

**Investigating Impact of Perceived Leader's
Behaviour on Employees' Motivation and Job
Satisfaction in a Select Nonprofit Healthcare
Organisation**

THESIS

Submitted in partial fulfillment of the requirements for the degree of
DOCTOR OF PHILOSOPHY

by

RAVINDER NATH BANSAL

Under the Supervision of
Prof. Meenakshi Malhotra



BITS Pilani

Pilani | Dubai | Goa | Hyderabad

**BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE
PILANI**

2016

**BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE
PILANI (RAJASTHAN)**

CERTIFICATE

This is to certify that the thesis entitled '**Investigating Impact of Perceived Leader's Behaviour on Employees' Motivation and Job Satisfaction in a Select Nonprofit Healthcare Organisation**' and submitted by Ravinder Nath Bansal ID No 2009PHXF021P for award of Ph. D. Degree of the Institute embodies original work done by him under my supervision.

Signature of the Supervisor

Name: Prof. (Mrs.) MEENAKSHI MALHOTRA

Designation: Professor, UBS, Punjab University, Chandigarh

Date: _____.

ACKNOWLEDGEMENT

This thesis would not have been possible without the guidance and help of several individual who in any way or the other contributed and extended their valuable assistance in the preparation and completion of this study. It is my great pleasure to convey gratitude to all the people whose contribution in assorted ways has helped me in completion of the thesis

First of all I would like to express my sincere gratitude to my research guide Prof. (Dr) Meenaskshi Malhotra, Professor and Chairperson, University Business School, Punjab University, Chandigarh for her supervision, valuable suggestions, important advices and guidance during the entire course of PhD. I am indebted to her for her crucial contribution, invaluable support and originality which has triggered and nourished my intellectual maturity resulting into lifelong experience. The joy and enthusiasm she has for research was contagious and motivational for me, even during tough times in the PhD pursuit. I feel extraordinary fortunate in having her as my supervisor, as I could have never embarked and succeeded in research without her unflinching encouragement. My sincere thanks to Dr. Sarvesh Satija and Dr. Anubha Dadhich for their valuable suggestion adding value to the research work. Special thanks to Dr. Hemant Jadhav (Associate Dean, Academic Research), Dr. Jyoti and Mr. Navin Singh for their kind support in completing the research work.

Where would I be without my Family? My family deserves a special mention for their inseparable support and prayers. My Father Amar Nath Bansal in the very first place is the person who put the fundamentals in my learning charter and showed me the joy of intellectual; pursuit ever since I was a child. This research work is dedicated to my wife who allowed to me spend time conducting the research. My special gratitude is to my son who kept his patience missing me.

I am also thankful to all the participants who spared their valuable time filling up the lengthy feedback form.

Last but not the least, the one above all of us, the omnipresent God, for answering my prayers and giving me the strength to plod on when I wanted to give up, thank you so much my lord.

Finally, I would like to thank everybody who was important in successful completion of the thesis, as well as express my apology that I could not mention personally one by one.

Ravinder Nath Bansal

Abstract

Healthcare Industry is one of the fastest growing industries universally employing over 180 lakh workers. Indian healthcare industry is also one of India's largest sectors in terms of both employment and revenue. Indian public healthcare delivery system includes 19653 Government hospitals (15818 rural and 3835 urban) having 754724 beds (216793 rural and 537931 urban). Medical education infrastructure has been on a parallel rise in India with 426 medical colleges, 308 dental colleges, of which 209 are Government medical colleges: assumed to be run by 3 lakh personnel providing services as doctors, nurse, paramedics, non-medicos and unskilled category of staff. Such teams are working to providing out-patient and inpatient services to around 7 crore patients' yearly, apart from teaching of undergraduate and postgraduate students. Public healthcare system aims to improve the health of people and population, to improve the quality of life and to enhance the life expectancy. Management of people at work is an integral part of the management process which is specifically more important in hospitals and health care organisations (HCO), being manpower intensive organisations. Leaders of nonprofit organisations are now adopting mainstream motivation approaches for improving performance and satisfaction. From literature it seems that, it is worth considering if working and systems of nonprofits are different. Interaction of leadership, motivation and job satisfaction may also differ in such nonprofit environment; this study thus quests to explore the relationship between perceived leader's behavior and employees' motivation and job satisfaction and the gambit in leader's behaviour to improve efficiency and efficacy of non-profit healthcare organisations. Earlier research has identified that that effective leadership results in improvements in health care practice related to motivation and job satisfaction of healthcare personnel.

Pressures are mounting on public sector originations to improve the working efficiency especially with the implementation of Right to Information Act, Consumer Protection Act, Right to Service Act and Clinical Establishment Act. This will require public HCO's to be even more responsible and efficient. Government organisations have higher perks for ministerial, paramedical and nursing staff and are thus able to retain them but over all their efficiency may be lower than that of private organisations. Further doctors have a high turnover in government organisations and more so with post-graduates, super-specialists where efforts are required to retain

them. Research has been going on job satisfaction, motivation and leadership among nurses in other countries, but not much has been done till date in Indian health care organisations, especially public healthcare organisations and even lesser studies in medical colleges and that to covering all the groups of the employees.

Objectives of the research: his research work primarily concentrates on understanding and investigating the impact of leader's behaviour on motivation and job satisfaction among employees in nonprofit healthcare organisation.

1. to determine demographic variables which influence employees' perception about their leaders behaviour.
2. to determine demographic variables which influence the employees' motivation and job satisfaction.
3. to study relationship between and impact of perceived leader's behaviour on employees' motivation and job satisfaction.
4. to suggest appropriate tactics that should be adopted by leaders for improving employees' motivation and job satisfaction.

Method: Following literature survey validated instruments like Leader Behaviour Description Questionnaire: Form XII (Stodgil, 1963), Motivation at Work Scale (Gagne, 2010) and Job Satisfaction Survey (Spector, 1994) were used. Survey questionnaire was administrated to all the personnel working (Excluding Class IV employees) at the selected organisation. This was followed by analysis of the collected data using Microsoft excel and SPSS involving statistical techniques like factor analysis, descriptive analysis, inferential analysis, analysis of variance, multiple comparison, co-relations, regression analysis and multicollinearity. The study included the demographic variables (gender, contractual/regular status of employment and professional groups), twelve aspects of perceived leader's behaviour (representation, demand reconciliation, tolerance of uncertainty, persuasiveness, initiation of structure, tolerance of freedom, role assumption, consideration, production emphasis, predictive accuracy, integration and superior orientation), motivational factors (Intrinsic motivation, identified regulation, introjected regulation and external motivation) and nine facets of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work and communication).

RESULTS:

Perceived leader's behavior: Based on responses of employees of a nonprofit healthcare organisation, it can be concluded that there is wide difference in leader's behaviour as perceived by the employees when categorized into various groups. Further there was no significant difference in employee's perception about behaviour their leader's between male and female employees and between contractual and regular employees. Significant difference was found between employees of professional groups (doctors, nurses, paramedics and non-medicos). This could be attributed to difference in requirements of job from each group of employees.

Motivation: Government institution differ from other institutions in lacking the scope for providing performance based pay and incentives. Lower levels of external motivation were correlating with the fact that in Government organisation there is little scope for external motivation and that any /all applicable incentives like salary hike and promotion are time bound and not bound to the performance of the individuals. Introjected motivation had a highest mean value, providing opportunity to the administrators to be used as effective tool. Statistically no significant difference was found in motivational levels between regular and contractual personnel. Higher motivational levels in paramedics found can be explained possibly due to good salary (proportionate to working hours) for paramedics and non medicos in comparison to their colleagues working in the private sector; favorable and safe working condition, flexible assignments, flexible duty hours, good collaboration between occupational groups, better provision for leave and other favourable factors. The reasons for nurses being the least satisfied in our study could be due to improper working conditions, recruitment policy, improper deployment, few career growth opportunities, lesser options for trainings, poorly defined job description and priority towards family considering the rural segment of population.

Job Satisfaction: Operating conditions and communication has been perceived as lowest among the job satisfaction facets. Lower perceived job satisfaction for facets supervision, operating conditions, co-workers and nature of work among female personnel was possibly due to personal characteristics such as marital status, rural setting and organisation characteristics such as lack of supportive supervision. Higher job satisfaction in regular personnel for facets pay, promotion and fringe benefits is obvious for the fact that regular personnel get their full benefits while contractual staff

gets limited of the above. Paramedics had higher job satisfaction levels and least was for nurses.

Conclusions and recommendations: Leaders of doctors must focus on individualised consideration along with demand reconciliation and tolerance of uncertainty to increase the job satisfaction of their subordinates. While consideration and persuasive behaviour increased intrinsic, identified & introjected motivation; role assumption, integration and demand reconciliation negatively influenced external motivation. **For non-medicos** consideration behaviour showed higher correlation with job satisfaction. While in public sector organisations contingent rewards, pay and promotion is time bound, yet in this organisation superior orientation of leader was an important factor. This could be explained as significant number of respondents were contractual staff and waiting for their jobs to be regularized. Consideration, tolerance of freedom and superior orientation increased motivation; however tolerance of uncertainty de-motivated them. **For para-medics** most important factor that satisfies them is superior orientation of their leader, apart from other important aspects like integration, consideration, representation and production emphasis behaviour of their leader. Role assumption and tolerance of uncertainty had no correlation with motivation. It shall be worth investigating further as to how cordial relations of their leader with (leader's) superiors; explains for higher job satisfaction of paramedics. **For nurses** leader's behaviour aspects could explain very little variation in their job satisfaction. Most of the aspects of perceived leader's behaviour negatively influenced their external motivation and none of the aspects of leader's behaviour positively influenced their other motivational factors. Further research shall be required to identify reasons as to why leader's behaviour is unable to stimulate job satisfaction in nurses.

The results of this study clearly indicate that correlation analysis for assessing the association between perceived leader's behaviour with job satisfaction and motivation for all the personnel working in any organisation as a whole may not be representative of the individual professional group category. Thus the impact of perceived leader's behaviour must be analysed separately for individual professional categories.

CONTENTS

<i>Acknowledgement</i>	<i>I</i>
<i>Abstract</i>	<i>III</i>
<i>Table of contents</i>	<i>VII</i>
<i>List of Tables</i>	<i>XI</i>
<i>List of Graphs</i>	<i>XIII</i>

Chapter	Title	Page No.
1	Introduction	1 - 27
2	Review of Literature	28 - 48
3	Research Methodology	49 - 61
4	Data Analysis -I	62 - 114
5	Data Analysis -II	115 - 174
9	Discussions	175 - 181
10	Conclusions, limitations and recommendations	182 - 192
11	Bibliography	193 - 224
12	Appendices	i - lxxviii

Chapter	Title	Page No(s)
1	Introduction	1
1.01	Healthcare Industry	1
1.02	Indian Healthcare Industry	3
1.03	Public healthcare in India	4
1.04	Medical education	5
1.05	Management of people	6
1.06	Conceptual Framework	7
1.06.1	- Leader's Behaviour	7
1.06.1.1	- Definitions	9
1.06.1.2	- Dimensions	11
1.06.1.3	- Measurement	15
1.06.2	- Motivation	16
1.06.2.1	- Definitions	18
1.06.2.2	- Dimensions	20
1.06.2.3	- Measurement	21
1.06.3	- Job Satisfaction	23
1.06.3.1	- Definitions	24
1.06.3.2	- Dimensions	25
1.06.3.3	- Measurement	25
1.07	Research Gaps/Need for study	26
1.08	Objectives of the Research	27
2	Literature review	28
2.01	Leader's Behaviour	28
2.02	Employee Motivation	35
2.03	Job Satisfaction	38
2.04	Leader's Behaviour and Motivation	40

2.05	Leader Behaviour and Job Satisfaction	43
3	Research Methodology	49
3.01	Scope of Study	49
3.02	Objectives of the Research	49
3.03	Method	50
3.04	Profile of the selected organisation	50
3.05	Sample	52
3.06	Sources of Data	53
3.07	Data Collection Tools	54
3.08	Hypothesis	58
3.09	Pilot Survey	60
3.10	Procedure	60
3.11	Analysis of Data	60
4	Data Analysis -I	62
4.1	Variation in Perceived Leader's behavior	62
4.1.1	Prevalent Leader's behaviour as perceived by employees	62
4.1.2	Comparing means of perceived leader's behavior between male and female employees	64
4.1.3	Comparing means of perceived leader's behavior between regular and contractual employees	67
4.1.4	Analysis of variation in perceived leader's behavior between employees of professional groups (Doctors, Nurses, Paramedics and Non-medicos)	70
4.1.5	Multiple Comparisons among Doctors, Nurses, Para-Medics and Non-medicos.	75
4.1.6	Summary	80
4.2	Variation in Motivation	81
4.2.1	Motivational levels of employees	82
4.2.2	Variation in motivational levels between male and female employees	83
4.2.3	Comparing motivational levels between male and female employees.	83
4.2.4	Comparing motivational levels between contractual and regular employees.	85
4.2.5	Analysis of variation in motivational levels between employees of professional groups (Doctors, Nurses, Paramedics and Non-medicos)	87
4.2.6	Multiple comparisons among Doctors, Nurses, Paramedics and Non-medicos for their motivational levels	89
4.2.7	Analysis of variation in motivational levels between employees based on duration of service	92
4.2.8	Analysis of variation in motivational levels between employees based on age of employees	92
4.2.8	Summary	93
4.3	Variation in Job Satisfaction	93
4.3.01	Job Satisfaction levels as perceived by employees	94
4.3.02	Variation in job satisfaction levels between male and female employees	95

4.3.03	Comparing job satisfaction levels between male and female employees	95
4.3.04	Comparing job satisfaction levels between contractual and regular employees	99
4.3.05	Analysis of variation in job satisfaction levels between employees of professional groups (Doctors, Nurses, Paramedics and Non-medicos)	102
4.3.06	Multiple comparisons among Doctors, Nurses, Para-Medics and Non-Medicos under study.	106
4.3.07	Analysis of variation in job satisfaction between employees based on duration of service	112
4.3.08	Analysis of variation in job satisfaction between employees based on age of employees	113
4.3.09	Summing Up	113
5	Data Analysis-II	115
5.1	Leader's Behavior and Motivation	115
5.1.1	Relationship between perceived leader's behavior and motivation levels of employees	115
5.1.2	Relationship between perceived leader's behaviour and motivation of employees of employees of different groups (Doctors, Nurses, Para-medics and Non-Medicos).	118
5.1.3	Multiple regression analysis of impact of perceived leader's behaviour on motivational factors	132
5.1.4	Multiple regression analysis of impact of perceived leader's behaviour on motivation of employees in professional groups.	134
5.1.5	Summing Up	138
5.2	Leader's Behavior and Job-Satisfaction	140
5.2.1	Relationship between perceived leader's behaviour and job satisfaction	140
5.2.2	Relationship between perceived leader's behaviour aspects and job satisfaction facets	142
5.2.3	Relationship between perceived leader's behaviour and job satisfaction of employees of professional groups (doctors, nurses, para-medics and non-medicos).	145
5.2.3.01	Relationship between perceived leader's 'consideration' behavior and facets of job satisfaction for employees of professional groups.	146
5.2.3.02	Relationship between perceived leader's 'Demand Reconciliation' behavior and facets of job satisfaction for employees of professional groups	150
5.2.3.03	Relationship between perceived leader's 'Initiation of Structure' behavior and facets of job satisfaction for employees of professional groups	150
5.2.3.04	Relationship between perceived leader's 'Integration' and facets of job satisfaction for employees of professional groups	151
5.2.3.05	Relationship between perceived leader's 'Persuasiveness' behavior and facets of job satisfaction for employees of professional groups	152
5.2.3.06	Relationship between perceived leader's 'Predictive Accuracy' behavior and facets of job satisfaction for employees of professional groups	153

5.2.3.07	Relationship between perceived leader's 'Production Emphasis' behavior and facets of job satisfaction for employees of professional groups	153
5.2.3.08	Relationship between perceived leader's 'Representation' behavior and facets of job satisfaction for employees of professional groups	154
5.2.3.09	Relationship between perceived leader's 'Role Assumption' behavior and facets of job satisfaction for employees of professional groups	155
5.2.3.10	Relationship between perceived leader's 'Superior Orientation' behavior and facets of job satisfaction for employees of professional groups	156
5.2.3.11	Relationship between perceived leader's 'Tolerance of Freedom' behavior and facets of job satisfaction for employees of professional groups	156
5.2.3.12	Relationship between perceived leader's 'Tolerance of Uncertainty' behavior and facets of job satisfaction for employees of professional groups	157
5.2.4	Multiple Regression analysis of impact of perceived leader's behavior on job satisfaction	163
5.2.4.1	Analysis of association between perceived leader's behavior and job satisfaction	164
5.2.4.2	Multiple Regression analysis investigating impact of perceived leader's behavior on job satisfaction of employee of professional groups.	165
5.2.5	Summing Up	173
6	Discussion	175
7	Conclusion and Recommendations	182
7.01	Brief of study and research design	182
7.02	Review of objectives and findings of the study	184
7.03	Recommendations	188
7.04	Limitations of study	190
7.05	Scope for further research	191
8	Bibliography	193

List of Tables

Table No	Description	Page No
3.01	Questionnaires distributed and received back	52
3.02	Split up of Male and Female participants	52
3.03	Split up of participants according to their profession	52
3.04	Split up of participants as regular and Contractual employees	52
3.05	No of items in scales for leader's behavior assessment	54
3.06	Facets of job satisfaction	54
3.07	Motivational factors	56
3.08	Reliability Coefficients of questionnaire	56
3.09	Reliability coefficients of leader's behavior questionnaire	57
3.10	Reliability coefficients of job satisfaction questionnaire	58
3.11	Reliability coefficients of motivational factors questionnaire	58
4.01	Mean values of different aspects of perceived leader's behavior	63
4.02	Comparing means (t-test) of perceived of leader's behavior between male and female employees.	65
4.03	Comparing means (t-test) of perceived leader's behavior between regular and contractual employees	68
4.04	Analysis of variance (ANOVA) in perceived leader's behavior among professional groups of employees (doctors, nurses, paramedics and non-medicos)	72
4.05	Multiple comparison of perceived leader's behavior among doctors, nurses, paramedics and non-medical employees	76
4.06	Mean values of motivational factors among male and female employees	83
4.07	Comparing means (t-test) of motivational levels between male and female employees	84
4.08	Mean values of motivational factors for contractual and regular employees	85
4.09	Comparing means (t-test) of motivational levels between regular and contractual employees	86
4.10	Means of motivational levels among doctors, nurses, non-medicos and paramedics	87
4.11	Analysis of variance (ANOVA) in motivation between professional groups (doctors, nurses, paramedics and non-medicos)	88
4.12	Multiple comparison of motivational levels among different groups employees	90
4.13	Mean values of different job satisfaction	94
4.14	Mean values of job satisfaction among male and female employees	95
4.15	Comparing means (t-test) of job satisfaction between male and female employees.	96
4.16	Comparing means (t-test) of job satisfaction between regular and contractual employees	100
4.17	Analysis of variance (ANOVA) for job satisfaction between doctors, nurses, paramedics and non-medical employees	104
4.18	Multiple comparison for job satisfaction among professional groups of employees	107
5.01	Correlation between perceived leader's behavior and motivational	116

	levels of all the employees	
5.02	Correlation between perceived leader's behavior and motivation of employees grouped as doctors, nurses, para-medics and non-medicos	119
5.03	Impact of perceived leader's behavior on intrinsic motivation of various groups of the employees	135
5.04	Impact of perceived leader's behavior on identified Regulation of various groups of the employees	136
5.05	Impact of perceived leader's behavior on introjected regulation of various groups of the employees	136
5.06	Impact of perceived leader's behavior on external regulation of various groups of the employees	137
5.07	Correlation between perceived leader's behavior and job satisfaction levels of all the employees	141
5.08	Correlation between perceived leader's behavior and job satisfaction among professional groups of employees (doctors, nurses, para-medics and non-medicos)	147
5.09	Impact of perceived leader's behavior on job satisfaction facet 'pay' on professional groups of employees	166
5.10	Impact of perceived leader's behavior on job satisfaction facet 'promotion' on professional groups of employees	166
5.11	Impact of perceived leader's behavior on job satisfaction facet 'supervision' on professional groups of employees	167
5.12	Impact of perceived leader's behavior on job satisfaction facet 'fringe benefits' on various categories of the employees under study	168
5.13	Impact of perceived leader's behavior on job satisfaction facet 'contingent rewards' on professional groups of employees	169
5.14	Impact of perceived leader's behavior on job satisfaction facet 'operating conditions' on professional groups of employees	169
5.15	Impact of perceived leader's behavior on job satisfaction facet 'co-workers' on professional groups of employees	171
5.16	Impact of perceived leader's behavior on job satisfaction facet 'nature of work' on professional groups of employees	171
5.17	Impact of perceived leader's behavior on job satisfaction facet 'communication' on professional groups of employees	172

List of graphs

Graph No	Description	Page No
4.01	Mean values for perceived leader's behaviour among professional group of employees (doctors, nurses, paramedics and non-medicos)	78
4.02	Graphical representation of mean values of motivational levels among professional groups (doctors, nurses, paramedics and non-medicos)	91
4.03	Means of job satisfaction levels of employees categorised as doctors, nurses, paramedics and non-medicos	110
5.01	Representation of variation in correlation between perceived leader's behaviour and motivation of employees	117
5.02	Correlation between perceived leader's behaviour and motivational levels of doctors	123
5.03	Correlation between perceived leader's behaviour and motivational levels of non-medicos	126
5.04	Correlation between perceived leader's behaviour and motivational levels of nurses	129
5.05	Correlation between perceived leader's behaviour and motivational levels of para-medics	132
5.06	Representation of correlation between perceived leader's behaviour and job satisfaction of doctors	159
5.07	Representation of correlation between perceived leader's behaviour and job satisfaction of non-medicos	160
5.08	Representation of correlation between perceived leader's behaviour and job satisfaction of nurses	161
5.09	Representation of correlation between perceived leader's behaviour and job satisfaction of para-medics	162

Introduction

Chapter 1

Introduction

Services are a major component of health care delivery systems. Healthcare industry is a manpower intensive industry being a service industry. Healthcare system aims to improving the health of people and population ensuring quality of life and enhancing the life expectancy. Being manpower intensive with variety of professional having individualized decision making, it becomes imperative to align the service delivery teams with the above aim.

1.01 Healthcare Industry

One of the fastest growing industries universally is ‘The Healthcare Industry’. Employing over 180 lakh workers (CDC, 2016), it is the fastest-growing sector of the U.S. economy. **Healthcare industry worldwide:** Economic system of the **healthcare industry** is an aggregation and integration of sectors providing goods and services for better health of population. As per CDC (2016) industry aims at maintaining and re-establishing health in society by generation and commercialization of goods and services. **BioCon Valley (2015)** mentioned that inter-disciplinary teams of complexly interlinked medical professionals, para-medical professionals and non-medical support staff work towards providing and meeting the healthcare needs of populations. They are externally supported by manufacturers of devices, drugs, consumable and other supplies. In US as per **DOLETA (2016)**, healthcare industry is the fastest growing industry and is the largest industry in the world. Industry, on an average, consumes over 10 percent of gross domestic product (GDP) of most developed nations. Further healthcare industry has been divided into many sectors by various classifying agencies. United Nations International Standard Industrial Classification (UNISIC) categorizes the healthcare industry as generally consisting of 1. hospital activities, 2 medical and dental practice activities and 3. other human health activities (like services of nurses, midwives, physiotherapists, scientific or diagnostic laboratories, pathology clinics, residential health facilities or other allied health professions e.g. in the field of optometry, hydrotherapy, medical massage, yoga therapy, music therapy, occupational therapy,

speech therapy, chiropody, homeopathy, chiropractics, acupuncture). The Global Industry Classification Standard and the Industry Classification Benchmark further distinguish the industry into two main groups 1. healthcare equipment and services (medical equipment, medical supplies, and healthcare services, such as hospitals, home healthcare providers, and nursing homes) and 2. Pharmaceuticals, biotechnology and related life sciences (companies that produce biotechnology, pharmaceuticals, and miscellaneous scientific services).

Another division can be: 1. regulation and management of health services delivery, 2. traditional and complementary medicines delivery services, 3. education and training of health professionals, and 4. administration of health insurance. Of the above segments and divisions, one group that directly interacts with patients and populations is providers and professionals, while the other like manufacturers and suppliers support the health providers. Healthcare providers can be defined as institutions (hospitals or clinics) or persons (physician, nurse, allied health professional or community health worker) that provides preventive, curative, promotional, rehabilitative or palliative care services in a systematic way to individuals, families or communities. As per World Health Organization (WHO) estimates that the health workers worldwide make the health care industry as one of the largest segments of the workforce with 92 lakh physicians, 19 lakh dentists and other dentistry personnel, 194 lakh nurses and midwives, 26 lakh pharmacists and other pharmaceutical personnel, and over 13 lakh community workers.

As per **WHO (2016)** another segment that contributes to healthcare costs include support systems, investors and shareholders of for-profit services and support staff (managers and administrators, underwriters and medical malpractice attorneys, marketers) who do not directly provide health care itself, but are part of the management. In 2011, 17.9 percent of the Gross Domestic Product (GDP) of the United States, the largest of any country in the world was paid to hospitals, physicians, nursing homes, diagnostic laboratories, pharmacies, medical device manufacturers and other components of the health care system, consumed. It has been estimated that healthcare costs will reach 19.6 percent of GDP of US by 2016.

According to **Nainil (2007)** delivery of healthcare services can be classified as face-to-face delivery of services (from primary care to secondary and tertiary levels of

care) and inabsentia health care (telemedicine). Improving access, coverage and quality of health services has become challenge for many developing nations and depends on the way services are organized and managed, and on the incentives influencing providers and users. The structure of healthcare charges can also vary dramatically among countries. For instance, as per **Yaun (2007)** Chinese hospital charges tend toward 50% for drugs, another major percentage for equipment, and a small percentage for healthcare professional fees.

1.02 Indian Healthcare Industry:

Similar to the growth of healthcare worldwide, as per Indian Brand Equity Foundation, **IBEF (2016)** healthcare industry is also one of India's largest sectors - in terms of both employment and revenue. Apart from the worldwide trends Indian healthcare systems is also active in clinical trials, outsourcing, and medical tourism. Exponential growth has been seen recently with huge investments by foreign investors, government focus and awareness among users creating demand for services. Indian healthcare delivery system is categorized into two major components - public and private. Public healthcare system comprises of limited secondary and tertiary care institutions in key cities and larger community focus providing basic healthcare facilities in the form of district hospitals and in rural areas with primary healthcare centres, and community health centres. The private sector provides majority of secondary, tertiary and quaternary care institutions with a major concentration in metros, tier I and tier II cities. India's competitive advantage lies in its large pool of well-trained medical professionals. Indian healthcare services costs are much lower than the western world. This difference in service costs with well trained professional attracts medical tourism to India.

Market Size: Currently estimated Indian healthcare market is worth US\$ 10,000 crores. Healthcare delivery system includes devices, manufacturers, service providers and pharmaceuticals of which service providers and pharmaceuticals having 65 per cent of the overall market. According to **NASSCOM (2016)** the Healthcare Information Technology (HIT) market which is valued at US\$ 100 crores currently is expected to grow 1.5 times by 2020. **Deloitte Touche Tohmatsu India (2016)** has predicted that with increased digital adoption, the Indian healthcare market, which is worth US\$ 10,000

crores, will likely grow at a CAGR of 23 per cent to US\$ 28,000 crores by 2020. Rural India, which accounts for over 70 per cent of the population, is set to emerge as a potential demand source especially with increasing access and rising GDP. In India, as per IBEF (2016) 1.12% of GP is spent on public expenditure on health. Per capita public expenditure on health in nominal terms has gone up from ₹ 621 in 2009 -2010 to ₹ 913 in 2013-14. Total public health expenditure was ₹ 1.12 lakh crores for the year 2013 -14. The centre: State share in total public health expenditure on health was 34:66 in 2013-14. Total numbers of doctors registered in India by 2015 were 960233 allopathic doctors, 156391 dental surgeons and 744563 AYUSH doctors as per data available from Central Bureau of Health Intelligence. It is expected that India healthcare shall add 6 to 7 lakh additional beds over the next 5-6 years, requiring an investment of US\$ 2,500 crores. Average investment size as per Price Waterhouse Corporation (2012) by private equity funds in healthcare chains has already increased to US\$ 3 crores from US\$ 1 crores. Indian medical tourism industry is pegged at US\$ 300 crores per annum, with tourist arrivals estimated at 230,000 and is expected to reach US\$ 600 crores in next 5 years.

Investments: Considering the growing market and potential, Indian healthcare industry attracted Foreign Direct Investment (FDI) worth US\$ 359 crores between April 2000 and March 2016, according to data released by the Department of Industrial Policy and Promotion (DIPP).

1.03 Public healthcare in India:

Indian public healthcare delivery system includes 19653 Government hospitals (15818 rural and 3835 urban) having 754724 beds (216793 rural and 537931 urban). 70% of Indian population lives in rural areas which are catered by 153655 sub centres, 25308 primary health centres and 5396 community health centres as on March 2015. Further rural health is supported by 7,89,796 ANM's in India. As per **CBHI (2016)** it is estimated that there is one allopathic doctor for population of 1306, one AYUSH doctor for population of 1684, one dental surgeon for population of 8018, one nurse for population of 475 and one pharmacist for 1865 population.

Government Initiatives: India's universal health plan that aims to offer guaranteed benefits to one-sixth of the world's population will cost an estimated ₹1.6 trillion (IBEF,

2016) over the next four years. Some of the major initiatives taken by the Government of India to promote Indian healthcare industry are as follows:

- National Dialysis Services Programme to accommodate the increasing demand for dialysis session
- Pradhan Mantri Jan Aushadhi Yojana to be strengthened, 3000 generic drug store to be opened
- Government of West Bengal has introduced G1 Digital Dispensary, which aims to provide primary healthcare services accessible to people from rural areas.
- A unique initiative for healthcare 'SEHAT' (Social Endeavour for Health and Telemedicine) has been launched at a government run Common Service Centre (CSC) to empower rural citizens by providing access to information, knowledge, skills and other services in various sectors through the intervention of digital technologies and fulfilling the vision of a 'Digital India'.
- Government has set a target of 95 per cent immunization cover by end of 2016.
- The E-health initiative, which is a part of Digital India drive launched by Prime Minister.

1.04 Medical education:

Medical education infrastructure has been on a parallel rise in India with 426 medical colleges, 308 graduate dental colleges and 240 post graduate dental colleges, having admission capacity of 53922 in medical colleges, 26530 for BDS course and 5866 MDS course during 2015-16. 2958 institutions in India are providing yearly intake of 118406 students for GNM, 735 pharmacy colleges offering 44065 D.Pharm course admissions (CBHI, 2016).

Government medical colleges: Of 426 medical colleges in India, 209 are government medical colleges in addition to few other government hospitals providing medical education. These Government medical college are assumed to be run by 3 lakh personnel providing services as Doctors, Nurse, Paramedics, Non-Medicos and Unskilled category of staff. Such teams are working to provide services to around 4 lakhs patients per day i.e. more than 7 crore patients yearly. These teams work round the clock to provide out-

patient and inpatient services apart from teaching of undergraduate and postgraduate students.

1.05 Management of people:

Management of people at work is an integral part of the management process which is specifically more important in hospitals and health care organizations (HCO), being manpower intensive organizations. It is important to understand the critical importance of people in the organization and to recognize the human element. For well-managed organization, all workers are seen as the root source of quality and productivity gains and as the fundamental source of improvement. An organization is effective to the degree to which it achieves its goals. An effective organization will make sure that there is a spirit of cooperation and sense of commitment and satisfaction among its employees within the sphere of its influence. In order to make employees satisfied and committed to their jobs, there is need for a strong and effective motivation at various levels, departments and sections. This applies equally and is more important for HCO's, especially in a non-profit public organizations where options for monetary and other rewards may be limited.

Pander and Wright (2006), Part and Rainey (2007), Yang and Pandey (2009) in public management research have emphasized the need to study how public organizations' unique characteristics affect employee attitudes, behaviour and decision making. Leaders of nonprofit organizations are now adopting mainstream motivation approaches for improving performance and satisfaction. **Holloway (2012)** in his research in nonprofit section demonstrated that leaders can enhance employee committed thereby reducing turnover and absenteeism by developing close and interpersonal relationships with their employees. **Pervez (2005)** found that in nonprofit organization leader's use more participative and supportive behaviour while in the profit organization leaders use more directive and less participative behaviour. **Seyhan (2013)** transformational leadership components yield positive results in terms of changing process through idealized influence, inspirational motivation, and individualized consideration. A number of studies have suggested that nonprofits differ in several respects. For example, the availability of certain motivational rewards may be limited (**Boezemann and Ellemers, 2007**), and may

be characterized as having a disproportionate number of employees that are intrinsically motivated (Leete, 2000) and nonprofit employees may respond more favorably to specific types of leader's behaviour (Zeffane, 1994). Gange & Deci (2005) stated the in public section aspects of job satisfaction have been shown to be unique.

From literature it seems that, it is worth considering if working and systems of nonprofits are different, then the interaction of leadership, motivation and job satisfaction may also differ in such environment. Accordingly this study quests to explore the relationship between perceived leader's behaviour and employee outcomes (motivation and job satisfaction) and the gambit in leader's behaviour to improve efficiency and efficacy of non-profit healthcare teaching organizations. Kerr & Jerimer (1994), Farh et al (1987), Madlock (2008), Zing & Bartol (2010) expressed that possibly there are other elements that influence the relationship between rewards (especially intrinsic) and the leaders influence but such studies are particularly not focused on nonprofit organizations.

1.06 CONCEPTUAL FRAMEWORK

In order to get clear and comprehensive understanding of the constructs used in the study, it is vital to get overview of the evolution of the concepts, their definitions and present state of constructs. This section elaborates the conceptual framework, definitions and dimensions of leader's behaviour, motivation and job satisfaction.

1.06.1 Leader's Behaviour

Leaders are role models who influence the culture, values, thoughts and actions of the organization and its people. The leadership style practiced by managers greatly influences the performance and productivity at the work place. The situational leadership model encourages managers to flexibly use their leadership style based on the situation and thus achieve effective results. Both at the middle managerial level where leaders work closely with people and at higher managerial level where leaders are responsible for a number of people, their approach has an impact on the motivational levels of the organization. Nielsen and Munir (2009) found that transformational leader's behaviour

can positively influence follower's self-efficacy (i.e. beliefs) about his or her capability to achieve a task, which in turn increases their sense of well being.

Howell & Dorfman (1986) identified moderator variables that serve as neutralizers or enhancers to the leader's behaviour such as elements of the employee (experience, ability, and training) and elements of the task (clear directions, routine, and feedback) etc. **Spillane (2004)** posited that leadership takes a strong personality with a well-developed positive ego.

According to **Managementstudyguide (2014)** as managers; leaders have to empathize with the situations, emotions, aspirations and motivations of the subordinates. A leader needs to discern facts and try and reach to deeper levels and understand things beyond obvious. A subordinate working closely with the manager would expect the manager to understand his situation and priorities, and this in turn affects his level of commitment and performance at work. A leader has to suitably know and understand when he/she needs to be directive and when he needs to delegate. He/she needs to be aware, when the team members are acting as one unit and when there are differences among the team members. The leader needs to be sensitive to the insecurities and apprehensions of the subordinates which sometimes might be expressed and sometimes kept undisclosed. At the senior level it is all the more important as the senior executives find it hard to clearly outline their anxieties and differences and the leader has to anticipate some of them. Successful leaders skillfully use different tactics under different situations to change behaviour, opinions, attitudes, goals, needs and/or values. To be an effective leader, it is necessary to influence others to support and implement decisions that the leader and group members perceive are necessary. Without influence, leadership does not occur. In other words, leadership is the act of influencing outcomes. Influence can be with people, things or events. Strength and effectiveness of influence can vary. The process the leader uses to influence someone can take a variety of forms.

Research by **Roland (1998) and Manoj (2005)** stated that effective leadership resulted in improvements in health care practice. **Cummings (2010)** systematic review of leadership and nurse outcomes reported that relational leadership such as transformational, resonant and supportive were associated with increased job satisfaction of nurses. Role of supportive leadership in adding to job satisfaction was also identified

by McNeese (1999), Loke (2001), Cumming et al (2010), Hall (2007). In a study in university hospitals, Sellgren (2008) suggested that nurse managers must work on developing their leadership behaviour; being an all-round leader that cares about people is concerned about productivity and can handle changes. Adams & Bond (2000), Lu et al (2005), Abu (2002) identified that factors that enhance nurses satisfaction are of paramount as their satisfaction gets noticed in terms of increasing patients quality of care, increasing patient satisfaction, providing a positive view of the hospital from the community perspectives and increasing their productivity, efficiency and retention.

CONSIDERATION: studies have shown role of leadership in job satisfaction of staff and patient care outcomes. While most of the studies in the past have been done in private setups and mainly on nursing staff, there is a need to study the same in public healthcare institutions.

Perceived Leader' Behaviour: Perception is the most difficult and complex part of human behavior; managers need to understand that all employees have differing perceptions. In a given situation, employees and their leaders see what they we want to see. People's reaction depends on they hear and not necessarily what was said. Employees interpret the leaders based on their experiences and surroundings. Berelson & Steiner (1964) defined perception as the complex process by which people select and organize sensory stimulation into a meaningful and rational picture of the world. Good leaders generally possess three major skills like technical skills, vision and interpersonal skills. Yet they may forget to develop a vital skill 'perception'. Having the right perception requires readers to be communicative in organization. Best of the efforts of leader's can get comprehended otherwise if not communicated in manner that employees can comprehend and perceive. According to Otara (2011) having the right perception is not only about becoming competent, polyvalent and productive but also about nurturing diversity and being able to live with all employees.

1.06.1.1 Definitions of Leader's Behaviour

Leadership: According to Tannenbaum (1964) "Leadership is interpersonal influence, exercised in a situation and directed, through the communication process, toward the

attainment of a specified goal or goals". Three important parts of this definition are the terms: interpersonal, influence and goal.

- *Interpersonal* means between persons. Thus, a leader has more than one person (group) to lead.
- *Influence* is the power to affect others.
- *Goal* is the end one strives to attain.

According to **Antonakis et al (2004)**, **Bass and Avolio (2006)** leadership refers to a set of behaviors' that leaders employ to influence the behaviour of subordinates.

1. **Transactional leadership** consists of two elements.
 - a. The first is contingent reward, in which the leader obtains subordinates' agreement on what needs to be done in exchange for the promised reward.
 - b. The second is management-by-exception either actively by monitoring deviances from standards and taking action to correct these, or passively by pointing out mistakes when they have already occurred.
2. **Laissez-faire leaders** do not lead; they avoid making decisions, delay actions and ignore leader responsibilities.
3. **Transformational leaders** challenge and empower their employees to achieve greater success. **Dvir et al (2002)** mentions four elements that characterize transformational leadership: *Idealized influence* - the leader acts as a role model; *inspirational motivation* - the leader provides meaning and challenge to subordinates work; *intellectual stimulation* - the leader encourages subordinates to be creative and approach problems in new ways; and finally, *individualized consideration* - the leader pays attention to the individual subordinate's needs and provides coaching and mentoring.
 - a. **Individualized consideration** behaviour includes respecting employees and paying attention to each individual and his or her needs. **Northhouse (2013)** refers it to leaders who provide supportive environment for followers and listen prudently to their individual needs. **Bromley & Kirschner-Bromley (2007)** refers this to leaders who pay special attention to progress and achievements of their followers. This leadership characteristic was further labeled as leaders who

search for creative and new ideas from their followers to solve the organisation's problems as well as inspire them to adopt new approaches in performing their tasks.

- b. **Intellectual stimulation** springs from leaders who tackle old problems in a novel fashion and inspire employees to think about their conventional methods critically by sharing their new ideas.
- c. **Inspirational motivation** according to **Bromley & Bromley (2007)** refers to leader's behaviour encouraging employees to eagerly take on challenging tasks and an organizational mission. Inspiration refers to leaders who stimulate team spirit thereby making followers enthusiastic and positive about the organisation's future.
- d. **Idealized influence** leaders serve as role models for their employees, allow them to identify with a shared organizational vision and overcome obstacles in ways that breed pride and belief in employees. **Hirschler (2014)** elaborated on the relationship of distributed leadership and a climate for informal learning with the satisfaction of the need for competence and relatedness. **Kessles (2012)** stated that influence needs to be located at those individuals and groups who have relevant expertise, competencies and motivation for the job at hand.

Chermers (1997) described leadership as a process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task. According to **Freiberg and Freiberg (1999)** leadership is a dynamic relationship based on mutual influence and common purpose between leaders and collaborators in which both are moved to higher levels of motivation and moral development as they affect real and intended change.

1.06.1.2 Dimensions of Leader's Behaviour

According to **Traits theories** there are 3 traits as characteristics of effective leaders; **Physical traits:** Leadership would be positively related to age, gender, height, weight, and appearance, **Intellectual traits:** e.g. Decisiveness, judgmental ability, knowledge and verbal ability, **Personality traits:** e.g. Social class, inheritance.

Behavioural theories (1946-1965), the second approach dealt with the major types of the preferred behaviour that a good leader demonstrated and exhibited. In other words this approach was concerned with the way in which effective leader's behave.

- **Ohio State Studies (1957)** suggested that situational factors should be considered to be integrated into the theory and no single leadership style is effective in all situations, and that the effectiveness of leadership style was situation specific. After compiling and analyzing the results, the study led to the conclusion that there were two groups of behaviour that were strongly correlated. These were defined as
 - People Oriented Leaders
 - Task Oriented Leaders.
- **University Of Michigan Studies** led by Rensis Likert, isolated two following dimensions of leadership behaviour:
 - Employee-oriented: Leadership behaviour that emphasises interpersonal relations and is interested in the needs of their followers and individual differences among them.
 - Production-oriented: Leadership behaviour that emphasises the technical or task aspect of the job and is concerned with the accomplishment of their group's task.
- **Autocratic-Democratic Continuum Model** developed by **Tannenbaum & Schmidt (1958)** proposed that there was a relationship between the degree of authority used and the amount of freedom available to followers in reaching a decision.
- **The Managerial Grid Theory** by **Blake & Mouton (1964)** presented their theory of leadership in the form a managerial grid. The components which serve as the basis for the grid are 'concern for people' and 'concern for production'.

After 1965 **Contingency Theories** were described and suggested that leadership behaviour determined leadership style and style effectiveness was determined according to situation.

- **Fiedler's Contingency Theory (1967)** developed the first comprehensive contingency model for leadership which showed the situational nature of effective leadership. It assumed that effective group performance depended on the proper match between the leader's style of interacting with followers and the degree to

which the situation gave control and influence to the leader. It considered three contingency dimensions:

- 1. Leader-member relations: Good relationship result in respect and trust by followers, and group cooperation and effort.
 - 2. Task structure: The degree to which the followers' jobs are structured or unstructured.
 - 3. Position power: The degree of influence a leader has over power variable such as hiring, firing, discipline, promotion, and salary increases.
- **Path-Goal Model (House, 1971)** proposed a contingency theory for leadership that integrates the expectancy model of motivation with the Ohio State studies. This theory focused on the role of the leader in facilitating group members toward achieving particular goals. Leadership behaviour and follower's needs and interests were crucial factors which were similar to consideration and initiating structure classified by the Ohio State studies. The difference between this theory and the Ohio State studies was that it sought to look at the situation in relation to two behavioural dimensions.
 - **Chelladurai's Multidimensional Model of Leadership (1978)** proposed a multidimensional model of leadership developed on the basis of leadership theories and their effectiveness. The basic assumption of this model was that the performance outcomes and satisfaction could be achieved by effective Leader's behaviour which, in turn, are modified by antecedents or existing conditions. Namely, the leader is expected to vary the Leader's behaviour according to two sets of equally potent and at times conflicting forces-situational demands and members preferences. However, this model should be applied primarily to the athletic setting rather than the administrative setting since a situation of this theory, the member preference, is related to team work cohesiveness of athletic teams is determined by the member preference, and determines success of athletic teams.
 - **Motivational Model of Leadership (Burns, 1978)** identified two kinds of leadership styles: transactional and transformational leadership style based on kinds of motives and needs of the followers. According to motivational situations that the followers have, leaders are adaptive to two leadership styles; transactional and transformational.

- Transactional style stressed basic and extrinsic motives and needs such as physical, security, social and ego needs
- whereas transformational style focused on high-order, more intrinsic motives and needs including esteem, achievement, autonomy, self-actualization, and competence. Thus, transactional style is effective in the situation where followers work for the accomplishment of extrinsic and basic motives and needs.
- **Hersey and Blanchard's Situational Theory** identified the terms 'task behaviour' and 'relationship behaviour'.
 - **Task Behaviour:** The extent to which leaders are likely to organize and define the role of the members of their groups; to explain what activities each is to do when, where and how tasks are to be accomplished; characterized by endeavoring to establish well-defined patterns of organization, channels of communication and ways of getting jobs accomplished.
 - **Relationship behaviour:** The extent to which leaders are likely to maintain personal relationships between themselves and members of their group (followers) by opening up channels of communication, providing socio-emotional support 'psychological strokes and facilitating behaviour'.
- **Lowder (2007)** described five dimensions of effective leadership in a meta-analysis of leadership attributes & behaviour. These broad dimensions are personal effectiveness, interpersonal relationship effectiveness, managerial effectiveness, operational effectiveness, and societal effectiveness.
 - **Personal effectiveness:** Successful leaders must develop and enhance personal attributes and behaviour that include individual trustworthiness, strong ethical system, tough mindedness, personal optimism, self-motivated, goal oriented, focused on important issues, works toward self-improvement, sets priorities setting, and uses effective time management.
 - **Interpersonal relationship effectiveness:** The attributes and behaviour in this dimension as they relate to other people include trust, compassion, empathy, fairness, objectivity, encouragement, guiding, and motivating.

- **Managerial effectiveness:** Specific individual attributes and behaviour associated with this dimension include team spirit, achieves productivity through people, delegates authority, empowers others, communication at all organizational dimensions, demonstrates candor, seeks continual organizational improvement, maintains a bias for organizational action, and emulates high organizational values.
- **Operational effectiveness:** these outcomes occur as a result of specific leadership attributes and behaviour including relationship building, understanding customer needs, instilling organizational vision, organizational stability, stakeholder satisfaction levels, and workforce satisfaction levels.
- **Societal effectiveness:** The attributes and behaviour associated with this dimension address the leader's level of focus on environmental issues, community involvement, public relations, and environmental stewardship.

1.06.1.3 Measurement of Leader's Behaviour

Literature contains many tools to measure leader's behaviour / styles. One such tool is MLQ (**Multifactor Leadership Questionnaire**). The conceptual basis for the original factor structure for the MLQ began with **Burns (1978)** description of transforming leadership. **Hater & Bass (1988)** factor analysed a revised version of the MLQ (Form 4R), reporting that management-by-exception was split into active and passive subcomponents. The MLQ (Form 5X) by **Bass & Avolio (1990)** attempted to differentiate attributes from behavioural charismatic leadership in the development of the latest version of the MLQ. It evaluates three different leadership styles: Transformational, Transactional, and Passive-Avoidant. It allows individuals to measure how they perceive themselves with regard to specific leader's behaviour. MLQ form 6s (**Bass & Avolio, 1992**) measures 7 factors of leader's behaviour namely idealized influence, inspirational motivation, intellectual stimulation, individualized consideration, contingent reward, management by exception and laissez-faire.

The **LBDQ** (Leader's Behaviour Description Questionnaire) was developed in 1957 by the staff of the Personnel Research Board, **The Ohio State University**, as one project of the Ohio State Leadership Studies, directed by Carroll Shartle. LBDQ form XII

was redefined in 1963. Questionnaire consists of 100 questions aimed to assess 12 facets of Leader's Behaviour namely: Representation, Demand Reconciliation, Tolerance of Uncertainty, Persuasiveness, Initiation of Structure, Tolerance and Freedom, Role Assumption, Consideration, Production Emphasis, Predictive Accuracy, Integration, perceived by their subordinates.

Michigan Four-Factor Theory Questionnaire (F-FTQ) was developed to assess and be able to correlate the leader's behaviour into effectiveness and performance output and another such redefined Managerial Practices Survey was formed by Yukl 1982.

The **Leadership Practices Inventory (LPI)** developed by Posner & Kouzes (1998) is mainly meant for leaders as individuals to rate themselves on the frequency with which they believe they engage in each of the 30 aspects behaviour.

Yunker & Hunt (1976) performed an empirical comparison of the Michigan Four-Factor and Ohio State LBDQ leadership scales and hypothesized equivalency between the four dimensions of the Michigan Four-Factor Theory Questionnaire (F-FTQ) and four dimensions from the Ohio State Leader's Behaviour Description Questionnaire (LBDQ) was empirically investigated. It was found that there was convergent validity for the dimensions but that they generally did not meet requirements for discriminant validity. The LBDQ dimensions had more shared variance, and less general and unique variance than the F-FTQ. Generally, the LBDQ was found to predict satisfaction criteria better than the F-FTQ. The LBDQ had "cleaner" loadings on these leadership factors than did the F-FTQ. On balance, it was concluded that the hypothesized F-FTQ—LBDQ equivalency did not appear to hold at the empirical level.

According to **Rody (2013)** LBDQ has been the most widely used tool for measurement of leader's behaviour. Based on the popularity and extensive use by various researchers; LBDQ was selected as a tool to assess the perception about their leader's behaviour

1.06.2 Motivation

Motivated employees perform allotted task in a better way and more quality oriented way. Productive rather than adaptive workers have creative, spontaneous and innovative behaviour at work. People engage in organizational activities for a number of reasons including monetary, self satisfaction, felt obligation and social. The degree to which participation is based on interest, the task or some other factor differs considerably from one person to another. While some people may enjoy the satisfaction of the process, others derive a sense of fulfillment from task accomplishment. Still others receive satisfaction from either the primary or secondary rewards they receive after task completion. The complexities of how these interact may further make it difficult to understand just what motivates at all.

According to **Kelly (1967)**, people need to experience personal causation. **Deci & Ryan (1985)** proposed that people engage in behaviour that is intrinsically motivating in order to feel competent. A data-based comprehensive analysis **Miner, Ebrahimi & Wachtel (1995)** had concluded that competitiveness problems appear to be largely motivational in nature. Along with perception, personality, attitudes and learning, motivation is a very important element of behaviour. Nevertheless, motivation is not the only explanation of behaviour. It interacts with and acts in conjunction with other cognitive processes. **Luthans (1998)** states that motivating is the management process of influencing behaviour based on the knowledge of what makes people tick. **Luthans (1998)** asserts that motivation is the process that arouses, energizes, directs and sustains behaviour and performance. It is the process of stimulating people to action and to achieve a desired task. One way of stimulating people is to employ effective motivation, which makes workers more satisfied with and committed to their jobs. Money is not the only motivator. There are other incentives which can also serve as motivators. Specific employee attitudes relating to job satisfaction and organizational commitment are of major interest to the field of organizational behaviour and the practice of human resources management. Attitude has direct impact on job satisfaction. Motivation is a basic psychological process.

1.06.2.1 Definitions of Motivation

Deci & Ryan, (2000) also proposed that motivation differs in degree of self-determination. The range is from the most controlled form of motivation (**external regulation**) which represents behaviour directed by external demands to the least controlled form of motivation (**intrinsic motivation**) where motivation is simply a result of personal enjoyment of the activity. In between these extremes are two categories that represent combinations of both. **Introjected regulation**, closest to extrinsic motivation results from external demands but the individual internalizes some elements of self satisfaction. **Identified regulation**, closest to intrinsic, is based more on internalized motives such as a personally satisfying task than external demands. This model of intrinsic - extrinsic motivation provides a framework to examine employee motivation, especially in nonprofit organizations that according to **Smith (1995), Salmon (2002)** attract those seeking intrinsically satisfying activities.

The term motivation according to **Baron (2002)** is derived from the Latin term 'movere', which means 'to move'. **Spector (2003)** saw motivation as an internal state that induces a person to engage in particular behaviour and held that motivation may be viewed from two angles. On one hand, motivation encompasses direction, where a particular behaviour is selected from a choice of behaviour's, intensity referring to the amount of effort put into a task and persistence which denotes the person's continuing engagement in the selected behaviour. On the other hand, motivation is also concerned with a desire to achieve a certain goal, which derives from the particular individual's own needs and desires.

According to **Robbins (2007)** "Motivation is the process that accounts for an individual's intensity, direction and persistence of efforts towards attaining a goal". Motivation is internal and external factors that stimulate desire and energy in people to be continually interested in and committed to a job, role, or subject and to exert persistent effort in attaining a goal. Motivation results from the interactions among conscious and unconscious factors such as the (1) intensity of desire or need, (2) incentive or reward value of the goal and (3) expectations of the individual and of his or her significant others. Other definitions as expressed by researchers are as follows:

<i>Chung & Ross, 1977</i>	<i>Motivation is goal oriented</i>
<i>Potter & Ware, 1987.</i>	<i>Motivation is an action</i>
<i>Sass, 1989.</i>	<i>Motivation is an abstract concept</i>
<i>Pintrich & Schunk, 1996.</i>	<i>Motivation is the process whereby goal-directed activity is instigated and sustained</i>
<i>Ryan & Deci, 2000.</i>	<i>Motivation varies considerably</i>
<i>Lemos, 2001.</i>	<i>Motivation and goals are inseparable</i>
<i>Hays & Hill, 2001.</i>	<i>Motivation can be defined as the desire to achieve some goal</i>
<i>Gard, 2001.</i>	<i>Motivation can be defined as everything that drives and sustains human behaviour</i>
<i>Barrick, Stewart & Piotrowski, 2002.</i>	<i>Motivation is direction</i>
<i>Hardré, 2003.</i>	<i>Motivation is complex</i>
<i>Mitchell & Daniels, 2003.</i>	<i>Motivation is a set of psychological processes</i>
<i>Johnson & Johnson, 2003.</i>	<i>Motivation may be defined as the degree to which individuals commit effort to achieve goals that they perceive as being meaningful and worthwhile</i>
<i>Howard & Erich, 2005.</i>	<i>Motivation is goal oriented</i>
<i>Neal & Griffin, 2006.</i>	<i>Motivation is associated with the whole individual</i>
<i>Locke & Baum, 2006.</i>	<i>Motivation is an inner drive</i>
<i>Vilma & Egle, 2007.</i>	<i>Motivation is complex</i>
<i>Tella, Ayeni & Popoola, 2007.</i>	<i>Motivation is a very important element of behaviour</i>
<i>Coccea & Weibelzahl, 2007.</i>	<i>Motivation is a key component of learning</i>
<i>Tella, 2007.</i>	<i>Motivation is a necessary ingredient for learning</i>
<i>Bowman, 2007.</i>	<i>Motivation is self-focused</i>
<i>Alexander, Cici & Gibson, 2007.</i>	<i>Motivation is related to performance</i>
<i>Resnick, 2007.</i>	<i>Motivation is defined as the inner urge that moves or prompts</i>
<i>Kim & Lee, 2008.</i>	<i>Motivation is a desire to do something</i>
<i>Koob & Le Moal, 2008.</i>	<i>Motivation is defined by two processes</i>
<i>Fejes, 2008.</i>	<i>Motivation is what causes behaviour</i>
<i>Winne & Hadwin, 2008.</i>	<i>Motivation is at once simple and intensely complicated</i>
<i>Oudeyer & Kaplan, 2008.</i>	<i>Motivation is defined as the doing of an activity</i>
<i>Hong, Cheng, Hwang, Lee & Chang, 2009.</i>	<i>Motivation is a desire for change</i>
<i>Schmidt, 2009.</i>	<i>Motivation is generally considered a kind of curiosity</i>
<i>Harmon-Jones, E., &</i>	<i>Motivation can be positive or negative. Motivation is</i>

<i>Harmon-Jones, C. 2010.</i>	<i>the stage that triggers the whole decision process</i>
<i>Kennedy, 2010.</i>	<i>Motivation is level of persistence</i>
<i>Khuntia, 2010.</i>	<i>Motivation is a continuous process</i>
<i>Fehr, & Sassenberg, 2010.</i>	<i>Motivation is an internal feeling</i>
<i>Schmidt, Palminteri, Lafargue & Pessiglione, 2010.</i>	<i>Motivation is generally understood to denote the strength of a person's desire to attain a goal</i>
<i>Rakes & Dunn, 2010.</i>	<i>Motivation is generally viewed as a process through which an individual's needs and desires are set in motion</i>
<i>Thijs, 2011.</i>	<i>Motivation is dependent on the fulfillment of fundamental, innate psychological needs for competence, relatedness, and autonomy</i>
<i>Goudas, Biddle & Fox, 2011.</i>	<i>Motivation is an ongoing process</i>
<i>De Cooman, De Gieter, Pepermans & Jegers, 2011.</i>	<i>Motivation is a broad concept</i>
<i>Román & Iacobucci, 2010.</i>	<i>Motivation is generally defined as a psychological state</i>
<i>King, & Teo, 2012</i>	<i>Motivation is the 'want-to' component of individuals' actions</i>

1.06.2.2 Dimensions of Motivation

Self-Determination Theory (**Deci & Ryan, 1985**) distinguishes between different types of motivation based on the different reasons or goals that give rise to an action. The most basic distinction is between *intrinsic motivation*, which refers to doing something because it is inherently interesting or enjoyable, and *extrinsic motivation*, which refers to doing something because it leads to a separable outcome. SDT proposes that there are varied types of extrinsic motivation, some of which do, indeed, represent impoverished forms of motivation.

Within SDT a second sub theory, referred to as *Organismic Integration Theory* (OIT), was introduced to detail the different forms of extrinsic motivation and the contextual factors that either promote or hinder internalization and integration of the regulation for these behaviours (**Deci & Ryan, 1985**). *External regulation*: Behaviour performed to satisfy an external demand or obtain an externally imposed reward contingency. *Internalization* refers to taking in a regulation that was initially regulated by

external factors, such as rewards or punishments, so that it becomes internally regulated (Ryan, 1995). At the low end lies *external regulation*, which refers to doing an activity in order to obtain rewards or avoid punishments. Behaviour so regulated is therefore completely non-internalized. *Introjected regulation* refers to the regulation of behaviour through self-worth contingencies such as ego-involvement and guilt. It involves taking in a regulation so that it becomes internally pressuring, and thus implies partial internalization that remains controlling. Introjected people engage in behaviour or commit to an activity out of guilt or compulsion, or to maintain their self-worth (Koestner & Losier, 2002). *Identified regulation* refers to doing an activity because one identifies with its value or meaning, and accepts it as one's own, which means that it is autonomously regulated. Identified people engage in behaviour or commit to an activity based on its perceived meaning or its relation to personal goals (Koestner & Losier, 2002). *Integrated regulation* refers to identifying with the value of an activity to the point that it becomes part of a person's habitual functioning and part of the person's sense of self. *Introjected regulation* describes a type of internal regulation that is still quite controlling because people perform such actions with the feeling of pressure in order to avoid guilt or anxiety or to attain ego-enhancements or pride. *Identification* here means that the person has identified with the personal importance of behaviour and has thus accepted its regulation as his or her own.

1.06.2.3 Measurement of Motivation

Common approach to the measurement of intrinsic motivation is the use of self-reports of interest and enjoyment of the activity per se. Experimental studies typically rely on task-specific measures (Ryan, 1982; Harackiewicz, 1979).

Validated measures of motivation have been described by Grolnick & Ryan (1987), Guay et al. (2000), Pelletier et al. (1995), Ryan & Connell (1989), Vallerand et al. (1989) and Vallerand et al. (1992) for other domains such as academics and sports. But most of these had limitations for yields that are reliable and have valid scores for work motivation and that follows the tradition of SDT in the field of organizational behaviour.

Work domain based scale was published by **Blais et al (1993)**. This SDT based work motivation measure was in French. Internal reliability problems with the external regulation subscale (Cronbach's alphas in the .50s), and face validity problems encouraged **Tremblay et al. (2009)** as well as **Gagné et al. (2010)** to improve the scale (with simultaneously translation in French and English).

Blais et al. (1993) published a French measure of work motivation that as grounded in SDT but there have been low internal consistency problems (Cronbach's alpha in the .50s) in many samples of workers with some of the subscales (especially the external regulation subscale) as well as face validity problems with some of the items (**Gagné et al. 2004,2007,2008**).

The Work Extrinsic and Intrinsic Motivation Scale (WEIMS) is an 18-item measure of work motivation theoretically grounded in SDT. Applicability of the WEIMS in different work environments was evaluated and its factorial structure and psychometric properties were assessed. WEIMS's 3 indexes: work self-determination index, work self-determined and non-self-determined motivation showed the adequacy of both its construct validity and internal consistency.

The Motivation at Work Scale (MAWS) was developed by Gagne et al., (2010) in accordance with the multidimensional conceptualization of motivation postulated in self-determination theory. The authors examined the structure of the MAWS in a group of 1,644 workers in two different languages, English and French. Results obtained from these samples suggested that the structure of motivation at work across languages is consistently organized into four different types: intrinsic motivation, identified regulation, introjected regulation, and external regulation. The MAWS subscales were predictably associated with organizational behaviour constructs. The importance of this new multidimensional scale to the development of new work motivation research is discussed.

These scales, however, still had some problems, as we discuss later, which led to the development and validation of the Multi-dimensional Work Motivation Scale (MWMS) in 2015 by Gagne et al. Factorial analyses indicated that the 19-item scale has the same factor structure across the seven languages. Convergent and discriminant validity tests across the countries also indicate that the psychological needs for autonomy, competence, and relatedness as well as the theoretically derived antecedents to work motivation (e.g., leadership and job design) are predictably related to the different forms of motivation, which in turn are predictably related to important work outcomes (e.g., well-being, commitment, performance, and turnover intentions).

Accordingly as the study started in 2014, MAWS was used for assessment of motivation of employees in this study.

1.06.3 Job Satisfaction

Job satisfaction is one of the extensively studies emotional state of an individual. It is perceived to be subjective indicator that hints towards the level of contentment that an individual experience from his her job. It is linked to the perceptions of a subject evaluating his job related circumstances. In **Maslow (1943)** described his Need Hierarchy Theory. **Hoppack (1953)** in his book on job satisfaction based it on psychological state, physiological and environmental circumstances. **Locke (1976)** found job satisfaction as a pleasurable or positive emotional state resulting from the appraisal of one's job of job experience. **Shaffer & Harrison (1998)** asserted that evaluation of job satisfaction can include facets such as an overall impression of one's job, pay, opportunities for promotion and an impression of supervision. **Nande et al. (2003)** sated that more satisfied the employees, the more positive their feelings about general aspects of the organisation. According to research done by **Judge & Ilies (2004)** on job satisfaction, people who tend to be positive and cheerful most of the time do indeed tend to express higher job satisfaction than ones who tend to be down and gloomy. They also added that job satisfaction depends primarily on the match between the outcomes individual value in their jobs and their perceptions about the availability of such outcomes-especially for those facets of the job that are highly valued. They find that managers have varying degrees of influence over these different aspects of work motivation, with greatest

influence over job satisfaction and least influence over job involvement. A number of variables are important for work motivation, including public service motivation, advancement opportunities, role clarity, job routine-ness and group culture. Motivation basically has two dimensions, one being making employees work better, more efficiently and effectively from the point of view of managers, the other being enabling employees to do their jobs in the best way with enjoyment and desire from the point of view of employees, thus improving their job satisfaction. **Martin (2008)** suggests that job satisfaction is an overall positive affection that derives from the appraisal of all aspects of a relationship with the organisation where the employee works.

1.06.3.1 Definitions of job satisfaction

Tett & Meyer (1993) mentioned that job satisfaction can be understood to be one's affective attachment to the job viewed either in its entirety (global satisfaction) or with regards to particular aspects (facets). **Spector (1997)** defined job satisfaction as how people feel about their job: the different aspects of their job and how much they like or dislike their job. Job satisfaction has also been described by **Igbaria (1999)** as the primary affective reactions of individuals to various facets of the job and job experience. **Lee (2000)** views job satisfaction as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences. According to **Muchinsky (2003)** job satisfaction is the degree of pleasure an employee derives from his or her job. **Statt (2004)** defined job satisfaction as the extent to which the worker is content with the reward he or she gets out of his her job particularly in terms of intrinsic motivation. **Ladebo (2005)** defined job satisfaction as the positive effect an employee has towards certain aspects of the job. According to **George & Jones (2008)** job satisfaction is the collection of feelings and beliefs people have about their current job. Peoples level of job satisfaction can range from extreme satisfaction to extreme dissatisfaction. **Robbins & Judge (2009)** defined job satisfaction as an individual assessment of the extent to which a job meets his or her needs. **Buitendach & Rothmann (2009)**, **Oshagbemi (1999)** stated that job satisfaction refers to an individual's positive emotional reactions to a particular job. It is an affective reaction to a job that results from the person's comparison of actual outcomes with those that are desired, anticipated or deserved.

1.06.3.2 Dimensions of job satisfaction

Literature on job satisfaction on its dimensions hints on its multi disciplinary approach, blend of multiple factors. Different researches have suited different factors classified differently. **Smith et al. (1969)** segregated job satisfaction into six dimensions namely; pay, promotion, co-workers, supervision, work and overall satisfaction. **Chirchill et al. (1974)** explained job satisfaction classifying it into 7 facets; Job itself, fellow workers, supervisions, company policy and support, pay, promotion and advancement and customers. **Luthans (1998)** represented it in multiple related attitudes like work itself, pay, promotion, opportunities supervision and co-workers.

1.06.3.3 Measurement of job satisfaction

There is a large pool of measure and tools to assess job satisfaction developed by various researchers over the years. One of the most widely and extensively used instrument is **Job Satisfaction Survey (JSS)** was developed by **Spector in 1985**. It was developed for use in service sector. This thirty six item scale assess nine facets (four items for each facet) of job satisfaction namely pay, promotion, co-workers, operating conditions, contingent rewards, nature of work, fringe benefits, supervision and communication.

Job Descriptive Index (JDI) formed by **Smith et al. (1969)** assess five major factors associated with job satisfaction namely nature of work, compensation and benefits, attitude towards supervisors, relation with co-workers and opportunities for promotion.

Minnesota Satisfaction Questionnaire (MSQ) developed by **Weiss et al. (1967)** is another instrument used to assess job satisfaction include 100 items assess 20 dimensions.

Brown et al. (2006) found strong evidence of construct validity suggesting that research using the MSQ and JSS can be compared with confidence, in that similar constructs are being evaluated. JSS however was found to be more extensively and widely used tool and accordingly has been selected for this study.

1.07 Research gaps/Need for study: Pressures are mounting on public sector organizations to improve the working efficiency. With the implementation of Right to Information Act (**RTI Act**) and Consumer Protection Act (**CPA**), accountability of the public sector healthcare organizations has increased. On the other hand implementation of Right to Service Act (**RTS**) requires organizations to be efficient. These acts directly mount pressure on public sectors organization to perform efficiently and with answerability to the public. On the other hand work is going on notification and implementation of proposed **Clinical Establishment Act**. This will require HCO's to be even more responsible. HCO's being manpower intensive will have to work harder to streamline their systems at all levels which is not possible without focus on human element, their job related satisfaction and motivation. Above has lead to researchers focusing on public organizations but a lot is still pending. Government focus is increasing on health which is delivered by public originations. This focus includes adding to infrastructure of existing medical college and consequent increase in service which will require increased manpower.

Government organizations have higher perks for ministerial, paramedical and nursing staff and are thus able to retain them but over all their efficiency may be lower than that of private organizations. Further doctors have a high turnover in government organizations and more so with post-graduates, super-specialists where efforts need to be done to retain them. Above would require manpower to work with enhanced motivational levels and having higher job satisfaction. One of the options to enhance the same is to use Leader's behaviour tactics aimed to improve employee outcomes. Research has been going on job satisfaction, motivation and leadership among nurses in other countries, but not much has been done till date in the below mentioned areas:

- In Indian health care organizations
 - especially public healthcare organizations
 - even lesser studies in medical colleges
- Research has been commonly done on nurse but to a lesser extent on doctor and largely scarce on employees other than nurses and doctors

- Minimal research was found to have been done on identifying differences in different categories of professionals in similar setup to be able to add to productivity of medical colleges.

1.08 Objectives of the Research

This research work primarily concentrates on investigation and understanding the impact of leader's behaviour on motivation and job satisfaction among employees in a selected nonprofit healthcare organisation. In this research work, because of the researcher's experience of organisational leadership in healthcare systems, this study is being taken up in a selected organisation rather than commencing with a theory and then attempting to falsify the same.

The study is thus being undertaken with objectives to understand the following in nonprofit making medical college:

1. to determine demographic variables which influence employees' perception about their leader's behaviour.
2. to determine demographic variables which influence the employees' motivation and job satisfaction.
3. to study relationship between and impact of perceived leader's behaviour on employees' motivation and job satisfaction.
4. to suggest appropriate tactics that should be adopted by leaders for improving employees' motivation and job satisfaction.

Review of Literature

Chapter 2

LITERATURE REVIEW

The concepts of leadership, motivation and satisfaction are integral components of organizations and their successful performance.

2.01 Leader's Behaviour

Interest in identifying factors that influence leader effectiveness has existed for decades. In 1900's Trait theory sought to identify characteristics that separated those individuals with leadership potential from those without. **Fiedler (1967)** identified moderators that included task structure, quality of interaction between the leader and organization members and the position power of the leader. Other researchers have proposed factors to include elements of the subordinate, supervisor, task, role and the organization that may moderate the relationship between leader and subordinates. These have prompted considerable attention in the literature, primarily as they apply to traditional for-profit organizations. Research devoted to identifying moderator variables by **Fiedler (1967)**, **Stodgil (1963)** and **Hersey & Blanchard (1977)** has shown the relationship of leadership styles to worker motivation. This focus became more important with the development of contingency theories in the 1960's. According to **Deci & Ryan (1985)** intrinsic motivation reflects an individual's choice to engage in an activity for the pleasure it brings and is another potential outcome factor of leadership congruence.

Hypothetical consideration: Leader's Behaviour influences motivation of employees in profit organizations.

Amorose & Horn (2000) found that "coaches who exhibit a leadership style characterized by low levels of autocratic behaviour and who provide high frequencies of positive, encouraging and information based feedback and low frequencies of ignoring players' successes and failures may create an environment that facilitates the development of intrinsic motivation in their athletes. "

Initiating structure and consideration behaviour were identified as variables that moderate leader effectiveness in Path-Goal theory by **House (1971)**. Intrinsically motivating work was also identified as a potential moderator of leader effectiveness by **Yakul (1981)** in Multiple Linkage Model. **Childers (1990)**, **Holdnak (1993)** examined leader's behaviour style and job satisfaction; while **Anderson (2006)** linked leader's behaviour to group satisfaction. **Pool (1977)** examined leader style with

motivation and **Zhang (2010)** examined the relationship of empowering leadership and the impact on intrinsic motivation and performance.

Hypothetical consideration: Leader's behaviour influences the job satisfaction and intrinsic motivation of employees.

Three aspects of leader's behaviour need to be in congruence with one another to achieve effective group performance and member satisfaction. The aspects of leader's behaviour as per **Chelladurai (1978, 1990, 2007)** includes *required* (behaviour that is required for a particular situation), *preferred* (behaviour preferred of the leader) and *perceived* (the leader's behaviour as perceived by the subordinates).

Preferred Leader's Behaviour stems from both the aforementioned situational characteristics and member characteristics such as task-relevant ability (**House, 1971**), personality traits, attitude toward authority (**Lorsh, 1974; Morse, 1976**), cognitive complexity (**Wynne & Hunsaker, 1975**), authoritarianism and the need for independence (**Vroom, 1959**).

Perceived Leader's Behaviour is partially determined by the characteristics of the leader (i.e. personality, ability and experience). However perceived leader's behaviour is also determined to some extent by required and preferred leader's behaviour. Therefore, the leader may confirm his/her behaviour to the requirements of the situation and the preferences of the members to some degree. **Chelladurai (1990)** also proposed that group performance and member satisfaction are dependent upon the congruency of required, preferred and perceived leader's behaviour. Each of the components of leader's behaviour plays a significant role in determining the outcome of the interaction between the leaders and subordinates. Therefore, the leader must take into account the situational demands, member preferences and his/her perceived behaviour when attempting to alter group performance and member satisfaction. Chelladurai posited that leader's behaviour was influenced by the characteristics of the situation, the leader and the members. In the MML (Chelladurai's Multidimensional Model of Leadership), leadership effectiveness is defined in terms of congruence between required, preferred and perceived leader's behaviour, results in member satisfaction and performance outcomes.

Required Leader's Behaviour is influenced by situational characteristics such as organizational goals, formal structure, group task, social norms, government regulations, technology and the nature of the group. In 1990, **Chelladurai** revised the antecedents of required leader's behaviour to also include member characteristics. In

situations where members lack the intelligence, ability, experience and/or personality dispositions to make judgments about situational requirements, the leader must make an appropriate decision for the members. Therefore, required leader's behaviour is determined by situational and member characteristics.

Multi-dimensional Model of Leadership proposes that strong leadership behaviour congruence between the leader and the follower(s) will result in enhanced group performance and member satisfaction.

Irum (2012) States that leader's primary task is to motivate followers to exhibit high performance level in an organisation. It is therefore prudent that a leader is aware of how to motivate his/her followers to enhance performance and advance the concept of accountability in the organization. Earlier research carried out to determine the most effective leadership behaviour in a specific situation showed a high in either consideration or initiating is most effective while other research by **Northouse (2013)** shows a high in both consideration and initiating structure is the best form of leadership. The idea behind this theory was that different situations or circumstances required different kinds of leadership. **Alder (2008)** mentioned that leaders affect the thought and behaviour of followers through persuasion rather than the use of coercion. *Hypothetical consideration: Leader's behaviour influences motivation of employees.*

Leaders are role models who influence the culture, values, thoughts and actions of the organization and its people. Leadership behaviour practiced by managers greatly influences the performance and productivity at the work place. *Hypothetical consideration: Leader's behaviour is related to performance and productivity at work.* A leader needs to constantly inform himself/herself of the motivational needs of the employees, one of simple factors of success cited in the organizations is a motivated workforce. A leader has to carefully evaluate and then decide on the right approach for the subordinates. A leader has to provide a vision to the people; it is the vision which helps them direct and redirects their efforts towards it. In the recent times where changes are rapid in the organizations, the leaders have to be fully sensitized to what behaviour/style would work the best, sometimes they might have to use a combination of styles/behavioural aspects to address issues effectively. The leadership style also has a bearing when leaders are to act as mentors and coaches for their subordinates. Motivation is a goal-oriented characteristic that helps a person achieve his objectives. It pushes an individual to work hard at achieving his or her

goals. An executive must have the right leadership traits to influence motivation. However, there may not be a specific blueprint for motivation.

Both an employee as well as manager must possess leadership and motivational traits. An effective leader must have a thorough knowledge of motivational factors for others. He must understand the basic needs of employees, peers and his superiors. Leadership is used as a means of motivating others.

According to **Layman (2007)** managers are usually required to carry out periodic assessments of work practices to ensure that the jobs supporting the work are aligned with new practices. According to **Alley (1975)** while leadership refers to the ability to influence others through guiding, motivating and directing to achieve organizational effectiveness, management refers to coordinating resources through a series of functions and procedures to achieve specific organizational goals. **Zhou (2008)** states that the style that leaders use is based on a combination of their beliefs, values and preferences, as well as the organizational culture and norms, which encourage some leadership styles and discourage others.

Yukl (2010) states that transformational leadership is how managers create and communicate the vision of the organization, bringing employees together to accomplish goals. According to **Yukl (2010), Bass (2003) and Osborn & Marion (2009)** transformational leadership requires managerial capabilities such as knowledge, skills and experience which are used to help employees understand which opportunities to pursue and which threats require what type of response. **Zhou (2008)** states that practitioners must understand what leads to job satisfaction and how it is influenced by the alignment of a firm's internal human resources to produce return on assets.

Transformational leadership is one of the most researched approaches to leadership. **Osborn & Marion (2009)** indicated that though charismatic and transformational leadership were overlapping, both were different from transactional leadership and had a unique construct. Leadership research findings by **Rowold & Heinitz (2007), Rowold & Rohmann (2009)** support the notion that contemporary leaders are becoming more transformational than transactional. Other empirical evidence of a positive and motivational impact of transformational leadership on followers as compared to transactional and laissez-faire by **Idris & Ali (2008) and Antonakis (2012)** indicates that research is yet to substantiate the argument that indeed transformational leaders transform followers and organisations. **Robinson**

(2007) considers transactional leadership as a leader whose primary objective of leadership is to use social exchange for transactions.

Larocca (2003), Eagly & Johnson (1990), Trewatha & Vaught (1987), Chin (2013) also examined and found significant differences in leadership style based on demographic variables. Carveen & Tao (2006) found significant difference in selected leadership styles based on the demographic variables like gender, education levels, age of leader and no difference in leadership style for duration of work. Jogulu (2010) found significant difference in self assessment on leader's behaviour style. Mohammed et al (2012) found significant difference in leadership styles based on the demographic variables like gender, education levels, age of leader and no difference in leadership style for educational level. *Hypothetical consideration: Leader's behaviour has relationship with demographic variables.*

According to Skogstad (2007) laissez faire leadership is associated with psychological distress through conflict with co-workers, role conflict, role ambiguity and bullying. Laissez faire leadership is related to psychological distress through the impact on poor social relations. Wu et al (2009) expressed that abusive supervision is related to emotional exhaustion. This relationship is stronger if employees experience high levels of co-worker support and if employees are susceptible to emotional contagion. Yagil (2006) mentioned that employee de-personalisation and emotional exhaustion are positively related to abusive supervision, whereas supportive supervision and personal accomplishment are positively related. Both abusive and supportive leader's behaviour is related to burnout. Harvery at el (2007) states that employees who were high in positive affectivity and ingratiation, abusive leadership did not influence their tension levels and that abusive leadership was related to employee tension levels.

The link between transformational leadership and employee well-being was explained through employees' experience of their work as meaningful by Arnold et al (2007). Transformational leadership is related to well-being through employees' experience of having a meaningful job. Transformational leadership is negatively related to burnout whereas passive avoidant leadership is positively related to burnout. According to Kanste et al (2007) rewarding transformational leadership and active management-by-exception are negatively related to aspects of burnout whereas laissez-faire leadership is positively related to emotional exhaustion and personal accomplishment. Skogstad et al (2007) found that relationship between laissez-faire

leadership and distress could be partly explained by conflicts with co-workers, bullying, role conflict and ambiguity.

Gullatte & Jirasakhiran (2005) stated that nurse manager's behaviour is essential to retain staff nurses in hospitals; managers are the real key to achieve this goal. According to **Dvir et al. (2002)**, **Hetland & Sandal (2003)**, **Ilies (2006)** positive relationships have been found between transformational leadership styles and employee motivation; research demonstrates higher levels of employee effectiveness and greater employee and customer satisfaction in comparison with non-transformational leadership styles. Transformational leadership was recognized as an element in employees' attachment to an organization by **Loke (2001)**, **Leech (2005)** and as per **Force (2005)** it also had an impact on nurse retention, job satisfaction and wellbeing. In contrast as per **Cummings (2010)** transactional, instrumental, task-oriented or 'laissez faire' leadership styles are associated with negative outcomes. *Hypothetical consideration: Different Leader's behaviour aspects are related to nurses retention, job satisfaction, well being and negative outcomes.*

In a systematic review of healthcare leadership study by **Gilmartin (2007)** transformational leadership was shown to be positively and significantly associated with job performance. It was hypothesized that this effect is indirect and that different mediators play a role. *Hypothetical consideration: Leader's behaviour is associated with job performance in healthcare organizations.* **Walumbwa (2004, 2008)** suggested that the relationship between transformational leadership and work behaviour would be mediated by efficacy beliefs. **Dunham (2000)**, **Nielsen et al. (2009)** found that transformational leaders can empower nurses and health-care workers to solve problems and take responsibility in the care of patients. According to **Weberg (2010)** transformational leadership style has been associated with positive effects on nursing and health-care workers psychological wellbeing and job satisfaction. *Hypothetical consideration: Leader's behaviour influences nursing and health workers psychological well being and job satisfaction.* **Miguel (2008)** defined leadership as a process whose essence lies in the ability to influence subordinates in a non-unidirectional way.

As per **Scholl (2001)** effective leadership is viewed by most people as fundamental to the success of any organization. However when you ask, "Why aren't our employees motivated to _____ (insert behaviour)", the answer is usually "lack of

incentives". While incentives can play a role in motivation, when employers become disenchanted with incentives or pay-for-performance systems or the costs of these systems becomes too high, they start to investigate non-financial motivational strategies. Leadership behaviour is most often the key to understanding employee motivation. Leadership effectiveness is measured in terms of how successful the leader is in motivating behaviour despite resistance. Leaders can tap into all five sources of motivation. Leadership is often characterized as being either transactional or transformational. In general, transactional approaches tap the instrumental source of motivation, while transformational approaches tap the other four sources. What has come to be known as transformational leadership is really three or more leadership approaches. These are pure approaches and no leader is bound to one approach. In fact, most successful leaders use a variety of approaches including both transactional and transformational styles in their repertoire. While the transactional approach has been the staple of supervisors and managers in the business sector (because of the availability of option pay as a reward), leaders in not-for-profit and volunteer organizations have long relied on transformational approaches (**Sholl, 2001**). *Hypothetical consideration: Leader's behaviour approaches are different for private sector and for non-profit organizations.* However business leaders are discovering the limitation of using transactional approaches alone as more and more constraints are being placed upon them with respect to the distribution of extrinsic rewards.

According to **Leonard (2012)** leaders of nonprofit organizations are now adopting mainstream motivation approaches for performance and satisfaction improvements. *Hypothetical consideration: Leaders of non-profit organizations are now changing for performance and satisfaction improvements.* This practice is not surprising as nonprofits strive to improve managerial accountability combined with efficient operations much like other organizations. But considerably less research has been done regarding the effects of motivation, leadership and satisfaction as they apply to nonprofit organizations. A growing number of studies have suggested that nonprofits differ in several respects. Nonprofit employees as per **Zeffane (1994)** may respond more favorably to specific types of Leader's behaviour.

Hypothetical consideration: Considerably less research has been regarding leader's behaviour, motivation and job satisfaction in non-profit organizations.

2.02 Employee Motivation

Managers and management researchers have long believed that organizational goals are unattainable without the enduring commitment of members of the organizations. According to **Stoker (1999)** motivation is a human psychological characteristic that contributes to a person's degree of commitment. It includes the factors that cause, channel and sustain human behaviour in a particular committed direction. **Stoke (1991)** mentions that there are basic assumptions of motivation practices by managers which must be understood. Factors such as ability, resources and conditions under which one performs are also important. Managers and researchers alike assume that motivation is in short supply and in need of periodic replenishment.

Studies (**Churchill et al., 1979; Ingram & Bellinger, 1983; Dubinsky & Skinner, 1984; Lefkowitz, 1994; Eagly et al., 1994; Ebrahimi, 1999; Heidarian et al., 2015**) reveal that employees' demographic aspects have a role in their job attitudes and motivation. Factors such as age, education, gender and job tenure might be playing an effective role in employee motivation and job attitude.

According to **Eagly et al. (1994)** the reason for gender differences on work motivation or even 'motivation to manage' is a sum total of the biological, sociological and psychological processes. The culture of the nation plays a critical role in the sociological perspective. **Hofstede (1980)** made an attempt to classify the culture of the nation based on four factors: a) uncertainty avoidance b) power distance c) individualism-collectivism and d) masculinity-femininity. Among these four, 'masculinity- femininity' plays the biggest role in determining the national perception towards women at workplace. Masculinity-femininity, a multi-dimensional and complex cultural construct, is related to a society's attitude towards the strength of traditional gender roles and perspectives on material success and assertiveness (**Wortheya et al, 2009**).

One of the reasons identified by **Mckinsey & Company (2012)** in their studies is that of the 'double-burden syndrome' that women undergo. This is about the mixed official and domestic responsibilities women handle. She takes the central family role in terms of organizing family life, child care, elderly care, etc. Traditionally in India, domestic responsibilities are mostly on the shoulders of

women, and this indicates that they have to manage most of the domestic affairs too, when they choose to work. In this study, the researcher is attempting to look at the impact of gender on the motivational perspective of 'work life balance'. Dynamic triangle motivation suggested by **Osteraker (1999)** specifies relation among 'culture, organizational culture and individual characteristics'. Expectations from work change based on the people age and experience (**Brown & Peterson, 1993; Jurkiewicz & Brown, 1998**).

Research (**Kanfer & Ackerman, 2004; Freund, 2006**) has evidenced differences in the motivation of younger and older adults. It was observed that perceptions of work changes, as the person ages and as the work tenure increases and is actually due to the expectations from the work that change (**Brown & Peterson, 1993; Jurkiewicz & Brown, 1998**). As people age and gain experience, factors that motivate them may also change. **Jurkiewicz & Brown (1998)** observed that younger workers might have a different work attitude compared to older workers probably on account of different material and emotional needs and desires, less developed self concept and less developed professional attachments. It was found that as employees age strength of achievement motive comes down however strength of motives of positive effect and protecting self-concept increases (**Kanfer & Ackerman, 2004**). **Warr (1997, 2001)** found association between age and preferences for physical security, job security, salary and opportunity for skill utilization through late midlife. Findings in the studies on motivational factors and demographic factors such as education, gender and age (**Eskildsen, Kristensen & Westlund, 2002**) were found to be contradictory. **Banerjee & Duflo (2006)** attempted to study 'extrinsic' motivation of health workers and teachers versus absenteeism, and found that the teachers were responding positively to extrinsic motivation with respect to absenteeism irrespective of the fact that the incentive offered was not extravagant. *Hypothetical consideration: Demographic variables influence motivation of employees.*

Motivation is a tool which managers can use in organizations. If managers know what drives the people working for them, they can tailor job assignments and rewards to what makes these people "tick." Motivation can also be conceived of as whatever it takes to encourage workers to perform by fulfilling or appealing to their needs. To **Olajide (2000)** "it is goal-directed and therefore cannot be outside the goals of any organization whether public, private or nonprofit".

Research by **Baard et al. (2004)**, **Leete (2000)**, **Perry & Hondeghem (2010)** has found a link between intrinsic motivation and paid work engagement, public sector employee satisfaction and performance related extrinsic rewards respectively. When people engage in actions for instrumental reasons, such as gaining a reward offered, they have been motivated by extrinsic factors. Such reward has been referred to as a controlled form of motivation by **Deci & Ryan (2000)**. **Gagne & Deci (2005)** identified the specific intrinsic motivators (autonomy, competence and relatedness) that positively affect work attitudes and motivation and **Stone et al. (2009)** identified the positive link between specific leader's behaviour and intrinsic motivation.

With respect to nonprofit organizations, the limited motivation research that does exist has mostly focused on the impact pay systems, is on intrinsic motivation. Impact on intrinsic motivation has been the subject of numerous articles including: work on crowding effect by (**Frey & Oberholzer, 1997; Frey & Jegen, 2001**), cognitive evaluation theory by (**Gagne, 2005; Deci, 1985**) and self-determination theory, over justification effect by (**Lepper & Greene, 1976**) and examining how tangible rewards undermine intrinsic interest in the task by (**Amabile, 1993; Deci et al., 1999**). It has been recognized that when extrinsic rewards are involved, there is a reduction of intrinsic satisfaction. At minimum, this effect has important implications for the performance and satisfaction of employees and is especially important with regard to nonprofit organizations. *Hypothetical consideration: Limited research has been done on non-profit organizations. In absence of extrinsic rewards in public sector organizations it is important to study intrinsic motivation in non-profits.*

The 4 leadership style of Telling, Selling, Participating and Delegating proposed in the Situational Leadership Model can be used as per the motivational need of the subordinate. Rewarding good/exceptional behaviour with a small token of appreciation, certificate or letter can be a great motivator. Being a role model is also a key motivator that influences people in reaching their goals. Encouraging individuals to get involved in planning and important issues resolution procedure not only motivates them, but also teaches the intricacies of these key decision-making factors. A leader should step into the shoes of the subordinates and view things from subordinates' angle. He should empathize with them during difficult times. Empathizing with their personal problems makes them stronger-mentally and

emotionally. A meaningful and challenging job accomplished inculcates a sense of achievement among employees. The executive must make their employees feel they are performing an important work that is necessary for the organization's well-being and success. A leader tends to have a huge influence on the thoughts and motivation of people. He/she has the capacity to enthuse optimism and confidence in the followers and lead them to constructive endeavors which is called resonance and on the other hand they can negatively influence them to destruct, e. g. of such leaders being Hitler and Osama Bin Laden which is opposite to resonance called desonance.

Inspirational motivation has been variously defined by **Rafferty & Griffin (2004)** as including articulating a vision, providing a model, encouraging high standards, demonstrating determination and confidence, stimulating enthusiasm, building subordinate confidence and providing encouragement. The Second Administrative Reforms Commission of India (Government of India, 2010) identified the following factors like (security, respect in society, balance between work and life, opportunity to be part of the larger cause of serving the country, variety in job profile) which affect motivation of public servants employment. Apart from these, recognition and job enrichment have also been considered as important motivating factors. Major factors which cause dissatisfaction among civil servants were identified as poor working conditions, unfair personnel policies, excess or absence of supervision, absence of fair-play within the organization, indiscipline, lack of transparency within the organization, lack of opportunity for self-expression, interference in objective functioning. This report reveals that most of the officers identified recognition of effort, chance for useful contribution; opportunities to use & develop skills, congenial work environment, challenging opportunities at work and right level of authority in job are very important factor for job satisfaction. However, chance to make a useful contribution (73%) and autonomy in the job (71%) were ranked higher than the other four factors.

2.03 Job Satisfaction: Ladebo, (2005), Spector (1997) suggests that job satisfaction is facet specific, for instance, facets of satisfaction may include pay, co-workers, supervision, promotion opportunities and the work itself. According to **Donovan et al., (1998), Gunter & Furnham (1996) and Rodgers & Chapmari (1990)** related variables such as interpersonal treatment, job importance/challenge, working conditions, peer relations, leadership style and material rewards and advancement are

positively associated with employee satisfaction. **Kleinman (1997)** adds that people will be satisfied with their jobs when they enjoy their work, have a realistic opportunity to advance in their organisation, like the people they work with, like and respect their supervisors and believe that their pay is fair. The concept of job satisfaction enjoys increasing attention from organisations these days, since its importance and pervasiveness in terms of organisational effectiveness has been firmly established quite some time ago. **Arnold & Feldman (1986)** managers now feel morally responsible for maintaining high levels of job satisfaction among their staff, most probably primarily for its impact on productivity, absenteeism and staff turnover as well as on union activity. Job satisfaction is how contented an individual is with his or her job. Scholars and human resource professionals generally make a distinction between affective job satisfaction and cognitive job satisfaction. Affective job satisfaction is the extent of pleasurable emotional feelings individuals have about their jobs overall and is different to cognitive job satisfaction which is the extent of individuals' satisfaction with particular facets of their jobs, such as pay, pension arrangements, working hours and numerous other aspects of their jobs. **Harrison et al. (2006)** established the direct impact of job satisfaction on turnover, absenteeism, citizenship behaviour and other organizational attitudes and behaviour.

Researchers (**Blackburn & Bruce, 1989; Falcon, 1991; Warr, 1992; Oleckno & Blacconiere, 1993; Howard & Frink, 1996; Asha, 1994; Clark et al., 1996; Lee & Wilbur, 1985 ; Green, 2000; AlAjmi, 2001; Wae, 2001; Ngrande, 2013; Bellas et al, 2013; Kananaugh et al, 2006; Jung et al., 2007; Zou, 2007; Phil, 2009; Green, 2000; Sunbul, 2003; Choudhury & Gupta, 2011; Bader et al., 2013**) have observed and studies the relationship between demographic variable and job satisfaction for quite some time with varying results, contradicting at times. *Hypothetical consideration: Demographic variables influence Job satisfaction of employees.*

Lee (2015) mentions that dissimilarities in governance, clientele and organizational imperatives: between the nonprofit and public sectors suggest that understanding employee job satisfaction requires distinction between the two. This study examines similarities and differences in what affects managers' job satisfaction in nonprofit and public organizations, focusing on managers' perception of their organization, job, and top management. While the results suggest that pride in the organization is a determining factor of managers' job satisfaction in both sectors, they

also reveal that certain attributes of job satisfaction influence managers' job satisfaction differently between the two sectors. In particular, the findings suggest that nonprofit organizations should establish clear definitions of employees' tasks and roles and allow employees more autonomy to increase their job satisfaction. *Hypothetical consideration: factors affecting job satisfaction in non-profits are different from other organizations.* Srivastva & Bhatnagar (2012) reviewed the literature stressing the importance of job satisfaction in healthcare organisation. Leiter et al. (1998), Linn et al. (1985), Haas et al. (2000), Kaldenberg & Regryt (1999), Ostroff (1992) demonstrated strong positive correlation between job satisfaction of medical staff and patient satisfaction with the services in these health-care settings. Research by Bowran & Todd (1999), suggests that job satisfaction and job performance are correlated. Buchbinder et al. (2001), Pathman et al. (2002) found poor job satisfaction as a reason for increased physician turnover, adversely affecting medical care job satisfaction. As per Landy (1989) differences among organizational units in job satisfaction can be diagnostic of potential trouble spots. McNeely (1988) states that dissatisfied workers are more likely to provide inferior services, and the physical and mental status and the social functioning of these workers can be affected substantially by the level of their job satisfaction. Researchers (Linn et al., 1985; Hasenfeld, 1983; Kivimaki, 1994) have mentioned that hospital personnel have difficulties in meeting the needs of their patients if their own needs are not met; therefore, hospital managers have responsibilities to both staff and patients. According to McGregor (1960), Dowell (2000), Lambert et al. (2000) managers who grasp the importance of factors affecting the well-being of staff are more likely to gain improved performance from the various groups of hospital staff. *Hypothetical consideration: performance of healthcare organizations depends on job satisfaction of employees.*

2.04 Leader's Behaviour and Motivation:

According to Maslow (1943) employees have five levels of needs; physiological, safety, social, ego and self-actualizing. Maslow argued that lower level needs had to be satisfied before the next higher level need would motivate employees. Herzberg's et al. (1959) work categorized motivation into two factors: motivators and hygiene's. From Vroom's (1964) expectancy theory perspective, people's motivational needs may be transformed into expectancies which drive behaviour at work, if the behaviour

is believed to lead to a certain outcome and that particular outcome is considered desirable. The aspects affecting people's motivation at work may be grouped into different dimensions, for example, their energy and dynamism, their synergy with the work environment, as well as their intrinsic and extrinsic motives. Certain needs or motives experienced by employees are indicative of their energy and dynamism while at work, such as their need for achievement and power, their level of activity under pressure and the extent to which they are motivated by a competitive environment. Similarly, several employee needs and motives portray the nature and level of synergy or harmony between their motivation profiles and their work environments. These include, for example, the extent to which people are motivated by opportunities for interaction at work, by praise and tangible recognition, by the synergy between their own and the company's values and principles, by their need for job security and by their need for opportunities for continual personal growth and development. Employees' intrinsic motivation dimension is reflected by aspects such as their need for meaningful and stimulating work, for flexible structures and procedures surrounding their tasks and for an adequate level of autonomy in their jobs. The extrinsic dimension of employees' motivation profiles is represented by aspects such as their need for financial reward, positive promotion prospects and position and status in the firm. Once their more basic needs have been met, employees are often driven more strongly by egotistical needs. They also explored people's need for praise and other outward signs of recognition for their achievements. **Beach (1980), Van Vuuren (1990)** mentioned that employees experience their jobs as far more pleasant and rewarding when they receive appropriate recognition for their accomplishments. **Fiedler (1967), Hersey & Blanchard (1977), Stodgill (1994)** examined contingent factors such as behaviour, situations with a considerable amount of research devoted to identifying moderator variables with respect to relationship of leadership styles to worker motivation. This focus became more important with the development of contingency theories by **Kerr, Fiedler, House, Vroom, Hersey and Schriesheim** in the 1960's. Research by **Hackman (1967), Porter (1975), Tyagi (1985)** with reference to employees intrinsic motivation; dimension, task enrichment theory holds that a person's motivation is increased by his or her experience of meaningful and enriching job content. According to **Beach (1980), Coster (1992) and Vercueil (1970)** autonomous activity is an innate need experienced by many people. **Beach (1980), Van Vuuren (1990)** mentioned that employees experience their jobs as far

more pleasant and rewarding when they receive appropriate recognition for their accomplishments. According to **Deci (1985)** intrinsic motivation, which reflects an individual's choice to engage in an activity for the pleasure it brings, is another potential outcome factor of leadership congruence. **Orpen (1994)** an employee's perceived control over his or her own work was also found to moderate the relationship between the levels of motivation and job satisfaction experienced. The literature showed that the nature of the relationship between motivation and job satisfaction is determined to a large extent by people's perceptions of the amount of control they have over their own work. **Amorose and Horn (2000)** found that "coaches who exhibit a leadership style characterized by low levels of autocratic behaviour and who provide high frequencies of positive, encouraging and informational based feedback and low frequencies of ignoring players' successes and failures may create an environment that facilitates the development of intrinsic motivation in their athletes".

Leadership definition by **House et al. (2004)** made mention of the fact that a leader should influence and motivate followers, this indicate that motivation constitute a fundamental part of leadership. **Hendricks & Hendricks (2003)** base their leadership theory on thirty years of research involving thousands of subjects and their entire theory begins with integrity, with their conclusion being that when people operate from integrity, personal and professional well-being accelerates tremendously. The path-goal theory by **Northhouse (2013)** assert that leaders generate motivation by increasing types and number of payoffs and clearing obstacles on path leading to followers' goals through coaching and direction. It also maintains that, followers' job motivation and satisfaction and followers' acceptance of the leader, are all affected by leadership behaviour. Role model managers can also affect employees' motivation and those with optimistic and enthusiastic outlooks can have positive and motivating effects on employees and the climate in which they work. Conversely, according to **Marquis (2009)** unhappy managers can have a negative effect on employees' morale. **Sirota et al. (2005)** states that to maintain employees' enthusiasm, managers must move away from the notion that they require constant supervision and instead acknowledge that they require social contact and friendship and should be treated with fairness, respect and dignity. According to **Hackman & Oldham (1976)**, **Laschinger & Purdy (2007)**, **Karasek (1979)** autonomy (i.e. decision latitude, job control, and empowerment) has long been theorized and empirically supported as a key

component of a motivating and satisfying job as well as a moderator of the stress-outcome relationship. *Hypothetical consideration: leader's behaviour relates to the motivation of employees.*

Leaders in public service can influence motivation through several mechanisms, including engaging employees' existing values, infusing jobs with meaning and highlighting and rewarding public service values. These processes are not well understood. **Perry & Hondeghem (2008)** observed that specific challenges worth investigating include how leaders raise the salience of collective identities and values in followers' self-concepts, linking the organizational mission to organization members' and clients' identities and values and linking members' job behaviour to their identities and values. According to **Paarlberg & Lavigna (2010)**, **Trottier et al. (2008)** leaders who transform their followers' attitudes and commitment to the organization's mission typically exhibit certain characteristics or behaviour. For example, transformational leaders inspirationally motivate employees by clearly articulating an appealing vision of the organization's mission and future. In addition, the demonstrated importance of transformational leadership in private sector organizations suggests that the influence of this variable is not predicated on the existence of public service motivation or even public service missions. Such leaders according to **Moon (2001)**, **Paarlberg & Lavigna (2010)**, **Bass & Riggio (2006)** can emphasize the employee's sense of duty and responsibility to their coworkers and supervisors or instill a sense of pride or ownership in the organization's performance outcomes or success through both their words and deeds. *Hypothetical consideration: Behaviour/ approach of leader influence the motivation of employees.*

2.05 Leader's Behaviour and Job Satisfaction: **Chen et al. 2005** assert that leadership behaviour and job satisfaction are fundamental components influencing employees' attitudes and overall effectiveness of an organisation. Job satisfaction is mostly influenced by manager's behaviour. **Bertelli (2007)** and **Ting (1997)** acknowledge that undesirable aspects of a job, disruptive organisational politics and bad management are among the factors that lead to low job satisfaction. **McNeese-Smith (1997)** suggested that the characteristics of a manager that influence subordinate employees' job satisfaction include provision of recognition and thanks, meeting employee personal needs, helping or guiding the employees, using leadership skills to meet group needs and supporting the team. Conversely, job dissatisfaction

was found to be due to managers not giving due recognition and support, not being able to follow through on problems and not helping but criticizing in a crisis. **Tepper (2000)** suggested that the number one reason people quit their jobs is that they are treated poorly by their supervisors. However those who remain in their jobs, working for poor leaders, have lower job and life satisfaction, lower commitment, higher conflict between work and family and psychological distress. According to **Lucy (2004)**, **Loke (2001)** both employees' job satisfaction and commitment are directly affected by leader's behaviour, which consequently affect turnover behaviour in organizations. This finding is also supported by **Magner et al. (1996)** assertion that turnover intentions reflect the employees' affective reactions towards the organisation and its leaders. It can therefore be argued that perceptions of poor leadership behaviour will result in reduced satisfaction and lack of organisational commitment among the employees.

Overall it appears that most employees are happy at work when they are able to realise their occupational goals and ambitions and when they can take control of their work environments and often the people in it too. By doing so, their needs for affirmation of their self-worth and value to the company, as well as their ability to control their own destiny to some extent, are satisfied. At the same time employees derive satisfaction from a sense of belonging to the community at work and sharing important values and principles with them and from growing and developing alongside them for the betterment of themselves and the organisation as a whole. Employees also need to be recognised for their achievements and contribution to the company's prosperity and to feel secure in their jobs in order to experience job satisfaction. For many employees it is also important to be able to uphold their personal principles and values at work. Employees are intrinsically motivated by stimulating job content and the autonomy to organise it as they see fit. Job satisfaction follows when these matters meet employees' expectations. A number of extrinsic motives such as financial reward, status and career advancement also contribute towards an employee's job satisfaction. From a certain perspective it is believed that these represent nothing more than visible and often tangible, evidence of an employee's self-worth and value and his or her ability to earn well. In other words, a substantial relationship is believed to exist between a worker's need for extrinsic modes of reward and the need for affirmation of achievement and power, which is often expressed more subtly. According to **Emery & Barke (2007)** transformational

leaders encourage followers to take on more responsibility and autonomy; work tasks would provide followers with increased level of accomplishment and satisfaction. **Sirota et al (2005)** claim that employees job satisfaction declines after they have worked for an organisation for about six months; one of the reasons cited for this is that managers do not show concern for their employees. **Bennet & Franco (1999)**, **Bushcn (1999)** stressed the importance of a supportive and creative environment where nurses feel valued and recognized influences job satisfaction, retention and excellence in practice. **Jessen (2010)** investigated the sources of job satisfaction among practitioners and managers employed in the Norwegian public social services and the professionals' perception of social rewards in particular. Being valued, receiving praise and positive feedback are considered to be important aspects of job satisfaction. Nevertheless the expertise and competence of social workers is not always acknowledged. A study by **Malik & Naeem (2011)** indicated that civil servants were satisfied with their job and statistically positive relationships existed between the dependent variable and the three aspects of job satisfaction (salary, supervision and coworkers). **Berson (2005)** discovered that within the research & development (R&D) and administrative environments, leadership behaviour of a manager is closely related to work satisfaction of the employees.

Prottas (2008) reported that if leaders acted with integrity this was positively related to job satisfaction and less stress among employees and a study by **Schaubroeck (2007)** showed that leaders' hostility and negative affectivity was related to job dissatisfaction and anxiety among employees in jobs with little decision latitude. Studies by **Wu (2009)**, **Yagil (2006)** found that employees who experienced their leaders as engaging in abusive behaviour reported higher levels of burnout. **Prottas (2008)** mentioned that leaders' integrity is related to job satisfaction, life satisfaction, stress, health and absenteeism. According to **Schaubroeck (2007)** leaders' traits together with jobs with little enrichment are related to job satisfaction and anxiety. **Sellgren et al. (2008)** stated that supportive leadership behaviour is correlated with creative work climate and job satisfaction Leaders' support is related to job satisfaction. **Bono & Vey (2004)** mentions that transformational leadership buffers the negative effects of emotion regulation on job satisfaction and stress. According to **Nielsen et al. (2008)** involvement, meaningfulness and influence mediated the relationship between transformational leadership and employee well-being and job satisfaction. Occupational self-efficacy and emotional irritability as per

Wolfram & Mohr (2009) were found not to moderate the relationship between transformational leadership and job satisfaction. **McGilton et al. (2007)** found that supervisor related job satisfaction increased when perceived supervisory support was higher. They concluded that supportive supervision is critical for job satisfaction among supervisors in long-term care settings. **McGilton et al. (2007)** reported that supervisory support was a significant predictor of job satisfaction with long term care nursing aides. Managers can influence turnover by addressing climate and communication patterns as well as by encouraging stable leadership. **Castle et al. (2007)** found that low job satisfaction was associated with high turnover intention among unlicensed nursing aides. In their examination of job satisfaction and turnover among nursing assistants working in nursing homes, **Parsons et al, (2003)** found that as job satisfaction decreased, turnover increased. **Nielsen et al. (2008)**, **Nielsen & Munir (2009)**, **Bono (2004)** and **Wolfram (2009)** have reported that a transformational leadership style was positively related to job satisfaction, less stress (**Bono, 2004; Seltzer et al., 1989; Sosik & Godshalk, 2003**) and affective well-being (**Nielsen et al., 2008; Arnold et al., 2007; Nielsen & Munir, 2009; Schaufeli, 2000**). **Harter, et al (2003)** demonstrated that employee engagement is negatively associated with turnover and positively associated with job satisfaction. The positive relationship between authentic leadership and job satisfaction was reported by **Walumbwa et al. (2008)**. Utilizing the Leadership Practices Inventory, **Loke (2001)** found that 29% of Singaporean staff nurse's job satisfaction was explained by their manager's leadership behaviour. Furthermore, **Hall (2003)** in a study involving over 2000 nurses from 19 Canadian teaching hospitals, hierarchical linear modeling determined that nurse manager's leadership had significant positive influence on nurse's perceptions of job satisfaction. In prior studies, change commitment has been observed to act as a mediator between transformational leadership and job satisfaction which is linked to better service quality (**Zhou, 2008**) and better interaction marketing (**Luo & Homburg 2007**). **Goddard and Laschinger (1997)** identified lack of empowerment structures available to first-line managers contributed to their feelings of frustration and job dissatisfaction. Research by **Laschinger (2007)**, **Regan & Rodriguez (2011)** has shown that empowerment can lead to improvements in nurse managers' job satisfaction which hints at empowerment or autonomy as a possible buffer of job stress for nurse leaders. Research in nursing by **Failla & Stichler (2008)**, **Kleinman**

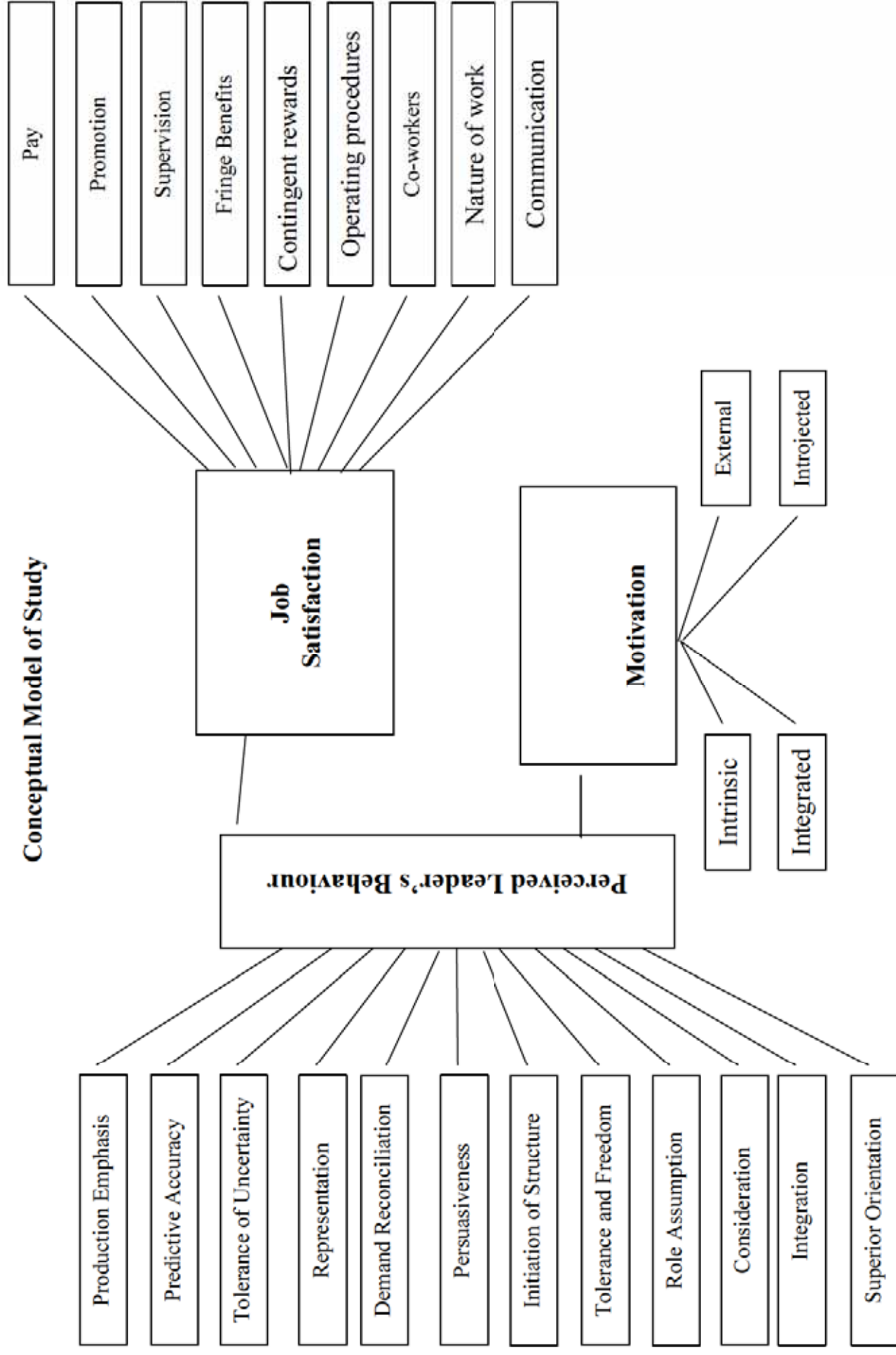
(2004), Laschinger et al. (1999), Lindholm (2003), Wayne (1997) demonstrated that support from leaders can be an important buffer against negative effects of stress.

Gunnarsdottir et al. 2009 found that Icelandic nurses were satisfied with their support from front-line managers, but evaluated their support from nurse leaders at the hospital level less highly. **Chen & Johantgen (2010)** found evidence that the management style was a significant predictor of job satisfaction at both nurse (n = 3182 nurses) and hospital (n = 31 hospitals) levels in acute care hospitals in Germany and Belgium, the quality of nursing leadership significantly predicted job satisfaction only at the nurse level.

Webb (2009), Koh et al. (1995) supported that the transformational model was approximately equal in predicting follower job satisfaction. Studies by **Koh et al. (1995), Ejimofor (2007), Nguni et al. (2006)** show that perceived transformational leadership behaviour of school principals significantly and positively affect teachers expressed job satisfaction. Yet another study amongst public and private service institutions in Norway by **Hetland & Sandal (2003)** also found transformational leadership in both private and public institutions as having strong and consistent links with the employee's satisfaction. The effects of transformational leadership on employee work related attitudes such as job satisfaction has been firmly established in a number of empirical studies undertaken in different countries across the world and in a variety of organisational contexts, both non-educational and educational organizations by **Hetland & Sandal (2003), Koh et al. (1995), Ejimofor (2007), Nguni et al. (2006), Bolger (2001), Gardner et al. (2005).**

Hypothetical consideration: Behaviour/approach of leader influences the job satisfaction of employees.

Conceptual Model of Study



Research Methodology

Chapter 3

Research Methodology

3.01 Scope of Study

The present study is being taken up in a selected nonprofit healthcare organisation (Guru Gobind Singh Medical College at Faridkot, Punjab). This study has been conducted on all the personnel working (with exclusions as defined below) at GGS Medical College, Faridkot. Study included all Doctors, Nurses, all paramedics and technical staff and other ministerial Class III staff. Class IV staff was excluded as explained in section on Sample below.

3.02 Objectives of the Research

This research work primarily concentrates on investigating the impact of perceived leader's behaviour on satisfaction among employees (at all levels including doctors, nurses and class 3 staff) at various levels at GGS Medical College, Faridkot. The purpose of this study is to investigate the potential relationship between perceived leader's behaviour on job satisfaction and motivation of employees of various levels of personnel in a nonprofit healthcare organisation.

In this thesis, because of the researcher's experience of organisational leadership in healthcare systems, this study is being taken up as a study of selected organisation rather than commencing with a theory which he then attempts to falsify. The study was directed to understand the following in nonprofit making medical college:

1. to determine demographic variables which influence employees' perception about their leaders behaviour.
2. to determine demographic variables which influence the employees' motivation and job satisfaction.
3. to study relationship between and impact of perceived leader's behaviour on employees' motivation and job satisfaction.
4. to suggest appropriate tactics that should be adopted by leaders for improving employees' motivation and job satisfaction.

3.03 Method

Following literature survey, following variables were formed for the study: 1. Leadership, 2. Motivation and 3. Job Satisfaction. Validated instruments listed below were used:

- Leader Behaviour Description Questionnaire: Form XII (Stodgil, 1963)
- Motivation at Work Scale (Gagne, 2010)
- Job_Satisfaction Survey, JSS (Spector, 1994)

Using the above, a questionnaire was prepared with parallel translation of questions in Punjabi to ensure that employees understand the questions adequately (Appendix 2). Same questionnaire was distributed to all the personnel.

Survey was administrated to all the personnel working (Excluding Class IV employees) at GGS Medical College, Faridkot. This was followed by analysis of the collected data using Microsoft excel and SPSS involving statistical techniques like Pearson correlation, multiple regression and ANOVA as applicable.

While many of the published studies used statistics like means and percentages, in this study; latest techniques like t-test, ANOVA, correlation and regression anlyslis were used to find out statistical significance.

3.04 Profile of the selected organisation

Profile of the selected nonprofit healthcare organisation (Guru Gobind Singh Medical College, Faridkot): A brief overview of the selected is being explained, comprising of history, manpower deployment, manpower recruitment, system of promotion, salary raises, employee welfare, working, control code of conduct and public liabilities.

This college was setup up in 1973 by a private charitable trust to cater to the society in this region, being found to be deficient in medical care facilities. Guru Gobind Singh Medical College, Faridkot and its attached hospital were taken over by the Punjab Govt. from a private trust in 1978 with the dual aim and objective of providing quality and medical education to the under graduates and post graduates in different specialties besides providing good and affordable medical care to the public of the adjoining areas. In year 2006 the management and control of the college along with its hospital was handed over to Baba Farid University of Health Sciences, Faridkot being the Health University of the State of Punjab. Punjab Government

employees continued to be posted at the GGS Medical College and on promotion to next level are to be posted out as a mandatory transfer clause. Any additional manpower requirement for newer vacancies and on account of previous retirements or transfers on promotions is to be recruited by Baba Farid University of Health Sciences, Faridkot. All the Punjab Government employees are being governed by the services rules and regulations of the Government of Punjab. Employees of University are being governed by the rules and regulation of the university on the lines of rules of Punjab Government. Though an autonomous body, university is under direct control of the Government of Punjab and has to function as per the approval of the Board of Management with majority of representatives nominated by the State.

Salary of the employees is as per the Government ruling from time to time and receive increments from time to time, their pay and promotion is time bound. Contractual employees, on the other hand, have fixed salaries. Third cadres of personnel are those providing services through outsourced agency.

College admits 100 students per year in MBBS course, 51 post graduate students in the various specialities with highest ratio of PG seats versus MBBS seats in the state of Punjab. The college has three main campuses vis-a-vis college complex, Hospital complex and Residential complex. Institution provides latest diagnostic techniques in the department of Pathology, Biochemistry and Microbiology with latest equipments. In last 3-4 years huge investments have been made in upgrading the infrastructure of the hospital such that the people needing critical care need not go to other cities for treatment. Today Guru Gobind Singh Medical College, Faridkot has the best infrastructure among the medical colleges in Government sector in Punjab.

Guru Gobind Singh Medical College, Faridkot is nonprofit making institution, providing free treatment/highly subsidized treatment at Punjab Government rates to patients with over 540 assigned beds and OPD of more than 1300 patients per day and approximately 90 plus admissions per day. College and attached hospital has approximately 300 plus doctors of various specialties, skill level and hierarchy levels working 24X7 to provide care to the patients. There are approximately 100 plus class three employees forming the administrative machinery of the system (appendix 1). Like in the other nonprofit organisations, Guru Gobind Singh Medical College, Faridkot also does not have provision for pay/incentive based extrinsic motivation.

Institution is being run largely under control of Principal, Medical Superintendent and Professor level senior doctors and under supervision of the Baba Farid University of Health Sciences, Faridkot.

3.05 Sample: As the study was based on the feedback questionnaire method, after discussion with the leaders in the organisation it was decided to cover all the employees of the institution and to exclude class 4 employees as they having lower levels of literacy may not be able to understand the questionnaire even though translated in Punjabi and will not be able to provide correct feedback. Thus all the employees of the institution except for the class IV employee were covered and were distributed the questionnaire. List of all the employees was received from their respective offices, which was then compiled according to their location of duty and departments.

Demographic factors such as gender, marital status, hierarchy level, job type, duration of employment were taken into consideration (Appendix 1).

Table 3.01: Questionnaires distributed and received back

Questionnaires distributed	796
No of questionnaires received	621 (78%)

Table 3.02: Split up of male and female participants

	Received	% received
Male	213	34%
Female	408	66%

Table 3.03: Split up of participants according to their profession

	Received	% received
Doctors	207	33%
Nurses	243	39%
Paramedics	99	16%
Non Medicos	72	12%

Table 3.04: Split up of participants as regular and contractual employees

	Received	% received
Contractual	180	29%
Regular	441	71%

3.06 Sources of Data

Both primary and secondary data had been collected to present a comprehensive analysis of scenario in non-profit making, teaching healthcare institution. Collection of primary data was challenging task, as questionnaire were administered and collected personally.

Primary Sources: Primary data was collected through questionnaire from all the eligible employees for studying the impact of appropriateness of demographic variables and leader's behaviour on motivation and job satisfaction levels of the employees in the selected institution.

Secondary Sources: Comprehensive review of the existing literature was undertaken to know and understand the exiting gaps in literature. Journals, books, magazines, internet and newspapers were scanned to know the contemporary scenario and research undertaken in the field so far.

3.07 Data Collection Tools

A common questionnaire was prepared for all the eligible employees using validated instruments published in the literature. Questionnaire started with information relating to demographic profile of the respondent's i.e. gender, type of employment, job type, hierarchy level, designation, and duration of service. This was followed by 3 parts i.e. Part B related to respondents perception about the behaviour of their leader, Part C related to description about job satisfaction level among the respondents and Part D related to motivation level of the respondents.

Part A: Part A of the questionnaire consisted of consent from participants and field pertaining to their demographic details.

Part B: For the purpose of assessment of the perception of the employee's perception about their leader's behaviour: Leader Behaviour Description Questionnaire Form XII (LBDQ) developed by Stodgil (1963) was used. Leader Behaviour Description Questionnaire can be used to describe the behaviour of the leader, or leaders, in any type of group or organisation, provided the followers have had an opportunity to observe the leader in action as a leader of their group. The reliability of the subscales was determined by a modified Kuder-Richardson formula. The LBDQ is employed by followers to describe the behaviour of their leaders or supervisors. This Questionnaire describes twelve aspects of leader's behaviour and comprises of 100 items (appendix 2). Description of leader's behaviour aspects have been detailed at appendix 3a.

Table 3.05: Items in leader's behaviour assessment

S.No	Behaviour Aspect
1	Representation
2	Demand Reconciliation
3	Tolerance of Uncertainty
4	Persuasiveness
5	Initiation of Structure
6	Tolerance and Freedom
7	Role Assumption
8	Consideration
9	Production Emphasis
10	Predictive Accuracy
11	Integration
12	Superior Orientation

Part C: To analyze and depict job satisfaction levels of the study group Job Satisfaction Survey (JSS) developed by Spector (1994) was used. The Job Satisfaction Survey is a 36 item, nine facet scale to assess employee attitudes about the job and aspects of the job. The nine facets are as below and their description is as per appendix 3b. Items in the Job Satisfaction Survey are written in both directions; positive and negative. Scores on each of nine facet subscales, based on 4 items in each range from 4 to 24; while scores for total job satisfaction, based on the sum of all 36 items, ranges from 36 to 216.

Table 3.06: Facets of job satisfaction

S. No	Facet
1	Pay
2	Promotion
3	Supervision
4	Fringe Benefits
5	Contingent Rewards
6	Operating Procedures
7	Coworkers
8	Nature of Work
9	Communication

Each item is scored from 1 to 6 as per the response received. High scores on the scale represent job satisfaction, so the scores on the negatively worded items were reversed before summing with the positively worded into facet or total scores. A score of 6 representing strongest agreement with a negatively worded item is considered equivalent to a score of 1 representing strongest disagreement on a positively worded item, allowing them to be combined meaningfully. Scoring procedure was done as follows.

Responses to the positive items were numbered from 1 representing strongest disagreement to 6 representing strongest agreement with each. The negatively worded items were reverse scored using Microsoft Excel software by subtracting the original values for the internal items from 7 (if answered). Imputation of scores of missing items was done to make an adjustment otherwise the score would have been too low. The mean score per item for the facet was calculated and was substituted for that missing items.

Interpreting satisfaction scores with the Job Satisfaction Survey: As per Spector, there are no specific cut scores that determine whether an individual is satisfied or dissatisfied. In other words, we cannot confidently conclude that there is a particular score that is the dividing line between satisfaction and dissatisfaction. Given that the JSS uses 6-point agree-disagree response choices, we can assume that agreement with positively-worded items and disagreement with negatively-worded items would represent satisfaction, whereas disagreement with positive-worded items, and agreement with negative-worded items represents dissatisfaction. For the 4-item subscales, as well as the 36-item total score, this means that scores with a mean item response (after reverse scoring the negatively-worded items) of 4 or more represents satisfaction, whereas mean responses of 3 or less represents dissatisfaction. Mean scores between 3 and 4 are ambivalence. Translated into the summed scores, for the 4-item subscales with a range from 4 to 24, scores of 4 to 12 are dissatisfied, 16 to 24 are satisfied, and between 12 and 16 are ambivalent. For the 36-item total where possible scores range from 36 to 216, the ranges are 36 to 108 for dissatisfaction, 144 to 216 for satisfaction, and between 108 and 144 for ambivalent.

Part D: To analyze and depict motivational level of the study group Motivation at Work Scale developed by Gagne (2010) was used. The Motivation at Work Scale (MAWS) was developed in accordance with the multidimensional conceptualization of motivation postulated in self-determination theory. The authors examined the structure of the MAWS in a group of 1,644 workers in two different languages, English and French. Results obtained from these samples suggested that the structure of motivation at work across languages is consistently organized into four different types: intrinsic motivation, identified regulation, introjected regulation, and external regulation. The MAWS subscales were predictably associated with organisational behaviour constructs. It consisted of 12 statements (3 statements for each factor)

depicting four factors namely: Intrinsic Motivation, Identified Regulation, Introjected Regulation, Extrinsic Regulation.

Table 3.07: Motivational factors

S.No	Motivational factor	Statement numbers	Type
1	Intrinsic Motivation	1-3	Autonomous Motivation
2	Identified Regulation	4-6	
3	Introjected Regulation	7-9	Controlled Motivation
4	Extrinsic Regulation	10-12	

The items were scored on a seven-point Likert scale according to the following response categories. 1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = strongly, 6 = very strongly and 7 = exactly

Higher scores indicated higher levels of motivation. With respect to the data, imputation of missing values was applied for missing values among the items pertaining to items in that scale. For imputation, average of value of items in that scale was substituted using Microsoft Excel software.

Reliability and Validity Analysis: Reliability can be defined to the extent to which a variable is consistent in what it is intended to measure. Several measure of reliability can ascertain the reliability of the measuring instrument. In the present research the reliability of Leader's behaviour, Motivation and Job satisfaction questionnaire scales was determined using Cronbach's Coefficient alpha as shown in table 3.09 (Appendix 3c).

Table 3.08 Reliability coefficients of questionnaire

	Leader's Behaviour	Motivation	Job Satisfaction
Number of items	12	4	9
Cronbach's Aplha (α)	.948	.910	.955

- Values of 0.70 and above testify strong reliability of the scale

An Alpha value of 0.70 or above was considered to be the criterion for demonstrating internal consistency of new scales and established scales respectively. As the values exceed the minimum requirements, it is hereby demonstrated the factors Leader's Behaviour, Motivation and Job Satisfaction are internally consistent.

Validity represents the extent to which a measure correctly represents the concept of study. Standardised questionnaires were used for the purpose of collecting

data relating to perceived leader's behaviour, motivation and job satisfaction; validity testing has already been performed by the respective authors, Stodgil (1963) for Leader Behaviour Description Questionnaire, Spector (1994) for Job Satisfaction Survey and Gagne (2010) for Motivation at Work Scale.

Table 3.09: Reliability coefficients of leader's behaviour questionnaire

S. No	Aspect	Current Study	Aircraft Executives	Corporation Presidents	College Presidents	Senators
1	Representation	.891				
2	Demand	.886	0.73	0.59		0.81
3	Tolerance	.782	0.82	0.79	0.8	0.83
4	Persuasiveness	.888	0.84	0.69	0.76	0.72
5	Initiating	.911	0.78	0.77	0.8	0.64
6	Tolerance	.885	0.86	0.84	0.73	0.65
7	Role	.785	0.84	0.57	0.75	0.85
8	Consideration	.926	0.84	0.78	0.76	0.38
9	Production	.931	0.79	0.71	0.74	
10	Predictive	.899	0.91	0.84		
11	Integration	.956				
12	Superior	.881	0.81	0.66	0.6	

- Values of 0.70 and above testify strong reliability of the scale

Reliability and validity analysis for perceived leader's behaviour: There are no norms for the LBDQ. The questionnaire was designed for use as a research device and was administered by its author to variety of study group like commissioned and noncommissioned officers in an army combat division, the administrative officers in a state highway patrol headquarters office, the executives in an aircraft engineering staff, ministers of various denominations of an Ohio Community, leaders in community development activities throughout the state of Ohio, presidents of "successful" corporations, presidents of labor unions, presidents of colleges and universities, and United States Senators. The reliability of the subscales was determined by a modified Kuder-Richardson formula. Each item was correlated by the author with the remainder of the items in its subscale rather than with the subscale score including the item. This procedure yielded a conservative estimate of subscale reliability. The reliability coefficients as per the author are shown in Table 3.10.

In the current study alpha value for individual subscale was obtained. Table 3.10 shows the Cronbach's Alpha values. Each item was correlated with the remainder of the items in its subscale. This procedure yielded a conservative estimate of subscale reliability. As the values exceed the minimum requirements (0.70), it is hereby found that the sub scales of leader's behaviour are internally consistent.

Job Satisfaction Survey: Internal consistency reliabilities (coefficient alpha), based on a sample of 2,870 as per the findings of ‘Spector’ for are as per table 3.11.

Table 3.10: Reliability coefficients of job satisfaction questionnaire

Scale	Alpha as per findings of Spector	Alpha as per the current analysis
Pay	.75	.673
Promotion	.73	.625
Supervision	.82	.736
Fringe Benefits	.73	.631
Contingent Rewards	.76	.705
Operating Procedures	.62	.322
Coworkers	.60	.621
Nature of Work	.78	.626
Communication	.71	.582
Total	.91	.893

Reliability for Motivation at Work Scale: in the current study alpha value for individual subscale were obtained as shown in table 3.12.

Table 3.11: Reliability coefficients of motivational factors questionnaire

Subscale	Alpha Coefficient as per Gagne	Alpha as per Current study
Intrinsic Motivation	.89	.553
Identified Regulation	.83	.831
Introjected Regulation	.75	.850
Extrinsic Regulation	.69	.482

3.08 Hypothesis

To test the validity and applicability of the given objectives and to gain insight into the banks involved in the study, following hypothesis have been developed. A set of hypothesis has been generated to evaluate the impact of demographic variables and leader’s behaviour on Motivation and Job Satisfaction. These hypotheses are tested by application of appropriate statistical tools to derive meaningful and relevant recommendations.

H₀₁: There is no significant difference in perceived leader’s behaviour between male and female employees.

H₀₂: There is no significant difference in perceived leader’s behaviour between regular and contractual employees.

H₀₃: There is no significant difference in perceived leader's behaviour between doctors, nurses, paramedics and non-medical employees.

H₀₄: There is no significant difference in motivation levels of male and female employees.

H₀₅: There is no significant difference in motivation levels of regular and contractual employees.

H₀₆: There is no significant difference in motivation levels between doctors, nurses, paramedics and non-medical employees.

H₀₇: There is no significant difference in job satisfaction between male and female employees.

H₀₈: There is no significant difference in job satisfaction between regular and contractual employees.

H₀₉: There is no significant difference in job satisfaction between doctors, nurses, paramedics and non-medical employees.

	<i>Gender Variation</i>	<i>Variation in regular/contractual employee</i>	<i>Variation in professional group of employees</i>
<i>Perceived Leader's behaviour</i>	<i>H₀₁</i>	<i>H₀₂</i>	<i>H₀₃</i>
<i>Motivation</i>	<i>H₀₄</i>	<i>H₀₅</i>	<i>H₀₆</i>
<i>Job satisfaction</i>	<i>H₀₇</i>	<i>H₀₈</i>	<i>H₀₉</i>

H₀₁₀: Perceived leader's behaviour has no significant relationship with motivational levels of employees.

H₀₁₁: There is no significant correlation between perceived leader's behaviour on the motivational levels of doctors, non-medicos, nurses and paramedics.

<i>Dependent Variable</i>	<i>All the employees</i>	<i>Employee in professional group</i>
<i>Motivation</i>	<i>H₀₁₀</i>	<i>H₀₁₁</i>
<i>Job Satisfaction</i>	<i>H₀₁₂</i>	<i>H₀₁₃</i>

H₀₁₂: Perceived leader's behaviour has no significant relationship with job satisfaction.

H₀₁₃: There is no significant correlation between perceived leader's behaviour on job satisfaction for doctors. non-medicos, nurses and paramedics.

3.09 Pilot Survey

The main objective of the study was to capture the impact of perceived leader's behaviour on job satisfaction and motivation. Therefore, the qualitative stage preceded the survey to identify the dimensions to be included in the questionnaire. The Present study makes an attempt to reformat the measurement instrument in relation to the study undertaken. A pilot survey of 20 respondents was done at random. The responses were carefully reviewed and subsequent reformatting of the questionnaire was done accordingly.

3.10 Procedure

List of employees working with the college was obtained from the dealing heads in Jan 2015. List was then compiled based on the location of duty and department of each staff member. All these employees were covered and any new joiners were not covered. Questionnaire compiled was distributed to all the above eligible employees in small groups or in individual settings depending on the seniority/ working of the department / convenience of the employees. Each departmental head (HOD) was approached individually and was briefed about the study. Following this their permission was sought to get the questionnaire filled from their teams with consent that feedback received shall not be shared with the HOD's. Feedback forms were preferably distributed to employees of the department preferably in front of their HOD, informing them the feedback filled shall not be shared with their HOD's and that their HOD had consented for the same.

3.11 Analysis of Data

To arrive at the pertinent analysis, the collected data was put into Microsoft excel sheet, where responses from questionnaire were entered. Subsequently scores were assigned as described along with data collection tools including for reversely scored items. Following this sub scale scores were calculated and required imputation was done. This was followed by the processed data being transferred to Statistical package SPSS. The tools, which were employed to test the drafted hypothesis for analysis included: Factor analysis, Descriptive analysis, inferential analysis, Analysis of Variance, Multiple comparison, Co-relations, Regression analysis and multicollinerity.

1. **Descriptive Analysis:** Measures for Central tendency such as Means and Standard Deviation along with bar graphs, Histograms and descriptive statistics were used to present a clear picture of the findings on various parameters and scrutinize the nature and distribution of scores on various variables.
2. **Inferential analysis:** Independent t-test and ANOVA Analysis: The Analysis of Variance (ANOVA) was carried out to determine whether significant differences existed between the demographic variable, perceived leader's behaviour, motivation and job satisfaction.
3. **Correlation Analysis:** In order to comprehend and figure out the relationship among the factors of perceived leader's behaviour, motivation and job satisfaction, the Pearson's coefficient of correlation was computed.
4. **Multiple Regression Analysis:** A stepwise Multiple Regression Analysis was also done to determine the relative contribution of the independent variables of perceived leader's behaviour on the dependent variables i.e. motivation and job satisfaction. This was done to identify the predictive relationship between these variables.
5. **Multicollinearity:** Multicollinearity is the problem of inter – correlation among independent variables. This problem is encountered in Multiple Regression analysis and has an effect on results to some extent. Hence, Multicollinearity was detected by calculating Variance Inflation Factor (VIF) and Tolerance Value (TV).

Data Analysis I

Chapter 4

DATA ANALYSIS-I

- 4.1 Variation in perceived leader's Behaviour
- 4.2 Variation in Motivation
- 4.3 Variation in Job Satisfaction

4.1 Variation in perceived leader's behaviour.

“Leadership is interpersonal influence, exercised in a situation, and directed, through the communication process, toward the attainment of a specified goal or goals” (Tannenbaum, et al). To be an effective leader, it is necessary to influence others to support and implement decisions that the leader and group members perceive are necessary. Without influence, leadership does not occur. In other words, leadership is the act of influencing outcomes. Influence can be with people, things or events. Strength and effectiveness of influence can vary.

In this chapter perceived leader's behaviour aspects are studied in detail as described by the subordinates understudy. Twelve aspects of leader's behaviour in context of the teaching non-profit public sector organizations have been analyzed. Further analysis has been done with respect to demographic factors of the subordinates. T-test application and analysis of Variance ANOVA of demographic factors is performed for testing the significance of the difference among the sample means. Finally pair wise multiple comparisons was performed to analyze the perception of employees of various categories regarding various perceived leader's behaviour aspects.

4.1.1 Prevalent leader's behaviour as perceived by employees.

A part of first **objective** was to study to observe the variation among different aspects of leader's behaviour. Different aspects of leader's behaviour were assigned unequal maximum scores, so while studying it was analysed from the mean score as percentage of max score (**Table 4.1**).

While observing it was found that 'integration' behaviour was rated highest (84.91%). This was followed by production emphasis (83.15), representation (82.73%), Initiation and structure (81.69%), predictive accuracy (81.30%), persuasiveness

(80.92%), superior orientation (80.38%), demand reconciliation (80.13%), tolerance and freedom (77.97%), consideration (77.8%), role assumption (73.05%) and Tolerance of uncertainty (67.87%) in same order with tolerance of uncertainty rated the lowest.

Table 4.01: Mean values of different aspects of perceived leader's behaviour
(Arranged in order by maximum score on the top)

	Overall			
	Mean	Std. Deviation	Max Score	% of max score
Integration	21.227	4.5506	25	84.91%
Production Emphasis	41.576	6.7561	50	83.15%
Representation	20.683	4.1079	25	82.73%
Initiation and Structure	40.845	6.1612	50	81.69%
Predictive Accuracy	20.324	3.8096	25	81.30%
Persuasiveness	40.461	6.0078	50	80.92%
Superior Orientation	40.188	6.1794	50	80.38%
Demand Reconciliation	20.032	4.4763	25	80.13%
Tolerance and Freedom	38.986	7.3481	50	77.97%
Consideration	38.899	7.8759	50	77.80%
Role Assumption	36.527	5.8471	50	73.05%
Tolerance of Uncertainty	33.936	6.2304	50	67.87%

Where in

1. Representation: speaks and acts as the representative of the group.
2. Demand Reconciliation: reconciles conflicting demands and reduces disorder to system.
3. Tolerance of Uncertainty: is able to tolerate uncertainty and postponement without anxiety or upset.
4. Persuasiveness: uses persuasion and argument effectively; exhibits strong convictions.
5. Initiation of Structure: clearly defines own role, and lets followers know what is expected.
6. Tolerance and Freedom: allows followers scope for initiative, decision and action.
7. Role Assumption: actively exercises the leadership role rather than surrendering leadership to others.
8. Consideration: regards the comfort, well being, status, and contributions of followers.
9. Production Emphasis: applies pressure for productive output.
10. Predictive Accuracy: exhibits foresight and ability to predict outcome accurately.
11. Integration: maintains a closely knit organization; resolves intermember conflicts

12. Superior Orientation: maintains cordial relations with superiors; has influence with them; is striving for higher status.

4.1.2 Comparing means of perceived leader's behaviour between male and female employees.

To test the significance of the difference among the sample means; independent t-test was applied (as shown in appendix 4a). Using T-test the significance of the difference between male and female employees on perceived leader's behaviour was tested. The hypothesis developed for this purpose was as follows:

Null Hypothesis:

$$H_0 1: \bar{X}_{\text{male}} = \bar{X}_{\text{female}}$$

$H_0 1$: Accepted, when probability is ≥ 0.05

That is there is no significant difference in perceived leader's behaviour between male and female employees .

Alternate hypothesis

$$H_1 1: \bar{X}_{\text{male}} \neq \bar{X}_{\text{female}}$$

$H_1 1$: Accepted, when probability is < 0.05

That is there is significant difference in perceived leader's behaviour between male and female employees .

Where \bar{X}_{male} , \bar{X}_{female} are means of perceived leader's behaviors for male and female employees (with each of the perceived leader's behaviour aspect tested separately).

The results of the t-test analysed through SPSS have been explained below:

For perceived leader's behaviour aspect 'representation', since the probability $0.206 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (male and female) perception regarding their leader's representation behaviour.

Table 4.02: Comparing means (t-test) of perceived leader's behaviour between male and female employees

Gender		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
Representation	Equal variances assumed	1.689	.194	-1.265	619	.206
	Equal variances not assumed			-1.242	408.789	.215
Demand Reconciliation	Equal variances assumed	.150	.699	-.092	619	.927
	Equal variances not assumed			-.092	436.261	.927
Tolerance of Uncertainty	Equal variances assumed	2.027	.155	.267	619	.789
	Equal variances not assumed			.277	472.991	.782
Persuasiveness	Equal variances assumed	.591	.442	1.435	619	.152
	Equal variances not assumed			1.420	417.776	.156
Initiation of Structure	Equal variances assumed	.073	.787	.218	619	.827
	Equal variances not assumed			.219	432.655	.827
Tolerance of Freedom	Equal variances assumed	.039	.844	.081	619	.935
	Equal variances not assumed			.080	414.576	.936
Role Assumption	Equal variances assumed	.906	.342	-.190	619	.849
	Equal variances not assumed			-.192	441.377	.848
Consideration	Equal variances assumed	.462	.497	-.841	619	.401
	Equal variances not assumed			-.851	443.515	.395
Production Emphasis	Equal variances assumed	.236	.627	.028	619	.978
	Equal variances not assumed			.027	425.014	.978
Predictive Accuracy	Equal variances assumed	.271	.603	.489	619	.625
	Equal variances not assumed			.483	415.884	.629
Integration	Equal variances assumed	.750	.387	.142	619	.887
	Equal variances not assumed			.144	448.555	.886
Superior Orientation	Equal variances assumed	.797	.372	-.521	619	.602
	Equal variances not assumed			-.498	378.982	.619

For perceived leader's behaviour aspect 'demand reconciliation' since the probability $0.927 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (male and female) perception regarding their leader's demand reconciliation behaviour.

For perceived leader's behaviour aspect 'tolerance of uncertainty' since the probability $0.789 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (male and female) perception regarding their leader's tolerance of uncertainty behaviour.

For perceived leader's behaviour aspect 'Persuasiveness, since the probability $0.152 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred

that there is no significant difference in employees (male and female) perception regarding their leader's Persuasiveness behaviour.

For perceived leader's behaviour aspect 'Initiation of Structure', since the probability $0.206 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (male and female) perception regarding their leader's Initiation of Structure behaviour.

For perceived leader's behaviour aspect 'Tolerance and Freedom', since the probability $0.935 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (male and female) perception regarding their leader's Tolerance and Freedom behaviour.

For perceived leader's behaviour aspect 'Role Assumption', since the probability $0.849 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (male and female) perception regarding their leader's Role Assumption behaviour.

For perceived leader's behaviour aspect 'Consideration', since the probability $0.401 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (male and female) perception regarding their leader's Consideration behaviour.

For perceived leader's behaviour aspect 'Production Emphasis', since the probability $0.978 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (male and female) perception regarding their leader's Production Emphasis behaviour.

For perceived leader's behaviour aspect 'Predictive Accuracy', since the probability $0.625 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (male and female) perception regarding their leader's Predictive Accuracy behaviour.

For perceived leader's behaviour aspect 'Integration', since the probability $0.887 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (male and female) perception regarding their leader's Integration behaviour.

For perceived leader's behaviour aspect 'Superior Orientation', since the probability $0.602 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (male and female) perception regarding their leader's Superior Orientation behaviour.

Thus from the above analysis the hypothesis H₀₁: That there is no significant difference between perceived leader's behaviour between male and female employees is established as accepted.

4.1.3 Comparing means of perceived leader's behaviour between regular and contractual employees.

To test the significance of the difference among the sample means independent t-test was applied (as shown in **appendix 4b**). Using T-test the significance of the difference between regular and contractual employees on perceived leader's behaviour was tested. The hypothesis developed for this purpose was as follows:

Null Hypothesis:

$$H_{02}: \bar{X}_{\text{regular}} = \bar{X}_{\text{contractual}}$$

H₀₂: Accepted, when probability is ≥ 0.05

That is there is no significant difference in perceived leader's behaviour between regular and contractual employees.

Alternate hypothesis

$$H_{12}: \bar{X}_{\text{regular}} \neq \bar{X}_{\text{contractual}}$$

H₁₂: Accepted, when probability is < 0.05

That is there is significant difference in perceived leader's behaviour between regular and contractual employees.

Where \bar{X}_{regular} , $\bar{X}_{\text{contractual}}$ are means of perceived leader's behaviour (Each of the 12 aspects tested separately) for regular and contractual employees.

The results of the t-test analysed through SPSS have been explained below

Table 4.03: Comparing means (t-test) of perceived leader's behaviour between regular and contractual employees

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
Representation	Equal variances assumed	.171	.680	.320	619	.749
	Equal variances not assumed			.317	419.111	.751
Demand Reconciliation	Equal variances assumed	.049	.824	1.004	619	.316
	Equal variances not assumed			1.014	442.142	.311
Tolerance of Uncertainty	Equal variances assumed	.119	.730	.159	619	.874
	Equal variances not assumed			.157	416.022	.875
Persuasiveness	Equal variances assumed	.685	.408	-.522	619	.602
	Equal variances not assumed			-.514	412.383	.608
Initiation of Structure	Equal variances assumed	.017	.896	-.824	619	.410
	Equal variances not assumed			-.822	427.648	.411
Tolerance of Freedom	Equal variances assumed	1.224	.269	.277	619	.782
	Equal variances not assumed			.283	456.753	.777
Role Assumption	Equal variances assumed	.185	.667	.706	619	.481
	Equal variances not assumed			.715	444.970	.475
Consideration	Equal variances assumed	1.807	.179	1.241	619	.215
	Equal variances not assumed			1.271	459.001	.204
Production Emphasis	Equal variances assumed	2.456	.118	1.116	619	.265
	Equal variances not assumed			1.092	404.388	.276
Predictive Accuracy	Equal variances assumed	.001	.971	.778	619	.437
	Equal variances not assumed			.790	448.532	.430
Integration	Equal variances assumed	.352	.553	.587	619	.557
	Equal variances not assumed			.599	453.721	.550
Superior Orientation	Equal variances assumed	1.480	.224	.217	619	.828
	Equal variances not assumed			.214	414.475	.831

For perceived leader's behaviour aspect 'representation', since the probability $0.749 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (regular and contractual) perception regarding their leader's representation behaviour.

For perceived leader's behaviour aspect 'Demand Reconciliation', since the probability $0.316 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (regular and contractual) perception regarding their leader's Demand Reconciliation behaviour.

For perceived leader's behaviour aspect 'Tolerance of Uncertainty', since the probability $0.874 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (regular and contractual) perception regarding their leader's Tolerance of Uncertainty behaviour.

For perceived leader's behaviour aspect 'Persuasiveness', since the probability $0.602 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (regular and contractual) perception regarding their leader's Persuasiveness behaviour.

For perceived leader's behaviour aspect 'Initiation of Structure', since the probability $0.410 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (regular and contractual) perception regarding their leader's Initiation of Structure behaviour.

For perceived leader's behaviour aspect 'Tolerance of Freedom', since the probability $0.782 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (regular and contractual) perception regarding their leader's Tolerance of Freedom behaviour.

For perceived leader's behaviour aspect 'Role Assumption', since the probability $0.481 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (regular and contractual) perception regarding their leader's Role Assumption behaviour.

For perceived leader's behaviour aspect 'Consideration', since the probability $0.215 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (regular and contractual) perception regarding their leader's Consideration behaviour.

For perceived leader's behaviour aspect 'Production Emphasis', since the probability $0.265 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be

inferred that there is no significant difference in employees (regular and contractual) perception regarding their leader's Production Emphasis behaviour.

For perceived leader's behaviour aspect 'Predictive Accuracy', since the probability $0.437 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (regular and contractual) perception regarding their leader's Predictive Accuracy behaviour.

For perceived leader's behaviour aspect 'Integration', since the probability $0.557 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (regular and contractual) perception regarding their leader's Integration behaviour.

For perceived leader's behaviour aspect 'Superior Orientation', since the probability $0.828 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (regular and contractual) perception regarding their leader's Superior Orientation behaviour.

Thus from the above analysis the hypothesis H₀2: There is no significant difference for perceived leader's behaviour aspects between regular and contractual employee is established as accepted.

4.1.4 Analysis of variation in perceived leader's behaviour between employees of professional groups (Doctors, Nurses, Paramedics and Non-medicos).

To test the significance of the difference among the sample means Analysis of Variance (ANOVA) was applied (as shown in **appendix 4c**). Using ANNOVA the significance of the difference between Doctors, Nurses, Paramedics and Non-medicos on perceived leader's behaviour was tested. The hypothesis developed for this purpose was as follows:

Null Hypothesis:

$$H_{03}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{03a}: \text{Representation} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{03b}: \text{Demand Reconciliation} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{03c}: \text{Tolerance of Uncertainty} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{03d}: \text{Persuasiveness} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{03e}: \text{Initiation of Structure} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{03f}: \text{Tolerance and Freedom} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{03g}: \text{Role Assumption} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{03h}: \text{Consideration} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{03i}: \text{Production Emphasis} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{03j}: \text{Predictive Accuracy} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{03k}: \text{Integration} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{03l}: \text{Superior Orientation} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

H_{03} : Accepted, when probability is ≥ 0.05

That is there is no significant difference in perceived leader's behaviour between Doctors, Nurses, Paramedics and Non-medical employees.

Alternate hypothesis

$$H_{13}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

H_{13} : Accepted, when probability is < 0.05

That is there is significant difference in perceived leader's behaviour between Doctors, Nurses, Paramedics and Non-medical employees.

Where \bar{X}_{doctors} , \bar{X}_{nurses} , $\bar{X}_{\text{paramedics}}$, $\bar{X}_{\text{non-medicos}}$ are means of perception of Doctors, Nurses, Paramedics and Non-medical employees for 12 aspects of perceived leader's behaviour (Each aspect behaviour tested separately)

The results of the ANOVA analysed through SPSS have been explained below:

Table 4.04: Analysis of variance (ANOVA) in perceived leader's behaviour among professional groups of employees (Doctors, Nurses, Paramedics and Non-medicos).

		Sum of Squares	df	Mean Square	F	Sig.
Representation	Between Groups	114.638	3	38.213	2.278	.078
	Within Groups	10347.868	617	16.771		
	Total	10462.506	620			
Demand Reconciliation	Between Groups	728.334	3	242.778	12.808	.000
	Within Groups	11695.022	617	18.955		
	Total	12423.356	620			
Tolerance of Uncertainty	Between Groups	857.684	3	285.895	7.600	.000
	Within Groups	23209.739	617	37.617		
	Total	24067.424	620			
Persuasiveness	Between Groups	1572.533	3	524.178	15.545	.000
	Within Groups	20805.750	617	33.721		
	Total	22378.283	620			
Initiation of Structure	Between Groups	1536.560	3	512.187	14.365	.000
	Within Groups	21998.600	617	35.654		
	Total	23535.159	620			
Tolerance of Freedom	Between Groups	1050.960	3	350.320	6.666	.000
	Within Groups	32425.909	617	52.554		
	Total	33476.870	620			
Role Assumption	Between Groups	1126.769	3	375.590	11.547	.000
	Within Groups	20070.042	617	32.528		
	Total	21196.812	620			
Consideration	Between Groups	1987.994	3	662.665	11.211	.000
	Within Groups	36470.615	617	59.110		
	Total	38458.609	620			
Production Emphasis	Between Groups	1722.480	3	574.160	13.329	.000
	Within Groups	26577.137	617	43.075		
	Total	28299.617	620			
Predictive Accuracy	Between Groups	552.415	3	184.138	13.452	.000
	Within Groups	8445.527	617	13.688		
	Total	8997.942	620			
Integration	Between Groups	656.441	3	218.814	11.082	.000
	Within Groups	12182.544	617	19.745		
	Total	12838.986	620			
Superior Orientation	Between Groups	559.279	3	186.426	4.976	.002
	Within Groups	23115.677	617	37.465		
	Total	23674.957	620			

$$H_{03a}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{13a}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For perceived leader's behaviour aspect 'Superior Orientation', since the probability $0.078 > 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is no significant difference in employees (doctors, nurses, paramedics and non-medicos) perception regarding their leader's Superior Orientation behaviour.

$$H_{03b}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{13b}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For perceived leader's behaviour aspect 'Demand Reconciliation', since the probability $0.000 < 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is significant difference in employees (doctors, nurses, paramedics and non-medicos) perception regarding their leader's Demand Reconciliation behaviour.

$$H_{03c}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{13c}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For perceived leader's behaviour aspect 'Tolerance of Uncertainty', since the probability $0.000 < 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is significant difference in employees (doctors, nurses, paramedics and non-medicos) perception regarding their leader's Tolerance of Uncertainty behaviour.

$$H_{03d}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{13d}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For perceived leader's behaviour aspect 'Persuasiveness', since the probability $0.000 < 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is significant difference in employees (doctors, nurses, paramedics and non-medicos) perception regarding their leader's Persuasiveness behaviour.

$$H_{03e}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{13e}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For perceived leader's behaviour aspect 'Initiation of Structure', since the probability $0.000 < 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is significant difference in employees (doctors, nurses, paramedics and non-medicos) perception regarding their leader's Initiation of Structure behaviour.

$$H_{03f}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{13f}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For perceived leader's behaviour aspect 'Tolerance of Freedom', since the probability $0.000 < 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be

inferred that there is significant difference in employees (doctors, nurses, paramedics and non-medicos) perception regarding their leader's Tolerance of Freedom behaviour.

$$H_{03g}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{13g}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For perceived leader's behaviour aspect 'Role Assumption', since the probability $0.000 < 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is significant difference in employees (doctors, nurses, paramedics and non-medicos) perception regarding their leader's Role Assumption behaviour.

$$H_{03h}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{13h}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For perceived leader's behaviour aspect 'Consideration', since the probability $0.000 < 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is significant difference in employees (doctors, nurses, paramedics and non-medicos) perception regarding their leader's Consideration behaviour.

$$H_{03i}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{13i}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For leader's behaviour aspect 'Production Emphasis', since the probability $0.000 < 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is significant difference in employees (doctors, nurses, paramedics and non-medicos) perception regarding their leader's Production Emphasis behaviour.

$$H_{03j}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{13j}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For perceived leader's behaviour aspect 'Predictive Accuracy', since the probability $0.000 < 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is significant difference in employees (doctors, nurses, paramedics and non-medicos) perception regarding their leader's Predictive Accuracy behaviour.

$$H_{03k}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{13k}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For perceived leader's behaviour aspect 'Integration', since the probability $0.000 < 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is significant difference in employees (doctors, nurses, paramedics and non-medicos) perception regarding their leader's Integration behaviour.

$$H_{03I}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{13I}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For perceived leader's behaviour aspect 'Superior Orientation', since the probability $0.002 < 0.05$ therefore at 5% level of significance null hypothesis is accepted. It can be inferred that there is significant difference in employees (doctors, nurses, paramedics and non-medicos) perception regarding their leader's Superior Orientation behaviour.

Thus from the above analysis the hypothesis H₀₃: That there is no significant difference in perceived leader's behaviour between employees of professional groups (doctors, nurses, non-medicos and paramedics) is established as rejected for 11 out of the total 12 types of leader's behaviour aspects.

4.1.5 Multiple Comparisons among Doctors, Nurses, Para-Medics and Non-Medicos.

Under section 4.04 it was found that there was significant difference in means of 11 out of the 12 aspects of perceived leader's behaviour between doctors, nurses, non-medicos and paramedics. Further pair wise comparison of means of these 11 aspects among doctors, nurses, non-medicos and paramedics was done by performing multiple comparison using post-Hoc test (Tukey) in SPSS (refer **appendix 4d.**) wherein:

$$H_0: \bar{X}_I = \bar{X}_J$$

$$H_1: \bar{X}_I \neq \bar{X}_J$$

Where \bar{X}_I is the mean of a factor corresponding to Ith category and \bar{X}_J is the mean of the same factor corresponding to Jth category. If the probability < 0.05 , null hypothesis is rejected, and alternate hypothesis is accepted. If Probability is ≥ 0.05 null is accepted and alternate hypothesis is rejected at 5% level of significance.

Table 4.05: Multiple comparison of perceived leader's behaviour among Doctors, Nurses, Paramedics and Non-Medical employees (as extracted from appendix 4d)

Dependent Variable	Employee Type (I)	Employee Type (J)	Significance
Demand Reconciliation	Non Medico	Doctor	.020 *
		Non Medico	.000 *
	Nurse	Doctor	.074 *
		Para Medic	.000 *
	Para Medic	Non Medico	1.000
		Doctor	.010 *
Tolerance of Uncertainty	Non Medico	Doctor	.098
		Non Medico	.757
	Nurse	Doctor	.000 *
		Para Medic	.276
	Para Medic	Non Medico	.952
		Doctor	.224
Persuasiveness	Non Medico	Doctor	.226
		Non Medico	.000 *
	Nurse	Doctor	.000 *
		Para Medic	.000 *
	Para Medic	Non Medico	.809
		Doctor	.748
Initiation of Structure	Non Medico	Doctor	.790
		Non Medico	.004 *
	Nurse	Doctor	.000 *
		Para Medic	.001 *
	Para Medic	Non Medico	1.000
		Doctor	.734
Tolerance and Freedom	Non Medico	Doctor	.489
		Non Medico	.001 *
	Nurse	Doctor	.006 *
		Para Medic	.042 *
	Para Medic	Non Medico	.620
		Doctor	1.000
Role Assumption	Non Medico	Doctor	.996
		Non Medico	.003 *
	Nurse	Doctor	.000 *
		Para Medic	.000 *
	Para Medic	Non Medico	.908
		Doctor	.688
Consideration	Non Medico	Doctor	.297
		Non Medico	.000 *
	Nurse	Doctor	.000 *
		Para Medic	.030 *
	Para Medic	Non Medico	.144
		Doctor	.881
Production Emphasis	Non Medico	Doctor	.000 *
		Non Medico	.000 *
	Nurse	Doctor	.915
		Para Medic	.001 *
	Para Medic	Non Medico	.597
		Doctor	.000 *
Predictive	Non Medico	Doctor	.016 *

Accuracy	Nurse	Non Medico	.000	*
		Doctor	.001	*
		Para Medic	.001	*
	Para Medic	Non Medico	.164	
		Doctor	.897	
	Integration	Non Medico	Doctor	.123
Nurse		Non Medico	.000	*
		Doctor	.001	*
		Para Medic	.001	*
Para Medic		Non Medico	.652	
		Doctor	.751	
Superior Orientation	Non Medico	Doctor	.593	
	Nurse	Non Medico	.006	*
		Doctor	.026	*
		Para Medic	.111	
	Para Medic	Non Medico	.696	
		Doctor	1.000	
* mean difference is significant at the 0.05 level of significance.				

The results of the multiple comparisons analysed through SPSS as above (Table 4.05) are as below:

Referring to Table No 4.05 and appendix 4d, it can be inferred that for leader's 'Demand Reconciliation' behaviour:

$$\begin{array}{lcl}
 \bar{X}_{\text{doctors}} & \neq & \bar{X}_{\text{non-medicos}} \\
 \bar{X}_{\text{nurses}} & \neq & \bar{X}_{\text{non-medicos}} \\
 \bar{X}_{\text{nurses}} & = & \bar{X}_{\text{doctors}} \\
 \bar{X}_{\text{nurses}} & \neq & \bar{X}_{\text{paramedics}} \\
 \bar{X}_{\text{paramedics}} & = & \bar{X}_{\text{non-medicos}} \\
 \bar{X}_{\text{doctors}} & \neq & \bar{X}_{\text{paramedics}}
 \end{array}$$

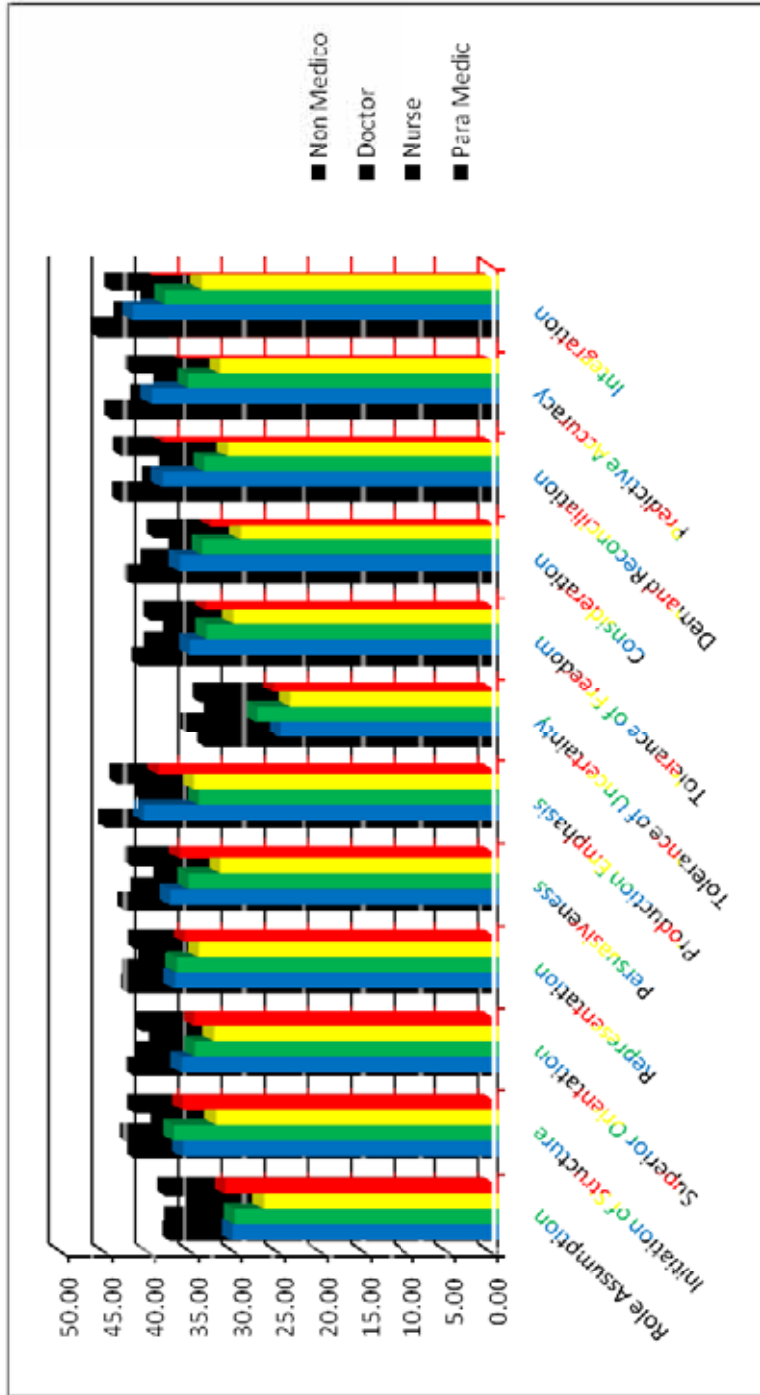
Referring to Table No 4.05 and appendix 4d, it can be inferred that for leader's 'Tolerance of Uncertainty' behaviour:

$$\begin{array}{lcl}
 \bar{X}_{\text{doctors}} & = & \bar{X}_{\text{non-medicos}} \\
 \bar{X}_{\text{nurses}} & = & \bar{X}_{\text{non-medicos}} \\
 \bar{X}_{\text{nurses}} & \neq & \bar{X}_{\text{doctors}} \\
 \bar{X}_{\text{nurses}} & = & \bar{X}_{\text{paramedics}} \\
 \bar{X}_{\text{paramedics}} & = & \bar{X}_{\text{non-medicos}} \\
 \bar{X}_{\text{doctors}} & = & \bar{X}_{\text{paramedics}}
 \end{array}$$

Referring to Table No 4.05 and appendix 4d, it can be inferred that for leader's 'Persuasiveness' behaviour:

$$\begin{array}{lcl}
 \bar{X}_{\text{doctors}} & = & \bar{X}_{\text{non-medicos}} \\
 \bar{X}_{\text{nurses}} & \neq & \bar{X}_{\text{non-medicos}} \\
 \bar{X}_{\text{nurses}} & \neq & \bar{X}_{\text{doctors}} \\
 \bar{X}_{\text{nurses}} & \neq & \bar{X}_{\text{paramedics}} \\
 \bar{X}_{\text{paramedics}} & = & \bar{X}_{\text{non-medicos}} \\
 \bar{X}_{\text{doctors}} & = & \bar{X}_{\text{paramedics}}
 \end{array}$$

Graph 4.01: Mean values for perceived leader's behaviour among professional group of employees (doctors, nurses, paramedics and non-medicos)



Referring to Table No 4.05 and appendix 4d, it can be inferred that for leader's 'Initiation of Structure' behaviour:

\bar{X} doctors	=	\bar{X} non-medicos
\bar{X} nurses	≠	\bar{X} non-medicos
\bar{X} nurses	≠	\bar{X} doctors
\bar{X} nurses	≠	\bar{X} paramedics
\bar{X} paramedics	=	\bar{X} non-medicos
\bar{X} doctors	=	\bar{X} paramedics

Referring to Table No 4.05 and appendix 4d, it can be inferred that for leader's 'Tolerance and Freedom' behaviour:

\bar{X} doctors	=	\bar{X} non-medicos
\bar{X} nurses	≠	\bar{X} non-medicos
\bar{X} nurses	≠	\bar{X} doctors
\bar{X} nurses	≠	\bar{X} paramedics
\bar{X} paramedics	=	\bar{X} non-medicos
\bar{X} doctors	=	\bar{X} paramedics

Referring to Table No 4.05 and appendix 4d, it can be inferred that for leader's 'Role Assumption' behaviour:

\bar{X} doctors	=	\bar{X} non-medicos
\bar{X} nurses	≠	\bar{X} non-medicos
\bar{X} nurses	≠	\bar{X} doctors
\bar{X} nurses	≠	\bar{X} paramedics
\bar{X} paramedics	=	\bar{X} non-medicos
\bar{X} doctors	=	\bar{X} paramedics

Referring to Table No 4.05 and appendix 4d, it can be inferred that for leader's 'Consideration' behaviour:

\bar{X} doctors	=	\bar{X} non-medicos
\bar{X} nurses	≠	\bar{X} non-medicos
\bar{X} nurses	≠	\bar{X} doctors
\bar{X} nurses	≠	\bar{X} paramedics
\bar{X} paramedics	=	\bar{X} non-medicos
\bar{X} doctors	=	\bar{X} paramedics

Referring to Table No 4.05 and appendix 4d, it can be inferred that for leader's 'Production Emphasis' behaviour:

\bar{X} doctors	≠	\bar{X} non-medicos
\bar{X} nurses	≠	\bar{X} non-medicos
\bar{X} nurses	=	\bar{X} doctors
\bar{X} nurses	≠	\bar{X} paramedics
\bar{X} paramedics	=	\bar{X} non-medicos
\bar{X} doctors	≠	\bar{X} paramedics

Referring to Table No 4.05 and appendix 4d, it can be inferred that for leader's 'Predictive Accuracy' behaviour:

\bar{X} doctors	\neq	\bar{X} non-medicos
\bar{X} nurses	\neq	\bar{X} non-medicos
\bar{X} nurses	\neq	\bar{X} doctors
\bar{X} nurses	\neq	\bar{X} paramedics
\bar{X} paramedics	$=$	\bar{X} non-medicos
\bar{X} doctors	$=$	\bar{X} paramedics

Referring to Table No 4.05 and appendix 4d, it can be inferred that for leader's 'Integration' behaviour:

\bar{X} doctors	$=$	\bar{X} non-medicos
\bar{X} nurses	\neq	\bar{X} non-medicos
\bar{X} nurses	\neq	\bar{X} doctors
\bar{X} nurses	\neq	\bar{X} paramedics
\bar{X} paramedics	$=$	\bar{X} non-medicos
\bar{X} doctors	$=$	\bar{X} paramedics

Referring to Table No 4.05 and appendix 4d, it can be inferred that for leader's 'Superior Orientation' behaviour:

\bar{X} doctors	$=$	\bar{X} non-medicos
\bar{X} nurses	\neq	\bar{X} non-medicos
\bar{X} nurses	\neq	\bar{X} doctors
\bar{X} nurses	$=$	\bar{X} paramedics
\bar{X} paramedics	$=$	\bar{X} non-medicos
\bar{X} doctors	$=$	\bar{X} paramedics

The above mentioned pairs (marked with \neq) are significantly different from each other at 5% level of significance, therefore in the pairs marked the alternate hypothesis is accepted and null hypothesis is rejected, clearly suggesting the difference perceived leader's behaviour between employees of various professional groups.

4.1.6 Summary

The Study was conducted on 621 employees of various categories like Doctors, Nurses, Paramedics and Non-Medicos of a selected non-profit healthcare organization. It can be concluded that there is significant difference in perceived leader's behaviour.

Each of the perceived leader's behaviour aspect was studied separately classifying study groups in various demographic units. It can be concluded that there is no significant difference in perception about behaviour of their leader's between male and female employees. Similarly it can be concluded that there is no significant difference in

perception about behaviour of their leader's between contractual and regular employees working.

On studying the perceived leader's behaviour among Doctors, Nurses, Paramedics and Non-Medicos, significant difference was found in perception for 11 of the 12 aspects. As the leaders of different categories of employees are likely to be from like category, it can be concluded that leader's of doctors, nurses, paramedics and non-medicos practice their leadership differently. This may be due the difference in requirements of the job profile of employees in such categories.

Further from multiple comparison, it can be concluded that each segment of employees (when divided into Doctors, Nurses, Paramedics, and Non-Medicos) has different working and thus there is difference in the behaviour practiced by their leader's. Further it can be inferred that leaders of each segment of employees have different behaviour depending on the requirements of the job from the employees reporting to them.

4.2 Variation in Motivation levels. Motivation is a tool which managers can use in organizations to increase productivity and quality level. If managers know what drives the people working for them, they can tailor job assignments and rewards to what makes these people "tick." Motivation can also be conceived of as whatever it takes to encourage workers to perform by fulfilling or appealing to their needs. To Olajide, "it is goal-directed, and therefore cannot be outside the goals of any organization whether public, private, or nonprofit". Managers and researchers alike assume that motivation is in short supply and in need of periodic replenishment.

In this chapter Motivation levels are studied in detail as described by the subjects understudy. Four types of Motivation (Intrinsic Motivation, Identified Regulation, Introjected Regulation and Extrinsic Regulation) levels of employees at teaching non-profit public sector organizations have been analyzed. Analysis has been done with respect to demographic factors of the subjects. T-test application and analysis of Variance ANOVA of demographic factors is performed for testing the significance of the difference among the sample means. Finally pair wise multiple comparisons are

performed to analyze the perception of employees of various categories regarding various motivational factors.

4.2.1 Motivation levels of employees

The first **objective** of study was to observe the motivation levels of employees in the study group. While studying it was analysed from the mean values for motivational factors Intrinsic Motivation, Identified Regulation, Introjected Regulation and Extrinsic Regulation that were perceived (to be prevalent) by the respondent employees.

While observing various motivational factors Intrinsic Motivation, Identified Regulation, Introjected Regulation and Extrinsic Regulation in the employees, it was found that that mean value for Introjected Regulation (6.216) was highest, followed by identified Regulation (15.580), intrinsic motivation (13.734) and mean for extrinsic Regulation was lowest (11.995). Mean value for total motivation was 55.641.

Where in:

1. **Intrinsic motivation:** defined as doing something for its own sake because it is interesting and enjoyable.
2. **Extrinsic regulation:** defined as doing something for instrumental reasons. It refers to doing an activity in order to obtain rewards or to avoid punishments. Behaviour so regulated is therefore completely non-internalized.
3. **Introjected regulation:** refers to the regulation of behaviour through self-worth contingencies such as ego-involvement and guilt. It involves taking in a regulation so that it becomes internally pressuring, and thus implies partial internalization that remains controlling. Introjected people engage in behaviour or commit to an activity out of guilt or compulsion, or to maintain their self-worth (Koestner & Losier, 2002).
4. **Identified regulation:** refers to doing an activity because one identifies with its value or meaning, and accepts it as one's own, which means that it is autonomously regulated. Identified people engage in behaviour or commit to an activity based on its perceived meaning or its relation to personal goals (Koestner & Losier, 2002).

4.2.2 Variation in motivation levels between male and female employees

Next objective was to study the variation in motivation levels prevalent between male and female employees.

Table 4.06: Mean values of motivational factors among male and female employees

	Male		Female		Over all	
	Mean	SD	Mean	SD	Mean	SD
Introjected Regulation	17.134	5.6032	15.739	6.6355	16.216	6.3317
Identified Regulation	16.061	5.5772	15.328	6.5990	15.580	6.2724
Intrinsic Motivation	14.685	5.2061	13.238	5.7409	13.734	5.6014
Extrinsic Regulation	12.610	5.2110	11.674	5.7779	11.995	5.6034

It was found that means of all the motivational factors (Intrinsic Motivation, Identified Regulation, Introjected Regulation and Extrinsic Regulation) were higher in males than in females (Table 5.02).

4.2.3 Comparing motivational levels between male and female employees.

To test the significance of the difference among the sample means independent t-test was applied (as shown in appendix 5a). Using T-test the significance of the difference between male and female employees on motivation levels was tested. The hypothesis developed for this purpose was as follows:

Null Hypothesis:

$$H_{04}: \bar{X}_{\text{male}} = \bar{X}_{\text{female}}$$

H_{04} : Accepted, when probability is ≥ 0.05

That is there is no significant difference in motivation level of male and female employees.

Alternate hypothesis

$$H_{14}: \bar{X}_{\text{male}} \neq \bar{X}_{\text{female}}$$

H_{14} : Accepted, when probability is < 0.05

That is there is significant difference in motivation level of male and female employees

Where \bar{X}_{male} , \bar{X}_{female} are means of perception of male and female employees for 4 types of motivational factors Intrinsic Motivation, Identified Regulation, Introjected Regulation and Extrinsic Regulation (Each factors tested separately).

The results of the t-test analysed through SPSS have been explained below:

Table 4.07: Comparing means (t-test) of motivational levels between male and female employees

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
Intrinsic Motivation	Equal variances assumed	5.723	.017	3.078	619	.002
	Equal variances not assumed			3.174	468.300	.002
Identified Regulation	Equal variances assumed	14.723	.000	1.383	619	.167
	Equal variances not assumed			1.457	496.884	.146
Introjected Regulation	Equal variances assumed	18.203	.000	2.615	618	.009
	Equal variances not assumed			2.758	494.442	.006
Extrinsic Regulation	Equal variances assumed	7.240	.007	1.981	619	.048
	Equal variances not assumed			2.047	470.508	.041

For intrinsic motivation, since the probability 0.002 is less than 0.05 therefore at 5% level of significance, null hypothesis is rejected. It can be inferred that there is significant difference in intrinsic motivation levels between male and female employees.

For identified regulation, since the probability .146 >0.05 therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is no significant difference in identified regulation between male and female employees.

For introjected regulation, since the probability .006 is less than 0.05 therefore at 5% level of significance, null hypothesis is rejected. It can be inferred that there is significant difference in introjected regulation between male and female employees.

For external regulation, since the probability .041 is less than 0.05 therefore at 5% level of significance, null hypothesis is rejected. It can be inferred that there is significant difference in extrinsic regulation between male and female employees.

Thus from the above analysis the hypothesis H₀₄: That there is no significant difference in motivational levels of male and female employees is established as rejected for motivational factors intrinsic motivation, introjected regulation, extrinsic motivation.

And that there is no significant difference in motivational levels of male and female employees is established as accepted for motivational factor identified regulation.

4.2.4 Comparing motivational levels between contractual and regular employees.

Next objective was to study and to observe the variation in motivational levels between contractual and regular employees.

Table 4.08: Mean values of motivational levels for contractual and regular employees

	Contractual		Regular		Over all	
	Mean	SD	Mean	SD	Mean	SD
Intrinsic Motivation	13.27	5.74	13.98	5.52	13.73	5.60
Identified Regulation	15.12	6.47	15.82	6.16	15.58	6.27
Introjected Regulation	15.97	6.53	16.35	6.23	16.22	6.33
Extrinsic Regulation	11.53	5.61	12.24	5.59	12.00	5.60

It was found that means of all the motivational factors (intrinsic motivation, identified regulation, introjected regulation and extrinsic regulation) were higher in regular than in contractual employees (Table 5.02).

To test the significance of the difference among the sample means, independent t-test was applied (as shown in appendix 5b). Using T-test the significance of the difference between regular and contractual employees for motivational levels was tested. The hypothesis developed for this purpose was as follows:

Null Hypothesis:

$$H_0: \bar{X}_{\text{regular}} = \bar{X}_{\text{contractual}}$$

H_0 : Accepted, when probability is ≥ 0.05

That is there is no significant difference in motivational levels of regular and contractual employees.

Alternate hypothesis

$$H_1: \bar{X}_{\text{regular}} \neq \bar{X}_{\text{contractual}}$$

H_1 : Accepted, when probability is < 0.05

That is there is significant difference in motivational levels of regular and contractual employees.

Where \bar{X}_{regular} , $\bar{X}_{\text{contractual}}$ are means of perception of regular and contractual employee for 4 types of motivational factors (Intrinsic Motivation, Identified Regulation, Introjected Regulation and Extrinsic Regulation).

The results of the t-test analysed through SPSS have been explained below:

Table 4.09: Comparing means (t-test) of motivational levels between regular and contractual employees

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	Df	Sig. (2-tailed)
Intrinsic Motivation	Equal variances assumed	1.175	.279	-1.487	619	.138
	Equal variances not assumed			-1.469	416.057	.143
Identified Regulation	Equal variances assumed	3.070	.080	-1.308	619	.191
	Equal variances not assumed			-1.288	412.319	.198
Introjected Regulation	Equal variances assumed	3.470	.063	-.708	618	.479
	Equal variances not assumed			-.698	413.284	.486
Extrinsic Regulation	Equal variances assumed	.599	.439	-1.495	619	.136
	Equal variances not assumed			-1.492	428.361	.136

For intrinsic motivation, since the probability .138 is more than 0.05 therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is no significant difference in intrinsic motivation levels between regular and contractual employees.

For identified regulation, since the probability .191 > 0.05 therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is no significant difference in identified regulation between regular and contractual employees.

For introjected regulation, since the probability .479 is more than 0.05 therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is no significant difference in introjected regulation between regular and contractual employees.

For external regulation, since the probability .136 > 0.05 therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is no significant difference in extrinsic regulation between regular and contractual employees.

Thus from the above analysis the hypothesis H_04 : That there is no significant difference between motivation levels between regular and contractual employee is accepted for all types of motivation factors.

4.2.5 Analysis of variation in motivational levels between employees of professional groups (Doctors, Nurses, Paramedics and Non-medicos)

Table 4.10: Means of motivational levels among doctors, nurses, non-medicos and paramedics

		Intrinsic Motivation	Identified Regulation	Introjected Regulation	Extrinsic Regulation	Total Motivation
Non Medico	Mean	14.667	15.306	18.333	13.167	60.846
	SD	4.7084	5.4660	4.6056	4.8470	17.5638
Doctor	Mean	15.043	16.350	16.160	11.481	57.875
	SD	5.2420	5.2602	5.3844	4.8152	20.1777
Nurse	Mean	11.856	14.228	14.716	11.344	48.781
	SD	5.9606	7.3253	7.4548	6.3002	30.0836
Para Medic	Mean	14.929	17.485	18.475	13.818	64.025
	SD	4.7429	5.2047	5.0937	5.3745	19.6620

To test the significance of the difference among the sample means, Analysis of Variance (ANOVA) was applied (as shown in **appendix 5c**). Using ANNOVA the significance of the difference in motivation levels between doctors, nurses, paramedics and non-medicos was tested. Hypothesis developed for this purpose was as follows:

Null Hypothesis:

$$H_{06}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{06a}: \text{Intrinsic Motivation} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{06b}: \text{Identified Regulation} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{06c}: \text{Introjected Regulation} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{06d}: \text{Extrinsic Regulation} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{06e}: \text{Total motivation} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

H_{06} : Accepted, when probability is ≥ 0.05

That there is no significant difference between motivation levels between doctors, nurses, paramedics and non-medicos employees.

Alternate hypothesis

$$H_{16}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

H_{16} : Accepted, when probability is < 0.05

That is there is significant difference between motivation levels among between doctors, nurses, paramedics and non-medicos employees.

Where \bar{X}_{doctors} , \bar{X}_{nurses} , $\bar{X}_{\text{paramedics}}$, $\bar{X}_{\text{non-medicos}}$ are means of perception of doctors, nurses, paramedics and non-medicos employees for 4 of motivation factors (intrinsic motivation, identified regulation, introjected regulation and extrinsic regulation).

The results of the ANOVA analysed through SPSS have been explained below:

Table 4.11: Analysis of Variance (ANOVA) in motivation between professional groups (Doctors, Nurses, Paramedics and Non-medicos)

		Sum of Squares	df	Mean Square	F	Sig.
Intrinsic Motivation	Between Groups	1416.087	3	472.029	16.147	.000
	Within Groups	18037.073	617	29.234		
	Total	19453.159	620			
Identified Motivation	Between Groups	931.368	3	310.456	8.165	.000
	Within Groups	23461.437	617	38.025		
	Total	24392.804	620			
Introjected Motivation	Between Groups	1375.231	3	458.410	12.047	.000
	Within Groups	23440.808	616	38.053		
	Total	24816.039	619			
Extrinsic Motivation	Between Groups	585.778	3	195.259	6.381	.000
	Within Groups	18880.708	617	30.601		
	Total	19466.486	620			

$$H_{06a}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{16a}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For intrinsic motivation, since the probability .000 < 0.05 therefore at 5% level of significance, null hypothesis is rejected. It can be inferred that there is significant difference in intrinsic motivation between doctors, nurses, paramedics and non-medicos.

$$H_{06b}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{16b}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For identified regulation, since the probability .000 is less than 0.05 therefore at 5% level of significance, null hypothesis is rejected. It can be inferred that there is a significant difference in identified regulation between doctors, nurses, paramedics and non-medicos.

$$H_{06c}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{16c}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For introjected regulation, since the probability .000 is less than 0.05 therefore at 5% level of significance, null hypothesis is rejected. It can be inferred that there is significant difference in introjected regulation between doctors, nurses, paramedics and non-medicos.

$$H_{06d}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{16d}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For external regulation since the probability .000 is less than 0.05, therefore at 5% level of significance, null hypothesis is rejected. It can be inferred that there is a significant difference in extrinsic regulation between doctors, nurses, paramedics and non-medicos.

Thus from the above analysis the hypothesis H₀₆: That there is no significant difference between doctors, nurses, non-medicos and paramedics employees is established as rejected for all the motivational factors (intrinsic motivation, identified regulation, introjected regulation, extrinsic regulation).

4.2.6 Multiple comparisons among Doctors, Nurses, Paramedics and Non-medicos for their motivational levels.

Under section 5.05 it was found that there was significant difference in means of **motivation factors** (Intrinsic Motivation, Identified Regulation, Introjected Regulation and Extrinsic Regulation) between professional groups: doctors, nurses, non-medicos and paramedics. Further pair wise comparison of these **motivation factor** (intrinsic motivation, identified regulation, introjected regulation and extrinsic regulation) and total motivation between doctors, nurses, non-medicos and paramedics was done by performing multiple comparison using post-Hoc test (Tukey) in SPSS (**refer appendix 5d**), wherein:

$$H_0: \bar{X}_I = \bar{X}_J$$

$$H_1: \bar{X}_I \neq \bar{X}_J$$

Where \bar{X}_I is the mean of a factor corresponding to I^{th} category and \bar{X}_J is the mean of the same factor corresponding to J^{th} category. If the probability < 0.05 , null hypothesis is rejected, and alternate hypothesis is accepted. If Probability is ≥ 0.05 , null is accepted and alternate hypothesis is rejected at 5% level of significance.

Table 4.12: Multiple comparison of motivational levels between different groups of employees (as extracted from appendix 5d)

Dependent Variable	Employee Type (I)	Employee Type (J)	Significance
Intrinsic Motivation	Non Medico	Doctor	.957
	Nurse	Non Medico	.001 *
		Doctor	.000 *
		Para Medic	.000 *
	Para Medic	Non Medico	.989
		Doctor	.998
Identified Regulation	Non Medico	Doctor	.603
	Nurse	Non Medico	.562
		Doctor	.002 *
		Para Medic	.000 *
	Para Medic	Non Medico	.103
		Doctor	.435
Introjected Regulation	Non Medico	Doctor	.050
	Nurse	Non Medico	.000 *
		Doctor	.065
		Para Medic	.000 *
	Para Medic	Non Medico	.999
		Doctor	.012 *
Extrinsic Regulation	Non Medico	Doctor	.117
	Nurse	Non Medico	.068
		Doctor	.994
		Para Medic	.001 *
	Para Medic	Non Medico	.872
		Doctor	.003 *

*. The mean difference is significant at the 0.05 level.

The results of the multiple comparisons analysed through SPSS as above are as below:

Multiple comparisons: intrinsic motivation among doctors, nurses, paramedics and non-medicos. Referring to Table No 5.18 and appendix 5d, it can be inferred that for motivation factor ‘Intrinsic motivation’.

$$\begin{array}{lcl}
 \bar{X}_{\text{doctors}} & = & \bar{X}_{\text{non-medicos}} \\
 \bar{X}_{\text{nurses}} & \neq & \bar{X}_{\text{non-medicos}} \\
 \bar{X}_{\text{nurses}} & \neq & \bar{X}_{\text{doctors}} \\
 \bar{X}_{\text{nurses}} & \neq & \bar{X}_{\text{paramedics}} \\
 \bar{X}_{\text{paramedics}} & = & \bar{X}_{\text{non-medicos}} \\
 \bar{X}_{\text{doctors}} & = & \bar{X}_{\text{paramedics}}
 \end{array}$$

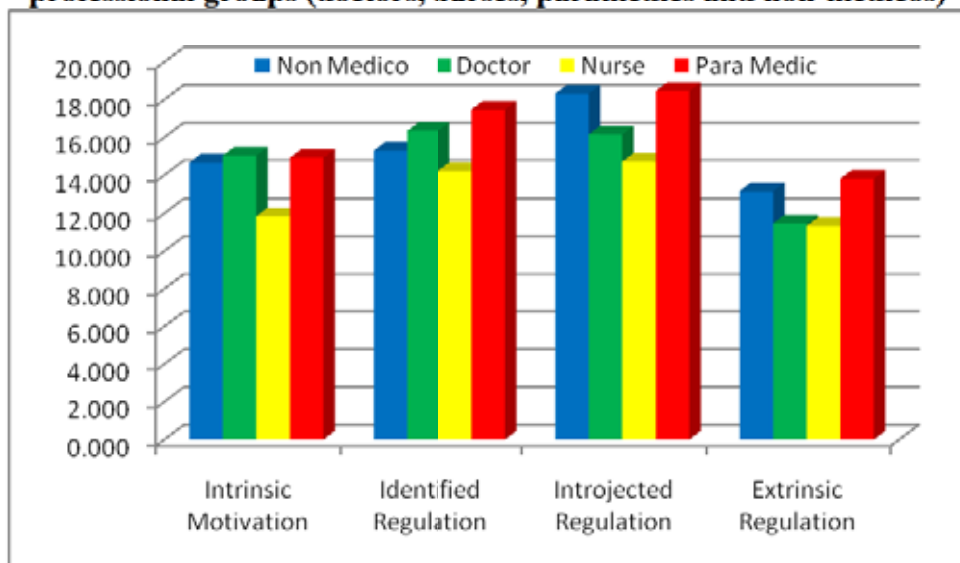
Multiple comparisons: Identified Regulation among doctors, nurses, paramedics and non-medicos. Referring to Table No 5.18 and appendix 5d, it can be inferred that for motivation factor ‘Identified Regulation’

\bar{X}_{doctors}	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	≠	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	≠	\bar{X}_{doctors}
\bar{X}_{nurses}	=	$\bar{X}_{\text{paramedics}}$
$\bar{X}_{\text{paramedics}}$	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{doctors}	=	$\bar{X}_{\text{paramedics}}$

Multiple comparisons: Introjected Regulation among doctors, nurses, paramedics and non-medicos. Referring to Table No 5.18 and appendix 5d, it can be inferred that for motivation factor ‘Introjected regulation’

\bar{X}_{doctors}	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	≠	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	=	\bar{X}_{doctors}
\bar{X}_{nurses}	≠	$\bar{X}_{\text{paramedics}}$
$\bar{X}_{\text{paramedics}}$	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{doctors}	≠	$\bar{X}_{\text{paramedics}}$

Graph: 4.02: Graphical representation of mean values of motivational levels among professional groups (doctors, nurses, paramedics and non-medicos)



Multiple comparisons: Extrinsic Regulation among doctors, nurses, paramedics and non-medicos. Referring to Table No 5.18 and appendix 5d, it can be inferred that for motivation factor 'Extrinsic Regulation'.

\bar{X}_{doctors}	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	=	\bar{X}_{doctors}
\bar{X}_{nurses}	≠	$\bar{X}_{\text{paramedics}}$
$\bar{X}_{\text{paramedics}}$	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{doctors}	≠	$\bar{X}_{\text{paramedics}}$

The above mentioned pairs (marked with ≠) are significantly different from each other at 5% level of significance, therefore in the pairs marked the alternate hypothesis is accepted and null hypothesis is rejected, clearly suggesting the difference in motivational levels between employees of different professional groups.

4.2.7 Analysis of variation in motivational levels between employees based on duration of service.

To test the significance of the difference among the sample means, Analysis of Variance (ANOVA) was applied (as shown in appendix 5e). Using ANNOVA the significance of the difference in motivation levels between employees based on duration of service was tested.

From the analysis it was found that there is no significant difference in motivational levels (for intrinsic motivation, identified regulation, introjected regulation, extrinsic regulation) based on duration of service of employees.

4.2.8 Analysis of variation in motivational levels between employees based on age of employees.

To test the significance of the difference among the sample means, Analysis of Variance (ANOVA) was applied (as shown in appendix 5f). Using ANOVA the significance of the difference in motivation levels between employees based on age of employees was tested.

From analysis it was found that there is no significant difference for motivational levels for factors (intrinsic motivation, identified regulation, introjected regulation, extrinsic regulation) based on age of employees.

4.2.9 Summary

Based on the analysis done in this chapter it can be concluded that both regular and contractual employees feel motivated to same extent. It is a general perception than regular employees of public sector organizations have lower productivity levels. However in the current context with equal motivational levels, it can be interred that lower productivity levels may be due to factors other than motivation levels of employees.

Further it was found that female employees had significantly lower motivation levels for 3 of the 4 motivation factors. This difference was further analysed and it was found that females had equal motivational levels in all employee groups when divided into (doctors, nurses, paramedics and non-medicos). As the nursing category largely comprises of females, it can be inferred that motivation levels are equal between males and female for each professional category of employees. However nurses segment having lower motivation levels was skewing the motivational levels among gender distribution.

Further from ANOVA, it can be inferred that there is significant difference in motivational levels among employee when categorized into doctors, nurses, paramedics and non-medicos for all the four motivational factors.

From multiple comparison analysis it was found there is no significant difference in motivational levels for all the motivation factors between doctors and non-medicos and between paramedics and non-medicos. The larger difference was mainly between nurses and other category of employees with some difference between paramedics and doctors.

The impact of leader's behaviour on motivation has been detailed in chapter 5.

4.3 Variation in Job Satisfaction

The concept of job satisfaction enjoys increasing attention from organisations these days, since its importance and pervasiveness in terms of organisational effectiveness has been firmly established quite some time ago. Managers now feel morally responsible for maintaining high levels of job satisfaction among their staff, most probably primarily for its impact on productivity, absenteeism and staff turnover, as well as on union activity.

In this section job satisfaction facets are studied in detail. Levels of job satisfaction for facets (Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards, Operating Procedures, Coworkers, Nature of Work and Communication) of employees at teaching non-profit public sector organizations have been analyzed. Analysis has been done with respect to demographic factors under study. T-test application and analysis of Variance (ANOVA) of demographic facets is performed for testing the significance of the difference among the sample means. Finally pair wise multiple comparisons are performed to analyze the perception of employees of various categories for various job satisfaction facets.

4.3.1 Job Satisfaction among male and female employees.

The first objective was to study to observe the variation in job satisfaction in relation to various demographic variables. While studying mean values of the job satisfaction levels for facets pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work and communication of employees was analysed.

While observing various job satisfaction levels for facets pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, communication and total of satisfaction in the employees, it was found that that mean values of facet 'nature of work' (18.403) was highest, followed by supervision (17.627), co-workers (17.244), communication (15.464), contingent rewards (13.925), promotion (13.895), pay (13.722), fringe benefits (12.728) and means for operating conditions was at the lowest (11.995).

Table 4.13: Mean values for job satisfaction

	N	Minimum	Maximum	Mean	Std. Deviation
Pay	619	4.0	24.0	13.722	6.6516
Promotion	620	4.0	24.0	13.895	6.4735
Supervision	621	4.0	24.0	17.627	7.4806
Fringe Benefits	620	4.0	24.0	12.728	6.0830
Contingent Rewards	621	4.0	24.0	13.925	6.5157
Operating Conditions	621	4.0	24.0	12.155	5.1736
Co-Workers	621	4.0	24.0	17.244	6.7334
Nature of Work	621	4.0	24.0	18.403	6.9395
Communication	621	4.0	24.0	15.464	6.7100
Total Satisfaction	621	36.0	216.0	129.983	61.2080
Valid N (listwise)	618				

Wherein:

Facet	Description
• Pay :	Pay and remuneration
• Promotion :	Promotion opportunities
• Supervision :	Immediate supervisor
• Fringe Benefits :	Monetary and nonmonetary fringe benefits
• Contingent Rewards :	Appreciation, recognition, and rewards for good work
• Operating Procedures:	Operating policies and procedures
• Coworkers :	People you work with
• Nature of Work :	Job tasks themselves
• Communication :	Communication within the organization
• Total Satisfaction :	Total of all facets

4.3.2 Variation in job satisfaction between male and female employees

Next **objective** was to study and to observe the variation in job satisfaction levels between male and female employees.

Table 4.14: Mean values for job satisfaction among male and female employees

	Male			Female		
	Mean	N	Std. Deviation	Mean	N	Std. Deviation
Pay	13.286	212	6.3368	13.950	407	6.8063
Promotion	13.819	212	5.9304	13.935	408	6.7481
Supervision	18.798	213	6.8024	17.016	408	7.7493
Fringe Benefits	12.572	213	6.0733	12.810	407	6.0939
Contingent Rewards	14.155	213	6.1291	13.805	408	6.7129
Operating Conditions	13.079	213	4.9860	11.673	408	5.2100
Co-Workers	18.097	213	6.0394	16.799	408	7.0349
Nature of Work	19.223	213	5.9617	17.974	408	7.3694
Communication	16.093	213	6.1360	15.136	408	6.9756
Total Satisfaction	135.762	213	52.5265	126.966	408	65.1409

It was found that means for job satisfaction facets (pay, promotion and fringe benefits) was higher in females and means for job satisfaction facets (supervision, contingent rewards, operating procedures, coworkers, nature of work, communication) and total job satisfaction was higher in males (Table 6.02).

4.3.03 Comparing job satisfaction between male and female employees

To test the significance of the difference among the sample means independent t-test was applied (as shown in **appendix 6a**). Using T-test the significance of the difference between job satisfaction levels of male and female employees was tested. The hypothesis developed for this purpose was as follows:

Null Hypothesis:

$$H_{07}: \bar{X}_{\text{male}} = \bar{X}_{\text{female}}$$

H_{07} : Accepted, when probability is ≥ 0.05

That is there is no significant difference in job satisfaction levels between male and female employees.

Alternate hypothesis

$$H_{17}: \bar{X}_{\text{male}} \neq \bar{X}_{\text{female}}$$

H_{17} : Accepted, when probability is < 0.05

That is there is significant difference in job satisfaction levels between male and female employees.

Where \bar{X}_{male} , \bar{X}_{female} are means for 9 types of job satisfaction facets (pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, communication) and total job satisfaction (Each facets tested separately for male and female employees).

The results of the t-test analysed through SPSS have been explained below:

Table 4.15: Comparing means (t-test) for job satisfaction between male and female employees

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
Pay	Equal variances assumed	2.095	.148	-1.179	617	.239
	Equal variances not assumed			-1.205	455.339	.229
Promotion	Equal variances assumed	9.020	.003	-.210	618	.833
	Equal variances not assumed			-.219	478.205	.827
Supervision	Equal variances assumed	11.478	.001	2.833	619	.005
	Equal variances not assumed			2.951	481.462	.003
Fringe Benefits	Equal variances assumed	.007	.932	-.461	618	.645
	Equal variances not assumed			-.462	431.678	.644
Contingent Rewards	Equal variances assumed	4.549	.033	.636	619	.525
	Equal variances not assumed			.655	465.569	.513
Operating Conditions	Equal variances assumed	2.306	.129	3.240	619	.001
	Equal variances not assumed			3.285	446.932	.001
Co-Workers	Equal variances assumed	9.293	.002	2.287	619	.023
	Equal variances not assumed			2.399	490.511	.017
Nature of Work	Equal variances assumed	18.135	.000	2.136	619	.033
	Equal variances not assumed			2.281	514.573	.023
Communication	Equal variances assumed	6.781	.009	1.690	619	.091
	Equal variances not assumed			1.760	480.618	.079

$$H_{07a}: \bar{X}_{\text{male}} = \bar{X}_{\text{female}}$$

$$H_{17a}: \bar{X}_{\text{male}} \neq \bar{X}_{\text{female}}$$

For job satisfaction facet 'pay', since the probability $0.239 > 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is no significant difference in levels for job satisfaction facet 'Pay' between male and female employees.

$$H_{07b}: \bar{X}_{\text{male}} = \bar{X}_{\text{female}}$$

$$H_{17b}: \bar{X}_{\text{male}} \neq \bar{X}_{\text{female}}$$

For job satisfaction facet 'Promotion', since the probability $0.827 > 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is no significant difference in levels for job satisfaction facet 'Promotion' between male and female employees.

$$H_{07c}: \bar{X}_{\text{male}} = \bar{X}_{\text{female}}$$

$$H_{17c}: \bar{X}_{\text{male}} \neq \bar{X}_{\text{female}}$$

For job satisfaction facet 'supervision', since the probability $0.004 < 0.05$ therefore at 5% level of significance, null hypothesis is rejected. It can be inferred that there is significant difference in levels for job satisfaction facet '' between male and female employees.

$$H_{07d}: \bar{X}_{\text{male}} = \bar{X}_{\text{female}}$$

$$H_{17d}: \bar{X}_{\text{male}} \neq \bar{X}_{\text{female}}$$

For job satisfaction facet 'Fringe benefits', since the probability $0.645 > 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is no significant difference in levels for job satisfaction facet 'Fringe benefits' between male and female employees.

$$H_{07e}: \bar{X}_{\text{male}} = \bar{X}_{\text{female}}$$

$$H_{17e}: \bar{X}_{\text{male}} \neq \bar{X}_{\text{female}}$$

For job satisfaction facet 'Contingent Rewards', since the probability $0.513 > 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is no significant difference in levels for job satisfaction facet 'Contingent Rewards' between male and female employees.

$$H_{07f}: \bar{X}_{\text{male}} = \bar{X}_{\text{female}}$$

$$H_{17f}: \bar{X}_{\text{male}} \neq \bar{X}_{\text{female}}$$

For job satisfaction facet 'Operating Conditions', since the probability $0.001 < 0.05$ therefore at 5% level of significance, null hypothesis is rejected. It can be inferred that there is significant difference in levels for job satisfaction facet 'Operating Conditions' between male and female employees.

$$H_{07g}: \bar{X}_{\text{male}} = \bar{X}_{\text{female}}$$

$$H_{17g}: \bar{X}_{\text{male}} \neq \bar{X}_{\text{female}}$$

For job satisfaction facet 'co-workers', since the probability $0.017 < 0.05$ therefore at 5% level of significance, null hypothesis is rejected. It can be inferred that there is significant difference in levels for job satisfaction facet 'co-workers' between male and female employees.

$$H_{07h}: \bar{X}_{\text{male}} = \bar{X}_{\text{female}}$$

$$H_{17h}: \bar{X}_{\text{male}} \neq \bar{X}_{\text{female}}$$

For job satisfaction facet 'Nature of Work', since the probability $0.023 < 0.05$ therefore at 5% level of significance, null hypothesis is rejected. It can be inferred that there is significant difference in levels for job satisfaction facet 'Nature of Work' between male and female employees.

$$H_{07i}: \bar{X}_{\text{male}} = \bar{X}_{\text{female}}$$

$$H_{17i}: \bar{X}_{\text{male}} \neq \bar{X}_{\text{female}}$$

For job satisfaction facet 'Communication', since the probability $0.079 > 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is no significant difference in levels for job satisfaction facet 'Communication' between male and female employees.

Thus from the above analysis the hypothesis H_{09a} , H_{09b} , H_{09d} , H_{09e} , H_{09i} , H_{09j} : That there is no significant difference in job satisfaction between male and female employees is established as accepted.

And from the above analysis, the hypothesis H₀9c, H₀9f, H₀9g, H₀9h: That there is no significant difference in job satisfaction levels between male and female employees is established as rejected for job-satisfaction facets supervision, operating conditions, co-workers and nature of work respectively.

4.3.4 Comparing job satisfaction levels between contractual and regular employees.

To test the significance of the difference among the sample means independent t-test was applied (as shown in appendix 6b). Using T-test the significance of the difference between regular and contractual employees on job satisfaction levels was tested. The hypothesis developed for this purpose was as follows:

Null Hypothesis:

$$H_{08}: \bar{X}_{\text{regular}} = \bar{X}_{\text{contractual}}$$

H₀8: Accepted, when probability is ≥ 0.05

That is there is no significant difference in job satisfaction between regular and contractual employees.

Alternate hypothesis

$$H_{18}: \bar{X}_{\text{regular}} \neq \bar{X}_{\text{contractual}}$$

H₁8: Accepted, when probability is < 0.05

That is there is significant difference in job satisfaction between regular and contractual employees.

Where \bar{X}_{regular} , $\bar{X}_{\text{contractual}}$ are means for 9 facets of job satisfaction namely (pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, communication) and total job satisfaction (each facets tested separately for regular and contractual employees).

The results of the t-test analysed through SPSS have been explained below:

Table 4.16: Comparing means (t-test) of job satisfaction between regular and contractual employees

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
Pay	Equal variances assumed	2.571	.109	-2.586	617	.010
	Equal variances not assumed			-2.543	408.602	.011
Promotion	Equal variances assumed	3.002	.084	-2.193	618	.029
	Equal variances not assumed			-2.158	411.860	.031
Supervision	Equal variances assumed	2.687	.102	-1.346	619	.179
	Equal variances not assumed			-1.316	403.931	.189
Fringe Benefits	Equal variances assumed	.258	.612	-2.765	618	.006
	Equal variances not assumed			-2.759	424.899	.006
Contingent Rewards	Equal variances assumed	2.247	.134	-1.354	619	.176
	Equal variances not assumed			-1.331	409.653	.184
Operating Conditions	Equal variances assumed	1.674	.196	-1.677	619	.094
	Equal variances not assumed			-1.652	412.564	.099
Co-Workers	Equal variances assumed	8.342	.004	-2.015	619	.044
	Equal variances not assumed			-1.952	394.095	.052
Nature of Work	Equal variances assumed	7.005	.008	-1.456	619	.146
	Equal variances not assumed			-1.412	394.515	.159
Communication	Equal variances assumed	2.605	.107	-2.060	619	.040
	Equal variances not assumed			-2.020	407.222	.044

$$H_{08a}: \bar{X}_{\text{regular}} = \bar{X}_{\text{contractual}}$$

$$H_{18a}: \bar{X}_{\text{regular}} \neq \bar{X}_{\text{contractual}}$$

For job satisfaction facet 'Pay', since the probability $0.010 < 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is significant difference in levels for job satisfaction facet 'pay' among contractual and regular employees.

$$H_{08b}: \bar{X}_{\text{regular}} = \bar{X}_{\text{contractual}}$$

$$H_{18b}: \bar{X}_{\text{regular}} \neq \bar{X}_{\text{contractual}}$$

For job satisfaction facet 'promotion', since the probability $0.029 < 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is significant difference in levels for job satisfaction facet 'promotion' among contractual and regular employees.

$$H_{08c}: \bar{X}_{\text{regular}} = \bar{X}_{\text{contractual}}$$

$$H_{18c}: \bar{X}_{\text{regular}} \neq \bar{X}_{\text{contractual}}$$

For job satisfaction facet 'supervision', since the probability $0.179 > 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is no

significant difference in levels for job satisfaction facet ‘supervision’ among contractual and regular employees.

$$H_{08d}: \bar{X}_{\text{regular}} = \bar{X}_{\text{contractual}}$$

$$H_{18d}: \bar{X}_{\text{regular}} \neq \bar{X}_{\text{contractual}}$$

For job satisfaction facet ‘fringe benefits’, since the probability $0.006 < 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is significant difference in levels for job satisfaction facet ‘fringe benefits’ among contractual and regular employees.

$$H_{08e}: \bar{X}_{\text{regular}} = \bar{X}_{\text{contractual}}$$

$$H_{18e}: \bar{X}_{\text{regular}} \neq \bar{X}_{\text{contractual}}$$

For job satisfaction facet ‘contingent rewards’, since the probability $0.176 > 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is no significant difference in levels for job satisfaction facet ‘contingent rewards’ among contractual and regular employees.

$$H_{08f}: \bar{X}_{\text{regular}} = \bar{X}_{\text{contractual}}$$

$$H_{18f}: \bar{X}_{\text{regular}} \neq \bar{X}_{\text{contractual}}$$

For job satisfaction facet ‘operating conditions’, since the probability $0.094 > 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is no significant difference in levels for job satisfaction facet ‘operating conditions’ among contractual and regular employees.

$$H_{08g}: \bar{X}_{\text{regular}} = \bar{X}_{\text{contractual}}$$

$$H_{18g}: \bar{X}_{\text{regular}} \neq \bar{X}_{\text{contractual}}$$

For job satisfaction facet ‘co-workers’, since the probability $0.052 > 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is no significant difference in levels for job satisfaction facet ‘co-workers’ among contractual and regular employees.

$$H_{08h}: \bar{X}_{\text{regular}} = \bar{X}_{\text{contractual}}$$

$$H_{18h}: \bar{X}_{\text{regular}} \neq \bar{X}_{\text{contractual}}$$

For job satisfaction facet ‘nature of work’, since the probability $0.159 > 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is no significant difference in levels for job satisfaction facet ‘nature of work’ among contractual and regular employees.

$$H_{08i}: \bar{X}_{\text{regular}} = \bar{X}_{\text{contractual}}$$

$$H_{18i}: \bar{X}_{\text{regular}} \neq \bar{X}_{\text{contractual}}$$

For job satisfaction facet ‘communication’, since the probability $0.040 < 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is significant difference in levels for job satisfaction facet ‘communication’ among contractual and regular employees.

Thus from the above analysis the hypothesis H_{010c} , H_{010e} , H_{010f} , H_{010g} , H_{010h} : That there is no significant difference between Job Satisfaction between regular and contractual employee is established as accepted for job satisfaction facets supervision, co-workers, contingent rewards, nature of work and operating conditions.

However from the above analysis the hypothesis H_{010a} , H_{010b} , H_{010d} , H_{010i} : That there is no significant difference between job satisfaction between regular and contractual employee is established as rejected for job-satisfaction facets pay, promotion, fringe benefits and communication respectively.

4.3.5 Analysis of variation in job satisfaction between employees of professional groups (Doctors, Nurses, Paramedics and Non-medicos).

To test the significance of the difference among the sample means, Analysis of Variance (ANOVA) was applied (as shown in **appendix 6c**). Using ANNOVA the significance of the difference in job satisfaction between Doctors, Nurses, Paramedics and Non-medicos was tested. The hypothesis developed for this purpose was as follows:

Null Hypothesis:

$$H_{011}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{011a}: \text{Pay} : \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

H ₀ 11b: Promotion	: $\bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$
H ₀ 11c: Supervision	: $\bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$
H ₀ 11d: Fringe benefits	: $\bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$
H ₀ 11e: Contingent Rewards	: $\bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$
H ₀ 11f: Operating Conditions	: $\bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$
H ₀ 11g: Co-workers	: $\bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$
H ₀ 11h: Nature of Work	: $\bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$
H ₀ 11i: Communication	: $\bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$

H₀11: Accepted, when probability is ≥ 0.05

That there is no significant difference in job satisfaction levels between doctors, nurses, paramedics and non-medical employees.

Alternate hypothesis

H₁9: $\bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$

H₁9: Accepted, when probability is < 0.05

That is there is significant difference in job satisfaction levels among between doctors, nurses, paramedics and non-medical employees.

Where \bar{X}_{doctors} , \bar{X}_{nurses} , $\bar{X}_{\text{paramedics}}$, $\bar{X}_{\text{non-medicos}}$ are means of perception of Doctors, Nurses, Paramedics and Non-medicos employees for 9 facets of job satisfaction namely (Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards, Operating Procedures, Coworkers, Nature of Work, Communication), with each job satisfaction facet tested separately.

The results of the ANOVA analysed through SPSS have been explained below:

H₀9a: $\bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$

H₁9a: $\bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$

For job satisfaction facet 'pay', since the probability $0.375 > 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is no significant difference in levels for job satisfaction facet 'pay' between doctors, nurses, paramedics and non-medicos.

Table 4.17: Analysis of variance (ANOVA) for job satisfaction between doctors, nurses, paramedics and non-medical employees

		Sum of Squares	df	Mean Square	F	Sig.
Pay	Between Groups	137.744	3	45.915	1.038	.375
	Within Groups	27204.789	615	44.235		
	Total	27342.532	618			
Promotion	Between Groups	865.483	3	221.828	5.403	.001
	Within Groups	25290.674	616	41.056		
	Total	25956.156	619			
Supervision	Between Groups	4446.187	3	1482.062	30.231	.000
	Within Groups	30248.268	617	49.025		
	Total	34694.455	620			
Fringe Benefits	Between Groups	829.355	3	276.452	7.714	.000
	Within Groups	22075.081	616	35.836		
	Total	22904.436	619			
Contingent Rewards	Between Groups	739.109	3	246.370	5.942	.001
	Within Groups	25582.914	617	41.463		
	Total	26322.023	620			
Operating Conditions	Between Groups	1448.221	3	482.740	19.665	.000
	Within Groups	15146.493	617	24.549		
	Total	16594.714	620			
Co-Workers	Between Groups	2337.089	3	779.030	18.650	.000
	Within Groups	25773.264	617	41.772		
	Total	28110.352	620			
Nature of Work	Between Groups	2103.984	3	701.328	15.592	.000
	Within Groups	27753.072	617	44.981		
	Total	29857.056	620			
Communication	Between Groups	1333.362	3	444.454	10.317	.000
	Within Groups	26581.301	617	43.082		
	Total	27914.664	620			

$$H_{09b}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{19b}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For job satisfaction facet 'promotion', since the probability $0.001 < 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is significant difference in levels for job satisfaction facet 'promotion' between doctors, nurses, paramedics and non-medicos.

$$H_{09c}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{19c}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For job satisfaction facet 'supervision', since the probability $0.000 < 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is significant difference in levels for job satisfaction facet 'supervision' between doctors, nurses, paramedics and non-medicos.

$$H_{09d}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{19d}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For job satisfaction facet 'fringe benefits', since the probability $0.000 < 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is significant difference in levels for job satisfaction facet 'fringe benefits' between doctors, nurses, paramedics and non-medicos.

$$H_{09e}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{19e}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For job satisfaction facet 'contingent rewards', since the probability $0.001 < 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is significant difference in levels for job satisfaction facet 'contingent rewards' between doctors, nurses, paramedics and non-medicos.

$$H_{09f}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{19f}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For job satisfaction facet 'operating conditions', since the probability $0.001 < 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is significant difference in levels for job satisfaction facet 'operating conditions' between doctors, nurses, paramedics and non-medicos.

$$H_{09g}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{19g}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For job satisfaction facet 'co-workers', since the probability $0.000 < 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is significant difference in levels for job satisfaction facet 'co-workers' between doctors, nurses, paramedics and non-medicos.

$$H_{09h}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{19h}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For job satisfaction facet 'nature of work', since the probability $0.000 < 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is

significant difference in levels for job satisfaction facet 'nature of work' between doctors, nurses, paramedics and non-medicos.

$$H_{09i}: \bar{X}_{\text{doctors}} = \bar{X}_{\text{nurses}} = \bar{X}_{\text{paramedics}} = \bar{X}_{\text{non-medicos}}$$

$$H_{19i}: \bar{X}_{\text{doctors}} \neq \bar{X}_{\text{nurses}} \neq \bar{X}_{\text{paramedics}} \neq \bar{X}_{\text{non-medicos}}$$

For job satisfaction facet 'communication', since the probability $0.000 < 0.05$ therefore at 5% level of significance, null hypothesis is accepted. It can be inferred that there is significant difference in levels for job satisfaction facet 'communication' between doctors, nurses, paramedics and non-medicos.

Thus from the above analysis the hypothesis H_{011} : That there is no significant difference in job satisfaction for facets (pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards, Operating Procedures, Coworkers, Nature of Work, Communication) between doctors, nurses, non-medicos and paramedics employees is established as rejected for 8 of the nine Job Satisfaction facets (Promotion, Supervision, Fringe Benefits, Contingent Rewards, Operating Procedures, Coworkers, Nature of Work, Communication).

4.3.6 Multiple comparisons for job satisfaction among Doctors, Nurses, Paramedics and Non-medical employees.

Under section 6.05, it was found that there was significant difference in means for 8 of the 9 job satisfaction facets (Promotion, Supervision, Fringe Benefits, Contingent Rewards, Operating Procedures, Coworkers, Nature of Work, Communication) between doctors, nurses, non-medicos and paramedics. Further pair wise comparison of job satisfaction facets (Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards, Operating Procedures, Coworkers, Nature of Work, Communication) between doctors, nurses, non-medicos and paramedics was done by performing multiple comparison using post-Hoc test (Tukey) in SPSS (refer appendix 6d) wherein:

$$H_0: \bar{X}_I = \bar{X}_J$$

$$H_1: \bar{X}_I \neq \bar{X}_J$$

Table 4.18: Multiple comparison for job satisfaction among professional groups of employees (as extracted from appendix 6d)

Dependent Variable	Employee Type (I)	Employee Type (J)	Significance
Promotion	Non Medico	Doctor	.979
	Nurse	Non Medico	.187
		Doctor	.004 *
		Para Medic	.010 *
	Para Medic	Non Medico	.905
Doctor		.976	
Supervision	Non Medico	Doctor	.223
	Nurse	Non Medico	.000 *
		Doctor	.000 *
		Para Medic	.000
	Para Medic	Non Medico	1.000
Doctor		.151	
Fringe Benefits	Non Medico	Doctor	.049 *
	Nurse	Non Medico	.897
		Doctor	.000 *
		Para Medic	.421
	Para Medic	Non Medico	.941
Doctor		.133	
Contingent Rewards	Non Medico	Doctor	.962
	Nurse	Non Medico	.032 *
		Doctor	.008 *
		Para Medic	.005 *
	Para Medic	Non Medico	.997
Doctor		.851	
Operating Conditions	Non Medico	Doctor	.984
	Nurse	Non Medico	.005 *
		Doctor	.000 *
		Para Medic	.000
	Para Medic	Non Medico	.023 *
Doctor		.000 *	
Co-Workers	Non Medico	Doctor	.385
	Nurse	Non Medico	.000 *
		Doctor	.000 *
		Para Medic	.000 *
	Para Medic	Non Medico	.775
Doctor		.015 *	
Nature of Work	Non Medico	Doctor	.622
	Nurse	Non Medico	.000 *
		Doctor	.000 *
		Para Medic	.000 *
	Para Medic	Non Medico	.925
Doctor		.141	
Communication	Non Medico	Doctor	.156
	Nurse	Non Medico	.000 *
		Doctor	.014 *
		Para Medic	.000 *
	Para Medic	Non Medico	.995
Doctor		.177	

*. The mean difference is significant at the 0.05 level.

Where \bar{X}_I is the mean of a facet corresponding to I^{th} category and \bar{X}_J is the mean of the same facet corresponding to J^{th} category. If the probability < 0.05 , null hypothesis is rejected, and alternate hypothesis is accepted. If Probability is ≥ 0.05 , null is accepted and alternate hypothesis is rejected at 5% level of significance.

The results of the multiple comparisons analysed through SPSS as above are as below:

Multiple comparisons for job satisfaction facet 'promotion' among doctors, nurses, paramedics and non-medicos. Referring to Table No 6.33 and appendix 6d, it can be inferred that null $H_0: \bar{X}_I = \bar{X}_J$ is accepted for certain combination and rejected for other combinations of categories of employees for 'promotion' related job satisfaction levels as below:

\bar{X}_{doctors}	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	≠	\bar{X}_{doctors}
\bar{X}_{nurses}	≠	$\bar{X}_{\text{paramedics}}$
$\bar{X}_{\text{paramedics}}$	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{doctors}	=	$\bar{X}_{\text{paramedics}}$

The above mentioned pairs (marked with ≠) are significantly different from each other at 5% level of significance, therefore in the pairs marked the alternate hypothesis is accepted and null hypothesis is rejected, suggesting the difference in job satisfaction facet levels between different types of employee categories.

Multiple comparison for job satisfaction facet 'supervision' among doctors, nurses, paramedics and non-medicos. Referring to Table No 6.33 and appendix 6d, it can be inferred that null $H_0: \bar{X}_I = \bar{X}_J$ is accepted for certain combination and rejected for other combinations of categories of employees for 'supervision' related job satisfaction levels as below:

\bar{X}_{doctors}	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	≠	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	≠	\bar{X}_{doctors}
\bar{X}_{nurses}	=	$\bar{X}_{\text{paramedics}}$
$\bar{X}_{\text{paramedics}}$	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{doctors}	=	$\bar{X}_{\text{paramedics}}$

The above mentioned pairs (marked with \neq) are significantly different from each other at 5% level of significance, therefore in the pairs marked the alternate hypothesis is accepted and null hypothesis is rejected, suggesting the difference in job satisfaction facet levels between different types of employee categories.

Multiple comparisons: Job satisfaction facet ‘fringe benefits’ among doctors, nurses, paramedics and non-medicos. Referring to Table No 6.33 and appendix 6d, it can be inferred that null $H_0: \bar{X}_I = \bar{X}_J$ is accepted for certain combination and rejected for other combinations of categories of employees for ‘fringe benefits’ related job satisfaction levels as below:

\bar{X}_{doctors}	\neq	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	$=$	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	\neq	\bar{X}_{doctors}
\bar{X}_{nurses}	$=$	$\bar{X}_{\text{paramedics}}$
$\bar{X}_{\text{paramedics}}$	$=$	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{doctors}	$=$	$\bar{X}_{\text{paramedics}}$

The above mentioned pairs (marked with \neq) are significantly different from each other at 5% level of significance, therefore in the pairs marked the alternate hypothesis is accepted and null hypothesis is rejected, suggesting the difference in job satisfaction facet levels between different types of employee categories.

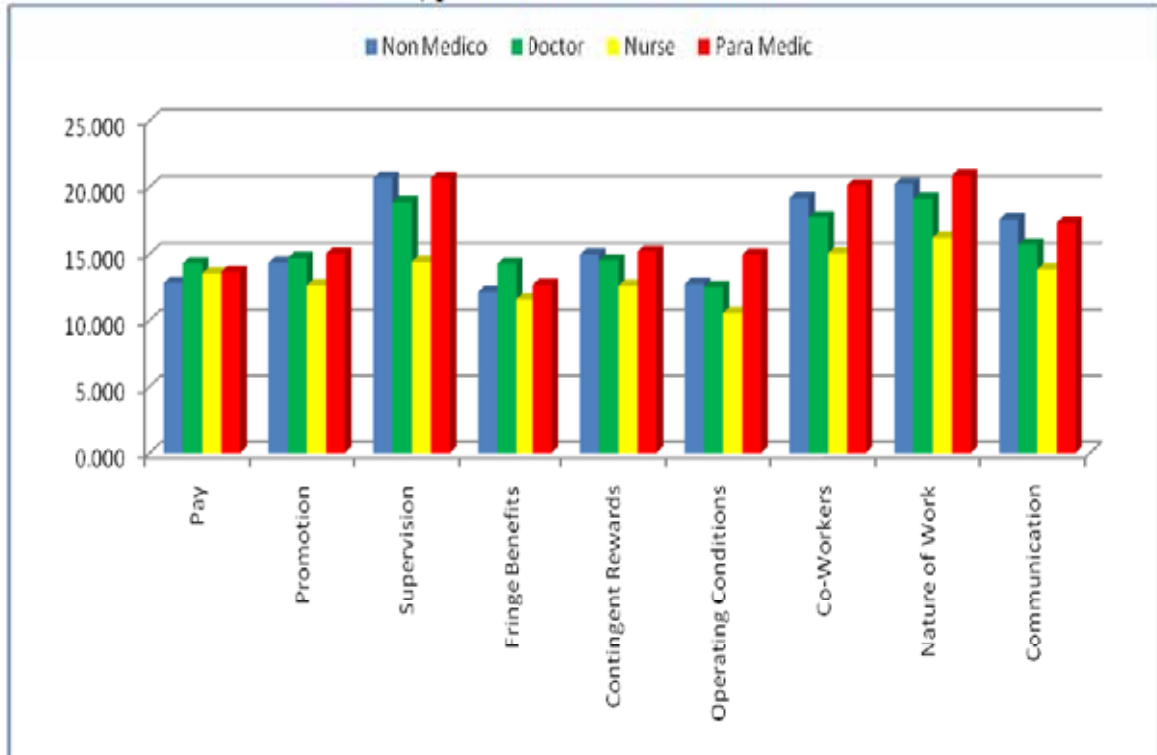
Multiple comparisons for job satisfaction facet ‘contingent rewards’ among doctors, nurses, paramedics and non-medicos. Referring to Table No 6.33 and appendix 6d, it can be inferred that null $H_0: \bar{X}_I = \bar{X}_J$ is accepted for certain combination and rejected for other combinations of categories of employees for ‘contingent rewards’ related job satisfaction levels as below:

\bar{X}_{doctors}	$=$	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	\neq	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	\neq	\bar{X}_{doctors}
\bar{X}_{nurses}	\neq	$\bar{X}_{\text{paramedics}}$
$\bar{X}_{\text{paramedics}}$	$=$	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{doctors}	$=$	$\bar{X}_{\text{paramedics}}$

The above mentioned pairs (marked with \neq) are significantly different from each other at 5% level of significance, therefore in the pairs marked the alternate hypothesis is

accepted and null hypothesis is rejected, suggesting the difference in Job Satisfaction facet levels between different types of employee categories.

Graph 4.03: Mean job satisfaction levels of employees categorised as doctors, nurses, paramedics and non-medicos



Multiple comparisons for job satisfaction facet ‘operating conditions’ among doctors, nurses, paramedics and non-medicos. Referring to Table No 6.33 and appendix 6d, it can be inferred that null $H_0: \bar{X}_I = \bar{X}_J$ is accepted for certain combination and rejected for other combinations of categories of employees for ‘operating conditions’ related job satisfaction levels as below:

\bar{X}_{doctors}	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	≠	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	≠	\bar{X}_{doctors}
\bar{X}_{nurses}	=	$\bar{X}_{\text{paramedics}}$
$\bar{X}_{\text{paramedics}}$	≠	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{doctors}	≠	$\bar{X}_{\text{paramedics}}$

The above mentioned pairs (marked with ≠) are significantly different from each other at 5% level of significance, therefore in the pairs marked with = the alternate hypothesis is

accepted and null hypothesis is rejected, suggesting the difference in Job Satisfaction facet levels between different types of employee categories.

Multiple comparisons for job satisfaction facet ‘co-workers’ among doctors, nurses, paramedics and non-medicos. Referring to Table No 6.33 and appendix 6d, it can be inferred that null $H_0: \bar{X}_I = \bar{X}_J$ is accepted for certain combination and rejected for other combinations of categories of employees for ‘co-workers’ related job satisfaction levels as below:

\bar{X}_{doctors}	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	≠	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	≠	\bar{X}_{doctors}
\bar{X}_{nurses}	≠	$\bar{X}_{\text{paramedics}}$
$\bar{X}_{\text{paramedics}}$	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{doctors}	≠	$\bar{X}_{\text{paramedics}}$

The above mentioned pairs (marked with≠) are significantly different from each other at 5% level of significance, therefore in the pairs marked the alternate hypothesis is accepted and null hypothesis is rejected, suggesting the difference in Job Satisfaction facet levels between different types of employee categories.

Multiple comparisons for job satisfaction facet ‘nature of work’ among doctors, nurses, paramedics and non-medicos. Referring to Table No 6.33 and appendix 6d, it can be inferred that null $H_0: \bar{X}_I = \bar{X}_J$ is accepted for certain combination and rejected for other combinations of categories of employees for ‘nature of work’ related job satisfaction levels as below:

\bar{X}_{doctors}	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	≠	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	≠	\bar{X}_{doctors}
\bar{X}_{nurses}	≠	$\bar{X}_{\text{paramedics}}$
$\bar{X}_{\text{paramedics}}$	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{doctors}	=	$\bar{X}_{\text{paramedics}}$

The above mentioned pairs (marked with≠) are significantly different from each other at 5% level of significance, therefore in the pairs marked the alternate hypothesis is accepted and null hypothesis is rejected, suggesting the difference in Job Satisfaction facet levels between different types of employee categories.

Multiple comparisons for job satisfaction facet ‘communication’ among doctors, nurses, paramedics and non-medicos. Referring to Table No 6.33 and appendix 6d, it can be inferred that null $H_0: \bar{X}_I = \bar{X}_J$ is accepted for certain combination and rejected for other combinations of categories of employees for ‘communication’ related job satisfaction levels as below:

\bar{X}_{doctors}	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	≠	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{nurses}	≠	\bar{X}_{doctors}
\bar{X}_{nurses}	≠	$\bar{X}_{\text{paramedics}}$
$\bar{X}_{\text{paramedics}}$	=	$\bar{X}_{\text{non-medicos}}$
\bar{X}_{doctors}	=	$\bar{X}_{\text{paramedics}}$

The above mentioned pairs (marked with ≠) are significantly different from each other at 5% level of significance, therefore in the pairs marked with = the alternate hypothesis is accepted and null hypothesis is rejected, suggesting the difference in Job Satisfaction facet levels between different types of employee categories.

4.3.07 Analysis of variation in job satisfaction between employees based on duration of service

To test the significance of the difference among the sample means, Analysis of Variance (ANOVA) was applied (as shown in **appendix 6e**). Using ANNOVA the significance of the difference in job satisfaction levels between employees based on duration of service was tested.

It was found on analysis that there is no significant difference in job satisfaction for all the 9 facets (pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, communication) based on duration of service is established as accepted.

4.3.08 Analysis of variation in job satisfaction between employees based on age of employees

To test the significance of the difference among the sample means, Analysis of Variance (ANOVA) was applied (as shown in appendix 6f). Using ANNOVA the significance of the difference in job satisfaction levels between employees based on age of employees was tested.

It was found that there is no significant difference between job satisfaction for all the 9 facets (pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, and communication) based on age of employees is established as accepted.

4.3.09 Summing Up.

The study was conducted for 9 facets of job satisfaction assessing their levels in the study grouping, further dividing them into various groups Overall employees perceived higher job satisfaction levels with respect to co-workers, nature of work and Supervision. However job satisfaction levels were least for operating condition which needs to be considered by the management.

Further to assess the gender difference in perception about job satisfaction a level, independent t-test was applied for each of the nine job satisfaction facets separately. Signification difference was found for job satisfaction facets supervisions, operating conditions, co-workers and nature of work.

To assess the difference among contractual and regular employees, each of the job satisfaction facets was tested separately using independent t-test and it was found that there was significant difference in perception for job satisfaction facets pay, promotion, fringe benefits and communication.

No significant difference on perception in jobs satisfaction levels was found with respect to duration of service of employees and also age of employees.

Further it can be concluded using ANOVA that, as perceived by employees there is no difference in satisfaction levels for 'pay' facet of job satisfaction among doctors, Nurses, Paramedics and Non-Medicos. Further on analysis using ANOVA and multiple comparison between doctors and non medicos it is inferred that there is significant

difference in their perception on job satisfaction facet 'fringe benefits only and not for the rest 8 job satisfaction facets. For fringe benefits facet doctors had higher job satisfaction than non-medicos.

Further on analysis using ANOVA and multiple comparison between doctors and nurses it can be concluded that there is significant difference in perception for 8 of the 9 job satisfaction facets with higher satisfaction levels in doctors for each of these eight facets.

On analysis using ANOVA and multiple comparison between paramedics and non-medicos it can be inferred that there is significant difference in their perception on job satisfaction facet 'operating conditions' only and not for the rest 8 job satisfaction facets. For operating conditions paramedics had higher job satisfaction than non-medicos.

On analysis using ANOVA and multiple comparison between paramedics and doctors it can be inferred that there is significant difference in their perception on Job satisfaction facets 'operating conditions' and 'co-workers' only and not for the rest 7 job satisfaction facets. For both 'operating conditions' and 'co-workers', paramedics had higher job satisfaction than doctors.

Further on analysis using ANOVA and multiple comparison between nurses on one side and paramedics and non-medicos on the other side it can be concluded that there is significant difference in perception for most of the job satisfaction facets with lesser satisfaction levels in nurses for each pair.

Over all it is interfered that nurses have lower levels of job satisfaction for most of the facets.

The impact of 12 aspects of perceived leader's behaviour on 9 facets of job satisfaction of employees has been detailed in chapter 5.

Data Analysis II

Chapter 5

DATA ANALYSIS-II

- 5.1 Perceived Leader's Behaviour and Motivation.
- 5.2 Perceived Leader's Behaviour and Job Satisfaction.

5.1 Perceived Leader's Behaviour and Motivation: Here an attempt has been made to explore the relationship between perceived leader's behaviour as independent variable and motivation levels of employees as dependent variable. Being multidimensional construct, analysis includes studying all the twelve aspects of leader's behaviour and four motivational factors.

5.1.1 Relationship between perceived leader's behaviour and motivational levels of employees.

In this section relationship between each of the twelve leader's behaviour aspects with all the four motivation factors has been examined individually. **Null Hypothesis** states that Perceived Leader's Behaviour has no relationship with motivation levels. Keeping null hypothesis in mind, relation between perceived leader's behaviour and motivation levels was investigated by using Pearson's correlation (**Appendix 7a**).

H_0 : $r=0$ (Null Hypothesis) *Perceived leader's behaviour has no significant relationship with motivational levels of employees.*

H_1 : $\neq 0$ (Alternate Hypothesis) *Perceived leader's behaviour has significant relationship with motivational levels of employees.*

Where r = Pearson's correlation

On analysis, correlation between twelve aspects of perceived leader's behaviour i.e. Consideration, Demand Reconciliation, Initiation of Structure, Integration, Persuasiveness, Predictive Accuracy, Production Emphasis, Representation, Role Assumption, Superior Orientation, Tolerance and Freedom, Tolerance of Uncertainty and four motivational factors namely Intrinsic Motivation, Identified Regulation, Introjected Regulation, Extrinsic Regulation are statistically highly significant (at 0.01 level of significance) for certain factors and significant at

0.05 level for other factors (Table 5.01). Since most of the variables have significant correlation, null hypothesis H_0 is rejected and H_1 is accepted.

Table 5.01[#]: Correlation between perceived leader’s behaviour and motivational levels for all the employees.

Leader’s behaviour	Intrinsic Motivation	Identified regulation	Introjected regulation	Extrinsic regulation
Consideration	.163**	.140**	.107**	
Demand Reconciliation	.168**	.172**	.151**	
Initiation of Structure	.120**	.107**		
Integration	.156**	.142**	.120**	
Persuasiveness	.191**	.197**	.150**	
Predictive Accuracy	.127**	.132**	.103*	
Production Emphasis	.089*	.142**	.110**	
Representation	.112**	.095*		
Role Assumption				-.094*
Superior Orientation	.147**	.164**	.137**	
Tolerance and Freedom	.169**	.150**	.083*	
Tolerance of Uncertainty	.108**	.079*		

Pearson’s Correlation

[#] Extracted from appendix 7a

Correlation values of only significantly correlating factors are shown in the above table.

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

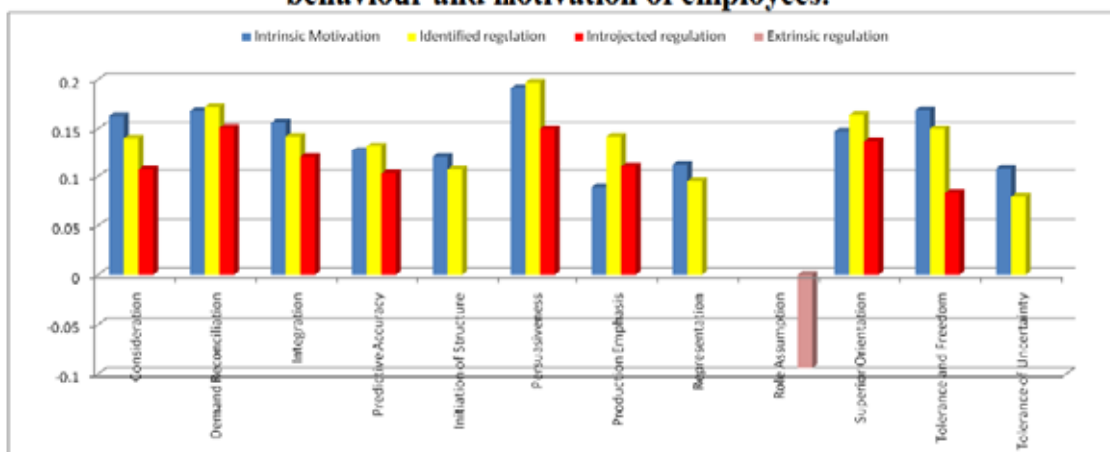
From table 5.01, it can be mentioned that:

- Intrinsic motivation has:
 - No significant correlation with leader’s behaviour ‘role assumption’.
 - Significant positive correlation with leader’s behaviour ‘production emphasis’ at 0.05 level of significance.
 - Highly significant correlation at 0.01 level of significance with rest of 10 aspects of leader’s behaviour ‘Consideration, Demand Reconciliation, Initiation of Structure, Integration, Persuasiveness, Predictive Accuracy, Representation, Superior Orientation, Tolerance and Freedom, Tolerance of Uncertainty’.
- Identified regulation has:
 - No significant correlation with leader’s behaviour aspect ‘role assumption’.
 - Significant correlation at 0.05 level of significance with leader’s behaviour aspects ‘representation and tolerance of uncertainty’.
 - Highly significant positive correlation 0.01 level of significance with rest of the nine aspects of leader’s behaviour ‘Consideration, Demand Reconciliation, Initiation of Structure, Integration, Persuasiveness,

Predictive Accuracy, Production Emphasis, Superior Orientation, Tolerance and Freedom’.

- Introjected regulation has:
 - No significant correlation with leader’s behaviour aspects ‘role assumption, initiation of structure, representation and tolerance of uncertainty’.
 - Significant correlation at 0.05 level of significance for leader’s behaviour aspects ‘predictive accuracy, representation and tolerance and freedom’.
 - Highly signification positive correlation at 0.01 level of significance with rest of the six aspects of leader’s behaviour (Consideration, Demand Reconciliation, Integration, Persuasiveness, Production Emphasis and Superior Orientation).
- External regulation has:
 - Leader’s behaviour ‘role assumption’ has significant negative correlation at 0.05 level of significance with extrinsic regulation. It has been a common observation in Government organisation that system are left to function on their without due supervision. Any attempt of the system/leader’s to manage the same especially if the leader assumes his/her role may lead to resistance in change and may also lead to reduction in some of the benefits.
 - all the other eleven aspects of leader’s behaviour have no significant correlation with external regulation.

5.01 Representation of variation in correlation between perceived leader’s behaviour and motivation of employees.



Correlation values of only significantly correlating factors have been plotted

Graph 5.01 has been plotted by extracting data from appendix 7a and table 5.01. Only values significant at 0.05 level of significance have been plotted. Insignificant correlation values have not been plotted in the graph.

It is observed that leader's behaviour aspect 'Role Assumption' has no correlation with intrinsic motivation of employees. All the other leader's behaviour aspects have significant correlations with intrinsic motivation of varying correlation values with highest correlation with 'persuasiveness' behaviour.

It is observed that leader's behaviour aspect 'Role Assumption' has no correlation with Identified Regulation of employees. All the other leader's behaviour aspects have significant correlations with Identified Regulation of varying correlation values with highest correlation with 'persuasiveness' behaviour.

It is observed that leader's behaviour aspect 'Role Assumption, Representation, Initiation of Structure and Tolerance of Uncertainty' has no correlation with Introjected Regulation of employees. All the other leader's behaviour aspects have significant correlations with Introjected Regulation of varying correlation values with highest correlation with 'Demand Reconciliation and Persuasiveness' behaviour.

It is observed that leader's behaviour has no correlation with Extrinsic Regulation of employees except for 'Role assumption' behaviour which correlated negatively.

It is observed that leader's behaviour aspect 'Role Assumption, Representation, Initiation of Structure and Tolerance of Uncertainty' have no correlation with Total Motivation of employees. All the other leader's behaviour aspects have significant correlations with total Motivation of varying correlation values with highest correlation with 'Persuasiveness' behaviour.

5.1.2 Relationship between perceived leader's behaviour and motivation of employees of different groups (doctors, nurses, paramedics and non-medicos).

In the previous section significant difference in perception of employees about leader's behaviour and their motivation levels was found.

In this section relationship between various aspects of perceived leader's behaviour and motivation levels among different groups of employees Doctors, Nurses, Paramedics and Non-Medicos is analysed. *Null Hypothesis states that there*

is no significant correlation between perceived leader's behaviour aspects and motivation levels of employees of different groups (Doctors, Nurses, Paramedics and Non-Medicos). Keeping the null hypothesis in mind relation between leader's behaviour and motivation levels was investigated by using Pearson's correlation. (Refer Appendix 7b)

Null Hypothesis	$H_{011_{\text{Doctor}}} : r_{IJ} = 0$
Alternate Hypothesis	$H_{111_{\text{Doctor}}} : r_{IJ} \neq 0$
Null Hypothesis	$H_{011_{\text{Non-medico}}} : r_{IJ} = 0$
Alternate Hypothesis	$H_{111_{\text{Non-medico}}} : r_{IJ} \neq 0$
Null Hypothesis	$H_{011_{\text{Nurse}}} : r_{IJ} = 0$
Alternate Hypothesis	$H_{111_{\text{Nurse}}} : r_{IJ} \neq 0$
Null Hypothesis	$H_{011_{\text{Paramedic}}} : r_{IJ} = 0$
Alternate Hypothesis	$H_{111_{\text{Paramedic}}} : r_{IJ} \neq 0$

Where $r =$ Pearson's correlation

$r_{IJ_{\text{Doctor}}}$ = Pearson's correlation for employees working as Doctors

$r_{IJ_{\text{Nurse}}}$ = Pearson's correlation for employees working as Nurses

$r_{IJ_{\text{Paramedic}}}$ = Pearson's correlation for employees working as Paramedics

$r_{IJ_{\text{Non-medico}}}$ = Pearson's correlation for employees working as Non-Medicos

Where r_{IJ} is the correlation between I^{th} leader's behaviour aspect and K^{th} motivational factor (Table 5.02). If the persons correlation = 0 at 5% level of significance, null hypothesis is accepted i.e. there is no significant collection between I^{th} leader's behaviour aspect and K^{th} motivational factor. If correlation at 0.05 level of significance is $\neq 0$, null is rejected and alternate hypothesis is rejected i.e. there is significant correlation between I^{th} leader's behaviour aspect and K^{th} motivational factor.

Table: 5.02 Correlation between perceived leader's behaviour and motivation of employees grouped as doctors, nurses, Paramedics and non-medicos

Leader's behaviour (I)	Employee Type (J)	Intrinsic Motivation (K)	Identified Regulation (K)	Introjected Regulation (K)	Extrinsic Regulation (K)
Consideration	Non-medico	.291			
	Doctor	.152	.183**	.166*	
	Nurse				-.163
	Paramedics	.447**	.501**	.544**	.305*
	Overall	.163**	.140**	.107**	
Demand Reconciliation	Non-medico				
	Doctor				-.171

	Nurse				
	Paramedics	.415*	.501**	.518**	.363**
	Overall	.168	.172	.151	
Initiation of Structure	Non-medico				
	Doctor		.139*		
	Nurse				-.139*
	Paramedics	.257*	.340**	.253*	
	Overall	.120**	.107**		
Integration	Non-medico				
	Doctor	.145*		.145*	
	Nurse				
	Paramedics	.413**	.467**	.426**	.312**
	Overall	.156**	.142**	.120**	
Persuasiveness	Non-medico				
	Doctor	.151	.241**	.160	
	Nurse				
	Paramedics	.349**	.386**	.308**	.207*
	Overall	.191**	.197**	.150**	
Predictive Accuracy	Non-medico				
	Doctor		.139*		
	Nurse				-.128*
	Paramedics	.342**	.418**	.368**	.297**
	Overall	.127**	.132**	.103*	
Production Emphasis	Non-medico				
	Doctor		.194**		
	Nurse				
	Paramedics		.303**	.256*	.219*
	Overall	.089	.142**	.110**	
Representation	Non-medico				
	Doctor				
	Nurse				-.156*
	Paramedics	.420**	.499**	.475**	.341**
	Overall	.112**	.095*		
Role Assumption	Non-medico				
	Doctor				-.185**
	Nurse				-.149*
	Paramedics				
	Overall				-.094*
Superior Orientation	Non-medico		.270*		.301*
	Doctor			.166*	
	Nurse				
	Paramedics	.456**	.557**	.587**	.408**
	Overall	.147**	.164**	.137**	
Tolerance and Freedom	Non-medico	.306**	.325**		
	Doctor	.136*			
	Nurse				
	Paramedics	.432**	.373**	.397**	.226*
	Overall	.169**	.150**	.083*	
Tolerance of Uncertainty	Non-medico			-.337**	-.346**
	Doctor				
	Nurse				
	Paramedics				
	Overall	.108**	.079*		

Pearson's Correlation

Extracted from appendix 7b

Correlation values of only significantly correlating values are shown in the above table.

*. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

Correlation between perceived leader's behaviour and motivational factor 'intrinsic motivation' for professional group 'doctors': On analysis, correlation between twelve aspects of leader's behaviour i.e. consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance and freedom, tolerance of uncertainty and intrinsic motivation among doctors are statistically highly significant (at 0.01 level of significance) for certain factors and significant at 0.05 level for other factors (Table 5.02). Cell shown blank in Table 5.02; specify no significant correlation for those factors.

- NULL hypothesis $H_{011_{\text{Doctor}}}$ is accepted at 0.05 level of significance for leader's behaviour aspects demand reconciliation, initiation of structure, predictive accuracy, production emphasis, representation, role assumption, superior orientation and tolerance of uncertainty.
- $H_{011_{\text{Doctor}}}$ is rejected at 0.05 level of significance for leader's behaviour aspects consideration, integration, persuasiveness and tolerance of freedom.

Correlation between perceived leader's behaviour aspects and motivational factor 'identified regulation' for professional category 'doctors': On analysis, correlation between twelve aspects of leader's behaviour i.e. consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance and freedom, tolerance of uncertainty and identified regulation among doctors are statistically highly significant (at 0.01 level of significance) for certain aspects and significant at 0.05 level for other aspects (Table 5.02).

- NULL hypothesis $H_{011_{\text{Doctor}}}$ is accepted at 0.05 level of significance for leader's behaviour aspects demand reconciliation, integration, representation, role assumption, superior orientation, tolerance of freedom and tolerance of uncertainty.
- $H_{011_{\text{Doctor}}}$ is rejected at 0.05 level of significance for leader's behaviour aspects consideration, initiation of structure, persuasiveness, predictive accuracy and production emphasis.

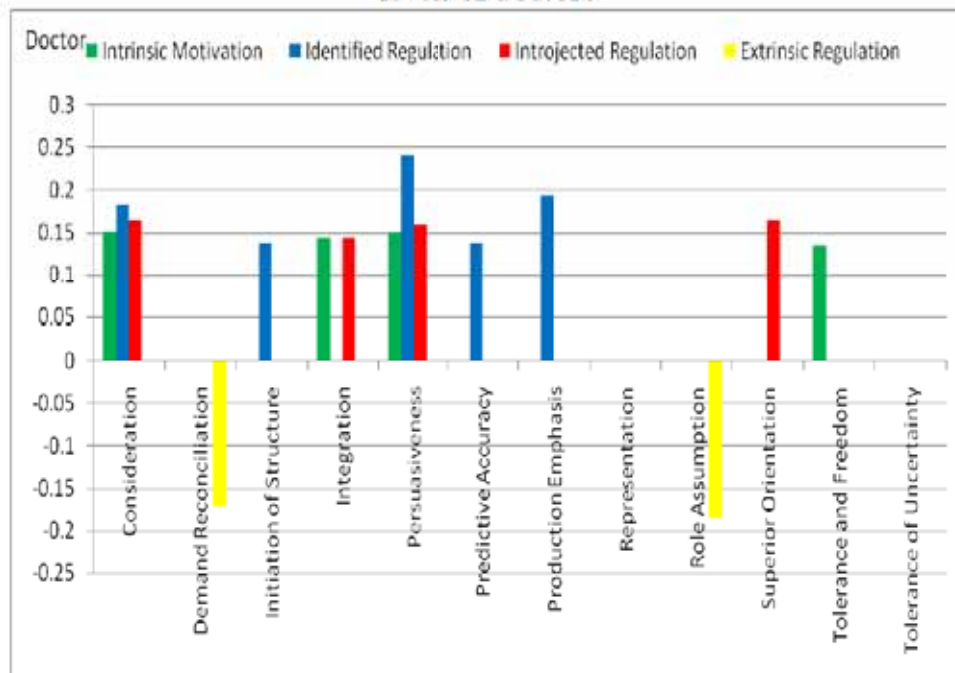
Correlation between perceived leader's behaviour and motivational factor 'introjected regulation' for professional group 'doctors': On analysis, correlation between twelve types of leader's behaviour aspects i.e. consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance and freedom, tolerance of uncertainty and introjected regulation among doctors are statistically highly significant (at 0.01 level of significance) for certain aspects and significant at 0.05 level for other aspects (Table 5.02). It can be seen that:

- NULL hypothesis $H_{011_{\text{Doctor}}}$ is accepted at 0.05 level of significance for leader's behaviour aspects demand reconciliation, initiation of structure, predictive accuracy, production emphasis, representation, role assumption, tolerance of freedom and tolerance of uncertainty.
- $H_{011_{\text{Doctor}}}$ rejected at 0.05 level of significance for leader's behaviour consideration, integration, persuasiveness and superior orientation.

Correlation between perceived leader's behaviour and motivational factor 'extrinsic regulation' for professional group 'doctors': on analysis, correlation between twelve aspects of leader's behaviour i.e. consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance and freedom, tolerance of uncertainty and extrinsic motivation among doctors are statistically highly significant (at 0.01 level of significance) for certain aspects and significant at 0.05 level for other aspects (Table 5.02). It is observed that:

- NULL hypothesis $H_{011_{\text{Doctor}}}$ is accepted at 0.05 level of significance for leader's behaviour consideration, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, superior orientation, tolerance of freedom and tolerance of uncertainty.
- $H_{011_{\text{Doctor}}}$ is rejected at 0.05 level of significance for leader's behaviour demand reconciliation and role assumption.

Graph 5.02: Correlation between perceived leader’s behaviour and motivational levels of doctors



Extracted from Appendix 7b.
 Motivation factors on x-axis and values of significant correlation on y axis for four categories of employees
 Only Significant value have been plotted. Value not significant are not plotted

Representation of variation in correlation between perceived leader’s behaviour and motivation levels of ‘doctors’.

From Appendix 7b and table 5.02, it is observed that for doctors:

- Each aspect of leader’s behaviour has varying correlation with different motivational factors.
- Leader’s behaviour: representation and tolerance of uncertainty has no significant correlation with motivational levels.
- External regulation correlates significantly and negatively with demand reconciliation and role assumption behaviour. Other ten leader’s behaviour aspects have no significant correlation with external regulation.
- Introjected regulation correlates significantly only with consideration, integration, persuasiveness and superior orientation behaviour of the leader. Other eight leader’s behaviour aspects have no significant correlation with introjected regulation.
- Intrinsic motivation correlates significantly only with consideration, integration, persuasiveness and tolerance of freedom aspect leader’s

behaviour. Other eight leader's behaviour aspects have no significant correlation with intrinsic motivation.

- Identified regulation correlates significantly only with consideration, initiation of structure, persuasiveness, predictive accuracy and production emphasis aspects of leader's behaviour. Other seven leader's behaviour aspects have no significant correlation with identified regulation.

Correlation between perceived leader's behaviour and motivational factor 'intrinsic motivation' for professional group 'non-medicos': On analysis, correlation between twelve aspects of leader's behaviour i.e. consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance and freedom, tolerance of uncertainty and intrinsic motivation among non-medicos are statistically highly significant (at 0.01 level of significance) for certain aspects and significant at 0.05 level for other aspects (Table 5.02).

- NULL hypothesis $H_{011_{\text{Non-medico}}}$ is accepted at 0.05 level of significance for demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation and tolerance of uncertainty behaviour.
- $H_{011_{\text{Non-medico}}}$ is rejected at 0.05 level of significance for leader's behaviour aspects consideration and tolerance of freedom.

Correlation between perceived leader's behaviour and motivational factor 'identified regulation' for professional group 'non-medicos': On analysis, correlation between twelve aspects of leader's behaviour i.e. consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance and freedom, tolerance of uncertainty and identified regulation among non-medicos are statistically highly significant (at 0.01 level of significance) for certain aspects and significant at 0.05 level for other aspects (Table 5.02).

- NULL hypothesis $H_{011_{\text{Non-medico}}}$ is accepted at 0.05 level of significance for leader's behaviour aspects consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption and tolerance of uncertainty.

- $H_{011_{\text{Non-medico}}}$ is rejected at 0.05 level of significance for leader's behaviour aspects superior orientation and tolerance of freedom.

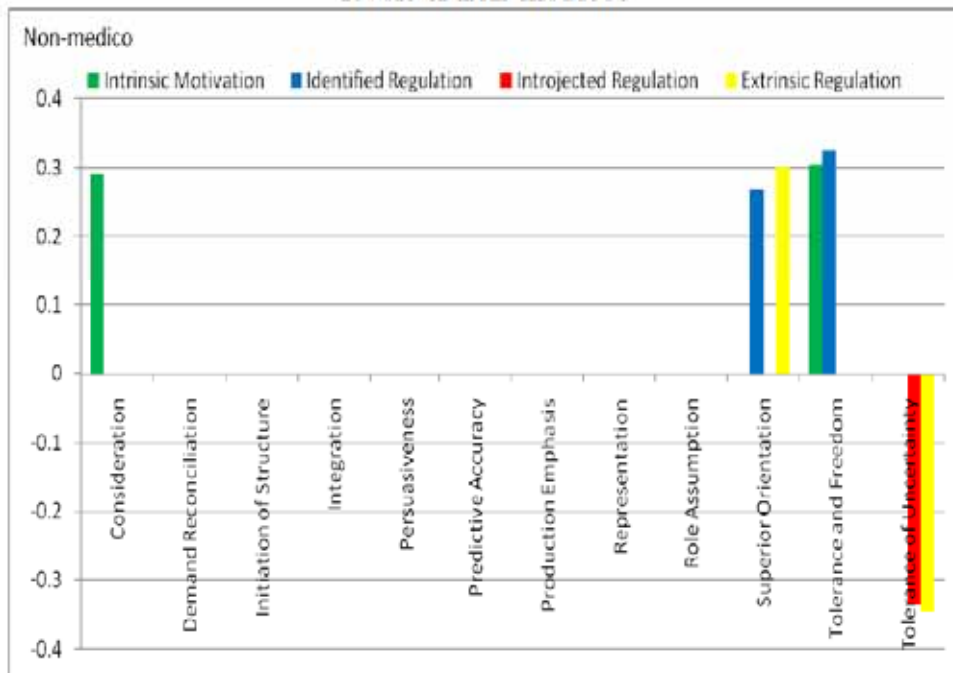
Correlation between perceived leader's behaviour and motivational factor 'introjected regulation' for professional group 'non-medicos': On analysis, correlation between aspects of leader's behaviour i.e. consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance of freedom, tolerance of uncertainty and introjected regulation among non-medicos are statistically highly significant (at 0.01 level of significance) for certain aspects and significant at 0.05 level for other aspects (Table 5.02). It can be seen that:

- NULL hypothesis $H_{011_{\text{Non-medico}}}$ is accepted at 0.05 level of significance for leader's behaviour aspects consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation and tolerance of freedom.
- $H_{011_{\text{Non-medico}}}$ is rejected at 0.05 level of significance for leader's behaviour aspect tolerance of uncertainty.

Correlation between perceived leader's behaviour and motivational factor 'extrinsic regulation' for professional group 'non-medicos': On analysis, correlation between twelve aspects of leader's behaviour i.e. consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance and freedom, tolerance of uncertainty and extrinsic motivation among non-medicos are statistically highly significant (at 0.01 level of significance) for certain aspects and significant at 0.05 level for other aspects (Table 5.02). It can be seen that:

- NULL hypothesis $H_{011_{\text{Non-medico}}}$ is accepted at 0.05 level of significance for leader's behaviour aspects consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption and tolerance of freedom.
- $H_{011_{\text{Non-medico}}}$ is rejected at 0.05 level of significance for leader's behaviour aspects superior orientation and tolerance of uncertainty.

Graph 5.03: Correlation between perceived leader’s behaviour and motivational levels of non-medicos



Extracted from Appendix 7b.
 Motivation factors on x-axis and values of significant correlation on y axis for four categories of employees
 Only Significant value have been plotted. Value not significant are not plotted

Representation of variation in correlation between perceived leader’s behaviour and motivation levels for ‘non-medicos’.

From Appendix 7b and table 5.02, it is observed that for Non-Medicos:

- Each aspect of leader’s behaviour has different correlation with different motivational factors.
- Tolerance of uncertainty has significant negative correlation with introjected regulation and extrinsic regulation.
- External regulation correlates significantly only with superior orientation and tolerance of uncertainty. Other ten leader’s behaviour aspects have no significant correlation with external regulation.
- Introjected regulation correlates significantly only with tolerance of uncertainty.
- Intrinsic motivation correlates significantly only with consideration and tolerance of freedom behaviour of the leader.
- Identified regulation correlates significantly only with superior orientation.
- Leader’s behaviour aspects ‘demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis,

representation and role assumption' have no significant correlation with motivational levels.

Correlation between perceived leader's behaviour and motivational factor 'intrinsic motivation' for professional group 'nurses': On analysis, correlation between twelve aspects of leader's behaviour i.e. consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance of freedom, tolerance of uncertainty and intrinsic motivation among nurses are statistically highly significant (at 0.01 level of significance) for certain aspects and significant at 0.05 level for other aspects (Table 5.02).

- NULL hypothesis $H_{011_{Nurse}}$ is accepted at 0.05 level of significance for all the aspects of leader's behaviour consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance and freedom, tolerance of uncertainty. There is no correlation between perceived leader's behaviour aspects and intrinsic motivation of nurses.

Correlation between perceived leader's behaviour and motivational factor 'identified regulation' for professional group 'nurses': On analysis, correlation between twelve aspects of leader's behaviour i.e. Consideration, Demand Reconciliation, Initiation of Structure, Integration, Persuasiveness, Predictive Accuracy, Production Emphasis, Representation, Role Assumption, Superior Orientation, Tolerance and Freedom, Tolerance of Uncertainty and Identified regulation among nurses are statistically highly significant (at 0.01 level of significance) for certain aspects and significant at 0.05 level for other aspects (Table 5.02).

- NULL hypothesis $H_{011_{Nurse}}$ is accepted at 0.05 level of significance for all the aspects of leader's behaviour consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance and freedom, tolerance of uncertainty. There is no correlation between leader's behaviour aspects and identified regulation of nurses.

Correlation between perceived leader's behaviour and motivational factor 'introjected regulation' for professional group 'nurses'. On analysis, correlation between twelve aspects of perceived leader's behaviour i.e. consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance and freedom, tolerance of uncertainty and introjected regulation among nurses are statistically highly significant (at 0.01 level of significance) for certain aspects and significant at 0.05 level for other aspects (Table 5.02). It can be seen that:

- NULL hypothesis $H_{011_{Nurse}}$ is accepted at 0.05 level of significance for all the aspects of leader's behaviour consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance and freedom, tolerance of uncertainty. There is no correlation between leader's behaviour aspects and introjected regulation of nurses.

Correlation between perceived leader's behaviour and motivational factor 'extrinsic regulation' for professional group 'nurses': On analysis, correlation between twelve aspects of perceived leader's behaviour aspects i.e. consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance and freedom, tolerance of uncertainty and extrinsic motivation among nurses are statistically highly significant (at 0.01 level of significance) for certain aspects and significant at 0.05 level for other aspects (Table 5.02). It is found that:

- NULL hypothesis $H_{011_{Nurse}}$ is accepted at 0.05 level of significance for leader's behaviour aspects demand reconciliation, integration, persuasiveness, production emphasis, superior orientation, tolerance and freedom, tolerance of uncertainty.
- $H_{011_{Nurse}}$ is rejected at 0.05 level of significance for leader's behaviour aspects consideration, initiation of structure, predictive accuracy, representation and role assumption.

Graph 5.04: Correlation between perceived leader’s behaviour and motivational levels of nurses



Extracted from Appendix 7b.
 Motivation factors on x-axis and values of significant correlation on y axis for four categories of employees
 Only Significant value have been plotted. Value not significant are not plotted

Representation of variation in correlation in perceived leader’s behaviour and motivation levels of ‘nurses’.

From Appendix 7b and table 5.02, it is observed that for Nurses:

- Each type of leader’s behaviour aspect has varying correlation with different motivational factors.
- Leader’s behaviour aspects have no significant correlation with intrinsic motivation, identified regulation and introjected regulation.
- Leader’s behaviour aspects consideration, initiation of structure, predictive accuracy, representation, role assumption have a significant correlation with external regulation.
- There is no positive significant correlation between leader’s behaviour aspects and motivation levels.

Correlation between perceived leader’s behaviour and motivational factor ‘intrinsic motivation’ for professional group ‘Paramedics’: On analysis, correlation between twelve aspects of leader’s behaviour i.e. consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy,

production emphasis, representation, role assumption, superior orientation, tolerance and freedom, tolerance of uncertainty and intrinsic motivation among Paramedics are statistically highly significant (at 0.01 level of significance) for certain aspects and significant at 0.05 level for other aspects (Table 7.1).

- NULL hypothesis $H_{011_{\text{Paramedic}}}$ is accepted at 0.05 level of significance for production emphasis, role assumption and tolerance of uncertainty.
- $H_{011_{\text{Paramedic}}}$ is rejected at 0.05 level of significance for leader's behaviour consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, representation, superior orientation, and tolerance of freedom.

Correlation between perceived leader's behaviour and motivational factor 'identified regulation' for professional group 'Paramedics'. On analysis, correlation between twelve aspects of leader's behaviour i.e. consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance and freedom, tolerance of uncertainty and identified regulation among Paramedics are statistically highly significant (at 0.01 level of significance) for certain aspects and significant at 0.05 level for other aspects (Table 7.1).

- NULL hypothesis $H_{011_{\text{Paramedic}}}$ is accepted at 0.05 level of significance for leader's behaviour role assumption, tolerance of uncertainty.
- $H_{011_{\text{Paramedic}}}$ is rejected at 0.05 level of significance for leader's behaviour aspects consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, superior orientation and tolerance of uncertainty.

Correlation between perceived leader's behaviour and motivational factor 'introjected regulation' for professional group 'Paramedics': On analysis, correlation between twelve aspects of leader's behaviour i.e. consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance of freedom, tolerance of uncertainty and introjected regulation among doctors are statistically highly significant (at 0.01 level of significance) for certain aspects and significant at 0.05 level for other aspects (Table 7.1). It can be seen that:

- NULL hypothesis $H_{011_{\text{Paramedic}}}$ is accepted at 0.05 level of significance for leader's behaviour role assumption, tolerance of uncertainty.
- $H_{011_{\text{Paramedic}}}$ is rejected at 0.05 level of significance for leader's behaviour consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, superior orientation and tolerance of freedom.

Correlation between perceived leader's behaviour and motivational factor 'extrinsic regulation' for professional group 'Paramedics': On analysis, correlation between twelve aspects of leader's behaviour i.e. consideration, demand reconciliation, initiation of structure, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation, tolerance and freedom, tolerance of uncertainty and extrinsic motivation among Paramedics are statistically highly significant (at 0.01 level of significance) for certain aspects and significant at 0.05 level for other aspects (Table 7.1). It can be seen that:

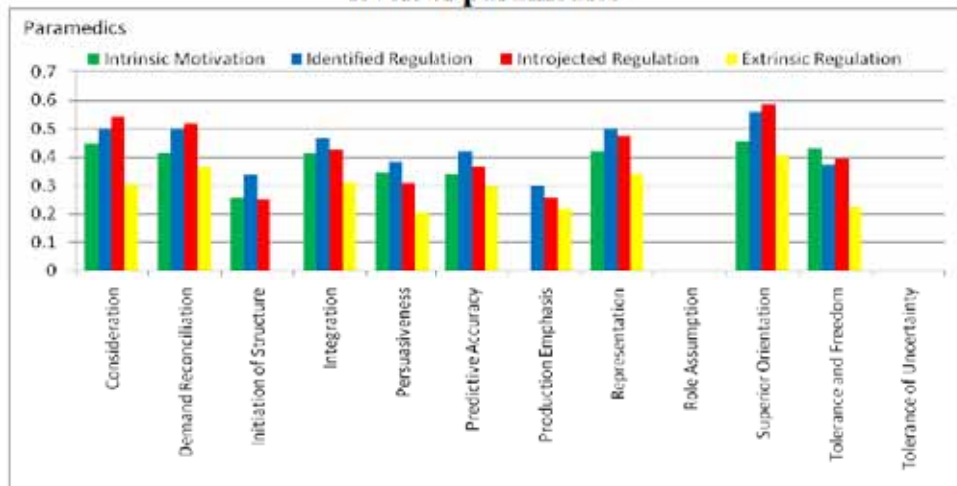
- NULL hypothesis $H_{011_{\text{Paramedic}}}$ is accepted at 0.05 level of significance for leader's behaviour initiation of structure and tolerance of uncertainty.
- $H_{011_{\text{Paramedic}}}$ is rejected at 0.05 level of significance for leader's behaviour aspects consideration, demand reconciliation, integration, persuasiveness, predictive accuracy, production emphasis, representation, role assumption, superior orientation and tolerance of freedom.

Representation of variation in correlation between perceived leader's behaviour and motivation levels for 'paramedics'.

From Appendix 7b and table 5.02, it is observed that for Paramedics:

- Each aspect of leader's behaviour has varying correlation with different motivational factors.
- Leader's behaviour: Role Assumption and tolerance of uncertainty has no significant correlation with motivational levels.
- Superior orientation behaviour of leader has highest correlation with all the motivation factors.

Graph 5.05: Correlation between leader’s behaviour aspects and motivational levels of paramedics



Extracted from Appendix 7b.
 Motivation factors on x-axis and values of significant correlation on y axis for four categories of employees
 Only Significant valve have been plotted. Value not significant are not plotted

5.1.3 Multiple regression analysis of perceived leader’s behaviour on motivational factors.

The relationship between aspects of perceived leader’s behaviour and motivation was first investigated using Pearson’s correlation. Preliminary analysis revealed that significant association exists between perceived leader’s behaviour aspects and motivation. From the co-relational **table 5.01 and table 5.02**, it can be seen there is significant linear correlation among various aspects of perceived leader’s behaviour and motivation. In order to find, multiple interactions between different variables in predicting outcome variable, multiple regression analysis was performed on the data. The findings helped in identifying the most potent predictors, their hierarchical order, individual positive/negative contributions and Multiple R. The step wise regression analysis focused on picking up the best set of predictor variables in determining the statistical significance of their prediction of criteria.

To determine the association between perceived leader’s behaviour and motivation, twelve aspects of leader’s behaviour were taken as independent factors and four factors of motivation were taken as dependent factors. The mathematical representation of research model for the above relationships displayed as:

$$Y = \alpha + \beta_1x_1 + \beta_2x_2 + \beta_3x_3 + \beta_4x_4 + \beta_5x_5 + \beta_6x_6 + \beta_7x_7 + \beta_8x_8 + \beta_9x_9 + \beta_{10}x_{10} + \beta_{11}x_{11} + \beta_{12}x_{12}$$

Where Y = Motivation levels for each of the motivational factor

and $x_1, x_2, x_3, x_4, x_5, x_6, x_7, x_8, x_9, x_{10}, x_{11}, x_{12}$ = aspects of perceived leader's behaviour

and $\beta_1, \beta_2, \beta_3, \beta_4, \beta_5, \beta_6, \beta_7, \beta_8, \beta_9, \beta_{10}, \beta_{11}, \beta_{12}$ = coefficient of aspects of perceived leader's behaviour.

Tables 5.03 to 5.06 extracted from appendix 7c to 7g report the strength of the relationship between perceived leader's behaviour aspects (independent variables) and each of the motivational factors (dependent variable) separately. Model Summary tables display R, R square (R^2), adjusted R^2 and standard error of Estimate. R, the multiple correlation coefficient, which is defined as linear correlation between the observed value and model predicted values of dependent variable. R^2 the coefficient of determination which is squared value of the multiple correlation coefficient is also illustrated in these tables.

ANOVA tables in Appendix 7c to 7g summarize the result of analysis of variance. This objective ANOVA table is to test the acceptability of the model from the statistical perspective. Sum of square, degrees of freedom and mean square values are displayed for sources of variation, regression and residual is displayed in the table. The significance value of F statistic if less than 0.05, means that the variation explained by the model is not due to chance.

Detection of Multicollinearity: To detect the problem of multicollinearity (if any); variance inflation factor (VIF) and tolerance value (TV) were calculated. Coefficient tables in appendix 7c to 7g display the values of VIF and TV for linear stepwise regression model. As indicated in table 7.03 to 7.07, the values are far below cut off limit of 10. In Addition, it could be seen that the 'Tolerance value' of the independent variable is closer to the one, indicates that there is no evidence of multicollinearity. In other words, there is no significant evidence of multi-collinearity problem in the regression model as presented.

Table 7.03 shows leader's behaviour aspect 'Persuasiveness' to be significant predictor variable for intrinsic motivation of employees and that persuasiveness explains for 3.5 % variance in overall intrinsic motivation.

Table 7.04 shows leader's behaviour aspect 'Persuasiveness' to be significant predictor variable for identified regulation of employees and that persuasive explains for 3.7 % variance in overall identified regulation.

Table 7.05 shows leader's behaviour aspects 'Demand reconciliation, Role Assumption, Persuasiveness, Representation, Superior orientation and Initiation of Structure' to be significant predictor variables for introjected regulation of employees and that these factor explains for 5.9 % variance in overall identified regulation.

Table 7.06 shows leader's behaviour aspects 'Role Assumption and Persuasiveness' to be significant predictor variables for extrinsic regulation of employees and that these factor explains for 2.2 % variance in overall extrinsic regulation.

Table 7.07 shows leader's behaviour aspects 'Demand reconciliation, Role Assumption, Persuasiveness, and Representation' to be significant predictor variables for overall motivation of employees and that these factor explains for 4.0 % variance in overall motivation.

5.1.4 Multiple regression analysis of impact of perceived leader's behaviour on motivation of employees in professional groups.

To determine the association between perceived leader's behaviour and motivational factors, twelve aspects of leader's behaviour were taken as independent factors and four factors of motivation were taken as dependent factors. Association was analyzed separately for professional group of employees namely 'Doctors, Paramedics, Non-Medicos and Nurses'.

The relationship between aspects of perceived leader's behaviour types and motivational factors was first investigated using Pearson's Correlation as described under section 5.1.02. Preliminary analysis revealed that there was a significant association between perceived leader's behaviour and motivational levels. From the correlation **table 5.02** extracted from **appendix 7b**, it was seen that there is significant linear correlation among various aspects of perceived leader's behaviour and motivational levels and that there was variation in the correlation levels for different groups of employees. In order to see, multiple interactions between different variables in prediction outcome variable, multiple regression analysis was performed on the data of different professional groups of employees. The findings helped in identifying the most potent predictors, their hierarchical order, individual positive and negative contributions and Multiple R. The step wise regression analysis focused on picking up the best set of predictor variables in determining the statistical significance of their prediction of criteria.

Tables 5.03 to 5.06 extracted from appendix 7h to 7l reports the strength of the relationship between perceived leader's behaviour aspects (independent variables) and each of the motivational factors (dependent variable). Model Summary tables displays R, R squared (R^2) and adjusted R^2 and standard error of Estimate. R, the multiple correlation coefficient, which is defined as linear correlation between the observed value and model predicted values of dependent variable. R square, the coefficient of determination which is squared value of the multiple correlation coefficients is also illustrated in these tables.

Table: 5.03 Impact of perceived leader's behaviour on intrinsic motivation of various groups of the employees.

Dependent Variable: Intrinsic Motivation		R	Beta	t-value	Sig.	Tolerance	VIF
Non Medico	(Constant)	3.922		.974	.333		
	Tolerance and Freedom	.261	.306	2.693	.009	1.000	1.000
R=.306, R^2 =.094, Adjusted R^2 =.081, F=7.255, Significance=0.009							
Doctor	(Constant)	10.220		4.617	.000		
	Consideration	.120	.152	2.208	.028	1.000	1.000
R=.152, R^2 =.023, Adjusted R^2 =.018, F=4.877, Significance=0.028							
Para Medic	(Constant)	3.391		1.457	.148		
	Superior Orientation	.283	.456	5.045	.000	1.000	1.000
R=.456, R^2 =.208, Adjusted R^2 =.200, F=25.454, Significance=0.000							
Nurses: No variables were entered into the equation for Nurse							

Extracted from Appendix 7h

Table 5.03 shows different perceived leader's behaviour aspects to be significant predictor for intrinsic motivation of different groups of employees (except for nurses). Accordingly it is found that:

- leader's behaviour aspect 'Tolerance and Freedom' to be significant predictor variable for intrinsic motivation of 'non-medicos' explaining for 8.1 % variance in intrinsic motivation.
- leader's behaviour aspect 'Consideration' to be significant predictor variable for intrinsic motivation of 'Doctors' explaining for 1.8 % variance in intrinsic motivation.
- leader's behaviour aspect 'Superior Orientation' to be significant predictor variable for intrinsic motivation of 'Paramedics' explaining for 20% variance in intrinsic motivation.
- leader's behaviour aspects are not significant predictors for intrinsic motivation of 'nurses'.

Table: 5.04 Impact of leader's behaviour on identified regulation of various categories of the employees.

Dependent Variable: Identified Regulation		B	Beta	t-value	Sig.	Tolerance	VIF
Non Medico	(Constant)	2.080		.448	.655		
	Tolerance and Freedom	.322	.325	2.874	.005	1.000	1.000
R=.325, R ² =.106, Adjusted R ² =.093, F=8.262, Significance=0.005							
Doctor	(Constant)	7.603		3.064	.002		
	Persuasiveness	.212	.241	3.561	.000	1.000	1.000
R=.241, R ² =.058, Adjusted R ² =.054, F=12.683, Significance=0.000							
Para Medic	(Constant)	2.010		.844	.401		
	Superior Orientation	.380	.557	6.608	.000	1.000	1.000
R=.557, R ² =.310, Adjusted R ² =.303, F=43.671, Significance=0.000							
Nurses: No variables were entered into the equation for Nurse							

Extracted from Appendix 7i

Table 5.04 shows different aspect of perceived leader's behaviour to be significant predictors for identified regulation of different group of employees (except for nurses). Accordingly it is found that:

- 'Tolerance and Freedom' aspect of perceived leader's behaviour to be significant predictor variable for identified regulation of 'Non-medicos' explaining for 9.3 % variance in identified regulation.
- 'Persuasiveness' aspect of perceived leader's behaviour to be significant predictor variable for identified regulation of 'Doctors' explaining for 5.4 % variance in identified regulation.
- 'Superior Orientation' aspect of perceived leader's behaviour to be significant predictor variable for identified regulation of 'ParaMedics' explaining for 30.3% variance in Identified regulation.
- Perceived leader's behaviour is not significant predictor for identified regulation of 'Nurses'.

Table: 5.05 Impact of perceived leader's behaviour on introjected regulation of various groups of employees.

Dependent Variable: Introjected Regulation		B	Beta	t-value	Sig.	Tolerance	VIF
Non Medico	(Constant)	29.532		7.820	.000		
	Tolerance of Uncertainty	-.334	-.337	-2.993	.004	1.000	1.000
R=.337, R ² =.113, Adjusted R ² =.101, F=8.960, Significance=0.004							
Doctor	(Constant)	10.751		4.713	.000		
	Consideration	.135	.166	2.403	.017	1.000	1.000
R=.166, R ² =.028, Adjusted R ² =.023, F=5.773, Significance=0.17							
Para Medic	(Constant)	2.524		1.110	.270		
	Superior Orientation	.392	.587	7.138	.000	1.000	1.000
R=.587, R ² =.344, Adjusted R ² =.338, F=50.952, Significance=0.000							
Nurses: No variables were entered into the equation for Nurse							

Extracted from Appendix 7j

Table 5.05 shows different aspect of perceived leader's behaviour to be significant predictor for introjected regulation of different group of employees (except for nurses). Accordingly it is found that:

- 'Tolerance of Uncertainty' aspect of perceived leader's behaviour to be significant predictor variable for introjected regulation of 'Non-medicos' explaining for 8.9 % variance in introjected regulation.
- 'Consideration' aspect of perceived leader's behaviour to be significant predictor variable introjected regulation of 'Doctors' explaining for 2.3 % variance in introjected regulation.
- 'Superior Orientation' aspect of perceived leader's behaviour to be significant predictor variable for introjected motivation of 'ParaMedics' explaining for 33.8% variance in introjected regulation.
- Perceived leader's behaviour is not significant predictor for introjected regulation of 'Nurses'.

Table: 5.06 Impact of perceived leader's behaviour on external regulation of various group of employees.

Dependent Variable: Extrinsic Regulation	B	Beta	t-value	Sig.	Tolerance	VIF
Non Medico (Constant)	7.416		1.280	.205		
Tolerance of Uncertainty	-.390	-.374	-3.601	.001	.963	1.038
Superior Orientation	.644	.562	4.033	.000	.535	1.869
Representation	-.381	-.301	-2.144	.036	.528	1.895
R=.543, R ² =.295, Adjusted R ² =.264, F=9.470. Significance=0.000						
Doctor (Constant)	14.253		5.906	.000		
Role Assumption	-.221	-.271	-3.142	.002	.599	1.671
Persuasiveness	.300	.373	3.626	.000	.423	2.364
Integration	-.319	-.242	-2.420	.016	.447	2.238
R=.306, R ² =.094, Adjusted R ² =.080, F=6.995. Significance=0.000						
Nurse (Constant)	15.593		9.117	.000		
Integration	.327	.286	2.336	.020	.264	3.786
Consideration	-.293	-.409	-3.337	.001	.264	3.786
R=.220, R ² =.048, Adjusted R ² =.040, F=6.092. Significance=0.003						
Para Medic (Constant)	2.109		.780	.437		
Superior Orientation	.288	.408	4.405	.000	1.000	1.000
R=.408, R ² =.167, Adjusted R ² =.158, F=19.405. Significance=0.000						

Extracted from Appendix 7k

Table 5.06 shows different aspects of perceived leader's behaviour to be significant predictor for external regulation of different categories of employees. Accordingly it is found that:

- 'Tolerance of Uncertainty, Superior orientation and Representation' aspects of perceived leader's behaviour to be significant predictor variable for external

regulation of 'Non-medicos' explaining for 26.4 % variance in external regulation.

- 'Role Assumption, Persuasiveness and Integration' aspects of perceived leader's behaviour to be significant predictor variable for external regulation of 'Doctors' explaining for 8.0 % variance in external regulation.
- 'Integration and Consideration' aspects of perceived leader's behaviour to be significant predictor variable for external regulation of 'Nurses' explaining for 4.0 % variance in external regulation.
- 'Superior Orientation' aspect of perceived leader's behaviour to be significant predictor variable for external motivation of 'Paramedics' explaining for 15.8% variance in external regulation.

5.1.5 Summary

Analysis in preceding chapter 4 provided details of perception of employees (divided into various demographic variables and job categories) about aspects of the leader's behaviour and four motivational factors. In this section pair wise multiple comparison was done for perceived leader's behaviour aspects Representation, Demand Reconciliation, Tolerance of Uncertainty, Persuasiveness, Initiation of Structure, Tolerance and Freedom, Role Assumption, Consideration, Production Emphasis, Predictive Accuracy, Integration, Superior Orientation and motivational factors Intrinsic Motivation, Identified Regulation, Introjected Regulation, Extrinsic Regulation.

The inference drawn from pair wise multiple comparison in the organization is that different aspects of perceived leader's behaviour have varying levels of correlation with different motivation levels. Results show positive correlation exists for 11 of the 12 (except Role assumption) aspects of perceived leader's behaviour with intrinsic motivation and identified regulation. Positive correlation was also found for 7 of the 12 aspects of perceived leader's behaviour with introjected regulation. In contrast negative correlation was found between role assumption aspect of perceived leader's behaviour and extrinsic motivation. Thus it can be concluded that leader's behaviour aspects, if perceived appropriate, increase the motivation levels of employees except for extrinsic motivation which is decreased by role assumption behaviour of their leader's. Further multiple regression analysis was also

performed to find out the relationship among various aspects of perceived leader's behaviour aspects and motivational factors. It was observed that aspect of perceived leader's behaviour having maximum impact on motivational levels of employees was 'Persuasiveness'. Therefore it can be inferred that persuasiveness behaviour of leader can lead to higher motivational levels of employees.

Further employees were split into four categories i.e. Doctors, Nurses, Paramedics and Non-Medicos. Pair wise multiple comparison was performed for each category of employee to assess the correlation between leader's behaviour aspects and motivation levels. From multiple comparison it can be inferred that if perceived appropriate that different leader's behaviour aspects increase intrinsic motivation, identified regulation, introjected regulation levels in different categories of employees except for tolerance of uncertainty behaviour of leader which reduces introjected motivation of non-medicos. Further it can be inferred that if perceived appropriate different leader's behaviour aspects increase or decrease the extrinsic motivation as shown in Table 5.06.

Following this multiple regression analysis was also performed to find out the relationship among various aspects of perceived leader's behaviour with motivational factors for each professional group of employee (Doctors, Nurses, Paramedics, Non-Medicos). It was observed that for intrinsic motivation and introjected regulation maximum impact was by tolerance & freedom, consideration and superior orientation aspect of perceived leader's behaviour for non-medicos, doctors and paramedics respectively. Further it can be inferred that for identified regulation had maximum impact by tolerance & freedom, persuasiveness and superior orientation aspect of perceived leader's behaviour for non-medicos, doctors and paramedics respectively. It can also be concluded that perceived leader's behaviour has no impact on intrinsic motivation, identified regulation and Introjected regulation in of nurses. Further for extrinsic motivation aspects of perceived leader's behaviour having maximum impact included tolerance of uncertainty, superior orientation, representation, role assumption, persuasiveness integration and consideration.

Thus, the hypothesis that perceived leader's behaviour has no effect on motivation of employee is established as rejected.

5.2 Leader's Behaviour and Job-Satisfaction: Here an attempt has been made to examine the relationship between perceived leader's behaviour and job satisfaction of employees. Being multidimensional construct, analysis includes studying all the twelve aspects of perceived leader's behaviour and nine facets of job satisfaction.

5.2.1 Relationship between perceived leader's behaviour and job satisfaction.

Null Hypothesis states that perceived leader's behaviour has no effect on the job satisfaction of all the employees. Keeping null hypothesis in mind relation between perceived leader's behaviour and job satisfaction was investigated by using Pearson's correlation. **(appendix 8a)**

H_0 12: $r=0$ (Null Hypothesis)

H_1 12: $r\neq 0$ (Alternate Hypothesis)

Where r = Pearson's correlation

The correlation between 12 aspects of perceived leader's behaviour (Consideration, Demand Reconciliation, Initiation of Structure, Integration, Persuasiveness, Predictive Accuracy, Production Emphasis, Representation, Role Assumption, Superior Orientation, Tolerance and Freedom, Tolerance of Uncertainty) and 9 facets of job satisfaction facets (Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards, Operating Conditions, Co-Workers, Nature of Work, Communication, and Total of Satisfaction) is highly significant (at 0.01 level of significance) for certain factors marked "***" and significant at 0.05 level for other factors marked "**" in table 5.07 (extracted from appendix 8a). Cell shown blank in table 5.07 specify that there is no significant correlation for those pairs.

Since most of the variables have significant correlation, null hypothesis H_0 20 is rejected and H_1 12 is accepted.

From table 5.07, it is observed that:

- Job satisfaction facet 'pay' positively correlates with two aspects of perceived leader's behaviour: demand reconciliation and tolerance of freedom.
- Job satisfaction facet 'promotion' positively correlates with all the aspects of perceived leader's behaviour except: initiation of Structure and role assumption.

- Job satisfaction facet ‘Fringe benefits’ positively correlates with all the aspects of perceived leader’s behaviour except: production emphasis and role assumption.
- Job satisfaction facet ‘nature of Work’ positively correlates with all the aspects of perceived leader’s behaviour except: Representation, Tolerance of uncertainty, Initiation of structure and role assumption.
- All the other job satisfaction facets Supervision, Contingent rewards, operating conditions, co-workers and communication positively correlates with all the aspects of perceived leader’s behaviour Consideration, Demand Reconciliation, Initiation of Structure, Integration, Persuasiveness, Predictive Accuracy, Production Emphasis, Representation, Role Assumption, Superior Orientation, Tolerance of Freedom and Tolerance of Uncertainty.

Table 5.07: Correlation between perceived leader’s behaviour and job satisfaction of all the employees

Job Satisfaction → Leader’s behaviour ↓	Pay	Promotion	Supervision	Fringe Benefits	Contingent Rewards
Representation		.131**	.231**	.121	.188**
Demand Reconciliation	.096	.147**	.312**	.160	.275**
Tolerance of Uncertainty		.099	.220**	.177**	.197**
Persuasiveness		.137**	.341**	.167**	.251**
Initiation of Structure			.221**	.132**	.158**
Tolerance of Freedom	.081*	.123**	.298**	.171**	.252**
Role Assumption			.210**		.147**
Consideration		.118**	.333**	.139**	.262**
Production Emphasis		.111**	.267**		.216**
Predictive Accuracy		.104**	.279**	.116**	.216**
Integration		.122**	.340**	.135**	.254**
Superior Orientation		.144**	.281**	.145**	.238**
	Operating Conditions	Co-Workers	Nature of Work	Communication	Total Satisfaction
Representation	.130**	.111**		.156**	.121**
Demand Reconciliation	.246**	.226**	.165**	.261**	.212**
Tolerance of Uncertainty	.174**	.131**		.181**	.135**
Persuasiveness	.147**	.203**	.171**	.242**	.206**
Initiation of Structure	.101**	.090		.132**	.096
Tolerance of Freedom	.167**	.182**	.106**	.199**	.171**
Role Assumption	.109**	.114**		.166**	.097
Consideration	.198**	.197**	.118**	.235**	.182**
Production Emphasis	.107**	.146**	.087	.189**	.123**
Predictive Accuracy	.139**	.148**	.084	.180**	.135**
Integration	.168**	.186**	.112**	.219**	.173**
Superior Orientation	.160**	.158**	.105**	.194**	.168**

Correlation values of only significantly correlating factors have been shown. Blank cells specify no significant correlation.

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

5.2.2 Relationship between aspects of perceived leader's behaviour aspects and job satisfaction facets (table 5.07).

On analysis using Pearson's correlation, it is observed that perceived leader's behaviour 'Representation' has:

- no significant correlation with job satisfaction facet 'Pay and nature of work'.
- highly significant correlation at 0.01 level of significance with rest of seven job satisfaction facets namely Promotion, Supervision, Fringe Benefits, Contingent Rewards, Communication, Coworkers and Operating Conditions

On analysis using Pearson's correlation it is observed that perceived leader's behaviour 'Reconciliation' has:

- significant correlation at 0.05 level of significance with job satisfaction facet 'Pay'.
- highly significant correlation at 0.01 level of significance with rest of eight job satisfaction facets namely Promotion, Supervision, Fringe Benefits, Contingent Rewards, Nature of Work, Communication, Coworkers and Operating Conditions.

On analysis using Pearson's correlation it is observed that perceived leader's behaviour 'Tolerance of Uncertainty' has:

- no significant correlation at 0.05 level of significance with job satisfaction facets 'Pay and Nature of Work'.
- significant correlation at 0.05 level of significance with job satisfaction facet 'Promotion'.
- highly significant correlation at 0.01 level of significance with rest of six job satisfaction facets 'Supervision, Fringe Benefits, Contingent Rewards, Nature of Work, Communication, Coworkers and Operating Conditions'.

On analysis using Pearson's correlation it is observed that perceived leader's behaviour 'Persuasiveness' has:

- no significant correlation at 0.05 level of significance with job satisfaction facet 'Pay'.
- highly significant correlation at 0.01 level of significance with rest of eight job satisfaction facets namely 'Promotion, Supervision, Fringe Benefits, Contingent Rewards, Nature of Work, Communication, Coworkers and Operating Conditions'.

On analysis using Pearson's correlation it is observed that perceived leader's behaviour 'Initiation of Structure' has:

- no significant correlation at 0.05 level of significance with job satisfaction facets 'Pay, Promotion and Nature of Work'.
- significant correlation at 0.05 level of significance with job satisfaction facet 'Operating conditions and co-workers'.
- highly significant correlation at 0.01 level of significance with rest of three job satisfaction facets 'Supervision, Fringe Benefits, Contingent Rewards, Communication and Operating Conditions'.

On analysis using Pearson's correlation it is observed that perceived leader's behaviour 'Tolerance of Freedom' has:

- significant correlation at 0.05 level of significance with job satisfaction facet 'Pay'.
- highly significant correlation at 0.01 level of significance with rest of eight job satisfaction facets 'Promotion, Supervision, Fringe Benefits, Contingent Rewards, Nature of Work, Communication, Coworkers and Operating Conditions'.

On analysis using Pearson's correlation it is observed that perceived leader's behaviour 'Role Assumption' has:

- no significant correlation at 0.05 level of significance with job satisfaction facets 'Pay Promotion, Fringe Benefits and Nature of Work'.
- highly significant correlation at 0.01 level of significance with rest of five job satisfaction facets 'Supervision, Contingent Rewards, Communication, Coworkers and Operating Conditions'.

On analysis using Pearson's correlation it is observed that perceived leader's behaviour 'Consideration' has:

- no significant correlation at 0.05 level of significance with job satisfaction facet 'Pay'.
- highly significant correlation at 0.01 level of significance with rest of eight job satisfaction facets 'Promotion, Supervision, Fringe Benefits, Contingent Rewards, co-workers, Communication, Coworkers and Operating Conditions'.

On analysis using Pearson's correlation it is observed that perceived leader's behaviour 'Production Emphasis' has:

- no significant correlation at 0.05 level of significance with job satisfaction facets 'Pay and Fringe benefits'.
- significant correlation at 0.05 level of significance with job satisfaction facet 'Nature of Work'.
- highly significant correlation at 0.01 level of significance with rest of six job satisfaction facets 'Promotion, Supervision, Contingent Rewards, Communication, Coworkers and Operating Conditions'.

On analysis using Pearson's correlation it is observed that perceived leader's behaviour 'Predictive Accuracy' has:

- no significant correlation at 0.05 level of significance with job satisfaction facet 'Pay'.
- significant correlation at 0.05 level of significance with job satisfaction facet 'Nature of Work'.
- highly significant correlation at 0.01 level of significance with rest of seven job satisfaction facets 'Promotion, Supervision, Fringe Benefits, Contingent Rewards, Communication, Coworkers and Operating Conditions'.

On analysis using Pearson's correlation it is observed that perceived leader's behaviour 'Integration' has:

- no significant correlation at 0.05 level of significance with job satisfaction facet 'Pay'.
- highly significant correlation at 0.01 level of significance with rest of eight job satisfaction facets 'Promotion, Supervision, Fringe Benefits, Contingent Rewards, Nature of Work, Communication, Coworkers and Operating Conditions'.

On analysis using Pearson's correlation it is observed that perceived leader's behaviour 'Superior Orientation' has:

- no significant correlation at 0.05 level of significance with job satisfaction facet 'Pay'.
- highly significant correlation at 0.01 level of significance with rest of six job satisfaction facets 'Promotion, Supervision, Fringe Benefits, Contingent Rewards, Nature of Work, Communication, Coworkers and Operating Conditions'.

5.2.3 Relationship between perceived leader's behaviour and job satisfaction of employees of professional groups (doctors, nurses, Paramedics and non-medicos).

In section 5.2.01 and 5.2.02 we studied relationship between leader's behaviour and job satisfaction of all the employees together. Previous chapter showed significant difference in perception of employees on leader's behaviour and job satisfaction among different groups of employees (doctors, nurses, Paramedics and non-medicos).

In this section relationship between various aspects of perceived leader's behaviour and facets of job-satisfaction between different category of employees doctors, nurses, Paramedics and non-medicos is analysed. *Null Hypothesis states that there is no difference in correlation of perceived leader's behaviour with job satisfaction of employees of different groups (doctors, nurses, Paramedics and non-medicos.)* Keeping the null hypothesis in mind relation between perceived leader's behaviour and job satisfaction was investigated by using Pearson's correlation.

(Appendix 8b)

Null Hypothesis	H₀13_{Doctor} : $r_{LJ\text{ Doctor}} = 0$
Alternate Hypothesis	H ₁ 13 _{Doctor} : $r_{LJ\text{ Doctor}} \neq 0$
Null Hypothesis	H₀13_{Non-medico} : $r_{LJ\text{ Non-medico}} = 0$
Alternate Hypothesis	H ₁ 13 _{Non-medico} : $r_{LJ\text{ Non-medico}} \neq 0$
Null Hypothesis	H₀13_{Nurse} : $r_{LJ\text{ Nurse}} = 0$
Alternate Hypothesis	H ₁ 13 _{Nurse} : $r_{LJ\text{ Nurse}} \neq 0$
Null Hypothesis	H₀13_{Paramedic} : $r_{LJ\text{ Paramedic}} = 0$
Alternate Hypothesis	H ₁ 13 _{Paramedic} : $r_{LJ\text{ Paramedic}} \neq 0$

Where r = Pearson's correlation

$r_{LJ\text{ Doctor}}$	= Pearson's correlation for employees classified as working as Doctors
$r_{LJ\text{ Nurse}}$	= Pearson's correlation for employees classified as working as Nurses
$r_{LJ\text{ Paramedic}}$	= Pearson's correlation for employees classified as working as Paramedics
$r_{LJ\text{ Non-medico}}$	= Pearson's correlation for employees classified as working as Non-Medicos

Where r_{LJ} is the correlation between L^{th} aspect of leader's behaviour aspect and J^{th} facet of Job satisfaction. (Table 5.08). If the Pearson's correlation = 0 at 5% level of significance, null hypothesis is accepted i.e. there is no significant correlation between L^{th} aspect of leader's behaviour aspect and J^{th} facet of Job satisfaction. If correlation at 0.05 level of significance is $\neq 0$, null hypothesis is rejected and alternate hypothesis is accepted i.e. there is significant correlation between L^{th} aspect of leader's behaviour aspect and J^{th} facet of Job satisfaction.

5.2.3.01 Relationship between perceived leader's 'consideration' behaviour and facets of job satisfaction for employees of professional groups.

On analysis it has been found that leader's consideration behaviour (appendix 8b, table 5.08) has different levels of correlation (significant level) with job satisfaction for different group of employees.

For Doctors: Consideration behaviour has no significant correlation with job satisfaction facet pay. Consideration behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facets fringe benefits, nature of work and promotion. Consideration behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets operating conditions, coworkers, communication, contingent rewards and supervision.

For non-medicos: Consideration behaviour has no significant correlation with job satisfaction facets co-workers and nature of worker. Consideration behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facets fringe benefits, promotion, pay, supervision and contingent rewards. Consideration behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets operating conditions and communication.

For nurses: Consideration behaviour has significant correlation with job satisfaction facets supervision and contingent rewards. Consideration behaviour has no significant correlation with job satisfaction facets pay, promotion, fringe benefits, operating procedures, coworkers, nature of work, and communication.

For paramedics: Consideration behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facets Fringe Benefits and pay. Consideration behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets communication, contingent rewards, co-workers, nature of work, operating conditions, promotion and supervision.

Table 5.08: Correlation between perceived leader's behaviour and job satisfaction for employees of professional groups

Leader's behaviour→	Consideration			
Job Satisfaction↓	Doctor	Non-medico	Nurse	Para Medic
Communication	.340**	.325**		.526**
Contingent Rewards	.270**	.293*	.147*	.455**
Co-Workers	.289**			.602**
Fringe Benefits	.166*	.236*		.234*
Nature of Work	.176*			.569**
Operating Conditions	.194**	.393**		.522**
Pay		.280*		.200*
Promotion	.159*	.288*		.369**
Supervision	.402**	.232*	.142*	.688**
Total Satisfaction	.247**	.304**		.588**
Leader's behaviour→	Production Emphasis			
Job Satisfaction↓	Doctor	Non-medico	Nurse	Para Medic
Communication	.263**			.271**
Contingent Rewards	.241**		.222**	
Co-Workers	.210**			
Fringe Benefits				
Nature of Work				.235*
Operating Conditions				.226*
Pay				
Promotion	.154*			.257*
Supervision	.305**		.202**	.248*
Total Satisfaction	.174*			.202*
Leader's behaviour→	Integration			
Job Satisfaction↓	Doctor	Non-medico	Nurse	Para Medic
Communication	.241**			.554**
Contingent Rewards	.204**		.191**	.456**
Co-Workers	.225**			.551**
Fringe Benefits				.315**
Nature of Work				.575**
Operating Conditions				.478**
Pay				.208*
Promotion				.455**
Supervision	.362**	.259*	.186**	.685**
Total Satisfaction	.159*			.600**
Leader's behaviour→	Superior Orientation			
Job Satisfaction↓	Doctor	Non-medico	Nurse	Para Medic
Communication	.212**			.564**
Contingent Rewards	.191**	.322**	.158*	.400**
Co-Workers	.174*			.634**
Fringe Benefits		.281*		.333**
Nature of Work				.670**
Operating Conditions				.459**
Pay		.376**		.239*
Promotion		.290*		.468**
Supervision	.262**			.741**
Total Satisfaction		.248*		.664**

Table 8.02 continued....

Leader's behaviour→	Demand Reconciliation			
Job Satisfaction↓	Doctor	Non-medico	Nurse	Para Medic
Communication	.256**		.141*	.517**
Contingent Rewards	.199**		.248**	.403**
Co-Workers	.211**			.512**
Fringe Benefits				.304**
Nature of Work				.577**
Operating Conditions	.216**	.293*		.468**
Pay		.277*		.222*
Promotion				.365**
Supervision	.238**		.203**	.629**
Total Satisfaction	.155*			.568**
Leader's behaviour→	Representation			
Job Satisfaction↓	Doctor	Non-medico	Nurse	Para Medic
Communication	.204**			.527**
Contingent Rewards	.205**			.329**
Co-Workers	.199**			.551**
Fringe Benefits				.335**
Nature of Work				.606**
Operating Conditions				.486**
Pay				.233*
Promotion	.142*			.451**
Supervision	.268**			.652**
Total Satisfaction	.153*			.608**
Leader's behaviour→	Persuasiveness			
Job Satisfaction↓	Doctor	Non-medico	Nurse	Para Medic
Communication	.287**			.401**
Contingent Rewards	.264**		.229**	.262**
Co-Workers	.240**			.297**
Fringe Benefits	.152*		.130*	.283**
Nature of Work	.164*			.405**
Operating Conditions				
Pay				
Promotion				.332**
Supervision	.377**		.205**	.434**
Total Satisfaction	.212**			.390**
Leader's behaviour→	Tolerance and Freedom			
Job Satisfaction↓	Doctor	Non-medico	Nurse	Para Medic
Communication	.238**			.451**
Contingent Rewards	.216**	.242*	.181**	.412**
Co-Workers	.258**			.521**
Fringe Benefits	.144*	.300*		.285**
Nature of Work				.498**
Operating Conditions	.176*			.419**
Pay		.369**		.209*
Promotion				.436**
Supervision	.320**		.168**	.594**
Total Satisfaction	.188**			.545**

Table 8.02 continued.....

Leader's behaviour→	Initiation of Structure			
Job Satisfaction↓	Doctor	Non-medico	Nurse	Para Medic
Communication	.237**			.231*
Contingent Rewards	.223**			
Co-Workers	.184**			.222*
Fringe Benefits				.296**
Nature of Work			-.134*	.252*
Operating Conditions	.144*			
Pay				
Promotion				.329**
Supervision	.305**			.271**
Total Satisfaction	.158*			.266**
Leader's behaviour→	Role Assumption			
Job Satisfaction↓	Doctor	Non-medico	Nurse	Para Medic
Communication	.241**			
Contingent Rewards	.193**			
Co-Workers	.145*	.251*		
Fringe Benefits				
Nature of Work				
Operating Conditions				
Pay				
Promotion				
Supervision	.243**	.249*		
Total Satisfaction				
Leader's behaviour→	Predictive Accuracy			
Job Satisfaction↓	Doctor	Non-medico	Nurse	Para Medic
Communication	.234**			.498**
Contingent Rewards	.218**		.143*	.383**
Co-Workers	.198**			.417**
Fringe Benefits				.271**
Nature of Work				.451**
Operating Conditions				.364**
Pay				
Promotion				.318**
Supervision	.338**			.522**
Total Satisfaction	.158*			.475**
Leader's behaviour→	Tolerance of Uncertainty			
Job Satisfaction↓	Doctor	Non-medico	Nurse	Para Medic
Communication	.180**		.140*	.315**
Contingent Rewards			.203**	.230*
Co-Workers				.307**
Fringe Benefits			.175**	
Nature of Work				.257*
Operating Conditions	.139*			.358**
Pay				
Promotion				
Supervision	.179**		.203**	.272**
Total Satisfaction				.237*

Correlation values of only significantly correlating factors have been shown. Blank cells specify no significant correlation.

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

5.2.3.02 Relationship between perceived leader's 'demand reconciliation' behaviour and facets of job satisfaction for employees of professional groups.

On analysis it has been found that leader's Demand Reconciliation behaviour (appendix 8b, table 5.08) has different level of correlation (significant level) for job satisfaction of various groups of employees.

For Doctors: Demand Reconciliation behaviour has no significant correlation with job satisfaction facet pay, promotion, fringe benefits and nature of work. Demand Reconciliation behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets operating conditions, coworkers, communication, contingent rewards and supervision.

For non-medicos: Demand Reconciliation behaviour has no significant correlation with job satisfaction facets communication, contingent rewards, coworkers, fringe benefits, nature of work, promotion and supervision. Demand Reconciliation behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facets operating conditions and pay.

For nurses: Demand Reconciliation behaviour has significant correlation with job satisfaction facets supervision, communication and contingent rewards. Demand Reconciliation behaviour has no significant correlation with job satisfaction facets pay, promotion, fringe benefits, operating procedures, coworkers, and nature of work.

For paramedics: Demand Reconciliation behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facets pay. Demand Reconciliation behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets communication, contingent rewards, coworkers, fringe benefits, nature of work, operating conditions, promotion and supervision.

5.2.3.03 Relationship between perceived leader's 'initiation of structure' behaviour and facets of job satisfaction for employees of professional groups.

On analysis it has been found that for leader's Initiation of Structure behaviour (appendix 8b, table 5.08) has different level of correlation (significant level) for job satisfaction of various groups of employees.

For nurses: Initiation of Structure behaviour has small but significant negative correlation with job satisfaction facets nature of work. Initiation of Structure behaviour has no significant correlation with job satisfaction facets communication,

contingent rewards, coworkers, fringe benefits, operating conditions, pay, promotion and supervision.

For Doctors: Initiation of Structure behaviour has no significant correlation with job satisfaction facet fringe benefits, nature of work, pay and promotion. Initiation of Structure behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facet operating conditions. Initiation of Structure behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets communication, contingent rewards, coworkers, and supervision.

For non-medicos: Initiation of Structure behaviour has no significant correlation with all the nine job satisfaction facets communication, contingent rewards, coworkers, fringe benefits, nature of work, operating conditions, pay, promotion and supervision.

For paramedics: Initiation of Structure behaviour has no significant correlation with job satisfaction facets contingent rewards, operating conditions and pay. Initiation of Structure behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facet communication, co-workers and nature of work. Initiation of Structure behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets fringe benefits, promotion and supervision.

5.2.3.04 Relationship between perceived leader's 'integration' and facets of job satisfaction for employees of professional groups.

On analysis it has been found that for leader's integration behaviour (appendix 8b, table 5.08) has different level of correlation (significant level) for job satisfaction levels of various groups of employees.

For nurses: Integration behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets contingent rewards and supervision. Integration behaviour has no significant correlation with job satisfaction facets communication, coworkers, fringe benefits, nature of work, operating conditions, pay and promotion.

For Doctors: Integration behaviour has no significant correlation with job satisfaction facets fringe benefits, nature of work, operating conditions, pay and promotion. Integration behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets communication, contingent rewards, and supervision.

For non-medicos: Integration behaviour has no significant correlation with job satisfaction facets communication, contingent rewards, coworkers, fringe benefits,

nature of work, operating conditions, pay and promotion. Integration behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facet supervision.

For paramedics: Integration behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facet pay. Integration behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets communication, contingent rewards, coworkers, fringe benefits, nature of work, operating conditions, promotion and supervision.

5.2.3.05 Relationship between perceived leader's 'persuasiveness' behaviour and facets of job satisfaction for employees of professional groups.

On analysis it has been found that for leader's persuasiveness behaviour (appendix 8b, table 5.08) has different level of correlation (significant level) for job satisfaction levels of various groups of employees.

For nurses: Persuasiveness behaviour has no significant correlation with job satisfaction facets communication, coworkers, nature of work, operating conditions, pay, promotion and supervision. Persuasiveness behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facet fringe benefits. Persuasiveness behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets contingent rewards and supervision.

For Doctors: Persuasiveness behaviour has no significant correlation with job satisfaction facet operating conditions, pay and promotion. Persuasiveness behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facets fringe benefits and nature of work. Persuasiveness behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets communication, contingent rewards, coworkers, and supervision.

For non-medicos: Persuasiveness behaviour has no significant correlation with all the nine job satisfaction facets communication, contingent rewards, coworkers, fringe benefits, nature of work, operating conditions, pay, promotion and supervision.

For paramedics: Persuasiveness behaviour has no significant correlation with all the nine job satisfaction facets operating conditions and pay. Persuasiveness behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets communication, contingent rewards, co-workers, fringe benefits, nature of work, promotion and supervision.

5.2.3.06 Relationship between perceived leader's 'predictive accuracy' behaviour and facets of job satisfaction for employees of professional groups.

On analysis it has been found that for leader's predictive accuracy behaviour (appendix 8b, table 5.08) have different level of correlation (significant level) for job satisfaction of various groups of employees.

For nurses: Predictive Accuracy behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facet contingent rewards. Predictive Accuracy has no significant correlation with job satisfaction facets communication, coworkers, fringe benefits, nature of work, operating conditions, pay, promotion and supervision.

For Doctors: Predictive Accuracy has no significant correlation with job satisfaction facets fringe benefits, nature of work, operating conditions, pay, and promotion. Predictive Accuracy behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets coworkers, communication, contingent rewards and supervision.

For non-medicos: Predictive Accuracy has no significant correlation with all the nine job satisfaction facets communication, contingent rewards, coworkers, fringe benefits, nature of work, operating conditions, pay, promotion and supervision.

For paramedics: Predictive Accuracy has no significant correlation with job satisfaction facet Pay. Predictive Accuracy behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets communication, contingent rewards, coworkers, fringe benefits, nature of work, operating conditions, promotion and supervision.

5.2.3.07 Relationship between perceived leader's 'production emphasis' behaviour and facets of job satisfaction for employees of professional groups.

On analysis it has been found that for leader's Production Emphasis behaviour (appendix 8b, table 5.08) has different level of correlation (significant level) for job satisfaction of various groups of employees.

For nurses: Production Emphasis behaviour has no significant correlation with job satisfaction facets communication, coworkers, fringe benefits, nature of work, operating conditions, pay, and promotion. Production Emphasis behaviour has highly

significant correlation (at 0.01 level of significance) with job satisfaction facets contingent rewards and supervision.

For Doctors: Production Emphasis behaviour has no significant correlation with job satisfaction facets fringe benefits, nature of work, operating conditions and pay. Production Emphasis behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facet promotion. Production Emphasis behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets communication, contingent rewards and supervision.

For non-medicos: Production Emphasis behaviour has no significant correlation with all the nine job satisfaction facets communication, contingent rewards, coworkers, fringe benefits, nature of work, operating conditions, pay, promotion and supervision.

For paramedics: Production Emphasis behaviour has no significant correlation with job satisfaction facets contingent rewards, coworkers, fringe benefits and pay. Production Emphasis behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facets nature of work, operating conditions, promotion and supervision. Production Emphasis behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facet communication.

5.2.3.08 Relationship between perceived leader's 'representation' behaviour and facets of job satisfaction for employees of professional groups.

On analysis it has been found that for leader's representation behaviour (appendix 8b, table 5.08) has different level of correlation (significant level) for job satisfaction of various groups of employees.

For nurses: Representation behaviour has no significant correlation with all the nine job satisfaction facets communication, contingent rewards, coworkers, fringe benefits, nature of work, operating conditions, pay, promotion and supervision.

For Doctors: Representation behaviour has no significant correlation with job satisfaction facet fringe benefits, nature of work, operating conditions and pay. Representation behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facet promotion. Representation behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets operating conditions, communication, contingent rewards, coworkers and supervision.

For non-medicos: Representation behaviour has no significant correlation with all the nine job satisfaction facets communication, contingent rewards, coworkers, fringe benefits, nature of work, operating conditions, pay, promotion and supervision.

For paramedics: Representation behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facet pay. Representation behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets communication, contingent rewards, coworkers, fringe benefits, nature of work, operating conditions, promotion and supervision.

5.2.3.09 Relationship between perceived leader's 'role assumption' behaviour and facets of job satisfaction for employees of professional groups.

On analysis it has been found that for leader's role assumption behaviour (appendix 8b, table 5.08) has different level of correlation (significant level) for job satisfaction of various groups of employees.

For nurses: Role Assumption behaviour has no significant correlation with all the nine job satisfaction facets communication, contingent rewards, coworkers, fringe benefits, nature of work, operating conditions, pay, promotion and supervision.

For Doctors: Role Assumption behaviour has no significant correlation with job satisfaction facet pay. Role Assumption behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facets fringe benefits, nature of work and promotion. Role Assumption behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets operating conditions, coworkers, communication, contingent rewards and supervision.

For non-medicos: Role Assumption behaviour has no significant correlation with job satisfaction facets co-workers and nature of worker. Role Assumption behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facets fringe benefits, promotion, pay, supervisor and contingent rewards. Role Assumption behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets operating conditions and communication.

For paramedics: Role Assumption behaviour has no significant correlation with all the nine job satisfaction facets communication, contingent rewards, coworkers, fringe benefits, nature of work, operating conditions, pay, promotion and supervision.

5.2.3.10 Relationship between perceived leader's 'superior orientation' behaviour and facets of job satisfaction for employees of professional groups.

On analysis it has been found that for leader's superior orientation behaviour (appendix 8b, table 5.08) has different level of correlation (significant level) for job satisfaction of various groups of employees.

For nurses: Superior Orientation behaviour has no significant correlation with job satisfaction facets communication, coworkers, fringe benefits, nature of work, operating conditions, pay, promotion and supervision. Superior Orientation behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facet contingent rewards.

For Doctors: Superior Orientation behaviour has no significant correlation with job satisfaction facets fringe benefits, nature of work, operating conditions, pay and promotion. Superior Orientation behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facet co-workers. Superior Orientation behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets coworkers, communication, contingent rewards and supervision.

For non-medicos: Superior Orientation behaviour has no significant correlation with job satisfaction facets communication, coworkers, nature of work, operating conditions, supervision. Superior Orientation behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facets fringe benefits and promotion. Superior Orientation behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets contingent rewards and pay.

For paramedics: Superior Orientation behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facet pay. Superior Orientation behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets communication, contingent rewards, coworkers, fringe benefits, nature of work, operating conditions, promotion and supervision.

5.2.3.11 Relationship between perceived leader's 'tolerance of freedom' behaviour and facets of job satisfaction for employees of professional groups.

On analysis it has been found that for leader tolerance of freedom behaviour (appendix 8b, table 5.08) has different level of correlation (significant level) for job satisfaction of various groups of employees.

For nurses: Tolerance of freedom behaviour has no significant correlation with job satisfaction facet communication, coworkers, fringe benefits, nature of work, operating conditions, pay and promotion. Tolerance of freedom behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets contingent rewards and supervision.

For Doctors: Tolerance of freedom behaviour has no significant correlation with job satisfaction facets nature of work, pay and promotion. Tolerance of freedom behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facets fringe benefits and contingent rewards. Tolerance of freedom behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets coworkers, communication, contingent rewards and supervision.

For non-medicos: Tolerance of freedom behaviour has no significant correlation with job satisfaction facets communication, coworkers, nature of work and pay. Tolerance of freedom behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facets fringe benefits and contingent rewards. Tolerance of freedom behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets pay.

For paramedics: Tolerance of freedom behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facet pay. Tolerance of freedom behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets communication, contingent rewards, coworkers, fringe benefits, nature of work, operating conditions, promotion and supervision.

5.2.3.12 Relationship between perceived leader's 'tolerance of uncertainty' behaviour and facets of job satisfaction for employees of professional groups.

On analysis it has been found that for leader's tolerance of uncertainty behaviour (appendix 8b, table 5.08) has different level of correlation (significant level) for job satisfaction of various groups of employees.

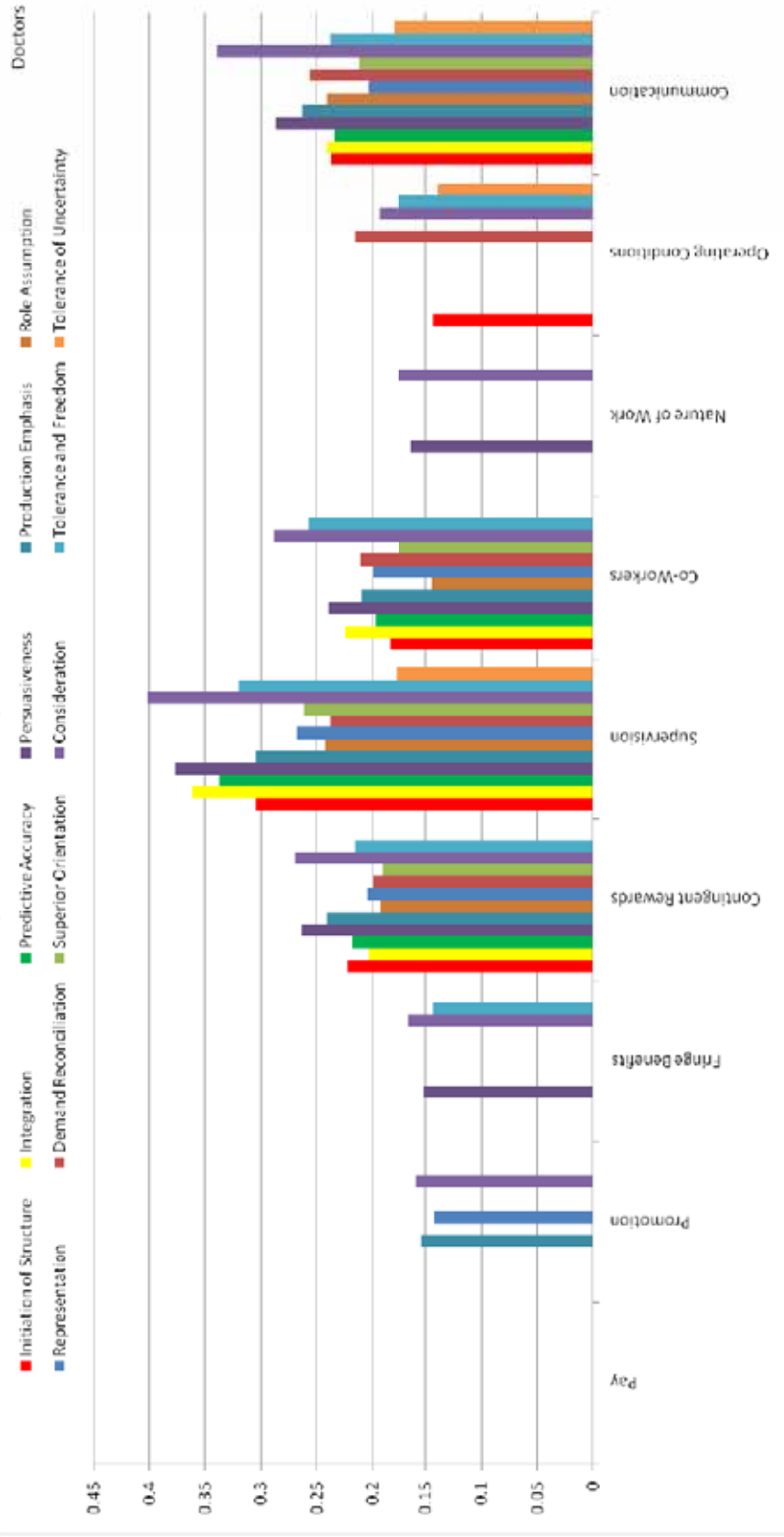
For nurses: Tolerance of Uncertainty behaviour has no significant correlation with job satisfaction facets coworkers, nature of work, operating conditions, pay, and promotion. Tolerance of Uncertainty behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facet communication. Tolerance of Uncertainty behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets contingent rewards, fringe benefits and supervision.

For Doctors: Tolerance of Uncertainty behaviour has no significant correlation with job satisfaction facets contingent rewards, coworkers, fringe benefits, nature of work, pay and promotion. Tolerance of Uncertainty behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facet operating conditions. Tolerance of Uncertainty behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets communication and supervision.

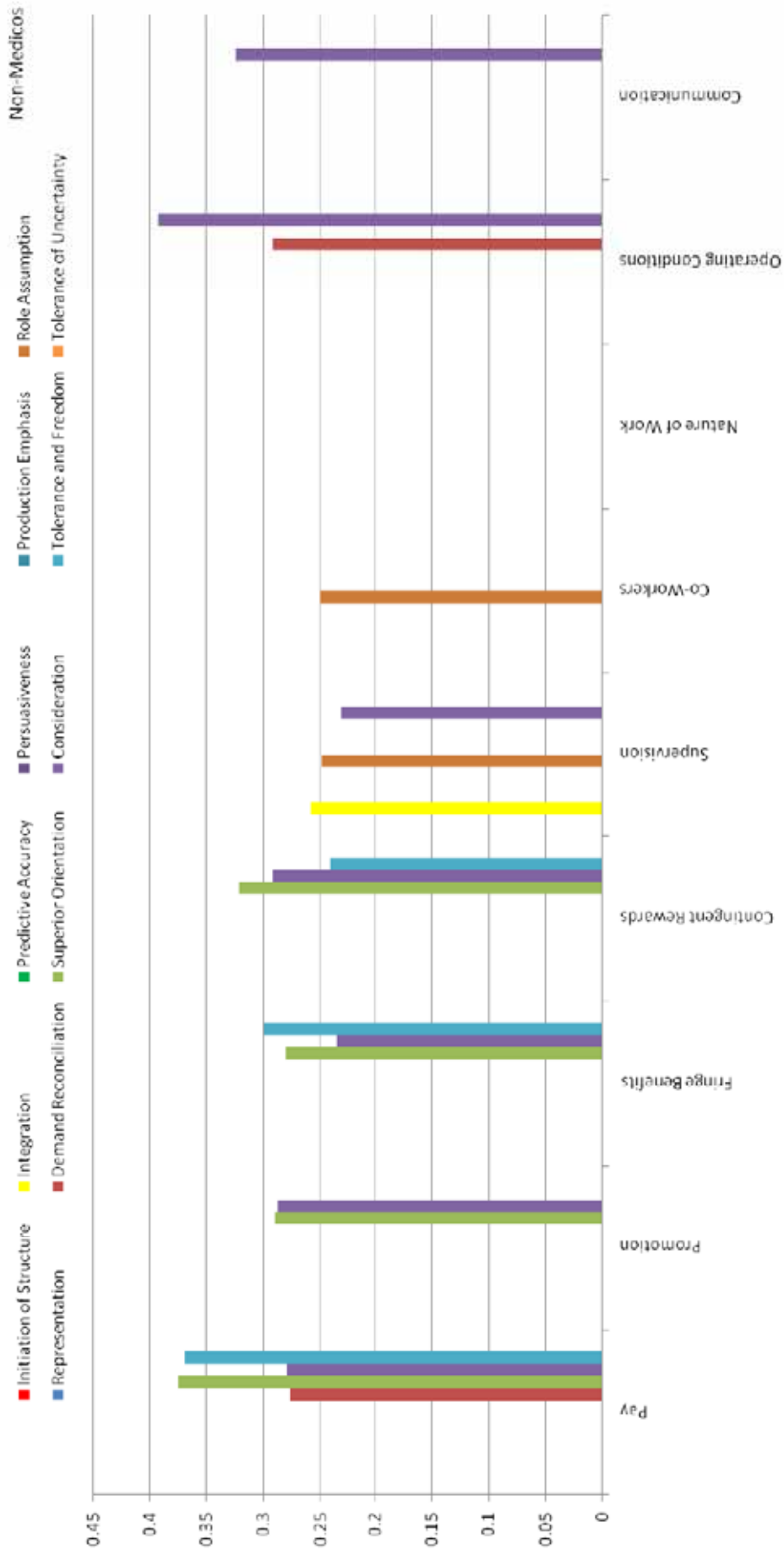
For non-medicos: Tolerance of Uncertainty behaviour has no significant correlation with all the nine job satisfaction facets communication, contingent rewards, coworkers, fringe benefits, nature of work, operating conditions, pay, promotion and supervision.

For paramedics: Tolerance of Uncertainty behaviour has no significant correlation with job satisfaction facets fringe benefits, pay and promotion. Tolerance of Uncertainty behaviour has significant correlation (at 0.05 level of significance) with job satisfaction facets contingent rewards and nature of work. Tolerance of Uncertainty behaviour has highly significant correlation (at 0.01 level of significance) with job satisfaction facets communication, fringe benefits, operating conditions and supervision.

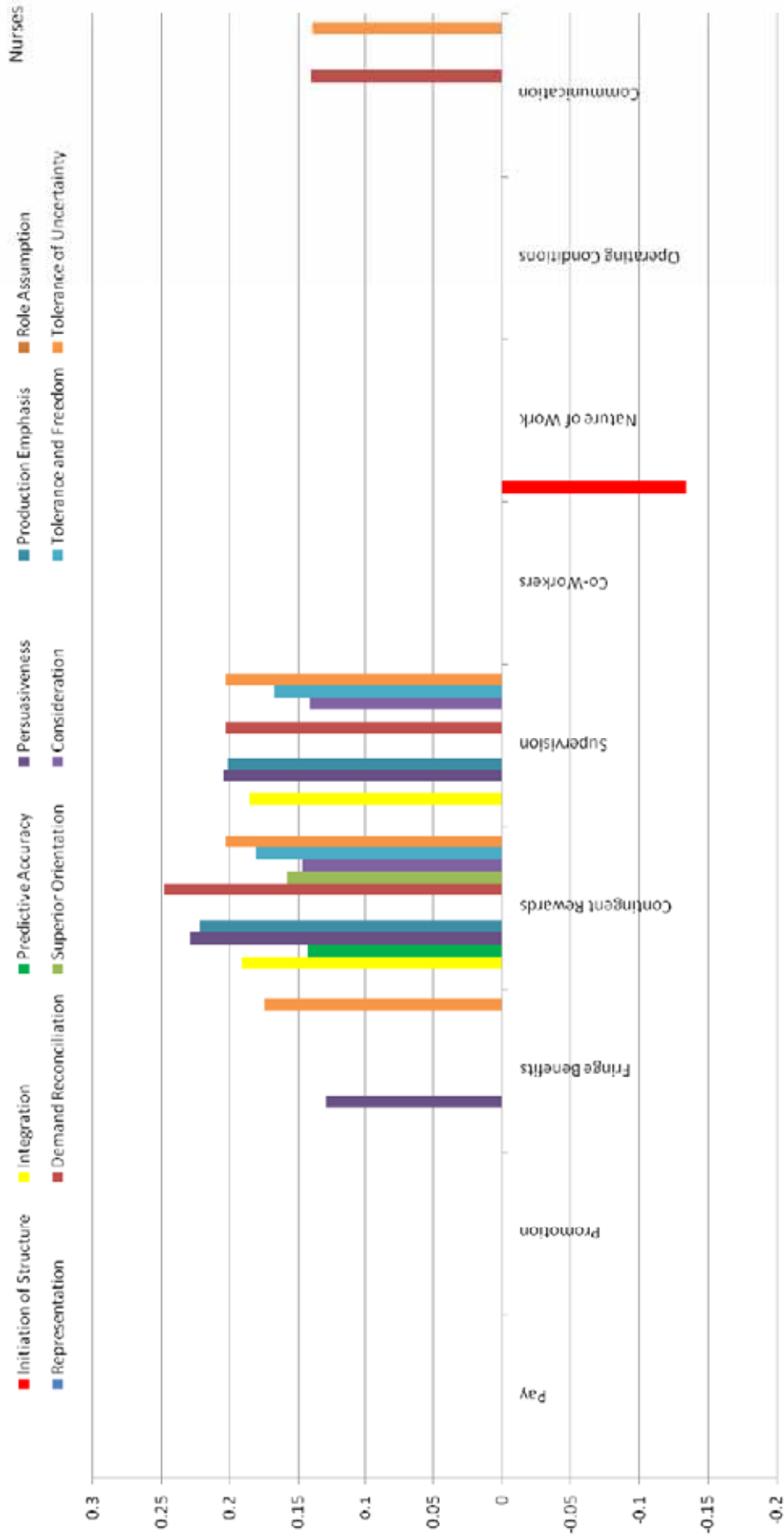
Graph 5.06: Representation of correlation between perceived leader's behaviour and job satisfaction of doctors
 (only significantly correlating values have been)



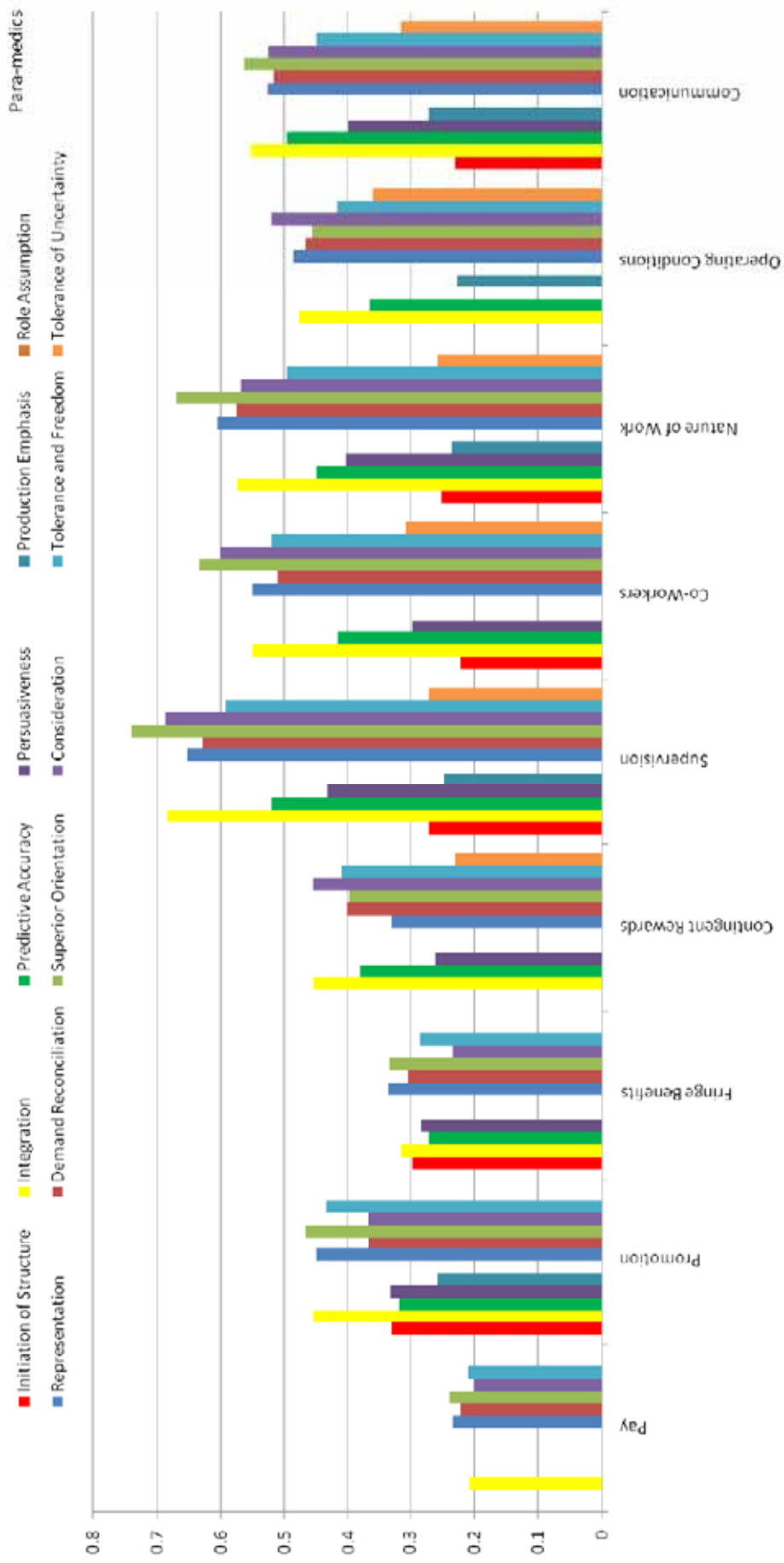
Graph 5.07: Representation of correlation between perceived leader's behaviour and job satisfaction of non-medicos
 (only significantly correlating values have been plotted)



Graph 5.08: Representation of correlation between perceived leader's behaviour and job satisfaction of nurses
 (only significantly correlating values have been plotted)



**Graph 5.09: Representation of correlation between perceived leader's behaviour and job satisfaction of paramedics
(only significantly correlating values have been plotted)**



5.2.4 Multiple regression analysis for impact of perceived leader's behaviour on job satisfaction.

The relationship between perceived leader's behaviour and job satisfaction was first investigated using Pearson's Correlation. Preliminary analysis revealed there was a significant association between perceived leader's behaviour and job satisfaction. From the co-relational **table 5.07** extracted from **appendix 8a** and **table 5.08** extracted from **appendix 8b**, it can be seen that there is significant linear correlation among various aspects of perceived leader's behaviour and job satisfaction levels. In order to see, multiple interactions between different variables in prediction outcome variable, multiple regression analysis was performed on the data. The findings helped in identifying the most potent predictors, their hierarchical order, individual positive and negative contributions and Multiple R. The step wise regression analysis focused on picking up the best set of predictor variables in determining the statistical significance of their prediction of criteria.

To determine the association between perceived leader's behaviour and job satisfaction, twelve aspects of perceived leader's behaviour were taken as independent factors and nine facets of job satisfaction facets as dependent variables. The mathematical representation of research model for the above relationships displayed as:

$$Y = a + \beta_1x_1 + \beta_2x_2 + \beta_3x_3 + \beta_4x_4 + \beta_5x_5 + \beta_6x_6 + \beta_7x_7 + \beta_8x_8 + \beta_9x_9 + \beta_{10}x_{10} + \beta_{11}x_{11} + \beta_{12}x_{12}$$

Where Y = job satisfaction for each of the facets of job satisfaction.

and $x_1, x_2, x_3, x_4, x_5, x_6, x_7, x_8, x_9, x_{10}, x_{11}, x_{12}$ = factor for aspects of perceived leader's behaviour

and $\beta_1, \beta_2, \beta_3, \beta_4, \beta_5, \beta_6, \beta_7, \beta_8, \beta_9, \beta_{10}, \beta_{11}, \beta_{12}$ = coefficient of factors of perceived leader's behaviour.

Table 5.09 to 5.17 extracted from **appendix 8c.1 to 8c.10** reports the strength of the relationship between aspects of perceived leader's behaviour (independent variables) and facets of job satisfaction (dependent variable). Model summary table displays R, R squared (R^2) and adjusted R^2 and standard error of Estimate. R, the multiple correlation coefficient, which is defined as linear correlation between the observed value and model predicted values of dependent variable. R square, the

coefficient of determination which is squared value of the multiple correlation coefficients is also illustrated in these tables.

ANOVA Table in **Appendix 8c.1 to 8c.10** summarizes the result of analysis of variance. Objective ANOVA table is to test the acceptability of the model from the statistical perspective. The sum of square, degrees of freedom and Mean square are displayed for two sources of variation, regression and residual is displayed in the table. The significance value of F statistic if less than 0.05, means that the variation explained by the model is not due to chance.

Detection of Multicollinearity: To detect the problem of multicollinearity (if any), variance inflation factor (VIF) and tolerance value (TV) were calculated. Coefficient Table in **appendix 8c** displays the values of VIF and TV for linear stepwise regression model. As indicated in table, the values of VIF, which served as indicator of multicollinearity are far below cut off limit of 10. In addition, it could be seen that the 'Tolerance value' of the independent variable is closer to the one that indicates there is no evidence of multicollinearity. In other words, there is no significant evidence of multicollinearity problem in the regression model as presented.

5.2.4.1 Analysis of association between perceived leader's behaviour and job satisfaction.

Analysis (appendix 8c) shows perceived leader's behavioral aspects: 'demand reconciliation and predictive accuracy' to be significant predictor variables for job satisfaction facet 'pay' of employees, explaining for 1.3 % variance in the same.

Aspect 'demand reconciliation' is a significant predictor variable for job satisfaction facet 'promotion' of employees, explaining for 2 % variance in the same.

Aspects 'persuasiveness, integration and initiation of structure' are significant predictor variables for job satisfaction facet 'supervision' of employees, explaining for 1.43 % variance in the same.

Aspects 'Tolerance of Uncertainty, Persuasiveness and Production Emphasis' are significant predictor variables for job satisfaction facet 'Fringe benefits' of employees, explaining for 4.2 % variance in the same.

Aspect 'Demand Reconciliation and Persuasiveness' are significant predictor variables for job satisfaction facet 'Contingent Rewards' of employees, explaining for 8.2 % variance in same.

Aspect 'Demand Reconciliation' is a significant predictor variable for job satisfaction facet 'Operating Conditions' of employees, explaining for 5.9 % variance in same.

Aspect 'Demand Reconciliation' is significant predictor variable for job satisfaction facet 'Co-workers' of employees, explaining for 5.0 % variance in the same.

Aspects 'Persuasiveness, Initiation of Structure and Demand Reconciliation' are significant predictor variables for job satisfaction facet 'Nature of Work' of employees, explaining for 4.4 % variance in the same.

Aspects 'Persuasiveness, Initiation of Structure and Demand Reconciliation' are significant predictor variables for job satisfaction facet 'Communication' of employees, explaining for 8.1% variance in the same.

5.2.4.2 Multiple regression analysis investigating impact of perceived leader's behaviour on job satisfaction of employee of professional groups.

The relationship between aspects of perceived leader's behaviour and job satisfaction was first investigated using Pearson's Correlation as described under section 5.2.03. Preliminary analysis revealed there was a significant association between perceived leader's behaviour and job satisfaction. From the correlation **table 5.08** extracted from **appendix 8b**, it was seen there is significant linear correlation among various aspects of perceived leader's behaviour and job satisfaction and that there was variation in the correlation level for different group of employees. In order to see, multiple interactions between different variables in prediction outcome variable, multiple regression analysis was performed on the data on professional groups of employees. The findings helped in identifying the most potent predictors, their hierarchical order, individual positive and negative contributions and Multiple R. The step wise regression analysis focused on picking up the best set of predictor variables in determining the statistical significance of their prediction of criteria.

To determine the association between perceived leader's behaviour and job satisfaction, twelve aspects of perceived leader's behaviour were taken as independent factors and nine facets of job satisfaction were taken as dependent factors individually. Association was analyzed separately for professional groups of employees namely 'Doctors, Paramedics, Non-Medicos and Nurses'.

Table 5.09 shows aspects of perceived leader's behaviour that are significant predictors for job satisfaction facet 'Pay' among professional group of employees (except for Nurses and Doctors). Accordingly it is found that:

- aspect 'Superior Orientation' to be significant predictor variable for job satisfaction facet 'Pay' of 'non-medicos' explaining for 12.9 % variance in the same.
- aspect 'Superior Orientation' to be significant predictor variable for job satisfaction facet 'Pay' of 'Paramedics' explaining for 4.7 % variance in the same.
- leader's behaviour is not significant predictor for job satisfaction facet 'Pay' for Doctors and Nurses.

Table: 5.09 Impact of perceived leader's behaviour on job satisfaction facet 'Pay' on professional groups of employees

		B	Beta	t	Sig.	Tolerance	VIF
Non Medico	(Constant)	-11.833		-1.623	0.109		
	Superior Orientation	0.591	0.376	3.399	0.001	1.000	1.000
R=.376, R2=.142, Adjusted R2=.129, F=11.556, Significance=0.001							
Para Medic	(Constant)	5.623		1.668	0.098		
	Superior Orientation	0.197	0.239	2.422	0.017	1.000	1.000
R=.239, R2=.057, Adjusted R2=.047, F=5.868, Significance=0.017							
Doctor No variables were entered into the equation for split Type=Doctor							
Nurse No variables were entered into the equation for split Type=Nurse							

- Extracted from Appendix 8d

Table: 5.10 Impact of perceived leader's behaviour on job satisfaction facet 'Promotion' on professional groups of employees

		B	Beta	T	Sig.	Tolerance	VIF
Non Medico	(Constant)	-4.041		-0.554	0.582		
	Superior Orientation	0.440	0.290	2.532	0.014	1.000	1.000
R=.290, R2=.084, Adjusted R2=.071, F=6.411, Significance=0.014							
Doctor	(Constant)	9.237		3.828	0.000		
	Consideration	0.136	0.159	2.293	0.023	1.000	1.000
R=.159, R2=.025, Adjusted R2=.020, F=5.259, Significance=0.023							
Para Medic	(Constant)	0.533		0.189	0.851		
	Superior Orientation	0.356	0.468	5.212	0.000	1.000	1.000
R=.468, R2=.219, Adjusted R2=.211, F=27.163, Significance=0.000							
Nurse No variables were entered into the equation for split Type = Nurse							

- Extracted from Appendix 8d

Table 5.10 shows aspects of perceived leader's behaviour that are significant predictors for job satisfaction facet 'Promotion' among professional group of employees (except for Nurses). Accordingly it is found that:

- aspect ‘Superior Orientation’ to be significant predictor variable for job satisfaction facet ‘Promotion’ of ‘non-medicos’ explaining for 7.1 % variance in the same.
- aspect ‘Consideration’ to be significant predictor variable for job satisfaction facet ‘Promotion’ of ‘Doctors’ explaining for 2.0 % variance in the same.
- aspect ‘Superior Orientation’ to be significant predictor variable for job satisfaction facet ‘Promotion’ of ‘Paramedics’ explaining for 21.1% variance in the same.
- leader’s behaviour is not significant predictor for job satisfaction facet ‘Promotion’ for Nurses.

Table: 5.11 Impact of perceived leader’s behaviour on job satisfaction facet ‘Supervision’ on professional groups of employees.

		B	Beta	T	Sig.	Tolerance	VIF
Non Medico	(Constant)	7.706		1.323	0.190		
	Integration	0.567	0.259	2.247	0.028	1.000	1.000
R=.259, R2=.067, Adjusted R2=.054, F=5.149, Significance=0.028							
Doctor	(Constant)	3.661		1.494	0.137		
	Consideration	0.380	0.402	6.293	0.000	1.000	1.000
R=.402, R2=.162, Adjusted R2=.158, F=39.600, Significance=0.000							
Nurse	(Constant)	9.023		2.570	0.011		
	Integration	0.368	0.242	2.448	0.015	0.392	2.550
	Persuasiveness	0.367	0.279	2.928	0.004	0.422	2.370
	Initiation of Structure	-0.415	-0.333	-3.221	0.001	0.357	2.800
R=.292, R2=.085, Adjusted R2=.074, F=7.422, Significance=0.000							
Para Medic	(Constant)	-1.451		-0.738	0.463		
	Consideration	0.179	0.271	2.489	0.015	0.373	2.681
	Superior Orientation	0.371	0.527	4.852	0.000	0.373	2.681
R=.760, R2=.577, Adjusted R2=.568, F=65.503, Significance=0.000							

Extracted from Appendix 8d

Table 5.11 shows aspects of perceived leader’s behaviour that are significant predictors for job satisfaction facet ‘Supervision’ among professional group of employees. Accordingly it is found that:

- aspect ‘Integration’ to be significant predictor variable for job satisfaction facet ‘Supervision’ of ‘non-medicos’ explaining for 5.4 % variance in the same.
- aspect ‘Consideration’ to be significant predictor variable for job satisfaction facet ‘Supervision’ of ‘Doctors’ explaining for 15.8 % variance in the same.

- aspect ‘Integration, Persuasiveness and Initiation of Structure’ to be significant predictor variable for job satisfaction facet ‘Supervision’ of ‘Nurses’ explaining for 7.4 % variance in the same.
- aspect ‘Consideration and Superior Orientation’ to be significant predictor variable for job satisfaction facet ‘Supervision’ of ‘Paramedics’ explaining for 56.8% variance in the same.

Table: 5.12 Impact of perceived leader’s behaviour on job satisfaction facet ‘Fringe benefits’ on professional groups of employees

		B	Beta	T	Sig.	Tolerance	VIF
Non Medico	(Constant)	-1.680		-0.317	0.752		
	Tolerance and Freedom	0.337	0.300	2.635	0.010	1.000	1.000
R=.300, R2=.090, Adjusted R2=.077, F=6.942, Significance=0.010							
Doctor	(Constant)	8.643		3.645	0.000		
	Consideration	0.141	0.166	2.407	0.017	1.000	1.000
R=166, R2=.027, Adjusted R2=.023, F=5.794, Significance=0.017							
Nurse	(Constant)	6.859		3.413	0.001		
	Consideration	-0.150	-0.216	-2.379	0.018	0.481	2.081
	Tolerance of Uncertainty	0.313	0.330	3.638	0.000	0.481	2.081
R=.230, R2=.053, Adjusted R2=.045, F=6.677, Significance=0.002							
Para Medic	(Constant)	2.837		0.985	0.327		
	Representation	0.474	0.335	3.496	0.001	1.000	1.000
R=.335, R2=.112, Adjusted R2=.103, F=12.223, Significance=0.001							

Extracted from Appendix 8d

Table 5.12 shows aspects of perceived leader’s behaviour that are significant predictors for job satisfaction facet ‘Fringe Benefits’ among professional group of employees. Accordingly it is found that:

- aspect ‘Tolerance and Freedom’ to be significant predictor variable for job satisfaction facet ‘Fringe Benefits’ of ‘non-medicos’ explaining for 7.7 % variance in the same.
- aspect ‘Consideration’ to be significant predictor variable for job satisfaction facet ‘Fringe Benefits’ of ‘Doctors’ explaining for 2.3 % variance in the same.
- aspect ‘Consideration and Tolerance of Uncertainty’ to be significant predictor variable for job satisfaction facet ‘Fringe Benefits’ of ‘Nurses’ explaining for 4.5% variance in the same.
- aspect ‘Representation’ to be significant predictor variable for job satisfaction facet ‘Fringe Benefits’ of ‘Paramedics’ explaining for 10.3% variance in the same.

Table: 5.13 Impact of perceived leader's behaviour on job satisfaction facet 'Contingent rewards' on professional groups of employees

		B	Beta	T	Sig.	Tolerance	VIF
Non Medico	(Constant)	-4.959		-0.704	0.484		
	Superior Orientation	0.477	0.322	2.842	0.006	1.000	1.000
R=.322, R2=.103, Adjusted R2=.091, F=8.074, Significance=0.006							
Doctor	(Constant)	5.066		2.117	0.035		
	Consideration	0.236	0.270	4.010	0.000	1.000	1.000
R=.270, R2=.073, Adjusted R2=.068, F=16.084, Significance=0.000							
Nurse	(Constant)	5.862		3.344	0.001		
	Demand Reconciliation	0.355	0.248	3.970	0.000	1.000	1.000
R=.248, R2=.061, Adjusted R2=.057, F=15.761, Significance=0.000							
Para Medic	(Constant)	0.537		0.182	0.856		
	Integration	0.661	0.456	5.046	0.000	1.000	1.000
R=.456, R2=.208, Adjusted R2=.200, F=25.465, Significance=0.000							

Extracted from Appendix 8d

Table: 5.14 Impact of perceived leader's behaviour on job satisfaction facet 'Operating Conditions' on professional groups of employees

		B	Beta	t	Sig.	Tolerance	VIF
Non Medico	(Constant)	4.618		1.082	0.283		
	Consideration	0.477	0.610	3.981	0.000	0.493	2.026
	Integration	-0.517	-0.306	-1.996	0.050	0.493	2.026
R=.447, R2=.200, Adjusted R2=.177, F=8.637, Significance=0.000							
Doctor	(Constant)	7.392		4.496	0.000		
	Demand Reconciliation	0.256	0.216	3.168	0.002	1.000	1.000
R=.216, R2=.047, Adjusted R2=.042, F=10.037, Significance=0.002							
Para Medic	(Constant)	2.286		1.065	0.289		
	Consideration	0.322	0.522	6.021	0.000	1.000	1.000
R=.522, R2=.272, Adjusted R2=.265, F=36.251, Significance=0.000							
Nurse	No variables were entered into the equation for split Type=Nurse						

Extracted from Appendix 8d

Table 5.13 shows aspects of perceived leader's behaviour that are significant predictors for job satisfaction facet 'Contingent Rewards' among professional group of employees. Accordingly it is found that:

- aspect 'Superior Orientation' to be significant predictor variable for job satisfaction facet 'Contingent Rewards' of 'non-medicos' explaining for 9.1 % variance in the same.
- aspect 'Consideration' to be significant predictor variable for job satisfaction facet 'Contingent Rewards' of 'Doctors' explaining for 6.8 % variance in the same.

- aspect 'Demand Reconciliation' to be significant predictor variable for job satisfaction facet 'Contingent Rewards' of 'Nurses' explaining for 5.7 % variance in the same.
- aspect 'Integration' to be significant predictor variable for job satisfaction facet 'Contingent Rewards' of 'Paramedics' explaining for 20.0% variance in the same.

Table 5.14 shows aspects of perceived leader's behaviour that are significant predictors for job satisfaction facet 'Operating Conditions' among professional group of employees (except for Nurses). Accordingly it is found that:

- aspect 'Consideration and Supervision' to be significant predictor variable for job satisfaction facet 'Operating Conditions' of 'non-medicos' explaining for 17.7 % variance in the same.
- aspect 'Demand Reconciliation' to be significant predictor variable for job satisfaction facet 'Operating Conditions' of 'Doctors' explaining for 4.2 % variance in the same.
- aspect 'Consideration' to be significant predictor variable for job satisfaction facet 'Operating Conditions' of 'Paramedics' explaining for 26.5% variance in the same.
- leader's behaviour is significant predictor for job satisfaction facet 'Operating Conditions' for Nurses.

Table 8.15 shows aspects of perceived leader's behaviour that are significant predictors for job satisfaction facet 'Co-workers' among professional group of employees (except for Nurses). Accordingly it is found that:

- aspect 'Role assumption' to be significant predictor variable for job satisfaction facet 'Co-workers' of 'non-medicos' explaining for 4.9 % variance in the same.
- aspect 'Consideration' to be significant predictor variable for job satisfaction facet 'Co-workers' of 'Doctors' explaining for 7.9 % variance in the same.
- aspects 'Consideration, Superior Orientation and production emphasis' to be significant predictor variables for job satisfaction facet 'Co-workers' of 'Paramedics' explaining for 43.9% variance in the same.

- leader's behaviour is not significant predictor for job satisfaction facet 'Co-workers' for Nurses.

Table: 5.15 Impact of perceived leader's behaviour on job satisfaction facet 'Co-workers' on professional groups of employees

		B	Beta	t	Sig.	Tolerance	VIF
Non Medico	(Constant)	9.383		2.058	0.043		
	Role Assumption	0.261	0.251	2.166	0.034	1.000	1.000
R=.251, R2=.063, Adjusted R2=.049, F=4.693, Significance=0.034							
Doctor	(Constant)	7.490		3.110	0.002		
	Consideration	0.257	0.289	4.328	0.000	1.000	1.000
R=.289, R2=.084, Adjusted R2=.079, F=18.736, Significance=0.000							
Para Medic	(Constant)	7.507		2.467	0.015		
	Consideration	0.185	0.305	2.440	0.017	0.366	2.733
	Superior Orientation	0.303	0.468	3.725	0.000	0.363	2.757
	Production Emphasis	-0.160	-0.183	-2.183	0.032	0.814	1.229
R=.675, R2=.456, Adjusted R2=.439, F=26.549, Significance=0.000							
Nurse	No variables were entered into the equation for split Type=Nurse						

Extracted from Appendix 8d

Table: 5.16 Impact of perceived leader's behaviour on job satisfaction facet 'Nature of work' on professional groups of employees

		B	Beta	t	Sig.	Tolerance	VIF
Doctor	(Constant)	14.493		5.692	0.000		
	Consideration	0.257	0.293	3.239	0.001	0.569	1.759
	Tolerance of Uncertainty	-0.159	-0.179	-1.973	0.050	0.569	1.759
R=.222, R2=.049, Adjusted R2=.040, F=5.265, Significance=0.006							
Nurse	(Constant)	18.769		5.534	0.000		
	Initiation of Structure	-0.394	-0.318	-3.472	0.001	0.473	2.114
	Persuasiveness	0.331	0.253	2.763	0.006	0.473	2.114
R=.220, R2=.048, Adjusted R2=.040, F=6.088, Significance=0.003							
Para Medic	(Constant)	4.034		2.091	0.039		
	Superior Orientation	0.414	0.670	8.881	0.000	1.000	1.000
R=.670, R2=.448, Adjusted R2=.443, F=78.874, Significance=0.000							
Non Medico	No variables were entered into the equation for split Type=Non Medico						

Extracted from Appendix 8d

Table 5.16 shows aspects of perceived leader's behaviour that are significant predictors for job satisfaction facet 'Nature of Work' among professional group of employees (except for non-medicos). Accordingly it is found that:

- aspect 'Consideration and Tolerance of Uncertainty' to be significant predictor variable for job satisfaction facet 'Nature of Work' of 'Doctors' explaining for 4.0 % variance in the same.

- aspect ‘Initiation of Structure and persuasiveness’ to be significant predictor variable for job satisfaction facet ‘Nature of Work’ of ‘Nurses explaining for 4.0% variance in the same.
- aspect ‘Superior Orientation’ to be significant predictor variable for job satisfaction facet ‘Nature of Work’ of ‘Paramedics’ explaining for 44.3% variance in the same.
- leader’s behaviour is not significant predictor for job satisfaction facet ‘Nature of Work’ for Non-Medicos.

Table: 5.17 Impact of perceived leader’s behaviour on job satisfaction facet ‘Communication’ on professional groups of employees

		B	Beta	t	Sig.	Tolerance	VIF
Non Medico	(Constant)	4.803		1.069	0.289		
	Consideration	0.305	0.325	2.873	0.005	1.000	1.000
R=.325, R2=.105, Adjusted R2=.093, F=8.253, Significance=0.005							
Doctor	(Constant)	3.340		1.376	0.170		
	Consideration	0.309	0.340	5.171	0.000	1.000	1.000
R=.340, R2=.115, Adjusted R2=.111, F=26.736, Significance=0.000							
Nurse	(Constant)	14.656		5.104	0.000		
	Demand Reconciliation	0.392	0.254	3.184	0.002	0.628	1.592
	Initiation of Structure	-0.212	-0.185	-2.315	0.021	0.628	1.592
R=.203, R2=.041, Adjusted R2=.033, F=5.180, Significance=0.006							
Para Medic	(Constant)	0.165		0.067	0.946		
	Superior Orientation	0.225	0.337	2.474	0.015	0.367	2.728
	Integration	0.362	0.286	2.099	0.038	0.367	2.728
R=.590, R2=.348, Adjusted R2=.334, F=25.628, Significance=0.000							

Extracted from Appendix 7g

Table 5.17 shows aspects of perceived leader’s behaviour that are significant predictors for job satisfaction facet ‘Communication’ among professional group of employees. Accordingly it is found that:

- aspect ‘Consideration’ to be significant predictor variable for job satisfaction facet ‘Communication’ of ‘non-medicos’ explaining for 9.3% variance in the same.
- aspect ‘Consideration’ to be significant predictor variable for job satisfaction facet ‘Communication’ of ‘Doctors’ explaining for 11.1% variance in the same.
- aspect ‘Demand Reconciliation and Initiation of Structure’ to be significant predictor variable for job satisfaction facet ‘Communication’ of ‘Nurses’ explaining for 3.3% variance in the same.

- aspect 'Superior Orientation and Integration' to be significant predictor variable for job satisfaction facet 'Communication' of 'Paramedics' explaining for 33.4% variance in the same.

5.2.5 Summing Up

The preceding analysis in Chapter 4 and section 5.1 provided details of perception of employees (divided into various demographic variables and professional groups) about perceived leader's behaviour and job satisfaction. Further in this section pair wise multiple comparison was done for 12 aspects of perceived leader's behaviour (Representation, Demand Reconciliation, Tolerance of Uncertainty, Persuasiveness, Initiation of Structure, Tolerance and Freedom, Role Assumption, Consideration, Production Emphasis, Predictive Accuracy, Integration, Superior Orientation) and 9 facets of job satisfaction (Pay, Promotion, Supervision, Fringe Benefits, Contingent rewards, Operating Conditions, Co-workers, Nature of Work, Communication).

The inference drawn from pair wise multiple comparison is that different leader's behaviour aspects have varying correlation with job satisfaction. Results show positive correlation between perceived leader's behaviour and job satisfaction for most of the pairs. None of the pairs had negative correlation for perceived leader's behaviour and job satisfaction. Thus it can be concluded that these perceived leader's behaviour, if perceived appropriate, increases the job satisfaction levels of employees.

Further multiple regression analysis was also performed to find out the relationship among various aspect of perceived leader's behaviour and facets of job satisfaction. It was observed that aspects of perceived leader's behaviour having maximum impact on job Satisfaction were demand reconciliation and persuasiveness. Therefore it can be inferred that demand reconciliation and persuasiveness behaviour of leader's can lead to higher job satisfaction levels of employees.

Further employees were split into four groups i.e. Doctors, Nurses, Paramedics and Non-Medicos. Pair wise multiple comparison was performed for each group of employees to assess the correlation between perceived leader's behaviour and job satisfaction levels. From pair wise multiple comparison it can be inferred that if perceived appropriate that different aspects of perceived leader's behaviour increase job satisfaction in different group of employees in different proportions except for

initiation of structure behaviour of leader with reduces nature of work facet of job satisfaction of nurses.

Following this multiple regression analysis was also performed to find out the predictor variables among various aspects of perceived leader's behaviour and job satisfaction facets for each group of employees (Doctors, Nurses, Paramedics, Non-Medicos). It was observed that individual job satisfactions facets were impacted by different leader's behaviour aspects to different extents. Further it can be inferred that for pay, promotion, operating conditions, co-workers facets of job satisfaction had no impact by behaviour of leader's of nurses. Pay facet of job satisfaction had no impact by behavioural aspects of leader's of doctors and nature of work facet of job satisfaction had no impact by behavioural aspects of leader's of non-medicos. Overall it can be concluded that leader's behaviour impacts the job satisfaction of employees.

Thus, the hypothesis that perceived leader's behaviour has no effect on job satisfaction of employees is established as rejected.

DISCUSSION

Perceived Leader's Behaviour: Based on response of employees of a nonprofit healthcare organisation, it can be concluded that there is wide difference in leader's behaviour as perceived by the employees when categorized into various groups.

Each aspect of perceived leader's behaviour was studied separately by classifying study group in various demographic units. It can be concluded that there is no significant difference in employee perception about behaviour of their leader's between male and female employees. It can also be concluded that there is no significant difference in perception about behaviour of their leader's between contractual and regular employees.

On studying the employee perception about leader's behavioural aspects among doctors, nurses, paramedics and non-medicos significant difference was found in perception for 11 of the 12 aspects. As the leaders of different categories of employees are likely to be from similar category, it can be concluded that leader's of doctors, nurses, paramedics and non-medicos practice their leadership differently and differently from each other. This may be due to the difference in requirements from of the job in each group.

Further from multiple comparison analysis, it can be concluded that each segment of employee (when divided into doctors, nurses, paramedics, and non-medicos) has different working and thus there is difference in the behaviour practiced by their leaders. Further it can be inferred that leader of each segment of employees practice various aspects of leader's behaviour to various degree depending on the requirements of the job from the employees reporting to them.

Summary of hypothesis

<i>H₀₁:</i>	<i>There is no significant difference in perceived leader's behaviour between male and female employees</i>	<i>Accepted</i>
<i>H₀₂:</i>	<i>There is no significant difference in perceived leader's behaviour between regular and contractual employees</i>	<i>Accepted</i>
<i>H₀₃:</i>	<i>There is no significant difference in perceived leader's behaviour between doctors, nurses, paramedics and non-medical employees</i>	<i>Rejected</i>
<i>H₀₄:</i>	<i>There is no significant difference in motivation levels of male and female employees</i>	<i>Rejected</i>
<i>H₀₅:</i>	<i>There is no significant difference in motivation levels of regular and contractual employees</i>	<i>Accepted</i>
<i>H₀₆:</i>	<i>There is no significant difference in motivation levels between doctors, nurses, paramedics and non-medical employees</i>	<i>Rejected</i>
<i>H₀₇:</i>	<i>There is no significant difference in job satisfaction between male and female employees</i>	<i>Rejected</i>
<i>H₀₈:</i>	<i>There is no significant difference in job satisfaction between regular and contractual employees</i>	<i>Rejected</i>
<i>H₀₉:</i>	<i>There is no significant difference in job satisfaction between doctors, nurses, paramedics and non-medical employees</i>	<i>Rejected</i>
<i>H₀₁₀:</i>	<i>Perceived leader's behaviour has no significant relationship with motivational levels of employees</i>	<i>Rejected</i>
<i>H₀₁₁:</i>	<i>There is no significant correlation between perceived leader's behaviour on the motivational levels of doctors, non-medicos, nurses and paramedics.</i>	<i>Rejected</i>
<i>H₀₁₂:</i>	<i>Perceived leader's behaviour has no significant relationship with job satisfaction.</i>	<i>Rejected</i>
<i>H₀₁₃:</i>	<i>There is no significant correlation between perceived leader's behaviour on job satisfaction for doctors. non-medicos, nurses and paramedics.</i>	<i>Rejected</i>

Motivation

- I. Government institutions differ from other institutions in lacking the scope for providing performance based pay and incentives. Of the four types of motivational factors, findings for external motivation were correlating with the fact that in Government organization there is little scope for external motivation and that any/all applicable incentives like salary hike and promotion are time bound and not bound to the performance of the individuals.
- II. Introjected motivation had a highest mean value; this provides an opportunity to the administrators to be used as effective tool for increasing the performance in Government organization.
- III. Finding of lower Intrinsic Motivation level is contrary to findings of previous studies by **Regan & Rodriguez (2011)**, **Failla & Stichler (2008)**. This difference could be due to different environmental factors and working conditions (**Kleinman, 2004**).
- IV. There was no statistical significant difference in motivational levels of regular and contractual personnel. This supports the claim of the earlier studies (**Kleinman, 2004**) that organization work environment and policies are a major factor affecting the motivational levels. In public sector organizations pay and incentives being predefined for each category of personnel; leaving little difference in motivational levels.
- V. There was no statistically significant difference in degrees of motivation present in the personnel of different age groups ≤ 35 yrs, 35-45 yrs, 45-55 yrs, > 55 yrs ($P=0.44$), this supports the claim of earlier studies by **Laschinger et al. (1999)**, **Lindholm, (2003)**.
- VI. There was no statistically significant difference in degrees of motivation present in the personnel based on duration of service of the personnel in our study which correlates to the findings of **Lambrou et al. (2010)**. While another study by **Lindholm (2003)** showed that different degrees of motivation is present in the personnel based on duration of service. The differences could be due the different organizational setups, with this study being done in a Government organisation and the others done in a private setup.

- VII. Findings showed highest motivation (mean score) for paramedics followed by non-medicos, doctors and least in nurses. This is in contrast to the finding of **Jaiswal et al. (2016)**. This can be explained possibly due to good salary (proportionate to working hours) for paramedics and non medicos in comparison to their colleagues working in the private sector; favorable and safe working condition, flexible assignments, flexible duty hours, good collaboration between occupational groups, better provision for leave and other favourable factors.
- VIII. The reasons for nurses being the least satisfied in our study could be due to improper working conditions, recruitment policy, improper deployment, few career growth opportunities, lesser options for trainings, poorly defined job description and priority towards family considering the rural segment of population. Further studies are required for investigation of lower level of motivation among nurses in government teaching hospital.

Job Satisfaction

- IX. Operating conditions have been perceived as lowest among the job satisfaction facets. There is need to improve the operating condition of the organisation to improve the satisfaction levels of the staff members. Other factor that needs to be focused upon by organisation is to improve the communication within the organisation.
- X. At state level, Government must form policy on performance based pay, promotions and contingent rewards.
- XI. Lower perceived job satisfaction for facets supervision, operating conditions, co-workers and nature of work among female personnel is possibly due to personal characteristics such as marital status, rural setting and organisation characteristics such as lack of supportive supervision, positive feedback and good communication. Above correlated with findings of earlier studies by **Gunnarsdottir et al. (2009)**, **Chen & Johantgen (2010)**, **Webb (2009)** and are contrary to the findings of **Koh & Goh (1995)**, **Ejimofor (2007)**. It is could be explained that male members in the society need to perform better to keep satisfying them; however the female personnel particularly in the rural segment of population, may have more commitment towards their families than work.

- XII. Higher job satisfaction in regular personnel for facets pay, promotion and fringe benefits is obvious for the fact that regular personnel get their full benefits while contractual staff gets limited of the above.
- XIII. Higher job satisfaction for facet communication among regular personnel is possibly due to the fact that regular personnel occupy higher positions and contractual personnel possibly occupy lower positions as per the hierarchy of organisation.
- XIV. Contrary to finding of other studies by **Gunnarsdottir et al. (2009)**, **Webb (2009)**, **Ejimofor (2007)**, **Nguni (2006)** there was no difference in job satisfaction based on age of personnel. Also there was no difference in job satisfaction based on duration of service of the personnel, which was contrary to the findings of previous studies of **Gunnarsdottir et al. (2009)**, **Nguni (2006)**. This difference could be possible due to cultural variation and difference in work environment. Further research shall be required to identify reasons for such variation.
- XV. Our study showed highest overall job satisfaction (mean score) for paramedics followed by non-medicos, doctors and least in nurses. These findings are in contrast to the finding of few of the earlier studies by **Webb (2009)**, **Nguni (2006)** and **Bogler (2001)** and correlate to the findings of **Gunnarsdottir et al. (2009)**. The other explaining factors might be good pay perks (proportionate to working hours) for paramedics and non medicos in comparison to their colleagues working in the private sector, have favorable and safe working condition, flexible assignments, flexible duty hours, good collaboration between occupational groups, leave provision, etc.
- XVI. The reasons for nurses being the least satisfied in our study could be due to improper recruitment policy, improper deployment, very few career growth opportunities, lesser options for trainings, lack of defined job description and priority towards family considering the rural segment of population in additional to poor operating conditions. Further studies are required for investigation of lower level of job satisfaction among nurses in nonprofit healthcare organisation.

Perceived Leader's behaviour: its impact on motivation and job satisfaction.

- XVII. The results of this study clearly indicate that correlation analysis for assessing the association between perceived leader's behaviour and perceived job satisfaction for all the personnel working in any organisation as a whole may not be representative of the individual professional category. Thus the impact of perceived leader's behaviour on employee outcomes (motivation and job satisfaction) must be analysed separately for individual professional categories. This difference could be possibly attributed to be partly due to the fact that leader's of different professional groups have different hierarchy in the organisation and partly to the fact that the personnel in different professional categories are likely to have achieved different levels as per Maslow theory of needs.
- XVIII. Different aspects of perceived leader's behaviour increase job satisfaction of different categories of personnel except for initiation of structure behaviour of leader which negatively influences the nature of work facet of job satisfaction of nurses. This negative influence needs to be studied further to ascertain the possible causes.
- XIX. **Leaders of doctors** must focus on individualised consideration along with demand reconciliation and tolerance of uncertainty to increase the job satisfaction of their subordinates. While consideration and persuasive behaviour increased intrinsic, identified & introjected motivation; role assumption, integration and demand reconciliation negatively influenced external motivation. No similar study was found for doctors in the similar setups. Considering doctors as teachers, similar studies on teachers in past **Gardner et al. (2005)**, **Smith (1995)** found consideration behaviour having significant positive correlation which corroborate with our findings.
- XX. **For non-medicos** consideration behaviour show higher correlation with job satisfaction, compared to other behavioural aspects like role assumption, tolerance of freedom, integration which also affect the job satisfaction. While in public sector organizations contingent rewards, pay and promotion is time bound, yet in this organisation superior orientation of leader was an important factor. This could

be explained as significant number of respondents were contractual staff and waiting for their jobs to be regularized. Consideration, tolerance of freedom and superior orientation increased motivation; however tolerance of uncertainty demotivated them. Considering job of non-medicos similar to office workers, as per the finding of **Salmon (2002)** positive correlation was found for transformational leader's style and motivation.

- XXI. **For para-medics** most important factor that satisfies them is superior orientation of their leader, apart from other important aspects like integration, consideration, representation and production emphasis behaviour of their leader. Role assumption and tolerance of uncertainty had no correlation with motivation. It shall be worth investigating further as to how cordial relations of their leader with (leader's) superiors; explains for higher job satisfaction of paramedics.
- XXII. Surprisingly leader's behaviour aspects could explain very little variation in job satisfaction of **nurses**. Most of the aspects of perceived leader's behaviour negatively influenced their external motivation and none of the aspects of leader's behaviour positively influenced their other motivational factors. Further research shall be required to identify reasons as to why leader's behaviour aspects are unable to stimulate job satisfaction of nurses.
- XXIII. Further differences in impact of perceived leader's behaviour between various professional categories could be understood by **Maslow's Hierarchy of Needs**. Personnel in different professional groups are likely to have achieved certain levels of the needs and are striving for next level to be achieved, which is different for different group of personnel. It may be assumed that all the personnel have possibly achieved first 2 levels of hierarchy of needs. While pay perks are likely to be higher for doctors than other 3 categories, they are almost the same for other 3 categories.

CONCLUSIONS AND RECOMMENDATIONS

7.01 Brief of study and research design

The focus of this study was to investigate, identify and understand the impact of perceived leader's behaviour on motivation and job satisfaction of employees in a nonprofit making healthcare organization with Guru Gobind Singh Medical College at Faridkot, Punjab being selected for study. The analysis performed revealed the perception about behaviour of the leaders affecting the motivational levels of the employees and their job satisfaction. This was done to identify the particular aspects of perceived leader's behaviour that may lead to better productivity in similar organizations.

The primary objectives of the study were:

1. to determine demographic variables which influence employees' perception about their leader's behaviour.
2. to determine demographic variables which influence the employees' motivation and job satisfaction.
3. to study relationship between and impact of perceived leader's behaviour on employees' motivation and job satisfaction.
4. to suggest appropriate tactics which should be adopted by leaders for improving employees' motivation and job satisfaction.

The study included the following:

1. Demographic variables: Gender, contractual/regular status of employment and professional group of employees.
2. Twelve aspects of perceived leader's behaviour: representation, demand reconciliation, tolerance of uncertainty, persuasiveness, initiation of structure, tolerance of freedom, role assumption, consideration, production emphasis, predictive accuracy, integration and superior orientation.
3. Motivational factors: Intrinsic motivation, identified regulation, introjected regulation and external motivation.

4. Nine facets of job satisfaction facets: Pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work and communication.

All the employees of the selected institution were covered with exceptions. As the study was based on the feedback questionnaire method, after discussions with the leaders in the organization it was felt that class 4 employees having lower levels of literacy may not be able to understand the questionnaire even though translated in Punjabi and may not be able to provide correct feedback. Thus all the employees of the institution except for the class IV employee were covered and were distributed the questionnaire. List of all the employees was obtained from their respective offices, which was then compiled according to their location of duty and departments.

For the purpose of assessment of the perception of the employee's about their leader's behaviour: Leader's behaviour Description Questionnaire Form XII developed by Stodgil (1963) was used. To analyze and depict job satisfaction levels of the study group Job Satisfaction Survey (JSS) developed by Spector (1994) was used. To analyze and depict motivational level of the study group Motivation at Work Scale developed by Gagne (2010) was used. These are standardized questionnaire and the respective authors have already performed validation testing.

To arrive at the pertinent analysis, the collected data was put into Microsoft excel sheet, where responses from questionnaire were entered. Subsequently scores were assigned as described along with data collection tools including for reversely scored items. Following this sub scale scores were calculated and required imputation was done. This was followed by the processed data being transferred to Statistical package SPSS. The tools, which were employed to test the drafted hypothesis for analysis included: Descriptive analysis, inferential analysis, Analysis of Variance, Multiple comparison, Correlations and regression analysis and multicollinearity.

1. **Descriptive Analysis:** Measures for Central tendency such as Means and Standard Deviation along with bar graphs and descriptive statistics were used to present a clear picture of the findings on various parameters and scrutinize the nature and distribution of scores on various variables.
2. **Inferential analysis:** Independent t-test and ANOVA Analysis: The Analysis of Variance (ANOVA) was carried out to determine whether significant differences existed between the demographic variable, leader's behaviour, motivation and Job Satisfaction.
3. **Correlation Analysis:** In order to comprehend and figure out the relationship among the factors of leader's behaviour, motivation and job satisfaction under study, the Pearson's coefficient of correlation was computed.
4. **Multiple Regression Analysis:** A stepwise Multiple Regression Analysis was also performed to determine the relative contribution of the independent variables of leader's behaviour on the dependent variables i.e. Motivation and job satisfaction. This was done to identify the predictive relationship between these variables.
5. **Multi-collinearity:** Multi-collinearity is the problem of inter – correlation among independent variables. This problem is encountered in Multiple Regression analysis and has an effect on results to some extent. Hence, Multi-collinearity was detected by calculating Variance Inflation Factor (VIF) and Tolerance Value (TV).

7.02 Review of objectives and findings of the Study

The present study conveys and identifies appropriate leader's behaviour aspects that act as catalyst and facilitator for increasing motivation and job satisfaction of employees and the conclusion with respect to objectives are as mentioned below:

Objective 1: to determine demographic variables which influence employees' perception about their leader's behaviour.

1. There is no significant difference in perception about behaviour of their leader's between male and female personnel.
2. There is no significant difference in perception about behaviour of their leader's between contractual and regular personnel.
3. Significant difference was found in perception for 11 of the 12 aspects of leader's behaviour doctors, nurses, paramedics and non-medical employees. As the leaders of different categories of personnel are likely to be from like category, it can be concluded that leaders of doctor, nurse, paramedic and non-medicos practice their leadership differently from each other. This may be due the difference in requirements of the job profile of personnel in such categories.

Objective 2: to determine demographic variables which influence the employees' motivation and job satisfaction.

Motivation

4. Both regular and contractual personnel are motivated to same extent. It is a general perception than regular personnel of public sector organizations have lower productivity levels. However in the current context with equal motivational levels, it can be inferred that lower productivity levels may be due to factors other than motivation levels of personnel.
5. Female personnel had lower motivation levels for 3 of the 4 motivational factors. Nurses segment of personnel having lower motivation levels was skewing the motivational levels among gender distribution. Further analysis showed that there is no significant difference in motivational levels among male and female employees.
6. There is significant difference in motivational levels of personnel when categorized into doctors, nurses, paramedics and non-medicos for all four motivational factors.
 - a. There is no significant difference in motivational levels for all the motivation factors between doctors vs. non-medicos and paramedics vs. non-medicos.
 - b. Difference exists mainly between nurses and other category of personnel with some differences between paramedics and Doctors.

Job Satisfaction

7. Higher job satisfaction levels were found with respect to co-workers, nature of work and supervision facets.
8. Operating condition facet was given lowest score, which needs to be considered by the management.
9. Signification gender differences were found for job satisfaction factors supervisions, operating conditions, co-workers and nature of work.
10. Significant differences were found among contractual and regular personnel for job satisfaction facets pay, promotion, fringe benefits and communication.
11. No significant difference exists in perception on jobs satisfaction levels was found with respect to duration of service of personnel and also age of personnel.
12. Significant difference exists in professional groups for their perception on job satisfaction facet 'fringe benefits' with doctors having higher job satisfaction.
13. Significant difference exists between paramedics and non-medicos in their perception on job satisfaction facet 'operating conditions' where para-medics had higher job satisfaction than non-medicos.
14. Significant difference exists in perception between nurses on one side and para-medicos & non-medicos on the other side for most of the job satisfaction factors with lower satisfaction levels among nurses for each pair.
15. Nurses have lower levels for most of the facets of job satisfaction.

Objective 3: to study relationship between and impact of perceived leader's behaviour on employees' motivation and job satisfaction.

Leader's behaviour and Motivation

16. Results show positive correlation between 11 of the 12 (except Role assumption) leader's behaviour aspects and intrinsic motivation, indentified regulation.
17. Positive correlation was also found in 7 of the 12 aspects of perceived leader's behaviour and introjected regulation.
18. Negative correlation was found between role assumption behaviour of leader's and extrinsic motivation.

19. Leader's behaviour aspect having maximum impact on motivational levels was persuasiveness. Therefore it can be inferred that persuasiveness behaviour of leader can lead to higher motivational levels of personnel.
20. Different aspects of perceived leader's behaviour increase intrinsic motivation, identified regulation and introjected regulation levels in different professional groups of personnel except for tolerance of uncertainty behaviour of leader which reduces introjected motivation of non-medicos.
21. Maximum impact on **intrinsic motivation and introjected regulation** was by leader's behavioural aspects tolerance & freedom, consideration and superior orientation for non-medicos, doctors and paramedics respectively.
22. Maximum impact on **identified regulation** was leader's behavioural aspect tolerance & freedom, persuasiveness and superior orientation for non-medicos, doctors and paramedics respectively.
23. Leader's behaviour aspects had no impact on intrinsic motivation, identified regulation and introjected regulation of nurses.

Leader's behaviour and Job Satisfaction

24. Different aspects of leader's behaviour have varying correlation with job satisfaction.
25. Results showed positive correlation between perceived leader's behaviour and job satisfaction factors for most of the pairs.
26. Aspects of perceived leader's behaviour having maximum impact on job Satisfaction among personnel were demand reconciliation and persuasiveness. Therefore it can be inferred that demand reconciliation and persuasiveness behaviour of leader can lead to higher job satisfaction levels of personnel.
27. Leader's behaviour increase job satisfaction in different professional group of personnel in different proportions except for initiation of structure behaviour of leader which reduces nature of work factor of job satisfaction of nurses.

Objective 4: to suggest appropriate tactics that should be adopted by leaders for improving employees' motivation and job satisfaction.

28. Aspects of leader's behaviour have been identified that can be focused upon by the respective leaders of various professional groups.

- a. Leaders of doctors can improve the motivation and job satisfaction of the **doctors** by focusing more on persuasiveness, consideration and demand reconciliation behaviour.
- b. Leaders can improve the motivation and job satisfaction of the **nurses** by focusing more on persuasiveness, consideration and demand reconciliation behaviour. And these leader need to be high in integration and have higher tolerance of uncertainty.
- c. Leaders can improve the motivation and job satisfaction of the **paramedics** by focusing more on consideration. And these leaders need to be high in integration, practice role assumption style and must have better superior orientation.
- d. Leaders can enhance the motivation and job satisfaction of the **non-medicos** by focusing more on consideration. And these leaders need to be high in integration and must practice role assumption style and need to have better superior orientation. Non-medicos need to be given freedom in work and leader must increase their tolerance to uncertainty.

7.03 Recommendations

The findings of the study shall make an important contribution to the body of knowledge for identifying the impact of perceived leader's behaviour on motivation and job satisfaction in nonprofit healthcare organisations. Suggestions and recommendations of the current study to enhance the motivation and job satisfaction under study have been summarized as above.

Based on the results of the current study it is being suggested that different professional groups work differently. Considering the Hackman and Oldham's Job Characteristic model different professional groups have different core dimensions like

skill variety, task identity, task significance and autonomy. This further translates into different psychological states like meaningfulness of work and responsibility of outcomes. Each professional group is an identifiable group performing specified work. Each group has needs for growth and satisfaction; with different levels of knowledge, skills and satisfaction attained with extrinsic aspects of assigned work; different leader's behaviour aspects have varying impact on motivation and job satisfaction among various professional groups.

Benefits to industry/Managerial implications

1. Leader's behaviour tactics that can be applied to particular segment of personnel have been enumerated above. Aspects of leader's behaviour have been identified that can be focused upon by the respective leaders of various professional groups.
2. Government sector organisations have limited scope for external motivation and must look at creating provision for contingent rewards.
3. Nursing professionals need immediate focus of the management to improve patient care.
 - a. Leader's behaviour could explain very little variation in job satisfaction of nurses and many of the behavioural aspects negatively influenced external motivation.
 - b. The reasons for nurses being the least satisfied in our study could be due to improper working conditions, recruitment policy, improper deployment, few career growth opportunities, lesser options for trainings, poorly defined job description and priority towards family considering the rural segment of population. Further studies are required for investigation of lower level of motivation among nurses in government teaching hospital.
4. Operating conditions have been perceived as lowest among the job satisfaction facets. Medical colleges need to work to improve the operating condition of the organisation to improve the satisfaction levels of the staff members.
5. Other factor which need to be focused upon by the organisation is to improve the communication within the organisation
6. Government needs to innovate policies for performance based pay, promotions and contingent rewards.

7. Leaders unable to externally motivate personnel, correlates to the fact that nonprofit public sector organisation with limited rather no scope for incentives for workers. Contrary to this negative relation with external motivation is surprising which may mean that there are some incentives which may get reduced if the leaders actively exercise their roles. This could be partly explained by assumption that
 - a. management of the work environment has not been there for long time and any attempt to change may create sense of threat in the system
 - b. Additional gain out of coercion and undue inducements attached to the working may get reduced if the leaders exercise their roles actively.

Academic implications

8. Impact of leader's behaviour on employees motivation and job satisfaction must be analysed separately for individual professional categories.
9. Further research shall be required to understand the behaviour of nurses.

7.04 Limitations of the study

Every research has several limitations and this study is no exception. This study also has its limitations especially as it deals with conceptual and multidimensional concepts like perceived leader's behaviour, motivation and job satisfaction, which are quite hard to pin down and difficult to assess and evaluate. The present study has following limitations:

- I. The research study was conducted in a non-profit teaching medical institution. As the study has been conducted in a single institution, generalization of findings of this research should be considered carefully, as this might not be representative of an accurate picture of nonprofit healthcare organizations at state/national level.
- II. While the researcher has meticulously tried to avoid biasness on perceptual difference of respondent opinions, some biases on the part of the respondents might still have crept in.
- III. Some of the respondents might have given incorrect information due to disinterest. Sometimes, accurate response might have been withheld to present different picture of their department, their leader or in order to obscure their identity

- IV. Limitation concerns the nature of variable such as leader's behaviour, motivation and job satisfaction. The measures included in the research are based in the perceptions of the employees, therefore the possible data inaccuracies due to misinterpretation or pre-disposition to certain responses on part of respondents may exist

In spite of these limitations, the study has significance for the nonprofit healthcare organisations especially teaching and medical institutions as it provides valuable information on leader's behaviour, motivation and job satisfaction. This study also highlights the aspects of leader's behaviour and their impact on motivation and job satisfaction of employees. This will have far reaching implications for nonprofit teaching medical institution in terms of specific areas identified which can be utilized for improving productivity levels by increasing motivation levels and job satisfaction

7.06 Scope for further research

While conducting the present study certain aspects could not be dealt with, due to constraints of time. Certain finding of this research work provides inputs, on the basis of which following areas have been identified for further research.

- I. Present study has been limited to single institution; a comparative study including more similar institutions can be carried out.
- II. A comparative study in more similar but profit making institutions can be carried out to find contrasts to current findings.
- III. Present research has attempted to explore and investigate the impact of leader's behaviour aspects on motivation and job satisfaction. However more variables can be considered and including in the study to provide more deep insight effect of leader's behaviour, effect of work environment and work culture.
- IV. Further research can be carried out focusing on providing information on impact of leader's behaviour on patient satisfaction, quality of care by affecting the employee motivation and job satisfaction.
- V. Further research is imperative to identify the reasons for different perception of nurses compared to the other three professional groups.

- VI. Further research on the other factors affecting motivation of personnel, including for working conditions, communication channels, involvement in decision making, job stress, defined jobs, supervisory systems and inter-departmental channels. This will help authorities to align their policies for better performance of staff.

Chapter 8

Bibliography

- Abu-al-rub, R. (2000). Legal aspects of work related stress in nursing. Exploring organizational characteristics. *Journal of Advanced Nursing*, 32, 536-43.
- Adler, N.J., & Gundersen, A. (2008). *International Dimensions of Organizational Behaviour* (5th ed.) Mason, OH: Thomson Higher Education.
- Al-Ajmi, R. (2001). The Effect of Personal Characteristics on Job Satisfaction: A Study among Male Managers in the Kuwaiti oil Industry. *International Journal of Commerce and Management*, 11, 91-110
- Alexander, G.J., Cici, G., & Gibson, S. (2007). Does motivation matter when assessing trade performance? An analysis of mutual funds. *Review of Financial Studies*, 20(1), 125-150.
- Alley, W., Gould, R.B. (1975). Feasibility of estimating personnel turnover from survey data: A longitudinal study. Brooke Air Force Base, TX: Air Force Human Resources Laboratory.
- Amabile, T.M. (1993). Motivational Synergy: Toward New Conceptualizations of Intrinsic and Extrinsic Motivation in the Workplace. *Human Resource Management Review*, 3, 185-201.
- Amorose, A.J., & Horn, T.S. (2000). Intrinsic motivation: Relationships with collegiate athletes' gender, scholarship status, and perceptions of their coaches' behavior. *Journal of Sport & Exercise Psychology*, 22, 63-84.
- Anderson, C.M., Madlock, P.E., & Hoffman, P. (2006). Leadership, commitment, and attitudes as predictors of Satisfaction in Small Task Groups. Paper presented at the Central States Communication Association Convention, Indianapolis, IN.
- Antonakis, J. (2012). Transformational and charismatic leadership. In Day, D., & Antonakis, J. (ed.). *The nature of leadership* Thousand Oaks, CA: Sage Publications Inc (pp.256-88).
- Antonakis, J., Cianciolo, A.T., & Sternberg, R.J. (2004). *The nature of leadership*. London. Sage.
- Arnold, H.J., & Feldman, D.C. (1986). *Organizational Behavior*. New York: McGraw-Hill.

- Arnold, K.A., Turner, N., Barling, J., Kelloway, E.K., & McKee, M.C. (2007). Transformational leadership and well-being: The mediating role of meaningful work. *Journal of Occupational Health Psychology*, 12, 193-203.
- Asha, C.B. (1994). Job Satisfaction among women in relation to their family environment. *Journal of community guidance and research*, 11(1), 43-50.
- Baard, P.P., Deci, E.L., & Ryan, R.M. (2004). Intrinsic need satisfaction: A motivational basis of performance and well-being in two work settings. *Journal of Applied Social Psychology*, 34, 2045–68.
- Bader, H.A.M., Hashim, I.H.M., & Zaharim, N.M. (2013). Job Satisfaction among Bank Employees in Eastern Libya. *American International Journal of Social Science*, 2(1), 30-44.
- Bajwa, S.J.S., Viridi, S.S., Bajwa, S.K., Ghai, G.K., Singh, K., & Rana, C.S. (2010). In depth analysis of motivational factors at work in the health industry. *Ind Psychiatry J*, 19, 20-9.
- Banerjee, A., & Duflo, E. (2006). Addressing Absence, *Journal of Economic Perspectives*, 20(1), 117–32.
- Baron, H., Henley, S., McGibbon, A., & McCarthy, T. (2002). *Motivation questionnaire manual and user's guide*. Sussex: Saville and Holdsworth Limited.
- Barrick, M.R., Stewart, G.L., & Piotrowski, M. (2002). Personality and job performance: Test of the mediating effects of motivation among sales representatives. *Journal of Applied Psychology*, 87(1), 43.
- Bass, B.M., & Avolio, B.J. (1992). Developing transformational leadership: 1992 and beyond. *Journal of European Industrial Training*, 14(5), 21-27.
- Bass, B.M., & Avolio, B.J. (2006). *Multifactor Leadership Questionnaire: Abridged Self Rating Report*. Retrieved from http://www.mlq.com.au/docs/sample_mlqself_report.pdf
- Bass, B.M., & Riggio, R.E. (2006). *Transformational leadership*. Mahwah, New Jersey 07430: Lawrence Erlbaum Associates, Inc.
- Bass, B.M., Avolio, B.J., Jung, D.I., & Berson, Y. (2003). Predicting unit performance by assessing transformational and transactional leadership. *Journal of Applied Psychology*, 88, 207-18.
- Beach, D.S. (1980). *Personnel: The management of people at work* (4th ed.). New York: Macmillan Publishing Co. Inc.

- Belias, D., Koustelios, A., Sdrolas, L., & Koutiva, M. (2013). The Influence Of Demographic Features On The Job Satisfaction Of Greek Bank Employees. *International Journal of Human Resource Management And Research (IJHRMR)*, 3(4), 15-28
- Bellenger, D.N., Wilcox, J.B., & Ingram, T.N. (1984). An examination of reward preferences for sales managers. *Journal of Personal Selling and Sales Management*, 4, 1-6.
- Bennet, S., & Franco, L.M. (1999). Public Sector Health Worker Motivation and Health Sector Reform – A conceptual Framework. *Applied Research 5 Technical Paper No 1. Partnership for Health Reform Project: Abt Associates Inc.*
- Berelson, B., & Steiner, G.A. (1964). *Human behavior: an inventory of scientific findings*. New York: Harcourt, Brace & World.
- Berson, Y., & Linton, J. (2005). An examination of the relationships between leadership behavior, and employee satisfaction in R & D versus administrative environments. *R & D Management*, 35, 51-60.
- Bertelli, A.M. (2007). Determinants of bureaucratic turnover intention: Evidence from the Department of the Treasury. *Journal of Public Administration Research and Theory*, 17, 235-59.
- Bhatnagar, K., & Srivastava, K. (2012). Job satisfaction in health-care organizations. *Industrial Psychiatry Journal*, 21(1), 75-78.
- Biconvalley. (2015). Jahre Nationale branchenkonferenz Gesundheitswirtschaft - Ausgewählte Ergebnisse. BioCon Valley GmbH. Retrieved from http://www.bioconvalley.org/fileadmin/user_upload/Downloads/Branchenkonferenzen/Ergebnisbericht2005-2014_final_150514.pdf Accessed August 21, 2015.
- Blackburn, J.W., & Bruce, W.M. (1989). Rethinking Concepts of Job Satisfaction: The Case of Nebraska Municipal Clerks . *Review of Public Personnel Administration*, 10(1), 11-28.
- Blais, M.R., Brie`re, N.M., Lachance, L., Riddle, A.S., & Vallerand, R.J. (1993). L'inventaire des motivations au travail de Blais [Blais Work Motivation Inventory]. *Revue Que`be`coise de Psychologie*, 14, 185–215. Retrieved from http://www.rqpsy.qc.ca/ARTICLE/V14/14_3_185.pdf
- Blake, Robert, R., & Jane, S.M. (1964). *The Managerial Grid*, Houston: Gulf Publishing Company.

- Boezemann, E.J., & Ellemers, N. (2007). Volunteering for Charity: Pride, Respect, and the Commitment of Volunteers. *Journal of Applied Psychology*, 92, 771-85.
- Bolger, R. (2001). The influence of leadership style on teacher job satisfaction. *Educational Administrative Quarterly*, 37, 662-83.
- Bono, J.E., & Vey, M.A. (2004). Toward understanding emotional management at work: A quantitative review of emotional labor research. In Ashkanasy, N., & Hartel, C. (ed.) (pp.212-33). *Understanding emotions in organizational behavior*. Mahwah, NJ: Erlbaum.
- Bowman, R.F. (2007). How can students be motivated: A misplaced question? *The Clearing House*, 81(2), 81-86.
- Bowran, J.S., & Todd, K.H. (1999). Job stressors and job satisfaction in a major metropolitan public EMS service. *Prehosp Disaster Med*, 14, 236-9.
- Bromley, H.R., & Kirschner-Bromley, V.A. (2007) Are You a Transformational Leader? *The Physician Executive*, 55, 11-22.
- Brown, M.B., Hardison, A., Bolen, L.M., & Walcott, C.M. (2006). A Comparison of Two Measures of School Psychologists' Job Satisfaction. *Canadian Journal of School Psychology*, 21(1), 47-58. doi:10.1177/0829573506298830.
- Brown, S. & Peterson, R. (1993). Antecedents and consequences of salesperson job satisfaction: meta analysis and assessment of causal effects. *Journal of Marketing Research*, 30, 63-77.
- Buchan, J. (1999). Still attractive after all these years? Magnet hospitals in a changing healthcare environment. *Journal of Advanced Nursing*, 30, 100-8.
- Buchbinder, S.B., Wilson, M., Melick, C.F., & Powe, N.R. (2001). Primary care physician job satisfaction and turnover. *Am J Manag Care*, 7, 701-13.
- Buitendach, J.H., & Rothmann, S. (2009). Job satisfaction in selected organizations in South Africa. *South African Journal of Human Resource Management*, 7, 1-8.
- Burns, J.M. (1978). *Leadership*. New York: Harper & Row.
- Calder, B.J., & Staw, B.M. (1975). Self-perception of Intrinsic and Extrinsic Motivation5. Self perception of Intrinsic and Extrinsic Motivation. *Journal of Personality and Social Psychology*, 31, 599-605.

- Cameron, J., & Pierce, W.D. (1994). Reinforcement, Reward, and Intrinsic Motivation: A Meta analysis. *Review of Educational Research*, 64 ,363-423.
- Castle, N.G., Engberg, J., Anderson, R., & Men, A. (2007). Job satisfaction of nurse aides in nursing homes: Intent to leave and turnover. *Gerontologist*, 47, 93-204.
- CDC. (2016). Health Care Workers. NIOSH Workplace Safety and Health. Retrieved from <http://www.cdc.gov/niosh/topics/healthcare/>. Accessed September 25, 2016.
- Centers for Medicare & Medicaid Services. (2014). Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html> Accessed February 17, 2016.
- Central Bureau of Health Intelligence. (2016). National Health Profile 2016. New Delhi: Public Printing (Delhi) Service.
- Chelladurai P.A. (2007). Leadership in sports. In: Tenenbaum, G., & Eklund, R.C. (ed.). *Handbook of sport psychology* (3rd ed). Morgantown, WV: Fitness Information Technology (pp.113-35).
- Chelladurai, P.A. (1978). Contingency model of leadership in athletics. Department of Management Sciences, University of Waterloo, Canada.
- Chelladurai, P.A. (1990). Leadership in sports: A review. *International Journal of Sport Psychology*, 21, 328-54.
- Chemers, M.M. (1997). *An integrative theory of leadership*, Mahwah; Lawrence Erlbaum Associates.
- Chen, H.C., Beck, S.L., & Amos, L.K. (2005). Leadership styles and nursing faculty job satisfaction in Taiwan. *Journal of Nursing Scholarship*, 37, 374-80.
- Chen, Y., & Johantgen, M. (2010). Magnet Hospital attributes in European hospitals: A multilevel model of job satisfaction. *International Journal of Nursing Studies*, 47(8), 1001-12. doi:10.1016/j.ijnurstu.2009.12.016.
- Childers, T.L., Dubinsky, A.J., & Skinner, S.J. (1990). Leadership Substitutes as Moderators of Sales Supervisory Behavior. *Journal of Business Research*, 21, 363-82.
- Chin, J.L. (2013). Diversity Leadership: Influence of Ethnicity, Gender, and Minority Status. *Journal of Leadership*, 2,1-10 doi:10.4236/ojl.2013.21001

- Choudhury, R.R., & Gupta, V. (2011). Impact of Age on Pay Satisfaction and Job Satisfaction leading to Turnover Intention: A Study of Young Working Professionals in India. *Management and Labour Studies*, 36(4), 353-363.
- Chung, K. H., & Ross, M. F. (1977). Differences in motivational properties between job enlargement and job enrichment. *The Academy of Management Review*, 2(1), 113-122. doi:110.2307/257612.
- Churchill, G. A., Jr., Ford, N., & Walker, O. C., Jr. (1974). Measuring the job satisfaction of industrial salesmen. *Journal of Marketing Research*, 11(3), 254-60.
- Clark, A.E., Oswald, A., & Warr, P. (1996). Is Job satisfaction U-shaped in age? *Journal of Occupational and Organizational Psychology*, 69(1), 57-81.
- Cocea, M., & Weibelzahl, S. (2007). Eliciting motivation knowledge from log files towards motivation diagnosis for Adaptive Systems. *User Modeling*, 7, 197-206.
- Coster, E.A. (1992). The perceived quality of working life and job facet satisfaction. *Journal of Industrial Psychology*, 18, 6-9.
- Craven, A.E., & Kao, T.Y. (2006). The Relationship Between Leadership Style & Demographic Characteristics Of Taiwanese Executives. *International Business & Economics Research Journal*, 5, 35-48.
- Cummings, G.G., Hayduk, L., & Estabrooks, C.A. (2005). Mitigating the impact of hospital restructuring on nurses: the responsibility of emotionally intelligent leadership. *Nursing Research*, 54, 2-12.
- Cummings, G.G., MacGregor, T., Davey, M., Lee, H., Wong, C.C., Lo, E., et al. (2010) Leadership Styles and Outcome Patterns for the Nursing Workforce and Work Environments: A Systematic Review. *International Journal of Nursing Studies*, 47, 363-85.
- Deci, E.L., & Ryan, R.M. (1985). *Intrinsic motivation and self-determination in human behavior*. New York: Plenum.
- Deci, E.L., & Ryan, R.M. (2000). The 'what' and 'why' of goal pursuits: Human needs and the self-determination of behaviour. *Psychological Inquiry*, 11, 319-38.
- Deckop, J.R., & Cirka, C.C. (2000). The Risk and Reward of a Double-Edged Sword: Effects of a Merit Pay Program on Intrinsic Motivation. *Nonprofit and Voluntary Sector Quarterly*, 29, 400-18.

- De-Cooman, R., De-Gieter, S., Pepermans, R., & Jegers, M. (2011). A cross-sector comparison of motivation-related concepts in for-profit and not-for-profit service organizations. *Nonprofit and Voluntary Sector Quarterly*, 40(2), 296-317. doi:210.1177/0899764009342897.
- DELOITTE. (2016). Battling costs while improving care. Global health care outlook. Retrieved from <http://www2.deloitte.com/content/dam/Deloitte/global/Documents/Life-Sciences-Health-Care/gx-lshc-2016-health-care-outlook.pdf> Accessed February 25, 2016.
- DOLETA. (2015) Health Care Initiatives, Employment & Training Administration (ETA). U.S. Department of Labor. Retrieved from <https://www.doleta.gov/BRG/Indprof/Health.cfm> Accessed February 17, 2016.
- Donovan, M.A., Drasgow, F., & Munson, L.J. (1998). The perceptions of fair interpersonal treatment scale: Development and validation of a measure of interpersonal treatment in the workplace. *Journal of Applied Psychology*, 83, 683-92.
- Dowell, A.C., Hamilton, S., & McLeod, D.K. (2000). Job satisfaction, psychological morbidity and job stress among New Zealand general practitioners. *N Z Med J*, 113, 269-72.
- Dubinsky, A. & Skinner, S. (1984). Job status and employee responses: effects of demographic characteristics. *Psychological Reports*, 55, 323-8.
- Dunham-Taylor, J. (2000). Nurse executive transformational leadership found in participative organizations. *Journal of Nursing Administration*, 30, 241-50.
- Dvir, T., Eden, D., Avolio, B.J., & Shamir, B. (2002). Impact of transformational leadership on follower development and performance: a field experiment. *Academy of Management Journal*, 45, 735-44.
- Eagly, A.H., & Johnson, B.T. (1990). Gender and leadership style: A meta-analysis. *Psychological Bulletin*, 108, 233-256. doi:10.1037/0033-2909.108.2.233
- Eagly, A.H., Karau, S.J., Miner, J.B. & Johnson, B.T. (1994). Gender and motivation to manage in hierarchic organizations: A meta-analysis. *Leadership Quarterly*, 5(2), 135- 159.
- Ebrahimi, B. (1999). Managerial Motivation and Gender Roles: A Study of Females and Males in Hong Kong. *Women in Management Review*, 14(2), 44-53.

- Ejimofor, F.O. (2007). Principal transformational leadership skills and their teachers job satisfaction in Nigeria. Cleveland State University ETDs.
- Ellis, J.R., & Hartley, C.L. (2009). *Managing and coordinating nursing care*, 5th ed. Philadelphia, PA: Lippincott Williams & Wilkins.
- Emery, C.R., Barke, K.J. (2007). The Effect of Transactional and Transformational Leadership Styles on the Organizational Commitment and Job Satisfaction of Customer Contact personnel. *Journal of Organizational Culture, Communication and Conflict*, 11, 77-90.
- Eskildsen, J.K., Kristensen, K., Westlund, A.H. (2002). 'Work motivation and job satisfaction in the Nordic countries'. *Employee Relations*, 26 (2), 122-136.
- Evans R. (1997). Going for the Gold: The Redistributive Agenda behind Market-Based Health Care Reform. *Journal of Health Politics, Policy and Law*, 22(2), 427-465. doi:10.1215/03616878-22-2-427.
- Failla, K.R., & Stichler, J.F. (2008). Manager and staff perceptions of the manager's leadership style. *JOAN*, 38, 480-7.
- Falcon, S. (1991). Self-assessment and job satisfaction in public and private organizations. *Public Productivity & Management Review*, 16, 385-96.
- Farh, J.L., & Podsakoff, P.M. (1987). Cheng BS. Culture-free leadership effectiveness versus moderators of leadership behavior: An extension and test of Kerr and Jermier's substitutes for leadership model in Taiwan. *Journal of International Business Studies*, 18, 43-60.
- Fehr, J., & Sassenberg, K. (2010). Willing and able: How internal motivation and failure help to overcome prejudice. *Group Processes & Intergroup Relations*, 13(2), 167-81. doi:110.1177/1368430209343116.
- Fejes, A. (2008). *Foucault and lifelong learning: Governing the subject*. New York, NY: Routledge.
- Fiedler, F.E. (1967) *A Theory of Leadership Effectiveness*, New York: McGraw-Hill.
- Force, M.V. (2005). The relationship between effective nurse managers and nursing retention. *Journal of Nursing Administration*, 35, 336-41.
- Freiberg, k., & Freiberg, J. (1996). *NUTS! Southwest Airlines Crazy Recipe for Business and Personal Success*, Bard Press (pp.298).

- Freund, A.M. (2006). Age-differential motivational consequences of optimization versus compensation focus in younger and older adults. *Psychology and Aging*, 21, 240–252.
- Frey, B.S., & Oberholzer-Gee, F. (1997). The Costs of Price Incentives: An Empirical Analysis of Motivation Crowding Out. *American Economic Review*, 87, 747-55.
- Frey, B.S., & Jegen, R. (2001). Motivation Crowding Theory. *Journal of Economic Surveys*, 15, 589–611
- Gagne, M., & Deci, E.L. (2005). Self-determination Theory and Work Motivation. *Journal of Organizational Behavior*, 26, 331-62.
- Gagné, M., et al. (2015) The Multidimensional Work Motivation Scale: Validation evidence in seven languages and nine countries, *European Journal of Work and Organizational Psychology*, 24(2), 178-96. doi:10.1080/1359432X.2013.877892
- Gagné, M., Forest, J., Gilbert, M.-H., Aubé, C., Morin, E., & Malorni. (2010). The Motivation at Work Scale: Validation evidence in two languages. *Educational and Psychological Measurement*, 70, 628-646. doi:10.1177/0013164409355698
- Gagné, M., Bérubé, N., & Donia, M. (2007). Relationships between different forms of organizational justice and different motivational orientation. Poster presented at the Society for Industrial and Organizational Psychology. New York.
- Gagne', M., Boies, K., Koestner, R., & Martens, M. (2004). How work motivation is related to organizational commitment: a series of organizational studies. Manuscript, Concordia University.
- Gagne', M., Chemolli, E., Forest, J., & Koestner, R. (2008). A temporal analysis of the relation between organisational commitment and work motivation. *Psychologica Belgica*, 48(23), 219–241. Retrieved from http://www.psych.rochester.edu/SDT/documents/2008_GagneEtAl_PB.pdf
- Gard, G. (2001). Work motivating factors in rehabilitation: A brief review. *Physical therapy reviews*, 6(2), 85-89.
- Gardner, W.L., Avolio, B.J., & Walumbwa, F.O. (2005). Authentic leadership theory and practice: Origins, effects and development; monographs in leadership and management. San Diego, CA: Elsevier.

- George, J., & Jones, G. (2008). *Understanding and managing organizational behavior*. (5th ed.). Upper Saddle River, New Jersey: Pearson Prentice Hall.
- Gilmartin, M.J., D'Auno, T.A. (2007). Leadership research in healthcare. *The Academy of Management Annals*, 1, 387–438.
- Goddard, M.B., & Laschinger, H.K. (1997). Nurse managers' perceptions of power and opportunity. *Canadian Journal of Nursing Administration*, 10, 40-66.
- Goudas, M., Biddle, S., & Fox, K. (2011). Perceived locus of causality, goal orientations, and perceived competence in school physical education classes. *British Journal of Educational Psychology*, 64(3), 453-63.
- Green, J. (2000). Job satisfaction of community college chairpersons. Doctor of Philosophy, Virginia Polytechnic Institute and State University, Virginia.
- Green, J. (2000). Job satisfaction of community college chairpersons. Doctor of Philosophy, Virginia Polytechnic Institute and State University, Virginia.
- Grolnick, W. S., & Ryan, R. M. (1987). Autonomy in children's learning: An experimental and individual difference investigation. *Journal of Personality and Social Psychology*, 52, 890-898.
- Guay, F., Vallerand, R.J., & Blanchard, C. (2000). On the assessment of state intrinsic and extrinsic motivation: The situational motivation scale (SIMS). *Motivation and Emotion*, 24, 175-213.
- Gullatte, M.M., & Jirasakhiran, E.Q. (2005). Retention and recruitment: Reversing the order. *Clinical Journal of Oncology Nursing*, 9, 597–604.
- Gunnarsdottir, S., Clarke, S.P., Rafferty, A.M., & Nutbeam, D. (2009). Front-line management, staffing and nurse-doctor relationships as predictors of nurse and patient outcomes. A survey of Icelandic hospital nurses. *International Journal of Nursing Studies*, 46, 920–27.
- Gunter, B., & Furnham, A. (1996). Biographical and climate predictors of job satisfaction and pride in organization. *The Journal of Psychology*, 130, 193–208.
- Haas, J.S., Cook, E.F., Puopolo, A.L., Burstin, H.R., Cleary, P.D., & Brennan, T.A. (2000). Is the professional satisfaction of general internists associated with patient satisfaction? *J Gen Intern Med*, 15, 122-8.
- Hackman, J.R., & Oldham, G.R. (1976). Motivation through the design of work: Test of a theory. *Organizational Behavior and Human Performance*, 16, 250-79.

- Hall, L.M. (2003). Nursing outcomes: nurses' job satisfaction. In: Doran, D.M. (ed.) (pp.238–318). *Nursing-Sensitive outcomes. State of the Science*. Sudbury, MA: Jones and Bartlett Publishers.
- Hall, L.M., Doran, D., Pink, G.H. (2007). Nursing staffing mix models, nursing hours, and patient safety outcomes. *Journal of Nursing Administration*, 34, 41-45.
- Harackiewicz, J. (1979). The effects of reward contingency and performance feedback on intrinsic motivation. *Journal of Personality and Social Psychology*, 37, 1352–63.
- Hardré, P. L. (2003). Beyond two decades of motivation: A review of the research and practice in instructional design and human performance technology. *Human Resource Development Review*, 2(1), 54-81. doi: 10.1177/1534484303251661.
- Harmon-Jones, E., & Harmon-Jones, C. (2010). On the relationship of trait PANAS positive activation and trait anger: Evidence of a suppressor relationship. *Journal of Research in Personality*, 44(1), 120-123. doi:110.1016/j.jrp.2009.1009.1001.
- Harrison, D.A., Newman, D.A., & Roth, P.L. (2006). How important are job attitudes? Meta-analytic comparisons of integrative behavioral outcomes and time sequences. *Academy of Management Journal*, 49, 305-25.
- Harter, J.K., Schmidt, F.L., Hayes, T.L. (2002). Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes: A meta-analysis. *Journal of Applied Psychology*, 87, 268-79.
- Harvey, P., Stoner, J., Hochwater, W., & Kacmar, C. (2007). Coping with abusive supervision: The neutralizing effects of ingratiation and positive affect on negative employee outcomes. *The Leadership Quarterly*, 18, 264-80.
- Hasenfeld, Y. (1983). *Human Service Organizations*. Englewood Cliffs, NJ: Prentice Hall.
- Hater, J.J., & Bass, B.M. (1988). Superiors' evaluations and subordinates' perceptions of transformational and transactional leadership. *Journal of Applied Psychology*, 73(4), 695-702
- Hays, J.M., & Hill, A.V. (2001). A preliminary investigation of the relationships between employee motivation/vision, service learning, and perceived service quality. *Journal of Operations Management*, 19(3), 335-349.

- Heidarian, A.R., Kelarijani, S.E.J., Jamshidi, R., & Khorshidi, M. (2015). The relationship between demographic characteristics and motivational factors in the employees of social security hospitals in Mazandaran. *Caspian J Intern Med*, 6(3), 170-74.
- Hendricks, K.T., & Hendricks, C.G. (2003). Operational integrity: The gateway to workplace harmony and velocity. In: Giacalone, R.A., Jurkiewicz, C.L. (ed.) (pp.429-45). *Handbook of workplace spirituality and organizational performance*, New York: 7 M.E. Sharpe.
- Hersey, P., & Blanchard, K.H. (1977). *Management of Organizational Behavior: Utilizing Human Resources* (3rd ed.). New Jersey: Prentice Hall.
- Hersey, P., & Blanchard, K.H. (1982). *Management of organization behavior: utilizing human resources* (4th ed.). Englewood Cliffs. N.J: Prentice-Hall.
- Herzberg, F., Mausner, B., & Snyderman, B.B. (1959). *The motivation to work*. New York: John Wiley & Sons.
- Hetland, H., Sandal, G.M. (2003). Transformational leadership in Norway: outcomes and personality correlates, *European Journal of Work and Organizational Psychology*, 12, 147-70.
- Hirschler, T. (2013). Distributed leadership and a climate for informal learning as social conditions for facilitating competence and relatedness satisfaction. Universiteit Twente, Enschede.
- Hofstede, G. (1980). *Culture's Consequence: International Differences in Work Related Values*. Beverley Hills, CA: Sage.
- Holdnak, B.J., Harsh, J., & Bushardt, S.C. (1993). An examination of leadership style and its relevance to shift work in an organizational setting. *Health Care Management Review*, 18, 21-30.
- Holoway, J.B. (2012). Leadership Behavior and Organizational Climate: An Empirical Study in a Non-profit Organization. *Emerging Leadership Journeys*, 5(1), pp.9- 35.
- Hong, J.C., Cheng, C.L., Hwang, M.Y., Lee, C.K., & Chang, H.Y. (2009). Assessing the educational values of digital games. *Journal of Computer Assisted Learning*, 25(5), 423-437.
- Hoppock, R. (1953), *Job satisfaction*. Harper and row, New York NY, page 343.

- House, R.J. (1971). A path-goal theory of leader effectiveness. *Administrative Science Quarterly*, 16, 321-38.
- House, R.J., & Mitchell, T.R. (1974). Path-goal theory of leadership. *Journal of Contemporary Business*, 3, 81-97.
- House, R.J., Hanges, P.J., Javidan, M., Dofman, P.W., & Gupta, V. (2004). *Culture, Leadership and Organizations: The Globe Study of 62 Societies*. Thousand Oaks, CA: Sage.
- Howard, J., & Frink, D. (1996). The Effects of Organizational Restructure on Employee Satisfaction, *Group and Organization Management*, 21(3), 278-303.
- Howard, J.K., & Erich, C.F. (2005). Goal propensity: Understanding and predicting individual differences in motivation. *Research in Personnel and Human Resources Management*, 24, 215-263. doi:210.1016/S0742-7301(1005)24006-24009
- Howell, J.P., & Dorfman, P.W., Kerr, S. (1986). Moderator variables in leadership research. *The Academy of Management Review*, 11, 88-102.
- IBEF. (2016). *Indian Healthcare Industry Analysis*. Retrieved from <http://www.ibef.org/industry/healthcare-presentation>. Accessed February 25, 2016.
- Idris, F., & Ali, K.A.M. (2008). The Impacts of Leadership Style and Best Practices on Company Performances: Empirical Evidence from Business Firms in Malaysia, *Total Quality Management & Business Excellence*, 19, 163-71.
- Igbaria, M., & Guimaraes, T. (1999). Exploring differences in employee turnover intentions and its determinants among telecommuters and non-telecommuters. *Journal of MIS*, 16, 147-64.
- Ilies, R., & Judge, T.A. (2004). An experience-sampling measure of job satisfaction: Its relationships with affectivity, mood at work, job beliefs, and general job satisfaction. *European Journal of Work and Organizational Psychology*, 13, 367-89.
- Ilies, R., Fulmer, I.S., Spitzmuller, M., & Johnson, M. (2006). Personality and citizenship behavior: The role of affect and satisfaction. Paper presented at the 66th Annual Meeting of the Academy of Management in Atlanta, Georgia.

- Ingram, T. & Bellinger, D. (1983). Personal and organizational variables: their relative effect on reward valences of industrial sales people. *Journal of Marketing Research*, 20, 198–205.
- Irum, S., Sultana, A., Ahmed, K., & Mehmood, N. (2012). Work Motivation Differences in Public and Private Sector (A Study of Higher Education Institutes in Pakistan). *Institute of Interdisciplinary Business Research*, 4, 685-99.
- Jaiswal, P., Gadpayle, A.K., Singhal, A.K., Sachdeva, S., Modi, R.K., & Padaria, R. (2015). Job satisfaction among hospital staff working in a Government teaching hospital of India. *Med J Dr, D. Y, Patil University*, 8, 131-37.
- Jaiswal, P., Singhal, A.K., Gadpayle, A.K., Sachdeva, S., & Padaria, R. (2014). Level of motivation amongst health personnel working in a Tertiary Care Government Hospital of New Delhi, India. *Indian J Community Med* 39, 235-40.
- Jathanna, R., Melisha, R.D., Mary, G., & Latha, K.S. (2011). Determinants of job satisfaction among healthcare workers at a tertiary care hospital. *Online J of Health Allied Scs*, 10(3), 5. Retrieved from www.ojhas.org/issue39/2011-3-5.htm
- Jessen, J.T. (2010). Job satisfaction and social rewards in the social services. *Journal of Comparative Social Work*, 1, 1-18.
- Jing-fen, S., Yuan-feng, L., & Pei, Hu. (2016). Survey on medical personnel's job satisfaction in public hospitals in china. *Management and Organizational studies*, 3, 56-66. doi:10.5430/mos.v3n1p56
- Jogulu, U.D. (2010). Culturally-linked leadership styles *Leadership & Organization Development Journal*, 31(8), 705-719 doi:10.1108/01437731011094766
- Johnson, D.W., & Johnson, R.T. (2003). Student motivation in co-operative groups. *Co-operative learning: The social and intellectual outcomes of learning in groups*, 136-176.
- Jung, K., Moon, M.J., & Hahm, S.D. (2007). Do Age, Gender, and Sector Affect Job Satisfaction? Results From the Korean Labor and Income Panel Data. *Review of Public Personnel Administration*, 27(2), 125-146.
- Jurkiewicz, C. & Brown, R. (1998). Gen Xer's vs. boomers vs. matures: generational comparisons of public employee's motivation. *Review of Public Personnel Administration*, 18(4), 18–37.

- Kaldenberg, D.O., & Regrut, B.A. (1999). Do satisfied patients depend on satisfied employees? Or do satisfied employees depend on satisfied patients? The Satisfaction Report. *QRC Advis* 15(7), 9-12
- Kanfer, R. & Ackerman, P.L. (2004). Aging, Adult Development, And Work Motivation. *Academy of Management Review*, Georgia Institute of Technology, 29(3), 440-458.
- Kanste, O., Miettunen, J., & Kynga, H. (2007). Psychometric properties of the Multifactor Leadership Questionnaire among nurses. *Journal of Advanced Nursing*, 57, 201-12.
- Karasek, R.A. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administrative Science Quarterly*, 24, 285-308.
- Kavanaugh, J., Duffy, A.N., & Lilly, J. (2006). The relationship between job satisfaction and demographic variables for healthcare professionals. *Management Research News*, 29 (6), 304-25. Doi:10.1108/01409170610683842
- Kelly, H.H. (1967). Attribution theory in social psychology. *Nebraska Symposium on Motivation*. Lincoln, University of Nebraska, 15, 192-240.
- Kennedy, K.P. (2010). Training: The key to keeping your head in a crisis situation. *Naval Engineers Journal*, 122(3), 73-85.
- Kerr, S., & Jermier, J.M. (1978). Substitutes for leadership: Their meaning and measurement. *Organizational Behavior and Human Performance*, 22, 375-403.
- Kessels, J.W.M. (2012). *Leiderschapspraktijken in een professionele ruimte*. [Leadership practices in a professional space]. Inaugural speech, Heerlen: Open Universiteit.
- KFF. (2016). *Snapshots: Comparing Projected Growth in Health Care Expenditures and the Economy*. Retrieved from <http://kff.org/health-costs/issue-brief/snapshots-comparing-projected-growth-in-health-care-expenditures-and-the-economy>. Accessed September 25, 2016.
- Khuntia, D.K. (2010). Motivation: The essence of library management. *Pearl: A Journal of Library and Information Science*, 4(4), 232-237.
- Kim, J.H., & Lee, C.H. (2008). Multi-objective evolutionary generation process for specific personalities of artificial creature. *Computational Intelligence Magazine*, IEEE, 3(1), 43-53.

- King, K.M., & Teo, K.K. (2012). Cardiac rehabilitation referral and attendance: not one and the same. *Rehabilitation Nursing*, 23(5), 246-251.
- Kivimaki, M., Kalimo, R., & Lindstrom, K. (1994). Contributors to satisfaction with management in hospital wards. *J Nurs Manag*, 2, 229-34.
- Kleiman, L.S. (1997). *Human resource management: A tool for competitive advantage*. St. Paul, MN: West.
- Kleinman, C.S. (2004). Leadership: A key strategy in staff nurse retention. *The Journal of Continuing Education in Nursing*, 35, 128-32.
- Kleinman, C.S. (2004). The relationship between managerial leadership behaviors and staff nurse retention. *Hospital Topics*, 82, 2-9.
- Koestner, R., & Losier, G.F. (2002). Distinguishing three ways of being internally motivated: a closer look at introjection, identification, and intrinsic motivation. In Deci, E.L., & Ryan, R.M. (Eds.), *Handbook of self-determination research* (pp.101–21). Rochester, NY: University of Rochester Press.
- Koh, H.C., Goh, C.T. (1995). An analysis of the factors affecting the turnover intention of non-managerial clerical staff: A Singapore study. *The International Journal of Human Resource Management*, 6(1), 103-25.
- Koob, G.F., & Le Moal, M. (2008). Neurobiological mechanisms for opponent motivational processes in addiction. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 363(1507), 3113-23.
- Kumar, R., Ahmed J., Shaikh B.T., Hafeez, R., & Hafeez, A. (2013). Job satisfaction among public health professionals working in public sector: a cross sectional study from Pakistan. *Hum Resour Health*, 11:2. doi: 10.1186/1478-4491-11-2
- Ladebo, O.J. (2005). Effects of work-related attitude on intention to leave the profession: An examination of school teachers in Nigeria. *Educational Management Administration and Leadership*, 33, 355-69.
- Lambert, T.W., Goldacre, M.J., & Evans, J. (2000). Views of junior doctors about their work: Survey of qualifiers of 1993 and 1996 from United Kingdom medical schools. *Med Educ*, 34, 348-54.
- Lambrou, P., Kontodimopoulos, N., Niakas, D. (2010). Motivation and job satisfaction among medical and nursing staff in a Cyprus public general hospital. *Human Resources for Health*, 8, 26.

- Landy, F.J. (1989). *The Psychology of Work Behavior* (4th ed.). John Wiley and Sons.
- Larocca, M.A. (2003). *Perception of leadership qualities in higher education, Impact of professor gender, professor leader style, situation, and participant gender*. PhD Thesis, University of South Florida.
- Laschinger, H.K., Wong, C., McMahon, L., & Kaufmann, C. (1999). Leader behaviour impact on staff nurse empowerment, job tension, and work effectiveness. *Journal of Nursing Administration*, 29, 28-39.
- Laschinger, H.K.S., Purdy, N., & Almost, J. (2007). The impact of leader-member exchange quality, empowerment, and core self evaluation on nurse managers' job satisfaction, *Journal of Nursing Administration*, 37, 221-9.
- Layman, E. (2007). Job redesign and the health care manager. *Health Care Manager*, 26, 98-110.
- Leach, L.S. (2005). Nurse executive transformational leadership and organizational commitment. *J Nurs Adm*, 32, 228-37.
- Lee, K., Carswell, J.J., & Allen, N.J. (2000). A Meta-Analytic Review of Occupational Commitment: Relations with Person and Work Related Variables. *Journal of Applied Psychology*, 85, 799- 811.
- Lee, R., & Wilbur, E.R. (1985). Age, education, Job Tenure, Salary, Job Characteristics, and Job Satisfaction: A Multivariate Analysis. *Human Relations*, 38(8), 781-791
- Lee, Y.J. (2015). Comparison of job satisfaction between nonprofit and public employees. *Nonprofit and Voluntary Sector Quarterly*, 45(2), 295-313 doi:10.1177/0899764015584061
- Leete, L. (2000). Wage Equity and Employee Motivation in Nonprofit and For-Profit Organizations. *Journal of Economic Behavior and Organization*, 43, 423-46.
- Lefkowitz, J. (1994). Sex-related differences in job attitudes and dispositional variables: now you see them. *Academy of Management Journal*, 37(2), 323-49.
- Leiter, M.P., Harvie, P., & Frizzell, C. (1998). The correspondence of patient satisfaction and nurse burnout. *Soc Sci Med*, 47, 1611-7.
- Lemos, M.S. (2001). Context-bound research in the study of motivation in the classroom. In S. Volet & S. Jarvela (Eds.), *Motivation in learning contexts*:

Theoretical and methodological implications (pp. 105-139). Oxford: Emerald Group Pub Ltd.

- Leonard, R.W. (2012). The Impact of Motivation and Leader Behavior on Satisfaction in Nonprofits. *Proceedings of ABBS*, 19, 520-43.
- Lepper, M.R., & Greene, D. (1976). On Understanding "Over justification": A Reply to Reiss and Sushinsky. *Journal of personality and Social Psychology*, 33, 25-35.
- Lindholm, J.A. (2003). Perceived Organizational Fit: Nurturing the Minds, Hearts, and Personal Ambitions of University Faculty. *The Review of Higher Education*, 27, 125-49.
- Linn, L.S., Brook, R.H., Clark, V.A., Davies, A.R., Fink, A., & Kosecoff, J. (1985). Physician and patient satisfaction as factors related to the organization of internal medicine group practices. *Med Care*, 23, 1171-8.
- Locke, E.A. (1976). The nature and causes of job satisfaction. In M.D. Dunnette (Ed.), *Handbook of industrial and organizational psychology* (pp.1297-349). Chicago: Rand McNally.
- Locke, E.A., & Baum, J.R. (2006). *Entrepreneurial Motivation in the Psychology of Entrepreneurship* (pp. 93-112). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Loke, J.C.F. (2001). Leadership behaviours: Effects on job satisfaction, productivity and organizational commitment. *Journal of Nursing Management*, 9, 191-204.
- Loke, J.C.F. (2001). Leadership behaviours: effects on job satisfaction, productivity and organizational commitment. *Journal of Nursing Management*, 9, 191-204.
- Loke, J.C.F. (2009). Leadership behaviors: effects on job satisfaction, productivity and organizational commitment, *J Nurs Manag*, 9, 191-204.
- Lorsch, J.W., & Morse, J. (1974). *Organizations and Their Members: A Contingency Approach*. New York: Harper & Row.
- Lowder, B.T. (2007). Five Dimensions of Effective Leadership: A Meta-Analysis of Leadership Attributes & Behaviors. Retrieved from <https://ssrn.com/abstract=975559> or doi:10.2139/ssrn.975559

- Lu, H., While, A.E., Barriball, K.L. (2005). Job satisfaction among nurses: a literature review. *International Journal of Nursing Studies*, 42, 211–27.
- Lucy, F., Mellor, D.J., Moore, K.A., & Loquet, C. (2004). How can managers reduce employee intention to quit? *Journal of managerial psychology*, 19, 170-87.
- Luo, X., & Homburg, C. (2007). Neglected Outcomes of Customer Satisfaction. *Journal of Marketing*, 71, 133-49.
- Luthans, F. (1998). *Organisational Behaviour* (8th ed.) Boston: Irwin McGraw-Hill.
- Madlock, P.E. (2008). The link between leadership style, communication competence, and employee satisfaction. *Journal of Business Communication*, 45, 61-75.
- Magner, N., & Welker, R.B., & Johnson, G.G. (1996). The interactive effects of participation and outcome favourability on turnover intentions and evaluations of supervisors. *Journal of Occupational and Organizational Psychology*, 69, 135-43.
- Malik, M.E., & Naeem, B. (2011). Role of spirituality in job satisfaction and organizational commitment among faculty of institutes of higher learning in Pakistan. *African Journal of Business Management*, 5, 1236-44.
- Managementstudyguide. (2014). Impact of Situational Leadership on Performance and Motivation. Retrieved from <http://managementstudyguide.com/situational-leadership-and-motivation.htm>. Accessed June 20, 2014.
- Managementstudyguide. (2014). Leadership and Motivation. Retrieved from <http://managementstudyguide.com/leadership-motivation.htm>
- Manojlovich, M. (2005). Promoting nurses' self-efficacy: A leadership strategy to improve practice. *JONA*, 35, 273-8.
- Marquis, B.L., & Huston, C.J. (2009). *Leadership Roles and Management Functions in Nursing: Theory and Application* (6th ed.). Wolters/Kluwer/Lippincott Williams and Wilkins, Philadelphia.
- Martín, S.S. (2008). Relational and economic antecedents of organisational commitment. *Personnel Review*, 37, 589-608.
- Maslow, A.H. (1943). A theory of human motivation. *Psychological Review*, 50, 370-96.
- Maslow, A.H. (1968). *Toward a Psychology of Being*. New York: Van Nostrand Company.

- Maxime, A. (2009). Tremblay, Work Extrinsic and Intrinsic Motivation Scale: Its Value for Organizational Psychology Research *Canadian Journal of Behavioural Science*, 41(4), 213–26.
- McGilton, K.S., Hall, L.M., Boscart, V.M., & Brown, M. (2007). Effects of director of care support on job stress and job satisfaction among long-term care nurse supervisors. *Canadian Nursing Leadership*, 20, 52-66.
- McGilton, K.S., Hall, L.M., Wodchis, W., & Petroz, U. (2007). Supervisory support, job stress, and job satisfaction among long-term care nursing staff. *Journal of Nursing Administration*, 37, 366-72.
- McGregor, D. (1960). *The human side of enterprise*. New York: McGraw-Hill.
- McKinsey & Company. (2012). *Women Matter: An Asian Perspective*. Retrieved from <http://www.mckinsey.com/business-functions/organization/our-insights/women-matter>
- McNeely, R.L. (1988). Age and job satisfaction in human service employment. *Gerontologist*, 28, 163-8.
- McNeese-Smith, D.K. (1997). The influence of manager behaviour on nurses' job satisfaction, productivity and commitment. *Journal of Nursing Administration*, 27, 47-55.
- McNeese-smith, D.K. (1999). The relationship between managerial motivation, leadership, nurse outcomes and patient satisfaction. *Journal of Organisational Behaviour*, 20, 243-59.
- Miguel, A., Rock, A., & Rohrich, O. (2008). *Emotional teams in project management environment*. Lousã: Computer Publishing.
- Miner, J.B., Ebrahimi, B., & Wachtel, J.M. (1995). How deficiency in management contributes to the United States' competitiveness problem and what can be done about it? *Human Resource Management*, Fall, 363.
- Mitchell, T.R., & Daniels, D. 2003. Motivation. In W. C. Borman, D. R. Ilgen, & R. J. Klimoski (Eds.), *Handbook of psychology. Industrial and organizational psychology*, 12, 225-54. New York: Wiley.
- Mohammed, K.A., Othman, J., & D'Silva, J.L. (2012). Social Demographic Factors That Influence Transformational Leadership Styles among Top Management in Selected Organizations in Malaysia. *Asian Social Science Journal*, 8(13), 51-58. doi:10.5539/ass.v8n13p51

- Moon, H. (2001). The two faces of conscientiousness: Duty and achievement striving in escalation of commitment dilemmas. *Journal of Applied Psychology*, 86, 533-40.
- Morse, J.J. Person-job congruence and individual adjustment and development. *Human Relations*, 28, 841-61.
- Muchinsky, P.M. (2003). *Psychology applied to work*. Belmont, CA: Wadsworth.
- Nabirye, R.C., Brown, K.C., Pryor, E.R., & Maples, E.H. (2011). Occupation stress, job satisfaction and job performance among nurses in Kampala Uganda. *J Nursing Management*, 19, 760-68. doi:10.1111/j.1365-2834.2011.01240.x
- Nainil C. (2007). *The Not So Short Introduction to Health Care in US Chheda*.
- NASSCOM. (2016). Role of IT in Indian Healthcare. Retrieved from <http://www.nasscom.in/role-it-indian-healthcare> Accessed February 25, 2016.
- Naude P, Desai J, Murphy J. Identifying the determinants of internal market orientation. *European Journal of Marketing* 2003;37:1205-20.
- Ngirande H. (2013). The Impact of Job Satisfaction and Some Demographic Variables on Employee Turnover Intentions. *International Journal of Business Administration*, 4(1), 53-65. doi:10.5430/ijba.v4n1p53
- Ngumi, S., Slegers, P., & Denessen, E. (2006). Transformational and Transactional Leadership Effects on Teacher' Job Satisfaction, Organizational Commitment, and Organizational Citizenship Behavior in Primary Schools: The Tanzanian case. *School Effectiveness and School Improvement*, 17, 145-77.
- Nielsen, K., & Munir, F. (2009) How do transformational leaders influence followers_ affective well-being? Exploring the mediating role of self-efficacy *Work & Stress*, 23, 313-29.
- Nielsen, K., Randall, R., Yarker, J., & Brenner, S.O. (2008). The effects of transformational leadership on followers_ perceived work characteristics and psychological well-being: a longitudinal study. *Work & Stress*, 22, 16-32.
- Nielsen, K., Yarker, J., Brenner, S.O., Randall, R., Borg, V. (2008). Leadership style, work characteristics and well-being. *Journal of Advanced Nursing*, 63, 465-75.
- Nielsen, K., Yarker, J., Randall, F., & Munir, R. (2009). The mediating effects of team and self-efficacy on the relationship between transformational leadership, and job satisfaction and psychological well-being in healthcare professionals: a

- cross-sectional questionnaire survey. *International Journal of Nursing Studies*, 46, 1236–44.
- Northouse, G. (2007). *Leadership theory and practice*, 3rd ed. Thousand Oaks, CA: Sage Publications.
 - Northouse, P.G. (2013). *Leadership Theory and Practice* (6th ed.) (pp.76,99,193). Thousand Oaks California: Sage Publications.
 - Olajide, A. (2000). Getting the best out of the employees in a developing economy. A Personnel Psychology Guest Lecture Series. Department of Guidance and Counselling, University of Ibadan, Nigeria.
 - Oleckno, W.A., & Blacconiere, M.J. (1993). Job satisfaction among environmental health professionals: An examination of descriptors, correlates and predictors. *Journal of Environmental Health* 55(4), 10–15
 - Orpen, C. (1994). Interactive effects of work motivation and personal control on employee job performance and satisfaction. *Journal of Social Psychology*, 134, 855-6.
 - Osborn, R.N., & Marion, R. (2009). Contextual leadership, transformational leadership and the performance of international innovation seeking alliances. *The Leadership Quarterly*, 20, 191–206.
 - Oshagbemi, T. (1999). Overall job satisfaction: how good are single versus multiple item measures? *Journal of Managerial Psychology*, 14, 388-403.
 - Osteraker, M. (1999). Measuring Motivation in a Learning Organization. *Journal of Workplace Learning*, 11(2), 73–77.
 - Ostroff, C. (1992). The relationship between satisfaction, attitudes and performance: An organizational level analysis. *J Appl Psychol*, 77, 963-74.
 - Otara, A. (2011). Perception: A Guide for Managers and Leaders. *Journal of Management and Strategy*, 2(3), 21-24. doi:10.5430/jms.v2n3p21
 - Oudeyer, P.Y., & Kaplan, F. (2008). How can we define intrinsic motivation? Paper presented at the Proceedings of the 8th International Conference on Epigenetic Robotics.
 - Paarlberg, L.E., & Lavigna, B. (2010). Transformational Leadership and Public Service Motivation: Driving Individual and Organizational Performance. *Public Administration Review*, 70, 710-18.

- Pandey, S.K., & Wright, B.E. (2006). Connecting the Dots in Public Management: Political Environment, Organizational Goal Ambiguity, and the Public Manager's Role Ambiguity. *Journal of Public Administration Research and Theory*, 16, 511-32.
- Park, S.M., & Rainey, H.G. (2007). Antecedents, Mediators, and Consequences of Affective, Normative, and Continuance Commitment: Empirical Tests of Commitment Effects in Federal Agencies. *Review of Public Personnel Administration*, 27, 197-226.
- Parsons, S.K., Simmons, W.P., Penn, K., & Furlough, M. (2003). Determinants of satisfaction and turnover among nursing assistants. The results of a statewide survey. *Journal of Gerontological Nursing*, 29, 51-58.
- Pathman, D.E., Konrad, T.R., Williams, E.S., Scheckler, W.E., Linzer, M., & Douglas, J. (2002). Physician job satisfaction, job dissatisfaction, and physician turnover. *J Fam Pract*, 51, 593.
- Pelletier, L.G., Fortier, M.S., Vallerand, R.J., Tuson, K.M., Brière, N.M., & Blais, M.R. (1995). Towards a new measure of intrinsic motivation, extrinsic motivation and amotivation in sports: The Sport Motivation Scale. *Journal of Sport & Exercise Psychology*, 17, 35-53.
- Perry, J.L., & Hondeghem, A. (2008). Directions for Future Theory and Research. *Motivation in Public Management* (pp.294-313). *The Call of Public Service*, Oxford: Oxford University Press.
- Perry, J.L., Hondeghem, A., & Wise, L.R. (2010). Revisiting the Motivational Bases of Public Service: Twenty Years of Research and an Agenda for the Future. *Public Administration Review*, 70, 681-90.
- Pervez, S. (2005). Leadership in Organizations, A Comparative study of Profit and Non-Profit Organizations. Thesis Master programme Baltic Business School, University of Kalmar, Sweden, pp.44.
- Phil, S. (2009). A study on job satisfaction among the employees of state bank of India in Coimbatore City. Retrieved from <https://www.scribd.com/doc/13489923/Job-Satisfaction-Study-State-Bank-of-India-in-Coimbatore-City>

- PIB. (2016). Union Budget 2016-17. Department of Industrial Policy and Promotion (DIPP), RNCOS Reports, Media Reports, Press Information Bureau (PIB).
- Pintrich, P.R., & Schunk, D.H. (1996). *Motivation in education: Theory, research and applications* (2nd ed.). Englewood Cliffs, NJ: Merrill Company.
- Pool, S.W. (1997). The relationship of job satisfaction with substitutes of leadership, leadership behavior, and work motivation. *The Journal of Psychology*, 131, 271-83.
- Porter, L.W., Lawler, E.E., & Hackman, J.R. (1975). *Behavior in organizations*. New York: McGraw-Hill.
- Potter, W.J., & Ware, W. (1987). An analysis of the contexts of antisocial acts on prime-time television. *Communication Research*, 14(6), 664-686. doi: 610.1177/009365087014006003.
- Prottas, D.J. (2008). Perceived behavioural integrity: Relationships with employee attitudes, well-being, and absenteeism. *Journal of Business Ethics*, 81, 313-22.
- PwC. (2012). Money Tree PE Deals Final. Retrieved from <http://www.pwc.in/press-releases/pwc-moneytree-pedeals.html>. Accessed February 25, 2016.
- Rafferty, A.E., & Griffin, M.A. (2004). Dimensions of transformational leadership: Conceptual and empirical extensions. *The Leadership Quarterly*, 15, 329–54.
- Rakes, G.C., & Dunn, K.E. (2010). The impact of online graduate students' motivation and self-regulation on academic procrastination. *Journal of Interactive Online Learning*, 9(1), 78-93.
- Regan, L.C., & Rodriguez, L. (2011). Nurse empowerment from a middle-management perspective: nurse managers and assistant nurse managers workplace empowerment views. *Permanente Journal*, 15, 101-7.
- Resnick, B. (2007). Motivation in geriatric rehabilitation. *Journal of Nursing Scholarship*, 28(1), 41-45.
- Robbins, S.P., & Judge, T.A. (2007). *Organizational behavior*. Upper Saddle River, New Jersey: Pearson/Prentice Hall.
- Robbins, S.P., & Judge, T.A. (2010). *Essentials of Organizational Behavior* (10th ed.). Upper Saddle River, NJ: Pearson Prentice Hall.

- Robinson, V. (2007). The impact of leadership on student outcomes: Making sense of the evidence. *The Leadership Challenge - Improving learning in schools*.
- Rodgers-Jenkinson, F., & Chapman, D.W. (1990). Job satisfaction of Jamaican elementary school teachers. *International Review of Education*, 36, 299 -313.
- Rodriguez, R. (2013) Leadership Behavior Description Questionnaire (LBDQ & LBDQ-XII). In Bocamea, M.C., Reynolds, R.A., & Baker, J.D. (Eds.) *Online Instruments, Data Collection, and Electronic Measurements: Organizational Advancements* (pp.97-117). Hershey, PA: IGI Global. doi:10.4018/978-1-4666-2172-5.ch006
- Rolland, J.S. (1998). Beliefs and collaboration in illness: Evolution over time. *Families, System and Health*, 16, 7-27.
- Román, S., & Iacobucci, D. (2010). Antecedents and consequences of adaptive selling confidence and behavior: a dyadic analysis of salespeople and their customers. *Journal of the Academy of Marketing Science*, 38(3), 363-382.
- Rowold, J., & Heinitz, K. (2007). Transformational and charismatic leadership: Assessing the convergent, divergent and criterion validity of the MLQ and the CKS. *Leadership Quarterly*, 18, 121-33.
- Rowold, J., & Rohmann, A. (2009). Transformational and transactional leadership styles, followers' positive and negative emotions, and performance in non-profit orchestras. *Nonprofit Management and Leadership*, 20, 41-59.
- Ryan, R.M. (1982). Control and information in the intrapersonal sphere: An extension of cognitive evaluation theory. *Journal of Personality and Social Psychology*, 43, 450-461.
- Ryan, R.M. (1995). Psychological needs and the facilitation of integrative processes. *Journal of Personality*, 63, 397-427.
- Ryan, R.M., & Connell, J.P. (1989). Perceived locus of causality and internalization: Examining reasons for acting in two domains. *Journal of Personality and Social Psychology*, 57, 749-61
- Ryan, R.M., & Deci, E.L. (2000). Intrinsic and extrinsic motivations: Classic definitions and new directions. *Contemporary Educational Psychology*, 25(1), 54-67.
- Salamon, L.M. (2002). *The State of Nonprofit America*. Washington DC: Brookings.

- Sass, E.J. (1989). Motivation in the college classroom: What students tell us. *Teaching of Psychology*, 16(2), 86-88.
- Schaubroeck, J., Walumbwa, F.O., Ganster, D.C., & Kepes, S. (2007). Destructive leader traits and the neutralizing influence of an enriched job. *The Leadership Quarterly*, 18, 236-51.
- Schaufeli, W.B., & Van-Dierendonck, D. (2000). *Utrechtse Burnout Schaal [The Dutch Maslach Burnout Inventory]*. Lisse: Swets Test Services.
- Schmidt, H.G. (2009). Foundations of problem-based learning: some explanatory notes. *Medical education*, 27(5), 422-432.
- Schmidt, L., Palminteri, S., Lafargue, G., & Pessiglione, M. (2010). Splitting motivation unilateral effects of subliminal incentives. *Psychological Science*, 21(7), 977-983.
- Schriesheim, C.A., & Kerr, S. (1977). Theories and measures of leadership: A critical appraisal of current and future directions. In: Hunt JG, Larson LL, editor. *Leadership: The cutting edge*. Carbondale, IL: Southern Illinois University Press.
- Sellgren, S.F., Ekvall, G., & Tomson, G. (2008). Leadership behaviour of nurse managers in relation to job satisfaction and work climate. *Journal of Nursing Management*, 16, 578-87.
- Seltzer, J., Numerof, R.E., & Bass, B.M. (1989). Transformational leadership: Is it a source of more burnout and stress? *Journal of Health and Human Resources Administration*, 12, 174-85.
- Seyhan, O. (2013). A Primer for Transformational Leadership in Nonprofit Sector. *Journal of Administrative Sciences*, 11(22), pp.251-275.
- Shaffer, M.A. and Harrison, D.A. (1998). Expatriates' Psychological Withdrawal from International Assignments: Work, Nonwork, And Family Influences. *Personnel Psychology*, 51, 87–118. doi:10.1111/j.1744-6570.1998.tb00717.x
- Sholl, R.W. (2001). *Leader Behavior and Motivation: Approaches to Influence*. Retrieved from http://web.uri.edu/lrc/scholl/leadership_behavior/
- Sirota, D., Mischkind, L.A., Meltzer, M.I. (2005). *The Enthusiastic Employee: How Companies Profit by Giving Workers What They Want*, Upper Saddle River,NJ: Wharton School Publishing.

- Skogstad, A., Einarsen, S., Torsheim, T., Aasland, M.S., & Hetland, H. The destructiveness of laissez-faire leadership behavior. *Journal of Occupational Health Psychology*, 12, 80-92.
- Smith, D.H. (1995). Some Challenges in Nonprofit and Voluntary Action Research. *Nonprofit and Voluntary Sector Quarterly*, 24, 99-101. doi:10.1177/089976409502400202
- Smith, P.C., Kendall, L., & Hulin, C.L. (1969). *The measurement of satisfaction in work and retirement: A strategy for the study of attitudes*. Chicago: Rand McNally
- Sosik, J.J., & Godshalk, V.M. (2003). Aiming for career success: The role of learning goal orientation in mentoring relationships. *Journal of Vocational Behavior*, 63, 417–37.
- Spector, P.E. (1985). Measurement of human service staff satisfaction: Development the job satisfaction survey, *American Journal of Community Psychology*, 13(6), 25-31.
- Spector, P.E. (1997). *Job satisfaction: Application, assessment, cause and consequences*. Thousand Oaks, CA: Sage Publications, Inc.
- Spector, P.E. (2003). *Industrial and organizational psychology – Research and practice* (3rd ed.) New York: John Wiley & Sons, Inc.
- Spillane, J.P., Halvderson, R., & John, B.D. Towards a theory of leadership practice. *Journal of Curriculum Studies*, 36, 3–34.
- Statt, D. (2004). *The Routledge Dictionary of Business Management* (3rd ed.), (pp.78). Detroit: Routledge Publishing.
- Stodgill, R.M. (1974). *Handbook of Leadership: A Survey of Theory and Research*. New York, NY: Free Press.
- Stodgill, R.M. (1963). *Manual for the Leader Behavior Description Questionnaire-Form XII*. Columbus, OH: Bureau of Business Research, Ohio State University.
- Stoke, M. (1999). *Motivation and Psychological Traits and Commitment*. New York: Nostrand Publishing Company.
- Stoker. (1999). *Organizational Behavior*. *Journal of Leadership and Organization*, 2, 159.

- Stone, D., Deci, E.L., & Ryan, R.M. (2009). Beyond talk: Creating autonomous motivation through self-determination theory. *Journal of General Management*, 34, 75-91.
- Strombeck, S.D., & Wakefield, K.L. (2008). Situational influences on service quality evaluations. *Journal of Services Marketing*, 22(5), 409-419.
- Sünbül, A.M. (2003). An analysis of relations among locus of control, burnout and job satisfaction in Turkish high school teachers. *Australian Journal of Education*, 47(1), 58-73.
- Tannenbaum, R., & Schmidt, W. (1958). How to choose a leadership pattern. *Harvard Business Review*, 36(2), 95-101.
- Tannenbaum, R., Weschler, I.R., & Massarik, F. (1964). *Leadership and organization: A behavioral science approach*. New York: McGraw-Hill (pp.24).
- Tella, A. (2007). The impact of motivation on student's academic achievement and learning outcomes in mathematics among secondary school students in Nigeria. *Eurasia Journal of Mathematics, Science & Technology Education*, 3(2), 149-156.
- Tella, A., Ayeni, C., & Popoola, S. (2007). Work motivation, job satisfaction, and organisational commitment of library personnel in academic and research libraries in Oyo State, Nigeria. *Library Philosophy and Practice*, 9(2), 13.
- Tepper, B.J. (2000). Consequences of abusive supervision. *Academy of Management Journal*, 43, 178-90.
- Tett RP, & Meyer JP. Job Satisfaction, Organizational Commitment, Turnover Intention, and Turnover: Path Analyses Based on Meta-Analytic Findings. *Personnel Psychology* 1993;46:259-93.
- Thijs, J. (2011). Ethnic differences in teacher-oriented achievement motivation: A study among early adolescent students in the Netherlands. *The Journal of genetic psychology*, 172(2), 121-40.
- Ting, Y. (1997). Determinants of job satisfaction of Federal Government employees. *Public Personnel Management Review*, 26, 313-34.
- Trewatha, R.L., & Vaught, B. (1987). The role of preferred leader behavior, managerial demographics, and interpersonal skills in predicting leadership style. *Journal of Behavioral Economics*, 16, 99-107 doi:10.1016/00905720(87)900118

- Trottier, T., Wart, M.V., & Wang, X. (2008). Examining the nature and significance of leadership in government organizations. *Public Administration Review*, 68, 319-33.
- Tyagi, P.K. (1985). Work motivation through the design of salesperson jobs. *Journal of Personal Selling and Sales Management*, 5, 41-51.
- UNSTATS. (2008) United Nations. International Standard Industrial Classification of All Economic Activities, Rev.3. New York. Retrieved from <http://unstats.un.org/unsd/cr/registry/regcst.asp?Cl=2> Accessed February 17, 2016.
- Vallerand, R.J., Blais, M.R., Briere, N.M., & Pelletier, L.G. (1989). Construction and validation of the Motivation Toward Education Scale. *Canadian Journal of Behavioural Science Revue Canadienne*, 21, 323-49.
- Vallerand, R.J., Pelletier, L.G., Blais, M.R., Briere, N.M., Senecal, C., & Vallières, E.F. (1992). The Academic Motivation Scale: A measure of intrinsic, extrinsic, and amotivation in education. *Educational and Psychological Measurement*, 52, 1003-17.
- Van-Vuuren, S.M. (1990). Die verband tussen sekere persoonlikheidseienskappe en werkstevredenheid by die predikant (The relationship between certain personality characteristics and job satisfaction in the clergyman). Unpublished D. thesis. Rand Afrikaans University.
- Vercueil, J.C. (1970). Die verband tussen sekere persoonlikheidseienskappe, werkstevredenheid en personeelomset in 'n hoogs gespesialiseerde industriële onderneming (The relationship between certain personality characteristics, job satisfaction and personnel turnover in a highly specialised industrial organisation). Unpublished M.A. dissertation. Rand Afrikaans University.
- Vilma, Z., & Egle, K. (2007). Improving motivation among health care workers in private health care organizations: a perspective of nursing personnel. *Baltic Journal of Management*, 2(2), 213-224.
- Vroom, V.H. (1959). Some personality determinants of the effects of participation. *Journal of Abnormal and Social Psychology*, 59, 322-27.
- Vroom, V.H. (1964). *Work and motivation*. San Francisco, CA: Jossey-Bass.
- Vroom, V.H., & Yetton, P.W. (1973). *Leadership and Decision-Making*. Pittsburgh: University of Pittsburgh Press.

- Wae, M. (2001). Inter relationship between personality, emotional intelligence, and job satisfaction of bank employees. Doctor of Philosophy, Universiti Utara Malaysia, Malaysia.
- Walumbwa, F., Avolio, B., Gardner, W., Wernsing, T., & Peterson, S. (2008). Authentic Leadership: Development and Validation of a Theory-Based Measure. *Journal of Management*, 34, 89-126.
- Walumbwa, F.O., Avolio, B.J., Zhu, W. (2008). How transformational leadership weaves its influence on individual job performance: the role of identification and efficacy beliefs. *Personnel Psychology*, 61, 793–825.
- Walumbwa, F.O., Wang, P., Lawler, J.J., & Shi, K. (2004). The role of collective efficacy in the relations between transformational leadership and work outcomes. *Journal of Organizational and Occupational Psychology*, 77, 515–53.
- Warr, P. (1992). Age and occupational well-being. *Psychology and Aging*, 7, 37-45
- Warr, P. (1997). Age, work, and mental health. In K. W. Schaie & C. Schooler (Eds.). *The impact of work on older adults: 252–296*. New York: Springer.
- Warr, P. (2001). Age and work behaviour: Physical attributes, cognitive abilities, knowledge, personality traits, and motives. *International Review of Industrial and Organizational Psychology*, 16, 1–36.
- Wayne, S.J., Shore, L.M., & Liden, R.C. (1997). Perceived organizational support and leader- member exchange: A social exchange perspective. *Academy of Management Journal*, 40, 82-111.
- Webb, K.S. (2009). Creating satisfied employees in Christian higher education: Research on leadership competencies. *Christian Higher Education*, 8, 18-31.
- Weberg, D. (2010). Transformational leadership and staff retention: an evidence review with implications for healthcare systems. *Nursing Administration Quarterly*, 34, 246–58.
- Weiss, D.J., Davis, R.V., & England G.W. (1967). Manual for the Minnesota satisfaction questionnaire. *Minnesota Studies in Vocational*.
- Winne, P., & Hadwin, A. (2008). The weave of motivation and self-regulated learning. *Motivation and self-regulated learning: Theory, research, and applications* (pp.297-314).

- Wolfram, H.J., & Mohr, G. (2009). Transformational leadership, team goal fulfillment, and follower work satisfaction: The moderating effects of deep-level similarity in leadership dyads. *Journal of Leadership and Organizational Studies*, 15, 260-74.
- World Health Organization. (2009). *Handbook on Monitoring And Evaluation Of Human Resources For Health, With Special Applications For Low- And Middle-Income Countries*. Geneva: World Health Organization. (pp63-78).
- World Health Organization. (2011). *World Health Statistics 2011. Health workforce, infrastructure and essential medicines*. Geneva, 2011. (Table 6) Accessed February 17, 2016.
- World Health Organization. (2016) *Health systems service delivery*. Retrieved from <http://www.who.int/healthsystems/topics/delivery/en/>
- Worthleya., Reginald., MacNabb., Brent., Brislina, Richard, Itoa, Kiyohiko & Rosec, Elizabeth. L. (2009). Workforce motivation in Japan: an examination of gender differences and management perceptions. *The International Journal of Human Resource Management*, 20(7), 1503-20.
- Wright, B.E. (2007). Public service and motivation: Does mission matter? *Public Administration Review*, 67, 54-64.
- Wu, T.Y., Hu, C. (2009). Abusive supervision and employee emotional exhaustion: Dispositional antecedents and boundaries. *Group & Organization Management*, 34, 143-69.
- Wynne, B.E., & Hunsaker, P.L. (1975). A human information-processing approach to the study of leadership. In: Hunt, J.G., & Larson, L.L. (ed.). *Leadership frontiers*, Kent, OH: Kent State University.
- Yagil, D. (2006). The relationship of abusive and supportive workplace supervision to employee burnout and upward influence tactics. *Journal of Emotional Abuse*, 6, 49-65.
- Yahoo Industry Browser. (2015). *Healthcare Sector – Industry List*. Retrieved from <https://biz.yahoo.com/p/5conameu.html> Accessed February 17, 2016.
- Yang, K., & Pandey, S.K. (2009). How Do Perceived Political Environment and Administrative Reform Affect Employee Commitment? *Journal of Public Administration Research and Theory*, 19, 335-60.

- Yaun R. (2007). China Cultivates Its Healthcare Industry The Risks and Opportunities in a Society Undergoing Explosive Change. *Genetic Engineering & Biotechnology News*, 27, 49-51. Retrieved from <http://www.genengnews.com/gen-articles/china-cultivates-its-healthcare-industry/2165/>. Accessed February 25, 2016.
- Yukl, G.A. (1981). *Leadership in Organisations*. Englewood Cliffs, New Jersey: Prentice-Hall.
- Yukl, G.A. (2010). *Leadership in Organizations: Global Edition (7th ed.)* State University of New York, Albany: Pearson Higher Education.
- Yunker, G.W., Hunt, J.G. (1976). An empirical comparison of the Michigan Four-Factor and Ohio State LBDQ leadership scales. *Organizational Behavior & Human Performance*, 17(1), 45-65. doi:10.1016/0030-5073(76)90052-0
- Zeffane, R. (1994). Patterns of organizational commitment and perceived management style: A comparison of public and private sector employees. *Human Relations*, 47, 977-1010.
- Zhang, X., & Bartol, K.M. (2010). Linking Empowering Leadership and Employee Creativity: The Influence of Psychological Empowerment, Intrinsic Motivation, and Creative Process Engagement. *Academy of Management Journal*, 53, 107-28.
- Zhang, X., & Bartol, K.M. (2010). The influence of creative process engagement on employee creative performance and overall job performance: A curvilinear assessment. *Journal of Applied Psychology*, 95, 862-73.
- Zhou, K.Z., Li, J.J., Zhou, N., & Su, C. (2008). Market orientation, job satisfaction, product quality, and firm performance: Evidence from China. *Strategic Management Journal*, 29, 985-1000.
- Zou, M. (2007). Understanding the gender difference in job satisfaction: A work orientation perspective. Paper Presented at the EqualSoc Midterm Conference, Berlin

Demographic profile of respondents

Distribution of employees to whom questionnaire was distributed

Total	Male	Female	Total
Doctors	157	152	309
Nurses	235	25	260
Paramedics	92	34	126
Non-Medicos	65	53	118
Total	549	264	813

Gender distribution of respondent's employees

	Male	Female	Total
Non Medico	38	34	72
Doctor	88	119	207
Nurse	20	223	243
Para Medic	67	32	99
Total	213	408	621

Employment type distribution of respondents

	Contractual	Regular	Total
Non Medico	23	49	72
Doctor	71	136	207
Nurse	90	153	243
Para Medic	29	70	99
Total	213	408	621

Distribution of respondents based on duration of service

Service Duration	<= 2 yrs	2-4 yrs	>4 yrs	Total
Non Medico	20	22	30	72
Doctor	63	39	104	206
Nurse	75	61	105	241
Para Medic	26	21	51	98
Total	184	143	290	617

Distribution of respondents based on their age

Age	<= 35 yrs	35-45 yrs	45-55 yrs	> 55 yrs	Total
Non Medico	49	15	7	1	72
Doctor	146	30	21	10	207
Nurse	162	44	15	22	243
Para Medic	63	22	9	5	99
Total	420	111	52	38	621

Questionnaire used

My name is Ravinder Nath Bansal and I am conducting research at GGSMC, Faridkot exploring employee perception about their Job, work and environment. This research is being conducted as part of my studies and will be submitted for examination. You are requested to take part in this study and participation involves completing this survey. Participation is completely voluntary and so you are not obliged to take part. Participation is anonymous and confidential, thus responses cannot be attributed to any one participant. There will be no follow up once this survey has been complete at your end. The responses will be securely stored in electronic format and stored on a password protected computer. It is important that you understand that by completing and submitting the questionnaire that you are consenting to participate in the study. There are four (4) Sections to this questionnaire and it should take approximately 15 minutes to complete. Thank you in advance for taking the time to complete this survey as it is very important to my research.

This questionnaire contains items that are related to your experience with most immediate supervisor.

ਸੇ ਆਪਣੇ ਪੱਧਰ ਤੇ ਇੱਕ ਸਰਵੇ /ਹਿਸਰਚ ਕਰ ਰਿਹਾ ਹਾਂ । ਇਸ ਸਰਵੇ ਵਿੱਚ ਜੋ ਸਵਾਲ ਪੁੱਛੇ ਜਾਂ ਰਹੇ ਹਨ, ਉਹਨਾਂ ਦਾ ਜੁਆਬ ਆਪਣੇ ਬਣਦੇ ਨਿਗਰਾਨ /ਇੰਚਾਰਜ ਦੇ ਨਾਲ ਸਬੰਧਤ ਤਜਰਬੇ ਦੇ ਮੁਤਾਬਕ ਦਿਓ ਜੀ। ਇਹ ਵਾਅਦਾ ਕੀਤਾ ਜਾਂਦਾ ਹੈ ਕਿ ਆਪ ਜੀ ਵੱਲੋਂ ਦਿੱਤੇ ਗਏ ਸੁਆਲਾਂ ਦੇ ਜੁਆਬਾਂ ਨੂੰ ਪੂਰੀ ਤਰ੍ਹਾਂ ਰੁਪਤ ਰੱਖਿਆ ਜਾਵੇਗਾ ਅਤੇ ਕਿਸੇ ਨੂੰ ਵੀ ਕੁੱਝ ਵੀ ਨਹੀਂ ਦੱਸਿਆ ਜਾਵੇਗਾ । ਸੇ ਆਪਣੀ ਸਹਿਮਤੀ ਦਿੰਦੇ ਹੋਏ, ਇਹ ਪੁੱਛਰਮਾਂ ਭਰਨ ਦੀ ਖੋਚਲ ਕਰਨ ਦੀ ਬੇਨਤੀ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਅਤੇ ਆਪ ਇਹਨਾਂ ਸੁਆਲਾਂ ਦੇ ਜੁਆਬ ਨਿਡਰ ਹੋ ਕੇ ਦੇ ਸਕਦੇ ਹੋ ।

Part A

Name	Optional _____							
Department	_____							
Designation	_____							
1 Gender:	<input type="checkbox"/> Male				<input type="checkbox"/> Female			
2 Age:	<input type="checkbox"/> <25	<input type="checkbox"/> 25-30	<input type="checkbox"/> 31-35	<input type="checkbox"/> 36-40	<input type="checkbox"/> 41-45	<input type="checkbox"/> 46-50	<input type="checkbox"/> 51-55	<input type="checkbox"/> > 55
3 Employment type	<input type="checkbox"/> Contractual		<input type="checkbox"/> Regular		<input type="checkbox"/> PGS		<input type="checkbox"/> Post retired	
4 Job level	<input type="checkbox"/> Class I		<input type="checkbox"/> Class II		<input type="checkbox"/> Class III		<input type="checkbox"/> Class IV	
5 Type	<input type="checkbox"/> Non-Medical		<input type="checkbox"/> Dr		<input type="checkbox"/> Nurse		<input type="checkbox"/> Paramedic	
6 Married	<input type="checkbox"/> Yes				<input type="checkbox"/> No			
7 No of children	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> > 3			
8 Years of service in this institution	<input type="checkbox"/> < 1 yr	<input type="checkbox"/> 1-2 yrs	<input type="checkbox"/> 2-3 yrs	<input type="checkbox"/> 3-4 yrs	<input type="checkbox"/> 4-5 yrs	<input type="checkbox"/> 5-6 yrs	<input type="checkbox"/> 6-7 yrs	<input type="checkbox"/> > 7 yrs
9 Name of your supervisor							

S.No	Part B Think about how frequently the leader engages in the behavior described by the item. ਜੇਹੇ ਦੀ ਢਿੱਲੀ ਵਾਲੀ ਕੁਝ ਚਿੰਤਾਵਾਂ ਦਾ ਵਰਤਾਪ ਦੇਣ ਲਿਖੋ ਅਨੁਸਾਰ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
1	Acts as the spokesperson of the group ਸਮੂਹ ਦੇ ਹੁਲਾਰੇ ਦੀ ਭਰੋਂ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
2	Waits patiently for the results of a decision ਫਿਰਨ ਦੇ ਨਤੀਜੇ ਦਾ ਚੀਜ਼ ਨਾਲ ਇੰਤਜ਼ਾਰ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
3	Makes pep talks to stimulate the group ਸਮੂਹ ਨੂੰ ਮੋਟੀ-ਮੋਟੀ ਤੇ ਉਤਸ਼ਾਹਿਤ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
4	Lets group members know what is expected of them ਉਹ ਸਮੂਹ ਤੋਂ ਸ਼ਰਾਫ਼ੀਆਂ ਉਮੀਦਾਂ ਸਮੂਹ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
5	Allows the members complete freedom in their work ਸਮੂਹ ਕੰਮ ਕਰਨ ਵਿੱਚ ਪੂਰੀ ਸ਼ਰਾਫ਼ੀ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
6	Is hesitant about taking initiative in the group ਕੀ ਸਮੂਹ ਵਿੱਚ ਪਹਿਲ ਦੇ ਚਿਕਚਿਕਾਉਂਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
7	Is friendly and approachable ਉਸਦਾ ਚਰਚਾਫ਼ੀਆਂ ਮਿੱਠਾ/ਪ੍ਰਸੰਨ ਅਤੇ ਉਸ ਦੇ ਨਾਲ ਕਦੇ ਵੀ ਗੱਲ ਕਰ ਸਕਦੇ ਹਾਂ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
8	Encourages overtime work ਕੰਮ ਵਧੇਰੇ ਕੰਮ ਕਰਨ ਵਾਲਿਆਂ ਨੂੰ ਉਤਸ਼ਾਹ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
9	Makes accurate decisions ਸਹੀ ਫੈਸਲੇ ਲੈਂਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
10	Gets along well with the people above him/her ਅਪਣੇ ਤੋਂ ਉੱਚ ਅਧਿਕਾਰੀਆਂ ਨਾਲ ਸਹੀ ਤਾਲਮੇਲ ਰੱਖਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
11	Publicizes the activities of the group ਸਮੂਹ ਦੀਆਂ ਗਤੀਵਿਧੀਆਂ ਨੂੰ ਪ੍ਰਸਾਰਿਤ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
12	Becomes anxious when he/she cannot find out what is coming next ਅਗਲੇ ਵਾਲੀ ਚਿੰਤਾ ਦਾ ਪਤਾ ਨਾ ਲੱਗਦਾ ਹੋਣ ਤੇ ਚਿੰਤਾ ਹੋ ਜਾਂਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
13	His/her arguments are convincing ਉਸਦੀ ਚੀਜ਼ਾਂ ਨਾਲ ਕੋਈ ਵੀ ਖੁਸ਼ ਹੋ ਜਾਂਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
14	Encourages the use of uniform procedures ਫਿਰੇ ਕਾਰਾਂ ਦੇ ਢੰਗਾਂ ਅਨੁਸਾਰ ਸਮੂਹ ਉਪਯੋਗ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
15	Permits the members to use their own judgment in solving problems ਸਮੂਹ ਮਾਮਲਿਆਂ ਸਮਝਣ ਦਾ ਢੰਗ ਅਪਣੇ ਚੁਣੀਓ ਨਾਲ ਕੋਈ ਵੀ ਫੈਸਲਾ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
16	Fails to take necessary actions ਜ਼ਰੂਰੀ ਕਾਰਵਾਈ ਕਰਨ ਵਿੱਚ ਪਿੱਛੇ ਹਿੱਤ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
17	Does little things to make it pleasant to be a member of the group ਕੋਈ ਵੀ ਚੀਜ਼ਾਂ ਕਰਦੇ ਹੋਏ ਸਮੂਹ ਨੂੰ ਸੁਖਦਾਇਕ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
18	Stresses being ahead of competing groups ਜ਼ਰੂਰੀ ਵਿਭਾਗ ਤੋਂ ਅੱਗੇ ਹੋਣ ਲਈ ਕੋਸ਼ਿਸ਼ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
19	Keeps the group working together as a team ਸਮੂਹ ਸਮੂਹ ਨੂੰ ਕੰਮ ਲਈ ਇੱਕ ਜੱਠ ਰੱਖਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
20	Keeps the group in good standing with higher authority ਸਮੂਹ ਨੂੰ ਉੱਚ ਅਧਿਕਾਰ ਦੇ ਤੋਂ ਉੱਚ ਪੱਧਰ ਤੇ ਰੱਖਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
21	Speaks as a representative of the group ਸਮੂਹ ਪ੍ਰਤੀਨਿਧੀ ਵਜੋਂ ਕੰਮ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
22	Accepts defeat in stride ਪੁਸ਼ਟੀ ਦੇ ਹੋਏ ਤੇ ਸਹੀ ਢੰਗ ਵੀ ਮੰਨ ਲੈਂਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
23	Argues persuasively for his/her point of view ਅਪਣਾ ਪੱਖ ਸਹੀ ਢੰਗ ਵਿੱਚ ਲਈ ਕੋਈ ਚੀਜ਼ਾਂ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
24	Tries out his/her ideas in the group ਅਪਣੇ ਵਿਚਾਰ ਸਮੂਹ ਤੋਂ ਅਨੁਸਾਰਿਤ ਕੀ ਕੋਸ਼ਿਸ਼ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
25	Encourages initiative in the group members ਸਮੂਹ ਦੇ ਮੈਂਬਰਾਂ ਵਿੱਚ ਪਹਿਲ ਲਈ ਉਤਸ਼ਾਹਿਤ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
26	Lets others persons take away his/her leadership in the group ਉਸ ਨੂੰ ਸਮੂਹ ਦੀ ਲੀਡਰਸ਼ਿਪ ਲੈਣ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
27	Puts suggestions made by the group into operation ਸਮੂਹ ਸੁਝਾਵਾਂ ਨੂੰ ਕੰਮ-ਕਾਰ ਵਿੱਚ ਸਮਝ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
28	Needles members for greater effort ਸਮੂਹ ਵੱਧ ਕਰਨ ਕਰਨ ਲਈ ਕੁਝ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
29	Seems able to predict what is coming next ਅੱਗੇ ਕੀ ਆ ਰਿਹਾ ਹੈ ਉਸਨੂੰ ਅਨੁਸਾਰਿਤ ਕਰਨ ਦੇ ਢੰਗ ਲੱਭਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
30	Is working hard for a promotion ਕੋਈ ਵੀ ਵੱਧ ਪੱਧਰ ਲਈ ਕੰਮ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
31	Speaks for the group when visitors are present ਭਾਰਤੀਆਂ ਦੇ ਸਾਹਮਣੇ ਸਮੂਹ ਦੇ ਪੱਖ ਵਿੱਚ ਕੰਮ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
32	Accepts delays without becoming upset ਦੇਰੀ ਨੂੰ ਮੰਨਦਾ ਸਹੀ ਢੰਗ ਤੇ ਸਹੀ ਢੰਗ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ
33	Is a very persuasive talker ਉਹ ਵਧੇਰੇ ਕੋਸ਼ਿਸ਼ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਕਦੇ ਨਹੀਂ	Never ਕਦੇ ਨਹੀਂ

34	Makes his/her attitudes clear to the group ਸਪੱਸ਼ਟ ਚਰਚਿਆ ਸਮੂਹ ਦੇ ਸਹਿਮਤੀ ਸੰਪ੍ਰਦਾਇ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
35	Lets the members do their work the way they think best ਸਮੂਹ ਮੈਂਬਰਾਂ ਦੀਆਂ ਆਪਣੀ ਤਰੀਕੇ ਨਾਲ ਕੰਮ ਕਰਨ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
36	Lets some members take advantage of his/her ਕਦੇ ਕਦੇ ਮੈਂਬਰ ਉਸ ਦੀ ਆਪਣੀ ਤਰੀਕੇ ਕੰਮ ਕਰਨ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
37	Treats all group members as his/her equals ਸਮੂਹ ਮੈਂਬਰਾਂ ਨਾਲ ਇੱਕੋ ਤਰੀਕੇ ਚਰਚਿਆ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
38	Keeps the work moving at a rapid pace ਕੰਮ ਨੂੰ ਤੇਜ਼ ਰਫਤਾਰ ਨਾਲ ਚਲਾਉਂਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
39	Settles conflicts when they occur in the group ਜਦੋਂ ਮੈਂਬਰਾਂ ਵਿਚ ਖਿੱਤਾ-ਖਿੱਤੀ ਹੁੰਦੀ ਹੈ ਤਾਂ ਉਸ ਨੂੰ ਠੀਕ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
40	His/her superiors act favorably on most of his/her suggestions ਉਸ ਦੀ ਸਿਫਾਰਸ਼ ਉਸਦੇ ਸੁਝਾਵਾਂ ਨੂੰ ਮੰਨਦਾ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
41	Represents the group at outside meetings ਬਾਹਰਲੀਆਂ ਮੀਟਿੰਗਾਂ ਤੇ ਸਮੂਹ ਨੂੰ ਦਰਸਾਉਂਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
42	Becomes anxious when waiting for new developments ਜਦੋਂ ਕੁਝ ਨਵੀਆਂ ਖ਼ਬਰਾਂ ਦੀ ਉਡੀਕ ਕਰਦਾ ਹੈ ਤਾਂ ਉਸ ਨੂੰ ਚਿੰਤਾ ਹੁੰਦੀ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
43	Is very skillful in an argument ਕੋਈ ਚਰਚਾ ਵਿੱਚ ਬਹੁਤ ਹੀ ਮਾਹਿਰ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
44	Decides what shall be done and how it shall be done ਕਿਹੜੀ ਕੰਮ ਕੀਤੀ ਜਾਵੇ ਅਤੇ ਕਿਵੇਂ ਕੀਤੀ ਜਾਵੇ ਚਾਹੁੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
45	Assigns a task, then lets the members handle it ਕਿਸੇ ਕੰਮ ਨੂੰ ਸੌਂਪਦਾ ਹੈ ਅਤੇ ਉਸਨੂੰ ਕਰਨ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
46	Is the leader of the group in name only ਸਮੂਹ ਦਾ ਨਾਮੀ ਤੌਰ 'ਤੇ ਨੇਤਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
47	Gives advance notice of changes ਅੱਗੋਂ ਬਦਲਾਵ ਬਾਰੇ ਸੂਚਨਾ ਤੋਂ ਪਹਿਲਾਂ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
48	Pushes for increased production ਉਤਪਾਦਨ ਵਧਾਉਣ ਲਈ ਚੋਰ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
49	Things usually turn out as he/she predicts ਜਦੋਂ ਕੋਈ ਕੰਮ ਉਸਦੇ ਅਨੁਮਾਨ ਮੁਤਾਬਕ ਹੀ ਹੁੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
50	Enjoys the privileges of his/her position ਸਮੂਹ ਦਾ ਨੇਤਾ ਹੋਣ ਦੇ ਅਧਿਕਾਰ ਸਮੂਹ ਦੇ ਮੈਂਬਰਾਂ ਲਈ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
51	Handles complex problems efficiently ਜਟਿਲ ਸਮੱਸਿਆਵਾਂ ਨੂੰ ਠੀਕ ਤਰੀਕੇ ਨਾਲ ਸੋਲ੍ਹਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
52	Is able to tolerate postponement and uncertainty ਅਨਿਸ਼ਚਿਤ ਅਤੇ ਮੁੱਢਲੇ-ਮੁੱਢਲੇ ਹੋਣ ਨੂੰ ਸਹਿਣਸ਼ੀਲ ਕਰਨ ਦੇ ਯੋਗ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
53	Is not a very convincing talker ਉਹ ਕੋਈ ਨਾਮੀ ਤੌਰ 'ਤੇ ਸਿਫਾਰਸ਼ ਕਰਨ ਨੂੰ ਠੀਕ ਨਹੀਂ ਕਰਦਾ ਪਾਉਂਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
54	Assigns group members to particular tasks ਸਮੂਹ ਦਾ ਮੈਂਬਰਾਂ-ਮੈਂਬਰਾਂ ਨੂੰ ਕੰਮ ਸੌਂਪਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
55	Turns the members loose on a job, and lets them go to it ਕਿਸੇ ਕੰਮ ਨੂੰ ਸੌਂਪਦਾ ਹੈ ਅਤੇ ਉਸਨੂੰ ਕਰਨ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
56	Bucks down when he/she ought to stand firm ਮੁਸ਼ਕਲ ਵੇਲੇ ਸਖ਼ਤ ਕੰਮ ਕਰਨਾ ਚਾਹੁੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
57	Keeps to himself/herself ਬਾਹਰਲੀਆਂ ਮੀਟਿੰਗਾਂ ਨੂੰ ਹੀ ਚੱਲਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
58	Asks the members to work harder ਮੈਂਬਰਾਂ ਨੂੰ ਵਧੇਰੇ ਕੰਮ ਕਰਨ ਲਈ ਕਹਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
59	Is accurate in predicting the trend of events ਅੱਗੋਂ ਵਾਪਸ ਆਉਣ ਵਾਲੀਆਂ ਖ਼ਬਰਾਂ ਨੂੰ ਠੀਕ ਤਰੀਕੇ ਨਾਲ ਦੱਸਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
60	Gets his/her superiors to act for the welfare of the group members ਸਮੂਹ ਮੈਂਬਰਾਂ ਦੇ ਸਹਿਮਤੀ ਤੌਰ 'ਤੇ ਕੰਮ ਕਰਵਾਉਂਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
61	Gets swamped by details ਕੋਈ ਕੰਮ ਵਿੱਚ ਚਿੰਤਾ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
62	Can wait just so long, then blows up ਕੋਈ ਕੰਮ ਉਡੀਕ ਕਰਨ ਵੇਲੇ ਚੀਰ ਕਰ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
63	Speaks from a strong inner conviction ਕੋਈ ਕੰਮ ਅੱਗੋਂ ਮਜ਼ਬੂਤ ਢੰਗ ਨਾਲ ਦੱਸਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
64	Makes sure that his/her part in the group is understood by the group members ਸਮੂਹ ਮੈਂਬਰਾਂ ਨੂੰ ਸਮੂਹ ਦਾ ਕੰਮ ਕਿਵੇਂ ਕਰਨਾ ਹੈ ਦੱਸਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
65	Is reluctant to allow the members any freedom of action ਮੈਂਬਰਾਂ ਨੂੰ ਕੰਮ ਕਰਨ ਦੀ ਆਜ਼ਾਦੀ ਨਹੀਂ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
66	Lets some members have authority that he/she should keep ਕੋਈ ਕੰਮ ਸਮੂਹ ਨੂੰ ਕਰਨ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ
67	Looks out for the personal welfare of group members ਸਮੂਹ ਦੇ ਮੈਂਬਰਾਂ ਦੀ ਆਜ਼ਾਦੀ ਦਾ ਖਿਆਲ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟੀ	Never ਕਦੇ ਨਹੀਂ

68	Permits the members to take it easy in their work. ਮਨੁੱਖਾਂ ਨੂੰ ਆਪਣੇ ਕੰਮ ਵਿੱਚ ਆਰਾਮ ਮਿਲਾਉਣ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
69	Sees to it that the work of the group is coordinated ਸਮੂਹ ਦੇ ਕੰਮ ਨੂੰ ਸੁਚੱਲੇ ਢੰਗ ਨਾਲ ਚਲਾਉਣ ਦੀ ਯਕੀਨੀਬੰਦੀ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
70	His/her word carries weight with superiors ਉੱਚ ਅਧਿਕਾਰੀਆਂ ਸਹੂਣਾਂ ਉਸਦੇ ਸ਼ਬਦ ਮਾਣੀਆਂ ਹੋਏ ਹਨ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
71	Gets things all tangled up ਸਾਰੀਆਂ ਚੀਜ਼ਾਂ ਉਲਟਾ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
72	Remains calm when uncertain about coming events ਅਪੁੰਨ ਘਟਨਾਵਾਂ ਬਾਰੇ ਅਨਿਸ਼ਚਿਤ ਹੋਣ 'ਤੇ ਠੰਢੇ ਰਹਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
73	Is an inspiring talker ਮੋਹਿਕਾਵਾਦੀ ਗੱਲਾਂ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
74	Schedules the work to be done ਕਰਨ ਵਾਲੇ ਕੰਮਾਂ ਦੀ ਸਮੇਂ ਸਹੀ ਯੋਜਨਾ ਬਣਾਉਂਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
75	Allows the group a high degree of initiative ਸਮੂਹ ਨੂੰ ਪਹਿਲਕਦਮੀ ਕਰਨ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
76	Takes full charge when emergencies arise ਕੌਮਰਸੀਆਂ ਵੇਲੇ ਸਮੂਹ ਨੂੰ ਆਪਣੀ ਜ਼ਿੰਮੇਵਾਰੀ ਨਿਭਾਉਂਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
77	Is willing to make changes ਉੱਚ ਦਫ਼ਤਰੀ ਠੀਕਾਣੇ ਲਈ ਸਹਿਮਤੀ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
78	Drives hard when there is a job to be done ਕੋਈ ਕੰਮ ਨੂੰ ਪੂਰਾ ਕਰਨ ਲਈ ਪੂਰਾ ਖ਼ਰਚਾ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
79	Helps group members settle their differences ਸਮੂਹ ਮੈਂਬਰਾਂ ਵਿਚਲੇ ਖੱਲਾਂ ਨੂੰ ਖਤਮ ਕਰਨ ਲਈ ਸਹਾਇਤਾ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
80	Gets what he/she asks for from his/her superiors ਉੱਚ ਅਧਿਕਾਰੀਆਂ ਉਸ ਦੀ ਚਾਹ ਮੰਗ ਪੂਰੀ ਕਰਦੇ ਹਨ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
81	Can reduce a madhouse to system and order ਬੇਤਰਤੀਬੀ ਕੰਮ ਕਰਦੇ ਵਿਭਾਗ ਨੂੰ ਠੀਕ ਅਤੇ ਕਾਰਜਸ਼ੀਲ ਢੰਗ ਵਿੱਚ ਕਰਨ ਲਗਾ ਸਕਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
82	Is able to delay action until the proper time occurs ਸਮੇਂ ਠੀਕ ਆਉਣ ਤੱਕ ਕੰਮ ਟੋਕ ਰੱਖਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
83	Persuades others that his/her ideas are to their advantage ਮਨੁੱਖਾਂ ਨੂੰ ਆਪਣੇ ਚੁਣੇ-ਚੁਣੇ ਆਈਡੀਆ ਦੀ ਫ਼ਾਇਦਾ ਦੱਸਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
84	Maintains definite standards of performance ਕਾਰਜਸ਼ੀਲਤਾ ਦੇ ਨਿਸ਼ਚਿਤ ਮਿਆਰ ਬਣਾਉਂਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
85	Trusts members to exercise good judgment. ਸਮੂਹ ਮੈਂਬਰਾਂ ਨੂੰ ਆਪਣੇ ਆਪਣੇ ਫ਼ੈਸਲੇ ਲੈਣ ਦੀ ਆਜ਼ਾਦੀ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
86	Overcomes attempts made to challenge his/her leadership ਉਸਦੀ ਅਗੁਰੂਵਾਦੀ ਨੂੰ ਚੁਣੌਤੀ ਦੇਣ ਵਾਲੇ ਕੋਸ਼ਿਸ਼ਾਂ ਨੂੰ ਖਤਮ ਕਰ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
87	Refuses to explain his/her actions. ਲੋਕਾਂ ਨੂੰ ਆਪਣੇ ਆਪਣੇ ਆਈਡੀਆ ਦੀ ਸੁਝਾਵਾਂ ਨੂੰ ਸਮਝਾਉਣ ਨਾ ਚਾਹੁੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
88	Urges the group to beat its previous record. ਮਨੁੱਖਾਂ ਨੂੰ ਆਪਣੇ ਪਿਛਲੇ ਰਿਕਾਰਡ ਨੂੰ ਖਤਮ ਕਰਨ ਲਈ ਉਤਸ਼ਾਹਿਤ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
89	Anticipates problems and plans for them. ਆਉਣ ਵਾਲੀਆਂ ਕਮਜ਼ੋਰੀਆਂ ਦੀ ਯੋਜਨਾ ਬਣਾ ਕੇ ਉਸਦੀ ਪਹਿਲੀ ਤਿਆਰੀ ਕਰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
90	Is working his/her way to the top. ਉੱਚੀ ਤੱਕ ਪਹੁੰਚਣ ਲਈ ਪੂਰਾ ਖ਼ਰਚਾ ਕਰ ਰਿਹਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
91	Gets confused when too many demands are made of him/her. ਬਹੁਤ ਸਾਰੀਆਂ ਮੰਗਾਂ ਦੇ ਹਰਿਓ ਉਲਟਾ ਜਾਂਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
92	Worries about the outcome of any new procedure. ਨਵੇਂ ਆਈਡੀਆ ਦੀ ਸਫਲਤਾ ਨੂੰ ਲੈ ਕੇ ਚਿੰਤਤ ਰਹਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
93	Can inspire enthusiasm for a project. ਨਵੇਂ ਕੰਮ ਕਰਨ ਲਈ ਪ੍ਰੇਰਾਉਂਦਾ ਕਰ ਸਕਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
94	Asks that group members follow standard rules and regulations. ਮਨੁੱਖਾਂ ਨੂੰ ਨਿਸ਼ਚਿਤ ਅਤੇ ਨਿਸ਼ਚਿਤ ਢੰਗ ਦੀ ਪਾਲਣਾ ਕਰਨ ਲਈ ਕਹਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
95	Permits the group to set its own pace. ਸਮੂਹ ਨੂੰ ਆਪਣੀ ਆਪਣੀ ਗਤੀ ਨਾਲ ਕੰਮ ਕਰਨ ਦੀ ਆਜ਼ਾਦੀ ਦਿੰਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
96	Is easily recognized as the leader of the group. ਉਸਦੀ ਸਮੂਹ ਮੈਂਬਰਾਂ ਦੇ ਦੁਆਰਾ ਪਹਿਚਾਣ ਆ ਜਾਂਦੀ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
97	Acts without consulting the group. ਸਮੂਹ ਨੂੰ ਸਲਾਹ ਤੋਂ ਬਿਨਾਂ ਹੀ ਫ਼ੈਸਲੇ ਲੈ ਲੈਂਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
98	Keeps the group working up to capacity. ਸਮੂਹ ਨੂੰ ਸਮਰੱਥਾ ਤੱਕ ਕੰਮ ਕਰਵਾਉਂਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
99	Maintains a closely knit group. ਸਮੂਹ ਨੂੰ ਨਜ਼ਦੀਕੀ ਨਾਲ ਬੰਨ੍ਹ ਕੇ ਰੱਖਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ
100	Maintains cordial relations with superiors ਅਧਿਕਾਰੀਆਂ ਨਾਲ ਚੰਗੇ ਰਿਸ਼ਤੇ ਬਣਾਉਂਦਾ ਹੈ।	Always ਹਮੇਸ਼ਾ	Often ਕਈ ਵਾਰ	Occasionally ਕਦੇ ਕਦੇ	Seldom ਮੱਟ-ਮੱਟ	Never ਕਦੇ ਨਹੀਂ

Part C		Disagree strongly ਜ਼ਰੂਰ ਜ਼ਰੂਰ ਨਹੀਂ	Disagree moderately ਮੱਧਮ ਮੱਧਮ	Disagree slightly ਥੋੜ੍ਹਾ ਥੋੜ੍ਹਾ	Agree slightly ਥੋੜ੍ਹਾ ਥੋੜ੍ਹਾ	Agree moderately ਮੱਧਮ ਮੱਧਮ	Agree strongly ਜ਼ਰੂਰ ਜ਼ਰੂਰ
1	I feel I am being paid a fair amount for the work I do. ਮੈਂ ਮਹਿਸੂਸ ਕਰਦਾ ਹਾਂ ਕਿ ਮੈਨੂੰ ਆਪਣੇ ਕੰਮ ਦੇ ਖਿਤਾਬ ਨਾਲ ਸਹੀ ਢੰਗ ਨਾਲ ਮਿਲਦਾ ਹੈ।	1	2	3	4	5	6
2	There is really too little chance for promotion on my job. ਮੇਰੀ ਨੌਕਰੀ ਵਿੱਚ ਤਰੱਕੀ ਦੇ ਖਾਰਜ ਬਹੁਤ ਘੱਟ ਹਨ।	1	2	3	4	5	6
3	My supervisor is quite competent in doing his/her job. ਮੇਰਾ ਨਿਗਰਾਨ ਆਪਣੇ ਕੰਮ ਮੁਕਾਮਤ ਕਾਰਗੁਜ਼ਾਰੀ ਕਰਦਾ ਹੈ।	1	2	3	4	5	6
4	I am not satisfied with the benefits I receive. ਮੈਂ ਆਪਣੇ ਲਾਭਾਂ 'ਤੇ ਸੰਤੁਸ਼ਟ ਨਹੀਂ ਹਾਂ।	1	2	3	4	5	6
5	When I do a good job, I receive the recognition for it that I should receive. ਜਦੋਂ ਮੈਂ ਚੰਗਾ ਕੰਮ ਕਰਦਾ ਹਾਂ ਤਾਂ ਮੈਨੂੰ ਉਸਦਾ ਸਹੀ ਮਾਨ-ਪ੍ਰਾਪਤ ਹੁੰਦਾ ਹੈ।	1	2	3	4	5	6
6	Many of our rules and procedures make doing a good job difficult. ਹਿੱਸਮ ਅਤੇ ਕਾਰਵਾਈ ਚੰਗਾ ਕੰਮ ਕਰਨ ਨੂੰ ਮੁਸ਼ਕਲ ਬਣਾ ਦਿੰਦੇ ਹਨ।	1	2	3	4	5	6
7	I like the people I work with. ਮੈਨੂੰ ਆਪਣੇ ਸਾਥੀ ਕਰਮਚਾਰੀ ਪਸੰਦ ਹਨ।	1	2	3	4	5	6
8	I sometimes feel my job is meaningless. ਮੈਨੂੰ ਕਦੇ ਕਦੇ ਲੱਗਦਾ ਹੈ ਕਿ ਮੇਰੇ ਕੰਮ ਨੂੰ ਕੋਈ ਮਹੱਤਵ ਨਹੀਂ ਹੈ।	1	2	3	4	5	6
9	Communications seem good within this organization. ਇਸ ਸੰਸਥਾ ਵਿੱਚ ਸੰਚਾਰ/ਸੰਚਾਰ ਚੰਗਾ ਲੱਗਦਾ ਹੈ।	1	2	3	4	5	6
10	Raises are too few and far between. ਬਾਧਾ ਖਰਚ ਬਹੁਤ ਘੱਟ ਅਤੇ ਲੰਬੇ ਸਮੇਂ ਬਾਅਦ ਹੁੰਦਾ ਹੈ।	1	2	3	4	5	6
11	Those who do well on the job stand a fair chance of being promoted. ਜੇ ਆਪਣਾ ਕੰਮ ਚੰਗੀ ਤਰ੍ਹਾਂ ਕਰਦੇ ਹਨ, ਉਹਨਾਂ ਦੀ ਤਰੱਕੀ ਦੀਆਂ ਸੰਭਾਵਨਾਵਾਂ ਮਿਲਦੀਆਂ ਹਨ।	1	2	3	4	5	6
12	My supervisor is unfair to me. ਮੇਰਾ ਨਿਗਰਾਨ ਮੇਰੇ ਨਾਲ ਬੇਇਨਸਾਫੀ ਕਰਦਾ ਹੈ।	1	2	3	4	5	6
13	The benefits we receive are as good as most other organizations offer. ਮੈਨੂੰ ਮਿਲਦੇ ਹਨ ਜਿੰਨੇ ਹੋਰ ਚਾਲੀ ਸੰਸਥਾਵਾਂ ਦੇ ਪਹੁੰਚ ਹਨ।	1	2	3	4	5	6
14	I do not feel that the work I do is appreciated. ਮੈਨੂੰ ਅਹਿਸਾਸ ਲੱਗਦਾ ਹੈ ਕਿ ਮੇਰੇ ਕੰਮ ਦੀ ਮਿਲਾਵਟ ਨਹੀਂ ਕੀਤੀ ਜਾਂਦੀ।	1	2	3	4	5	6
15	My efforts to do a good job are seldom blocked by red tape. ਅਧਿਕਾਰਤ/ਅਧਿਕਾਰਤਾਂ ਦੇ ਕਾਰਨ ਮੇਰੇ ਚੰਗੇ ਕੰਮ ਬੰਦ ਹੋ ਜਾਂਦੇ ਹਨ।	1	2	3	4	5	6
16	I find I have to work harder at my job because of the incompetence of people I work with. ਮੁਸ਼ਕਲ ਸਹਿਕਰਮਚਾਰੀਆਂ ਕਾਰਨ ਮੈਨੂੰ ਆਪਣਾ ਕੰਮ ਮੁਸ਼ਕਲ ਕਰਨੀ ਪੈਂਦੀ ਹੈ।	1	2	3	4	5	6
17	I like doing the things I do at work. ਮੈਨੂੰ ਆਪਣਾ ਕੰਮ ਕਰਨਾ ਪਸੰਦ ਹੈ।	1	2	3	4	5	6
18	The goals of this organization are not clear to me. ਇਸ ਸੰਸਥਾ ਦੇ ਉਦੇਸ਼ ਮੈਨੂੰ ਸਪੱਸ਼ਟ ਨਹੀਂ ਹਨ।	1	2	3	4	5	6
19	I feel unappreciated by the organization when I think about what they pay me. ਜਦੋਂ ਮੈਂ ਆਪਣੀ ਕਮਰਾਹ ਬਾਰੇ ਸੋਚਦਾ ਹਾਂ ਤਾਂ ਮੈਨੂੰ ਲੱਗਦਾ ਹੈ ਕਿ ਮੇਰੀ ਸਹੀ ਕਮਰਾਹ ਨਹੀਂ ਕੀਤੀ ਜਾਂਦੀ।	1	2	3	4	5	6
20	People get ahead as fast here as they do in other places. ਇੱਥੇ ਲੋਕ ਉੱਠਦੇ ਹਨ ਤੇਜ਼ੀ ਨਾਲ ਅਤੇ ਥੋੜ੍ਹਾ ਸਮੇਂ ਬਾਅਦ ਹੋਰ ਜਿਲ੍ਹੇ ਵਿੱਚ ਕਰਮਚਾਰੀਆਂ ਵਿੱਚ।	1	2	3	4	5	6
21	My supervisor shows too little interest in the feelings of subordinates. ਮੇਰਾ ਨਿਗਰਾਨ ਆਪਣੇ ਕੰਮ ਦੇ ਸਹੀ ਕਰਮਚਾਰੀਆਂ ਦੇ ਬਾਰੇ ਨਹੀਂ ਸੋਚਦਾ।	1	2	3	4	5	6
22	The benefit package we have is equitable. ਮੈਂ ਆਪਣੇ ਖਰਚੇ ਦੇ ਚੰਗੇ ਹਾਂ।	1	2	3	4	5	6
23	There are few rewards for those who work here. ਇੱਥੇ ਕੰਮ ਕਰਨ ਵਾਲਿਆਂ ਨੂੰ ਇਨਾਮ ਘੱਟ ਹੀ ਹਨ।	1	2	3	4	5	6
24	I have too much to do at work. ਮੈਨੂੰ ਕਰਨ ਲਈ ਬਹੁਤ ਕੰਮ ਮਿਲਦਾ ਹੈ।	1	2	3	4	5	6

Part C		Disagree very much ਕਿਤੇ ਜ਼ਰੂਰ ਨਹੀਂ	Disagree moderately	Disagree slightly ਥੋੜ੍ਹਾ ਜ਼ਰੂਰ ਨਹੀਂ	Agree slightly ਥੋੜ੍ਹਾ ਜ਼ਰੂਰ	Agree moderately	Agree very much ਕਿਤੇ ਜ਼ਰੂਰ
25	I enjoy my coworkers. ਮੈਨੂੰ ਆਪਣੇ ਸਾਥੀਆਂ ਨਾਲ ਕੰਮ ਕਰਨ ਦੇ ਚਗੁਰੇ ਆਨੰਦ ਮਿਲਦੇ ਹਨ।	1	2	3	4	5	6
26	I often feel that I do not know what is going on with the organization. ਮੈਨੂੰ ਚਗੁਰੇ ਚਾਹੀ ਨਹੀਂ ਪਤਾ ਬਣਦਾ ਹੈ ਕਿ ਕੀ ਚੱਲ ਰਿਹਾ ਹੈ।	1	2	3	4	5	6
27	I feel a sense of pride in doing my job. ਮੈਨੂੰ ਆਪਣੇ ਕੰਮ ਤੇ ਮਾਣ ਹੈ।	1	2	3	4	5	6
28	I feel satisfied with my chances for salary increases. ਮੈਂ ਆਪਣੀ ਤਨਖਾਹ ਵਧਣ ਦੀ ਸੰਭਾਵਨਾ ਤੋਂ ਸਤਿਸੰਤ ਹਾਂ।	1	2	3	4	5	6
29	There are benefits we do not have which we should have. ਕੁੱਝ ਲਾਭ ਇਸ ਤਰ੍ਹਾਂ ਦੇ ਹਨ ਜੋ ਸਾਨੂੰ ਮਿਲਦੇ ਚਾਹੀਦੇ ਹਨ ਪਰ ਨਹੀਂ ਮਿਲਦੇ।	1	2	3	4	5	6
30	I like my supervisor. ਮੈਨੂੰ ਆਪਣਾ ਅਧਿਕਾਰੀ ਪਸੰਦ ਹੈ।	1	2	3	4	5	6
31	I have too much paperwork. ਮੈਨੂੰ ਆਪਣੇ ਕੰਮ ਵਿੱਚ ਬਹੁਤ ਜ਼ਿਆਦਾ ਕਾਰਜੀ ਕਾਰਜਾਈ ਕਰਨੀ ਪੈਂਦੀ ਹੈ।	1	2	3	4	5	6
32	I don't feel my efforts are rewarded the way they should be. ਮੈਨੂੰ ਲੱਗਦਾ ਹੈ ਕਿ ਮੇਰੀ ਬਿਹਤਰ ਚੋਸ਼ਾਂ ਨੂੰ ਸਹੀ ਢੰਗ ਨਹੀਂ ਦਿੱਤਾ ਜਾ ਰਿਹਾ ਹੈ।	1	2	3	4	5	6
33	I am satisfied with my chances for promotion. ਮੈਂ ਆਪਣੀ ਤਰੱਕੀ ਦੀ ਸੰਭਾਵਨਾ ਦੀ ਸਤਿਸੰਤ ਹਾਂ।	1	2	3	4	5	6
34	There is too much bickering and fighting at work. ਕੰਮ ਤੇ ਬਾਠੀ ਲੜਾਈ ਬਹੁਤ ਹੁੰਦੀ ਹੈ।	1	2	3	4	5	6
35	My job is enjoyable. ਮੇਰਾ ਕੰਮ ਮਨੋਹਾਰ ਹੈ।	1	2	3	4	5	6
36	Work assignments are not fully explained. ਕੰਮ ਪ੍ਰਦਾਨ ਕਰਨ ਵਾਲੇ ਸਮਝਾਇਆ ਨਹੀਂ ਜਾਂਦਾ।	1	2	3	4	5	6

Part D

	Using the scale below, please indicate for each of the following statements to what degree they presently correspond to one of the reasons for which you are doing this specific job. ਸਿਰਫ਼ ਕੰਮ ਕਰਨੀ ਕਰ ਕੇ ਉਸ ਨੂੰ ਕੋਈ ਹੋਰ ਕਾਰਨ ਦੱਸਦੇ ਹਨ ਕਿਉਂਕਿ ਉਸ ਨੂੰ 1 ਤੋਂ 7 ਤੱਕ ਦੇ ਅੰਕ ਦਿਓ।	not at all ਕਿਤੇ ਜ਼ਰੂਰ ਨਹੀਂ	1	2	3	4	5	6	7
		1	Because I enjoy this work very much ਕਿਉਂਕਿ ਇਸ ਕੰਮ ਵਿੱਚ ਮਨ ਆਉਂਦਾ ਹੈ।	1	2	3	4	5	6
2	Because I have fun doing my job ਕਿਉਂਕਿ ਕੰਮ ਕਰਨ ਮਸਤੀ ਹੁੰਦੀ ਹੈ।	1	2	3	4	5	6	7	
3	For the moments of pleasure that this job brings me ਕਿਉਂਕਿ ਇਸ ਕੰਮ ਨਾਲ ਮਨ ਦੀ ਪਲ ਵੀ ਮਿਲਦੀ ਹੈ।	1	2	3	4	5	6	7	
4	Chose this job because it allows me to reach my life goals ਮੈਂ ਇਹ ਕੰਮ ਚੁਣਿਆ ਹੈ ਕਿਉਂਕਿ ਇਸ ਨਾਲ ਮੇਰੇ ਜ਼ਿੰਦਗੀ ਦੇ ਟੀਚੇ ਪੂਰੇ ਹੋਣਗੇ।	1	2	3	4	5	6	7	
5	Because this job fulfills my career plans ਕਿਉਂਕਿ ਇਹ ਕੰਮ ਕਰਦੇ ਸਮੇਂ ਕੈਰੀਅਰ ਦੀ ਯੋਜਨਾ ਪੂਰੀ ਹੁੰਦੀ ਹੈ।	1	2	3	4	5	6	7	
6	Because this job fits my personal values ਕਿਉਂਕਿ ਇਹ ਕੰਮ ਮੇਰੇ ਨਿੱਜੀ ਮੁੱਲਾਂ ਦੇ ਚੁੱਕਦੀ ਹੈ।	1	2	3	4	5	6	7	
7	Because I have to be the best in my job, I have to be a "winner" ਕਿਉਂਕਿ ਮੈਨੂੰ ਆਪਣੇ ਕੰਮ ਵਿੱਚ ਸਭ ਤੋਂ ਵਧੀਆ ਹੋਣਾ ਹੈ, ਜਿੱਤ ਮੇਰੀ ਹੋਣੀ ਚਾਹੀਦੀ ਹੈ।	1	2	3	4	5	6	7	
8	Because my work is my life and I don't want to fail ਕਿਉਂਕਿ ਮੇਰਾ ਕੰਮ ਮੇਰੀ ਜ਼ਿੰਦਗੀ ਹੈ ਅਤੇ ਮੈਂ ਫੇਲ ਹੋਣਾ ਨਹੀਂ ਚਾਹੁੰਦਾ।	1	2	3	4	5	6	7	
9	Because my reputation depends on it ਕਿਉਂਕਿ ਮੇਰੀ ਨਾਮ-ਨਾਮੀ ਇਸ ਤੇ ਨਿਰਭਰ ਹੈ।	1	2	3	4	5	6	7	
10	Because this job affords me a certain standard of living ਕਿਉਂਕਿ ਇਹ ਨੌਕਰੀ ਨਾਲ ਮੈਂ ਆਪਣੇ ਚਹਿਣ-ਸਹਿਣ ਦਾ ਇੱਕ ਪੱਧਰ ਬਣਾ ਕੇ ਰੱਖ ਸਕਦਾ ਹਾਂ।	1	2	3	4	5	6	7	
11	Because it allows me to make a lot of money ਕਿਉਂਕਿ ਇਸ ਨਾਲ ਮੈਂ ਬਹੁਤ ਪੈਸਾ ਬਣਾ ਸਕਦਾ ਹਾਂ।	1	2	3	4	5	6	7	
12	I do this job for the paycheck ਮੈਂ ਇਹ ਨੌਕਰੀ ਤਨਖਾਹ ਲਈ ਕਰਦਾ ਹਾਂ।	1	2	3	4	5	6	7	

Leader Behaviors aspects and their description

S.No	Behaviour Aspect	Definition
1	Representation	speaks and acts as the representative of the group
2	Demand Reconciliation	reconciles conflicting demands and reduces disorder to system
3	Tolerance of Uncertainty	is able to tolerate uncertainty and postponement without anxiety or upset
4	Persuasiveness	uses persuasion and argument effectively; exhibits strong convictions
5	Initiation of Structure	clearly defines own role, and lets followers know what is expected
6	Tolerance and Freedom	allows followers scope for initiative, decision and action
7	Role Assumption	actively exercises the leadership role rather than surrendering leadership to others
8	Consideration	regards the comfort, well being, status, and contributions of followers
9	Production Emphasis	applies pressure for productive output
10	Predictive Accuracy	exhibits foresight and ability to predict outcome accurately
11	Integration	maintains a closely knit organization; resolves inter-member conflicts
12	Superior Orientation	maintains cordial relations with superiors; has influence with them; is striving for higher status

Job Satisfaction facets and their description

S.No	Facet	Description
1	Pay	Pay and remuneration
2	Promotion	Promotion opportunities
3	Supervision	Immediate supervisor
4	Fringe Benefits	Monetary and nonmonetary fringe benefits
5	Contingent Rewards	Appreciation, recognition, and rewards for good work
6	Operating Procedures	Operating policies and procedures
7	Coworkers	People you work with
8	Nature of Work	Job tasks themselves
9	Communication	Communication within the organization

Reliability of questionnaire used**Reliability of Leadership Behavior Questionnaire**

		N	%
Cases	Valid	621	100.0
	Excluded ^a	0	.0
	Total	621	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.953	12

Reliability of Job Satisfaction Questionnaire

		N	%
Cases	Valid	620	99.8
	Excluded ^a	1	.2
	Total	621	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.853	9

Reliability of Motivation questionnaire

		N	%
Cases	Valid	619	99.7
	Excluded ^a	2	.3
	Total	621	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.650	4

Independent t-test - perception of leader's behavior between male and female employees

	Levene's Test for Equality of Variances		t-test for Equality of Means							
	F		Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Representation	Equal variances assumed	.194		-1.265	619	.206	-.4390	.3471	-1.1206	.2426
	Equal variances not assumed			-1.242	408.789	.215	-.4390	.3535	-1.1339	.2559
Reconciliation	Equal variances assumed	.699		-.092	619	.927	-.0347	.3787	-.7784	.7090
	Equal variances not assumed			-.092	436.261	.927	-.0347	.3768	-.7752	.7058
Uncertainty	Equal variances assumed	.155		.267	619	.789	.1409	.5271	-.8942	1.1760
	Equal variances not assumed			.277	472.991	.782	.1409	.5093	-.8599	1.1417
Persuasion	Equal variances assumed	.442		1.435	619	.152	.7282	.5074	-.2683	1.7247
	Equal variances not assumed			1.420	417.776	.156	.7282	.5128	-.2797	1.7361
Structure	Equal variances assumed	.787		.218	619	.827	.1138	.5212	-.9098	1.1374
	Equal variances not assumed			.219	432.655	.827	.1138	.5201	-.9084	1.1361
Freedom	Equal variances assumed	.844		.081	619	.935	.0506	.6217	-1.1702	1.2715
	Equal variances not assumed			.080	414.576	.936	.0506	.6299	-1.1876	1.2889
Role Assumption	Equal variances assumed	.342		-.190	619	.849	-.0940	.4947	-1.0654	.8774
	Equal variances not assumed			-.192	441.377	.848	-.0940	.4901	-1.0572	.8691
Consideration	Equal variances assumed	.497		-.841	619	.401	-.5602	.6659	-1.8679	.7476
	Equal variances not assumed			-.851	443.515	.395	-.5602	.6586	-1.8546	.7342
Production	Equal variances assumed	.627		.028	619	.978	.0158	.5716	-1.1067	1.1382
	Equal variances not assumed			.027	425.014	.978	.0158	.5740	-1.1125	1.1440
Emphasis	Equal variances assumed	.603		.489	619	.625	.1576	.3222	-.4752	.7904
	Equal variances not assumed			.483	415.884	.629	.1576	.3262	-.4835	.7987
Predictive Accuracy	Equal variances assumed	.387		.142	619	.887	.0546	.3850	-.7014	.8106
	Equal variances not assumed			.144	448.555	.886	.0546	.3792	-.6907	.7998
Integration	Equal variances assumed	.372		-.521	619	.602	-.2725	.5227	-1.2989	.7540
	Equal variances not assumed			-.498	378.982	.619	-.2725	.5473	-1.3487	.8037

independent t-test - perception of leader's behavior between contractual and regular employees												
		Levene's Test for Equality of Variances			t-test for Equality of Means							
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference			
									Lower	Upper		
Representation	Equal variances assumed	.171	.680	.320	619	.749	.1113	.3475	-5712	.7937		
	Equal variances not assumed			.317	419.111	.751	.1113	.3508	-5782	.8007		
Demand Reconciliation	Equal variances assumed	.049	.824	1.004	619	.316	.3797	.3784	-3634	1.1228		
	Equal variances not assumed			1.014	442.142	.311	.3797	.3747	-3566	1.1161		
Tolerance of Uncertainty	Equal variances assumed	.119	.730	.159	619	.874	.0837	.5271	-9514	1.1189		
	Equal variances not assumed			.157	416.022	.875	.0837	.5334	-9648	1.1323		
Persuasiveness	Equal variances assumed	.685	.408	-.522	619	.602	-.2651	.5082	-1.2630	.7328		
	Equal variances not assumed			-.514	412.383	.608	-.2651	.5159	-1.2792	.7491		
Initiation of Structure	Equal variances assumed	.017	.896	-.824	619	.410	-.4293	.5210	-1.4523	.5938		
	Equal variances not assumed			-.822	427.648	.411	-.4293	.5220	-1.4553	.5968		
Tolerance and Freedom	Equal variances assumed	1.224	.269	.277	619	.782	.1721	.6216	-1.0486	1.3929		
	Equal variances not assumed			.283	456.753	.777	.1721	.6083	-1.0233	1.3676		
Role Assumption	Equal variances assumed	.185	.667	.706	619	.481	.3490	.4945	-6220	1.3201		
	Equal variances not assumed			.715	444.970	.475	.3490	.4885	-6110	1.3090		
Consideration	Equal variances assumed	1.807	.179	1.241	619	.215	.8261	.6655	-4808	2.1330		
	Equal variances not assumed			1.271	459.001	.204	.8261	.6501	-4514	2.1036		
Production Emphasis	Equal variances assumed	2.456	.118	1.116	619	.265	.6375	.5710	-4839	1.7588		
	Equal variances not assumed			1.092	404.388	.276	.6375	.5838	-5103	1.7852		
Predictive Accuracy	Equal variances assumed	.001	.971	.778	619	.437	.2505	.3221	-3821	.8831		
	Equal variances not assumed			.790	448.532	.430	.2505	.3173	-3731	.8741		
Integration	Equal variances assumed	.352	.553	.587	619	.557	.2261	.3849	-5298	.9819		
	Equal variances not assumed			.599	453.721	.550	.2261	.3775	-5159	.9680		
Superior Orientation	Equal variances assumed	1.480	.224	.217	619	.828	.1134	.5228	-9132	1.1400		
	Equal variances not assumed			.214	414.475	.831	.1134	.5298	-9280	1.1548		

Appendix 4c

ANOVA Table: perception of about leader's behavior between employees of various categories (Doctors, Nurses, Paramedics and Non-medicos)

		Sum of Squares	df	Mean Square	F	Sig.
.Representation	Between Groups	114.638	3	38.213	2.278	.078
	Within Groups	10347.868	617	16.771		
	Total	10462.506	620			
.Demand Reconciliation	Between Groups	728.334	3	242.778	12.808	.000
	Within Groups	11695.022	617	18.955		
	Total	12423.356	620			
.Tolerance of Uncertainty	Between Groups	857.684	3	285.895	7.600	.000
	Within Groups	23209.739	617	37.617		
	Total	24067.424	620			
.Persuasiveness	Between Groups	1572.533	3	524.178	15.545	.000
	Within Groups	20805.750	617	33.721		
	Total	22378.283	620			
.Initiation of Structure	Between Groups	1536.560	3	512.187	14.365	.000
	Within Groups	21998.600	617	35.654		
	Total	23535.159	620			
.Tolerance and Freedom	Between Groups	1050.960	3	350.320	6.666	.000
	Within Groups	32425.909	617	52.554		
	Total	33476.870	620			
.Role Assumption	Between Groups	1126.769	3	375.590	11.547	.000
	Within Groups	20070.042	617	32.528		
	Total	21196.812	620			
.Consideration	Between Groups	1987.994	3	662.665	11.211	.000
	Within Groups	36470.615	617	59.110		
	Total	38458.609	620			
.Production Emphasis	Between Groups	1722.480	3	574.160	13.329	.000
	Within Groups	26577.137	617	43.075		
	Total	28299.617	620			
.Predictive Accuracy	Between Groups	552.415	3	184.138	13.452	.000
	Within Groups	8445.527	617	13.688		
	Total	8997.942	620			
.Integration	Between Groups	656.441	3	218.814	11.082	.000
	Within Groups	12182.544	617	19.745		
	Total	12838.986	620			
.Superior Orientation	Between Groups	559.279	3	186.426	4.976	.002
	Within Groups	23115.677	617	37.465		
	Total	23674.957	620			

**Multiple Comparison: leader's behavior and employees of various categories
(Doctors, Nurses, Paramedics and Non-medicos)**

Multiple Comparisons							
Tukey HSD							
Dependent Variable	(I) Type	(J) Type	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Representation	Non Medico	Doctor	.0845	.5603	.999	-1.359	1.528
		Nurse	.9979	.5495	.267	-.418	2.413
		Para Medic	.4091	.6343	.917	-1.225	2.043
	Doctor	Non Medico	-.0845	.5603	.999	-1.528	1.359
		Nurse	.9134	.3873	.086	-.084	1.911
		Para Medic	.3245	.5004	.916	-.965	1.614
	Nurse	Non Medico	-.9979	.5495	.267	-2.413	.418
		Doctor	-.9134	.3873	.086	-1.911	.084
		Para Medic	-.5889	.4883	.623	-1.847	.669
	Para Medic	Non Medico	-.4091	.6343	.917	-2.043	1.225
		Doctor	-.3245	.5004	.916	-1.614	.965
		Nurse	.5889	.4883	.623	-.669	1.847
Demand Reconciliation	Non Medico	Doctor	1.7240	.5957	.020	.190	3.259
		Nurse	2.7217	.5842	.000	1.217	4.227
		Para Medic	.0543	.6743	1.000	-1.683	1.791
	Doctor	Non Medico	-1.7240	.5957	.020	-3.259	-1.190
		Nurse	.9977	.4118	.074	-.063	2.058
		Para Medic	-1.6697	.5320	.010	-3.040	-.299
	Nurse	Non Medico	-2.7217	.5842	.000	-4.227	-1.217
		Doctor	-.9977	.4118	.074	-2.058	.063
		Para Medic	-2.6674	.5191	.000	-4.005	-1.330
	Para Medic	Non Medico	-.0543	.6743	1.000	-1.791	1.683
		Doctor	1.6697	.5320	.010	.299	3.040
		Nurse	2.6674	.5191	.000	1.330	4.005
Tolerance of Uncertainty	Non Medico	Doctor	-1.9360	.8392	.098	-4.098	.226
		Nurse	.8117	.8230	.757	-1.308	2.932
		Para Medic	-.5025	.9500	.952	-2.950	1.945
	Doctor	Non Medico	1.9360	.8392	.098	-.226	4.098
		Nurse	2.7477	.5801	.000	1.253	4.242
		Para Medic	1.4335	.7495	.224	-.497	3.364
	Nurse	Non Medico	-.8117	.8230	.757	-2.932	1.308
		Doctor	-2.7477	.5801	.000	-4.242	-1.253
		Para Medic	-1.3143	.7313	.276	-3.198	.570
	Para Medic	Non Medico	.5025	.9500	.952	-1.945	2.950
		Doctor	-1.4335	.7495	.224	-3.364	.497
		Nurse	1.3143	.7313	.276	-.570	3.198

.Persuasiveness	Non Medico	Doctor	1.5145	.7945	.226	-.532	3.561
		Nurse	4.1626	.7792	.000	2.155	6.170
		Para Medic	.8030	.8994	.809	-1.514	3.120
	Doctor	Non Medico	-1.5145	.7945	.226	-3.561	.532
		Nurse	2.6481	.5492	.000	1.233	4.063
		Para Medic	-.7115	.7096	.748	-2.539	1.116
	Nurse	Non Medico	-4.1626	.7792	.000	-6.170	-2.155
		Doctor	-2.6481	.5492	.000	-4.063	-1.233
		Para Medic	-3.3595	.6924	.000	-5.143	-1.576
	Para Medic	Non Medico	-.8030	.8994	.809	-3.120	1.514
		Doctor	.7115	.7096	.748	-1.116	2.539
		Nurse	3.3595	.6924	.000	1.576	5.143
.Initiation of Structure	Non Medico	Doctor	-.7585	.8170	.790	-2.863	1.346
		Nurse	2.7490	.8012	.004	.685	4.813
		Para Medic	-.0101	.9248	1.000	-2.393	2.372
	Doctor	Non Medico	.7585	.8170	.790	-1.346	2.863
		Nurse	3.5074	.5648	.000	2.053	4.962
		Para Medic	.7484	.7296	.734	-1.131	2.628
	Nurse	Non Medico	-2.7490	.8012	.004	-4.813	-.685
		Doctor	-3.5074	.5648	.000	-4.962	-2.053
		Para Medic	-2.7591	.7119	.001	-4.593	-.925
	Para Medic	Non Medico	.0101	.9248	1.000	-2.372	2.393
		Doctor	-.7484	.7296	.734	-2.628	1.131
		Nurse	2.7591	.7119	.001	.925	4.593
.Tolerance and Freedom	Non Medico	Doctor	1.4064	.9919	.489	-1.149	3.962
		Nurse	3.6445	.9727	.001	1.139	6.150
		Para Medic	1.3598	1.1228	.620	-1.533	4.252
	Doctor	Non Medico	-1.4064	.9919	.489	-3.962	1.149
		Nurse	2.2381	.6857	.006	.472	4.004
		Para Medic	-.0466	.8859	1.000	-2.329	2.235
	Nurse	Non Medico	-3.6445	.9727	.001	-6.150	-1.139
		Doctor	-2.2381	.6857	.006	-4.004	-.472
		Para Medic	-2.2847	.8644	.042	-4.511	-.058
	Para Medic	Non Medico	-1.3598	1.1228	.620	-4.252	1.533
		Doctor	.0466	.8859	1.000	-2.235	2.329
		Nurse	2.2847	.8644	.042	.058	4.511
.Role Assumption	Non Medico	Doctor	.1751	.7803	.996	-1.835	2.185
		Nurse	2.6512	.7653	.003	.680	4.623
		Para Medic	-.5934	.8834	.908	-2.869	1.682
	Doctor	Non Medico	-.1751	.7803	.996	-2.185	1.835
		Nurse	2.4761	.5394	.000	1.086	3.866
		Para Medic	-.7686	.6969	.688	-2.564	1.027
	Nurse	Non Medico	-2.6512	.7653	.003	-4.623	-.680
		Doctor	-2.4761	.5394	.000	-3.866	-1.086
		Para Medic	-3.2447	.6800	.000	-4.996	-1.493
	Para Medic	Non Medico	.5934	.8834	.908	-1.682	2.869
		Doctor	.7686	.6969	.688	-1.027	2.564
		Nurse	3.2447	.6800	.000	1.493	4.996

.Consideration	Non Medico	Doctor	1.8448	1.0519	.297	-.865	4.555
		Nurse	5.0715	1.0316	.000	2.414	7.729
		Para Medic	2.5391	1.1908	.144	-.528	5.607
	Doctor	Non Medico	-1.8448	1.0519	.297	-4.555	.865
		Nurse	3.2267	.7272	.000	1.353	5.100
		Para Medic	.6943	.9395	.881	-1.726	3.114
	Nurse	Non Medico	-5.0715	1.0316	.000	-7.729	-2.414
		Doctor	-3.2267	.7272	.000	-5.100	-1.353
		Para Medic	-2.5324	.9167	.030	-4.894	-.171
	Para Medic	Non Medico	-2.5391	1.1908	.144	-5.607	.528
		Doctor	-.6943	.9395	.881	-3.114	1.726
		Nurse	2.5324	.9167	.030	.171	4.894
.Production Emphasis	Non Medico	Doctor	4.5870	.8980	.000	2.274	6.900
		Nurse	4.1831	.8806	.000	1.915	6.452
		Para Medic	1.2677	1.0165	.597	-1.351	3.886
	Doctor	Non Medico	-4.5870	.8980	.000	-6.900	-2.274
		Nurse	-.4038	.6208	.915	-2.003	1.195
		Para Medic	-3.3193	.8020	.000	-5.385	-1.253
	Nurse	Non Medico	-4.1831	.8806	.000	-6.452	-1.915
		Doctor	.4038	.6208	.915	-1.195	2.003
		Para Medic	-2.9155	.7825	.001	-4.931	-.900
	Para Medic	Non Medico	-1.2677	1.0165	.597	-3.886	1.351
		Doctor	3.3193	.8020	.000	1.253	5.385
		Nurse	2.9155	.7825	.001	.900	4.931
.Predictive Accuracy	Non Medico	Doctor	1.5018	.5062	.016	.198	2.806
		Nurse	2.8410	.4964	.000	1.562	4.120
		Para Medic	1.1856	.5730	.164	-.291	2.662
	Doctor	Non Medico	-1.5018	.5062	.016	-2.806	-.198
		Nurse	1.3392	.3499	.001	.438	2.241
		Para Medic	-.3162	.4521	.897	-1.481	.848
	Nurse	Non Medico	-2.8410	.4964	.000	-4.120	-1.562
		Doctor	-1.3392	.3499	.001	-2.241	-.438
		Para Medic	-1.6554	.4411	.001	-2.792	-.519
	Para Medic	Non Medico	-1.1856	.5730	.164	-2.662	.291
		Doctor	.3162	.4521	.897	-.848	1.481
		Nurse	1.6554	.4411	.001	.519	2.792
.Integration	Non Medico	Doctor	1.3412	.6080	.123	-.225	2.907
		Nurse	2.8853	.5962	.000	1.349	4.421
		Para Medic	.7992	.6882	.652	-.974	2.572
	Doctor	Non Medico	-1.3412	.6080	.123	-2.907	.225
		Nurse	1.5441	.4203	.001	.461	2.627
		Para Medic	-.5419	.5430	.751	-1.941	.857
	Nurse	Non Medico	-2.8853	.5962	.000	-4.421	-1.349
		Doctor	-1.5441	.4203	.001	-2.627	-.461
		Para Medic	-2.0860	.5298	.001	-3.451	-.721
	Para Medic	Non Medico	-.7992	.6882	.652	-2.572	.974
		Doctor	.5419	.5430	.751	-.857	1.941
		Nurse	2.0860	.5298	.001	.721	3.451

.Superior Orientation	Non Medico	Doctor	1.0495	.8375	.593	-1.108	3.207
		Nurse	2.6759	.8213	.006	.560	4.792
		Para Medic	1.0328	.9480	.696	-1.409	3.475
	Doctor	Non Medico	-1.0495	.8375	.593	-3.207	1.108
		Nurse	1.6264	.5789	.026	.135	3.118
		Para Medic	-.0167	.7479	1.000	-1.943	1.910
	Nurse	Non Medico	-2.6759	.8213	.006	-4.792	-.560
		Doctor	-1.6264	.5789	.026	-3.118	-.135
		Para Medic	-1.6431	.7298	.111	-3.523	.237
	Para Medic	Non Medico	-1.0328	.9480	.696	-3.475	1.409
		Doctor	.0167	.7479	1.000	-1.910	1.943
		Nurse	1.6431	.7298	.111	-.237	3.523

*. The mean difference is significant at the 0.05 level.

Independent t-test - perception of motivational levels between male and female employees

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Intrinsic	Equal variances assumed	.017	3.078	619	.002	1.4477	.4703	.5241	2.3713
	Equal variances not assumed		3.174	468.300	.002	1.4477	.4561	.5514	2.3440
Identified	Equal variances assumed	.000	1.383	619	.167	.7326	.5298	-.3079	1.7731
	Equal variances not assumed		1.457	496.884	.146	.7326	.5028	-.2552	1.7204
Introjected	Equal variances assumed	.000	2.615	618	.009	1.3955	.5336	.3477	2.4433
	Equal variances not assumed		2.758	494.442	.006	1.3955	.5060	.4013	2.3896
Extrinsic	Equal variances assumed	.007	1.981	619	.048	.9363	.4726	.0083	1.8643
	Equal variances not assumed		2.047	470.508	.041	.9363	.4575	.0373	1.8353
Total Motivation	Equal variances assumed	.000	2.625	619	.009	5.4957	2.0940	1.3836	9.6079
	Equal variances not assumed		2.803	514.410	.005	5.4957	1.9609	1.6433	9.3481

Appendix 5b
independent t-test – perception of motivational levels between contractual and regular employees

Emp Type	Levene's Test for Equality of Variances		t-test for Equality of Means							
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
								Lower	Upper	
Intrinsic Motivation	1.175	.279	-1.487	619	.138	-.7032	.4730	-1.6322	.2258	
			-1.469	416.057	.143	-.7032	.4787	-1.6442	.2378	
Identified Motivation	3.070	.080	-1.308	619	.191	-.6930	.5299	-1.7337	.3477	
			-1.288	412.319	.198	-.6930	.5380	-1.7506	.3647	
Introjected Motivation	3.470	.063	-.708	618	.479	-.3793	.5357	-1.4313	.6727	
			-.698	413.284	.486	-.3793	.5436	-1.4478	.6892	
Extrinsic Motivation	.599	.439	-1.495	619	.136	-.7072	.4732	-1.6365	.2220	
			-1.492	428.361	.136	-.7072	.4739	-1.6386	.2242	
Total Motivation	3.131	.077	-1.470	619	.142	-3.0900	2.1019	-7.2178	1.0378	
			-1.440	405.995	.151	-3.0900	2.1461	-7.3089	1.1290	

ANOVA Table: perception of about motivational levels between employees of various categories (Doctors, Nurses, Paramedics and Non-medicos)

		Sum of Squares	df	Mean Square	F	Sig.
Intrinsic Motivation	Between Groups	1416.087	3	472.029	16.147	.000
	Within Groups	18037.073	617	29.234		
	Total	19453.159	620			
Identified Motivation	Between Groups	931.368	3	310.456	8.165	.000
	Within Groups	23461.437	617	38.025		
	Total	24392.804	620			
Introjected Motivation	Between Groups	1375.231	3	458.410	12.047	.000
	Within Groups	23440.808	616	38.053		
	Total	24816.039	619			
Extrinsic Motivation	Between Groups	585.778	3	195.259	6.381	.000
	Within Groups	18880.708	617	30.601		
	Total	19466.486	620			
Total Motivation	Between Groups	21379.817	3	7126.606	12.124	.000
	Within Groups	362675.129	617	587.804		
	Total	384054.946	620			

**Multiple Comparison: motivational levels and employees of various categories
(Doctors, Nurses, Paramedics and Non-medicos)**

Multiple Comparisons							
Tukey HSD							
Dependent Variable	(I) Type	(J) Type	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Intrinsic Motivation	Non Medico	Doctor	-.3768	.7398	.957	-2.282	1.529
		Nurse	2.8107*	.7255	.001	.942	4.680
		Para Medic	-.2626	.8374	.989	-2.420	1.895
	Doctor	Non Medico	.3768	.7398	.957	-1.529	2.282
		Nurse	3.1875*	.5114	.000	1.870	4.505
		Para Medic	.1142	.6607	.998	-1.588	1.816
	Nurse	Non Medico	-2.8107*	.7255	.001	-4.680	-.942
		Doctor	-3.1875*	.5114	.000	-4.505	-1.870
		Para Medic	-3.0733*	.6447	.000	-4.734	-1.413
	Para Medic	Non Medico	.2626	.8374	.989	-1.895	2.420
		Doctor	-.1142	.6607	.998	-1.816	1.588
		Nurse	3.0733*	.6447	.000	1.413	4.734
Identified Regulation	Non Medico	Doctor	-1.0447	.8437	.603	-3.218	1.129
		Nurse	1.0772	.8274	.562	-1.054	3.209
		Para Medic	-2.1793	.9551	.103	-4.640	.281
	Doctor	Non Medico	1.0447	.8437	.603	-1.129	3.218
		Nurse	2.1218*	.5832	.002	.619	3.624
		Para Medic	-1.1346	.7535	.435	-3.076	.806
	Nurse	Non Medico	-1.0772	.8274	.562	-3.209	1.054
		Doctor	-2.1218*	.5832	.002	-3.624	-.619
		Para Medic	-3.2565*	.7352	.000	-5.150	-1.362
	Para Medic	Non Medico	2.1793	.9551	.103	-.281	4.640
		Doctor	1.1346	.7535	.435	-.806	3.076
		Nurse	3.2565*	.7352	.000	1.362	5.150
Introjected Regulation	Non Medico	Doctor	2.1731	.8445	.050	-0.002	4.349
		Nurse	3.6173*	.8277	.000	1.485	5.750
		Para Medic	-.1414	.9555	.999	-2.603	2.320
	Doctor	Non Medico	-2.1731	.8445	.050	-4.349	.002
		Nurse	1.4441	.5842	.065	-.061	2.949
		Para Medic	-2.3146*	.7544	.012	-4.258	-.371
	Nurse	Non Medico	-3.6173*	.8277	.000	-5.750	-1.485
		Doctor	-1.4441	.5842	.065	-2.949	.061
		Para Medic	-3.7587*	.7355	.000	-5.653	-1.864
	Para Medic	Non Medico	.1414	.9555	.999	-2.320	2.603
		Doctor	2.3146*	.7544	.012	.371	4.258
		Nurse	3.7587*	.7355	.000	1.864	5.653
Extrinsic Regulation	Non Medico	Doctor	1.6860	.7569	.117	-.264	3.636
		Nurse	1.8230	.7423	.068	-.089	3.735
		Para Medic	-.6515	.8568	.872	-2.859	1.556
	Doctor	Non Medico	-1.6860	.7569	.117	-3.636	.264
		Nurse	.1371	.5232	.994	-1.211	1.485
		Para Medic	-2.3375*	.6760	.003	-4.079	-.596
	Nurse	Non Medico	-1.8230	.7423	.068	-3.735	.089
		Doctor	-.1371	.5232	.994	-1.485	1.211
		Para Medic	-2.4746*	.6596	.001	-4.174	-.775
	Para Medic	Non Medico	.6515	.8568	.872	-1.556	2.859
		Doctor	2.3375*	.6760	.003	.596	4.079
		Nurse	2.4746*	.6596	.001	.775	4.174

*. The mean difference is significant at the 0.05 level.

Appendix 5e

ANOVA Table: Motivation levels based on duration service

Service duration		Sum of Squares	df	Mean Square	F	Sig.
Intrinsic Motivation	Between Groups	67.100	2	33.550	1.066	.345
	Within Groups	19311.548	614	31.459		
	Total	19382.648	616			
Identified Motivation	Between Groups	49.976	2	24.988	.633	.531
	Within Groups	24224.548	614	39.454		
	Total	24274.524	616			
Introjected Motivation	Between Groups	99.838	2	49.919	1.240	.290
	Within Groups	24667.785	613	40.241		
	Total	24767.623	615			
Extrinsic Motivation	Between Groups	28.618	2	14.309	.453	.636
	Within Groups	19411.880	614	31.622		
	Total	19444.498	616			
Total Motivation	Between Groups	1321.842	2	661.921	1.064	.346
	Within Groups	381950.775	614	622.070		
	Total	383274.616	616			

Appendix 5f

ANOVA Table: Motivation levels based age of employees

		Sum of Squares	df	Mean Square	F	Sig.
Intrinsic Motivation	Between Groups	130.181	3	43.394	1.386	.246
	Within Groups	19322.979	617	31.318		
	Total	19453.159	620			
Identified Motivation	Between Groups	94.052	3	31.351	.796	.496
	Within Groups	24298.753	617	39.382		
	Total	24392.804	620			
Introjected Motivation	Between Groups	133.091	3	44.364	1.107	.346
	Within Groups	24682.948	616	40.070		
	Total	24816.039	619			
Extrinsic Motivation	Between Groups	19.344	3	6.448	.205	.893
	Within Groups	19447.141	617	31.519		
	Total	19466.486	620			
Total Motivation	Between Groups	1664.788	3	554.929	.895	.443
	Within Groups	382390.159	617	619.757		
	Total	384054.946	620			

Independent t-test - Job Satisfaction levels among male and female employees

Gender	N	Mean	Std. Deviation	Std. Error Mean
Pay	Male	13.286	6.3368	.4352
	Female	13.950	6.8063	.3374
Promotion	Male	13.819	5.9304	.4073
	Female	13.935	6.7481	.3341
Supervision	Male	18.798	6.8024	.4661
	Female	17.016	7.7493	.3836
Fringe Benefits	Male	12.572	6.0733	.4161
	Female	12.810	6.0939	.3021
Contingent Rewards	Male	14.155	6.1291	.4200
	Female	13.805	6.7129	.3323
Operating Conditions	Male	13.079	4.9860	.3416
	Female	11.673	5.2100	.2579
Co-Workers	Male	18.097	6.0394	.4138
	Female	16.799	7.0349	.3483
Nature of Work	Male	19.223	5.9617	.4085
	Female	17.974	7.3694	.3648
Communication	Male	16.093	6.1360	.4204
	Female	15.136	6.9756	.3453
Total Satisfaction	Male	135.762	52.5265	3.5991
	Female	126.966	65.1409	3.2250

Gender	Levene's Test for Equality of Variances										t-test for Equality of Means			
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		Lower	Upper			
								Lower	Upper					
Pay	2.095	.148	-1.179	617	.239	-.6638	.5632	-1.7698	.4423					
			-1.205	455.339	.229	-.6638	.5507	-1.7459	.4184					
Promotion	9.020	.003	-.210	618	.833	-.1155	.5487	-1.1929	.9620					
			-.219	478.205	.827	-.1155	.5268	-1.1506	.9196					
Supervision	11.478	.001	2.833	619	.005	1.7812	.6288	.5464	3.0161					
			2.951	481.462	.003	1.7812	.6037	.5951	2.9674					
Fringe Benefits	.007	.932	-.461	618	.645	-.2375	.5148	-1.2484	.7734					
			-.462	431.678	.644	-.2375	.5142	-1.2482	.7731					
Contingent Rewards	4.549	.033	.636	619	.525	.3507	.5511	-.7314	1.4329					
			.655	465.569	.513	.3507	.5356	-.7017	1.4031					
Operating Conditions	2.306	.129	3.240	619	.001	1.4063	.4340	.5540	2.2586					
			3.285	446.932	.001	1.4063	.4281	.5650	2.2476					
Co-Workers	9.293	.002	2.287	619	.023	1.2974	.5673	.1835	2.4114					
			2.399	490.511	.017	1.2974	.5409	.2347	2.3602					
Nature of Work	18.135	.000	2.136	619	.033	1.2495	.5849	.1008	2.3982					
			2.281	514.573	.023	1.2495	.5477	.1735	2.3255					
Communication	6.781	.009	1.690	619	.091	.9574	.5664	-.1548	2.0696					
			1.760	480.618	.079	.9574	.5441	-.1117	2.0265					
Total Satisfaction	16.904	.000	1.703	619	.089	8.7963	5.1662	-1.3491	18.9416					
			1.820	515.876	.069	8.7963	4.8325	-.6976	18.2902					

independent t-test - Job Satisfaction levels among contractual and regular employees

Emp Type		N	Mean	Std. Deviation	Std. Error Mean
Pay	Contractual	212	12.769	6.8497	.4704
	Regular	407	14.219	6.4993	.3222
Promotion	Contractual	213	13.109	6.6700	.4570
	Regular	407	14.307	6.3409	.3143
Supervision	Contractual	213	17.069	7.8296	.5365
	Regular	408	17.919	7.2845	.3606
Fringe Benefits	Contractual	212	11.796	6.0774	.4174
	Regular	408	13.213	6.0366	.2989
Contingent Rewards	Contractual	213	13.435	6.7502	.4625
	Regular	408	14.181	6.3834	.3160
Operating Conditions	Contractual	213	11.674	5.3278	.3651
	Regular	408	12.407	5.0797	.2515
Co-Workers	Contractual	213	16.492	7.1612	.4907
	Regular	408	17.637	6.4734	.3205
Nature of Work	Contractual	213	17.842	7.3862	.5061
	Regular	408	18.695	6.6851	.3310
Communication	Contractual	213	14.699	6.9681	.4774
	Regular	408	15.864	6.5443	.3240
Total Satisfaction	Contractual	213	122.607	63.9093	4.3790
	Regular	408	133.834	59.4662	2.9440

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Pay									
	2.571	.109	-2.586	617	.010	-1.4501	.5608	-2.5514	-.3487
Promotion									
	3.002	.084	-2.193	618	.029	-1.1972	.5459	-2.2694	-.1251
Supervision									
	2.687	.102	-1.346	619	.179	-.8506	.6319	-2.0916	.3904
Fringe Benefits									
	.258	.612	-2.765	618	.006	-1.4163	.5123	-2.4223	-.4103
Contingent Rewards									
	2.247	.134	-1.354	619	.176	-.7454	.5504	-1.8264	.3355
Operating Conditions									
	1.674	.196	-1.677	619	.094	-.7324	.4367	-1.5900	.1251
Co-Workers									
	8.342	.004	-2.015	619	.044	-1.1443	.5678	-2.2593	-.0292
Nature of Work									
	7.005	.008	-1.456	619	.146	-.8536	.5861	-2.0045	.2974
Communication									
	2.605	.107	-2.060	619	.040	-1.1656	.5657	-2.2766	-.0546
Total Satisfaction									
	3.834	.051	-2.177	619	.030	-11.2277	5.1586	#####	-1.0973

Appendix 6c
ANOVA Table: Job Satisfaction levels among employees of various categories
(Doctors, Nurses, Paramedics and Non-medicos)

		Sum of Squares	df	Mean Square	F	Sig.
Pay	Between Groups	137.744	3	45.915	1.038	.375
	Within Groups	27204.789	615	44.235		
	Total	27342.532	618			
Promotion	Between Groups	665.483	3	221.828	5.403	.001
	Within Groups	25290.674	616	41.056		
	Total	25956.156	619			
Supervision	Between Groups	4446.187	3	1482.062	30.231	.000
	Within Groups	30248.268	617	49.025		
	Total	34694.455	620			
Fringe Benefits	Between Groups	829.355	3	276.452	7.714	.000
	Within Groups	22075.081	616	35.836		
	Total	22904.436	619			
Contingent Rewards	Between Groups	739.109	3	246.370	5.942	.001
	Within Groups	25582.914	617	41.463		
	Total	26322.023	620			
Operating Conditions	Between Groups	1448.221	3	482.740	19.665	.000
	Within Groups	15146.493	617	24.549		
	Total	16594.714	620			
Co-Workers	Between Groups	2337.089	3	779.030	18.650	.000
	Within Groups	25773.264	617	41.772		
	Total	28110.352	620			
Nature of Work	Between Groups	2103.984	3	701.328	15.592	.000
	Within Groups	27753.072	617	44.981		
	Total	29857.056	620			
Communication	Between Groups	1333.362	3	444.454	10.317	.000
	Within Groups	26581.301	617	43.082		
	Total	27914.664	620			
Total Satisfaction	Between Groups	150301.301	3	50100.434	14.229	.000
	Within Groups	2172477.945	617	3521.034		
	Total	2322779.246	620			

Multiple Comparison Job Satisfaction levels among employees of various categories (Doctors, Nurses, Paramedics and Non-medicos)

Multiple Comparisons							
Tukey HSD							
Dependent Variable	(I) Type	(J) Type	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
..Pay	Non Medico	Doctor	-1.4762	.9106	.367	-3.822	.869
		Nurse	-.6923	.8928	.866	-2.992	1.608
		Para Medic	-.8203	1.0301	.856	-3.474	1.833
	Doctor	Non Medico	1.4762	.9106	.367	-.869	3.822
		Nurse	.7839	.6305	.600	-.840	2.408
		Para Medic	.6558	.8134	.851	-1.439	2.751
	Nurse	Non Medico	.6923	.8928	.866	-1.608	2.992
		Doctor	-.7839	.6305	.600	-2.408	.840
		Para Medic	-.1280	.7935	.999	-2.172	1.916
	Para Medic	Non Medico	.8203	1.0301	.856	-1.833	3.474
		Doctor	-.6558	.8134	.851	-2.751	1.439
		Nurse	.1280	.7935	.999	-1.916	2.172
.Promotion	Non Medico	Doctor	-.3499	.8772	.979	-2.610	1.910
		Nurse	1.7238	.8598	.187	-.491	3.939
		Para Medic	-.6730	.9924	.905	-3.230	1.884
	Doctor	Non Medico	.3499	.8772	.979	-1.910	2.610
		Nurse	2.0736*	.6068	.004	.510	3.637
		Para Medic	-.3231	.7836	.976	-2.342	1.695
	Nurse	Non Medico	-1.7238	.8598	.187	-3.939	.491
		Doctor	-2.0736*	.6068	.004	-3.637	-.510
		Para Medic	-2.3967*	.7640	.010	-4.365	-.429
	Para Medic	Non Medico	.6730	.9924	.905	-1.884	3.230
		Doctor	.3231	.7836	.976	-1.695	2.342
		Nurse	2.3967*	.7640	.010	.429	4.365
.Supervision	Non Medico	Doctor	1.8335	.9580	.223	-.634	4.301
		Nurse	6.3001*	.9395	.000	3.880	8.720
		Para Medic	.0285	1.0845	1.000	-2.765	2.822
	Doctor	Non Medico	-1.8335	.9580	.223	-4.301	.634
		Nurse	4.4666*	.6623	.000	2.761	6.173
		Para Medic	-1.8049	.8556	.151	-4.009	.399
	Nurse	Non Medico	-6.3001*	.9395	.000	-8.720	-3.880
		Doctor	4.4666*	.6623	.000	6.173	2.761
		Para Medic	-6.2716*	.8348	.000	-8.422	-4.121
	Para Medic	Non Medico	-.0285	1.0845	1.000	-2.822	2.765
		Doctor	1.8049	.8556	.151	-.399	4.009
		Nurse	6.2716*	.8348	.000	4.121	8.422
.Fringe Benefits	Non Medico	Doctor	-2.1165*	.8191	.049	-4.226	-.007
		Nurse	-.5631	.8036	.897	-1.507	2.633
		Para Medic	-.5289	.9272	.941	-2.917	1.860
	Doctor	Non Medico	2.1165*	.8191	.049	.007	4.226
		Nurse	2.6796*	.5667	.000	1.220	4.140
		Para Medic	1.5876	.7315	.133	-.297	3.472
	Nurse	Non Medico	-.5631	.8036	.897	-2.633	1.507
		Doctor	-2.6796*	.5667	.000	-4.140	-1.220
		Para Medic	-1.0921	.7142	.421	-2.932	.748
	Para Medic	Non Medico	.5289	.9272	.941	-1.860	2.917
		Doctor	-1.5876	.7315	.133	-3.472	.297
		Nurse	1.0921	.7142	.421	-.748	2.932
.Contingent Rewards	Non Medico	Doctor	.4306	.8810	.962	-1.839	2.700
		Nurse	2.3717*	.8640	.032	.146	4.597
		Para Medic	-.2048	.9973	.997	-2.774	2.364
	Doctor	Non Medico	-.4306	.8810	.962	-2.700	1.839
		Nurse	1.9412*	.6090	.008	.372	3.510
		Para Medic	-.6354	.7868	.851	-2.662	1.392
	Nurse	Non Medico	-2.3717*	.8640	.032	-4.597	-.146
		Doctor	-1.9412*	.6090	.008	-3.510	-.372
		Para Medic	-2.5765*	.7678	.005	-4.554	-.599
	Para Medic	Non Medico	.2048	.9973	.997	-2.364	2.774
		Doctor	.6354	.7868	.851	-1.392	2.662
		Nurse	2.5765*	.7678	.005	.599	4.554

..Operating Conditions	Non Medico	Doctor	.2443	.6779	.984	-1.502	1.991
		Nurse	2.2017 [*]	.6648	.005	.489	3.914
		Para Medic	-2.1938 [*]	.7674	.023	-4.171	-.217
	Doctor	Non Medico	-.2443	.6779	.984	-1.991	1.502
		Nurse	1.9574 [*]	.4686	.000	.750	3.165
		Para Medic	-2.4381 [*]	.6054	.000	-3.998	-.878
	Nurse	Non Medico	-2.2017 [*]	.6648	.005	-3.914	-.489
		Doctor	-1.9574 [*]	.4686	.000	-3.165	-.750
		Para Medic	-4.3955 [*]	.5908	.000	-5.917	-2.874
	Para Medic	Non Medico	2.1938 [*]	.7674	.023	.217	4.171
		Doctor	2.4381 [*]	.6054	.000	.878	3.998
		Nurse	4.3955 [*]	.5908	.000	2.874	5.917
..Co-Workers	Non Medico	Doctor	1.4062	.8843	.385	-.872	3.684
		Nurse	4.1402 [*]	.8672	.000	1.906	6.374
		Para Medic	-.9568	1.0011	.775	-3.536	1.622
	Doctor	Non Medico	-1.4062	.8843	.385	-3.684	.872
		Nurse	2.7341 [*]	.6113	.000	1.159	4.309
		Para Medic	-2.3630	.7898	.015	-4.397	-.328
	Nurse	Non Medico	-4.1402 [*]	.8672	.000	-6.374	-1.906
		Doctor	-2.7341 [*]	.6113	.000	-4.309	-1.159
		Para Medic	-5.0970 [*]	.7706	.000	-7.082	-3.112
	Para Medic	Non Medico	.9568	1.0011	.775	-1.622	3.536
		Doctor	2.3630	.7898	.015	.328	4.397
		Nurse	5.0970 [*]	.7706	.000	3.112	7.082
..Nature of Work	Non Medico	Doctor	1.1091	.9176	.622	-1.255	3.473
		Nurse	4.0040 [*]	.8999	.000	1.686	6.322
		Para Medic	-.6457	1.0388	.925	-3.322	2.030
	Doctor	Non Medico	-1.1091	.9176	.622	-3.473	1.255
		Nurse	2.8950 [*]	.6344	.000	1.261	4.529
		Para Medic	-1.7548	.8195	.141	-3.866	.356
	Nurse	Non Medico	-4.0040 [*]	.8999	.000	-6.322	-1.686
		Doctor	-2.8950 [*]	.6344	.000	-4.529	-1.261
		Para Medic	-4.6497 [*]	.7997	.000	-6.710	-2.590
	Para Medic	Non Medico	.6457	1.0388	.925	-2.030	3.322
		Doctor	1.7548	.8195	.141	-.356	3.866
		Nurse	4.6497 [*]	.7997	.000	2.590	6.710
..Communication	Non Medico	Doctor	1.8801	.8980	.156	-.433	4.194
		Nurse	3.7578 [*]	.8807	.000	1.489	6.027
		Para Medic	.2499	1.0166	.995	-2.369	2.869
	Doctor	Non Medico	-1.8801	.8980	.156	-4.194	.433
		Nurse	1.8776 [*]	.6208	.014	.278	3.477
		Para Medic	-1.6303	.8021	.177	-3.696	.436
	Nurse	Non Medico	-3.7578 [*]	.8807	.000	-6.027	-1.489
		Doctor	-1.8776 [*]	.6208	.014	-3.477	-.278
		Para Medic	-3.5079 [*]	.7826	.000	-5.524	-1.492
	Para Medic	Non Medico	-.2499	1.0166	.995	-2.869	2.369
		Doctor	1.6303	.8021	.177	-.436	3.696
		Nurse	3.5079 [*]	.7826	.000	1.492	5.524
..Total Satisfaction	Non Medico	Doctor	4.1289	8.1187	.957	-16.785	25.043
		Nurse	32.0792 [*]	7.9620	.000	11.569	52.590
		Para Medic	-5.3653	9.1907	.937	-29.041	18.310
	Doctor	Non Medico	-4.1289	8.1187	.957	-25.043	16.785
		Nurse	27.9502 [*]	5.6125	.000	13.492	42.408
		Para Medic	-9.4942	7.2509	.557	-28.173	9.184
	Nurse	Non Medico	-32.0792 [*]	7.9620	.000	-52.590	-11.569
		Doctor	-27.9502 [*]	5.6125	.000	-42.408	-13.492
		Para Medic	-37.4444 [*]	7.0750	.000	-55.670	-19.219
	Para Medic	Non Medico	5.3653	9.1907	.937	-18.310	29.041
		Doctor	9.4942	7.2509	.557	-9.184	28.173
		Nurse	37.4444 [*]	7.0750	.000	19.219	55.670
* . The mean difference is significant at the 0.05 level.							

Appendix 6e

ANOVA Table: Job Satisfaction levels based on duration service

		Sum of Squares	df	Mean Square	F	Sig.
Pay	Between Groups	35.176	2	17.588	.396	.673
	Within Groups	27161.486	612	44.382		
	Total	27196.661	614			
Promotion	Between Groups	5.780	2	2.890	.068	.934
	Within Groups	25865.797	613	42.195		
	Total	25871.577	615			
Supervision	Between Groups	9.032	2	4.516	.080	.923
	Within Groups	34623.838	614	56.391		
	Total	34632.869	616			
Fringe Benefits	Between Groups	53.375	2	26.688	.719	.488
	Within Groups	22750.556	613	37.113		
	Total	22803.931	615			
Contingent Rewards	Between Groups	52.324	2	26.162	.612	.543
	Within Groups	26265.368	614	42.777		
	Total	26317.692	616			
Operating Conditions	Between Groups	31.684	2	15.842	.592	.554
	Within Groups	16440.752	614	26.776		
	Total	16472.436	616			
Co-Workers	Between Groups	11.298	2	5.649	.124	.884
	Within Groups	28035.381	614	45.660		
	Total	28046.679	616			
Nature of Work	Between Groups	49.739	2	24.870	.513	.599
	Within Groups	29747.215	614	48.448		
	Total	29796.954	616			
Communication	Between Groups	32.776	2	16.388	.363	.696
	Within Groups	27754.004	614	45.202		
	Total	27786.780	616			
Total Satisfaction	Between Groups	1965.189	2	982.594	.260	.771
	Within Groups	2319172.717	614	3777.154		
	Total	2321137.905	616			

Appendix 6f

ANOVA Table: Job Satisfaction levels based age of employees

		Sum of Squares	df	Mean Square	F	Sig.
Pay	Between Groups	49.846	3	16.615	.374	.772
	Within Groups	27292.686	615	44.378		
	Total	27342.532	618			
Promotion	Between Groups	72.994	3	24.331	.579	.629
	Within Groups	25883.162	616	42.018		
	Total	25956.156	619			
Supervision	Between Groups	123.032	3	41.011	.732	.533
	Within Groups	34571.423	617	56.031		
	Total	34694.455	620			
Fringe Benefits	Between Groups	17.839	3	5.946	.160	.923
	Within Groups	22886.598	616	37.154		
	Total	22904.436	619			
Contingent Rewards	Between Groups	250.858	3	83.619	1.979	.116
	Within Groups	26071.165	617	42.255		
	Total	26322.023	620			
Operating Conditions	Between Groups	20.581	3	6.860	.255	.858
	Within Groups	16574.133	617	26.862		
	Total	16594.714	620			
Co-Workers	Between Groups	60.138	3	20.046	.441	.724
	Within Groups	28050.214	617	45.462		
	Total	28110.352	620			
Nature of Work	Between Groups	183.087	3	61.029	1.269	.284
	Within Groups	25673.969	617	48.094		
	Total	25857.056	620			
Communication	Between Groups	72.850	3	24.283	.538	.656
	Within Groups	27841.813	617	45.124		
	Total	27914.664	620			
Total Satisfaction	Between Groups	7636.900	3	2545.633	.678	.565
	Within Groups	2315142.346	617	3752.257		
	Total	2322779.246	620			

Appendix 7a

Correlation Analysis: leader behaviour aspects and Motivational levels

		Intrinsic Motivation	Identified Regulation	Introjected Regulation	Extrinsic Regulation	Total Motivation
Representation	Pearson Correlation	.112**	.095*	.018	-.016	.042
	Sig. (2-tailed)	.005	.018	.647	.690	.291
	N	621	621	620	621	621
Demand Reconciliation	Pearson Correlation	.168**	.172**	.151**	.014	.130**
	Sig. (2-tailed)	.000	.000	.000	.734	.001
	N	621	621	620	621	621
Tolerance of Uncertainty	Pearson Correlation	.108**	.079*	.046	-.053	.042
	Sig. (2-tailed)	.007	.048	.258	.189	.300
	N	621	621	620	621	621
Persuasiveness	Pearson Correlation	.191**	.197**	.150**	.062	.158**
	Sig. (2-tailed)	.000	.000	.000	.123	.000
	N	621	621	620	621	621
Initiation of Structure	Pearson Correlation	.120**	.107**	.045	-.014	.056
	Sig. (2-tailed)	.003	.008	.261	.731	.165
	N	621	621	620	621	621
Tolerance and Freedom	Pearson Correlation	.169**	.150**	.083*	.002	.100*
	Sig. (2-tailed)	.000	.000	.038	.956	.012
	N	621	621	620	621	621
Role Assumption	Pearson Correlation	.069	.048	.008	-.094*	.002
	Sig. (2-tailed)	.085	.229	.840	.019	.955
	N	621	621	620	621	621
Consideration	Pearson Correlation	.163**	.140**	.107**	-.012	.098*
	Sig. (2-tailed)	.000	.000	.008	.765	.014
	N	621	621	620	621	621
Production Emphasis	Pearson Correlation	.089*	.142**	.110**	.028	.083*
	Sig. (2-tailed)	.027	.000	.006	.485	.038
	N	621	621	620	621	621
Predictive Accuracy	Pearson Correlation	.127**	.132**	.103*	-.002	.082*
	Sig. (2-tailed)	.002	.001	.011	.951	.040
	N	621	621	620	621	621
Integration	Pearson Correlation	.156**	.142**	.120**	.010	.105**
	Sig. (2-tailed)	.000	.000	.003	.813	.009
	N	621	621	620	621	621
Superior Orientation	Pearson Correlation	.147**	.164**	.137**	.065	.129**
	Sig. (2-tailed)	.000	.000	.001	.103	.001
	N	621	621	620	621	621

Appendix 7b.a

Correlation Analysis: leader behaviour aspects and Motivational levels among doctors, nurse, Paramedics and Non-medicos

Correlations						
Non-medico		Intrinsic Motivation	Identified Motivation	Introjected Motivation	Extrinsic Motivation	Total Motivation
Representation	Pearson Correlation	.116	.073	-.177	.011	-.004
	Sig. (2-tailed)	.332	.542	.137	.924	.974
	N	72	72	72	72	72
Demand Reconciliation	Pearson Correlation	.192	.149	-.103	-.023	.072
	Sig. (2-tailed)	.106	.210	.389	.849	.549
	N	72	72	72	72	72
Tolerance of Uncertainty	Pearson Correlation	.036	-.018	-.337**	-.346**	-.203
	Sig. (2-tailed)	.761	.884	.004	.003	.088
	N	72	72	72	72	72
Persuasiveness	Pearson Correlation	.199	-.024	.066	.017	.080
	Sig. (2-tailed)	.093	.844	.580	.887	.503
	N	72	72	72	72	72
Initiation of Structure	Pearson Correlation	.124	.086	.108	.221	.168
	Sig. (2-tailed)	.299	.475	.366	.062	.157
	N	72	72	72	72	72
Tolerance and Freedom	Pearson Correlation	.306**	.325**	-.098	.057	.165
	Sig. (2-tailed)	.009	.005	.414	.633	.166
	N	72	72	72	72	72
Role Assumption	Pearson Correlation	.001	-.074	-.063	-.003	-.028
	Sig. (2-tailed)	.993	.535	.602	.983	.813
	N	72	72	72	72	72
Consideration	Pearson Correlation	.291*	.212	.049	.078	.189
	Sig. (2-tailed)	.013	.074	.682	.514	.112
	N	72	72	72	72	72
Production Emphasis	Pearson Correlation	-.056	-.002	.059	.209	.062
	Sig. (2-tailed)	.641	.984	.620	.078	.606
	N	72	72	72	72	72
Predictive Accuracy	Pearson Correlation	.225	.094	.085	.131	.140
	Sig. (2-tailed)	.057	.431	.476	.272	.242
	N	72	72	72	72	72
Integration	Pearson Correlation	.066	.062	-.018	.041	.044
	Sig. (2-tailed)	.582	.605	.881	.732	.717
	N	72	72	72	72	72
Superior Orientation	Pearson Correlation	.182	.270*	.056	.301*	.230
	Sig. (2-tailed)	.126	.022	.642	.010	.052
	N	72	72	72	72	72

Appendix 7b.b

Correlation Analysis: leader behaviour aspects and Motivational levels among doctors, nurse, Paramedics and Non-medicos

Doctor		Intrinsic Motivation	Identified Motivation	Introjected Motivation	Extrinsic Motivation	Total Motivation
Representation	Pearson Correlation	.074	.088	.017	-.017	.039
	Sig. (2-tailed)	.293	.205	.805	.804	.577
	N	207	207	206	207	207
Demand Reconciliation	Pearson Correlation	.117	.100	.116	-.171*	.033
	Sig. (2-tailed)	.093	.152	.098	.014	.637
	N	207	207	206	207	207
Tolerance of Uncertainty	Pearson Correlation	.040	.043	.095	-.093	.013
	Sig. (2-tailed)	.564	.540	.176	.185	.851
	N	207	207	206	207	207
Persuasiveness	Pearson Correlation	.151*	.241**	.160*	.034	.155*
	Sig. (2-tailed)	.029	.000	.022	.627	.026
	N	207	207	206	207	207
Initiation of Structure	Pearson Correlation	.118	.139*	.117	-.016	.095
	Sig. (2-tailed)	.089	.045	.095	.822	.173
	N	207	207	206	207	207
Tolerance and Freedom	Pearson Correlation	.136*	.118	.092	-.050	.080
	Sig. (2-tailed)	.050	.092	.190	.472	.253
	N	207	207	206	207	207
Role Assumption	Pearson Correlation	.080	.093	.019	-.185**	-.008
	Sig. (2-tailed)	.254	.183	.783	.008	.913
	N	207	207	206	207	207
Consideration	Pearson Correlation	.152*	.183**	.166*	-.021	.136*
	Sig. (2-tailed)	.028	.008	.017	.763	.050
	N	207	207	206	207	207
Production Emphasis	Pearson Correlation	.130	.194**	.080	-.021	.099
	Sig. (2-tailed)	.061	.005	.255	.759	.157
	N	207	207	206	207	207
Predictive Accuracy	Pearson Correlation	.123	.139*	.120	-.069	.083
	Sig. (2-tailed)	.078	.046	.086	.325	.233
	N	207	207	206	207	207
Integration	Pearson Correlation	.145*	.130	.145*	-.127	.081
	Sig. (2-tailed)	.037	.061	.038	.068	.246
	N	207	207	206	207	207
Superior Orientation	Pearson Correlation	.107	.123	.166*	-.024	.095
	Sig. (2-tailed)	.126	.078	.017	.733	.172
	N	207	207	206	207	207

Appendix 7b.c

Correlation Analysis: leader behaviour aspects and Motivational levels among doctors, nurse, Paramedics and Non-medicos

Nurse		Intrinsic Motivation	Identified Motivation	Introjected Motivation	Extrinsic Motivation	Total Motivation
Representation	Pearson Correlation	-.011	-.036	-.107	-.156	-.111
	Sig. (2-tailed)	.869	.576	.095	.015	.084
	N	243	243	243	243	243
Demand Reconciliation	Pearson Correlation	.045	.075	.013	-.072	-.002
	Sig. (2-tailed)	.485	.241	.844	.264	.977
	N	243	243	243	243	243
Tolerance of Uncertainty	Pearson Correlation	.069	.046	.008	-.031	.008
	Sig. (2-tailed)	.285	.474	.906	.629	.902
	N	243	243	243	243	243
Persuasiveness	Pearson Correlation	.057	.097	.021	-.017	.026
	Sig. (2-tailed)	.372	.132	.741	.796	.686
	N	243	243	243	243	243
Initiation of Structure	Pearson Correlation	-.046	-.032	-.120	-.139	-.117
	Sig. (2-tailed)	.480	.620	.062	.031	.068
	N	243	243	243	243	243
Tolerance and Freedom	Pearson Correlation	.012	.041	-.044	-.092	-.044
	Sig. (2-tailed)	.855	.520	.497	.151	.494
	N	243	243	243	243	243
Role Assumption	Pearson Correlation	-.078	-.052	-.096	-.149	-.114
	Sig. (2-tailed)	.228	.420	.135	.020	.077
	N	243	243	243	243	243
Consideration	Pearson Correlation	-.031	-.029	-.096	-.163	-.110
	Sig. (2-tailed)	.631	.652	.136	.011	.088
	N	243	243	243	243	243
Production Emphasis	Pearson Correlation	.047	.088	.022	-.088	-.007
	Sig. (2-tailed)	.471	.173	.736	.171	.915
	N	243	243	243	243	243
Predictive Accuracy	Pearson Correlation	-.036	.023	-.047	-.128	-.078
	Sig. (2-tailed)	.580	.725	.465	.046	.226
	N	243	243	243	243	243
Integration	Pearson Correlation	.025	.040	-.017	-.065	-.032
	Sig. (2-tailed)	.696	.538	.788	.316	.622
	N	243	243	243	243	243
Superior Orientation	Pearson Correlation	-.011	.014	-.054	-.088	-.060
	Sig. (2-tailed)	.861	.833	.405	.173	.350
	N	243	243	243	243	243

Appendix 7b.d

Correlation Analysis: leader behaviour aspects and Motivational levels among doctors, nurse, Paramedics and Non-medicos

Paramedics		Intrinsic Motivation	Identified Motivation	Introjected Motivation	Extrinsic Motivation	Total Motivation
Representation	Pearson Correlation	.420**	.499**	.475**	.341**	.528**
	Sig. (2-tailed)	.000	.000	.000	.001	.000
	N	99	99	99	99	99
Demand Reconciliation	Pearson Correlation	.415**	.501**	.518**	.363**	.536**
	Sig. (2-tailed)	.000	.000	.000	.000	.000
	N	99	99	99	99	99
Tolerance of Uncertainty	Pearson Correlation	.160	.164	.171	.104	.169
	Sig. (2-tailed)	.114	.106	.091	.305	.095
	N	99	99	99	99	99
Persuasiveness	Pearson Correlation	.349**	.386**	.308**	.207*	.367**
	Sig. (2-tailed)	.000	.000	.002	.040	.000
	N	99	99	99	99	99
Initiation of Structure	Pearson Correlation	.257*	.340**	.253*	.195	.293**
	Sig. (2-tailed)	.010	.001	.012	.054	.003
	N	99	99	99	99	99
Tolerance and Freedom	Pearson Correlation	.432**	.373**	.397**	.226*	.431**
	Sig. (2-tailed)	.000	.000	.000	.024	.000
	N	99	99	99	99	99
Role Assumption	Pearson Correlation	.169	.113	.057	.015	.097
	Sig. (2-tailed)	.095	.265	.573	.880	.338
	N	99	99	99	99	99
Consideration	Pearson Correlation	.447**	.501**	.544**	.305**	.534**
	Sig. (2-tailed)	.000	.000	.000	.002	.000
	N	99	99	99	99	99
Production Emphasis	Pearson Correlation	.112	.303**	.256*	.219*	.239*
	Sig. (2-tailed)	.269	.002	.011	.029	.017
	N	99	99	99	99	99
Predictive Accuracy	Pearson Correlation	.342**	.418**	.368**	.297**	.418**
	Sig. (2-tailed)	.001	.000	.000	.003	.000
	N	99	99	99	99	99
Integration	Pearson Correlation	.413**	.467**	.426**	.312**	.485**
	Sig. (2-tailed)	.000	.000	.000	.002	.000
	N	99	99	99	99	99
Superior Orientation	Pearson Correlation	.456**	.557**	.587**	.408**	.614**
	Sig. (2-tailed)	.000	.000	.000	.000	.000
	N	99	99	99	99	99

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Regression Analysis of Intrinsic Motivation

Variables Entered/Removed ^a			
Model	Variables Entered	Variables Removed	Method
1	Persuasiveness		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Intrinsic Motivation

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.191 ^a	.036	.035	5.5028

a. Predictors: (Constant), Persuasiveness

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	709.267	1	709.267	23.423	.000 ^b
	Residual	18743.892	619	30.281		
	Total	19453.159	620			

a. Dependent Variable: Intrinsic Motivation
b. Predictors: (Constant), Persuasiveness

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	6.531	1.505		4.341	.000
	Persuasiveness	.178	.037	.191	4.840	.000

a. Dependent Variable: Intrinsic Motivation

Excluded Variables ^a						
Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics
						Tolerance
1	Representation	-.021 ^b	-.399	.690	-.016	.576
	Demand Reconciliation	.078 ^b	1.528	.127	.061	.590
	Tolerance of Uncertainty	.011 ^b	.248	.804	.010	.727
	Initiation of Structure	-.034 ^b	-.602	.547	-.024	.490
	Tolerance and Freedom	.075 ^b	1.417	.157	.057	.554
	Role Assumption	-.035 ^b	-.775	.439	-.031	.749
	Consideration	.064 ^b	1.218	.224	.049	.558
	Production Emphasis	-.075 ^b	-1.400	.162	-.056	.540
	Predictive Accuracy	-.034 ^b	-.582	.561	-.023	.444
	Integration	.047 ^b	.858	.391	.035	.528
	Superior Orientation	.033 ^b	.614	.539	.025	.545

a. Dependent Variable: Intrinsic Motivation
b. Predictors in the Model: (Constant), Persuasiveness

Regression Analysis of Identified Regulation

Variables Entered/Removed ^a			
Model	Variables Entered	Variables Removed	Method
1	Persuasiveness		Stepwise (Criteria: Probability-of-F-to-enter \leq .050, Probability-of-F-to-remove \geq .100).

a. Dependent Variable: Identified Regulation

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.197 ^a	.039	.037	6.1544

a. Predictors: (Constant), Persuasiveness

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	947.082	1	947.082	25.004	.000 ^b
	Residual	23445.722	619	37.877		
	Total	24392.804	620			

a. Dependent Variable: Identified Regulation
b. Predictors: (Constant), Persuasiveness

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	7.256	1.683		4.312	.000
	Persuasiveness	.206	.041	.197	5.000	.000

a. Dependent Variable: Identified Regulation

Excluded Variables ^a						
Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics
						Tolerance
1	Representation	-.058 ^b	-1.116	.265	-.045	.576
	Demand Reconciliation	.077 ^b	1.512	.131	.061	.590
	Tolerance of Uncertainty	-.032 ^b	-.702	.483	-.028	.727
	Initiation of Structure	-.069 ^b	-1.229	.220	-.049	.490
	Tolerance and Freedom	.034 ^b	.639	.523	.026	.554
	Role Assumption	-.067 ^b	-1.477	.140	-.059	.749
	Consideration	.017 ^b	.319	.750	.013	.558
	Production Emphasis	.015 ^b	.288	.773	.012	.540
	Predictive Accuracy	-.034 ^b	-.583	.560	-.023	.444
	Integration	.012 ^b	.221	.825	.009	.528
Superior Orientation	.058 ^b	1.081	.280	.043	.545	

a. Dependent Variable: Identified Regulation
b. Predictors in the Model: (Constant), Persuasiveness

Regression Analysis of Introjected Regulation

Variables Entered/Removed ^a			
Model	Variables Entered	Variables Removed	Method
1	Initiation of Structure		Stepwise (Criteria: Probability-of-F-to-enter \leq .050, Probability-of-F-to-remove \geq .100).

a. Dependent Variable: Introjected Regulation

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.262	.069	.059	6.1405

Predictors: (Constant), Demand Reconciliation, Role Assumption, Persuasiveness, Representation, Superior Orientation, Initiation of Structure

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1702.095	6	283.682	7.523	.000 ^b
	Residual	23113.944	613	37.706		
	Total	24816.039	619			

Predictors: (Constant), Demand Reconciliation, Role Assumption, Persuasiveness, Representation, Superior Orientation, Initiation of Structure

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	11.966	2.080		5.754	.000
	Demand Reconciliation	.248	.086	.175	2.896	.004
	Role Assumption	-.120	.055	-.111	-2.195	.029
	Persuasiveness	.217	.067	.206	3.230	.001
	Representation	-.310	.095	-.201	-3.250	.001
	Superior Orientation	.160	.067	.156	2.385	.017
	Initiation of Structure	-.125	.063	-.122	-1.986	.047

a. Dependent Variable: Introjected Regulation

Excluded Variables ^a						
Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics
						Tolerance
6	Tolerance of Uncertainty	-.077 ^b	-1.527	.127	-.062	.600
	Tolerance and Freedom	-.052 ^b	-.803	.422	-.032	.369
	Consideration	.022 ^b	.316	.752	.013	.310
	Production Emphasis	.025 ^b	.411	.681	.017	.412
	Predictive Accuracy	-.032 ^b	-.427	.669	-.017	.280
	Integration	.093 ^b	1.257	.209	.051	.275

Predictors in the Model: (Constant), Demand Reconciliation, Role Assumption, Persuasiveness, Representation, Superior Orientation, Initiation of Structure

Regression Analysis of External Regulation

Variables Entered/Removed ^a			
Model	Variables Entered	Variables Removed	Method
1	Persuasiveness		Stepwise (Criteria: Probability-of-F-to-enter \leq .050, Probability-of-F-to-remove \geq .100).

a. Dependent Variable: Extrinsic Regulation

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.157 ^b	.025	.022	5.5426

b. Predictors: (Constant), Role Assumption, Persuasiveness

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	481.065	2	240.532	7.830	.000 ^c
	Residual	18985.421	618	30.721		
	Total	19466.486	620			

a. Dependent Variable: Extrinsic Regulation
c. Predictors: (Constant), Role Assumption, Persuasiveness

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	12.343	1.686		7.321	.000
	Role Assumption	-.160	.044	-.167	-3.636	.000
	Persuasiveness	.136	.043	.146	3.172	.002

a. Dependent Variable: Extrinsic Regulation

Excluded Variables ^a						
Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics
						Tolerance
1	Representation	-.055 ^c	-1.029	.304	-.041	.543
	Demand Reconciliation	.042 ^c	.735	.463	.030	.487
	Tolerance of Uncertainty	-.090 ^c	-1.913	.056	-.077	.705
	Initiation of Structure	-.081 ^c	-1.393	.164	-.056	.471
	Tolerance and Freedom	-.044 ^c	-.808	.419	-.033	.542
	Consideration	-.040 ^c	-.720	.472	-.029	.507
	Production Emphasis	.017 ^c	.301	.764	.012	.516
	Predictive Accuracy	-.062 ^c	-1.013	.311	-.041	.419
	Integration	.005 ^c	.085	.932	.003	.468
	Superior Orientation	.072 ^c	1.328	.185	.053	.534

a. Dependent Variable: Extrinsic Regulation
c. Predictors in the Model: (Constant), Role Assumption, Persuasiveness

Regression Analysis of Total Motivation

Variables Entered/Removed ^a			
Model	Variables Entered	Variables Removed	Method
1	Representation		Stepwise (Criteria: Probability-of-F-to-enter \leq .050, Probability-of-F-to-remove \geq .100).

a. Dependent Variable: Total Motivation

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.216 ^d	.046	.040	24.3823

d. Predictors: (Constant), Persuasiveness, Role Assumption, Demand Reconciliation, Representation

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	17845.384	4	4461.346	7.504	.000 ^e
	Residual	366209.562	616	594.496		
	Total	384054.946	620			

a. Dependent Variable: Total Motivation

e. Predictors: (Constant), Persuasiveness, Role Assumption, Demand Reconciliation, Representation

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	39.988	7.534		5.308	.000
	Persuasiveness	.851	.237	.205	3.591	.000
	Role Assumption	-.566	.215	-.133	-2.640	.009
	Demand Reconciliation	.827	.324	.149	2.554	.011
	Representation	-.709	.334	-.117	-2.119	.034

a. Dependent Variable: Total Motivation

Excluded Variables ^a						
Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics
						Tolerance
1	Tolerance of Uncertainty	-.075 ^e	-1.481	.139	-.060	.603
	Initiation of Structure	-.087 ^e	-1.436	.151	-.058	.421
	Tolerance and Freedom	.001 ^e	.010	.992	.000	.403
	Consideration	.014 ^e	.200	.842	.008	.330
	Production Emphasis	-.039 ^e	-.643	.521	-.026	.425
	Predictive Accuracy	-.075 ^e	-1.084	.279	-.044	.321
	Integration	.048 ^e	.699	.485	.028	.326
Superior Orientation	.093 ^e	1.436	.152	.058	.370	

a. Dependent Variable: Total Motivation

e. Predictors in the Model: (Constant), Persuasiveness, Role Assumption, Demand Reconciliation, Representation

Appendix 7h

**Regression Analysis of Intrinsic Motivation among Doctors, Nurses,
Paramedics, Non-Medicos**

Warnings	
No variables were entered into the equation for split: =Nurse.	

Variables Entered/Removed ^a				
	Model	Variables Entered	Variables Removed	Method
Non Medico	1	Tolerance and Freedom	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
Doctor	1	Consideration	.	
Para Medic	1	Superior Orientation	.	

Model Summary					
	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Non Medico	1	.306 ^a	.094	.081	4.5138
Doctor	1	.152 ^b	.023	.018	5.1934
Para Medic	1	.456 ^c	.208	.200	4.2430

ANOVA ^a							
	Model		Sum of Squares	df	Mean Square	F	Sig.
Non Medico	1	Regression	147.805	1	147.805	7.255	.009 ^b
		Residual	1426.195	70	20.374		
		Total	1574.000	71			
Doctor	1	Regression	131.541	1	131.541	4.877	.028 ^c
		Residual	5529.068	205	26.971		
		Total	5660.609	206			
Para Medic	1	Regression	458.240	1	458.240	25.454	.000 ^d
		Residual	1746.265	97	18.003		
		Total	2204.505	98			

a. Dependent Variable: Intrinsic Motivation

b. Predictors: (Constant), .Tolerance and Freedom

c. Predictors: (Constant), .Consideration

d. Predictors: (Constant), .Superior Orientation

Coefficients ^a							
	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Non Medico	1	(Constant)	3.922	4.025		.974	.333
		Tolerance and Freedom	.261	.097	.306	2.693	.009
Doctor	1	(Constant)	10.220	2.214		4.617	.000
		Consideration	.120	.055	.152	2.208	.028
Para Medic	1	(Constant)	3.391	2.326		1.457	.148
		Superior Orientation	.283	.056	.456	5.045	.000

Appendix 7i

Regression Analysis of identified motivation among Doctors, Nurses, Paramedics, Non-Medicos

Warnings	
No variables were entered into the equation for split =Nurse.	

Variables Entered/Removed ^a				
	Model	Variables Entered	Variables Removed	Method
Non Medico	1	Tolerance and Freedom		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
Doctor	1	Persuasiveness		
Para Medic	1	Superior Orientation		

Model Summary					
	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Non Medico	1	.325 ^a	.106	.093	5.2062
Doctor	1	.241 ^b	.058	.054	5.1171
Para Medic	1	.557 ^c	.310	.303	4.3442
a. Predictors: (Constant), .Tolerance and Freedom					
b. Predictors: (Constant), .Persuasiveness					
c. Predictors: (Constant), .Superior Orientation					

ANOVA ^a							
	Model		Sum of Squares	df	Mean Square	F	Sig.
Non Medico	1	Regression	223.937	1	223.937	8.262	.005 ^b
		Residual	1897.341	70	27.105		
		Total	2121.278	71			
Doctor	1	Regression	332.083	1	332.083	12.683	.000 ^c
		Residual	5367.775	205	26.184		
		Total	5699.857	206			
Para Medic	1	Regression	824.160	1	824.160	43.671	.000 ^d
		Residual	1830.568	97	18.872		
		Total	2654.727	98			
a. Dependent Variable: Identified Regulation							
b. Predictors: (Constant), .Tolerance and Freedom							
c. Predictors: (Constant), .Persuasiveness							
d. Predictors: (Constant), .Superior Orientation							

Coefficients ^a							
	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Non Medico	1	(Constant)	2.080	4.642		.448	.655
		Tolerance and Freedom	.322	.112	.325	2.874	.005
Doctor	1	(Constant)	7.603	2.482		3.064	.002
		Persuasiveness	.212	.060	.241	3.561	.000
Para Medic	1	(Constant)	2.010	2.382		.844	.401
		Superior Orientation	.380	.058	.557	6.608	.000

Appendix 7j

Regression Analysis of introjected regulation among Doctors, Nurses, Paramedics, Non-Medicos

Warnings	
No variables were entered into the equation for spli =Nurse.	

Variables Entered/Removed ^a				
	Model	Variables Entered	Variables Removed	Method
Non Medico	1	Tolerance of Uncertainty		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
Doctor	1	Consideration		
Para Medic	1	Superior Orientation		

a. Dependent Variable: Introjected Regulation

Model Summary					
	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Non Medico	1	.337 ^a	.113	.101	4.3673
Doctor	1	.166 ^b	.028	.023	5.3227
Para Medic	1	.587 ^c	.344	.338	4.1456

a. Predictors: (Constant), .Tolerance of Uncertainty
b. Predictors: (Constant), .Consideration
c. Predictors: (Constant), .Superior Orientation

ANOVA ^a							
	Model		Sum of Squares	df	Mean Square	F	Sig.
Non Medico	1	Regression	170.896	1	170.896	8.960	.004 ^b
		Residual	1335.104	70	19.073		
		Total	1506.000	71			
Doctor	1	Regression	163.553	1	163.553	5.773	.017 ^c
		Residual	5779.660	204	28.332		
		Total	5943.214	205			
Para Medic	1	Regression	875.651	1	875.651	50.952	.000 ^d
		Residual	1667.036	97	17.186		
		Total	2542.687	98			

a. Dependent Variable: Introjected Regulation
b. Predictors: (Constant), .Tolerance of Uncertainty
c. Predictors: (Constant), .Consideration
d. Predictors: (Constant), .Superior Orientation

Coefficients ^a							
	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Non Medico	1	(Constant)	29.532	3.776		7.820	.000
		Tolerance of Uncertainty	-.334	.112	-.337	-2.993	.004
Doctor	1	(Constant)	10.751	2.281		4.713	.000
		Consideration	.135	.056	.166	2.403	.017
Para Medic	1	(Constant)	2.524	2.273		1.110	.270
		Superior Orientation	.392	.055	.587	7.138	.000

Appendix 7k

Regression Analysis of Extrinsic regulation among Doctors, Nurses, Paramedics, Non-Medicos

Variables Entered/Removed ^a				
	Model	Variables Entered	Variables Removed	Method
Non Medico	1	Tolerance of Uncertainty	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
	2	Superior Orientation	.	
	3	Representation	.	
Doctor	1	Role Assumption	.	
	2	Persuasiveness	.	
	3	Integration	.	
Nurse	1	Consideration	.	
	2	Integration	.	
Para Medic	1	Superior Orientation	.	

a. Dependent Variable: Extrinsic Regulation

Model Summary					
	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Non Medico	1	.346 ^a	.120	.107	4.5797
	2	.497 ^b	.247	.225	4.2665
	3	.543 ^c	.295	.264	4.1595
Doctor	1	.185 ^d	.034	.030	4.7434
	2	.260 ^e	.068	.058	4.6725
	3	.306 ^f	.094	.080	4.6179
Nurse	1	.163 ^g	.027	.023	6.2285
	2	.220 ^h	.048	.040	6.1717
Para Medic	1	.408 ⁱ	.167	.158	4.9313

a. Predictors: (Constant), .Tolerance of Uncertainty
b. Predictors: (Constant), .Tolerance of Uncertainty, .Superior Orientation
c. Predictors: (Constant), .Tolerance of Uncertainty, .Superior Orientation, .Representation
d. Predictors: (Constant), .Role Assumption
e. Predictors: (Constant), .Role Assumption, .Persuasiveness
f. Predictors: (Constant), .Role Assumption, .Persuasiveness, .Integration
g. Predictors: (Constant), .Consideration
h. Predictors: (Constant), .Consideration, .Integration
i. Predictors: (Constant), .Superior Orientation

ANOVA ^a							
	Model		Sum of Squares	df	Mean Square	F	Sig.
Non Medico	1	Regression	199.862	1	199.862	9.529	.003 ^b
		Residual	1468.138	70	20.973		
		Total	1668.000	71			
	2	Regression	412.020	2	206.010	11.318	.000 ^c
		Residual	1255.980	69	18.203		
		Total	1668.000	71			
	3	Regression	491.520	3	163.840	9.470	.000 ^d
		Residual	1176.480	68	17.301		
		Total	1668.000	71			
Doctor	1	Regression	163.892	1	163.892	7.284	.008 ^e
		Residual	4612.531	205	22.500		
		Total	4776.423	206			
	2	Regression	322.587	2	161.294	7.388	.001 ^f
		Residual	4453.835	204	21.833		
		Total	4776.423	206			
	3	Regression	447.489	3	149.163	6.995	.000 ^g
		Residual	4328.934	203	21.325		
		Total	4776.423	206			
Nurse	1	Regression	256.280	1	256.280	6.606	.011 ^h

		Residual	9349.278	241	38.794		
		Total	9605.558	242			
		Regression	464.059	2	232.029	6.092	.003 ¹
	2	Residual	9141.499	240	38.090		
		Total	9605.558	242			
		Regression	471.880	1	471.880	19.405	.000 ¹
Para Medic	1	Residual	2358.848	97	24.318		
		Total	2830.727	98			
		Regression					
b. Predictors: (Constant), .Tolerance of Uncertainty							
c. Predictors: (Constant), .Tolerance of Uncertainty, .Superior Orientation							
d. Predictors: (Constant), .Tolerance of Uncertainty, .Superior Orientation, .Representation							
e. Predictors: (Constant), .Role Assumption							
f. Predictors: (Constant), .Role Assumption, .Persuasiveness							
g. Predictors: (Constant), .Role Assumption, .Persuasiveness, .Integration							
h. Predictors: (Constant), .Consideration							
i. Predictors: (Constant), .Consideration, .Integration							
j. Predictors: (Constant), .Superior Orientation							

Coefficients ^a							
	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Non Medico	1	(Constant)	25.277	3.960		6.383	.000
		Tolerance of Uncertainty	-.361	.117	-.346	-3.087	.003
	2	(Constant)	9.897	5.823		1.700	.094
		Tolerance of Uncertainty	-.418	.110	-.400	-3.789	.000
		Superior Orientation	.414	.121	.361	3.414	.001
	3	(Constant)	7.416	5.794		1.280	.205
		Tolerance of Uncertainty	-.390	.108	-.374	-3.601	.001
		Superior Orientation	.644	.160	.562	4.033	.000
		Representation	-.381	.178	-.301	-2.144	.036
Doctor	1	(Constant)	17.109	2.111		8.103	.000
		Role Assumption	-.151	.056	-.185	-2.699	.008
	2	(Constant)	13.714	2.432		5.640	.000
		Role Assumption	-.263	.069	-.323	-3.811	.000
		Persuasiveness	.184	.068	.228	2.696	.008
	3	(Constant)	14.253	2.413		5.906	.000
		Role Assumption	-.221	.070	-.271	-3.142	.002
		Persuasiveness	.300	.083	.373	3.626	.000
		Integration	-.319	.132	-.242	-2.420	.016
Nurse	1	(Constant)	15.659	1.726		9.073	.000
		Consideration	-.117	.046	-.163	-2.570	.011
	2	(Constant)	15.593	1.710		9.117	.000
		Integration	.327	.140	.286	2.336	.020
		Consideration	-.293	.088	-.409	-3.337	.001
Para Medic	1	(Constant)	2.109	2.704		.780	.437
		Superior Orientation	.288	.065	.408	4.405	.000

Appendix 71

Regression Analysis of Total Motivation among Doctors, Nurses, Paramedics, Non-Medicos

Warnings	
No variables were entered into the equation for split =Non Medico.	
No variables were entered into the equation for split =Nurse.	

Variables Entered/Removed ^a				
	Model	Variables Entered	Variables Removed	Method
Doctor	1	.Persuasiveness		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
Para Medic	1	.Superior Orientation		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Total Motivation

Model Summary					
	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Doctor	1	.155 ^a	.024	.019	19.9830
Para Medic	1	.614 ^b	.377	.370	15.6005

a. Predictors: (Constant), .Persuasiveness
b. Predictors: (Constant), .Superior Orientation

ANOVA ^a							
	Model		Sum of Squares	df	Mean Square	F	Sig.
Doctor	1	Regression	2010.193	1	2010.193	5.034	.026 ^b
		Residual	81860.871	205	399.321		
		Total	83871.064	206			
Para Medic	1	Regression	14278.807	1	14278.807	58.670	.000 ^c
		Residual	23607.540	97	243.377		
		Total	37886.347	98			

a. Dependent Variable: Total Motivation
b. Predictors: (Constant), .Persuasiveness
c. Predictors: (Constant), .Superior Orientation

Coefficients ^a							
	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Doctor	1	(Constant)	36.354	9.692		3.751	.000
		.Persuasiveness	.522	.233	.155	2.244	.026
Para Medic	1	(Constant)	-.385	8.554		-.045	.964
		.Superior Orientation	1.582	.207	.614	7.660	.000

a. Dependent Variable: Total Motivation

Appendix 8a

Correlation Analysis: leader behaviour aspects and Job Satisfaction

		Correlations									
		Pay	Promo tion	Supervi sion	Fringe Benefits	Contingent Rewards	Operating Conditions	Co- Workers	Nature of Work	Communi cation	Total Satisfaction
Representation	Pearson Correlation	.032	.131**	.231**	.121**	.188**	.130**	.111**	.068	.156**	.121**
	Sig. (2-tailed)	.474	.001	.000	.003	.000	.001	.006	.091	.000	.002
	N	619	620	621	620	621	621	621	621	621	621
Demand Reconciliation	Pearson Correlation	.096*	.147**	.312**	.160**	.275**	.246**	.226**	.165**	.261**	.212**
	Sig. (2-tailed)	.017	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	619	620	621	620	621	621	621	621	621	621
Tolerance of Uncertainty	Pearson Correlation	.056	.099*	.220**	.177**	.197**	.174**	.131**	.057	.181**	.135**
	Sig. (2-tailed)	.161	.014	.000	.000	.000	.000	.001	.158	.000	.001
	N	619	620	621	620	621	621	621	621	621	621
Persuasiveness	Pearson Correlation	.070	.137**	.341**	.167**	.251**	.147**	.203**	.171**	.242**	.206**
	Sig. (2-tailed)	.082	.001	.000	.000	.000	.000	.000	.000	.000	.000
	N	619	620	621	620	621	621	621	621	621	621
Initiation of Structure	Pearson Correlation	-.004	.072	.221**	.132**	.158**	.101*	.090*	.052	.132**	.096*
	Sig. (2-tailed)	.913	.073	.000	.001	.000	.012	.025	.199	.001	.017
	N	619	620	621	620	621	621	621	621	621	621
Tolerance and Freedom	Pearson Correlation	.081*	.123**	.298**	.171**	.252**	.167**	.182**	.106**	.199**	.171**
	Sig. (2-tailed)	.044	.002	.000	.000	.000	.000	.000	.008	.000	.000
	N	619	620	621	620	621	621	621	621	621	621
Role Assumption	Pearson Correlation	.023	.065	.210**	.055	.147**	.109**	.114**	.051	.166**	.097*
	Sig. (2-tailed)	.568	.108	.000	.168	.000	.007	.004	.206	.000	.016
	N	619	620	621	620	621	621	621	621	621	621
Consideration	Pearson Correlation	.053	.118**	.333**	.139**	.262**	.198**	.197**	.118**	.235**	.182**
	Sig. (2-tailed)	.185	.003	.000	.001	.000	.000	.000	.003	.000	.000
	N	619	620	621	620	621	621	621	621	621	621
Production Emphasis	Pearson Correlation	.019	.111**	.267**	.062	.216**	.107**	.146**	.087*	.189**	.123**
	Sig. (2-tailed)	.638	.006	.000	.122	.000	.008	.000	.029	.000	.002
	N	619	620	621	620	621	621	621	621	621	621
Predictive Accuracy	Pearson Correlation	.005	.104**	.279**	.116**	.216**	.139**	.148**	.084*	.180**	.135**
	Sig. (2-tailed)	.900	.009	.000	.004	.000	.000	.000	.037	.000	.001
	N	619	620	621	620	621	621	621	621	621	621
Integration	Pearson Correlation	.048	.122**	.340**	.135**	.254**	.168**	.186**	.112**	.219**	.173**
	Sig. (2-tailed)	.231	.002	.000	.001	.000	.000	.000	.005	.000	.000
	N	619	620	621	620	621	621	621	621	621	621
Superior Orientation	Pearson Correlation	.067	.144**	.281**	.145**	.238**	.160**	.158**	.105**	.194**	.168**
	Sig. (2-tailed)	.098	.000	.000	.000	.000	.000	.000	.009	.000	.000
	N	619	620	621	620	621	621	621	621	621	621

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Appendix 8b
Correlation Analysis: leader behaviour aspects and Motivational levels among doctors, nurse, Paramedics and Non-medicos

		Correlations										
		Pay	Promotion	Supervision	Fringe Benefits	Contingent Rewards	Operating Conditions	Co-Workers	Nature of Work	Communication	Total Satisfaction	
Non Medico	Representation	.181	.199	.067	.210	.216	.122	-.095	.065	.185	.133	
		.129	.094	.636	.076	.068	.308	.426	.585	.121	.266	
		.72	.72	.72	.72	.72	.72	.72	.72	.72	.72	
	Demand Reconciliation	.277*	.184	.080	.205	.162	.293*	.130	.087	.163	.207	
		.018	.122	.504	.084	.174	.013	.278	.467	.173	.081	
		.72	.72	.72	.72	.72	.72	.72	.72	.72	.72	
	Tolerance of Uncertainty	.151	.085	.066	.207	.171	.114	-.012	-.177	.092	.070	
		.206	.476	.581	.081	.476	.342	.921	.138	.442	.558	
		.72	.72	.72	.72	.72	.72	.72	.72	.72	.72	
	Persuasiveness	.002	.019	.107	-.032	-.096	.012	-.030	.174	.143	.043	
		.989	.871	.370	.787	.423	.918	.802	.144	.231	.717	
		.72	.72	.72	.72	.72	.72	.72	.72	.72	.72	
Initiation of Structure	.208	.169	.149	.221	.104	.058	-.039	.085	.193	.171		
	.080	.156	.212	.062	.386	.629	.744	.475	.105	.151		
	.72	.72	.72	.72	.72	.72	.72	.72	.72	.72		
Tolerance and Freedom	.369**	.185	.116	.300	.242	.194	.006	.018	.127	.199		
	.001	.120	.333	.010	.041	.102	.961	.880	.288	.094		
	.72	.72	.72	.72	.72	.72	.72	.72	.72	.72		
Role Assumption	.042	.089	.249	-.088	.084	.212	.251	.165	.061	.137		
	.729	.460	.035	.461	.485	.074	.034	.167	.609	.251		
	.72	.72	.72	.72	.72	.72	.72	.72	.72	.72		
Consideration	.280	.288	.252	.236	.293*	.393**	.124	.157	.325**	.304*		
	.017	.014	.050	.046	.012	.001	.298	.189	.005	.010		
	.72	.72	.72	.72	.72	.72	.72	.72	.72	.72		
Production Emphasis	.071	.033	.226	-.067	-.021	-.049	.156	.043	.052	.057		
	.552	.782	.057	.575	.859	.683	.190	.721	.662	.637		
	.72	.72	.72	.72	.72	.72	.72	.72	.72	.72		
Predictive Accuracy	.085	.110	.074	.082	.052	.218	.054	.005	.096	.086		
	.475	.356	.539	.492	.663	.066	.651	.967	.423	.473		
	.72	.72	.72	.72	.72	.72	.72	.72	.72	.72		
Integration	.139	.082	.259*	.066	.194	.128	.063	.055	.159	.143		
	.243	.492	.028	.584	.102	.282	.600	.648	.181	.230		
	.72	.72	.72	.72	.72	.72	.72	.72	.72	.72		
Superior Orientation	.376**	.290*	.158	.281*	.322*	.153	.042	.090	.181	.248*		
	.001	.014	.185	.017	.006	.200	.729	.455	.129	.036		
	.72	.72	.72	.72	.72	.72	.72	.72	.72	.72		
Representation	.052	.142*	.268**	.072	.203*	.100	.199**	.103	.204**	.153*		
	.72	.72	.72	.72	.72	.72	.72	.72	.72	.72		
	.72	.72	.72	.72	.72	.72	.72	.72	.72	.72		
Doctor												

Uncertainty	Sig. (2-tailed)	.616	.284	.001	.006	.001	.095	.255	.806	.029	.166
	N	242	243	243	242	243	243	243	243	243	243
Persuasiveness	Pearson Correlation	.042	.047	.205**	.130*	.229**	.041	.069	.022	.106	.081
	Sig. (2-tailed)	.513	.467	.001	.044	.000	.523	.281	.730	.099	.208
	N	242	243	243	242	243	243	243	243	243	243
Initiation of Structure	Pearson Correlation	-.108	-.109	.050	.029	.080	-.053	-.082	-.134*	-.030	-.084
	Sig. (2-tailed)	.094	.090	.437	.650	.213	.412	.203	.037	.644	.194
	N	242	243	243	242	243	243	243	243	243	243
Tolerance and Freedom	Pearson Correlation	-.030	-.009	.168**	.084	.181**	.000	.015	-.051	.072	.009
	Sig. (2-tailed)	.637	.891	.009	.190	.005	.998	.812	.430	.263	.886
	N	242	243	243	242	243	243	243	243	243	243
Role Assumption	Pearson Correlation	-.007	-.009	.066	-.004	.080	-.023	-.029	-.086	.074	-.025
	Sig. (2-tailed)	.915	.890	.305	.946	.213	.724	.658	.181	.250	.695
	N	242	243	243	242	243	243	243	243	243	243
Consideration	Pearson Correlation	-.072	-.061	.142*	.022	.147*	-.013	-.016	-.092	.039	-.033
	Sig. (2-tailed)	.267	.342	.027	.733	.022	.837	.803	.154	.541	.612
	N	242	243	243	242	243	243	243	243	243	243
Production Emphasis	Pearson Correlation	.023	.049	.202**	.088	.222**	.015	.046	-.015	.093	.048
	Sig. (2-tailed)	.717	.444	.002	.171	.000	.821	.475	.816	.146	.459
	N	242	243	243	242	243	243	243	243	243	243
Predictive Accuracy	Pearson Correlation	-.063	-.007	.117	.059	.143*	-.015	-.020	-.088	.020	-.025
	Sig. (2-tailed)	.329	.908	.068	.363	.025	.815	.758	.173	.755	.700
	N	242	243	243	242	243	243	243	243	243	243
Integration	Pearson Correlation	.016	.012	.186**	.092	.191**	.037	.023	-.054	.083	.026
	Sig. (2-tailed)	.807	.854	.004	.152	.003	.571	.717	.403	.199	.690
	N	242	243	243	242	243	243	243	243	243	243
Superior Orientation	Pearson Correlation	-.039	-.017	.118	.044	.158*	-.003	-.030	-.082	.035	-.015
	Sig. (2-tailed)	.545	.797	.065	.495	.014	.960	.638	.200	.587	.819
	N	242	243	243	242	243	243	243	243	243	243
Representation	Pearson Correlation	.233	.451**	.652**	.335**	.329**	.486**	.551**	.606**	.527**	.608**
	Sig. (2-tailed)	.020	.000	.000	.001	.001	.000	.000	.000	.000	.000
	N	99	99	99	99	99	99	99	99	99	99
Demand Reconciliation	Pearson Correlation	.222	.365**	.629**	.304**	.403**	.468**	.512**	.577**	.517**	.568**
	Sig. (2-tailed)	.028	.000	.000	.002	.000	.000	.000	.000	.000	.000
	N	99	99	99	99	99	99	99	99	99	99
Tolerance of Uncertainty	Pearson Correlation	-.077	.149	.272*	.069	.230*	.358**	.307**	.257*	.315**	.237*
	Sig. (2-tailed)	.450	.141	.006	.497	.022	.000	.002	.010	.001	.018
	N	99	99	99	99	99	99	99	99	99	99
Persuasiveness	Pearson Correlation	.120	.332**	.434**	.283**	.262**	.180	.297**	.405**	.401**	.390**
	Sig. (2-tailed)	.238	.001	.000	.005	.009	.075	.003	.000	.000	.000
	N	99	99	99	99	99	99	99	99	99	99
Initiation of	Pearson Correlation	.083	.329**	.271**	.296**	.080	.172	.222*	.252**	.231*	.266**
	Sig. (2-tailed)										
	N	99	99	99	99	99	99	99	99	99	99

Structure	Sig. (2-tailed)	.414	.001	.007	.003	.430	.088	.027	.012	.022	.008
	N	99	99	99	99	99	99	99	99	99	99
Tolerance and Freedom	Pearson Correlation	.209	.436**	.594**	.285**	.412	.419**	.521**	.498**	.451**	.545**
	Sig. (2-tailed)	.038	.000	.000	.004	.000	.000	.000	.000	.000	.000
	N	99	99	99	99	99	99	99	99	99	99
Role Assumption	Pearson Correlation	-.054	.081	.132	.057	.059	.166	.032	.062	.064	.080
	Sig. (2-tailed)	.593	.426	.193	.578	.565	.100	.754	.545	.526	.431
	N	99	99	99	99	99	99	99	99	99	99
Consideration	Pearson Correlation	.200*	.369**	.688**	.234*	.455**	.522**	.602**	.569**	.526**	.588**
	Sig. (2-tailed)	.048	.000	.000	.020	.000	.000	.000	.000	.000	.000
	N	99	99	99	99	99	99	99	99	99	99
Production Emphasis	Pearson Correlation	-.016	.257	.248*	.106	.170	.226	.133	.255*	.271**	.202*
	Sig. (2-tailed)	.872	.010	.013	.294	.093	.024	.188	.019	.007	.045
	N	99	99	99	99	99	99	99	99	99	99
Predictive Accuracy	Pearson Correlation	.179	.318**	.522**	.271**	.383**	.364**	.417**	.451**	.498**	.475**
	Sig. (2-tailed)	.076	.001	.000	.007	.000	.000	.000	.000	.000	.000
	N	99	99	99	99	99	99	99	99	99	99
Integration	Pearson Correlation	.208*	.455**	.685**	.315**	.456**	.478**	.551**	.575**	.554**	.600**
	Sig. (2-tailed)	.039	.000	.000	.002	.000	.000	.000	.000	.000	.000
	N	99	99	99	99	99	99	99	99	99	99
Superior Orientation	Pearson Correlation	.239	.468**	.741**	.333**	.400**	.459**	.634**	.670**	.564**	.664**
	Sig. (2-tailed)	.017	.000	.000	.001	.000	.000	.000	.000	.000	.000
	N	99	99	99	99	99	99	99	99	99	99

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Regression Analysis for Job Satisfaction factor 'Pay'

Variables Entered/Removed ^a			
Model	Variables Entered	Variables Removed	Method
1	Demand Reconciliation		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Predictive Accuracy		

a. Dependent Variable: Pay

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.096a	.009	.008	6.6262
2	.129b	.017	.013	6.6069

a. Predictors: (Constant), .Demand Reconciliation

b. Predictors: (Constant), .Demand Reconciliation, .Predictive Accuracy

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	251.899	1	251.899	5.737	.017 ^b
	Residual	27090.634	617	43.907		
	Total	27342.532	618			
2	Regression	453.114	2	226.557	5.190	.006 ^c
	Residual	26889.418	616	43.652		
	Total	27342.532	618			

a. Dependent Variable: Pay

b. Predictors: (Constant), .Demand Reconciliation

c. Predictors: (Constant), .Demand Reconciliation, .Predictive Accuracy

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	10.869	1.221		8.903	.000
	Demand Reconciliation	.142	.059	.096	2.395	.017
2	(Constant)	12.633	1.469		8.601	.000
	Demand Reconciliation	.266	.083	.179	3.219	.001
	Predictive Accuracy	-.208	.097	-.119	-2.147	.032

a. Dependent Variable: Pay

Regression Analysis for Job Satisfaction factor 'Promotion'

Variables Entered/Removed ^a			
Model	Variables Entered	Variables Removed	Method
1	Demand Reconciliation		Stepwise (Criteria: Probability-of-F-to-enter \leq .050, Probability-of-F-to-remove \geq .100).

a. Dependent Variable: Promotion

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.147a	.021	.020	6.4107

a. Predictors: (Constant), .Demand Reconciliation

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	557.802	1	557.802	13.573	.000 ^b
	Residual	25398.354	618	41.098		
	Total	25956.156	619			

a. Dependent Variable: Promotion

b. Predictors: (Constant), .Demand Reconciliation

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	9.649	1.181		8.171	.000
	Demand Reconciliation	.212	.058	.147	3.684	.000

a. Dependent Variable: Promotion

Regression Analysis for Job Satisfaction factor 'Supervision'

Variables Entered/Removed ^a			
Model	Variables Entered	Variables Removed	Method
1	Persuasiveness		Stepwise (Criteria: Probability-of-F-to-enter ≤ .050, Probability-of-F-to-remove ≥ .100).
2	Integration		
3	Initiation of Structure		
a. Dependent Variable: Supervision			

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.341a	.117	.115	7.0366
2	.371b	.138	.135	6.9577
3	.384c	.148	.143	6.9236

a. Predictors: (Constant), .Persuasiveness

b. Predictors: (Constant), .Persuasiveness, .Integration

c. Predictors: (Constant), .Persuasiveness, .Integration, .Initiation of Structure

ANOVA¹

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4045.393	1	4045.393	81.702	.000 ^b
	Residual	30649.061	619	49.514		
	Total	34694.455	620			
2	Regression	4777.203	2	2388.602	49.341	.000 ^c
	Residual	29917.251	618	48.410		
	Total	34694.455	620			
3	Regression	5117.461	3	1705.820	35.585	.000 ^d
	Residual	29576.993	617	47.937		
	Total	34694.455	620			

a. Dependent Variable: Supervision

b. Predictors: (Constant), .Persuasiveness

c. Predictors: (Constant), .Persuasiveness, .Integration

d. Predictors: (Constant), .Persuasiveness, .Integration, .Initiation of Structure

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.425	1.924		.221	.825
	Persuasiveness	.425	.047	.341	9.039	.000
2	(Constant)	.369	1.903		.194	.846
	Persuasiveness	.254	.064	.204	3.970	.000
	Integration	.329	.085	.200	3.888	.000
3	(Constant)	2.457	2.049		1.199	.231
	Persuasiveness	.340	.071	.273	4.763	.000
	Integration	.427	.092	.260	4.650	.000
	Initiation of Structure	-.188	.070	-.155	-2.664	.008

a. Dependent Variable: Supervision

Regression Analysis for Job Satisfaction factor 'Fringe benefits'

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Tolerance of Uncertainty		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Persuasiveness		
3	Production Emphasis		

a. Dependent Variable: Fringe Benefits

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.177a	.031	.030	5.9916
2	.197b	.039	.036	5.9731
3	.215c	.046	.042	5.9552

a. Predictors: (Constant), .Tolerance of Uncertainty

b. Predictors: (Constant), .Tolerance of Uncertainty, .Persuasiveness

c. Predictors: (Constant), .Tolerance of Uncertainty, .Persuasiveness, .Production Emphasis

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	719.022	1	719.022	20.029	.000 ^b
	Residual	22185.414	618	35.899		
	Total	22904.436	619			
2	Regression	891.247	2	445.623	12.490	.000 ^c
	Residual	22013.189	617	35.678		
	Total	22904.436	619			
3	Regression	1058.671	3	352.890	9.951	.000 ^d
	Residual	21845.765	616	35.464		
	Total	22904.436	619			

a. Dependent Variable: Fringe Benefits

b. Predictors: (Constant), .Tolerance of Uncertainty

c. Predictors: (Constant), .Tolerance of Uncertainty, .Persuasiveness

d. Predictors: (Constant), .Tolerance of Uncertainty, .Persuasiveness, .Production Emphasis

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	6.863	1.333		5.150	.000
	Tolerance of Uncertainty	.173	.039	.177	4.475	.000
2	(Constant)	4.459	1.721		2.591	.010
	Tolerance of Uncertainty	.121	.045	.124	2.679	.008
	Persuasiveness	.103	.047	.102	2.197	.028
3	(Constant)	5.420	1.772		3.059	.002
	Tolerance of Uncertainty	.135	.046	.139	2.974	.003
	Persuasiveness	.176	.058	.174	3.058	.002
	Production Emphasis	-.106	.049	-.118	-2.173	.030

a. Dependent Variable: Fringe Benefits

Regression Analysis for Job Satisfaction factor 'Contingent rewards'

Variables Entered/Removed ^a			
Model	Variables Entered	Variables Removed	Method
1	Demand Reconciliation		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Persuasiveness		

a. Dependent Variable: Contingent Rewards

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.275a	.075	.074	6.2701
2	.292b	.085	.082	6.2426

a. Predictors: (Constant), .Demand Reconciliation

b. Predictors: (Constant), .Demand Reconciliation, .Persuasiveness

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1986.584	1	1986.584	50.531	.000 ^b
	Residual	24335.439	619	39.314		
	Total	26322.023	620			
2	Regression	2238.246	2	1119.123	28.717	.000 ^c
	Residual	24083.778	618	38.971		
	Total	26322.023	620			

a. Dependent Variable: Contingent Rewards

b. Predictors: (Constant), .Demand Reconciliation

c. Predictors: (Constant), .Demand Reconciliation, .Persuasiveness

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.914	1.155		5.122	.000
	Demand Reconciliation	.400	.056	.275	7.109	.000
2	(Constant)	2.705	1.708		1.584	.114
	Demand Reconciliation	.281	.073	.193	3.859	.000
	Persuasiveness	.138	.054	.127	2.541	.011

a. Dependent Variable: Contingent Rewards

Regression Analysis for Job Satisfaction factor 'Operating Conditions'

Variables Entered/Removed ^a			
Model	Variables Entered	Variables Removed	Method
1	Demand Reconciliation		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: Operating Conditions

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.246a	.061	.059	5.0184

a. Predictors: (Constant), .Demand Reconciliation

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1005.747	1	1005.747	39.936	.000 ^b
	Residual	15588.967	619	25.184		
	Total	16594.714	620			

a. Dependent Variable: Operating Conditions

b. Predictors: (Constant), .Demand Reconciliation

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	6.456	.924		6.986	.000
	Demand Reconciliation	.285	.045	.246	6.319	.000

a. Dependent Variable: Operating Conditions

Regression Analysis for Job Satisfaction factor 'Co-workers'

Variables Entered/Removed ^a			
Model	Variables Entered	Variables Removed	Method
1	Demand Reconciliation		Stepwise (Criteria: Probability-of-F-to-enter \leq .050, Probability-of-F-to-remove \geq .100).

a. Dependent Variable: Co-Workers

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.226a	.051	.050	6.5641

a. Predictors: (Constant), .Demand Reconciliation

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1439.251	1	1439.251	33.403	.000 ^b
	Residual	26671.101	619	43.087		
	Total	28110.352	620			

a. Dependent Variable: Co-Workers

b. Predictors: (Constant), .Demand Reconciliation

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	10.426	1.209		8.625	.000
	Demand Reconciliation	.340	.059	.226	5.780	.000

a. Dependent Variable: Co-Workers

Regression Analysis for Job Satisfaction factor 'Nature of work'

Variables Entered/Removed ^a			
Model	Variables Entered	Variables Removed	Method
1	Persuasiveness		Stepwise (Criteria: Probability-of-F-to-enter ≤ .050, Probability-of-F-to-remove ≥ .100).
2	Initiation of Structure		
3	Demand Reconciliation		

a. Dependent Variable: Nature of Work

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.171a	.029	.028	6.8427
2	.199b	.039	.036	6.8123
3	.221c	.049	.044	6.7844

a. Predictors: (Constant), .Persuasiveness

b. Predictors: (Constant), .Persuasiveness, .Initiation of Structure

c. Predictors: (Constant), .Persuasiveness, .Initiation of Structure, .Demand Reconciliation

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	873.901	1	873.901	18.664	.000 ^b
	Residual	28983.155	619	46.823		
	Total	29857.056	620			
2	Regression	1177.156	2	588.578	12.683	.000 ^c
	Residual	28679.900	618	46.408		
	Total	29857.056	620			
3	Regression	1457.861	3	485.954	10.558	.000 ^d
	Residual	28399.195	617	46.028		
	Total	29857.056	620			

a. Dependent Variable: Nature of Work

b. Predictors: (Constant), .Persuasiveness

c. Predictors: (Constant), .Persuasiveness, .Initiation of Structure

d. Predictors: (Constant), .Persuasiveness, .Initiation of Structure, .Demand Reconciliation

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	10.407	1.871		5.562	.000
	Persuasiveness	.198	.046	.171	4.320	.000
2	(Constant)	12.226	1.994		6.131	.000
	Persuasiveness	.316	.065	.274	4.863	.000
	Initiation of Structure	-.162	.063	-.144	-2.556	.011
3	(Constant)	12.470	1.988		6.272	.000
	Persuasiveness	.246	.071	.213	3.483	.001
	Initiation of Structure	-.197	.065	-.175	-3.044	.002
	Demand Reconciliation	.200	.081	.129	2.470	.014

a. Dependent Variable: Nature of Work

Regression Analysis for Job Satisfaction factor 'Communication'

Variables Entered/Removed ^a			
Model	Variables Entered	Variables Removed	Method
1	Demand Reconciliation		Stepwise (Criteria: Probability-of-F-to-enter ≤ .050, Probability-of-F-to-remove ≥ .100).
2	Persuasiveness		
3	Initiation of Structure		

a. Dependent Variable: Communication

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.261a	.068	.066	6.4833
2	.278b	.077	.074	6.4554
3	.293c	.086	.081	6.4318

a. Predictors: (Constant), .Demand Reconciliation

b. Predictors: (Constant), .Demand Reconciliation, .Persuasiveness

c. Predictors: (Constant), .Demand Reconciliation, .Persuasiveness, .Initiation of Structure

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1895.762	1	1895.762	45.101	.000 ^b
	Residual	26018.902	619	42.034		
	Total	27914.664	620			
2	Regression	2161.360	2	1080.680	25.933	.000 ^c
	Residual	25753.304	618	41.672		
	Total	27914.664	620			
3	Regression	2390.633	3	796.878	19.263	.000 ^d
	Residual	25524.031	617	41.368		
	Total	27914.664	620			

a. Dependent Variable: Communication

b. Predictors: (Constant), .Demand Reconciliation

c. Predictors: (Constant), .Demand Reconciliation, .Persuasiveness

d. Predictors: (Constant), .Demand Reconciliation, .Persuasiveness, .Initiation of Structure

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	7.639	1.194		6.398	.000
	Demand Reconciliation	.391	.058	.261	6.716	.000
2	(Constant)	4.342	1.766		2.459	.014
	Demand Reconciliation	.269	.075	.179	3.567	.000
	Persuasiveness	.142	.056	.127	2.525	.012
3	(Constant)	5.933	1.885		3.148	.002
	Demand Reconciliation	.308	.077	.206	4.008	.000
	Persuasiveness	.229	.067	.205	3.412	.001
	Initiation of Structure	-.144	.061	-.133	-2.354	.019

a. Dependent Variable: Communication

Regression Analysis for Total Job Satisfaction

Variables Entered/Removed ^a			
Model	Variables Entered	Variables Removed	Method
1	Demand Reconciliation		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Persuasiveness		
3	Initiation of Structure		

a. Dependent Variable: Total Satisfaction

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.212a	.045	.043	59.8685
2	.231b	.053	.050	59.6541
3	.251c	.063	.058	59.3985

a. Predictors: (Constant), .Demand Reconciliation

b. Predictors: (Constant), .Demand Reconciliation, .Persuasiveness

c. Predictors: (Constant), .Demand Reconciliation, .Persuasiveness, .Initiation of Structure

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	104136.204	1	104136.204	29.054	.000 ^b
	Residual	2218643.042	619	3584.238		
	Total	2322779.246	620			
2	Regression	123554.367	2	61777.183	17.360	.000 ^c
	Residual	2199224.879	618	3558.616		
	Total	2322779.246	620			
3	Regression	145889.405	3	48629.802	13.783	.000 ^d
	Residual	2176889.841	617	3528.185		
	Total	2322779.246	620			

a. Dependent Variable: Total Satisfaction

b. Predictors: (Constant), .Demand Reconciliation

c. Predictors: (Constant), .Demand Reconciliation, .Persuasiveness

d. Predictors: (Constant), .Demand Reconciliation, .Persuasiveness, .Initiation of Structure

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	71.986	11.025		6.529	.000
	Demand Reconciliation	2.895	.537	.212	5.390	.000
2	(Constant)	43.795	16.319		2.684	.007
	Demand Reconciliation	1.854	.697	.136	2.661	.008
	Persuasiveness	1.212	.519	.119	2.336	.020
3	(Constant)	59.500	17.407		3.418	.001
	Demand Reconciliation	2.245	.711	.164	3.158	.002
	Persuasiveness	2.070	.619	.203	3.344	.001
	Initiation of Structure	-1.426	.567	-.144	-2.516	.012

a. Dependent Variable: Total Satisfaction

Appendix 8d.1

Regression Analysis for Job Satisfaction factor 'Pay' among doctors, Nurses, Paramedics and Non-Medicos

Warnings	
No variables were entered into the equation for spli: Type=Doctor.	
No variables were entered into the equation for spli: Type=Nurse.	

Variables Entered/Removed ^a				
Type	Model	Variables Entered	Variables Removed	Method
Non Medico	1	.Superior Orientation		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
Para Medic	1	.Superior Orientation		

a. Dependent Variable: Pay

Model Summary					
Type	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Non Medico	1	.376 ^a	.142	.129	6.1865
Para Medic	1	.239 ^a	.057	.047	6.1470

a. Predictors: (Constant), .Superior Orientation

ANOVA ^a							
Type	Model		Sum of Squares	df	Mean Square	F	Sig.
Non Medico	1	Regression	442.279	1	442.279	11.556	.001 ^b
		Residual	2679.089	70	38.273		
		Total	3121.369	71			
Para Medic	1	Regression	221.718	1	221.718	5.868	.017 ^b
		Residual	3665.189	97	37.785		
		Total	3886.907	98			

a. Dependent Variable: Pay
b. Predictors: (Constant), .Superior Orientation

Coefficients ^a							
Type	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Non Medico	1	(Constant)	-11.833	7.291		-1.623	.109
		.Superior Orientation	.591	.174	.376	3.399	.001
Para Medic	1	(Constant)	5.623	3.370		1.668	.098
		.Superior Orientation	.197	.081	.239	2.422	.017

a. Dependent Variable: Pay

**Regression Analysis for Job Satisfaction factor 'Promotion' among doctors,
Nurses, Paramedics and Non-Medicos**

Warnings	
No variables were entered into the equation for split Type=Nurse.	

Variables Entered/Removed ^a				
Type	Model	Variables Entered	Variables Removed	Method
Non Medico	1	.Superior Orientation		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
Doctor	1	.Consideration		
Para Medic	1	.Superior Orientation		

a. Dependent Variable: Promotion

Model Summary					
Type	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Non Medico	1	.290 ^a	.084	.071	6.1927
Doctor	1	.159 ^b	.025	.020	5.6512
Para Medic	1	.468 ^a	.219	.211	5.1567

a. Predictors: (Constant), .Superior Orientation
b. Predictors: (Constant), .Consideration

ANOVA ^a							
Type	Model		Sum of Squares	df	Mean Square	F	Sig.
Non Medico	1	Regression	245.872	1	245.872	6.411	.014 ^b
		Residual	2684.447	70	38.349		
		Total	2930.319	71			
Doctor	1	Regression	167.968	1	167.968	5.259	.023 ^c
		Residual	6515.070	204	31.937		
		Total	6683.038	205			
Para Medic	1	Regression	722.312	1	722.312	27.163	.000 ^b
		Residual	2579.427	97	26.592		
		Total	3301.740	98			

a. Dependent Variable: Promotion
b. Predictors: (Constant), .Superior Orientation
c. Predictors: (Constant), .Consideration

Coefficients ^a							
Type	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Non Medico	1	(Constant)	-4.041	7.299		-.554	.582
		.Superior Orientation	.440	.174	.290	2.532	.014
Doctor	1	(Constant)	9.237	2.413		3.828	.000
		.Consideration	.136	.059	.159	2.293	.023
Para Medic	1	(Constant)	.533	2.828		.189	.851
		.Superior Orientation	.356	.068	.468	5.212	.000

a. Dependent Variable: Promotion

**Regression Analysis for Job Satisfaction factor 'Supervision' among doctors,
Nurses, Paramedics and Non-Medicos**

Variables Entered/Removed ^a				
Type	Model	Variables Entered	Variables Removed	Method
Non Medico	1	.Integration	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
Doctor	1	.Consideration	.	
Nurse	1	.Persuasiveness	.	
	2	.Initiation of Structure	.	
	3	.Integration	.	
Para Medic	1	.Superior Orientation	.	
	2	.Consideration	.	

a. Dependent Variable: Supervision

Model Summary					
Type	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Non Medico	1	.259 ^a	.067	.054	5.5322
Doctor	1	.402 ^b	.162	.158	5.7491
Nurse	1	.205 ^c	.042	.038	8.2318
	2	.250 ^d	.062	.054	8.1604
	3	.292 ^e	.085	.074	8.0768
Para Medic	1	.741 ^f	.550	.545	3.6199
	2	.760 ^g	.577	.568	3.5266

a. Predictors: (Constant), .Integration
b. Predictors: (Constant), .Consideration
c. Predictors: (Constant), .Persuasiveness
d. Predictors: (Constant), .Persuasiveness, .Initiation of Structure
e. Predictors: (Constant), .Persuasiveness, .Initiation of Structure, .Integration
f. Predictors: (Constant), .Superior Orientation
g. Predictors: (Constant), .Superior Orientation, .Consideration

ANOVA ^a							
Type	Model	Sum of Squares	df	Mean Square	F	Sig.	
Non Medico	1	Regression	154.538	1	154.538	5.049	.028 ^b
		Residual	2142.337	70	30.605		
		Total	2296.875	71			
Doctor	1	Regression	1308.852	1	1308.852	39.600	.000 ^c
		Residual	6775.577	205	33.052		
		Total	8084.429	206			
Nurse	1	Regression	712.805	1	712.805	10.519	.001 ^d
		Residual	16330.838	241	67.763		
		Total	17043.644	242			
	2	Regression	1061.709	2	530.855	7.972	.000 ^e
		Residual	15981.934	240	66.591		
		Total	17043.644	242			
	3	Regression	1452.603	3	484.201	7.422	.000 ^f
		Residual	15591.041	239	65.234		
		Total	17043.644	242			
Para Medic	1	Regression	1552.270	1	1552.270	118.461	.000 ^g
		Residual	1271.050	97	13.104		
		Total	2823.320	98			
	2	Regression	1629.345	2	814.672	65.503	.000 ^h
		Residual	1193.975	96	12.437		
		Total	2823.320	98			

a. Dependent Variable: Supervision
b. Predictors: (Constant), .Integration
c. Predictors: (Constant), .Consideration
d. Predictors: (Constant), .Persuasiveness
e. Predictors: (Constant), .Persuasiveness, .Initiation of Structure
f. Predictors: (Constant), .Persuasiveness, .Initiation of Structure, .Integration
g. Predictors: (Constant), .Superior Orientation
h. Predictors: (Constant), .Superior Orientation, .Consideration

Coefficients ^a							
Type	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Non Medico	1	(Constant)	7.706	5.823		1.323	.190
		.Integration	.567	.252	.259	2.247	.028
Doctor	1	(Constant)	3.661	2.450		1.494	.137
		.Consideration	.380	.060	.402	6.293	.000
Nurse	1	(Constant)	4.030	3.243		1.243	.215
		.Persuasiveness	.269	.083	.205	3.243	.001
	2	(Constant)	6.438	3.383		1.903	.058
		.Persuasiveness	.468	.120	.356	3.912	.000
		.Initiation of Structure	-.259	.113	-.208	-2.289	.023
	3	(Constant)	9.023	3.511		2.570	.011
		.Integration	.368	.150	.242	2.448	.015
		.Persuasiveness	.367	.125	.279	2.928	.004
		.Initiation of Structure	-.415	.129	-.333	-3.221	.001
Para Medic	1	(Constant)	-.557	1.985		-.281	.780
		.Superior Orientation	.522	.048	.741	10.884	.000
	2	(Constant)	-1.451	1.967		-.738	.463
		.Consideration	.179	.072	.271	2.489	.015
		.Superior Orientation	.371	.076	.527	4.852	.000

a. Dependent Variable: Supervision

**Regression Analysis for Job Satisfaction factor 'Fringe benefits' among doctors,
Nurses, Paramedics and Non-Medicos**

Variables Entered/Removed ^a				
Type	Model	Variables Entered	Variables Removed	Method
Non Medico	1	.Tolerance and Freedom	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to- remove >= .100).
Doctor	1	.Consideration	.	
Nurse	1	.Tolerance of Uncertainty	.	
	2	.Consideration	.	
Para Medic	1	.Representation	.	

a. Dependent Variable: Fringe Benefits

Model Summary					
Type	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Non Medico	1	.300 ^a	.090	.077	5.9421
Doctor	1	.166 ^b	.027	.023	5.5627
Nurse	1	.175 ^c	.030	.026	6.0137
	2	.230 ^d	.053	.045	5.9562
Para Medic	1	.335 ^e	.112	.103	5.9627

a. Predictors: (Constant), .Tolerance and Freedom
b. Predictors: (Constant), .Consideration
c. Predictors: (Constant), .Tolerance of Uncertainty
d. Predictors: (Constant), .Tolerance of Uncertainty, .Consideration
e. Predictors: (Constant), .Representation

ANOVA ^a							
Type	Model		Sum of Squares	df	Mean Square	F	Sig.
Non Medico	1	Regression	245.101	1	245.101	6.942	.010 ^b
		Residual	2471.576	70	35.308		
		Total	2716.677	71			
Doctor	1	Regression	179.283	1	179.283	5.794	.017 ^c
		Residual	6343.380	205	30.943		
		Total	6522.664	206			
Nurse	1	Regression	272.975	1	272.975	7.548	.006 ^d
		Residual	8679.466	240	36.164		
		Total	8952.441	241			
	2	Regression	473.741	2	236.871	6.677	.002 ^e
		Residual	8478.700	239	35.476		
		Total	8952.441	241			
Para Medic	1	Regression	434.571	1	434.571	12.223	.001 ^f
		Residual	3448.729	97	35.554		
		Total	3883.300	98			

a. Dependent Variable: Fringe Benefits
b. Predictors: (Constant), .Tolerance and Freedom
c. Predictors: (Constant), .Consideration
d. Predictors: (Constant), .Tolerance of Uncertainty
e. Predictors: (Constant), .Tolerance of Uncertainty, .Consideration
f. Predictors: (Constant), .Representation

Coefficients ^a							
Type	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Non Medico	1	(Constant)	-1.680	5.298		-.317	.752
		.Tolerance and Freedom	.337	.128	.300	2.635	.010
Doctor	1	(Constant)	8.643	2.371		3.645	.000
		.Consideration	.141	.058	.166	2.407	.017
Nurse	1	(Constant)	6.178	2.009		3.076	.002
		.Tolerance of Uncertainty	.166	.060	.175	2.747	.006
	2	(Constant)	6.859	2.010		3.413	.001
		.Consideration	-.150	.063	-.216	-2.379	.018
Para Medic	1	(Constant)	2.837	2.880		.985	.327
		.Representation	.474	.136	.335	3.496	.001

a. Dependent Variable: Fringe Benefits

Regression Analysis for Job Satisfaction factor 'Contingent rewards' among doctors, Nurses, Paramedics and Non-Medicos

Variables Entered/Removed ^a				
Type	Model	Variables Entered	Variables Removed	Method
Non Medico	1	.Superior Orientation		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
Doctor	1	.Consideration		
Nurse	1	.Demand Reconciliation		
Para Medic	1	.Integration		

a. Dependent Variable: Contingent Rewards

Model Summary					
Type	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Non Medico	1	.322 ^a	.103	.091	5.9788
Doctor	1	.270 ^b	.073	.068	5.6137
Nurse	1	.248 ^c	.061	.057	6.9730
Para Medic	1	.456 ^d	.208	.200	5.2229

a. Predictors: (Constant), .Superior Orientation
b. Predictors: (Constant), .Consideration
c. Predictors: (Constant), .Demand Reconciliation
d. Predictors: (Constant), .Integration

ANOVA ^a							
Type	Model	Sum of Squares	df	Mean Square	F	Sig.	
Non Medico	1	Regression	288.634	1	288.634	8.074	.006 ^b
		Residual	2502.252	70	35.746		
		Total	2790.886	71			
Doctor	1	Regression	506.858	1	506.858	16.084	.000 ^c
		Residual	6460.242	205	31.513		
		Total	6967.100	206			
Nurse	1	Regression	766.331	1	766.331	15.761	.000 ^d
		Residual	11717.924	241	48.622		
		Total	12484.255	242			
Para Medic	1	Regression	694.639	1	694.639	25.465	.000 ^e
		Residual	2646.034	97	27.279		
		Total	3340.673	98			

a. Dependent Variable: Contingent Rewards
b. Predictors: (Constant), .Superior Orientation
c. Predictors: (Constant), .Consideration
d. Predictors: (Constant), .Demand Reconciliation
e. Predictors: (Constant), .Integration

Coefficients ^a							
Type	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Non Medico	1	(Constant)	-4.959	7.047		-.704	.484
		.Superior Orientation	.477	.168	.322	2.842	.006
Doctor	1	(Constant)	5.066	2.393		2.117	.035
		.Consideration	.236	.059	.270	4.010	.000
Nurse	1	(Constant)	5.862	1.753		3.344	.001
		.Demand Reconciliation	.355	.089	.248	3.970	.000
Para Medic	1	(Constant)	.537	2.947		.182	.856
		.Integration	.661	.131	.456	5.046	.000

a. Dependent Variable: Contingent Rewards

Regression Analysis for Job Satisfaction factor 'Operating conditions' among doctors, Nurses, Paramedics and Non-Medicos

Warnings	
No variables were entered into the equation for split Type=Nurse.	

Variables Entered/Removed ^a				
Type	Model	Variables Entered	Variables Removed	Method
Non Medico	1	.Consideration	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
	2	.Integration	.	
Doctor	1	.Demand Reconciliation	.	
Para Medic	1	.Consideration	.	

a. Dependent Variable: Operating Conditions

Model Summary					
Type	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Non Medico	1	.393 ^a	.154	.142	4.0706
	2	.447 ^b	.200	.177	3.9865
Doctor	1	.216 ^c	.047	.042	4.5342
Para Medic	1	.522 ^a	.272	.265	4.2991

a. Predictors: (Constant), .Consideration
b. Predictors: (Constant), .Consideration, .Integration
c. Predictors: (Constant), .Demand Reconciliation

ANOVA ^a							
Type	Model		Sum of Squares	df	Mean Square	F	Sig.
Non Medico	1	Regression	211.235	1	211.235	12.748	.001 ^b
		Residual	1159.885	70	16.570		
		Total	1371.120	71			
	2	Regression	274.532	2	137.266	8.637	.000 ^c
		Residual	1096.588	69	15.893		
		Total	1371.120	71			
Doctor	1	Regression	206.351	1	206.351	10.037	.002 ^d
		Residual	4214.535	205	20.559		
		Total	4420.886	206			
Para Medic	1	Regression	669.985	1	669.985	36.251	.000 ^b
		Residual	1792.757	97	18.482		
		Total	2462.742	98			

a. Dependent Variable: Operating Conditions
b. Predictors: (Constant), .Consideration
c. Predictors: (Constant), .Consideration, .Integration
d. Predictors: (Constant), .Demand Reconciliation

Coefficients ^a							
Type	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Non Medico	1	(Constant)	-.101	3.631		-.028	.978
		.Consideration	.307	.086	.393	3.570	.001
	2	(Constant)	4.618	4.270		1.082	.283
		.Consideration	.477	.120	.610	3.981	.000
		.Integration	-.517	.259	-.306	-1.996	.050
Doctor	1	(Constant)	7.392	1.644		4.496	.000
		.Demand Reconciliation	.256	.081	.216	3.168	.002
Para Medic	1	(Constant)	2.286	2.146		1.065	.289
		.Consideration	.322	.053	.522	6.021	.000

a. Dependent Variable: Operating Conditions

**Regression Analysis for Job Satisfaction factor 'Co-workers' among doctors,
Nurses, Paramedics and Non-Medicos**

Warnings	
No variables were entered into the equation for split: Type=Nurse.	

Variables Entered/Removed ^a				
Type	Model	Variables Entered	Variables Removed	Method
Non Medico	1	.Role Assumption	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to- remove >= .100).
Doctor	1	.Consideration	.	
Para Medic	1	.Superior Orientation	.	
	2	.Consideration	.	
	3	.Production Emphasis	.	

a. Dependent Variable: Co-Workers

Model Summary					
Type	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Non Medico	1	.251 ^a	.063	.049	4.9479
Doctor	1	.289 ^b	.084	.079	5.6497
Para Medic	1	.634 ^c	.402	.396	3.8364
	2	.655 ^d	.429	.417	3.7693
	3	.675 ^e	.456	.439	3.6975

a. Predictors: (Constant), .Role Assumption
b. Predictors: (Constant), .Consideration
c. Predictors: (Constant), .Superior Orientation
d. Predictors: (Constant), .Superior Orientation, .Consideration
e. Predictors: (Constant), .Superior Orientation, .Consideration, .Production Emphasis

ANOVA ^a							
Type	Model		Sum of Squares	df	Mean Square	F	Sig.
Non Medico	1	Regression	114.904	1	114.904	4.693	.034 ^b
		Residual	1713.748	70	24.482		
		Total	1828.653	71			
Doctor	1	Regression	598.033	1	598.033	18.736	.000 ^c
		Residual	6543.521	205	31.920		
		Total	7141.554	206			
Para Medic	1	Regression	960.056	1	960.056	65.230	.000 ^d
		Residual	1427.656	97	14.718		
		Total	2387.712	98			
	2	Regression	1023.762	2	511.881	36.028	.000 ^e
		Residual	1363.950	96	14.208		
		Total	2387.712	98			
	3	Regression	1088.900	3	362.967	26.549	.000 ^f
		Residual	1298.812	95	13.672		
		Total	2387.712	98			

a. Dependent Variable: Co-Workers
b. Predictors: (Constant), .Role Assumption
c. Predictors: (Constant), .Consideration
d. Predictors: (Constant), .Superior Orientation
e. Predictors: (Constant), .Superior Orientation, .Consideration
f. Predictors: (Constant), .Superior Orientation, .Consideration, .Production Emphasis

Coefficients ^a							
Type	Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	
		B	Std. Error	Beta			
Non Medico	1	(Constant)	9.383	4.560		2.058	.043
		.Role Assumption	.261	.121	.251	2.166	.034
Doctor	1	(Constant)	7.490	2.408		3.110	.002
		.Consideration	.257	.059	.289	4.328	.000
Para Medic	1	(Constant)	3.436	2.104		1.633	.106
		.Superior Orientation	.410	.051	.634	8.076	.000
	2	(Constant)	2.624	2.102		1.248	.215
		.Consideration	.162	.077	.267	2.118	.037
		.Superior Orientation	.273	.082	.422	3.344	.001
	3	(Constant)	7.507	3.043		2.467	.015
		.Consideration	.185	.076	.305	2.440	.017
		.Superior Orientation	.303	.081	.468	3.725	.000
	.Production Emphasis	-.160	.073	-.183	-2.183	.032	

a. Dependent Variable: Co-Workers

**Regression Analysis for Job Satisfaction factor 'Nature of Work' among doctors,
Nurses, Paramedics and Non-Medicos**

Warnings	
No variables were entered into the equation for split: Type=Non Medico.	

Variable Entered/Removed ^a				
Type	Model	Variables Entered	Variables Removed	Method
Doctor	1	.Consideration		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F- to-remove >= .100).
	2	.Tolerance of Uncertainty		
Nurse	1	.Initiation of Structure		
	2	.Persuasiveness		
Para Medic	1	.Superior Orientation		

a. Dependent Variable: Nature of Work

Model Summary					
Type	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Doctor	1	.176 ^a	.031	.026	5.7293
	2	.222 ^b	.049	.040	5.6893
Nurse	1	.134 ^c	.018	.014	8.2940
	2	.220 ^d	.048	.040	8.1821
Para Medic	1	.670 ^e	.448	.443	3.5193

a. Predictors: (Constant), .Consideration
b. Predictors: (Constant), .Consideration, .Tolerance of Uncertainty
c. Predictors: (Constant), .Initiation of Structure
d. Predictors: (Constant), .Initiation of Structure, .Persuasiveness
e. Predictors: (Constant), .Superior Orientation

ANOVA ^a							
Type	Model	Sum of Squares	df	Mean Square	F	Sig.	
Doctor	1	Regression	214.870	1	214.870	6.546	.011 ^b
		Residual	6729.078	205	32.825		
		Total	6943.949	206			
	2	Regression	340.855	2	170.427	5.265	.006 ^c
		Residual	6603.094	204	32.368		
		Total	6943.949	206			
Nurse	1	Regression	303.957	1	303.957	4.419	.037 ^d
		Residual	16578.493	241	68.790		
		Total	16882.450	242			
	2	Regression	815.195	2	407.598	6.088	.003 ^e
		Residual	16067.254	240	66.947		
		Total	16882.450	242			
Para Medic	1	Regression	976.901	1	976.901	78.874	.000 ^f
		Residual	1201.406	97	12.386		
		Total	2178.307	98			

a. Dependent Variable: Nature of Work
b. Predictors: (Constant), .Consideration
c. Predictors: (Constant), .Consideration, .Tolerance of Uncertainty
d. Predictors: (Constant), .Initiation of Structure
e. Predictors: (Constant), .Initiation of Structure, .Persuasiveness
f. Predictors: (Constant), .Superior Orientation

Coefficients ^a							
Type	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Doctor	1	(Constant)	12.963	2.442		5.308	.000
		.Consideration	.154	.060	.176	2.559	.011
	2	(Constant)	14.493	2.546		5.692	.000
		.Consideration	.257	.079	.293	3.239	.001
		.Tolerance of Uncertainty	-.159	.081	-.179	-1.973	.050
Nurse	1	(Constant)	22.698	3.122		7.271	.000
		.Initiation of Structure	-.166	.079	-.134	-2.102	.037
	2	(Constant)	18.769	3.392		5.534	.000
		.Initiation of Structure	-.394	.113	-.318	-3.472	.001
		.Persuasiveness	.331	.120	.253	2.763	.006
Para Medic	1	(Constant)	4.034	1.930		2.091	.039
		.Superior Orientation	.414	.047	.670	8.881	.000

a. Dependent Variable: Nature of Work

Regression Analysis for Job Satisfaction factor 'Communication' among doctors, Nurses, Paramedics and Non-Medicos

Variables Entered/Removed ^a				
Type	Model	Variables Entered	Variables Removed	Method
Non Medico	1	.Consideration		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
Doctor	1	.Consideration		
Nurse	1	.Demand Reconciliation		
	2	.Initiation of Structure		
Para Medic	1	.Superior Orientation		
	2	.Integration		

a. Dependent Variable: Communication

Model Summary					
Type	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Non Medico	1	.325 ^a	.105	.093	5.0391
Doctor	1	.340 ^b	.115	.111	5.6938
Nurse	1	.141 ^b	.020	.016	7.6861
	2	.203 ^c	.041	.033	7.6175
Para Medic	1	.564 ^d	.318	.311	4.2372
	2	.590 ^e	.348	.334	4.1647

a. Predictors: (Constant), .Consideration
b. Predictors: (Constant), .Demand Reconciliation
c. Predictors: (Constant), .Demand Reconciliation, .Initiation of Structure
d. Predictors: (Constant), .Superior Orientation
e. Predictors: (Constant), .Superior Orientation, .Integration

ANOVA ^a							
Type	Model		Sum of Squares	df	Mean Square	F	Sig.
Non Medico	1	Regression	209.563	1	209.563	8.253	.005 ^b
		Residual	1777.446	70	25.392		
		Total	1987.010	71			
Doctor	1	Regression	866.757	1	866.757	26.736	.000 ^b
		Residual	6646.029	205	32.420		
		Total	7512.786	206			
Nurse	1	Regression	290.134	1	290.134	4.911	.028 ^c
		Residual	14237.263	241	59.076		
		Total	14527.398	242			
	2	Regression	601.141	2	300.571	5.180	.006 ^d
		Residual	13926.256	240	58.026		
		Total	14527.398	242			
Para Medic	1	Regression	812.621	1	812.621	45.263	.000 ^e
		Residual	1741.486	97	17.953		
		Total	2554.107	98			
	2	Regression	889.020	2	444.510	25.628	.000 ^f
		Residual	1665.087	96	17.345		
		Total	2554.107	98			

a. Dependent Variable: Communication
b. Predictors: (Constant), .Consideration
c. Predictors: (Constant), .Demand Reconciliation
d. Predictors: (Constant), .Demand Reconciliation, .Initiation of Structure
e. Predictors: (Constant), .Superior Orientation
f. Predictors: (Constant), .Superior Orientation, .Integration

Coefficients ^a							
Type	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Non Medico	1	(Constant)	4.803	4.494		1.069	.289
		.Consideration	.305	.106	.325	2.873	.005
Doctor	1	(Constant)	3.340	2.427		1.376	.170
		.Consideration	.309	.060	.340	5.171	.000
Nurse	1	(Constant)	9.703	1.933		5.021	.000
		.Demand Reconciliation	.218	.099	.141	2.216	.028
	2	(Constant)	14.656	2.872		5.104	.000
		.Demand Reconciliation	.392	.123	.254	3.184	.002
		.Initiation of Structure	-.212	.092	-.185	-2.315	.021
Para Medic	1	(Constant)	1.986	2.323		.855	.395
		.Superior Orientation	.377	.056	.564	6.728	.000
	2	(Constant)	.165	2.443		.067	.946
		.Superior Orientation	.225	.091	.337	2.474	.015
		.Integration	.362	.173	.286	2.099	.038

a. Dependent Variable: Communication

**Regression Analysis for Total Job Satisfaction among doctors, Nurses,
Paramedics and Non-Medicos**

Warnings	
No variables were entered into the equation for split: Type=Nurse.	

Variable Entered/Removed ^a				
Type	Model	Variables Entered	Variables Removed	Method
Non Medico	1	.Consideration		Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
Doctor	1	.Consideration		
Para Medic	1	.Superior Orientation		

a. Dependent Variable: Total Satisfaction

Model Summary					
Type	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Non Medico	1	.304 ^a	.092	.079	42.5065
Doctor	1	.247 ^a	.061	.057	50.2925
Para Medic	1	.664 ^b	.441	.435	33.7881

a. Predictors: (Constant), .Consideration
b. Predictors: (Constant), .Superior Orientation

ANOVA ^a							
Type	Model		Sum of Squares	df	Mean Square	F	Sig.
Non Medico	1	Regression	12835.959	1	12835.959	7.104	.010 ^b
		Residual	126476.398	70	1806.806		
		Total	139312.357	71			
Doctor	1	Regression	33815.243	1	33815.243	13.369	.000 ^b
		Residual	518514.714	205	2529.340		
		Total	552329.957	206			
Para Medic	1	Regression	87351.270	1	87351.270	76.514	.000 ^c
		Residual	110738.781	97	1141.637		
		Total	198090.051	98			

a. Dependent Variable: Total Satisfaction
b. Predictors: (Constant), .Consideration
c. Predictors: (Constant), .Superior Orientation

Coefficients ^a							
Type	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Non Medico	1	(Constant)	42.891	37.913		1.131	.262
		.Consideration	2.390	.897	.304	2.665	.010
Doctor	1	(Constant)	61.595	21.437		2.873	.004
		.Consideration	1.931	.528	.247	3.656	.000
Para Medic	1	(Constant)	-10.888	18.527		-.588	.558
		.Superior Orientation	3.913	.447	.664	8.747	.000

a. Dependent Variable: Total Satisfaction

**Investigating Impact of Perceived Leader's
Behaviour on Employees' Motivation and Job
Satisfaction in a Select Nonprofit Healthcare
Organisation**

THESIS

Submitted in partial fulfillment of the requirements for the degree of
DOCTOR OF PHILOSOPHY

by

RAVINDER NATH BANSAL

Under the Supervision of
Prof. Meenakshi Malhotra



BITS Pilani

Pilani | Dubai | Goa | Hyderabad

**BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE
PILANI**

2016

CONCLUSIONS AND RECOMMENDATIONS

7.01 Brief of study and research design

The focus of this study was to investigate, identify and understand the impact of perceived leader's behaviour on motivation and job satisfaction of employees in a nonprofit making healthcare organization with Guru Gobind Singh Medical College at Faridkot, Punjab being selected for study. The analysis performed revealed the perception about behaviour of the leaders affecting the motivational levels of the employees and their job satisfaction. This was done to identify the particular aspects of perceived leader's behaviour that may lead to better productivity in similar organizations.

The primary objectives of the study were:

1. to determine demographic variables which influence employees' perception about their leader's behaviour.
2. to determine demographic variables which influence the employees' motivation and job satisfaction.
3. to study relationship between and impact of perceived leader's behaviour on employees' motivation and job satisfaction.
4. to suggest appropriate tactics which should be adopted by leaders for improving employees' motivation and job satisfaction.

The study included the following:

1. Demographic variables: Gender, contractual/regular status of employment and professional group of employees.
2. Twelve aspects of perceived leader's behaviour: representation, demand reconciliation, tolerance of uncertainty, persuasiveness, initiation of structure, tolerance of freedom, role assumption, consideration, production emphasis, predictive accuracy, integration and superior orientation.
3. Motivational factors: Intrinsic motivation, identified regulation, introjected regulation and external motivation.

4. Nine facets of job satisfaction facets: Pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work and communication.

All the employees of the selected institution were covered with exceptions. As the study was based on the feedback questionnaire method, after discussions with the leaders in the organization it was felt that class 4 employees having lower levels of literacy may not be able to understand the questionnaire even though translated in Punjabi and may not be able to provide correct feedback. Thus all the employees of the institution except for the class IV employee were covered and were distributed the questionnaire. List of all the employees was obtained from their respective offices, which was then compiled according to their location of duty and departments.

For the purpose of assessment of the perception of the employee's about their leader's behaviour: Leader's behaviour Description Questionnaire Form XII developed by Stodgil (1963) was used. To analyze and depict job satisfaction levels of the study group Job Satisfaction Survey (JSS) developed by Spector (1994) was used. To analyze and depict motivational level of the study group Motivation at Work Scale developed by Gagne (2010) was used. These are standardized questionnaire and the respective authors have already performed validation testing.

To arrive at the pertinent analysis, the collected data was put into Microsoft excel sheet, where responses from questionnaire were entered. Subsequently scores were assigned as described along with data collection tools including for reversely scored items. Following this sub scale scores were calculated and required imputation was done. This was followed by the processed data being transferred to Statistical package SPSS. The tools, which were employed to test the drafted hypothesis for analysis included: Descriptive analysis, inferential analysis, Analysis of Variance, Multiple comparison, Correlations and regression analysis and multicollinearity.

1. **Descriptive Analysis:** Measures for Central tendency such as Means and Standard Deviation along with bar graphs and descriptive statistics were used to present a clear picture of the findings on various parameters and scrutinize the nature and distribution of scores on various variables.
2. **Inferential analysis: Independent t-test and ANOVA Analysis:** The Analysis of Variance (ANOVA) was carried out to determine whether significant differences existed between the demographic variable, leader's behaviour, motivation and Job Satisfaction.
3. **Correlation Analysis:** In order to comprehend and figure out the relationship among the factors of leader's behaviour, motivation and job satisfaction under study, the Pearson's coefficient of correlation was computed.
4. **Multiple Regression Analysis:** A stepwise Multiple Regression Analysis was also performed to determine the relative contribution of the independent variables of leader's behaviour on the dependent variables i.e. Motivation and job satisfaction. This was done to identify the predictive relationship between these variables.
5. **Multi-collinearity:** Multi-collinearity is the problem of inter – correlation among independent variables. This problem is encountered in Multiple Regression analysis and has an effect on results to some extent. Hence, Multi-collinearity was detected by calculating Variance Inflation Factor (VIF) and Tolerance Value (TV).

7.02 Review of objectives and findings of the Study

The present study conveys and identifies appropriate leader's behaviour aspects that act as catalyst and facilitator for increasing motivation and job satisfaction of employees and the conclusion with respect to objectives are as mentioned below:

Objective 1: to determine demographic variables which influence employees' perception about their leader's behaviour.

1. There is no significant difference in perception about behaviour of their leader's between male and female personnel.
2. There is no significant difference in perception about behaviour of their leader's between contractual and regular personnel.
3. Significant difference was found in perception for 11 of the 12 aspects of leader's behaviour doctors, nurses, paramedics and non-medical employees. As the leaders of different categories of personnel are likely to be from like category, it can be concluded that leaders of doctor, nurse, paramedic and non-medicos practice their leadership differently from each other. This may be due the difference in requirements of the job profile of personnel in such categories.

Objective 2: to determine demographic variables which influence the employees' motivation and job satisfaction.

Motivation

4. Both regular and contractual personnel are motivated to same extent. It is a general perception than regular personnel of public sector organizations have lower productivity levels. However in the current context with equal motivational levels, it can be inferred that lower productivity levels may be due to factors other than motivation levels of personnel.
5. Female personnel had lower motivation levels for 3 of the 4 motivational factors. Nurses segment of personnel having lower motivation levels was skewing the motivational levels among gender distribution. Further analysis showed that there is no significant difference in motivational levels among male and female employees.
6. There is significant difference in motivational levels of personnel when categorized into doctors, nurses, paramedics and non-medicos for all four motivational factors.
 - a. There is no significant difference in motivational levels for all the motivation factors between doctors vs. non-medicos and paramedics vs. non-medicos.
 - b. Difference exists mainly between nurses and other category of personnel with some differences between paramedics and Doctors.

Job Satisfaction

7. Higher job satisfaction levels were found with respect to co-workers, nature of work and supervision facets.
8. Operating condition facet was given lowest score, which needs to be considered by the management.
9. Signification gender differences were found for job satisfaction factors supervisions, operating conditions, co-workers and nature of work.
10. Significant differences were found among contractual and regular personnel for job satisfaction facets pay, promotion, fringe benefits and communication.
11. No significant difference exists in perception on jobs satisfaction levels was found with respect to duration of service of personnel and also age of personnel.
12. Significant difference exists in professional groups for their perception on job satisfaction facet 'fringe benefits' with doctors having higher job satisfaction.
13. Significant difference exists between paramedics and non-medicos in their perception on job satisfaction facet 'operating conditions' where para-medics had higher job satisfaction than non-medicos.
14. Significant difference exists in perception between nurses on one side and para-medicos & non-medicos on the other side for most of the job satisfaction factors with lower satisfaction levels among nurses for each pair.
15. Nurses have lower levels for most of the facets of job satisfaction.

Objective 3: to study relationship between and impact of perceived leader's behaviour on employees' motivation and job satisfaction.

Leader's behaviour and Motivation

16. Results show positive correlation between 11 of the 12 (except Role assumption) leader's behaviour aspects and intrinsic motivation, indentified regulation.
17. Positive correlation was also found in 7 of the 12 aspects of perceived leader's behaviour and introjected regulation.
18. Negative correlation was found between role assumption behaviour of leader's and extrinsic motivation.

19. Leader's behaviour aspect having maximum impact on motivational levels was persuasiveness. Therefore it can be inferred that persuasiveness behaviour of leader can lead to higher motivational levels of personnel.
20. Different aspects of perceived leader's behaviour increase intrinsic motivation, identified regulation and introjected regulation levels in different professional groups of personnel except for tolerance of uncertainty behaviour of leader which reduces introjected motivation of non-medicos.
21. Maximum impact on **intrinsic motivation and introjected regulation** was by leader's behavioural aspects tolerance & freedom, consideration and superior orientation for non-medicos, doctors and paramedics respectively.
22. Maximum impact on **identified regulation** was leader's behavioural aspect tolerance & freedom, persuasiveness and superior orientation for non-medicos, doctors and paramedics respectively.
23. Leader's behaviour aspects had no impact on intrinsic motivation, identified regulation and introjected regulation of nurses.

Leader's behaviour and Job Satisfaction

24. Different aspects of leader's behaviour have varying correlation with job satisfaction.
25. Results showed positive correlation between perceived leader's behaviour and job satisfaction factors for most of the pairs.
26. Aspects of perceived leader's behaviour having maximum impact on job Satisfaction among personnel were demand reconciliation and persuasiveness. Therefore it can be inferred that demand reconciliation and persuasiveness behaviour of leader can lead to higher job satisfaction levels of personnel.
27. Leader's behaviour increase job satisfaction in different professional group of personnel in different proportions except for initiation of structure behaviour of leader which reduces nature of work factor of job satisfaction of nurses.

Objective 4: to suggest appropriate tactics that should be adopted by leaders for improving employees' motivation and job satisfaction.

28. Aspects of leader's behaviour have been identified that can be focused upon by the respective leaders of various professional groups.

- a. Leaders of doctors can improve the motivation and job satisfaction of the **doctors** by focusing more on persuasiveness, consideration and demand reconciliation behaviour.
- b. Leaders can improve the motivation and job satisfaction of the **nurses** by focusing more on persuasiveness, consideration and demand reconciliation behaviour. And these leader need to be high in integration and have higher tolerance of uncertainty.
- c. Leaders can improve the motivation and job satisfaction of the **paramedics** by focusing more on consideration. And these leaders need to be high in integration, practice role assumption style and must have better superior orientation.
- d. Leaders can enhance the motivation and job satisfaction of the **non-medicos** by focusing more on consideration. And these leaders need to be high in integration and must practice role assumption style and need to have better superior orientation. Non-medicos need to be given freedom in work and leader must increase their tolerance to uncertainty.

7.03 Recommendations

The findings of the study shall make an important contribution to the body of knowledge for identifying the impact of perceived leader's behaviour on motivation and job satisfaction in nonprofit healthcare organisations. Suggestions and recommendations of the current study to enhance the motivation and job satisfaction under study have been summarized as above.

Based on the results of the current study it is being suggested that different professional groups work differently. Considering the Hackman and Oldham's Job Characteristic model different professional groups have different core dimensions like

skill variety, task identity, task significance and autonomy. This further translates into different psychological states like meaningfulness of work and responsibility of outcomes. Each professional group is an identifiable group performing specified work. Each group has needs for growth and satisfaction; with different levels of knowledge, skills and satisfaction attained with extrinsic aspects of assigned work; different leader's behaviour aspects have varying impact on motivation and job satisfaction among various professional groups.

Benefits to industry/Managerial implications

1. Leader's behaviour tactics that can be applied to particular segment of personnel have been enumerated above. Aspects of leader's behaviour have been identified that can be focused upon by the respective leaders of various professional groups.
2. Government sector organisations have limited scope for external motivation and must look at creating provision for contingent rewards.
3. Nursing professionals need immediate focus of the management to improve patient care.
 - a. Leader's behaviour could explain very little variation in job satisfaction of nurses and many of the behavioural aspects negatively influenced external motivation.
 - b. The reasons for nurses being the least satisfied in our study could be due to improper working conditions, recruitment policy, improper deployment, few career growth opportunities, lesser options for trainings, poorly defined job description and priority towards family considering the rural segment of population. Further studies are required for investigation of lower level of motivation among nurses in government teaching hospital.
4. Operating conditions have been perceived as lowest among the job satisfaction facets. Medical colleges need to work to improve the operating condition of the organisation to improve the satisfaction levels of the staff members.
5. Other factor which need to be focused upon by the organisation is to improve the communication within the organisation
6. Government needs to innovate policies for performance based pay, promotions and contingent rewards.

7. Leaders unable to externally motivate personnel, correlates to the fact that nonprofit public sector organisation with limited rather no scope for incentives for workers. Contrary to this negative relation with external motivation is surprising which may mean that there are some incentives which may get reduced if the leaders actively exercise their roles. This could be partly explained by assumption that
 - a. management of the work environment has not been there for long time and any attempt to change may create sense of threat in the system
 - b. Additional gain out of coercion and undue inducements attached to the working may get reduced if the leaders exercise their roles actively.

Academic implications

8. Impact of leader's behaviour on employees motivation and job satisfaction must be analysed separately for individual professional categories.
9. Further research shall be required to understand the behaviour of nurses.

7.04 Limitations of the study

Every research has several limitations and this study is no exception. This study also has its limitations especially as it deals with conceptual and multidimensional concepts like perceived leader's behaviour, motivation and job satisfaction, which are quite hard to pin down and difficult to assess and evaluate. The present study has following limitations:

- I. The research study was conducted in a non-profit teaching medical institution. As the study has been conducted in a single institution, generalization of findings of this research should be considered carefully, as this might not be representative of an accurate picture of nonprofit healthcare organizations at state/national level.
- II. While the researcher has meticulously tried to avoid biasness on perceptual difference of respondent opinions, some biases on the part of the respondents might still have crept in.
- III. Some of the respondents might have given incorrect information due to disinterest. Sometimes, accurate response might have been withheld to present different picture of their department, their leader or in order to obscure their identity

- IV. Limitation concerns the nature of variable such as leader's behaviour, motivation and job satisfaction. The measures included in the research are based in the perceptions of the employees, therefore the possible data inaccuracies due to misinterpretation or pre-disposition to certain responses on part of respondents may exist

In spite of these limitations, the study has significance for the nonprofit healthcare organisations especially teaching and medical institutions as it provides valuable information on leader's behaviour, motivation and job satisfaction. This study also highlights the aspects of leader's behaviour and their impact on motivation and job satisfaction of employees. This will have far reaching implications for nonprofit teaching medical institution in terms of specific areas identified which can be utilized for improving productivity levels by increasing motivation levels and job satisfaction

7.06 Scope for further research

While conducting the present study certain aspects could not be dealt with, due to constraints of time. Certain finding of this research work provides inputs, on the basis of which following areas have been identified for further research.

- I. Present study has been limited to single institution; a comparative study including more similar institutions can be carried out.
- II. A comparative study in more similar but profit making institutions can be carried out to find contrasts to current findings.
- III. Present research has attempted to explore and investigate the impact of leader's behaviour aspects on motivation and job satisfaction. However more variables can be considered and including in the study to provide more deep insight effect of leader's behaviour, effect of work environment and work culture.
- IV. Further research can be carried out focusing on providing information on impact of leader's behaviour on patient satisfaction, quality of care by affecting the employee motivation and job satisfaction.
- V. Further research is imperative to identify the reasons for different perception of nurses compared to the other three professional groups.

- VI. Further research on the other factors affecting motivation of personnel, including for working conditions, communication channels, involvement in decision making, job stress, defined jobs, supervisory systems and inter-departmental channels. This will help authorities to align their policies for better performance of staff.