A Study of the Workplace Attitudes of Professional and Nonprofessional Staff in the Ambulatory Care Setting

Britton John Lui
St. John Fisher College

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A Study of the Workplace Attitudes of Professional and Nonprofessional Staff in the Ambulatory Care Setting

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A Study of the Workplace Attitudes
of Professional and Nonprofessional Staff in the Ambulatory Care Setting

By Britton John Lui

A Capstone Project Submitted to the Department of Human Resource Development
in Partial Fulfillment of the Requirements for the Degree of Master of Science

St. John Fisher College ~ Rochester, NY

April, 2005
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Abstract

This study examined 439 employees in the ambulatory care facility of a large, academic medical center. It specifically examined differences in the workplace attitudes of professional and nonprofessional staff. Multidimensional measures of satisfaction and organizational citizenship behaviors were used, along with a measure of affective organizational commitment. Primary results suggest that professional (licensed) staff are more satisfied, more committed, and more likely to express organizational citizenship behaviors than are nonprofessional (unlicensed) staff. Secondary results suggest that professional licensure is correlated with satisfaction and organizational commitment and that the two constructs are potentially correlated with each other. Both satisfaction and organizational commitment are also highly correlated with organizational citizenship behaviors. These results suggest a potential model between the three constructs examined. Implications for future research and practice are provided.
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Chapter 1: Introduction

Managers should recognize the value of having happy, loyal employees who contribute to the overall effectiveness of an organization. This is particularly vital in healthcare and other service industries, where service to others is of primary importance. Without satisfied employees, it may be difficult to get satisfied customers. In healthcare organizations specifically, the attitudes of employees can oft times outweigh the technical savvy of the organization.

Human resource development practitioners realize the importance of the strategic development of their talent. Human resource development professionals spend their careers convincing organizations that their employees are their principal asset and are worth investment. One way to understand what our employees think and what motivates them to action, whether beneficial or detrimental to the organization, is through assessment and management of human resource policies and strategies aimed at enhancing workplace attitudes.

Three constructs commonly used in examining workplace attitudes in organizations include satisfaction, commitment, and organizational citizenship. Satisfaction can be defined as an overarching feeling of contentment with work performed. Commitment can be defined as psychological attachment to an organization related to active involvement for extrinsic rewards, a desire for affiliation, and an alignment of personal and organizational goals and values. Perhaps the most contemporary construct is organizational citizenship, which includes voluntary behaviors directed toward the individual or the organization that go beyond role expectations and benefit (or is intended to benefit) the organization.
A review of the literature reveals that a systematic appraisal of the differences in workplace attitudes such as satisfaction and commitment of staff in the ambulatory care setting has never been performed. Furthermore, few studies have specifically examined differences in workplace attitudes of different classifications of employees (e.g., professional versus nonprofessional) in the ambulatory care setting.

The nature and relation between satisfaction, commitment and organizational citizenship between professional and nonprofessional staff in the ambulatory care setting is important to both researchers and practitioners. For researchers, a more comprehensive understanding of the relationship between these constructs and between categories of employees will aid in the design of future research and the interpretation of survey results. For practitioners, a targeted study will enable ambulatory leadership to more effectively manage the strategic development of their talent through an enhanced understanding of the dynamics of all levels of staff in their organizations. The more managers understand about the staff who work in the ambulatory care setting, the better prepared they will be to create employee development programs and other human resource and strategic planning initiatives that attract and retain suitable personnel. Additionally, the results of a targeted study will have tremendous implications on policies aimed at attracting and retaining satisfied, committed employees who contribute to the effectiveness of the organization.

The present study examines differences across job categories in the ambulatory care setting, with particular attention to the effect of professional licensure on workplace attitudes. Considering the lack of intensive research in this unique setting, the present study is more exploratory than confirmatory and therefore no hypotheses are offered.
here. Based on the literature review performed to this point, the following questions were addressed in the present study:

1. Are there inherent differences in the workplace attitudes of professional and nonprofessional staff in the ambulatory care setting (e.g., is professional licensure correlated with satisfaction, commitment or the propensity to express organizational citizenship behaviors)?

2. Is there a correlation between age, education or job tenure and levels of satisfaction, commitment, and self-reported organizational citizenship behaviors across job categories in the ambulatory care setting?

3. Are there relationships between these multidimensional constructs across job categories that have application in human resource strategy?
Chapter 2: Literature Review

Chapter 2 is dedicated to a comprehensive review of the constructs utilized in the present study, which was described in Chapter 1. First, an understanding of the innate differences between professional (licensed) and nonprofessional staff is presented, with both a general review and a specific application to the healthcare setting. This is followed by construct definitions and research summaries for job satisfaction, organizational commitment and organizational citizenship tailored to the healthcare setting.

Professional Licensure – Construct Definition

In most organizations, formal or informal distinctions exist between professional and nonprofessional employees. Von Glinow (1988) identified characteristics associated with professionals in organizations, a summary of which is presented in Table 1. As can be seen in Table 1, Von Glinow itemizes six different characteristics of professionals and offers a definition of each. Similarly, in the context of substitution for leadership, Kerr (1977) suggests that a professional’s expertise is normally acquired as a result of specialized training in a body of abstract knowledge.
Table 1

**Characteristics of Professionals in Organizations**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expertise</td>
<td>Normally gained from prolonged specialized training in a body of abstract knowledge.</td>
</tr>
<tr>
<td>Autonomy</td>
<td>A perceived right to make choices that concern both means and ends.</td>
</tr>
<tr>
<td>Commitment</td>
<td>Loyalty to the work and the profession.</td>
</tr>
<tr>
<td>Identification</td>
<td>Recognition with the profession and other professions.</td>
</tr>
<tr>
<td>Ethics</td>
<td>A felt obligation to render service without concern for self-interest and without becoming emotionally involved with the client.</td>
</tr>
<tr>
<td>Collegial maintenance of standards</td>
<td>A perceived commitment to police the conduct of other professionals.</td>
</tr>
</tbody>
</table>

According to Seifert (1999), the federal government has no direct say in the regulation of the professions. Instead, management of this function is left to the state government and can vary from state to state. Seifert also makes the distinction between registration, certification and licensure.

* Registration establishes a record of an individual’s name, address, and qualifications with a state authority. It is required to perform a service, but it does not establish standards for entry-to practice or for competence in a profession or occupation.
* Certification regulates the use of a professional or occupational title (e.g., certified public accountant). Only members of an occupation or profession who have become certified through compliance with training and testing requirements are allowed to use a protected title. (This is not to be confused with certifications by private organizations that attest to standards of a private specialty association or board.)

* Licensure is a government-granted permission for individuals to engage in restricted businesses or professions through a license. Practice without a license is unlawful. State-protected practice acts and regulations commonly define a scope of practice for a profession to provide specific services. Nurses can delegate certain nursing tasks to technologists and unlicensed assistive personnel (UAP) under the delegatory authority of a state’s regulatory board (e.g., Board of Nursing).

The distinction between the different specific terms related to licensure is important because these terms have different interpretations between states and because some professionals’ titles (e.g., Registered Nurse) are actually licensed through the state and not registered. The definitions are offered to help clarify the differences between these technical terms.

The present study was designed to study differences, if any, between professional and nonprofessional staff in the ambulatory care setting. Professional employees in ambulatory care are those who are licensed through the state or certified to perform certain functions. Examples of licensed staff in the ambulatory care setting include licensed practical nurses, registered nurses, nurse practitioners, physician’s assistants, and
therapists (e.g., physical, respiratory, speech). Nonprofessional staff in the ambulatory care setting include those in administration and all other ancillary yet essential staff who help support clinic functioning. Unlike professional staff, these positions do not require a license. Examples of nonprofessional staff from the ambulatory care setting include administrative assistants, administrators, medical record room clerks, secretaries, and clinical technologists.

The key difference between professional and nonprofessional staff is the licensure or certification needed to perform in certain roles. According to Seifert (1999), “Certification regulates the use of a professional or occupational title” (p.182). Cary, Papp, Roberts, and Sochalski (2001) state that professional certification has been available to nursing personnel since the 1970s. According to Cary and colleagues, credentialing, “protects the public from unsafe and incompetent providers, gives consumers more choices in selecting healthcare providers, distinguishes among levels of care, and gives better-trained providers a competitive advantage” (p. 44). Funded in part by the Nursing Credentialing Research Coalition (NCRC), a multi-stage, international study of the certified workforce was initiated to determine issues around credentialing and its impact on healthcare. The primary results of the study from the nurses’ perspective are listed in Table 2. As can be seen in Table 2, the benefits of certification in the nursing profession are tremendous.

Cary and colleagues (2001) state that, “These findings provide initial evidence that certification may give nurses the means or opportunity to practice in a manner likely to improve outcomes. They also suggest that certification may afford nurses professional
growth and financial rewards, such as recognition, reimbursement, salary increases, and career advancement opportunities, as well as the opportunity for personal growth” (p. 49-50).

Table 2

**Nurses’ Perspectives of the Effect of Certification**

1. Feel more confident in their ability to detect early signs and symptoms of complications in their patients
2. Initiate early and prompt interventions for patients experiencing complications
3. Experience more effective communication
4. Receive higher patient satisfaction ratings
5. Experience more autonomy in their practice
6. Experience fewer adverse incidents (errors)
7. Assert more control over their practice
8. Collaborate with other health providers

Healthcare consumers are educated and demand accountability from healthcare workers. The American Nurses Credentialing Center (2005) states that credentialing has become such a prolific component of regulation because of increased demands for quality assurance from the public, demands for appropriate recognition from nurses, and demands for evidence of effectiveness from employers and leadership. “States license professionals to protect the public from physical and financial harm at the hands of incompetent or unethical practitioners” (Shannon & Dietz, 1989, p. 121). Seifert (1999) agrees, stating that registering certain classifications of healthcare workers allows the
state to regulate those whose actions have potential for harm, making healthcare workers responsible for their actions under laws governing licensure in their state.

According to Shannon and Dietz (1989), critics of licensure argue that the scarcity of licensed professionals in some fields can be attributed to stiff educational and other requirements upheld by governing boards, which can lead to increased costs and restricted access for the consumer. Shannon and Dietz also suggest that innovation and change, which are so prevalent in the healthcare arena, are stifled in this tight environment. “Critics contend that by concentrating on educational and examination criteria as the measure of competence rather than on consumer satisfaction and performance, licensing fails in its primary mission: the delivery of high-quality services. Nonetheless, a growing number of occupational groups are asking state legislatures to make them subject to licensure” (p.122).

Shannon and Dietz (1989) suggest that advancements in health care have led to the formation of new health care roles and an increase in the number of occupational groups seeking licensure or an expansion of their scope of practice. “The number of people working in allied health fields such as dietitians, medical technologists and physical therapists, and in the so-called ‘helping occupations,’ such as clinical psychologists, social workers, and counselors also has multiplied rapidly. As numbers continue to grow, many groups want the enhanced status as well as legal and economic benefits of licensure, including eligibility to receive third-party insurance reimbursement” (p.122).

As the number of new health care roles increases and the scope of their practice becomes more specialized, many ambulatory care managers are facing a number of work
redesign efforts, attempting to shift as many minute, non-patient related tasks as possible to nonprofessional employees. As redesign efforts continue to blur the lines between professional and nonprofessional staff and as groups of staff advocate for certification or licensure to help boost their profession and provide for more esteem and privilege, it is important to consider variability in the workplace attitudes of these various groups. Researchers and practitioners alike can benefit from an understanding of the relationship between professional licensure and commonly used constructs such as satisfaction and commitment, as well as the effect, if any, licensure may have on the propensity to express organization citizenship behaviors, as these have particular impact on the effectiveness of an organization. The next section develops the framework for the three commonly used measures of workplace attitudes. A summary of the research from the healthcare setting and the ambulatory care setting is offered.

*Job Satisfaction*

Balzer and colleagues (2000) define job satisfaction as, "the feelings a worker has about his or her job or job experiences in relation to previous experiences, current expectations, or available alternatives" (p. 7). The study of job satisfaction has evolved tremendously in the last 80 years. Balzer and colleagues suggest three reasons for the continued interest in the study of this important construct, citing humanitarian, economic and theoretical issues. A brief summary of these concerns is presented in Table 3. As can be seen in Table 3, measuring satisfaction is multidimensional, the benefits of which are plentiful. Balzer and colleagues suggest tailoring human resources policies to combat dissatisfaction in certain groups, sharing of best practices of highly satisfied employees,
and the ability to monitor success of targeted human resource development initiatives as benefits to measuring satisfaction.

Table 3

Brief Summary of Perceptions about Measuring Job Satisfaction

<table>
<thead>
<tr>
<th>Humanitarian Concerns</th>
<th>Economic Concerns</th>
<th>Theoretical Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management prefers that their employees be satisfied with their jobs, especially considering that job satisfaction has been shown to be related to life satisfaction and mental and physical health.</td>
<td>Increased job satisfaction can result in reduced absenteeism, decreased turnover, a safer work environment, and increased productivity.</td>
<td>Whether the cause, consequence or merely a by product of such behavior, satisfaction is a principal concept in most theories of work motivation and behavior.</td>
</tr>
</tbody>
</table>

Satisfaction in Ambulatory Care

Although satisfaction is arguably one of the most studied constructs in organizations, few studies have been conducted solely on workplace attitudes in the ambulatory care setting. A brief review of the literature that exists on job satisfaction in the ambulatory care environment or similar environments is presented next.

Fahey, Myrtle, Schlosser and Lee (1998) investigated success factors in the development of healthcare managers and determined that employees who work in the ambulatory care environment remained in their jobs longer than hospital-based employees, which suggests that the ambulatory care environment may be more appealing and lead to higher satisfaction. Further results indicate, however, that there was no
statistically significant differences in overall career satisfaction between ambulatory care and hospital-based managers. This study focused primarily on management personnel but has potential relevance to all staff, although it is arguable that staff on the fast track to management would feel a stronger sense of satisfaction. Additionally, this study looked at career satisfaction whereas the present study looks specifically at satisfaction in the current role within the case organization.

Mental health and rehabilitation services are often provided in the ambulatory care setting and therefore research on satisfaction in these unique environments may be useful in light of the present study. In a study in the mental health context, Bingham, Valenstein, Blow and Alexander (2002) found that global job satisfaction and satisfaction with the provider-patient relationship was greater in ambulatory care units, in smaller units with more social contact, with less critically ill patients and with employees with shorter tenure. Bingham and colleagues also found that providers in the ambulatory care setting had more education, higher rank, shorter tenure, and more satisfaction with the provider-patient relationship.

Similar to the work by Bingham and colleagues (2002), a large study of rehabilitation professionals who work primarily in ambulatory care settings found that “Intrinsic-context factors such as a stable work environment, opportunity for professional growth, input into departmental decisions, and practicing in an environment that was in line with the professional’s values were significantly positively correlated with career satisfaction. Intrinsic-content factors such as opportunity for direct patient care, feeling competent, accomplishing career objectives, and meaningful work were significantly correlated with career satisfaction” (Smith-Randolph and Johnson, 2005, p. 50-51).
Smith and colleagues suggest that intrinsic factors tend to be better predictors of job satisfaction and intent to turnover than extrinsic factors such as pay and other material rewards. This is not surprising, given that healthcare has long been considered a helping profession that traditionally attracts caring, compassionate employees - regardless of licensure.

Hoping to summarize the literature collected to this point, Lyons, Lapin, and Young (2003) performed a meta-analysis of existing data on satisfaction in healthcare and added to that body of evidence with a study of graduates from a mid-Atlantic university that suggested nursing and allied health providers generally reported high levels of satisfaction. The results showed that a feeling of worthwhile accomplishment, recognition and reasonable workloads were most important. Lyons and colleagues also suggest job security plays an important, although less important, role in overall job satisfaction among these graduates. Again, the sample for this study was registered nurses but not specifically geared to the ambulatory care setting. It does offer, though, a global perspective of satisfaction in nursing.

Because the hospital inpatient setting is a 24 hour-a-day enterprise that must be staffed as such, the sentiment on job satisfaction between it and the ambulatory care setting, which is more traditionally based in daytime "office hours", is worthwhile. Some studies have compared satisfaction in the hospital setting to satisfaction in the ambulatory care setting. Among these is a study by Akroyd, Wilson, Painter and Figuers (1994), who examined intrinsic and extrinsic job satisfaction, comparing allied health professionals in ambulatory care settings with those in hospital-based settings. They defined intrinsic variables as involvement and autonomy and extrinsic as general working
conditions, salary, coworkers, and supervision. Akroyd and colleagues found that involvement and general working conditions were significant predictors of satisfaction overall, but that both were higher in the ambulatory care setting. They also found a strong negative correlation between satisfaction and relationships with coworkers in the ambulatory care setting and little to no significance overall based on salary. Building on research presented earlier in this paper and based on the results of their study, Akroyd and colleagues suggest that a healthier way to augment intrinsic factors might be through work redesign, which inherently concentrates on intrinsic factors related to work. This compliments the research presented above on the desire for professional licensure.

Some healthcare professionals progress through different settings until they find one best suited to their experience and lifestyle. Davidson, Focarelli, Crawford, Duprat and Clifford (1997) examined satisfaction in professional nurse staff just after a move to the ambulatory care setting and found that, “nurses...reported significantly lower satisfaction with...quality, enjoyment, and time to do the job,” and with, ”promotional opportunity, integration, distributive justice, commitment to the job, overall satisfaction, centralization, and overload” (p.640). Similarly, Broski and Cook (1978) studied health professionals in the ambulatory care setting and found that although there were slight differences between individual professions, job satisfaction overall was low. Of note were results that showed the relative importance of opportunities for autonomy, upward mobility, promotions, and self esteem to overall job satisfaction. These results paint a bleak picture of satisfaction in the life of healthcare professionals in the ambulatory care setting and adds fervor to the significance of the present study to affirm or refute these findings.
This review of literature about satisfaction for professional and nonprofessional staff in the ambulatory care setting or similar environments indicates that results of satisfaction studies in healthcare vary tremendously. A detailed examination of the satisfaction of professional and nonprofessional staff overall and individually is necessary to better understand potential differences between these two groups.

Organizational Commitment

Another commonly studied construct in organizations is organizational commitment. Like satisfaction, there is considerable variability in commitment research and findings. In addition, there are several theories on the nature of commitment and on its relationship to satisfaction and other workplace attitudes. A brief review of the literature on the construct and on research related to ambulatory care or similar settings is presented here.

Mowday, Steers and Porter (1979) suggest that organizational commitment can be defined using a three-factor model. Specifically, these factors are defined as, “(1) a strong belief in and acceptance of the organization’s goals and values; (2) a willingness to exert considerable effort on behalf of the organization; and (3) a strong desire to maintain membership in the organization” (p. 226). Commitment to an organization is at times confused with satisfaction with a job, career or organization. Mowday and colleagues propose a clear distinction between the two constructs, suggesting that commitment measures are more global, whereas satisfaction measures tend to focus on specific aspects of one’s job. Mowday and colleagues concede that, “commitment emphasizes attachment to the employing organization, including its goals and values, while
satisfaction emphasizes the specific task environment where an employee performs his or her duties” (p. 226).

Realizing that the development of a valid measure was essential for further growth in the field of organizational psychology, Mowday, Steers and Porter (1979) summarized existing research for purposes of developing a clearer, more reliable measure of organizational commitment. Mowday and colleagues created a 15-item scale entitled the Organizational Commitment Questionnaire (OCQ). Perhaps the most significant findings of the OCQ were strong correlations with employees’ behavioral intentions to remain, motivational force, central life interest, job involvement, career and job satisfaction, voluntary turnover, employee absenteeism, tenure, and performance.

Since this pioneering effort, the OCQ has become one of the most widely used instruments in organizational literature. After a decade of development, though, it became clear that while the OCQ gained popularity, there were potential gaps in its breadth. Thus, researchers proposed that other dimensions of commitment existed.

Like Mowday and colleagues, Allen and Meyer (1990) acknowledged the strong emotional attachment that an employee can have to an organization, but built on alternative literature and proposed that some employees feel obligated to an organization because the cost of leaving it are great while still others may feel some moral obligation to an organization. Allen and Meyer designated the first as affective commitment, the second as continuance commitment and the latter as normative commitment. According to Allen and Meyer, “Employees with strong affective commitment remain because they want to, those with strong continuance commitment because they need to, and those with strong normative commitment because they feel they ought to do so” (p. 3).
Allen and Meyer (1990) investigated the three dimensions of commitment to determine whether there was a relationship between the measures. They accomplished this through the creation of a comprehensive measure that addresses each of the three separate but incontrovertibly linked conceptualizations of commitment. The work of Allen and Meyer was notable because it brought together various streams of literature and research on commitment, strengthening the foundation for future research in this field. Allen and Meyer suggest a need to move beyond commitment as a simple measure of intent to turnover and into a realm of how commitment relates to on-the-job behavior.

This brief review of the literature on organizational commitment reveals that the construct has tremendous application in organizations today. For the purposes of the present study, though, it is vital to look at commitment studied in the healthcare environment in general and in the ambulatory care setting specifically. The next section summarizes pertinent research in this area.

*Commitment in Healthcare Settings*

Like the research on job satisfaction, a review of the literature reveals that little research has applied this construct specifically to the ambulatory care setting. There is, however, substantial research completed in the general healthcare environment. Specifically, research has been performed on the construct of organizational commitment and its relation to employee burnout (Leiter & Maslach, 1988), turnover and absenteeism (Somers, 1995), increased productivity and job satisfaction (McNeese-Smith, 1996), awareness of the hospital environment (Roy & Ghose, 1997), managed care (Proenca, 1999), and impact on workplace empowerment (McDermott, Spence-Laschinger & Shamian, 1996; Spence-Laschinger, Finegan & Shamian, 2001). The present study
proposes to study organizational commitment in the ambulatory care setting. A brief
summary of research associated with the ambulatory care environments and redesigned
workplaces follows.

Jamal and Baba (1992) examined nurses in eight hospitals throughout Montreal,
Canada for differences in workplace attitudes and job stress between shift work and
department-type. In their study, Jamal and Baba found that among other indicators of
workplace attitudes, a) nurses who worked fixed shifts were more committed than those
who rotated through various shifts and b) nurses in semi-intensive care units had the
highest levels of organizational commitment. When looking at dependent variables,
Jamal and Baba found age and marital status to be most significantly related to
organizational commitment. Although the setting was not specified, this study has
implications for the ambulatory care setting because most ambulatory care settings offer
more regular shifts than inpatient units that operate around the clock.

Because the present study focuses on all classes of employees, it is important to
also consider research performed outside of nursing yet within the healthcare
environment. Nystrom (1993) examined the effects of cultural elements on
organizational commitment of managers and executive level secretaries. In his study,
Nystrom found that upper level managers and executive secretaries who work in
organizations with strong norms and values reported higher levels of commitment.
Although the secretaries’ perceptions of the prevailing cultural elements were more
significantly related to commitment, both secretaries and managers, “identify more with
their organizations and are more willing to work hard” (p. 46). This study is particularly
pertinent to the present study because it measured the workplace attitudes of purely nonprofessional staff in a healthcare setting.

Redesign efforts have offered the opportunity to consider workplace attitudes before and after an organizational development effort or intervention. The bearing of this effort on staff and their attitudes is a potential indicator of success of implementation. Sommer and Merritt (1994) examined workplace attitudes across professional and nonprofessional healthcare employees before and after implementation of a total quality management intervention. Sommer and Merritt found a significant increase in organizational commitment across the organization pre- and post-intervention. These findings are of particular interest because the study was implemented in a large rehabilitation hospital that included a portion of ambulatory care units and day treatment units.

Continual reengineering efforts also offer the opportunity to consider a measure of organizational commitment after job transfer or redesign, which can also serve as an indicator of success and ease of implementation of such efforts. Armstrong-Stassen, Cameron and Horsburgh (2001) tested workplace attitudes of nursing personnel before and after one such redesign. In a longitudinal study over a two-year period, Armstrong-Stassen and colleagues found that, “Transferred nurses perceived significantly lower coworker support...and reported significantly greater decrease in satisfaction with their coworkers as well as a significant decline in organizational commitment...than did nurses who remained on their unit” (p. 484). Amalgamations, however, seem to have negative effects across the board. Armstrong-Stassen and colleagues affirmed prior research that suggested that all groups affiliated with the change experienced significant declines in
perceived support from the organization, in satisfaction with the amount of work, in
identification with their employing organization and in trust in their organization. With
the constant changes facing the healthcare industry, this study is particularly interesting
not only when considering workplace attitudes before and after a major change but with
attitudes in general as organizations attempt to keep pace with modern workplace
developments.

The present study was intended to add to the growing body of research on
organizational commitment by examining how ambulatory care administrators can
incorporate this and other important workplace attitude measures into overall human
resource strategy. One study was particularly useful for this one because it looked
specifically at how to build commitment among healthcare workers, providing a
roadmap, of sorts, to successful implementation of such an endeavor. This recent study
of staff nurses at a large, Los Angeles county hospital itemized factors that contributed to
and detracted from high levels of commitment (McNeese and Nazarey, 2001). These
factors are listed in Table 4 below. As can be seen in Table 4, the factors that affect
commitment in the healthcare setting can range from personal factors to environmental or
cultural factors, as well as the presence or absence of satisfaction.
Table 4

*Major Factors That Affect Commitment in a Hospital Setting*

<table>
<thead>
<tr>
<th>Contribute to Organizational Commitment</th>
<th>Detract from Organizational Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personal factors</td>
<td>1. Conflict with personal needs</td>
</tr>
<tr>
<td>2. Opportunities for learning</td>
<td>2. Lack of learning</td>
</tr>
<tr>
<td>3. Job satisfaction</td>
<td>3. Lack of appreciation/fairness</td>
</tr>
<tr>
<td>4. A plan to retire from the organization</td>
<td>4. Inadequate monetary benefits</td>
</tr>
<tr>
<td>5. Monetary benefits</td>
<td>5. Patient care</td>
</tr>
<tr>
<td>6. Patient care</td>
<td>6. Poor relations with coworkers</td>
</tr>
<tr>
<td>7. Coworkers</td>
<td>7. Career developmental stage</td>
</tr>
<tr>
<td>8. Cultural factors</td>
<td>8. Lack of job security</td>
</tr>
<tr>
<td>9. Job security</td>
<td></td>
</tr>
</tbody>
</table>

Although the sample size was small, the results of this targeted study could be used as a guide for administrators in or out of the ambulatory care setting as they plan strategies for attracting and retaining skilled, committed employees.

Similar to the job satisfaction measure, the literature on organizational commitment in the ambulatory care or similar settings is varied. The present study does not propose to completely affirm or refute the findings presented here. Rather it was designed to add to this growing body of research. A more contemporary construct being measured in organizations is organizational citizenship or the propensity to express organizational citizenship behaviors. The next section introduces this concept and provides a comprehensive review of its significance in the ambulatory care setting.
**Organizational Citizenship Behavior**

The current literature review has focused on two of the more popular and extensive constructs used in organizations today. A relatively new construct is organizational citizenship or the propensity to express organizational citizenship behaviors. Employees often engage in extra-curricular activities that rise above and beyond what is expected or expressed in their job descriptions. Katz and Kahn (1966) called these supra-role behaviors and believe that, although often taken for granted, these pro-social behaviors help ensure an organization's success and effectiveness. Bateman and Organ (1983) were the first to describe these behaviors as citizenship behaviors.

Organizational citizenship has long been thought to be multi-dimensional in nature. Smith, Organ and Near (1983) originally theorized two basic dimensions – altruism and general compliance. Smith and colleagues defined altruism as, “a class of helping behaviors aimed directly at a specific person” (p. 661) and general compliance as, “a factor defined by a more impersonal sort of conscientiousness, more of a ‘good soldier’ or ‘good citizen’ syndrome of doing things that are ‘right and proper’ but for the sake of the system rather than for specific persons” (p. 662).

In later work, Organ (1988) highlighted five specific categories of discretionary behavior and explained how each helps to improve efficiency in the organization.

* Altruism (e.g., helping new colleagues and freely giving time to others) is typically directed toward other individuals, but contributes to group efficiency by enhancing individuals' performance.
* Conscientiousness (e.g., efficient use of time and going beyond minimum expectations) enhances the efficiency of both an individual and the group.

* Sportsmanship (e.g., avoids complaining and whining) improves the amount of time spent on constructive endeavors in the organization.

* Courtesy (e.g., advance notices, reminders, and communicating appropriate information) helps prevent problems and facilitates constructive use of time.

* Civic Virtue (e.g., serving on committees and voluntarily attending functions) promotes the interests of the organization.

Recognizing that prior research did not distinguish between targets of organizational citizenship behaviors, Williams and Anderson (1991) developed a two-dimensional model that suggested a clear distinction between behaviors directed toward individuals and behaviors directed toward organizations. Williams and Anderson labeled the former OCBIs, as they more immediately benefited the individual, and the latter as OCBOs, as they tended to benefit the organization as a whole. For ease of implementation, a self-report measure was still later developed and utilized by Ryan (2001) using three of Organ’s concepts referenced above – interpersonal helping (altruism), civic virtue, and sportsmanship. Much of the current literature uses one or a combination of these constructs within organizational citizenship.

Organizational Citizenship Behavior in the Healthcare Setting

As with the organizational commitment construct outlined above, there is no literature that encompasses the concept of organizational citizenship that has been
conducted solely in the ambulatory care setting. Because of this, research that has been conducted within the confines of the healthcare arena is presented here.

Much of the extant research on organizational citizenship is based on Blau’s (1964) theory of social exchange, which posits that people, regardless of context, are motivated to do things in exchange for a reward of some sort, be it financial or personal. From the organizational citizenship perspective, the present study is primarily concerned with the work environment and how and why some employees rise above and beyond their call to duty and express - or show the propensity to express - organizational citizenship behaviors. There is substantial research that attempts to relate the expression or management of organizational citizenship behaviors to several other commonly studied constructs in organizational literature. For example, Organ and Konovsky (1989) looked at subjective job appraisals versus typical mood state at work as predictors of organizational citizenship behavior in the hospital setting and found that, “subjective appraisals of job outcomes surpass measures of characteristic mood states in the power to predict job-related prosocial behaviors, at least when measurement of the latter derives from the supervisor’s knowledge or assessments” (p. 162). Organ and Konovsky suggest that if organizational citizenship behaviors are purely a function of dispositional affect then organizations would have to rely on selection of employees in determining the propensity to express these highly sought after behaviors. On the other hand, if organizational citizenship behaviors are based more on employees’ subjective appraisals of fairness in the organization, then there are stronger implications for management.

Although this is based in the hospital setting, this study has implications for other fields
as well. It also lays the framework for other arguments about the management of organizational citizenship behaviors.

Konovsky, Pugh, and Douglas (1994) suggest that organizational citizenship behaviors are often not officially recognized in the context of an organization's formal reward system and that an employee’s trust in their supervisor can be the mitigating factor between procedural fairness and employee citizenship. Konovsky and colleagues collected data from hospital employees and their supervisors and found that, “citizenship behaviors occur in a context in which social exchange characterizes the quality of superior-subordinate relationships” (p. 666). Simply put, the level of trust in the supervisor-employee dyad can predict the propensity to express organizational citizenship behaviors. Again, Konovsky and colleagues introduced these findings in relation to Blau’s (1964) theory of social exchange because trust can be an extenuating factor in the strength of relational contracts and social exchange.

Subsequent research focused not only on contextual dimensions of work attitudes but on dispositional dimensions as well. Two studies in particular focused on this distinction using hospital-based employees for their sample. Konovsky and Organ (1996) used a sample of professional and administrative employees from a large VA hospital and found that, “contextual work attitudes predict most forms of organizational citizenship behaviors. However, in the case of at least one form of organizational citizenship behavior, Generalized Compliance, it is the dispositional variables, specifically, Conscientiousness, that predict organizational citizenship behavior” (p. 261). These findings suggest that it is not merely an employee’s work setting or their relationship with their supervisor, but also the personality traits of the employee that may play a pivotal
role as well. Konovsky and Organ also suggest that conscientiousness could account for
differences in at least three dimensions of organizational citizenship behavior:
compliance, altruism, and civic virtue.

Wagner and Rush (2000) performed a similar study using a sample of nursing
staff from two private hospitals from a large city in the southeastern United States and
found evidence that organizational citizenship behaviors may be related to contextual
rather than dispositional factors, suggesting that, "antecedents to altruistic citizenship
behavior may depend on the age of the organizational member...in that we found these
predictors to be germane only for the younger employees" (p. 388). The implications of
this suggest that younger employees may base their predilection for the expression of
organizational citizenship behaviors more on perceptions of fairness in the organization
rather than on affective, emotional responses as is evidenced in older employees.

Other research examines the relationship between organizational citizenship
behavior and satisfaction and commitment. One recent study examined these three
constructs among hospital employees. Bolon (1997) studied nursing and laboratory
personnel in a large tertiary hospital in the southeastern United States and found that,
"satisfaction with coworkers and affective commitment were the two most important
predictors of one dimension of citizenship behavior" (p. 221). The one dimension
referred to in the findings above is organizational citizenship behaviors aimed at the
individual specifically, as measured by coworkers and supervisors. Admittedly, this
study was the major impetus for the present study and several parallels can be drawn.
Bolon treated the study of organizational effectiveness as multidimensional, including
certain aspects of satisfaction, commitment and organizational citizenship. Specifically,
Bolon used the Job In General (JIG) Satisfaction Scale, a derivative of the full Job Descriptive Index (JDI) used in the present study. Although not centered in ambulatory care, the deep concentration in the hospital setting is also of particular interest to the current researcher.

Another study of particular interest is one that focused on differences between contingent (temporary) workers and regular employees in a bank and a hospital in Singapore. Van Dyne and Ang (1998) found that the relationships between organizational citizenship and commitment and psychological contracts were weaker for contingent workers than for regular employees, which suggests that temporary workers may have a more negative outlook about their employment in an organization and therefore engage in organizational citizenship behaviors less freely. Although international in flavor, this study has parallels to the present study, especially in relation to the classifications of workers in ambulatory care, some of whom are part-time or work on an as-needed basis.

The research presented here on organizational citizenship, along with the literature on job satisfaction and organizational commitment, helps lay the framework for the present study, a description of which is presented in the next chapter. Past research suggests a potential relationship between these constructs, although their relationship in ambulatory settings is less certain. A detailed examination into this unique environment will add to this growing body of research and allow management in ambulatory care settings to better understand the dynamics of the various staff who work under their domain. The next chapter discusses the method used for the present study, offering detailed information about the sample and the measures used.
Chapter 3: Methodology

Characteristics of the Research Population

Data for this study were collected from professional (licensed) and nonprofessional (unlicensed) staff affiliated with the ambulatory care facility of a large academic medical center in Rochester, NY. A convenience sample was targeted, with all professional and nonprofessional employees approached for participation in the study. Participation was completely voluntary. There were no limitations based on gender, age, or racial or ethnic origin. Additionally, no vulnerable subjects (e.g., minors) were targeted.

The targeted sample consisted of 886 employees. Because of a problem with delivery to one of the targeted units, only 840 employees received their surveys in time to complete them before the deadline. A total of 439 surveys were returned. Using the adjusted initial sample size of 840, this equates to an adjusted response rate of 52%.

Methods and Procedures

A survey design was used to collect data. Because the majority of the staff in this clinical setting do not have employer-provided email accounts or access to email, the surveys were distributed through unit managers. Distribution took place Monday, March 21, 2005. Employees then had two weeks to respond, with returns concluding on Friday, April 1, 2005. Participants were initially given one week to complete the surveys and return them in self-addressed, sealable envelopes provided by the researcher. After one week, a reminder notice was distributed through unit managers, allowing one final week for completion of the survey. The surveys were returned in sealed envelopes via interoffice mail, as the researcher is employed within the target organization. The
researcher acquired Institutional Review Board approval for all plans and instruments prior to distribution of surveys. As an incentive, coupons for two local restaurants were included with each survey.

Because this research was conducted in partial fulfillment of the Graduate Human Resource Development program at St. John Fisher College, the information obtained in this study was primarily used for research purposes. In addition, a complete report was provided to the administration of the ambulatory care facility within the large academic medical center and unit-specific, item-level data were provided to the unit managers when appropriate.

Data analysis. For one particular validated measure (see Job Satisfaction under the Measures section below), item-level test measure data were returned to the authors of that specific instrument (members of the Bowling Green State University Psychology Department) in exchange for permission to use the measure at no cost. The researcher was also obligated to return individual-level data regarding employee demographics and a description of the data collection process.

Procedure

The office of the ambulatory administrator collated a list of professional and nonprofessional staff in each unit. The researcher hand delivered the exact number of survey packets needed to each unit manager over the span of two days. Although there was no monetary payment provided for participation in this study, a small incentive was offered by the researcher to help ensure a reasonable response rate (see Methods and Procedures above).
The present study used implied consent rather than a written consent process because of the study's minimal risk to subjects. The use of implied consent was more practical, as a more cumbersome consent process may have deterred completion of the survey. Information about the study and the assumption of consent was contained in a cover letter and subjects were assured of the confidentiality of their responses and the voluntary nature of participation.

*Measures*

*Job satisfaction.* The Job Descriptive Index (Balzer and colleagues, 2000) was used to measure general job satisfaction. One of the more popular measurements used in the literature today, the Job Descriptive Index (JDI) measures multiple facets of job satisfaction, including satisfaction with work, supervision, pay, promotions, coworkers and overall satisfaction. The 90-item measure asks participants to rate item relevance to the employee's current job, with simple yes/no/not applicable choices.

*Organizational commitment.* The Organizational Commitment Questionnaire (OCQ) developed by Mowday, Steers, and Porter (1979) was used in the present study. This 15-item scale rates attitudinal commitment. Participants rated each statement using a scale ranging from strongly agree, 1, to strongly disagree, 7. The OCQ uses reverse coded questions to prevent response set and to ensure test validity.

*Organizational citizenship behavior (OCB).* Based on the work of Podsakoff and MacKenzie (1993), a three-dimensional, self-report model developed by Ryan (2001) was used in this study to measure the three dimensions of organizational citizenship behavior: interpersonal helping, civic virtue, and sportsmanship. These concepts are based on the citizenship behaviors identified by Organ (1988). Similar to the
organizational commitment measure above, participants rated each statement using a scale ranging from strongly agree, 1, to strongly disagree, 7. As in Ryan’s study, items were summed and averaged to produce three organizational citizenship behavior scores, one for each of the paradigms mentioned above.

The organizational citizenship self-report measure used in the present study is unique. Historically, the sources for OCB measurement were either colleagues or supervisors. Ehrhart (2004) suggests that different outcomes can result depending on the source and Ryan (2001) offers several reasons for the use of the self-reported measure in future research. First, he cites the dynamic nature of the supervisor-employee relationship across organizations. Second, capturing all supervisor-employee dyads from across a large organization can be logistically challenging. This increases the potential for lost or insufficient data. Lastly, Ryan indicates a concern about the employees’ willingness to participate knowing that their responses will be tied directly to their supervisor or colleague, regardless of whether or not the data are coded.

**Demographics.** The demographic variables included in the survey are listed in Table 5 below. The majority of the respondents were over 40 years of age (58%), women (89%), white (87%) and married (58%). No respondents indicated less than a high school diploma or equivalent and there was a mix between employees with some college (42%) and those who have obtained a bachelor’s degree (45%). The crux of the present study hinged on differences between licensed and unlicensed staff. There was a decent split between these two categories, with 45% claiming that licensure is required to perform their function and 55% claiming licensure was not necessary. Lastly, there was a generally consistent distribution between length in current role, with 29% residing in
their current role between 2-5 years, 20% between 5-10 years and 22% greater than 10 years.

Additional demographics included current employment status and normal working hours. The majority of the respondents were engaged in full-time work (78%) and worked days with no weekends (90%).
### Table 5

**Selected Demographic Characteristics**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Responses</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Under 40</td>
<td>182</td>
<td>41.74</td>
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<tr>
<td>40 and older</td>
<td>254</td>
<td>58.26</td>
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<tr>
<th>Gender</th>
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<tbody>
<tr>
<td>Male</td>
<td>48</td>
<td>11.19</td>
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<tr>
<td>Female</td>
<td>381</td>
<td>88.81</td>
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<tr>
<th>Race/Ethnicity</th>
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</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>379</td>
<td>86.73</td>
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<tr>
<td>Hispanic or Latino/Latina</td>
<td>18</td>
<td>4.12</td>
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<tr>
<td>Black or African American</td>
<td>28</td>
<td>6.41</td>
</tr>
<tr>
<td>American Indian or</td>
<td>4</td>
<td>0.92</td>
</tr>
<tr>
<td>Alaskan Native</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>6</td>
<td>1.37</td>
</tr>
<tr>
<td>Native Hawaiian or Other</td>
<td>1</td>
<td>0.23</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Race</td>
<td>1</td>
<td>0.23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>437</strong></td>
<td></td>
</tr>
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<th>Marital Status</th>
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<td>Single</td>
<td>127</td>
<td>29.33</td>
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<tr>
<td>Married</td>
<td>252</td>
<td>58.20</td>
</tr>
<tr>
<td>Sep/Div/Wid</td>
<td>54</td>
<td>12.47</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>433</strong></td>
<td></td>
</tr>
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</table>

<table>
<thead>
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<th>Education Level</th>
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</thead>
<tbody>
<tr>
<td>HS Graduate</td>
<td>57</td>
<td>13.04</td>
</tr>
<tr>
<td>Some college</td>
<td>184</td>
<td>42.11</td>
</tr>
<tr>
<td>Bachelors</td>
<td>196</td>
<td>44.85</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>437</strong></td>
<td></td>
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<table>
<thead>
<tr>
<th>Professional Licensure</th>
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<th></th>
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<tbody>
<tr>
<td>Licensed</td>
<td>198</td>
<td>45.41</td>
</tr>
<tr>
<td>Not licensed</td>
<td>238</td>
<td>54.59</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>436</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length in Current Role</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>&lt; 6 months</td>
<td>38</td>
<td>8.74</td>
</tr>
<tr>
<td>6 mos-1 yr</td>
<td>35</td>
<td>8.05</td>
</tr>
<tr>
<td>1-2 yrs</td>
<td>59</td>
<td>13.56</td>
</tr>
<tr>
<td>2-5 yrs</td>
<td>124</td>
<td>28.51</td>
</tr>
<tr>
<td>5-10 yrs</td>
<td>85</td>
<td>19.54</td>
</tr>
<tr>
<td>&gt; 10 yrs</td>
<td>94</td>
<td>21.61</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>435</strong></td>
<td></td>
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<table>
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<tr>
<td>Time As Reported</td>
<td>12</td>
<td>2.74</td>
</tr>
<tr>
<td>Part Time &lt; 20 hrs</td>
<td>14</td>
<td>3.20</td>
</tr>
<tr>
<td>Part Time &gt; 20 hrs</td>
<td>69</td>
<td>15.75</td>
</tr>
<tr>
<td>Full Time</td>
<td>343</td>
<td>78.31</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>435</strong></td>
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<tr>
<th>Normal Working Hours</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Days (incl weekend)</td>
<td>38</td>
<td>8.68</td>
</tr>
<tr>
<td>Days (no weekends)</td>
<td>396</td>
<td>90.41</td>
</tr>
<tr>
<td>Eve (incl weekend)</td>
<td>2</td>
<td>0.46</td>
</tr>
<tr>
<td>Eve (no weekends)</td>
<td>1</td>
<td>0.23</td>
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<tr>
<td>Arbitrary</td>
<td>1</td>
<td>0.23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>438</strong></td>
<td></td>
</tr>
</tbody>
</table>
Chapter 4: Results

Descriptive Statistics and t-Test Results

Table 6 presents descriptive statistics and t-test results for the study variables for both licensed and unlicensed staff. As can be seen in the table, licensed staff scored significantly higher on each dimension of satisfaction except for satisfaction with opportunities for promotion, which falls below traditionally accepted levels of statistical significance, although the trend is in the predicted direction. Licensed staff also scored significantly higher on the organizational commitment measure. Lastly, licensed staff scored higher on each dimension of organizational citizenship, yet statistical significance was only realized for the civic virtue subscale.
Table 6

Descriptive Statistics and t-Test Results for Licensed and Unlicensed Staff

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Licensed</th>
<th>Unlicensed</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Mean</td>
<td>SD</td>
<td>n</td>
</tr>
<tr>
<td>Satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work on present job</td>
<td>198</td>
<td>35.59</td>
<td>4.36</td>
<td>238</td>
</tr>
<tr>
<td>Present pay</td>
<td>198</td>
<td>21.39</td>
<td>5.49</td>
<td>238</td>
</tr>
<tr>
<td>People at work</td>
<td>198</td>
<td>30.41</td>
<td>5.09</td>
<td>238</td>
</tr>
<tr>
<td>Opportunities for promotion</td>
<td>198</td>
<td>14.12</td>
<td>5.76</td>
<td>238</td>
</tr>
<tr>
<td>Supervision</td>
<td>198</td>
<td>31.46</td>
<td>5.89</td>
<td>238</td>
</tr>
<tr>
<td>Job in general</td>
<td>198</td>
<td>32.20</td>
<td>5.14</td>
<td>238</td>
</tr>
<tr>
<td>Organizational Commitment</td>
<td>198</td>
<td>68.87</td>
<td>11.13</td>
<td>236</td>
</tr>
<tr>
<td>Organizational Citizenship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal helping</td>
<td>198</td>
<td>31.57</td>
<td>2.72</td>
<td>235</td>
</tr>
<tr>
<td>Sportsmanship</td>
<td>198</td>
<td>19.81</td>
<td>3.10</td>
<td>235</td>
</tr>
<tr>
<td>Civic virtue</td>
<td>198</td>
<td>20.13</td>
<td>2.50</td>
<td>235</td>
</tr>
</tbody>
</table>

*p < .05; ** p < .01

Figure 1 compares the satisfaction scores for professional (licensed) and nonprofessional staff in the ambulatory care setting. Figures 2 and 3 show the mean scores along with confidence intervals for professional and nonprofessional staff, respectfully. On these figures, the blue lines represent the theoretical neutral point (around a score of 27) and thresholds for feelings of satisfaction (above 32) and dissatisfaction (below 22)\(^1\). As noted above, the mean scores on all satisfaction subcales were higher for professional staff than for nonprofessional staff. Mean scores for both
licensed and unlicensed staff on three of the subscales (satisfaction with people at work, with supervision and with the job in general) trend toward author-defined levels of satisfaction. For licensed staff, satisfaction with work on present job ranked above author-defined levels to be deemed significant, which is enhanced by the results of the confidence intervals shown in Figure 2. Satisfaction with opportunities for promotion for both professional and nonprofessional staff ranks below author-defined levels of dissatisfaction, with the confidence intervals confirming that the majority of staff shares similar views on these subscales. Lastly, satisfaction with present pay trends toward dissatisfaction for both job categories, with confidence intervals making a stronger argument for sentiment of nonprofessional staff.

Finally, comparing results of the present study against established norms offers a global view of how the target organization compares to similar organizations. Table 7 compares the results of the present study against the national norms from the authors of the Job Descriptive Index. With the notable exception of satisfaction with opportunities for promotion, results for both professional and nonprofessional staff are below national norms for nonprofit organizations.
Figure 1

Profile of Job Descriptive Index Mean Scores

![Bar chart showing mean scores of different job aspects for licensed and unlicensed workers. The chart includes categories such as work on present job, present pay, people at work, promotion opportunities, supervision, and job in general. The x-axis represents the satisfaction subscale, and the y-axis represents mean scores ranging from 10 to 40.]
Figure 2

Means and 95% Confidence Intervals for Licensed Staff Only

[Graph showing mean scores for various satisfaction subscales]
Figure 3

Means and 95% Confidence Intervals for Unlicensed Staff Only
Table 7

Comparison of National Norms for Satisfaction Subscales and Study Means

<table>
<thead>
<tr>
<th></th>
<th>National Norm</th>
<th>Licensed</th>
<th>Unlicensed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work on present job</td>
<td>44</td>
<td>36</td>
<td>30</td>
</tr>
<tr>
<td>Present pay</td>
<td>26</td>
<td>22</td>
<td>20</td>
</tr>
<tr>
<td>People at work</td>
<td>40</td>
<td>30</td>
<td>28</td>
</tr>
<tr>
<td>Opportunities for promotion</td>
<td>12</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Supervision</td>
<td>38</td>
<td>31</td>
<td>29</td>
</tr>
<tr>
<td>Job in General</td>
<td>42</td>
<td>32</td>
<td>29</td>
</tr>
</tbody>
</table>

Correlations between Age, Education Level and Length in Current Position

One of the research questions for the present study examined correlations between the constructs measured and age, education level and length in current position, with particular attention on differences between professional and nonprofessional staff. The correlations for age, education level and length in current position of professional versus nonprofessional staff in the ambulatory care setting are presented in Table 8.

For professional staff, the results suggest a positive correlation between age and length in current position and the interpersonal helping dimension of organizational citizenship. These results suggest that older, licensed employees who have been in their positions longer are more likely to express characteristics of the interpersonal helping facet of organizational citizenship (e.g., helping new colleagues become oriented to the unit or helping coworkers who are behind). The results also showed a positive correlation between age and the sportsmanship facet of organizational citizenship, which
suggests that older employees will complain less, one of the major tenants of the sportsmanship facet of organizational citizenship. The results also showed a positive correlation between age and satisfaction with supervision for licensed staff, which suggests that older, licensed employees are happier with the nature of their relationship with their supervisor.

For nonprofessional staff, the results suggest a positive correlation between age group and satisfaction with work on present job. These results suggest that older employees are more satisfied with the work they are doing currently. The results also suggest a negative correlation between education level and satisfaction with the job in general for nonprofessional staff, which suggests that the more education unlicensed employees have, the less likely they will be satisfied with their job overall.

An unexpected relationship was seen for age, education level and length in current position. A negative correlation was evident between length in current position and satisfaction with opportunities for promotion. This negative relationship occurred for both professional and nonprofessional staff. Regardless of licensure status, the longer employees are with the organization, the less likely they are to be satisfied with the chance for growth and development within the target organization.
Table 8

**Relationships between Study Variables for Licensed and Unlicensed Staff**

<table>
<thead>
<tr>
<th></th>
<th>Licensed group only (N=198)</th>
<th>Unlicensed group only (N=238)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age group</td>
<td>Education level</td>
</tr>
<tr>
<td>Satisfaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work on present job</td>
<td>0.079</td>
<td>-0.012</td>
</tr>
<tr>
<td>Present pay</td>
<td>-0.013</td>
<td>-0.070</td>
</tr>
<tr>
<td>People at work</td>
<td>0.001</td>
<td>0.120</td>
</tr>
<tr>
<td>Opportunities for promotion</td>
<td>0.110</td>
<td>-0.047</td>
</tr>
<tr>
<td>Supervision</td>
<td>0.146*</td>
<td>0.094</td>
</tr>
<tr>
<td>Job in General</td>
<td>0.082</td>
<td>0.015</td>
</tr>
<tr>
<td>Organizational Commitment</td>
<td>0.182</td>
<td>-0.106</td>
</tr>
<tr>
<td>Organizational Citizenship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal helping</td>
<td>0.191**</td>
<td>-0.102</td>
</tr>
<tr>
<td>Sportsmanship</td>
<td>0.228**</td>
<td>0.009</td>
</tr>
<tr>
<td>Civic virtue</td>
<td>0.087</td>
<td>-0.067</td>
</tr>
</tbody>
</table>

*p < .05; ** p < .01
Table 9

Correlation Matrix of Variables for Licensed Staff (n=198)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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</thead>
<tbody>
<tr>
<td>Satisfaction</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present pay (2)</td>
<td>-0.029</td>
<td>1.000</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>People at work (3)</td>
<td>0.240**</td>
<td>0.060</td>
<td>1.000</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Opportunities for promotion (4)</td>
<td>0.248**</td>
<td>0.101</td>
<td>0.164*</td>
<td>1.000</td>
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<td></td>
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</tr>
<tr>
<td>Supervision (5)</td>
<td>0.390**</td>
<td>0.046</td>
<td>0.258**</td>
<td>0.295**</td>
<td>1.000</td>
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<td></td>
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<tr>
<td>Job in General (6)</td>
<td>0.451**</td>
<td>0.063</td>
<td>0.311**</td>
<td>0.250**</td>
<td>0.563**</td>
<td>1.000</td>
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<tr>
<td>Organizational Commitment (7)</td>
<td>0.444**</td>
<td>0.021</td>
<td>0.298**</td>
<td>0.212**</td>
<td>0.429**</td>
<td>0.509**</td>
<td>1.000</td>
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<td>Organizational Citizenship Behaviors</td>
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<td></td>
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</tr>
<tr>
<td>Interpersonal helping (8)</td>
<td>0.119</td>
<td>-0.039</td>
<td>0.002</td>
<td>0.140*</td>
<td>0.099</td>
<td>0.031</td>
<td>0.211**</td>
<td>1.000</td>
<td></td>
</tr>
<tr>
<td>Sportsmanship (9)</td>
<td>0.254**</td>
<td>-0.040</td>
<td>0.178*</td>
<td>0.297**</td>
<td>0.160*</td>
<td>0.201**</td>
<td>0.338**</td>
<td>0.378**</td>
<td>1.000</td>
</tr>
<tr>
<td>Civic virtue (10)</td>
<td>0.166*</td>
<td>-0.022</td>
<td>0.009</td>
<td>0.105</td>
<td>0.071</td>
<td>0.093</td>
<td>0.269**</td>
<td>0.563**</td>
<td>0.220**</td>
</tr>
</tbody>
</table>

*p < .05; ** p < .01
### Table 10

**Correlation Matrix of Variables for Unlicensed Staff**  
(\(n\)s vary from 235 to 238 because of non-response to certain demographics)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<tbody>
<tr>
<td><strong>Satisfaction</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Work on present job (1)</td>
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<tr>
<td>Present pay (2)</td>
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<td>1.000</td>
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<td></td>
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<tr>
<td>People at work (3)</td>
<td>0.456**</td>
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<td>1.000</td>
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<tr>
<td>Opportunities for promotion (4)</td>
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<td>0.154*</td>
<td>1.000</td>
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</tr>
<tr>
<td>Supervision (5)</td>
<td>0.375**</td>
<td>0.025</td>
<td>0.426**</td>
<td>0.231**</td>
<td>1.000</td>
<td></td>
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<tr>
<td>Job in General (6)</td>
<td>0.664**</td>
<td>0.018</td>
<td>0.442**</td>
<td>0.285**</td>
<td>0.438**</td>
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<td></td>
</tr>
<tr>
<td><strong>Organizational Commitment (7)</strong></td>
<td>0.541**</td>
<td>0.132*</td>
<td>0.416**</td>
<td>0.352**</td>
<td>0.342**</td>
<td>0.558**</td>
<td>1.000</td>
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<tr>
<td><strong>Organizational Citizenship Behaviors</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Interpersonal helping (8)</td>
<td>0.107</td>
<td>-0.046</td>
<td>0.060</td>
<td>0.067</td>
<td>0.008</td>
<td>0.123</td>
<td>0.187**</td>
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<tr>
<td>Sportsmanship (9)</td>
<td>0.294**</td>
<td>0.097</td>
<td>0.268**</td>
<td>0.161*</td>
<td>0.261**</td>
<td>0.309**</td>
<td>0.389**</td>
<td>0.332**</td>
<td>1.000</td>
</tr>
<tr>
<td>Civic virtue (10)</td>
<td>0.191**</td>
<td>0.029</td>
<td>0.166*</td>
<td>0.075</td>
<td>0.080</td>
<td>0.118</td>
<td>0.335**</td>
<td>0.534**</td>
<td>0.252**</td>
</tr>
</tbody>
</table>

*p < .05; ** p < .01
Correlation Matrix for Licensed Staff

The correlation matrix for licensed staff was examined to determine potential relationships between the multidimensional constructs of satisfaction, commitment, and organizational citizenship. The correlation matrix for licensed staff is presented in Table 9.

Correlations between satisfaction variables amongst licensed staff trend positively toward satisfaction with the exception of the correlation between satisfaction with work on present job with present pay, which is slightly negative but not statistically significant. The strongest correlation was seen between satisfaction with supervision and satisfaction with the job in general, which showed a statistically significant positive correlation ($r^2=.31$). These results suggest a relationship between certain aspects of satisfaction with other facets of job satisfaction, including the Job In General scale, which is often used as a sole measure of overall satisfaction. The trend toward a negative correlation between satisfaction with work on present job and with present pay suggests that pay is a potential de-motivator for licensed staff.

There were also significant findings for licensed staff for the correlation between organizational commitment and the other variables measured in the present study. Specifically, positive correlations were found between organizational commitment and each of the satisfaction subscales with the exception of satisfaction with present pay ($r^2$ values ranging from .04 to .26). The strongest relationship is found between commitment and satisfaction with the job in general ($r^2=.26$). These results suggest that licensed staff who are satisfied are also committed to the organization. The negative correlation between organizational commitment and satisfaction with pay is an area worth
consideration. Positive correlations were also found between organizational commitment and each of the subscales that measure organizational citizenship behaviors (with $r^2$ values ranging from .07 to .11), which suggests that licensed staff who are committed are also likely to express organizational citizenship behaviors.

Lastly, the results showed positive correlations between certain aspects of organizational citizenship behavior - the sportsmanship subscale, specifically - and each of the subscales of satisfaction ($r^2$ values ranging from .03 to .09). These results suggest that satisfied employees are also likely to express sportsmanship characteristics of organizational citizenship behaviors, such as improving the amount of time spent on constructive endeavors in the organization, a major tenant of sportsmanship in organizations. A notable exception is the relationship between the sportsmanship subscale of organizational citizenship and satisfaction with pay, where, although not significant, the trend is toward a negative correlation. These results suggest, once again, that pay has the potential to de-motivate licensed staff to go above and beyond their defined roles.

Correlation Matrix for Unlicensed Staff

The correlation matrix for unlicensed staff was also examined to determine potential relationships between the multidimensional constructs of satisfaction, commitment and organizational citizenship. The correlation matrix for licensed staff is presented in Table 10.

The correlation matrix for unlicensed staff yielded similar results to that of licensed staff. As with licensed staff, correlations between satisfaction variables amongst unlicensed staff trend positively with the exception of the correlation between satisfaction
with present pay and people at work, which is slightly negative but not statistically significant. For correlations with statistical significance, \( r^2 \) values ranged from .02 to .44. These results suggest that unlicensed staff who express a degree of satisfaction with one aspect of the measure are likely to feel similarly toward other aspects of satisfaction. The strongest correlation was realized between satisfaction with work on present job and satisfaction with the job in general.

Also similar to licensed staff, organizational commitment of unlicensed staff was significantly and positively related to all aspects of satisfaction (\( r^2 \) values ranged from .02 to .31) including satisfaction with pay, which is markedly different from the results for licensed staff. The strongest correlations were realized between commitment and satisfaction with work on current job (\( r^2 = .29 \)) and with the job in general (\( r^2 = .31 \)). These results suggest that unlicensed staff who indicate a degree of satisfaction are also likely to be committed to the organization. Organizational commitment of unlicensed staff was also highly correlated with all aspects of organizational citizenship (\( r^2 \) values ranged from .04 to .15), which suggests that unlicensed staff who are committed to the organization are also likely to express organizational citizenship behaviors.

Results for organizational citizenship for unlicensed staff were also quite similar to those of licensed staff. There were significant positive correlations found between the sportsmanship subscale of organizational citizenship and each of the subscales of satisfaction. Although not a significant correlation to satisfaction with pay, the trend for unlicensed staff is toward a positive correlation, which is markedly different from the results for licensed staff. Overall, these results suggest that unlicensed staff who are satisfied are also likely to express behaviors congruent with the sportsmanship aspect of
organizational citizenship, such as not whining or complaining. There were also significant positive correlations between civic virtue and satisfaction with work on present job and with satisfaction with people at work, which suggests that unlicensed staff who are satisfied are also likely to express aspects of civic virtue, such as serving on committees or attending function voluntarily. Lastly, all three subscales of organizational citizenship behaviors were significantly correlated with each other.
Chapter 5: Discussion

The present study examined differences in workplace attitudes between professional and nonprofessional staff in the ambulatory care setting. The majority of the respondents in the present study were female (89%) and white (87%). About half of the respondents (45%) indicated having a Bachelor’s degree or higher. Greater than 90% of the respondents indicated that their normal working hours included days with no weekends, which is not surprising considering the nature of business hours in the ambulatory care setting.

Four hundred thirty six respondents from the total sample size of 439 reported information about their licensure status, with just under half (45%) indicating that they are licensed to perform their function and 55% indicating that licensure was not required to perform their function. The majority of respondents (70%) have been in their current position more than two years, with 79% reporting full-time status at the time of survey completion.

Effect of Professional Licensure

There is little direct research on licensure as a predictor of satisfaction or commitment and almost none on the relationship between licensure and the propensity to express organizational citizenship behaviors. Results from the present study show that generally speaking, professional (licensed) staff scored higher than nonprofessional staff on each of the six satisfaction subscales, on the measure of organizational commitment and on each of the three organizational citizenship subscales. This implies that professional licensure has an effect on the workplace attitudes of employees in the ambulatory care setting. It also confirms suggestions that groups who advocate for and
obtain licensure for their profession are likely to be more satisfied, committed and express more organizational citizenship behaviors.

The results contradict a study of pharmacy technicians and government employees by Podsakoff, Williams and Todor (1986) also found that professionals generally expressed less organizational commitment than nonprofessionals. Perhaps professional employees in certain fields view their professional status as more of a vehicle for advancement and see their advanced status as a platform for future succession.

In the present study, a relationship was identified between professional licensure and the civic virtue aspect of organizational citizenship, suggesting that licensure is a potential predictor of voluntary participation in meetings and committees and promotion of the interests of the organization, both trademarks of the civic virtue aspect of organizational citizenship.

*Correlations between Age, Education Level and Length in Position and Professional Licensure*

While overall findings of the effect of licensure on workplace attitudes of professional and nonprofessional staff in the ambulatory care setting are worthwhile, a detailed examination of the relationship between certain demographics may be useful for human resource managers and researchers alike. One of the primary research questions of the present study was to examine the relationship between age, education or job tenure and levels of satisfaction, commitment, and self-reported organizational citizenship behaviors across job categories in the ambulatory care setting. Results of the present study suggest significant positive correlations between age and two dimensions of organizational citizenship - interpersonal helping and sportsmanship - for professional
staff only. The correlation for the same two facets of organizational citizenship also
trended positively for nonprofessional staff, but to a lesser degree, and they were not
statistically significant. This suggests that older employees are more likely to express or
possess the propensity to express organizational citizenship behaviors than are younger
staff, particularly for licensed staff. McNeese and Nazarey (2001) suggest that planning
to retire from an organization and monetary benefits contribute to an overall sense of
commitment to an organization. As employees age within an organization and become
more assimilated in the culture of that organization, perhaps they start thinking about
retirement and job security. With regular wage increases, they may also be more content
with the financial rewards offered by their organization. These are several possible
reasons to explain the high correlation between age and organizational commitment.

Another notable outcome of the examination of correlations between age,
education and tenure and licensure status is that length in current position was negatively
correlated to all subscales of the satisfaction measure for professional staff and with the
majority of the subscales for nonprofessional staff. This means that the longer employees
stagnate in a given role, the more dissatisfied they become. Managers in the ambulatory
care setting would be remiss not to consider this when designing human resource policies
around employees with greater tenure, perhaps considering engaging them more,
recognizing their length of service, or creating more clearly defined career progression
plans.

Of the satisfaction subscales, there were significant negative correlations between
length in position and opportunities for promotion for both professional and
nonprofessional staff. This confirms the commonly accepted notion that the longer one
stays in their current position, the more difficult it is to plan for or make a job change. This is likely to be more of an attitudinal adjustment issue rather than a signal for managers in the ambulatory care setting to attempt to adjust human resource policy to placate this outcome.

Comparison of Satisfaction Scores

Satisfaction scores for professional staff are consistently higher than those of nonprofessional staff. This reveals interesting dynamics between the different subscales. First, the results of the current study were measured against cutoff scores recommended by the authors of the tool for classification purposes only. As shown in Figure 2, the mean score for satisfaction with work on present job for licensed staff was above the author-defined threshold to be considered significant. The confidence intervals for licensed staff listed in Figure 2 confirm that over 95% of the sample scored above this threshold. This confirms the nature of the literature presented in Chapter 2 and the argument laid out in the previous section, supporting the case for the effect of licensure on workplace attitudes. Shannon and Dietz (1989), for example, suggest that licensure can bring increased status as well as legal and economic benefits to a profession. The present study suggests that licensure can also bring increased levels of job satisfaction and organizational commitment as well and adds to the growing list of benefits that may be realized with licensure.

Mean scores for satisfaction with opportunities for promotion for both licensed and unlicensed staff fell below the threshold and can therefore be deemed significant. Confidence intervals below the threshold confirm that the majority sentiment for both licensed and unlicensed staff is that opportunities to advance within the organization are
limited. This has major implications for management in the ambulatory care setting, as human resource planning may be tailored to close the gap between perceptions or to work more diligently to make advancements within the organization more available and aware.

Finally, while the mean scores for satisfaction with present pay for both licensed and unlicensed staff trend toward dissatisfaction, confidence intervals for the unlicensed group alone show significance. Podsakoff, Williams and Todor (1986), Cary, Papp, Roberts, and Sochalski (2001) and Shannon and Dietz (1989) all highlight the economic benefits of professional licensure. The present study affirms that nonprofessional staff are significantly dissatisfied with their pay.

When considering constructs such as job satisfaction, it is important not to categorize people as either "fully satisfied" or "fully dissatisfied", as there are a number of factors that can affect general sentiment at any given time. Buhler (2003) suggests Herzberg’s Two-Factor Theory may be relevant in the context of workplace attitudes. Buhler states that "Herzberg’s basic premise was that the opposite of satisfaction is not dissatisfaction. Instead, the opposite of dissatisfaction is no dissatisfaction and the opposite of satisfaction is no satisfaction. As a result, moving people from dissatisfaction to satisfaction requires two sets of factors" (p. 21). Figure 4 below, adapted from Tutor2u Limited, shows Herzberg’s model. According to Herzberg, hygiene factors inhibit employees from feeling dissatisfied while motivator factors can elucidate feelings of satisfaction. Management in ambulatory care settings and in other organizations may benefit from an understanding of this model and it has relevance to the present study as well. There are many factors that can influence satisfaction that may present themselves as more negative or positive, depending on circumstance.
Figure 4

Herzberg's Two-Factor Theory of Motivation and Satisfaction

*Adapted from Tutor2u Limited

Because the job satisfaction measure does include national norms, it is interesting to note that with the exception of satisfaction with opportunities for promotion, scores for both professional and nonprofessional staff fell below the national norms. It is important to note, though, that because norms for healthcare organizations specifically are not available, the results of the job satisfaction measure are compared against norms for nonprofits in general. Because the case organization is part of an academic medical center affiliated with a private university, it can officially be categorized as a nonprofit entity. There are potentially substantial differences, though, between nonprofit healthcare settings and other human service agencies. Perhaps further delineation of the measure would aid in future research. Managers in ambulatory care should be comforted by the fact that even though scores for satisfaction with opportunities for promotion trended
significantly toward dissatisfaction for both professional and nonprofessional staff, the scores still are above the national norms. This could potentially be related to extrinsic factors such as the national economy and its impact on the employees’ pocketbook or the “mission-driven” culture in most non-profits, which for some puts purpose above financial rewards.

Correlations between Satisfaction and Commitment

When examining constructs such as satisfaction, commitment and organizational citizenship, it is important to consider the nature and antecedents of each, both individually and in concert with each other. This section discusses the nature and strength of the relationship between satisfaction and commitment in the present study.

Extant research suggests a strong correlation between satisfaction and commitment (e.g., Bateman & Organ, 1983; Puffer, 1987; Brooke, Russell, & Price, 1988; Organ & Konovsky, 1989; Williams & Anderson, 1991). The present study affirms the stream of research that suggests that there is a link between the two constructs. That is, satisfaction and commitment often coexist, but one is not necessarily a predictor of the other. Specifically, the present study suggests strong correlations between commitment and each of the satisfaction subscales for both professional and nonprofessional staff with the notable exception of satisfaction with pay. Although professional staff indicated a higher level of satisfaction with pay, the statistical significance for the measure of nonprofessional staff is stronger. Both trend, though, toward a positive correlation. This finding potentially affirms extant research that suggests a correlation between these two constructs. The relationship between each of these constructs and organizational citizenship behavior is presented in the next section.
Antecedents of Organizational Citizenship Behavior

The expression of organizational citizenship behaviors has been linked individually to attitudinal variables of satisfaction (e.g., Bateman & Organ, 1983; Motowidlo, 1984; Puffer, 1987; Scholl, Cooper, & McKenna, 1987; Organ & Konovsky, 1989; Williams & Anderson, 1991; Moorman, 1993; Organ & Lingl, 1995) and commitment (e.g., Scholl, 1981; Weiner, 1982; O'Reilly & Chatman, 1986; Williams & Anderson, 1991; Moorman, 1993). Schappe (1998) suggests that, with few exceptions, much of the previous research on the relationship between job satisfaction and organizational citizenship or between organizational commitment and organizational citizenship that showed significant predictive value concentrated on either job satisfaction or organizational commitment at the exclusion of the other and that the lack of predictive validity between them further suggests that they should be measured concurrently. Williams and Anderson (1991) agree, stating that the conceptual overlap between job satisfaction and organizational commitment was so strong that the significant relationships found in research that included only one of the aforementioned constructs related to organizational citizenship were essentially unauthentic.

Schappe (1998) found only a relationship between organizational commitment and organizational citizenship behaviors. This is directly contradicted by findings in the present study that suggest a potential relationship between certain demographics (e.g., professional licensure in the present study) to job satisfaction and organizational commitment, which correlate with self-reported measures of organizational citizenship behaviors. A potential path model is highlighted in Figure 5. This potential model is meaningful because minimal previous research exists that affirms its findings, especially
in the ambulatory care setting. Because the present study took place in the healthcare setting, which is, essentially, a helping profession, the results of the present study may be unique to the sample. Regardless, managers in healthcare settings and in the ambulatory care setting specifically should understand that, although there are differences in categories of employees, their employees who are satisfied are more likely to be committed and to express organizational citizenship behaviors. This finding also has implications for researchers who propose to measure similar constructs in similar settings in the future.

**Figure 5**

*Potential Path Analysis Model of Key Variables in This Study*
Limitations of the Current Study

There are four major limitations to the present study. First, the sample consisted primarily of white females, which is typical of healthcare settings. Future studies may seek to incorporate a wider sample size with more diverse demographics. Second, the present study was completed in the ambulatory care facility of a large, academic medical center in a small urban center in Upstate New York. Because the present study suggests that there may be inherent differences in the workplace attitudes of professional and nonprofessional staff in the ambulatory care setting as the present study suggests, future research might look for differences between ambulatory care and the inpatient care setting, in other geographic areas of the country and across other industries. Licensure is a critical piece in the healthcare setting but other industries could benefit from an introspective look at the differences in job categories as well.

A third potential limitation is the use of the organizational citizenship construct and the innate ambiguity in its definition. Because the construct does not enjoy as much discussion in the literature or in common practice as job satisfaction or organizational commitment, combined with the fact that a comprehensive definition of the construct was not provided to the respondents before implementation, there is potential for different interpretations of the intent and content. Additionally, unlike the majority of the literature in organizational citizenship, a self-reported measure was used in the present study. The ambiguity of the definition combined with the potentially natural tendency to rate one's self higher on supra-role behaviors than a coworker or supervisor would make the use of the self-report measure questionable. If given the opportunity, a multi-
perspective measure should be considered, allowing the self-reported measure to be used in tandem with that of others in the same work environment.

The number of respondents reporting completion of a Bachelor’s degree or higher in the present study (45%) is remarkably similar to the number of respondents indicating professional licensure (45%). Although beyond the scope of the present study, a fourth and final potential limitation of the present study is the potential correlation between education level, licensure and some of the workplace attitudes measured in the present study. Future research may wish to focus on separation of these potentially correlated demographics.

*General Conclusions*

The present study is more exploratory than confirmatory, as a comprehensive, multi-dimensional review of the workplace attitudes of staff in the ambulatory care setting had never been performed. Furthermore, limited existing research concentrated on professional licensure as a dependent variable, which is essential considering the constant realignment and proliferation of roles in the ambulatory care setting and the abundance of unlicensed assistive personnel that continue to seek the benefits of certification.

The primary goal of the present study was to examine differences in the workplace attitudes of professional and nonprofessional staff in the ambulatory care setting. The results suggest that licensed staff are more satisfied, more committed and more likely to express organizational citizenship behaviors than are nonprofessional staff. Because of its multidimensional nature, the satisfaction measure, specifically, showed
strong evidence of the differences in perceptions between professional and nonprofessional staff.

A secondary goal for the present study included an examination of correlations between age, education level and length in current position and the workplace attitudes or professional and nonprofessional staff. Correlations were realized between age and length in current position and certain aspects of organizational citizenship behaviors for licensed staff. The only commonality between professional and nonprofessional staff was a strong negative correlation between length in current position and satisfaction with opportunities for promotion.

The third and final research question for the present study focused on relationships between the multidimensional constructs of satisfaction, commitment and organizational citizenship behaviors across job categories that have application in human resource strategy. The results of the present study suggest that certain demographics (e.g., professional licensure) are correlated with satisfaction and organizational commitment and that the two constructs are potentially correlated with each other. Both satisfaction and commitment are also highly correlated with organizational citizenship behavior. The results suggest the potential for a path model between all three constructs, with implication in healthcare and other industries.

The results of the present study have implications for researchers and human resource development practitioners alike. For researchers, this body of work adds to the literature that already exists. This research, though, concentrates on workplace attitudes in the ambulatory care setting which was severely underrepresented in the literature. The results of the present study add to related findings and lay the framework for future
research that may wish to affirm or refute these findings. For human resource development practitioners, the results of this study offer a beginning understanding of the workplace attitudes of staff in the ambulatory care setting and the effect of professional licensure on the effectiveness of the organization.
References


Footnotes

1Balzer, Kihm, Smith, Irwin, Bachiochi, Robie, Sinar, and Parra (2000) caution against comparing results of the satisfaction measures to some fabricated neutral point where employees are neither satisfied nor dissatisfied. In theory, no such definition exists. In practice, however, Balzer and colleagues estimate the neutral point to be close to the middle range of possible scores, around a score of 27, with scores of 32 and over indicate feelings of satisfaction while scores of 22 and under indicate feelings of dissatisfaction.