INFORMATION TO USERS

THE IMPORTANCE OF ORGANIZATIONAL COMMITMENT TO THE REALIZATION OF A CUSTOMER-CENTRIC STRATEGY: A STUDY OF THE PERSONNEL AT THE SHOULDICE HOSPITAL

Elizabeth Leiriao

A thesis

In

The John Molson School of Business

Presented in Partial Fulfillment of the Requirements
for the Degree of Master of Science in Administration at
Concordia University
Montreal, Quebec, Canada

April 2003

Abstract

The Importance of Organizational Commitment to the Realization of a Customer-Centric Strategy: A Study of the Personnel at the Shouldice Hospital

Elizabeth Leiriao

The Shouldice Hospital, in Thornhill Ontario has been delivering excellent patient-perceived service quality for many years and is considered to be one of the best-managed hospitals in the world (Heskett et al., 1997). The Shouldice's patient-centric strategy is a benchmark of success. In fact, patients from this leading institution are highly satisfied and thereafter advocate their positive experiences (Paulin et al., 2002). This study integrates both marketing and management concepts in order to provide a better understanding of the hospital personnel's behaviors. The purpose is to comprehend how the personnel contribute to this leading patient-centric strategy. The goal is to recognize whether their contribution is due to the Shouldice image or to an exceptional work environment. The emphasis is placed on positive word-of-mouth of employees, which is related to the internal marketing and influenced by exchange constructs, such as organizational commitment, organizational support, work motivator characteristics, and job satisfaction. The findings suggest that organizational commitment predetermines hospital personnel's positive word-of-mouth towards potential patients and potential employees, and the personnel's satisfaction with the hospital. This last result suggests that intention to recommend the hospital (external marketing) is a reflection of the internal service quality (internal marketing) which is primarily related to the personnel's organizational commitment. Finally, even if the work environment is not perceived as exceptional, the commitment to the Shouldice image leads to the personnel's contribution to the patient-centric strategy.

Acknowledgments

I would like to thank my Professors Dr. Ronald Ferguson and Dr. Michele Paulin for their continuous efforts and support. Their guidance and input were imperative and very much appreciated.

This study would not have been possible without the precious contribution of Daryl Urquhart, the Shouldice Hospital management, supervisors, and employees.

Most of all, I would like to thank my parents for their love and encouragement. They have been my idols and supporters throughout my entire academic career. This thesis is dedicated to both of them.

Table of Contents

List of Figures

List of Tables

CHAPTER 1: INTRODUCTION

The turbulent and uncertain health care system has provided a terrain for medical specialists, treatment specialists, managers, government policy makers, employees, patients and the general public to discuss alternative solutions to current problems such as: lack of personalized services, waiting lines in emergency rooms and for surgeries, and diminishing support from the government to finance services. With the reduction of government funding of the health care system, there has been increased staff burnout, stressful working conditions, patient dissatisfaction, and consequently the deterioration of the public system over the last ten years. There exist pressures to improve patient care while increasing efficiency by cutting costs. Consequently, these pressures require hospitals to adapt a different management style. Until now, the management approach has been more of a firm or manufacturing rather than a customer-centric approach. A *firm or manufacturing centred* organization is economically grounded on measures such as costs, number of beds, number of units, ratios, etc., while a *customer-centric perspective* focuses on the delivery of high quality services around the needs of both the employees and patients.

One Canadian semi-private hospital, the Shouldice Hospital (est. 1947), in Thornhill Ontario, has a focused approach designed to solely treat hernias. Recognized globally for this clean medical procedure, it corrects the ailment with a very low recurrence rate. The Shouldice Hospital is internationally renowned because of its excellent service quality, which results in patients engaging in positive word-of-mouth toward potential patients.

1

This study combines marketing and management perspectives. Mindak and Folger (1990) state that, whereas the marketing literature has often neglected the employee, the organizational behaviour literature has neglected the customer. It's important to focus on both the customer and the employee since satisfied staff equals satisfied customers. The personnel can be considered to be internal customers of the organization, thus the organization is involved in internal marketing to personnel and external marketing to customers. Internal marketing is essentially a task of effective management. The two approaches better elucidate a theoretical foundation for the understanding of a client-focused organization. When the internal marketing of an organization is good then the internal customers provide good service to their external customers.

Shouldice Hospital is considered to be a showcase of excellence in both the service management and marketing literatures. Paulin et al. (2002) studied 500 patients from the Shouldice Hospital and found that these patients were all delighted with both the technical and relational quality. Their level of satisfaction in comparison to any other service experienced was extremely high. Additionally, patients tended to be strong advocates of the hospital and would recommend it to potential patients, friends, and family. Patient satisfaction and perceived service quality were directly related to promoting the hospital (Paulin et al., 2002). Based on these findings reflecting the patient's experience, one can deduce that the Shouldice Hospital's patient-centric strategy really works. The Harvard case in Heskett et al. (1997) indicates that the Shouldice Hospital has a customer-centric strategy and is considered to be one of the best managed hospitals in the world. This customer-centric strategy is so strong that positive word-of-mouth has been the sole advertising method employed in marketing this hospital.

Success, such as this, is rare in service businesses and has never been seen in the literature since it is a unique example of a sustainable service model. The purpose of the present study is to answer the question "What is the role of the personnel in contributing to the phenomenal success of Shouldice's customer-centric strategy?" One can postulate that this contribution is either due to the personnel's commitment to the Shouldice's unique image (the Shouldice model) or to the personnel's perception of an exceptional work environment. Within a social or marketing exchange paradigm, both a unique image and an exceptional work environment could be regarded as what the organization offers to the personnel in return for their contribution.

Within any organization, individuals interact with supervisors, peers, and other members of their organization in ways that evolve into relationships that involve transactions in which both parties give and receive in some way (Organ, 1988). These relationships involving transactions can be considered exchanges. Our focus is on the social exchanges that exist within the Shouldice Hospital. A social exchange refers to voluntary actions of individuals that are motivated by the returns they are expected to bring (Blau, 1964). Social exchange tends to engender feelings of personal obligation, gratitude, and trust (Blau, 1964). For example, an individual who supplies rewarding services to another obligates that individual to respond. To discharge this obligation, the second must furnish benefits to the first in return (Blau, 1964). Similarly, in order to discharge obligation, an employee may provide benefits to the organization. In other words, if an organization exceeds the expectations of an employee, then the employee may feel obligated to exhibit acts that promote the organization.

On one hand, by providing an image of excellence, personnel may feel obligated to exhibit acts that contribute to the success of the organization. The hospital image or model is based on special circumstances that include among others: a family owned business, the correction of a unique medical problem, a clean surgery, a high probability of positive outcomes, renowned excellence and international recognition. By believing in the image, personnel may be more committed and satisfied while being prone to go beyond the call of duty since this image offers support and job motivation. On the other hand, by providing an exceptional work environment that includes organizational support with job satisfaction and motivation, the reciprocation may be the personnel's commitment and extra acts. In a successful exchange, one may expect that organizational support with job satisfaction and motivation may foster organizational commitment and lead to organizational citizenship behaviour or positive word-of-mouth and to the perception of internal service quality (Figure 1.1).
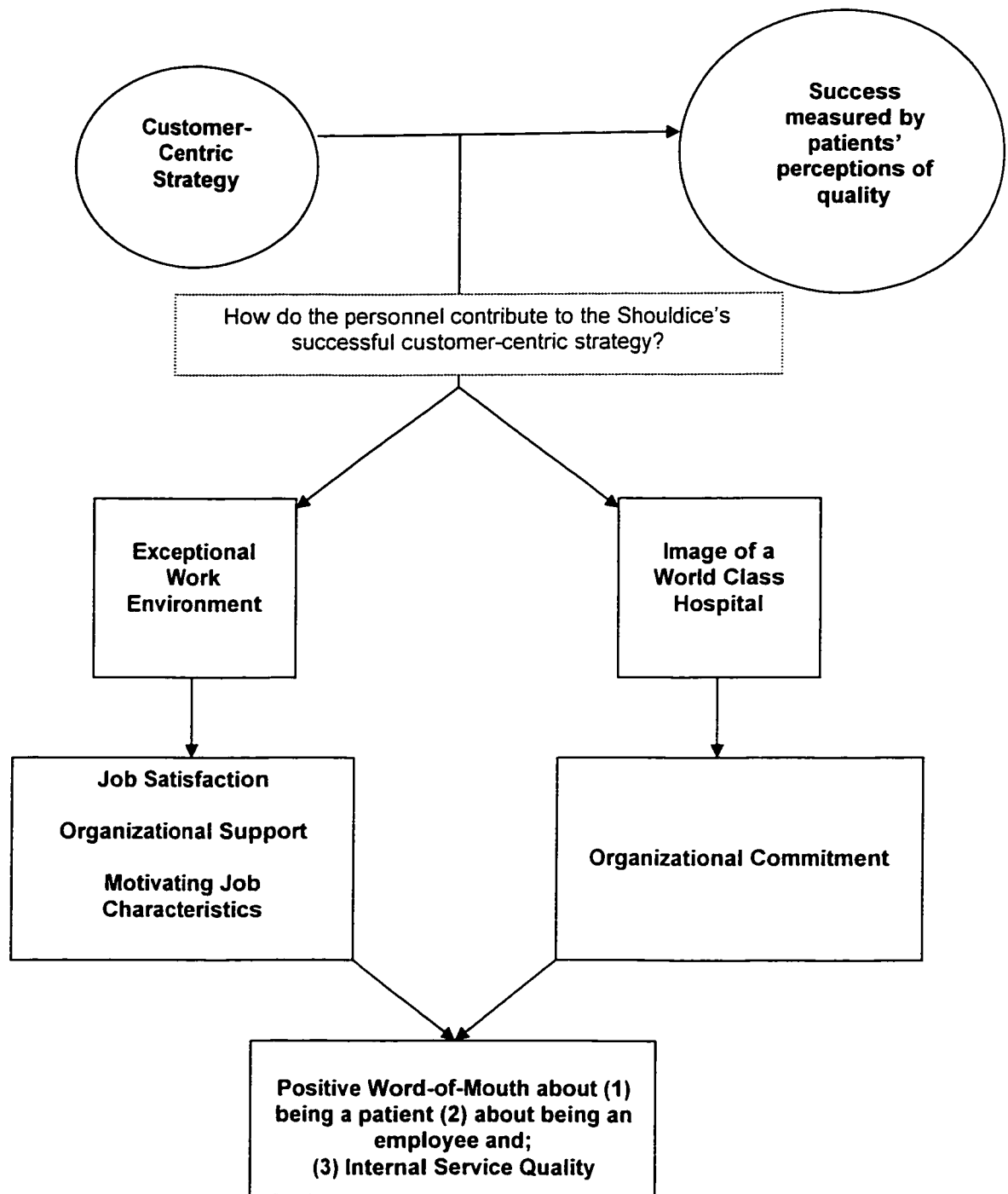
Figure1.1. Theoretical Framework of Exchange

In essence, *organizational commitment* has been defined as the belief in and the acceptance of an organization's goals and values and a willingness to exert effort for and remain a member of the organization (Mowday et al., 1979). Organizational commitment entails strength of linkage between an employee and an organization (Johns et al., 2001). *Perceived organizational support* is the employee's perception of the extent to which he/she is valued by their organization (Eisenberger et al., 1990; Eisenberger et al., 1986; Wayne et al., 1997). Internal organizational support leads to satisfied and loyal employees who provide better quality service to their external organization customers (Gilbert and Parhizgari, 2000). *Work characteristics motivators* are composed of skill variety, autonomy, task significance, task identity and job feedback. When an organization attempts to enrich jobs, employees reciprocate by identifying themselves more closely with the organization (Strauss 1977; Tyagi and Wotruba, 1993). *Job satisfaction* is conceptualized as the extent to which one feels positively or negatively about the intrinsic and/or extrinsic aspects of one's job (Hunt, et al., 1985). Job satisfaction is an employee attitude that leads to membership behaviour, which is beneficial to the organization (Long, 1998). *Organizational citizenship behaviour* involves acts that reach beyond the individual's job description and may not be formally rewarded by the organization. Organizational citizenship behaviour can contribute to customer satisfaction (Morrison, 1994).

Conceptually, word-of mouth is similar to organizational citizenship behaviour. Moorman and Blakely (1995) state that "loyal boosterism" which entails employees encouraging friends and family to utilize organization products and actively promoting the organization's products and services to potential users may include exhibiting

positive word-of-mouth about being an employee and/or a user. Word-of-mouth meets all the definition criteria of loyal "boosterism" which is a dimension of organizational citizenship behaviour. In the literature, job satisfaction (Bateman and Organ, 1983; Smith et al., 1983; Organ, 1990; Williams and Anderson, 1992), organizational commitment (Organ, 1990), work motivating characteristics (Farh et al., 1990; Griffin, 1987), and organizational support (Kaufman et al., 2001) determine organizational citizenship behaviour.

Stemming from the social exchange theory, the theoretical model involves using the exchange theory framework. The study proposes that employees will engage in word-of-mouth if they perceive that a good exchange relationship with the organization exists. There are several constructs (or exchange concepts) that tap into/measure how employees perceive the quality of this relationship and/or the organization's contribution to the exchange: organizational commitment, organizational support, work motivating characteristics, and job satisfaction (Figure 1.2).

Organizational Commitment	Organizational Citizenship Behaviour

| Organizational Support | Word-of-mouth |
| | Recommendation of Hospital to potential (1) patients and (2) employees |

Work Motivating Characteristics	
Job Satisfaction	Internal Service Quality
	Employees' satisfaction with the aid provided by the Hospital to helping them satisfy patients.
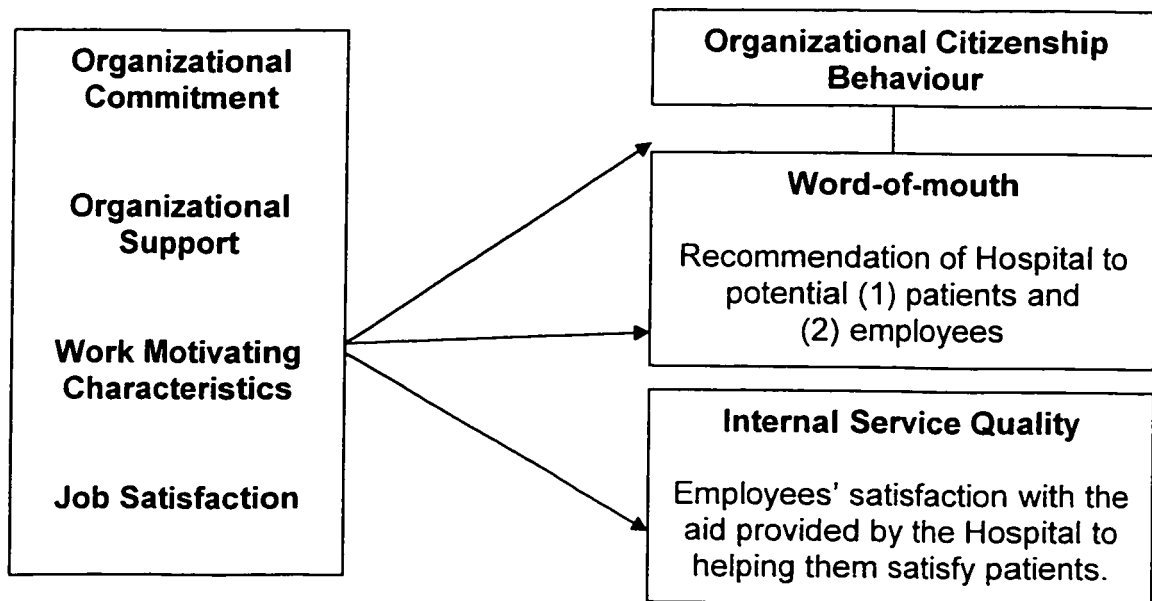
Figure1.2. A Suggested Model for Predicting Word-of-Mouth and Internal Service Quality

Generally, this study analyzes the impact, not the cause-and-effect, that exchange concepts have on the external marketing effectiveness (word-of-mouth) and on the internal marketing effectiveness (internal service quality). Internal service quality can be fostered by internal marketing. The most important tenet of the internal service concept is that poor internal service quality is likely to exert a negative influence on the service quality offered to external customers as well (Steiger and Lind, 1980; Berry et al., 1990). When the internal marketing of an organization is good then the internal customers provide good service to their customers. From a marketing point of view, one would speculate that Shouldice Hospital has developed an excellent model where all efforts are centred on patient care and healing while fostering an intensive internal marketing approach. The internal marketing approach may be ingrained in the organizational culture. The Shouldice Hospital apparently treats employees as valued internal customers, as such; they should be highly satisfied and perform better at delivering high patient perceived quality care. Satisfied personnel would also recommend Shouldice Hospital to potential employees and to patients, as did the patients (Paulin et al., 2002).

Using a marketing perspective, the internal marketing of the Shouldice Hospital will be assessed by the personnel's perception of the service provided to them by the hospital. Organizational commitment, organizational support, work motivating characteristics and job satisfaction will be used to predict the outcome of the internal service quality, which is the satisfaction of personnel with the efforts provided to them by the hospital in helping them create highly satisfied patients.

In sum, the objectives of this exploratory study are to determine which of the management concepts best explain:

- the degree of the personnel's willingness to recommend being an employee at the Shouldice Hospital

- the degree of the personnel's willingness to recommend Shouldice Hospital to potential patients; and on the employee perceived organizational service quality:

- the degree to which the personnel feels that the Shouldice Hospital helps them create highly satisfied patients

1.1 Theoretical Implications

The theoretical foundations of this study are on management and marketing contributions. Both of these perspectives are needed since the first has often forgotten to integrate the customer and the second the personnel, in their respective models. Indeed, most studies in the marketing literature have focused on analyzing the external customer's perception of service quality; very few studies have looked at the internal customer's point of view or the employee's perception of service quality given by their organization. In order to include both perspectives, this study will integrate the employee behaviours within this customer-centric environment and some aspects of internal and external marketing concepts in a relational context.

1.2 Managerial Implications

The managerial implications of this study include:

1. generalizing the findings to other health services;

2. continuing to improve the customer-centric approach in a public and semi-private health care environment;

3. managing closely the personnel as internal customers to improve the health care organization performance as perceived by the external patient;

4. fostering the importance of providing the adequate support to personnel which in turn can save direct and indirect costs to the health care system; and

5. improving effectiveness of management practices when linking them to service marketing.

Chapter 2 will expose the different management and marketing concepts needed to explain the proposed research models of this study. Chapter 3 will summarize the methodology. Chapter 4 will detail results and analysis of the present study and Chapter 5 will end with the discussion and conclusion indicating some recommendations, limitations, which are inherent in every study and future research ideas.

CHAPTER 2: LITERATURE REVIEW

The literature review will consist in detailing specific marketing concepts –word-of-mouth and internal service quality, and further summarizes key elements from the management literature: organizational commitment, organizational citizenship behaviour, organizational support, job characteristics motivators, and job satisfaction. As mentioned previously both disciplines complement each other in the light of linking personnel efforts to increase customer well-being and customer satisfaction.

2.1 Word-of-Mouth

Word-of-mouth refers to customers expressing their feelings with friends, colleagues and family about their personal service experience. The impact of such behaviour is that the customer, intentionally or not, becomes a positive or negative ambassador for a service organization. The consumer behaviour literature indicates that positive and negative word-of-mouth influences behaviour (Arndt, 1967; Day, 1970; Katz and Lazarsfeld, 1955; Reingen and Kernan, 1986; Sheth, 1971). Individuals engage in word-of-mouth because of the quality and/or satisfaction they have experienced (Dabholkar et al., 2000; Paulin et al., 2001).

Advocacy intention leads to the recommendation and the spread of positive word-of-mouth (Dabholkar et al., 2000; Berry and Parasuraman, 1997; Zeithaml et al., 1996; Colgate and Danaher, 1999; Bitner, 1990; Cronin et al., 2000). Word-of-mouth is an outcome of quality and/ or satisfaction (Bitner, 1990; Dabholkar et al., 2000, Rust et al., 1996; Zeithaml et al., 1996; Olivier et al., 1997; Cronin et al., 2000) and may be brought about by "advocates" whether they are external customers or internal customers.

Advocates are those who actively espouse the virtues of the organization to others; they voluntarily engage in word-of-mouth advertising for the organization (White and Schneider, 2000). When we speak of advocates, we generally think of customers relaying their experiences to others, as expressed above. Personnel within an organization may also be considered advocates since they too can convince others of the benefits of their companies. In this case, they are considered internal customers to the organization and they convince: a) potential customers to purchase or experience what their organizations have to offer and b) other individuals to come and work for their organizations. By engaging in positive word-of-mouth, one could postulate that the internal customers tend to be satisfied with the organization efforts at proving overall high internal service quality. Briefly, internal customers or advocates can increase sales and employee retention through word-of-mouth.

2.1.1 Internal Customers

In recent years, the concept of internal customers in service organizations has been introduced and discussed in the marketing literature (Albrecht, 1990; Berry and Parasuraman, 1991; Grönroos, 1985; Gummesson, 1987). The general consensus is that the satisfaction of these internal customers (i.e. employees) is essential to the success of a service firm (Gremler et al., 1993). An internal customer is anyone in an organization who is supplied with products or services by others in the organization (Nagel and Cilliers, 1990). Berry (1984: 272) defines the internal marketing concept as: "Viewing employees as internal customers, viewing jobs as internal products, and then endeavouring to offer internal products that satisfy the needs and wants of these internal customers while addressing the objectives of the organization". The idea that the internal

customer is critical in the delivery of external service was first made popular by Ishikawa, the alleged father of the quality movement in Japan (Bhote, 1991). However, one must note that unlike external customers, internal customers rarely get the opportunity to compare with other services if their needs are not being met (Thornberry and Hennessey, 1992).

From an internal marketing perspective, many researchers have argued that by satisfying internal customers, the organization enhances its ability to satisfy the needs of its external customers (Berry and Parasuraman, 1991; Grönroos, 1985; George, 1977; Heskett, 1987; Schlesinger and Heskett, 1991; Schneider and Bowen, 1985). Generally, this can be referred to the "happy staff equals happy customers" (Ballantyne, 2000). On the other hand, customers dissatisfied with a service will divulge their experience to more than three people (Horwitz, 1990), thus hindering the number of potential customers. Within an organization, the internal customers (employees) may divulge their negative experiences to other individuals, which may be detrimental to the success of an organization.

2.1.2 Defining Word-of-Mouth (WOM)

Word-of-mouth is simply "oral", person-to-person communication between a receiver and a communicator whom the receiver perceives as non-commercial, regarding a brand, a product, or a service" (Arndt, 1967: 3). Precisely, WOM communication, "informal communications directed at other customers about the ownership, usage, or characteristics of particular goods and services and/or their sellers" (Westbrook, 1987: 261), has recently received renewed attention in the marketing literature (Anderson, 1998; Gilly et al., 1998; Money et al., 1998). Positive WOM communication has been

recognized as a particularly valuable vehicle for promoting a firm's products and services (Gremler et al., 2001). It is powerful because it is very persuasive (Bristor, 1990). Loyal customers are said to create new customers through positive WOM (Bowen and Shoemaker, 1998). Similarly, loyal employees may create new customers or new employees through positive word-of-mouth.

WOM is extremely valuable to service organizations, especially if the channels of communication are informal and the service is complex and difficult to evaluate (Money et al., 1998). Public health care providers are more focused on promoting awareness of overwhelming situations such as overcrowding, budget cuts, lack of staffing, etc, than on creating advertising techniques to increase sales. Similarly, semi-private or private health care organizations may ponder on increasing admissions, however, investing in advertising campaigns is sometimes not an option since extra funds are usually re-invested in improving patient care. The Shouldice Hospital for example, solely relies on positive WOM as a marketing strategy since it is less expensive and allows the Hospital to invest extra funds in improving the facilities for the patients' well-being (e.g., superior beds, new carpets.).

2.1.3 Factors that Motivate WOM

There are several factors that motivate WOM, such as: individual factors, service factors and situational factors (Bristor, 1990). *Individual factors* can motivate WOM such as involvement levels, personal motives and preference of certain type of information (Bristor, 1990). People may prefer to get information from a non-commercial source that has no ulterior motives. A source who has experienced the product or the service and is knowledgeable of the potential outcomes can diminish his/her perceived risks.

The *service factors* (or product characteristics normally associated with services) that motivate WOM, include intangibility, search qualities and low comparability (Zeithaml, 1981). In particular, because services tend to be intangible in nature and thus may be difficult to fully understand before they are experienced, word-of-mouth is often utilized to obtain needed information from a user who has previously experienced the services (Bristor, 1990). Word-of-mouth can also help a customer make a prepurchase evaluation of the service, especially when there is a high level of involvement between the customer and the service provider such as seeking medical advice (Bristor, 1990).

In addition to individual and service factors, one must also consider *situational factors*. Indeed, some services may be difficult to compare even if they are similar in appearance, such as seeking health care services within a health care institution, because the nature of the treatment involves the contact person's ability to understand the patient's needs and the patient's level of knowledge. Health care organizations are difficult to compare since the pain sensitivity, the general atmosphere in which the treatment and/or advice is given, and the philosophy of the institution are not advertised.

In relation to this particular study, the situational factors that can motivate patients' seeking recommendations for a hernia operation may include:

- Accurate information about the operation

- Experience from previous patients

- Expert's opinion

- Credibility of the service provider

There are several reasons that people may prefer personal, non-commercial information to other information types (e.g., impersonal, commercial information)

(Bristor, 1990). They may tend to trust their friends' opinions more than commercial information, which is usually perceived as less credible (Mowen, 1987). Especially, in searching for a health care institution that will rectify a medical/health problem, such as a hernia repair. Furthermore, word-of-mouth is also important because it can provide information that may be difficult or impossible to obtain from marketing or commercial sources (Bristor, 1990). For example, it is very difficult to obtain concrete information about a reputable hernia repair institution. A shortage of time may be conducive to engaging in word-of-mouth because desired information may be gathered much faster than the time necessary to make one or more visits and/or phone calls to a company (Bristor, 1990). For example, a person searching for a doctor or health care institution specialized in hernia repair will not make visits to local hospitals nor call hospitals for their rating. Finally, word-of-mouth is conceptually similar to organizational citizenship behaviour which will be discussed in more detail in the organizational citizenship behaviour review.

2.2 Internal Service Quality

Internal service quality can be regarded as the employees' perception of the organizational performance (Boshoff and Mels, 1995) in satisfying them as internal customers of the organization. This may be termed internal marketing which is also dependent on effective service management. Organizational performance can be apprehended from an economical or behavioural perspective. From an *economical perspective*, organizational performance is generally a measure of the bottom line, financial indicators as sales, profits, cash flow, return on equity, and growth (Allen and Helms, 2002). Additionally, the organization should be compared with its industry

competitors when assessing its performance (Dess and Davis, 1984). From a *behavioural perspective*, to improve organizational performance, the emphasis must be placed on the combination of the talents of many organizational members from various disciplines and the systematic process of analyzing and responding to individual, group, and organizational performance issues is necessary (Wallick and Stager, 2002).

Heskett (1987: 120) observed that organizations had shifted towards internal marketing because "high-performing service companies had gained their status in large measure by turning the strategic service vision inward". An increasing number of service organizations have recognized the need for understanding and implementing internal marketing programs, because "internal marketing is important to all industries, but ... it is even more important to service industries" (Greene et al., 1994: 5). Grönroos (1980: 237) states that internal marketing should "create an internal environment which supports customer-consciousness among the personnel." Carr (1990) points out that this can only be achieved if front-line people are treated the same way as customers. Hence. it is the job of managers to help front-line staff in their mission to please the end user. the customer. The growing literature on internal marketing has clearly identified the pivotal role of employees in the implementation of effective external marketing programs (Frost and Kumar, 2001). In fact, marketing to employees under the banner of "internal marketing" has been described by McLeod et al. (1995: 2), "as the first order activity", and a precondition for effective services marketing (Berry and Parasuraman, 1991; Grönroos, 1990). Internal marketing is the key to superior service and the result is external marketing success (Greene et al., 1994; Varey, 1995). Previous research in the area of service quality has concentrated on the service quality gaps between customer

contact personnel and external customers; however, this framework has been adapted to the internal service quality provided to personnel (Frost and Kumar, 2001).

2.3 Organizational Commitment

In an era of layoffs, downsizing, outsourcing, restructuring, and reengineering, there is evidence that employees are losing commitment to their organizations (Meyer et al., 1993). Health care institutions are facing downsizing and restructuring due to budget cuts. Like many of these organizations, health care organizations have taken great strides to improve their patient safety and quality programs. They have recognized the importance of organizational commitment and the positive effect on the quality of patient care (Runy, 2002). Thus, in order to provide quality care, health care organizations and, in particular, hospitals need to recognize the importance of developing organizational commitment with their personnel.

Employees that are committed to the organization may be "key" in improving service quality given to patients. Indeed, organizational commitment is important because "when employees are committed to an organization they tend to reinforce the existing value structure around them" (Herndon et al., 2001: 74). Furthermore, increased commitment should therefore increase employees' feeling of connectedness to an organization, as well as their support for the company's values. Ahead, is a definition of this concept, some outcomes and the antecedents or influences that trust, fit, environment, and internal marketing have on organizational commitment.

2.3.1 Defining Organizational Commitment

Commitment is the action of entrusting, giving in charge, or commending; the commitment of oneself to a particular course of conduct (Oxford English Dictionary).

From a management perspective, organizational commitment is an enduring desire to maintain a valued relationship (Moorman, 1991) and can also be viewed as a dimension of organizational citizenship behaviour (Latham et al., 1997). From a *marketing perspective,* organizational commitment implies a willingness to make short-term sacrifices to realize longer-term benefits (Dwyer et al., 1987).

Gundlach et al. (1995) argue that commitment has three components:

1. an instrumental component of some form of investment or calculative act;

2. an attitudinal component that may be described as affective commitment; and

3. a temporal dimension indicating that the relationship exists over time.

This type of commitment has the dimensions of supervisory consideration, initiation of structure, participation in decision making, role conflict and role ambiguity (Boshoff and Mels, 1995). Organizational commitment entails a commitment that reflects the strength of linkage between an employee and an organization (Johns et al., 2001) and can also be conceived as a pattern of behaviours, a set of behavioural intentions, a motivating force, or an attitude (Liou and Nyhan, 1994).

Most commonly defined, organizational commitment is the belief in and acceptance of an organization's goals and values, and a willingness to exert effort and remain a member of the organization (Mowday et al., 1979). Even if defined in different ways, most studies, from both marketing and management perspectives, recognize that organizational commitment is a multidimensional construct that includes such elements as: a) affective commitment, or emotional attachment to the organization, b) continuance commitment, or the desire to maintain membership in the organization for economic reasons (Meyer and Allen, 1984), and normative commitment which reflects an

individual's sense of obligation to remaining in the organization. However, most empirical studies have continued to focus on affective commitment (Eby et al., 1999).

In more detail, affective or attitudinal commitment is an emotional attachment to an organization. High affective commitment means that an employee perceives his or her employment based on a relational exchange (Morrison, 1994). Affective commitment describes the strength of an individual's attachment to an organization (Meyer and Allen, 1984). Attachment typically develops out of frequent and repeated exchanges that make an initial relationship possible (Van Dyne and Ang, 1998).

2.3.2 Outcomes of Organizational Commitment

In both the marketing and management literature, it has been shown that organizational commitment has many outcomes such as organizational citizenship behaviour (OCB), work outcomes, and performance. Drawing on social exchange theory, affective commitment, conceptualized as a sense of psychosocial attachment, seems to be an antecedent of OCB (Organ, 1990). Thus, engaging in voluntary behaviours such as organizational citizenship is a behavioural response to the inducements received from an organization (Van Dyne and Ang, 1998).

Models by Scholl (1981) and Weiner (1982) provide theoretical support for a commitment-OCB relationship. Scholl suggests that because commitment maintains behavioural direction when there is little expectation of formal organizational rewards for performance, commitment is a likely determinant of OCB. Weiner adds that commitment is responsible for behaviours that do not depend primarily on reinforcements or punishment. Prosocial behaviours are presumed to be affected by commitment when there is a personal preoccupation with the organization or a personal sacrifice to be made.

In fact, the higher the level of affective commitment that employees feel, the more broadly they will define their job responsibilities and consider OCB as "in-role" (Morrison, 1994). "In-role" behaviours are those that employees exhibit because they perceive them as part of their work tasks, or job description (see p. 27 in OCB literature review for further clarification).

O'Reilly and Chatman (1986) provide empirical evidence for an organizational commitment-OCB relationship. In a first study of university employees' psychological attachment to organizations, they found that identification (involvement based on a need for affiliation) was a significant predictor of self-reports of generalized compliance behaviours (O'Reilly and Chatman, 1986). In a second study, of undergraduates' and MBA students' attachments, the authors identified the involvement based on the similarity between individual and organizational values to be significant predictors of self-reports of extra-role compliance behaviours (O'Reilly and Chatman, 1986).

However, despite the generally strong support for a relationship between commitment and OCB, Tansky (1993) found no support for such a relationship. In a study of organizational supervisors and managers, no significant positive relationships were found between organizational commitment and the five OCB dimensions (altruism, conscientiousness, sportsmanship, courtesy, and civic virtue) (Tansky, 1993). Contradiction in empirical results may be partly explained by the context and methodology used in this study. A meta-analysis conducted by Organ and Ryan (1995) revealed that affective organizational commitment (the emotional attachment one feels to an organization) was significantly related to both the altruism and compliance dimensions of organizational citizenship behaviour. In fact, organizational commitment has been

used to predict withdrawal behaviours associated with workplace attendance (Mathieu and Zajac, 1990). Matieu and Zajac (1990) concluded that an individual who is committed to an organization is more likely to remain at work. Furthermore, workers with lower commitment levels may be expected to work fewer hours, on average, than their more committed counterparts in a given organization.

Organizational commitment has also been associated with other *work outcomes*, such as turnover intentions (Chang, 1999). Previous studies have documented a negative relationship between commitment and both turnover intentions (e.g. Bishop et al., 2000; Cable and Judge, 1996; Meyer et al., 1993; O'Reilly et al., 1991) and actual employee turnover (e.g. Whitener and Walz, 1993). There is good evidence that all forms of commitment reduce turnover intentions and actual turnover (Mathieu and Zajac, 1990). Organizations plagued with turnover problems among key employees should look carefully at tactics that foster commitment (Johns and Saks, 2001).

Research shows that affective commitment is positively related to *performance* (Johns and Saks, 2001), however, continuance commitment is negatively related to performance, something you might have observed in dealing with bureaucrats (Meyer and Allen, 1990). Like previously mentioned, continuance commitment views the employee as being less affective and more calculative considering the costs that would result in terms of interests such as pensions and securities (Caruana and Calleya, 1998). Riketta (2002) found a statistically significant correlation between performance and organizational commitment. Concisely, individuals committed to the organization perform better (Mowday et al., 1979) and stay longer (Hom et al., 1979) than employees not committed. The affective commitment of contingent workers seems to be lower than

that of regular employees. Van Dyne and Ang (1998) stress that lower commitment from contingent workers is based on feelings of inequity due to the lack of investment in training, benefits, and job security.

2.3.3 Influences on Organizational Commitment

In addition to outcomes of organizational commitment, we can identify key influences such as trust, person-organization fit, the industry context, and internal marketing specific to a given organization.

Trust is a major determinant of relationship commitment (Morgan and Hunt, 1994) since trust is the willingness to be vulnerable (Mayer et al., 1995). Achrol (1991) suggests that trust is a major determinant of relationship commitment. Commitment and trust are often used as a substitute for each other, however, commitment differs from trust because to initiate trust a maintained valued relationship is not needed (Morgan and Hunt, 1994). Moreover, trust may not involve sacrifices. Trust is important because it determines the level of commitment that employees have in their organizations and in their co-workers. Commitment and trust are important because they encourage employees to (1) work at preserving relationships with their employers (2) resist prospective job opportunities because of the perceived benefits of remaining loyal to their employers and (3) remain "loyal" to their employers since they believe that their employer will not act opportunistically. Similar to trust, commitment is recognized as an essential ingredient for successful long-term relationships (Dwyer et al., 1987; Morgan and Hunt, 1994).

"Person-organization fit" is the congruence or compatibility of values between the individual and the organization (Kristof, 1996). In fact, numerous studies of person-organization fit have found that greater compatibility between individual and

organizational values results in higher levels of organizational commitment, and value congruence is now widely accepted as a determinant of both commitment and job satisfaction (Finegan, 2000; O'Reilly et al., 1991; Caldwell and O'Reilly, 1990; Chatman, 1991; Posner et al., 1985). Empirical results suggest that organizational commitment, which influences OCB, may increase job satisfaction (Kristof, 1996). Moreover, job satisfaction exerts a positive influence on organizational commitment (Boshoff and Tait, 1996).

The *context or industrial sector* in which the organization functions may influence commitment. As an example, Goulet and Frank (2002) studied organization commitment across sectors, and concluded that organizational commitment was highest for employees of for-profit firms, followed by individuals employed in private, non-profit organizations. Public sector employees had the lowest level organizational commitment compared to the other sectors studied (which were non-profit and for profit sectors). Similarly, organizational commitment may be influenced by the organizational environment also known as the organizational climate (Boshoff and Mels, 1995). Organizational climate may include an emotional part: the behaviour and beliefs that guide employees within an organization; and a physical part: the physical entities that are used or compose our environment at work.

Lastly, affective commitment can be fostered by effective *internal marketing*, meaning that the organization treats its personnel as they would value their customers. The internal marketing concept suggests a link between satisfied personnel and satisfied customers. It is the belief that an organization's internal market (personnel) can be motivated to be more for customer-consciousness, market-oriented and sales-minded

through the application of accepted marketing approaches and principles (Berry, 1984: 278; Sasser and Arbeit, 1976). The extent to which the contact person identifies with the organization's goals and values (is committed to the organization) can influence the customer-perceived service quality delivery (Boshoff and Tait, 1996). It is suggested that the level of commitment can be enhanced (and thus also the level of service quality delivered) through internal marketing.

In fact, "Lack of commitment from employees can be harmful to an organization, resulting in poorer performance arising from inferior service offerings and higher costs" (Caruana and Calleya, 1998: 110). Hogg (1996) has suggested that internal marketing could be the answer to gaining employee commitment, succeeding where traditional internal communications programs have failed. Liddle (2001) deduced that these elements encompass all actions that make the personnel the key focus of the organization (e.g. incentives and the development of training and improvement programs).

2.4 Organizational Citizenship Behaviour (OCB)

The nature of organizational citizenship behaviour (OCB) may be explained by six general statements. OCB:

1. may be perceived as benefiting an organization

2. is a type of benefiting behaviour

3. has various definitions

4. is an extra act (an extra-role behaviour) that is not listed in the job description

5. may be prosocial in nature and may be discretionary

6. can be viewed as a multidimensional domain

The concept of Organizational Citizenship Behaviour is derived from the assumption that the intended beneficiary of the aggregate of all the small acts of citizenship is the organization (Latham et al., 1997). Defining and understanding OCB requires a general overview of the contributions made by several authors. Cohen and Vigoda (2000) have summarized the literature on OCB and concluded that this concept derives from social psychology, some classical writings on management and organizational psychology.

OCB has been defined in many ways. Organ (1988) identifies OCB as behaviours that are functional for the organization and are extra-role in nature (e.g. spontaneous, modest, and mundane) and are not formally recognized by an organization's reward system, but nevertheless advance the effective functioning of the organization. Organizational citizenship behaviour has also been defined as a measure of individual behaviour at work (Graham, 1991), a measure of employee performance (Mackenzie et al., 1991), and as a discretionary act that may not be necessarily rewarded by the organization (Konovsky and Pugh, 1994). Generally considered a constructive behaviour that is not related to monetary compensation, OCB is viewed as an individual initiative and is not part of a particular job description of technical competency required in exchange of an economic remuneration (Organ, 1988; Cohen and Vigoda, 2000). It is a discretionary behaviour that is not specified formally, but viewed positively by the organization (Bowen and Schneider, 1988; Philips et al., 1990).

Citizenships behaviours are often performed by employees to support the interests of the group or organization even though they may not directly lead to individual benefits (Moorman and Blakely, 1995). OCB can be conceptualized as positive word-of-mouth

since this type of promotion involves encouraging friends and family to utilize organization products, showing pride when representing the organization in public and actively promoting the organization's products and services to potential users which are all items that measure loyal boosterism. Moorman and Blakely (1995) identified loyal boosterism as a type of organizational citizenship behaviour.

One could postulate, an employee who exhibits OCB tends to be more participative and motivated to perform the job required by the organization (Tang and Ibrahim, 1998). Organizational citizenship behaviour is defined as an extra-role behaviour (an act that is not required by the organization, but is nevertheless welcomed) (Van Dyne and Cummins, 1990) and as spontaneous involvement that reaches beyond the organization requirements (George and Brief, 1992).

2.4.1 In-role Versus Extra-role Behaviours

Early research considered citizenship behaviour as separate from in-role job performance and emphasized that OCB should be viewed as both extra-role and organizationally functional (Bateman and Organ, 1993; Smith et al., 1983). Employees holding the same formal job differ in how broadly they define that job, or in terms of where they draw the line between in-role and extra-role behaviour (Morrison, 1994). Morrison (1994) refers to this dimension as perceived job breadth.

In-role behaviours are considered by employees to be acts that are somehow part of their normal duties and routines. The greater the employee's perceived job breadth, the more activities he or she will define as in-role. A critical difference between an in-role and an extra-role behaviour is the extent to which others reward the behaviour (Organ, 1988; 1990).

Extra-role job performance corresponds to the execution of other tasks that are not detailed in a job description, nevertheless benefiting the organization and its members. Employees and their supervisors differ in whether they define various behaviours as in-role or extra-role and consequently differ in how broadly they define the employees' job responsibilities (Morrison, 1994). The more wildly employees define their job responsibilities, the more they will display behaviour commonly assumed to be OCB (Morrison, 1994). In terms of understanding OCB, it makes a difference whether an employee helps a co-worker because he or she wishes to engage in extra efforts on behalf of the organization, or alternatively, because he or she simply sees the behaviour as part of his or her jobs (Morrison, 1994).

If we would define furthermore the notion of extra-role behaviours, one can refer to Katz (1964). The author extends the notion of extra-role behaviours to include: (1) actions that protect the organization and its property; (2) constructive suggestions for improving the organization; (3) self-training for additional responsibility (4) creating a favourable climate or the organization in its surrounding environments; and (5) cooperative activities.

Thus, extra-role behaviours, often labelled organizational citizenship behaviour (Smith et al., 1983), encompass actions that lie outside the primary job responsibilities, but contribute to organizational and social contexts in the workplace (Borman and Motowildo, 1993; Organ and Ryan, 1995).

2.4.2 A Prosocial Behaviour

OCB can be a prosocial behaviour focused on the organization, organizationally-focused organizational citizenship behaviour (OCBO), or focused on the organization's

personnel, interpersonally-focused organizational citizenship behaviour (OCBI). OCBO are more impersonal and reflect a form of citizenship directed at accomplishing organizational goals (i.e., OCB; Latham and Skarlicki, 1995; Williams and Anderson, 1991). OCBI is directed intentionally at assisting others. For example, it would include orienting a new employee and assisting a fellow employee with a heavy workload. It can be predicted by variables that capture the quality of the relationship between employees and specific individuals at work such as supervisors.

2.4.3 Multidimensional Domains of OCB

Citizenship behaviours have frequently been treated as a unidimensional construct (Bateman and Organ 1983; O'Reilly and Chatman 1986; Puffer 1987). This interpretation may have led to confusion in defining, measuring, and interpreting such a complex concept as OCB. OCB is currently in danger of degenerating into a construct that is too general and that defines everything and anything and hence may not advance our understanding of employee and behaviour (Latham et al., 1997). Domains of OCB have been synthesized and compared in the following Table 2.1.

Table 2.1: Domains of OCB

OCB Domains	Latham et al. (1997)	Organ (1998)
Altruism	A behaviour that is intended to benefit another person without any expectation of personal gain (Dovido, 1984) and in a self-sacrificial way promotes the welfare of others without concern for one's own self-interest (Hofman, 1981; Krebs, 1975)	*According to Organ (1998), altruism means:* • *Altruism:* Employees give help to others *and also,* • *Conscientiousness:* Employees carry out in-role behaviours (i.e., individual task performance) well beyond the minimum required levels
Collectivism	The subordination of personal goals to group goals and behaviours of solidarity and concern for others (Hui, 1988; Triandis, et al., 1988)	*According to Organ(1998), collectivism is composed of:* • *Civic virtue:* Employees participate responsibly in the political life of the organization *and also,* • *Courtesy:* Employees treat others with respect
Organizational Commitment	The belief in and the acceptance of an organization's goals and values and a willingness to exert effort for and remain a member of the organization (Mowday et al., 1979)	*According to Organ (1998), organizational commitment is:* • *Sportsmanship:* Employees do not complain, but have positive attitudes

According to Latham et al. (1997), there are several domains included in the OCB concept. These constructs are important since they are utilized when measuring OCB: altruism, collectivism, and organizational commitment. These general constructs consist of two main management concepts (altruism and collectivism), and one marketing concept (organizational commitment).

Furthermore, Organ (1998), maintains that there exists five domains involved in measuring OCB: altruism, conscientiousness, civic virtue, sportsmanship, and courtesy these five concepts are similar to the three constructs established by Latham et al. (1997), and are defined in Table 2.1. These constructs, unlike OCB, have been subjected to rigorous and systematic research. Briefly, Organ's (1998) five domains are similar to Latham et al. (1997) definitions.

2.4.4 Factors Facilitating OCB

The facilitators have been narrowed to: the perceived organizational support, the organization-based self-esteem, the interpersonal trust, the attraction towards a work group, the affective commitment, the job satisfaction, the organizational justice, the contingent workers, and the monitoring.

Perceived organizational support (POS) is the employee's perception of the extent to which he/she is valued by their organization (Eisenberger et al., 1990; Eisenberger et al., 1986; Wayne et al., 1997). Eisenberger et al. (1990) found a positive relationship between employee's perception of organizational support (POS) and the constructiveness of anonymous suggestions for improving organizational effectiveness (i.e., as judged by the usefulness and concreteness of the suggestion).

However, Kaufman et al. (2001) have questioned this study since Eisenberger et al. (1990) only utilized one sole measure for OCB, which was "employee suggestions for organizational improvement". The authors hypothesized that employees are more willing to put forth extra effort in performing tasks that lie outside the boundaries of traditional job descriptions when they perceive that the organization cares about their well-being and they perceive that their contributions are both acknowledged and valued. In fact,

promoting and fostering a supportive organizational climate may receive great benefits in term of employees expanding their repertoire of behaviours to include tasks as well as good actions. Thus, perceived organizational support seems to be an antecedent of OCB, and has a significant relationship with organizationally-focused OCB. Also, POS is considered to be more related to employee behaviours that are especially directed toward the organization (OCBO), than to behaviours directed toward assisting co-workers (OCBI) (Kaufman et al., 2001).

Organization-based self-esteem is a measure of employee self-esteem in an organizational context (Pierce et al., 1989). The lower the organization-based self-esteem of employees, the lower their level of OCB (Chattopadhyay, 1999). Tang and Ibrahim (1998) discovered that organization-based self-esteem seem to be the only variable to predict both altruism and compliance and relates strongly to OCB. Therefore, only employees who feel good and have positive self-image as members of an organization will be able to exert extra effort to help others and to do things that are right and proper in a work setting (Tang and Ibrahim, 1998).

Interpersonal trust is a set of expectations people have regarding the behaviour of others (Deutsch, 1973). It appears that the more employees trust and are attracted to their peers and/or feel that they are valued members of their organization; the more likely they are to engage in OCB (Chattopadhyay, 1999). People are likely to trust one another if they share expectations regarding appropriate behaviour, and such shared expectations can be based on shared group membership (Husted, 1990). For example, the lower employee's level of trust in their work group peers, the lower the level of organizational citizenship behaviour demonstrated by employees.

Employees expect supervisors whom they trust to support processes that will help them do their job and oppose processes that may harm them (Deutsch, 1973). Supervisor fairness may lead to employee citizenship because a social exchange relationship develops between employees and their supervisors (Organ, 1988). Supervisor fairness is associated with the notion of procedural justice, a component of social exchange. Procedural justice seems to be a significant predictor for an employee who will trust his supervisor and in turn display citizenship behaviour.

In a social exchange process, employees who perceive fair treatment and trust in their managers may go beyond formal job requirements and voluntarily perform acts that benefit the organization (Deluga, 1994). Thus, trust and good faith will develop over time through reciprocated gestures between the employees and the supervisors and will create citizenship behaviour (Organ, 1988).

Attraction toward a work group as defined by Van Dyne et al. (1995) refers to employees who are attracted to their peers and engage in higher levels of OCB because they feel part of the group. According to Chattopadhyay. (1999), this seems to be a normal behaviour. Acting otherwise would not be appropriate and could be considered cognitive dissonance, a disruptive behaviour. By comparison, employees who would not be attracted or feel attracted to their work groups would demonstrate lower organizational citizenship behaviour (Chattopadhyay, 1999).

Affective commitment is the positive attraction to a work group and it influences OCB. Affective commitment is an emotional attachment to the organization. High affective commitment means that an employee perceives his or her employment based on a relational exchange (Morrison, 1994). Drawing on social exchange theory, affective

commitment, conceptualized as a sense of psychosocial attachment, seems to be an antecedent of OCB (Organ, 1990). Thus, engaging in voluntary behaviours such as organizational citizenship is a behavioural response to the inducements received from an organization (Van Dyne and Ang, 1998). In fact, the higher the level of affective commitment employees experience, the more broadly they will define their job responsibilities and consider OCB as "in-role" (Morrison, 1994).

Job satisfaction could also be associated with OCB for two reasons. Firstly, the extensive social psychology literature documents the correlation between a person's good mood and the person's likelihood to engage in helpful behaviours or actions (Bolon, 1997). Secondly, job satisfaction and OCB derives from the finding that job satisfaction measures contain substantial cognitive content (Brief and Roberson, 1989). In particular, job satisfaction measures tap, to a large degree, fairness cognitions (Organ, 1988; 1990) and are positively related to the performance of both OCBI and OCBO (Bolon, 1997). Although some authors found that OCB was related to job satisfaction (Bateman and Organ, 1983; Smith et al., 1983), other studies conclude otherwise. For example, Morrison (1994)'s results indicate weak support for the idea that employees satisfied with their jobs will demonstrate higher organizational citizenship behaviours. Contradictory results may be related to the context and measures used. Overall, one can postulate that employees who feel committed, satisfied with their job are more involved in the organization and reciprocate by showing higher OCB.

Organizational justice suggests that employee perceptions of both procedural justice and distributive justice influence OCB (Fahr et al., 1990; Moorman, 1991; Organ, 1988). Procedural justice is the use of procedures that are fair and demonstrate respect for

34

the rights and dignity of individual employees (Konovsky and Pugh, 1994). Distributive justice is the fairness of decision outcomes, and is a typical metric for judging the fairness of transactional contracts and economic exchange (Konovsky and Pugh, 1994). Overall, if employees perceive the outcomes of their job evaluations or decision processes to be fair, they will be likely to reciprocate by performing behaviours that will benefit the organization and they will go beyond the performance of their jobs (Niehoff and Moorman, 1993). It seems that when the two types of justices are measured separately, procedural justice predicts citizenship behaviour, but distributive justice does not (Moorman, 1991). Procedural justice may be occasionally related to pay satisfaction only (Folger and Konovsky, 1989).

When supervisors treat employees fairly, employees behave by reciprocating in the same way (Gouldner, 1960). They are more inclined to exhibit OCB (Organ, 1988). Thus, the organization that treats employees with fairness and respect will be rewarded by having them behave accordingly (Konovsky and Pugh, 1994).

Contingent workers appear to behave differently than regular workers. Contingent workers are usually temporary or on-call, receiving few if any benefits, they are not usually considered for promotions, and they cannot expect a steady work schedule or a long-term employment (Cappeli, 1995). Pearce (1993) found significantly higher levels of self reported extra-role behaviour in contingent workers than in regular employees. When contingent workers view their relationships with organizations positively, they go beyond what is required of them (Van Dyne and Ang, 1998).

However, when contingent workers prefer regular jobs, they may be motivated to display positive attitudes as well as high levels of performance and cooperation (despite

35

receiving fewer inducements from their firms) in hope of obtaining regular employment (Van Dyne and Ang, 1998). Konovsky and Pugh (1994) and Van Dyne et al. (1994) have supported this expectation, demonstrating the positive influence of social exchange relationships on OCB. When individuals feel they are treated well by their organizations, they can reciprocate and exceed the minimum of their jobs by helping others and the organization. By opposition, when an organization offers contingent workers fewer inducements than regular employees, contingent workers can reciprocate without negative consequences by withholding citizenship behaviour (Van Dyne and Ang, 1998).

If contingent workers feel that their organization views them as short-term, temporary, or dispensable, they reciprocate by performing only required duties and minimizing citizenship behaviours (Van Dyne and Ang, 1998). Van Dyne and Ang's (1998) experimental study supported the previous statement and discovered that contingent workers were prone to engage in less OCB than regular employees based on their perceptions of the organization. Also, the importance of the labour market outside a worker's current situation along side the worker's "external mobility" and ability to choose alternative employment can significantly influence their attitudes and behaviours (Cappelli and Sherer, 1991). External mobility can be explained as the opportunity of job offers existing within the job market. On one hand, it is possible that higher-level mobility outside the organization will decrease OCB. On the other hand, the lower the mobility in the market, the more OCB will be exhibited.

Monitoring extra-role behaviours is the last factor facilitating OCB. Monitoring allows managers to obtain information about the performance of subordinates (Komaki et al., 1989). This information can be used as feedback to subordinates (Flamholtz, 1979) or

as a way to discriminate between high and low performers, thus facilitating the administration of contingent rewards (Komaki, 1986). Given its task orientation, monitoring should have a positive impact on subordinate performance, or in-role behaviours (Niehoff and Moorman, 1993). Komaki et al. (1989) found that boating teams whose leaders spent much time monitoring were more successful than teams whose leaders spent little time monitoring. Although positive relationships between monitoring and employee in-role performance have been found, monitoring may directly decrease OCB. There exists three methods of monitoring: the first being observation, the second informal discussions, and lastly, formal meetings (Niehoff and Moorman, 1993). Niehoff and Moorman (1993) found a strong correlation between OCB and observation. In more detail, observation, as a method of leader monitoring, will have direct and negative effects on the dimensions of OCB employees' exhibit.

2.4.5 Outcomes of OCB

Organizational Citizenship Behaviour is a complex phenomenon that can influence organizational performance and customer satisfaction.

Organizational performance based on the social exchange theory (Blau, 1964), can be enhanced by people helping each other, which in turn enhances the overall citizenship behaviour and the group performance (Organ, 1988; Podsakoff et al., 1997). Also, employees helping each other leave time for the supervisor to concentrate on more important matters (Koys, 2001). Citizenship behaviours can also help the coordination of activities among team members and across groups (Podsakoff et al., 1997). For instance, courteous people will exchange information with each other when there is a particular need or when there is an unusual or complex problem to solve.

OCB can contribute to *customer satisfaction* (Morrison, 1995). Conscientious employees will go beyond customer expectations (Koys, 2001). However, in his study, Koys (2001) found that OCB had an impact on profitability but not on customer satisfaction. Koys (2001) contended that altruistic workers could help internal customers (personnel) and external customers (clients). Also, personnel who exhibit civic virtue will make suggestions to improve quality and customer satisfaction. Thus, sportsmanship and courtesy could create a positive climate among employees who, in term, better serve customers. In their study, Walz and Niehoff (1996) confirm that civic virtue, sportsmanship, and altruism were positively correlated with financial results and customer satisfaction.

2.4.6 OCB within a Hospital Setting

The implementation of an effective socialization process that fosters commitment to the organization and should be beneficial for the morale of the organization and its members, which should, in turn, lead to effective citizenship behaviour (Organ and Konovsky, 1989). Podsakoff et al. (1997) advocate for the importance of paying attention to OCB in the public sector because it can improve performance and productivity. In a time of public health turbulence where stress and workload have increased and uncertainty dominates, organizational citizenship behaviour can be used to help management and personnel as a way to ground themselves by providing enough flexibility and capacity to adapt to unforeseen contingencies (Tang and Ibrahim, 1998). As well, organizational citizenship behaviour can enhance service quality processes by increasing the willingness to respond (Cohen and Vigoda, 2000). Thus, employees who participate in extra organizational decision making processes will tend to act similarly

within the organization. Consequently, they will show higher job satisfaction and organizational commitment (Zeffane, 1994).

2.5 Perceived Organizational Support (POS)

In management, organizational support is a subjective perception. Thus, in this paper, organizational support and perceived organizational support will be interchanged since they are considered synonymous. Perceived Organizational Support is the employee's perception of the extent to which he/she is valued by their organization (Eisenberger et al., 1990; Eisenberger et al., 1986; Wayne et al., 1997). In more detail, POS is defined as "...the global belief held by an employee that the organization values her/his contributions and cares about her/his well-being" (Eisenberger et al., 1986: 501). POS develops over time through multiple exchanges between personnel and management and reflects the degree to which employees perceive that their work organization genuinely cares about personal welfare (Eisenberger et al., 1986).

2.5.1 Types of Support

A critical ingredient for the development of employee attitudes is the organizational support, which contributes to its success (Thomson, 1996). This type of support is called immediate supervisor support. Also, it can be identified as managerial support. Employees who believe their managers are supportive tend to be more committed to their organizations than those who are not perceived as supportive (Johnston et al., 1990).

Team support is another type of organizational support. Teamwork is in fact essential for the improvement of service quality (Berry et al., 1994), which is a measure of how well the total service package meets customers' expectations (Elangovan and Lin,

1999). Team support can provide an antidote to service burnout and may decrease emotional strain in highly stressful service conditions (Redman and Mathews, 1998). Members of cohesive groups will be more satisfied and more motivated to advance group objectives and to participate in activities (Evans and Dion, 1991).

Beside team support, the literature recognizes the importance of departmental support. Constructive interdepartmental collaboration minimizes conflict between departments and enhances organizational success (Walton and Dulton, 1969). Thus, teamwork across departments and inter-departmental supports are crucial in enhancing internal and external service quality (Neville and Horwitz, 1996). Technology can also offer a type of organizational support to achieve the above mentioned objectives (Sergeant and Frenkel, 2000).

2.5.2 Outcomes of Support

As previously stated in the literature review, organizational support impacts OCB, and organizational commitment. Organizational support can also play a part in influencing job satisfaction. Sergeant and Frenkel (2000) found a direct positive relationship between immediate supervisory support and team support with job satisfaction. However, the supervisory support perceived by employees within a call centre environment, had a greater effect on job satisfaction than did team support. The relationship between departmental support and job satisfaction was not supported. Lastly, technology and equipment support, had a moderate effect on job satisfaction. Internal organizational support leads to satisfied and loyal employees who provide better quality service to their external organization customers (Gilbert and Parhizgari, 2000).

2.6 Job Characteristics Motivators

The job characteristics motivators are based on characteristics of the job design (Johns and Saks, 2001). Following the job design description, the characteristics and their impact on job satisfaction, organizational support, OCB and organizational commitment will be reviewed.

Job design can be used to design more motivating tasks. If the use of money as a motivator is primarily an attempt to capitalize on extrinsic motivation, current approaches to using job design as a motivator represent a way to exploit intrinsic motivation (Johns and Saks, 2001). Within this concept of job design exists the notion of job scope. Job scope can be defined as the breadth of a job (Gibson et al., 1991) high-scope jobs (both broad and deep) should provide more intrinsic motivation than low job-scope jobs (Johns and Saks, 2001).

Intrinsic motivation may be achieved by implementing jobs that are distinguished by five core job characteristics. The Job Characteristics Model proposes that there are several "core" job characteristics that have a certain psychological impact on workers and have a strong potential to affect worker motivation (Johns and Saks, 2001). Skill variety, autonomy, task significance, task identity and job feedback are compose the job characteristic model. The definitions and examples of each of the five components are described in Table 2.2. These job characteristics are important because they lead to outcomes such as: high internal work motivation, high "growth" satisfaction, high general job satisfaction, and high work effectiveness (Hackman and Oldham, 1980). Specifically, these work characteristics may influence job satisfaction, perceptions of organizational support, OCB, and organizational commitment.

Table 2.2: Job Characteristic Motivators

Core Job Characteristic *	Definition **	Examples	
Skill Variety	The degree to which a job requires a variety of different activities in carrying out the work, involving the use of a number of different skills and talents of the person	*High variety:* The owner-operator of a garage who does electrical repair, rebuilds engines, does body work, and interacts with customers	*Low variety:* A body shop worker who sprays paint eight hours a day
Task Identity	The degree to which a job requires completion of a "whole" and identifiable piece of work, that is, doing a job from the beginning to end with a visible outcome	*High identity:* A cabinet maker who designs a piece of furniture, selects the wood, builds the object, and finishes it to perfection	*Low identity:* A worker in a furniture factory who operates a lathe solely to make table legs
Task Significance	The degree to which a job has substantial impact on the lives of other people, whether those people are in the immediate organization or in the world at large	*High significance:* Nursing the sick in a hospital intensive care unit	*Low significance:* Sweeping hospital floors
Autonomy	The degree to which the job provides substantial freedom, independence, and discretion to the individual in scheduling the work and determining the procedures to be used in carrying it out	*High autonomy:* A telephone installer who schedules his or her own work for the day, makes visits without supervision, and decides on the most effective techniques for a particular installation	*Low autonomy:* A telephone operator who must handle calls as they come according to a routine, highly specified procedure
Job Feedback	The degree to which carrying out the work activities required by the job provides the individual with direct and clear information about the effectiveness of his or her performance	*High feedback:* An electronics factory worker who assembles a radio and then tests it to determine if it operates properly	*Low feedback:* An electronics factory worker who assembles a radio and then routes it to a quality control inspector who tests it for proper operation and makes needed adjustments

*Adapted from Johns and Saks (2001)
** Based on the definitions of Hackman and Oldham (1980)

2.6.1 Effects of Variety and Autonomy on Job Satisfaction and POS

Variety and autonomy may be construed as rewards intrinsic to the job itself (Hackman and Oldham, 1975). Variety is the degree to which a job allows choice or freedom over work methods, quality criteria, and work schedule (Price and Mueller,

1986). The lack of variety makes a job easily programmable and can thereby alienate the employee from the work process (Hackman and Oldham, 1975; Perrow, 1986; Price and Mueller, 1986). As such, variety should enhance job satisfaction.

Autonomy is the degree to which the employee is directly involved with job-related decisions (Breaugh, 1985; Price and Mueller, 1986; Spector, 1986). Research has shown that high levels of autonomy increase job satisfaction because it enhances the psychological ownership of work (Cummings et al., 1977; Hackman, 1986). In contrast, work overload may be viewed as an inherent cost. Work overload is defined as the degree to which job demands are too high for an employee to finish the job on time (Price and Mueller, 1986). Empirical studies find that work overload reduces job satisfaction because it is stressful and physically taxing (Ko et al., 1997). Of the four exogenous variables, pay is perhaps the best-known predictor of job satisfaction (Iverson and Roy, 1994; Mottaz, 1987). In addition to enhancing overall job satisfaction, autonomy and variety have also enhanced perceptions of organizational support (Yoon and Thye, 2002).

2.6.2 Job Characteristics Model and OCB

Job Characteristics Model is a relatively recent and effective concept to integrate with the OCB-predictor pool and until now, it has not been used or even exploited in many studies (Farh et al., 1990; Morrison, 1994). This concept is also related to trust, organizational commitment, job satisfaction, etc. (Morrison, 1994; Dunham et al, 1994; Meyer et al, 1993).

Theoretically, the inclusion of job design characteristics has been underdeveloped in the OCB literature. Farh et al. (1990) argued that intrinsically motivating tasks should promote a broader sense of responsibility and control by the job incumbent. This sense of

responsibility could be expected to extend well beyond in-role definitions of job responsibilities as the individual possessing wider job latitude "acts according to the situation" (Farh et al., 1990: 709). Thus, an individual reporting wide job scope will experience increased discretion as to how and what behaviours may be exhibited. Griffin (1987: 94) reinforces this point by noting that individuals whose tasks are tightly controlled have "little or no latitude for individual self-regulation." Conversely, increasing amounts of control and discretion over "working conditions, required and optional social interactions..." (Griffin, 1987: 94) would at least give the employee opportunity to engage in extra-role behaviours, if not a sense of obligation. This obligation is not organizationally required (in-role), but is perhaps more of a felt personal obligation as developed in a social exchange sense of the term.

Empirically, the most direct test of job scope was done by Farh et al. (1990). Using the composite scores from Hackman and Oldham's (1980) Job Diagnostic Survey, the authors found that task scope predicted altruism and compliance components of OCB better than satisfaction, and better than leader fairness on compliance. Morrison (1994) found that job breadth explained additional variance in all the OCB dimensions and also contributed to explain commitment and job satisfaction.

2.6.3 Job Characteristics Model and Organizational Commitment

When an organization attempts to enrich jobs by providing autonomy, variety, task-identity and feedback in jobs, employees reciprocate by identifying themselves more closely with the organization (Strauss, 1977; Tyagi and Wotruba, 1993). A number of empirical studies have supported the positive effect of job characteristics-organizational commitment link. For instance, Hunt et al. (1985) found autonomy, variety, task-identity

and feedback to influence the level of an employee's organizational commitment. Likewise, Ramaswami et al. (1993) provide support for the direct influence of autonomy, variety and feedback on organizational commitment.

2.7 Job Satisfaction

Job satisfaction is important within any organization; however, many hospitals focus on this concept seriously because of its association with turnover. The association between job satisfaction and turnover among nurses is well supported in the literature (e.g. Irvine and Evans, 1995). Low levels of job satisfaction have been related to such problems as turnover (Arnold and Feldman, 1981), absenteeism (Breaugh, 1981), union-organization activity (Brett, 1980), and the filing of grievances (Dunham and Smith, 1979). To follow is a definition of this concept, some outcomes and the antecedents or influences on job satisfaction.

2.7.1 Defining Job Satisfaction

Job satisfaction could be defined as the extent to which one feels positively or negatively about the intrinsic and/or extrinsic aspects of one's job (Hunt, et al., 1985). Plainly, one's thinking, feeling, and action tendencies (that is, one's attitude) toward work is termed job satisfaction (Vecchio and Appelbaum, 1995). Job satisfaction is an employee attitude that leads to membership behaviour, which is beneficial to the organization (Long, 1998).

2.7.2 Outcomes of Job Satisfaction

Organizational citizenship behaviour and organizational commitment are impacted by job satisfaction. One could assume that Job satisfaction is associated to OCB for two main reasons.

Firstly, the extensive social psychology literature documents the correlation between a person's good mood and the person's likelihood to engage in helpful behaviours or actions (Bolon, 1997). Secondly, job satisfaction and OCB derives from the finding that job satisfaction measures contain substantial cognitive content (Brief and Roberson, 1989). In particular, job satisfaction measures tap, to a large degree, fairness cognitions (Organ, 1988; 1990), and are positively related to the performance of both organizationally-focused organizational citizenship behaviour (OCBO), and interpersonally-focused organizational citizenship behaviour (OCBI).

Also, there exists substantial support for the relationship between job satisfaction and OCB. In a survey of university employees, Bateman and Organ (1983) found a significant relationship between general measures of job satisfaction and supervisory ratings of citizenship behaviour. For example, Smith et al. (1983) identified two separate dimensions of OCB: (1) altruism, behaviour directly and intentionally aimed at helping specific people, and (2) generalized compliance (later renamed conscientiousness by Organ, 1988), a more impersonal type of conscientious behaviour that does not provide immediate aid to a particular individual but is indirectly helpful to other people in the organization. Using path analysis, Smith et al. (1983) found that job satisfaction, measured as a chronic mood state, showed a direct predictive path to altruism but not to generalized compliance. In addition, Puffer (1987) surveyed employees of furniture stores and found a significant relationship between prosocial behaviour and satisfaction with material rewards that paralleled the relationship between altruism and job satisfaction as found by a previous study from Smith et al. (1983). More recently, Williams and Anderson (1991) provided support for the job satisfaction-OCB

relationship. The authors report a cognitive component as opposed to an affective component of job satisfaction to significantly predict what they labelled OCBI (i.e.. altruism) and OCBO (i.e., generalized compliance).

Although some authors linked OCB to job satisfaction (Bateman and Organ, 1983; Smith et al., 1983), other studies conclude otherwise. For example, Morrison (1994) indicates weak support for the idea that employees satisfied with their jobs will demonstrate higher organizational citizenship behaviours. The contradictory results may be related to the context and measures used (Cronbach, 1986). Overall, one can postulate that employees who feel committed and satisfied with their job are more involved in the organization and reciprocate by showing higher OCB.

Job satisfaction may also incite organizational commitment. The dynamic nature and rapid onset of satisfaction suggest that it is a cause of commitment (Williams and Hazer, 1986). The authors concede this is a cause of organizational commitment (Koch and Steers, 1978). Job satisfaction (along with investment and the presence of alternative opportunities) can also be considered an antecedent to organizational commitment (Farrell and Rusbult, 1981). The marketing literature has advanced ample evidence supporting the effect of organizational commitment on job satisfaction (e.g. Bateman and Strasser, 1984; Hunt et al., 1985). Additionally, Cramer (1996) found no relationship between continuance commitment and job satisfaction. Job satisfaction and affective commitment are related, and an analysis of 155 studies indicate job satisfaction and affective commitment as influencing equivalently turnover (Tett and Meyer, 1993). Job dissatisfaction can also lead to absenteeism (Johns, 1971) and tardiness (Porter et al., 1974).

2.7.3 Influences on Job Satisfaction

Extrinsic factors, sex, age, work hours, mental and physical state, and organizational support all influence job satisfaction.

Extrinsic factors or hygiene factors can cause job satisfaction (Herzberg, 1966). These factors derive from the job context, such as pay, supervisory behaviour, co-workers, and general working conditions (Long, 1998). Moreover, certain demographic characteristics may also influence job satisfaction.

As in previous research, men generally experienced higher levels of job dissatisfaction than women (Sibbald et al., 2000). For example, ethnic minority doctors and those serving urban and deprived populations may also experience lower job satisfaction (Sibbald et al., 2003).

Age influences job satisfaction. Based on an extensive review of the literature on age, Rhodes (1983) concluded that overall job satisfaction is positively associated with age: older workers appear to evince greater satisfaction with their employment than younger workers. The form of relationship, however, is not clear. While numerous studies suggest a linear relationship (Lee and Wilbur, 1985; Mottaz, 1987; Weaver, 1978), others reported a U-shaped relationship (Kacmar and Ferris, 1989). Satisfaction increases until age 40, then levels off, and then increases again when employees reach their late 50s (Kalleberg, 1983).

Longer reported working hours are also associated with lower levels of satisfaction (Sibbald et al., 2003). This is consistent with previous research suggesting that high workload is the principal source of job related discontent among British doctors, including general practitioners (Sibbald et al., 2000; Health Policy and Economic

Research Unit TWK, 2000). Interestingly, workers' physical and mental well-being appear to be correlated with job satisfaction in that more highly satisfied workers have better physical and mental health records (Palmore, 1965).

This substantial review of literature indicates that many management constructs may influence the personnel's level of commitment to the organization, which will in turn have an effect on word-of-mouth. Indeed, a person committed to the organization may be more inclined to tell friends, family, and others about the benefits of being a customer in their organization along with the benefits of being employed by this organization given that the employer provides adequate support to the personnel in order for them to serve their existing customers effectively. In the next chapter, we will detail the methodology used to complete the present study on the personnel at the Shouldice Hospital.

CHAPTER 3: METHODOLOGY

3.1 Overview

The objective of this study is to determine the impact that organizational commitment, perceived organizational support, work motivating characteristics and, job satisfaction, have on the positive word-of-mouth of personnel in recommending the Shouldice Hospital to potential employees and patients and on the employees' belief in the hospital's efforts at helping them create satisfied patients. In the following section, the sample and data collection will be explained, along with a description of the questionnaire, interviews and measures.

3.2 Sample and Data Collection

The respondents in the present study were employees from different departments within the Shouldice Hospital. There are three major categories of employees: medical, nursing and support staff. Within these broad categories there exist subdivisions that include more specific departments and supervisors. Within the different departments there are supervisors, doctors, surgeons, nurses, lab technicians, clerks, medical archivists, cooks, plumbers, housekeepers, etc. In the sample (Table 3.1), 80% were females, 35% were aged between 50-59 years of age, 61% were full-time employees and on average, participants have been employed by the Shouldice Hospital for approximately 10 years. Moreover, 52% of the sample is in direct contact with patients.

Table 3.1: The Sample

Sex	Age (years)		Employment Status	Length of Time Employed (months)	Contact with Patients	
Males 26	<20	3	Full Time 83	Minimum 2	No contact	2
Females 110	20-29	13	Part Time 53	Mean (SD) 130 (103) (10.8 years)	Very little	11
	30-39	11			Sometimes	25
	40-49	39				
	50-59	48		Maximum 460 (38.3 years)	Often	27
	60-69	18			Most of the time	71
	70+	4				
n=136	n=136		n=136	n=136	n=136	

Also. out of 170 employees that appeared registered in the payroll department. only 150 employees were considered "active", meaning employees that were repeatedly scheduled to work during the course of the year. Precisely. this family owned institution has family members. summer students. personal secretaries (not working within the hospital). and individuals on permanent disabilities on the payroll list. Out of the 150 surveys distributed. 140 were sent or handed back. Their response rate of 93% was good. There were 136 employees that agreed to participate in the study and 4 declined the questionnaire. The sample was n=136, which was unexpectedly appreciated since all the questionnaires were valid entries.

The questionnaire was conducted over a period of six days, from Monday the 25th of November to Saturday the 30th of November 2002. Most of the participants (124) responded to the questionnaire at work, in the hospital conference room. where the employees were offered explanations and were supervised by the researcher. Eleven

51

respondents completed the survey at home, and one respondent filled the questionnaire elsewhere. The other four respondents failed to provide us with this information. All questionnaires were returned in envelopes that were sealed by the participants. The collection process was mostly instantaneous; however, 20 surveys were mailed subsequent to the above mentioned dates due to absenteeism, sickness, vacation, and work schedules.

This study did not involve any type of deception. A cover letter, explaining that the study was voluntary and that the participants were free to decline, was presented to each subject. No risk existed for the hospital or the participants. A feedback report will be sent or presented to the hospital depending on their choice.

Each item on the questionnaire was coded and entered into the database of the STATISTICA software as it was received. STATISTICA was utilized for the analysis. The decision rule in this study was to accept the final factor analysis version of a scale if an item loading was >.30 (Hair et al.. 1984). All factors were significant in this study. F-tests and p-values were all computed for each combination using a significance of $p < 0.05$.

3.3 The Questionnaire

A structured, self-administered questionnaire consisting of six main sections was used to gather the data for this study (Appendix A). The verbal skills of the respondents were taken into consideration when formulating the questionnaire, so that was appropriate to all the participants regardless of age or ethnic background. A multicultural group of students from an Organizational Behaviour class at Concordia University evaluated the wording and the instructions of the questionnaire in order to determine

whether the questions were clear, precise and easy to understand. Also, this first focus group of 15 students gave us an idea of the time required to complete the survey and feedback regarding the readability of the survey. Furthermore, the questionnaire required approximately 20-30 minutes to complete.

The items used to evaluate the different constructs were mostly adapted from previous scales. and were revised with a second focus group gathered within a public Montreal Hospital and the management at the Shouldice Hospital. A draft survey was tested with a group consisting of three doctors, three nurses, two patients attendant, and three secretaries. all working in a neurological department of a general hospital and was further discussed. The participants of the focus group were assured anonymity. The focus group along with the interchange with the Shouldice Hospital management helped to improve the clarity of the questionnaire, aided our understanding of some behavioural issues and helped in the construct development. Briefly. the questionnaire was 11 pages long and included a comment page at the end.

Each questionnaire was topped with a consent form titled "Invitation and Consent to Participate in a Study" (APPENDIX B). This form asked the participants if they were willing to partake in a study conducted by the John Molson School of Business about the staff experience at the Shouldice Hospital. This form ensured that individual responses to the questionnaires would be kept strictly confidential from the Shouldice Hospital and that the University would not be able to decipher their names or work titles. The researcher told the participants that the University would report the overall results of both the questionnaires and the interviews to the Shouldice Hospital. The respondents agreed

to participate, wanted further clarification before participating or did not wish to participate.

The questionnaire included many concepts; however, only the questions and constructs related to this study will be further discussed in the methodology. The data extrapolated from the formulated questionnaire included demographic or descriptive, organizational support, job satisfaction, work motivating characteristics, organizational citizenship behaviour, organizational commitment, positive word-of-mouth and the hospital's efforts at creating highly satisfied patients.

Specifically, demographic questions consisted of itemized rating scales: sex (male or female), age (less than 20, between 20-29, between 30-39, between 40-49, between 50-59, between 60-69, and over 70), and employment status (full time or part-time). Eight open-ended questions assessed the length of time worked at the Shouldice Hospital, and past experiences. Two descriptive questions were also answered based on an itemized rating scale included (1) the locations where the survey was completed (at work, at home, or elsewhere) and (2) the direct contact with patients (Not at all, Very little, Sometimes, Often, or Most of the time) terminated the first section of the questionnaire (Section A).

3.4 Interviews with Hospital Supervisors and Personnel

In addition to the objective survey, 11 personal interviews were conducted with one CEO, six supervisors and three employees in the form of a structured interview. The CEO and the supervisors were all aware that they would be interviewed and accepted this process. The employees were randomly selected based on the questionnaire they received. Five questionnaires had a note informing the participants that the researcher wanted to interview them, however, they were able to decline or never inform the

researcher of this note. Out of the five randomly selected employees, only three accepted the interview. The researcher completed these interviews and again mentioned and ensured that the answers or comments made by the participants would not be associated with their names. The researcher asked a series of eight questions (Table 3.2) and took notes while the respondents answered and spoke. When doing the interviews, the language used was appropriate for the participants and the researcher asked one question at a time. Interviews typically lasted approximately 25 minutes. The questions dealt with the participants' perceptions of patient and employee satisfaction (four questions), the difference between public and family-owned hospitals (one question) and feedback about the questionnaire (one question). These exploratory interviews allowed the author to acquire a greater understanding of the results. Miles and Huberman (1994) argue that linking qualitative and quantitative data enables confirmation of each other results. Multiple sources of information may increase rigor and decrease biased outcomes. Also. these interviews were able to validate the results in terms of their logic. Finally. the comments gathered at the end of the surveys were also practical in confirming our findings. A summary of the interview response and comments are provided in Appendix C and D respectively.

Table 3.2: Interview Questions

Q (1) If you could make one thing happen to improve the level of the patient's satisfaction with the services received at Shouldice, what would it be?
Q (2) If you could make one thing happen to improve the level of the staff's satisfaction with working at Shouldice Hospital, what would it be?
Q (3) Overall, what do you think is the one best thing that contributes to patient satisfaction at the Shouldice Hospital?
Q (4) Overall, what do you think is the one best thing that contributes to staff satisfaction at the Shouldice Hospital?
Q (5) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients?
Q (6) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients?
Q (7) What would you prefer a large corporate public institution or a smaller family owned institution? How does a public hospital differ from a family owned one?
Q (8) Are there some things about Shouldice that were not in the questionnaire that you feel are important to mention? About (a) supervisory level (b) team level (c) inter-departmental level (d) hospital management level (e) patient services (f) other?

3.5 Measures

Below is a description of each construct that was operationalized to measure the relationship between management variables (organizational commitment, organizational citizenship behaviour, organizational support, work motivator characteristics, job satisfaction) and the three dependent variables. Additionally, this study was composed of three control variables, i.e. alternative explanations. These were (1) part-time and full-time status, (2) length of employment at the Shouldice Hospital (greater or less than three years), and (3) time in contact with patients (none, very little, sometimes, often, and most of the time). Please refer to the correlational matrix (APPENDIX E) for further clarification.

The dependent variables were the following:

(1) intention to exhibit positive WOM to others about being a staff member

(2) intention to exhibit positive WOM to others about becoming a patient; and

(3) the satisfaction felt by the employees about the hospital's efforts at helping them create highly satisfied patients.

Most of the measures utilized in this study were adapted from scales that had proven reliable in previous studies. The other measures were conceptually based. Adaptation was necessary partly because of the context of this study. The study consists of 9 variables, each of which consists of a multi-item measurement model. Self-rating scales were used for all the measures. Although some researchers have said that these scales should be used cautiously (e.g., Behrman and Perreault, 1984), these scales have been used extensively in organizational research. In this study, several measures were undertaken in order to maximize scale reliability. A focus group from a public health care institution from the Montreal area along with the Shouldice Hospital administration was used to construct and comment on drafts of the surveys. Finally, the new survey items were developed in accordance with accepted procedures (Nunnally, 1978).

3.5.1 Dependent Variables

Firstly, the intention to exhibit positive word-of-mouth (WOM) to others about being a staff member asking employees to circle one of the five options:

a) I never talk to others

b) I have little enthusiasm for talking to others

c) If asked I would talk to others

d) I gladly talk to others

e) I talk as an ambassador to others

57

Secondly, a similar question that measured the intention to exhibit positive WOM to relatives, friends and colleagues about becoming a patient at the Shouldice Hospital was asked.

Employees measured this type of WOM by circling one of the five options:

a) I would never talk to them

b) I usually would not talk to them

c) If asked I would tell them

d) I would make a point of telling them

e) I would urge them to tell others

Both sets of five statements on WOM were adapted from White and Schneider's (2000) Ladder of Commitment. This scale was also utilized in Paulin et al. (2002) study on patient satisfaction at the Shouldice Hospital. The items referring to returning or repurchasing were dropped because this wasn't the case for a Shouldice employee or patient.

The data showed that like the patients in the Paulin et al. (2002) study, all the employees of the Shouldice Hospital circled one of the last three choices for each of the questions relating to being a staff member and to becoming a patient. About being a staff member at Shouldice Hospital, the first two choices (*I never talk to others, and I have little enthusiasm for talking to others*) were not chosen at all. Similarly, about becoming a patient, the first two choices (*I would never talk to them and I usually would not talk to them*) were not chosen at all. Briefly, the five expected groups were in reality only three groups according to our data. Therefore the three levels of positive WOM for each of the two types were classified as follows:

Level of positive WOM for being a staff member

If asked I talk to others	Group 3	**Average**	(n=30)
I gladly talk to others	Group 4	**Good**	(n=67)
I talk as an ambassador to others	Group 5	**Excellent**	(n=37)

Level of positive WOM for being a patient

If asked I would tell them	Group3	**Average**	(n=31)
I would make a point of telling them	Group 4	**Good**	(n=58)
I would urge them to tell others	Group 5	**Excellent**	(n=48)

Thirdly, a question that read: "How satisfied are you with the Shouldice Hospital's efforts at helping you create highly satisfied patients?" assessed the overall internal service quality perceived by the employees. Employees measured this type of perceived quality by using a 10-point Likert scale ranging from Not satisfied (1) to Delighted (10) with a mid-point (5) Satisfied.

3.5.2 Organizational Commitment

To measure organizational commitment, we adapted Sergeant and Frenkel's (2000) recent scale. Their scale was adapted from the organizational commitment questionnaire, which is the most commonly used measure of organizational commitment (Mowday, et al., 1979). A meta-analysis of studies using this questionnaire reported an alpha of .88 (Mathieu and Zajac, 1990). Confirmatory analysis on this scale has provided strong support for the instrument, which exhibits discriminant and convergent validity (Hackett et al., 1994). These authors developed this scale to measure the affective commitment of 527 customer contact employees within a call centre environment. They used a 5-point scale (disagree strongly to agree strongly) and attained a .72 reliability

coefficient. For this study we used a 10-pt Likert scale in order to record a sensitive measure. A sensitive measure can detect small differences in the level of a variable (Whitley, 1996), which is important in this study. Despite the recognition of the multidimensional nature of the commitment construct, most empirical studies have continued to focus on affective commitment (Eby, et al., 1999). Affective commitment is assessed by (1) the personnel's perceptions of loyalty, (2) the willingness to exert a great deal of effort to achieve organizational goals, and (3) the acceptance of the organization's values (Porter et al., 1974; Mowday et al., 1979; Meyer and Allen, 1984; Sergent and Frenkel, 2000). Consequently, we measured the affective commitment of the personnel using items that represented these three characteristics. Table 3.3 offers a summary of the items used by the Sergeant and Frenkel (2002) and provides the adapted items with the relating means and reliability coefficients. Furthermore, the Cronbach alpha for organizational commitment was .80.

Table 3.3: Items of Organizational Commitment

	Sergeant and Frenkel (2000)	Our Study (2003)
Scales	5-point scale (disagree strongly to agree strongly)	10-point scale (disagree to strongly agree)
Items and Means (SD)	*Thinking about this company, how much do you agree or disagree with each of the following?* 1.I am willing to work harder than I have in order to help this company succeed *Mean 3.7 (.8)* 2.I am proud to tell others that I work for this company *Mean 4.0 (.9)* 3.I would turn down a job at comparable pay and prospects in another company to stay with this company. *Mean 3.6 (.9)*	*Most of the time I:* 1.Am willing to put extra effort so that Shouldice remains a leading hospital *Mean 8.0 (2.0)* 2.Feel proud to work at the Shouldice Hospital *Mean 8.1 (2.1)* 3.Would turn down a job with comparable Pay and career prospects to stay at Shouldice Hospital *Mean 7.0 (2.4)*
Reliability Coefficients	.72	.80

60

3.5.3 Organizational Citizenship Behaviour (OCB)

Measuring organizational citizenship behaviour is another way of gaining construct validity for positive word-of-mouth. Despite growing acceptance of the OCB construct, some researchers have raised questions about the measurement of organizational citizenship behaviour (George and Brief, 1993; Graham, 1986; McAllister, 1991, Van Dyne et al., 1992). OCB was operationalized using the five dimensions of Organ (1998), which are altruism, conscientiousness, civic virtue, courtesy, and sportsmanship. Like most recent studies (e.g., Koys, 2001; Konovsky and Pugh, 1994; Niehoff and Moorman, 1993; Morrison, 1994; Latham et al., 1997), OCB is operationalized using items that represent the five dimensions. OCB must assess all five dimensions in order to get a deeper and more reliable understanding of the concept.

According to Van Dyne and Ang (1988). peer ratings may be a better representation of actual behaviour than self-ratings, which may be subject to self-presentation bias. or supervisory ratings. which may also be influenced by impression management behaviour. Due to limitations imposed by the hospital administration. peer rating was not an option since the administration believed this rating would have negative repercussions on the culture, or work atmosphere. This type of rating may create animosity and may be perceived as an evaluation instead of a survey.

Like many other scales (e.g., Kaufman et al., 2001; Bolon, 1997; Koys, 2001,etc.), we chose a scale that included items that represented both the OCB focused on the organization (OCBO) and on the organization's personnel (OCBI), however, factor analysis showed that there was one primary factor with an Eigenvalue of 5.76.

Hence, the analysis did not distinguish between organizational citizenship behaviour focused on the organization (OCBO) and on the personnel (OCBI).

Organ (1998) calls these dimensions OCBs which are "behaviours of a discretionary nature that are not part of employees' formal role requirements, but nevertheless promote the effective functioning of the organization" (1988: 4). Table 3.4 summarizes the items utilized for each of the five dimensions. The items in this study were also given to a focus group at a Montreal Neurological Hospital. The members of the focus group were asked to define each of the dimensions: altruism, conscientiousness, civic virtue, courtesy, and sportsmanship and were asked to associate generated items into each dimensional category in order for the researcher to evaluate the construct and give examples of each dimension in order to make the items more related to the context of the study.

Table 3.4: Items of Organizational Citizenship Behaviour

Dimensions (Organ's 1998)	Adapted Items based on a 10-point scale (inaccurate to very accurate)	Means (SD)
Altruism	Helps co-workers who have work related problems	7.5 (1.9)
	Helps co-workers who have personal problems	6.6 (2.1)
Conscientiousness	Takes care of things that co-workers might have overlooked	7.9 (1.8)
	Starts and finishes tasks on time	7.2 (2.1)
Civic Virtue	Participates in Shouldice Hospital activities above and beyond the call of duty	7.7 (1.8)
	Acts with the best interest of Shouldice Hospital at heart	8.3 (1.7)
Courteous	Treats co-workers with the outmost respect	8.2 (1.7)
	Withholds criticisms and suggestions until the most appropriate time	8.2 (1.8)
Sportsmanship	Assures that things go right for the team	6.8 (2.4)
	Plays fair and is not selfish	8.0 (2.0)
Reliability Coefficient	.91	

Finally, the Cronbach alpha for OCB was .91. The items evoked aggregate judgments to keep with Organ's statement that OCB is "a concept that: in the aggregate, makes for a more effective organization." (Organ, 1988: 6).

3.5.4 Organizational Support

Perceived organizational support has been previously measured with items that solely assessed upper management level support (e.g., Eisenberger, et al., 1986; Kaufman et al., 2001). These authors believed that solely upper management typically represented the beliefs, values and support systems of the organization (Eisenberger et al., 1986). However, organizational support has been viewed as having several sources: the employees' immediate supervisors, the employees' fellow team members, other departments in the organization, and technology (Sergeant and Frenkel, 2000). Sergeant and Frenkel (2000) did not include a management level.

In the present study, the items used to measure perceived organizational support were adapted from a scale developed by Sergeant and Frenkel (2000). However, an additional level of support was included in our measure, hospital management support, because this type of support was dissimilar to supervisory level support according to the hospital administrators. Still, naming the direct supervisor was felt to be unethical and unsupported by the Shouldice Hospital's owners. Due to the small and personal work environment, naming and evaluating each supervisor would create animosity and feelings of resentment. Therefore, for each measure the supervisor is considered at a broader level, a supervisory level. Organizational support was measured at five levels: supervisory level, team level, other department level, hospital management level, and material level. Table 3.5 describes the items used by Sergeant and Frenkel (2002) and

provides the adapted items with related means and reliability coefficients. Briefly, the Cronbach alpha for supervisory support was .93; team support was .94; other departmental support was .93; management support was .92; and material and equipment support was .89.

Table 3.5: Items of Organizational Support

	Sergeant and Frenkel (2000)	Our Study (2003)
Scales for Supervisory Level Support	5-point (disagree strongly to agree strongly)	10-point (not effective to very effective)
Items and Means (SD)	*How much do you agree or disagree that your immediate supervisor...* 1.Is good at his or her own job *Mean 4.1 (1.0)* 2.Helps you develop your skills *Mean 3.8 (1.2)* 3.Gives recognition for a job well done *Mean 3.9 (1.1)* 4.Keeps you informed *Mean 4.0 (1.0)* 5.Encourages you to participate in important decisions *Mean 3.5 (1.1)*	*How effective is the supervisory level of management:* 1. At helping you develop your skills *Mean 5.4 (2.6)* 2. At giving you recognition for work well done *Mean 5.2 (2.7)* 3. At keeping you informed of things pertaining to your work *Mean 5.7 (2.4)* 4.At asking for your opinion on important decisions *Mean 4.4 (2.6)* 5 At listening to your concerns *Mean 5.6 (2.8)* 6. At helping you contribute to patients' well-being *Mean 6.6 (2.4)*
Scales for Team support	5-point (very ineffective to very effective) and (not at all to very much)	10-point (not effective to very effective)
Items and Means (SD)	*Considering the team in which you spend most of your working time, how effective is your team in each of the following?* 1.Helping everyone to do their job well *Mean 4.2 (.8)* 2.Developing new team members *Mean 4.1 (.8)* *Considering the team in which you spend most of your working time, how much do you...* (based on 1= not at all, 2= very little, 3= some amount, 4= a fair amount, 5= very much) 3. Feel that you are part of your work team *Mean 4.2 (1.0)* 4. Look forward to working with your team members every day *Mean 4.0 (1.0)*	*How effective is your team:* 1.At helping you do your work well *Mean 7.2 (2.4)* 2.At initiating and developing new team members *Mean 6.4 (2.6)* 3. At making you feel part of the team *Mean 7.3 (2.5)* 4. At making you look forward to coming into work every day *Mean 6.8 (2.5)* 5.At helping you contribute to the patients' well-being *Mean 7.4 (2.4)*

Table 3.5: Items of Organizational Support (Continued)

	Sergeant and Frenkel (2000)	Our Study (2003)
Scales for Other departments support	5-point (disagree strongly to agree strongly)	10-point (not effective to very effective)
Items and Means (SD)	*Thinking about people outside your section or department, how much do you agree or disagree with each of the following statements?* 1.If I get into difficulties at work, I know other people in this company will try and help me *Mean 4.0 (1.0)* 2.If I need assistance at work, I can trust other people in this company to help me *Mean 4.0 (1.0)* 3.I can rely on other people in this company not to make my job more difficult by careless work *Mean 3.2 (1.1)*	*How effective are other departments:* 1.At permitting you and your team to do excellent work *Mean 6.1(2.4)* 2.At helping your team when you have problems *Mean 5.9 (2.5)* 3.At helping you contribute to the patients' well-being *Mean 6.5 (2.5)*
Scales for Management Support	*N/A*	10-point (not effective to very effective)
Items and Means (SD)	*N/A*	*How effective is the supervisory level of management:* 1. At helping you develop your skills *Mean 5.4 (2.6)* 2. At giving you recognition for work well done *Mean 5.2 (2.7)* 3. At keeping you informed of things pertaining to your work *Mean 5.7 (2.4)* 4.At asking for your opinion on important decisions *Mean 4.4 (2.6)* 5 At listening to your concerns *Mean 5.6 (2.8)* 6. At helping you contribute to patients' well-being *Mean 6.6 (2.4)*
Scales for Equipment and Tools Support	5-point (disagree strongly to agree strongly)	10-point (disagree to strongly agree)
Items and Means (SD)	*The technology I work with...* 1.Enables me to do my job effectively *Mean 4.3 (.8)* 2.Is user friendly *Mean 3.0 (1.2)* 3.Enables me to contact colleagues easily when I need to *Mean 3.5 (1.0)* 4.Is flexible enough for me to make adjustments to suit my needs *Mean 3.0 (1.1)*	*The equipment, tools and materials I use:* 1.Help me to do my work very effectively *Mean 6.5 (2.5)* 2.Are of the finest quality or state-of-the-art *Mean 4.5 (2.6)* 3.Always function well *Mean 5.0 (2.5)*

3.5.5 Job Characteristics Motivators

Our view is consistent with past research (adapted from Bechere et al., 1982; Hackman and Lawler, 1971; Hackman and Oldham, 1976), which focuses on four key job characteristics, namely autonomy, variety, identity, and feedback). Within the literature review, job characteristics were shown to have one extra dimension called significance. The researcher adapted the items to represent each of the five dimensions from Johns and Saks (2001), which have already been exemplified by Hackman and Oldham (1980). These dimensions stem from the Job Classification Index (JCI).

Sahid and Mengue (2002) measured Job characteristics using job classification Index (JCI; see Sims et al., 1976) that included four dimensions of job characteristics: autonomy (3 items), identity (4 items), feedback (4 items), and variety (2 items). We used all five scales (one item representing each dimension) to operate motivating job characteristics. The items representing each of the characteristics along with their corresponding means and standard deviations are presented in Table 3.6. Lastly, the Cronbach alpha for work motivators was .82.

Table 3.6: Items of Job Characteristics Motivators

Job Characteristic Motivators (Hackman and Oldham, 1980)	Adapted Items based on a 10-point scale (disagree to strongly agree)	Means (SD)
Skill Variety	*In my work:* I use many different skills and talents	6.6 (2.3)
Task Identity	*In my work:* I accomplish things that others consider to be very important	7.0 (2.1)
Task Significance	*In my work:* I am responsible for several tasks from beginning to end	7.5 (2.1)
Autonomy	*In my work:* I have a great deal of freedom	5.8 (2.5)
Job Feedback	*In my work:* I can easily evaluate the results of my work	7.3 (2.1)
Reliability Coefficient	.82	

3.5.6 Job Satisfaction

The earliest approach to conceptualizing job satisfaction was an overall reaction to one's job in its entirety (Vecchio and Appelbaum, 1995) The GM Faces Scale (Landy, 1989; Kunin, 1955) and the Brayfield-Rothe Job Satisfaction Questionnaire (Brayfield and Rothe, 1951) exemplify the global approach. Recently a faceted approach has emerged to measure job satisfaction (Vecchio and Appelbaum, 1995). Examples of the two faceted approaches are the Job Descriptive Index (Smith et al., 1969) and the Minnesota Satisfaction Questionnaire (Weiss et al., 1967). The Minnesota Satisfaction Questionnaire was deemed to be too lengthy by the researcher. It covers over 100 items, hence the decision to use the Job Descriptive Index because of its brevity, ease of administration, simple wording and number of facets. In addition to its reliability and

validity, the JDI is the most widely known and commonly used devices for measuring job satisfaction (Vecchio and Appelbaum, 1995).

Most recent studies (e.g., Bolon, 1997; Ironson et al., 1989; Sergeant and Frenkel, 2000) have all adopted some sort of version of the Job Descriptive Index (JDI) by Smith et al. (1969). The JDI is used to measure the various facets of job satisfaction. It contains five facets pertaining to an employee's jobs: (1) satisfaction with work, (2) supervision, (3) pay, (4) promotions, and (5) co-workers. Also, the faceted approach is logically superior to the global approach in that one can easily assess instances in which an employee might be dissatisfied with her or his co-workers but extremely satisfied with the work itself (Vecchio and Appelbaum, 1994). For this study we chose the two most important scales: promotion and satisfaction with work. The pay scale was not used to measure job satisfaction since this was considered to be a "touchy" subject by the hospital administration and was subsequently limited. Also, an effective item was added. Table 3.7 will describe the items with their corresponding means. Out of the six variables, the principle component analysis extracted only one factor. The Eigenvalue was 4.17. Lastly, the Cronbach alpha for job satisfaction was .91.

Table 3.7: Items of Job Satisfaction

Job Satisfaction Dimensions	Adapted Items based on a 10-point scale (disagree to strongly agree)	Means (SD)
Satisfaction with Work	*Most of the time I:* Am treated fairly at the Shouldice Hospital	6.9 (2.7)
Satisfaction with Work	*Most of the time I:* Am highly satisfied with my work at Shouldice Hospital	7.6 (2.4)
Satisfaction with Work	*I find that my work:* Is highly motivating	5.8 (2.5)
Satisfaction with Work	*I find that my work:* is quite challenging	5.3 (2.5)
Promotion	*I find that my work:* Offers good opportunities for professional growth or advancement	4.7 (2.5)
Effectiveness	*I find that my work:* Is overall very satisfying	6.7 (2.5)
Reliability Coefficient	.91	

3.6 Reliability

Reliability of a measure is its degree of consistency, in order words, the measure shows little change over time with the assumption that the traits being measured are stable (Whitley, 1996). If a measure is perfectly reliable, the chance of random error is 0. Reliability can be assessed with internal consistency. Internal consistency can be obtained with Cronbach alphas for each variable. The Cronbach alpha should be of a value equal or higher than .70 (Nunally, 1978; Whitley, 1996). While assessing the reliability of all the concepts, results indicated high reliability for all management constructs.

It is important to note that a valid measure may be reliable but the reverse is not true (Churchill, 1979; Whitley, 1996). Reliability is necessary but not sufficient for validity (AERA et al., 1985). High reliability doesn't always guarantee high validity

because of the presence of systemic error (Churchill, 1979; Whitley, 1996). The measures exhibited both reliability and validity. Please refer to the correlation matrix in Appendix E.

3.7 Validity

The validity of a measure is its degree of accuracy. If a measure is valid then it is assessing the trait it is suppose to assess, and only that trait (Whitley, 1996). A measure is valid when the "differences in observed scores reflect true differences on the characteristic one is attempting to measure and nothing else" (Churchill, 1979: 65). A valid measure is one where the observed score equals the true score, where systemic and random error are minimal (Churchill, 1979). Of the various forms of validity, of interest to this study is the content validity and construct validity.

Content validity consists of demonstrating that the content of a measure of a trait adequately assesses all aspects of the trait (Whitley, 1996). Content validity cannot be measured through correlation tests: it is a judgment of the plan and manner in which it is carried out (Nunnally, 1978). Content validity is concerned with sample-population representativeness i.e. the knowledge and skills covered by the test items should illustrate the larger domain of the knowledge and skills (Cronbach, 1971). This type of validity is usually established by content experts, in our case the focus group at the Montreal Neurological Hospital, which included health care professionals. A part of content validity is face validity, which concerns "judgments about an instrument after it is constructed" (Nunnally, 1978: 99). Looking at the items used to measure the constructs, face validity is assessed because the design has adequately transformed into a measurement instrument.

Construct validity is concerned with abstract and theoretical constructs (Cronbach, 1971). This type of validity is achieved if a measure assesses the construct it is supposed to assess (Peter, 1981). Construct validity is achieved intuitively (Nunnally, 1978). The degree to which people score on a measure reflects their scores on a hypothetical construct (Whitley, 1996). The importance in construct validity is the theory underlying the construct. Construct validity can only be inferred; it cannot be assessed directly (Peter, 1981). Factor analysis is used for construct validation and is an indicator of the multiple items of an instrument. All measures used to operationalize the constructs display construct validity because they are substantiated by theory and validated through past research. Please refer to the correlation matrix in Appendix E. In the next chapter, we will feature the results and analysis of the present study.

CHAPTER 4: RESULTS AND ANALYSIS

4.1 Overview

As seen in the Paulin et al. (2002) study, the Shouldice's customer-centric strategy leads to patient satisfaction and the willingness to recommend the hospital. We would expect the same result from the analysis of the personnel (internal customers) in this study. The dependent variables (WOM and internal service quality) are measures of the performance of the hospital's customer-centric strategy. As mentioned previously, the independent variables are exchange concepts or management concepts. We hypothesize that each independent concept may contribute to the dependent variables, and we want to see which of these best contributes to the dependent variables.

4.2 Means and Frequencies

The means for the independent variables and for the dependent variable representing how satisfied the personnel is with the efforts provided by the Shouldice Hospital at helping them create highly satisfied patients (internal service quality) are presented in the following Table 4.1. It is to be noted that the means for organizational commitment (7.7), organizational citizenship behaviour (7.6), and organizational performance (7.6) are the highest. The means for material and equipment support (5.3), supervisory level support (5.5) and managerial level support (5.6) are the lowest. The other variables fall in the middle of these margins.

Table 4.1: A Summary of the Means

Variables	Means (SD)
Organizational commitment	7.7 (2.0)
Organizational citizenship behaviour	7.6 (1.4)
Supervisory level support	5.5 (2.2)
Team support	7.0 (2.2)
Department support	6.2 (2.4)
Management level support	5.6 (2.2)
Material and equipment support	5.3 (2.3)
Work motivator characteristics	6.9 (1.7)
Job satisfaction	6.2 (2.1)
Internal service quality	7.5 (2.0)

As previously mentioned in the methodology section of this study, the personnel were classified into three categories for both the recommendation of Shouldice to potential employees and patients. The frequencies for the level of positive word-of-mouth for being a staff member were as follows:

If asked I talk to others	Group 3	**Average**	(n=30)
I gladly talk to others	Group 4	**Good**	(n=67)
I talk as an ambassador to others	Group 5	**Excellent**	(n=37)

The frequencies for the level of positive word-of-mouth for being a staff member were as follows:

If asked I would tell them	Group 3	**Average**	(n=31)
I would make a point of telling them	Group 4	**Good**	(n=58)
I would urge them to tell others	Group 5	**Excellent**	(n=48)

4.3 Positive WOM for being a Staff Member

The first analysis undertaken was a Forward Stepwise Discriminant analysis. This analysis was used for both the positive WOM for being a staff member and for being a patient. In a forward stepwise discriminant function analysis, STATISTICA builds a model of discrimination step-by-step. Specifically, at each step, STATISTICA software reviews all variables and evaluates which one will contribute most to the discrimination between groups. That variable will then be included in the "model", and STATISTICA will proceed to the next step (Table 4.2). With respect to the positive WOM for being a staff member, the forward stepwise discriminant analysis showed that organizational commitment, departmental support, work motivator characteristics, and contact with patients were included in the "model". In other words, these were the four variables that best predicted the WOM of being a staff member. However, organizational commitment was highly significant, other departmental support and motivating job characteristics were significant and contact with patients was not significant. The F-value which provides a test for statistical significance for the discriminant analysis is highly significant. The Wilk's Lambda statistic for the overall discrimination was good.

74

Table 4.2: Word-of-Mouth: Being an Employee (Fwd Stepwise Discriminant Analysis)

Variables in Model	p value
Organizational Commitment	.0001
Other Dept. Support	.05
Motivating Characteristics	.05
Contact with Patients	.16

F = 7.0; p< .00001; Wilk's Lambda = .66

A posterior classification discerned that all group means (Average, Good, Excellent) are significantly different from each other. A Mahalanobis distance is a measure of a distance between two points in the space defined by two or more correlated variables. Mahalanobis distances were used to determine to what extent the variables significantly differentiated among the average, good and excellent group. Table 4.3 reports the p-values and Mahalanobis distances.

Table 4.3: Word-of-Mouth: Being an Employee: Significant Differences between Group Means*

Group	Average	Good	Excellent
Average	—	.001 (1.3)	.00001 (3.3)
Good	—	—	.001 (1.0)
Excellent	—	—	—

*Probabilities between group means on discriminant analysis (Mahalanobis distances in parentheses)

75

Furthermore, a one-way ANOVA (Table 4.4) was followed by a Duncan's multivariance (multiple range) posteriori test in order to determine which group means for each predictor variables were significantly different (Groups 3: average, 4: good, 5: excellent) for each of the variables included in the discriminant analysis model.

Table 4.4: Predictors of Positive Word-of-Mouth for Being a Shouldice Hospital Employee

	Group 3: Average (n=30)	Group 4: Good (n=66)	Group 5: Excellent (n=36)
Organizational Commitment	6.18 (2.3)	7.81 (1.8)	9.06 (1.1)
Work Motivator Characteristics	6.06 (1.7)	6.73 (1.6)	7.83 (1.5)
Other Departmental Level Support	4.77 (2.6)	6.59 (2.1)	6.76 (1.8)

Organizational Commitment: a (3–4), c (4–5), a (3–5)
Work Motivator Characteristics: ns (3–4), b (4–5), a (3–5)
Other Departmental Level Support: b (3–4), ns (4–5), a (3–5)

Notes:
(1) Values represented under each group categories are means and standard deviations
(2) Results are from one-way ANOVA with Duncan's multiple range post hoc test for significance among ordered group means
a = $p < 0.0001$; b = $p < 0.001$; c = $p < .01$; d= $p < 0.05$; ns = not significant

Organizational commitment is the best predictor of positive word-of-mouth intention toward others about being a staff member at the Shouldice Hospital. The group means differ most significantly for organizational commitment. The group means for organizational commitment were significantly different from each other. For work characteristics motivators, groups 3 and 4 differed from group 5, but did not differ from

each other. For departmental support, group 3 and 5 differ from group 4. Also, group 4 and 5 were significantly different from group 3, however, they were not significantly different from each other.

4.4 Positive WOM for being a Patient

With respect to positive WOM for becoming a patient at the Shouldice Hospital, the forward stepwise discriminant analysis disclosed that organizational commitment, full-time personnel, other departmental support, length of employment, and team support were included in the "model". In other words, these were the variables that best predicted the WOM for becoming a patient. However, organizational commitment was highly significant, full time status and other departmental support were significant, however, length of employment and team support were not significant. The F-value which provides a test for statistical significance for the discriminant analysis is significant. The Wilk's Lambda for the overall discrimination was good.

Table 4.5 Word-of-Mouth: Being a Patient (Fwd Stepwise Discriminant Analysis)

Variables in Model	p value
Organizational Commitment	.0001
Full/Part time	.01
Other Dept. Support	.01
Length of employment	.12
Team Support	.10

F = 4.0; p< .00001; Wilk's Lambda = .70

77

A posterior classification discerned that all group means (Average, Good, Excellent) are significantly different from each other. Mahalanobis distances were used to determine to what extent the variables significantly differentiated among the average, good and excellent group. Table 4.6 reports the p-values and Mahalanobis distances.

Table 4.6: Word-of-Mouth: Being a Patient: Significant Differences between Group Means*

Group	Average	Good	Excellent
Average	—	.001 (1.4)	.00001 (2.4)
Good	—	—	.05 (0.6)
Excellent	—	—	—

*Probabilities between group means on discriminant analysis (Mahalanobis distances in parentheses)

Furthermore, a one-way ANOVA (Table 4.7) was followed by a Duncan's multivariance (multiple range) posteriori test in order to determine which group means for each predictor variables were significantly different (Groups 3: average. 4: good, 5: excellent) for each of the variables included in the discriminant analysis model.

Organizational commitment is the best predictor of positive word-of-mouth intention toward others about being a patient at the Shouldice Hospital. Organizational commitment discriminated the most between groups 3, 4, and 5. The groups were all significantly different; however, there were no significant differences between groups for departmental support.

Table 4.7: Predictors of Positive Word-of-Mouth for Being a Patient at the Shouldice Hospital

	Group 3: Average (n=31)	Group 4: Good (n=57)	Group 5: Excellent (n=47)

Organizational Commitment 6.74 (2.4) ⌐ d ⌐ 7.47 (1.8) ⌐ c ⌐ 8.65 (1.7)

a

Other Department Level Support 6.07 (2.6) ⌐ ns ⌐ 5.91 (2.1) ⌐ ns ⌐ 6.56 (1.8)

ns

Notes:
(1) Values represented under each group categories are means and standard deviations
(2) Results are from one-way ANOVA with Duncan's multiple range post hoc
   Test for significance among ordered group means
a = $p < 0.0001$; b = $p< 0.001$; c = $p<.01$; d= $p<0.05$; ns = not significant

4.5 Internal Service Quality

The last dependent variable was internal service quality which is the personnel's assessment of Shouldice's efforts at helping them create highly satisfied patients. Forward stepwise multiple regression indicates that organizational commitment, job satisfaction, management support and other departmental support are in the "model" for the prediction of the satisfaction with Shouldice. The standardized coefficients demonstrate that organizational commitment is highly significant at predicting the internal service quality while job satisfaction is significant.

[1] **SATISFACTION WITH SHOULDICE** = .340 COM** + .224 JOBSAT* + .149 MNGSUP + .144 DEPSUP

F = 39.7; $p < .00001$;   Adj R2 = .54;   ** $p < .001$; * $p<.05$

This equation is highly significant (F=39.7, p<0.0001) with an adjusted R^2 equal to .54. An adjusted R^2 of .54 demonstrates that the variability of the internal service quality around the regression line is 1-0.54 times the original variance, in other words, the equation explained 54% of the original variability, and 46% is left to residual variance.

In the regression equation, COM signifies organizational commitment, JOBSAT is job satisfaction, MNGSUP is management support, and DEPSUP is other departmental support. The multiple regression analysis demonstrates that organizational commitment (p<0.001), and job satisfaction (p<0.05) were the most significant predictors of how satisfied the personnel was with the efforts of Shouldice at helping them create highly satisfied patients.

4.6 Organizational Commitment

Since organizational commitment was so substantial in predicting all three dependent variables, we did a forward regression of all the independent variables on organizational commitment. Forward stepwise multiple regression indicated that job satisfaction, organizational citizenship behaviour, length of time, and departmental support were in the "model" for the prediction of organizational commitment. The standardized coefficients demonstrate that job satisfaction and organizational citizenship behaviour are highly significant at predicting commitment (p<0.0001).

[2] **ORGANIZATIONAL COMMITMENT** = .612 JOBSAT* + .353 OCB* + .111 EMPDUR + .090 DEPSUP

F = 62   p < .00001;   Adj R2 = .70;   * p < .0001

This equation is highly significant ($F=62$, $p<0.0001$) with an adjusted R^2 equal to .62. The R^2 of .62 demonstrates that the variability of organizational commitment around the regression line is 1-0.62 times the original variance; in other words, the equation explained 62% of the original variability. In the regression equation, JOBSAT signifies job satisfaction, OCB is organizational citizenship behaviour, EMPDUR is the length of time or employment duration and DEPSUP is other departmental support.

CHAPTER 5: DISCUSSION AND CONCLUSION

5.1 Discussion

The Shouldice Hospital is a semi-private surgical clinic specialized in the correction of hernias. This family owned business has a customer-centric strategy focused on creating highly satisfied patients. As previously mentioned, a study of 500 patients (Paulin et al., 2002) found this strategy to be very successful since patients reported that they were extremely satisfied with both the relational and technical quality provided to them by the hospital. The higher the level of satisfaction of patients, the more likely they were to recommend the hospital to potential patients, friends, and family members. Since the Shouldice Hospital is a successful customer-centric organization with an excellent reputation within the medical and general community, it does not have to expend funds in advertising. This type of success is rare since it is a sustainable service success that has never been seen within the literature.

The purpose of this study was to answer the question "What is the role of the personnel in contributing to the phenomenal success of Shouldice's customer or patient centric strategy?" and to determine the relative contribution of several exchange constructs on the positive word-of-mouth of employees in recommending the hospital to potential employees and patients and on the internal service quality.

5.1.1 Review of the Findings

The *descriptive analysis* reveals that the personnel are highly disposed to engage in positive word-of-mouth about being an employee or a patient at the Shouldice Hospital. The frequencies are all high and personnel is either average or above average at recommending the hospital to potential patients and employees. Organizational commitment and citizenship behavior tended to be relatively high, however, Job satisfaction, and support from supervisors, management and workplace materials were quite average.

Statistical analysis discovered that organizational commitment was the most significant variable to discriminate between groups of personnel on the basis of their intention to engage in positive word-of-mouth about being an employee or a patient at the Shouldice Hospital. Additionally, organizational commitment was also the best predictor of how satisfied the personnel were with Shouldice's efforts at helping them create highly satisfied patients. Furthermore, job satisfaction and organizational citizenship behaviour were the most significant predictors of the organizational commitment of the personnel.

The results indicate a high contribution of organizational commitment to both the positive word-of-mouth toward potential employees and patients and also to the perceived organizational performance of the Shouldice Hospital. Hence, we demonstrated in this study how employees' commitment to the organization enhances a customer-centric service approach. The results of this study also indicate how organizational citizenship behaviour and job satisfaction contributed most to organizational commitment. This is similar to the findings in the literature review on the relationship

between organizational commitment and both organizational citizenship behaviour and job satisfaction.

In the literature, a higher level of commitment is associated with a broader definition of job responsibilities (Morrison, 1994). In other words, the higher the employee commitment to the organization, the more OCBs will be performed. Also, job satisfaction and commitment are related (e.g. Farrell and Rusbult, 1981; Bateman and Strasser, 1984; Hunt et al., 1985; Tett and Meyer, 1993).

OCB is a very important contributor to the Shouldice Hospital's success since it can be displayed in the form of positive word-of-mouth about being an employee and about being a patient. The results agree with Podsakoff and Mackenzie (1997) who summarize some of the most important outcomes of good OCB. Organizational citizenship behaviour enhances co-worker and managerial productivity, frees up resources so they can be used for more productive purposes, reduces the need to devote scarce resources to purely maintenance functions, helps to co-ordinate the activities both within and across groups, strengthens the organization's ability to attract and retain the best employees, increases the stability of the organization's performance, and enables the organization to adapt more effectively to environmental changes.

Additionally, job satisfaction is positively related to OCB (Bolon, 1997) and can be fostered through hygiene factors such as pay, supervisory behaviour, co-workers, and general working conditions (Long, 1998) such as procedural justice. Job satisfaction can also be considered an antecedent of organizational commitment (Farrell and Rusbult, 1981). In sum the Shouldice Hospital's success is mainly due to the staff's commitment to the model.

The qualitative comments and interview responses of this study provided important results as well. The *qualitative findings* suggest that in general the personnel are proud of the Shouldice image as a world leader; however, some personnel indicate that they fear for their future at the hospital because of increasing workloads and hospital changes.

The Shouldice Hospital may commence Saturday surgeries which may render longer work weeks for some while increasing workloads. Also, the Shouldice Hospital has recently adapted to a transition in succession between the second generation of the Shouldice family and the third generation. Since this transition, the hospital administrators and shareholders are debating whether to sell the hospital estate, relocate, go public, or merge with a public hospital. The unsure future of the hospital makes employees feel insecure and frustrated. Supervisors and managers are reluctant to convey any pertinent information regarding the change to the personnel since this type of information may affect the hospital's success.

Other personnel feel that they are neither appreciated nor treated as fairly as they should be by both supervisors and management. Some personnel commented that communication among supervisors and personnel could be improved. There is also sense of inequity in terms of fair treatment and pay consequently, some expressed the desire to have a human resources department.

It is to be noted that these concerns may be related to a specific time during the year or stress condition in which the stable model has survived. These problems may have a negative impact on the hospital's continued success. The results are weaknesses in the management practices of the hospital; hence the exceptional work environment may

not contribute to the personnel's contribution to the hospital's customer or patient centric strategy. The personnel contributions lie in the commitment to the Shouldice image or what they refer to as the model. Currently, this model is a successful benchmark due to the commitment level of the personnel.

5.2 Conclusion

The personnel contribute to the successful implementation of Shouldice's patient-centric strategy by being committed to the unique image of the organization rather than perceiving that their work environment is exceptional. The personnel are somewhat dissatisfied with certain management practices. However, at the present time, the commitment to the "Shouldice model" overcomes this dissatisfaction however, how long can this last?

The current situation at the Shouldice Hospital involves a family type organizational culture, not given to innovation. Management is reluctant to make changes for fear that they may damage the "Shouldice model". The attitude is, "if it worked in the past it will continue to do so in the future". Job satisfaction was less than optimal and there was criticism concerning some supervisor and management practices because of perceived unfairness.

5.2.1 Recommendations

Since job satisfaction was highly predictive of the "all important" organizational commitment, Shouldice should take steps to improve job satisfaction in the trouble areas. By enhancing job satisfaction, management will secure the organizational commitment of employees who would contribute to a proactive change of model to fit a new dynamic context.

Also, management should frequently show their appreciation for the exceptional citizenship behaviors typical of their hospital personnel since they go beyond the call of duty in order to sustain the model. Moreover, an extensive display of OCB may indirectly cause the low job satisfaction. Due to the increase in tasks, personnel may feel that they should be rewarded in an equitable manner. Equity theory stipulates that if an employee's inputs are greater that the outputs or rewards, dissatisfaction will exist. This dissatisfaction is still not prevalent, however, if this inequity continues, this outcome is unavoidable.

Personnel also feel that the support provided by management and supervisors is low. This may impact the organizational commitment in the long run since employees who do not perceive their managers and supervisors as supportive are less committed to their organizations (Johnston et al., 1990). These feelings of low support may stem from the fact that supervisors and managers do not provide feedback or relevant information to the personnel due to the potential repercussion that this may have on the model. This low support may explain the low satisfaction. Sergeant and Frenkel (2000) found that supervisory and management support had a great effect on job satisfaction. Briefly, the lower the support, the lower the job satisfaction.

Recommendations may be presented to the hospital administrators to reduce the escalation of these problems. In order to maintain the Shouldice Hospital's success, management and supervisors should foster equity and staff appreciation. This will in turn have a positive impact on job satisfaction. Also, training should be provided to the management and supervisors. This training should primarily educate them on how to support their human assets. In order to increase the personnel's perceptions of supervisor

and management level support, there seem to be a consensus in the literature as to what the employer must or could do: giving employees timely and positive feedback about desired work behaviour; rewarding desired behaviour through appointments to special projects or through employee-of-the-month programs; job sharing or other non-traditional work programs for working parents (on-site child care); on-site physical facilities; and special benefits for long-term or chronic illness such as cancer (Eisenberger et al., 1986; Mowday et al., 1969). Finally, a human resource person should be hired to provide personnel with adequate information regarding changes occurring in the hospital and how these changes may impact their positions. Additionally, this person may explain pay scales, insurance policies and seniority issues. This type of information has been requested by several staff members, however, no such information has been provided.

The dynamic market context and future management direction should be well explained to personnel in order for them to be able to work under possible new constraints without jeopardizing the Shouldice model's key essential features which are working around the patients' well-being and healing processes in the most effective way.

5.2.2 Limitations and Future Research

Furthermore, this study was limited to a single semi-private hospital with a specific medical treatment and a unique model. The results offer information constrained to a single context in a present static environment. Additionally, a longitudinal research would display variances with time. Also, a more in-depth analysis may be required. The Shouldice Hospital has an "exceptional "model with great results. This study might not be generalizeable to all hospitals, however, the results may be relevant to the health care sector. In terms of managerial implications, it would be recommendable that managers

within subsystem departments foster a culture and management practices that would lead to this type of customer-centric strategy.

For future research, it would be interesting to look at how different contexts (public, semi-private, and private) differentiate from each other. The study should be replicated in a public or even private hospital.

REFERENCES

Achrol, R. (1991). "Evolution of Marketing Organization: New Forms for Turbulent Environments." *Journal of Marketing*, 55, 4, 77-93.

Albrecht, K. (1990). "Service Within" Dow Jones-Irwin, Homewood, IL.

Allen, R.S., and Helms, M.M. (2002). "Employee perceptions of the relationship between strategy, rewards and organizational performance." *Journal of Business Strategies*, 19, 2, 115-139.

Altman, I., and Taylor, D.A. (1973). "Social Penetration: The Development of Interpersonal Relationships." New York: Holt, Rinehart and Winston.

American Educational Research Asociation, American Psychological Association (AERA), and National Council on Measurement in Education. (1985). Standards for educational and psychological testing. Washington, DC.

Anderson, E.W. (1998). "Customer satisfaction and word-of-mouth." *Journal of Service Research*, 1, August, 5-17.

Arndt, J. (1967). "Role of product-related conversations in the diffusion of a new product." *Journal of Marketing Research*, 4, 291-296.

Arndt, J. (1967). "Word-of-Mouth Advertising and Informal Communication." In D.F. Cox, ed., Risk Taking and Information Handling, Boston: Division of Research, Graduate School of Business Administration, Harvard University.

Arnold, H.J., and Feldman, D.C. (1981). "Social Desirability Response Bias in Self-Report Choice Situations." *Academy of Management Journal*, 24, 2, 377-385.

Ballantyne, D. (2000). "The strengths and weaknesses of internal marketing", in Varey, R. and Lewis, B. (Eds), Internal Marketing: Directions for Management, Routledge, London.

Bateman, T. S., and Organ, D.W. (1983). "Job Satisfaction and the Good Soldier: The Relationship Between Affect and Employee Citizenship" *Academy of Management Journal*, 26, 4, 587-595.

Bateman, T.S., and Strasser, S. (1984). "A longitudinal analysis of the antecedents of organizational commitment." *Academy of Management Journal*, 27, 95-113.

Becherer, R.C., Morgan, F.W., and Richard, L.M. (1982). "The Job Characteristics of Industrial Salespersons: Relationship to Motivation and Satisfaction." *Journal of Marketing*, 46, Fall, 125-135.

Behrman, D.N., and Perreault, W.D. (1984). "A Role Stress Model of the Performance and Satisfaction of Industrial Salespeople." *Journal of Marketing*, 48, 4, 9-21.

Berry, L.L (1984). The Employee as a Customer, in Services Marketing, Lovelock, C. (Ed.), American Marketing Association, Chicago, IL, 242.

Berry, L.L., Zeithaml, V.A., and Parasuraman, A. (1990). "Five imperatives for improving service quality." *Sloan Management Review*, 31, 4, 2.

Berry, L.L. (1995). "Relationship Marketing of Services Growing Interest, Emerging Perspectives." *Journal of Academy of Marketing Science*, 23, Fall, 236-245.

Berry, L.L., and Parasuraman, A. (1991). Marketing of Services – Competing Through Quality, Macmillan, New York, NY.

Berry, L.L., and Parasuraman, A. (1997). "Listening to the Customer: The Concept of a Service-Quality Information System." *Sloan Management Review*, 38, 3, 65-76.

Berry, Leonard L., Parasuraman, A., and Zeithaml, V.A. (1994). "Improving Service Quality in America: Lessons Learned," Academy of Management Executive, 8 (2) 32-45.

Berry, L.L., Zeithaml, V.A., and Parasuraman, A. (1996). "The Behavioural Consequences of Service Quality." *Journal of Marketing*, 60, April. 31-46.

Bhote, K.R. (1991). "Next operations is customer." *Executive Excellence*. July. 11-12.

Bhuian, S.N., and Mengue, B. (2002). "An Extension and Evaluation of Job Characteristics, Organizational Commitment and Job Satisfaction in an Expatriate, Guest Worker, Sales Setting." *Journal of Personal selling and Sales Management*, 22, 1, 1-11.

Bishop, J.W., Scott, K.D., and Burroughs, S.M. (2000). "Support, commitment and employee outcomes in a team environment." *Journal of Management*, 26, 6, 111-132.

Bitner, M.J. (1990). "Evaluation Service Encounters: The Effects of Physical Surroundings and Employee Responses." *Journal of Marketing*, 54, April. 69-82.

Blau, P.M. (1964). Exchange and power in social life. New York: Wiley.

Bolon, S.D. (1997). "Organizational citizenship behaviour among hospital employees: A multi-dimensional analysis involving job satisfaction and organizational commitment." *Hospital and Health Services Administration*, 42, 221-224.

Borman, W.C., and Motowildo, S.J. (1993). "Expanding the Criterion Domain to Include Elements of Contextual Performance." In *Personnel Selection Organizations*. Eds. N. Schmitt and W. Borman. New York, NY: Jossey Bass. 71-98.

Boshoff, C., and Mels, G. (1995). "A Causal Model to Evaluate the Relationships among Supervision, Role Stress, Organizational Commitment and Internal Service Quality." *European Journal of Marketing*, 29, 2, 23-42.

Boshoff, C., and Tait, M. (1996). "Quality perceptions in the financial services sector: the potential impact of internal marketing." *International Journal of Service Industry Management*, 7, 5, 5-31.

Bowen, D., and Schneider, B. (1988). "Services marketing and management: Implications for organizational behaviour." *Research in Organizational Behaviour*, 43-80.

Bowen, J.T., and Shoemaker, S. (1998). "Loyalty: A Strategic Commitment." *Cornell Hotel and Restaurant Administration Quarterly*, February, 12-25.

Brayfield, A.H., and Rothe, H.F. (1951). "An Index of Job Satisfaction." *Journal of Applied Psychology*, 35, 301-311.

Breaugh, J. A. (1981). "Relationships between recruiting sources and employee performance, absenteeism, and work attitudes." *Academy of Management Journal*, 24, 1,142-147.

Breaugh, J. A. (1985). "The measure of work autonomy." *Human Relations, 38, 551-570*.

Brett, J.M. (1980). "Why employees want unions." Organizational Dynamics. 8, 4, 47.

Brief, A.P., and Roberson, L. (1989). "Job attitude organization: An exploratory study." *Journal of Applied Social Psychology*; 19, 9,717-747.

Bristor, J.M. (1990). "Enhanced Explications of Word-of-Mouth Communications: The Power of Relationships." *Research in Consumer Behaviour*, 4, 51-83.

Cable, D.M., and Judge, T.A. (1996). "Person-organization fit, job choice decisions, and organizational entry." *Organizational Behaviour and Human Decision Processes*, 67, 94, 311.

Caldwell, D., and O'Reilly, C. (1990). "Measuring person-job fit using a profile comparison process." *Journal of Applied Psychology*, 75, 648-657.

Cappelli, P. (1995). "Rethinking Employment." *British Journal of Industrial Relations*, 33, 563-602.

Cappelli, P., and Sherer, P.D. (1991). The missing role of context in OB: The need for a meso-level approach. In L.L. Cummings and B.M. Staw (Eds), Research in organization behaviour, 13, 55-110. Greenwich, CT: JAI Press.

Carr, C. (1990). "Total Quality Training." *Training.* 27, 11, 59-64.

Caruana, A., and Calleya, P. (1998), "The effect of internal marketing on organizational commitment among retail bank managers", *International Journal of Bank Marketing,* 16, 108-116.

Chang, E. (1999). "Career commitment as a complex moderator of organizational commitment and turnover intentions." *Human Relations,* 52, 10, 1257-1278.

Chatman, A.J. (1991). "Matching People and Organizations: Selection and socialization in public accounting firms." *Administrative Science Quarterly,* 36, 3, 459-485.

Chattopadhyay, P. (1999). "Beyond direct and symmetrical effects: The influence of demographic dissimilarity in organizational citizenship behaviour." *Academy of Management Journal,* 42, 273-287.

Churchill, G.A. Jr. (1979). "A paradigm for developing better measures of marketing constructs." *Journal of Marketing Research,* 16, 1, 64-74.

Cohen, A., and Vigoda, E. (2000). "Do good citizens make good organizational citizens? An empirical examination of the relationship between general citizenship and organizational citizenship behaviour in Israel." *Administration and Society,* 32, 5, 596-624.

Colgate, M., and Danaher, P.J. (1999). "A cautionary note on customer relationships", working paper, University of Auckland, Auckland.

Cramer, D. (1996). "Job satisfaction and organizational continuance commitment: A two-wave panel study." *Journal of Organizational Behaviour,* 17, 389-400.

Cronbach, L.J. (1951). "Coefficient alpha and the internal structure of tests." *Psychometrika,* 16, 3, September, 297-333.

Cronbach, L. J. (1971). Test validation. In R. L. Thorndike (Ed.). Educational Measurement (2nd Ed.). Washington, D. C. American Council on Education.

Cronbach, L. J., and Quirk, T. J. (1976). Test validity. In International Encyclopedia of Education. New York: McGraw-Hill.

Cronin, J.J.Jr., Brady, M.K., and Hult, G.T.M. (2000). "Assessing the Effects of Quality, Value, and Customer Satisfaction on Consumer Behavioural Intentions in Service Environments, *Journal of Retailing,* 76, 2, 193-218.

Crosby, L. A., Evans, K.R., and Cowles, D. (1990). "Relationship Quality in Services Selling: An Interpersonal Influence Perspective." *Journal of marketing*, 54, July, 68-81.

Cummings, T. G., Molloy, E. S., and Glen, R. (1977). "A methodological critique of fifty-eight selected work experiments." *Human Relations*, 8, 675-708.

Cummings, L.L., and Bromiley, P. (1996). The organizational trust inventory. In T.R. Kramer and R.M. Tyler (Eds.), *Trust in organizations*: 302-330. Thousand Oaks, CA: Sage.

Dabholkar, P.A., Shepherd, C.D. and Thorpe, D.I. (2000). "A Comprehensive Framework for Service Quality: An Investigation of Critical Conceptual and Measurement Issues Through a Longitudinal Study." *Journal of Retailing*, 76, 2, 139-173.

Day, G.S. (1970). Buyer Attitudes and Brand Choice Behaviour. New York: The Free Press.

Deluga, R.J. (1994). "Supervisor trust building, leader-member exchange and organizational citizenship behaviour." *Journal of Occupational Psychology*, 67, 7, 315-327.

Dess, G.G. and Davis, P.S. (1984). "Porter's generic strategies as determinants of strategic group membership and performance." *Academy of Management Journal*, 26, 3, 467-488.

Deutsch, M. (1973). "The resolution of conflict: Constructive and destructive processes. New Haven, CT: Yale University Press.

Doney, P.M., and Cannon, J.P. (1997). "An Examination of the Nature of Trust in Buyer-Seller Relationships." *Journal of Marketing*, 61, 2, 35-51.

Doney, P.M., Cannon, J. P., and Mullen, M.R. (1998). "Understanding the Influence of National Culture on the Development of Trust." *Academy of Management Review*, 23, 600-620.

Dunham, R. B., Grube, J. A., and Castaneda, M.B. (1994). "Organizational commitment: The utility of an integrative definition." *Journal of Applied Psychology*, 79, 370-380

Dwyer, F. R., Schurr, P.H., and Sejo O.H. (1987). "Developing Buyer-Seller Relationships," *Journal of Marketing*, 51, April, 11-27.

Eby, L.T., Freeman, D.M., Rush, M.C., and Lance, C.E. (1999). "Motivational bases of affective organizational commitment: A partial test of an integrative theoretical model." *Journal of Occupational and Organizational Psychology*, 72, 4, 463-483.

Eisenberger, R., Fasolo. P., and Davis-LaMastro, V. (1990). "Perceived Organizational Support and Employee Diligence." *Journal of Applied Psychology*, 75, 1, 51-59.

Eisenberger, R., Huntington, R., Hutchinson, S., and Sowa, D. (1986). "Perceived Organizational Support." *Journal of Applied Psychology*, 71, 500-507.

Elangovan, A.R., and Lin, X. J. (1999). "Effects of perceived power of supervisor on subordinate stress and motivation: The moderating role of subordinate characteristics." *Journal of Organizational Behaviour*, 20, 3, 359-373.

Evans, C.. and Dion, K. (1991). "Group Cohesion and Performance," *Small Group Research*, 22, 2, 175-186.

Farh, J., Podsakoff. P.M., and Organ, D.W. (1990). "Accounting for organizational citizenship behaviour: Leader fairness and task scope versus satisfaction." *Journal of Management*, 16, 705-721.

Farrell, D., and Rusbult, C.E. (1981). "Exchange Variables as Predictors of Job Satisfaction, Job Commitment and Turnover: The impact of Rewards, Costs, Alternatives, and Investments." *Organizational Behaviour and Human Performance*, 27, 79-95.

Farris, G., Senner, E., and Butterfield, D. (1973). "Trust, culture, and organizational behaviour." *Industrial Relations*, 12,144-157.

Finegan, J.E. (2000). "The impact of person and organizational values on organizational commitment. " *Journal of Occupational and Organizational Psychology*, 73, 2, 149-169.

Flamholtz, E. (1979). "Organizational control systems as a management tool." *California Management Review*, 22, 2, 50-59.

Folger, R., and Konovsky, M.A. (1989). "Effects of procedural and distributive justice on reactions to pay raise decisions." *Academy of Management Journal*, 32, 1, 115-130.

Frost, F.A., and Kumar, M. (2001). "Service quality between internal customers and internal suppliers in an international airline." *The International Journal of Quality and Reliability*, 18, 4, 271-286.

Fukuyama, F. (1995). Trust: The social virtues and the creation of prosperity. New York: Free Press.

Gabarro, J.J. (1978). "The development of trust, influence, and expectations." In Athos, A.G. and Gabarro, J.J. (Eds.), Interpersonal behaviour: Communication and understanding in relationships, Englewood Cliffs, NJ: Prentice Hall, 290-303.

Gambetta, D. (1988). "Can we trust trust?" In D. Gambetta (Ed.), Trust: Making and breaking of cooperative relations: 213-237. Oxford, England: Blackwell.

George, J.M., and Brief, A.P. (1992). "Feeling Good, Doing Good: A Conceptual Analysis of the Mood of Work-Organizational Spontaneity Relationship." *Psychological Bulletin*, 112, 310-329.

George, W. (1977). "The Retailing of Service: A Challenging Future", *Journal of Retailing*, 53, 3, Fall, 85-98.

Glaeser, E.L. (2000)."Measuring Trust." *The Quarterly Journal of Economics*, 115, 3, 811-846.

Good, D. (1998). "Individuals, Interpersonal Relations and Trust." In D.G. Gambetta (Ed). Trust: 131-185. New York: Basil Blackwell.

Goodwin, C., and Ross, I. (1992). "Consumer Responses to Service Failures: Influence of Procedural   and   Interactional   Fairness   Perceptions." *Journal of Business Research*, 25, 2, 149-164.

Gibson, J.L., Ivancevich, J.M., and Donnelly, J.H., Jr. (1991). Organizations (7thed.). Homewood, IL: Irwin.

Gilbert, G.R., and Parhizgari, A.M. (2000). "Organizational effectiveness indicators to support service quality ", *Managing Service Quality*, 10, 46-51.

Gilly, M.C. Graham, J.L., Wolfinbarger, M.F. and Yale, L.J. (1998). "A dyadic study of interpersonal information search." *Journal of the Academy of Marketing Science*, 26, Spring, 83-100.

Gouldner, A.W. (1960). "The Norm of Reciprocity: A Preliminary Statement." *American Sociological Review*, 25, 161-178.

Goulet, L.R., and Frank, M.L. (2002). "Organizational commitment across three sectors: Public, non-profit, and for-profit." *Public Personnel Management*, 31, 2, 201-210.

Graham, J.W. (1986). "Organizational Citizenship Informed by Political Theory." Paper presented at Academy of Management meetings, Chicago, IL.

Graham, J.W. (1991). "An Essay on Organizational Citizenship Behaviour." *Employees Rights and Responsibilities Journal*, 4, 249-270.

Gremler, D.D., Bitner, M.J., and Evans, K.R. (1993). "The Internal Service Encounter." *International Journal of Service Industry Management*, 5, 2, 34-56.

Gremler, D.D., Gwinner, K.P., and Brown, S.W. (2001). "Generating positive word-of-mouth communication through customer-employee relationships." *International Journal of Service Industry Management*, 12, 1, 44-59.

Greene, W.E., Walls, G.D., and Schrest, L.J. (1994). "Internal Marketing: The key to external marketing success." *Journal of Services Marketing*, 8, 4, 5-9.

Griffin, R. W. (1987). Toward an integrated theory of task design, in: B. M. Staw and L. L. Cummings (Eds.). Research in Organizational Behaviour, Greenwich, CT, JAI Press, 9, 79-120.

Grönroos, C. (1980). "Designing a Long Range Marketing Strategy for Services." *Long Range Planning*, 13, 2, 230-266.

Grönroos, C. (1985). " Internal Marketing – Theory and Practice" in Services marketing in a Changing Environment, Bloch, T., Upah, G. and Zeithaml, V.A. (Eds), American Marketing Association, Chicago, IL, 41-47.

Grönroos, C. (1998). "Strategy, Quality, and Resource Management in the Service Sector." *International Journal of Operations and Product Management*, 3, 9-19.

Gulati, R. (1995). "Does familiarity breed trust? The implications of repeated ties for contracted choice in alliances." *Academy of Management Journal*, 38, 85-112.

Gummesson, E. (1987). Quality – The Ericsson Approach: what it is, what it isn't, what it should be, Kungsbacka Elander, Stockholm.

Gundlach, G.T., and Murphy, P.E. (1993). "Ethical and Legal Foundations of Relational Marketing Exchanges." *Journal of Marketing*, 57, October, 35-46.

Gundlach, G.T., Achrol, R.S., and Mentzer, J.T. (1995). "The structure of commitment in exchange." *Journal of Marketing*, 59, 1, 78-100.

Hackett, S., Schlager, E., and Walker, J. (1994). "The role of communication in resolving common dilemmas: Experimental evidence with heterogeneous appropriators." *Journal of Environmental Economics and Management*, 27, 2, 99-127.

Hackman, J.R., and E.F. Lawler (1971). "Employee Reactions to Job Characteristics." *Journal of Applied Psychology*, 55, 259-286.

Hackman, J. R., and Oldham, G. R. (1976). "Motivation Through the Design of Work: Test of a Theory." *Organization Behaviour and Human Performance*, 16, August, 250-279.

Hackman, J. R., and Oldham, G. R. (1980). Work redesign. Reading, MA, Addison-Wesley.

Hackman, J. R. (1986). "The psychology of self-management in organizations." In M. Pallak and R. Perloff (Ed.), Psychology and work: Productivity, change, and employment. Washington, DC: American Psychological Association.

Heide, J. B., and John, G. (1988). "The Role of Dependence Balancing in Safeguarding Transaction-Specific Assets in Conventional Channels." *Journal of Marketing Management*, 52, January, 20-35.

Herndon, N.C., Fraedrich, J.P., and Yeh, Q-J. (2001). "An investigation of moral values and the ethical content of the corporate culture: Taiwanese versus U.S. sales people." *Journal of Business Ethics*, 30, 1, 73-85.

Herzberg, F. (1966). Work and the Nature of Man. Cleveland: World Publishing Co.

Heskett, J.L. (1987). "Lessons in the service sector." Harvard Business Review, March-April, 118-26.

Heskett, J.L., Sasser, W.E., and Schlesinger, L.A. (1997). "The Service Profit Chain: How Leading Companies Link Profit and Growth to Loyalty, Satisfaction, and Value." The Free Press, New York, NY.

Hill, C. L. (1990). "Cooperation, opportunism, and the invisible hand: Implications for transaction cost theory." *Academy of Management Review*, 15, 500-514.

Hirschman, A.O. (1984). "Against parsimony: Three easy ways of complicating some categories of economic discourse." *American Economic Review*, 74, 88-96.

Horwitz, F.M. (1990). "HRM: An Ideological Perspective." *Personnel Review*, 19, 2, 10-16.

Horwitz, F.M. (1996). "Organization design for service excellence: A review of the literature." *Human Resource Management*, 35, 4, 471-493.

Hom, P.W., Katerberg, R., and Hulin, C.L. (1979). "Comparative Examination of Three Approaches to the Prediction of Turnover." *Journal of Applied Psychology*, 64, 280-290.

Hogg, C. (1996). "Selling your soul", *Human Resources*, 96, 25, 88-90.

Hui, C-H. (1988). "Impacts of Objective and Subjective Labour Market Conditions on Employee Turnover." *Journal of Occupational Psychology*, 61, 3, 211-220.

Hunt, S.D., Chonko, L.B., and Wood, V.R. (1985). "Organizational Commitment and Marketing." *Journal of Marketing*, 49, Winter, 112-126.

Husted, B. (1990). "Trust in business relations: Directions for empirical research." *Business and Professional Ethics Journal*, 8, 2, 25-40.

Ironson, G.H., Smith, P.C., Brannick, M.T., Gibson, W.M., and Paul, K.B. (1989). "Construction of a Job in general Scale: A Comparison of Global, Composite, and Specific Measures. " *Journal of Applied Psychology*, 74, 1, 193-200.

Irvine, D., and Evans, V. (1995). "The effect of scale changes on meta-analysis of multiplicative and main effects models." *Educational and Psychological Measurement*, 55, 2, 206.

Iverson, R. D., and Roy, P. (1994). "A causal model of behavioural commitment: Evidence from a study of Australian blue-collar employees." *Journal of Management*, 20, 15-41.

Jap, S.D. (2001). "The Strategic Role of the Salesforce in Developing Customer Satisfaction Across the relationship Lifecycle." *Journal of Personal Selling and Sales Management*, 21, 2, 95-108.

Johns, G., and Saks, D. (2001). Understanding and Managing Life at Work. (5th ed.), Addison Wesley Longman.

Johnson-George, C., and Swap, W.C. (1982). "Measurement of Specific Interpersonal Trust: Construction and Validation of a Scale to Assess Trust in a Specific Other." *Journal of Personality and Social Psychology* 42, 1306-1312.

Kacmar, D., and Ferris, G.R. (1989). "Myths and Politics in Organizational Contexts." *Organization Studies*, 14, 1, 83-104.

Kalleberg, A.L. (1983). "Work Stratification: Structural Perspectives." *Work and Occupations*, 10, 3, 251-260.

Kanter, R.M. (1977). Men and Women of the Corporation. New York: Basic Books.

Katz, D. (1964). "The Motivational Basis of Organizational Behaviour. " *Behavioural Science*, 9, 131-146.

Katz, E. and Lazarsfeld, P.F. (1955). Personal Influence, Glencoe, IL: The Free Press.

Kaufman, J.D., Stamper, C.L., and Tesluk, P.E. (2001). "Do supportive organizations make for good corporate citizens?" *Journal of Managerial Issues, 215-220*.

Kim, W.C., and Mauborgne, R. A. (1993). "Procedural Justice, Attitudes, and Subsidiary Top management Compliance with Multinationals' Corporate Strategic Decisions." *Academy of Management Journal, 36, 502-526*.

Ko, J. W., Price, J. L., and Mueller, C. W. (1997). "Assessment of Meyer and Allen's three-component model of organizational commitment in South Korea." *Journal of Applied Psychology*, 82, 961-973.

Koch, J., and Steers, R. (1978). "Job Attachment, Satisfaction, and Turnover among Public Sector Employees." *Journal of Vocational Behaviour*, 12, 119-128.

Komaki, J.L. (1986)." Toward Effective Supervision: An Operant Analysis and Comparison of Managers at Work." *Journal of Applied Psychology*, 71, 2, 270-280.

Komaki, J.L., Mitzi, L., and Bowman, E.D. (1989). "Definitely Not A Breeze: Extending An Operant Model Of Effe." *Journal of Applied Psychology*, 74, 3, 522-560.

Konovsky, M.A., and Pugh, S.D. (1994). "Citizenship Behaviour and Social Exchange." *Academy of Management Journal*, 37. 656-677.

Koys, D.J. (2001). "The Effects of Employee Satisfaction, Organizational Citizenship Behaviour, and Turnover on Organizational Effectiveness: A Unit-Level. Longitudinal Study." *Personnel Psychology*, 54, 101-114.

Krebs, E. (1975). "Women workers and the trade unions in Austria-An interim report." *International Labour Review*. 112, 4, 265.

Kristof, A.L. (1996). "Person-organization fit: An integrative review of its conceptualizations, measurement. and implications." *Personnel Psychology*, 49, 1, 1-33.

Kunin. T. (1955). "The Construction of a New Type of Attitude Measure." *Personnel Psychology*, 8, 65-78.

Landy, F.J. (1989). "The Early Years of I/O: J.D. Houser and J.D.I." *Industrial Psychologist*, 26, 63-64.

Larzelere, R., and Huston, T. (1980). "The dyadic trust scale: Toward understanding interpersonal trust in close relationships." *Journal of Marriage and the Family*, 42, 595-604.

Laschinger, H.K.S., and Havens, D.S. (2001). "Staff Nurse Empowerment and Nursing Research. " *Journal of Health care Management*, 42, 246-253.

Latham, G.P., Millman, Z., and Kanambayya, P. (1997). "Content-Domain Confusion among Researchers, Managers. and Union Members Regarding Organizational Citizenship Behaviour." *Canadian Journal of Administrative Sciences*. 14, 206-213.

Lee, R., and Wilbur, E.R. (1985). "Age, Education, Job Tenure, Salary, Job Characteristics, and Job Satisfaction: A Multivariate Analysis." *Human Relations*, 8, 8, 781-792.

Lewicki, R.J., and Bunker, B.B. (1995). Trust in relationships: A model of trust development and decline. In J. Rubin and B.B. Bunker (Eds.), Conflict, cooperation, and justice, 133-173. San Francisco: Jossey-Bass.

Lewis, J.D., and Weigert, A. (1985). "Trust as a social reality." *Social Forces*, 63, 967-985.

Liddle, A.J. (2001). "Internal marketing as important to success as pleasing customers." *Nation's Restaurant News*, 35, 44, 60-61.

Liou, K-T., and Nyhan, R.C. (1994). "Dimensions of organizational commitment in the public sector: An empirical assessment. " *Public Administration Quarterly*, 18, 1, 99-107.

Long, J.L. (1998). "Compensation in Canada". Strategy, Practice and Issuers International.

MacCrimmon, K.R., and Wehrung, D.A. (1986). Taking risks: The management of uncertainty. New York: Free Press.

Mackenzie, S.B., Podsakoff, P.H., and Felter, R. (1991). "Organizational Citizenship Behaviour and Objective Productivity as Determinants of Management Evaluations of Salesperson's Performance." *Organizational Behaviour and Human Decision Processes*, 50, October, 123-150.

Marsh, R.M., and Mannari, H. (1977). "Organizational Commitment and Turnover: A Predictive Study," *Administrative Science Quarterly*, 22, 313-324.

Mathieu, J., and Zajac, D. (1990). "A Review and Meta-Analysis of the Antecedents, Correlates and Consequences of Organizational Commitment," *Psychological Bulletin*, 108, 2, 171-194.

Mayer, R.C., and Davis, J.H. (1999). "The effect of the performance appraisal system on trust for management: A field quasi-experiment." *Journal of Applied Psychology*, 84, 123-136.

Mayer, R.C., Davis, J.H., and Schoorman, F.D. (1995). "An integration model of organizational trust." *Academy of Management Review*, 20,709-734.

Mc Allister, D.J. (1991). "Regrounding Organizational Citizenship Behaviour Research." Paper Presented at the Annual Meeting of the Academy of Management, Miami Beach. FL.

McAllister, D.J. (1995). "Affect-and cognition-based trust as foundations for interpersonal cooperation in organizations." *Academy of Management Journal*, 38, 24-59.

McLeod, C., Iverson, R.D., and Bittigieg, D.M. (1995). "Services and internal marketing: an organizational commitment perspective." 7th Bi-annual World Marketing Congress, 1, 13, 1-2.

Meyer, J. P., and Allen, N.J. (1984). "Testing the Side Bet Theory of Organizational Commitment: Some Methodological Considerations." *Journal of Applied Psychology*, 69, 3, 372-378.

Meyer, J. P., and Allen, N.J. (1990). "Organizational Socialization Tactics: A Longitudinal Analysis." *Academy of Management Journal*, 33, 4, 847-859.

Meyer, J. P., Allen, N. J., and Smith, C. A. (1993). "Commitment to organizations and occupations: Extension and test of a three-component conceptualization." *Journal of Applied Psychology*, 78, 538-551.

Miles, M.B., and Huberman, A.M. (1984). Qualitative data analysis. Beverly Hills, CA: Sage.

Miles, R.E., and Creed, W.E.D. (1995). Organizational forms and managerial philosophies: A descriptive and analytical review. In B.M Staw and L.L Cummings (Eds.), Research in organizational behaviour, 17, 333-372. Greenwich, CT: JAI Press

Mindak, W., and Folger, R. (1990). "Toward the Integration of Marketing and Organizational Behaviour in the Service Economy." *Journal of Business Research*, 20, 1-2.

Mishra, A.K., and Spreitzer, G.M. (1998). "Explaining How Survivors Respond to Downsizing: The Role of Trust, Empowerment, Justice and Work Redesign." *Academy of Management Review*, 23, 567-588.

Money, R.B., Gilly, M.C., and Graham, J.L. (1998). "Explorations of national culture and word-of-mouth referral behaviour in the purchase of industrial services in the United States and Japan." *Journal of Marketing*, 62, October, 76-87.

Moorman, R.H. (1991). "Relationship between Organizational Justice and Organizational Citizenship Behaviours: Do Fairness Perceptions influence Employee Citizenship?" *Journal of Applied Psychology*, 76,845-855.

Moorman, R.H., and Blakely, G.L. (1995). "Individualism-collectivism as an individual difference predictor of organizational citizenship behaviour." *Journal of Organizational Behaviour*, 16, 2, 127-143.

Moorman, C., Deshpande, R., and Zaltman, G. (1993). "Factors Affecting Trust in Market Relationships." *Journal of Marketing*, 57, January, 81-101.

Morgan, R.M., and Hunt. S. D. (1994). "The Commitment-Trust of Relationship Marketing. " *Journal of Marketing*, 58, July, 20-38.

Morrison, E.W. (1994). "Role definitions and organizational citizenship behaviour: The importance of the employee's perspective." *Academy of Management Journal*, 37, 1543-1567

Morrison EW. (1995). "Organizational citizenship behaviour as a critical link between HRM practices and service quality." *Human Resource Management*, 35, 493-512.

Mottaz, C. J. (1987). "An analysis of the relationship between work satisfaction and organizational commitment." *Sociological Quarterly*, 28, 541-558.

Mowday, R. T., Steers, R. M., and Porter, L. W. (1979). "The Measurement of Organizational Commitment." *Journal of Vocational Behaviour*, 14, 224-247.

Mowen, J.C. (1987). Consumer Behaviour, New York: Macmillan Publishing.

Nagel, P., and Cilliers. W. (1990). "Customer Satisfaction: A Comprehensive Approach. " *International Journal of Physical Distribution and Logistics*, 20, 6, 2-46.

Niehoff, B.P., and Moorman. R.H. (1993). "Justice as a Mediator of the Relationship Between Monitoring and Organizational Citizenship Behaviour. " *Academy of Management Journal*, 36, 527-556.

Nicholson. C.Y., Compeau, L.D., and Sethi, R. (2001). "The role of interpersonal liking in building trust in long-term channel relationships." *Journal of Academy of Marketing Science*, 1, 3-15.

Nooteboom, B., Berger, H., and Noorderhaven, N.G. (1997). "Effects of trust and governance on relational risk." *Academy of Management Journal*, 40, 308-338.

Nunnally, J.C. (1978). Psychometric Theory. New York: McGraw-Hill.

O'Reilly, C.A., Chatman, J., and Caldwell, D.F. (1991). "People and organizational culture: A profile comparison approach to assessing person-organization fit." *Academy of Management Journal*, 34, 487-516.

O'Reiley, C., and Chatman, J. (1986). "Organizational Commitment and Psychological Attachment: The Effects of Compliance, Identification, and Internalization on Prosocial Behaviour." *Journal of Applied Psychology*, 71, 492-499.

Olivier, R.L., Rust, R.T., and Varki, S. (1997). "Customer Delight: Foundations, Findings, and Managerial Insight." *Journal of Retailing*, 73, 3, 311-336.

Organ, D.W. (1988). "Organizational Citizenship Behaviour." Lexington, MA: Lexington Books.

Organ, D.W. (1990). "The motivational basis of organizational citizenship behaviour." In B.M. Staw and L.L. Cummings (Eds.), research in organizational behaviour, 12, 43-72.

Organ, D.W., and Konovsky, M.A. (1989). "Cognitive Versus Affective Determinants of Organizational Citizenship Behaviour." *Journal of Applied Psychology*, 74, 1, 157-164.

Organ, D.W., and Ryan, K. (1995). "A Meta-Analytic Review of Attitudinal and Dispositional Predictors of Organizational Citizenship Behaviour." *Personnel Psychology*, 48, 775-802.

Oxford English Dictionary. (1989). 2nd ed. / prepared by J.A. Simpson and E.S.C. Oxford, Clarendon Press, New York: Oxford University Press, 20.

Palmore, E. (1965). "Predicting Longevity: A Follow-up Controlling for Age," Gerontology (Winter 1696); A.W. Korhauser, Mental Health of the Industrial Worker: A Detroit Study, New York: Wiley.

Parasuraman, A., Zeithaml, V.A., and Berry, L.L. (1985). "A conceptual model of service quality and its implications for future research." *Journal of Marketing*, 49, Fall, 41-50.

Paulin, M., Ferguson, R., Mavidis, A., and Urquhart, D. (2002). "Antecedents of Advocacy Intentions: A study of 500 hernia patients at the Shouldice Hospital." *The 10th International Colloquium in Relationship Marketing*, Universität Kaiserslautern, September 29-October 2.

Pearce, J-L. (1993). "Toward an organizational behaviour of contract laborers: Their psychological involvement and effects on employee co-workers." *Academy of Management Journal*, 36, 5, 1082-1097.

Perrow, C. (1986). Complex organizations: A critical essay. New York: Random House.

Peter, J.P. (1981). "Construct Validity: A Review of Basic Issues and Marketing Practices." *Journal of Marketing Research*, 18, 2, 133-146.

Philips, S., Dunkin, A., Treece, J.B., and Hammond, K.H. (1990). "King customer." *Business Week*, March, 88-94.

Pierce, J.L., Gardner, D.G., Cummings, L.L., and Dunham, R.B. (1989). "Organization-based Self-esteem: Construct definition, measurement and validation." *Academy of Management Journal*, 32, 3, 622-649

Podsakoff, P. M., Ahearne, M., and Mackenzie, S. B. (1997). "Organizational Citizenship Behaviour and the Quantity and Quality of Work Group Performance." Journal of Applied   Psychology,   82,   262-270.

Podsakoff, P.M., and Mackenzie, S. B. (1989). A Second Generation Measure of Organizational Citizenship Behaviour, Working paper. Indiana University.

Podsakoff, P.M., Farh, J.L., and Organ, D.W. (1990). "Accounting for Organizational Citizenship Behaviour: Leader Fairness and Task Scope Versus satisfaction." *Journal of Management*, 16, 4, 705-721.

Podsakoff, P.M., Mackenzie, S., Moorman, R.H., and Felter, R. (1990). "Transformational leader Behaviours and their Effects on Follower's Trust in Leader Satisfaction and Organizational Citizenship Behaviours." *Leadership Quarterly*, 1 . 107-142.

Porter, L.W., Steers, R.M., Mowday, R.T., and Boulian, P.V. (1974). "Organizational Commitment, Job Satisfaction, and Turnover among Psychiatric Technicians." *Journal of Applied Psychology*, 59, 603-609.

Posner, B.Z., Kouzes, J.M. and Schmidt, W.H. (1985). "Shared values make a difference." *Human Resource Management*, 24, 293-309.

Price, J. L., and Mueller, C. W. (1986). Absenteeism and turnover of hospital employees. Greenwich, CT: JAI.

Puffer, S.M. (1987). "Prosocial Behaviour, Noncompliant Behaviour, and Work Performance among Commissioned Salespeople." *Journal of Applied Psychology*, 72, 615-621.

Ramaswami, S.N., Agarwal, S., and Bhargava, M. (1993). "Work Alienation of Marketing Employees: Influences of Task, Supervisory, and Organizational Structure Factors." *Academy of Marketing Science*, 21, Summer, 179-193.

Redman, T., and Mathews, B.P. (1998). "Service Quality and Human Resource Management." *Personal Review*, 27, 1, 57-77.

Reingen, P.H., and Kernan, J.B. (1986). "Analysis of referral networks in marketing: methods and illustration." *Journal of Marketing Research*, 23, November, 370-78.

Rempel, J.K., Holmes, J.G., and Zanna, M.P. (1985). "Trust in close relationships." *Journal of Personality and Social Psychology*, 49, 95-112.

Rhodes, S.R. (1983). "An integrated model of career change. " *Academy of Management Review*, 8, 631-670.

Riketta, M. (2002). "Attitudinal organizational commitment and job performance: a meta-analysis." *Journal of Organizational Behaviour*, 23, 257-266.

Ring, P.S., and Van de Ven, A.H. (1992). "Structuring cooperative relationships between organizations." *Strategic Management Journal*, 13, 483-498.

Ring, P.S., and Van de Ven, A.H. (1994). "Developmental process of cooperative interorganizational relationships." *Academy of Management Review*, 19, 90-118.

Rotter, J.B. (1971). "Generalized Expectations for Interpersonal Trust". *American Psychologist*, 26, 443-452.

Rousseau, D.M., Sitkin, S. B., Burt, R. S., and Camere, C. (1998). "Introduction to Special Topic Forum: Not So Different After All: A Cross-Discipline View of Trust." *Academy of Management Review*, 23, 393-404.

Runy, L.A. (2002). "Quest for quality: Lessons learned. challenges met." *Hospitals and Health Networks*, 76, 11, 24-25.

Rust, R.T., Stewart, G.L., Miller, H., and Pielack, D. (1996). "The Satisfaction and Retention of Frontline Employees: A Customer Satisfaction Measurement Approach." *International Journal of Service Industry Management*, 7,5, 62-80.

Sabel, C.F.(1993). Studied trust: Building new forms of cooperation in a volatile economy. In R. Swedberg (Ed.), *Explorations in Economic Sociology*: 104-144. New York: Russell Sage Foundation.

Sasser, W. E., and Arbeit, S.P. (1976). "Selling jobs in the service sector." *Business Horizons*, June, 61-65.

Schneider, B., and Bowen, D.E. (1985). " Employees and customer perceptions of service in banks: Replication and extension." *Journal of Applied Psychology*, 70, 423-433.

Schurr, P.H., and Ozanne, J.L. (1985). "Influences on Exchange Processes: Buyers' Perceptions of Seller's Trustworthiness and Bargaining Toughness." *Journal of Consumer Research*, 11, March, 939-953.

Selnes, F. (1998). "Antecedents and consequences of trust and satisfaction in buyer-seller relationships." *European Journal of Marketing*, 32, 305.

Sergeant, A., and Frenkel, S. (2000). " When Do Customer Contact Employees Satisfy Customers?" *Journal of Service Research*, 3, 1, 18-34.

Scholl, R.W. (1981). "Differentiating organizational commitment from expectancy as a motivating force." *Academy of Management Review*, 6, 589-599.

Shapiro, D., Sheppard, B.H., and Cheraskin, L. (1992). "Business on a Handshake." *Negotiation Journal*, 8, 365-377.

Shapiro, S.P. (1987). "The social control of impersonal trust." *American Journal of Sociology*, 93, 623-658.

Sheppard, B.H. and Sherman, D.M. (1998). "The grammars of trust: a model and general implications." *Academy of Management Review*, 2, 3, 422-437.

Sheth, J.N. (1971). "Word-of-Mouth in Low-Risk Innovations." *Journal of Advertising Research*, 11, 3, 15-18.

Shlesinger, L., and Heskett, J. (1991). " The Service-Driven Service Company." *Harvard Business Review*, 69, 5, September, 71-81.

Shockley-Zalabak, P., Ellis, K., and Winograd, G. (2000). " Organizational trust: What it means, why it matters." *Organizational Development Journal*, 18, 35-48.

Sibbald, B., Enzer, I., Cooper C., Rout, U., and Sutherland, V. (2000). "General practitioner job satisfaction in 1989, 1990 and 1999: Lessons for the future." *Farm Pract.* 17, 364-371.

Sibbald, B., Bojke, C., and Gravelle, H. (2003). "National survey of job satisfaction and retirement intentions among general practitioners in England." *British Medical Journal*, 326, 22-24.

Sims, H.P., Szilagyi, A.D., and Keller, R.I (1976). "Measurement of Job Characteristics." *Academy of Management Journal*, 21, 123-128.

Sirdeshmukh, D., Singh, J., and Sabol, B. (2002). " Consumer Trust, Value, and Loyalty in relational Exchanges." *Journal of Marketing*, 66, January, 15-37.

Smith, C. A., Organ, D.W., and Near, J.P. (1983). "Organizational Citizenship Behaviour: Its Nature and Antecedents." *Journal of Applied Psychology*, 68, 653-663.

Smith, P.C., Kendall, L.M., and Hulin, C.L. (1969).The Measurement of Satisfaction in Work and Retirement. Chicago: Rand McNally.

Spector, P. E. (1986). "Perceived control by employees: A meta-analysis of studies concerning autonomy and participation at work." *Human Relations*, 39, 1005-1016.

Steiger, J.H. and Lind, J.(1980). "Statistically based tests for the number of common factors", paper read at the Annual Meeting of the Psychometric Society, Iowa City, IA.

Strauss, G. (1977). Managerial Practices in Improving Life at Work, Eds. Hackman and Lloyd Suttle, Santa Monica, CA: Good-Year, 297-363

Swan, J.E., Frederick, I., Trawick, J.F., Rink, D.R., and Roberts, J.R. (1988). "Measuring Dimensions of Purchaser Trust of Industrial Salespeople." *Journal of Personal Selling and Sales Management*, 8,1,1-9.

Swan, J.E., Trawick, J.F., and Silva, D.W. (1985). "How industrial salespeople gain customer trust." *Industrial Marketing Management*, 14, 203-211.

Tang, T.L-P., and Ibrahim, A.H.S. (1998). "Antecedents of Organizational Citizenship Behaviour Revisited: Public Personnel in the United States and in the Middle East." *Public Personnel Management*, 27, 529-550.

Tansky, J.W. (1993). "Justice and organizational citizenship behaviour: What is the relationship?" *Employee Responsibilities and Rights Journal*, 6, 195-208.

Tansky, J.W., and Cohen, D.J. (2001). " The relationship between organizational support, employee development, and organizational commitment: An empirical study." *Human Resource Development Quarterly*, 12, 3, 285-300.

Tett, R.P., and Meyer, J.P. (1993). "Job satisfaction, organizational commitment, turnover intention, and turnover." *Personnel Psychology*, 46, 259-293.

Thornberry, N., and Hennessey, H. (1992). " Customer Care, Much More than a Smile: Developing a Customer Service Infrastructure." *European Management Journal*, 10, 4, 460-464.

Thompson, James W. (1996). "Employee Attitudes, Organizational Performance, and Qualitative Factors Underlying Succcess." *Journal of Business and Psychology*, 11, 2, 171-96.

Triandis, H.C., Bontempo, R., Villareal, M.J., Asai, M., and Lucca, N. (1988). "Individualism and Collectivism: Cross-Cultural Perspectives on Self-Ingroup Relationships." *Journal of Personality and Social Psychology*, 54, 323.

Tyagi, P. K., and Wotruba, T. R. (1993). "An Exploratory Study of Reverse Causality Relationships Among Sales Force Turnover Variables." *Journal of the Academy of Marketing Science*, 21, 143-153.

Van Dyne, L.V., and Ang, S. (1998). "Organizational Citizenship Behaviour of Contingent Workers in Singapore." *Academy of Management Journal*, 41, 692-703.

Van Dyne, L., and Cummings, L.L. (1990). "Extra-role behaviours: In pursuit of construct definitional clarity." Paper presented at the annual meeting of Academy of Management, San Francisco.

Van Dyne, L., Cummings, L., and Parks, J. M. (1995). "Extra-Role Behaviours: In Pursuit of Construct and Definitional Clarity (A Bridge Over Muddied Waters)." *Research in Organizational Behaviour,* 17, 215-285.

Van Dyne, L., Graham, J.W., and Dienesch, R.M. (1994). "Organizational Citizenship Behaviour: Construct redefinition, measurement, and validation." *Academy of Management Journal,* 37, 765-835.

Van Dyne, L., and Le Pine, J.A. (1998). "Helping and Voicing Extra-Role Behaviour: Evidence of Construct and Predictive Validity." *Academy of Management Journal,* 41, 108-119.

Varey, R. J. (1995). "Internal marketing: A review and some interdisciplinary rese." *International Journal of Service Industry Management,* 6, 1, 40-64.

Vecchio, R.P., and Appelbaum, S.H. (1995). Managing Organizational Behaviour: A Canadian perspective. Dryden series. Harcourt Brace and Company, Canada.

Walz, S.M. and Niehoff, B.P. (1996). "Organizational Citizenship Behaviours and their Effect on Organizational Effectiveness in Limited-Menu Restaurants." Academy of Management Best Papers Proceedings. (Eds.), WI: Omni press, 307-311.

Wallick, W.G., and Stager, K.J. (2002). "Healthcare managers' roles, competencies, and outputs in organizational performance improvement / Practitioner response." *Journal of Healthcare Management,* 47, 6, 390-401.

Walton, R.E., and Dutton, J.M. (1969). "The Management of Interdepartmental Conflict: A Model and Review." *Administrative Science Quarterly,* 14, 1, 73-84.

Wayne, S. J., Shore, L. M., and Liden. R C. (1997). "Perceived Organizational Support and Leader-Member Exchange: A Social Exchange Perspective." *Academy of Management Journal,* 40, 82-111.

Weaver, C.N. (1978)." Sex differences in the determinants of job satisfaction." *Academy of Management Journal,* 65, 364-367.

Weiner, Y. (1982). "Commitment in Organizations: A Normative View." *Academy of Management Review,* 7, 418-428.

Weiss, D.J., and David, G.W. (1967). Manual for the Minnesota Satisfaction Questionnaire. Minnesota Studies in Vocational rehabilitation: 22. University of Minnesota, Industrial Relations Centre.

Westbrook, R.A. (1987). "Product/consumption-based affective responses and postpurchase processes." *Journal of Marketing Research,* 24, August, 258-270.

White, S.S., and Schneider, B. (2000). "Climbing the Commitment Ladder: The Role of Expectations Disconfirmation on Customers' Behavioural Intentions." *Journal of Service Research.* 2, 3, 240-253.

Whitener, E.M., and Walz, P.M. (1993). "Exchange theory determinants of affective and continuance commitment and turnover." *Journal of Vocational Behaviour,* 42, 265-281.

Whitener, E.M., Brodt, S. E., Korsgaard, M.A., and Werner, J.M. (1998). "Managers as initiators of trust: An exchange relationship framework for understanding managerial trustworthy behaviour." *Academy of Management Review,* 23, 3, 513-530.

Whitley, B.E. Jr. (1996). Principles of Research in Behavioural Science. Mayfield Publishing Company, Mountain View California.

Williams, L. (1988). "Affective and Nonaffective Component of Job Satisfaction and Organizational Commitment as determinants of Organizational Citizenship and In-role Behaviours." Unpublished Ph.D. dissertation. Bloomington, In: Indiana University.

Williams, L.J., and Hazer, J. (1986). "Antecedents and Consequences of Satisfaction and Commitment in Turnover Models: A Reanalysis Using Latent Variable Structural Equation Methods." *Journal of Applied Psychology,* 71, 2, 219-231.

Williams, L. J., and Anderson, S. E. (1992). "Job Satisfaction and Organizational Commitment as Predictors of Organizational Citizenship and In-Role Behaviours." *Journal of Management,* 7, 601-617.

Williamson, O.E. (1975). Markets and Hierarchies. New York: Free Press.

Williamson, O.E. (1993). "Calculativeness, trust and economic organization." *Journal of Law and Economics,* 30, 131-145.

Yoon, J., and Thye, S. R. (2002). "A dual process model of organizational commitment: Job satisfaction and organizational support." *Journal of Work and Occupations,* 29, 97-124.

Zaheer, A., McEvily, B., and Perrone, V. In press. Does trust matter? Exploring the effects of interorganizational and interpersonal trust on performance. *Organizational Science.*

Zaltman, G., and Moorman, C. (1988). "The Importance Of Personal Trust In The Use Of Research." *Journal of Advertising Research,* 28, 5, 16-27.

Zand, D.E. (1972). "Trust and managerial problem solving." *Administrative Science Quarterly,* 17, 229-239.

Zeffane, R. (1994). "Job satisfaction and its implications for work redesign." *Leadership and Organization Development Journal*, 15, 1-2.

Zeithaml, V.A. (1981). How consumer evaluation processes differ between goods and services, in Donnelly, J.H. and George, W.R. (Eds), Marketing of services, American Marketing Association, Chicago, Il, 186-190.

Zeithaml, V.A. Berry, L.L., and Parasuraman, A. (1996). "The Behavioural Consequences of Service Quality, *Journal of Marketing*, 60, 31-46.

Zucker, L.G. (1986). Production of trust: Institutional sources of economic structure 1840-1920. In B.M. Staw and L.L. Cummings (Eds.), Research in organizational behaviour, 8, 53-111. Greenwich, CT: JAI Press.

APPENDIX A: QUESTIONNAIRE

Confidential QUESTIONNAIRE

Please answer this questionnaire by considering your _overall experience_ at Shouldice and _not recent incidents._

SECTION A

1. Male ___   Female ___

2. Age   ___ less than 20   ___ 20-29   ___ 30-39   ___ 40-49
           ___ 50-59   ___ 60-69   ___ 70 +

3. Full-time ___   Part-time ___

    a) **If you are working full-time at Shouldice Hospital:**

    Total length of time at Shouldice Hospital: ____ year(s)___month(s)

    Have you previously worked in another healthcare facility? ___ Yes ___ No

    If yes, what type of healthcare service?_____
    For how many years?____

    b) **If you are working part-time at Shouldice Hospital:**
    Total length of time at Shouldice Hospital: ____ year(s) ___month(s)

4. Do you _presently_ work in another healthcare facility? ___ Yes ____ No
    If yes, for how many years?____
    What type of healthcare service?_____

5. Are you completing this questionnaire:

    ___ at work   ___ at home or   ___ elsewhere

SECTION B   **ABOUT SHOULDICE HOSPITAL?**

For **each** question 1 to 4 :
i)   Read all five statements a, b, c, d and e.
ii)   Write in a number (percent) showing how important each statement is to you.

Example (Please note that your numbers must add up to 100%)

My favourite colours are:
a. _40_ % Blue
b. _10_ % Green
c. _0_ % Yellow
d. _20_ % Blue
e. _30_ % Orange

1.   The Shouldice Hospital can be **described as** a very:

a._____% **PERSONAL PLACE.**
               It is like a family where people share a lot of themselves.
b._____% **DYNAMIC AND INNOVATIVE PLACE.**
               People are willing take the risk of doing things differently.
c._____ % **PRODUCTION-ORIENTED PLACE.**
               People are concerned with getting the job done and pay little attention
               to   personal interactions.
d._____ % **FORMALIZED AND STRUCTURED PLACE.**
               People are governed by established procedures.
e._____ % **PATIENT-ORIENTED PLACE.**
               People are always looking for ways to create patient well-being.

2. The **managers and supervisors** of Shouldice Hospital are:

a._____% **PROMOTERS OF THE PATIENT'S POINT OF VIEW.**
               They really believe in helping the staff to create superior services for patients.
b._____% **MENTORS OR FATHER-MOTHER FIGURES.**
               They readily give and advise and support to the staff.
c._____% **ENTREPRENEURS, INNOVATORS, OR RISK TAKERS.**
               They are always looking for ways to change how things are to be done.
d._____% **PRODUCERS, TECHNICIANS, OR HARD-DRIVERS.**
               They are very concerned with getting the most from the staff.
e._____% **COORDINATORS, ORGANIZERS, OR ADMINISTRATORS.**
               They make sure that things get done according to established procedures.

SECTION B (continued)   ABOUT SHOULDICE HOSPITAL?

3. The glue that holds the Shouldice Hospital together is its:

a.____% **FORMAL RULES AND POLICIES.**
We are committed to ensure that the Shouldice Hospital runs smoothly.

b.____% **UNDERSTANDING OF PATIENT NEEDS.**
We strive to satisfy, if not delight, our patients.

c.____% **LOYALTY AND TRADITION.**
We are committed to the Shouldice Hospital.

d.____% **INNOVATION AND DEVELOPMENT.**
We are always the first to start something new.

e.____% **TASK AND GOAL ACCOMPLISHMENT.**
We are committed to getting results.

4. Shouldice Hospital places a great deal of importance on:

a.____% **COMPETITIVE ACTIONS AND ACHIEVEMENT.**
Measurable goals are most important.

b.____% **PERMANENCE AND STABILITY.**
Efficient and smooth operations are most important.

c.____% **EXCELLENT PATIENT RELATIONSHIPS.**
The patients are most important.

d.____% **STAFF.**
Teamwork and good moral is most important.

e.____% **GROWTH AND GETTING NEW RESOURCES**
Meeting new challenges is most important.

SECTION C ABOUT YOUR WORK?

Please <u>circle</u> a number from 1 to 10 that best represents your opinion for each question.

1. How effective are <u>the supervisors:</u>	Not effective			Effective				Very effective		
a) at helping you develop your skills	1	2	3	4	5	6	7	8	9	10
b) at giving you recognition for work well done	1	2	3	4	5	6	7	8	9	10
c) at keeping you informed of things pertaining to your work	1	2	3	4	5	6	7	8	9	10
d) at asking for your opinion on important decisions	1	2	3	4	5	6	7	8	9	10
e) at listening to your concerns	1	2	3	4	5	6	7	8	9	10
f) at helping you to contribute to the patients' well-being	1	2	3	4	5	6	7	8	9	10

2. How effective is <u>your team:</u>	Not effective			Effective				Very effective		
a) at helping you to do your work well	1	2	3	4	5	6	7	8	9	10
b) at initiating and developing new team members	1	2	3	4	5	6	7	8	9	10
c) at making you feel part of the team	1	2	3	4	5	6	7	8	9	10
d) at making you look forward to coming to work every day	1	2	3	4	5	6	7	8	9	10
e) at helping you to contribute to the patients' well-being	1	2	3	4	5	6	7	8	9	10

3. How effective are <u>other departments:</u>	Not effective			Effective				Very effective		
a) at permitting you and your team to do excellent work	1	2	3	4	5	6	7	8	9	10
b) at helping your team when you have problems	1	2	3	4	5	6	7	8	9	10
c) at helping you to contribute to the patients' well-being	1	2	3	4	5	6	7	8	9	10

4. How effective is <u>Hospital management:</u>	Not effective			Effective				Very effective		
a) at permitting you and your team to do excellent work	1	2	3	4	5	6	7	8	9	10
b) at helping you to the patients' well-being	1	2	3	4	5	6	7	8	9	10
c) at keeping you informed of things pertaining to your work	1	2	3	4	5	6	7	8	9	10
d) at asking for your opinion on important decisions	1	2	3	4	5	6	7	8	9	10
e) at listening to your concerns	1	2	3	4	5	6	7	8	9	10

Please <u>circle</u> a number from 1 to 10 that best represents your opinion on each question.

5. The equipment, tools and materials I use:	Disagree				Agree			Strongly agree		
a) help me to do my work very effectively	1	2	3	4	5	6	7	8	9	10
b) are of the finest quality or state-of-the-art	1	2	3	4	5	6	7	8	9	10
c) always function well	1	2	3	4	5	6	7	8	9	10

6. In my work:	Disagree				Agree			Strongly agree		
a) I use many different skills and talents	1	2	3	4	5	6	7	8	9	10
b) I am responsible for several tasks from beginning to end	1	2	3	4	5	6	7	8	9	10
c) I accomplish things that others consider to be very important	1	2	3	4	5	6	7	8	9	10
d) I have a great deal of freedom	1	2	3	4	5	6	7	8	9	10
e) I can easily evaluate the results of my work	1	2	3	4	5	6	7	8	9	10

7. I find that my work:	Disagree				Agree			Strongly agree		
a) is highly motivating	1	2	3	4	5	6	7	8	9	10
b) offers good opportunities for professional growth or advancement	1	2	3	4	5	6	7	8	9	10
c) is quite challenging	1	2	3	4	5	6	7	8	9	10
d) is overall very satisfying	1	2	3	4	5	6	7	8	9	10

8. What level of confidence or trust do you have in:	Low				Medium					High
a) the supervisors at the Shouldice Hospital	1	2	3	4	5	6	7	8	9	10
b) the team with whom you work most closely	1	2	3	4	5	6	7	8	9	10
c) the other department(s) you rely on	1	2	3	4	5	6	7	8	9	10
d) the Shouldice Hospital management	1	2	3	4	5	6	7	8	9	10

117

SECTION D   ABOUT YOU?

Please circle a number from 1 to 10 that best represents your opinion on each question.

1.	My co-workers would describe me as a person who always:	Inaccurate			Accurate			Very accurate		
a)	helps co-workers who have work related problems	1	2	3	4	5	6	7	8	9	10
b)	helps co-workers who have personal problems	1	2	3	4	5	6	7	8	9	10
c)	treats co-workers with the outmost respect	1	2	3	4	5	6	7	8	9	10
d)	withholds criticisms and suggestions until the most appropriate time	1	2	3	4	5	6	7	8	9	10
e)	takes care of things that co-workers might have overlooked	1	2	3	4	5	6	7	8	9	10
f)	starts and finishes tasks on time	1	2	3	4	5	6	7	8	9	10
g)	assures that things go right for the team	1	2	3	4	5	6	7	8	9	10
h)	plays fair and is not selfish	1	2	3	4	5	6	7	8	9	10
i)	participates in Shouldice Hospital activities above and beyond the call of duty	1	2	3	4	5	6	7	8	9	10
j)	acts with the best interest of Shouldice Hospital at heart	1	2	3	4	5	6	7	8	9	10

2.	Most of the time I:	Disagree			Agree			Strongly agree		
a)	am willing to put in extra effort so that the Shouldice remains a leading hospital.	1	2	3	4	5	6	7	8	9	10
b)	feel proud to work at the Shouldice Hospital	1	2	3	4	5	6	7	8	9	10
c)	would turn down a job with comparable pay and career prospects to stay at Shouldice Hospital	1	2	3	4	5	6	7	8	9	10
d)	am treated fairly at the Shouldice Hospital	1	2	3	4	5	6	7	8	9	10
e)	am highly satisfied with my work at Shouldice Hospital	1	2	3	4	5	6	7	8	9	10

3.	How much does your work contribute to the patients':	Very little			Somewhat			Very much		
a)	comfort throughout their stay at the Shouldice Hospital	1	2	3	4	5	6	7	8	9	10
b)	prompt return to normal work and leisure activities	1	2	3	4	5	6	7	8	9	10
c)	overall satisfaction with the Shouldice Hospital	1	2	3	4	5	6	7	8	9	10
d)	willingness to recommend the Shouldice Hospital to relatives, friends and colleagues	1	2	3	4	5	6	7	8	9	10

4. How important are the following things in your life?

	Not at all Important								Very Important	
a) A sense of belonging	1	2	3	4	5	6	7	8	9	10
b) Excitement	1	2	3	4	5	6	7	8	9	10
c) Warm relationships with others	1	2	3	4	5	6	7	8	9	10
d) Self-fulfillment	1	2	3	4	5	6	7	8	9	10
e) Being well-respected	1	2	3	4	5	6	7	8	9	10
f) Fun and enjoyment	1	2	3	4	5	6	7	8	9	10
g) Security	1	2	3	4	5	6	7	8	9	10
h) A sense of accomplishment	1	2	3	4	5	6	7	8	9	10
i) Self-respect	1	2	3	4	5	6	7	8	9	10

5. Which is the most important thing in your life, circle only one of the following:

a) A sense of belonging	d) Self-fulfillment	g) Security
b) Excitement	e) Being well-respected	h) A sense of accomplishment
c) Warm relationships with others	f) Fun and enjoyment	i) Self-respect

SECTION E
ASSUME THAT <u>YOU</u> WERE A SHOULDICE <u>PATIENT</u>

1. <u>BEFORE</u> COMING TO SHOULDICE, WHAT <u>IS IMPORTANT</u> TO YOU?

2. <u>WHEN LEAVING</u> SHOULDICE, WHAT <u>WAS IMPORTANT</u> TO YOU?

SECTION F   YOUR OVERALL APPRECIATION

1.   **ABOUT BEING A <u>STAFF</u> MEMBER?**

   Please circle <u>the most</u> appropriate answer a), b), c), d) or e).

   a)   I <u>am so discontented</u> that I never talk to others about the Shouldice Hospital.

   b)   I <u>have little enthusiasm</u> for talking to others about the Shouldice Hospital.

   c)   <u>If asked,</u> I talk to others about the Shouldice Hospital.

   d)   I <u>gladly</u> talk to others about the Shouldice Hospital.

   e)   I <u>talk as an ambassador</u> to others about the Shouldice Hospital.

2.   **ABOUT SOMEONE <u>BECOMING A</u> <u>PATIENT?</u>**

   Please circle the most appropriate answer a), b), c), d) or e).

   a)   I would <u>never</u> talk to relatives, friends or colleagues about the Shouldice Hospital.

   b)   I usually would <u>not</u> talk to relatives, friends or colleagues about the Shouldice Hospital.

   c)   <u>If asked</u> by relatives, friends or colleagues, I would tell them about the Shouldice Hospital.

   d)   I would <u>make a point</u> of telling my relatives, friends or colleagues about the Shouldice Hospital.

   e)   I would <u>urge</u> my relatives, friends and colleagues to also tell others about the Shouldice Hospital.

3.   **How satisfied are you with the Shouldice Hospital's efforts at helping you to create highly satisfied patients.**

   Not satisfied   **Satisfied**   **Delighted**

   1   2   3   4   5   6   7   8   9   10

4. How important to you are: free parking, reasonably priced meals and other such benefits at the Shouldice Hospital?

Not at all important   Important   Very important

1   2   3   4   5   6   7   8   9   10

5. Compared to other health institutions, how do you rate the quality of care given to Shouldice patients?

Average Quality   Good Quality   High Quality

1   2   3   4   5   6   7   8   9   10

6. Is the time that patients wait for their operation worth it for them?

No   Perhaps   Most Definitely

1   2   3   4   5   6   7   8   9   10

7. Should the Shouldice Hospital model be used in other parts of the health care system?

No   Perhaps   Most Definitely

1   2   3   4   5   6   7   8   9   10

8. Should the Shouldice Hospital become a "public" run institution?

No   Perhaps   Most Definitely

1   2   3   4   5   6   7   8   9   10

9. To what extent does the "private" aspect of the Shouldice Hospital contribute to the quality of patient care?

Very Little   Somewhat   Very Much

1   2   3   4   5   6   7   8   9   10

10. To what extent does the "private" aspect contribute to the reputation of the Shouldice Hospital?

Very Little   Somewhat   Very Much

1   2   3   4   5   6   7   8   9   10

THANK YOU VERY MUCH

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

APPENDIX B: INVITATION AND CONSENT TO PARTICIPATE IN A
STUDY

John Molson School of Business
Concordia University, Montreal, Canada

Invitation and Consent to Participate in a Study

As professors at the **John Molson School of Business,** we are responsible for training and developing future managers. Last year we studied the patients' experience at the **Shouldice Hospital.** This year, we would like to study the staff's experience. **Elizabeth Leiriao,** a graduate student, will conduct the study at the hospital.

Your answers will be kept strictly confidential. Your answers will only be known to us, the professors, by your study number but not by your name. Therefore, because your privacy is guaranteed, you can answer frankly according to how you really feel about the questions.

*Your participation is entirely voluntary and you are free not to participate or to withdraw at any moment.

Thank you in advance for your time and effort.
Ronald Ferguson, Ph.D. and Michèle Paulin, Ph.D.
John Molson School of Business,
Concordia University,
Montreal (Que.) Canada

Please, check one of the following and give this sheet to Elizabeth.
_____ Yes. I would gladly participate in this study.

_____ Before agreeing to participate. I wish to have further clarification

_____ No, I do not wish to participate in this study

If you agree to participate, please complete the questionnaire that will take about 20 to 30 minutes. Then place the completed questionnaire in a sealed envelope and give it to Ms. Leiriao. If you have any difficulty in filling out the questionnaire, feel free to ask Ms. Leiriao for help before sealing the envelope.

APPENDIX C: INTERVIEW RESPONSES

Interviews

1.Maintenance Supervisor

Q (1) I f you could make one thing happen to improve the level of the patient's satisfaction with the services received at Shouldice, what would it be?

Keep things as is; we work hard already to keep them satisfied

Q (2) I f you could make one thing happen to improve the level of the staff's satisfaction with working at Shouldice Hospital, what would it be?

Keep things as is: It works well now

Q (3) Overall. what do you think is the one best thing that contributes to patient satisfaction at the Shouldice Hospital?

Patients are treated like number 1, from the kitchen department, the maintenance department. everybody at all levels treat patients like number 1

Q (4) Overall, what do you think is the one best thing that contributes to staff satisfaction at the Shouldice Hospital?

The staff interactions and the interaction that exists between management and staff. Also. patients compliment your work, they compliment the landscape work: "where else do you get to hear that from patients?"

Q (5) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

None at all.

Q (6) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

None at all.

Q (7) What would you prefer a large corporate public institution or a smaller family owned institution? How does a public hospital differ from a family owned one?

Every manager knows your name; so that's great. A small hospital is better than a big hospital; I know.

Q (8) Are there some things about Shouldice that were not in the questionnaire that you feel are important to mention? About (a) supervisory level (b) team level (c) inter-departmental level (d) hospital management level (e) patient services (f) other?

No comment.

2. Administration Supervisor

Q (1) I f you could make one thing happen to improve the level of the patient's satisfaction with the services received at Shouldice, what would it be?

Cut down the waiting time for O.R.s.

Q (2) I f you could make one thing happen to improve the level of the staff's satisfaction with working at Shouldice Hospital, what would it be?

Increase the level of feedback given to employees about their positive actions and results.

Q (3) Overall, what do you think is the one best thing that contributes to patient satisfaction at the Shouldice Hospital?

That the Shouldice Hospital is a single service provider; we are doing only one thing. We are not really treating sick people: all our patients have the same problem.

Q (4) Overall, what do you think is the one best thing that contributes to staff satisfaction at the Shouldice Hospital?

The type of clients we have; easier than within a general hospital because you are not dealing with let's say a stroke patient, a cancer patients; this is emotionally less stressful and less physically draining.

Q (5) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

Generally, maybe the succession transition from present owners to future owners.

Q (6) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

Same as before, the succession transition; new management; I see it as a business, a family business and like family businesses, after a while they lose the control because of disagreements e.g. The Eatons.

Q (7) What would you prefer a large corporate public institution or a smaller family owned institution? How does a public hospital differ from a family owned one?

A major difference is that the owner operators are more involved as opposed to board of directors in a public hospital. The Governance is very different, but being a family doesn't make the governance better.

Q (8) Are there some things about Shouldice that were not in the questionnaire that you feel are important to mention? About (a) supervisory level (b) team level (c) inter-departmental level (d) hospital management level (e) patient services (f) other?

It was interesting; found questions interesting; all the levels were touched upon.

3. O.R Supervisor

Q (1) I f you could make one thing happen to improve the level of the patient's satisfaction with the services received at Shouldice, what would it be?

Decrease the overcrowding in the front office so that patients may be tended to appropriately; focus staff's attention span onto the patients. Be friendlier with patients.

Q (2) I f you could make one thing happen to improve the level of the staff's satisfaction with working at Shouldice Hospital, what would it be?

We already have excellent meals, we do not pay for parking; we have freedom; we have interaction with management; compensation is good; Oh I don't know...Maybe increase social gatherings because have been fewer than before and we must have them so that we can get people in the same mindset. In the O.R. we have great integration, we are all together; we have less clans as opposed to the office personnel.

Q (3) Overall, what do you think is the one best thing that contributes to patient satisfaction at the Shouldice Hospital?

We believe in what we are doing. We believe in the therapeutic touch. We talk to patients in the OR. We really care about them and for the. And by doing this, being extra nice, we even get the MDs mimicking us.

Q (4) Overall, what do you think is the one best thing that contributes to staff satisfaction at the Shouldice Hospital?

Positive and constant reinforcement; it's consistent in my department. People that have worked in other settings appreciate the support they get.

Q (5) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

The change to day surgery. Now it's a gradual encouragement with other patients because it's a 3 day process; this ads to patient satisfaction because of the setting, the meals, and the nurses.

Q (6) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

Lack of communication; every year there are rumours that the Shouldice Hospital will close and they leak to other departments.

Q (7) What would you prefer a large corporate public institution or a smaller family owned institution? How does a public hospital differ from a family owned one?

Loyalty exists here; there is easier communication here. In public institutions, the only person you know is your supervisor, and you must be self-motivated in public as opposed to here.

Q (8) Are there some things about Shouldice that were not in the questionnaire that you feel are important to mention? About (a) supervisory level (b) team level (c) inter-departmental level (d) hospital management level (e) patient services (f) other?

Nope, very good questionnaire. It was easy.

4. Diet Office Supervisor

Q (1) I f you could make one thing happen to improve the level of the patient's satisfaction with the services received at Shouldice, what would it be?

Increase customer service skills of floor nurses.

Q (2) I f you could make one thing happen to improve the level of the staff's satisfaction with working at Shouldice Hospital, what would it be?

Increase compensation.

Q (3) Overall, what do you think is the one best thing that contributes to patient satisfaction at the Shouldice Hospital?

We all care about patients no matter what jobs we do. We all care.

Q (4) Overall, what do you think is the one best thing that contributes to staff satisfaction at the Shouldice Hospital?

Everyone cares about each other and consequently by taking care of each other well, then we take care of our patients better.

Q (5) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

Family transition-from elders to siblings; I have an uneasy concern. Keeping tradition is important. Do they have the same sense of mentality? E.g. we make our own bread here. The Shouldice Hospital's old way of doing things is the only way of doing things; I thought otherwise when I started at Shouldice, but I've learned that I was wrong.

Q (6) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

Well maybe the union; Dissatisfaction; same as above (Family Transition). Several Employees talk about unions, it lasts a while but then quiets down.

Q (7) What would you prefer a large corporate public institution or a smaller family owned institution? How does a public hospital differ from a family owned one?

It's better to have a small run family business hospital because at the end of the day its' great. You have moments of stress, but overall it's not a stressful environment. Dr. Shouldice notices you; knows stuff about you. Even sometimes if you colour your hair.

Q (8) Are there some things about Shouldice that were not in the questionnaire that you feel are important to mention? About (a) supervisory level (b) team level (c) inter-departmental level (d) hospital management level (e) patient services (f) other?

Good survey. Everything was complete.

5. Employee #1

Q (1) I f you could make one thing happen to improve the level of the patient's satisfaction with the services received at Shouldice. what would it be?

Patient Satisfaction is excellent, patients get best care; Already excellent.

Q (2) If you could make one thing happen to improve the level of the staff's satisfaction with working at Shouldice Hospital, what would it be?

Increase communication from management to supervisor to employees.

Q (3) Overall, what do you think is the one best thing that contributes to patient satisfaction at the Shouldice Hospital?

We think about patient care first. Everybody has patient prioritized as number 1 no matter what (that's why it's unique).

Q (4) Overall, what do you think is the one best thing that contributes to staff satisfaction at the Shouldice Hospital?

Staff is not satisfied' only contented. No new changes because they don't think about other ways, only the Shouldice way.

Q (5) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

Staff revolution or rebut ling; staff is keeping displeasures inside but when this displeasure will come out, this will jeopardize patient satisfaction because of the frustration level.

Q (6) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

Staff revolution or rebut ling; they must listen to our needs. Meet us half way.

Q (7) What would you prefer a large corporate public institution or a smaller family owned institution? How does a public hospital differ from a family owned one?

You see whom you are working for here, but you still feel under appreciated.

Q (8) Are there some things about Shouldice that were not in the questionnaire that you feel are important to mention? About (a) supervisory level (b) team level (c) inter-departmental level (d) hospital management level (e) patient services (f) other?

Satisfied your needs.

6. CEO

Q (1) I f you could make one thing happen to improve the level of the patient's satisfaction with the services received at Shouldice, what would it be?

Try to decrease patient discomfort/ pain post op.

Q (2) If you could make one thing happen to improve the level of the staff's satisfaction with working at Shouldice Hospital, what would it be?

They are satisfied already (it's equitable already)

Q (3) Overall, what do you think is the one best thing that contributes to patient satisfaction at the Shouldice Hospital?

The quality care provided to patients (the measures of care are different here, more elaborate, they are more "tangible" here)

Q (4) Overall, what do you think is the one best thing that contributes to staff satisfaction at the Shouldice Hospital?

The environment and the co-workers (the culture of the institution)

Q (5) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

The next generation, the transition between old and new generation.

Q (6) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

Same thing as before.

Q (7) What would you prefer a large corporate public institution or a smaller family owned institution? How does a public hospital differ from a family owned one?

A smaller family business.

Q (8) Are there some things about Shouldice that were not in the questionnaire that you feel are important to mention? About (a) supervisory level (b) team level (c) inter-departmental level (d) hospital management level (e) patient services (f) other?

Not asked because he didn't do survey.

7. Nursing Supervisor

Q (1) I f you could make one thing happen to improve the level of the patient's satisfaction with the services received at Shouldice. what would it be?

We do everything already. We provide quality care.

Q (2) If you could make one thing happen to improve the level of the staff's satisfaction with working at Shouldice Hospital, what would it be?

Everything is being done already. We have staff satisfaction.

Q (3) Overall, what do you think is the one best thing that contributes to patient satisfaction at the Shouldice Hospital?

The quality care that we provide due to the relationships between staff and patients.

Q (4) Overall, what do you think is the one best thing that contributes to staff satisfaction at the Shouldice Hospital?

We work in a family environment.

Q (5) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

Decreased funding from the government.

Q (6) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

The family interference in things.

Q (7) What would you prefer a large corporate public institution or a smaller family owned institution? How does a public hospital differ from a family owned one?

Smaller institution because like us, it gets to problems faster.

Q (8) Are there some things about Shouldice that were not in the questionnaire that you feel are important to mention? About (a) supervisory level (b) team level (c) interdepartmental level (d) hospital management level (e) patient services (f) other?

It was a complete survey.

8. Nursing Supervisor #2

Q (1) I f you could make one thing happen to improve the level of the patient's satisfaction with the services received at Shouldice, what would it be?

Increase the privacy of patients.

Q (2) If you could make one thing happen to improve the level of the staff's satisfaction with working at Shouldice Hospital, what would it be?

Increase the resources; need to request an educator; e.g. an educator; it is feasible, more education on different procedures and topics (training, payroll, benefits, fire safety, in-services, workshops) for all departments. Maybe an HR person. I know it's feasible. Also, support from management, the family, the board. We want to feel more secure; we are not supported for e.g. security is an issue on weekends and nights. We are sometimes alone; we must open doors, when we go into the kitchen at night, we are afraid, how about if a patient becomes violent or collapses while we are doing something else.

Q (3) Overall, what do you think is the one best thing that contributes to patient satisfaction at the Shouldice Hospital?

Being focused; hernia focused; the knowledge that everyone has about the procedure is helpful when satisfying patients.

Q (4) Overall, what do you think is the one best thing that contributes to staff satisfaction at the Shouldice Hospital?

It's predictable, no surprises, you know what you are doing. The support of Shouldice hospital is tremendous; the workload isn't as much as in other hospitals; the caring attitude of management; the family.

Q (5) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

Number 1: Need a better attitude from staff; they lack customer service training. The privacy issues that I mentioned about the patients feeling exposed to their roommates when the doctors and nurses check up on them or change their bandages will influence the number of guests by decreasing the number of clients. No availability of private rooms if requested.

Q (6) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

Lack of an HR support.

Q (7) What would you prefer a large corporate public institution or a smaller family owned institution? How does a public hospital differ from a family owned one?

Personalized; personal touch; the relationship with physicians is personalized. It is not a structure that is not formal.

Q (8) Are there some things about Shouldice that were not in the questionnaire that you feel are important to mention? About (a) supervisory level (b) team level (c) inter-departmental level (d) hospital management level (e) patient services (f) other?

More questions on support should have been included. Overall, it was good.

9. Medical Supervisor (Chief of Staff)

Q (1) If you could make one thing happen to improve the level of the patient's satisfaction with the services received at Shouldice, what would it be?

Better pain control; pain/ discomfort post op.

Q (2) If you could make one thing happen to improve the level of the staff's satisfaction with working at Shouldice Hospital, what would it be?

Increase compensation.

Q (3) Overall, what do you think is the one best thing that contributes to patient satisfaction at the Shouldice Hospital?

The uniform of technique gives consistency among procedures; achieved through follow-up and evaluation.

Q (4) Overall, what do you think is the one best thing that contributes to staff satisfaction at the Shouldice Hospital?

Concerned ownership; it' a family like atmosphere.

Q (5) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

If Shouldice Hospital relocates, changes environment, location, it might become part of a general hospital. Changing sites.

Q (6) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

Same answer applies.

Q (7) What would you prefer a large corporate public institution or a smaller family owned institution? How does a public hospital differ from a family owned one?

Here we have very close relationships and interactions; staff interactions.

Q (8) Are there some things about Shouldice that were not in the questionnaire that you feel are important to mention? About (a) supervisory level (b) team level (c) inter-departmental level (d) hospital management level (e) patient services (f) other?

Good so far; only ½ way done.

10. Employee #2

Q (1) I f you could make one thing happen to improve the level of the patient's satisfaction with the services received at the Shouldice Hospital, what would it be?

They get the best care already. Maybe make it affordable for all people.

Q (2) If you could make one thing happen to improve the level of the staff's satisfaction with working at Shouldice Hospital, what would it be?

Fairness. Staff is already treated well but maybe they should recognize seniority levels. They should give us more opportunity to grow.

Q (3) Overall, what do you think is the one best thing that contributes to patient satisfaction at the Shouldice Hospital?

More personal contact; we all care; from the maintenance department to Dr. Shouldice; everyone cares.

Q (4) Overall, what do you think is the one best thing that contributes to staff satisfaction at the Shouldice Hospital?

Most people are happy. Good contact with each other. If there is a problem, it is taken care of right away. People say good morning to each other and they have a smile.

Q (5) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

If workloads continue to escalate because patients will sense this change through contact with staff members.

Q (6) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

If government decides on cutbacks.

Q (7) What would you prefer a large corporate public institution or a smaller family owned institution? How does a public hospital differ from a family owned one?

Here they make you feel like part of a family.
Q (8) Are there some things about Shouldice that were not in the questionnaire that you feel are important to mention? About (a) supervisory level (b) team level (c) inter-departmental level (d) hospital management level (e) patient services (f) other?

Good, planned and covered everything.

11. Employee #3

Q (1) If you could make one thing happen to improve the level of the patient's satisfaction with the services received at Shouldice, what would it be?

More comfortable mattresses in the OR.

Q (2) If you could make one thing happen to improve the level of the staff's satisfaction with working at Shouldice Hospital, what would it be?

Better communication from high-level management to staff.

Q (3) Overall, what do you think is the one best thing that contributes to patient satisfaction at the Shouldice Hospital?

Staff is happy, so it reflects on the patient.

Q (4) Overall, what do you think is the one best thing that contributes to staff satisfaction at the Shouldice Hospital?

Supportive of each other.

Q (5) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

Too many cases. Feel pressured and rushed; can't spend same amount of time on patients like we use to. We now have heavier patients because they don't have to abide so strictly to the requirements anymore. We have heavier cases.

Q (6) Do you foresee any problems (internal or external) that might jeopardize the Shouldice Hospital's ability to create highly satisfied patients.

Increase workload because of complex patients. Increase worry about patients being prone to other problems (e.g. collapsing).

Q (7) What would you prefer a large corporate public institution or a smaller family owned institution? How does a public hospital differ from a family owned one?

Everybody cares and is supportive of each other. Problems are addressed right away. Doors are always opened if you want to speak to someone about a problem.

Q (8) Are there some things about Shouldice that were not in the questionnaire that you feel are important to mention? About (a) supervisory level (b) team level (c) inter-departmental level (d) hospital management level (e) patient services (f) other?

Covered everything. But would have liked to give a grade to her direct supervisor and another grade to the other supervisors. Because she says her supervisor might be a good but the other ones are not as good.

138

APPENDIX D: COMMENTS

Entry # - Comments

126- this is a very good place to work ...for a short period of time. I find that once people stay on, and especially become full-time, they become stale and anal. Huge problem with the hiring of useless workers (in the dietary department anyways). I think people (workers) take for granted the kind of place this is, and slack sometimes...this is among workers!! But, I have to say; everything done in this place is to satisfy the patient. Everything we do is to make sure the patients are happy, and walk away with a good experience.

111- to have a better communication between the staff and management. Especially if you work part-time. Leave a proper notes if there is any changes in job description. Management should support staff if they're doing further education. Should be more lenient and cooperation is a must. This is in accordance to the protocol of nursing association protocol.

109- Shouldice is a wonderful place to work, it is wonderful for pts. But management sometimes takes staff for granted, which I think is sad. As the majority of staff are very loyal to Shouldice.

108- if Shouldice was downtown in busy Toronto without the grounds, the feeling of this unique hospital would be completely different. The beautiful grounds add to the therapeutic recovery of the pts...as well as make it very pleasant for staff to work.

107- I am a technician and my main focus is to the patient even though I do not have direct contact.

104- please choose your new surgeons carefully.

103-a very pleasant place to work. I appreciate its excellent reputation and strive to maintain it.

102- we the staff at Shouldice work very hard with the patients, staff and family members, to give good quality treatment. But instead of management giving us a big pats on our backs or just say thank you we receive nothing. Shouldice management needs to show some appreciation to their staff, because we give good care to the patients.

101- I feel it's very important for the patients' well being to be amongst others in the same situation, to compare notes, feel on an equal level and experience the same surgery. They feel very free in sharing their experience and open themselves up to others in a friendly way. The Hospital setting of a country like atmosphere is also very relaxing and patients have stated it's the best vacation they've had in a long time.

100- I wish management should be fair with their worker. Regard their seniority workers and deal with them fairly. Pay their workers like other hospital. That is funded by the government. Bonus and bursary does not share fairly. Supervisors should treat their workers with respect too much special preference to some people.

99- I enjoy working at Shouldice Hospital. I am very impressed with the surgeon's expertise and patient's satisfaction.

96- putting a good team of workers together helps get things done effectively- a positive attitude towards a task usually gets positive results. Bad attitudes develop in this place by people not being given the same things as others. I.e. nurses have a positive union to fight for better pay, benefits, etc, and to complain to. The regular workers do not have anybody to complain to (human resources)- people have no seniority in this place. Postings of job opportunities are done after someone has already been selected in advance. Some people get job changes made to suit them like more time off then others who have been there longer. Apart from the complaining- I like my co-workers and need the security of a stable income and benefits. I like my co-workers because we all get along and try to help each other whenever we can. We socialize with coffee before work starts, during breaks and lunch and sometimes-even meet outside work.

95 - good and effective questions. Thanks.

94- not mentioned in the questionnaire: support system/ services to help do our jobs better:
Educational Clerical, Human resources-Payroll, Security and maintenance during off hours, Presence of physician during off hours.

91- management should have a lot more respect and trust in their staff, we are adults not children. Without our excellent care Shouldice would not have its reputation. Staff needs to be told of the good things we do, not always the downside, and right now the moral is very down because of this.

88- the atmosphere and attitude at Shouldice contribute to the satisfaction of staff as well as patients. The protocols for patient care emphasize patient comfort and excellence in patient care, which gives me as a staff member great pride in the delivery of care. The fact that Shouldice specializes in one area allows it to achieve excellence. In addition, its setting and ambiance create a welcome feeling for patients and staff.

15- I am very happy and proud to be a part of the Shouldice Staff.

18- is the questionnaire result going to be skewed so that privatization of health care can be shoved down our throats because of some skewed result that may favour privatization.

20- I couldn't imagine a lovelier place to work. After coming from a public (general hospital). There is no comparison. The morale is at such a high it's fabulous.

21- I have worked as a part-time RPN and full time RPN at Shouldice since jan/72 and loved every minute of it. I have made some great friends here and always look forward to my workday.

72- I personally think a lot of us like it here because it does not have stresses of the general hospitals. While that may decrease interest to a degree (i.e. lack of challenges). I think a lot of us are older and tired of the high stress career of nursing. Consequently, because of a lack in stress, I think that is why we have such good comradeship. Also, I think we really try to make our patients happy as I guess that is our reward, as opposed to general hospital where the reward would be a more dramatic life-saving scenario.

75-I'm very satisfied with my job and co-workers. I like to be a leader and I'm always encouraged to do so. If you're a good leader, people will follow and work as a team. Teamwork is very important to the survival and success of Shouldice Hospital.

78- I believe we are still underpaid for the work we do and what is expected of our body mechanics and us.

77-very well done and through survey. Shouldice hospital to me is the best place in the world to go to for a hernia operation. However the supervisors could be a little more empathetic with their staff, stop playing favouritism and start to treat all staff equally. In addition there is too much gossip. I dislike being called stupid by other staff and my supervisor thinking that I lie to them. (I.e. being accused of lying) (also too much backstabbing, miss use of personal power in the workplace).

83- I feel privileged to be a staff member at Shouldice Hospital. I was ready to change careers when I came to Shouldice, twelve years ago as an RN. Now, I am very happy, again, to work as an RN. The general hospitals are becoming immune to patient care and staff appreciation. Bottom line for them is money. We are so fortunate here at Shouldice to work in a pleasant atmosphere – good food too.

71- this survey is a great way to know ones feelings, behaviour and attitudes. Shouldice is a wonderful place to work.

68- we serve Shouldice well but some staff are unhappy with the way we are spoken too by some of the management team member of the surgical team can be very unapproachable. They tend to think we are so far beneath them that it is not worth talking to us. Their tone and manners are very condescending. They put themselves on a pedestal and want us to worship them. This goes for some of the nursing staff as well.

66- a great place to work. Does need more full time position and a longer orientation period on the floor. More staff RNs needed on nights. Payroll needs another person. One is not enough to deal at the Hospital. Part timers should be treated as fair as the full timers. Is a great place to work and hate to have to leave, however, there are no full time positions.

65- as a staff member I am not satisfied with Shouldice Hospital and its treatment of its staff. The patient aspect however is much better. I would rather be a patient than staff. Benefits aside, the work environment is not a supportive happy place. Behind our smiles is a lot of pent- up frustration. A little recognition for a job well done goes a long way.

Supervisors only seem to notice what isn't done. Not how much of what has been done. I am no longer as happy about working here as I was when I started. I don't see myself staying here much longer.

64- Shouldice hospital is a wonderful place where a patient can come have a wonderful experience and go home knowing that his hernia will not recur. Management must make sure that the quality of new surgeons remains high although that is starting to become questionable. Staff are very happy except for the OR supervisor. She is one that chooses favourites. Treats people unfairly and makes for a stressful environment. I am an ambassador for Shouldice. I would recommend it to family and friends. I love working here most of the time. Nowhere is perfect but this place is as close as any institution can ever be. I am very happy here, I love the family atmosphere, and I love the people that I work with. I feel privileged to be part of the Shouldice family.

60- I thank god and the Shouldice hospital for me the opportunity to work at this hospital. there is a feeling of caring here that goes out to all our patients no matter who they are or where they are from. It gives me a lot of joy when a patient comes up to me and says thank you. Thank you for making my stay comfortable and enjoyable and giving the opportunity to meet a lot of new friends. That makes me feel great that I work for Shouldice hospital.

57- Shouldice hospital is all about teamwork. Without that it would not run as smooth and efficient as what it does.

56- overall Shouldice hospital is a very positive and friendly place to work.

53- Shouldice hospital is a very good place to work. Would be nice if workers have more say and is given a little more pay. Overall it is a great place. treats patients excellent.

50-jobs are posted after people already been picked in advance. Seniority doesn't count for anything. Supervisors don't always treat people fairly.

46- "how effective is the supervisory management team?" "what level of confidence and trust do you have in" the answer to both these questions applies only to my supervisor. I would not rate others so highly so I think we should have been allowed to state our departments.

36- at Shouldice hospital the family aspects of a private ownership sometimes impose unrealistic barriers on progress.

31- the nurses are not held in very high esteem yet they are the ones who spend the most significant moments with the patients, provide the confidence, reassurance and professionalism to ensure the patient feels secure.

35- love working here.

11-there is no other hospital in the world like it, it is very special and I would recommend it to anyone I know, I feel proud to work here and to be part of the Shouldice hospital staff.

23- I am assuming "supervisory level of mgmt" means heads of depts. I.e. chief of surgery. And that Shouldice management means administrative a upper levels. Hope I am correct. Thanks.

24- p.10 Q.7 it is family runned, so there are unique ways on which private and public health care is amalgamated. I do not know if the same efficiency and caring would enter a non-family owned institution.

1-compared to other hospitals the patient care is excellent. I just management would listen more to our concerns. RE...patient load and increased patient acuity. Overall Shouldice has been a very positive work experience.

4-most of the time I enjoy working here-management at times treat us like children I would appreciate more respect from them, appreciation of a job well done.

6-generally speaking, I am quite satisfied with my work. Have no intention to quit the only improvement I hope is the management with staff nurses. We want more recognition and respect.

49-most people know that Shouldice is a private hospital, and because of the word "private" , they do not know that they can be operated on here and use their OHIP. I have been asked many times if one has to be very rich or pay for their operation here. I told them they can use their OHIP here. The government funds this hospital. Another question I am asked a lot when people discover that I work here is " you must be paid well much more than at general hospitals". They are shocked to know that we were paid quite less than general hospitals. Some departments got the union in five years and are paid a bit better but it is a shame that some departments are paid a bit above minimum wage. This would be a perfect place to work 100% if we were paid the same wages as general hospital. The government funds general hospital and Shouldice.

82- they let you be "yourself" at work not what they think your department means. It's nice to walk down the hall and all management knows you by name and a little about you.

132- excellent place to work!

135- p.10 #9 and #10 the small size and the focus on one specialty has more to do for patient care and reputation.

APPENDIX E: CORRELATION MATRIX

CORRELATION MATRIX *

	SUPSUP	TEAM SUP	DEPSUP	MGMT SUP	MAT SUP	CHAR MOT	OCB	COMMI T	JOB SAT	F3
SUPSUP	1.00									
TEAM SUP	.65	1.00								
DEPSUP	.66	.64	1.00							
MGMT SUP	.71	.64	.72	1.00						
MATSUP	.45	.46	.53	.66	1.00					
CHAR MOT	.33	.33	.44	.43	.44	1.00				
OCB	.25	.41	.39	.30	.30	.48	1.00			
COMMIT	.49	.54	.55	.56	.46	.52	.63	1.00		
JOBSAT	.61	.59	.60	.69	.56	.65	.45	.77	1.00	
F3	.47	.49	.58	.55	.43	.48	.41	.66	.62	1.00

* Marked correlations are significant at p< .05; N=134 (Casewise deletion of missing data)

SUPSUP: supervisory level support
TEAMSUP: team and departmental support
DEPSUP: departmental support
MGMTSUP: management level support
MATSUP: material support

CHARMOT: work characteristic motivators
OCB: organizational citizenship behaviour
COMMIT: organizational commitment
JOBSAT: job satisfaction
F3: internal service quality

146