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RELATIONSHIP BETWEEN JOB INVOLVEMENT AND JOB SATISFACTION: A STUDY ON MEDICAL DOCTORS WORKING IN THE GOVERNMENT MEDICAL COLLEGE IN THE STATE OF UTTAR PRADESH

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This study examines the relationship between job involvement and employee satisfaction with specific reference to medical doctors working at one of the Government Medical College in the state of Uttar Pradesh, in India. Data was collected from the medical doctors with the help of standard questionnaires. The data analysis reveals significant impact of Job Involvement on the Job satisfaction of medical doctors. Strategies and recommendations are also discussed.

Keywords: Job Involvement, Job Satisfaction, Medical Doctors

INTRODUCTION

The Hippocratic Oath requires that “physician shall uphold the standards of professionalism, be honest in all professional interaction and strive to report physicians’ deficient in character or competence or engaging in fraud or deception, to appropriate entities”. Professional work comprises of exercise of knowledge, skills and discretionary judgments. These attributes are developed through commitment of professionals to their professions, to their particular sphere of work and the advancement of body of knowledge.

Medical profession is regarded as one of the noblest professions in the world. It is only natural that professional bodies as well as the general

public expect the medical practitioners to demonstrate the highest standards of professionalism (Alam and Haque, 2010). They are also expected to adhere to these high standards even in the face of such adversity as unfavorable job environment, poor conditions and low earning levels. In order to sustain the trust of the people, the medical professionals must prove their commitment to competence, integrity, morality and altruism. One of the best ways to strengthen their professionalism is to apply these attributes in their daily practices. However, the major changes in demographic patterns, composition of the employment sector, increasing consumerism coupled with declining moral standards are increasingly exerting pressure on

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professionalism (Alam, 2009). The medical profession is no exception.

LITERATURE REVIEW

Job involvement has emerged an important variable in organizational research. It has drawn the attention of management scientist and organizational psychologists. This variable is being studied with different prospective in the organization. It has great importance and significance in organizational development. Large numbers of studies have been conducted to see the job involvement among organizational employees. Lodhal and Kejner (1965) defined job involvement as “the degree to which a person identified psychologically with his/her work or the importance of work in his/her total self image”. A person psychological identification with his work may be outcome of his early socialization process during which the individual may internalized the values about the goodness of work. Kanungo (1982) describe job involvement as a cognitive state of uni-dimensional psychological identification from a motivational approach. Kanungo (1982) defined job involvement as individual’s perception or belief that he is identified with his/her job. He further clears the difference between job and work. He stated “a job means an individual’s present work, while work means work in genera”. Similar job involvement definition of kanungo were presented by Guion (1958), Dubin (1956, 1968) and Siegel (1969). Saleh and Hosek (1976) have proposed four definitions for job involvement. These were “the job is of critical importance in personal life”, “the individual will be actively involved in his/her own job”, “the individual will be cognis, the influence of personal performance into self esteem” and , “the congruence between work performance and self

concept”. They further suggest that whenever these four definitions are satisfied, the individual will be involved in his/her own job. According Lawler and Hall (1970), and Blau (1985), job involvement involves only a single aspect, namely the three degree to which a person perceives the total work situation to be an important part of life, and to be central to their identity, because of the opportunity to satisfy important needs.

Job involvement is the way a person looks at his job as a relationship with the working environment and the job itself. How job involvement generates feelings of alienation of purpose, alienation in the organization or feeling of separation between life and job as perceived by an employee. This creates co-relation between job involvement and work alienation (Rabinowitz and Hall, 1981). Hellriegel and Slocum (2004) have argued that since satisfaction is a determinant of the work experience, it follows that high levels of job dissatisfaction are indicators of deeper organizational problems. Job dissatisfaction is strongly linked to absenteeism, turnover, and physical and mental health problems (Richardson and Burke, 1991; Bhananker *et al.*, 2003; Rosta and Gerber, 2007). It can be safely concluded that job satisfaction has a strong relationship with organizational. The workers who are attracted by the job and organization turn out to be most motivated. This is because their organizational commitment and job involvement is of a very high level. They identify with care about their jobs.

Job satisfaction is one of the most researched concepts. It is regarded as central to work and organizational psychology. It serves as a mediator for creating relationship between working conditions, on the one hand, and individual/

organizational outcome on the other (Dormann and Zapf, 2001). It is generally believed that doctors are increasingly showing dissatisfaction with their jobs. A cross sectional study carried out in the USA, in 1986 (Medical Outcome Study) and 1997 (Study of Primary Care Performance in Massachusetts), conducted by Murray and colleagues, found a declining trend in the satisfaction level among general internists and family practitioners of Massachusetts (Murray *et al.*, 2001). Though the doctors have achieved noticeable success in terms of career and finances, they often remain over worked and stressed. Consequently, the frustration, anger and restlessness are leading many of them to lose sight of their career goals and personal ambitions. Another study concludes that the workload, unsuitable working hours and lack of incentives are the major contributors to the dissatisfaction of public health care physicians in Riyadh, Saudi Arabia (Kalantan *et al.*, 1999).

Dissatisfaction among the medical professional is not a recent phenomenon. Excessive work load, demand on time and bureaucratic working environment had been the traditional irritants leading to low level of job satisfaction among the doctors (Lee *et al.*, 2008). More areas of dissatisfaction have been identified by the recent studies which relate to decreased professional autonomy over clinical decisions and reduced time per patient (Murray *et al.*, 2001). Another recent study (Judith *et al.*, 2009), based on the national samples from Norway and Germany, compared the job satisfaction levels of doctors in these countries. The study found that the satisfaction level of the hospital doctors of Norway was higher than their counterparts in Germany. The major differences in the job satisfaction levels were attributed to the items

“work hours” and “payment”. An earlier longitudinal study (Nylenna *et al.*, 2005), conducted from 1994 to 2002, had also found high level of job satisfaction among Norwegian doctors. These findings challenged the “general impression of unhappy doctors as a general and worldwide phenomenon”.

Physicians’ dissatisfaction with their job may have a significant public health implication (Zuger, 2004), as it may adversely affect clinical management of patients (DiMatteo *et al.*, 1993; Haas *et al.*, 2000; Pathman *et al.*, 2002). If prolonged, dissatisfaction may result to health problems for physicians (Sundquist and Johannson, 2000).

Lewis and co-workers (1993) reported that physicians who are satisfied with their work are likely to report high satisfaction in their marriages and fewer psychiatric symptoms (Lewis *et al.*, 1993). It has been reported that physicians’ satisfaction is correlated with general life satisfaction (Rain *et al.*, 1991). This correlation is reciprocal, as people who are satisfied with life tend to be satisfied with their job and those that are satisfied with their job tend to be satisfied with life.

STUDY VARIABLES

The main purpose of the research is to find out the impact of Job Involvement on Job Satisfaction among medical doctors. The variables under study are Job Involvement and Job Satisfaction. Job involvement can be defined as “the degree to which a person identified psychologically with his/her work or the importance of work in his/her total self image”. Job satisfaction, according to Spector, is simply how people feel about their jobs and different aspects of their jobs (Spector, 1997). It is the extent to which people like or dislike their jobs.

OBJECTIVES OF THE STUDY

To find out whether the Job Involvement impacts the level of Job Satisfaction of medical doctors working in the Government Medical College of UP, India and the nature of its impact whether positive or negative.

HYPOTHESIS OF THE STUDY

Null Hypothesis

Ho: *There is no impact of Job Involvement on Job Satisfaction Level of the medical doctors working in the Government Medical College of UP, India.*

Alternative Hypothesis

Ha: *There is impact of Job Involvement on Job Satisfaction Level of the medical doctors working in the Government Medical College of UP, India.*

RESEARCH METHODOLOGY AND MATERIALS

In order to select the tools for measurement of both the study variables, the scales developed by White and Ruth (1973) (Job Involvement) and Cammann *et al.* (1979) (Job Satisfaction) were discussed with the administrators and senior Doctors (Consultants) of the two hospitals under study. Keeping in view the working environments of these hospitals and the purpose of the study, the proposed scales were duly approved by them as suitable and adequate for the intended purpose. The instrument, in the form of a questionnaire, used for investigation has, therefore, been adopted as follows:

a) Job involvement was measured by 9 items taken from job involvement scale of White and Ruh (1973). Each item was measured on a

five point Likert scale where value of 1 corresponded to "Strongly Disagree" and value of 5 corresponded to "Strongly Agree". Mean of the scores obtained on each of the 9 items was calculated to produce a single score for job involvement.

b) Job satisfaction was measured by 19 items taken from Cammann *et al.* (1979). Each item was measured on five point Likert scales where value of 1 corresponded to "Strongly Disagree" and value of 5 corresponded to "Strongly Agree". The scores obtained on each of the 19 items were converted into mean to produce single score for job satisfaction.

The final version of this questionnaire consisted of 28 questions using five point Likert Scale and six demographic aspects.

Research Type: Exploratory and Descriptive

Research Approach: Survey method

Research Tool: Structured Questionnaire/ Interview Method

Data type: Primary

Sampling Method: Probability Sampling

Sampling Unit: Doctors (Public Sector) of age 30-65 years.

Sample Size: 150

Sample Area: Uttar Pradesh

PROCEDURE

Data was collected, on site, over a period of 30 days from the pre determined sample. Purpose of the study and the questionnaires were discussed with the administrators of the hospitals. One officer

at every hospital, duly briefed about the various aspects of the questionnaire, was nominated to personally distribute and later collect the questionnaires from the respondent. A total of 150 questionnaires were distributed among the doctors at three hospitals 120 completed questionnaires were received back. Thus, the respondents represent 80% of the selected population which is a fairly high level of response. Non response from a few is mainly attributed to the doctors being on leave during the period of investigation.

The correlation analysis indicate a significant relationship of 0.40** (**p < 0.01) (Table 1). Thus, it supports hypothesis of study that the doctors' job satisfaction at Government Medical College in Uttar Pradesh depends to good extent upon their job involvement. The regression analysis indicate that only 19% variance in the dependent variable is explained by the independent variable (Table 2). This low value indicates that there are other variables which contribute towards job satisfaction of doctors working in Government Medical College of Uttar Pradesh. The Beta value and t-value also show a significant value which proves the hypothesis of current study. The results of this study are consistent with results obtained in study conducted by Huselid and Becker (1998).

Table 1: Correlation Matrix	
Employee Involvement	Job Satisfaction
	0.40**
Note: **p ≤ 0.01, n = 120.	

Table 2: Regressions Analysis			
Independent Variable	Beta	t-value	p-value
Job Involvement	0.40	5.40	0.000
Note: n = 120; R ² = 0.19; Adjusted R ² = 0.18; F = 29.45; Significance F = 0 .000; Dependent variable = Job satisfaction.			

However, the conclusion drawn by Hellriegel and Slocum (2004), that job dissatisfaction is strongly linked to absenteeism, turn over, and physical and mental health problems, does not seem to hold true in this case study. On an inquiry, the administrators of all the three hospitals under study confirmed to the authors that they do not face any serious problems of absenteeism, turnover or extraordinary complaints about physical and mental health from their doctors.

The phenomenon shows that the doctors under study have registered a high level of job commitments their job satisfaction is relatively low. There are, therefore, other factors at play which are inducing the doctors not to indulge in absenteeism, turn over etc., despite their relative dissatisfaction with the job.

An earlier study (Richardson and Burke, 1991) has identified that other factors, like to treat patients, to be in demand and to enjoy the status of the medical profession, were fundamental to doctors' satisfaction. The administrators and doctors at these hospitals were asked to express their opinion about importance of job involvement at their work place.

Hence, apart from other factors, job involvement is one of the key factors which keep these doctors away from negative practices such as absenteeism and high turnover, etc. If the behavior of the doctors, as explained above, can be termed as "positive emotion, the phenomenon may be further supported by the finding of the study carried out by Judge *et al.* (2001). It concluded that when the performance is regarded as being broader than the simple task performance, positive emotions lead to higher performance.

The study contributes towards explaining importance of employee involvement in job satisfaction. The findings also suggested that management might be able to increase the level of satisfaction with increasing the interactions with doctors in staff meetings. Doctors could be interviewed to determine their perceptions of management's ability to address these issues.

CONCLUSION

The primary objective of this research was to study the impact of job involvement on the level of job satisfaction of doctors serving at the Government Medical College in the state of Uttar Pradesh. This study has empirically demonstrated that job involvement has a positive relationship with the level of job satisfaction among the selected sample of doctors. The study has highlighted another interesting aspect that higher level of job involvement is instrumental in eliminating, or at least considerably reducing, the negative outcomes, normally associated with job dissatisfaction like absenteeism, turn over, and physical and mental health problems (Hellriegel and Slocum, 2004). This finding may be important for a professional manager who may be confronted with such negative outcomes. Turnover alone, can prove to be a costly affair (Kickbursch *et al.*, 2003), due to its direct and indirect costs, which include loss of performance and expertise, recruitments, training expenses, etc. The hospitals, in particular, would be keen to avoid the high turnover, leading to decline in service quality. However, as the factors influencing the job involvement levels of doctors appear to be different from the other professionals, further studies would be required to assess whether this aspect would also be valid for non-medical professionals as well or not. The

hospital manager may consider adopting the policies which may foster higher levels of job involvement. This may also be an effective strategy to increase the level of job involvement among the doctors and, in return, reap the benefits of the higher efficiency and greater patient satisfaction. More investment in conditions that are conducive to increasing the job involvement would achieve higher level of job satisfaction, ultimately leading to increased patient satisfaction and organizational growth.

LIMITATIONS OF THE STUDY

It is important to note that this study is based on predetermined population comprising of the doctors serving at the Government Medical College in the state of Uttar Pradesh. As these hospitals are being managed by the same authority, the doctors are working under the same policies and, more or less, in the similar working environment.

This may limit the generalize ability of the findings to other settings and population. Thus, further research should attempt to replicate and extend these findings to different samples in different organizational setting.

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