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JOB SATISFACTION, PERCEIVED ORGANIZATIONAL SUPPORT AND SUBJECTIVE WELL-BEING OF MEDICAL AND PARAMEDICAL STAFFS OF HOSPITALS IN PUBLIC AND PRIVATE SECTOR

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Abstract *The healthcare system in India has undergone several changes in the past few decades. It has affected the employees (directly and indirectly) working in that sector. As a responsibility of the physicians and the paramedics, satisfaction, well-being, and perceived organisational support lies on the management of the hospital. So, hospitals should be more attentive and must not take these attributes lightly as the consequences of that can be ominous. The factorial structure of job satisfaction and perceived organisational support scale was explored in the context of health sector and their relationship with well-being was determined using 778 medical and paramedical staff of both government and private hospitals in Madhya Pradesh. The study has indicated a significant relationship among the job satisfaction, perceived organisational support, and well-being of medical and paramedical employees from government and private hospitals in M.P. Further, the results report significant difference on different dimensions of job satisfaction, POS, and wellbeing across government/private hospital and medical/paramedical staff.*

Keywords: *Factorial Structure, Job Satisfaction, Perceived Organisational Support, Well-Being, Healthcare*

INTRODUCTION

The healthcare industry has been marked to be an important sector as it contributes to a nation's development through ensuring positive health of its citizen. However, as other sectors, health institutions also face problems due to employee crunch, which cripples the working and effectiveness and has its own consequences on the society and the nation at large. There are several findings which have contributed to our knowledge on relationship of satisfaction and support in an organisation with effectiveness and efficiency (both positive as well as negative) of employees in any institution, including few studies in health sector, across the globe.

The present study is one such attempt to address such issues in the health sector. In this line, it is found that satisfied employees lead to shortened lengths of stay for patients and allow lower variable costs (Harmon, 2003; Karasek, 1990), influence patients' compliance with prescribed medication (Kammerlind, Dahlgaard, & Rutberg, 2004; Linn, Brook, Clark, Davies, Fink, & Kosecoff, 1985) and patients' satisfaction with that hospital (Porkodi, 2010; Sharma & Chahal, 1995), thus restoring the belief that healthy and happy employees are more contributing to the success of an organisation (hospitals) than a disgruntled one. Similarly, empathy, the unparalleled requisite of healthcare employees, may be beneficial for the patient, but also construed as escalated level of demand at work and problematic workplace interpersonal relations. All this lead to compromised self-rated mental health (Aust, Rugulies, Skakon, Scherjer, & Jensen, 2006), excessive pressure, and scarcity of free time that may adversely affect employee's ability to cope with various stressors. This may then lead to dissatisfaction, absenteeism, poor personal relations, and decreased work performance (Davidson & Cooper, 1992; O'Laughlin & Bischoff, 2005) and add cost to the organisation. If an appropriate change doesn't happen from the hospital management, then, it may also cause dissatisfaction from job with intent to exit (March & Simaon, 1958; Timmreck, 2001).

Literature, further, evinces that commitment, well-being and job satisfaction are positively related to each other (Freeborn, 2000) and healthcare sector is oriented towards bringing healthy, happy employees and to engage them in delivering care and more (Eisenberg, 1986). In the given context, few studies have also noted that sector or type of management (private or government) also have their effects on perceived

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organisational support **(**Gorji, Etemadi, & Hoseini, 2014), well-being (Tyler, Carroll, & Cunningham, 1991) and job satisfaction (Murrells, Clinton, & Robinson, 2005; Zangaro & Johantgen, 2009), as a whole.

Mowday, Porter, and Steers (1982) and Locke (1976) have defined job satisfaction by emphasising on the specific task environment, which is supported and strengthened by Glisson and Durick (1988). Besides, few researchers have foretold that organisational characteristics are multidimensional and can be grouped into behavioural (Gladstein, 1984; Gilsson & Durick, 1988), structural (Child, 1972) and demographic categories. They all are related to extrinsic and intrinsic satisfaction; and create a complex relationship around the personal, organisational and other groups to underpin the state of job satisfaction.

Couger and Zawacki (1980) evaluated job satisfaction among similar social groups and observed that job content and other related factors contribute to job satisfaction (Maslow, 1943; Herzberg, Mausner, & Snyderman, 1957; Alderfer, 1972). In case of nursing staff, support from supervisors and fulfilment of high job responsibility are underpinning issues (Janssen, De Jonge, & Bakker, 1999). This is added by long working hours and workload (Bathia, Kishore, Anand, & Jiloha, 2010), professional conflict and the emotional burden of caring, pay, and shift work and role overload (NIOSH, 2008), etc. Largely, these on-the-job experiences, organisational environment, and motivation may become critical to job satisfaction, retention, and performance of the healthcare employees as well.

Very recently, growing contribution of private sector along with the public sector has revolutionised the system and practices of healthcare, improving accessibility, quantitative increment (including workforce), technologies and many a time fuelled policy changes in the country. However, in Indian context it is depicted as challenges pertaining to quality and its maintenance, performance and services, etc. Other prominent matters, other than performance and managing quality include, sensitivity towards employees' needs i.e. safety, giving them respect, providing new opportunities. Government and private organisations are discrete with regard to organisational factors, organisational workplace culture, and perceived organisational support along with the personal values, which also add to the differences.

In recent times, the healthcare policies are also changing which seems to present tremendous challenges for the healthcare systems that seem to affect the well-being of the healthcare professionals (Gershon, Stone, Zeltser, Faucett, Macdavitt, & Chou, 2007). Eisenberger, Huntington, Hutchison, and Sowa (1986) have demonstrated that individuals tend to form global beliefs concerning the extent to which the organisation values their contributions and cares about their well-being (e.g., Puddester, 2001; Ulwelling, 2001). However, need for sustainable and supportive work is universal, and independent of their geographical location (Yamey & Wilkes, 2001). This seems to be important because if the employees perceive any form of unjust/ pressure, they may consequently feel less appreciated, resentful, and dissatisfied leading to an ineffective healthcare environment.

The review poses that the available literature on health sector studying the relationship between job satisfaction, perceived organisational support and well-being are mostly concentrated within the western boundaries and Indian context largely remains unexplored. This has led to the development of the present study.

With the above background, the present study intends to explore the relationship between government and private healthcare settings in India. The study also attempts to present the factorial structure of Job satisfaction and perceived organisational support scale.

OBJECTIVE

The study proceeded with three-fold objectives, which are as follows:

1. To identify the factorial structure of the constructs- job satisfaction (JS) and perceived organisational support (POS) in the health sector (hospital setup).
2. To assess the relationship between job satisfaction, POS and well-being in the health sector.
3. To examine the difference between the two levels of hospital setup (government and private) and two levels of job (medical and paramedical staff of hospitals).

HYPOTHESIS

The present study goes along the following hypothesis (a-priori) to check hypothesized relationship between the observed and the latent variables. Furthermore, the hypothesis on job satisfaction is depicted in Fig. 1.

H1: Job benefits affect job satisfaction in health sector.

H2: Intrinsic factors influence job satisfaction in health sector.

H3: Management practices and policies influence job satisfaction in health sector.

H4: Concern factors affect health sector by influencing job satisfaction.

H5: Relationships within organisation impact health sector by influencing job satisfaction.

H6: Nature of work and competence affect healthcare setups by influencing job satisfaction.

H7: Resources and opportunities affect health sector by influencing job satisfaction.

For the perceived organisational support scale, the hypotheses are as follows:

H9: Positively perceived organisational support presents positive/ ascending impact on employees' POS.

H10: Negatively perceived organisational support negative/ disparaging influence on employees' POS.

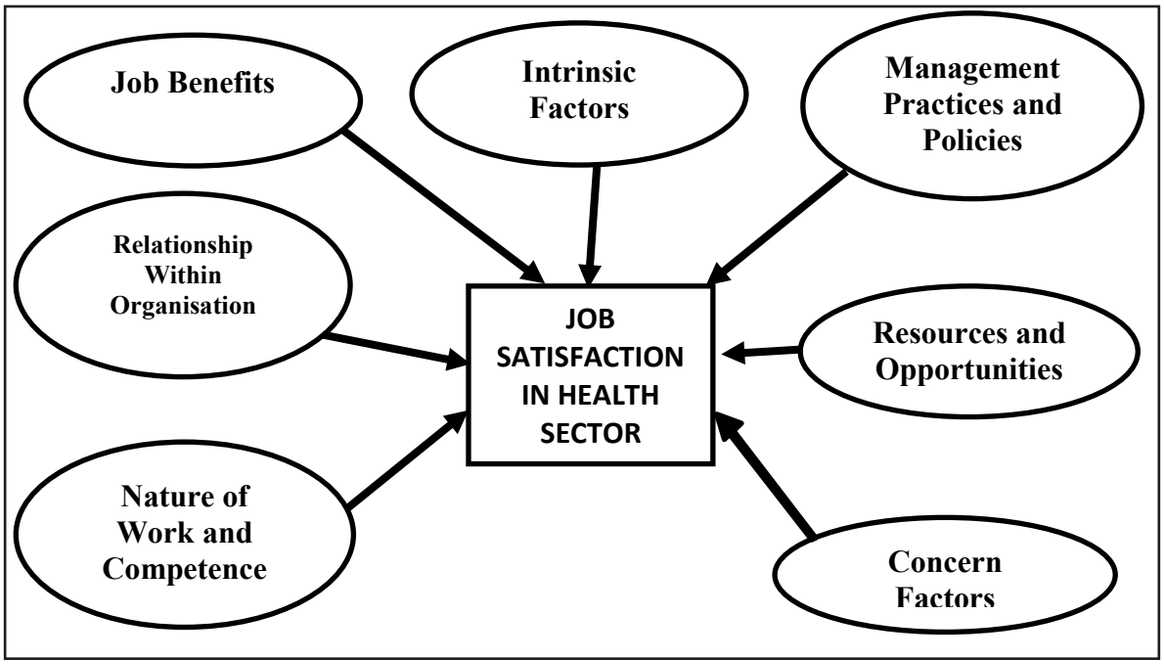

Fig. 1: Hypothesized Relationship of Job Satisfaction with Other Measures

METHODOLOGY

Sample

The present study included 778 respondents working in different capacity in hospitals of Madhya Pradesh. The sample was distributed in two parts, that is respondents from Government hospitals (N= 456) and private hospitals (N=322). Further, there were 334 medical staff (medical practitioners/ doctors) and 444 paramedical staff (nursing, and lab technicians/ pathologists) from both the government and private sector hospital setup. Besides, it was ensured that all the respondents had at least one-year continuous service in the given hospital, which formed a frame of reference to them for the present study.

The present study included respondents belonging to the age group of 21-30 years (38%), 34% respondents in the age group of 31-40 years, 18% in the age range of 41-50 years. There were 7 % respondents who lived in the age range of 51-60 years, and the rest of the respondents (3%) belonged to the age group of 61-70 years.

More so, around 7% people were found to have 1 year of experience, 31% revealed more than 1 but less than 3 years of experience. In the same line, 38% respondents indicated having 3-6 years of experience, 10% of the sample indicated that they had 6-9 years of experience. Besides, 4% revealed that they had an experience of 9-12 years in the sector, and 2% revealed having an experience of 12-15 years in the sector. Further, 8% respondents indicated that they had an overall experience of 15 or more years in the health sector.

With regard to job responsibilities, it was indicated by the respondents that the medical staff (doctors) were required to do appropriate diagnosis, prescribe medicines, conduct surgery, and supervise and guide (mainly in govt. hospitals) other procedures in their present capacity. In case of paramedical staff, the responsibility included assisting the medical staff (doctors), taking care of patients, keeping records, supervision of junior paramedical staff, training junior staff (in private hospitals), and providing necessary support to the patients and their relatives.

Tools and Techniques

For the present research, two tools pertaining to job satisfaction (JS) and perceived organisational support (POS) were devised and adapted in the due course of the study. Besides, well-being was measured with the help of PGI well-being measure developed by Verma and Verma (1989), which is a dichotomous scale and includes 20 items in total.

All the tools used for the study were bilingual (i.e., in English and Hindi) to facilitate the respondents to provide accurate responses. The job satisfaction scale and POS was to be responded on a 4-point Likert type scale format (1=Very Dissatisfied/ Strongly Disagree, 2= Dissatisfied/ Disagree, 3= Satisfied/ Agree, 4= Very Satisfied/ Strongly Agree). Four point Likert type rating scale was used based on experience of pilot study while preparing the survey tool so as to avoid the maximum inclination of respondents towards the mid-point, which had the likelihood to compromise the results. Thus, the fresh and final tool used four-point rating scales in the line of recommendation of Garland (1991). Further, the study utilised survey method for collection of data.

The first section of the instrument was associated with gathering the basic information about the respondents. Further, one section was completely devoted to job satisfaction, which was composed of 34 items (sample item presented in Table 2). Similarly, a set of 8 items (sample item presented in Table 2) was used to gather respondent's opinions about the perceived organisational support (POS) provided to them.

The reliability was measured with the help of internal consistency coefficient Cronbach alpha, which was found to be satisfactory (see Table 3). The overall alpha for job satisfaction and perceived organisational scale were found to be .930 and .798, respectively. In the same line, validity was assessed using construct validity and convergent validity as indicated in Table 1 and 2. There were no significant cross loadings in both the scales.

Procedure

Before the actual administration of the scale, extensive literature survey was conducted, which formed the base for developing items for the two scales namely, job satisfaction, and POS. Further, pilot study was conducted to ensure the usability and refinement of the items in the scale. Based on the feedback of the respondents during the pilot study, the scales were finalised for administration on proper sample, as initially decided for the study. In the final stage, the scales were administered to the medics (doctors) and paramedics (nurses, lab technicians etc.) in the form of questionnaire survey. All the respondents were contacted during working hours of the hospital setup. The respondents were explained about the purpose of the research and their consent on responding to various tools was taken. All those who provided their consent to participate in the survey, were handed over the questionnaire and requested to complete them after reading the instructions, carefully. Once the responses were placed on the questionnaire, the respondents were thanked for their participation and confidentiality of their responses was assured. The overall response rate achieved in the process was 90% for the present study.

RESULTS AND DISCUSSION

Development of Job Satisfaction and POS Tools

One of the objectives of the study was to develop and validate the scales for Job Satisfaction and POS. In order to develop and validate the factorial structure Exploratory (EFA) and Confirmatory Factor Analysis (CFA) was performed.

Before applying the EFA and CFA, a 34 item scale for job satisfaction and an eight item POS scale was adapted and developed that was to be responded on a four point Likert type rating scale with a range varying from 1 (very dissatisfied/ strongly disagree) to 4 very (very satisfied/ strongly agree). The POS scale is based on extensive literature survey and on a scale developed by Eisenberg *et al*. (1986). Furthermore, the final development of the tool was spread into five phases, which encompassed the steps of surveying literature related to the construct of job satisfaction and POS, developing the instrument items, refining it based on combination of techniques such as reviews, semi-structured interviews, and conducting pilot study in Bhopal and its surrounding areas. In the fifth phase, the tool developed was administered to the target respondents, that is, to medical and paramedical healthcare staff of both government and private hospitals.

Then item analysis and assessment of instrument on psychometric properties based on exploratory factor analysis (EFA) were performed. EFA facilitates identification of underlying relationships between measured variables (Norris & Lecavalier, 2009) and the sets of latent constructs (Finch, & West, 1997). The Eigen values greater than or equal to 1 (Kaiser, 1960) and from 0.7 to 1 (Stevens, 1986), followed by scree plot and parallel analysis facilitated exploring the number of factors. Besides, Maximum Likelihood method (ML) was used in EFA. It was used for analysis due to its consistent, unbiased and efficient nature. ML maximises difference between the factors and allows testing the statistical significance of factor loadings, calculating correlations among factors and computing confidence intervals for these parameters successfully, even with larger sample sizes (e.g. see, Cudeck & O'Dell, 1994). It was also preferred because of the decision to use AMOS SEM package to conduct CFA. In order to ensure the accuracy of the construct Promax rotation, a type of oblique rotation, was used in conjugation with ML as it is expected to provide best outcomes with larger sample sizes (Brown, 2009; Tabachnick & Fidell, 2007) and later the same was confirmed by CFA.

Job Satisfaction Scale

Job satisfaction is defined as all the feelings that an individual has about his/ her job (Spector, 1997). Job satisfaction

becomes a very important construct in relation to perceived organisational support and well-being measures as all the three have been found to be related to each other in previous studies. The development of the job satisfaction scale was done through item analysis technique where there was to determine which items should be retained, and or removed from the scale. Furthermore, the values of item-reliability and inter-item correlation, as an indicator of convergent validity was also considered for item analysis and are presented in the Table 1.

Table 1: Summary of EFA for Job Satisfaction (JS) Scale

Total Items in the Instrument	Component Loadings	Eigen Values	Inter-Item Average Correlations	Reliability Statistics (Cronbach Alpha)
Items				
JS1	.770	10.523	.623	.889
JS2	.758			
JS4	.780			
JS5	.699			
JS6	.752			
JS23	.557			
JS28	.635			
JS3	.758	2.093	.657	.886
JS11	.757			
JS20	.808			
JS25	.853			
JS26	.846			
JS7	.732	3.389	.347	.882
JS8	.777			
JS10	.611			
JS18	.566			
JS19	.636			
JS33	.743			
JS34	.716			
JS13	.819	1.109	.408	.840
JS14	.825			
JS15	.796			
JS12	.810	1.796	.391	.869
JS16	.784			
JS22	.809			
JS32	.804			
JS21	.694	1.400	.586	.811
JS24	.771			
JS27	.658			
JS9	.691	2.765	.631	.893
JS17	.750			
JS29	.805			
JS30	.794			
JS31	.784			

The job satisfaction scale included 34 items. The EFA was conducted using the method of maximum likelihood extraction and promax rotation with Kaiser Normalisation method so as to estimate these parameters. Furthermore, to ensure the quality of adjustment, the model fit indices were evaluated based on Bollen (1990) and Hu & Bentler (1999). The results of EFA are presented in Table 1. In the same line, due to the inability of the EFA to quantify the goodness-of-fit of the resulting factor structure (Long, 1983), and based on the suggestive recommendations, CFA was performed (DeVellis, 2003; Hinkin, 1995). More so, to ensure this the priori analysis was conducted thoroughly, as appropriate. Therefore, in the case of CFA, a single common factor model and other model (as indicated by EFA) were evaluated and compared. The goodness of fit was evaluated for both and the smaller chi-square value was considered as the indicator of better fit.

Observation of the EFA results in Table 1 reveals that seven factors emerge from the construct of job satisfaction and two from the POS. Since, all the factors within the construct were found to yield the required loadings and the corresponding reliability index of .70 and above, no item was removed from both the constructs (Table 1). The inter-item correlation was also found to be sufficient and hence the convergent validity is achieved. Table 2 presents the factors with sample items on job satisfaction and POS.

The description of the dimension of job satisfaction is presented below and details of factors with sample items on job satisfaction and POS is presented in Table 2:

i. **Job Benefits:** Job benefits may contribute to an employee's stay or intent to leave. This measures includes traits i.e. welfare, personal development (Matelic, 2001); and other benefits support to protégé's from mentors for career offered by the company which enhance the employee's experience to work with the company.

ii. **Intrinsic Factors:** This section refers to evaluating items which are expected to evaluate the factors i.e. freedom to work, achievements etc. (which directly and indirectly affect motivation) and thus, affect job satisfaction of an individual and also influence productivity.

iii. **Management Practices and Policies:** It focuses on attributes i.e. participation in management and policymaking, job security etc. that could indicate which sort of attributes are weighted more from the perception of employees while decisions regarding policy and practices in an organisation are concerned and indicate the impact of their involvement of their satisfaction.

iv. **Relationship within Organisation:** This refers to healthy work environment, which is characterised by the relationship among the staff members and their seniors, which influences the work experience at the organisation as a stress free feeling. The satisfaction of the employee with his organisation and supervisors and work related behaviour is found to contribute to employees work experience and work related behaviour. Strength of employee's attachment and job satisfaction affects his\ her performance so it evaluates it at organisational, supervisor and colleague's level to get a better assessment of job satisfaction.

v. **Nature of Work and Competence:** This measure indicates the traits like utilisation of clinical technologies, working hours, task and competence, etc. which is a critical factor in hospitals and affects work and imparts strain on self and others and influence one's satisfaction by making work exciting and reducing fatal results.

vi. **Concern Factors:** It accounts for the various aspects that are interpreted as aspirational factors; which directly or indirectly influence an individual's expectations from his job status, respect and prestige, etc.

vii. **Resources and Opportunities:** These items scrutinise and consider the manpower, resources and opportunities offered i.e. Shortage of staff, workload and chances for promotion etc.

Table 2: Details of Factors with Sample Items on Each Factor of Job Satisfaction and POS

S. No.	Factors	No. of Items	Sample Items	Inter-Item Average Correlations
Measure of Job Satisfaction				
1	Job Benefits	7	Career Growth Prospect	.623
2	Intrinsic Factors	5	Satisfaction with achievements of your job	.657
3	Management Practices and Policies	7	Participation in Management and Policy making	.347
4	Relationship Within Organisation	3	Relationship with your hospital	.408
5	Nature of Work and Competence	4	Task and your competence	.391
6	Concern Factors	3	Status	.586
7	Resources and Opportunities	5	Lack of specialised training for present work	.631
Measure of Perceived Organisational Support				
1	Positive Perceived Organisational Support (PPOS)	5	My organisation really cares about my well-being.	.519
2	Negative Perceived Organisational Support (PPOS)	3	The organisation would ignore any complaint from me.	.471

In addition, so as to assess the items of their actual fitness under a certain factors emerging out of EFA, confirmatory factor analysis (CFA) was conducted. The results of the CFA with model fit are presented in Table 3. The CFA results produced all the same factors as in EFA. The items finalised under each factors of job satisfaction are in Fig. 2. The model fit indices of JS Scale indicate that Chi-Square value for default model is 145.757 (502) (p=.000), saturated model is .000(0) and for independence model it was found to be 15732.907 (561) (p=.000). As the value for independence model was found to be greater than the default model, it indicates a better model Fit in CFA.

Further, standardised regression weights for most of the indicator variables suggest that they well predict the seven

defined dimensions of job satisfaction. Table 3 also evinces that the Tucker Lewis Index (TLI), Comparative Fit Index (CFI), and Root Mean Square Error of Approximation (RMSEA) are within the specified range of fitness leading the model to be a good fit (e.g., see, Bentler & Bonett, 1980; MacCallum, Browne, & Sugawara, 1996). Further, as the value of TLI obtained is greater than CFI in case of JS scale. Thus, they indicate a better model fit and ensure that approximately appropriate numbers of variables are taken into account. Value of CFI here, also assures of a better incremental fit. The RMSEA indicates here that even with a larger sample and larger number of observed variables the results will fall under good fit.

Table 3: Summary of CFA for Job Satisfaction Scale and POS

Dimension/ Variable	Number of Items	Loading Range	Correlation Range	Model Fit				Cronbach Alpha
				Cmin/ df	TLI	CFI	RMSEA	
JOB SATISFACTION								
JB	7	.53-.85	.314	2.940	.928	.936	.050	.889
IF	5	.67-.85	.222					.886
MPP	7	.58-.78	.316					.882
RWO	3	.72-.84	.136					.840
NWC	4	.72-.88	.098					.869
CF	3	.72-.84	.104					.811
RO	5	.70-.84	.197					.893
PERCEIVED ORGANISATIONAL SUPPORT								
PPOS	5	.35-.67	.261	1.304	.995	.996	.020	.734
NPOS	3	.72-.77	.029					.796

Note: JB=Job Benefits; IF = Intrinsic Factors; MPP= Management Practices and Policies; RWO= Relationship Within Organisation; NWC= Nature of Work and Competence; CF= Concern Factors; RO= Resources and Opportunities; PPOS= Positive POS; NPOS= Negative POS.

In Fig. 2 and 3, the observed variables such as job satisfaction and perceived organisational support (POS) are shown in rectangular boxes and the oval boxes reveal the latent variables. The error terms are considered as latent and are not measured directly.

The uni-directional arrows indicate direct effect. The path diagram indicates recursive result for unobserved exogenous variables. The endogenous variables clearly indicate the error terms. A bi-directional arrow, with error terms, namely, e23 & e28; e3 & e11; e7 & e8 and e33 & e34 respectively indicate a close association among them. Fig. 2, thus, presents the standardised parameter estimates and represents the observed variables and the error terms. The correlation structure between error terms of the CFA are suggested by AMOS and based on the other parameters observed in Table 3, an overall good model fit is achieved.

Perceived Organisational Support

POS refers to employees' perception concerning the extent to which the organisation values their contribution and cares about their well-being (Eisenberg et al., 1986). POS is an important predictor to job satisfaction, which initially leads to positive well-being. As with the job satisfaction scale, the instrument pertaining to POS was also put through item analysis and the values of item-reliability and inter-item correlation, as an indicator of convergent validity for the same, is presented in the Table 4. The inter-item correlation and Cronbach alpha were well within the acceptable limit and hence can be said that it is reliable, based on reliability statistics and has convergent validity. Furthermore, the EFA yielded two factors namely Positive POS and Negative POS. Table 2 presents brief outline of the scale with sample items and a brief description of the dimensions are presented as follows:

- **Positive Perceived Organisational Support (PPOS):** It indicates to the healthy and supportive work environment also characterised by considering the effort and well-being of the employee i. e. The organisation cares about my general satisfaction at work and my organisation shows a great deal of concern for me and appreciates my extra effort, etc. The various attributes oriented towards measuring the organisations concern towards its employees; attention to his\her goals and values and their well-being.

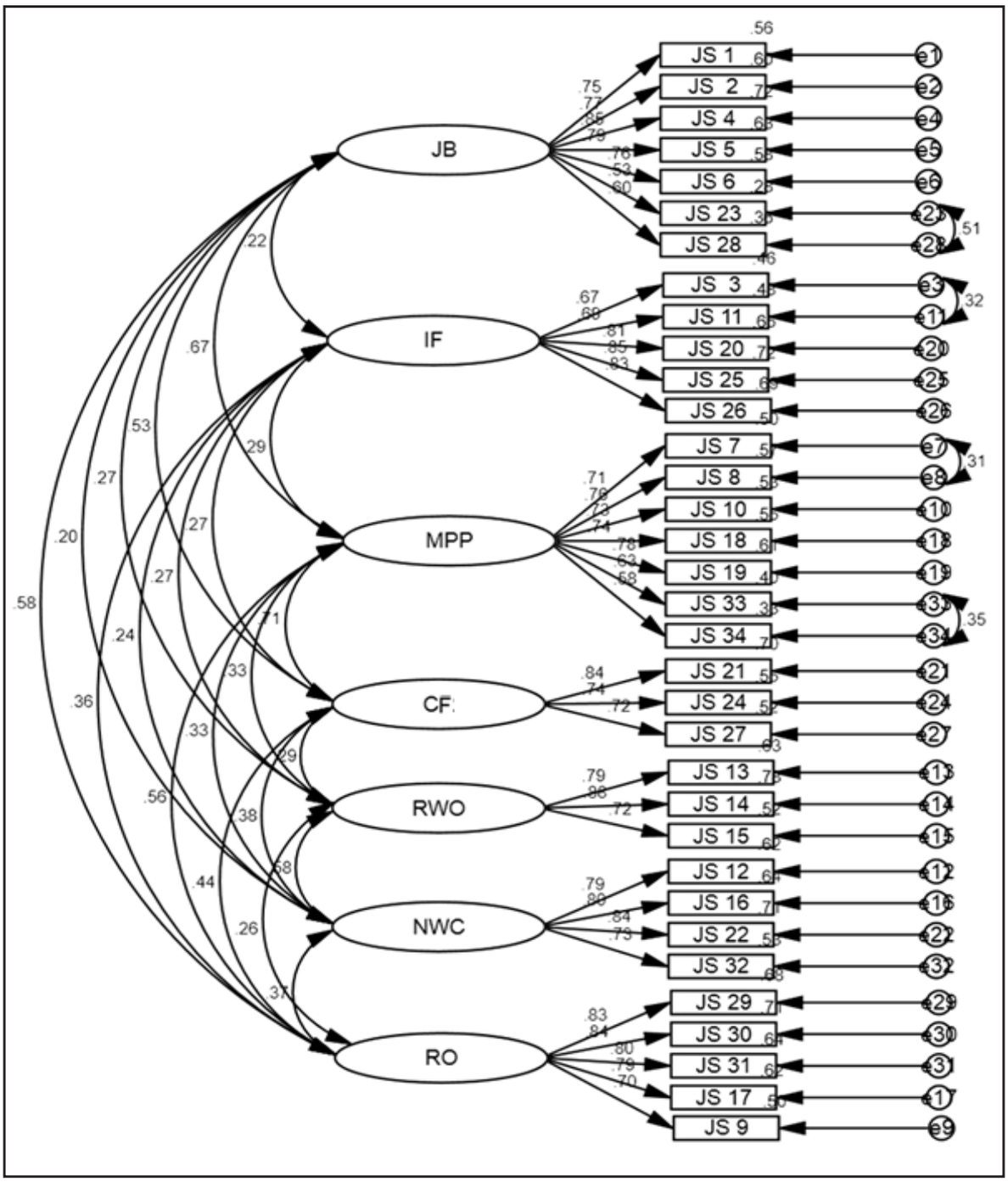

Fig. 2: Confirmatory Factor Analysis of the Measures of Job Satisfaction

Note: JB=Job Benefits; IF = Intrinsic Factors; MPP= Management Practices and Policies; RWO= Relationship Within Organisation; NWC= Nature of Work and Competence; CF= Concern Factors; RO= Resources and Opportunities.

- **Negative Perceived Organisational Support (PPOS):** It scrutinises the support offered by the organisation to its employees and organisation i.e. The organisation would ignore any complaint from me and even if I did the best job possible, the organisation would fail to notice me.

Table 4: Summary of EFA for Perceived Organisational Support (POS) Measure

Total Items in the Instrument Items	Component Loadings	Eigen Values	Inter-Item Average Correlations	Reliability Statistics (Cronbach Alpha)
POS 1	.697	3.351	.519	.734
POS 2	.738			
POS 3	.658			
POS 4	.736			
POS 8	.530			
POS 5	.819	1.255	.471	.796
POS 6	.829			
POS 7	.814			

In addition, so as to assess the items of their actual fitness under a certain factors emerging out of EFA, confirmatory factor analysis (CFA) was conducted. The summary of the CFA on POS with model fit is shown in Table 3. Observation of the CFA results reveals that it produced factors similar to EFA results. In this regard, Fig. 3 presents the items finalised under each factors of POS. Standardised regression weights of POS indicators also suggest that they may predict the two dimensions of POS well. The model fit indices of JS scale indicate that Chi-Square value for default model is 24.785 (19) (p=.168), saturated model it is .000 (0), and for independence model it was 1680.291 (28) (p=.000). As evident from the result, the value for independence model was found to be better than the default model, which indicates a better model fit in CFA.

Table 3 also evinces that the TLI, CFI, and RMSEA are within the confident range of fitness suggesting a good model fit because the value of TLI was found greater than CFI, which also indicates a better model fit and further statistically ensure that appropriate number of variables are taken into account, approximately. Value of CFI assures of a better incremental fit. Besides, the results of RMSEA indicates that even with a larger sample and larger number of observed variables the results fall under good fit. Thus, it may, be concluded that, for POS dimension based on scale analysis, all the variables are good predictor of the construct of POS (Fig. 3).

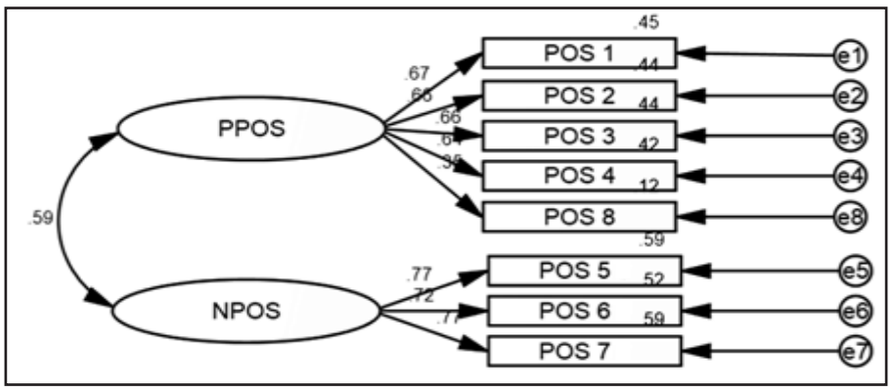

Fig. 3: Confirmatory Factor Analysis of the Measures of POS.

Note: PPOS= Positive POS; NPOS= Negative POS.

The arrow between the exogenous and dependent variables clearly indicates the presence of direct effect among them. However, no indirect effect was observed in case of this path diagram (Fig. 3).

Relationship between Job Satisfaction, POS and Well-being

One of the objectives of the study was to examine the relationship of job satisfaction, POS and well-being among doctors and paramedical staff of both government and private hospitals. The results of correlation (Table 5) reveal that there is a positive relationship of Job satisfaction with POS (r=.55), and well-being (r=.191). Similarly, the construct of POS was also found to be positively related to well-being (r=.225). It has been reported in several studies that all the three measures, namely well-being, POS, and job satisfaction are positively related and if there is any change in one of the measure it contributes to the other two in similar fashion (e.g., see, Eisenberger, Cummings, Armeli, &

Lynch, 1997; Rhoades & Eisenberger, 2002). The results are in consonance to earlier findings in different work domain and suggest that the same is also true for the health sector.

The inter-correlation results of the factors extracted in job satisfaction scale indicates a significant relationship between all the factors in job satisfaction. The inter-correlation results of factors extracted from POS scale, further reveals, similar to the job satisfaction scale, that all the factors of POS is significantly related to each of its dimensions, that is, NPOS and PPOS that is important for considering the reliability of the scale.

The correlation matrix produced for job satisfaction (JS), perceived organisational support (POS), and well-being (WB) reveals that in case of government medical staff, a fair correlation among JS and POS (r=.303). Its credibility among the medical staff was affirmed by a strong correlation among the two for private employees (r =.533), while exhibiting significant and positive correlation with the measures of POS (r =.219) and Well-being (r=.221). Moreover, for government paramedical staff statistically significant correlation was found between JS and POS (r=.184). Private paramedical healthcare providers substantiated the same via reconstituting a strong correlation amongst two (r=.509); accompanied by correlation among POS and well-being (r=.200). Thus, the results of correlation matrix indicated positive correlation among the above-mentioned variables, proposing a proportional relationship among them. Majority of the correlations were found to be positive, however, many of them were not significantly different from zero. An exception appeared among correlation between job satisfaction and well-being of medical employees belonging to government organisations, which was found to be modest and negatively correlated.

Further, to assess the difference between the experience of job satisfaction, perceived organisational support and well-being among type of job (medical (doctors) and paramedical staff) belonging to two type of work settings, namely, government and private hospitals. For assessing this difference, a 2 (type of hospital) x2 (type of job- medical and paramedical staff) factorial analysis of variance (ANOVA) was conducted on the dimensions of job satisfaction, POS and the measure of well-being. The mean table corresponding to the 2x2 factorial ANOVA on various factors of job satisfaction and POS along with well-being measure is presented in Table 5. The comprehensive summary of ANOVA table is presented in Appendix.

Table 5: Means and Standard Deviation (SD) of Types of Hospitals and Job on the Measures of Job Satisfaction, POS and Well-being (N=778)

Type of Hospital→		**Government**			**Private**			**Total**		
Type of job →		**Med**	**Paramed**	**Total**	**Med**	**Paramed**	**Total**	**Med**	**Paramed**	**Total**
N → **↓Job Factor**		**183**	**273**	**456**	**151**	**171**	**322**	**334**	**444**	**778**
JB	**Mean**	18.6	23.38	21.46	18.78	20.26	19.57	18.68	22.18	20.67
	SD	4.248	4.3	4.876	4.308	3.952	4.182	4.27	4.433	4.692
IF	**Mean**	20.14	22.05	21.28	19.87	20.96	20.45	20.02	21.63	20.94
	SD	3.911	4.563	4.409	3.95	4.137	4.081	3.925	4.431	4.293
MPP	**Mean**	13.93	14.6	14.33	13.85	14.5	14.19	13.89	14.56	14.27
	SD	2.937	3.93	3.577	2.905	3.185	3.069	2.918	3.658	3.375
RWO	**Mean**	9.18	9.38	9.3	9.05	9.74	9.42	9.12	9.52	9.35
	SD	1.968	1.963	1.965	1.85	1.98	1.948	1.914	1.976	1.958
NWC	**Mean**	11.14	11.64	11.44	11.28	12.14	11.74	11.2	11.83	11.56
	SD	2.397	2.896	2.715	2.384	2.831	2.662	2.388	2.878	2.696
CF	**Mean**	8.32	9.19	8.84	8.41	8.98	8.71	8.36	9.11	8.79
	SD	1.89	2.255	2.156	1.852	1.782	1.834	1.871	2.086	2.029
RO	**Mean**	12.42	14.88	13.89	12.42	14.09	13.31	12.42	14.57	13.65
	SD	3.035	4.136	3.92	2.899	3.618	3.399	2.97	3.959	3.722
Positive POS	**Mean**	13.75	15.18	14.61	14.21	15.01	14.64	13.96	15.11	14.62
	SD	2.581	2.65	2.712	1.958	2.423	2.25	2.328	2.563	2.53
Negative POS	**Mean**	8.18	9.14	8.75	8.49	8.62	8.56	8.32	8.94	8.67
	SD	1.793	2.144	2.063	1.608	2.109	1.889	1.716	2.143	1.994
Well-being	Mean	11.07	13.70	12.64	10.96	13.32	12.21	11.02	13.55	12.47
	SD	5.140	4.201	4.772	4.811	4.369	4.724	4.987	4.265	4.754

Note: Abbreviations of variables- JB=Job Benefits; IF= Intrinsic Factors; MPP= Management Practices and Policies; RWO= Relationship within Organisation; NWC= Nature of Work and Competence; CF= Concern Factors; RO= Resources and Opportunities; PPOS= Positive POS; NPOS= Negative POS.

The results of the ANOVA, as shown in Table 5 (means and standard deviations), on the job benefits dimension of job satisfaction reveal that the main effect of hospital type was significant (F(1, 774) = 22.44, p<.01). Further, it was also found that government hospital staff (M=21.46) were more satisfied with the job benefits than their private hospital counterparts (M= 19.57). Similarly, the results also reveal a significant main effect of job type (F(1, 774) = 102.049, p<.01) where in paramedical staff (M=22.18) reported better satisfaction in terms of job benefits than their medical counterparts (M= 18.68). In addition, it was also found that interaction effect (F(1, 774) = 28.481; p<.01) was also significant. The result of the interaction effect is shown in Figure 4. Going by the results, it seems, on an average, that government employees are more satisfied with job benefits than private hospital employees and paramedic staff was more satisfied than the medical staff.

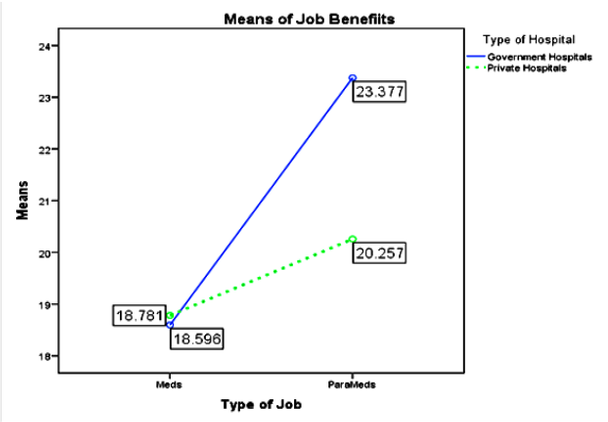

Fig. 4: Interaction Effect of Type of Hospital and Type of Job on Job benefits (N= 778)

The result seems to indicate the strength of government sectors in this regard, which is perceived to pay better in terms of job benefits and other measures as included in the satisfaction scale, than the private hospitals. This may have been one reason for this result. On the similar line, it seems that the attention received by the paramedical staff is more than the medical staff across sectors and hence they may have reflected it on this dimension.

On intrinsic factor dimension of job satisfaction, the main effect of, both, type of hospital (F (1, 774) = 4.772; p<.01) and job type (F (1, 774) = 23.486; p<.01) were found to be significant. However, no interaction effect of hospital type and job type could be statistically established. Further, the mean shown in Table 5 evinces that the government hospital staff (M= 21.28) were feeling more intrinsically satisfied than the private hospital staff (M=20.45). In the same manner the paramedical staff (M= 21.02) scored higher on the intrinsic factor of job satisfaction than the medical staffs (M=21.63).

The results for management practices and policies revealed that the main effect of the type of job (F (1,774) = 7.099; p<01). However, no statistically significant difference was revealed on the main effect of hospital type and interaction effect. Nonetheless, the mean (Table 5) evinces slightly higher satisfaction for the government employees (M= 14.33) than the private employees (M=14.19). On the other hand, paramedical staff (M=14.56) scored higher than the medical staff (M=13.89) on this dimension of job satisfaction. Thus, as indicated through the results the government hospital employees are a bit more satisfied with the management practices and policies than private hospital employees along with paramedical staffs showing higher satisfaction on the same, across hospital setting.

Similar to the results of management practices and policies, it was found that the main effect of job type (F (1, 774) =9.605; p<01) was significant on the factor, namely, relationship within organisation. However, difference between the type of hospital and the interaction between hospital and job type was statistically absent. Though, mean (Table 5) shows a higher satisfaction for private employees (M=9.42) than their government counterpart (M=9.3), it seems that the experience of satisfaction on the dimension of relationship within organisation was similar across respondents of either hospital type. In addition, comparatively greater satisfaction was observed among the paramedical staff (M=9.52) than the medical Staff (M=9.12).

The fifth factor on job satisfaction construct was found to be nature of work and competence. Results of ANOVA for nature of work and competence exhibited that the main effect of job type (F(1,774) =12.078; p<01) was statistically significant. However, no statistically significant difference was found between respondents of different type of hospital, on one hand, and no significant interaction effect between hospital and job type could be established, on the other. Moreover, the mean (Table 6) evidences greater satisfaction among the paramedical staff (M=11.83) than the medical staff (M=11.2). In the same line, the results depict a slight difference on satisfaction between the government (M=11.44) and private (M=11.74) hospital respondents on the dimension, namely, nature of work and competence where private employees scored better.

ANOVA results for concern factors, the sixth factor of job satisfaction, evidences that the main effect of the type of job (F (1,774) = 23.996; p<01) was significant. But, the main effect of hospital and the interaction effect were not found to be significant. In addition, the mean (Table 6) reveals higher satisfaction on the factor among the paramedical staff (M=9.11) than the medical staff (M=8.36). Furthermore, mean (Table 5) reflects a marginally higher satisfaction perceived from government employees (M=8.84) than their private sector employees (M=8.71).

In the same line, study of the results pertaining to resources and opportunities factor of job satisfaction indicates a

significant effect of type of job (F(1,774) =62.037; p<01), as revealed by the respondents. However, the main effect of hospital type and the interaction of job and hospital type were not found to be significant. As in many other factors, the paramedical staff (M=14.57) scored higher on the factor, namely, resource and opportunities than the medical staff (M=12.42) counterparts (Table 5). Besides, the mean (Table 5) also indicates that the government healthcare staff (M=13.89) scored slightly higher on the same factor than the private healthcare staff (M=13.31).

Table 6: Means and standard Deviation (SD) of Types of Hospitals and Job on Job Satisfaction, POS and Well-being (N=778)

Type of Hospital→		Government			Private			Total		
Type of job →		Med	Paramed	Total	Med	Paramed	Total	Med	Paramed	Total
N → ↓Job Factor		183	151	334	273	171	444	456	322	778
JS	Mean	93.73	93.67	93.7	105.11	100.67	103.4	100.54	97.39	99.24
	SD	16.638	14.001	15.479	14.613	12.607	14.028	16.42	13.712	15.426
POS	Mean	21.93	22.7	22.28	24.32	23.63	24.05	23.36	23.2	23.29
	SD	3.839	2.943	3.479	4.044	3.808	3.964	4.128	3.456	3.863
Well-being	Mean	11.07	13.70	12.64	10.96	13.32	12.21	11.02	13.55	12.47
	SD	5.140	4.201	4.772	4.811	4.369	4.724	4.987	4.265	4.754

Moreover, when the ANOVA was performed for overall job satisfaction (Table 6), the score evinces that the main effect of type of job (F (1,774) =73.458, p< .01) as well as type of hospital (F (1,774) =4.410, p< .01) was significant. Similarly, interaction effect (Fig. 5) was also found to be significant (F (1,774) =4.187, p< .01). Observation of the mean (Table 6) reveals that the satisfaction was found higher in private hospital medical employees (M=105.11) than the government hospital medical employees (M=93.7). In the same line, medical staff (M=103.4) scored higher than paramedical staff (M=93.67).

In addition, interaction effect was also found to be significant for job satisfaction (composite score) (F (1,774) =4.187, p< .01). In this regard, the mean score in Table 6 reveals that the private sector health service providers of all categories are comparatively more satisfied with their job than their government sector counterparts indicating the strength of private sector regarding job satisfaction and its associated attributes as reflected in this dimension. Literature, in this regard, has most commonly associated it with the fact that private sector faces more employee migration issues and in order to deal with them they comparatively pay more attention towards the attributes, which improves job satisfaction.

The study also intended to examine the difference between the type of hospitals and job on two factors of POS, namely, Positive Perceived Organisational Support (PPOS) and Negative Perceived Organisational Support (NPOS). The results of 2x2 factorial ANOVA is presented below. The mean corresponding to the ANOVA results are presented in Table 5.

Fig. 5: Interaction Effect of Type of Hospital and Type of Job on Job Satisfaction (N= 778)

The first factor of POS was PPOS. The ANOVA results, in this regard, shows that the main job type (F(1,774) =37.9738; p<01) was found significant. However, the main effect of the type of hospital was not significant. Furthermore, no statistically significant interaction effect could be found, in this regard. The mean (Table 5) indicated better perception of organisational support by the paramedical staff (M=30.19) than their medical staff (M=27.96) counterparts. Further, a slightly higher score on PPOS was recorded by the private employees (M=14.64) than the government health sector employees (M=14.61). This seems to indicate that the paramedical staff is more satisfied with the organisational support provided to them in various forms and thus score higher than the medical (doctors) staff.

The results of the ANOVA on the Negative Perceived Organisational support of POS indicate, a significant difference between the type of jobs (F (1,774) = 14.254; p<01), that is, the medical staff and the paramedical staff

across hospital types. Furthermore, a statistically significant interaction was also observed between the type of hospital and job (F (1,774 = 8.266; p<01) on the dependent variable, namely, NPOS. However, the main effect of hospital type was not significant. Besides, negative perception of organisational support, as revealed by the means (Table 5), was found to be slightly greater for government healthcare employees (M=8.75) than their private counterparts (M=8.56). Interestingly, observation of means reveals that negative perception of organisational support is more prevalent among the paramedical staff (M=8.94) than the doctors or medical staff (M= 8.32). The answer in this regard lies in the way type of hospital and jobs interacted with each other. The interaction effect (Fig. 6) reveals that the paramedical staff working in government hospitals (M= 9.14) revealed high level of negative perception on the kind of organisational support being extended by their hospitals management (here the government). In contrast, the private hospital paramedical staff (M=8.62) scored quite lower on the scale than the government paramedical staff. This seems to indicate that the private hospital setup was able to provide better support than the government hospital management. Similarly, the results in Fig. 6 also shows that government doctors or medical staff (M= 8.18) perceived the organisational support more positively than their private hospital counterparts (M= 8.49), who perceived the support more negatively than the government medical staff. Thus, this kind of result seems to have emerged due to the kind of interaction is observed between the type of hospital and the type of job (the two independent variables).

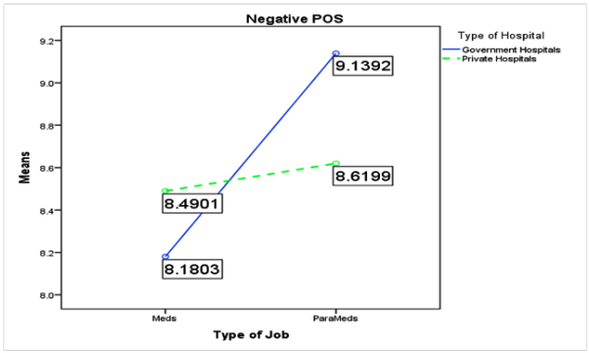

Fig. 6: Interaction Effect of Type of Hospital and Type of Job on Negative POS (N= 778)

The results of ANOVA for POS indicated that the main effect was found to be significant for type of job (F (1,774) =36.242, p< .01) and the interaction effect was also found significant (F (1,774) =7.013, p< .01). Furthermore, the mean (Table 5) clearly indicates that the private hospital employees scored more for perceived organisational support scored than their government counterpart. It was also exhibited that medical staff (M=23.36) scored more than paramedical staff (M=23.2).

Further, when well-being was considered as dependent variable, the ANOVA results reveal that the main effect of type of job (F (1,774) = 54.580, p<01) is significant. However, neither the main effect of type of hospital, nor the interaction effect was found to be significant. Besides, the means reveals comparatively higher perceived well-being (Table 5) among paramedical staff (M=13.55) than the medical staff (M=11.02). In addition, the results in the mean (Table 6), further reveals that well-being of government sector staff (M=12.64) was perceived slightly greater than those of private sector staff (M=12.21).

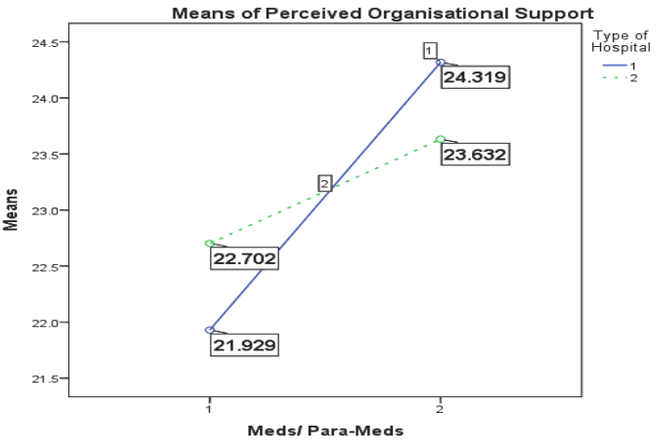

Fig. 7: Interaction Effect of Type of Hospital and Type of Job on POS (N= 778)

The study proceeded with various hypotheses and the results of the study have provided enough evidence to accept the hypothesis. The *a-priori* for CFA as hypothesised above has been "Accepted", as indicated by the regression weights mentioned in the results of CFA, which is also indicated in SEM graph and results of model Fit. The results of correlation and ANOVA further emphasises the same.

The primary findings of descriptive and other statistical results revealed the presence of correlation among the measures; JS, POS, and well-being indicating a change in one variable (positive or negative) might bring a change in the other. One of the significant findings of the study indicated an association between JS and POS. The results, however, raise a concern for government hospitals because compared to government hospitals the relationship was more substantial for private hospital employees. It might be concomitant as the private setups have better ambiance, probably because they aim to lure patients towards themselves in spite of higher fees. The results are consistent with the previous studies, which indicates that better working environment and job satisfaction are closely consociated with each other (Patrick, 2000; Chaudhury & Bannerjee, 2004; Shakir, Ghazali, Shah, Zaidi, & Tahir, 2007; Longo & Sherman, 2007; Madaan, 2008).

Across the studies, literature on healthcare employees have emphasised on demanding, support expecting and unpredictable nature of job at hospital settings makes it susceptible to eudaemonia, which affects job satisfaction of the employees working in healthcare setup. Given the findings, the study evinces a slightly negative correlation between JS and WB among the medical staff of government hospitals. Few previous studies have related it with the pressure upon them due to their higher workloads and uncertain working hours with compromised and withering resources (Van Wijk & Kolk, 1997).

This study also pointed out, a fair correlation for WB and POS and strong correlation for JS. A study conducted by Pal (*n.d*.) on Norwegian and Indian nurses indicated a negative and significant correlation between job stress and social support. Similarly, research by Bourbonnais, Comeau, Vezina, and Guylaine (1998) has associated it with social support by suggesting its positive influence on one's sense of well-being. The results of this study also expressed a comparatively stronger association among WB and POS for private hospitals.The association of WB and JS was supported by earlier works of Freeborn (2000).

Similar results have also been indicated in previous studies (e.g., see, Eisenberger *et al*., 1997). However, most of the previous studies, in health sector taking type of hospital and job designation, have been conducted in west and have shown to yield similar results (Spector, 1997). Besides, the Indian context of these relationships has also been found to be positive (Peters, Chakraborty, Mahapatra, & Steinhardt, 2010). It has been established that attitude towards job is facilitated by the intent of the organisation to present its staff with adequate facilities, in form of opportunities, working environments, welfare measures, perks and privileges etc., which in turn enhances the well-being of the employee when these factors (in form of organisational support) are perceived as positive (Eisenberger *et al*., 1997).

CONCLUSION

The validation of factorial structure was performed in multiple steps including ensuring the accuracy of latent constructs. The basic model was finalised after comparing them with alternatives and goodness of fit. Exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) were used for confirming the latent constructs structure. The CFA confirmed that a relationship between the observed variables and their underlying latent constructs exists. Thus, assuring that the EFA provided a credible rationale towards the factorial structure of JS and POS where the observed and latent constructs were found accurate, it led to the acceptance of the entire hypothesis constructed, in this regard.

This study is important in the sense that it gives generalised information about job satisfaction, perceived organisational support, and well-being. The findings related to the hypothesis accentuate the presence of strong relationship among the job satisfaction, perceived organisational support, and well-being. Considering the findings of this study, the results support the contention that higher perceived organisational support between people working in the different departments of hospitals might have a positive effect on job satisfaction. Thus, the study indicates that a proactive approach towards POS and well-being could produce fruitful outcomes regarding the job satisfaction of the employees and vice-verse. Thus, establishing the understanding of one domain is incomplete without due consideration of the other domains.

Significant difference between designations was observed on almost all the measures of job satisfaction, POS, and well-being. Job benefits were more satisfying for the paramedical staff then the medical staff in hospital settings and government setups posed more intriguing to its employees than the private sector for its employees. Another important finding from this study which can be important for hospital administrators (government and private) is that it ponders a way to strengthen the job satisfaction of their employees via using POS and well-being as they are the variables significantly accounting for a way to create changes in job satisfaction.

In addition, the present study might have significant implications for Indian healthcare setups. The policy changes and inflow of cash into the industry is the beginning of changes for betterment in the industry. The private hospitals generally offer multiple speciality and the government hospitals can afford better medical technology. Thus, indicating that job satisfaction, perceived organisational support, and well-being should be considered more sincerely in health sector and foresee a better future for the sector.

REFERENCES

Alderfer, C. P. (1972). *Existence, relatedness, and growth: Human needs in organizational settings.* New York: The Free Press.

Aust, B., Rugulies R., Skakon, J., Scherjer, T., & Jensen, C. (2006). Psychosocial work environment of hospital workers: validation of a comprehensive assessment scale. *International Journal of Nursing Studies,* 44, 814-825.

Bathia, N., Kishore, J., Anand, T., & Jiloha, R. C. (2010). Occupational stress amongst nurses of two tertiary care hospitals in Delhi. *Academy of Management Journal,* 3, 11-731.

Bentler, P. M., & Bonett, D. G. (1980). Significance tests and goodness-of-fit in the analysis of covariance structures. *Psychological Bulletin,* 88, 588-600.

Bollen, K. A. (1990). A comment on model evaluation and modification. *Multivariate Behavioral Research,* 25, 181-185.

Bourbonnais, R., Comeau, M., Vezina, M., & Guylaine, D. (1998). Job strain, Psychological distress, and burnout in nurses. *American Journal of Industrial Medicine*, 24, 20-28.

Brown, J. D. (2009). Statistics Corner: Questions and answers about language testing statistics: Choosing the right number of components or factors in PCA and EFA. Shiken: *JALT Testing & Evaluation SIG Newsletter*, 13(2), 19-23.

Chaudhury, S., & Bannerjee, A. (2004). Correlates of job satisfaction in medical officers. *Med J Armed Forces India,* 60, 329-32.

Child, J. (1972). Organization Structure and strategies of control: A replication of Asian study. *Administrative Science Quarterly*, 17, 163-76.

Couger, J. D., & Zawacki, R. A. (1980). *Motivating and managing computer personnel*. New York: Wiley.

Cudeck, R., & O'Dell, L. L. (1994). Applications of standard error estimates in unrestricted factor analysis: Significance tests for factor loadings and correlations. *Psychological Bulletin*, 115, 475-487.

Davidson, M. J., & Cooper, C. L. (1992). *Shattering the glass ceiling: The woman manager*. London: Paul Chapman Publishing.

DeVellis, R. F. (2003). *Scale development: Theory and application* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Eisenberg, J. M. (1986). *Doctors' decisions and the cost of medical care: the reasons for doctors' practice patterns and ways to change them*. Ann Arbor, MI: Health Administration Press.

Eisenberger, R., Cummings, J., Armeli, S., & Lynch, P. (1997). Perceived organizational support, discretionary treatment, and job satisfaction. *Journal of Applied Psychology,* 82, 812-820.

Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology,* 71, 500-507.

Finch, J. F., & West, S. G. (1997). The investigation of personality structure: Statistical models. *Journal of Research in Personality*, 31(4), 439-485.

Freeborn, D. K. (2000). Satisfaction, commitment, and psychological well-being among HMO physicians. *Permanent J*, 2, 22-30.

Garland, R. (1991). Point on a Rating Scale: Is it Desirable? *Marketing Bulletin*, 2, 66-70.

Gershon, R. R. M., Stone, P. W., Zeltser, M., Faucett, J., Macdavitt, K., & Chou, S. S. (2007). Organizational Climate and Nurse Health Outcomes in the United States: A Systematic Review. *Industrial Health,* 45, 622-636.

Glasdstein, D. L. (1984). Groups in context: A model of task group effectiveness. *Administrative Science Quarterly*, 29, 499-517.

Glisson, C., & Durick, M. (1988). Predictors of job satisfaction and organization commitment in human service organizations. *Administrative Science Quarterly,* 33, 61-81.

Gorji, H. A., Etemadi, M., & Hoseini, F. (2014). Perceived organizational support and job involvement in the Iranian healthcare system: A case study of emergency room nurses in general hospitals. *Journal of education and health promotion*, 3, 58.

Harmon, J., Scotti, D. J., Behson, S. J., Farias, G., Petzel, R., Neuman, J. H., & Keashly, L. (2003). The impacts of high-involvement work systems on staff satisfaction and service costs in veterans' healthcare. *Academy of Management Proceedings*, 1-6.

Herzberg F.W., Mausner, B., & Snyderman, B. (1957). *The Motivation to Work.* New York: Wiley.

Hinkin, T. R. (1995). A review of scale development practices in the study of organizations. *Journal of Management,* 2, 967-988.

Hu, L. T., & Bentler, P. (1999). Cutoff criteria for fit indexes in co- variance structure analysis: Coventional criteria versus new alternatives. *Structural Equation Modelling,* 6, 1-55.

Janssen, P. P. M., De Jonge, J., & Bakker, A. B. (1999). Specific determinants of intrinsic work motivation, burnout and turnover intentions: A study among nurses. *Journal of Advanced Nursing*, 29, 1360-1369.

Kaiser, H. F. (1960). The application of electronic computers to factor analysis. *Educational and Psychological Measurement,* 20, 141-151.

Kammerlind, P., Dahlgaard, J. J., & Rutberg, H. (2004). Climate for improvement and the effects on performance in Swedish healthcare - A survey in the county council of Östergötland. *Total Quality Management & Business Excellence*, 15(7), 909-924.

Karasek, R. (1990). Lower health risk with increased job control among white collar workers. *Journal of Organizational Behavior*, 11(3), 171-185.

Linn, L. S., Brook, R. H., Clark V. A., Davies A. R., Fink A., & Kosecoff, J. (1985). Physician and patient satisfaction as factors related to the organization of internal medicine group practices. *Medical Care*, 23, 1171-1178.

Locke, E. A. (1976). The nature and causes of job satisfaction. *Handbook of Industrial and Organizational Psychology*, 1, 1297-1343.

Long, J. S. (1983). *Confirmatory factor analysis.* Beverly Hills: Sage Publications.

Longo, J., & Sherman, R.O. (2007). Levelling horizontal violence. *Nursing Management,* 38(3), 34-37.

MacCallum, R. C., Browne, M. W., & Sugawara, H. M. (1996). Power analysis and determination of sample

size for covariance structure modelling. *Psychological Methods*, 1, 130-149.

Madaan N.(2008). Job satisfaction among doctors in a tertiary care teaching hospital. *JK Science, 10*, 81-3.

March , J. G., & Simaon, H. A. (1958). *Organizations*. New York*:* Wiley.

Maslow A. H. (1943). Theory of Human Motivation. *Psychological Review*, 50, 370-396.

Matelic, C. T. (2001). Mentoring Tradition: What research tells us about meaning of mentoring? *Museum News*, 80(6), 44-49.

Mowday, R. T., Porter, L., & Steers, R. (1982). *Employee-organization linkages: the psychology of commitment, absenteeism and Turnover.* New York. Academic press.

Murrells T., Clinton M., & Robinson S. (2005). Job satisfaction in nursing: Validation of a new instrument for the UK. *Journal of Nursing Management,* 13(4), 296-311.

NIOSH (2008). *Exposure to stress Occupational hazards in Hospitals* (July). Department of Health and Human Services, NIOSH. Retrieved from https://www.cdc.gov/niosh/docs/2008-136/pdfs/2008-136.pdf.

Norris, M., & Lecavalier, L. (2009). Evaluating the Use of Exploratory Factor Analysis in Developmental Disability Psychological Research. *Journal of Autism and Developmental Disorders*, 40(1), 8-20.

O'Lauglin, M. E., & Bischoff, G. L. (2005). Balancing Parenthood and Academia: Work/Family Stress as Influenced by Gender and Tenure Status. *Journal of Family Issues,* 26, 79-106.

Pal, S. (n.d.). Predictors of Job Stress and Job satisfaction among Indian and Norwegian Nurses. Retrieved from http://www.aomevents.com/media/files/ CWFC%20 2013/Abstracts/FULL%20PAPERS/Suchitra%20Pal%20-%20Final%20paper.pdf.

Patrick, S. (2000). Managers shoulder burden of retaining staff. Retrieved from http://www. bizjournals.com/dallas/stories/2000/08/14/story7.html

Peters, D. H., Chakraborty, S., Mahapatra, P., & Steinhardt, L. (2010). Job satisfaction and motivation of health workers in public and private sectors: cross-sectional analysis from two Indian states. *Human Resources for Health*, 8(1), 1.

Porkodi, S. (2010). *Patient care Services and Hospitals.* Excel Books, New Delhi.

Puddester D. (2001). The Canadian Medical Association's policy on physician health and wellbeing. *Western Journal of Medicine*, 174(1), 5-7.

Rhoades, L, & Eisenberger, R. (2002). Perceived organizational support: A review of the literature. *Journal of Applied Psychology,* 87, 698-714.

Shakir, S, Ghazali, A, Shah, IA, Zaidi, SA, & Tahir, MH. (2007). Job satisfaction among doctors working at teaching hospital of Bahawalpur, Pakistan. *J Ayub Med Coll Abbottabad*; *19*, 42-5.

Sharma, R. D., & Chahal, H. (1995). Patient satisfaction in public healthcare system - A case study. *The Indian Journal of Social Work,* 56(4).

Spector, P. E. (1997). *Job Satisfaction: Application, Assessment, Causes, and Consequences*. London: Sage Publications.

Stevens, J. (1986). *Applied multivariate statistics for the social sciences.* Hillsdale, NJ: Lawrence Erlbaum Associates.

Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate statistics* (5th ed.). Upper Saddle River, NJ: Pearson Allyn & Bacon.

Timmreck, T. (2001). Managing motivation and developing job satisfaction in the healthcare work environment. *The Health Care Manager,* 20, 42-58.

Tyler, P. A., Carroll, D., & Cunningham, S. E. (1991). Stress and well-being in nurses: a comparison of the public and private sectors. *International Journal of Nursing Studies*. 28(2), 125-30.

Ulwelling J. J., & Christensen J. F. (2001). Northwest Center for Physician Well-Being. *Western Journal of Medicine,* 174(1), 7-73.

Van Wijk, C. M. G., & Kolk, A. M. (1997). Sex differences in physical symptoms: the contribution of symptom perception theory. *Social science & medicine*, 45(2), 231-246.

Verma, S. K., & Verma, A. (1989). *Manual for PGI General Well-Being Measure*. Agra: NPC.

Yamey, G., & Wilkes, M. (2001). Promoting wellbeing among doctors: We should move away from a disease model and focus on positive functioning. *British Medical Journal*, 322 (7281), 252-253.

Zangaro G. A., & Johantgen M. (2009). Registered nurses job satisfaction in Navy hospitals. *Military Medicine*, 174 (1), 76-81.

APPENDIX 1

Table A1: Table: Summary of ANOVA of types of hospitals and type of Job on the measures of Job Satisfaction, POS and Well-being (N=778)

S. No.	Dependent Variable	Source	Sum of Squares	df	Mean Square	F	Sig.
1	Job benefits	Type of Hospital	398.614	1	398.614	22.437**	.000
		Med Para Med	1812.972	1	1812.972	102.049**	.000
		Type of Hospital * Med Para Med	505.991	1	505.991	28.481**	.000
		Error	13750.682	774	17.766		
2	Intrinsic Factors	Type of Hospital	84.459	1	84.459	4.772*	.029
		Med Para Med	415.674	1	415.674	23.486**	.000
		Type of Hospital * Med Para Med	30.739	1	30.739	1.737	.188
		Error	13699.086	774	17.699		
3	Management Practices and Policies	Type of Hospital	1.521	1	1.521	.134	.714
		Med Para Med	80.369	1	80.369	7.099**	.008
		Type of Hospital * Med Para Med	.016	1	.016	.001	.970
		Error	8761.999	774	11.320		
4.	Relationship within Organisation	Type of Hospital	2.624	1	2.624	.692	.406
		Med Para Med	36.401	1	36.401	9.605**	.002
		Type of Hospital * Med Para Med	11.242	1	11.242	2.966	.085
		Error	2933.443	774	3.790		
5	Nature of Work and Competence	Type of Hospital	19.016	1	19.016	2.656	.104
		Med Para Med	86.473	1	86.473	12.078**	.001
		Type of Hospital * Med Para Med	5.927	1	5.927	.828	.363
		Error	5541.355	774	7.159		
6	Concern Factors	Type of Hospital	.775	1	.775	.194	.660
		Med Para Med	95.709	1	95.709	23.996**	.000
		Type of Hospital * Med Para Med	4.328	1	4.328	1.085	.298
		Error	3087.138	774	3.989		
7	Resources and Opportunities	Type of Hospital	28.774	1	28.774	2.269	.132
		Med Para Med	786.779	1	786.779	62.037**	.000
		Type of Hospital * Med Para Med	29.225	1	29.225	2.304	.129
		Error	9816.170	774	12.682		
8	Positive Perceived Organisational Support	Type of Hospital	4.043	1	4.043	.666	.415
		Med Para Med	230.378	1	230.378	37.973**	.000
		Type of Hospital * Med Para Med	18.440	1	18.440	3.039	.082
		Error	4695.837	774	6.067		
9	Negative Perceived Organisational Support	Type of Hospital	2.034	1	2.034	.528	.468
		Med Para Med	54.877	1	54.877	14.254**	.000
		Type of Hospital * Med Para Med	31.824	1	31.824	8.266**	.004
		Error	2979.787	774	3.850		
10	Well-being	Type of Hospital	10.896	1	10.896	.517	.473
		Med Para Med	1151.185	1	1151.185	54.580**	.000
		Type of Hospital * Med Para Med	3.216	1	3.216	.152	.696
		Error	16324.914	774	21.092		

*Significant at 0.05 level; **Significant at 0.01 level