A comparative study on physiotherapists’ job satisfaction in the private and public health facilities of Gauteng

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Dissertation submitted in partial fulfillment of the requirements for the degree Master of Business Administration at the Potchefstroom Business School, Potchefstroom Campus of the North-West University

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May 2015
ABSTRACT

Orientation: Job satisfaction, which is usually lower among healthcare workers than in other types of organisations, has a major influence on job-related behaviour, such as turnover, absenteeism, and self-reported job performance.

Research purpose: The aim of this study was to compare the level of job satisfaction between publicly employed and privately employed physiotherapists.

Research design: A non-probability research design was used to choose a convenient sample. One group was from the public sector and the other from the private sector all working in Gauteng Province (N=200). A structured self-administered Minnesota Satisfaction Questionnaire (MSQ) (Weiss, et al., 1967), validated by Ian Rothmann for South African circumstances, was identified for this purpose.

Main findings: There was a significant difference in support work value factor (supervision, company policies and practices) and work conditions work value (activity, independence, variety, compensation, security and working conditions) between publicly employed and privately employed physiotherapists. The privately employed had a higher mean value 3.59 and publicly employed a smaller mean value of 3.33 on support work value. The mean values of work conditions and value for publicly employed physiotherapists and privately employed physiotherapists were 3.44 and 3.84 respectively.

Practical implications: Managers should pay particular attention on the job satisfaction levels of employees in the public sector.

Value add: The study adds to the literature and also confirms that there is a difference between publicly employed and privately employed physiotherapists’ levels of job satisfaction.

Key words: Job satisfaction, Physiotherapists, Healthcare, human resource health and Gauteng Province.
ACKNOWLEDGEMENT

I hereby acknowledge my indebtedness to the following people who contributed immensely towards the successful completion of this study:

- Full credit to my study supervisor, Ms M Heyns, whose patience, valued encouragement, professional expertise, skilful and effective guidance made it possible for me to complete this study effectively.
- My family for providing me with continued sincere support and encouragement.
- Tlaleng Tsekeli for always being there for me.
- My friends and colleagues who always encouraged me.
- My MBA syndicate group members- Tulips, all the best.
- All the physiotherapists who sacrificed their time to complete the questionnaire.
- Mr Shawn Liebenberg for the statistical analysis.
- Ms Bronwyn King for the professional expertise on language editing and proof reading.
- And above all, to the Almighty God.
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LIST OF ABBREVIATIONS:

AIDS - Acquired Immunodeficiency Syndrome
ANOVA – analysis of variance
ERG - Existence, relatedness, and growth theory
Fac_Ach/ Factor_Ach - factor for achievement work value
Fac_Ind/ Factor_Ind - factor for independence work value
Fac_Rec/ Factor_Rec - factor for recognition work value
Fac_Sup/ Factor_Sup - factor for support work value
Fac_Work/ Factor_Work - factor for work conditions work value
GDOH - Gauteng Department of Health
GDP - Gross Domestic Product
$H_0$ - Null hypothesis
$H_1$ - Alternate hypothesis
HCW - Healthcare workers
HIV – Human Immunodeficiency Virus
HRH - Human Resource Health
HPCSA - Health Professions Council of South Africa
KR - Knowledge of Results
MSQ - Minnesota Job Satisfaction Questionnaire
NHI - National Health Insurance
PhD - Philosophiae Doctor
RSA - Republic of South Africa
SPSS - Statistical Package for the Social Sciences
WHO - World Health Organisation
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1. CHAPTER I: NATURE AND SCOPE OF THE STUDY

1.1 INTRODUCTION

South Africa’s health system is passing through a period of transformation. Since the advent of the new democracy, the Ministry of Health has been working on a comprehensive health reform programme. One of the aims of the health reform programme is to strengthen healthcare management, but human resource management is still not what it should be, and many of the healthcare providers have been collectively voicing dissatisfaction with their jobs (Eker et al., 2004: 500).

The results of a study done in Turkey conducted by Bodur (2001: 354) showed that the healthcare workers in public health centre had low satisfaction levels. Similarly, in another study of a group of 855 dentists, the researchers found that only 41% of the respondents reported satisfaction with their job (Sur et al., 2004: 157). Similar studies in South Africa have been done in recent years were healthcare workers showed low job satisfaction levels. A study by Ramasodi (2010: 53) done at South Rand hospital in Johannesburg showed that 79.6% of participants were not satisfied with their jobs, and there was no association between job satisfaction and socio-demographic characteristics. Variables such as opportunity to develop, responsibility, patient care and staff relations were found to be significantly influencing job satisfaction and there was a significant positive medium association between job satisfaction and opportunity to develop, responsibility, patient care and staff relations for both clinical and clinical support staff.

The healthcare industry requires a more skilled workforce today as a result of advancement in medical technology and demand for more sophisticated patient care. Job satisfaction among healthcare professionals is increasingly being recognised as a measure that should be included in a quality improvement programme; low job satisfaction can result in increased staff turnover and absenteeism, which could affects efficiency of health services.

There are disparities between private and public employers, the former is known to be well resourced and pays higher salaries, relative to the latter. Regardless of this we still have physiotherapists that prefer to stay on the public system. The government has
been working very hard to try and attract more physiotherapists from the private sector. Despite some definite measures that have been undertaken by the South African government to retain all healthcare professionals, such as the introduction of the scarce skills allowance, prioritising the training of more health professionals and improving their salaries (South African Human Resource Health Plan, 2006), their turnover continues to be relatively high and steady (Dovlo & Martineau, 2004). In the case of physiotherapists, the Gauteng Department of Health (GDOH) Annual Report of 2002/3, which is the only recent report that specifically presents a breakdown of allied health professional turnover rates by profession, reported a 28% turnover rate in Gauteng between April 2002 and April 2003 (GDOH Annual Report of 2002/3) - a figure which was the highest amongst all other allied health professions in the province.

As the South African population grows and ages, improving rehabilitation services is one of the most important issues facing governments in the recent years. Currently rehabilitation services are provided by both public and private health sectors and very few non-profit organisations. Currently a physiotherapist is certified in physiotherapy after a four year university based training degree course and one of compulsory community service at a public health facility. There after he or she can continue to work in the public sector or join private practice where one can open a practice or join an already established one. If the job satisfaction level and determinants are identified, necessary action can be taken to increase levels of satisfaction and consequently improve the quality of rehabilitation services on offer to the public.

1.2 BACKGROUND TO THE STUDY

Employees who are satisfied with their jobs perform better. The efficient performance of tasks and duties by employees in service industries, like healthcare, are therefore of utmost importance. If the worker is not experiencing job satisfaction, the chances are that it will reflect on the quality of service the organisation can deliver and subsequently customers, patients in the case of the healthcare sector, will not be pleased. Unhappy customers are willing to neither return nor refer other potential clients to the organisation. This greatly affects the organisation’s overall performance as a trade with no client is as good as non-existent.
Physiotherapists are currently functioning in a more demanding environment than in any previous periods. This is due to multiple reasons such as a growing population, prolonged life, and the increase in the burden of diseases such as HIV/AIDS and lifestyle changes. As middle class grows in South Africa, individuals tend to adopt a less active lifestyle which makes it easier to suffer from conditions such as high blood pressure which can lead to a stroke. This puts a strain on the inadequate number of physiotherapists that are already under a lot of pressure.

Having experienced colleagues that are highly skilled, unsatisfied and choosing to migrate to other countries or sectors of the economy, I have developed an interest in how to enhance the skilled individual’s job satisfaction in order for our country to retain them.

1.3 PROBLEM STATEMENT

The scarcity of healthcare professionals in South Africa is one of the biggest threats to the country’s ambition to eventually roll-out equitable universal access to healthcare for all its citizens.

The shortage of suitably qualified and experienced healthcare professionals is one of the biggest challenges facing the healthcare industry worldwide, not just in South Africa or in other developing countries. Healthcare professionals migrate to places that offer better career prospects. The effect of this brain drain phenomenon has huge consequences to South Africa. This results in lost production and export of human capital in the form of education, training and experience. This ultimately affects the GDP of the country negatively.

A further cost to the country is in terms of the increased price/wage for skilled and professional labour as a result of emigration leading to a decrease in supply.

According to the 2013 Delloite Report on healthcare, the root cause of the shortage is the same that is helping push up healthcare costs. Ageing populations in developed countries, and improving life expectancy in emerging markets and developing economies, drive the increase in demand for healthcare services and South Africa is no exception (Delloite, 2013).
The health worker density in most sub-Saharan countries is well below the World Health Organisation (WHO) threshold of 2.3 physicians, nurses and midwives for every 1,000 people. This is considered to be the minimum number of healthcare workers required to deliver essential health services (WHO, 2013).

The loss of healthcare workers is acutely felt in a country like South Africa. In health facilities already faced with staff shortages and unfilled vacancies, the migration of existing staff adds to the workload of those who remain, increasing their caseloads and leading to fatigue, loss of motivation and eventual burnout. These pressures provide an impetus for remaining workers to themselves migrate out, extending the vicious spiral. Healthcare, as a very specialised, industry lacks adequate personnel with high levels of skills and experience. It is therefore crucial to identify the critical aspects that will retain skilled employees. One of those aspects is definitely job satisfaction. For this reason, this study sought to comparatively assess the job satisfaction between private and public physiotherapists in Gauteng Province so as to analyse the influence of the critical elements on satisfaction. Gauteng province was chosen for the study as it has the highest number of registered practicing physiotherapists. The Health Profession Council of South Africa (HPCSA) had a total of 6584 registered physiotherapists by January 2014, 2342 were from Gauteng (HPCSA, 2014). That is the highest number of physiotherapist per province at 35%, followed by Western Cape at 1686 (25.61%) (HPCSA, 2014).

The following questions arise from the discussion:

- Which factors influence job satisfaction among physiotherapists in Gauteng Province?

- Is there a difference in the job satisfaction level of between privately employed and publicly employed physiotherapists?

- Are there any associations between job satisfaction and socio-demographic characteristics among physiotherapists in Gauteng Province?
1.3.1 Expected contribution of the study

In this study, both global satisfaction and different dimensions of satisfaction will be evaluated. The results of this study can be used to better formulate the policy changes that the health sector is experiencing. The introduction of the National Health Insurance (NHI) has seemed to have unsettled most healthcare workers with regards to their career prospects in the healthcare services. This study attempts to understand how physiotherapists from different sectors experience job satisfaction. This can be used as a baseline measure prior to the implementation of the NHI.

1.4 RESEARCH OBJECTIVES

The research objectives are divided into general objectives and specific objectives.

1.4.1 General objective

The general objective of this research is to compare and contrast the level of job satisfaction of physiotherapists in private and public health facilities in Gauteng Province.

1.4.2 Specific objectives

The specific objectives of this research are:

- To do a literature survey on job satisfaction
- To assess the level of job satisfaction of physiotherapists in the private sector
- To assess the level of job satisfaction of physiotherapists in the public sector
- To compare the job satisfaction of public sector and privately employed physiotherapists
- To make recommendations to policy makers on health human resource.

1.4.3 Research hypothesis

From this study, the null hypothesis \( (H_0) \) stated that there is no difference in job satisfaction between private and public employed physiotherapists in Gauteng Province.
The alternate hypothesis ($H_1$) stated that privately employed physiotherapists have higher job satisfaction than publicly employed physiotherapists in Gauteng Province.

1.5 SCOPE OF THE STUDY

This study took place in Gauteng Province. The population considered for this study consisted of all the physiotherapists registered with the Health Professions Council of South Africa working in Gauteng Province at the time of the study. The main discipline under investigation is Organisational Behaviour and Human Resource Health (HRH) management. The study covered those interventions that can be put in place to redress shortcomings in the enhancement of job satisfaction.

1.6 RESEARCH DESIGN

1.6.1 Research Approach

In terms of the quantitative research approach, the researcher’s role is that of being an impartial, detached and unbiased observer whose involvement with the field of study is restricted to what is required to obtain data. The focal point of the investigation is explicit questions or a hypothesis that remains invariable throughout the study (De Vos et al., 2005: 73).

Denzin and Lincoln (1994) define quantitative research methods as those that emphasise the measurement and analysis of causal relationships between variables within a value-free context (in Welman et al., 2005: 8). The way data or information collected is applied in a standardised manner, for example, all respondents answer the same questionnaire.

A quantitative research method has therefore been selected to meet the objectives of this study.
1.6.2 Phases of the study: Analysis of the Literature and Empirical Study

This research is conducted in two phases namely, phase 1 which is the literature review and phase 2 which is empirical study.

1.6.2.1 Phase 1: Literature review

A review of related literature can provide the researcher with important facts and background information about the subject under study such a review also enables the researcher duplicating previous research (Welman et al., 2005: 39).

In order to conduct meaningful research with important facts and background information in this study, a thorough analysis of the existing literature will be presented. Current literature will be analysed to determine the job satisfaction of employees with a specific interest on healthcare workers.

In phase 1 a complete review regarding the topic will be done. The sources that will be consulted include:

- Journal articles
- Textbooks
- Academic internet articles using databases such as EBSCO HOST, J STOR, Emerald, GOOGLE Scholar etc.
- Academic papers presented at conferences.

Key words that will be used include healthcare workers, job satisfaction, job commitment, job motivation, physiotherapy.

1.6.2.2 Phase 2: Empirical Study

1.6.2.2.1 Research Design

When research is conducted to investigate a research question, data is collected from the objects of the study in order to solve the problem concerned.

According to Welman et al. (2005: 52), a research design is the plan according to which we obtain research participants and collect information from them. They further highlight that in the research design we describe what we are going to do with the participants, with a view to reach conclusions about the research problem or question.
There is a conflicting view among different authors on what the meaning of the term *research design* is. One such different view, is held by De Vos *et al.* (2005: 133) as they defined it as only the compact formulas, such as case studies, surveys and classic examples. Some define as the overall plan for conducting the whole research study.

For the purposes of this study the term research design refers to the groups of formulae from which researchers can select or develop a formula suitable to their particular research goals and objectives.

This study assumes a quantitative approach, since the researcher is primarily interested in comparing levels of job satisfaction between different groups.

### 1.6.2.2.2 Sampling

A population is the full set of cases from which a sample is taken (Welman *et al.*, 2005: 53). A population is a group of potential participants to whom we want to generalise the results of the study. Therefore a sample is selected from the population. This sample must be a representative of the population being studied. By representative it is implied that the sample has the exact population from which it was drawn, but in smaller numbers (Welman *et al.*, 2005: 55).

A non-probability research design was used to choose a convenient sample. All participants are physiotherapists who work in the Gauteng Province region but don’t have to necessarily reside in the province. One group will be from the public sector and the other from the private sector. A list of facilities employing physiotherapists was obtained from the HPCSA, Gauteng Health Department and the medpages website. The medpages website contains a directory of health professionals and health facilities in each province of South Africa. The sample selection process was continued until a sample size of 200 respondents was reached. This number consists of 100 respondents from the public health facilities in the sub-sample group and other sub-sample group consists of 100 respondents from private health facilities all in Gauteng. Since a non-probability convenience sample was used in this case, it is acknowledged that findings are applicable to the sample groups but cannot necessarily be registered to the larger population.
1.6.2.2.3 Data collection tool

A structured self-administered questionnaire was used to collect the data from participants. It consisted of two sections. Section A comprised the socio-demographic characteristics consisting of fourteen items, while section B was adapted from an already existing research questionnaire. It consisted of job satisfaction statements measured on a five point Likert scale (‘strongly satisfied/ strongly agree’ to ‘strongly dissatisfied/ strongly disagree’). The value of two was given to the highest level of job satisfaction (‘strongly agree’) and the value of minus two to the lowest possible level of job satisfaction (‘strongly disagree’).

The other values were then recorded as follows: ‘strongly agree’ and ‘agree’ will be given a value of 1, while ‘strongly disagree’ and ‘disagree’ will be given the value of minus one.

After a thorough review of the literature, a suitable previously validated job satisfaction questionnaire was identified. The Minnesota Satisfaction Questionnaire (MSQ) (Weiss, et al., 1967), validated by Ian Rothmann for South African circumstances, was identified for this purpose. It is not unusual to use questionnaires from previous studies to collect data, but its reliability and validity has to be established for the current study as well.

Buitendach and Rothmann (2009: 6) state that the MSQ is a reliable instrument to assess the extrinsic and intrinsic job satisfaction of employees in South Africa and recommend that its two subscales of extrinsic and intrinsic job satisfaction be used to assess the level of job satisfaction of employees.

The MSQ ensures anonymity of the participants. As for the ethical considerations for the study, the questionnaire made it clear that:

- Participation in response to the questionnaire is voluntary without any implied deprivation or penalty for refusal to participate;
- The utmost care was taken to protect the participants’ privacy and dignity;
- No indications need to be given with regard to the identity of the employer or employee at all

The questionnaire comprises of closed questions which offer the respondent a range of answers to choose from, in a form of a show card. The respondent is asked to tick or circle the appropriate boxes.
The first part of the questionnaire covers the demographic data, and then the second part of the questionnaire is themed around the nature of work, rewards of a job, knowledge and skills, being part of a team, salary and promotion.

1.6.2.2.4 Data collecting method
Data collection was collected between April and May 2014. The researcher was personally responsible for the distribution and collection of all questionnaires. Data was then captured electronically for the purpose of analysis.

The validity of this study depends on whether the measuring device will provide content validity in that it will present an adequate, or representative, sample of all content or elements that are researched (Welman, et al., 2005: 142).

The measurement instrument should consequently be able to yield consistent results each time it is applied, only fluctuating when there are variations in the variable being measured (Welman, et al., 2005: 146). The questionnaire does measure aspects of job satisfaction and has been previously validated within a South African workplace context as such has been proven to be reliable as it offers stability and consistency in measuring employee satisfaction.

1.6.2.2.4 Statistical analyses
Data will be analysed quantitatively. The Statistical Package for the Social Sciences (SPSS 2013 version 21, release 21.0.0) for statistical analyses will be used. Descriptive statistics will be used to analyse the results. Measures of central tendency will include the mean, median, range and mode on analysis of the data. To measure the variation in the data, statistics will include coefficients of variation, t-test, Cohen’s d-values, ANOVA and coefficients of correlation covariance to enable conclusions and recommendations to be made regarding any differences or similarities between private and public employed physiotherapists’ job satisfaction.
1.7 LIMITATIONS OF THE STUDY

This study is limited to physiotherapists registered with the Health Professions Council of South Africa who work in Gauteng Province and cannot be compared to employees not working in this profession or physiotherapists working in other provinces and countries. The objective of the study is to only comparatively study the job satisfaction of physiotherapists in the public and private health facilities in the Gauteng Province.

1.8 ETHICAL CONSIDERATIONS

Confidentiality of information provided by participants will remain. No participants will be identified by their name on the questionnaire. All participants who take part will have to sign an informed consent and participate in the study voluntarily. Participants can wish to withdraw at any time during the study.

1.9 CHAPTER DIVISION

The layout of the study will progress in the following order:

CHAPTER I: NATURE AND SCOPE OF THE STUDY.

CHAPTER II: LITERATURE REVIEW.

CHAPTER III: EMPIRICAL RESEARCH.

CHAPTER IV: ANALYSIS AND INTERPRETATION OF THE QUANTITATIVE SURVEY DATA.

CHAPTER V: CONCLUSION, RECOMMENDATIONS AND LIMITATIONS.
1.10 CHAPTER SUMMARY

The chapter covered an overview and introduction to the study. The problem statement, research objectives, the scope of the study, research methodology, limitations and chapter layout were covered.

The following section, chapter 2, will focus on the literature review relevant to our research.
2. CHAPTER II: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter focuses on the nature of job satisfaction, exploring the views of different researchers on the nature of job satisfaction and what it involves. It also focuses on the different theories of job satisfaction with the aim of identifying those factors which influence job satisfaction. Since the ultimate aim is to assess and compare the job satisfaction levels of physiotherapists, the role of physiotherapists in the South African health sector will be dealt with.

Job satisfaction is one of the important determinants of healthcare professional’s retention and work engagement, and may affect work performance. Getting people involved and motivated for excellence at work is key to effective work performance. It is therefore instrumental to understand the domains of work that are important for job satisfaction among clinicians (Bhatnager & Srivasta, 2012: 75).

Job satisfaction is important in predicting systems stability, reduced turnover and worker motivation. If motivation is defined as the willingness to exert and maintain effort towards attaining organizational goals, then well-functioning systems should seek to boost factors such as morale and satisfaction, which predict motivation. A survey of ministries of health in 29 countries showed that low motivation was seen as the second most important health workforce problem after staff shortages (Mathauer & Imhoff, 2006: 24).

Previous African studies have identified the most important human resources tools to manage job satisfaction. These include materials, salary, training, the working environment, supportive supervision and recognition (Mathauer & Imhoff, 2006: 24). These findings are relatively consistent with those of the Uganda Health Workforce Study, where the effects of several occupational related factors were evaluated to according to their relative importance in predicting job satisfaction. In order of importance, the following were the most significant contributors to overall satisfaction: job matched with workers’ skills and experience, satisfaction with salary, satisfaction
with supervisor, manageable workload and job security (Uganda Ministry of Health, 2007).

A review of previous research done in Africa suggests that salary increases and other improvements in compensation, in the context of highly inadequate pay and benefits, may indeed contribute to workforce retention (Kober & Van Damme, 2006:13). However early theory in employee satisfaction and motivation identified reimbursement as a “hygiene” factor rather than a motivation factor, meaning that basic salary satisfaction must be present to maintain on-going job satisfaction. This on its own does not provide fulfilment and thus an increased salary will not translate to an increasing level of job satisfaction.

Against this background, it is important to look at the meaning of job satisfaction as defined by different authors.

2.2 THE NATURE OF JOB SATISFACTION

Job satisfaction is a crucial, multi-dimensional, and widely researched concept in the field of organisational behaviour (Pietersen, 2005: 19). Thus job satisfaction of an employee is a topic that has received considerable attention by researchers and managers alike. The most important information to have regarding an employee in an organisation is a validated measure of his or her level of job satisfaction (Roznowski & Hulin, 1992). It will be advantageous for managers, supervisors, human resource specialists, employees, and citizens in general to be concerned with ways of increasing job satisfaction (Gautam et al., 2006: 18).

The term ‘Job Satisfaction’ was brought to light by Hoppock (1935). Since then, job satisfaction has been defined in a variety of ways. Mobley and Locke (1970: 486) said that ‘job satisfaction and dissatisfaction are functions of the perceived relationship between what one expects and obtains from one’s job and how much importance or value one attributes to it.’ Job satisfaction is also defined as a pleasurable or positive state of mind resulting from the individual’s appraisals of their job and job related experiences (Locke, 1976: 1300; Locke, 1970: 462).
Robbins (2001) defines job satisfaction as a set of favourable and unfavourable feelings and emotions that employees have towards their work and it is a function of the perceived relationship between the amount of rewards employees receive and the amount they believe they should receive.

Schneider and Snyder (1975: 318), on the other hand, defined job satisfaction as a personal evaluation of conditions present in the job, or outcomes that arise as a result of having a job.

Job satisfaction may simply be described as how people feel about their job and the different aspects of their job. It is the extent to which people like (satisfaction) or dislike (dissatisfaction) their job (Spector, 1997: 2).

Job satisfaction can be described as the pleasurable, emotional state caused by a person’s job appraisal when achieving or facilitating the achievements of one’s work values. It is described as an effective response to specific aspects of the occupation and, as job satisfaction has a huge impact on productivity, it is very important to any organisation. Therefore, job satisfaction can be seen as an attitude eliciting an expression of feeling toward an object, that is, one’s work (Ermel, 2007: 5).

According to McShane and von Glinow (2010: 108), job satisfaction is a person’s evaluation of his or her job and work context and an appraisal of the perceived job characteristics, work environment, and emotional experiences at work.

Quick and Nelson (2009: 123) define job satisfaction as an attitude that employees have towards their job. It can also be described as an employee’s affective or emotional responses toward various aspects of their job (Mercer, 1997: 37).

Bhuian and Menguc (2002: 8) explain the concept as an attitude that individuals have about their job. They describe it as the extent to which one feels positively or negatively about the intrinsic and/ or extrinsic aspects of one’s job.

Job satisfaction is an emotional reaction to a job, resulting from an employee’s evaluation of actual results and required results (Rothmann, 2001: 41). It is usually explained in terms of relational (i.e. a person’s relational component to a desirable or undesirable outcome) and dispositional dimensions (i.e. inherent attributes of the individual) (Rothmann, 2001:41).
Job satisfaction is also described as the degree of positive, affective orientation towards an occupation (Abushaikha & Saca-Hazboun, 2009: 191).

Following these definitions, various aspects can be identified that may play a role in a healthcare services-orientated environment.

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional reaction (positive or negative) to the similarities between personal and work values</td>
<td>Spector (1997: 3)</td>
</tr>
<tr>
<td>Perceived relationship between what one expects and obtains from one’s job. For example, incentives and rewards</td>
<td>Mobley and Locke (1970: 486)</td>
</tr>
<tr>
<td>Pleasurable or positive state of mind resulting from an appraisal of one’s job or job experiences.</td>
<td>Locke (1976: 1300)</td>
</tr>
<tr>
<td>Favourable and unfavourable feelings and emotions with which employees view their work.</td>
<td>Robbins (2001)</td>
</tr>
<tr>
<td>A personal evaluation of occupational conditions.</td>
<td>Scheider and Snyder (1975: 38)</td>
</tr>
<tr>
<td>Pleasurable, emotional state caused by a person’s job appraisal when achieving or facilitating the achievements of one’s work.</td>
<td>Emerl (2007: 5)</td>
</tr>
<tr>
<td>A person’s evaluation of his/her job and work context. Appraisal of the perceived job characteristics.</td>
<td>mcShane and von Glinow (2010: 108)</td>
</tr>
<tr>
<td>Attitude that employees have towards their job.</td>
<td>Quick and Nelson (2009: 128)</td>
</tr>
<tr>
<td>Extent to which one feels positively or negatively about the intrinsic and/or extrinsic aspects of one’s job.</td>
<td>Bhumian and Menguc (2002: 8)</td>
</tr>
<tr>
<td>Employee evaluation of actual results and required results.</td>
<td>Rothmann (2001: 41)</td>
</tr>
<tr>
<td>Degree of positive, affective orientation toward a job.</td>
<td>Abushaikha and Saca-Hazboun (2009: 191)</td>
</tr>
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</table>
From the above explanations or definitions of job satisfaction, it emerges that there are as many definitions and descriptions of the concept as there are commentators. Nevertheless, it can be concluded that there are important elements common to all the views on job satisfaction, namely:

- Job satisfaction is a human phenomenon, and no two individuals may be equally satisfied by the same factors.
- Job satisfaction results from the feeling, attitudes, and emotions towards one’s job.
- Job satisfaction can be affected by external and internal factors.
- Job satisfaction or dissatisfaction does play a major role in how an individual performs their job.
- An employee’s job satisfaction can be measured or evaluated.

For the purpose of this study, job satisfaction will be regarded as a positive feeling and, attitudinal and emotional state that physiotherapists experience when their work is in harmony with their expected needs and values.

2.3 APPROACHES TO JOB SATISFACTION

Motivation and job satisfaction are two different phenomena. Motivation is defined as a mental function or instinct that produces, sustains and regulates behaviour in humans and animals (Webster’s Universal Dictionary, 2007: 319). Simply put, it is a sustained and regulated drive to perform certain behaviour(s). Therefore, work motivation is the drive to perform work and job satisfaction, as already discussed, is largely concerned with the affective emotions that employees have towards their work. It is no coincidence that the two topics are frequently associated because motivation is a process that may lead to job satisfaction. Thus, satisfaction is about contentment when a need is satisfied. It is also interesting to note that the central focus of many motivational theories is needs and how they can be satisfied in the workplace. Understanding job satisfaction first requires a consideration of what motivation entails.
2.3.1 Motivation and job satisfaction

Motivation stimulates people to act in a goal-directed way. If employees are motivated to work, they will work, and the opposite is also true. If employees are not motivated, they will not work or won’t do work as required. In psychology, motivation is defined as a dynamic factor that directs behaviour toward an objective (Bruno, 2013: 136). Atkinson (1964: 2) defines motivation as “the contemporary (immediate) influence on direction, vigour, and persistence of action”, while Vroom (1964: 6) defines it as “a process governing choice made by persons… among alternative forms of voluntary activity”. Mwamwenda (1996:259) and Daft and Noe (2001:162) regard motivation as an energising factor or inner urge that directs human behaviour in a way that attempt to satisfy a person’s needs. McShane and von Glinow (2010: 132) define motivation as the force within a person that affects the direction, intensity, and persistence of voluntary behaviour.

Furthermore, Mwamwenda sees motivation as serving the purpose of establishing and maintaining a state of balance or equilibrium in the individual. However, Mwamwenda (1996:259) asserts that motivation does not refer to inner drives only, but also to external stimuli that can influence an individual in a beneficial or adverse way. Therefore, motivation can lead to job satisfaction or job dissatisfaction. Like Owens and Mwamwenda, Luthans (1998:161) defines motivation as a process that begins with a physiological or psychological deficiency or need that stimulates behaviour or a drive aimed at a goal or incentive. Similarly according to Geen (1994), motivation refers to the initiation, direction, intensity, and persistence of human behaviour.

The connection concerning motivation and job satisfaction can be clearly separated and linked from the above definitions of motivation. Seemingly, employees derive satisfaction from their work if their needs are satisfied. In other words, employees derive more job satisfaction if their expectations about their job are confirmed. Work motivation, therefore, involves assisting employees to develop a positive attitude towards their work (Mosikidi, 2012: 22). In fact, motivation and emotion are so intertwined that it is often difficult to separate their individual effects.

These and other definitions have three common denominators. They are all principally concerned with factors or events that energize, channel, and sustain human behaviour over time. In various ways, contemporary theories of work motivation derive from efforts
to explicate with increasing precision how these three factors interrelate to determine behaviour in organisations (Shapiro et al., 2004: 379).

The apparent relationship between motivation and job satisfaction makes it essential in this research to give a summary of the notion of job satisfaction by using a few examples of motivation theories. The various theories of motivation are important to healthcare managers because they help to understand the physiotherapist’s needs and how these needs can be gratified in a manner that ensures the realisation of the physiotherapist’s goals while enhancing the physiotherapist’s job satisfaction in a healthcare environment.

2.3.1.1 Theories of job satisfaction

As may be anticipated, there is no simple response to what causes employees to pursue certain goals. Over 50 years ago, White (1959: 298) argued that people can be motivated by more than simple drives to fulfil physiological needs, or “tissue needs”. White urged psychologists to consider the relevance of motivations that propel people toward a sense of competence- or effectance motivations; and further highlights that people are compelled to engage their immediate environment in ways that produce effective outcomes (Compton & Hoffman, 2013: 33). In his view, people are driven to engage with the world in ways that give them a sense of competence and accomplishment that go beyond the basic meeting of physiological needs (Compton & Hoffman, 2013: 33).

Contemporary classification on theories of motivation divides them into three i.e., process, content and reinforcement theories (Swanepoel et al., 2003:324). Where content motivation focuses on what motivates and individual and process theories attempt to describe and analyse how people are motivated, that is, how behaviour is aroused, directed and sustained (Werner, 2011: 85).

Reinforcement theories focus on investigating how people can be conditioned to display desired behaviour. The emphasis is on how employees learn the desired and accepted workplace behaviour (Swanepoel et al., 2003:325). The following sections will discuss some of the theories associated with motivation.
2.3.1.1.1 Content theories of motivation

Content theories focus on the question of what stimulates, sustains and regulates goal directed behaviour i.e., the particular things that motivate people. They offer ways to profile or analyse individuals to identify their needs.

Noticeable theories include the role of Maslow’s (1954) hierarchy of needs, the role of intrinsic and extrinsic determinants of job satisfaction as highlighted by Herzberg (1959) and the need for achievement as illustrated by McClelland’s theory (1985). One can rightly argue that other theories need to be considered such as Murray (1938) who focuses on the role of personality, Deci and Ryan (1985) who also refer to intrinsic and extrinsic needs and Nordenfelt (1993) who argues that needs are not necessarily in a hierarchy, but that the importance of these needs to each individual should be investigated.

Often criticised as being static and descriptive, Maslow, Herzberg and McGregor appears to be linked more to job satisfaction than to work effort, whereas McClelland lists the forces and drives that will vary in relation to different individuals.

(i) Maslow’s hierarchy of needs theory

Maslow’s hierarchy of needs theory is arguably one of the most widely known motivation theories in organisational behaviour. Developed by psychologist Abraham Maslow in the 1940s, the model condenses and integrates the long list of needs previously studied into a hierarchy of five basic categories (from lowest or most basic needs to higher order of needs) (McShane and von Glinow, 2010: 136):

The basic need is for survival and is physiological which is concerned with the need for food, air, water, shelter, and the like. Safety is the need for a secure and stable environment and the absence of pain, threat, or illness. Belonging serves the need for love, affection, and interaction with other people. Esteem involves the need for self-confidence through personal achievement as well as social esteem through recognition and respect from others. Self-actualisation which is the highest need for self-fulfilment and the realisation of one’s potential.

According to Maslow, some needs are more important than others and must first be satisfied before other needs can serve as motivators. Therefore before the safety needs can be satisfied, physiological needs must be met first, Safety needs must be satisfied
before social needs are triggered, and so on, Figure 2-1 below illustrates Maslow’s hierarchy of needs.

Figure 2-1 Maslow’s hierarchy of needs (Naylor, 1999:544).

Maslow considers the physiological needs as the most basic; they consist of needs for things such as water, food and air. Individuals try to satisfy these needs before moving to needs at the safety level, which involve protection, security, and stability.

Upon the satisfaction of the physiological and safety needs, social needs related to a sense of belonging and a need for affiliation are triggered. The higher-order needs (esteem and self-actualisation needs) are all needs that can be satisfied lastly.

There are limitations to Maslow’s work (McShane & von Glinow, 2010: 136): in spite of its popularity, Maslow’s needs hierarchy theory has been dismissed by many motivation experts (Hall & Nougaim, 1968: 12; Corning, 2000: 45). Empirical studies have concluded that people do not exactly progress through the hierarchy as the theory predicts. The theory also assumes that needs priorities shift over a long time, whereas in reality needs priorities rise and fall far more frequently with the situation. For example, some people strive for self-esteem before their belonging needs are satisfied. A
person’s needs for status, food, social interaction, and so forth, change daily or weekly, not every few years.

(ii) **Herzberg’s need theory**

While Maslow, McClelland and others focused on the role of individual differences in motivation, Herzberg (1966) and Herzberg *et al.* (1959) sought to understand how work activities and the nature of one’s job influence motivation and performance (Shapiro *et al.*, 2004: 381). In his motivation-hygiene theory, Herzberg argued that work motivation is largely influenced by the extent to which a job is intrinsically challenging and provides opportunities for recognition and reinforcement. He also saw the contextual or ‘hygiene’ factors surrounding a job as being far more important in terms of satisfaction and future motivation (Shapiro *et al.*, 2004: 381).

Unlike Maslow’s theory, Herzberg’s motivation-hygiene theory argues that job satisfaction and job dissatisfaction result from different causes. According to Herzberg, satisfaction depends on *motivators*, while dissatisfaction is the result of *hygiene factors*. He defined motivators as intrinsic to the job, and he defined hygiene factors as extrinsic to the job. He also succinctly created a distinction between satisfaction and dissatisfaction (Udechukwu, 2009: 79).

Hygiene factors refer to extrinsic factors such as status, work security, company policy and administration, remuneration, supervision, interpersonal relations with subordinates, peers and supervisors and working conditions (Swanepoel *et al.*, 2003:329)

The satisfaction factors, which he named motivators or growth factors, included the following: achievement, recognition for what has been achieved, and the job itself (the degree to which it is interesting, meaningful and challenging), progress or growth (learning and developing), increasing responsibility and feedback (Werner, 2001: 331).

Herzberg saw the context in surrounding a job (which he referred to as *hygiene* factors) as being far more progressive in terms of leading to satisfaction and future motivation and therefore he deserves credit for introducing the field to the role of job design—specifically, job enrichment—as a key factor in work motivation and job attitudes (Shapiro *et al.*, 2004: 381).

(iii) **ERG Theory**
Maslow’s theory was not the only attempt to map employee needs into a hierarchy. Another hierarchal model, called ERG theory, reorganises Maslow’s five groups into three and these are called existence, relatedness and growth needs (McShane & Von Glinow, 2010: 138; Aldefer, 1972).

Clayton Alderfer (1972) modified Maslow’s hierarchy of needs theory, but retained many of its essential features (Werner, 2011: 89). Existence needs are physical and material and are equivalent to the physiological needs in Maslow’s hierarchy. Relatedness needs are the same as Maslow’s social needs and growth needs are the individual’s desire to be productive, creative and to use his or her skills to the maximum (Werner, 2011: 89).

Alderfer (1979) described two forms of movement through his hierarchy. The upward movement was termed the satisfaction-progression and the downward movement was termed the frustration-regression. The frustration-regression movement describes what happens when a person’s needs are frustrated at a higher level (Werner, 2011: 89). According to this theory, if the satisfaction of the next level of need is frustrated, this leads to movement down the hierarchy and the person will attach greater importance to the lower-level needs (see figure 2.2) (Werner, 2011: 89).

(iv) McClelland theory of needs

David McClelland has been one of the pioneers of human behaviour and began studying the relationship between needs and behaviour in the late 1940’s (Kreitner & Knicki, 2007: 239). Quick and Nelson (2009: 158) assert that McClelland’s approach to motivation lays emphasis on the importance of three types of acquired needs, namely, the need for achievement, power and affiliation. A second need theory from the same era, first introduced by Murray (1938) but more fully developed by McClelland (1961, 1971), ignored the concept of a hierarchy and focused instead on the motivational potency of an array of distinct and clearly defined needs, including achievement, affiliation, power, and autonomy (Shapiro et al., 2004: 381). McClelland argued that, at any given time, individuals possess several needs which may be competing and that serve to motivate behaviour when activated (Shapiro et al., 2004: 381). This contrasts with Maslow’s notion of a steady progression over time up a hypothetical hierarchy as individuals grow and mature.
McClelland examined three needs specifically: achievement, power, and affiliation (McShane & Von Glinow, 2010: 139):

Firstly, the need for achievement is possessed by people with a strong desire for success. They desire to reasonably challenging goals which they can attain through their own efforts. They prefer working alone rather than in teams, they choose tasks with a moderate degree of risk (i.e., neither too easy nor impossible to complete). As employees, these individuals also desire unambiguous feedback and recognition for their success. Money is a weak motivator, except when it provides feedback and recognition.

Secondly, the need for affiliation refers to the desire for approval from others by, conforming to their wishes and expectations and avoiding conflict and confrontation. Employees with this kind of need try to project a favourable image of themselves. They tend to actively support others and try to smooth out workplace conflict.

Thirdly, the need for power is observed in those who wish to exercise control over others and are concerned with maintaining their leadership position. They frequently rely on persuasive communication, make more suggestions and publicly evaluate
situations more often. They may use power to advance personal interests and this is called personalised power. Those who desire socialised power use it to help others.

McClelland’s research supported his theory that needs can be learned (more accurately, strengthened or weakened), so he developed training programmes for this purpose. These programmes seem to work as individuals who attended them had positive results. For example, attendees achieved greater community involvement and an increase in business profits.

Content theories attempt to explain those specific things that actually motivate the individual at work. These theories are concerned with recognising people’s needs, their relative strengths and the goals they pursue in order to please these needs. Content theories place emphasis on the nature of needs and what motivates individuals. There is the assumption that everyone responds in much the same way to motivating pressures and that there is, therefore, one best way to motivate everybody. These theories provide a prescriptive list which managers can follow in an attempt to increase productivity. Figure 2-3 below contains a summary of the four theories discussed above.

2.3.1.1.2 Process theories of motivation

Process theories attempt to explain and describe how people start, sustain and direct behaviour aimed at the satisfaction of needs or the reduction of inner tension. The major variables in process models are incentive, drive, reinforcement and expectancy. The best-known work in this area has been concerned with Vroom’s expectancy theory, Locke’s goal setting theory and Adam’s equity theory. These three theories are discussed below.

(i) Equity theory of needs

Equity theory (Adams, 1963, 1965) draws from exchange, dissonance, and social comparison theories in making predictions about how individuals manage their relationships with others. Four propositions capture the objectives of the theory (Huseman et al., 1987: 222):

Firstly individuals evaluate their relationships with others by assessing the ratio of their outcomes from and inputs to the relationship against the outcome/input ratio of a comparison with another. Secondly, inequity will exist if the outcome/input ratios of the individual and comparison other are perceived to be unequal. Thirdly, the greater the inequity the individual perceives (in the form of either over-reward or under-reward), the
more distress the individual feels. Fourthly, the greater the distress an individual feels, the harder he or she will work to restore equity and, thus, reduce the distress. Equity restoration techniques include altering or cognitively distorting inputs or outcomes, acting on or changing the comparison other, or terminating the relationship.

Figure 2-3 Comparison of content theories of motivation (MSUB, 2014).

The theory's distress prediction (Proposition 3 above) is based upon the assumption that individuals are equally sensitive to equity. The general preference is that outcome/input ratios be equal to that of the comparison other (Huseman et al., 1987: 225).

The choice of the person with whom the employee makes a comparison of inputs and outputs is very important in equity theory (Werner, 2011: 101). Werner highlights that there are at least three different categories of ‘other’ with whom an employee could compare his or her ratio of inputs and outputs. The first category includes any other employee who holds a similar job (this includes colleagues, friends, neighbours and professional associates). Information can be received by word of mouth, newspapers,
trade unions and the like. The second category is the system within the organisation where the employee does not receive the same reward and he or she will perceive inequity and act accordingly; and the third category of ‘other’ is the employee themselves (Werner, 2011: 101). The worker may match the ratio of his or her inputs and outputs to his or her experience in past jobs.

(ii) **Vroom’s expectancy theory**
This approach holds that the force acting on an individual to work at a specific level of effort is a function of the algebraic sum of the products (a) the desirability of the outcomes (valences) of working at that level, and (b) the subjective probabilities (expectancies) that those outcomes will follow from working at that level (Starke & Behling: 1973: 373). The seminal application of the expectancy idea to work motivation, however, is that of Vroom, who holds that work behaviour is determined by the valences and expectancies associated with items currently of importance in the individual's decision space (Starke & Behling: 1973: 374).

Vroom defines *valence* as "the affective orientation toward particular outcomes" (Vroom, 1964: 15). Outcomes desired by an individual are considered positively valent and those they wish to avoid are negatively valent; therefore valences are scaled over a virtually unbounded range of positive and negative values. Vroom emphasises, as do most other expectancy theorists, the idea that the objective utilities associated with outcomes of working at a particular level are not of primary concern. Rather, the crucial factor is the individual's *perception* of the satisfaction or dissatisfaction to be derived from working at a particular level (Starke & Behling: 1973: 374).

Expectancy theory uses a simple model based on rational logic to estimate the chosen direction, level, and persistence of motivation. Essentially, the theory states that work effort is directed toward behaviours that people believe will lead to desired outcomes (McShane & von Glinow, 2011: 143).

(iii) **Locke’s goal-setting Theory**
Swanepoel *et al.* (2003: 331) state that goal-setting theory postulates that, all factors being constant, people will be motivated to perform better if they are aiming at a specific goal rather than when they are expected to perform without a clear and definite objective in mind. Thus, the basis of the theory is that clear and definite goals act as
powerful motivators for they inform the person about what needs to be done and what amount of effort will be required to achieve the goal.

Goal setting is the process of motivating employees and clarifying their role perceptions by establishing performance objectives (McShane & von Glinow, 2011: 146).

Locke (1968) has proposed a theory of task motivation explicating the effects of incentives such as knowledge of results (KR) and participation in goal setting on task performance. His basic contention is that task performance is not caused directly by the presence of incentives such as KR and participative goal setting, per se (Chacko & McElroy, 1983: 154). Rather, it is determined by one's cognitive interpretation and evaluation of the incentive and goal aspirations that evolve from this cognitive process.

Process theories (expectancy and goal) change the emphasis from needs to the goals and processes by which workers are motivated. They attempt to explain and describe how people start, sustain and direct behaviour aimed at the satisfaction of needs or reduction of inner tension. They place emphasis on the actual process of motivation.

Process theories also attempt to identify major variables that explain behaviour, but the focus is on the dynamics of how the variables are interrelated in explaining the direction, degree and persistence of effort. The major variables in process models are incentive, drive, reinforcement and expectancy.

### 2.3 MOTIVATION, JOB SATISFACTION AND PERFORMANCE

Evidence suggests that there is a moderate relationship between job satisfaction and job performance. In other words, happy workers really are more productive to some extent (Judge et al., 2001: 393). This indicates that there is some relationship between job satisfaction and work performance. Performance is a summary measure of the quantity and quality of task contributions made by an individual or group to the work unit and organisation (French, 2011: 668).

Job satisfaction may not be a strong predictor of work performance but dissatisfaction at work may motivate specific behaviours. Those include the following (Werner, 2011: 107):
- Voice - a proactive and constructive response to dissatisfaction is to engage with the company to improve the situation. This may include offering suggestions, working through problems or making alternative arrangements in the workplace.
- Loyalty - this is a passive approach because it involves waiting for the situation to improve while remaining loyal to the company and not seeking employment elsewhere.
- Neglect - this is a passive but destructive response to dissatisfaction in which employees become increasingly negative about their work, expend less effort work, are absent more often and make more mistakes on work tasks.
- Exit - this is an active response but is typically destructive where the employee leaves the company, the source of the dissatisfaction.

2.5 VARIABLES IN JOB SATISFACTION

The relationship between job satisfaction and other variables can either be positive or negative and range from weak to strong. The strength of these relationships tends to contribute towards the overall job satisfaction of employees.

2.5.1 Age

Regarding age, 20 to 30-year-old healthcare workers and professionals over 61 years old showed higher satisfaction levels than middle-aged professionals. Higher levels of dissatisfaction were reported by professionals between 41 and 50 years old (Carillo-Garcia et al., 2013: 1314). Thus, those from 31 to 40 tend to experience lower levels of job satisfaction compared to other age groups.

2.5.2 Gender

With regard to gender, (Carillo-Garcia et al., 2013: 1314) found overwhelming evidence of the feminisation of practically all healthcare professions included in the study and that there are higher levels of job satisfaction among women than men. Generally, women expressed more job satisfaction than men in this study.

2.5.3 Work and family

The crossing point between work and family is a topic of concern in research in relation to the significant changes in the workforce. This is particularly in terms of the increasing
participation of women and the greater number of couples with both partners having a paid occupation. Earlier research suggests that the tension between work and family roles can become a source of stress and it can diminish psychological and physical well-being (Cortese et al., 20: 36). However other researchers suggest that factors such as social support, interpersonal relationships and social interactions, help protect individuals from the effects of stress (Yildirim & Aycan, 2007: 1368). This means that individuals with families may have improved job satisfaction because of the added support from family.

2.5.4 Educational level

Literature searches yielded no results on healthcare workers job satisfaction and their level of education. In a study by Ozel et al. (2008: 362) between police officers with different levels of education, data showed that there was no statistically significant relationship between the level of education and the dissatisfaction experienced at the workplace. In general, however, it is known that there is a strong relationship between educational status and job satisfaction (Ozel et al., 2008: 362).

2.5.5 Work factors

Various work factors such as challenge, physical demands and reward structure have effects on job satisfaction. Mentally challenging jobs that the individual can successfully accomplish are satisfying (Scolum & Hellriegel, 2011: 90). Physically demanding work that tends to be tiring is dissatisfying while rewards that are equitable and provide accurate feedback for performance are satisfying (Scolum & Hellriegel, 2011: 90).

2.5.6 Private versus public sector

The private sector always appears to be more attractive due to the availability of resources, good budgets and salary structure. The public sector on the other side seems to be more stressful because of low staff morale, limited budgets, lack of resources, poor salaries and poor opportunities for growth.

2.6 HOW TO PROMOTE JOB SATISFACTION

According to Werner et al. (2011: 74) job satisfaction will result if an individual is satisfied with most of the factors that he or she considers relevant. Job satisfaction is
the outcome of the expectancy model of motivation and the expectancy model seems to imply that job satisfaction is equivalent to motivation (Werner et al., 2011: 105). Therefore, an employee’s sense of satisfaction with a job depends on the discrepancy between what they want from that job and what they perceive they get from it. In addition, job characteristics, such as challenging work, recognition, higher pay, friendly co-workers and the like foster greater job satisfaction (Werner et al., 2011: 105).

2.6.1 Job design

One specific way to promote job satisfaction is to motivate employees. Herzberg (1966) developed the two-factor theory, better known as the motivator-hygiene model, as discussed above.

The motivator factors include the work itself, recognition, advancement, and responsibility (Scolum & Hellriegel, 2011: 169). An individual’s positive feelings about the job and the content of the job itself relates to these factors. The factors are intrinsic, directly related to the occupation and largely internal to the individual. These are the primary causes of job satisfaction. If an individual experiences achievement, recognition and responsibility with regard to their jobs, they tend to be more satisfied with their job.

Hygiene factors relate to the environment in which the job is performed and include company policy and administration, technical supervision, salary, fringe benefits, job security, and interpersonal relationships (Scolum & Hellriegel, 2011: 169). If an individual has negative feelings resulting from these factors they will tend to be dissatisfied.

2.6.2 Job characteristics model

The job characteristics model uses Herzberg’s (1966) recommendations of adding motivators to a person’s job and minimising the use of hygiene factors (Scolum & Hellriegel, 2011: 170). The model involves increasing the amounts of skill variety, identity, task significance, autonomy and feedback in a job.

2.7 ROLE OF PHYSIOTHERAPY IN THE SOUTH AFRICAN HEALTH SECTOR

A physiotherapist assesses, treats and manages a wide variety of injuries including problems related to neurology, orthopaedics, cardio-vascular, obstetrics, respiratory and
thoracic and geriatric health. Physiotherapists are also involved in sports medicine, intensive care units and general rehabilitation. Other medical fields like community care and health promotion fall within the scope of physiotherapy.

Physiotherapy’s main aim is to improve a patients’ physical condition by restoring normal body functions and preventing disability. Physiotherapy is also called physical therapy in other countries like the United States of America. Physiotherapy treats diseases and physical defects of the body by modalities such as soft tissue manipulation, exercises, heat, cold, light, electricity and a limited usage of drugs, to assist patients get back to normal function after an illness or injury.

There are many ways of describing the role of physiotherapy. However, one of the most concise descriptions is quoted in a journal editorial as stating:

The aim of physiotherapy is to maintain, restore and optimise a patient’s functional ability in his or her socio-economic and geographical environment in the best interest of the patient

(Eales, 2000: 2).

Therefore, a physiotherapist is professionally trained to assesses, treat and manage a wide variety of injuries and illnesses.

In addition to this, physiotherapy has a strong role to play with regards to disease and disability prevention, facilitating the curative process and healing, paleiative care and health promotion. This means that physiotherapists are not only involved in hospital patient care but their work extends to rehabilitating physically disabled patients to lead more normal and, wherever possible, independent and functional lives once they are back in their communities (Rakgokong, 2007: 7). Without a doubt, because of their unique clinical skills, knowledge and training, physiotherapists will always have an extremely critical and essential role to play in acute and sub-acute patient care at quaternary, tertiary and secondary levels of care. Physiotherapists form part of an important multidisciplinary team, which includes medical doctors, nurses and other allied health professionals. Their opinions and contributions are generally trusted and respected by other team members when planning the management of patients (Rakgokong, 2007: 7).
During the past two decades, South Africa’s public health system has undergone a major transformation, which began in earnest from 1994 when the democratically elected government came into power. The new government introduced a healthcare policy framework for all medical and medically related disciplines. Physiotherapists, like all other healthcare professionals, are regulated, practice their profession under the National Health Act No. 61 of 2003, and are required to register in order to practice in South Africa through the HPCSA.

Physiotherapists can practice their profession in the public and private sector. This study is targeting both groups to comparatively assess their job satisfaction.

The motivation to compare the job satisfaction level between publicly and privately employed physiotherapists arises from the fact that a better understanding of employee satisfaction is desirable to achieve a higher level of motivation that is directly associated with patient satisfaction. It is generally accepted or perceived in South Africa that private healthcare offers the best care compared to the public healthcare services. This notion also motivates the researcher to measure the level of job satisfaction of both groups.

Offering the highest quality of health-care services possible to those who need them, within a given environment of social, material, financial and human resources should be the main goal of health-care systems and of every single health-care organisation or unit within a business. Achieving this goal requires a committed and adequately trained workforce in healthcare organisations (Bhatnagar & Srivastava, 2012: 75). Attending to job satisfaction of staff is then a fundamental component of human resources quality. In particular, many researchers have demonstrated strong positive correlations between the job satisfaction of medical staff and patient satisfaction with services in these healthcare settings (Leiter et al., 1998: 1615) (Linn et al., 1985: 1174). Healthcare workers (HCWs) are known to be at a high risk of job dissatisfaction. Job satisfaction, which is usually lower among HCWs than in other types of employees, has a major influence on job-related behaviour, such as employee turnover, absenteeism and self-reported job performance (Piko, 2006: 315).

An organisation’s efficiency depends to a large extent on the morale of its employees. Behavioural and social science research suggests that job satisfaction and job performance are correlated (Bowran & Todd, 1999: 237). Poor job satisfaction leads to increased physician turnover, adversely affecting the job satisfaction of other medical
care staff (Buchbinder et al., 2001: 706). Job satisfaction and morale among medical practitioners is currently a concern worldwide (Huby et al., 1999: 140). Consequently, healthcare managers must create an environment that promotes job satisfaction and develop employees who are motivated, productive and fulfilled. This in turn will contribute to higher quality patient care and satisfaction (Lawer & Porter, 1968: 22).

2.8 CONCLUSION

This chapter has attempted to explain how job satisfaction is defined according to the views of different authors who have researched the subject. The different definitions presented by these researchers show why job satisfaction as a social construct is such an elusive concept.

This discussion has shown that there exists a clear and close relationship between job satisfaction and motivation. Job satisfaction to a large extent can be explained in terms of motivation theories. Therefore, motivation of workers can lead to job satisfaction.

Following a review of the literature, the author concluded that most of the studies reported a slight to moderate level of job satisfaction amongst healthcare professionals, with no trends of extreme satisfaction. Although most of the dissatisfying factors remain, they can most certainly be reduced in an effort to increase job satisfaction levels. The following chapter deals with the empirical study.
3. CHAPTER III: EMPIRICAL RESEARCH

3.1 INTRODUCTION

In chapter 1, the necessity for investigating job satisfaction of physiotherapists employed in the private and public sector in the Gauteng Province was stated. The main objectives of the study were mentioned and the methods of study to be used were briefly discussed.

This chapter discusses the methodology employed, because the methodology used in any research is directly influenced by the philosophical paradigm chosen by the researcher (Creswell, 2009: 4). This means the researcher’s rationale is a belief about the way in which information regarding a phenomenon being studied should be collected, analysed and used.

This chapter focuses on the research plan and also defines the scope and limitations of the research plan. The research design, according to Welman et al. (2012: 52) serves to describe and analyse methods, to highlight their limitations and resources, to explain their presuppositions and consequently to relate to existing knowledge. In this chapter, the research tools that have been utilised to answer the research questions are introduced as well as the rationale for their selection. Confidentiality and ethical issues inherent in this research are also discussed.

3.2 RESEARCH DESIGN

Due to the dearth of literature focusing on the comparative analysis of specifically between publicly and privately employed physiotherapists in Gauteng Province, the proposed study was comparative in its character in order to compare the levels of job satisfaction for these particular participants.

In terms of the quantitative research approach, the researcher’s role is that of being an impartial, detached and unbiased observer whose involvement with the field of study is restricted to what is required to obtain data. The focal point of the investigation is explicit
questions or a hypothesis that remains invariable throughout the study (De Vos et al., 2005: 73).

A quantitative research method was therefore selected to meet the objectives of this study.

3.2.1 Research aims

As discussed in more depth in Chapter 1, the aim of the study was to comparatively assess the level of job satisfaction of physiotherapists in private and public health facilities in Gauteng Province.

3.3 PARTICIPANTS

All participants are physiotherapists who work in the Gauteng Province region but don’t have to necessarily reside in the province. The target population was 100 publicly employed and 100 privately employed physiotherapists, all working in Gauteng Province health facilities.

3.4 SAMPLE

A non-probability research design was used to choose a convenient sample of participants who are physiotherapists working in Gauteng Province.

3.5 MEASURING INSTRUMENTS

This study uses a questionnaire as a measuring instrument to collect data, and therefore the questionnaire is an important element in its success. One of the advantages of using a questionnaire is that it provides a standardised interview across all subjects (Brace, 2004: 4). The responses were in writing and respondents had the opportunity to fill the questionnaire in their spare time and without feeling intimidated. However, the down side to the questionnaire is that it cannot probe deeply into respondents’ opinions and feelings. Another disadvantage is that once the
questionnaire is distributed, it is not possible to modify the items, even though they might have been under to some respondents (Gall et al., 1996: 289).

A structured self-administered questionnaire was used to collect the data from participants. It consisted of two sections. Section A comprised the socio-demographic characteristics consisting of fourteen items, while section B adapted from an already existing research questionnaire. It consisted of job satisfaction statements measured on the five point Likert scale (‘strongly agree’ to ‘strongly disagree’). The value of two was given to the highest level of job satisfaction (‘strongly agree’) and the value of minus two to the lowest possible level of job satisfaction (‘strongly disagree’).

The other values were then recorded as follows: ‘agree’ will be given value of 1, while ‘disagree’ will be given the value of minus one.

Buitendach and Rothmann (2009: 6) state that the MSQ is a reliable instrument to assess the extrinsic and intrinsic job satisfaction of employees in South Africa and recommend that its two subscales of extrinsic and intrinsic job satisfaction be used to assess the level of job satisfaction of employees.

A cover page was included in the questionnaire which gives basic instructions on filling the questionnaire and ensures anonymity and provides for the respondents right to refusal to participation in the study. The questionnaire comprised closed-ended questions which offer the respondent a range of answers to choose from, in a form of a show card. The respondent is asked to tick or circle the appropriate boxes. The first part of the questionnaire covers the demographic data, and then the second part of the questionnaire is themed around the nature of work, support work value, knowledge and skills, independence, salary and promotion.

**3.5.2 Reliability of the MSQ**

The results from the Buitendach and Rothmann study (2009: 6) confirmed a two-factor model of job satisfaction, consisting of extrinsic job satisfaction and intrinsic job satisfaction. Exploratory factor analysis with target rotations confirmed the construct equivalence of scales for the black and white groups. The results obtained from comparing job satisfaction levels of various demographic groups showed that practically significant differences existed between the job satisfaction of different age and race groups. The test-retest reliabilities of between 0.70 and 0.80 were reported, with an alpha coefficient of 0.96. The MSQ showed construct equivalence for the white and
black groups. Reliability analysis revealed that the two subscales were sufficiently internally consistent.

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Values</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Achievement work value</strong></td>
<td>Ability utilization achievement</td>
<td>JOB7, JOB11, JOB20</td>
</tr>
<tr>
<td><strong>(Factor_Ach)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Independence work value</strong></td>
<td>Creativity, responsibility</td>
<td>JOB9, JOB10, JOB15, JOB16</td>
</tr>
<tr>
<td><strong>(Factor_Ind)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Recognition work value</strong></td>
<td>Advancement, recognition, authority, social status</td>
<td>JOB4, JOB14, JOB15, JOB16, JOB19</td>
</tr>
<tr>
<td><strong>(Factor_Rec)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Support work value</strong></td>
<td>Supervision, company policies and practices</td>
<td>JOB5, JOB6, JOB12, JOB18</td>
</tr>
<tr>
<td><strong>(Factor_Sup)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Work conditions</strong></td>
<td>Activity, independence, variety, compensation, security, working conditions</td>
<td>JOB1, JOB2, JOB3, JOB8, JOB13, JOB17</td>
</tr>
<tr>
<td><strong>Work value</strong> (Factor_Work)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3.5.3 Validity of the MSQ

After a thorough review of the literature, a suitable previously validated job satisfaction questionnaire was identified. The Minnesota Satisfaction Questionnaire (MSQ) (Weiss, et al., 1967), validated by Ian Rothmann for South African circumstances, was identified for this purpose. It is not unusual to use questionnaires from previous studies to collect data, but its reliability has to be established for the current study as well.

### 3.6 PROCEDURE

Public information is available of facilities employing physiotherapists and registered physiotherapists from the department of health, medpages website and the HPCSA. Permission was obtained to conduct the study from specific head of departments and practice managers/owners. Questionnaires were physically handed over at the health facilities, in some instances faxed and emailed to the respondents. They were then collected at minimum after a day to a maximum of 4 weeks. Some of the respondents were telephonically reminded to fill the questionnaires and to check if they are ready for collection.
3.7 ETHICAL CONSIDERATION

The MSQ ensured anonymity of the participants. As for the ethical considerations for the study, the questionnaire made it clear that:

- Participation in response to the questionnaire is voluntary without any implied deprivation or penalty for refusal to participate;
- The utmost care was taken to protect the participants’ privacy and dignity;
- No indications need to be given with regard to the identity of the employer or employee at all.

3.8 ASSUMPTIONS AND LIMITATIONS

The assumptions made are as follow:

- The questions were read and understood correctly.
- The respondents were honest in responding to the questions.
- All the participants had an understanding of the English language.

The limitations of the study include:

- The population is very small; hence the profession is classified under the scarce skills in South Africa.
- The private health facilities are privately owned, and not listed to a specific group. This makes it difficult to determine the population size.
- The response rate is dependent on aspects such as time available to participate, respondents’ interest in the study, and the goodwill of the physiotherapists participating, as no incentives were given.
3.9 STATISTICAL ANALYSIS

The Statistical Consultation Services of the North West-University (Potchefstroom Campus) carried out the analysis of the completed questionnaires and processed the given data. The obtained results of the percentages, frequency distribution, and correlation statistical analysis were presented and discussed. The statistical analysis was carried out by the SPSS Statistics version 21, release 21.0.0 program (2013).

• **Descriptive statistics**

Having received back the questionnaires from the respondents, the data was sent to the Statistical Services of the North-West University (Potchefstroom Campus) to be processed further. The SPSS Statistics version 21, release 21.0.0 program (2013) was used to determine mean scores, standard deviation, percentages and frequencies. The reason for descriptive statistics usage is to place the respondents in an order of ranking.

• **Reliability of measurement**

In order to obtain the internal consistency and homogeneity of the measuring instruments, the Cronbach Alpha Coefficient was used. A high value means that the scale that is being used is more reliable (SAS Institute Inc., 2005).

• **T-tests**

This is a statistical test to determine if two sets of variables are significantly different from each other, and it is mostly commonly applied when the test statistic follows a normal distribution. The t-test was used to show that the difference between the two means were significant or not significant.

• **ANOVA**

This is a technique from statistical interference that allows dealing with more than two population variables. The analysis of variance (ANOVA) compares several means with each other (Field, 2009: 388). Analysis of variance is a collection of statistical models used to analyse the differences between group means and their associated procedures such as variation (standard deviation) among and between groups.
3.10 SUMMARY

This chapter focused on the research methodology that was used in this research. Firstly, it dealt with the theoretical assumptions underlying the methods of enquiry utilised to investigate the level of job satisfaction between publicly and privately employed physiotherapists in Gauteng Province.

The nature of data gathering instruments used was also defined and discussed. Furthermore, research processes and procedures such as the covering letter, sampling and follow-up activities were discussed. The chapter also dealt with important ethical considerations. Finally, it was indicated that the major research design used in the study was the quantitative survey.

In the next chapter analysis, presentation and discussion of the quantitative survey will be embarked upon.
4. CHAPTER IV: ANALYSIS AND INTERPRETATION OF THE QUANTITATIVE SURVEY DATA

In this chapter, the main objective is to present, analyse and interpret the quantitative data collected with a view to explain in detail any differences on job satisfaction levels between publicly and privately employed physiotherapist in the Gauteng Province.

An accurate analysis and correct interpretation of the quantitative data will assist in making sound and valuable recommendations in the next chapter.

4.1 INTRODUCTION

After the questionnaires were received and manually checked for errors, the data was sent to the Statistical Services of the North-West University (Potchefstroom Campus) to be processed further. The SPSS Statistics version 21, release 21.0.0, program (2013) was used to determine mean scores, standard deviation, percentages and frequencies.

4.2 RESPONSE RATE

Response rates are widely reported to have decreased for many types of surveys over the past decades (Carley-Baxter et al., 2009: 1). This major decline in response rates causes anxiety among researchers in the academic community about the validity of the data and analysis of surveys with low response rates. For example, researchers are concerned with the point, at which surveys are judged to be unacceptable due to a low response rates.

Babbie (2010: 272) states that a high response rate greatly reduces the possibility of response bias and Creswell (2005: 367) concurs with this view in stating that questionnaires with high response rates enable the researcher to generalise the results with confidence. Conversely, Ary et al. (1990: 432) and Muijs (2012: 148) contend that
non-responses are a feature of questionnaire administration. Hence, it is quite common for researchers to receive inadequate response rates.

According to Huysamen (2001: 149), the inability to control respondents in completion of questionnaires may result in poorly completed questionnaires and poor response rates. According to Galea and Tracy (2009: 645), there are four main reasons why nonparticipation has been increasing in scientific studies.

Firstly, as the number of research studies in which persons may participate increases, people may view their participation in studies as less and less worthwhile and they may invest much less effort than they might have when opportunity for study participation was more uncommon. In addition, the increasing number of requests to participate in research studies may cumulatively be leading to an intrusion on the personal lives of potential respondents.

Secondly, there is a general decrease in volunteerism. There is evidence which suggest that willingness to participate in scientific research parallels participation in community organisations and other activities. The overall decline in willingness to participate in scientific studies, which may hold little immediate benefit to the participant, likely coincides, at least in part, with the overall decrease in social participation.

Thirdly, potential participants are much more likely to take part in a study that is concerned with an issue which is likely to take part in a study that is concerned with an issue which is particularly salient to the participants’ lives.

A fourth reason for the decrease in participation in studies is more endemic to the nature of scientific studies themselves. Research studies could be increasingly demanding on participants in multiple ways. Therefore participants may be rightly wary of committing themselves to an endeavour that is likely to take a substantial amount of time. Compounding this problem is the burdensome requirements institutional review boards place on respondents. A lengthily consent form written at an inappropriately high language level may make respondents reluctant to engage.

Leedy and Ormrod (2001: 185) regard 70% as a high response rate. Gay (1992: 229-230) regards a response rate less than 70% as potentially weakening the validity of the conclusions, while a rate of 60% is unacceptably low. However, Fouche (1998: 153) considers a response rate of 50% as adequate. It is therefore evident that researchers
have divergent views with regard to an acceptable response rate and that there is no existing general rule concerning the acceptable rate of questionnaire return (Ross & Rust, 1997: 437).

In summary, eligible research participants are receiving more research requests and being asked to take part in increasingly complex and demanding research protocols within an environment of declining volunteerism, interest and trust in studies. It is no surprise that participation rates have been decreasing over the past decades. There is also no consensus on the acceptable level of response rate and no existing rule concerning the adequacy frequency of questionnaire returns.

For this study, Table 4-1 below shows that a total of 200 questionnaires were handed out, 100 to public sector employees and 100 to the private sector employees. Eighty three were returned by respondents in the public sector group and 58 were from the private sector group. A high return rate of 83% was achieved for the public sector group. A low return rate of 58% was achieved for the public sector group. An explanation for this could be the public sector group felt that the research will benefit them and therefore made the effort to fill in the questionnaires. The lower response rate from the private sector could be due time constraints and lack of interest in the subject.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Questionnaires handed out</th>
<th>Questionnaires returned</th>
<th>Questionnaires used for study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publicly employed</td>
<td>100</td>
<td>83</td>
<td>80</td>
</tr>
<tr>
<td>Privately employed</td>
<td>100</td>
<td>58</td>
<td>49</td>
</tr>
<tr>
<td>TOTAL</td>
<td>200</td>
<td>141</td>
<td>129</td>
</tr>
</tbody>
</table>

Only 49 of the 58 questionnaires from the private sector were used because in nine of the questionnaires too many questions were unanswered. In the public sector, three questionnaires were discarded because they were filled in by physiotherapy assistants who are not the focus of the study. Therefore, only 80 questionnaires were used from the public sector group. Overall, the response rate is thus 70.5% (141 out of the 200
questionnaires handed out). Only 129 responses have been retained for analysis the practical response rate is 64.5%.

It should be noted that not all respondents targeted for the study participated and the responses will be treated as a convenient sample, i.e. a non-random sample. The implication is that the response rate is in fact irrelevant because the study cannot be generalised to the population. All findings will thus only be relevant to the specific sample group.

4.3 RELIABILITY

Although the questionnaire measures aspects of job satisfaction that have been previously validated within a South African workplace context, reliability was once again measured for this study to ensure stability and consistency.

Field (2009: 673) states that the reliability of a scale must be confirmed and factor analysis used to determine if the conclusions that will be derived may be seen as reliable.

Field (2009: 675) also quotes Kline with regard to acceptable values of Cronbach’s alpha values:

Kline (1999) notes that although the generally accepted value of 0.8 is appropriate for cognitive tests such as intelligence tests, for ability tests the cut-off point of 0.7 is more suitable. He goes on to say that when dealing with psychological constructs, values below even 0.7 can, realistically, be expected because of the diversity of the constructs being measured.

The Cronbach’s alpha coefficient has been calculated by the Statistical Consultation Services of the North-West University by means of SPSS (2013) software for each of the five cluster factors tested and was used to determine reliability on internal consistency. All constructs yielded values above 0.6 for Cronbach’s alpha, as shown in Table 4-2 below, with three cluster factors reporting a Cronbach’s alpha of 0.75. These
three cluster factors are independence work value, recognition work value and work conditions work value.

From the results of the reliability tests, the mean results from the questionnaires have been interpreted as reliable and could be used to draw conclusions on the influence of selected cluster factors and to compare the physiotherapists’ job satisfaction level in the public and private sectors of employment.

Table 4-2 Reliability statistics

<table>
<thead>
<tr>
<th>Factor Cluster</th>
<th>Cronbach’s alpha</th>
<th>Mean</th>
<th>Std. deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement work value</td>
<td>0.60</td>
<td>0.34</td>
<td>0.11</td>
</tr>
<tr>
<td>Independence work value</td>
<td>0.75</td>
<td>0.42</td>
<td>0.32</td>
</tr>
<tr>
<td>Recognition work value</td>
<td>0.75</td>
<td>0.39</td>
<td>0.03</td>
</tr>
<tr>
<td>Support work value</td>
<td>0.67</td>
<td>0.39</td>
<td>0.26</td>
</tr>
<tr>
<td>Work conditions work value</td>
<td>0.75</td>
<td>0.33</td>
<td>0.13</td>
</tr>
</tbody>
</table>

4.4 ANOVAS AND COHEN’S EFFECT SIZES

Cohen’s effect size

Researchers are forced to consider their results as a subpopulation of the target population due to a weak response from the planned random sample. Effect sizes are used to measure the significance of the size of the sub-population.

Field (2009: 56) elaborates that an effect size can be seen as an objective, standardised evaluation of the importance of an experimental outcome. It provides a signal for a strong relationship between two variables and can also be seen as a way to evaluate an experimental effect by indicating its importance. The literature has proposed many measures of effect size but that Cohen’s measure ($d$) is used most commonly (Filed, 2009: 57).

Guidelines suggest the following values as indications of significance:

- $d \sim 0.2$ small effect
- $d \sim 0.5$ medium effect (noticeable with the naked eye)
- $d \sim 0.8$ large effect (practically significant and therefore of practical importance)
The fact that effect sizes are independent of the sample size is of great importance as p-values usually decrease when sample sizes increase. Ellis and Steyn (2003:51) define the effect size as a measure to describe practical significance that is independent of sample size. Effect sizes are used to explain statistical significance of correlations found in two-way frequency tables as well as multiple regression fits.

This study is based on convenience sampling and Ellis and Steyn (2003: 52) argue that p-values and statistical inferences cannot be seen as relevant to such sampling and data gathering, but rather can be seen as data relevant to a small population. Therefore it would be wrong to “erroneously analyse data as if it has been obtained by random sampling” (Ellis and Steyn, 2003: 52) which could lead to inaccurate conclusions.

It can be argued that the sample population in this study is relatively dissimilar in that, the physiotherapists who participated have diverse backgrounds. The commonality is that they are all qualified physiotherapists, and effect size therefore may be seen as relevant.

**ANOVAS**

The analysis of variance (ANOVA) compares several means with each other (Field, 2009: 388). When using this method, significant differences in the background of the participants would be indicated when the values of the calculated ANOVA are less than 0.05. If the result of the calculated ANOVA is more than 0.05, the sample group studied is not significantly different with regard to the demographic factors tested in the questionnaire.

**4.5 CORRELATIONS**

Spearman’s rho (the Greek letter ρ) (sometimes referred to as the correlation coefficient) is described as a standardised measure of strength of relationship between two variables that does not rely on the assumptions of a parametric test. Spearman’s correlation coefficient is Pearson’s correlation coefficient performed on data that have been converted into ranked scores (Field, 2009: 794).
Field (2009: 18) further proposes that the level of significance for the correlation coefficient is p<.05 and a value of p<.05 indicates a statistically significant relationship between two constructs.

Table 4-3 below demonstrates that there are significant correlations between all of the different cluster factors at the 0.01 level of significance (p-value, 2-tailed), much lower than the norm of 0.05 which implicates that we can be much more confident with regard to the strength of the experimental effect. The cluster factors were thus correlated to one another and they would most certainly have an impact or effect on one another.

With regard to Spearman’s p or ‘r’ as (reported by SPSS), the guidelines for the correlation coefficient (r) are as follows:

- r~0.1, small, no practical significant relationship
- r~0.3, medium, practical visible relationship
- r~0.5, large, practical significant relationship

Field (2009: 56)

Table 4-3 below illustrates that all the values with regard to the correlation coefficient fell in the range of r~0.461 to r~0.717, which indicate practical significant relationships. This is only of relevance with regard to the correlations between the five tested constructs and other questions presented in the questionnaire.

Significant correlations between the different factor clusters at the p=0.01 level of significance (p-value, 2-tailed) have been confirmed and this, increases confidence levels with regard to the experimental effect.

4.6 SAMPLE POPULATION: DEMOGRAPHIC AND BACKGROUND INFORMATION (PART 2 OF THE QUESTIONNAIRE).

As already mentioned above, a total number of 200 questionnaires were sent out, 141 were received back and only 129 questionnaires were used from responding individuals. The second part of the questionnaire asks the respondent demographic information. The data collected from this section is analysed here.
Table 4-3 Spearman’s correlation coefficient with regard to the five cluster factors of the study.

<table>
<thead>
<tr>
<th>Spearman’s rho</th>
<th>Q11 year</th>
<th>Factor_ Ach</th>
<th>Factor_ Ind</th>
<th>Factor_ Rec</th>
<th>Factor_ Sup</th>
<th>Factor_ Work</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Correlations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Correlation Coefficient</strong></td>
<td>1.00</td>
<td>.09</td>
<td>.10</td>
<td>.17</td>
<td>.02</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.31</td>
<td>.24</td>
<td>.06</td>
<td>.78</td>
<td>.09</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>128</td>
<td>128</td>
<td>128</td>
<td>128</td>
<td>128</td>
</tr>
<tr>
<td><strong>Factor_ Ach</strong></td>
<td><strong>Correlation Coefficient</strong></td>
<td>.09</td>
<td>1.00</td>
<td>.58</td>
<td>.62</td>
<td>.49</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.308</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>128</td>
<td>129</td>
<td>129</td>
<td>129</td>
<td>129</td>
</tr>
<tr>
<td><strong>Factor_ Ind</strong></td>
<td><strong>Correlation Coefficient</strong></td>
<td>.10</td>
<td>.58</td>
<td>1.00</td>
<td>.79</td>
<td>.46</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.24</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>128</td>
<td>129</td>
<td>129</td>
<td>129</td>
<td>129</td>
</tr>
<tr>
<td><strong>Factor_ Rec</strong></td>
<td><strong>Correlation Coefficient</strong></td>
<td>.17</td>
<td>.62</td>
<td>.79</td>
<td>1.00</td>
<td>.66</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.056</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>128</td>
<td>129</td>
<td>129</td>
<td>129</td>
<td>129</td>
</tr>
<tr>
<td><strong>Factor_ Sup</strong></td>
<td><strong>Correlation Coefficient</strong></td>
<td>.02</td>
<td>.49</td>
<td>.46</td>
<td>.66</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.780</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>128</td>
<td>129</td>
<td>129</td>
<td>129</td>
<td>129</td>
</tr>
<tr>
<td><strong>Factor_ Work</strong></td>
<td><strong>Correlation Coefficient</strong></td>
<td>.15</td>
<td>.59</td>
<td>.56</td>
<td>.66</td>
<td>.72</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.09</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>128</td>
<td>129</td>
<td>129</td>
<td>129</td>
<td>129</td>
</tr>
</tbody>
</table>

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

Figure 4-1 below shows the gender split in the total number of respondents with 79.8% females and 20.2% males. This was expected as the physiotherapy profession is dominated by woman in general.
Figure 4-1 Ratio of male and female participants.

Respondents were asked to indicate their **marital status**. Figure 4-2 below illustrates that 52.7% are single, 10.1% live with partner, 1.6% are widowed, 34.1% married and 0.8% divorced. Only one respondent chose not to answer the question.

Figure 4-2 Marital status of respondents

The respondents were sorted by **age group** and this is shown in Figure 4-3 below. This revealed that 65.9% are in the 20 to 30 years of age group, 20.9% in the 31 to 40 years of age group, 8.5% in the 41 to 50 years of age group and only 4.7% are in the over 50 years of age group.
More than 65% of the respondents had no children, 18.8% of respondents had one child and 14.8% had two or more children. As shown in Figure 4-4 below.

More than 70% of the participants completed their physiotherapy training in 4 years, 24% of respondents in more than four years and 4% of the respondents had their
training in the old curriculum which was a three year training degree. This is shown in Figure 4-5 below.

**Figure 4-5 Years studied to qualify as a physiotherapist**

More than half (55%) of the respondents had up to five years of experience as practicing physiotherapists followed by 27% with 6 to 10 years’ experience. Respondents with 11 to 15 and more than 15 years’ experience are at 6% and 12% respectively. The data is represented by a pie chart in Figure 4-6 below.

**Figure 4-6 Participants years of experience as a physiotherapist**
The respondents were asked to indicate the **highest qualification** they hold. As shown in Figure 4-7 below 89.6% of the respondents have a bachelors degree, 4.8% have a masters degree and 5.6% have a postgraduate diploma. None of the respondents have a PhD.

![Figure 4-7 Respondents’ highest qualification](image1)

**Figure 4-7 Respondents’ highest qualification**

Respondents were asked whether they work on a full- or part-time basis. The pie chart in figure 4-8 below indicates that 95.30% of the respondents are full-time employees and 4.7% part-time employees.

![Figure 4-8 Respondents working full-time or part-time](image2)

**Figure 4-8 Respondents working full-time or part-time**
The pie chart in figure 4-9 separates the respondents according to their specific job title. The majority of the respondents are junior physiotherapists (34%), followed by community service physiotherapists at 19% and senior physiotherapists at 18%. Both practice managers and chief physiotherapists are at 8.5% each. Lastly, 1.6% each of respondents are either a partner in a health facility or a departmental manager. Nine per cent selected the ‘other’ option.

![Pie chart showing job titles and percentages](image)

**Figure 4-9 Job title of the respondents**

The annual salary of the respondents is shown in the pie chart in Figure 4-10 below. The results show that 27.3% earn less than R200 000, 37.5% earn between R200 000 and R249 000, 7% earn between R250 000 and R299 999, and 12.5% earn between R300 000 and R349 999 per year. At five and a half per cent of the respondents earn between R350 000 and R399 999, 3.1% between R400 000 and R449 999 and 7.1% of the respondents earn over R449 999 annually.

In summary this section dealt with the demographics, part 2, of the questionnaire. The next section will focus on response frequencies of part 3 of the questionnaire.
The previous section discussed the descriptive statistics and demographics of the respondents which form part 2 of the questionnaire. The data gathered from part 3 of the job satisfaction questionnaire will be described in this section.

Basically, the section will look at the number of times a certain response occurs as chosen by respondents. The data will be presented in the form of percentages based on the Likert scale responses.

Table 4-4 represents the factor cluster which deals with achievement work value. Between 64.4% and 78.3% of the respondents reported a sense of achievement and having the opportunity to use their skills through their work.

Between 17% and 26% were neutral regarding these values. The ‘disagree’ and ‘strongly disagree’ responses ranged from 0.8% to 9.3%. No responses were missing from this factor cluster questions.
Table 4-4 Factor Cluster: Achievement work value

<table>
<thead>
<tr>
<th>Descriptive Statistics</th>
<th>% strongly disagree</th>
<th>% disagree</th>
<th>% neutral</th>
<th>% agree</th>
<th>% strongly agree</th>
<th>missing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factor Cluster: Achievement work value</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOB 7: Being able to do things that don’t go against my conscience</td>
<td>1.6</td>
<td>7.8</td>
<td>25.6</td>
<td>41.9</td>
<td>23.3</td>
<td>0</td>
</tr>
<tr>
<td>JOB 11: The chance to do something that makes use of my abilities</td>
<td>0.8</td>
<td>3.1</td>
<td>17.8</td>
<td>49.6</td>
<td>28.7</td>
<td>0</td>
</tr>
<tr>
<td>JOB 20: The feeling of accomplishment I get from the job</td>
<td>0.8</td>
<td>9.3</td>
<td>25.6</td>
<td>41.9</td>
<td>22.5</td>
<td>0</td>
</tr>
</tbody>
</table>

For the **independence** work value, which deals with creativity and responsibility, most respondents indicated satisfaction, as shown by Table 4-5 below. Seventy-six per cent of respondents agreed or strongly agreed that their job offered a chance to do things for other people. On question 15 (Job 15), 71.1% of respondents agreed or strongly agreed that their job gave them freedom to use their own judgement. A high percentage (75.6%) of respondents said they have the opportunity to try their own methods within their working environment. Question 9, 10 and 15 each had one response missing from them. Question 16 had two responses missing.

Table 4-5 Factor Cluster: Independence work value

<table>
<thead>
<tr>
<th>Descriptive Statistics</th>
<th>% strongly disagree</th>
<th>% disagree</th>
<th>% neutral</th>
<th>% agree</th>
<th>% strongly agree</th>
<th>missing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factor Cluster: Independence work value</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOB 9: The chance to do things for other people</td>
<td>0</td>
<td>3.9</td>
<td>19.5</td>
<td>38.3</td>
<td>38.3</td>
<td>1</td>
</tr>
<tr>
<td>JOB 10: The chance to tell people what to do</td>
<td>0.8</td>
<td>5.5</td>
<td>39.1</td>
<td>43.8</td>
<td>10.9</td>
<td>1</td>
</tr>
<tr>
<td>JOB 15: The freedom to use my own judgement</td>
<td>1.6</td>
<td>10.2</td>
<td>17.2</td>
<td>52.3</td>
<td>18.8</td>
<td>1</td>
</tr>
<tr>
<td>JOB 16: The chances to try my own methods of doing the job</td>
<td>1.6</td>
<td>8.7</td>
<td>14.2</td>
<td>55.1</td>
<td>20.5</td>
<td>2</td>
</tr>
</tbody>
</table>

In the **recognition** work value factor cluster, as shown in Table 4-6, question 14 (Job 14) is the only item for which more respondents selected the ‘disagree’ and ‘strongly
disagree’ options at 44.9% combined. For this question, 34.6% were neutral and response was missing.

Almost 40% of the respondents reported that their work allows them ‘to be somebody in the community’ (Job 4). Two respondents did not answer this question. Almost 50% of the respondents agreed or strongly agreed that they get praise for doing a good job, one value was missing and 19.5% disagreed or strongly disagreed.

Table 4-6 Factor Cluster: Recognition work value

<table>
<thead>
<tr>
<th>Descriptive Statistics</th>
<th>% strongly disagree</th>
<th>% disagree</th>
<th>% neutral</th>
<th>% agree</th>
<th>% strongly agree</th>
<th>missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor Cluster: Recognition work value</td>
<td>JOB 4: The chance to be somebody in the community</td>
<td>6.3</td>
<td>8.7</td>
<td>45.7</td>
<td>23.6</td>
<td>15.7</td>
</tr>
<tr>
<td></td>
<td>JOB 14: The chances for advancement on this job</td>
<td>17.3</td>
<td>27.6</td>
<td>34.6</td>
<td>15.0</td>
<td>5.5</td>
</tr>
<tr>
<td></td>
<td>JOB 15: The freedom to use my own judgement</td>
<td>0.6</td>
<td>10.2</td>
<td>17.2</td>
<td>52.3</td>
<td>18.8</td>
</tr>
<tr>
<td></td>
<td>JOB 16: The chances to try my own methods of doing the job</td>
<td>1.6</td>
<td>8.7</td>
<td>14.2</td>
<td>55.1</td>
<td>20.5</td>
</tr>
<tr>
<td></td>
<td>JOB 19: The praise I get for doing a good job</td>
<td>3.9</td>
<td>15.6</td>
<td>35.2</td>
<td>34.4</td>
<td>10.9</td>
</tr>
</tbody>
</table>

Table 4-7 shows the data on the support work value. For question 5 (Job5), 35.4% agreed and 12.5% strongly agreed that their handled them in a good way, 35.4% were neutral and there were eight missing values. Over one-third agreed and 12.9% strongly agreed that they are satisfied with the competency of their supervisor in making decisions and 35.5% were neutral with five missing values.

On question 12, 42.9% were neutral, 24.6% agreed and 6.3% strongly agreed that they were satisfied with the way company policies are put into practice. Three values were missing for this question. Over one-third agree and 25.8% strongly agree that their co-workers get along with each other, with one value missing.

Question 5 had the highest amount of missing responses out of all the questions in the questionnaire, with a total missing value of 8.
Table 4-7 Factor Cluster: Support work value

<table>
<thead>
<tr>
<th>Factor Cluster: support work value</th>
<th>% strongly disagree</th>
<th>% disagree</th>
<th>% neutral</th>
<th>% agree</th>
<th>% strongly agree</th>
<th>missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOB 5: The way my boss handles his/her employees</td>
<td>3.3</td>
<td>17.4</td>
<td>31.4</td>
<td>35.4</td>
<td>12.4</td>
<td>8</td>
</tr>
<tr>
<td>JOB 6: The competence of my supervisor in making decisions</td>
<td>1.6</td>
<td>12.9</td>
<td>35.5</td>
<td>37.1</td>
<td>12.9</td>
<td>5</td>
</tr>
<tr>
<td>JOB 12: The way company policies are put into practice</td>
<td>7.1</td>
<td>19</td>
<td>42.9</td>
<td>24.6</td>
<td>6.3</td>
<td>3</td>
</tr>
<tr>
<td>JOB 18: The way my co-workers get along with each other</td>
<td>1.6</td>
<td>12.5</td>
<td>22.7</td>
<td>37.5</td>
<td>25.8</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 4-8 represents the work conditions work value. Over half agreed and 23.3% strongly agreed that they are able to keep busy all the time. Forty-five per cent agreed and 29.5% strongly agreed that they have an opportunity to work independently. Almost half agreed and 19.4% strongly agreed that they have a chance to do different things from time to time. Over forty per cent agreed and 30.5% strongly agreed that their jobs provide steady employment, however 24% strongly disagreed and 26.4% disagreed that they are satisfied with their remuneration and the amount of work they do. Less than half of respondents agreed and 10.9% strongly agreed that they are happy with their working conditions.

Table 4-8 Factor Cluster: Work conditions work value

<table>
<thead>
<tr>
<th>Factor Cluster: Work conditions work value</th>
<th>% strongly disagree</th>
<th>% disagree</th>
<th>% neutral</th>
<th>% agree</th>
<th>% strongly agree</th>
<th>missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOB 1: Being able to keep busy all the time</td>
<td>0</td>
<td>4.7</td>
<td>19.4</td>
<td>52.7</td>
<td>23.3</td>
<td>0</td>
</tr>
<tr>
<td>JOB 2: The chance to work alone on the job</td>
<td>0</td>
<td>3.1</td>
<td>22.5</td>
<td>45.0</td>
<td>29.5</td>
<td>0</td>
</tr>
<tr>
<td>JOB 3: The chance to do different things from time to time</td>
<td>1.6</td>
<td>14.7</td>
<td>17.8</td>
<td>46.5</td>
<td>19.4</td>
<td>0</td>
</tr>
<tr>
<td>JOB 8: The way my job provides for steady employment</td>
<td>1.6</td>
<td>6.3</td>
<td>18.0</td>
<td>43.8</td>
<td>30.5</td>
<td>1</td>
</tr>
<tr>
<td>JOB 13: My pay and the amount of work I do</td>
<td>24.0</td>
<td>26.4</td>
<td>17.8</td>
<td>24.0</td>
<td>7.8</td>
<td>0</td>
</tr>
<tr>
<td>JOB 17: The working conditions</td>
<td>7.0</td>
<td>17.1</td>
<td>22.5</td>
<td>42.6</td>
<td>10.9</td>
<td>0</td>
</tr>
</tbody>
</table>
4.8 JOB SATISFACTION IN RELATION TO GENDER

As previously mentioned, the study involved 26 males and 103 females. We will look at any major differences in the respondents’ choices in the job satisfaction section of the questionnaire. Only questions with a significant choice difference between females and males will be shown in the figures and discussed.

For question 4, which deals with occupational satisfaction, a number of participants from both genders indicated not being satisfied with their jobs in that it does not give them a chance to be somebody in the community. Females scored 24.3% for agree and 16.5% for strongly agree. The percentages were 20.8% for agree and 12.5% for strongly agree for the males. Figure 4-11 below illustrates the respondents to this question.

![Figure 4-11 Responses to question 4: The chance to be somebody in the community](image-url)
On question 9 a much higher percentage of females agreed (41.2%) or strongly agreed (44.1%) that they have a chance to help others, compared to the males with 26.9% selecting agree and 15.4% selecting strongly agree. This is shown in figure 4-12 below.

![Figure 4-12 Responses to question 9: The chance to do things for other people](image)

Figure 4-12 Responses to question 9: The chance to do things for other people

Figure 4-13 below shows the responses of females compared to males for question 14. Both genders scored less than 25% for positive scales combined. Of the females 15.5% agreed and 4.9% strongly agreed that the job offered chances for advancement. Similarly, 11.5% of males agreed and 7.7% strongly agreed with this question.

![Figure 4-13 Responses to question 14: Opportunity for advancement](image)
The last question that showed marked differences in responses was question 17. Less than four per cent of the males strongly agreed that they are satisfied with their working conditions compared to 12.6% of the females who strongly agreed as responses as illustrated in Figure 4-14 below.

![Figure 4-14 Responses to question 17: Working conditions](image)

To compare the job satisfaction levels of females to males on five factor clusters, a T-test was conducted on the data received. The T-test calculated whether there was any statistical significance between the genders in relation to the five factor clusters. Table 4-9 shows the statistical t-test results of the females compared to the males. The test showed that there was no statistically significant difference between the five factor clusters.

Carillo-Garcia et al. (2013: 1314) found overwhelming evidence of the feminization of practically all healthcare professionals included in their study. The same is true of this study as almost 80% of the participants are female. The study by Carillo-Garcia et al. (2013: 1314) also noted higher levels of job satisfaction among women than in men. However this study found no such difference.
Table 4.9 T-test results for males vs. females

<table>
<thead>
<tr>
<th>Factor</th>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
<th>95% Confidence Interval of the Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>Sig.</td>
<td>t</td>
</tr>
<tr>
<td>Factor_Ach</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>3.02</td>
<td>.084</td>
<td>-.49</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-.58</td>
<td>50.35</td>
<td>.56</td>
</tr>
<tr>
<td>Factor_Ind</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.13</td>
<td>.72</td>
<td>1.41</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-.42</td>
<td>39.46</td>
<td>.159</td>
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<td>Factor_Rec</td>
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<td></td>
<td>3.96</td>
<td>.05</td>
<td>.33</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.42</td>
<td>55.67</td>
<td>.68</td>
</tr>
<tr>
<td>Factor_Sup</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.97</td>
<td>.09</td>
<td>1.35</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-.59</td>
<td>49.43</td>
<td>.12</td>
</tr>
<tr>
<td>Factor_Work</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.17</td>
<td>.68</td>
<td>-.91</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>-.89</td>
<td>37.50</td>
<td>.38</td>
</tr>
</tbody>
</table>

4.9 JOB SATISFACTION IN RELATION TO AGE

On the questionnaire, age was divided into four categories and the responses are shown in Table 4-10 below.
Table 4-10 Age and percentage before collapse

<table>
<thead>
<tr>
<th>Category</th>
<th>Age</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20-30 years</td>
<td>65.9%</td>
</tr>
<tr>
<td>2</td>
<td>31-40 years</td>
<td>20.9%</td>
</tr>
<tr>
<td>3</td>
<td>41-50 years</td>
<td>8.5%</td>
</tr>
<tr>
<td>4</td>
<td>&gt;50 years</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

The low rate percentages in category 3 and 4 made statistical comparisons difficult and the results unreliable as they violate some necessary assumptions regarding the amount of participants in a group. Therefore, category 3 and 4 were collapsed and added to category 2 to make a single category for the age group from 31 years of age and over. The new statistics are shown in Table 4.11 below. The total number of respondents between the ages of 20 and 30 were 85 (65.9%) and those more than 30 years of age were 44 (34.1%).

Table 4-11 age and percentage after collapse

<table>
<thead>
<tr>
<th>Category</th>
<th>Age</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20-30 years</td>
<td>65.9%</td>
</tr>
<tr>
<td>2</td>
<td>&gt;30 years</td>
<td>34.1%</td>
</tr>
</tbody>
</table>

Group statistics were conducted on the two age categories. On the factor cluster of achievement work value, the mean for the 20 to 30 years of age group was 3.80 and 3.95 for the >30 years of age group, with a p-value of 0.21. The factor cluster for independence work value had a mean of 3.75 for the 20 to 30 years of age category and 3.99 for the over 30 years of age category, with a p-value of 0.36.

The factor cluster for recognition work value had a mean of 3.23 and 3.64 for the 20 to 30 and >30 years of age groups respectively, with a p-value of 0.49. The factor cluster for supportive work value had a mean of 3.39 for the 20 to 30 category and 3.51 for the over 30 category, with a p-value of 0.16. And lastly, the factor cluster for the work conditions work value had a mean of 3.51 for the 20 to 30 category and 3.75 for the >30 category, with a p-value of 0.32.
The t-test was used to analyse the data for any significant differences in the two age groups. Only two out of the five factor clusters were found to be significantly different. These are the factor clusters for independence and recognition.

Table 4-12 Group statistics for age

<table>
<thead>
<tr>
<th>Group Statistics</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age_Collapse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factor_Ach</td>
<td>1.00</td>
<td>85</td>
<td>3.80</td>
<td>.67</td>
<td>.07</td>
</tr>
<tr>
<td></td>
<td>2.00</td>
<td>44</td>
<td>3.95</td>
<td>.69</td>
<td>.11</td>
</tr>
<tr>
<td>Factor_Ind</td>
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<td>3.75</td>
<td>.63</td>
<td>.07</td>
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<td>3.26</td>
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<td>.07</td>
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<td>2.00</td>
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<td>3.99</td>
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</tr>
<tr>
<td>Factor_Sup</td>
<td>1.00</td>
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<td>3.39</td>
<td>.70</td>
<td>.06</td>
</tr>
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<td></td>
<td>2.00</td>
<td>44</td>
<td>3.51</td>
<td>.77</td>
<td>.11</td>
</tr>
<tr>
<td>Factor_Work</td>
<td>1.00</td>
<td>85</td>
<td>3.51</td>
<td>.61</td>
<td>.07</td>
</tr>
<tr>
<td></td>
<td>2.00</td>
<td>44</td>
<td>3.75</td>
<td>.73</td>
<td>.11</td>
</tr>
</tbody>
</table>

Table 4.13 below shows the independent t-test at a 0.05 level of significance. Factor cluster independence obtained an alpha value of 0.45 and factor recognition obtained an alpha value of 0.06.

Regarding age, 20 to 30-year-old healthcare workers and professionals over 61 years old showed higher satisfaction levels than middle-aged professionals. Higher levels of dissatisfaction were also reported by professionals between 41 and 50 years old by Carillo-Garcia et al. (2013: 1314).

Table 4-13 independent t-test for age categories

<table>
<thead>
<tr>
<th></th>
<th>Levene's Test for Equality of Variances</th>
<th>1-test for Equality of Means</th>
<th>95% Confidence Interval of the Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>Sig.</td>
<td>t</td>
</tr>
<tr>
<td>Independent Samples Test</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

64
4.10 JOB SATISFACTION IN RELATION TO EXPERIENCE

The number of years the participants practiced as physiotherapists was divided into four categories – zero to five years, six to ten years, 11 to 15 years and more than 15 years. Due to the low number of respondents with 11 to 15 years and more than 15 years of experience, the necessary statistical assumptions are violated. The categories were collapsed as shown in Table 4.14 below.

Table 4-14 Respondents’ years on experience as a physiotherapist

<table>
<thead>
<tr>
<th>Years practised</th>
<th>No. of respondents</th>
<th>Percentage</th>
<th>Missing value</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 years</td>
<td>71</td>
<td>55.5%</td>
<td></td>
</tr>
<tr>
<td>5-10 years</td>
<td>34</td>
<td>26.5%</td>
<td></td>
</tr>
<tr>
<td>&gt;11 years</td>
<td>23</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>128</td>
<td>100</td>
<td>1</td>
</tr>
</tbody>
</table>
The descriptive statistics in Table 4-15 below are the yielded means, standard deviation and p-values among others. Only one factor cluster, of recognition, showed a significant difference. The factor cluster for the recognition work value obtained an alpha of 0.19 as shown by Table 4-15 below. The respondents with more than 11 years’ experience had a mean of 3.76 compared to 3.31 and 3.29 for the zero to five and six to ten years of experience groups as seen in Table 4-15 below. Therefore the respondents with more than 11 years of experience derived more recognition work value from their occupation.

Table 4-15 Descriptive statistics on years practiced as a physiotherapist

<table>
<thead>
<tr>
<th>Factor Cluster</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
<th>95% Confidence Interval for Mean</th>
<th>Effect_size</th>
<th>1&amp;</th>
<th>2&amp;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor_Ach</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.00</td>
<td>71</td>
<td>3.81</td>
<td>.64</td>
<td>.076</td>
<td>3.66 - 3.96</td>
<td>0.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.00</td>
<td>34</td>
<td>3.80</td>
<td>.78</td>
<td>.13</td>
<td>3.52 - 4.07</td>
<td>0.40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.00</td>
<td>23</td>
<td>4.07</td>
<td>.57</td>
<td>.12</td>
<td>3.83 - 4.32</td>
<td>0.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>128</td>
<td>3.85</td>
<td>.67</td>
<td>.06</td>
<td>3.74 - 3.97</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Factor_Ind</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.00</td>
<td>71</td>
<td>3.80</td>
<td>.57</td>
<td>.07</td>
<td>3.66 - 3.93</td>
<td>0.13</td>
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<tr>
<td>2.00</td>
<td>34</td>
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<td>.77</td>
<td>.13</td>
<td>3.43 - 3.97</td>
<td>0.45</td>
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</tr>
<tr>
<td>3.00</td>
<td>23</td>
<td>4.11</td>
<td>.69</td>
<td>.14</td>
<td>3.81 - 4.4</td>
<td>0.53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>128</td>
<td>3.83</td>
<td>.66</td>
<td>.06</td>
<td>3.71 - 3.94</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Factor_Rec</td>
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<td></td>
</tr>
<tr>
<td>1.00</td>
<td>71</td>
<td>3.31</td>
<td>.60</td>
<td>.07</td>
<td>3.17 - 3.45</td>
<td>0.02</td>
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<tr>
<td>2.00</td>
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<td>.82</td>
<td>.14</td>
<td>3.00 - 3.58</td>
<td>0.58</td>
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<tr>
<td>3.00</td>
<td>23</td>
<td>3.76</td>
<td>.77</td>
<td>.16</td>
<td>3.42 - 4.09</td>
<td>0.57</td>
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<td></td>
</tr>
<tr>
<td>Total</td>
<td>128</td>
<td>3.38</td>
<td>.71</td>
<td>.06</td>
<td>3.23 - 3.51</td>
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<td></td>
</tr>
<tr>
<td>Factor_Sup</td>
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<td></td>
</tr>
<tr>
<td>1.00</td>
<td>71</td>
<td>3.45</td>
<td>.67</td>
<td>.08</td>
<td>3.29 - 3.61</td>
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<td></td>
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<td>.70</td>
<td>.12</td>
<td>3.04 - 3.53</td>
<td>0.12</td>
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<tr>
<td>3.00</td>
<td>23</td>
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<td>.90</td>
<td>.19</td>
<td>3.17 - 3.95</td>
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<tr>
<td>Total</td>
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<td>.72</td>
<td>.06</td>
<td>3.30 - 3.55</td>
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<td>Factor_Work</td>
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<tr>
<td>1.00</td>
<td>71</td>
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<td>.53</td>
<td>.06</td>
<td>3.44 - 3.69</td>
<td>0.07</td>
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<tr>
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<td>.79</td>
<td>.14</td>
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<td>.80</td>
<td>.17</td>
<td>3.48 - 4.17</td>
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<td>.66</td>
<td>.06</td>
<td>3.48 - 3.71</td>
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</tbody>
</table>

Table 4-16 below shows the ANOVA test between the different experience-related groups. Only one factor cluster showed a significant difference, that of recognition.
### Table 4-16 ANOVA on years practised as physiotherapist

<table>
<thead>
<tr>
<th>Factor</th>
<th>Sum of Squares Between Groups</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
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<td>Factor_Ach</td>
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</tr>
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<td></td>
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<td>2</td>
<td>.67</td>
<td>1.49</td>
<td>.23</td>
</tr>
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<td></td>
<td>56.38</td>
<td>125</td>
<td>.45</td>
<td></td>
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</tr>
<tr>
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<td>127</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Not significant</td>
<td></td>
<td></td>
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<td>Factor_Ind</td>
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</tr>
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<td>2.92</td>
<td>.06</td>
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<td>52.53</td>
<td>125</td>
<td>.42</td>
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<td></td>
<td>Total</td>
<td>54.98</td>
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<td></td>
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</tr>
<tr>
<td>Factor_Rec</td>
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</tr>
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<td>2</td>
<td>1.97</td>
<td>4.07</td>
<td>.02</td>
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<td>125</td>
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</tr>
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<td>2</td>
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<td>1.06</td>
<td>.35</td>
</tr>
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<td></td>
<td>65.39</td>
<td>125</td>
<td>.52</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Not significant</td>
<td></td>
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</tr>
<tr>
<td>Factor_Work</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>1.54</td>
<td>2</td>
<td>.77</td>
<td>1.77</td>
<td>.17</td>
</tr>
<tr>
<td></td>
<td>54.46</td>
<td>125</td>
<td>.44</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>56.00</td>
<td>127</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The finding of a study by Rangnekar and Kardam (2012: 20) shows that no significant difference exists between groups with more or less experience as well in the different levels of educational when tested on occupational satisfaction. However, a detailed study of the results clearly shows that few dimensions of job satisfaction have significant differences between the various experience groups. This was confirmed in this study.

### 4.11 RESULTS FOR PRIVATE AND PUBLIC SECTOR PHYSIOTHERAPISTS

The publicly employed physiotherapists comprised the highest number of respondents with 80 physiotherapists participating. Forty-nine privately employed physiotherapists responded as shown in the pie chart (Figure 4-15) below.
Furthermore the two groups are divided according to gender as shown in Figure 4-16. The publicly employed female physiotherapists numbered 68 female and males 12. The privately employed sample had 35 females and 14 males.

Figure 4-16 Genders of publicly and privately employed physiotherapists

Figure 4-17 below shows a bar graph which divides the respondents into four age groups. The publicly employed physiotherapists included had 78.8% between 20 and 30 years of age, 17.5% in the 31 to 40 of age group, 38% in the 41 to 50 years of age group and no respondents in the over 50 years of age group.

The privately employed physiotherapists included 44.9% in the 20 to 30 age group, 26.5% in the 31 to 40 years of age group, 16.3% in the 41 to 50 years of age group and 12.2% in the over 50 years of age group.
The respondents were divided according to marital status as illustrated in Figure 4-18 below. In the publicly employed sample group, 61.3% are single, 12.7% living with partner, 1.3% widowed, 24.1% married and none are divorced. In the privately employed group 38.8% are single, 6.1% living with a partner, 2.0% widowed, 51% married, and 2.0% divorced.

In the public sector sample studied, 78.5% physiotherapists had no children, 13.9% had one child and 7.6% had two children or more as shown in Figure 4-19 below. In the privately employed sample, 46.9% had no child, 26.5% had one child and 26.5% had two children or more.
On the question of years of experience, the public sector group had 68.8% in the zero to five years as a physiotherapist, 20% in the six to ten years group, 6.3% in the 11 to 15 years and 5.0% in the greater than 15 years group. The private group had 33.3% in the zero to five years of experience group, 37.5% in the six to ten years group, 4.2% in the 11 to 15 years group and 25.0% in the over 15 years of experience group.

Employment status was divided into full-time or part-time. Figure 4-21 below a bar graph showing the percentages for the two groups. In the public sector 97.5% work full-time and 2.5% were part-time. Similarly, in the private sector 91.5% work full-time and 8.5% work part-time.
Looking at the highest level of education obtained by the respondents, Figure 4-22 shows that 89.7% of public sector physiotherapists have a bachelor's degree, 5.1% have a postgraduate diploma, and 5.1% have a master's degree. Similarly, of the private sector sample, 89.6% have bachelor's degree, 4.2% have master's degree and 6.3% have a postgraduate diploma. None of the respondents have a doctorate degree.

Group statistics were conducted to compare the public sector physiotherapists to the private sector as shown in Table 4-17 below. Major differences were found for two of the factor clusters, of the support and work conditions work values. The support work value mean for the public sector physiotherapists is 3.33. For the private sector, it is significantly high at 3.59, with a p-value of 0.36. For the work conditions work value, the
public sector group had a low mean value of 3.45 and the private sector physiotherapists had a high of 3.84, with a p-value of 0.61.

Table 4-17 Group statistics of publicly and privately employed physiotherapists

<table>
<thead>
<tr>
<th>Group Statistics</th>
<th>Q10</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
<th>Effect_Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor_Ach</td>
<td>Public</td>
<td>80</td>
<td>3.83</td>
<td>.70</td>
<td>.08</td>
<td>0.07</td>
</tr>
<tr>
<td></td>
<td>Private</td>
<td>49</td>
<td>3.89</td>
<td>.64</td>
<td>.09</td>
<td></td>
</tr>
<tr>
<td>Factor_Ind</td>
<td>Public</td>
<td>80</td>
<td>3.85</td>
<td>.58</td>
<td>.06</td>
<td>0.07</td>
</tr>
<tr>
<td></td>
<td>Private</td>
<td>49</td>
<td>3.80</td>
<td>.77</td>
<td>.11</td>
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</tr>
<tr>
<td>Factor_Rec</td>
<td>Public</td>
<td>80</td>
<td>3.35</td>
<td>.57</td>
<td>.06</td>
<td>0.12</td>
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<td></td>
<td>Private</td>
<td>49</td>
<td>3.46</td>
<td>.90</td>
<td>.13</td>
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<td>Factor_Sup</td>
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<td>80</td>
<td>3.33</td>
<td>.72</td>
<td>.08</td>
<td>0.36</td>
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<td></td>
<td>Private</td>
<td>49</td>
<td>3.59</td>
<td>.71</td>
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<td>49</td>
<td>3.84</td>
<td>.64</td>
<td>.09</td>
<td></td>
</tr>
</tbody>
</table>

A t-test was conducted to show if there was any significant difference (at a level of 0.05) between the two samples as shown by Table 4-18. Significant differences were found in factor clusters of support work value with an alpha value of 0.05 and work conditions work value with an alpha value of 0.001.

In conclusion, it should be noted that four of the five factors had higher means in the privately employed sample. These are the factors for the work values achievement, recognition, support and work conditions. The factor for the independence work value had a slightly higher mean in the publicly employed group compared to the privately employed group.
Table 14.18 Independent sample t-test for publicly and privately employed physiotherapists

<table>
<thead>
<tr>
<th>Factor_</th>
<th></th>
<th>Levene’s Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
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<td></td>
<td>F</td>
<td>Sig.</td>
<td>t</td>
</tr>
<tr>
<td>Ach</td>
<td>Equal variances assumed</td>
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<td>.29</td>
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<tr>
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<tr>
<td>Ind</td>
<td>Equal variances assumed</td>
<td>6.73</td>
<td>.01</td>
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<td>Equal variances not assumed</td>
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<td>Rec</td>
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<td>Sup</td>
<td>Equal variances assumed</td>
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<td>.51</td>
</tr>
<tr>
<td></td>
<td>Equal variances not assumed</td>
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</tr>
</tbody>
</table>

4.12 SUMMARY

Chapter 4 presented an analysis and interpretation of the quantitative data gathered from the respondents. This was done to identify for any significant differences between the various demographic groups participating in the study. The results indicate that the publicly and privately employed physiotherapists have the most significant differences between them when compared to the other demographic factors.
The following chapter focuses on the conclusions drawn from the data analysis, the recommendations and the limitations of this study.
5. CHAPTER V: CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

5.1 INTRODUCTION

The main purpose of this study was to comparatively investigate job satisfaction levels between publicly employed and privately employed physiotherapists in Gauteng Province. In order to attain the primary aim the researcher explored and reviewed the literature on job satisfaction of employees in general. Therefore, by investigating the literature the researcher was able to provide a theoretical background and view of the nature of job satisfaction. Thereafter, the researcher embarked upon engaging empirical investigations, in the form of quantitative methods to examine the level of job satisfaction of selected physiotherapists in Gauteng Province.

In this final chapter, the summary of findings and conclusions reached at are based on the results from the quantitative survey, as well as information gained from the literature survey. Similarly, the recommendations are based on the findings and conclusions made from the study.

5.2 FINDINGS AND CONCLUSION

5.2.1 Gender

Although there was no statistical significant difference between females and males when the T-test was done (see Table 4-9), females had higher positive response percentages (agree and strongly agree) than males. Out of the 20 questions in the questionnaire distributed, females scored higher on 14 positive response percentages and male scored higher on 6 questions. The questions that males scored slightly higher positive response percentages were questions 2, 3, 11, 13, 19 and 20. In addition females scored higher means compared to males on all cluster factors as shown by Table 5-1.
In general females showed higher levels of job satisfaction than males, on comparing means, although statistically on T-test, there were no differences.

### Table 5-1 Group statistics for males and females

<table>
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<th>Mean</th>
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#### 5.2.2 Age

Due to the low sample size in some of the age sub-categories, the category had to be collapsed to allow the category not to violate some necessary statistical assumptions with the amount of participants in the sub-categories. There were two statistical differences in the cluster as discussed in chapter 4. Overall, the age category of greater than 31 years old showed higher levels of satisfaction with higher levels of satisfaction with higher means (range 3.50-3.99) as compared to the 20-30 years old age (mean range 3.26-3.80).

#### 5.2.3 Working experience

Similarly the category of working experience had to be collapsed to allow it not to violate some necessary statistical assumptions with the amount of participants in a subgroup. Only one cluster factor of recognition work value had a statistical difference. However, comparing the means, the respondents who had greater than 11 years working experience showed higher levels of job satisfaction, followed by the zero to five years working experience and lastly the respondents who had six to ten years working experience with the lowest means in all cluster factors and therefore the least job satisfaction among the group.
5.2.4 Public vs Private

Only two cluster factors showed statistical differences among them. Privately employed physiotherapists showed higher levels of job satisfaction as compared to publicly employed physiotherapists when analysing means in the cluster factors.

Only the cluster factor of independence work value showed publicly employed physiotherapists to have a higher mean as compared to privately employed physiotherapists (see Table 4-17). The factor cluster of recognition work value had both groups scoring the lowest means as compared to all cluster factors.

In terms of Herzberg’s Theory of Motivation the sample population were satisfied with some of the extrinsic factors such as organisation and administration policies, supervision and interpersonal relations. However the sampled population was not satisfied with the extrinsic (hygiene) factor of the salary/compensation benefits.

In terms of the intrinsic factors, the sampled population was not satisfied with recognition and advancement but were satisfied with achievements responsibility and the nature of work itself.

Therefore the recommendation might enhance the physiotherapists’ level of job satisfaction when implemented. Enhanced levels of job satisfaction could curb the turnover rates among physiotherapists in Gauteng Province who participated in the study.

5.3 RECOMMENDATIONS

Based on the means and question response percentages of the individual questions in the questionnaire and cluster factors in the categories just discussed above, specific recommendations regarding them are made. The rationale behind using means emanates from the finding that these values were considered to contribute significantly towards physiotherapists’ job satisfaction in the study.
5.3.1 Compensation

This was specifically asked in question 13 of the questionnaire; it is part of the work conditions work value cluster factor. Publicly employed physiotherapists reported the most negative responses (disagree and strongly disagree).

The present pay structure which remunerates physiotherapists in public practice based on salary bands may be unfair and worrisome as it is not based on critical factors such as performance and productivity. Looking at how respondents answered question 1 in the questionnaire, more than 75% were satisfied in keeping busy all the time with only less than five per cent being dissatisfied of not keeping busy all the time (see Figure 4-8). It clearly shows that a lot of physiotherapists have jobs that keep them busy. It seems unfair that physiotherapists who are seeing a lot of patients per day should earn the same amount with the physiotherapists who are less busy. Therefore, it seems necessary that the Gauteng Department of Health should develop a job evaluation system that takes into consideration the number of patients that physiotherapists see a day or month and linking that to their performance and compensation criteria.

5.3.2 Advancement

This was asked specifically in question 14; it is part of the recognition work value cluster factor. Both publicly employed and privately physiotherapists reported dissatisfaction.

A system to identify physiotherapists qualifying to be senior and chief physiotherapists could be effectively used in grading of physiotherapists who are currently employed by their organisations. A clear path of advancement should be drawn on beginning of employment with an organisation based on performance, productivity and performance. Other criterion that could be useful includes continuous professional development education, post graduate education and years of experience in an organisation.

5.3.3 Work conditions

The publicly employed physiotherapists reported some dissatisfaction with question 17 compared to privately employed physiotherapists.

To improve this, the Gauteng Department of Health can make resources available in order for practitioners to carry out their duties. The resources include medical equipment and medical consumables. This can be improved by decreasing the turnaround time of medical equipment and consumables ordering and purchasing. The
supply chain team at the facility could be responsible for completing the ordering and purchasing for their facilities with the signature of the hospital manager and physiotherapy department manager, without the process being overseen by district offices and provincial offices. This could work well especially for consumable items that are used frequently in the hospitals. Centralisation of ordering and purchasing of medical equipment and consumables increases the turnaround time, thereby hampering on effective patient care.

5.4 LIMITATIONS OF THE STUDY

One major limitation of this study is that it was confined to the selected Gauteng Province physiotherapists only. Therefore, wholesale inferences cannot be drawn on other provinces and physiotherapists that did not participate in the study. Another problem of the study relates to the fact that it did not investigate the reasons behind the significant differences in responses by the sample studied. It may be worthwhile for future research to investigate such factors.

It seems important that future research should divide health facilities into different categories i.e., private clinics, private hospitals, public clinics, public hospitals, rehabilitation centres/ hospitals, standalone private practices and consulting rooms and multidisciplinary medical centres.
EVALUATION OF ACCOMPLISHMENTS OF RESEARCH OBJECTIVES

In an attempt to recapture the research objectives stated in chapter 1, an evaluation is performed on the objectives.

1. General objective
The general objective of the study has been met successfully with the identification of two factor cluster that have significant effects on the job satisfaction of public vs private physiotherapists.

2. Specific objectives
The specific objectives were also met successfully.
An assessment of the levels of job satisfaction of physiotherapists in the private sector was done.
An assessment of the levels of job satisfaction of physiotherapists in the public sector was done.
A literature study was conducted in chapter 2.
Recommendations were made in chapter 5 based on findings in chapter 4.

FINALLY

This study proved that the alternate hypothesis \( (H_1) \) is accepted, that privately employed physiotherapists have higher levels of job satisfaction than publicly employed physiotherapists in Gauteng Province.
6. REFERENCES


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APPENDIX A:

1. EXPLANATION TO THE RESPONDENT
To the physiotherapist

Objectives of the study

Thank you for your valuable time.

The survey is designed to measure the level of job satisfaction of physiotherapists in Gauteng Province.

It is based on the Minnesota Job Satisfaction Questionnaire. It may seem that some questions are repeated. However it is purposefully constructed in this manner in order to test the reliability of its results.

The value of an investigation into Job Satisfaction levels is that such knowledge will allow management and policy makers to address variables that increase an organisations employee turnover.

Basic instructions

By means of the survey you have the opportunity to indicate how you feel about your current job. It will prompt you to show what you are satisfied with and what you are not satisfied with. We hope to gain an understanding of the aspects of your job that you like or dislike.

On the following pages you will find statements about your present job. Read each statement carefully. Decide how satisfied you feel about the aspect of your job described by the statement.

Keeping the statement in mind:

If you feel that your job gives you more than you expected, check “Strongly satisfied/ Strongly agree”,

If you feel that your job gives you what you expected, check “Satisfied/ Agree”,

If you cannot make up your mind whether or not your job gives you what you expected, check “Neutral”,

If you feel that your job gives you less than you expected, check “Dissatisfied/ Disagree”,

If you feel that your job gives you much less than you expected, check “Strongly Dissatisfied/ Strongly Disagree”.

Remember: keep the statement in mind when deciding how satisfied you feel about that aspect of your job.

Please do this for all statements. Only give one answer per statement and answer all the statements.

Be frank and honest. Give a true reflection of your feelings about your present job. Your answers will remain completely anonymous. Please note that participation in response to the questionnaire is voluntary without any implied deprivation or penalty for refusal to participate.

Thank you again for taking time to participate in the study.

Masilo Motloutsi

B Sc (Physio) WITS
### DEMOGRAPHIC QUESTIONNAIRE

Please answer the following questions by encircling the relevant number or as indicated otherwise.

<p>| | |</p>
<table>
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<td>AGE</td>
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<td>31-40 years</td>
</tr>
<tr>
<td>3</td>
<td>41-50 years</td>
</tr>
<tr>
<td>4</td>
<td>&gt;50 years</td>
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<td>Married</td>
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<td>5</td>
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<td>1</td>
<td>3 years</td>
</tr>
<tr>
<td>2</td>
<td>4 years</td>
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<tr>
<td>3</td>
<td>&gt;4 years</td>
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3. **JOB SATISFACTION QUESTIONNAIRE**

Please answer the following questions by encircling the number that best describes your situation:

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<td>The competence of my supervisor in making decisions</td>
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