

Employee Commitment and Patient Satisfaction: An Initial Reflection from Indian Healthcare Sector

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Abstract

The objective of this study is to investigate the relationship between employee commitment and patient satisfaction with respect to health care Industry. This research was conducted in two centers of a leading Medical service provider in Bengaluru city. The population for this study consists of all the employees directly interacting with the customers (excluding doctors), in the two centers .The total population was (N=50), as reflected on the personnel list obtained from the HR department of the organization. The Independent variable in this study is employee (Organizational) commitment, and the dependent variable is patient satisfaction .A slight positive correlation between the employee commitment (affective component) and patient satisfaction is observed in our study, thereby highlighting the importance of employee commitment (especially the affective component) in organizations, particularly in the healthcare sector which is essentially a people-centric industry .

Key words: Employee Commitment, Employee loyalty, Organizational commitment, Patient satisfaction, Healthcare

1.Introduction

The rising demand for health care services combined with the relative shortage of health care professionals makes it difficult for hospitals and other health care providers to provide consistently high levels of care. It's becoming increasingly difficult for healthcare administrators to recruit and retain talented health care professionals. Success in health care industry depends on the quality of the care and satisfaction that the patient experiences. Additionally, health care organizations are under severe pressure to look at sustainable measures of performance rather than solely relying on financial performance measures. This shift from financial to non-financial parameters obliges them to deliver higher quality care to their patients (Love et al.,

2008). High quality of healthcare can be achieved to an extent by making investments in technology and infrastructure, but the most dramatic improvements are achieved through people. Prior studies have indicated that dissatisfaction at the workplace among health care employees may lead to poor quality of healthcare which in turn adversely affects patient satisfaction and loyalty to a hospital (Atkins, et al, 1996; Fahad Al-Mailam, 2005). Adding to the agony are recent studies that cite an acute shortage of nursing talent across the globe (Newman, et al., 2001). Therefore, it is vital for the companies to understand ideas such as employee commitment and how it can impact the customer satisfaction and overall customer experiences. Understanding employee commitment

as an employee attitude is important because it has an important effect on organizational performance, and this attitude can be influenced by human resources policies and practices Rayton, (2006). Hellriegel and Slocum,(2004) explain that strong commitment is often correlated with high productivity. According to various research studies have indicated that by promoting employee commitment there is an increase in employee retention and, in addition, this results in a positive contribution to organizational performance.

Most organizations attempt to shape employee behavior through human resource policies, practices and procedures. Robbins,(2005) states that an “organization’s human resource policies and practices represent important forces for shaping employee behavior and attitudes” and according to Bowditch and Buono, (2005), managers need to focus on the relevant employee behaviors and interactions in order to shape the outcomes they desire, such as employee commitment.

A few academic studies in the health care industry appear to exist which look at the connection between employee commitment and patient satisfaction, those that do look at this topic show that a relationship does exist. Moreover, many health care administrators are progressively showing concern for delivering high quality care in which both the customer (patients) and providers (employees) are satisfied while maintaining a strong financial environment (Love et al., 2008). This represents a shift in management theory from the 1990s when cost cutting and the bottom line dominated concerns in the health care industry (Brown 2002).The last decade, which witnessed tumultuous changes in organizations, eventually left many employees emotionally detached from their workplace. According to Manion (2004), a rise in mistrust, combined with cynicism, escalating financial pressures and continuing challenges had an adverse impact on the workforce’s organizational commitment and performance. Manion,(2004) further states that the accelerating changes, increasing organizational challenges, workforce shortages and mounting environmental pressures make the need for committed and fully engaged employees more important than ever. Gaining commitment of employees to needed or desired organizational initiatives and to their work, is a challenge faced by all (Manion, 2004).

As explained in the earlier paragraphs, amid the complex business challenges facing hospitals today — from intensifying financial pressures, to new competitors, to a changing care delivery model, workforce issues can all too easily drop in

importance on management’s agenda. The fact is, employees’ attitudes and behavior have a direct and material impact on key patient and clinical results, and can be an essential element in effectively adapting to change. As research shows, the right environment leads to employee behaviors that make an appreciable difference in hospital performance, in terms of patient satisfaction, clinical unit performance and better patient health outcomes — all of which can ultimately lead to better financial results and a stronger competitive position. The key question of interest, therefore, is how service-based organizations can determine their level of employee commitment and what impact it has on patients. In order to answer this question, an exploratory study was conducted in order to investigate the relationship between employee commitment and patient satisfaction at a hospital in Bangalore. Exploring the relationship between employee and patient experiences in a hospital involves the following observations:

- People – who play a crucial role in the service delivery process and these include doctors, nurses, administrators, and staff. These individuals perform duties that directly and indirectly influence the quality of patient care and satisfaction. This particularly includes the nursing staffs who are involved with patients on a daily and sometimes hourly basis.
- Administrative procedures that are in place facilitate the collection of data on patient experiences (through a check-out survey for all patients) as well as annual employee surveys.

1.2. Problem statement

Organizations are under constant pressure to produce more, with fewer amounts of resources. Investors are not willing to put more money towards resources, while they expect returns on their investments. Moreover, the investors are also not loyal to any one company, and they are often ready to make alternative investment decisions when expectations are not met by the company. In this context, organizations need a core of employees who are committed to the values and goals of the organization and perform to their maximum potential (Meyer and Allen, 1997).

In the broad context of organizational commitment, it was questioned if commitment was a reasonable expectation for employers to hold for their employees in today’s work environment where changes in leadership and organizational focus occur rapidly (Hawkins, 1998). Also, Laabs (1996) stated that the old employment contract of lifetime employment in exchange for loyalty is gone, and for many companies commitment fled with it. This

is taking place in a context where expectations and attitudes are changing for employees as well as employers. Organizations do not expect employees to stay with them for lifetime, but aim to become employers of choice, by offering professional development. This rapidly changing psychological contract can be seen as a “new deal” in which high commitment and trust can only be generated through a negotiated process of reciprocity (Baldry, Hyman & Scholarios, 2004). Such a relationship is very much important a sector like health care Indian context .

The health care is emerging as a major sector in India. Latest reports estimate that expected to be a business worth of US\$ 160 billion by 2017, as per E&Y report Further. In addition, it is estimated that Indian hospital services sector grows at a CAGR of 20 per cent during the period 2012–17, the hospital and diagnostics service center in India has attracted foreign direct investment (FDI) worth US\$ 2,057.29 million¹. The various factors such as an increase in Indian population and higher disposable income, life style related health issues and economy health care providers, the thrust in medical tourism government initiatives and the emerging public private partnership models drives growth in this sector. Though the statistics gives highlights an encouraging picture about Indian Health care sector, the increasing customer awareness and steeply escalating cost curves which is indefensible may create issues for most of the players. Offering affordable healthcare without compromising access to care or quality requires innovation, and ability to come out with new products and health care services. These changes gives a unique opportunity for the new, emerging and existing players to achieve competitive edge if they focus on patient satisfaction level.

The patients feedback is found to be highly important for improving the quality of service and thereby increase the degree of patients level of satisfaction. There is also a conscious effort across the globe for improving the attention given to customers’ needs and inclusion of divisions of society that is not yet catered. One of the major factor that triggered this change is the increased degree of patient access to the data pertaining to health care treatments and various health care options available across the globe. These initiatives will result in gaining customers effective feedback from customers which in turn

will give an idea of patients perceive the care offered and will boost customer confidence (Draper, 1997). As the indices to gauge quality of health care services is gaining momentum as even health care professionals has started accepting that the patients and their families has become an unique medium for communicating their value proposition. (Delbanco, 1996.) The Joint commission for Accreditation of Health Care Organizations has adopted patient/client satisfaction index as a mandatory requirement for its accreditation, prompting organizations to gather, analyse patient feedback and take appropriate measures.

The patient experience stems from the relationship that prevails between the organization and the employee who imparts the health care to the patient. Thus, the employee represents the organization and his or her interaction will have a direct impact in the relationship between health care service provider and the patient. These relationships are rooted in common values, characteristics and on compassionate interactions that occurs between them, resulting in excellent patient satisfaction and loyalty. On this context measuring employees’ attitudes towards organizational outcomes and management practices will enable the organization to direct specific actions towards less desired scores, which will result in a more committed workforce and, ultimately, contribute to organizational effectiveness and better patient experiences. Based on the above discussion, the questions being investigated in this research are:

- How can employee (organizational) commitment be conceptualized?
- How can patient satisfaction be conceptualized?
- How can the concepts of employee commitment and patient satisfaction be linked?
- What is the relationship that exist between employee commitment & Patient satisfaction

The research will focus on the concept of employee (organizational) commitment. Emphasis will be placed on attitudinal aspects and behavioral influences, and the effect of human resources strategies and management practices on employee (organizational) commitment. Also, the concept of patient satisfaction, which has gained increasing attention from executives across the healthcare industry, has to be explored in an attempt to enhance patient experiences at the hospital.

2. Literature

¹<http://www.ibef.org/industry/healthcare-india.aspx>

The objective of this study is to investigate the relationship between employee commitment and patient satisfaction with respect to health care Industry. The research will focus on the concept of employee (organizational) commitment. Emphasis will be placed on attitudinal aspects and behavioral influences, and the effect of human resources strategies and management practices on employee (organizational) commitment. Also, the concept of patient satisfaction, which has gained increasing attention from executives across the healthcare industry, will be explored in an attempt to enhance patient experiences at the hospital. Without the understanding of these theoretical aspects pertaining to employee (organizational) commitment, it would be very difficult for organizations to identify factors that influence commitment and, eventually, improve organizational effectiveness and patient experiences. Understanding the theoretical research will enable the organization to direct specific actions towards its human resources strategies and management practices to change employees' attitudes (and, consequently behavior) in the hope of increasing employee (organizational) commitment

2.1. Organizational commitment

The first step to conceptualize the organizational Commitment is to define it. Over the years the term commitment has been defined and measured in many different ways. The multitude of definitions clearly indicates that commitment has to be treated as an multidimensional construct (Meyer & Allen, 1991). The following definitions will provide a core essence of the multiple dimensions or forms of commitment that exist. Sheldon (1971) defines commitment as being a positive evaluation of the organization and the organization's goals. Porter (1974) defines organizational commitment as the "relative strength of an individual's identification with and involvement in a particular organization". According to Mowday, Steers & Porter (1979), define organizational commitment as a combination of three factors which are listed below. 1) a strong belief in organization's goals and values, and their acceptance as an employee 2) The willingness to exert considerable effort on for and behalf of the organization and 3) a strong desire to remain as membership in the present organization. The importance of Scientific models in the study of organizational commitment is widely accepted across the globe as they helps to examine and document the various aspects of this phenomenon and manner in which they are voiced

in an organizational environment .Though the literature on organizational commitment elaborate on various multidimensional models of organizational commitment. The authors had adopted the Meyer & Allen Model of organizational commitment for the purpose of this study. Meyer and Allen (1991) in their work on organizational commitment has specified about three types of commitment, namely, normative, affective and continuance commitment. Meyer, Allen, & Smith (1993) is of the view that that these three types of commitment portrays the various stages of an individual's psychological state, which portrays his or her relationship with their organization or could be the determinants that may decide, whether an employee will continue to dedicate his or her service with an existing organization or not. "Affective commitment is defined as the emotional attachment, identification, and involvement that an employee has with its organization and goals". (Khalil,2012) Employees with strong affective commitment continue employment with the organization because they "*want to get attached with their existing organization*". Mowday et al., (1982) has suggested that the antecedents of affective attachment can be broadly classified into four such as a) personal characteristics, b) job characteristics, c)work experiences and d) structural characteristics. As Meyer & Allen (1997) pointed out the strongest of antecedents is the work experience as it helps employees' to achieve their emotional and inner needs, which makes them comfortable in their work environment and proficient in their organizational roles.

Among the work experience variables that is observed,"(Steers,1997) equity in reward distribution, role clarity and freedom from conflict, supervisor consideration, fairness of performance-based rewards and job challenge, opportunity for advancement and participation in decision making "are found to be highly associated with affective commitment. The continuance commitment aspect deals with the awareness level of an employee with respect to the cost associated with a change in his or her present job. This includes the time and effort the employee has dedicated for acquiring skills, benefits and loses of privileges based on the tenure with the organization and cost and disturbances associated with the relocation of their family. Meyer and Allen (1997) further explain that it is very difficult for an employees who is having continuance commitment with the existing employer to leave the organization. The normative commitment of an employee arises out of a

person's obligation towards their workplace. Employee with a high level of normative commitment choose to remain with their organization. Wiener (1982) advocates that the normative commitment that an employee exhibit could have been the outcome of internalization of normative pressures such as that of family or cultural orientation put forth on an individual prior to his or her entry into an organization. The normative type of commitment may also arise from organizational payments that are awarded in advance, such as tuition fees and the amount that spent on their training. One's appreciation of these types of costs may make them having an onus towards the organization and give it back by committing themselves to the organization (Scholl, 1981). Meyer & Allen (1997) describes a committed employee as the one who "stays with an organization, attends work regularly, puts in a full day and more, protects corporate assets, and believes in the organizational goals". The Meyer and Allen's model put forwards commitment construct as an psychological bond – an intrinsic attachment where one gets associated with something outside of oneself.

2.2. Commitment and work behavior

Gibson *et al.* (2006) explicate that committed employees are less likely to quit their jobs, this was further bolstered by earlier studies conducted by Greenberg and Baron (2003). Their studies draws the conclusion that the more highly committed employees are the more they are likely to be present for their job, and are the least likely one to be absent, and Hellriegel and Slocum (2004) in their studies has highlighted that there exist a higher level of correlation between commitment and high productivity. Burton (2001) has argued that the process of creating satisfied customer satisfaction begins at inside an organization. Organizations gain employee commitment when they value, respect, empower and reward their people.

Organizational effectiveness is viewed as a 'function of productivity resulting from employee satisfaction by early management gurus'. Any organization organizational effectiveness requires initiatives other than the one needed for maintaining a stable workforce. Organ (1988) argues that organizational effectiveness is the outcome of a situation where employees delivers to their best in the assigned duties and are willing to engross in activities, which goes beyond their role requirement. Thus we can assert that the employee willingness to work toward

organizational effectiveness can be attributed to the type of commitment that they experience.

Employees displaying affective commitment (who *want to* belong to the organization) are more likely to make an higher amount of effort on behalf of the organization, when compared to employees who exhibit continuance commitment (to those who *need to* belong) or normative commitment (feel *obliged to* belong). In our review, authors has observed that affective commitment was used as a construct in many of the prevailing studies that have reported positive correlations between commitment and organizational performance.

A study conducted by DJS Research Group, had interesting findings about employees needs at workplace and satisfaction. It was observed that that a significant level of dissatisfaction exists when basic functional needs associated with pay, the tools required for the job and safety or security are not met, Addressing these needs may result in some passive amount of job satisfaction, and need not, guarantee a motivated, committed stable workforce.

The success of any organization lies in their effort to gain an additional degree of job satisfaction from its employees by adopting suitable workplace interventions to match different levels of workplace needs, which results in, favorability ultimately leading to employee commitment. The efforts to gain more active favorability from employees towards organization requires an image and culture that can be projected to its internal customers. It may also require having a corporate vision and value system that is attractive enough to be subscribed by its employees. Recruitment teams also should be judicious in their hiring decision's, and should select people who can fit in with those prevailing organizational values. This will further help in facilitating an environment where employees have respect for each other, enjoy working together which will augment mutual collaboration and productivity. The provision for accommodating such intangible needs create a sense of belongingness amongst the employees. However in an era where lattice careers and employee mobility are the prime course of concerns are, employers to shall have go beyond feelings other than favorability and belongingness, In their attempt to stimulate active commitment from its employees. An active commitment is derived in an environment where employees are recognized and properly engaged, so that they try to find meaningfulness in their job. It happens when there is sync between one's own

personal goals and organization's goals. This relationship can be depicted in Figure 1.

2.3. Patient satisfaction

The other dependent variable considered for the study is the satisfaction level of patients who had availed the services rendered by the hospital where the study was conducted. The satisfaction as a theoretical construct is easy to understand but is difficult to define, like any other notion that can be found in the discipline of psychology, the satisfaction aspects also gets overlapped with themes such as happiness, pleasure, gratification and quality of life. Satisfaction cannot be described, in the lines of a preexisting phenomenon that can be measured, but evolved out of a judgment that people develop over a period based on their experiences (Dr. Sana Qamar Rizvi, 2011) satisfaction is defined as "*an attitude – a person's general orientation towards a total experience of health care*" (Keegan et al, 2002). It represents the of satisfaction perceived of patient about the quality of services that they had received in a particular health care establishment. It is influenced by service that satisfy their need, and matches their expectations.

2.4 Integrating employee commitment and patient satisfaction

Employee Commitment is considered to be an indicator of sync between employee motivation and organizational objectives. It is assumed that higher the degree of alignment between employee motivation and organizational mission, the employee's will assume a higher order of stakeholder ship in organization 's success and will aim to deliver an exemplary service to the patients. Organizations should focus on gaining commitment from their employees as they mature in their roles and acquires knowledge about the organization. We have adopted the model proposed by Khatri et al. (2006) to explain the relationship that exists between employee commitment and clinical outcomes. This model is an extension to McGregor's (1985) notion of Theory X and Theory Y applied in context of a health care setting and is built on the basis of the alternative management theories of employee motivation, i.e.; control based and commitment based. The control based view propagating the argument that people are not capable of managing or regulating their actions and hence cannot be entrusted with responsibilities. Hence it advocates of various mechanisms for monitoring employees. The later one is built upon the basis of the following assumptions:

- (1) People are Capable of self-discipline, and given the opportunity and developmental experiences, will seek responsibility and exercise initiative; and
- (2) People work best when they are fully committed to the organization.

This approach lays stress upon developing a climate which fosters commitment in employees to achieve organizational goals and gives a platform for showcasing their initiative, ingenuity in the process. Health care establishments across the globe are busy adopting mechanisms to better the quality of services offered; however they are implemented in a highly monitored setting and has resulted creation of a separate division for quality assurance. Management experts are of the view that creation of such a division in a health care setting will itself may create a notion among other departments members that they are not directly responsible for medical errors and quality of services delivered. Hence we would like to propound that quality in health care can only be ensured by integrating it to health care delivery process through suitable organizational interventions, and not by creating a separate quality assurance division. People management practices which emphasizes on participation from employees, knowledge sharing and team work will help in delivering a better quality health care, even without a separate department or mandate. Khatri et al (2006) opines that there is a higher degree of complexity in implementing commitment based approach and requires emotionally intelligent executives handling functions across all levels and organization should groom their executives in these lines

3. Methodology

3.1. Population and sample

The study was planned to be conducted in five major hospitals in Bangalore, But at the time of writing this paper we had access to only one of them. The survey is in progress at the rest two bigger organization which has agreed to participate in our study. A population refers to all of the events, things or individuals to be represented in the study (Christensen, 2001). This research was undertaken at two centers of Private Medical establishment based in Bangalore. The population in this study consisted of all the employees directly interacting with the customers (excluding doctors), and from the two centers the total population was (N=50), as reflected on the personnel list obtained from the HR department of the organization. The questionnaire was distributed to all the employees

(N=50), out of which 32 responded. The sample was thus 32 employees, and resulted in a response rate of 64%. Babbie (1998) suggests that a 50% response rate is adequate, a 60% response rate is considered good while a 70% response rate is considered very well. Therefore, this sample size of 32 is deemed to be fit for carrying out the analysis.

3.2. Measuring instruments

3.2.1. Employee Commitment

Employee Commitment, independent variable for the study was measured using Meyer, Allen, & Smith's (1993) Commitment Questionnaire. This Scale was universally applied for commitment as a tri-dimensional construct which comprises of affective, continuance and normative commitment (Meyer and Allen, 1997). This Questionnaire consists of 18 structured statements or items, for measuring the three dimensions of commitment (6 questions per dimension).

3.2.2. Patient satisfaction

Patient satisfaction information is often collected by the center at the time of a patient's discharge from the hospital. This information was used for the analysis. Specifically, the general Patient Satisfaction questions/measures enclosed those concerning the service rendered by :

- The front staff
- The medical/nursing workers
- Overall expertise at the middle

The dimensions for patient satisfaction were designed out of patient centered care defined by Picker Institute explained in their book edited by Margaret Gerteis et al (1993). These include eight dimensions that are elaborated below:

“1. Respect for patient-centered values, preferences, and expressed needs including an awareness of quality-of-life issues, involvement in decision-making, dignity, and attention to patient needs and autonomy.

2. Coordination and integration of care across clinical, ancillary, and support services and in the context of receiving “frontline” care.

3. Information, communication, and education on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care, and health promotion.

4. Physical comforts, including pain management, help with activities of daily living, and clean and comfortable surroundings.

5. Emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances.

6. Involvement of family and friends in decision-making and awareness and accommodation of their needs as caregivers.

7. Transition and continuity as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions.

8. Access to care, with attention to time spent waiting for admission or time between admission and placement in a room in the inpatient setting, and waiting time for an appointment or visit in the outpatient setting.”

4. Results and Discussion

The respondents' feedbacks were obtained by using a seven-point Likert-type scale.

The ratings ranged from strongly disagree (1) to strongly agree (7). From the 32 responses received and we had computed the mean commitment scores for each respondent, finally resulting in three commitment scores for each respondent, representing their affective, continuance and normative commitment. The overall mean scores of the 32 respondents are summed up to identify the commitment levels. The overall mean scores of the 32 respondents are represented in Table 1

In our study it was observed that affective commitment dimension has the highest overall mean score of 5.78, which indicates the extent to which the employees want to stay and work for the organization. Hence only this type of commitment was used to establish a statistical relationship with patient satisfaction. The mean scores of the affective organizational scale were correlated with the mean scores of Patient response regarding their satisfaction level with respect to service offered by front office staff, medical/nursing staff and about the overall experience at the center. The following results were obtained and is presented in Table -2 below

All the correlation scores obtained were positive and significant at a 0.05 level, thereby establishing a statistically significant relationship between employee commitment and patient satisfaction.

5. Conceptual & Managerial Implications

The primary contribution of this study is to investigate the correlation between the worker commitment, especially affective commitment and patient satisfaction. In our study it has been observed that patients perceive a better service quality when services delivered by a committed workforce. The study underlines the fact the decision makers in health care sector should consider employee commitment as a competitive variable, which are often ignored in their strategic plans. Though the research does not highlight any

direct financial implications, it can be argued that a more satisfied and committed employees leads to more satisfied patients, resulting in a set of behavioral and financial outcomes, elaborated below which includes:

- Repeat visits by patients.
- Avoidance of Lawsuits or other negative behaviors of patients a
- Patients will spread more positive word of mouth (word of mouth is a primary driver in patient health care decisions)
- Costs of managing high committed employees are lower (less attrition, etc.)

The key take away from this work is that emphasis should be given to develop an commitment based employment model (Lepak and Snell, 1999) in a health care organizational set up, as the success of an organization in the health care industry depends heavily on its workforce, who are entrusted with various processes which begins with checking-in, preparing for treatment, medical procedures, food service, discharging, etc. The initial research in management has been in the areas of customer satisfaction and employee satisfaction. But in recent times the focus is on how human resource management practices such as employee engagement, recognition programs, and employer branding efforts can help to increase the level of employee satisfaction, commitment and retention. Very few studies attempted at studying the direct impact employee commitment has on customer satisfaction. The study is relevant in Indian context as not much prior research has been conducted. Hence this research could be one of the early studies carried out in healthcare sector in south India aimed at establishing a link between employee commitment and customer satisfaction.

5. Limitations and Future Research

The findings of the study is very much in preliminary in its nature as it is focused on a single hospital, However –we are hopeful that our ongoing studies with on a longitudinal framework will help us to bolster our initial findings. We have not considered the human resource management strategies that were practiced by the hospital to obtain commitment from the staff. A study on the relationship between employee engagement activities and commitment in health care sector in future will help to explore further. We would like to conduct 5 semi structured in depth interviews per organization to further validate our arguments. Though the initial phase of study had its own limitations it helped us to strengthen our constructs for our ongoing studies.

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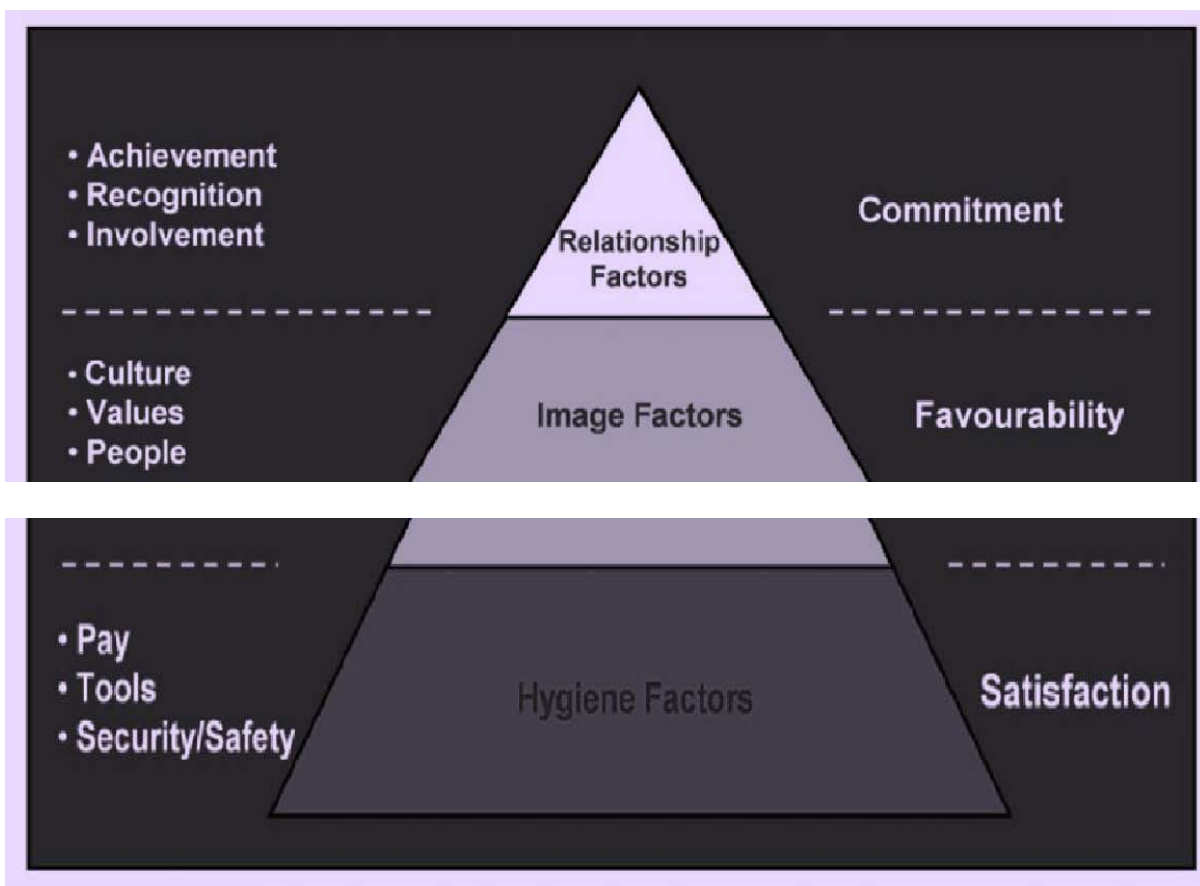
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Fig-1: Employee Commitment Model



Source: <http://www.djsresearch.com/>

Table-1: Mean score – Employee Commitment

Type of commitment	Overall Mean Score
Normative Commitment	4.4
Continuance Commitment	4.01
Affective Commitment	4.68

Table 2: Correlation analysis - Patient Satisfaction & Employee Commitment (Affective)

Pearson Correlation Coefficients, N=32	
Patient satisfaction with respect to services	Affective Commitment
Front office services	0.731**
Medical /Nursing staff	0.446**
Overall satisfaction	0.652**

****Correlations were significant at 0.05level(2-tailed)**