How Work Values and Morale Would Affect Job Satisfaction In Hospitals?

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Abstract: - Employees' effectiveness is the key major to accomplish the organizational goals, and job satisfaction is one of the most important factor influenced employees' effectiveness. Motivation, task status, monetary, rewards, and etc. are essential factors in job satisfaction and important dimensions related to work values. The study focused on the possible differences of work values and job satisfaction in hospitals, and the relationship between work values and job satisfaction of each work setting as mediated by work morale. A survey instrument that was adapted and translated from existing surveys was distributed to 248 Taiwanese employees in 17 hospitals in Taiwan. The structure equation model (SEM) was used for the analysis of the data. The finding of this study is that hospital employee perceived work morale is partial mediated by the employee work values, which influences the job satisfaction. We recommend that hospital should establish the complete system of life scheme, help employees establish the correct value of work, encourage employee working morale, and increase the satisfaction of work.

Key-Words: - Work Values, Work morale, Job Satisfaction, Hospital

1 Introduction

For recent years, with the tendency of liberalization of domestic healthcare market, the conservative domestic healthcare business is facing structural changes. Business conditions in a competitive world require speed, accuracy of information, and prompt decisions. However, effective responses at the operational levels are also a crucial factor to success and have intense competition within businesses. Over time, many studies have been conducted in identifying factors effect employees' that effectiveness in meeting organizational needs. On the other side, work values possessed by the workers and have been shown to be a major factor that affect motivation and worker performance [1].

For a business to be effective in a dynamic environment, work values become an important force because of the potential relationship to other work issues. Extending the considerations in managing employee performance is the needs to understand the demographic factors which influence work values and resulted job satisfaction. The literature on demographic relevant which related to the variables of job satisfaction contains discussion of a variety of issues to includes race, sex, age, and educational level.

Employee morale is a fundamental component of business operations – high morale coincides with job satisfaction, high work effort, creativity and initiative, a sense of pride in one's work, a commitment to one's organization, and the desire to put the achievement of group (common) goals ahead of personal goals, thereby enhancing an organization's performance [2-3]. Low morale, typically corresponding to high absenteeism, labor turnover, unresolved grievances or strikes, impedes the achievement of the organization's desired outcomes [4-5].

Employee morale has nonetheless been difficult to quantify. Because morale is a feeling, rather than an action or outcome, it cannot be measured directly. Moreover, even among studies conducted in developed market economies; the judgment is still on, regarding whether morale is best evaluated as a group phenomenon [6] or an individual experience [7-8] and some confusions had exist regarding how to best differentiate the causes from the manifestation of a particular level of morale [9-10].

Efforts to separate morale from its determinants or outcomes have to generate a range of measures [11]. Some measures of morale attempt to capture its positive affects to morale are identified with persistence and energy, cohesion and cooperation, and enthusiastic striving [12].

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Many previous studies have researched the relationship between work values, and job satisfaction. Harrington et al (1996) found that work values had a positive relationship with job satisfaction, commitment to organization, and positive affect toward supervisor [13]. Ronen (1987) found that there was a significant relationship between work values and job satisfaction [14]; and Meglino, Ravlin and Adkins (1992) implied that individual values in organization had a relationship with job satisfaction [15].

Kalleberg (1977) examined the relationship between job satisfaction and work values and found that work values had independent and significant effected on job satisfaction [16]. Also, the same results were supported by Akroyd, O'Brien, and Richards (1993), Bruening and Hoover (1991), Colgrove and Shinville (1993), Grady and Burnet (1985) [17-20]. Assessment of a potential similar independence resulted in the following hypotheses.

We tested these hypotheses by using a number of other key variables, including age, education, marital status, and organizational and positional tenure as predictors of job satisfaction, work values, and job levels. Previous researchers have found relationships between job satisfaction and age [21], organizational tenure [22], positional tenure [23], education [24], and marital status [25]. In Taiwan, education also appears to be an important determinant of job level [26]. We also tested job level, work values, and their interaction as predictors of job satisfaction.

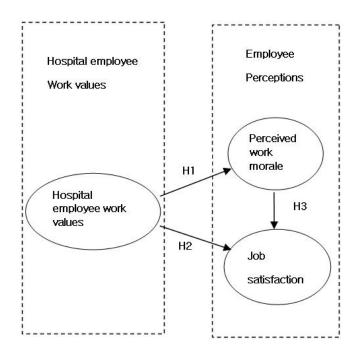
Whether, it is an empirical question to preceding theses and claims are definitely valid and applicable to employees in Taiwan. In both Eastern and Western societies, results have been equivocal concerning these theses and claims [27-28]. In the present study, we tested the following hypotheses concerning employees in Taiwan.

Hypothesis 1. Hospital employee work values is positively related to employee perceived work morale

Hypothesis 2. Hospital employee work values is positively related to employee job satisfaction Hypothesis 3. Employee perceived work morale is negatively related to employee job satisfaction

FIGURE 1

A Conceptual Model of Hospital employee work values and perceptions in Service Interactions



2 Methodology

2.1 Participants

Of the 375 questionnaires distributed, amount to a return of 248 questionnaires, or a valid questionnaire return rate of 66.1%. The participants were 17 hospitals totaling 248 employees (60 male and 188 female), the investigation was conducted in summer of 2008. Office size varied 15 to 35 employees. This study used SPSS14.0 statistical software to perform the data analysis. All statistical tests used .05 significant for gauged a type I error.

2.2 Measures The Questionnaire

This study is grounded in established conceptualizations of work values and satisfaction. The work value model adopted was The Survey of Work Values (SWV) by Wollack et al., (1971) which focuses on six issues [29]. They are pride in work, social status of job, attitude toward earnings, activity preference, upward striving, and job involvement. The second model focuses on job satisfaction was adopted from The Minnesota satisfaction questionnaire (MSQ) by Weiss, et al. (1967)[30]. It considers 20 items comprised of satisfaction with intrinsic and extrinsic job satisfaction.

Work morale

Morale study evaluation chart are refer by Griffiths (1995)'s classification [31]. This study chart divide by 3 compose: work desire, organization fidelity, and group spirit; total 20 question, 6 of them are about

working desire, 7 of them are organization fidelity, 7 of them are group spirit. The higher score is, the higher morale is, the lower score towards to lower morale.

Work Values

Wollack et al., (1971) operationalized work values as consisting of six components. Social status of the job: Effect the job alone on a person's standing among friends, relatives, and co-workers, in his or her own eyes and/or in the eyes of others [29]. Activity preference: A preference by the worker to keep himself or herself active and busy on the job. Upward striving: The desire to seek a continually higher level job and a better standard of living. Attitude toward earnings: The value an individual places in making money on the job. Pride-in-work: The satisfaction and enjoyment a person feels from doing the job well. Job involvement: The degree to which a worker takes an active interest in co-workers and company functions, and desires to contribute to job-related decisions. Their instrument measures work value on a six point Likert-type scale, ranging from one (strongly disagree) to six (strongly agree).

Job Satisfaction

The Minnesota satisfaction questionnaire developed by Weiss, et al. (1967) has been used to measure job satisfaction of employee level [30]. This questionnaire consists of 20 items classified as either intrinsic or extrinsic satisfaction. A six-point Likert scale, ranging from very dissatisfied as 1 to very satisfied as 6. The internal consistency reliability (Cronbach's alpha) for intrinsic and extrinsic job satisfaction in this study are .87 and .82 respectively.

2.3 Reliability and validity testing

Reliability testing

There are four measures of evaluate the reliability of model; means retest method, alternative-form method, split halves method, internal consistency method [32]. In this study we adopt internal consistency method to test reliability of questionnaire. Internal consistency method usually uses Cronbach's á to test reliability [33]. The results of reliability coefficients assessment of there were as follows: The Minnesota satisfaction questionnaire ranged from 0.862 to 0.895 and the total was 0.926. The Survey of Work Values ranged from 0.701 to 0.913 and the total alpha coefficient was 0.949. The work morale questionnaire ranged from 0.658 to 0.796 and the total alpha coefficient was 0.883, the result shows á value of each construct is between 0.658 and 0.949. It

is fit with acceptable value á >0.7, so we can determine the questionnaire have reliability.

Validity testing

There are no ways can direct test construct validity of model in study, but we still can through other validity testing to enhance confidence of construct measurement. Convergent validity and discriminatory validity are two kinds of major and generally use validity testing [34].

We use confirmatory factor analysis to test convergent validity. There are three criterions about evaluate convergent validity. (1) Factor loading of all variables need greater than 0.5 and significant. (2) Bagozzi and Yi (1988) suggested a minimum of 0.60 for the composite reliability [35]. Composite reliabilities for the study constructs were calculated as (square of the summation of the factor loadings)/ [(square of the summation of the factor loadings) + (summation of the corresponding error terms)]. (3) Average variance extracted need greater than 0.5 [36]. It is recommended that AVE should be greater than 0.50 meaning that 50 percent or more variance of the indicators should be accounted for. Except for average variance extracted of hospital employee work values is close to 0.5, all of the other fit indices were within acceptable ranges.

2.4 Data Analysis

This study used SPSS 14.0 and LISREL 8.30 statistical software to perform the data analysis [37]. All statistical tests used .05 significance for gauging a type I error. In Sample characteristic, we use frequency distribution, mean, standard deviation to realize the characteristic of retrieve sample. The impact about demographic variables influence on research structure, we use ANOVA to test if demographic variables have significant influence on research structure. In reliability, we use internal consistence analysis evaluate data with Cronbach's á. In validity, we use confirmatory factor analysis and correlation analysis to evaluate convergent validity and discriminate validity. In hypotheses testing, this study use structural equation model (SEM) to test hypotheses.

SEM is one of multivariate analysis base on regression model; the purpose is investigating causal relationship about variables [38]. The process of SEM is divided into two parts: measurement model and structural model. We should make sure of the acceptable measurement model before testing the substance relationship of each structure in research model, so needs reliability and validity testing.

3 Results

Demographic data included age, gender, disposable income and education level. Of a total of 248 employees, 60 (24.2%) were men and 188 (75.8%) were women. The level of education varied from 5 (2%) employees with high school educations, 63 (25.4%) with college educations, 148 (59.7%) with university educations, and 32 (12.9%) with graduate school educations. Most (199, 8.2%) were between 20 and 40 years of age. There were 28 (11.3%) who had worked in the company for less than 1 year, 100 (4.3%) who had worked in the company between 1 and 5 years, and 120 (48.4%) who had been with the company for 6 or more years. Most (100, 4.3%) had worked in the company from 1 to 5 years.

3.1 Structural Equation Model

The evaluation of previously established constructs via CFA was also necessary prior to linking the constructs through SEM. This is consistent with previous literature [37-38] that suggests a thorough investigation of the measurement model prior to the construction of a structural model.

Goodness-of-fit measures to be used in the evaluation of these models include the root mean square error of approximation (RMSEA), ratio of the $\div 2$ statistic to degrees of freedom ($\div 2/df$), non-normed fit index (NNFI), goodness-of-fit index (GFI), and comparative fit index (CFI). Generally accepted standards for these measures are, respectively, RMSEA \leq 0.10, \pm 2/df \leq 3.00, NNFI \geq 0.90, GFI \geq 0.90, and CFI \geq 0.90 for good model fit. Structural equation models and confirmatory factor analyses were evaluated using maximum-likelihood estimation and the LISREL 8.3 software program. According to reliability and validity testing, the result shows fit in with the standard, so the next will test the hypotheses. We want to interpret the real relationship between each construct, and test the hypotheses that we bring up. This study use structural equation model test research hypotheses. Due to this model needs to estimate items too much, which we can't use full model test the real relationship between each construct, so in this study adopt limited information to test research hypotheses. Final model fit indices showed adequate model fit with RMSEA = 0.12, $\pm 2/df = 5.35$, NNFI = 0.93, GFI = 0.91, and CFI = 0.95. All factor loadings were significant at p < 0.01. All of the other fit indices were close to acceptable ranges.

The model showed mixed results on the respective hypothesis tests. H1 and H2, which predicted that hospital employee work values would be positively related with perceived work morale and employee job satisfaction, were supported by the data (p < 0.1) with respective path coefficients of 0.29 (t=6.76) and 0.17 (t=2.78). H3 which predicted that employee perceived work morale would be positively related with job satisfaction, were supported by the data (p < 0.1) with respective path coefficients of 0.60 (t=4.83).

In H1 hospital employee work values influence on employee perceived work morale, we find hospital employee work values have positive relationship to employee perceived work morale; means the higher hospital employee work values, the higher employee perceived work morale. In H2 hospital employee work values influence on employee job satisfaction, we find hospital employee work values can explain employee job satisfaction, but the value is low. In H3 hospital employee work morale influence on employee job satisfaction, we find hospital employee work morale can explain employee job satisfaction, and the value is high.

According to the above analysis, working value has influence towards the work satisfaction, but influence is small; on the other hand, the morale towards work satisfaction has significant influence, and work value towards working morale also has significant influence, so we can infer that working morale is the partial mediated of work satisfaction, and work value influence work satisfaction through work morale.

4 Conclusion

The results of this study suggest that the employee relationship management (CRM) needs to be constructed carefully to ensure employee feel good on business transactions. Because the service state of the hospital employee is an important factor in the development of employee perceived work value and morale, hospital manager should be monitored to ensure that there are not the heavy stresses on hospital employees. The following methods are recommended to enhance hospital employee well-being: (a) hospital manager should make use of various strategies that increase hospital employee value, such as sift interview of newcomer, internal training of establish the correct work value, and have advisor regularly. (b) Instruction should be provided to hospital employees to help them adopt more positive subjective opinions of themselves and to help them adapt to changing circumstances. Hospital employees should be instructed in how their behavior can affect employee well-being. (c) Hospital should periodically have dinner party to increase and agglomerated employee morale, instruct the concept and goal of hospital administration for increase the centripetal force of employee and work together with the hospital administration groups.

Data such as this, along with the present study, suggest that the healthcare manager should establish a comprehensive hospital employee mental health management system. This includes counseling for work morale and relationships through marriage, group, and individual therapies, as well as through offering mental health courses. Similarly, hospital employees should also be taught work morale management techniques and provided with information on achieving well-being.

Our study was limited in time and space. More research is needed on variation among different communities in Taiwan, and over long periods of time. A survey cannot adequately capture a rich description of their experiences of impression. We propose that further research use quantitative and qualitative analytical methodologies to triangulate the data and develop a more robust description of the relationship between employees perceived and work values.

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