SERVICE ORIENTATION AND CONTINUANCE IN WORK : A STUDY OF CORPORATE HOSPITAL EMPLOYEES

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Service orientation as a helpful, thoughtful, considerate, co-operative, and kind-hearted disposition is an important attitude needed in all varieties of jobs that involve dealing with people. It is more important in service organisation than in manufacturing organisation. Further, it is of more prominence in all service organisation in general and hospitals in specific where the question is of life and death. This study is of 113 employees representing variety of jobs in a large corporate hospital who were administered a questionnaire to elicit their responses to service orientation scale and persistence in their current jobs. Results reveal that employees significantly differed in their service orientation according to their specialisation. Secondly, it also reports that there exists a strong positive and significant correlation between service orientation and persistence in the present job responded by all the participants. Lastly, implications are drawn for human resource selection in hospital organisation.

Introduction

"My grand mother was hospitalised after she had a stroke. My sister and I took turns staying in her room. One early morning my grand mother needed to go to the bathroom. I started helping her, but lost my balance, and she almost fell on me. I rang the nurse's desk for help."yes, someone will be there,"the voice answered. I was trying hard to support my grand mother who is a heavy person.two minutes later I rang for the nurse again. The voice on the intercom said "yes, we know someone will be there. "but you don't understand, this really is an emergency! I pleaded.

Sir' we'll help you in a few minutes, there is a shift change."

The above situation is characterised by a hospital where the people at the service delivery end are poor in their patient orientation, typically careless, disoriented, thoughtless and ……..

Conventionally, the wisdom in behavioural sciences retorts that personality measures are not particularly useful as predictors of on-the-job performance. Perhaps, this view was fair given the evidence on which such wisdom was grounded.

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Advances in applied behavioural sciences over the past 25 years suggest, however, that it might be time to re-examine the role of personality measures, such as service orientation, in human resource planning(activities that emphasises the right type and number of people needed for the organisation over a period of time), employee selection (Hogan, et.al, 1983; Bernardin & Brown, 1985) work performance (Hogan, 1983) and Customer satisfaction (Albrecht & Zemke, 1985).

It is increasingly apparent that performance in a variety of jobs require more than technical knowledge. A good example is the work done in hospitals, where providing patient care requires social as well as technical skills. The problem crosses every level in the hospital personnel hierarchy. Thus, the non-technical side of patient care that particularly concerns hospital administrators can be called "Service Orientation (SOI) - a set of attitudes and behaviours that affects the quality of interaction between hospital employees and patients or more broadly the employees of any organisation and its customers or users". Such actions as treating patients and co-workers with courtesy, consideration and tact, being perceptive about patient needs, and being able to communicate accurately but pleasantly, contribute significantly to the overall quality of patient care.

Conversely, personnel who are irritable, thoughtless, cranky, imperceptive, harsh, rustic, and abrasive not only upset patients but will also tend to erode the morale of those employees with whom they interact and work. Thus, service orientation of hospital employees, therefore, may interact with both the quality of healthcare and the overall performance of the hospital which is a service-cum-business enterprise.

Theoretical Base

Currently, the researcher could not find any existing measures that accurately and adequately assesses the service orientation of employees generally in varied service sector organisations and specially, in life saving organisations. Thus, while turning then to a general theory of human effectiveness propounded by Hogan (1983), the following assumptions were extracted in order to generate certain premises from which the corresponding concepts of service orientation could be identified for the purpose of framing the scale items , a)human beings evolved as group-living animals, b) certain competencies were more important for the survival of human groups than others; people differ in the degree to which they posses such competencies; and c) language mirrors social reality. Thus, these assumptions helped in generating the items that are used to form a service orientation scale.

Conceptual Base

Conceptually, service orientation is a behavioural syndrome in the same sense that for example, Type A behaviour or the Authoritarian personality is a behavioural syndrome (Hogan, 1983; Hogan, et.al, 1983).

Similarly, service orientation is also built up from a more primary trait list, unlike Type A and Authoritarian personality syndromes. However, service orientation denotes that competency and mental health on one hand and its firm link to the work on the other. Thus, the concept of service orientation is quite applicable to all jobs in which

personnel need to represent their organisations to those people who may be clients/patients/users and where smooth and cordial interaction are required. To this point, this article has primary focus on hospital work, but it is easy to see that many jobs in a variety of organisations require service orientation (for example, insurance, banks, hotels, etc.)

There is a need to clarify some concepts that could confuse with service orientation. What is the difference between values and service orientation? A value is what one regards as conducive to one's welfare (Locke, 1976; Elizer, 1983). It is an important element in an individual's frame of reference (Pennings, 1970). Whereas, service orientation is an altruistic frame of mind, deep- seated in the cognition, which is conducive to other's welfare. What is the difference between commitment and service orientation ? Commitment is the strength of individuals identification with and involvement in an entity of his life space in which he continues to live (Kanter, 19; Porter, et.al, 19;), whereas service orientation is a precondition or pre-requisite to the expression of commitment to a concern. In other words, people express commitment to a concern consequential to their service orientation.

Bluedorn (1984) used "intention to quit" as an outcome of the interaction of several personal and organisational variables. However, this article argues that intention to quit or turnover are the extremes that are part of curative analysis of managerial decision making, whereas assessment of persistence at work would be fruitful in many respects for the organisation, since this concept, in one way, reflects the stability of tenure an employee has with the current job which is purely a preventive aspect of manager's decision analysis. Secondly, intention to quit, most often than not, is related to the calculative considerations of the employee for better prospects elsewhere, whereas persistence at work is a normative connotation of the concept which springs from the internalisation of service orientation.

The Study

The present study has three fold objectives. Firstly, it intends to present details regarding measurement of service orientation of the hospital employees with a help of a scale developed specially for this study. Secondly, it intends to asses the service orientation of the employees according to their designations. Thirdly, the relationship between service orientation and the persistence at work reported by the respondents will be assessed. Thus, it was hypothesised that,

i) employees may not differ in their service orientation according to their designations and;

ii) there exists a positive and significant correlation between service orientation and persistence in the current job.

Method

One hundred thirteen employees of a large corporate hospital in Hyderabad, chosen on stratified proportionate random sampling technique basis participated in this research. Service orientation is measured with a help of a scale developed for this study. A set of 43 items were generated on the basis of assumptions deduced from

the theory of human effectiveness (Hogan, 1983) and the corresponding concepts of service orientation. Each item is measured with the help of likert's 5-point response pattern (where strongly agree=5, agree=4, neutral=3, disagree=2 and strongly disagree=1) An item-analysis resulted in 18-items (table 1). The range of significant item-scale correlation is 0.2720 to 0.7285 and the average item-scale correlation is 0.5744. Principal axis factor analysis with a varimax rotation resulted in three factors with eigen values of 9.37, 2.10, 1.27, accounting for nearly 63.3 percent of variance. The first factor accounted for substantially more variance (46.9%) than did the other two factors. A scree test shows that the scale had one general factor and the second and third factors were trivial. Further, all the items heavily loaded on single factor. A content analysis of these items compelled the researcher to label the it as "service orientation factor". Details of the factor analysis are reported in table 1. Coefficient alpha of the scale yielded a value of 0.8549 to declare that the scale items have high internal homogeneity.

Persistence at work is conceptualised as a portion of total number of years of work spent in the current job by the employees of the present organisation (Meir & Barak, 1974). Persistence in present job is akin to the concept of intention to stay but not similar to it. Yet, to some extent, it also reflects the stability of tenure one has in his/her current job in the current employing organisation. Persistence to work may be attributed to several causes in several contexts, but in this research it is assumed to be consequential to the service orientation manifested by the employees on their jobs in the hospital.

TABLE 1 : SOME PSYCHOMETRIC PROPERTIES OF SOI SCALE

S.No	Service Orientation (SOI-S) Items	Item-Scale r	Factor Loadings
1	Relate well with patients.	.5878**	.7463
2	Willingly assist other hospital personnel.	.4844**	.7727
3	Communicate clearly and courteously with others.	.6862**	.7043
4	I always notice when people are upset.	.6028**	.6890
5	I enjoy helping people.	.4223**	.7073
6	I never resent it when I don't get my way.	.5625**	.6317
7	I always tend to be co-operative.	.2720*	.6518
8	My job allows me to perform only a small part of the total service.	.3958**	.8168
9	The service I perform is completely done by me.	.4460**	.7237
10	I can tell the impact of my job on the service.	.4489**	.7384
11	I have got chance to serve the patients here.	.6417**	.8130
12	I feel I render meaningful service to the patients.	.4563**	.7737
13	A lot of patients are benefited by my service.	.5742**	.7403
14	I enjoy helping patients.	.7285**	.5487
15	Even If I am working in other departments, I still like to serve the patients.	.5507**	.7195
16	Some times I help the patients inspite of too may rules & procedures.	.5070**	.7474
17	I feel a great sense of personal satisfaction when I complete my work well.	.7285**	.7588
18	This job gives me an opportunity to fulfil my motive to service and work.	.6977**	.6475
Eigen value	09.37		
% of Variance	46.90		
Alpha Coefficient	00.85		

Results and Discussion

Firstly, it was hypothesised that "employees may differ in their service orientation according to their designations". Results regarding this hypothesis testing are evident from table 2. Quite surprising to note from the table that technicians scored highest mean scores of 79.50 on service orientation scale, followed by physiotherapists (mean=76.50), dieticians (74.00), cashiers (74.00) and doctors (73.15). Surprisingly, the doctors scored 5th highest mean score, followed by executives who scored 10th (mean=68.33) and nurses 11th (mean=66.78).

By and large, it is expected that the doctors, nurses and executives who are primarily responsible for promoting quality of services to the patients do not occupy significant positions, as per their means scores, in their service orientation. Conversely, those who are not very much responsible for quality of services occupy the top positions in service orientation (see table 2).

The five least scorers on service orientation scale are seen from the means presented in the descending order in the table. That is, house keepers scored a mean of 63.60, followed by cooks (59.00), maintenance operators (58.00), front office assistants (57.37) and waiters (49.33). Yet another surprising result to note from the table that the front office assistants occupy the 17th position out of 18 in their service orientation.

The calculated F_{value} reveals that such variation in service orientation scores of the hospital employees is statistically significant at 0.0000 level of significance. This shows that all the employees differ in their service orientation significantly. Thus, the hypothesis is accepted. Why is this so? Such, question, however, may be answered from the personality theory point of view. Service orientation is a stored disposition which is nurtured over a long time - may be, it is acquired right from childhood onwards, as a part of early socialisation experiences, inculcated by parents, teachers and later by employers.

TABLE 2 : MEANS, S.Ds' AND F_{VALUES} OF SOI-SCALE SCORES

Sno	Designations	Service Orientation Scores		
		Mean	S.D	N
1	Technicians	79.50	8.75	12
2	Physiotherapists	76.50	1.73	4
3	Dieticians	74.00	1.15	4
4	Cashiers	74.00	5.41	4
5	Doctors	73.15	8.20	13
6	Stenos	73.00	3.36	4
7	Data Entry Operators	72.50	5.19	4
8	Assistants	71.40	9.95	10
9	Engineers	71.33	9.50	3
10	Executives	68.33	3.38	6
11	Nurses	66.78	8.67	19
12	Divers	65.50	1.00	4
13	Supervisors	64.00	0.00	4
14	House keepers	63.60	2.88	5
15	Cooks	59.00	12.12	3
16	Maintenance Operators	58.00	3.60	3
17	Front Office Assistants	57.37	16.30	8
18	Waiters	49.33	0.57	3

F_{Value} = 4.6388 (d.f) = 17,95   P = 0.0000

Table 3 gives a clear picture about the correlation coefficients yielded between service orientation scale items scores and the persistence at work score. It is very interesting to note from such findings that all the service orientation items yielded a positive and statistically significant correlations, except 7th item. On the other hand, though items like 5,12,15,16,18 are positively correlated, they are not statistically significant. To that nullify that effect, the overall service orientation score yielded a positive, strong and significant correlation with persistence at current job (r=.5182, p<.001) Thus, the hypothesis that " there exists positive and significant correlation between SOI and persistence at work" is well accepted.

TABLE 3 : CORRELATION COEFFICIENTS AMONG STUDY VARIABLES

S.No	Service Orientation (SOI-S) Items	Correlation with Continuance of Work
1	Relate well with patients.	.2780*
2	Willingly assist other hospital personnel.	.3284**
3	Communicate clearly and courteously with others.	.2896**
4	I always notice when people are upset.	.2914**
5	I enjoy helping people.	.1941
6	I never resent it when I don't get my way.	.3470**
7	I always tend to be co-operative.	.0790
8	My job allows me to perform only a small part of the total service.	.2709*
9	The service I perform is completely done by me.	.2722*
10	I can tell the impact of my job on the service.	.4359**
11	I have got chance to serve the patients here.	.2401*
12	I feel I render meaningful service to the patients.	.1992
13	A lot of patients are benefited by my service.	.2890**
14	I enjoy helping patients.	.4871**
15	Even If I am working in other departments, I still like to serve the patients.	.1795
16	Some times I help the patients inspite of too may rules & procedures.	.1086
17	I feel a great sense of personal satisfaction when I complete my work well.	.4871**
18	This job gives me an opportunity to fulfil my motive to service and work.	.2085
19	Overall Service Orientation Scale Score	.5182**

P *0.01, **0.001

A further analysis of the items and their correlation coefficients with persistence at work reveals that both items "I enjoy helping patients" and "I feel a great sense of personal satisfaction when I complete my work well" yielded the highest correlation with persistence at work (r=48.71, P< .001), followed by "I can tell the impact of my job on the service" (r=.4359, P<.001), "I never resent it when I don't get my way" (r=.3470, P<001) and "Willingly assist other hospital employees" (r=3284, P<.001). The overall service orientation scale score yielded a positive, strong and significant correlation coefficient of 0.5182 (P<.001). This means, employees who are more concerned with the welfare of the patients tend to show greater persistence in their current jobs.

Implications

Most of the popular literature on personnel/HRM pre-emphasises the assessment of incumbents knowledge, skills, and attitudes that are appropriate for carrying out the jobs. In practice, skills and knowledge were assessed but attitudes were either ignored are not properly assessed. Sometimes, selection tests like IQ, aptitude, attainment etc, are utilised but there exists concrete evidence of more of studies related to measurement of job related attitudes.

Thus, it is suggested that while selecting people for future purposes, emphasis should be made not only on the knowledge but also on service skills, that the incumbents posses. What are these service skills? Berlin et.al (1995) have proposed that the service skills need on the part of employees at service sector are I) encouraging patients to identify the kind of service they need, ii) communicating effectively with patients, iii) dealing promptly with the complaints of the patients. Not all skills are best acquired or learned from either parents or teachers. Some skills are better learned on the job, through special assignments, or through job rotation. In addition, the service attitudes should also be assessed. All these put together, an employee could perform job effectively.

It will fruitful for the future research activity to focus on the role behaviours in relation to the service orientation of the employees in health care organisations. In the words of Smith et.al (1983) and O'Reilly and Jennifer (1986) there are two classes of variables that form the major role behaviours. They are i) in-role or prescribed behaviours and ii) extra-role or pro-social behaviours. In-role behaviours are those that are expected of all job holders, for example, punctuality, prompt, procedural, working full 8-hours, completing assigned duties, complying rules and regulation etc. Extra-role behaviours are not directly specified by a job description but are of benefit to the organisation and not directly to the individual, for example, courtesy, greeting, giving suggestions, participating in social gatherings, volunteering to help, etc.

In Conclusion, service orientation, a syndrome containing elements of good adjustment, likability, social skills and willingness to follow rules is a pre-requisite attitude on the part of hospital employees. Service orientation denotes complementary and mental health and is firmly linked to the world of work. The concept is applies to all jobs in which employess must represent their organisation to the public and wherein smooth and cordial interactons are required.

It was found in this study that service orientation is a uni-dimensional attitude that significantly differing in the hospital jobs. Secondly, it was also found that as the service orientation score increased, hospital employees' persistence in their current jobs also increased significantly. Since service orientation is an attitude, improving it need rigorous and continuous training. However, it is suggested that while selecting the incumbents, the selection tests should also contain service attitude measures along with other measures. This is because, service orientation holds considerable promise that are unrelated to technical competence but crucial for maintaining good relations between an organisation and its customers or users.

> "My grand mother was hospitalised after she had a stroke.my sister and I took turns staying in her room. One early morning my mother needed to go to the bathroom. I started helping her, but lost my balance, and she almost fell on me. I rang the nurse's desk for help."yes, someone will be there,"the voice answered. I was trying hard to support my grandma who is a heavy person. And the next moment, before I could even realise, there stood in front of me a friendly, charming nurse with a pleasant smile coming to my rescue. I was touched by the services offered
> I love the people who work there; they are so kind.
>
> Next time I get sick i'm going there besides recommending that same place to my friends and relatives".

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