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Impact of Career Success on Organizational Performance: A Study of Health Care Sector

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Abstract

Management and organizational studies consider career success and organizational performance as imperative constructs. However, there has been dearth of literature with respect to its practice in healthcare field. Purpose of current study is to determine impact of career success on organizational performance of public health care hospitals, and to investigate possible dimensions of included variables. Preliminary snooping incorporated focused group and semi-structured interviews of medical practitioners who are currently working in the public hospitals in Lahore. In addition a questionnaire was distributed through convenience sampling technique. Out of total 300 distributed questionnaires, 200 were received back. EFA reveals four dimensions of career success and three dimensions of organizational performance. SEM results prove that career success of medical practitioners is important for improving performance of public hospitals in Lahore, Pakistan. This research is helpful for policy making and strategic development in health care field. However, the findings are limited to the local setting of Pakistan.

Key Words: career success, organizational performance, medical practitioners, public sector hospitals, young doctors association (YDA)

1. Introduction

Economic growth of any country depends largely upon the organizational performance in different sectors. Likewise, Health care sector (HCS) and health indicators are also important for contribution to enhanced economic opportunities (Akram, 2009). Therefore, career success of employees in this particular field is vital for the overall performance of Medical units (Lu et al., 2007). However, in Pakistan, HCS is suffering since its inception. Medical practitioners such as Medical officers (MO), Housing Officers (HO) and Post graduates (PG) seem dissatisfied with their profession and have

low morale (Abid, 2012). This is mainly because they face deteriorating service structure due to deficient policies from government, lack of funding, inaccessibility to facilities and insufficient resources (Abid, 2012).

Moreover, the problems such as service structure instability, contractual jobs, low salaries and slow promotions have lead medical doctors working in public hospitals to form Young doctors association (YDA), and strike against these issues (The Express Tribune, 2015). This prevailing problem has formed the background and inspiration to carry out extant research. YDA was established in 2007 to protect rights of doctors against government line of actions. Major demands were availability of better service package, regulation of service structure, more employment opportunities and increment on salaries (Abid, 2012) .Furthermore, to show unhappiness, doctors closed outdoor patients departments (OPDs) and stopped working. This stance worsened the relations between Government and YDA. However, in 2011-2012, few demands were met by Government (Shah, 2012). To date, medical practitioners have continued to fight for rights.

Thus, in this regard, present study has discussed the problems encountered by medical practitioners in public hospitals. Literature shows that over the number of years, a significant amount of research has been carried out on career success (Judge et al., 1999; Greenhaus, 2003; Ng et al., 2005; Ballout, 2007; Guo et al., 2012) and organizational performance (Benetes et al., 2012; Ambler, 2000; Gilley et al,. 2004; Neely, 1999). Yet, this relationship has not been given due consideration for HCS in Pakistan. Nevertheless, difficulties in career of medical professionals ultimately affect their work related productivity. Hence, there is a need to broadly examine this topic for the purpose of devising applicable strategies. The objectives of this research, therefore, are two. First investigates the influence of career success on performance of public hospitals in Lahore. Secondly, it explores the dimensions of each of these variables.

2. Review of Literature

2.1 Career Success

Career success as defined by (Judge et al., 1999; Seibert et al., 1999) is an affirmative psychosomatic feeling and the gathering of accomplishments connected to work arising from work experience. It is a fundamental part of career research (Gunz and Heslin, 2005). A lot of work is available on variables which influence career success, still, less has been provided to evaluate the concept itself (Heslin, 2003; Sturges, 1999; Greenhaus, 2003). Career Success of an employee has been divided into two distinctive categories; objective career success and subjective career success (Arthur et al., 2005; Nabi, 1999; Judge et al.,1995). The first is extrinsic, and refers to observable outcomes such as promotion, pay etc. Conversely, subjective type is intrinsic, which depends upon appraisal of success and satisfaction of an individual by him/herself (Judge et al., 1995). Moreover, these forms explain the diverse patterns of correlations with interpreters (Ng et al., 2005), and the former positively influences the later (Korman et al., 1981).

2.1.1 Approaches to Career Success

Three well known approaches have been identified to explain the predictors of career success; individal approach, structural approach and behavioral approach (Ballout, 2007; Nabi, 1999). First approach focuses on individuals to develop human capital, maximize education and experience as well as skill investment to attain success in career (Ballout, 2007). In this regard, emperical evidence supports positive relationship between career

success and human capital variables (NG et al., 2005). On the contrary, next approach focuses on organizational factors; organization size, promotional practices and employment security as important elements for an individual's success in an organization. Literature also supports the structural approach to career path (McDonald et al., 2005). Third approach explains individual's career achievement as a result of career strategies and career plans. This is because individuals can contribute to career success through different tactics (Ballout, 2007).

2.2 Organizational Performance

Organizational performance measures the extent to which an organization achieves its objectives (Chakravarthy, 1986; Bentes et al., 2012). It is a multidimensional concept, which can be described and evaluated in various ways or preferences (Zammuto, 1984). According to Ambler (2000) performance includes both external and internal market matrices. External factors include profit and financial measures adjusted by change in brand equity, while internal factors include innovation, health and employee commitment. Similarly, Bolat and Yýlmaz (2009) explain organizational performance on the foundation of seven performance classes; organizational effectiveness, quality, productivity, quality of work life, profitability, social responsibility and continuous improvement. In addition, scholars such as Venkatraman & Ramanujam (1986) and Bentes et al. (2012) argue that only financial measures are inadequate to accurately judge the performance (Kaplan & Norton, 1996).

2.3 Relationship between Career Success and Organizational Performance

Career success is associated with individuals as well as with organizations (Gardner, 1992; Qiongyu et al, 2012). Moreover, success of employees ultimately contributes to organizational success (Lu et al., 2007; Judge et.al., 1999; Guo et al, 2014), because employees play an important role in the operational performance of a firm, which in turn leads to increased financial performance (Curtis et al., 1995). Furthermore, as discussed earlier that career success relates to achievements and experience at work (Judge et al., 1999; Seibert et al., 1999) , the link between career success and organizational performance can be proved through the concept of career management programs. Most companies pay attention to implement such programs in order to create and keep the competiveness with changing work environments (Kong, Cheung & Song, 2012b; Verbruggen, Sels & Forrier, 2007). This adaptability with change helps employees to perform better, thus improving the output of company as a whole (Bambacas & Bordia, 2009). This notion is also important for human resource practitioners, as it contributes to employees' career outcomes (Chiaburu et al., 2006). In this regard, social exchange theory (SET) and social learning theory (SLT) present support for this relationship (Blau, 1964; Cotterell, Eisenberger, & Speicher, 1992; Eisenberger, Cotterell, & Marvel, 1987). They state that employees reciprocate to the facilities made available by their firm (Anderson, 2006).

On the contrary, it is also noted that without the support from organizations, employees individually can also get developed (Quigley & Tymon Jr., 2006). This is because employees who give attention to occupational goals prefer long-term career development and desire to be successful in careers (Nie, Lian & Huang, 2012). Such employees are proactive as compared to those who only react to organizational initiatives (King, 2004; Raabe, Frese & Beehr, 2007). Such proactive behavior supports individual as well as

organizational performance (Bjorklund, Bhatli & Laakso, 2013; Converse, Pathak, DePaul-Haddock, Gotlib & Merbedone, 2012; Crant, 2000; Prabhu, 2007).

In addition to the personal traits, cultural orientation also affects the tendency to pay off compensations at work (Albanese and Fleet, 1985; Appelbaum et al., 2005; Hofstede, 1980). Employees with collectivist orientation emphasize on following group norms instead of individual gains, whereas, others are individualists (Chen et al., 1998). Therefore, cross-cultural studies provide evidence that collectivist employees are more connected to their organizations and possess low retaliatory attitude only if their goals are satisfied with the company they work with (Wagner, 1995). However, the above discussed theories and research outcomes, all point out to the significance of career success in deriving organizational performance.

Moreover, Hofstede (1980) in a survey outlines that Pakistan is a collectivist country. Thus, it is hypothesized in this study that the population; young doctors of medical units in Lahore should perform better if hold a successful career. Or on the other hand, they may not consider the individual benefits as an important indicator of their satisfaction and performance.

3. Research Methodology

Based upon the above discussed review of literature and gap identified, hypothesis of this study is given as follow:

- **H_1:** Career success of medical practitioners has a significant impact on the performance of public hospitals

3.1 Sample and Procedure

This research has focused on the young medical practitioners; HO, MO and PGs working in public hospitals located in Lahore, Pakistan. There are two reasons for taking HCS as population and specifically the public hospitals in one selected city. Firstly, the formation of YDA has taken place due to the challenges faced by young doctors of public sector. Secondly, strikes against government were started from the medical workers in Lahore and later on these spread to other cities. Moreover, the great amount of inhabitants in Pakistan makes HCS an essential part of country, where satisfactory medical services for people are necessary this is possible if issues of the medical service providers are resolved.

Out of total 16 public medical facilities in Lahore, 10 were sampled for data collection. Convenience sampling technique was utilized to draw sample. This method was employed because no definite list of population was available, and due to time as well cost constraint. Public hospitals included in sample are; Services hospital, Jinnah Hospital, Mayo hospital, General Hospital, Children Hospital, Nawaz Sharif Hospital, Ganga Ram Hospital, Sheikh Zaid Hospital, Shahdara Hospital and Lady Willingdon Hospital.

This study relies on qualitative as well as quantitative tools for data gathering. Initially interviews of medical practitioners were conducted to gain knowledge about this arising issue. Secondly, primary data was collected using a structured questionnaire developed to fit in local setting. Furthermore, to keep ethical considerations, informants were approached after taking permission from the hospital authorities. They were invited to participate on their own will. Moreover, confidentiality of data was assured. Complete

data for analysis was collected in around two months' time period. Total 300 questionnaires were distributed. However, 200 were received back (67% response rate). No questionnaires were discarded for any missing data.

3.2 Measurements

To fit in the local setting, questionnaire was developed after conducting interviews from medical practitioners in public hospitals. Moreover for the measurement of career satisfaction, scale given by Greenhaus et al., (1990) was adopted, and to measure the non-financial performance of hospitals, measures by Quinn and Rohrbaugh, (1983) have been also incorporated. Questionnaire constituted of 31 items and two sections. First section measures career success through 20 items on a 5-point Likert rating scale (1= strongly disagree to 5= strongly agree). Second section measures hospital performance using 11 items on a 5-point scale (1= decreasing evolution to 5= rising evolution). Furthermore, gender, marital status, age, monthly income, working experience and designation were considered as demographical characteristics. Finalized questionnaire was distributed among medical practitioners after pilot-testing and reliability testing. For the purpose of pre-test, 30 questionnaires were handed over to medical doctors. Findings of pre-test did not show any problem in developed instrument. Therefore, without other modification, questionnaire was used for further research.

4. Data Analysis and Results

All necessary tests such as for checking the linearity, normality, autocorrelation, heteroskedasticity, detection of outliers and multicollinearity were applied on collected data. The results were satisfactory, thus making analysis tools appropriate. Furthermore, reliability for all variables was checked through Chronbach's alpha. Reliability for career success is $\alpha = 0.893 > 0.7$ and for organizational performance $\alpha = 0.891 > 0.7$, proving adequateness (Fornell & Larcker, 1981). The reliabilities of factors loaded after EFA are given in Table 3 ahead.

4.1 Descriptive Statistics

Descriptive statistics of data reveal that sample consisted of 125 (62.5%) male and 75 (37.5%) female respondents. Similarly, out of total 200 medical practitioners, 68% were married and 32% single. Moreover, 48 (24%) respondents were between 20-25 years, 109 (54%) respondents belonged age group 26 -30 years, 36 (18%) had age 31-35 years and only 7 (3.5%) doctors aged from 36-40 years. With respect to income level, maximum respondents 95 (47.5%) had net monthly income salary ranging from 40001-60000, 1(0.5%) had income within bracket 80001-100,000 and remaining 7% were unpaid. Furthermore, 73.5% had work experience of less than 5 years, 23.5% had 5-10 years' experience, 2.5% had tenure between 11-15 years and only 0.5% medical practitioners had worked for more than 15 years. By designation, 36 (18%) respondents were at HO level, 61 (30.5 %) were serving as MOs and majority 95 (47.5 %) were PGs. In addition to this, 108 (54 %) medical practitioners had involvement with young doctor association (YDA).

4.2 Exploratory Factor Analysis (EFA) of Career Success and Organizational Performance

SPSS version 18 and Amos 18 were utilized to analyze and interpret the data. Exploratory factor analysis (EFA) was used to explore the dimensions for career success

and organizational performance. Moreover, regression analysis was conducted through structural equation modeling (SEM) and the framework was verified. The results of EFA run for career success and organizational performance are presented in Table 1 and Table 2 respectively. Scale items for both variables were analyzed by using principle component method. Furthermore, Varimax rotation was selected to calculate factor loadings. Four factors of career success had been extracted through EFA, which gives 64.968 percent of total variance of 18 items. Computed factors are; career satisfaction, personal and social success, job and compensation, learning and development. All extracted factors had Eigen value above one, as well as the items loaded and considered in each factor had factor loading above 0.5 (Hair et al., 1998). Table 1 illustrates that Items 1, 2, 3 were confirmed loaded in factor IV (career satisfaction), items 4, 5, 6, 7, 8, 9, 14 were loaded in factor I (personal and social satisfaction), items 11, 12, 13, 15 had loadings in factor II (job and compensation), whereas items 17, 18, 19, 20 were loaded in factor III (learning and development).

In addition, to increase the overall reliability of scale, item number 10 and 16 were deleted. This is because; their factor loading was less than the minimum limit 0.5. After performing EFA, sampling adequacy and suitability of factors was confirmed via Kaiser-Mayer-Olkin (KMO) test with value $0.856>0.7$ and Bartlett's test of sphericity with significance level of $p = 0.000<0.05$.

Table 1: Exploratory Factor Analysis (EFA) for Career Success Scale

Sr. No	Items	Factors Loading			
		I	II	III	IV
1	**You are satisfied with the success, you have achieved in your career.**				.721
2	**You are satisfied with the progress, you have attained by meeting goals for income**				.755
3	**You are satisfied with the progress, you have attained by meeting goals for promotions.**				.782
4	**You are satisfied with the progress, you have attained by meeting goals for skill/professional development**	.711			
5	**You are in a position to do mostly the work which you really like.**	.597			
6	**Your job title indicates your progress and importance in the organization.**	.760			
7	**The current job provides you peace of mind.**	.565			
8	**The medical/health practice is respectable and honorable profession.**	.739			
9	**The current job enables you to enjoy**	.500			

	social status being medical/health practitioner.				
14	**Medical/health practice as career provides you sufficient reward & recognition.**	.510			
11	**Monetary benefits & perks attached with your career are reasonable& satisfactory.**		.738		
12	**Your profession provides reasonable service structure & rapid promotion.**		.839		
13	**You are happy with the incentives and compensation you have received so far.**		.835		
15	**Your job is providing security and allied benefits.**		.768		
17	**It provides better working conditions and friendly environment.**			.718	
18	**You enjoy and learn a lot from senior as cooperator and facilitator.**			.875	
19	**It provides learning & earning opportunities due to collaborations and linkages.**			.811	
20	**It enables to polish personal & technical skills due to training & refresher courses.**			.609	

In case of organizational performance, three factors have been extracted, and the total variance of 11 items is 63.874 %. Sample adequacy for this variable was further tested using KMO (0.877> 0.7) and Bartlett's test (p = 0.000<0.05), and was found appropriate. Likewise all the factor loadings of items given in table 2 are above 0.5. The three computed factors of organizational performance are; operational performance, customer orientation, and human resource practices. Items 3, 4, 5, 9, 10, 11 were loaded in factor I (operational performance), items 6, 7, 8, were loaded in factor II (customer orientation) and items 1, 2 have been loaded in factor III (human resource practices).

Table 2: Exploratory Factor Analysis (EFA) for Organizational Performance Scale

Sr. No	**Description**	Factors Loading		
		I	II	III
1	**Personnel absenteeism**			.754
2	**Personnel retention**			.678
3	**Working environment**	.592		
4	**Research and development Opportunities**	.774		
5	**Quality of services**	.743		
6	**Internal process coordination**		.709	
7	**Patient care & satisfaction**		.818	
8	**Patient Coverage**		.821	
9	**Productivity**	.620		
10	**Adequate equipment, Facilities and Management Support**	.741		
11	**Monitoring system**	.730		

4.3 Reliability for subscales

Furthermore, Chronbach's alpha reliability values for career success subscales range from 0.771 – 0.851 and the coefficient alpha values for the organizational performance subscales range from 0.642 – 0.881. All values have significant results as $\alpha > .7$; only one factor had the alpha reliability 0.642. However, according to Pallant, (2002) coefficient alpha value below than .7 is acceptable for short scales with less than ten items.

Table 3: Chronbach's Alpha Reliability for all Scales

Sr. #	Scales and their factor components	No. of Items	Chronbach's α
	Career Success	18	.893
I	Personal and social satisfaction	7	.834
II	Job and Compensation	4	.851
III	Learning and Development	4	.825
IV	Career satisfaction	3	.771
	Organizational performance	11	.891
I	Operational Performance	6	.881
II	Customer Orientation	3	.642
III	Human Resource Practices	2	.816

Moreover, scales were validated through item-to-total, inter-scale and total scale correlations. Item to total correlation matrix describes correlation of every item with the rest of total items in the scale. It also determines convergent validity. In the findings of this study, it was identified that all scale items of career success and organizational performance were significantly correlated (see Table 8 & Table 9 in Appendix). In the same way, inter-scale and total scale correlation matrix provided in Table 4 and Table 5, describe correlation of each factor with other factors and also with total scale.

Table 4: Inter-scale & Total Sale Correlation of Career Success Scale

	Total CS	**I**	**II**	**III**	**IV**
Total CS	1				
Career Satisfaction	.685**	1			
Personal & Social	.885**	.516**	1		
Job & Compensation	.669**	.432**	.394**	1	
Learning & Development	.688**	.359**	.618**	.346**	1

**p < 0.01, sample= 200

Inter-scale correlation matrix also determines the discriminant validity, where the correlation between two factors should less than 0.9. In our results, correlations between all factors of scales are positively correlated and are not excessively high. The inter-scale correlation matrix of scales showed that all dimensions of scale were positively correlated with each other's as well as with the total scale of career success and organizational performance.

Table 5: Inter scale & Total scale Correlation for Organizational Performance Scale

	Total OP	I	II	III
Total OP	1			
Operational Performance	.848**	1		
Customer orientation	.784**	.639**	1	
HR Practices	.620**	.442**	.302**	1

** P < 0.01, Sample size = 200

4.4 Structural Equation Modeling (SEM) of Career Success and Organizational Performance

After we confirmed the factors of variables included, structure equation modeling (SEM) had been utilized to check the theoretical model. The proposed model is shown in Figure 1.

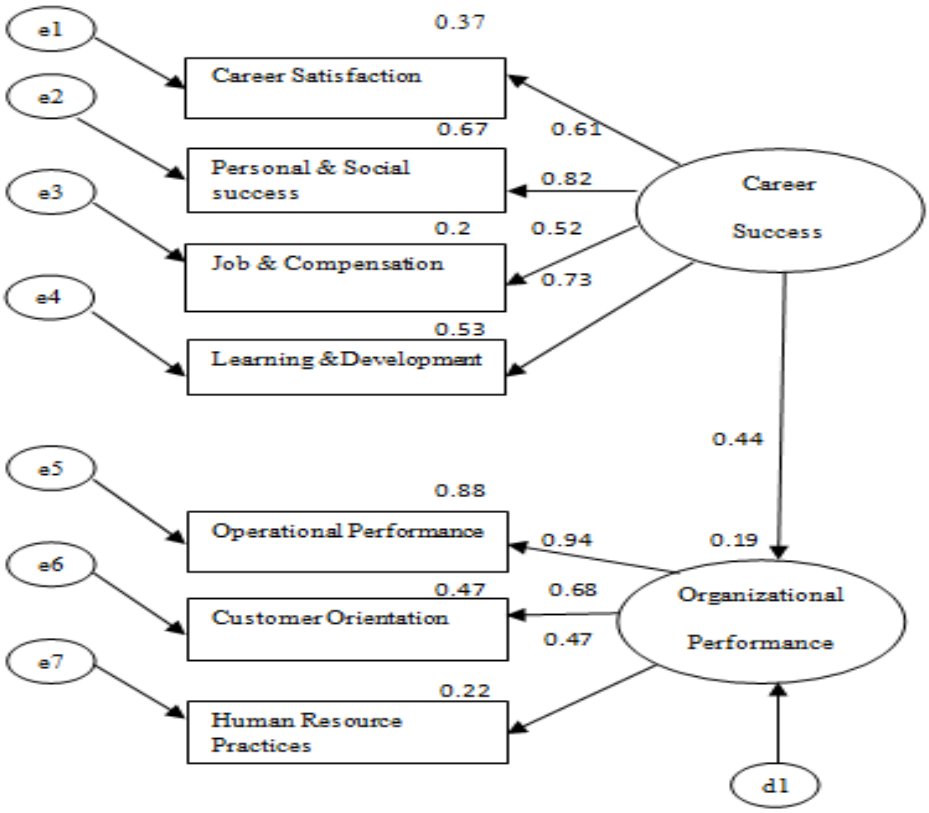

Figure 1: The Research Model

Values of Model fit Indices calculated as a result of SEM, are presented in Table 6, which shows that the indices of proposed model meet the criteria for acceptable model fit (Hu & Bentler, 1999). Standardized RMR and Root Mean Square also fulfill the criteria of model fit, as they are less than 0.1 (Browne and Cudeck, 1993; Kline, 2010). In addition Normed Chi-square = 2.12 <5, indicating closeness to fit (Bollen, 1989).

Table 6: Model Fit Indices

Fit Statistics	Values for Model	Criteria	Remarks
IFI	0.963	> 0.9	Acceptable
NFI	0.932	> 0.9	Acceptable
CFI	0.962	> 0.9	Acceptable
RMESA	.075	< 0.10	Approximate Fit
Standardized RMR	.038	< 0.10	Acceptable
Normed Chi-square (NC)	2.12	< 5	Acceptable

To check for the impact which career success exerts on organizational performance, regression analysis is computed. Outcomes given in Table 7 depict that organizational performance is significantly and positively influenced by career success. That is when **career success** increases by one unit **organizational performance** also rise up by 0.441 units. Overall, career success alone accounts for 19 % of variance in organizational performance. This result proves the proposed hypothesis, which stated that career success of medical practitioners has a significant impact on the performance of the hospital.

Table 7: Standardized Regression Weights

Association in the Model	Hypothesis	Estimate	P	Remarks
Career Success→Organizational Performance	H_1	0.441	***	Accepted

***p<0.01

5. Discussion and Conclusion

In light of SET and SLT, aim of this research was to explore the dimensions of career success and organizational performance, as well as to identify that to what extent the performance of public sector hospitals is affected by career success of medical doctors. Previous studies had only proved two categories of career success; objective and subjective career success (Ng et al., 2005; Arthur et al., 2005; Nabi, 1999; Judge et al.,1995). However, no research focused on exploring and operationalizing the variable itself. In this regard, to fullfil this gap in literature, present study has been conducted within the context of public health care sector in Lahore, Pakistan.

The notion to conduct this research was important. The rationale and need for this research had aroused because of dilemma with public sector hospitals. Their performance was affected due to the lack of interest of young medical practitioners, who has feel of having lower success in career, and this lead to low morale. The lack of interest was the outcome of insufficient amenities and less compensation available to young doctors. This further resulted in doctors carrying out part-time jobs to execute preferred needs, and lost focus in first employment. Moreover, medical practitioners started to migrate towards other countries for better opportunities and facilities, which resulted in scarcity of proficiency as well as put hospitals' performance at stake.

EFA and SEM analysis show that the four factors of career success (career satisfaction, personal and social success, job and compensation satisfaction and learning and development opportunities) are significant indicators of the hospital performance as measured by operational performance, customer orientation and human resource practices (Judge et.al., 1999; Gardner, 1992 and Lu et al., 2007). The results of this study are consistent with previous researches of (Venkatraman & Ramanujam, 1986; Asikhia, 2010; Delaney & Huselid, 1996; Kyndt, et al., 2009; Guo et al, 2014), which presented that operational performance, customer orientation and human resource practices indicate the organizational performance (Bambacas & Bordia, 2009). Thus, if the medical practitioners working in public sector hospitals of Lahore have greater degree of personal or compensatory satisfaction, along with timely training and development, then they may have personal success that ultimately turns into the increased performance of hospital. This relationship has been proves significant in this study.

Our results are contrasting with the work of (Quigley & Tymon Jr., 2006;Bjorklund, Bhatli & Laakso, 2013; Converse, Pathak, DePaul-Haddock, Gotlib & Merbedone, 2012; Crant, 2000; Prabhu, 2007) as they stated that employees, even when not given compensation from their organizations, get themselves developed for success. This opposite result may be because of the cultural orientation of doctors. In collectivist country i.e. Pakistan, young medical doctors refer reacting to the facilities provided, that too for the whole group; YDA.

As the studied variables are connected, therefore, management of hospitals or the government has to provide sufficient benefits to the doctors, so that they may be more productive, leading to the success and high performance of hospitals. Outcomes of present study are not only of importance to the owners of hospitals, but also for other stakeholders. Functioning of public sector hospitals can be enhanced by resolving problems which are being faced by medical practitioners. Further, Government should improve the above mentioned areas through better strategy making and implementation in the favor of young doctors, so that they remain satisfied with their careers and perform better. Strategies for fair distribution of funds in public hospitals, for fair promotions of medical practitioners and for better service structure have to be developed.

5.1 Limitations and Future Work

Interpretation of the results presented in this research paper must be made with a few limitations. First, this research has been conducted using only one indicator of hospital performance; career success. In future, other predictors can also be assessed. Moreover, performance of hospitals in this paper has been operationalized with non- financial measures. However, financial measures can also be utilized. Thirdly, this study has

employed convenient sampling technique by taking sample from only one city; Lahore though the results can be generalized to other cities because of same prevailing issues and YDA concerns all around Punjab as well as Pakistan. Yet, it can be extended beyond Lahore.

Cross-sectional research design has been incorporated. In future longitudinal method can be practiced to take the responses of doctors multiple times over the time. This will further help in comparison of timely performance and career success. Demographic characteristics can be considered as control variables or predictor variables in future researches. Also the same effect can be studied in terms of gender differentiation. This paper considers only public hospitals as population. It can be applied to private hospitals as well, based upon the problems arising, or a comparison of public and private hospitals can be made.

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APPENDIX

Table 8: Item to Total Correlation of Organizational Performance Scale

Sr.#	Items	R
1	Personnel absenteeism	.490**
2	Personnel retention	.452**
3	Working environment	.688**
4	Research and development Opportunities	.731**
5	Quality of services	.773**
6	Internal process coordination	.680**
7	Patient care & satisfaction	.667**
8	Patient Coverage	.663**
9	Productivity	.718**
10	Monitoring system	.760**
11	Voluntary personnel rotation	.609**

Table 9: Item to Total Correlation of Career Success Scale

Sr.#	Items	R
1	You are satisfied with the success, you have achieved in your career.	.557**
2	You are satisfied with the progress, you have attained by meeting goals for income	.584**
3	You are satisfied with the progress, you have attained by meeting goals for promotions.	.563**
4	You are satisfied with the progress, you have attained by meeting goals for skill/professional development	.716**
5	You are in a position to do mostly the work which you really like.	.578**
6	Your job title indicates your progress and importance in the organization.	.687**
7	The current job provides you peace of mind.	.597**
8	The medical/health practice is respectable and honorable profession.	.479**
9	The current job enables you to enjoy social status being medical/health practitioner.	.592**
10	You are enjoying liberty of decision in career.	.555**
11	Monetary benefits & perks attached with your career is reasonable& satisfactory.	.627**
12	Your profession provides reasonable service structure & rapid promotion.	.547**
13	You are happy with the incentives and compensation you have received so far.	.537**
14	Medical/health practice as career provides you sufficient reward & recognition.	.626**
15	Your job is providing security and allied benefits.	.524**
16	Your career provides you opportunities for higher qualification.	.571**
17	It provides better working conditions and friendly environment.	.689**
18	You enjoy and learn a lot from senior as cooperator and facilitator.	.525**
19	It provides learning & earning opportunities due to collaborations and linkages.	.611**
20	It enables to polish personal & technical skills due to training & refresher courses.	.629**

**. Correlation values are significant at the 0.01 level