

**EMPLOYEE SATISFACTION AND COMMITMENT AS ANTECEDENTS  
TO SERVICE QUALITY IN HOSPITAL SERVICE DELIVERY SYSTEM**

By  
KNUST

**ABDUL RASHID AMOAKWA BAAH**

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## DECLARATION

I hereby declare that this piece is my own work towards the Master of Business Administration (Strategic Management and Consulting Option) Degree and that, to the best of my knowledge, it contains no material previously published by another person or material which has been accepted for the award of any other degree of the university, except where due acknowledgement has been made in the text.

**ABDUL RASHID A. BAAH** .....

(PG9634313)

Signature

Date

**Certified by:**

Dr. Ahmed Agyapong

(Supervisor)

Signature

Date

**Certified by:**

Dr. Ahmed Agyapong

(Head of Department)

Signature

Date

## DEDICATION

This thesis is dedicated to my parents (Alhaji Suleiman Baah and Regina Norvio Nkulenu). You two have being a solid rock to bring me this far. May Allah continue to bless and keep you for us.

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## LIST OF ABBREVIATIONS



AVE	Average Variance Extracted
CFA	Confirmatory factor analysis
CFI	Comparative Fit Index
CR	Composite Reliability
D	Dummy
EC	Employee Commitment
ES	Employee Satisfaction
RMSEA	Root Mean Square Error of Approximation
SEM	Structural Equation Modelling
SPSS	Statistical Package for Social Sciences
SERVQUAL	Service quality
SERVPERF	Service performance
SQ	Service Quality
SRMR	Standardized Root Mean Square Residual
MIMIC	Multiple Indicators Multiple Causes
NNFI	Non-normed Fit Index
	Chi-square degree of freedom $X^2(df)$



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## **ABSTRACT**

The healthcare sector is a sensitive industry that informs how healthy a society, community and nation is. As a result of the subtle nature of the services involved in healthcare delivery, the necessary and best attributes must be inherent in employees in the sector to deliver at utmost best, service quality wise. The study was on employee satisfaction and commitment as antecedents to service quality in hospital service delivery system. The total population used for the survey was estimated to be 500 out of which a sample of 300 was drawn. The study was conducted using the explanatory approach and adopted convenience sampling technique in selecting the respondents using structured questionnaires as data collection tool. Retrieved questionnaires amounted to 224 representing a response rate of 75%. The breakdown of respondents was 105 nurses from public hospital, 19 nurses from private hospitals and 100 nurses from mission hospitals. Data gathered was analysed using Statistical Package for Social Sciences (SPSS IBM 20). Descriptive analysis, confirmatory factor analysis, structural equation model analysis and correlation statistical analysis performed on the data discovered a positive relationship between employee commitment and service quality and a positive relationship between employee satisfaction and employee commitment. These results largely support the hypothesised association between the variables under study. However, contrary to previous studies, the findings revealed a negative relationship between employee satisfaction and service quality and thus do not support existing literature. In sum, the study indicated that although employee satisfaction does not directly affect service quality, its effect passes through employee commitment which in turn affects service quality. This implies that, employee commitment fully mediates the relationship between employee satisfaction and service quality. In all, the study's proposed model was able to explain 43.0% and 21.0% variations in employee commitment and service quality respectively. The study

therefore recommends that management endeavour to ensure consistency in fostering relationship with employees as high level support from the organisation is more likely to bring about satisfaction and obligation to repay the organisation in terms of commitment towards delivering service quality.

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Background of the study**

Service oriented businesses such as hotels, insurance, hospitals etc., and other allied firms are more and more paying attention to customer-contact employees to attain the desired profit and market-share goals. Adopting a people-oriented approach as against a profit-oriented approach is the new order. Effective service managers have identify the significance of important factors that drive productivity: “investment in people, technology that supports frontline workers, revamped recruiting and training practices, and compensation linked to performance for employees at every level” (Hackett et al., 1994).

In business organisations such as hospitals where customer-contact is prevalent, the quality of service provided cannot be distanced from the “quality” of the service provider (Lewis, 1989). Since service delivery ensues through human interface, frontline personnel during the service meeting mainly define the level of service quality delivered. Therefore, a satisfied and committed employee is essential to delivering quality service, as Malholtra and Mukherjee (2004) note that satisfying customers can only come about through satisfied employees. They further assert that diverse forms of satisfaction and commitment have a relative influence on service quality.

Providing unfailing high levels of care for patients by hospitals has become difficult due to the relative shortage of healthcare professionals. This has been attributed to healthcare providers finding it difficult to recruit and keep hold of the right caliber of healthcare professionals (Peltier et al., 2009). They further assert that high quality of health care can be achieved to an extent by making investments in technology and infrastructure, but the most remarkable improvements are achieved through people (employees). Furthermore, adding to the distress are studies that cite severe dearth of nursing talent around the world (Newman et al., 2001). Therefore, it is important for hospitals to understand concepts such as employee satisfaction and commitment and its effect on overall customer experiences from the services provided (Murale et al., 2015).

Satisfied and committed people are expansively valued because they can often make things work despite less than perfect structures. The solution to greater productivity in an organisation lies in a larger investment in creating committed people. Employee commitment should be viewed as a business prerequisite. Organisations that have difficulty in retaining and replacing competent employees will find it hard to optimise performance. Therefore, the performance benefits grow from increased employee commitment (Shahid and Azhar, 2012).

As customer-contact employees have been found to have an effect on the service quality perceptions of the client, it is essential that hospitals make it a concern to attain and retain employees who are happy with their work and the organisation thus showing high levels of satisfaction and commitment.

## **1.1 Statement of the problem**

Managing people at work places is a fundamental measure in the management process towards ensuring quality service. To comprehend the significance of people at the work place is to identify that the human component and the organisation are one and the same. A properly managed organisation commonly identifies an ordinary employee as the foundation of quality and productivity improvements. Organisations as these do not rely on venture capital but rather, see employees as the basic source of improvement. To achieve such effectiveness towards attainment of goals, organisations will have to ensure that there is collaboration, a sense of satisfaction and commitment among employees at the work place (Tella et al., 2007).

One of the essential objectives of a firm or organisation is to deliver quality service to the customer. As a result, health care organisations such as hospitals are increasingly concerned with looking beyond financial performance measures and rather focus on how to deliver higher quality care (Love et al., 2008).

Butler and Rose (2011) are of the opinion that, in achieving the needed high performance from employees leading to service quality, satisfaction and commitment of employees plays a vital role. An organisation cannot rely on only very motivated but, also the employees should be satisfied and mentally balanced in order to increase performance and productivity (Dugguh and Dennis, 2014). Yet, not many organisations see satisfaction as a primary concern in getting employees to perform.

As pointed out in the preceding section, in the midst of the intricate business challenges hospitals face ranging from rising financial burdens, to new rivals, to vigorous care delivery trends, employee issues can all too easily fall in rank on management's itinerary. The fact is, employees' attitudes and behaviour have a direct and material impact on key patient and clinical results, and can be an essential element in effectively adapting to change this Murale et al., (2015) posit.

As is evident in research, Murale et al., (2015) says that the right environment leads to employee behaviours that make an appreciable difference in hospital performance in terms of patient satisfaction, clinical unit performance and better patient health outcomes all of which are essentials pertaining to service quality and can ultimately lead to better financial results and a stronger competitive stand.

Some previous studies have designated that dissatisfaction at the workplace among health care employees may lead to poor quality of healthcare which in turn adversely affects patient satisfaction and loyalty to a hospital (Atkins et al., 1996; Fahad AlMailam, 2005). Therefore, it is important for hospitals to understand concepts such as employee satisfaction and commitment and its effect on overall customer experiences from the services provided (Murale et al., 2015). Again, viewing employee commitment as an employee attitude has been said to be vital because it has an important effect on organisational performance, and this attitude can be influenced by human resources policies and practices (Rayton, 2006). A search through literature also makes it evident that no study looking at the variables under study have not being researched on in the Ghanaian health care sector.



Therefore, it is on the backdrop of these that researcher investigated the contribution of employee satisfaction and commitment to service quality delivery in health care facilities in the Eastern regional capital of Ghana.

### **1.2 Objectives of the study**

The following objectives are set to accomplish the study:

1. To examine the effect of employee satisfaction on service quality.
2. To examine the effect of employee commitment on service quality.
3. To examine the effect of employee satisfaction on employee commitment.

### **1.3 Research questions**

The following research questions listed below are set in order to achieve the objectives of the study:

1. What is the effect of employee satisfaction on service quality in a hospital service delivery system?
2. What is the effect of employee commitment on service quality in a hospital service delivery system?
3. What is the effect of employee satisfaction on employee commitment in a hospital service delivery system?

### **1.4 Scope of the study**

The main objective of the study is to evaluate employee satisfaction and employee commitment as antecedents to service quality in hospital service delivery system.



The research was limited to the Eastern Regional Capital, Koforidua, New Juaben Municipal Assembly. Hospitals and medical facilities including the Regional Hospital, St. Joseph Hospital, S.D.A. Hospital, Adweso Clinic, Providence Medical Centre, Bonna Medical Centre, and Oman Medical centre all within the New Juaben

Municipality of the Eastern region of Ghana were the focus.

### **1.5 Significance of the study**

Per the significance of the study:

Firstly, the study will aid management of hospitals in shifting their focus towards building a formidable employee base equipped with developing and upholding a personal obligation towards work. Identifying the needs and wants of employees are necessary if healthcare facilities are to compete in today's competitive business arena as this can be achieved through the delivery of best and effective healthcare (service quality). The study will in this instance be very useful in improving employee welfare and wellbeing which will lead to the provision of best client services through maintaining and attaining the best level of satisfaction and commitment of employees.

Secondly, this research will aid future healthcare providing organisations by pointing to how important it is to invest in employee physiognomies in this case (satisfaction and commitment levels) and its effects on delivering quality service. Numerous hospitals not excluding other sector organisations miss the mark on delivering quality service not because their service are bad or sub-standard but relatively their incapability to effectually anticipate and meet the needs and wants of employees as they work to bring about customer satisfaction. This study will thus bring relief to

organisations in their competitive efforts of maintaining a balance workforce both from personal and organisational perspective.

Thirdly, this research will be pertinent for the purposes of academic work. The study will serve as a foundation for further research for students, consultants, lecturers and others who are interested in studying a related topic. It will also serve as an academic reference in management, marketing and human resource management disciplines.

### **1.6 Summary of research methodology**

The population of this study comprises nurses in public, private and mission hospitals drawn from the eastern regional capital, Koforidua. The population is projected to be in hundreds. Per the purpose of this study, samples of 300 were selected. The study relied on primary source of data using questionnaire to solicit response. The study adopts convenience sampling technique in selecting respondents. Statistical Package for Social Sciences (SPSS) was used to run the analysis. Data gathered was analysed quantitatively using descriptive statistics, confirmatory factor analysis, measurement model analysis, and structural model and correlation analysis were used in analysing the data which were presented in tables.

### **1.7 Limitations of the Study**

To begin with, not all questionnaires sent out were returned thereby not achieving a 100% response rate. Secondly, unwillingness on the part of most potential respondents to participate in the study is also noteworthy. The researcher nonetheless was able to

persuade the respondents by putting forth to them the value the study sort to provide them and the world of academics.

There was also the issue of some poor fits to data during the SEM analysis to evaluate the sturdiness of the study's proposed model. This can be estimated to be as a result of how some respondents haphazardly went about filling out the questionnaire.

The researcher was lastly confronted with financial constraints in undertaking this study. The researcher therefore utilised the limited resources available astutely. Nevertheless, swamped by these constraints, all attempts were made to undertake a valid and comprehensive study in arriving at a conclusion.

### **1.8 Organisation of the study**

The research is well-thought-out into five chapters:

Chapter one explains the general introduction to the study covering background of the study, problem statement, objectives of the study, research questions, justification of the study, summary of research methodology, scope of the study, limitations of the study and organisation of the study. Chapter two looked at existing literature on employee satisfaction, commitment, service quality. Relationships amongst them were also explored. Chapter three discussed the methodology employed to undertake the study. Chapter four presented research findings, analysis and discussion of findings. Chapter five looked at the summary of findings, recommendations and closure of the study.

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## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

This chapter reviewed existing literature on the subject matter. The study explored employee satisfaction and commitment as antecedents of service quality in hospital service delivery. It thus appraised prevailing literature on sections such as definitions, dimensions, theories and relationships among the variables under study.

#### 2.1 Employee commitment

Employee commitment has been a crucial factor to consider in determining the success of an organisation. No organisation in the current ambitious world can perform at peak levels except each employee is committed to the organisation's objectives. This thereby helps to increase achievement, productivity and effectiveness. Therefore, it is vital that organisations appreciate the concept of commitment and its probable outcome (Shahid and Azhar, 2012) (Dixit and Bhati, 2012).



Many studies by scholars have long been interested in employee commitment. Some researchers have studied the relationship between commitment and other various factors. In a (1995) study by Shore et al., it was established that affective commitment and job performance are positively correlated. 231 managers and 339 subordinates in multinational firms in United States were involved. Another study carried out by Somers (1998) on the relationship of work related commitment and input on employee job performance is also evident. However, findings of their work suggested a positive relation between career commitment and job performance but no association was found between organisational commitment and job performance. Both affective and normative forms of commitments were established to be unrelated to job performance. Again, Lee and Olshfski (2002) studied the behaviour of firefighters in New York on organisational commitment. The findings established per their work led to the belief that organisational commitment gives substantial capacity in describing positive work related behaviours. Furthermore, individuals identify with the role attached to jobs, stay committed to doing the job, and accordingly live to the expectations attached to that job. Furthermore, Suliman and Isles (2000) in a study comprising three industrial units in Jordan with job performance and five demographic variables discovered a three dimensional concept of organisational commitment. Job performance and commitment (all three components) were equally seen to relate positively. Additionally, sex, age, job status, education, and organisational tenure variables had positive and negative relationships with organisational commitment and its three dimensions. Yet still, in a study done to look into the relationship between organisational commitment, communication and job performance by Chen et al. (2006), the research findings pointed out that organisational commitment and job performance exhibit some positive relationships. This finding suggested that channels of communication and procedures be strengthened by organisations in order to



strengthen their accounting professionals' organisational commitment and performance.

In the context of health care, similarly, commitment has been found to have a positive relationship with staff behaviours. Behaviours such as supernumerary job roles including providing additional assistance to patients and co-workers (AlAameri 2000), being discreet and volunteering for special activities (Ahmad and Oranye, 2010) and being anticipatory when emergencies arise at the hospital (Coyle-Shapiro and Morrow, 2006).

## **2. 2 Definitions of employee commitment**

As with many other constructs, a search of literature revealed diverse definitions and measures of employee commitment. Meyer and Allen (1997), Meyer and Herscovitch (2001), and Meyer et al., (2002) demonstrate the growing knowledge about the concept of employee commitment and its measurement, and provide an overview of what is known about the antecedents and behavioural consequences of commitment in the workplace.

Hall et al. (1970) saw commitment as a process by which the organisation and individuals' goals become increasingly congruent. Salancik (1977) opined that commitment is a condition of being in which a person become confine by his actions and through these actions to beliefs that support the activities of his own involvement. Furthermore, Mowday et al., in (1982) also contributed by defining commitment as when an individual shows relative strength by identifying with and being involved in

a particular organisation. Three characteristics of commitment are inherent in Mowday et al. (1982). They are a belief in and acceptance of the values of the organization, a strong willingness to put in effort for the organisation and the desire to remain with the organization. These show that commitment is not only an attitude, but also behaviour. Adding on, Scholl (1981) described commitment as “a stabilizing force that acts to maintain behavioural direction when expectancy/equity conditions are not met and do not function.” In addition, employee commitment has been defined variedly to include the following;

Commitment has been seen to have a cognitive predisposition. Thus, it is defined as a psychological state that characterises an employee’s identification, involvement and ultimate relationship with an organisation (Paulina et al., 2006). This element is characterised by the employee’s approval of the goals and values of the organisation (identification), the willingness to invest one exertion on defense of the organisation (involvement) and the weight attached to holding up the membership in the organization (loyalty) (Boglera and Somech, 2004) and mirrors Mowday et al.’s (1982) definition.

In summary, researches of Buchanan (1974), Etzioni (1975), Hall et al. (1970), Hrebiniak and Alutto (1972), Porter et al. (1974), Salancik (1977), and Sheldon (1971) represent most, but not all, of that diversity related to the definitions and measures of employee commitment as search of literature revealed. The various definitions that have emerged share a common element: a view of employee commitment as a sense of attachment to a work organization. Some authors have emphasized that attachment

in terms of such behavior as investing in a course of action (Hrebiniak and Alutto 1972; Salancik 1977; Sheldon 1971). Others have emphasized an affective, emotional element: commitment as a sense of loyalty and psychological attachment (Buchanan 1974; Etzioni 1975; Hall et al., 1970; Porter et al., 1974; Boglera and Somech, 2004).

### **2.3 Dimensions of employee commitment**

Most studies on commitment have focused on the organisation as a whole. For some cases a distinction is made between organisational commitment and task commitment. Gallie and White (1993) use the term “organisational commitment” to refer to the recognition of organisational values and to the willingness to stay. On the other hand, task commitment refers to the effort put into one's work. Rajendran and Raduan (2005) on the contrary, stipulated that organisational commitment is the subset of employee commitment, which is made up of work commitment, career commitment and organisational commitment.

Scales and models have been postulated purporting to measure employee commitment. Dozens of studies published from 1990 to 1994 have used some form of the Meyer and Allen (1991) scales according to Clugston (2000). Meyer and

Allen's (1991) theoretical model containing the antecedents and consequences of a three-component model of commitment appear to be the predominant conceptualization of employee commitment among current researchers. Although more than three-component scales are available to measure employee commitment (Jaros et al., 1993; O'Reilly and Chatman 1986), Meyer and Allen's (1991) theoretical model takes precedence. Their commitment construct has the essential elements of

desire, need, and obligation which are inherent in the three-components of affective, continuance, and normative organisational commitment (Clugston, 2000).

### **2.3.1 Affective commitment**

To Meyer and Allen (1991), affective commitment is described as an attitudinal process whereby employees think about their relationship with the organization in terms of value and goal congruency. The extent to which an individual's goals and values align with the organisation's is found to have direct influence on the individual's desire to stay in the organisation, and working hard for the organization. On the whole, employees with a strong affective commitment remain with the organization because they want to do so. Meyer and Allen (1996) associates affective commitment with work experiences where employees experience psychologically comfortable feelings (such as approachable managers), increasing their sense of competence (such as feedback). Recognising the organisation's value and internalising its principles and standards has also been found to influence the development of affective commitment (Beck and Wilson, 2000).

### **2.3.2 Continuance commitment**

On the other hand, the need to stay in the organisation based on the costs linked with leaving is what Meyer and Allen, (1991) termed as continuance organisational commitment. These costs are evident in two different ways. Firstly, as employees gain tenure in an organisation they build up investments ranging from pension plans, attaining seniority, developing specialised and untransferable job skills, local



affiliations, and so on which may be sacrificed or damaged by changing jobs; and secondly, individuals may stay committed to an organisation and remain in their current jobs because they lack any alternative to job prospects. Therefore, Meyer and

Allen (1991) propose that because of lack of job alternatives elsewhere, employees with a strong continuance commitment remain with the organisation because they feel as though they have to do so. Furthermore, Somers (1998) propose that continuance commitment can be subdivided into high sacrifice commitment

(“personal sacrifice” associated with leaving) and low alternative commitment (“limited opportunities” for other employment) cited in Dixit and Bhati (2012). In sum, Meyer and Allen (1991) specified that individuals who identify with continuance commitment remain with the organisation simply because they have no alternatives.

### **2.3.3 Normative commitment**

The last of Meyer and Allen (1991) three-component model of commitment is the normative type of commitment. Normative commitment refers to the desire of employee's to remain with the organisation. The decision to stay usually is based on a sense of duty, loyalty, or moral obligation (Meyer and Allen, 1991). Marsh and Mannari (1977) on how normative commitment develops posited that individuals’ perceive it as a moral duty to stay with a particular organization, notwithstanding how much status enhancement the organization gives the individual over the years. Normative commitment is differentiated from the preceding forms of commitment looked at (affective and continuance) in that it does not mirror a need to identify with the organization's goals, and that there is also no explicit extrinsic exchange involved in the relationship. Thus, the sense of loyalty and duty underlying an employee's normative commitment influences the individual to remain with the organisation because they feel as though they have to do so (Clugston, 2000).



## 2.4 Service Quality

The quest for service quality by consumers has reached unmatched levels in diverse sectors. Service quality has been recognized as one if not a main feature in distinguishing between services and competitive advantage among organisations (Taner and Antony 2006; Shemwell et al., 1998) and has also become critical to the success of an organization (Landrum et al., 2007). Perception of service quality has become something of a paramount strategic importance for organisations due to its influence on the post-purchase or user communication behaviour of customers. Evidence in both the manufacturing and services industries show that quality is a key factor for increasing market share and return on investment as well as reducing cost (Anderson and Zeithaml 1984; Parasuraman et al., 1985).

Owing to the characteristics of services, the quality of services is a more complex issue than the quality of goods, where the technical aspects of quality predominate. Moreover, the quality of the service provider cannot be separated from the service offered as easily as in the case of goods (Lewis, 1989). All these make the measurement of service quality a challenging issue. Nonetheless, quality needs to be measured else it will not improve given that service quality is intangible and have characteristics unique to various services (Zeithaml et al., 1990). As such, techniques of measuring service quality and the dimensions of service quality have become a major area in the marketing literature during the past few decades (Yarimoglu, 2014) .

A host of researchers have defined service quality in diverse manner. Bitner and

Hubbert (1994), define service quality as ‘the consumer’s overall impression of the relative inferiority/ superiority of the organisation and its services’. Other researchers (e.g. Cronin and Taylor 1994) see service quality as a form of attitude signifying a long-term general assessment. Parasuraman et al., (1985) defined service quality as

‘a function of the differences between expectation and performance along the quality dimensions’. Classified as expectations are the requirements of the consumers that they consider a service or its provider ought to offer. On the other hand, the assessment a consumer makes of the service provider accounts for the perceptions alluded to by Parasuraman et al., (1985) (Lim and Tang, 2000). This appears to be consistent with Roest and Pieters (1997) definition that service quality is relative and exhibits a cognitive discrepancy between experience-based norms and performances concerning service benefits. Chang (2008) also looked at service quality from the customers’ perspective. This he says, because customers are different with respect to values, how they assess things and circumstances they find themselves as what influences how they react to quality of service provided. Furthermore, he adds that service quality should equally be ensured in the production and delivery process and not only be inculcated in the final product and service. Accordingly, in producing the final products or services, it is essential to gain employee commitment and involvement especially in process redesign. Yet again, another study on service quality done by Grönroos (2007) put forward a model “total perceived service quality” that compares the expectations of customers about the service and the kind of experience received from the service. He emphasises on what a customer really looks for and evaluate.

A search through literature reveals that service quality is divided into two groups: technical quality of outcome and functional quality of the encounter (Grönroos,

1984; Parasuraman et al., 1985; Lewis and Mitchel 1990; Lewis, 1991).

Technical quality denotes the source of technical exactness and processes. This centres on the technical accuracy of the processes or complying with expert specifications pertaining to the industry (Lam, 1997). Additionally, the skills portrayed by staff through the performance of their routines also stands for technical quality. In the health sector, these can variedly include the clinical and surgery skills of the doctors, nurses' expertise with the administration of drugs and the laboratory technicians' abilities in handling tests on blood samples (Tomes and Ng, 1995).

The way in which service is delivered to the customer is what accounts for functional quality. In other words, it is concerned with the interaction between the provider and recipient of a service and is often perceived in a subjective manner (Grönroos, 1984).

Amenities of the firm, hygienic conditions of the premises and staff's attitude are some of the functional aspects clients or customers more often than not consider when assessing service quality. Customers in evaluating service quality do not consider technical quality as a valuable measure (Bowers et al., 1994). Despite technical quality being of a great concern among customers, most lack the know-how for evaluating it effectively. This makes finding a difference between functional performance and the technical performance of service providers difficult for customers (Ware and Snyder, 1975).

Functional quality is examined after a customer receives service. It influences perceptions of service quality. This is because customers compare expectations harboured prior to receiving service to the perceptions of the service encounter lived (Grönroos, 1984). Consequently, perception of quality of service received is achieved only when it meets or surpasses the level of customer's anticipations (Lam, 1997). An

awareness of service quality in an organisation is not only restricted to only a segment but at numerous levels, ranging from the essential service, physical environment, dealings with service providers and others. In contrast, the sum total of the customer's satisfaction with the services of the organization is hinged on all the encounter experiences of the customers with the organization (Sureshchandar et al., 2002).

The service quality (SERVQUAL) model developed by Parasuraman et al. (1985,1988,1991,1993, and 1994) is the most extensively used theoretical framework for measuring service quality services as Robinson (1999) comments: "There seems little doubt that... SERVQUAL has proved to be the most popular instrument for measuring service quality".

Notwithstanding its wide usage, SERVQUAL has been widely criticised on both theoretical and operational grounds (Buttle, 1996 and Asubonteng et al., 1996). Nonetheless, Asubonteng et al., (1996) posited that till a better but equally simple model is put forth, SERVQUAL will dominate as a service quality measure. The SERVQUAL instrument comprises 22 statements used to assess service quality across some five dimensions (Tangibles, Reliability, Responsiveness, Assurance, and

Empathy). These five were cut down from an original list of ten items. Parasuraman et al. argue with minor change, SERVQUAL can be tailored to any service organisation. They further argue that information on service quality gaps can help managers diagnose where performance improvement can be best targeted. The largest negative gaps, combined with assessment of where expectations are highest, help prioritization of performance improvement. Positive gap scores, imply expectations are actually not just being met but exceeded. This allows managers to make a re-assessment for potential re-deployment of resources to areas which are under-



performing and also review whether they may have to “over-supply” a particular feature of the service (Wisniewski, 2001).

Furthermore, most research studies do not support the five-factor structure of SERVQUAL and also deem not important administering expectation items put forward (Carman, 1990; Babakus and Boller, 1992). Furthermore, Cronin and Taylor (1994) developed a performance-based measure, the SERVPERF. This scale is the unweighted perceptions components of SERVQUAL excluding any contemplation of expectations (Ramseook-Munhurrun et al., 2010). In their empirical work in four industries, they found that unweighted SERVPERF measure (performance-only) performs better than any other measure of service quality and that it has the ability to provide more accurate service quality score than SERVQUAL. They further argue that current performance best reflects a customer’s perception of service quality, and that expectations are not part of this concept (Ramseook-Munhurrun et al., 2010).

Despite the condemnations, SERVQUAL has been used to measure service quality in various environments, including hospitals universities (Galloway, 1998), Police

Services (Donnelly et al., 2006), Banks (Kangis and Passa, 1997), travel agencies (Luk, 1997) and public utilities (Babakus and Boller, 1992). The wide collection of application of such an instrument as SERVQUAL shores up confidence in its utilization as a technique for measuring service quality in various business sectors and service industries (Ramseook-Munhurrun et al., 2010).

Parasuraman et al., (1993) defended the use of the different dimensions, based on conceptual and practical grounds. Parasuraman et al., (1988) noted that it may be necessary to rephrase or adjust some of the items; however, Parasuraman et al.,

(1991) warned that the scale’s integrity may be lost due to the addition/deletion of items and/or dimensions.



### 2.4.1 Service quality gaps

The service quality model points out that consumer' quality perceptions are informed by a sequence of four idiosyncratic gaps happening in organisations.

Parasuraman et al., (1985) defined the quality perceived in a service to be a function of the gap between consumers' expectations of the service and their perceptions of the actual service delivered by the organisation. They suggested that this gap is influenced by several other discrepancies which may occur within the organisation. Their research among company executives led to the identification of four key gaps/shortfalls:

- (1) Management's perceptions of both internal and external customer expectations are different from actual customer desires (the positioning gap), i.e. managers do not essentially identify with what customers want and expect from the company.
- (2) Actual service quality specifications are different from management's perceptions of customer expectations (the specification gap), that is even if customer needs are identified, suitable specifications of service may not always beset, perhaps because of lack of resources, organisational constraints or an absence of management commitment to a service culture and service quality .
- (3) The service delivered is diverse from management's stipulations for service (the delivery gap), i.e. guide lines may be set, but high quality may not be definite due to (for example) difference in performance of contact personnel: employees not being able or eager to perform at a desired level.

- (4) What is said about the service in external communications is different from the service that is delivered (the communication gap). External communications such as advertising and promotion can influence consumers' expectations and perceptions of the delivered service and so it is important not to promise more than can be delivered.

The most important gap to consider is that perceived by the consumer, Gap 5 (the perception gap). This gap reflects the difference between customers' perceptions and expectations of the firm's level of service (Ramseook-Munhurrin et al., 2010).

To find out a gap score, it is calculated by subtracting perception score from the expectation score. A positive gap score implies that expectations have been met or exceeded and a negative score suggests that expectations are not being met. An analysis of Gap scores can be undertaken on individual statements and aggregated for an overall gap score for each dimension (Rashid and Jusoff, 2009). The lower the mean score, the larger the gap in service quality and conversely the higher the mean score, the smaller the gap in service quality. Gaps 1 to 4 are within the control of an organisation and need to be analysed to determine the causes and changes to be implemented which can reduce or even eliminate Gap 5. Surveying of employees can help to measure the extent of Gaps 2 to 4 (Zeithmal et al., 1990). This may expose a difference in perception as to what creates possible gaps.

## **2.4.2 Service quality dimensions**

Across a wide range of service areas, the SERVQUAL measure has been used to measure functional service quality. Five dimensions of service quality (Assurance,

Empathy, Reliability, Responsiveness and Tangibles) are inherent in SERVQUAL.

### **2.4.2.1 Assurance**

Assurance is defined as the employees' awareness and politeness and the service provider's capability to inspire trust and confidence (Zeithaml et al., 2006, p. 119).

According to Andaleeb and Conway (2006), assurance may not be so vital comparative to other industries where the risk is higher and the result of using the service is in doubt. Thus, assurance is an important element that customers look at in evaluating a firm or an appointee who is to deliver the service. Faith and confidence may be represented in the personnel who serve as a link between customers and the organisation (Zeithaml et al., 2006).

### **2.4.2.2 Empathy**

Empathy is defined as the considerate, individualised attention the firm gives its clients (Zeithaml et al., 2006, p. 120). Thus a client is given an exceptional and extraordinary treatment. There are a number of ways that empathy can be provided.

This can include getting to know the customer's name, and his preferences and his needs. Several undersized companies use this ability to give customized services as a competitive advantage over the larger firms (Zeithaml et al., 2006). This facet is also more appropriate in industries where establishing relationships with customers ensures the firm's continued existence as opposed to "transaction marketing". Empathy can be portrayed through showing concern in times of service malfunction and providing service improvement to meet a customer's special requirements (Andaleeb and Conway, 2006).

#### **2.4.2.3 Reliability**

Reliability is defined as the ability to perform the promised service dependably and accurately or delivering on its promises. This dimension is vital as all customers want to transact with firms that stick to their promises and this is normally in every respect communicated to the firm's customers. Some companies such as FedEx make it an explicit service positioning (Zeithaml et al., 2006, p. 117).

#### **2.4.2.4 Responsiveness**

Responsiveness is the willingness to help customers and provide prompt service (Zeithaml et al., 2006, p. 117). This dimension deals with customer's requirements, queries and grievances timely and prudently. An organisation is identified to be responsive when it stipulates the duration it would take to get responses to queries. To be successful, firms need to view how responsive they are from the perspective of the client instead of the firm's standpoint (Zeithaml et al., 2006).

#### **2.4.2.5 Tangibles**

This element of SERVQUAL is the outward manifestation of amenities, tools, personnel, and documented materials. It portrays how a firm's interior, the outlook and condition of tools, and apparel of staff pan out. Tangibles are means through which firms exhibit image and signal quality (Zeithaml et al., 2006).

It would be encouraging that service quality assumes important standings among health care consumers. Judging from the literature, SERVQUAL emerges as a constant and



dependable scale to measure health care service quality. Looking at its significance, it helps health care organisations to recognize aspects, and to some degree how, to better the service they offer from the patient's perspective. Taken into consideration the significance of functional aspects of care, the SERVQUAL instrument plays a valuable analytic role in evaluating and checking quality of service in health care organisations.

## **2.5 Employee satisfaction**

Some empirical studies have indicated a direct correlation between satisfaction and some variables such as employee performance. Organisations that maintain work environment that entice, motivate and keep industrious individuals will be strategically placed to thrive in the now fierce competitive business environment that calls for quality and cost-efficiency leadership both nationally and globally (Dugguh and Dennis, 2014). Madhuri et al., (2014) put forward that employee satisfaction is a result of employees' awareness of how well their job offers those things that are regarded as vital by them. They sum up by saying job satisfaction is an emotional response to a job condition. This, Price and Muller (2009) also affirm. Furthermore, Locke has given an all-inclusive definition of employee satisfaction as involving cognitive, emotional and evaluative feedbacks or attitudes. He defines it as "a pleasurable or emotional state resulting from the appraisal of one's job or job experience" (Locke, 1976).

### **2.5.1 Definitions of employee satisfaction**

Employee satisfaction has not received a general consensus as regards to what it really is. This is because job does not have a final representation. As such, before a definition



of employee satisfaction can be given, the nature and significance of work as a common human activity must be well-thought-out (Aziri, 2011).

Flowing from the above statement, various authors have diverse approaches they use in defining employee satisfaction. A search through literature has revealed some commonly allude to definitions some of which are examined here in.

Hoppock (1935) sees employee satisfaction as any mixture of factors which include psychological, physiological and environmental situations that give reason to a person conclude that he/she is satisfied with a job. According to this line of thought, Aziri (2011) says even though employee satisfaction is underpinned by many external factors, it rests on some inward feelings of the employee.

In another definition on employee satisfaction by Vroom (1964) he emphasizes on the role played by the individual at the workplace. He defines employee satisfaction as feelings individuals have toward work roles which they currently occupy.

A common definition that runs through literature and often cited is by Spector (1997). According to him employee satisfaction has to do with the approach of the feeling people have about their job and its different features. He further put forward that employee satisfaction has to do with the extent to which people like or dislike their job. Thus employee satisfaction and employee dissatisfaction can happen in any given work condition.

A similar view to that of Vroom (1964) and Spector (1997) concerning employee satisfaction is that of Davis et al. (1985). To them also employee satisfaction represents a mixture of positive or negative feelings harbored by workers about their work. Also employee satisfaction represents the extent to which prospects an individual have about a job and its rewards. They finally link employee satisfaction closely to the employee's behaviour in the work place (Davis et al., 1985).

Moving on to some modern day definitions, employee satisfaction is equated to a worker's sense of accomplishment and success on the job. It is generally professed to have a direct link to productivity as well as to personal welfare. Employee satisfaction entails doing a job one enjoys, doing it well and being compensated

(rewarded) for the individual's exertions. It further denotes zeal and contentment with one's work. Employee satisfaction has been again identified as the key element that leads to acknowledgement, income, advancement, and the attainment of other goals that lead to a feeling of gratification (Kaliski, 2007). This definition is also shared by Statt (2004) as he sees employee satisfaction as the magnitude to which a worker is happy with the rewards gained from the work, particularly in terms of intrinsic motivation.

From the perspective of Armstrong (2006), attitude and feelings people have about their work also account for job satisfaction. Affirmative attitudes shown by an employee towards a job indicate satisfaction. He further points out the opposite which is employee dissatisfaction to be as a result of the negative attitudes portrayed by employees. Kalleberg (1977), add that this satisfaction may be affective. To them, satisfaction is a uni-dimensional individual paradigm signifying a complete emotional feeling employees have about their job. This echoes Spector, (1997)

definition.

George and Jones (2008) similarly share the notion of attitude about work contributing to employee satisfaction. They add that aside harbouring attitudes with regards to work, employees also can develop attitudes concerning a number of aspects of the jobs they do such as the nature of the work, their colleagues, superiors or subordinates and their salary. These can interact and give feelings and belief that in turn raise employee satisfaction extremely for the good or bad.

Employee satisfaction can be thought of as one of the top most factors relating to efficacy of business organisations. As such employees should be considered and treated carefully as they have wants, needs and personalized desires which are indicators for the importance of employee satisfaction (Aziri, 2011).

### **2.5.2 Theories of employee satisfaction**

Luthans (1995) states that, “there is nothing as practical as a good theory.” Theory is a logical combination of inter-reliant conceptions that bring about a framework that binds a significant area of knowledge (Wehrich and Koontz, 1999). Specifically, according to Newstrom (2007), a theory pinpoints key variables and links them to form ‘tentative hypotheses that can be verified via research.

A search of literature concerning theories of satisfaction discloses that they are largely classified either per the ‘nature of theories’ or their sequential advent (Saif et al., 2012).

Fred Luthans (2005) advocates that there are Content theories made up of (Needs Hierarchy, Two-Factor, and ERG theories); Process theories (Expectancy theory and Porter & Lawler model); and Contemporary (Equity, Control and Agency theories). Alternatively, Stephen (2005:48-61) cited in Saif et al. (2012) uses timeline and catalogues the theories into Early-theories (Hierarchy of needs, Theory X & Y, Two-Factor theory) and Contemporary theories (McClelland's theory of needs, Goal Setting theory, Reinforcement theory, Job Design Theory (job-characteristics model), Equity theory and Expectancy theory). It is though, noteworthy that content and process theories have become 'standard classification' (Saif et al., 2012).

Content theories center on how people recognise and prioritizes needs, drives and incentives/goals towards gaining satisfaction (Luthans, 2005:240). Most researchers classify these needs into prime, ancillary and high level employee requirements, which need to be, achieved when the worker is to be motivated and satisfied (Saif et al., 2012). The following are the well-known content theories that are widely used by the management.

### **2.5.3 Maslow's theory of satisfaction**

Maslow's hierarchy of needs is the widely cited theory of motivation and satisfaction (Weihrich and Koontz, 1999). Abraham Maslow contended that an individual's motivational desires could be organised in a pecking order. When satisfaction of particular level of needs is ascertained, it no longer helps to stimulate. Accordingly, the following advanced level of need has to be initiated in order to motivate and by this means satisfy the individual (Luthans 2005). Academics have put forward that



Maslow's theory of hierarchy of needs was the first motivation theory that laid the foundation for 'the theories of job satisfaction' (Saif et al., 2012). Maslow (1943) came up with a five levels of need pyramid:

1. Physical needs: (food, clothing, shelter, sex),
2. Safety needs: (physical protection),
3. Social: (develop close associations with others),
4. Esteem/Achievement needs: (prestige given by others), and
5. Self-Actualization: (self-fulfilment and accomplishment through personal growth)

#### **2.5.4 Herzberg's two-factor theory**

Another noteworthy theory was generated after interviewing 200 accountants and engineers in a study. Utilizing critical incident method of data collection with two questions, Herzberg tabularised good and bad feelings. He suggested that there are job-satisfiers (motivators) linked with job matters and job-dissatisfiers (Hygiene factors) related to the environment. Motivators are made up of accomplishment, acknowledgement, work itself, obligation and progression. Hygiene factors do not 'satisfy'. It somewhat guards against dissatisfaction. Some of the elements inherent are firm policy, management, control, earnings, social relationships, and working conditions (Herzberg et al., 1959). The Two-factor theory is the definitive suitable context for studying employee satisfaction (Kim, 2004) cited in Saif et al. (2012). For example it has been employed to help in understanding matters concerning employee satisfaction in educational settings (Karimi, 2007).



Theoretically too, it has again been made use of as a background for measuring police officers' satisfaction (Getahun et al., 2007). Nonetheless, an appraisal of literature discovered censures of this theory. One of such criticisms is that the model overlooks individual variances and unfairly accepts that all employees react in a related mode to the variations in motivators and hygiene factors (Karimi, 2007).

#### **2.5.5 Theory X & Y (Douglas McGregor)**

This theory is built on a group of assumptions about the nature of human beings. McGregor in 1960 proposed this theory after he had observed how managers dealt with employees. The assumptions that make up of the X (Negative view of Humanbeing) include the fact that human beings harbor an innate abhorrence of work and do away with it if possible. As such, people must be compelled, ordered and threatened with retribution to make them work. Again, they shun responsibility and lack drive yet want security (Wehrich and Koontz, 1999). On the other hand, the Y assumptions component of the theory gives a positive view about human being. The Y theory assumptions are efforts at the work place that appear as natural to the employee. As such people do not depend only on external force to produce effort but through self-control and direction to achieve goals. Therefore, the amount of commitment to objective is dependent on the magnitude of prize and human beings out of their will seek responsibility (Wehrich and Koontz, 1999).

#### **2.5.6 Theory of Needs - Achievement Theory (David McClelland)**

Exploring further, this theory centers on the accomplishment motive hence,

‘achievement theory’ but it is centered on achievement, power and affiliation motives.

1. Achievement: This is the determination to excel beyond the ideals of success.
2. Power: It denotes the longing to have an influence and to lead others (Shajahan and Shajahan, 2004).
3. Affiliation: It is the aspiration for having open and close interactive associations. Those with high affiliation desire supportive instead of competitive situations. Unlike the aforementioned Y assumptions component of McGregor’s theory, McClelland and Associates proposed that a number of people have an enthralling ambition to get ahead and thus strive for personal achievement rather than the prize attached. To better what has been done before is a craving for such people therefore they like challenging jobs (Shajahan and Shajahan, 2004).

### **2.5.7 ERG theory**

Clayton Alderfer studied Maslow’s theory and connected it with hands-on research. He reorganised Maslow’s hierarchy of needs into three classes of needs: Existence (physiological and security needs), Relatedness (social and esteem needs), and Growth (self-actualization) (Shajahan and Shajahan, 2004), thus the ERG theory.

Alderfer proposed a range of needs rather than hierarchical levels. Contrasting Maslow and Herzberg, Alderfer does not concede that a progressive need fulfilment is needed or that deficiency is the sole route to trigger a need (Luthans, 2005).

### **2.5.8 Process theories**

Process theories deals with how motivation manifests. Correspondingly, the theory of expectancy derived from cognitive theory has an influence in the process theories of employee satisfaction (Luthans, 2005). Hence, these categories of theories endeavour to explain how desires and goals are acknowledged mentally (Perry et al., 2006).

### **2.5.9 Equity theory**

This theory by J. Stacy Adams proposes that employees consider their job (input) against what they gain from it (outcome) and then compare this ratio with the inputoutcome ratio of other colleagues. An equal ratio to that of colleagues signifies a state of equity (Robbins, 2005) cited in Saif et al. (2012). Some authors refer to this theory as distributive justice (Yusof and Shamsuri, 2006). Rewards have been found to raise satisfaction of employees when they are prized and seen as fair by the employees (Perry et al., 2006).

Expectancy theory recognises the significance of a number of individual needs and motivations (Weihrich and Koontz, 1999:471). This theory is considered as the broadest theory of employee satisfaction (Robbins, 2005) as cited in Saif et al. (2012). It suggests that satisfaction is a result of three factors: how much reward is wanted (valance), the estimate of probability that effort will lead to the successful performance (expectancy), and the estimate that performance will result in getting the reward (instrumentality) - explained as  $\text{Valance} \times \text{Expectancy} \times \text{Instrumentality}$  = satisfaction (Newstrom, 2007).

#### **2.5.10 Porter/Lawler expectancy model**

Another popular model of employee satisfaction is the Porter/Lawler Expectancy Model. Porter and Lawler affirm that effort from motivation does not directly bring about performance. Rather, an employee's abilities and traits and the role perceptions moderate it (Saif et al., 2012). Additionally, satisfaction is not reliant on performance. It is rather determined by the likelihood of getting fair rewards

(Wehrich and Koontz, 1999).

#### **2.5.11 Goal-setting theory**

Edwin Locke is credited to have proclaimed that ambitions (goals) play a vital role to bring about motivation and satisfaction (Shajahan and Shajahan, 2004). Additionally, providing feedback on progress toward goals helps to identify inconsistencies with what has been done and is yet to be done. Most studies that have verified goal-setting theory validate that stimulating goals with feedback, work as encouraging forces (Robbins, 2005:54) cited in Saif et al. (2012). This theory has been used in the study of more than 40,000 participants' performance in about 100 diverse tasks in eight countries in both laboratory and field settings (Perry et al., 2006).

#### **2.5.12 Job characteristics theory**

The last of the theories used to discuss employee satisfaction is the Job characteristics theory. These are aspects of the individual employee's job and tasks that shape how the individual perceives his or her particular role in the organisation.



Hackman and Oldham's (1980) cited in Saif et al. (2012) are the formulators of job characteristics theory. They reasoned that the outcomes of job redesign were subjective to several moderators among which are the differences to which various employees' desire personal or psychological progress (Perry et al., 2006). Unambiguousness of tasks leads to greater employee satisfaction since greater role clarity creates such workforce, which is more satisfied with, committed to, and involved in work (Moynihan and Pandey, 2007).

Jobs that are laden with motivating features produce psychological states. This in turn raises the possibility of anticipated results. In illustration, the consequence of a task can kindle a sense of relevance of work that will lead to effective performance. More accurately, the model puts forth five core job characteristics (skill variety, task identity, task significance, autonomy, and feedback) which have a bearing on three direct psychological states (experienced meaningfulness, experienced responsibility for outcomes, and knowledge of the actual results), in turn influencing work outcomes (employee satisfaction, absenteeism, work motivation, etc.) (Perry et al., 2006).

## **2.6 Factors of employee satisfaction**

Satisfaction is the gratification felt after a need is fulfilled (Robbins, 1998) cited in Saif et al. (2012). It is a universal phenomenon that is established by job factors such as pay, work, supervision etc., personal characteristics (demographics) and other social and group factors (Shajahan and Shajahan, 2004). The difference in individual drives and needs can have a toll on their performance hence, managerial appreciation of how



desires bring about performance and how rewards for such performance bring about employee satisfaction is essential (Newstrom, 2007).

Factors that influence employee satisfaction can be grouped under environmental, individual and psychological factors. Factors that fall under the environment include: communication, employee recognition among others (Kraymer and Westbrook 1986; Weiss and Cropanzano 1996), while those that relate to the individual are emotions, genetics and personality (Cote and Morgan, 2002). Psychologically related factors include one's life, family, and community (Wright and Cropanzano, 2000). These elements are briefly explained below.

Communication is one of the main factors prompting employee satisfaction. Communication can be seen to be overload, under-load and of superior-subordinate kind. The management of communication is critical for advancement on the job (Dugguh and Dennis, 2014). Demands can be regarded as a communication load which refers to "the rate and complexity of communication inputs an individual must process in a particular time frame". Employees can experience communication overload and communication under-load and this can have an effect on their level of satisfaction (Farace et al., 1977). According to Farace et al., (1977), there is communication overload when messages are delivered in chunk and in a short span of time or when information passed on is too complex to process. In effect, a state of overload looms when inputs outweigh outputs. On the other hand, communication under-load transpires when messages received are lower than the employee's processing capability.

In effect, employees become disgruntled, goaded, and unhappy with their work which may bring about low levels of job satisfaction as a result of not gaining sufficient information on the job or not having capability to deal with messages

(Dugguh and Dennis, 2014).

Another aspect of communication that is vital and influence employee satisfaction is how it transpires between superiors and subordinates and thus termed superiorsubordinate communication. This can either positively or negatively influence satisfaction levels. Communication behaviour such as body language and diction are central to manager-employee relationship (Dugguh and Dennis, 2014). These nonverbal communication on the part of superiors helps to increase social involvement with their subordinates. This can impact satisfaction levels and increases the likely hood to gain positive feedback from subordinates. Contrarily, an unfriendly manager, reluctant to communicate will receive negative feedback and create low employee satisfaction (Burgon et al., 1996).

Some studies again designate that employees derive satisfaction from working with companies that are effective in human resource management best practice such as employee acknowledgment programs and to some degree, economic reward programs. Employee recognition should not be limited to compliment and gifts but should be viewed as a strategic tool to keep satisfaction levels high (Dugguh and

Dennis, 2014).

The individual's affective component, emotions and mood are another factor that influences employee satisfaction. Weiss and Cropanzano (1996) postulated that moods have a tendency to be long lasting, while emotions are mostly powerful, brief and possesses a clear cause. Positive emotions relate to overall satisfaction of the job (Brief and Robertson, 1996) (Weiss et al., 1999). In managing emotions, the conscious and unconscious efforts to rise, sustain or lower one or more components of an emotion must be utilized (Pugliesi, 1999). Subduing of unfriendly sentiments lowers satisfaction and the strengthening of pleasant emotions increases satisfaction

(Cote and Morgan, 2002).

Moving on to further factors, some studies have indicated that genetics also impact satisfaction due to its role in intrinsic - accomplishment or task as opposed to extrinsic -environmental factors such as working conditions (Arvey et al., 1989). Linked to this is research by Brief and Weiss (2002), describing the role of negative affectivity and positive positivity. Negative affectivity is related strongly to the personality trait of neuroticism. They further state that, individuals who are high in negative affectivity are more disposed to experience less satisfaction. Positive affectivity is associated with the personality of extraversion. Thus, such individuals are more susceptible to be satisfied in their lives and jobs they do. Estrangement and locus of control are two personality factors that are most related to employee satisfaction. Employees who have an internal locus of control and feel less alienated are more likely to experience satisfaction, job involvement and job commitment. Using a meta-analysis for 135 studies a positive relationship between internal locus of control and employee satisfaction is reported (Schultz and Schultz, 2010).

Some facets of an individual's life like work, family, community among others also affect satisfaction. This is termed as psychological well-being and is defined as the overall effectiveness of an individual's psychological functioning (Wright and Cropanzano, 2000). This psychological well-being has three essential characteristics. First, it is a phenomenological event, meaning that people are happy when they personally believe themselves to be so. Secondly, well-being consists of some expressive situations. Predominantly, psychologically sound people are more inclined to experience positive feelings and are less liable to skill negative emotions. Thirdly, well-being refers to the totality of one's life. It is a global evaluation Wright and Cropanzano stress. It serves an essential role in determining employee satisfaction in that it focuses on both satisfaction and performance.

Psychological well-being in the workplace plays an important role in determining employee satisfaction and has been adopted in most research in recent years (Baptiste, 2008). These studies have concentrated on its effects on employee satisfaction as well as performance (Robertson et al., 2012). One study pointed out that because employee satisfaction is explicit to an individual's job, thus research should not take into reason facets of one's life external to the job (Wright et al., 2007). Earlier studies had focused only on the work environment as the main determinant of satisfaction at the work place. "Ultimately, to better comprehend employee satisfaction, it is important to take into account an individual's psychological well-being" (Wikipedia, 2009). According to a study published in 2000 by Wright et al., a significant correlation was found between psychological well-being and employee satisfaction ( $r = .35, p < .01$ ). A sequel study by the same authors in 2007 revealed similar results ( $r = .30, p < .01$ ).



## **2.7 Relationship between employee satisfaction and service quality**

“There is concrete evidence that satisfied employees make for satisfied customers”

(Zeithaml et al., 2006, p. 287) Service quality is a very significant factor when employee satisfaction is concerned (Saeed et al., 2013). It is, according to Chiu et al., (2002), an element of satisfaction. In service-based industries, human resource issues such as employee satisfaction have been found to be precursors of service quality (Hoffman and Ingram, 1992). People who are in a positive frame of mind are more likely to be humane, helpful and attentive (Motowidlo, 1984). It is very difficult for unhappy and dissatisfied customer-contact employees to deliver extraordinary service that satisfies the customer (Rogers et al., 1994). The degree of internal customer satisfaction largely determines the profits of the company through external customer satisfaction and customer retention which are antecedents of service quality (Reichheld and Sasser, 1990).

Zeithaml et al., (1990) argue that employees who are not cut out for jobs will find it difficult to deliver quality service. Boshoff and Tait (1996) support this argument, but contend that employee satisfaction, rather than what is termed “employee-job fit” by Zeithaml et al. (1990), is an important factor in determining service quality.

Employees who are satisfied with their jobs are more likely to suit their jobs as well.

## **2.8 Relationship between employee commitment and service quality**

Considering the possible relationship between employee commitment and service quality capability, employee commitment is defined as being concerned with service climate employees’ identification, involvement, and intent to remain with an organisation, and has been linked to employees’ attitudes and responses to their workplaces (Zajac, 1990). Few research works come into view to have studied employee commitment and employees’ judgment about the service they render to customers (Malhotra and Mukherjee, 2004). Nonetheless, some scholars have found that service workers are more likely to deliver quality to customers when they perceive

positive management approaches to them (Grönroos, 1984; Singh, 2000) and are likely to treat customers in the same way that they are treated by the organisation (Yagil and Gal, 2002).

Bettencourt and Brown (1997, p. 39) also stated: “Leading firms and scholars propose a possible relationship between the fair treatment of employees and excellence in service delivery.” Correspondingly, utilising a sample from six occupations, Eisenberger et al., (1997) reported positive relationships between employees’ feelings of perceived organisational support with their commitment, job attendance and performance. Finally, another study by Malhotra and Mukherjee (2004), conducted in four call centres of a UK bank, demonstrated that the organisational commitment of employees had a significant impact on their selfevaluated service quality performance.

Furthermore, in customer-contact businesses, the quality of service delivered cannot be alienated from the “quality” of the service provider (Lewis, 1989). For the reason that service delivery arises through human interaction as customer-contact employee during the service encounter chiefly decide the extent to which service quality is delivered. During the critical service encounter, it is the eagerness of employees to do what they deem right that determines the level of service quality delivered (Zeithaml et al., 1990).

## **2.9 Relationship between employee satisfaction and employee commitment**

There is no uncertainty that employee commitment leads to employee satisfaction. Employee satisfaction has been acknowledged as an element of employee commitment

(Kovach, 1977). La Lopa (1997) indicated that employee satisfaction is a major predictor of employee commitment. Many studies use different aspects of satisfaction to forecast employee attributes such as performance, commitment, and service quality (Dienhart and Gregoire, 1993). Tai et al. (1998) observed that employee satisfaction and employee commitment are highly correlated.

Markovits et al., (2007) proposed that affective employee commitment was found to be most dominant with respect to levels of intrinsic and extrinsic employee satisfaction. Firstly, satisfaction with the job is directly related to organizational commitment (Brown and Peterson, 1994). Secondly, employee satisfaction is either directly (Netemeyer et al., 1990) or indirectly (Brown and Peterson, 1994) related to a turnover intentions. Turnover intentions are perhaps the best indicator of future turnover (Futrell and Parasuraman, 1984). According to Brown and Peterson, (1994) employee satisfaction is an antecedent to organizational commitment. Furthermore, they again submitted a more detailed relationship between organisational commitment from the perspective of employee satisfaction features rather than global or overall employee satisfaction. Boles et al., (2007) indicate that various facets of employee satisfaction are more strongly related to organisational commitment. They also indicate that these relationships are not the same for male and female salespeople.

A component of (Meyer and Allen, 1991) threefold commitment construct, affective commitment has been found to be related with performance. Employees with strong affective commitment work harder and perform better than those with weak affective commitment (Meyer and Allen, 1997). Babakus et al., (1999) equally pointed out employee affective commitment was a significant driver of job performance. A number

of studies have equally demonstrated that affective commitment was positively related to work effort and job performance (Luchak and Gellatly, 2007;

Vandenberghe et al., 2004) cited in Adekola, (2012).

## **2.10 Employee satisfaction and service quality in a hospital service delivery system**

Some studies have indicated that non-satisfaction at the workplace among health care employees may bring about poor quality of health care which in turn unfavorably affects patient satisfaction and loyalty to a hospital (Atkins et al., 1996; Fahad Al-

Mailam, 2005). Nurses and other health care employees' satisfaction have been found to have numerous bearings on the quality of care provided which eventually impacts the level of patient satisfaction (Peltier et al., 2009). Newman et al., (2001) outlined a strong interrelationship between employee satisfaction, the quality of service delivery, and patient satisfaction. Atkins et al., (1996) reported that dissatisfaction of employees negatively impacts the quality of care, loyalty of patients and in effect lead to poor hospital profitability. Also, in a study done on the Swedish healthcare, initiatives towards improvement of quality were revealed to have a positive association with employee satisfaction and customer satisfaction

(Kammerlind et al., 2004).

Employee satisfaction again is proven to have a sturdy relationship with the quality of care delivered and associated costs in hospitals. A reduction in stress levels, turnover, absenteeism, and lower work-related disability and violence claims is reported by (Harmon et al., 2003; Joiner and Bartram, 2004). All of these factors aid the intensification of the level of care given to patients (Peltier et al., 2009). Nurses who



are satisfied with their jobs are reported to display high patient safety levels and minimal errors in medication which help increase patient satisfaction (Rathert and May, 2007). Shortened length of stay for patients and lower mutable costs has also been reported to be as a result of satisfied employees (Harmon et al., 2003; Karasek, 1990).

Flowing from the above findings, to achieve higher service quality levels, healthcare administrators view improving satisfaction of employees to bring about decreases in staffing costs, absenteeism and lower patient movable costs (Peltier et al., 2009). Hence,  $H_1$ : employee satisfaction is related positively with service quality in a hospital service delivery system.

### **2.11 Employee commitment and service quality in hospital service delivery system**

The commitment of forefront employees is crucial in aiding the delivery of service quality to customers (Manalel and Jacob, 2013). This is a similar notion shared by Dordevic (2004) who stated that employee commitment is an important predictor of employee's performance to bring about quality of services. Others such as (Chen et al., 2004; Manion, 2004) also suggest employee commitment leads to improved organisational success which includes delivering service quality. Hence, service quality in hospitals cannot be enhanced without having and retaining a committed workforce taking into cognisance that the health care sector is highly labour intensive with services provided by frontline employees (Manalel and Jacob, 2013).

Some studies on quality leadership suggest that committed employees tend to be the most successful at increasing the quality of care provided. This is ensured by empowering the environments that employees work in (Mensah et al., 2014).

Furthermore, according to Manalel and Jacob (2013), it is only through “attracting, selecting, maintaining and retaining right people with appropriate mind set suitable for health care sector” that quality service experience with a difference can be provided to patients. They further add, it is the only basis on which hospitals can set themselves apart and sustain a competitive advantage.

The study by Manalel and Jacob (2013) investigating the dynamic relation between organisational and professional commitment of professionals in health care sector and its influence on service quality is noteworthy. The population for the study was taken from two hospitals. One hospital had 700 beds and the other 257 beds. Questionnaires were administered to doctors, nurses and other staff who worked in conjunction with both in-patients and out-patients. Methodologically, it adopted an empirical analysis of sample data collected through the survey questionnaire. Through a regression analysis, findings suggested that there was a positive relationship between organisational commitment and service quality.

In a Ghanaian study by Turkson (2009) cited in Mensah et al., (2014) on “an assessment of perceived quality of healthcare delivery in Komenda Edina-EguafoAbrem” issues including “poor attitude of some healthcare workers”, was perceived by patients as a defect in the quality of care received. The attitude of workers can be viewed as an emotional component of commitment as people usually experience

and express positive feelings toward an entity or individual to whom they have made a commitment (Meyer and Allen 1991) and this has an effect on the service they render.

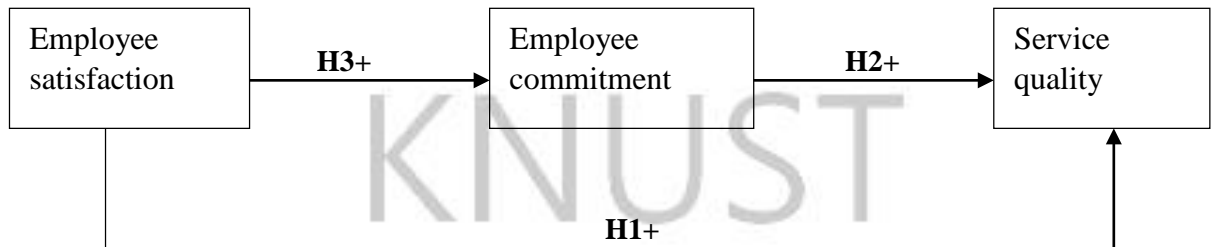
Hence, H<sub>2</sub>: employee commitment is related positively with service quality in a hospital service delivery system.

## **2.12 Employee satisfaction and commitment in hospital service delivery system**

A variety of research have brought to the fore that by promoting employee commitment in the healthcare sector there is an increase in employee retention which is an antecedent of satisfaction and, further, results in a positive contribution to organisational performance (Murale et al., 2015). Employee satisfaction and commitment has been reported in some research using qualified professionals to have a positive association. An example is a study done by Wu and Norman (2005) in a medical university in China. Using a sample of (75) full time final year degree level nursing students, a positive correlation between satisfaction and commitment ( $r = .464$ ,  $P < .01$ ) was found. This indicates that nursing students who were more satisfied with nursing as a job were also more committed to health care service delivery. Redfern et al., (2002) also reported a strong relationship between employee satisfaction and organisational commitment ( $r = .60$ ,  $P < .001$ ), in a study of the health care staff in the United Kingdom. Correspondingly, Al-Aameri (2000) found a strong positive correlation between employee satisfaction and commitment with a sample of registered nurses in Saudi Arabia ( $r = .59$ ,  $P < .01$ ).

Hence, H<sub>3</sub>: employee satisfaction is positively associated with employee commitment in a hospital service delivery system.

### Proposed theoretical framework



**Figure 2.1**

Author's own construct (2015)

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.0 Introduction

This chapter presents the research methodology adopted in undertaking the research. It explains the study area, the research design, the nature and the composition of the target population of the study, sample size, sampling technique, and data collection sources and data analysis.



### **3.1 Research design**

The research design encompasses the broad plan of how the research questions were answered. According to Saunders et al., (2009), there are three types of research design; exploratory, explanatory and descriptive. In line with this study, the researcher adopted the explanatory approach which denotes that the research in question is projected to explain, rather than simply to describe, the phenomena studied. Traditionally, the research denoted by the term explanatory research is quantitative in nature and typically tests prior hypotheses by measuring relationships between variables; the data are analyzed using statistical techniques. As this study aims to assess the relationship between employee satisfaction and commitment on service quality delivery, via hypotheses, the researcher used explanatory study in order to have an in-depth understanding of the variables, and ascertain the relationship between the dependent and the independent variables.

### **3.2 Population of the study**

The population of a research refers to the total number of all units of the issue or phenomenon to be investigated into. All possible observations of a population are known to be of the same kind (Kumekpor, 2002). The population or the target populations for the study were nurses in public, private and mission hospitals in the New Juaben Municipality, Koforidua in the Eastern region of Ghana and thus estimated to be five hundred (500).

### **3.3 Sample size**

A choice of sample size is vital and depends on the margin of error the investigator can bear, the size of the total population and the kind of analysis to be performed.

The chosen size of sample is thus the researcher's prerogative (Saunders et al., 2009). Stutely, (2003) recommended thirty (30) as a minimum to ensure statistic effectiveness in research should the features of the respondents be considered akin. Hence, for the study's purposes, a sample of 300 respondents was selected from the population.

### **3.4 Sampling technique**

Sampling is defined as a process of selecting a section to represent a whole (Polit and Beck, 2004). For this study's purpose, convenience sampling technique was used to select respondents. This sampling technique involves selecting respondents that are readily obtainable to the researcher. The sample selection process endures till the needed sample size is achieved (Saunders et al., 2009). This was considered to be cost effective and meaningful way of sampling from such a large population of potential respondents.

### **3.5 Data collection instrument**

The study's data was collected from the field. To elicit responses from nurses, questionnaires were administered. The instrument had items measuring commitment, satisfaction and service quality. A 5 point likert scale was used to gauge responses. The reason for using questionnaire was that it is the most operative instrument for data collection as far as field survey is concerned. Also, due to time constraints, the questionnaires were regarded as best suited for the research in order to elicit the necessary information from the respondents.

### **3.6 Data collection method**

#### **3.6.1 Questionnaires administration**

A total of 300 questionnaires were administered. Prior to that, a pre-test of the instrument was conducted on 30 respondents. This was done to guarantee the validity of the instrument. The questionnaires were administered to nurses who were present at the wards and out-patient departments of the hospitals during the time of each visit throughout the data collection period. The questionnaires retrieved were assessed and found to be acceptable for usage.

#### **3.7 Data analysis**

Subjecting gathered data critically to analysis and examinations aids in making recommendations appropriately. The analysis was performed after the questionnaires were all coded into the Statistical Package for Social Sciences (SPSS) software. Descriptive results were offered in frequency distribution tables. The cronbach alpha to ascertain the reliability of the data was also established to be acceptable. The data was quantitatively analysed based on the responses gained from the respondents.

Statistical tools like mean and standard deviation, factor analysis, and structural equation modelling was adopted. The study also employed correlation analysis to ascertain the effects and relationship among the variables under study.

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## CHAPTER FOUR

### DATA ANALYSIS, FINDINGS, AND DISCUSSIONS

#### 4.1 Introduction

The previous chapter of the study focused on presenting the methodology followed in carrying out the study. In this chapter however, data collected from the field of study are presented as well as the results obtained from the various statistical analysis performed. In addition, the chapter provides discussions on the findings of the study in relation to the objectives of the study and relevant literature reviewed. The other main sections of the study include: demographic profile of respondents, measurement model analysis, structural model analysis, discussions of findings, and chapter summary.



## 4.2 Information on respondents background

This study sought to evaluate effects of employee satisfaction and employee commitment on service quality in a hospital service delivery system. In addressing this objective, data were collected from 224 nurses working in public (n=105), private (n=19), and missions (n=100) hospitals in the New Juaben District (Eastern Region, Ghana). The data were collected using questionnaires. The relevant demographic characteristics of the respondents are shown in table 4.1 below:

**Table 4.1: Demographic breakdown of respondents**

		Count	Percentage
Gender	Female	164	73.21%
	Male	60	26.79%
Years of service	Under 5	169	75.45%
	5 to 10	40	17.86%
	10 to 15	4	1.79%
	15 to 20	1	0.45%
	More than 20	10	4.46%

**Source: Field study (2015)**

As shown in table 4.1, 73.21% of the respondents are females. In terms of the number of years of service, 75.45% of them have worked in their respective institutions for

less than 5 years while 17.86% have worked for about 5 to 10 years. The effects of these demographic differences on the relationships being investigated into in the study are analysed and controlled for in the subsequent sections of the chapter.

## **4.2 Measurement model analysis**

This section of the chapter provides brief descriptions on the nature of the data collected. In addition, detailed discussions are presented on how the measures were purified and assessed in terms of reliability and validity as well as method bias.

### **4.2.1 Overview of constructs and measures**

The study's proposed model had three constructs: employee satisfaction (ES), employee commitment (EC), and service quality (SQ). Both ES and EC were conceived and operationalised as unidimensional constructs, with 15 and 14 items respectively adapted from literature to measure them. A 5 point likert scale measuring from 1=strongly disagree to 5=strongly agree were used to measure both ES and EC.

In the case of SQ, it was conceived as five dimensional constructs: Reliability, Assurance, Tangibles, Empathy, and Responsiveness. 4, 4, 6, 5, and 3 items respectively were adapted to measure these sub-constructs of SQ. A 5 point likert scale measuring from 1=not at satisfactory to 5=very satisfactory was used to measure these constructs. The controlled variables were two: gender and years of service. Gender was treated as a dummy variable (Male=1, Female=0) while years of service was treated as an ordinal variable.

#### 4.2.2 Scale reliability

First of all, the Cronbach Alpha was used to test for internal consistency among the measures employed for the respective constructs. The test results obtained as shown in table 4.2 indicate alpha values ranging between .792 and .919, all of which are above the recommended threshold of .700 (Bagozzi and Yi, 2012), which demonstrates that the scales employed in measuring the respective construct had good internal consistency (Field, 2009). This analysis was performed using Statistical Package for Social Sciences (SPSS IBM 20).

**Table 4.2: Scale reliability**

Constructs	No. of items	Cronbach Alpha
1. Employee commitment	14	.919
2. Employee satisfaction	15	.873
3. Reliability	4	.796
4. Assurance	4	.914
5. Tangibles	6	.792
6. Empathy	5	.832
7. Responsiveness	3	.800

**Source: Field study (2015)**

#### 4.2.3 Confirmatory factor analysis

Further, the measures were purified using confirmatory factor analysis (CFA). This analysis was conducted using Linear Structural Relations (LISREL 8.8). In order to minimize the tendency of unnecessarily deleting items, multiple CFAs were run with

respect to constructs that shared same/similar underlying concepts. The items retained were then assessed together. In all, four CFAs were performed.

In performing the CFAs, a Maximum Likelihood Estimation method and a covariance matrix of the measures were used as the inputs for the analysis. After subjecting the items and performing various purifications, a satisfactory model fit to data was obtained (Vieira, 2011; Bagozzi and Yi, 2012; Hair et al., 2014) [refer to table 4.3].

**Table 4.3: CFA results**

Measurement sets	X <sup>2</sup> (df)	RMSEA	NNFI	CFI	SRMR
Set 1 (Employee commitment)	6.29 (5)	.034	.997	.999	.018
Set 2 (Employee satisfaction)	6.73 (5)	.039	.996	.998	.023
Set 3 (Service quality)	92.70 (55)	.055	.968	.978	.037
Set 4 (Full model)*	235.20 (98)	.079	.926	.947	.046

**Note:** X<sup>2</sup>(df)] = Chi-square (degree of freedom); RMSEA =root mean square error of approximation; NNFI= non-normed fit index; CFI=comparative fit index; SRMR=standardized root mean square residual  
\*run for the retained items after set 1 through to set 3



Constructs/Measures	Loadings	Errors	T-values	R <sup>2</sup>
<b>Table 4.4: Measurement model results</b>				
<b>EMPLOYEE SATISFACTION (<i>CR</i>=807; <i>AVE</i>=.583)</b>				
SAT8: I feel my opinion counts in the organization		.695	.516	fixed .484
SAT11: I'm not likely to change my profession/job	.772	.403	9.89	.597
SAT12: I'm more likely to recommend my career to others		.819	.330	10.25 .670
<b>EMPLOYEE COMMITMENT (<i>CR</i>=.866; <i>AVE</i>=.622)</b>				
COM3: I feel emotionally attached to this organization	.821	.326	fixed	.674
COM5: This is the best organization to work for	.856	.267	14.48	.733
COM6: I am not thinking of changing to another organization	.846	.284	14.29	.716
COM10: My organization generally has employee interest at heart	.604	.635	9.34	.365
<b>RELIABILITY (<i>CR</i>=.774; <i>AVE</i>=.641)</b>				
REL2: Nurses and health assistants ensure patients take their medication as prescribed	.951	.097	fixed	.903
REL4: Ensuring patients do not spend too much time waiting in queues and where there are delays explanations are given	.615	.621	5.50	.379
<b>ASSURANCE (<i>CR</i>=.900; <i>AVE</i>=.817)</b>				
ASS1: Being courteous and friendly to patients	.892	.204	fixed	.796
ASS4: Creating a friendly atmosphere for patients to feel safe and relaxed	.916	.161	10.42	.839
<b>TANGIBLES (<i>CR</i>=.916; <i>AVE</i>=.846)</b>				
TAN2: Availability of modern medical equipment	.850	.278	fixed	.722
TAN3: Existence of visually attractive and comfortable physical facility	.985	.030	12.21	.970
<b>EMPATHY (<i>CR</i>=.904; <i>AVE</i>=.825)</b>				
EMP1: Patience displayed by nurses when dealing with patients	.850	.278	fixed	.722
EMP2: Willingness of nurses to respond to patients' complaints	.963	.073	13.40	.927
<b>RESPONSIVENESS (<i>CR</i>=.869; <i>AVE</i>=.768)</b>				
RES1: Availability of nurses to receive patients at all times	.881	.223	fixed	.777

RSP2: Helping patients even during odd hours

.871

.241

10.45

.759

**Notes:** CR=composite reliability; AVE=average variance extracted \*loadings significant at 1% **Source:**

**Field study (2015)**



The retained items for each construct, the standardized factor loadings,  $t$  values,  $R^2$ s, composite reliability (CR) and average variance extracted (AVE) values are shown in table 4.4. The positive and significant loadings indicate convergent validity of the measures (Boso et al., 2013). In addition, all CRs and AVEs computed for each construct were above the recommended thresholds of .60 and .50 respectively. Also, all AVEs were higher than the highest shared variance between the constructs, and thus signifying reasonable discriminant validity (Fornell and Larcker, 1981, cited by Boso et al., 2013). The inter-construct correlation results between the variables are shown in table 4.5.

**Table 4.5: Inter-construct correlations, and descriptive statistics**

Variable	Mean	SD	1	2	3	4	5	6	7
1 Reliability	4.07	.603							
2 Assurance	4.10	.764	.209**						
3 Tangibles	4.15	.726	.200**	.134*					
4 Empathy	4.13	.730	.288**	.196**	.235**				
5 Responsiveness	4.43	.667	.204**	.311**	.137*	.369**			
6 Employee satisfaction	4.27	.597	.135*	.204**	-.124*	.180**	.151*		
7 Employee commitment	3.88	.822	.136*	.203**	.139*	.243**	.172**	.535**	–

**Note**

1. Values above the diagonal represent shared variance between constructs
  2. †=highest shared variance between constructs
  3. \*. Correlation is significant at the 0.05 level (1-tailed).
  4. \*\*. Correlation is significant at the 0.01 level (1-tailed).
- Source: Field study (2015)**

#### 4.2.4 Common method bias

Given that data on the respective constructs for the study were provided by single informants, it became necessary to conduct further analysis to verify if such data collection method poses threat to data quality. In doing this, a one-factor model was

developed in LISREL by allowing all retained items after the CFA to load on one latent variable.

This analysis produced results:  $X^2(df) = 1427.75(119)$ ; RMSEA=.222; NNFI=.441; CFI=.511; SRMR=.173) which indicate poor fit to data, implying that the measures do not share one underlying concept, and thus signifies that common method bias does not sufficiently describe the data collected or pose threat to the quality of data collected for the study (Boso et al., 2014).

### **4.3 Structural model analysis**

The main focus of the study has been to evaluate employee satisfaction and employee commitment as antecedents to service quality in hospital service delivery system. This section of the chapter discusses the procedures followed in estimating the proposed relationships between these constructs, and also presents the results and the assessment of the hypotheses.

#### **4.3.1 Model set-up**

For parsimonious reasons, a multiple indicators multiple causes (MIMIC) model procedures were followed in estimating the proposed framework. This required that, a single indicant variable was created for the completely exogenous variable (i.e. employee satisfaction). In the case of the endogenous variables (i.e. service quality and employee commitment), full information was used.

However, since service quality was conceived as a multi-dimensional construct



(comprising of reliability, assurance, tangibles, empathy, and responsiveness – Parasuraman et al., 1988), it became necessary to develop a second order model to verify their theoretically supposed underlying concept (Bagozzi and Yi, 2012; Vieira, 2011). The results:  $X^2(df) = 106.60 (60)$ ; RMSEA=.059; NNFI=.963; CFI=.972; SRMR=.055; obtained indicate good fit to data and thus reveal that these subconstructs satisfactorily have one underlying concept, that is, service quality. Given this, single indicant variables were created by averaging the items on each subconstruct to obtain five measures for service quality.

After these treatments to the variables/constructs, five competing models (nested models) were developed and estimated to help evaluate the robustness of the study's proposed model. The structural equation modelling (SEM) specifications were as follows:

**Model 1** (baseline model) → service quality predicted by employee commitment and the control variables while constraining all other paths to zero.

**Model 2:** Model 1 plus path from employee satisfaction to service quality freely estimated.

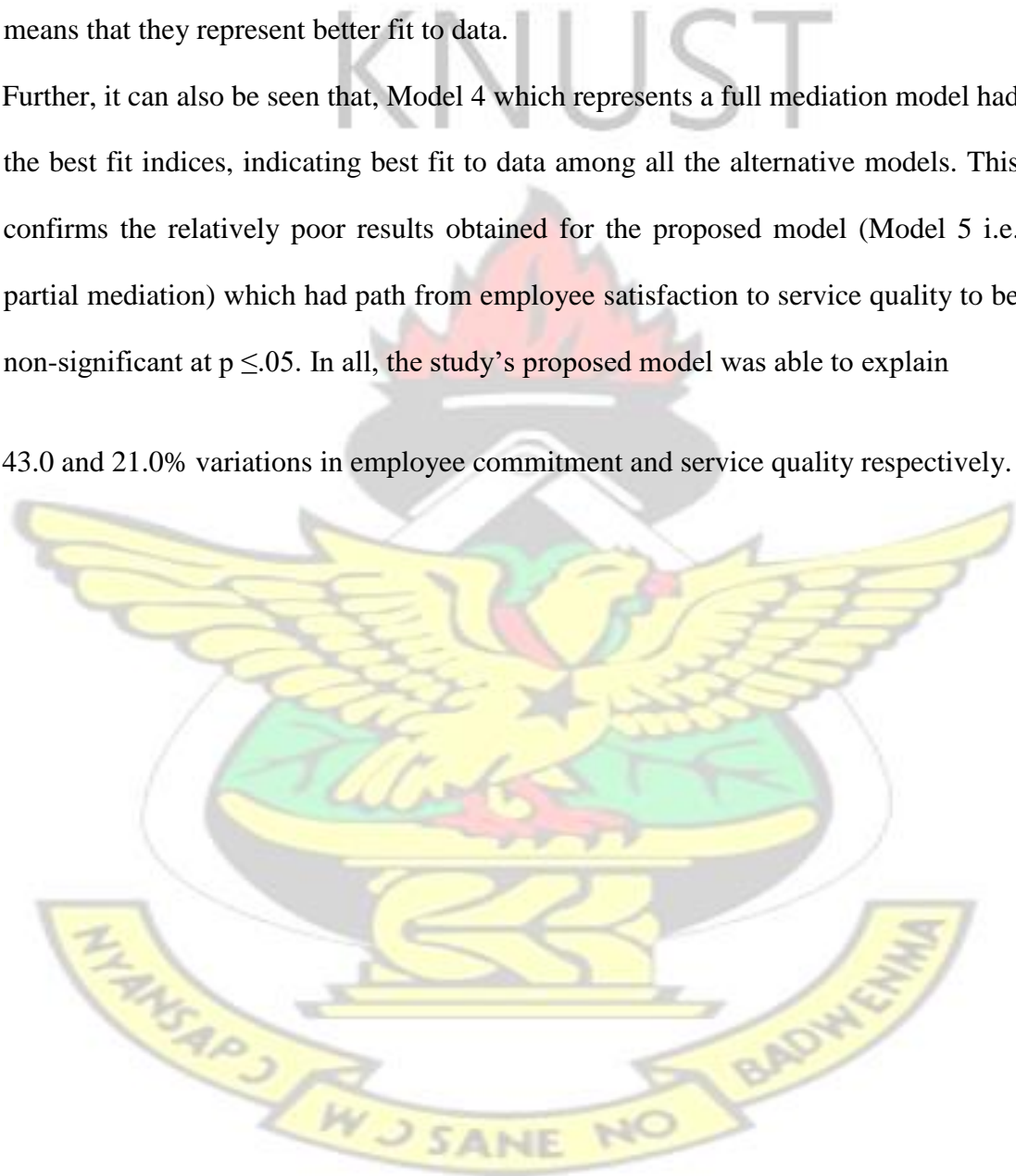
**Model 3:** All paths freely estimated except the path from employee commitment to service quality which was constrained to zero.

**Model 4:** All paths freely estimated except the path from employee satisfaction to service quality which was constrained to zero.

**Model 5** (proposed model) → all paths freely estimated.

In assessing the hypothesized paths, comparisons of the fit indices obtained were made in reference to the baseline model. Referring from table 4.6, it can be seen that baseline model (Model 1) and Model 2 yielded poor fits to data. However, Model 3, 4, and 5 estimated resulted in a significant change in Chi-square over the baseline model, which means that they represent better fit to data.

Further, it can also be seen that, Model 4 which represents a full mediation model had the best fit indices, indicating best fit to data among all the alternative models. This confirms the relatively poor results obtained for the proposed model (Model 5 i.e. partial mediation) which had path from employee satisfaction to service quality to be non-significant at  $p \leq .05$ . In all, the study's proposed model was able to explain 43.0 and 21.0% variations in employee commitment and service quality respectively.



**Table 4.6: Results from structural model estimation**

VARIABLES	Standardized coefficients									
	Model 1		Model 2		Model 3		Model 4		Model 5	
	Emp. Commit	S. quality	Emp. Commit	S. quality	Emp. Commit	S. quality	Emp. Commit	S. quality	Emp. Commit	S. quality
<i>Controls</i>										
Gender <sup>d</sup>	.04 (.550)	-.25 (-2.95)*	.04 (.55)	-.26 (-2.93)*	.03 (.53)	-.24 (-2.73)*	.03 (.55)	-.25 (-2.93)*	.03 (.55)	-.25 (-2.93)*
Years of service	.23 (3.19)**	-.01 (-.12)	.23 (3.19)*	-.00 (-.02)	.20 (3.39)*	.08 (1.00)	.20 (3.40)*	-.01 (-.10)	.20 (3.40)	-.00 (-.06)
<i>Hypothesized paths</i>										
Emp. satisfaction				.07 (.89)	.61 (9.79)*	.27 (3.13)*	.61 (9.79)*		.61 (9.77)*	.03 (.26)
Emp. commitment		.41 (4.01)*		.37 (3.70)*				.41 (4.03)*		.39 (3.14)*
<b>Fit indices</b>										
X <sup>2</sup> (df)	170.86 (49)		170.63 (48)		113.68 (48)		100.48 (48)		100.54 (47)	
ΔX <sup>2</sup> (Δdf)			.23 (1)		57.18 (1)**		70.38 (1)**		70.32 (2)**	
RMSEA	.106		.107		.078		.070		.071	
NNFI	.814		.810		.916		.931		.928	
CFI	.862		.862		.939		.950		.949	
SRMR	.126		.125		.074		.055		.055	
R <sup>2</sup>	6%	21.2%	6%	18.9%	43.1%	12.5%	43.1%	21.1%	43.0%	21.0%

Note

1. d=dummy variable: male =1, female=0
2. \* significant at 1%
3. \*\*significant at .005%
4. Critical t-values for hypothesized paths = 1.645 (5%, one-tail tests) **Source: Field study (2015)**

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#### **4.3.2 Results and hypothesis assessment**

Hypothesis one ( $H_1$ ) argued that employee satisfaction is related positively with service quality in a hospital service delivery system. Data collected and the subsequent analysis performed did not produce results that statistically support this hypothesis, given, given  $\beta = .03$ ;  $t = .26$ ,  $p > .05$ .

Hypothesis two ( $H_2$ ) stated that employee commitment is related positively with service quality in a hospital service delivery system. The results obtained from the study:  $\beta = .39$ ;  $t = 3.14$ ; statistically support this proposition.

Lastly, it was advanced that ( $H_3$ ) employee satisfaction is positively associated with employee commitment in a hospital service delivery system. The study produced results:  $\beta = .61$ ;  $t = 9.77$ ) which significantly support this hypothesis.

#### **4.4 Discussions of findings from the hypothesis test**

First of all, the findings of the study reveal that within the research context, the employee satisfaction does not directly relate to service quality. This finding of this present study does not support existing propositions and empirical findings. For example, literature had suggested that employee satisfaction is a significant factor when it comes to service quality (Hoffman and Ingram, 1992; Zeithaml and Bitner, 2000) since satisfied employees make customers happy (Zeithaml and Bitner, 2000).

Notwithstanding the above finding, the study reports that employee commitment significantly relates to service quality, such that employees who are more committed to their work are more likely to improve service quality. This finding provides support to extant findings and propositions. As argued by authors such as Grönroos (1984) and Singh (2000), employees in service firms are more likely to deliver quality to customers when they are more committed following positive management approaches to them and thus, they are more likely to treat customers the same way as the organisation treats them (Yagil and Gal, 2002). In relation to this, Malhotra and

Mukherjee (2004)'s study conducted in four call centres of a UK bank demonstrated that the organisational commitment of employees had a significant impact on their self-evaluated service quality performance.

Also, the study reports that employee satisfaction is directly related to employee commitment. This finding of the study is consistent with extant literature. For example, Boles et al., (2007) indicate that various facets of job satisfaction are more strongly related to organizational commitment. Also, Markovits et al., (2007) noted that affective organisational commitment was found to be most dominant with respect to levels of intrinsic and extrinsic employee satisfaction while Brown and Peterson (1993) point out that employee satisfaction is an antecedent to organizational commitment. The implication of this finding is that employees who are more satisfied with their job are more likely to be committed to their organization than those who do not get enough satisfaction from their job.

In sum, the study indicates that although employee satisfaction does not directly affect service quality, its effect passes through employee commitment which in turn affects service quality. This implies that, within the research context, employee commitment fully mediates the relationship between employee satisfaction and

service quality.

#### **4.5 Chapter summary**

This chapter focused on presenting the results and the findings of the study. It further provided discussions on the findings in relation to literature and objectives of the study. Specifically, the chapter reported that though employee satisfaction does not have a direct relationship with service quality, its effect is felt through employee commitment which then affects service quality. Thus, within the research context, employee commitment fully mediates the relationship between employee satisfaction and service quality.

In the subsequent chapter, the summary of the findings are presented in relation to the objectives of the study. Also, the conclusion of the study and the recommendations are also presented in the next chapter.

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## CHAPTER FIVE

### SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATIONS

#### 5.0 Introduction

This chapter presents the findings of the research to enable deductions to be made. The conclusions are drawn mainly from the research data keeping in mind the research objectives and questions set earlier. From the findings and conclusions, recommendations are thus made.

#### 5.1 Summary of findings

The main objectives of this study were to find out the effect of employee satisfaction on service quality, commitment on service quality and that of employee satisfaction on commitment. The objectives were studied through gathering and analysing relevant data via a number of statistical approaches.

The study proved that employee satisfaction does not have a positive effect on service quality in a hospital service delivery system. The study again put forth that commitment of employee has a positive effect on service quality in a hospital service delivery system.



In sum, the study indicated that though employee satisfaction does not directly affect service quality, its effect passes through employee commitment which in turn affects service quality. This implies that, within the research context, employee commitment fully mediates the relationship between employee satisfaction and service quality.

### **5.2.1 Effect of employee satisfaction on service quality**

Following the data analysis conducted, employee satisfaction was not found to have any effect on service quality delivery. Notwithstanding the result in this research context, there are first hand research conclusions as seen in the literature review making a claim that employee satisfaction has an effect on service quality. Thus from the perspective of the respondents in the study, their satisfaction levels with their job does not lead them to provide quality service to their clients.

### **5.2.2 Effect of employee commitment on service quality**

This objective of finding out the effect employee commitment had on service quality was proved to be positive. This means employees who are extra committed to their work are more likely to deliver quality service in performance of their duties.

### **5.2.3 Effect of employee satisfaction on employee commitment**

Employee satisfaction was found to have positive effect on commitment levels. Thus, the more an employee is satisfied with the job the more commitment will be exhibited toward work and the organization which in the end will culminate in quality of service.

In conclusion, even though employee satisfaction did not have a straight line relationship with service quality, its effect on service quality rather can be gained through employee commitment.

#### 5.2.4 Summary of hypothesis findings

Based on the theoretical framework developed, three hypotheses were formulated to guide the study. Out of this, one was not supported. The respective hypotheses, their results and conclusions are provided in table 5.1 below:

**Table 5.1: Summary of results on hypothesis test**

Hypothesis	Results	Conclusion
<b>H<sub>1</sub>:</b> employee satisfaction is related positively with service quality in a hospital service delivery system	$\beta = .03$ ; $t = .26$ , $p > .05$ .	Not supported
<b>H<sub>2</sub>:</b> employee commitment is related positively with service quality in a hospital service delivery system	$\beta = .39$ ; $t = 3.14$ ; $p < .01$	Supported
<b>H<sub>3</sub>:</b> employee satisfaction is positively associated with employee commitment in a hospital service delivery system	$\beta = .61$ ; $t = 9.77$ ; $p < .01$	Supported

**Source: Field study (2015)**

### 5.3 Conclusion

Employee satisfaction and commitment is undoubtedly a concern for most management of business organisations due to its enormous effect it can have on service quality levels especially on the part of frontline/customer-contact employees. As hospitals are fragile and timely services providers, the dissatisfaction of employees does not only decrease their contribution or involvement but also can increase intention to quit. Given this, the study focused on employee satisfaction and commitment as

antecedents of hospital service quality delivery. Through the model proposed, the following conclusions are drawn.

The study's results suggest that employee satisfaction of nurses does not directly bring about service quality provision in the hospital. Thus, if employees are satisfied with their work, it will not necessarily lead to improvement in their service quality delivery. It can further be concluded as the study established among other things that it is critical to achieve commitment from employees in order for service quality in a hospital service delivery system to be achieved.

Yet still, as the study revealed that having only satisfied employees cannot alone lead to delivery of service quality in a hospital delivery system, but, with commitment playing a mediating role it (satisfaction) can affect quality of service levels to be achieved on the part of nurses.

#### **5.4 Recommendations**

Centered on the findings of this study, the following recommendations are offered:

- It is essential to ensure that employees are satisfied with their work. For the hospital to achieve high service quality levels, the desires of the employee must be satisfied. Management should make it a priority of finding out what employees deem fit and want work related wise and personal desires.

- Management should also endeavour to ensure consistency in fostering relationship with employees and peer relationships (employee level) in order to attain forward thrust. As employee satisfaction and commitment are positive attitude towards work, through maintaining cordial relationship with employees, behaviours that are inclined to satisfaction and commitment levels will be developed by employees. Employees who attain high level support from the organisation are more likely to feel a positive attitude and obligation to repay the organisation in terms of affective commitment.
- Open and effective communication channels must be strengthened. This could affect /impede the proper flow of information flow which are essential for getting across to employees the standards set in meeting delivery of quality service. Information dissemination should not be seen to less or over loaded in between the channel.
- Employees on their part should see it as vital to adhere to the rules and regulations of the organisation. Through this, they will remain at peace with management and have clear conscience at the work place. Vice versa, favourable working conditions and environments such as good salary, job security and recognition among others must be seen to be available to the employees.
- It lastly recommended that jobs within the organisation be standardise across the various departments. The harmonisation of similar jobs and related tasks will prevent apathy and disgruntlement among employee. Standardising jobs

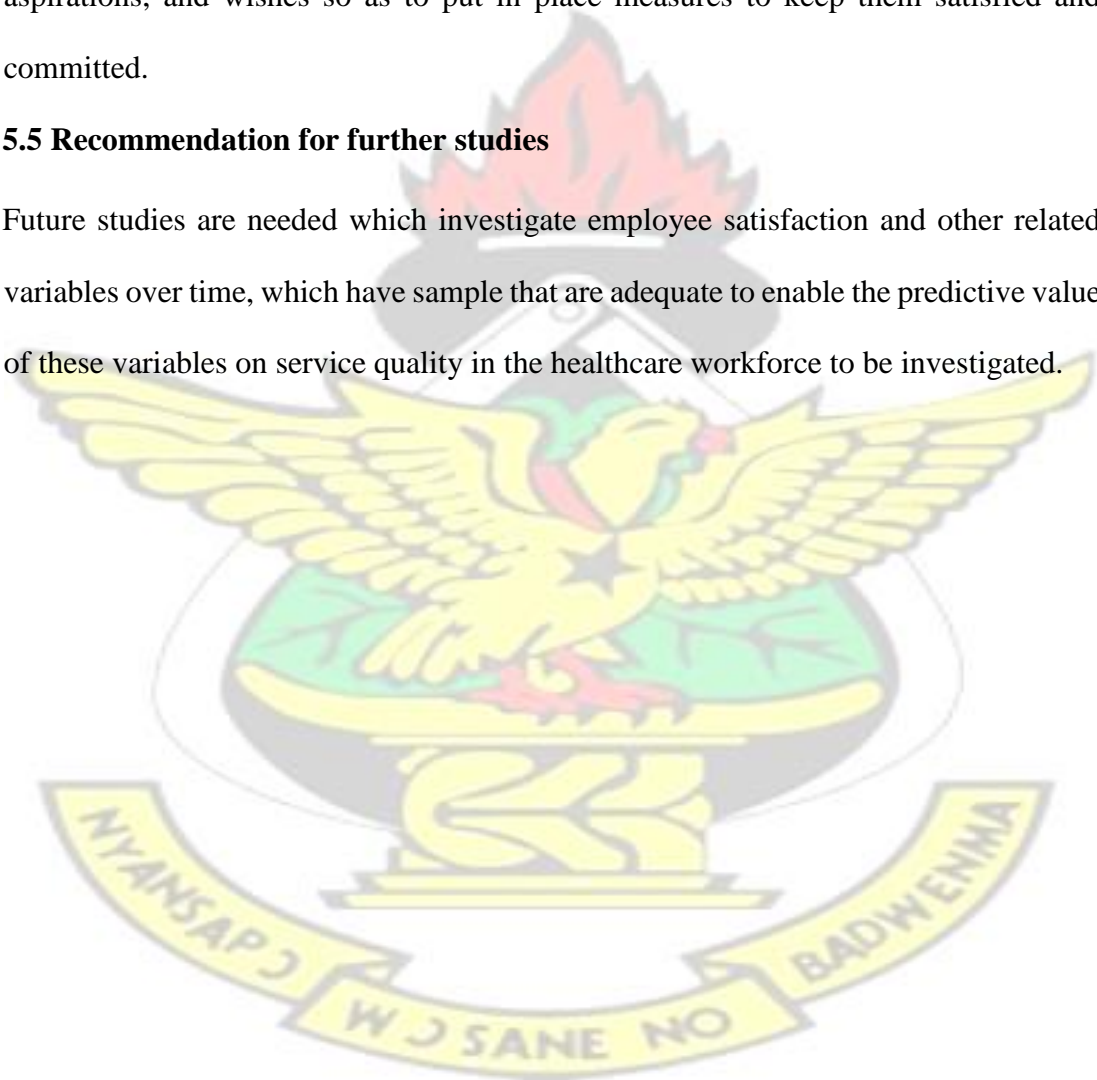


will in turn lead to job satisfaction and commitment resulting in higher levels of service quality. It will also provide frontline employees with a clear understanding of rules, policies, and procedures.

As the needs and expectations of employers and employees vary from organisation to organisation, it is hence, important for organisations to forecast employees' desires, aspirations, and wishes so as to put in place measures to keep them satisfied and committed.

### **5.5 Recommendation for further studies**

Future studies are needed which investigate employee satisfaction and other related variables over time, which have sample that are adequate to enable the predictive value of these variables on service quality in the healthcare workforce to be investigated.



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# KNUST



## SURVEY GUIDE (NURSES)

*Kindly select by ticking [✓] the box or column that best describes your opinion; also fill in the spaces provided where applicable.*

## PART A: DEMOGRAPHICS

3. Region ☐ Volta, ☐ Eastern,  
☐ Greater Accra, ☐ Central,  
☐ Western ☐ Ashanti,  
☐ Brong Ahafo, ☐ Northern,



[ ] Upper East, [ ] Upper West

4. Gender [ ] Male, [ ] Female

5. How long have you worked with the hospital?

[ ] under 5 years, [ ] 5-10yrs, [ ] 10-15yrs, [ ] 15-20yrs, [ ] more than 20yrs

## PART B: STAFF ASSESSMENT OF PATIENTS' EXPECTATION ABOUT SERVICE QUALITY

This section requires respondent to use a 5point Likert scale in indicating what they think patients' expectation and overall perception are about service quality.

i. **EXPECTATION: What do you think patients expect about quality health service?**

<b>EXPECTATION</b>		<b>EXPECTATIONS</b>				
<i>1= Not all important,, 2=Not important, 3=Neutral, 4=Important 5=Very important</i>		<i>How important do you think these items are to patients?</i>				
<b>RELIABILITY</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1.	Nurses and health assistants should ensure patients take their medication as prescribed					
2.	Nurses should be dependable when handling patients problems					
3.	Nurses should be people I can trust with patient's confidentiality					
4.	Nurses should ensure patients do not spend too much time waiting in queues and where there are delays explanations should be given					

<b>ASS URANCE</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
5.	Nurses should be courteous and friendly to patients					
6.	Nurses should be able to inspire trust and confidence in patients					
7.	Nurses must ensure medications are taken on time and that no mistakes are made with dosage					
8.	Nurses should create a friendly atmosphere for patients to feel safe and relaxed					
<b>TAN GIBLES</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
9.	Nurses should be well dressed at all times					
10.	The hospital must have modern medical equipment					
11.	The hospital must have visually attractive and comfortable physical facility (i.e chairs, beds, tables).					
12.	There should be appealing materials (i.e brochures, magazines, newspapers etc) to engage patients as they wait.					
13.	There should be directional signs to help patients with easy navigation					
14.	The hospital structures should be disability friendly					
<b>Empa thy</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
15.	Nurses should be patient when dealing with patients					
16.	Nurses should be willing to respond to patients' complaints					
17.	Nurses should take time to listen to patients					
18.	Nurses should remember names and faces of patients if necessary					
19.	Nurses should ensure patients feel good emotionally and psychologically					
<b>Resp onsiveness</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
20.	Nurses should always be ready to receive patients					
21.	Nurses should be willing to help patients even during odd hours					
22.	Nurses should have patients' interest at heart					
23.	Nurses should be concerned with patients' quick recovery					

**PART C: ASSESSMENT OF PATIENTS' PERCEPTION ABOUT SERVICE QUALITY**

This section requires respondent to use a 5point Likert scale in indicating what they think patients' overall perception are about the hospital's services.

- ii. **PERCEPTION: What do you think patients PERCEIVE the hospital's services to be?**

<b><u>PERCEPTION</u></b>		<b>PERCEPTION</b>				
1= Not all satisfactory , 2=Not satisfactory, 3=Neutral, 4=Satisfactory , 5=Very satisfactory		To what extent do you think patients are satisfied with these items				
<b>RELIABILITY</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1.	Nurses and health assistants ensure patients take their medication as prescribed					
2.	Nurses are dependable when handling patients problems					
3.	Keeping patient's confidentiality					
4.	Ensuring patients do not spend too much time waiting in queues and where there are delays explanations are given					
<b>ASS URANCE</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
5.	Being courteous and friendly to patients					
6.	Inspiring trust and confidence in patients					
7.	Ensuring medications are taken on time and that no mistakes are made with dosage					
8.	Creating a friendly atmosphere for patients to feel safe and relaxed					

TAN GIBLES		1	2	3	4	5
9.	Dressing and appearance of nurses					
10.	Availability of modern medical equipment					
11.	Existence of visually attractive and comfortable physical facility (i.e chairs, beds, table).					
12.	The use of appealing materials (i.e brochures, magazines, newspapers etc) to engage patients as they wait.					
13.	The use of directional signs to help patients with easy navigation					
14.	Ensuring hospital structures are disability friendly					
Empathy		1	2	3	4	5
15.	Patience displayed by nurses when dealing with patients					
16.	Willingness of nurses to respond to patients' complaints					
17.	Listening to patients concerns					
18.	Using patient's first names and remembering faces of patients					
19.	Ensuring patients feel good emotionally and psychologically					
Responsiveness		1	2	3	4	5
20.	Availability of nurses to receive patients at all times					
21.	Helping patients even during odd hours					
22.	Showing a sense of empathy and fellow feeling towards patients					

**PART E: EMPLOYEE COMMITMENT: How would you assess yourself using the following indicators?**

**Strongly disagree 1, 2, 3, 4, 5, strongly agree**

COMMITMENT		1	2	3	4	5
1.	It would be very hard for me to leave my organization right now.					



2.	I see myself as part of this organization.					
3.	I feel emotionally attached to this organization.					
4.	I feel bonded to this organization.					
5.	This is the best organization to work for.					
6.	I am not thinking of changing to another organization.					
7.	I will like to spend greater part of my working life in this organization.					
8.	I am proud to tell others about my work in this organization.					
9.	I believe that this organization has my interests at heart.					
10.	My organisation generally has employee interest at heart.					
11.	My supervisor's visibly demonstrates a commitment to quality.					
12.	Top management ensures that tools needed for work are available.					
13.	Top management visibly demonstrates their commitment to employee wellbeing.					
14.	Top management visibly demonstrates their commitment to customer satisfaction.					

## PART F: EMPLOYEE SATISFACTION

*To what extent do you agree with the following? Strongly disagree 1, 2, 3, 4, 5, strongly agree*

JOB SATISFACTION		1	2	3	4	5
1.	I enjoy my work most days.					
2.	My job is interesting and challenging					
3.	There is a lot of variety in my job					
4.	I enjoy working under less supervision					
5.	I feel the level of responsibility I am given is acceptable.					
6.	I have a clear understanding of my job responsibilities and what is expected of me.					

7.	The major satisfaction in my life comes from my job					
8.	I feel my opinion counts in the organisation.					
9.	I feel my colleagues treat me with respect.					
10.	I get a feeling of accomplishment from my job					
11.	I'm not likely to change my profession/ job					
12.	I'm more likely to recommend my career to others					
13.	I work in this profession because I love helping people					
14.	My motivation is being appreciated for helping save lives					
15.	I have no regrets joining this profession					

