 1966:497-500). Older workers are less likely to resign as longer service provides them with higher wage rates, longer paid vacations and more attractive pension's schemes (Robbins, 1996:83). Similarly, increased tenure appears to be strongly related to propensity to remain. One possible reason could be that an increase in tenure would mean an increase in personal investment on the part of the employee in the organization, whereby after a while quitting may not be, a feasible option. Family size and family responsibility were found to be positively related to turnover among women while studies among men produced mixed results (Porters and Steers, 1973:165-167).

2.5.3 PREDICTORS OF EMPLOYEE TURNOVER

Turnover could be the result of unrealistic expectations created during the recruiting process. It is, therefore, important not to "sell" prospective employees on the organisation but rather to use realistic job interviews that outline both the good and bad aspects of the job without any distortion (Schermerhorn et al, 1997:99-100). Organisations that do not use realistic job previews have been shown to have a 29

percent higher turnover rate than organisations that do use realistic job previews (Reilly, Brown, Blood and Malatesta, 1981:823).

Porter and Steers (1973:151-176) also looked at the causes of turnover. The first factor was pay and promotion, with sufficient evidence to suggest that low pay and the lack of promotional opportunity could be the major cause of turnover. The problem was not just a result of the actual level of pay but also the perceived equitable level of pay. The situation was similar with regard to promotion procedures with some occupations showing greater dissatisfaction due to lack of perceived equitability in their administration.

Although remuneration is viewed as a lower- order, hygiene need, it is still important to ensure that high performers are adequately remunerated, as replacement costs for these individuals are high (Winterton, 2004:377). Turnover studies also confirm that the perceived equitable level of pay in relation to others in the company was a major factor affecting voluntary quits (Van Yperen, Hagedoom and Geurts, 1996:429).

Human capital theory also suggests that individuals decide whether to stay with a firm in part on the basis of whether their jobs provide the best fit with and returns on their qualifications. As individuals acquire new qualifications they may outgrow their current jobs, making other options more attractive. A promotion means that their existing firm has recognised their new qualification and has found them new responsibilities that are a closer match to their capabilities. Promotions assist in re-establishing a match between employee skills and job requirements, and they should reduce the attractiveness of other jobs opportunities, independently of wages (Liu, 1984:1137). Other studies have also confirmed that organisations investing in employees' marketable skills can reduce turnover if individuals acquiring the skills are subsequently promoted (Benson, Finegold, Mohrman, 2004:315).

Other factors that Porter and Steers (1973:151-176) considered were job content, supervision and personality factors. Of the job content factors, task repetitiveness was shown to be related to employee turnover; however this relationship was not found to be significant. A number of studies did show a relationship between supervision and turnover. However, two studies found that considerate supervision is only effective in reducing turnover up to a point, beyond which other factors become important in the

decision to withdraw from the job. In terms of individual factors some individuals do seem to be 'turnover prone'. Often individual's who have no clear idea of where their vocational interests lie may be more likely to quit their jobs than individual's with clear ideas. There was also a higher exodus of employee manifesting with very high degrees of anxiety, emotional insecurity, aggression, self-confidence, and ambition, than employees possessing lower degrees of such traits (Porter and Steers,1973:151-176).

Job related attitudes such as job involvement also affect turnover. Job involvement is the degree to which a person identifies psychologically with his or her job and considers his or her perceived performance level important to self worth. High levels of job involvement have been associated with lower turnover rates (Blau and Boal, 1987: 290).

The study of interrole conflict and its consequences has been one of the most common areas of research on professional workers. The concept of interrole conflict arises from incompatible role requirement between two or more work related roles. Professionals belong to professional associations and they work according to the expectations set by these associations concerning professional behaviour. This ensures commitment to professional values and skills. Organisations also invoke minimal expectations to ensure that tasks are completed in a prescribed manner in order for members to receive compensation. The goals of the organisation, however, may differ from those of the profession which results in interrole conflict. Interrole conflict has been found to generate negative consequences, such as lower level of job satisfaction as well as higher propensity to leave the organisation (Liu, Ngo and Tsang, 2001:470-474).

According to Boles, Howard and Donofrio (2001:383) conflict between work and family responsibilities can also have negative effects on an employee. Satisfaction with work has been found to be lower among individuals who report conflict between family duties and work responsibilities. An individual's job satisfaction is related to their level of organisational commitment, which, in turn, is related to propensity to leave. Therefore jobs that lead to work-family or family-work conflict (or both) are

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more likely to expect an increase in propensity to leave and eventually turnover among individuals occupying these positions.

Frequent and potentially lengthy separations from home and family are unfortunately features of military life. Research has shown that family separation is considered an important source of stress over and above the difficulties such as the threat of danger and problems of the families left behind (Limbert, 2004:38). The results of a survey carried out in the British Air Force showed that separation from family was the fourth most influential reason for leaving the service. The British Military has also recognised that it has problems recruiting and training personnel as the separation from family and friends was an important factor preventing people from wanting to belong to armed forces (Limbert, 2004:38).

Group demography can also assist in predicting turnover. Group demography is the degree to which members of a group share a common demographic attribute, such as age, gender, race and educational level, or length of service in the organisation and the impact of this attribute on turnover. Groups and organisations are made up of cohorts, which are defined as individuals who hold a common attribute. For instance everybody born in 1960 is of the same age. Several studies have found turnover to be higher among individuals that fall outside a cohort. Group demography therefore suggests that such attributes as age or the date that someone joins an organisation would enable one to predict turnover (Robbins, 1996:315-316 and McCain, O' Reilly, and Pfeffer, 1983: 626-641).

The nature of organisational work environment, which includes both organisational politics and organisational support, can also predict intention to leave the organization. Organisational politics is perceived as a negative force contributing to negative affective and behavioural outcomes (Ferris and Kacmar, 1992:94). To explain it more simply, it is difficult for employees to react positively when they perceive that promotions, pay raises and organisational rewards (among other things) are based upon political considerations, rather than formal, objective considerations, such as merit or output (Witt, Andrews and Kacmar, 2000:342). Organisational support, on the other hand, is regarded as a global construct intended to measure perceptions of support provided by the organisation, and these perceptions have been

found to be positively related to positive work outcomes (Rhoades and Eisenberger, 2002:698). Employees who perceive high levels of organisational support tend to increase work effort, citizenship behaviours, and tenure (Cropanzano, Howes, Grandey and Toth, 1997:159).

Studies on the age-turnover relationship have more often indicated that the older one gets, the less likely they would be to quit. This is as a result of fewer alternative job opportunities. In addition, these employees are less likely to resign as their longer tenure provides them with higher wage rates, longer paid vacations, and more attractive pension benefits (Robbins, 1996:85).

An examination of tenure in negative work environment, (e.g. highly political environments or environments with low organisational support), cause low tenure individuals to start searching for employment elsewhere. The negative effect of these environments suggests that the benefits accrued are not commensurate with the personal investment made. This is deemed an inequitable situation by the individual prompting them to leave the organisation. High tenure individuals on the other hand tend to cope with operating in a negative environment. These individuals perceive that regardless of the nature of the organisational environment, too much has been invested in the organisation and that their losses will be greater if they chose to leave, so they opt to remain in the organisation (Valle, Harris and Andrews, 2004:118).

2.5.4 REDUCING EMPLOYEE TURNOVER

The employee motivation theories discussed earlier offers an explanation of how employee motivation affects employee retention and other behaviours within organisations. Ramlall (2004:58-59) synthesized and critically analysed the employee motivation theories and compiled the major factors from the respective theories and explained how they could affect employee retention efforts.

- Needs of the employee – employees have various needs based on their individual, family, and cultural values. In addition these needs are influenced by the current and desired economic, political and social status, career

- <u>Work environment</u> – Employees prefer to work in an environment that is productive, respectful, provides a feeling of inclusiveness, and offers friendly setting.

- <u>Responsibilities</u> – Employees who can perform in a more challenging capacity and has previously demonstrated such competencies, may feel a need seek additional responsibilities and be rewarded in a fair an equitable manner.

- <u>Supervision</u> – Managers and other leaders often have a greater desire to teach, coach and develop others. In addition these individuals also strive to influence the organisations goals, objectives and strategies designed to achieve the mission of the organisation.

- <u>Fairness and equity</u> – Employees expect to be rewarded in a fair an equitable manner regardless of age, gender, ethnicity, disability, sexual orientation, geographic location, or other similarly defined categories. Higher performing employees expect better rewards than the average or below average employee.

- <u>Effort</u> – Employees find it difficult to exert higher levels of effort into a position even when offered higher rewards especially if the task itself does not challenge or provides satisfaction to the employee.

- <u>Employees' Development</u> – Employees thrive in environments that provide a challenge, offer new learning opportunities, makes a valuable contribution to an organisations success, offers opportunities for advancement and personal development based on success and demonstrated interest in a particular area.

- <u>Feedback</u> – Timely and open feedback from supervisors is important to employees. This feedback should be an ongoing process during the year and

aspiration; the need to balance career, family, education, community, religion and other factors; and a general feeling of one's satisfaction with the current and desired state of being.

not limited to formal performance reviews once or twice per year. In addition the feedback should be from both the employee and supervisor.

According to Maertz and Campion (2004:566) a lot of research has been conducted on turnover most of it has focused on the hows and whys of turnover but not both simultaneously, except for (e.g.; Lee and Mitchell 1994) where there was some inevitable overlap. The process models focus on *how* individuals arrive at their final decisions to quit, while content models focus on *why* individuals quit organisations.

According to Maertz and Campion (2004:566) not much research has focused on whether different motives systematically relate to different types of decision processes. If research indicated that motives and processes were systematically related, researchers could build 'motive by process' models that would provide more precise and accurate descriptions of turnover. A study conducted by Maertz and Campion (2004:566-582) integrated the process and content theory of turnover, by proposing and testing the hypothesis that relate turnover motives to turnover decision processes. Results have suggested that process-content integration is a fruitful direction for turnover research.

2.5.5 Conclusion

The theories of job satisfaction also known as the theories of motivation, describes two categories of theories namely the content and process theories. The content theories identify the different needs important to individuals and the process theories analyse how these needs lead the person to behave in a particular way relative to available rewards and work opportunities. In context of the present study these theories provide valuable knowledge that contributes to the understanding of the major contributing factors that affect job satisfaction. The research on job satisfaction across the different demographic variables also provides valuable information gained from several studies and inferences can be made from these findings to explain the results of the present study. Finally the research on job satisfaction and propensity to leave, also highlight the predictors of turnover. These predictors of turnover can be identified in the context of the present study and the necessary recommendations can be made to reduce employee turnover in the SAMHS.

CHAPTER THREE

BACKGROUND TO THE ORGANISATION

3.1 OVERVIEW OF THE DEPARTMENT OF DEFENCE

Since the dawn of a new South Africa, the Department of Defence (DOD) has been engaged in a transformation exercise guided by the principles of "Defence in a Democracy". The aim of the transformation of the Department of Defence is its goal of a non-racial, non-sexist and non-discriminatory institution whose composition shall broadly reflect the demographics of the country. The mandate for DOD is enshrined in the Constitution. The task of the DOD is to provide effective defence for a democratic South Africa, enhancing national, regional and global security through balanced, modern, affordable and technologically advanced defence capabilities. The South African National Defence Force (SANDF) must defend and protect the Republic of South Africa, its territorial integrity and its people in accordance with the Constitution and the principles of international law regulating the use of force (DOD, 2003, paragraph v).

However, in times of peace, as at present, the SANDF performs many other secondary tasks in support of Government's outcomes. With the ever-increasing role of South Africa in regional conflict-resolution and peace-building efforts, there is a corresponding increase in the need for the involvement of the SANDF in peace-support operations. This does not only impact on the budgetary requirements of the DOD, but also on the long-term operational planning for aspects such as recruitment, equipment, facilities and the military strategy. Although the SANDF is involved in peace-support operations, its main priority remains defending the country against aggression. Despite the fact that the DOD is a contingency-based organisation and does not render direct service to the public, it is critical that it functions in the most economical, efficient and effective manner. Furthermore, given the budgetary constraints, it is imperative that the DOD utilises all the resources at its disposal productively. Thus, it has embarked on a restructuring exercise, which will result in streamlined processes and measurable outputs (DOD, 2003, paragraph, vi).

3.1.1 HUMAN RESOURCE STRATEGY 2010

The aim of the DOD human resource (HR) strategy 2010 is to ensure that that the right quantity and quality of human resources are available in the right places at the right times, and that they are effectively, efficiently and economically managed and administered. The strategic goals of the HR Strategy 2010 are indicated below (DOD, 2003, paragraph 48).

The strategic goals of the HR Strategy 2010 are to:

- Rejuvenate the SANDF's HR composition with young, fit and healthy members, who fulfil the operational utilisation needs.
- Achieve an affordable HR composition
- Adequately resource and utilise the regular force and the reserve force.
- Replace the current SANDF service system with a new service system that will reduce personnel expenditure and optimise force level flexibility.
- Attain a broad level of representivity at all levels and in all occupational classes.
- Improve HR service delivery.
- Obtain equity in management and administration of uniformed and civilian personnel
- Retain the required operational and functional expertise.

The transformation process resulted in changes to the human resource strategy, which enabled the restructuring of each arm of service. The SAMHS being one of the four arms of service embarked on the transformation and restructuring process.

3.2 OVERVIEW OF THE SAMHS

The South African Medical Service (SAMS) was established as a full service branch of the South African Defence Force (SADF) in 1979 in order to consolidate the medical services of the South African Army, Navy and Air Force. The South African Medical Service (SAMS) was incorporated into the SANDF on 27 April 1994, and

was renamed the South African Military Health Service (SAMHS) on 1 June 1998 (DOD, 2001, online).

SAMHS is responsible for medical facilities and the training and deployment of all medical personnel within the force. Though unusual, as most national militaries integrate their medical structures into their existing service branches, the SANDF regards this structure as being the most efficient method of providing care and support to the SANDF's personnel (DOD, 2001, online).

The Surgeon General heads the SAMHS and has the rank of Lieutenant-General. The SAMHS has three Military Hospitals, one in Pretoria, one in Cape Town and one in Bloemfontein. There are also three specialised institutes - the Institute for Aviation Medicine, the Institute for Maritime Medicine and the Military Psychological Institute. Together, these units provide comprehensive medical care for military personnel and their dependents. The Institute for Aviation Medicine and the Institute for Maritime Medicine screen pilot candidates for the air force and for civilian aviation certification, as well as divers and submariners for the navy. The military's medical services also include general medical and dental care, and specialised rehabilitation services (DOD, 2001, online).

The SAMHS is organised into regional medical commands, corresponding to the army's regional commands, as well as a Medical Logistics Command and a Medical Training Command. The regional commands support military units, military base hospitals, and military unit sickbays in their region. The Medical Logistics Command is responsible for medical logistics only, as each service provides for its own logistics support (DOD, 2001, online).

3.2.1 MILITARY HEALTH CAPABILITES

The SAMHS provides military health support to deployed DOD members and essential military health services to the SANDF, its members and their dependants through it various military health capabilities (DOD, 2003, paragraph 29). The military health capabilities of the SAMHS are as follows:

- **Mobile Formation.** Provide mobile military health support in a multi-disciplinary military health combat-ready capacity (including specialised functions for land, air, maritime and clinical evacuation support) and equipment for operational utilisation at short notice, in accordance with the DOD's force design and international obligations.

- **Area Military Health Services.** Provide a comprehensive, excellent, self-supporting, multi-disciplinary area military health service through nine area military health units to ensure a healthy military community.

- **Specialist / Tertiary Health.** Provide a specialist health service to ensure the development, establishment and maintenance of tertiary military health capabilities within the parameters of relevant legislation as contained in the SAMHS strategy. This service includes hospital, aviation, maritime and animal health specialties.

- **Military Health Support Formation.** Provide military health support, pharmaceutical warehousing, sundries, SAMHS mobilization equipment and unique stock, the procurement of SAMHS unique products, materials and services, and providing logistic support.

- **Base Support Capability.** Provide general base support services to identified units and other identified clients in order to sustain and maintain the approved force design and structure.

- **Military Health Training.** Provide a Military Health Training Service to ensure the development, establishment and maintenance of military health training capabilities within the parameters of relevant legislation and policy.

3.2.2 AREA MILITARY HEALTH SERVICE KWAZULU-NATAL

The above overview does place the area military health services in context of the overall military health capabilities of the SAMHS. It is important to understand that healthcare professionals in the SAMHS are exposed to various different working environments within the same organisation and therefore job satisfaction of healthcare professionals may differ quite significantly depending on the units that they work at and the services they render. As indicated there are nine military health units and Area Military Health Unit (AMHU) KZN is one of these units.

As mentioned previously the role of the area military health unit is to provide a comprehensive, excellent, self-supporting, multi-disciplinary military health service to ensure a healthy military community. In AMHU KZN there is no military hospital but there are three healthcare centers based in Durban, Matubatuba and Ladysmith. The multi-disciplinary team in AMHU KZN consists of doctors, nurses, biokinetists, dieticians, environmental health officers, dentists, oral hygienists, social workers, psychologists and pharmacists. All these disciplines are actively involved in the overall formulation of policy, planning, management, control, organisation, administration and co-ordination of their respective services rendered in AMHU KZN.

The transformation and the restructuring of the SAMHS in line with the human resource strategy of the DOD, has placed increased pressure on healthcare professionals and the healthcare system in AMHU KZN. In addition the changing face of the SANDF with the move to increased external peace- keeping and peace supporting deployments has lead to a drastic shift in the once stable environment that the healthcare professionals were exposed to. These are some of the challenges facing health care professionals, which could affect their intention to remain in the military. In terms of the organisation it is imperative that they do retain the professional staff as this affects the combat readiness of the forces. In light of this it was decided to conduct a study on the job satisfaction of healthcare professionals in AMHU KZN with the specific objectives of the study being:

- To determine the major contributing factors that affect job satisfaction.
- To determine if there are differences in terms of job satisfaction among health care professionals across the different demographic variables.
- To explore the correlation between job satisfaction and intention to leave.

CHAPTER FOUR
RESEARCH METHODOLOGY

4.0   INTRODUCTION

An integral part of optimising service delivery in SAMHS and putting the principles of Batho Pele into practice is to ensure employee satisfaction among the healthcare professionals. Spytak *et al* (1999:26) noted that satisfied employees tend to be more productive, creative and committed to their jobs, and have shown a direct correlation between employee satisfaction and customer satisfaction. Therefore this chapter details the research undertaken to determine the level of job satisfaction of health care professionals in AMHU KZN.

4.1   RESEARCH DESIGN

The following are the specific objectives of the study:
a) To determine the major contributing factors that affect job satisfaction.
b) To determine if there are differences in terms of job satisfaction among health care professionals across the different demographic variables.
c) To explore the correlation between job satisfaction and intention to leave

In order to achieve the objectives a comparative cross-sectional study of health care professionals at a single point in time in a military medical setting was conducted. The research methodology adopted in this study was a quantitative survey. Cooper and Schindler (2003:81) write that a survey/questionnaire design refers to a set of questions designed to generate the data necessary for accomplishing the objectives of the research project. A section on demographic data was included to determine if there were differences in job satisfaction among health care professional across the different demographic variables. In this study two highly structured questionnaires were used to gather the data. These questionnaires included a job satisfaction questionnaire and a propensity to leave questionnaire. The questionnaires were utilised to ascertain the level of job satisfaction among health care professionals, and

to determine if there was any correlation between the levels of job satisfaction and the intention to leave the military.

4.2   SAMPLE

The South African Military Health Services (SAMHS) has military medical facilities in each province, which renders medical services to all South African National Defence Force members, their dependants and approved clientele. The population comprised of all health care professionals in the SAMHS, however, due to geographical constraints the present study was limited to the KwaZulu-Natal region and the sample was drawn form this region. Area Military Health Unit KwaZulu-Natal (AMHU KZN) comprises various health care professionals, and these include medical doctors, nurses, social workers, dieticians, biokinetists, pharmacists, dentists, oral hygienists, dental technicians, psychologists, and occupational and environmental health officers. These health care professionals are based at various medical facilities and operational units throughout KwaZulu-Natal. It should be noted that Area Military Health Unit KwaZulu-Natal does not have a military hospital. Health care professionals are based in the main medical Health Service Centres in Durban, Ladysmith and Matubatuba. The Ladysmith and Matubatuba Health Service Centres have a centralised medical facility. However, the Durban Health Service Centre is made up of decentralised medical facilities. This includes four sickbays that are situated at the Bluff, Durban Central, Isipingo and Pietermaritzburg. Also included as part of Durban Health Service Centre are the Environmental Health Department, the Occupational Health Department and the Dental Department that occupy separate facilities in Durban and are not a part of the sickbay structure.

All managers of the various health care professionals are based at the Bluff headquarters in Durban. In order to determine the exact number of health care Professional in Area Military Health Unit KwaZulu-Natal a list of all members in the employ of Area Military Health Unit KwaZulu-Natal and their relevant health care occupations was obtained from the Human Resources Department. In total, there are 87 health care professionals. For the purpose of this study a 100% sample size was chosen due to the small population sample on hand. However, not all the health care professionals were available as some members were on course, or on external

deployment and on leave and therefore only 72 health care professionals were available to participate in the study. The sample included both the managers and the subordinates.

Due to restrictions placed by the South African Military Health Services ethics committee the sample could not be categorised according to professional groupings (e.g. doctors, nurses, social workers) or Health Service Centres. Out of the potential total sample of 72 health care professionals, 3 candidates declined to participate and 8 questionnaires had to be excluded from the study, as they were incomplete. This resulted in a completed sample of 61 questionnaires, which is equivalent to a response rate of 86%.

4.3   RESEARCH INSTRUMENT

A survey questionnaire (Appendix A) was used to collect data from the respondents. The questionnaire consisted of a demographic questionnaire and two established and existing scales, namely the Job Satisfaction scale (Van Breda, 2003) and the Propensity to Leave scale (Lyons, 1971 cited in Stroud, 2003:63).

4.3.1 DEMOGRAPHIC QUESTIONNAIRE

The demographic questionnaire was used to obtain information on age, gender, tenure, marital status and number of children. This information was used to determine the level of job satisfaction among health care professionals across the different demographic variables. Due to restrictions placed by the South African Military Health Service Ethics Committee, demographic factors such as race, rank, previous force, unit, and occupation could not be included.

4.3.2 JOB SATISFACTION QUESTIONNAIRE

There are many standardised job satisfaction scales available. However, the researcher obtained permission to use a job satisfaction questionnaire, developed by the Military Psychological Research Institute in the South African Military Health Services, as it was applicable to the military environment. The questionnaire included a Likert scale

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where ratings were graded into: Strongly Disagree, Disagree, Uncertain, Agree, Strongly Agree. The job satisfaction questionnaire contained 63 statements (Appendix B) and this instrument was subjected to a series of statistical analyses with the aim of reducing the 63 items to a smaller number of constructs. Based on confirmatory factor analysis the original 63 questions were reduced to fifteen constructs. These constructs were: strategic direction, strategic support, equal opportunity, career security, resources, the environment, inter- departmental, cohesion, management, work itself, retention, enrichment, extension, and value adding. The alpha coefficients ranged from .69 to .92 with fourteen of the constructs having alphas of .70 or above. The standard errors of measurement ranged from 4.5 to 13.7 with nine of the constructs having standard errors of measurement of 10 or less. The coefficient of construct validity ranged from .53 to .86 and the mean inter item correlations ranged form .39 to .86 with fourteen scales having mean interim correlations of .40 or above. The discriminant validity coefficients were also measured and with values ranging from .15 to .33. Thirteen of the scales had discriminant validity coefficients of .30 or below. Based on these results the15 constructs were found to have good measurement properties (Van Breda, 2003:5-7). This instrument therefore seemed most suitable to be used in the current study

However, the original job satisfaction questionnaire was administered specifically to members of the Military Psychological Institute (Van Breda, 2003). This unit is a specialised research unit that is completely independent of other medical units and is under the direct command and control of the Directorate Psychology. The Directorate Psychology has the authority to make decisions with regard to the future of the unit and has complete administrative and functional control over the unit. However, at Area Military Health Units level, the directorate of each health care professional is responsible for providing strategic direction to their staff, but they have no authority over the administrative control and future of the unit. All administrative decisions with regard to health care professionals are made independently of the directorates.

In light of this it was decided that some of the questions on the job satisfaction scale needed to be changed as it was not applicable to the context of the present study. Some questions were also amended to ensure that there was no ambiguity and that

more specific and relevant information with regard to the study population and the unit concerned would be extracted.

Items on the scale were therefore adapted or changed as follows:

Table 4.1:   Face Validity of Job Satisfaction Questionnaire

No	Original Item (as per Appendix B)	Amended Item (as per Appendix A)	Reason for Amendment
1	Item 9 Enough is being done to resolve resource problems	Item 6 There is too much red tape in resolving resource problems	It did not address the core problem with regard to resources.
2	Item 11 The physical surroundings have an effect on my work satisfaction	Item 8 It is difficult to render a professional service in my present physical surroundings.	The original statement is ambiguous.
3	Item 13 My directorate cares about the future of my unit	Item 17 My directorate is pro active and can make things happen.	The medical units are not under the direct control of the directorates therefore this question would not be applicable and the revised question would be most appropriate.
4	Item 16 It is unclear how my profession fits into the DOD as a whole	Item 5 I have confidence and respect for my directorate.	This question was applicable to MPI, as a specialised unit, it is not applicable to the healthcare professionals as they are the core function of the SAMHS.
5	Item 23 Promotions are done promptly	Item 21 Promotions for professionals are few and far between	The original statement is misleading as it could refer to both military personnel and healthcare professionals in AMHU KZN.

No	Original Item (as per Appendix B)	Amended Item (as per Appendix A)	Reason for Amendment
6	Item 25 Promotions are made possible for a certain group of people and not for others	Item 41 Not everyone has the same promotional opportunities.	The statement is vague and could have varied interpretations.
7	Item 32 I get positive feedback about my work from my seniors	Item 29 I receive recognition for a job well done from my seniors.	The word "work" is too broad, the statement was changed to be specific and applicable.
8	Item 41 Deadlines set for projects are unrealistic	Item 12 Most of the time my workload is manageable	The word "project" was applicable to MPI and is not applicable to the services rendered by the healthcare professions.
9	Item 48 Unit outings are a waste of time	Item 44 Planned social events improve cohesion among health care workers	Rephrased to specifically address the issue of cohesion.
10	Item 51 The staffing procedures in this organization are confusing	Item 15 The staffing process in this unit is unclear	The amended statement provides better clarity.
11	Item 60 The work I do is important to me personally	Item 56 I get personal satisfaction from the work I do.	The statement was rephrased for better comprehension.
12	Item 69 I feel demoralized	Item 35 My level of morale is high	This statement was highly negative.
13	Item 50 There are staffing problems	Item 16 There are opportunities for my growth and development in this unit	Staffing problems is a more generalized statement especially at Area Military Health Unit level where it could be applicable to both military personnel and healthcare professionals.

No	Original Item (as per Appendix B)	Amended Item (as per Appendix A)	Reason for Amendment
14	Item 31 I get positive feedback about my work from my peers	Item 28 My immediate supervisor is willing to listen and assist when I have questions and problems	MPI has peers, this is not the situation with each healthcare professional at the Area Military Health Unit.
15	Item 66 I get personal rewards from the work I do	Item 67 My job makes full use of my skill and abilities.	This question was similar to item 60 (Appendix B) " the work I do is important to me personally"
16	Item 33 My peers motivate me in my work	Item 66 The management of AMHU KZN administers rules and discipline consistently.	The statement is not applicable to all the healthcare professionals.
17	Item 70 MPI has a bright future	Item omitted	Not applicable to Area Military Health Units.

A number of significant changes were made to the original job satisfaction questionnaire by the current researcher as indicated in Table 3.1. As a result of the changes a complete psychometric analyses of the revised job satisfaction questionnaire was completed and the co-efficient alpha was re-calculated.

4.3.3 PROPENSITY TO LEAVE SCALE

The Propensity to Leave questionnaire was made up of 4 questions, the first 2 questions had ratings that were graded into: Not at all likely, Some What likely, Quite likely and Extremely likely. The last 2 questions had ratings that were graded into a 7 point scale: Strongly Disagree, Disagree, Slightly Disagree, Neither Agree nor Disagree, Slightly Agree, Agree and Strongly Agree. The test has been used successfully in South African studies with internal reliabilities ranging from 0.79 (Bluen , 1986 cited in Stroud, 2001:63) to 0.82 (Sergay, 1990 cited in Stroud, 200:63).

4.4   PROCEDURE

After approval of the research from the SAMHS ethics committee and the UKZN ethics committee, the researcher obtained permission from the Officer Commanding of AMHU KZN to administer the survey to all health care professionals. The questionnaires were self–administered at all the sickbays and medical units that were part of the Durban Health Service Centre. At the Matubatuba and Ladysmith Health Service Centre the officer in charge of the medical unit administered the questionnaires. These officers were given specific instructions on how to administer and collect the questionnaires, ensuring confidentiality, anonymity and voluntary participation. The participants were instructed to complete the questionnaires and place the unmarked, sealed envelopes in a box. The questionnaires were administered over a two -week period. Individuals who were unable to complete the questionnaire during this period were excluded from the study. A total of 72 questionnaires were administered.

4.5   TIME FRAME
The data was collected from 17 April to 28 April 2006.

4.6   ETHICAL CONSIDERATIONS

All research conducted in the SAMHS has to meet with the approval of the SAMHS ethics committee. A detailed application for the said research was submitted to the SAMHS ethics committee and was approved. Each stage of the research had to be submitted to Defence Intelligence to ensure that no data of a sensitive nature would be disclosed to any unauthorised external source. In addition, application was also made to the UKZN ethics committee for approval (see Appendix D). In conducting this research the following issues were highlighted by the ethics committee, as areas were ethical matters could arise:

- The researcher had to ensure that anonymity; confidentiality and voluntary consent were upheld at all times. A covering letter to the questionnaire detailing this information had to be included (see appendix A).

- The researcher had to ensure that the research would not be of any cost to the SAMHS in terms of transport and resources required.
- Research had to be conducted with minimal disruption to service delivery.
- All questionnaires received had to be stored and disposed off in accordance to the guidelines of Defence Intelligence
- Demographic data that could not be obtained due to restrictions by the SAMHS ethics committee included language, rank, previous force, and occupation.

4.7 ASSUMPTIONS

The main assumption was that all respondents were honest in their responses.

4.8 DATA ANALYSIS

The data analysis was quantitative. The analyses were conducted as per objective of the study namely:

- Objective1: To determine the major contributing factors affecting job satisfaction. Descriptive Scale Scores were compiled for each item on the job satisfaction questionnaire. Factor analysis was then used as a data reduction technique to reduce the large number items to a smaller set of underlying factors that summarise the major contributing factors affecting job satisfaction.

- Objective 2: To determine if there were differences in job satisfaction among health care professionals across the different demographic variables. ANOVAs were carried out to determine the effect of job satisfaction across the different demographic variables.

- Objective 3: To explore the correlation between job satisfaction and propensity to leave. The Pearson's Correlation was used to test the relationship between job satisfaction and propensity to leave.

CHAPTER FIVE
RESULTS

5.   INTRODUCTION

The sample consisted of 61 respondents who completed the questionnaires. The researcher coded all the data and captured it onto a spreadsheet. Reverse scoring was done for the relevant items. Accuracy of the data was facilitated by an examination of frequency tables after capturing. Thereafter the relevant statistical analyses were conducted in relation to the objectives of the study. The statistical analysis of the raw data included, ANOVA's, Pearson's Correlations, and Factor Analysis. The reliability and validity of the measuring instruments will be reported on together with the results directly related to the objectives of the study. The objectives of the study were as follows:

- To determine the major contributing factors that affect job satisfaction
- To determine if there are differences in terms of job satisfaction among health care professionals across the different demographic variables.
- To explore the correlation between job satisfaction and propensity to leave.

5.1 DESCRIPTION OF SAMPLE

The final sample consisted of 61 respondents.

5.1.1 GENDER

Table 5.1   Breakdown of sample by gender

		Frequency	Percent
Valid	Males	22	36.1
	Females	39	63.9
	Total	**61**	**100.0**

From these results it is evident that the majority of health care professionals 63.9% are female and only 36.1% are male.

5.1.2 AGE

Table 5.2   Breakdown of sample by age

		Frequency	Percent
Valid	20-29yrs	14	23.0
	30-39yrs	25	41.0
	40-49yrs	16	26.2
	50-59yrs	6	9.8
	Total	**61**	**100.0**

From these results, the vast majority of health care professionals 64% are below the age of 40. 26.2% of the respondents are in their forties and 9.8% in their fifties. 41% of the respondents are in their thirties and only 23% of the respondents are in their twenties.

5.1.3 TENURE

Table 5.3   **Breakdown of sample by tenure**

		Frequency	Percent
Valid	< 1yr	4	6.6
	1-5yrs	21	34.4
	6-10yrs	9	14.8
	10-15yrs	22	36.1
	+ 15 yrs	5	8.2
	Total	**61**	**100.0**

There is a widespread distribution in the number of years of military experience shared by respondents who participated in this study. The largest group of respondents 36.1% had 10-15 years of military experience; the second largest group of respondents 34.4% had 1-5 years of experience. Only 8.2% of the respondents were long serving members with more than 15 years of military experience. Over half of the unit 55.8% had less than 10 years of military experience and of this only 6.6% had less than 1-year military experience (this includes health care interns).

5.1.4 MARITAL STATUS

Table 5.4   **Breakdown of sample by marital status**

		Frequency	Percent
Valid	Married	39	63.9
	Divorced	2	3.3
	Single	20	32.8
	Total	**61**	**100.0**

The vast majority of the respondents are married 63.9%. Only 3.3% of the respondents were divorced and 32.8% of the respondents were single

5.1.5 CHILDREN

Table 5.5   Breakdown of sample based on whether respondents had children.

		Frequency	Percent
Valid	Yes	43	70.5
	No	18	29.5
	Total	61	100.0

From the results above it is evident that the majority of the respondents do have children 70.5 %.

The SAMHS ethics committee restricted the collection of demographic data on the military ranks of respondents, race, professional occupations, the previous force that the member belonged to before transformation, and the Health Service Center that the member was based at. These restrictions lead to limitations in the researcher's ability to describe the sample fully.

5.2   RELIABILITY OF MEASURING INSTRUMENTS

Cronbach alphas were computed to determine the internal reliability of the measuring instruments.

a.   A reliability analysis was carried out on the items 1 to 63 of the job satisfaction scale and the results yielded a Cronbach alpha of .94.

b.   The propensity to leave scale comprised 4 questions (Appendix A, Section C). The first two items (Section C, 1-2) had a 4-point rating scale while the last two items (Section C, 3-4) had a 7-point rating scale. Therefore, when determining the Cronbach alpha it was important to look at the Cronbach alpha of each of these two sections separately before determining the overall Cronbach alpha. The results yielded a Cronbach alpha of .69 for (Section C, 1-2) and a Cronbach alpha of .91 for (Section C, 3-4). The overall Cronbach alpha of the propensity to leave scale was .79.

5.3 OBJECTIVE 1: TO DETERMINE THE MAJOR CONTRIBUTING FACTORS AFFECTING JOB SATISFACTION

The first objective of the study was to determine the major contributing factors that affect job satisfaction. Appendix C consists of an item analysis, providing the frequency and percentage of response to each of the 63 items in the measuring instrument. The job satisfaction scale was a large scale consisting of 63 items (variables) that were designed to measure the construct job satisfaction. Since the number of simple correlations among the variables is very large it would be difficult to summarise by inspection what the patterns of correlations represents. Therefore, it is important to reduce a large number of variables to a smaller set of underlying factors that summarise the essential information contained in the variables.

The Principal Components Analysis (using varimax rotation) approach was used in this study. This method of analysis is used to transform the original variables into underlying components (principal components) that would account for most of the variance on the scale (Stevens, 1986: 340).

5.3.1 PRINCIPAL COMPONENT ANLAYSIS

a.   Table 5.6 below indicates the variation of the main components of the job satisfaction scale.

Table 5.6: Total Variance of Main Components

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	14.92	23.69	23.69
2	5.15	8.18	31.87
3	3.90	6.19	38.07
4	3.32	5.26	43.33
5	3.16	5.02	48.35

Extraction Method: Principal Component Analysis.

b.   One of the criteria for deciding on how many components to retain, is to retain components whose eigen values are greater than 1. However according to Stevens (1986:341), the blind use of this rule could lead to retaining factors, which may have no practical significance (in terms of the percentage of variance accounted for). Morrison (1967) cited in Stevens (1986:342) found that in some cases it was better to summarise the complex in terms of the first few components which account for large and distinct amounts of variance. This method allows for more of the total information in the complex to be retained although some parsimony is sacrificed.

c.   Based on the above explanation, the first 5 components that accounted for the largest and most distinct amount of variation was selected. The first component accounted for 23.69 % of the variance, the second component 8.18%, the third component, 6.19%, the fourth component, 5.26% and the fifth component 5.02%. The cumulative variance that the 5 components explained was 48.35%.

d.   The rotated component matrix was used to find out which items had to be discarded. According to Stevens (1986:344) factor loading of 0.3 or greater can be considered to be significant. However, it is important that the sample size be looked at in determining which loadings are large enough to be practically significant.

e.   Given the large number of items in the scale, and the small sample size of 61 (which is a limitation in this study as a sample size of at least a 100 respondents is ideal), a factor loading of 0.4 or higher had to be used to ensure a reduction in the number of items in the data set to a comprehensible set of items. The items with loadings less than 0.4 that could hence be eliminated were items 3,22,24,30,48,61. Factor analysis was re-run on the reduced data set and the number of components was reduced to 4.

f.   The rotated component matrix using Varimax with Kaiser Normalisation was used to identify the items that made up each component/factor. The items making up each of the 4 components are indicated below:

Table 5.7: **Component 1**

ITEM NO	ITEM
12	Most of the time my workload is manageable.
15	The staffing process in this unit is fair
18	I am satisfied with my salary
21	Promotions for professionals are few and far between
23	It is not clear which criteria are used to promote people.
24	There are equal opportunities for everyone.
29	I receive recognition for a job well done from my seniors.
31	I like the management style at my unit
35	My level of morale is high
37	The management of AMHU KZN administers policies fairly
38	I am proud to work at AMHU KZN
40	I am looking for another job.
41	Not everyone has the same promotional opportunities.
43	I have control over my career in the military
46	My seniors motivate me in my work.
47	The staffing process is this unit is unclear
48	I have job security
49	My future in this organization is unclear
52	An effort is put into career planning
53	I receive career guidance

The twenty items identified in this component tend to relate to the following themes:

a. Staffing and promotions 30%. This included (items 15, 21, 23, 24, 41, 47).

b. Career security, future, planning and guidance 30%. This included (items 40, 43, 48, 49, 52, 53).

c. Management style 20%. This included (items 29, 31, 37, 46).

d. Salary, workload and morale 20%. This included (items 12, 18, 35, 38).

From the above themes it would seem that most of the factors (80%) tend to relate issues surrounding careers. This includes issues around career security, planning and future, the issue of staffing and promotions of professionals in the military, and recognition in terms of feedback, motivation from managers. Therefore this component was labelled, 'Career Management'.

Table 5.8   Component 2

ITEM NO	ITEM
4	My organization provides the resources and tools that I need to do my job
14	My Directorate supports me when others challenge my work.
9	My salary compares with the output I deliver
10	My Directorate promotes my profession.
17	My Directorate is proactive an can make things happen
20	There is group cohesion among all health care professionals in AMHU KZN.
5	I am confidence and respect for my Directorate
28	My immediate supervisor is willing to listen and assist when I have questions and problems
30	There are clear policies set by my Directorate.
36	I am treated as a professional.
7	The benefits package we receive is as good as most other organizations
45	There are clear guidelines set by my Directorate
59	My Directorate fights for the interest of my profession

The thirteen items identified in this component tend to relate to the following themes:

a.   Strategic direction and support 85%. This includes (items 4, 14, 10, 17, 5, 20, 28, 30, 36, 45, 59).

b.   Satisfaction with salary and benefits 15%. This includes (items 9, 7).

The majority of these factors relate to strategic direction and support. This includes the last two factors concerning salary and benefits as the Directorates at the strategic level of the organisation have a direct input into the salary structures and benefits of health care professionals. Therefore, this component was labelled as 'Strategic Management and Support'.

Table 5.9   Component 3

ITEM NO	ITEM
32	I like the work I do.
57	The impact of my work is clear.
58	My work makes a difference in the DOD.
60	I enjoy taking on new responsibilities in my work.
61	I enjoy thinking of ways to improve the work I do.
56	I get personal satisfaction from the job I do
64	My job is interesting to me
67	My job makes full use of my skills and abilities.

The eight items identified in this component tend to relate to the following theme:

a. Satisfaction with the nature of the work itself 100%

All of the factors in this component relate to an individuals satisfaction with the work itself. This component was labelled as 'Nature of Work Itself'.

Table 5.10:   Component 4

ITEM NO	ITEM
22	There is co-operation among the various departments in each Health centre
34	The merit assessment process is fair.
39	There is co-operation among the various health care professions across the different health-service centres in AMHU KZN.
42	There is group cohesion in our health services centre
50	Opportunities are not provided for my professional development
54	The management of AMHU KZN is focused on the needs of the individual
63	There is communication among the various health care professions across the different health services centres in AMHU KZN.
66	The management of AMHU KZN administers rules and discipline consistently.

The eight items identified in this component tend to relate to the following themes:

a. Co-operation, communication and cohesion 50%. This includes (items, 22, 39, 42, 63).

b. Management style concerning rules, discipline, and control 25%. These include (items 54 and 66).

c. Other issues relate to fair administrative processes, professional development 25%. This includes items (34 and 50).

The majority of the items in this component 75% tend to relate to member interaction, team building, unit cohesion and management style with the emphasis on people management, which focuses on the needs of the individual and fairness. All these variables relate to interpersonal dynamics within the unit. Therefore this component was labelled, 'Interpersonal Dynamics'.

5.3.2 MAJORITY ENDORSEMNET

Each of the four components identified above namely, career management, strategic management and support, nature of the work itself and interpersonal dynamics, were comprised of a large number of items. As a result it was necessary to look at an additional analysis of the data in order to highlight the important items. Therefore items with majority endorsement (endorsement by 50% or more of the respondents) in each component were identified. A review of the table in Appendix C, indicates the items with majority endorsement on the job satisfaction scale. Only the items with majority endorsement in each component are indicated below:

5.3.2.1   Career Management

a.   **Negatively endorsed items:** Seven items (35%) were negatively endorsed by 50% or more of the respondents (items 15, 18, 24, 31, 43, 52, and 53).
These items include:

a.	Item 15:	The staffing process is fair
b.	Item 18:	I am satisfied with my salary
c.	Item 24:	There are equal opportunities for everybody
d.	Item 31:	I like the management style at my unit
e.	Item 43:	I have control over my career in the military
f.	Item 52:	An effort is put into career planning.
g.	Item 53:	I receive career planning.

b.   **Positively endorsed items:** Seven items (35%) were positively endorsed by 50% or more of the respondents (items 12, 21, 23, 38, 41, 47 and 49).
These items include:

a.	Item 12:	Most of the time my workload is manageable.
b.	Item 21:	Promotions for professionals are few and far between
c.	Item 23:	It is not clear which criteria are used to promote people
d.	Item 38:	I am proud to work at AMHU KZN.
e.	Item 41:	Not everyone has the same promotional opportunities.
f.	Item 47:	The staffing process in this unit is unclear.
g.	Item 49:	My future in this organisation is unclear.

5.3.2.2   Strategic Management and Support

a.   **Negatively endorsed items:** Three items 23% were negatively endorsed by 50% or more or the respondents (items 4, 9, and 17).

These items include:

a.	Item 4:	My organisation provides the resources and tools that I need to do my job.
b.	Item 9:	My salary compares with the output I deliver.
c.	Item 17:	My directorate is pro-active and can make things happen.

b.   **Positively endorsed items:** Two items (15%) were positively endorsed by 50% or more of the respondents (items 5 and 28).

These items include:

a.	Item 5:	I have confidence and respect for my directorate.
b.	Item 28:	My immediate supervisor is willing to listen and assist when I have questions or problems.

5.3.2.3   Nature of the Work Itself

a.   **Positively endorsed items:** Eight items (100%) were positively endorsed by 50% or more of the respondents (items 32, 57, 58, 60, 61, 56, 64 and 67).

These items include:

a.	Item 32:	I like the work I do
b.	Item 56:	The impact of my work is clear
c.	Item 57:	My work makes a difference in the DOD
d.	Item 58:	I enjoy taking on new responsibilities in my work
e.	Item 60:	I enjoy thinking of ways to improve the work I do
f.	Item 61:	I get personal satisfaction from the job I do
g.	Item 64:	My job is interesting to me
h.	Item 67:	My job makes full use of my skills and abilities

5.3.2.4 Interpersonal Dynamics

a. **Negatively endorsed items:** Two items (25%) were negatively endorsed by 50% or more or the respondents (items 34 and 54).

These items include:

      a.   Item 34:   The merit assessment process is fair

      b.   Item 54:   The management of AMHU KZN is focused on the needs of the individual.

5.3.3 SUMMARY

It should be noted that factor analysis was used in this analyses for 2 reasons:

      a.   to review the underlying psychometric properties of the original job satisfaction scale, given the numerous changes made to the scale.

      b.   the job satisfaction scale was a very long scale with 63 items, therefore it was important to reduce the large number of variables to a smaller set of underlying factors that summarised the essential information contained in the variables. This would have therefore enabled the researcher to identify the major contributing factors affecting job satisfaction in relation to objective one of the study.

In relation to objective one, the major contributing factors that affect job satisfaction are:

      a.   Career Management

      b.   Strategic Management and Support

      c.   The Nature of the Work Itself

      d.   Interpersonal Dynamics

5.4 OBJECTIVE 2: TO DETERMINE IF THERE ARE DIFFERENCES IN JOB SATISFACTION ACROSS THE DEMOGRAPHIC VARIABLES

The second objective of this study was to determine if there are differences in job satisfaction among health care professionals across the different demographic variables.

The demographic profile of the sample was determined and one-way analysis of variance was carried out with the total job satisfaction score (average of the 63 items on the job satisfaction scale) being the dependant variable. The results per demographic variable are as follows:

5.4.1 GENDER

The results of the ANOVA for gender and total job satisfaction are indicated in table 5.11 below:

Table 5.11: ANOVA: Gender

JOBSATAV

	Sum of Squares	df	Mean Square	F	Sig (P)
Between Groups	.41	1	.41	.43	.51
Within Groups	56.44	59	.95		
Total	56.85	60			

According to the results above, at the (5%) significance level, the p-value of .51 is much greater than 0.05, which shows that there are no differences between males and females mean scores with respect to job satisfaction.

Figure 5.1: Means Plot: Gender
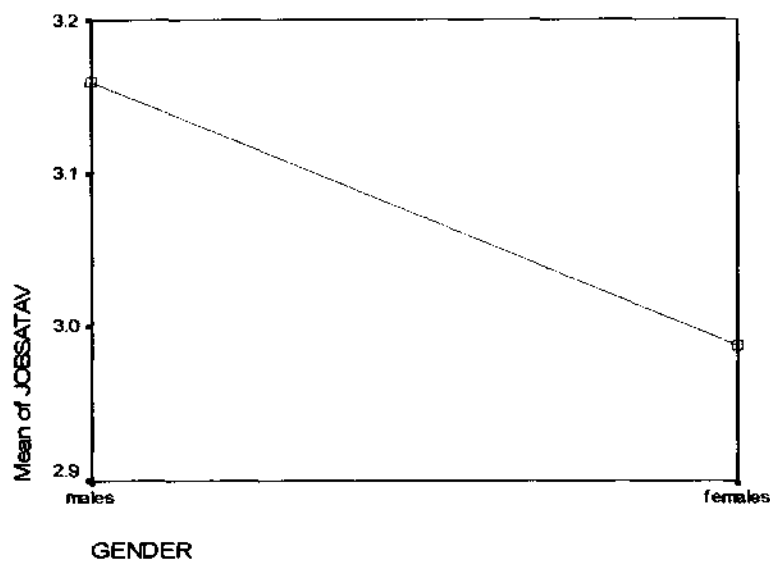
The means plot confirms the above conclusion as the graph indicates that the means of the variables differ numerically from one another as the line joining the means is not a constant one.

5.4.2 AGE

The results of the ANOVA for age and total job satisfaction are indicated in table 5.12 below:

Table 5.12: ANOVA: Age

JOBSATAV

	Sum of Squares	df	Mean Square	F	Sig.(P)
Between Groups	1.52	3	.50	.52	.66
Within Groups	55.33	57	.97		
Total	56.85	60			

According to the results above, at the (5%) significance level, the p-value of .66 is much greater than 0.05 which shows that that there no are differences between the age group mean scores with respect to job satisfaction.

Figure 5.2:   Means Plot: Age
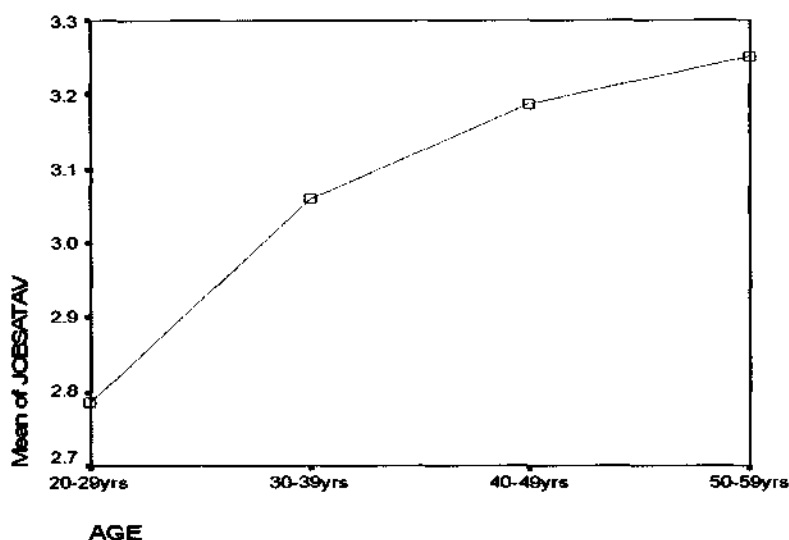
The means plot confirms the above conclusion as the means of each of the variables is different and the means plot depicts an irregular graph. The graph indicates that the variables differ numerically from each other, as the line joining the means is not a constant one.

5.4.3 TENURE

The results of the ANOVA for tenure and total job satisfaction are indicated in table 5.13 below:

Table 5.13:   ANOVA: Tenure

JOBSATAV

	Sum of Squares	df	Mean Square	F	Sig. (P)
Between Groups	1.25	4	.31	.31	.87
Within Groups	55.60	56	.99		
Total	56.85	60			

According to the results above, at the (5%) significance level, the p-value of .87 is much greater than 0.05, which shows that there is no differences between the tenure groups mean scores with respect to job satisfaction.

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Figure 5.3:   Means Plot: Tenure
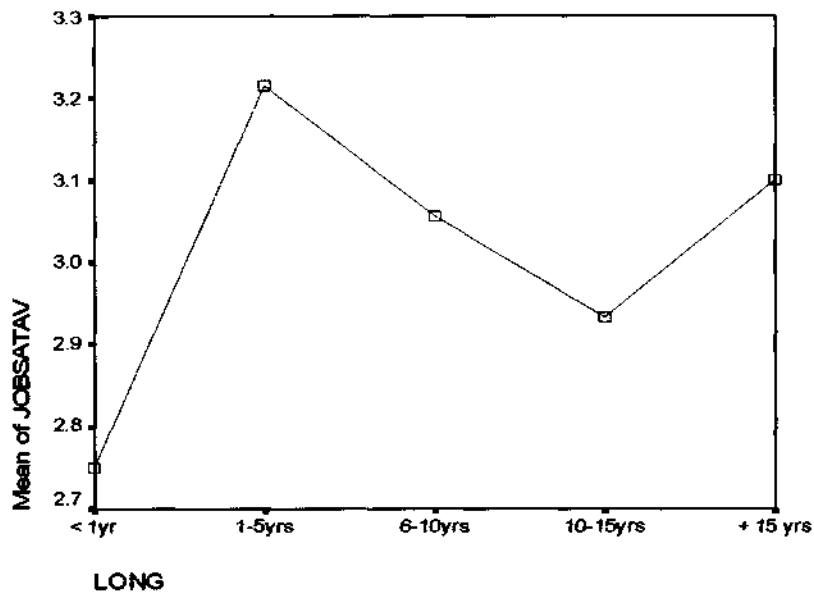
The means plot confirms the above conclusion as the means of each of the variables differ numerically and the means plot depicts an irregular graph.

5.4.4 MARITAL STATUS

The results of the ANOVA for marital status and total job satisfaction are indicated in table 5.14 below:

Table 5.14:   ANOVA: Marital Status

JOBSATAV

	Sum of Squares	df	Mean Square	F	Sig. (P)
Between Groups	.18	2	.09	.09	.91
Within Groups	56.67	58	.98		
Total	56.85	60			

According to the results above, at the (5%) significance level, the p-value of .91 is much greater than 0.05 which shows that there are no differences between the marital status groups mean scores with respect to job satisfaction.

Figure 5.4:   Means Plot: Marital Status
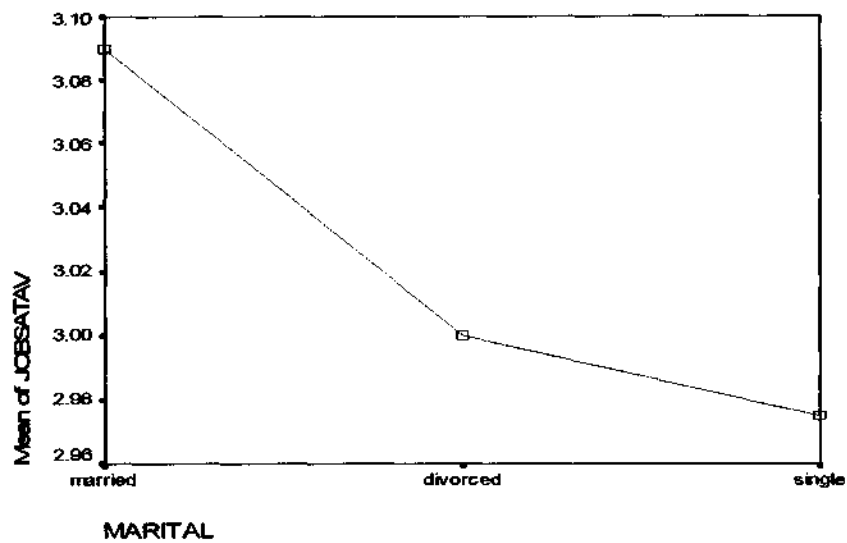
The means plot confirms the above conclusion as the means of each of the variables are different and the means plot depicts an irregular graph. The graph indicates that the variables differ numerically from each other, as the line joining the means is not a constant one.

5.4.5 CHILDREN

The results of the ANOVA for employees with or without children and total job satisfaction are indicated in table 5.15 below:

Table 5.15:   ANOVA: Children

JOBSATAV

	Sum of Squares	Df	Mean Square	F	Sig (P)
Between Groups	2.29	1	2.29	2.47	.12
Within Groups	54.57	59	.93		
Total	56.85	60			

According to the results above, at the (5%) significance level, the p-value of .12 is much greater than 0.05, which shows that there are no differences between the child status groups mean scores with respect to job satisfaction.

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Figure 5.5:   Means Plot : Children
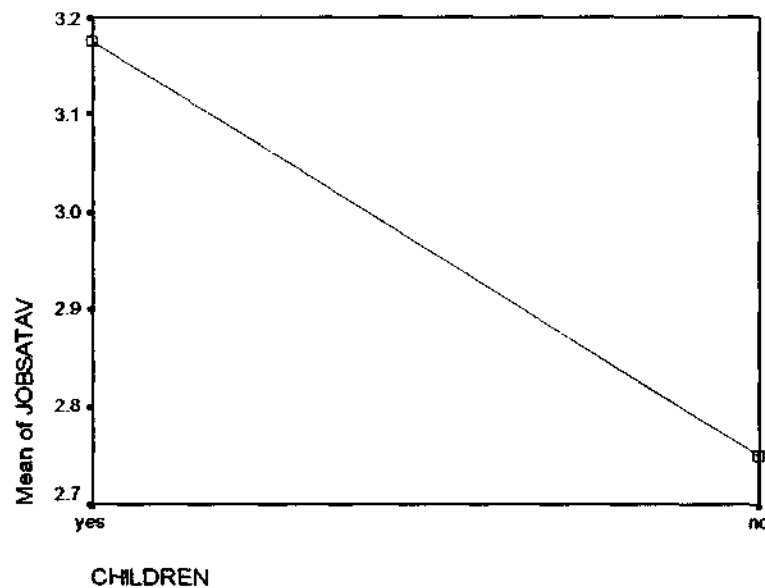
3.2
3.1
3.0
2.9
2.8
2.7

Mean of JOBSATAV

yes   no

CHILDREN

The means plot confirms the above conclusion as the means of each of the variables differ numerically from each other as the line joining the means is not a constant one.

5.4.6 SUMMARY

The second objective of the study was to determine if there were differences in job satisfaction across the different demographic variables, this included gender, age, tenure, marital status and employees with and without children. The results indicated that there were no differences in job satisfaction across the different demographic variables such as gender, marital status, age, tenure and respondents with or without children.

5.5 OBJECTIVE 3: TO EXPLORE THE CORRELATION BETWEEN JOB SATISFACTION AND INTENTION TO LEAVE

Objective three was to explore the correlation between job satisfaction levels and intention to leave.

Pearson's correlations were used to determine if there was a relationship between total job satisfaction and propensity to leave and the four separate components of job satisfaction and propensity to leave. The results are indicated in the table 5.16 below:

Table 5.16: Pearson Correlation: Job Satisfaction and Propensity to Leave

	PROPENSITY TO LEAVE
Total Job Satisfaction	-.68 (**)
Career Management	-.57 (**)
Strategic Management and Support	-.38 (**)
Nature of Work Itself	-.39 (**)
Interpersonal Dynamics	-.36 (**)

** Correlation is significant at the 0.01 level (2-tailed).

There is a strong relationship between total job satisfaction and propensity to leave. This relationship is an inverse one so we may conclude that as job satisfaction increases the propensity to leave decreases. A strong inverse relationship also exists between each component of job satisfaction, namely career management, strategic management, nature of the work itself, interpersonal dynamics and propensity to leave. This would imply that as the levels of job satisfaction of each of these components increases the propensity to leave decreases and vice versa.

5.5.1 SUMMARY

The findings in this section identified four major contributing factors that do have an effect on the level of job satisfaction among health care professionals and these include career management, strategic management, the nature of the work itself and interpersonal dynamics. There was also a strong correlation between each of these components of job satisfaction and propensity to leave. A strong correlation was also found between the total measure of job satisfaction and propensity to leave. This

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meant that high levels of job satisfaction would result in a decreased propensity to leave among health care professionals. Interestingly there was no difference noted in job satisfaction across the demographic variables, namely gender, age, marital status, tenure and children.

CHAPTER SIX

DISCUSSION

6.0   INTRODUCTION

The South African Military Health Services (SAMHS) as a military health service provider is committed to optimising service delivery in order to improve the levels of satisfaction among its clientele. An integral part of enhancing service delivery is to ensure employee satisfaction among health care professionals. According to Schenke (2001:8) there is a direct correlation between employee satisfaction and customer satisfaction. In light of this a study was undertaken in AMHU KZN to determine the major contributing factors that affect job satisfaction. The correlation between job satisfaction and propensity to leave was also determined as a high turnover among health care professionals has the potential to impact negatively on service delivery.

The study sample included 61 health care professionals based at Area Military Health Unit KwaZulu- Natal (AMHU KZN). AMHU KZN will also be referred to as a military medical unit in the discussions.

The demographics related to this sample will first be discussed and the subsequent discussions in this chapter will follow the format of the research objectives and will relate back to the literature.

6.1   DEMOGRAPHIC DISTRIBUTION OF THE SAMPLE

6.1.1   Age

Age distribution ranged from 20 to 59 years. Sixty four percent of respondents were below 40 years old. Twenty six percent of the respondents were in the 40 to 49 year age category. There was a sharp decline in the numbers of respondents in the 50 to 59 years age category, which accounted for only 10% of the respondents. There could be a few possible explanations for the large percentage of respondents that fall below 40 years old. Firstly the South African Military Health Services (SAMHS) does provide

internship programmes for new graduates in the various health care professions, and often these graduates on completion of their internship, apply for permanent posts in the military medical services. The new graduates view this as an opportunity to secure an income whilst deciding on their future career paths and better job prospects. Secondly, the South African National Defence Force (SANDF) has a new recruiting policy in place with the aim of maintaining a younger Defence Force. This policy offers only short term (2 year) to medium term (10 year) contracts to health care professionals, which may or may not be renewed depending on the need for services. Thirdly, the military health service has a military skills development programme (MSD) in place that offers study bursaries to school leavers. These individuals usually have a contractual service obligation to the military upon completion of their studies.

6.1.2 Gender

The gender distribution was predominantly female 64%, with males making up the balance 36%. This could possibly be due to the fact that certain professions are still female dominated, like nursing, social work and dietetics. The unit also has the highest ratio of nurses, which is a female dominated profession, in comparison to the other health care professionals. Another reason for the higher representation of females compared to males is possibly due to the military maintaining a supportive environment with the focus on healthy military families. As a result of this women in professional positions are still able to assume the primary responsibility of child and home care. According to the gender role theory, women are more likely to see the family role as part of their social identity than men do (Gutek *et al*, 1991:561). Studies have also indicated that the relationship between global work-family conflict and job satisfaction is stronger for women than men (Bruck *et al*, 2002:336; Kosseck and Ozeki, 1998:139). Therefore, the military work environment that reduces the work-family conflict would attract more females than males.

6.1.3 Tenure

The number of years of military experience ranged from less than one year of service to over fifteen years of service. The predominant groups of respondents were those

with 10-15 years of experience 36% and those with between 1-5 years of experience 34%. Seven percent of the respondents had less than 1 year of experience and this most probably would be the health care interns. Only eight percent of the respondent had more than 15 years of experience. This could be a reflection of the transformation process, which is aimed at changing the demographics of the SANDF. The aim is to ensure representivity at all levels of management (Ngqakayi, 2005, paragraph 5). As a result middle and senior managers with long tenure, who formed part of the old regime, were replaced by newly integrated members with fewer years of service. At least fifty six percent of the respondents had had less than 10 years of experience. This could also have been a reflection of the new appointments made after the transformation process and as discussed earlier the new recruitment policy which aims at maintaining a younger Defence Force.

6.1.4 Marital Status

The majority of the respondents were married 64% and 33% of the respondents were single. There was a very small percentage of the sample 3% that were divorced. The high percentage of married couples that the military medical services attract could be as a result of the benefits that they receive. Firstly, the spouses and children of married members are entitled to free medical aid. In addition, married members do also qualify for the military housing and their children can study at state expense through the military.

6.1.5 Children

Approximately seventy one percent of the respondents have children and the remaining twenty nine percent of the respondents do not have children. The vast majority of the health care professionals are married and are at the typical child bearing age, therefore it can be expected that there will be more respondents with children. The benefits for children, which include free medical aid and the opportunity to study at state expense, would attract health care professionals with children to the employ of the military health services.

6.2 MAJOR CONTRIBUTING FACTORS AFFECTING JOB SATISFACTION

Based on the results in the previous chapter, the major contributing factors affecting job satisfaction were identified as follows:

- Career Management
- Strategic Management and Support
- Nature of work itself
- Interpersonal Dynamics

Each of these components will be reviewed separately and the discussion will highlight the items with majority endorsement (by 50% or more of the respondents) in each component. This will include items that were positively endorsed, negatively endorsed and "uncertain" responses endorsed by the majority of the respondents.

The current researcher is an employee at AMHU KZN, therefore the insights gained from working for the organisation, will be discussed in an attempt to explain the findings more meaningfully.

6.2.1 Career Management

Career management focuses on what the organisation can do to foster career development. It is an ongoing process of preparing, implementing and monitoring career plans undertaken by the individual alone or in concert with the organisation's career systems (Desimone, Werner and Harris, 2002:458-459). It is important to continually identify gaps between the organisation's strategy and the employee's career concepts and motives, and then identify the optimal organisational structure before deciding on the appropriate career management practices that need to be put in place (Desimone *et al*, 2002:474).

A review of the career management component indicates that around a third 35% of the items were positively endorsed by 50% or more of the respondents, a third 35%

were negatively endorsed by majority of respondents and a third 30 % of the items were endorsed neither negatively or positively by the majority of the respondents.

Negatively endorsed items: Seven items, 35% were negatively endorsed by 50% or more of the respondents (items 15, 18, 24, 31, 43, 52, and 53).
These items include:

a.   Item 15:   The staffing process is fair

b.   Item 18:   I am satisfied with my salary

c.   Item 24:   There are equal opportunities for everybody

d.   Item 31:   I like the management style at my unit

e.   Item 43:   I have control over my career in the military

f.   Item 52:   An effort is put into career planning.

g.   Item 53:   I receive career planning.

Dissatisfaction with salaries and career planning at the unit could be the result of the disparities that exist between the health care professionals and military practitioners. Military practitioners are military medical staff with no professional qualifications that occupy the support structure posts in the medical unit. The military practitioners get paid according to their military ranks and they appear to have excellent career planning with regular promotions. Their salaries are not market related as most of these individuals earn very high salaries in comparison to their post requirements. However, health care professionals get paid according to their professional qualifications, which is equivalent to what health care professionals at any government organisation is paid.

It is often the case that military practitioners as subordinates earn more than their health care professional managers. In essence it would appear that an individual with no qualifications and experience, who joins the military as a military practitioner, has better career prospects than the health care professional. This results in a feeling of dissatisfaction among health care professionals. This would, therefore, be a very important aspect that needs to be taken into consideration in the career management of health care professionals.

The majority of the health care professionals do not believe that the staffing process is fair. This could possibly be due to the lack of transparency and perceived fairness with regard to the appointments made at unit level.

The restructuring of the SAMHS lead to the creation of a new hierarchy for area military units, with the inclusion of an additional level of middle managers. These posts could have provided promotional opportunities for health care professionals with the necessary qualifications, ensuring their career development. However, there was no skills audit done prior to the appointments and as a result many of these posts were filled by personnel that were not perceived to meet the criteria of the posts. These new managers were assigned to manage the services of health care professionals however most of these individuals lacked the appropriate qualifications and management skills. This resulted in high levels of dissatisfaction among health care professionals, as they had to report to managers who did not have the necessary knowledge pertaining to professional service delivery to make relevant decisions. Many health care professionals were also experiencing a plateau in terms of their careers and these posts would have provided excellent career development opportunities, however these individuals were not considered for these posts.

There is also the perception that there are no equal opportunities for everyone. This could actually be due to the transformation process in the South African National Defence Force (SANDF), which resulted in the implementation of the affirmative action policy where previously disadvantaged individuals were given preference in terms of opportunities available. These opportunities included promotions and other benefits such as the attendance of military courses, attendance of international seminars and conferences, the appointment of military attaches, selections in terms of special projects such as military liaison officer posts. According to Witt *et al*, (2000:342), it is difficult for employees to react positively when they perceive that promotions, pay raises and organisational rewards are based upon political considerations, rather than formal objective considerations such as merit or output. Issues such as affirmative action, equal employment opportunity and labour relations affect the human resource function in an organisation and it is therefore important that managers be aware of such issues when developing career management programs (Desimone *et al*, 2002:500).

All these factors discussed relate to the perceived fairness in the organisation. This perception of fairness in the organisation is known as organisational justice (Greenberg and Baron, 2002:201). The equity theory of satisfaction is also based on perceptions one has about fairness and unfairness (Chung 1977:117). It is therefore important for the organisation to change peoples perceptions about the fairness of the organisation as employees that feel that the organisation is treating them unfairly will retaliate against the employers to ensure a more equitable outcome (Skarlicki and Folger, 1997:442).

However it must be emphasised that the above comments are based on the current researcher's own insights and experiences and should be verified in future research, as they are only suggested reasons for the results.

Positively endorsed items: Seven items, 35% were positively endorsed by 50% or more of the respondents (items 12, 21, 23, 38, 41, 47 and 49).
These items include:

a.	Item 12:	Most of the time my workload is manageable.
b.	Item 21:	Promotions for professionals are few and far between
c.	Item 23:	It is not clear which criteria are used to promote people
d.	Item 38:	I am proud to work at AMHU KZN.
e.	Item 41:	Not everyone has the same promotional opportunities.
f.	Item 47:	The staffing process in this unit is unclear.
g.	Item 49:	My future in this organisation is unclear.

Majority of the respondents do believe that the actual staffing process is clear, and that there are clear criteria for promotions. However, as indicated in the previous discussion irregularities seem to arise in the implementation of the staffing process at unit level. As a result of these irregularities in the staffing process, a monotorium was placed on staffing until proper control measures could be put in place.

In terms of promotions among health care professionals, there is consensus that all professionals have the same promotional opportunities and that promotions are received timeously. This could be because promotions of the health care

professionals are based on functional promotions as set out in the public administrative system and not according military rank promotions.

The South African Military Health Services (SAMHS) and subsequently AMHU KZN, is being restructured to ensure a more efficient and cost effective service delivery. There have been concerns raised mainly by the military practitioners as to whether their posts will exist in the new structure. However, there is no danger of job losses among health care professionals as they provide the essential medical services. Therefore, most of the health care professionals are satisfied that their future in the organisation is clear. According to Maslow's hierarchy of needs a secure working environment with no threats of lay-off helps to satisfy an individuals safety needs (Greenberg and Baron, 2003:193).

Most health care professionals are also satisfied that their workloads are manageable. This according to Desimone *et al*, (2002:44) is very important as the way an organisation chooses to design its jobs (in terms of the tasks one performs and the scope of one's responsibilities) can affect an employee's satisfaction and productivity.

It is interesting to note that although health care workers are dissatisfied with perceived inequalities in the organisation they are however proud to work at AMHU KZN. This would indicate a high level of organisational commitment. According to Blau (1986:578) organisational commitment is the degree to which an employee identifies with a particular organisation and its goals and is keen on maintaining membership in that organisation. In the military the majority of health care professionals, join in uniform and therefore fulfill the requirements of being a soldier first. They are bound to serve and honour their country and as officers of the state they wear their ranks with pride and are proud to be a part of the military culture.

6.2.2 Strategic Management and Support

Strategic management involves a set of managerial decisions and actions that are intended to maximise on the opportunities in the external environment and enhance the long term performance of the organisation. Strategic management includes strategy formulation, strategy implementation and control (Desimone *et al*, 2002:12-

13). At formulation level, top management is required to assess the viability of the current mission, objectives, strategies, policies, programs, technology, workforce and other resources. Thereafter, they would need to assess threats and opportunities in the external environment, and in light of these assessments, management can then identify strategic factors that need to be changed or updated. It is important for managers to ensure external alignment between the strategic plans of the organisation and the external environment and internal alignment within the organisation (Desimone *et al*, 2002:13). In terms of internal alignment the areas that would need to be addressed include:

- Management practices – how employees are managed and treated.
- Organisational structure– how the organisation is structured.
- Human resource systems – how employees are selected, trained, compensated and appraised and so on.
- Other work practices and systems – (e.g. the implementation of new technology or information systems to improve work processes).

The value of this approach is that the organisation can be viewed as an entire system where all parts of the organisation must work together as a whole to reach the goals of the organisation. Some of the desired outcomes of such a work system are increased productivity, quality, increased customer and employee satisfaction and quality of work life (Desimone *et al*, 2002:13).

A review of the component on strategic management will indicate that around 15% of the items were positively endorsed by 50% or more of the respondents and 23% of the items were negatively endorsed by majority of respondents.

Negatively endorsed items: Three items, 23% were negatively endorsed by 50% or more or the respondents (items 4, 9, and 17).
These items include:

    a.   Item 4:   My organisation provides the resources and tools that I need to do my job.

    b.   Item 9:   My salary compares with the output I deliver.

c.   Item 17:   My directorate is pro-active and can make things happen.

The lack of resources and tools that are required to perform the job indicates that top management has not adequately assessed the risks in the internal environment that need to be addressed in order to maximise service delivery and meet the goals of the organisation. This would probably explain why health care professionals do not consider their Directorates as pro-active with the ability to handle issues that affect service delivery. This implies that the Directorates are not continually scanning the environment for potential threats or opportunities and identifying the strategic factors that need to be changed or updated.

The compensation of health care professionals in relation their output is also an issue in the internal environment that would need to be addressed. This affects the human resource system, which is one of the subsystems of the organisation. It is important for the Directorates to address the needs in this subsystem, as unmet needs in any subsystem of the organisation would affect the ability of the organisation to meet its strategic goals. The dissatisfaction of health care professionals with regards to their salaries could be as a result of the perceived inequalities in pay in comparison with military practitioners. According to Gruneberg (1979:20), an individual would compare what they are receiving to what others are receiving and if they discover that they receive less then this would lead to dissatisfaction. Greenberg and Baron (2003:202-203) would view this as underpayment equity, which is a condition that results in feelings of anger, in which the ratio of one's outcomes/inputs is less than the corresponding ratio of another individual with whom that person compares himself or herself. The individual that they compare themselves with could be anyone, like the employees in their section, other employees in the organisation, individuals in the same profession, or even themselves at an earlier period of employ.

Positively endorsed items: Two items, 15% were positively endorsed by 50% or more of the respondents (items 5 and 28).

These items include:

a. Item 5:   I have confidence and respect for my directorate.

b. Item 28:   My immediate supervisor is willing to listen and
                 assist when I have questions or problems.

Although health care professionals have indicated that they were not satisfied with certain aspects of strategic direction and support by their Directorates as indicated in the negatively endorsed items, they do however have respect and confidence for their Directorates. Health care professionals expressed satisfaction with the management practices within the unit, where their supervisors were willing to listen and assist in resolving problems. Supervisors in this context refer to the health care professional managers or staff officers that the respondents would report to in terms of their professional functioning. There is a staff officer appointed in each medical profession. Good management practices as discussed above, improves the internal alignment in an organisation, which is one of the goals of strategic management.

6.2.3 Nature of Work Itself

A job has several distinguishing characteristics, including individual tasks or duties, responsibilities, authority, relationships and skills requirements. These job characteristics are related to job satisfaction. Since the nature of the work itself has an effect on job satisfaction, it is important to ensure that the work is not repetitive and unchallenging (Desimone *et al*, 2002:570). Often job enrichment is used as a technique to improve the levels of job satisfaction among workers. Job enrichment involves varying some aspect of the job in order to increase the potential to motivate workers. In order to determine whether a job would need to be enriched, it is important to determine the extent to which employees experience meaningfulness of the work itself, responsibility of the work and its outcomes and knowledge of the actual results of the work (Desimone *et al*, 2002:595).

A review of the component on the nature of the work itself indicates that (100%) of the items were positively endorsed by 50% or more of the respondents.

Positively endorsed items: Eight items, 100% were positively endorsed by 50% or more of the respondents (items 32, 57, 58, 60, 61, 56, 64 and 67).

These items include:

a.	Item 32:	I like the work I do
b.	Item 56:	The impact of my work is clear
c.	Item 57:	My work makes a difference in the DOD
d.	Item 58:	I enjoy taking on new responsibilities in my work
e.	Item 60:	I enjoy thinking of ways to improve the work I do
f.	Item 61:	I get personal satisfaction from the job I do
g.	Item 64:	My job is interesting to me
h.	Item 67:	My job makes full use of my skills and abilities

It is quite clear from the above results that all the health care professionals do enjoy the actual nature of their work. Most of the respondents do experience their work as meaningful with 85% of the respondents, indicating that their work does actually make a difference in the Department of Defence (DOD). In terms of responsibility of the work, an overwhelming 85% of the respondents have also indicated that they do enjoy taking on new responsibilities in their work and with regard to knowledge of the actual results of the work, 80% of the respondents have indicated that the impact of their work is clear.

According to Sanzotta (1977:25), professionals usually have a high need for achievement. However, as Hellriegel and Slocum (1979: 407) noted, achievement satisfaction is not possible in an organisation where the tasks are routine and boring or where there is no competition. Schermerhorn *et al* (1997:91) found that high achievers prefer to work in organisations where there are individual responsibilities, challenging goals and performance feedback.

The high levels of satisfaction with the all aspects of the nature of the work itself, is probably an indication that the AMHU KZN does provide a stimulating and interesting work environment and that health care professionals do experience job fulfillment. The military is a unique environment, where the health care professional has a dual role, to fulfill the requirements of being a soldier first and to render the appropriate services as a health care practitioner. The health care professionals in the

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military receive wider exposure as they are trained in both a clinical and operational field setting and they are expected to render services outside the borders of the country during peacekeeping missions. The nature of the work is such that the health care professionals in the military are faced with unique challenges that are unparalleled to the civilian sector of society. Therefore, the work experience gained in the military environment is highly interesting and stimulating in comparison to other government institutions where the environment is more static and the work can be described as more routine, repetitive and unchallenging.

6.2.4 Interpersonal Dynamics

According to Hertzberg's Two Factor Theory of job satisfaction, interpersonal relations can be considered a hygiene factor or dissatisfier. Hygiene factors relate the context of the job, that is it relates to the situation in which the person does what he or she does. The hygiene factors are external to the employees and the job and are considered extrinsic conditions of the job. This means that they are controlled by someone other than the employees (Grobler *et* al, 2002:107-8). Hygiene factors such as interpersonal relations when inadequate, leads to dissatisfaction but when adequate, does lead to job satisfaction (Gruneberg, 1979:11-13). Interpersonal relations also forms part of Alderfer's Need theory. The desire for satisfying interpersonal relationships is related to Alderfer's Relatedness needs (Schermerhorn *et al*, 1997:90) These relatedness needs correspond to Maslow's social needs which includes the need for meaningful social relationships (Greenberg and Baron, 2003:194-5).

Interpersonal skill focuses on an individual's relationship with others, including communication and teamwork (Desimone *et al*, 2002:321). There is a trend among organisations to move toward team- based approaches to accomplishing work, which usually involves team training with a strong interpersonal component (Desimone *et al*, 2002:342). Team building has been found to be the most effective intervention technique for modifying satisfaction and other attitudes (Desimone *et al*, 2002:584). A team–based approach to work is imperative in training soldiers in the military due to the nature of the work and therefore forms part of all training programmes. With regard to the provision of military medical services one of the strategic goals of the

organisation is to ensure a multi-disciplinary approach (team based approach) in the provision of health care.

Interpersonal skills are very important as graduates from high schools, colleges and universities often lack the interpersonal skills that an organisation requires (Desimone *et al*, 2002:342). In addition, more organisations are becoming multicultural and it is important that people change some of the incorrect assumptions, values and beliefs that they have about other cultures to ensure more effective cross cultural relations (Desimone *et al*, 2002:342).

The fact that the AMHU KZN has a large proportion of young health care workers would indicate that most of them are interns or newly appointed personnel. These new graduates would require interpersonal skills training. In addition the transformation process has resulted in a multi-cultural organisation. Although most people experience difficulty in adapting to change, the military was very proactive and had several programmes in place to facilitate the transformation process. This helped to ensure better understanding and tolerance of other cultures in the organisation and improve the interpersonal relations among employees.

According to David McClelland an important underlying need in understanding human behaviour is the need for affiliation, which is the desire to establish warm, friendly and interpersonal relations with others (Schermerhorn *et al*, 1997:90). This is in keeping with Maslow's need hierarchy where social needs refer to the need to be affiliative, to have affective relationships with others such as friends and to be loved and accepted by other people (Greenberg and Baron, 2003:193). The military medical unit ensures that the need for affiliation is met by encouraging participation in social events such as braais, parties, and other planned social events such as the health care professional team building day, and officer's lunches. Regular sporting events are often hosted such as the winter sports day and the summer sports day and this includes all the health care professionals from the various military health service centres throughout Kwa Zulu -Natal.

A review of the component on interpersonal dynamics will indicate that around 25% of the items were negatively endorsed by 50% or more of the respondents, and 75% was neither negatively nor positively endorsed by majority of the respondents.

Negatively endorsed items: Two items, 25% were negatively endorsed by 50% or more or the respondents (items 34 and 54).

These items include:

    a.   Item 34:   The merit assessment process is fair

    b.   Item 54:   The management of AMHU KZN is focused on the needs of the individual.

From the discussion above it is apparent that the military unit made a positive contribution to improving the interpersonal dynamics in the unit. However, the health care professionals are dissatisfied with the merit assessment process and that management is not focused on the needs of the individual. Both these issues have managerial implications that can be explained by the expectancy theory.

Based on the expectancy theory managers should try to intervene actively in work situations to maximise work expectancies, instrumentalities and valences that support organisational objectives. To influence expectancies managers should recruit capable individuals, train them well, provide them with the needed resources, and set clear performance goals (Schermerhorn *et al*, 1997:97).

To influence instrumentality managers should clarify performance-reward relationships and ensure that individuals are actually rewarded for high performance, so that the individual remains motivated (Schermerhorn *et al*, 1997:97). Therefore, it is important that the merit assessment process is fair and that individuals do qualify for merit bonuses based on high performance. In AMHU KZN the policy stipulates the percentage of employees that can receive merit bonuses based on race and military ranks groups. However, this system may not be perceived as being fair as there can be a higher percentage of high achievers coming from a specific race group or rank group.

To influence valences, managers should identify the needs that are important to each individual with the emphasis on matching the needs of the employees with the particular organisational reward (Schermerhorn *et al*, 1997:97). The health care professionals at AMHU KZN are of the view that managers do not focus on the needs of the individuals and it is these unmet needs that lead to dissatisfaction.

According to the expectancy theory people will be motivated to work when they expect that they will be able to achieve the things that they want from their jobs (Greenberg and Baron, 2003:207). Therefore, by managers improving their interpersonal relations with the health care professionals they would be acutely aware of the needs of the respondents and be able to meet the individual's expectations about job related outcomes.

6.2.5 Summary

The item analysis suggests that the majority of the healthcare professionals at AMHU KZN, are dissatisfied with structural issues (such as resources, staffing, career planning, salaries and administration) and are satisfied with the nature of the work itself, despite this they do believe that their future in the unit is clear and they are proud to work at AMHU KZN.

6.3 THE LEVEL OF JOB SATISFACTION ACROSS THE DIFFERENT DEMOGRAHIC VARIABLES

The workforce in the military health services has become increasingly more diverse since the transformation of the (SANDF) and it can be expected that this trend will continue. Demographic characteristics are background variables (e.g. age, gender) that help shape what a person becomes over time and it is considered to be the heart and soul of workplace diversity (Schermerhorn *et al*, 45). It is therefore important to understand that diversity exists in workforces and manage it accordingly to prevent a workforce that has problems working cooperatively, is unhappy, disillusioned and underutilised (Moorhead and Griffin, 1995:520).

The discussion below will examine if there are differences in job satisfaction across the different demographic variables in AMHU KZN.

6.3.1 Gender

Findings on the impact of gender on job satisfaction are inconsistent. While some of the findings suggest that there are no differences in the level of job satisfaction among men and women (Mannheim, 1993:138), others do suggest that expectations of working - women in terms of job satisfaction are different from those of men (Martin and Hanson, 1985:91).

The findings in AMHU KZN suggest that there are no differences in the level of job satisfaction among men and women.

There could be several explanations in support of the results. A study by Varca *et al* (1983:348) examined job satisfaction among alumni 5 years after they graduated from college. Results indicated that at higher occupational levels men expressed more satisfaction than women in terms of pay and opportunities for advancement. Hagedorn (1996:569) has also presented evidence that the job satisfaction of female academics is lower when their earnings fall below the earning of comparable males. However, these factors that lead to dissatisfaction would not relate to the health care professionals in the SAMHS due to the implementation of the policy on gender equity. This policy ensures that women have equal opportunities and receive the same benefits as their male counterparts. This could therefore be one of the reasons that females experience similar levels of satisfaction to males.

The greater educational attainment of women has also resulted in increased number of women in managerial and professional positions. However, corresponding social roles and responsibilities have not kept pace. The women still assume the primary responsibility of child and home care (Aryee, 1993:823). According to the gender role theory, women are more likely to see the family role as part of their social identity than men do (Gutek, *et al* 1991:561). A study on work-family conflict and job satisfaction has also found that when work is seen as interfering with the time and energy needed at home, working parents especially working mothers become

dissatisfied with their jobs (Grandey, *et al* 2005:306). Consistent with the gender role theory, several studies have supported the proposition that the relationship between global work-family conflict and job satisfaction is stronger for women than for men (Bruck, *et al* 2002:336-352; Kossek and Ozeki, 1998:139-149).

As mentioned in previous discussions, the military aims to foster a supportive environment with the focus on health military families which forms part of the military culture. This family orientated approach reduces the work family conflict and, therefore, women are able to enjoy similar levels of job satisfaction compared to men. In terms of the support provided to families the military ensures that there are psychologists and social workers available to assist individuals deal with any personal or family related issues. The chaplain and the social worker of the unit will also provide a support network to an individual's family when the individual is away from home, either on course or on detached operational duty. The management of the unit is accommodating of the needs of a working mother ensuring that they are given time to handle the responsibility of child and homecare. The unit also has planned social events for the family like family days, childrens programmes, and a host of other events that incorporates the family into the military culture.

6.3.2 Age

The findings in AMHU KZN suggest that there are no differences in job satisfaction across the different age categories. This is not in keeping with studies that have found differences in job satisfaction across the different age groups (Weaver, 1980:364-367, Mottaz, 1987:387). There could be several explanations as to why there are no differences noted in terms of job satisfaction across the different age categories.

Typically the effect age on job satisfaction is often explained by reviewing the stages of career development. Greenhaus, Callanan, Godshalk, 2000 cited in Desimone *et al* (2002:466), has indicated a five stage model of career development. Stage one is the preparation for work (Age 0-25). Stage two is the oganisational entry stage (Age 18-25), where an individual selects a job and an organisation in which to begin employment. Stage three is the early career stage (Age 25-40) during this stage the individual becomes established in a career and in an organisation. Stage four is the

midcareer stage (Age 40-55) at this stage career plateauing and obsolescence of one's skill are usually experienced. The final stage, stage five is the late career stage (Age 55 – retirement) this is where the individual strives to remain productive and maintain a sense of self esteem. Individuals also face the challenge of disengaging from wotk and retiring.

Although this traditional model of career development does fit many organisations, they may not adequately explain job satisfaction across the age categories in the military. Greenhaus et al 2000 cited in Desinmone et al 2002:470 point out that the above stages of career development cannot simply be used to classify individuals into a particular stage but to "understand" how careers unfold and how people relate at different stages of their careers and lives.

According to Desimone et al 2002:470, it is also important to note that in organisations that face technological change, competition, political pressure, and non traditional employment arrangements and lack of stability in terms of employment security, the traditional model of career development does not fit as well.

The military environment is very different to most civilian organisations in that it does not offer a traditional career path to individuals. Due to the nature of the work the military has to ensure that it maintains a young, fit combat ready force. The appointments in the military are not dictated by one's profession alone but on age and fitness criteria. In addition, due to the fact that there no permanent appointments, but only short to medium term appointments most individuals cannot settle into a long term career path in the military. These individuals do not enjoy the same career security as individuals that have permanent appointments and therefore the typical career developmental stage described above may not apply to these individuals.

The transformation process also resulted in the integration of individuals of different age categories into the military. The traditional model of career development may not apply to these individuals as all these individuals irrespective of their age are trying to adapt to a completely unique culture and environment. As mentioned previously the health care professionals have a dual role of being both a soldier and a health care professional. Therefore their careers will not be comparable to their colleagues in the

civilian sector and the way their career unfolds and the way that these individuals relate to it may differ irrespective of age.

6.3.3 Tenure

Tenure appears to be a more consistent and stable predictor of job satisfaction than chronological age (Bedeian, *et al* 1992:36). However the findings in AMHU KZN suggest that tenure has no impact on the levels of job satisfaction.

According to Farkas and Tetrick (1989:855-860), there is a positive relationship between tenure, the length of time spent in the organisation, and job satisfaction. The longer the time spent in the organisation, the more satisfied managers are with their jobs. This may indicate that once the process of acculturation is over, managers settle into their jobs, have increased organisational commitment and seem to like their jobs

The transformation process in the military, which resulted in integration of previously disadvantaged individuals, together with the restructuring of the military medical services, has meant that health care professionals had to learn to adapt to a multicultural environment with the implementation of new structures, systems and working procedures. The drastic change to the existing organisational environment would have meant that health care professionals would have had to undergo the process of accultauration again. Health care professionals with many years of service would not be able to settle into their jobs as would have to adapt to a new transformed organisation. Therefore contrary to research, this study indicated that job satisfaction does not differ with tenure.

6.3.4 Marital Status

Research indicates that married individuals tend to have fewer absences, lower turnover rates and greater job satisfaction than do unmarried individuals (Schermerhorn *et al*, 1997:45).

The findings at AMHU KZN indicate that there are no differences in the level of job satisfaction among married and unmarried individuals.

Most of the factors related to job satisfaction in this study do not differ amongst married and unmarried individuals. Both groups receive the same benefits, such as free medical aid and a housing subsidy. They also have the same degree of job security and both groups express high levels of satisfaction with regard to the nature of their jobs.

One of the main factors that could lead to greater dissatisfaction among married individuals in the military environment would be the fact that they are separated from the families for extended periods of time during deployment and this would have a negative impact their family life.

However, the results are not suggestive of this and this could be attributed to the supportive environment that the military provides to the family members of deployed health care professionals. The fact that individuals are reassured that the needs of their families are addressed during their absence could possibly improve their levels of satisfaction.

6.3.5 Children

A positive relationship has been found between the number of children and job satisfaction (Schermerhorn *et al*, 1997:45). Studies have also shown that military personnel that are married and have dependant children are less likely to leave the military (Kilburn *et al*, 2001 cited in Antecol *et al*, paragraph 37).

The findings at Area Military Health Unit Kwa-Zulu Natal indicate that there are no differences in the level of job satisfaction among individuals with or without children. The reasons that could account for this would be similar to the reasons cited for the demographic variable, marital status as most of the married individuals have children.

The issue of deployment would once again be one of the main factors that could affect the satisfaction levels of individuals that do have children in comparison to those that do not have children. The fact that individuals will be separated from their children for extended periods of time would as mentioned previously have a negative impact on family life and lead to greater levels of dissatisfaction. However, this would be

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balanced off, by the fact that the unit provides excellent support structures to the family of deployed individuals. Other benefits include the fact that the children are entitled to free medical aid and studies at state expense.

6.3.6 Summary

The results of this study indicate that there were no differences in job satisfaction across the demographic variables of namely, age, gender, tenure, children and marital status. Although no qualitative data was obtained to explain these findings, in the opinion of the researcher the following issues could offer a possible explanation for the results on job satisfaction across the demographic variables:

- The integration and transformation process affected the demographic profile of the organisation, therefore it is difficult to make comparisons and deductions based on the typical career development cycle.

- The SAMHS is a unique organisation, which is well differentiated from other healthcare organisations especially in terms of its employment arrangements. Therefore the typical trends observed across the demographic variables among health care professionals in other organisations may not be applicable to the military organisation. The force structure, the nature of work itself, benefits for married members and those with children, social support structures and recruitment policies are but some of the factors that need to be taken into consideration when attempting to interpret the results.

6.4 CORRERLATION BETWEEN JOB SATISFACTION AND PROPENSITY TO LEAVE

Considerable research has been done on voluntary turnover with intent to quit as a commonly proposed antecedent. Conclusions from traditional turnover research show that intention to quit work (turnover intention) is the best predictor of actual voluntary turnover in an organisation (Steensma *et al*, 2004:215).

This study examined the relationship between job satisfaction and propensity to leave and found that a strong correlation existed between total job satisfaction and propensity to leave.

This finding is consistent with research done on job satisfaction and propensity to leave. Most conceptual models of voluntary turnover assume that job dissatisfaction is the main cause of labour turnover, and there are considerable findings of the negative relationship between employee turnover and job satisfaction (Brayfield and Crockett, 1955: 396 and Locke 1975: 457-480).

This study also further examined the relationship between the four different components that were identified as the major contributing factors affecting job satisfaction and propensity to leave. This included:

- Career management and propensity to leave
- Strategic management and support and propensity to leave
- The nature of the work itself and propensity to leave
- Interpersonal dynamics and propensity to leave

6.4.1 Career Management and Propensity to Leave

There was a strong correlation between career management and propensity to leave. The lack of career planning was one of the main issues highlighted by respondents in this study. Career planning a very important aspect of career management and this includes activities that help the individual to develop and carry out career plans (Desimone et al, 2002:458). Successful career planning would ensure that an individual will know what they want in terms of their career and what steps to take to achieve this goal (Desimone et al, 2002:458). Therefore, individuals who do not receive career planning will not know what to expect in terms of their careers, which could result in increased levels of dissatisfaction.

The dissatisfaction with the staffing process could be due to the fact that there was no skills audit done when matching people to posts and therefore the staffing process was

not perceived to be fair. According to the human capital theory individuals decide whether to stay with a firm, in part on the basis of whether their jobs provide the best fit with and returns on their qualifications. Individuals acquiring new qualifications should be staffed in promotional posts as this would make use of their capabilities. Promotions assist in re-establishing a match between employee skills and job requirements, and they should reduce the attractiveness of other jobs opportunities, independently of wages (Liu, 1984:1137). Porter and Steers (1973:151-176) found that the lack of perceived equitability in the promotion procedures lead to high levels of dissatisfaction among professionals and this resulted in increased turnover.

Dissatisfaction with one's salary could result in increased propensity to leave the organisation. Porter and Steers (1973:151-176) found that pay could be a major cause of turnover. The problem was not just a result of the actual level of pay but also the perceived equitable level of pay. Turnover studies also confirm that the perceived equitable level of pay in relation to others in the company was a major factor affecting voluntary quits (Van Yperen *et al*, 1996:429). This is especially important when considering health care professionals, who are considered to be high achievers. According to McCelland's theory of need motivation, high achievers are often good at what they do and would not remain long in a job that does not pay them equitably for performing well (Hellriegel and Slocum, 1979:407). In AMHU KZN health care professionals compare their salaries with the military practitioners and other health care professions. Often when salaries are not considered to be equitable health care professionals opt to quit their professional careers and take on appointments as military practitioners as this affords them an opportunity to earn higher salaries. In this way even though health care professionals may not be leaving the organisation itself, there is still a loss of professional staff.

The political transformation of the SANDF and the implementation of the affirmative - action policy, resulted in the perception of a lack of equal opportunities for everyone. According to research, organisational politics can predict intention to leave an organisation. Organisational politics is perceived as a negative force contributing to negative affective and behavioural outcomes (Ferris and Kacmar, 1992:94). To explain it more simply, it is difficult for employees to react positively when they perceive that promotions, pay raises and organisational rewards (among other things)

are based upon political considerations, rather than formal, objective considerations, such as merit or output (Witt *et al*, 2000:342).

The management style at the unit was also cited as another reason for increased levels of dissatisfaction. The health care professionals have a dual role in the military, first as a soldier and secondly as a professional. It is difficult to always merge professional ethics with military ethics which results in inter-role conflict. The middle managers are mainly military practitioners with no professional qualifications and no medical background and as a result they tend to adopt a military style of management. The goals of the organisation often differ from the goals of the profession which results in interrole conflict. Interrole conflict arises from incompatible role requirement between two or more work related roles and it has been found to generate negative consequences, such as lower levels of job satisfaction as well as higher propensity to leave the organisation (Liu *et al*, 2001:470).

Research in the United States military indicates that career related discrimination, results in increased intentions to leave the military (Antecol and Cobb-Clark, paragraph 19). Therefore, it is important to identify and understand all the factors related to career management and address these needs so that individuals would be more inclined to remain in AMHU KZN.

6.4.2 Strategic Management and Support and Propensity to Leave

In terms of strategic management and support it would be important for managers to ensure external alignment between the strategic plans of the organisation and the external environment and internal alignment within the organisation as this would enhance the long term performance of the organisation (Desimone *et al*, 2002:13).

The main issues related to dissatisfaction concerned the internal alignment within the unit. The issues of concern were the lack of resources, lack of equitable remuneration and lack of support form the Directorate. These issues relate to organisational support in the unit. Research has shown that organisational support can predict intention to leave the organisation (Ferris *et al*, 1992:94).). Organisational support is regarded as a global construct intended to measure perceptions of support provided by the

organisation, and these perceptions have been found to be positively related to positive work outcomes (Rhoades and Eisenberger, 2002:698). Employees who perceive high levels of organisational support tend to increase work effort, citizenship behaviours, and tenure (Cropanzano *et al*, 1997:159).

An examination of tenure in environments with low organisational support indicate that individuals with low tenure are more prone to leaving the organisation. The negative effect of these environments suggests that the benefits accrued are not commensurate with the personal investment made. This is deemed an inequitable situation by the individual prompting them to leave the organisation (Valle *et al*, 2004:118).

6.4.3 Nature of the Work Itself and Propensity to Leave

There was a strong correlation between the nature of the work itself and propensity to leave. According to Hertzberg's two factor theory of job satisfaction, the inherent nature of the work itself can be referred to as a motivator or satisfier (Gawel, 1997, paragraph 6). Motivators are considered to be intrinsic in nature and they reflect the content of the job and higher level needs (Grobler *et al*, 2002: 107-8). Motivators are factors which if present in the working situation, lead to satisfaction, but if absent does not lead to dissatisfaction.

The majority of the respondents expressed overwhelming satisfaction with the nature of their work itself, and this could be an indication that the health care professionals are content with their professional career choices. This is an important deduction as research has indicated that often individuals that have no clear idea of where their vocational interests lie may be more likely to quit their jobs than individuals with clear ideas (Porter and Steers, 1973:151-176).

The respondents in the study also indicated that the nature of the work does have a positive impact on them, and that they do find their work interesting and they do get personal satisfaction from their work. This indicates very positive job related attitudes toward their work.

Job related attitudes such as job involvement also affect turnover. Job involvement is the degree to which a person identifies psychologically with his or her job and considers his or her perceived performance level important to self worth. High levels of job involvement have been associated with lower turnover rates (Blau and Boal, 1987: 290).

6.4.4 Interpersonal Dynamics and Propensity to Leave

There was a strong correlation between interpersonal dynamics and propensity to leave.

According to Antecol and Cobb-Clark (paragraph 3), racial and ethnic diversity affects job satisfaction. The transformation of the SAMHS has resulted in AMHU KZN becoming even more racially and ethnically diverse. Research has shown that in the United States military, these diversity issues have resulted in increased reports of racial and ethnic harassment.

Racial harassment has been found to significantly increase job dissatiafction irrespective of the type of harassment considered. Furthermore threatening racial incidents have also resulted in increased intentions to leave the military (Antecol and Cobb-Clark, paragraph 19).

Another factor that affects interpersonal dynamics is group demography. Group demography also helps in predicting turnover. Groups and organisations are made up of cohorts, which are defined as individuals who hold a common attribute. For instance, everybody born in 1960 is of the same age. Several studies have found turnover to be higher among individuals that fall outside a cohort. Group demography therefore suggests that such attributes as age or the date that someone joins an organisation would enable one to predict turnover (Robbins, 1996:315-316; McCain *et al*, 1983: 626-641).

The transformation of the SAMHS led to the disintegration of cohorts formed in the old SADF. Many of the members of the former SADF had taken early retirement packages and those that remained in the military found it difficult to merge with the

newly integrated members. Many of these individuals over time could not adapt to the new organisation and also chose to leave the SANDF.

6.4.5 Summary

From the above discussion it is clear that high the levels of dissatisfaction among health care professionals, results in increased propensity to leave the organisation. There was also a strong correlation between career management, strategic management and support, nature of the work itself, interpersonal dynamics and propensity to leave. Therefore, it is important to ensure that the necessary steps are taken to improve job satisfaction among health care professionals so that the necessary force structure can be maintained according to the needed mix of experience, grade and skill.

CHAPTER SEVEN

CONCLUSIONS

7.1 INTRODUCTION

The dawn of a free, democratic South Africa resulted in the subsequent transformation of the SANDF. The SAMHS as one of the four arms of service was also part of the transformation process, which included the implementation of the affirmative action and equal opportunities policy. The SAMHS had to also transform in terms of service delivery with the goal of improving the quality and efficiency of the military health services and provide access to excellent medical services to all SANDF members, their families and approved clientele. The reason for this is that healthcare is a crucial part of the non-pay benefits package and a key element of the military quality of life.

The transformation process, followed by the restructuring of the SAMHS and the call for improved service delivery placed increased demands on health care professionals to ensure the provision of an optimal health care for the clientele. However, as indicated in the literature review, there is a direct correlation between customer satisfaction and employee satisfaction. Therefore, in order to improve client satisfaction it was important to firstly to address issues affecting job satisfaction among the health care professionals. A study was therefore carried out on a sample of health care professional in AMHU KZN with the aim of exploring three objectives, namely, to determine the major contributing factors affecting job satisfaction among health care professionals; to determine if there were differences in job satisfaction across the different demographic variables; and to determine if there was a correlation between job satisfaction and propensity to leave.

7.2 DEMOGRPAHIC PROFILE OF THE HEALTHCARE PROFESSIONALS

The sample consisted of 61 health care professionals in AMHU KZN, the majority of whom were female (64%). Studies have indicated that the relationship between

global work-family conflict and job satisfaction is stronger for women than men (Bruck *et al*, 2002:336; Kosseck and Ozeki, 1998:139). Therefore, the military work environment that reduces the work-family conflict would attract more females than males.

However the recent changes in the work environment with increased external deployment of healthcare professionals, outside the borders of the country, could have an adverse effect on females joining or remaining in the military.

The British Military also recognises that it has problems recruiting and retraining personnel and have found that separation from family and friends is an important factor preventing people from wanting to join the military (Limbert, 2004:38).

As discussed previously another reason for the military attracting a higher percentage of women, could have been due to the fact that certain healthcare professions are still female dominated, like nursing.

The age ranged between 20 to 59 years old with the majority of respondents (64%) being under 40 years old. One of the strategic goals of the DOD's Human Resource Strategy for 2010 is to rejuvenate the SANDF's human resource composition with young, fit and healthy members (DOD, 2003, paragraph 48). This remains one of the most important criteria for military personnel to deploy outside the borders of the country. This would explain why the majority of respondents are below the age of 40 years old. An aging workforce would increase personnel expenditure, as they would not be able to deploy externally. Therefore another strategic goal of the SANDF is to introduce a new service system that will reduce personnel expenditure and optimise force level flexibility (DOD, 2003, paragraph 48).

Approximately 56% of the respondents had less than 10 years of military experience, which is in keeping with the new recruiting policy that aims at providing just short and medium term service. This is in keeping with the military's intention of maintaining a young, fit, combat ready force.

Most of the respondents 64% were married and 71% of the respondents had children. This high percentage of married individuals with children could as mentioned earlier be the result of benefits like free medical aid for spouses and children, children being able to study through the military, the reduced work-family conflict in the military environment and the military accommodation available to married individuals. However, here again the recent introduction of external deployments might result in fewer married individuals with children joining the SANDF.

7.3   MAIN FACTORS AFFECTING JOB SATISFACTION

In response to the main factors affecting job satisfaction, the following areas are of importance:

7.3.1 Career Management

The main issues included firstly career guidance and planning which most health care professionals felt were poorly managed. Secondly, most respondents do not feel that there is equal opportunity for everyone and they also do not believe that the staffing process is fair. The factors mentioned above could be interrelated. As mentioned earlier the SANDF is in the process of transformation. The aim of the transformation of the Department of Defence (DOD) is to achieve the goal of a non-racial, non-sexist and non-discriminatory institution whose composition shall broadly reflect the demographics of the country (DOD, 2003, paragraph v). According to Witt *et al*, (2000:342), it is difficult for employees to react positively when they perceive that promotions, pay raises and organisational rewards are based upon political considerations, rather than formal objective considerations such as merit or output. Issues such as affirmative action, equal employment opportunity and labour relations affect the human resource function in an organisation and it is therefore important that managers be aware of such issues when developing career management programs (Desimone *et al*, 2002:500).

The transformation process has lead to the implementation of various policies such as the affirmative action policy, and the policy on gender. Staffing is based on individuals meeting the criteria of these policies, which often gives opportunities to

previously disadvantaged individuals. Therefore, employees may be under the impression that there are no equal opportunities for everyone and the staffing process may not be perceived as being fair. Most appointments are made at headquarters level, where individuals are earmarked for posts and this may explain why individuals feel that they have no control over their careers in the military. In addition managers themselves are adjusting to the transformation process and the effect it has on the organisation. This may explain why they do not provide adequate career planning and guidance to the healthcare professionals.

Remuneration was also one of the frustrations of the respondents. However, dissatisfaction with remuneration is a perennial problem and may well not be able to be resolved at unit level. One of the contributing factors to dissatisfaction expressed with salaries could be the fact that military practitioners with no tertiary qualifications earn better salaries than the healthcare professionals. According to Gruneberg (1979:20), an individual would compare what they are receiving to what others are receiving and if they discover that they receive less then this would lead to dissatisfaction. Greenberg and Baron (2003:202-203) would view this as underpayment equity, which is a condition that results in feelings of anger, in which the ratio of one's outcomes/inputs is less than the corresponding ratio of another individual with whom that person compares himself or herself. The individual that they compare themselves with could be anyone, like the employees in their section, other employees in the organisation, individuals in the same profession, or even themselves at an earlier period of employ.

Lastly, the restructuring has also lead to the appointment of a whole new level of middle managers, who lack the appropriate management skills. This could explain the obvious unhappiness expressed by health care professionals with regard to the management style at the unit.

7.3.2 Strategic Management and Support

Salaries were once again highlighted as an important area of concern among respondents. Respondents did not feel that their salaries compared with the output that they delivered. It is important to note that healthcare professionals have a dual

role, they firstly need to fulfill the requirements of being a soldier in uniform and secondly they are also responsible to render the relevant professional healthcare service.

The effect of extrinsic rewards such as money on high achievers is complex. High achievers do have a high opinion of the value of their services and, therefore, prefer to receive the pay of a valued employee. Money is a strong symbol of their achievement and adequacy, and may lead to feelings of dissatisfaction if they feel they their remuneration is low in comparison to others (Hellriegel and Slocum, 1979:407).

The healthcare professionals also indicated that their directorates are not pro-active. This could be related to the fact that the directorates are responsible for determining the salary grading of the healthcare professionals. Although some directorates have upgraded the salaries of their respective professional grouping, other directorates have failed to re-grade the salaries. The lack of the necessary resources and tools required to do the job was also an issue of concern. This could be another area where the Directorates need to ensure that they are proactive and ensure internal alignment within the organisation, by ensuring that the necessary resources are available for efficient service delivery.

The healthcare professionals expressed satisfaction with their professional managers, indicating that they were willing to listen and assist with questions and problems that they had experienced.

7.3.3 The Nature of the Work Itself

The majority of the respondents have indicated that they do enjoy the actual nature of their work. The respondents have indicated that they do enjoy taking on new responsibilities in their work, that their work is meaningful and interesting to them and that the impact of their work is clear. This could be attributed to the fact that the military provides a stimulating and interesting work environment where health care professionals can experience job fulfilment. The healthcare professionals working in the military environment receive a wider exposure compared to other government organisations, as they also receive military training to be able to render services in a

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combat situation. Achievement satisfaction is not possible in an organisation where the tasks are routine, boring or where there is no competition (Hellriegel and Slocum, 1979:407). A high need achiever prefers to work in organisations where there are individual responsibilities, challenging goals and performance feedback (Schermerhorn *et al*, 1997:91).

Satisfaction with the nature of the work itself could also be a reflection of the high level of satisfaction of health care professionals with their career choices. Often individual's who have no clear idea of where their vocational interests lie may be more likely to quit their jobs than individual's with clear ideas. (Porter and Steers, 1973:151-176).

7.3.4 Interpersonal Dynamics

Maintaining good interpersonal dynamics is very important in the military considering the nature of the work. One of the strategic goals of the organisation is to ensure a multi-disciplinary team approach in the provision of health care and this is practiced by health care professionals in AMHU KZN. According to McClelland's need motivation theory, professionals have the need for affiliation that is the desire to establish warm, friendly interpersonal relations with others (Schermerhorn *et al*, 1997:90).

In addition, a lot of emphasis is placed on planned social events, which is meant to improve interpersonal relations. The officer commanding of the unit has various combined social events planned for members from all the health service centres. Social needs can be met in organisations by encouraging participation in social events, such as office braais or parties. An organisations sports club is also a good opportunity for meeting social needs, by giving employees a chance to socialise and develop friendships (Greenberg & Baron, 2003:193).

The main issue of concern highlighted by respondents related to management. Respondents felt that the merit assessment process needed be administered fairly by managers. Based on the expectancy theory managers can influence instrumentality by

clarifying the performance-reward relationships and ensure that individuals are actually rewarded for high performance, so that the individual remains motivated (Schermerhorn *et al*, 1997:97).

The healthcare professionals were also of the opinion that managers should be focused on the needs of individuals. Again based on the expectancy theory in order to influence valences, managers should identify the needs that are important to each individual with the emphasis on matching the needs of the employees with the particular organisational reward (Schermerhorn *et al*, 1997:97).

7.4 LEVEL OF JOB SATISFACTION ACROSS THE DIFFERENT DEMOGRAPHIC VARIABLES.

The second objective of the study was to determine if there were differences in job satisfaction across the various demographic variables. There were no differences noted in the level of job satisfaction across the demographic variables of gender, tenure, marital status, age and whether or not respondents had children. The fact that the military culture does assist in reducing the work –family conflict could explain why there is no difference in the level of job satisfaction between males and females. In addition the women enjoy equal opportunities and receive the same benefits as their male counterparts and this could be another reason why women experience similar levels of satisfaction to men.

The transformation process and the restructuring of the military medical services resulted in drastic changes to the existing organisational environment. Therefore, health care professionals would have had to undergo the process of acculturation again. Health care professionals with many years of service would not be able to settle into their jobs as would have to adapt to a new transformed organisation. This study indicated that job satisfaction does not differ with tenure.

There was no difference in job satisfaction between the different age categories. This could also be in part attributed to the transformation and restructuring process which meant that irrespective of age all the employees would be have to adapt to the changes

in the work environment. It should also be noted that the majority of the respondents were below the age of 40, in a similar age cohort, therefore it would be less likely to observe distinct differences. The new recruitment policy also aims at maintaining a younger defence force therefore comparisons across the different age groups would not be appropriate.

The benefits received by married members and those with children could also account for the high levels of satisfaction, which is comparable to single members and those without children.

7.5 CORRELATION BETWEEN JOB SATISFACTION AND PROPENSITY TO LEAVE

The final objective of the study was to determine if there was a correlation between job satisfaction and propensity to leave. There was a strong correlation between total job satisfaction and propensity to leave. There was also a strong correlation between the four components of job satisfaction namely, career management, strategic management, the nature of the work itself, interpersonal relations and propensity to leave.

Successful career planning would ensure that an individual will know what they want in terms of their career and what steps to take to achieve this goal (Desimone *et al*, 2002:458). Therefore, individuals who do not receive career planning will not know what to expect in terms of their careers, which could result in increased levels of dissatisfaction.

It is also important to ensure the career progression of healthcare professionals into promotional posts. However the staffing process was not perceived to be fair which lead to increased levels of dissatisfaction. Promotions assist in re-establishing a match between employee skills and job requirements, and they should reduce the attractiveness of other jobs opportunities, independently of wages (Liu, 1984:1137). Porter and Steers (1973:151-176) found that the lack of perceived equitability in the promotion procedures lead to high levels of dissatisfaction among professionals and this resulted in increased turnover.

The health care professionals have a dual role in the military, first as a soldier and secondly as a professional. It is difficult to always merge professional ethics with military ethics which results in inter-role conflict. Inter-role conflict arises from incompatible role requirement between two or more work related roles and it has been found to generate negative consequences, such as lower levels of job satisfaction as well as higher propensity to leave the organisation (Liu *et al*, 2001:470).

In terms of strategic management and support the issues of concern were the lack, of resources, lack of equitable remuneration, and the lack of support from the Directorate, all of which relate to organisational support. Research has shown that organisational support can predict intention to leave the organisation (Ferris *et al*, 1992:94). An examination of tenure in environments with low organisational support, indicate that individuals with low tenure are more prone to leaving the organisation. The negative effect of these environments suggests that the benefits accrued are not commensurate with the personal investment made. This is deemed an inequitable situation by the individual prompting them to leave the organisation (Valle *et al*, 2004:118).

The majority of the respondents expressed overwhelming satisfaction with all aspects of the nature of the work itself. This implies that healthcare professionals get personal satisfaction from their work, which indicates positive job related attitudes toward their work. Job related attitudes such as job involvement also affect turnover. Job involvement is the degree to which a person identifies psychologically with his or her job and considers his or her perceived performance level important to self worth. High levels of job involvement have been associated with lower turnover rates (Blau and Boal, 1987: 290).

There was a strong correlation between interpersonal dynamics and propensity to leave. Although the military strives to maintain strong interpersonal relations the transformation and restructuring of the SAMHS has lead to the disintegration of old cohorts formed in the SADF and has created new challenges with the integration of all the previous political forces into the new SANDF.

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These findings are significant as once the transformation process and the restructuring of military medical service is complete, the focus would shift to the task of stabilising the force. A high turnover of health care professionals will cause turbulence and affect the delivery of health services, even if measures are in place to manage this. Therefore, it is important to reduce the propensity to leave by including visible and challenging career opportunities, the satisfaction of reasonable expectations for the future, the availability of a military career for those who perform well, appropriate remuneration, family support and managerial and strategic support and direction.

The goal of AMHU KZN would be to attract, develop and retain a high quality group of health care professionals with the appropriate distribution of skills, and also ensure the balance of age and experiences that supports the attainment of mission readiness whilst providing a high standard of health care. To accomplish this goal the organisation would have to ensure they do promote and maintain high levels of job satisfaction among these individuals.

CHAPTER EIGHT

RECOMMENDATIONS

8.0 RECOMMENDATIONS

In light of the conclusions of this study the following recommendations can be made:

a.   Respondents expressed a high degree of satisfaction with the various aspects of the nature of work itself. Respondents were willing to extend themselves in their work, perceive their work to be personally satisfying and meaningful and perceive their work to add value to the organisation. Therefore it is important that this finding be capitalised on, by finding ways to create work that is stimulating, rewarding and enriching as this would be one of the greatest assets of AMHU KZN. According to McClelland's need theory achievement satisfaction is not possible in an organisation where the tasks are routine, boring or where there is no competition (Hellriegel and Slocum, 1979:407). A high need achiever prefers to work in organisations where there are individual responsibilities, challenging goals and performance feedback (Schermerhorn *et al*, 1997:91). According to the Hertzberg approach the only way to motivate employees is to upgrade their jobs. Hertzberg has shown strong support for job enrichment, as a means of tapping the motivational potential within every worker (Sanzotta, 1977:27).

It would be important to look at job rotation between the different health service centres to afford individuals the opportunity to be exposed to working in different environments with different challenges. Job rotation is a good way of introducing variety into an employee's career, especially if the employee is bored with the current work. Job rotation was also related to outcomes such as promotion opportunities, satisfaction, improved knowledge and skills. However it is important to ensure that job assignments used in job rotation offer developmental opportunities, rather than just the chance to do something different (Desimone *et al*, 2002:487-488).

There should also be more flexible work schedules and processes which would allow individuals to be more creative in their approach to work and also improve their levels of job satisfaction. Although there is a policy that allows individuals to work flextime, the managers at AMHUKZN are often reluctant to implement the policy. This often results in dissatisfaction among healthcare professionals due to the autocratic style of management.

The flextime schedule allows employees latitude in determining their starting and ending times in a given workday. Flextime schedules were found to be positively related to job satisfaction and satisfaction with supervisor (Desimone *et al*, 2002:586).

b.   Compensation is an important factor in determining how to employ the military human resource management system strategically. It is important for the SAMHS to develop a compensation system that will attract, retain and motivate a diverse work force. This is especially important in light of the recent introduction of external deployments outside the borders of the country. This poses new challenges such as the increased risk of danger to health care professionals and negative social consequences, such as longer periods of separation from family.

The separation from friends and family is an important factor preventing people from joining the military. In addition the major cause of stress during peace-keeping deployments is boredom. This is because the pace of peacekeeping missions is slower than that of war, and the aims may be less clear-cut and meaningful (Limbert, 2004:38-39). Therefore, the length of the deployment period should also be carefully considered as long periods of external deployment could have an adverse affect on the predominantly female population of healthcare workers in AMHU KZN.

It is important when designing the components of a future compensation system that all these factors are assessed and their implications for SAMHS are determined, as it is imperative that a combat ready force is maintained. Although members do receive a danger allowance the introduction of a separate professional allowance for health care professionals should be investigated as an added incentive to remain in the military.

c.   There must be transparency in staffing and promotions. Staffing and promotions should be done in line with the career management and development of individuals. Healthcare professionals that have reached a plateau in their career should be given preference in terms of common posts in AMHU KZN structure.

As individuals acquire new qualifications they may outgrow their current jobs, making other options more attractive. A promotion means that their existing firm has recognised their new qualification and has found them new responsibilities that are a closer match to their capabilities. Promotions assist in re-establishing a match between employee skills and job requirements, and they should reduce the attractiveness of other jobs opportunities, independently of wages (Liu, 1984:1137).

Other studies have also confirmed that organisations investing in employees' marketable skills can reduce turnover if individuals acquiring the skills are subsequently promoted (Benson, Finegold, Mohrman, 2004:315).

Therefore, is necessary that a skills audit be completed prior to staffing to ensure the appointment of the right person for the post. The posts should be advertised internally to ensure that all the applicants that meet the criteria are given an opportunity to apply for the post. There should be a career management committee at unit level that can assess all applications and make the necessary recommendations for the filling of the post. All recommendations made at unit level should be screened at the higher headquarters to ensure that the individual recommended does meet the necessary criteria of the post and is the best candidate for the post.

d.   It is important to ensure the career planning and development of health care professionals. Healthcare professionals who have the necessary medical background, experience and the appropriate managerial qualifications should be considered for key middle management promotional posts in lieu of military practitioners. It is also important to emphasise job enrichment and lateral movement for individuals who have reached a career plateau. The career planning managers should also form part of the career management committee that can make necessary recommendations with regards to career development of the individuals at unit level. Recommendations should be made in line with the human resourced strategies of the organisation. This

would ensure that career planning does not just become an annual paper exercise. It is also important to integrate the individuals developmental planning with the organisational strategic planning. Career managers at unit level should also liaise with the directorates of the different professional groupings so that there is regular assessment and feedback of the career development plans of the health care professionals at the unit level.

e.   Salaries of health care professionals should be equitable in comparison to other health care professionals and military practitioners. According to Gruneberg (1979:20), an individual would compare what they are receiving to what others are receiving and if they discover that they receive less then this would lead to dissatisfaction. Directorates need to examine the hierarchy of each unit. Health care professionals with a tertiary qualification as mangers should not be earning lower salaries, in comparison to military practitioners with no qualifications, as subordinates. Salaries should not just be equitable compared to other healthcare practitioners in other government organisations, but it should also be equitable in terms of the salaries of military practitioners in the same organisation.

Directorates need to understand that skills retention is critical in the military taking into consideration the high costs of military training that employees' undergo. According to McCelland's theory of need motivation, high achievers are often good at what they do and would not remain long in a job that does not pay them equitably for performing well (Hellriegel and Slocum, 1979:407). Although some Directorates have been pro-active and have re-graded salaries of their professional grouping others have not. Porter and Steers (1973:151-176) found that pay could be a major cause of turnover. The problem was not just a result of the actual level of pay but also the perceived equitable level of pay. Turnover studies also confirm that the perceived equitable level of pay in relation to others in the company was a major factor affecting voluntary quits (Van Yperen *et al*, 1996:429).

It should therefore be priority that posts are re-graded and that salaries are improved to reduce the ease of movement of health care professionals to other organisations.

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f.   It is difficult to always merge professional ethics with military ethics which results in inter-role conflict. The middle managers are mainly military practitioners with no professional qualifications and no medical background and as a result they tend to adopt a military style of management. The goals of the organisation often differ from the goals of the profession which results in interrole conflict. Interrole conflict arises from incompatible role requirement between two or more work related roles and it has been found to generate negative consequences, such as lower levels of job satisfaction as well as higher propensity to leave the organisation (Liu *et al*, 2001:470).

It is therefore important that managers do not adopt the typical military command and control style of management of health care professionals. This is often resisted by the health care professionals who prefer a more participatory style of management. Managers need to be focused on the needs of the individual and need to diversity training to manage the challenges of a newly integrated, transformed military health service. It is therefore, of benefit to the organisation that common posts in the structure be filled with healthcare professionals who have a medical background and are better able to understand and relate to the needs of the other healthcare professionals.

g.   The management of AMHU KZN should also conduct regular job satisfaction surveys that would assist in identifying issues that affect the job satisfaction levels of health care professionals at each health care facility in AMHU KZN and ensure the necessary action is taken to improve the levels of job satisfaction.

CHAPTER NINE

LIMITATIONS OF THE STUDY AND DIRECTIONS

FOR FUTURE RESEARCH

9.1   LIMITATIONS OF THE STUDY

The findings and recommendations of this study need to be considered within the context of the following limitations:

- It is restricted to one geographical area and as such it cannot be assumed to apply to health care professionals based at medical care facilities in other provinces.

- KwaZulu- Natal does not have a military hospital and therefore results from this study cannot be extrapolated to provinces that do have a military hospital.

- Health care Professionals could not be differentiated according to their professional groupings because the small sample sizes would have breached confidentiality.

- The SAMHS ethics committee did not allow comparison across the different Health Service Centres, due to the small sample size and the possible breach of confidentiality.

- The questionnaire was not designed to include qualitative data. Interpretations of quantitative findings were therefore based on current researcher's own experiences, which is not ideal.

- The questionnaires were administered by the officers in charge at the Ladysmith and Matubatuba Health service centers. Although participants

placed their returns in sealed unmarked envelopes they could have still had concerns with regard to a possible breach in confidentiality and anonymity.

- Due to restrictions by Ethics Committee certain demographic data that would have been relevant could not be included like the ranks of members, professional groupings, and previous force that the member belonged to before transformation.

- The exact age and tenure of the respondents could not be obtained as this would have breached confidentiality. The Ethics committee only allowed this information to be captured in categories.

- Ideally a sample size of at least a 100 people should have been used in this study to ensure statistically significant results when using the principal component method for statistical analysis.

- The job satisfaction survey was an exceptionally long survey and respondents may not have given careful thought to responses toward the latter part of the questionnaire.

- A lot of surveys are conducted at the AMHU KZN, and often members do not get feedback on the results of the surveys and they find that recommendations made are often not implemented. Therefore the completion of surveys may appear a futile exercise to respondents. This may affect their commitment to answering the survey questionnaires accurately.

However despite these limitations the current study has considerable value because it does highlight the main factors affecting job satisfaction, which will enable the organisation to address these specific issues and improve levels of job satisfaction. The improved levels of job satisfaction would also impact positively on intentions to leave and thereby ensure force stability and combat readiness, which is critical to the functioning of SAMHS.

9.2   DIRECTIONS FOR FUTURE RESEARCH

Some topics for future research include the following:

a.   Since only the KwaZulu-Natal province was covered in this study, it is recommended that the SAMHS conduct further studies to incorporate all provinces as to determine the overall level of job satisfaction among health care professionals in the SAMHS.

b.   It would also be interesting to do a comparative study of job satisfaction among the health care professionals at all of the military medical tertiary institutions (military hospitals) and the area military health units (sickbay structures) in the SAMHS.

c.   Job satisfaction levels should be determined for each professional category throughout the SAMHS as this would highlight specific issues that should be addressed by each Directorate to improve the levels of job satisfaction.

d.   It would also be interesting to determine the effect of external deployments outside the borders of the country on the levels of job satisfaction between male and female health care professionals in the SAMHS.

e.   It is important to determine the main factors affecting job satisfaction levels of health care professionals when compared to military practitioners.

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APPENDIX A

SURVEY ON JOB SATISFACTION AMONG HEALTH CARE PROFESSIONALS AT AMHUKZN

INFORMED CONSENT FORM

Good Day. My name is Major Veni Maharaj. I am a dietician at AMHU KZN.

I am currently completing my Masters Degree in Business Administration and an integral part of this degree is the completion of a research report.

I am interested in looking at employee satisfaction among health care professionals in AMHU KZN as part of my research. The aim of this study is to determine the level of employee satisfaction and identify the key factors that contribute to employee satisfaction, so as to assist the organization in addressing these issues and create a work environment that contributes to excellence in health care.

I will be administering questionnaires to all health care professionals in AMHU KZN. Your participation in this study will take approximately 20 minutes. In order for my research to be of any use I ask for complete honesty. There are no right or wrong answers. If you are unsure of how to answer a question, answer it in terms of your understanding of the question and choose the answer, which is most applicable to you.

Your participation is anonymous and confidential. Please remember that your participation is voluntary and that no negative consequences shall befall either participation or non - participation. You are free to withdraw from this study at any stage for any reason. Completion of the questionnaire will be accepted as informed consent.

When you have completed the questionnaire please hand it back to me.

Should you require further information please contact:

Major V Maharaj   (031) 3691148.
(Researcher)

Dr K Ortlepp   (033) 2606168.
(Supervisor)

JOB SATISFACTION QUESTIONNAIRE: HEALTH CARE PROFESSIONALS AT AMHU KZN

The purpose of this questionnaire is to get an understanding of the satisfaction, needs, requirements and expectations of the health care professionals at AMHU KZN.

SECTION A: DEMOGRAPHIC DATA

- Please fill in the following information.
- Place a cross where appropriate.

1. Gender	Male		Female	
2. Age	20-29		40-49	
	30-39		50-59	
3. How long have you been a member of the SANDF?	Less than a year		10-15 years	
	1-5 years		15 + years	
	6-10 years			
4. Marital Status	Married		Single	
	Divorced		Cohabitating	
5. Do you have Children?	Yes		No	

SECTION B

PLEASE FOLLOW THE DIRECTIONS BELOW IN ANSWERING THIS QUESTIONNAIRE

- Please answer the statements honestly and openly. There are no right and wrong answers.
- Please indicate your response by placing an X in the block depending how you feel. E.g strongly agree.
- Please respond to all statements.

		Strongly Disagree	Dis-agree	Uncertain	Agree	Strongly Agree
4	My organization provides the resources and tools that I need to do my job.					
5	I have confidence and respect for my Directorate.					
6	There is too much red tape in resolving the resource problems.					
7	The benefits package we receive is as good as most other organizations.					
8	It is difficult to render a professional service in my present "physical surrounding".					
9	My salary compares with the output I deliver.					
10	My Directorate promotes my profession.					
11	I cannot deliver an excellent service because of the unavailability of needed resources.					
12	Most of the time my workload is manageable.					
13	It is unclear what the vision is for my profession into the DOD as a whole.					
14	My Directorate supports me when others challenge my work.					
15	The staffing process in unit is fair					
16	There is opportunity for my growth and development in this unit.					
17	My Directorate is proactive and can make things happen.					
18	I am satisfied with my salary.					
19	The "physical surroundings" create a negative image of AMHU KZN.					
20	There is group cohesion among all health care professionals in AMHU KZN.					
21	Promotions for professionals are few and far between.					
22	There is co-operation among the various departments in each Health center					
23	It is not clear which criteria are used to promote people.					
24	There are equal opportunities for every one.					
25	The management of AMHU KZN is too focused on administrative processes.					
26	The administrative process for salary adjustments is very slow.					
27	I experience the "physical surroundings" as unpleasant.					

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		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
28	My immediate supervisor is willing to listen and assist when I have questions and problems.					
29	I receive recognition for a job well done from my seniors.					
30	There are clear policies set by my Directorate					
31	I like the management style at my unit.					
32	I like the work I do.					
33	The management of AMHU KZN is too focused on military rules.					
34	The merit assessment process is fair.					
35	My level of morale is high..					
36	I am treated as a professional.					
37	The management of AMHU KZN administers policies fairly.					
38	I am proud to work at AMH KZN.					
39	There is co-operation among the various health care professions across the different health service centres in AMHU KZN.					
40	I am looking for another job.					
41	Not everyone has the same promotional opportunities.					
42	There is group cohesion in our health service centre.					
43	I have control over my career in the military.					
44	Planned social events improve cohesion among health care professionals.					
45	There are clear guidelines set by my Directorate.					
46	My seniors motivate me in my work.					
47	The staffing process in this unit is unclear.					
48	I have job security.					
49	My future in this organization is unclear.					
50	Opportunities are not provided for my professional development.					
51	Racial issues are prominent within the unit.					
52	An effort is put into career planning.					
53	I receive career guidance.					
54	The management of AMHU KZN is focused on the needs of the individual.					
55	I am conscientious about doing my job well.					

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		Strongly Disagree	Disagree	Uncertain	Agree	Strongly agree
56	I get personal satisfaction from the job I do.					
57	The impact of my work is clear.					
58	My work makes a difference in the DOD.					
59	My Directorate fights for the interest of my profession.					
60	I enjoy taking on new responsibilities in my work.					
61	I enjoy thinking of ways to improve the work I do.					
62	I feel personally rewarded from the job I do.					
63	There is communication among the various health care professions across the different health service centres in AMHU KZN.					
64	My job is interesting to me.					
65	I plan to be part of the long -term future of this unit.					
66	The management of AMHU KZN administers rules and discipline consistently					
67	My job makes full use of my skills and abilities.					

JOB SATISFACTION QUESTIONNAIRE: HEALTH CARE PROFESSIONALS AT AMHU KZN

SECTION C

- **Please place an X where necessary.**
- **Please respond to all statements**

1. If you were completely free to choose, would you prefer to continue working in your present job or not?

Not at all likely		Somewhat likely		Quite likely		Extremely likely	

2. If you were completely free to choose, how likely is it that you will actively look for a job next year?

Not at all likely		Somewhat likely		Quite likely		Extremely likely	

3. I often think about leaving this organization.

Strongly DisAgree	
Disagree	
Slightly Disagree	
Neither Agree nor Disagree	
Slightly Agree	
Agree	
Strongly Agree	

4. I will probably look for a job next year.

Strongly DisAgree	
Disagree	
Slightly Disagree	
Neither Agree nor Disagree	
Slightly Agree	
Agree	
Strongly Agree	

THANKYOU FOR YOUR PARTICIPATION.

APPENDIX B

ORIGINAL JOB SATISFACTION QUESTIONNAIRE (MPI)

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
7.	My organisation provides the resources and tools I need to do my job.	O	O	O	O	O
8.	I cannot deliver an excellent service because of the unavailability of needed resources.	O	O	O	O	O
9.	Enough is being done to resolve resource problems.	O	O	O	O	O
10.	I experience the "physical surroundings" as unpleasant.	O	O	O	O	O
11.	The "physical surroundings" have an effect on my work satisfaction.	O	O	O	O	O
12.	The "physical surroundings" create a negative image of MPI.	O	O	O	O	O
13.	My Directorate cares about the future of the Unit.	O	O	O	O	O
14.	My Directorate promotes my profession.	O	O	O	O	O
15.	My Directorate fights for the interest of my profession.	O	O	O	O	O
16.	It is unclear how my profession fits into the DoD as a whole.	O	O	O	O	O
17.	It is unclear what the vision is for my profession within the DoD.	O	O	O	O	O
18.	My Directorate supports me when others challenge my work.	O	O	O	O	O
19.	There are clear guidelines set by my Directorate.	O	O	O	O	O
20.	There is clear policies set by my Directorate.	O	O	O	O	O
21.	I am satisfied with my salary.	O	O	O	O	O
22.	My salary compares with the outputs that I deliver.	O	O	O	O	O
23.	Promotions are done promptly.	O	O	O	O	O
24.	Prerequisites for promotions are constantly changing.	O	O	O	O	O
25.	Promotions are made possible for a certain group of people and not for others.	O	O	O	O	O
26.	It is not clear which criteria are used to promote people.	O	O	O	O	O
27.	There are no equal opportunities for every one.	O	O	O	O	O
28.	The merit assessment process is fair.	O	O	O	O	O
29.	The administrative process for salary adjustments is very slow.	O	O	O	O	O

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
30.	I have control over my career in the military.	O	O	O	O	O
31.	I get positive feedback about my work from my peers.	O	O	O	O	O
32.	I get positive feedback about my work from my seniors.	O	O	O	O	O
33.	My peers motivate me in my work.	O	O	O	O	O
34.	My seniors motivate me in my work.	O	O	O	O	O
35.	I like the management style within my wing.	O	O	O	O	O
36.	The management of MPI is focused on the needs of members of MPI.	O	O	O	O	O
37.	The management of MPI is too focused on military rules.	O	O	O	O	O
38.	The management of MPI is too focused on administrative processes.	O	O	O	O	O
39.	My personal preferences are taken into consideration in the allocation of projects.	O	O	O	O	O
40.	I am treated as a professional.	O	O	O	O	O
41.	Deadlines set for projects are unrealistic.	O	O	O	O	O
42.	I am proud to work at MPI.	O	O	O	O	O
43.	There is cooperation between the various wings in MPI.	O	O	O	O	O
44.	There is communication between the various wings in MPI.	O	O	O	O	O
45.	There is cooperation amongst the various departments in my wing.	O	O	O	O	O
46.	There is group cohesion in our wing.	O	O	O	O	O
47.	There is group cohesion amongst all members of MPI.	O	O	O	O	O
48.	Unit outings are a waste of time.	O	O	O	O	O
49.	The staffing process is fair.	O	O	O	O	O
50.	There are staffing problems.	O	O	O	O	O
51.	The staffing procedures in this organisation are confusing.	O	O	O	O	O
52.	I have job security.	O	O	O	O	O
53.	My future in this organization is unclear.	O	O	O	O	O
54.	Opportunities are not provided for my professional development.	O	O	O	O	O
55.	Racial issues are prominent within the Unit.	O	O	O	O	O

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		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
56.	An effort is put into career planning.	O	O	O	O	O
57.	I receive career counseling.	O	O	O	O	O
58.	I like the work I do.	O	O	O	O	O
59.	I am conscientious about doing my job well.	O	O	O	O	O
60.	The work I do is important to me personally.	O	O	O	O	O
61.	The impact of my work is clear.	O	O	O	O	O
62.	My work makes a difference in the DoD.	O	O	O	O	O
63.	My job is just a way to make a living.	O	O	O	O	O
64.	I enjoy taking on new responsibilities in my work.	O	O	O	O	O
65.	I enjoy thinking of ways to improve the work I do.	O	O	O	O	O
66.	I get personal rewards from the work I do.	O	O	O	O	O
67.	I am looking for another job.	O	O	O	O	O
68.	My job is interesting to me.	O	O	O	O	O
69.	I feel demoralised.	O	O	O	O	O
70.	MPI has a bright future	O	O	O	O	O
71.	I plan to be part of the long-term future of this Unit.	O	O	O	O	O

APPENDIX C
ITEM FREQUENCIES: JOB SATISFACTION QUESTIONNAIRE

	Item Number & Text	Strongly Disagree		Disagree		Uncertain		Agree		Strongly Agree	
		Count	(%)	Count	(%)	Count	(%)	Count	(%)	Count	(%)
1	My organization provides the resources and tools that I need to do my job.	12	19.7	21	34.4	2	3.3	23	37.7	3	4.9
2	I have confidence and respect for my Directorate.	6	9.8	11	18	10	16.4	25	41	9	14.8
3	There is too much red tape in resolving the resource problems.	22	36.1	23	37.7	8	13.1	5	8.2	3	4.9
4	The benefits package we receive is as good as most other organizations.	9	14.8	13	21.3	10	16.4	26	42.6	3	4.9
5	It is difficult to render a professional service in my present "physical surrounding".	5	8.2	17	27.9	2	3.3	30	49.2	6	9.8
6	My salary compares with the output I deliver.	15	24.6	27	44.3	7	11.5	11	18	1	1.6
7	My Directorate promotes my profession.	13	21.3	17	27.9	11	18	18	29.5	2	3.3
8	I cannot deliver an excellent service because of the unavailability of needed resources.	9	14.8	30	49.2	3	4.9	14	23	5	8.2
9	Most of the time my workload is manageable.	6	9.8	8	13.1	5	8.2	36	59	6	9.8
10	It is unclear what the vision is for my profession into the DOD as a whole.	5	8.2	16	26.2	15	24.6	18	29.5	6	9.8
11	My Directorate supports me when others challenge my work.	9	14.8	15	24.4	15	24.6	20	32.8	2	3.3
12	The staffing process is fair.	18	29.5	20	32.8	10	16.4	12	19.7	1	1.6
13	There is opportunity for my growth and development in this unit.	15	24.6	18	29.5	14	23	11	18	3	4.9
14	My Directorate is proactive and can make things happen.	11	18	25	41	9	14.8	14	23	2	3.3
15	I am satisfied with my salary.	26	42.6	20	32.8	6	9.8	9	14.8	-	-
16	The "physical surroundings" create a negative image of AMHU KZN.	10	16.4	13	21.3	6	9.8	23	37.7	9	14.8

Item Number & Text	Strongly Disagree		Disagree		Uncertain		Agree		Strongly Agree	
	Count	(%)	Count	(%)	Count	(%)	Count	(%)	Count	(%)
17 There is group cohesion among all health care professionals in AMHU KZN.	9	14.8	19	31.3	17	27.9	11	18	3	4.9
18 Promotions for professionals are few and far between.	18	29.5	28	45.9	7	11.5	4	6.6	3	4.9
19 There is co-operation among the various departments in each Health center	7	11.5	14	23	9	14.8	28	45.9	3	4.9
20 It is not clear which criteria are used to promote people.	19	31.1	28	45.9	6	9.8	6	9.8	2	3.3
21 There are equal opportunities for every one.	24	39.3	25	41	8	13.1	3	4.9	1	1.6
22 The management of AMHU KZN is too focused on administrative processes.	7	11.5	28	45.9	12	19.7	7	11.5	5	8.2
23 The administrative process for salary adjustments is very slow.	28	45.9	26	42.6	5	8.2	2	3.3	--	---
24 I experience the "physical surroundings" as unpleasant.	9	14.8	18	29.5	4	6.6	24	39.3	5	8.2
25 My immediate supervisor is willing to listen and assist when I have questions and problems.	6	9.8	10	16.4	3	4.9	26	42.6	16	26.2
26 I receive recognition for a job well done from my seniors.	11	18	13	21.3	9	14.8	24	39.3	4	6.6
27 There are clear policies set by my Directorate	6	9.8	18	29.5	8	13.1	26	42.6	3	4.9
28 I like the management style at my unit.	11	18	20	32.8	13	21.3	13	21.3	4	6.6
29 I like the work I do.	4	6.6	2	3.3	2	3.3	31	50.8	22	36.1
30 The management of AMHU KZN is too focused on military rules.	10	16.4	19	31.1	9	14.8	14	23	9	14.8
31 The merit assessment process is fair.	14	23	17	27.9	16	26.2	11	18	3	4.9
32 My level of morale is high..	12	19.7	15	24.6	12	19.7	17	27.9	4	6.6
33 I am treated as a professional.	14	23	14	23	4	6.6	26	42.6	3	4.9
34 The management of AMHU KZN administers policies fairly.	10	16.4	17	27.9	19	31.1	13	21.3	1	1.6
35 I am proud to work at AMH KZN.	7	11.5	7	11.5	14	23	26	42.6	6	9.8

Item Number & Text		Strongly Disagree		Disagree		Uncertain		Agree		Strongly Agree	
		Count	(%)	Count	(%)	Count	(%)	Count	(%)	Count	(%)
36	There is co-operation among the various health care professions across the different health service centres in AMHU KZN.	5	8.2	12	19.7	16	26.2	23	37.7	4	6.6
37	I am looking for another job.	12	19.7	14	23	14	23	15	24.6	6	9.8
38	Not everyone has the same promotional opportunities.	22	36.1	25	41	8	13.1	3	4.9	3	4.9
39	There is group cohesion in our health service centre.	7	11.5	11	18	22	36.1	17	27.9	3	4.9
40	I have control over my career in the military.	15	24.6	18	29.5	12	19.7	15	24.6	1	1.6
41	Planned social events improve cohesion among health care professionals.	2	3.3	10	16.4	10	16.4	28	45.9	11	18
42	There are clear guidelines set by my Directorate.	2	3.3	17	27.9	15	24.6	22	36.1	4	6.6
43	My seniors motivate me in my work.	8	13.1	18	29.5	10	16.4	19	31.1	5	8.2
44	The staffing process in this unit is unclear.	6	9.8	36	59	11	18	7	11.5	1	1.6
45	I have job security.	6	9.8	11	18	19	31.1	20	32.8	4	6.6
46	My future in this organization is unclear.	13	21.3	19	31.1	18	29.5	7	11.5	4	6.6
47	Opportunities are not provided for my professional development.	15	24.6	12	19.7	15	24.6	14	23	5	8.2
48	Racial issues are prominent within the unit.	15	24.6	25	41	10	16.4	10	16.4	1	1.6
49	An effort is put into career planning.	14	23	21	34.4	14	23	11	18	1	1.6
50	I receive career guidance.	17	27.9	22	36.1	10	16.4	12	19.7	--	--
51	The management of AMHU KZN is focused on the needs of the individual.	13	21.3	23	37.7	19	31.1	6	9.8	--	--
52	I am conscientious about doing my job well.	1	1.6	3	4.9	2	3.3	25	41	30	49.2
53	The impact of my work is clear.	1	1.6	7	11.5	4	6.6	28	45.9	21	34.4
54	My work makes a difference in the DOD.	1	1.6	2	3.3	6	9.8	30	49.2	22	36.1

Item Number & Text		Strongly Disagree		Disagree		Uncertain		Agree		Strongly Agree	
		Count	(%)	Count	(%)	Count	(%)	Count	(%)	Count	(%)
55	My Directorate fights for the interest of my profession.	12	19.7	10	16.4	20	32.8	12	19.7	6	9.8
56	I enjoy taking on new responsibilities in my work.	2	3.3	4	6.6	3	4.9	32	52.5	20	32.8
57	I enjoy thinking of ways to improve the work I do.	--	--	3	4.9	3	4.9	34	55.7	21	34.4
58	There is communication among the various health care professions across the different health service centres in AMHU KZN.	10	16.4	18	29.5	12	19.7	20	32.8	1	1.6
59	My job is interesting to me.	2	3.3	5	8.2	3	4.9	32	52.5	19	31.1
60	I plan to be part of the long -term future of this unit.	6	9.8	3	4.9	20	32.8	21	34.4	9	14.8
61	The management of AMHU KZN administers rules and discipline consistently	8	13.1	15	24.6	13	21.3	22	36.1	3	4.9
62	My job makes full use of my skills and abilities.	4	6.6	16	26.2	5	8.2	26	42.6	10	16.4
63	I get personal satisfaction from the work I do	3	4.9	8	13.1	6	9.8	24	39.3	16	26.2

**UNIVERSITY OF
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RESEARCH OFFICE (GOVAN MBEKI CENTRE)
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7 APRIL 2006

MRS. V GOVENDER (902301840)
GRDUATE SCHOOL OF BUSINESS

Dear Mrs. Govender

ETHICAL CLEARANCE APPROVAL NUMBER : HSS/06129A

I wish to confirm that ethical clearance has been granted for the following project:

"**Employee satisfaction among Health Care Professionals in Area Military Health Unit KZN (AMHU KZN)**"

Yours faithfully

**MS. PHUMELELE XIMBA
RESEARCH OFFICE**

PS: The following general condition is applicable to all projects that have been granted ethical clearance:

THE RELEVANT AUTHORITIES SHOULD BE CONTACTED IN ORDER TO OBTAIN THE NECESSARY APPROVAL SHOULD THE RESEARCH INVOLVE UTILIZATION OF SPACE AND/OR FACILITIES AT OTHER INSTITUTIONS/ORGANISATIONS. WHERE QUESTIONNAIRES ARE USED IN THE PROJECT, THE RESEARCHER SHOULD ENSURE THAT THE QUESTIONNAIRE INCLUDES A SECTION AT THE END WHICH SHOULD BE COMPLETED BY THE PARTICIPANT (PRIOR TO THE COMPLETION OF THE QUESTIONNAIRE) INDICATING THAT HE/SHE WAS INFORMED OF THE NATURE AND PURPOSE OF THE PROJECT AND THAT THE INFORMATION GIVEN WILL BE KEPT CONFIDENTIAL.

cc. Faculty Officer
cc. Supervisor (Dr. K Ortlepp)