

JOB COMMITMENT AND JOB EFFICIENCY AND THEIR CORRELATION WITH JOB SATISFACTION AMONG PHYSICIANS

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Abstract

All of the 22 physicians in a medical center were surveyed to determine the level of job commitment and job satisfaction. Results reveal that physicians were moderately committed to the job as a whole. However, this study reveals that physicians are highly committed to the affective side of job commitment, moderately committed on the normative side, and fairly committed on the continuance side. The physicians are extremely satisfied with the privilege of doing private practice. The relationship between job satisfaction and variables, such as gender, civil status, monthly income, and the like shows no significance. However, age and level of job satisfaction display a significant relationship, and that is more evident among younger physicians. Initiative and resourcefulness in job efficiency are significantly related to pay, as well as to the overall job satisfaction. There is no significant difference on the level of job commitment and on job efficiency between physicians with or without practice. This refers to positive task achievements, which are thus measured by the physician's productivity. Those who are engaged in private practice are as efficient and as committed as those who do not engage in private practice.

The Problem

In the past, hospitals were largely social institutions of the poor, and the rich were treated at home (Massie, 1992). In the 20th century, hospitals emerged as the place where people from any social class go to receive the highest quality of medical care (Wollinosky, 1980). Subsequently, more and more hospitals have come to be thought of and to be managed as a business. However, social orientation, social history, and service orientation continue to influence hospital operations today (Massie, 1992).

Despite the rapid increase in technological expertise and improvement in diagnosis, treatment, facilities and procedures, the hospital is still a labor-intensive industry. Thus, hospital management is not only concerned with treating employees as a dignified people but also as aspects of expertise: the cost of services of these employees constitutes two-thirds of all hospital operating expenses. In addition to the rising cost of medical technology, retaining good employees has become a major challenge among hospital managers of today (Smalley, 1982).

In the Philippines, the "brain-drain" of medical workers, such as physicians, nurses, medical technologists, and other paramedical workers has brought the health care industry to a critical point. Because of the relatively low rates of salaries earned locally as compared to the pay offered abroad, medical workers are motivated to work outside the country.

Recently, there has been a rapid development and introduction of new technologies and health service systems. There is also a growing need for hospitals to become Income Generating Units (IGU) of the government in order to finance increasing operation costs, including possible increases in the salaries of physicians. With these developments, there arose a need to have hospital employees, especially for physicians to remain in service for a reasonable period. Hence, the Department of Health (DOH) has issued Administrative Order #172, Series of 2001, as amended by Administrative Order #92, Series of 2003, entitled "Revised Policies and Guidelines on the Private Practice of Medical and Paramedical Professionals in Government Health Facilities," which enabled government hospitals to ensure continuous and quality health care delivery by allowing physicians to engage in private practice while rendering public service. Realistically, this is one form of incentive to encourage both job commitment and job efficiency in an effort to meet job satisfaction among physicians, because two jobs are getting done in one workplace. In addition, this is also a form of policy attraction with regards to the expertise of the personnel involved in health care services. The order also envisions that the income generated from the use of hospital facilities by private patients will augment the budget of the hospital and promote self-sufficiency towards fiscal autonomy.

To ensure job satisfaction among physicians, the management of the medical center has continuously exerted efforts to provide its medical employees with better pay, physical facilities with amenities (such as television, free laundry, free meals, etc.), professional growth (i.e., residency training, attendance in conferences, seminars, trainings, etc.). It has also allowed physicians to engage in private practice while rendering public service.

Theoretical Framework of the Study

The study was based on Vroom's Valence-Expectancy theory, primarily used for studies on job satisfaction and motivation (Robbins, 1991). The theory has been translated to fit the framework of this study. According to this theory, a person's motivation towards an action (which for this study is job satisfaction) would, at any time, be determined by anticipated values of all the outcomes (both positive and negative) of the action (which for this study are job commitment and job efficiency) multiplied by the strength of the person's expectancy that the outcome would yield the desired goal. This is illustrated in the formula, Force (F) = Valence (V) x Expectancy (E). For this study, this formula is applied as follows:

$$F (\text{Job Satisfaction}) = V (\text{Job Commitment}) \times E (\text{Job Efficiency})$$

Guiding this study is the concept that among workers, job commitment and job efficiency are determinants of job satisfaction. Job satisfaction includes pay, fringe benefits, and the incentive of physicians to engage in private practice.

Conceptual Framework

The variables of this study included job satisfaction as the dependent variable, job commitments and job efficiency as the independent variables, and aspects of the

demographic profile such as age, gender, civil status, monthly income, number of years employed, employment status and status of practices, as the moderating variables.

The study based its findings on the relationship of the dependent variables, the independent variables, and the moderating variables.

Limitation of Study

The study was limited only to 22 enumerated physicians with or without private practice. Finally, data instrumentation underwent content validation from at least three experts. It did not, however, undergo a reliability test due to the distinct unique characteristics of the group under study.

Review of Related Literature

The hospital is an integral part of the Hospital Administration society, a medical organization which functions to provide the population with complete health care, both curative and preventive. Its services are not only limited to the hospital's admitted patients but also to the outpatients in their home environment (Bolon, 1997).

According to Smalley (1982), hospital management must ensure maximum employee productivity. But productivity of a management system is significantly influenced by the proficiency, morale, and motivation of the people who participate in it. Improvements in productivity depend in part on enlightened personnel policies and practices that attract well-qualified people, increase job satisfaction and labor efficiency, and encourage the better employees to remain with the hospital.

For an organization to succeed, it must continuously ensure the satisfaction of its employees. Job satisfaction is defined as "an individual's reaction to job experience" (Berry, 1997). Locke, Lawler, Bandura, and Landy (1990) provided theories on why an employee may be satisfied or not, but it is obvious that one cannot survive on theories alone. Most studies contend that employees give the necessary feedback to employers as far as job satisfaction is concerned.

Noveno (2001) revealed that the administrators and school staff perceive the affective, continuance, and normative aspects of job commitment to be average, resulting in no significant differences in the perceptions of the administrators and those of the school staff regarding the extent to which the latter had manifested its organizational commitment.

Pay and other forms of compensation still appear to be most studied as far as factors that determine satisfaction are concerned. It is still the most deserving of more studies. In the US and Canada, variable pay (which refers to bonuses, gain-sharing, and other variable-based reward programs) is rapidly replacing annual cost-of-living raise. Also popular in such countries are skill-based pay-plans in which organizations hire "skilled people" (Robbins, 1991).

Methods

A descriptive correlational-comparative method was used on the quantitative data obtained from the respondents. This study employed the total enumeration sampling technique using all of the 22 physicians currently employed and practicing at the research locale. A researcher-made questionnaire, validated by a pool of experts, was utilized. The responses were based on a 5-point Likert type of scaling.

Table 1

Likert Scales on the Level of Job Satisfaction, Level of Efficiency, and Level of Job Commitment

Scale	Verbal description	Range	Interpretation		
			Level of job satisfaction	Level of efficiency	Level of job commitment
5	Strongly agree	4.51 – 5.00	Extremely satisfied	Extremely efficient	Extremely committed
4	Agree	3.51 – 4.50	Highly satisfied	Highly efficient	Highly committed
3	Undecided	2.51 – 3.50	Moderately satisfied	Moderately efficient	Moderately committed
2	Disagree	1.51 – 2.50	Fairly satisfied	Fairly efficient	Fairly committed
1	Strongly disagree	1.00 – 1.50	Not satisfied	Not efficient	Not committed

Descriptive statistics such as frequency, percentage, and mean were used to describe the participants in terms of age, gender, civil status, monthly income, family members, years of employment, status of professional practice, and status of employment. Weighted mean was used to determine the level of job satisfaction among physicians in terms of pay, fringe benefits, level of job commitment, and level of job efficiency.

The Spearman Rank Correlation Coefficient Test, a nonparametric test was used. The chi-square test was also utilized in testing for independence between job satisfaction, job efficiency, and job commitment versus some of the elements of the participants' profile, such as civil status, gender, and employment status. In addition, the Mann-Whitney U Test, another nonparametric test, was also used to test the difference between the two groups.

Results and Discussion

Most of the physicians are early and mid-adult married females, earning an average monthly income of Php19,000.00 to Php 20,000.00. Most of the participants have 1 to 4 members in the family and are regular employees who have served from 1 to 7 years. Sixteen out of the 22 physicians are engaged in private practice.

Table 2 shows that respondents are highly efficient. This job efficiency could be attributed to the teamwork of all workers at the medical center. In this hospital, the Chief of Clinics, the Chief Nurse, the Human Resource Management Office, and the Senior Administrative Officer always evaluate the performance of physicians and paramedical workers according to a structured work output, thus fostering a standard of quality service to patients.

Table 2

Level of Job Efficiency among Physicians when Patients are Grouped According to Paying, Ward, and Both

Indicator variables	For paying patients		For ward patients		For both paying and ward patients	
	Mean	Remarks	Mean	Remarks	Mean	Remarks
<i>Work knowledge</i>	4.18	Highly Efficient	4.24	Highly Efficient	4.27	Highly Efficient
<i>Quality of work output</i>	4.32	Highly Efficient	4.54	Extremely efficient	4.21	Highly Efficient
<i>Initiative and resourcefulness</i>	4.25	Highly Efficient	4.30	Highly Efficient	4.43	Highly Efficient
<i>Reliability</i>	4.40	Highly Efficient	4.30	Highly Efficient	4.35	Highly Efficient
Average mean	4.33	Highly Efficient	4.34	Highly Efficient	4.33	Highly Efficient
Overall job efficiency	4.31	Highly Efficient				

Table 3 shows the level of commitment among physicians. Being *highly committed* on the affective side is a sign that the physicians are loyal to the institution, possessing this feeling of oneness, belongingness, and sentimental significance associated with the organization. Rating the normative side of commitment as *moderately committed* indicates a willingness to work in the institution that is not influenced by other people. The rating of *fairly committed* in the continuance aspect implies that these physicians are open to other job opportunities.

Table 3

Level of Job Commitment among Physicians

Commitment	Mean	Standard deviation	Descriptive interpretation
Affective commitment	4.13	0.58	Highly Committed
Continuance commitment	1.79	0.77	Fairly committed
Normative commitment	2.74	0.29	Moderately committed
Overall	2.89	0.43	Moderately committed

Table 4 shows that physicians are *highly satisfied* in terms of pay and *extremely satisfied* in terms of the fringe benefits and other privileges. This job satisfaction could be attributed to the fact that the center management has continually offered better pay based on job performance and better physical facilities as well as opportunities for professional growth. The same satisfaction could also be attributed to the fact that the physicians are allowed to engage in private practice, giving them more opportunity for additional income.

Table 4

Level of Job Satisfaction among Physicians

Satisfaction	Mean	Standard deviation	Descriptive interpretation
Pay	4.44	0.41	Highly satisfied
Fringe benefits and other privileges	4.85	0.38	Extremely satisfied
Overall	4.64	0.35	Extremely satisfied

Table 5 shows that in the moderating variables, only age has no association with job satisfaction. Those who are young (below 40) tend to be more satisfied compared with those who are above 40 years old. Thus, the younger the worker, the more satisfied the worker is with the job.

Table 5

Analysis on the Test of Relationship between Job Satisfaction and the Moderating Variables using Chi-square

Level of satisfaction and profile	Chi-square value	p-value
Age	4.20	0.04*
Gender	1.72	0.19**
Civil status	2.79	0.09**
Monthly income	0.77	0.38**
Number of family members	3.89	0.18**
Number of years	0.54	0.46**
Employment status	0.34	0.84**
Status of practice	1.83	0.18**

Level of significance ($\alpha = 0.05$); * - significant; ** - not significant

Table 6 shows that there is no significant relationship between job commitment and job satisfaction. The satisfaction of the participants is not derived from job commitment. There may be other factors or indicators of commitment that contribute to job satisfaction.

In job efficiency, together with its indicators and job satisfaction (with its indicators as well), initiative and resourcefulness are significantly related to pay, as well as to the overall level of job satisfaction. These imply that the higher the initiative and resourcefulness of the person, the higher the satisfaction with pay (salary) was.

Generally, the more satisfied the participant is with the job, the more initiative and resourcefulness is manifested as far as work is concerned.

The same table also reveals that reliability is highly correlated with pay and fringe benefits. The more reliable the employee, the higher the satisfaction with pay and other fringe benefits received. In general, there is a significant correlation between reliability and job satisfaction, that is, higher satisfaction results in higher reliability.

Table 6

Analysis of the Relationship between the Level of Job Satisfaction and Job Efficiency Using Spearman Rank Correlation (rho) Test

Job efficiency indicators	Job satisfaction indicators		
	Pay	Fringe benefits	Overall
Work knowledge	0.07 ns (0.75)	0.05 ns (0.82)	0.17 ns (0.55)
Quality of work output	-0.11 ns (0.63)	-0.18 ns (0.42)	-0.14 ns (0.54)
Initiative and resourcefulness	0.46* (0.03)	0.30 ns (0.18)	0.52* (0.013)
Reliability	0.62** (0.002)	0.57** (0.006)	0.47* (0.03)
Overall	0.28 ns (0.21)	0.15 ns (0.50)	0.34 ns (0.13)

** significant at 0.01 level (2-tailed)

* significant at 0.05 level (2-tailed)

ns – not significant

Table 7 shows that work knowledge is highly correlated to the affective side of job commitment. It is also significantly correlated to the continuance side. In general, work knowledge is highly correlated with job commitment. The more knowledgeable an employee is about the job, the more efficient one becomes.

Likewise, the affective indicator of job commitment is significantly correlated to initiative and resourcefulness, reliability, and the overall level of job efficiency. This indicates that the more resourceful and reliable a person is, the more committed a person becomes on the affective side.

Table 7

Spearman Rank Correlations (With Probability) For Job Commitment and Job Efficiency

Job efficiency indicators	Job satisfaction indicators			
	Affective	Normative	Continuance	Overall
Work knowledge	0.70** (0.00001)	-0.05 ns (0.82)	0.45* (0.04)	0.60** (0.003)
Quality of work output	-0.13 ns (0.57)	0.41 ns (0.06)	0.11 ns (0.63)	0.19 ns (0.41)
Initiative and resourcefulness	0.45* (0.03)	-0.38 ns (0.08)	-0.07 ns (0.77)	0.04 ns (0.86)

Reliability	0.45*	-0.14 ns	0.02 ns	0.13 ns
	(0.03)	(0.53)	(0.92)	(0.56)
Overall	0.45*	0.02 ns	0.23 ns	0.38 ns
	(0.03)	(0.92)	(0.29)	(0.08)

** significant at 0.01 level (2-tailed)

* significant at 0.05 level (2-tailed)

ns – not significant

There is a significant relationship on the job efficiency of the physicians on both indigent patients and paying patients, thus serving both types of patients foster job efficiency. The other responsibilities of the doctors do not seem to compromise the quality of service given to the patients regardless of the capacity to pay.

There is no significant difference on the level of job commitment, job efficiency, and job satisfaction between physicians who have private practice and those who have none. The result indicates that physicians who had private practice were as committed, efficient, and satisfied as those who had no private practice. However, in terms of pay, those who engage in private practice tend to be more satisfied.

Conclusion and Recommendations

The study concludes that the only moderating variable associated with job satisfaction is age, the younger the employee, the higher the job satisfaction. However, job satisfaction is not derived from job commitment. There may be more evidences to show such that commitment could at least connect to job satisfaction.

It is evident in the study that initiative and resourcefulness of a physician correlate with satisfaction in terms of pay. In general, the higher the initiative and resourcefulness, the more satisfaction there is with the job. Moreover, the doctor who is more efficient ward patients exhibits the same efficiency with paying patients, and vice versa. Thus, serving both types of patients fosters job efficiency.

Physicians who engage in private practice are as efficient and as committed as those who did not engage in private practice, despite being employed in the same hospital. This result implies that the promulgation of the Administrative Order #172 has somehow contributed to the job satisfaction of physicians serving in government hospitals, as a form of incentive to remain as part of the hospital staff for a longer period of time, to bring about continuous quality improvement of the health care delivery service in the country.

The study recommends that the management of a public hospital give certain incentives to older employees in the hospital. Administrative Order #172 should also be continued, thus allowing public physicians to engage in private practice.

Intrinsic factors of motivation leading to job satisfaction should be encouraged. The management should sponsor or create activities, seminars, and workshops that could advance the professional and personal growth of every physician in the institution. For physicians to stay in a certain hospital there is a need to motivate not only through monetary remunerations, but also through recognition, awards, and incentives for a job well done, and for loyalty to the institution.

The management should continue the drive for personnel to work as a team to attain/maintain the standards of every level in the institution. The physicians should

continue to provide adequate quality medical care, especially to ward patients, as well as teach, train, and interact with other medical and paramedical professionals for mutual growth. Conducting relevant studies and researches that could upgrade quality of medical and health care delivery in the institution are also encouraged.

Lastly, a similar study should be conducted in other hospitals in the country to strengthen the results of this study. In this manner, more general conclusions can be derived where more data are obtained, that would help improve job commitment and job satisfaction among doctors in government hospitals.

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