Pakistan Journal of Social and Clinical Psychology
2007, Vol.5, No. 1, 52 - 64

JOB SATISFACTION: INTERPLAY OF PERSONALITY TYPE AND ORGANIZATIONAL SETTINGS

Nageen Khalid & Iftikhar Ahmad
GC University, Lahore

A study was conducted on 140 junior doctors who were drawn randomly from public and private hospitals to identify determinants of their job satisfaction. A major hypothesis was that interaction of psychological distress, personality Type A/B and private versus public hospital work conditions would influence job satisfaction. These variables were measured through self report questionnaires. Three-way ANOVA indicated distress as a salient factor in the public hospital settings followed by personality-type in influencing job satisfaction. Experience emerged as a strong determiner of job satisfaction followed by interaction between distress, personality-type and experience in the private hospitals. Thus the hypothesis that kinds of conditions (public / private settings) and kinds of personality (A/B Type) would affect each other in determining job satisfaction of doctors was supported. Type-A behavior and distress of doctors might have been usefully exploited in the private hospitals. The nature of interaction among these variables, as estimated on the basis of marginal means of job satisfaction score, improved over time due to such work conditions in private hospitals as provided more opportunities for use of abilities and skills as reported in the job satisfaction questionnaire. There are several implications of the results towards improving level of job satisfaction among public sector doctors.

A common view is that job satisfaction is employees' perception of how well their jobs provide the things they value and to what extent these meet their expectations. In this sense job satisfaction would be a correlate of psychological health (Begley & Czaika, 1993). In general, job satisfaction refers to an affective orientation of individuals to work roles they occupy and the characteristics of their job. It is characterized as a state of happiness and involvement with the job. On the other hand, job dissatisfaction is characterized as mental distress, marked with the experience of unhappiness, irritability, feelings of restlessness, anxiety, depression, isolation and problematic interpersonal relationship leading to increased absenteeism, turnover and reduced quality and quantity of work (Burenette & Mui, 1997).

An individual's attitude toward job is characteristically enduring as if it is a personality aspect rather than an organizational or context variable. A possible explanation of why some individuals experience relatively high job satisfaction while others experience low job satisfaction in the same

Correspondence concerning this article should be addressed to Ms. Nageen Khalid, HR Officer, Indus Homes Limited, Raiy Wind road, Lahore. Email: nageen_1@hotmail.com

Iftikhar Ahmad, Ph.D. is Associate Professor, Department of Psychology, GC University Lahore, Pakistan.

work settings is due to differences in their personality characteristics (Omundson, Schroder, & Stevens, 1996). Type-A / B behaviour conceptualization of personality has been studied in a number of assessment studies (Schultz & Schultz, 2004; Newstorm, 2002). Matthews (1982) suggests that persons having Type-A personality behave differently than those who are Type-B: The former are thought to be in continual state of tension, perpetually under stress and have strong sense of time and urgency than the latter. Even when their work environment is relatively free of stress, they carry their own stress as a fundamental part of personality. Type-B behaviour pattern can be described as relative absence of the above characteristics: They experience less stress at work, can tolerate role ambiguity and conflicting situations and can be productive workers without fighting out others competitively. The relationship between Type-A/B behaviour and job satisfaction is however unclear as some studies reported positive relationship (Bluen, Barling, & Burns, 1990) while others presented negative relationship (Chusmin & Hood, 1998), and still others found no relationship (Spector & O'Connell, 1994).

Organizational factors also influence job satisfaction. For example features of the job and those of workplace such as pay, opportunities for promotion and advancement, congenial working conditions, competent and fair supervision and nature of work groups are traditionally considered as vital to job satisfaction and influence the way one feels about one's job. Among the job stressors unique to the medical work, Anthony, Trauis, Deborah, & Stephen (2001) identified excessive paperwork, bureaucratic interference, extended work hours and on-call as relevant to the general practitioners. Practice administration, interference with family, social life and routine medical work have also been found as undermining job satisfaction of young doctors (Rout, Cooper, & Rout, 1996). Several of these variables can be clubbed in the context of organizational setting in private versus public hospitals. Huq, Uddin, and Mahmood (2001) found that physicians in the public sector hospitals were less satisfied and more distressed than their counterparts in private hospitals regarding their service structure, facilities and benefits. Locke (1976) held that a self appraisal of doctors' experiences of these work settings would characterise their job satisfaction: Job appraisal revealing inappropriate physical conditions or lack of career structure and personal development etc. would have vital consequences for doctors' job satisfaction. Cooper and Marshall (1978) observed that doctors as professionals were rather more at risk of mental distress as they have to empathize with their patients in their pain and agony. Historically, junior doctors have had higher work load affecting their well being and quality of work. In a sample of 270 doctors from hospitals of Karachi (Pakistan) Khuwaja, Qureshi, Andrades, Fatimi, and Khan (2004) reported that majority of doc-

tors had poor level of job satisfaction and a high level of job stress. The purpose of this investigation is to explore relationship between job satisfaction and some of the personality and organizational variables across public-private hospitals in Pakistan.

Hypotheses

1. Job satisfaction, mental well being and Type-A/B behaviour will be found theoretically valid and meaningful constructs as measured through self report scales used in this study.
2. Job satisfaction would be more strongly associated with Type-B than with Type-A personality.
3. Job satisfaction would be greater among doctors who work in the private hospital setting than those in the public sector.
4. There will be significant interaction between Type-A personality and work settings in the private hospitals toward job satisfaction whereas Type-B will have greater job satisfaction in the public hospitals.

Rationale of the Study

The study aims at finding determinants of job satisfaction in terms of interaction of personality types of the doctors and their job-experience(s) formed in private versus public hospital settings. Public sector hospitals generally have a bureaucratic system which follows rigid or structured operating systems. Private sector, on the contrary, is characterized by a systematic yet diversified structure of business based system. They differ from each other in terms of service structure, facilities, and benefits. We will assess kind of personality behaviour called Type-A / B and kind of work experience(s) characteristic of private/public hospital settings as well as their interaction as determinant of job satisfaction among junior doctors.

Method

Sample

A purposive sample of 152 junior doctors whose experience ranged between 1-7 years was randomly drawn from the respective hospitals. However 12 did not give their consent for testing and assessment, therefore, 140 participated. They included 100 (50 men & 50 women) from public hospitals (Mayo & Services) and 40 (men) doctors from private hospitals (Masood, Ittefaq, Fatima Memorial and Surraiya Azeem). There were very few women doctors in private hospitals; therefore only men doctors were taken from there. The age of the participants ranged between 25-35 years. All of them had just first medical degree / MBBS to begin their job as Medical Officer. Nearly 70 percent of them were currently working in OPD (outdoor patient) department. The rest were on wards or emergency duty.

Instruments

General Health Questionnaire

GHQ-12 (Goldberg, 1978) was used to assess mental health of the

doctors. Example: Have you recently been able to concentrate on what you are doing? It is a Likert scale (better than usual = 4, same as usual =3, less than usual =2, much less than usual=1) designed to identify changes in mental health in terms of anxiety and depression as well as social dysfunctions. As indicated in the manual, score greater than 15 indicate distress and that of 20 indicate severe problems and psychological distress. Low score indicate less mental distress or more mental wellbeing. Alpha of .88 and stability coefficient of .72 over six months was found in a sample of 137 dermatological patients (Picardi, Abeni, & Pasquinip, 2001). Piloting the scale in Pakistan for this study on 40 junior doctors yielded (a) a two factor structure jointly accounting for 60.73 % of the variance, (b) sufficient discriminant validity (r =-.48, p<.002) between anxiety and depression subscale, and social dysfunction subscale and (c) an alpha of .80 and .87 for the two sub-scales respectively. The scale was used in its original form in English.

Job Satisfaction Scale

The scale (Warr, Cook, & Walls, 1979) was used in its original form in English. It has 15 items that are rated on 7-point scale. It had an alpha of 0.92 on a sample of 205 public sector employees (Paula & Judi, 1992) and that of 0.93 on 61 employees of a utility company (Weaver, 1980). Piloting the scale on 40 junior doctors for this study, an alpha of .83 was found.

Type-A / B Personality Inventory

Type-A / B Personality Inventory (Ivancevich & Matteson, 1980) is an alternative response measure of 24 items; 12 measuring Type-A behavior and the remaining 12 measure Type-B behavior. It is scored as a difference between number of A-Type and number of B-Type responses circled .Thus score can range from +12 (extremely Type A) to -12 (extremely Type-B).Piloting the inventory on 40 bankers for this study, a KR-20 index of .78 was found. The inventory was used in original form in English.

Procedure

Permission was obtained from the Medical Superintendents of the respective hospitals to collect data from junior doctors. Respondents who gave consent to participate in this study were approached at their workplace for briefing them about the study. Questionnaires were delivered to individual doctors and they were requested to complete these in their free time within a week and a collection date was notified. A written protocol explaining instructions for each questionnaire was delivered along with the questionnaires. The filled up material was collected by visiting their workplaces again on specified days. If the forms were not filled up by specified date, a second date was asked for collecting the same. They were debriefed there in small groups.

Results

Analysis of data revealed that difference between average scores of men and women was not statistically significant on any of the measures used in this study therefore data for both the sexes was collapsed for subsequent analysis. Association between gender and personality types was also not found to be significant $\chi^2 = 1.79$, $df = 1$, $p < .20$. Nearly normal distribution of the data allowed us to use Pearson Product Moment Correlationamong scores on various measures.

A number of observations can be made from the correlation matrix (Table 1) to contend that measures used in this study were valid for use in Pakistan. One, an inverse relationship between job satisfaction and psychological distress was found which reflects on the validity of the job satisfaction and psychological distress as opposite constructs. Two, job satisfaction score had inverse relationship with Type-A behavior but positive relationship with Type-B behavior. This is in keeping with the psychological theory of personality types. Third, Type-B behavior and psychological distress were negatively correlated as expected $r = -.28$, $p < .05$, whereas Type-A scores had a weak but positive association with psychological distress $r = .26$, $p < .05$.Type-A persons are usually in a continuous state of tension and have a strong sense of time and urgency, thus they carry the stress of their personality with them all the time. Four, Type-A and Type-B behaviors were themselves found to be somewhat opposite constructs (see Table 1). Moreover, mean scores on job satisfaction between the persons scoring < 15 on psychological distress called moderate 'cases' of distress as explained in the manual of GHQ-12 and the rest ('non-cases') were significantly different $t = 5.73$, $p < .0001$ indicating that psychological distress and job satisfaction are opposite constructs. These statistics lend evidence to the psychological relevance and meanings of the constructs of job satisfaction, Type A / B behavior and mental well being. It

Table 1

Correlation among Study Variables (N =140)

Scales	2	3	4
1. Job satisfaction	-.49 **	-.37 **	.39**
2. Psychological distress		.26*	-.27*
3. Type-A Behavior		_	-.37**
4. Type-B Behavior		_	_

* $p < .05$. ** $p < .01$.

also suggests the validity or usefulness of the measures that scaled these concepts in this study among Pakistani people.

Mean scores on job-satisfaction of Type-A doctors were significantly lower than that of Type-B $t = 6.26$, $p < .0001$ as hypothesized which supported the psychological theory that Type-A persons are over ambitious persons seldom satisfied with their current achievements and that Type B are cool, contended and happy persons. It was also contended in another hypothesis that the private sector doctors would be more job-satisfied than those working in the public work settings. The difference between the mean scores on job satisfaction between the doctors of the two sectors was significant $t = 2.46$, $p < .01$. Private sector doctors were more satisfied *(*$M = 67.50$, $SD = 16.93$) compared to public sector doctors *(*$M = 58.66$, $SD = 16.84$). Interestingly, job experience contributed to job satisfaction in private sector hospitals but it had a reverse though moderate effect on the public sector doctors (see Table 3). Both, Type-A and Type-B doctors improved their job satisfaction with experience in the private hospital settings but such effects were negligible among doctors working in the public hospital settings. Hypotheses 2 and 3 are thus supported.

The last hypothesis underlay a model for determining what comprised job satisfaction in defined work settings; public-private hospitals. Here, the independent variables are a) personality Types A / B behavior, b) psychological distress, and c) experience or length of service rendered whereas dependent variable is job satisfaction among doctors. It is also contended that these variables and their interaction will influence job satisfaction differently in private and public work settings. Specifically, it is contended that Type-A persons would be more job satisfied in the private hospital work settings whereas Type-B would be more job satisfied in the public sector. A three-way (repeated design) ANOVA revealed personality-type as having significant main effect on job satisfaction in public hospital settings followed by psychological distress $F = 14.96$, $p < .0001$ and $F = 12.02$, $p < .001$ respectively. In the private hospitals, experience was found as a strongest determiner of job satisfaction followed by a significant interaction between distress, personality-type and experience (see Table 2). In view of this evidence, the hypothesis that kinds of work settings (public/ private hospital hospitals) and kinds of personality (A/B Type behavior) would affect each other in determining job satisfaction of doctors in the private sector hospitals was supported (Experience x Distress x Types, $F = 5.71$, $p < .02$). Personality as well as distress interacted significantly with experience of working in the private settings effecting job satisfaction. Such interactions were not significant in the public sector data.

The interaction between specific personality type and public-private work setting is displayed through group means in Table 3 & Figure 1)…

Mean scores on job satisfaction of Type-A and Type-B doctors having certain length of experience in the private- public hospitals indicated several dimensions. First, Type-B personality doctors had higher score on job satisfaction to start with than Type-A in both hospital settings and they improved in job satisfaction over time in the private as well as public hospital settings but Type-A improved in the private hospitals only. Mar-

Table 2

Three-way ANOVA of Job Satisfaction as a Function of Experience, Distress and Personality Types

Sources	*SS*	*df*	*MS*	*F*
	Private sector (n = 34)			
Experience	1632.24	1	1632.24	8.55**
Distress	225.33	1	225.33	1.18
Types	660.57	1	660.57	3.46
Experience x Distress	80.16	1	80.16	0.42
Experience x Types	10.00	1	10.00	0.05
Distress x Types	59.38	1	59.38	0.31
Experience x Distress x Types	1089.44	1	1089.44	5.71*
Error	4770.25	25	190.81	
Total	156669.00	33		
	Public Sector (n = 100)			
Experience	8.50	1	8.50	0.04
Distress	2359.79	1	2359.79	12.02 ***
Types	2935.94	1	2935.94	14.96***
Experience x Distress	71.24	1	71.24	0.36
Experience x Types	222.67	1	222.67	1.13
Distress x Types	269.76	1	269.76	1.37
Experience x Distress x Types	.61	1	.61	0.00
Error	17855.63	91	196.22	
Total	410923.00	99		

* $p < .05$. ** $p < .01$. ***$p < .001$.

Table 3

Average Job Satisfaction of the Type-A /B Doctors by Levels of Experience in the Public / Private Hospital Settings

	Public Hospitals		
Work experience	Type-A	Type-B	Marginals
1-3 yrs	53	72	62.5
4-7 yrs	54	66	60
Marginals	53.5	69	61.2
	Private Hospitals		
1-3 yrs	51	69	60
4-7 yrs	67	77	72
Marginals	59	73	66

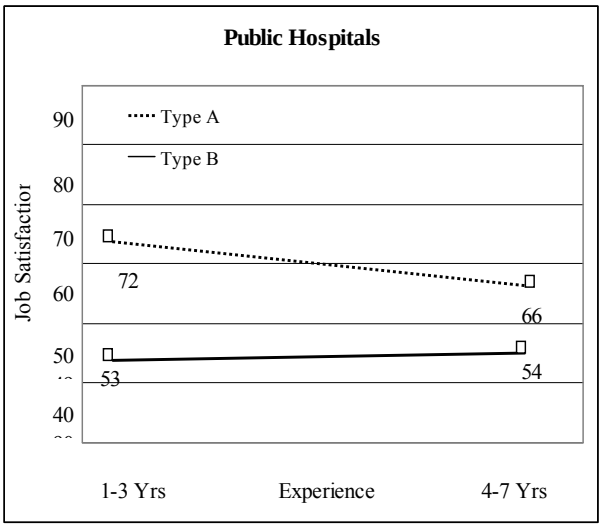
ginals (group means) of job satisfaction were higher for the private hospitals than for the public sector (Table 3). This is substantiated in the light of item analysis of job satisfaction scale: private hospital doctors were more satisfied than public hospital doctors with the physical working conditions $t = 5.74$, $p < .0001$, enjoyed more Autonomy in choice of method / style of work $t = 3.46$, $p < .001$, got better salary $t = 5.76$, $p < .000$, and perceived more opportunities to use their ability and skills $t = 2.41$, $p < .01$, found variety in their duties $t = 2.40$, $p < .01$ and so had extended hours of work $t = 2.10$, $p < .05$. Further, private hospital doctors scored significantly less on psychological distress ($M = 11.47$, $SD = 6.26$) compared to their counter parts in public hospitals ($M = 14.90$, $SD = 6.19$). In short, private hospital doctors had more job satisfaction ($M = 67.50$, $SD = 16.93$) than public hospital doctors ($M = 58.66$, $SD = 16.84$). The difference between the observed mean values was significant $t = 2.46$, $p < .01$ therefore our hypothesis of interaction was supported about private hospital settings.

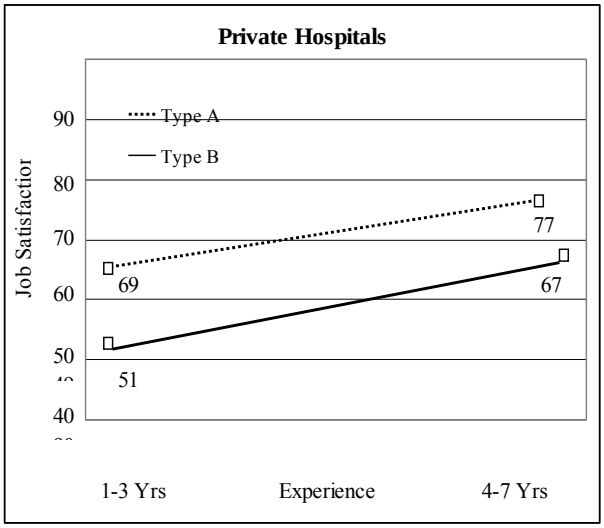
Discussion

In this study, Type-B doctors scored higher on job satisfaction in both public and private sector hospitals to start with and they gained more job satisfaction with time unlike in the private than in the public sector where they deteriorated. Type-A doctors also gained in the private sector overtime but not in the public sector (see table

3). Considering that distress is positively associated with Type-A personality $r = .26$, $p < .05$, doctors with Type-A personality appear to suit work ethos of the private sector hospitals (which demand more input from the workers) as they gained in job satisfaction with time unlike their counterparts in the public sector hospitals. Thus there was a significant interact-

Figure 1: Plots of Mean Job Satisfaction: Interaction of A/B Personality Type by level of Experience





tion between Type-A personality and psychological distress in the private sector $F = 5.71$, $p < .05$. Some researchers contend that Type-A is not a completely negative behavior pattern. For example Day and Bedeian (1991) reported higher job satisfaction by Type-A than Type-B among accountants. In Pakistan, Imam (1998) reported that high Type- job satisfied than low Type-A. Similar findings are reported by Malik (1995) for school for school teachers.

Personality type appears as a core variable bearing significant main effect on job satisfaction in the public hospital settings. Further, distress had also significant main effect in the public sector hospitals whereas experience was salient to working in the private sector hospital. This indicated how different organizational characteristics influence employee behavior at work. Interaction among distress, personality type and experience was found in private sector and not in public sector. It suggests that work climate of the private hospitals productively matched with Type-A personality influencing job satisfaction. The kinds of experience and the kinds of personality cross-table (Table 3) clearly revealed that job satisfaction increased overtime in the private sector. The situational characteristics in the self managed private hospitals thus seem to be more fulfilling for Type-A moderately distressed doctors. For example analysis of the responses on job satisfaction scale revealed that private hospital doctors were more satisfied than their counterparts in the public sector with physical working conditions. Further, they enjoyed more autonomy in choice of method / style of work, had more salary, perceived more opportunity to use their ability and skills, found variety in their duties and also had extensive hours of work. They seem to appreciate opportunities and challenges more than others. Goaded by their personality stress Type-A doctors tend to appreciate challenging private sector hospital settings that yield them higher salary and other professional benefits. Traditionally, public and private sector workers perceive and evaluate their jobs in different ways. For example, Karl and Sutton (1998) held that private sector managers place greater value on economic rewards than their counterpart in the public sector that are alternatively more job security oriented. Thus doctors in the two sectors might be different folks in personality make-up and they differentially suited public-private work conditions. This bears important implications for management of the public health sector. The recent public policy on streamlining public sector big hospitals with an entrepreneurial sprit is likely to impact public health service. The results of this study, by way of reflecting on the general nature of the public health settings, endorse revamping the public sector hospitals. A suggestion in this regard is that the public sector may learn from the private system of health care to enhance an attitude of job satisfaction among its medical force. This would require them to recruit more Type-A doctors

as well as create such work conditions that support mechanisms of autonomy of work, variety in duties, better compensation and a sense of higher degree of professionalism as in the private sector.

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Received January, 2006
Revision received April, 2007