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# Relationship Between Job Satisfaction Among Frontline Staff and Patient Satisfaction: Evidence from Community Health Centers in South Carolina

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# RELATIONSHIP BETWEEN JOB SATISFACTION AMONG FRONTLINE STAFF AND PATIENT SATISFACTION: EVIDENCE FROM COMMUNITY HEALTH CENTERS IN SOUTH CAROLINA

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## ABSTRACT

The role of frontline staff (FLS) is vital to the success of health delivery organizations as they are often the main point of patient contact and the primary source of feedback regarding the patient experience and satisfaction. Anecdotal evidence suggests that FLS have among the highest turnover rates in health delivery organizations, resulting in high recruitment and training costs as well as disruptions in day-to-day operations. However, few studies have examined the role of FLS and the factors affecting job satisfaction among FLS. Researchers have also not examined the impact of FLS satisfaction on patient satisfaction. To address these research gaps, this study examines the level of job satisfaction among FLS, the factors affecting FLS job satisfaction, and if there is a relationship between FLS job satisfaction and patient satisfaction. The study focuses on community health centers (CHCs) as they play a critical role as a safety net provider providing services to millions of individuals in medically underserved communities and vulnerable populations. Initial survey data was collected from existing patient satisfaction surveys conducted by CHCs in South Carolina. A second cross-sectional survey created for this study examined the job satisfaction of FLS in the participating CHCs. The results indicate that although the level of satisfaction of FLS varied across the CHCs, the majority of FLS reported less than optimal job satisfaction. All of the job factors examined in the study were found to be significantly associated with FLS level of job satisfaction. FLS were found to be dissatisfied with pay, benefits,

advancement opportunities, recognition, and appreciation. Interestingly, there was no significant relationship found between patient satisfaction and job satisfaction among FLS. The study findings provide insight into how health care organizations, especially CHCs, might reduce FLS turnover, which can lead to improved staff satisfaction and more stable practice operations.

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# LIST OF ABBREVIATIONS

ACA ...............................................................................Affordable Care Act

CDC ........................................................Centers for Disease Control and Prevention

CEO.............................................................................. Chief Executive Officer

CHC ...................................................................... Community Health Center

CHIP ...................................................................Children's Health Insurance Program

DHHS........................................................Department of Health and Human Services

FLS........................................................................................... Frontline Staff

HRSA........................................................Health Resources and Services Administration

IRB.......................................................................... Institutional Review Board

NACHC...........................................National Association of Community Health Centers

NHHAS.................................................................... National Home Health Aide Survey

NNAS.......................................................................National Nursing Assistant Survey

PI.........................................................................................Principal Investigator

PCP .................................................................................Primary Care Physicians

SCPHCA................................................ South Carolina Primary Health Care Association

SPSS.......................................................................Statistical Package for Social Sciences

UDS................................................................................. Uniform Data System

**CHAPTER ONE: INTRODUCTION**

**Role of Frontline Staff in Health Care Organizations**

The health care sector is a major part of a community's infrastructure. Its quality and sustainability can attract new organizations and jobs to the area and can contribute to the economic growth of the community (Doeksen and Schott 2003; Doeksen et al. 1998). The health care sector in many rural communities is one of the largest employers along with the school system (Doeksen and Schott 2003). Frontline staff are those individuals whose positions include check in, check out, billing, referrals, and medical records. The role of frontline staff in health care is vital to the success of a medical practice. These individuals are the first impression for visitors entering the office. In addition, when patients have a problem, those staff in the front office may be the first in the organization to find out about it. One study found that when patients were asked what they did about their belief that they have been kept waiting too long, 33% stated that they said something to the receptionist while only 4% said something to a nurse or physician (Spendlove et al. 1987). According to an article discussing physician and patient relationships, 57% of those individuals polled stated that lack of professionalism from front office staff was the top reason they have decided to leave a doctor (Larson 2015). Despite the importance of the role of these staff members, very little research has been conducted regarding the significance of their role and their job satisfaction (Eisner and Britten 1999).

A significant amount of research has been focused on job satisfaction, recruitment, and retention of clinical health care workers such as nurses and physicians, but very little has been focused on frontline staff in health care. Frontline staff have the highest burnout rate in medical practices (Walpert 1998). The work that these staff do is tiring, repetitious, complex, demanding, and stressful as they may spend all day answering continually ringing telephones and sometimes encounter difficult or irate

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callers (Bureau of Labor Statistics 2012). Frontline staff are responsible for data entry, insurance verification, appointment scheduling, telephone triage, patient flow management, or directing patient traffic throughout the workday, public relations, and complaint resolution. They must be able to learn new technology as phone and computer systems are updated frequently.

With the growth of managed care, frontline staff must deal with more forms, more calls for authorizations, and more patients seeking referrals. Largely due to these difficult aspects of the job, many health care practices report that they have high turnover rates for these positions (Patel et al. 2014; Walpert 1998). Frontline staff have a turnover rate of 22% a year as reported by the Health Care Group (Unknown 2005). High turnover is costly affecting practice operations, patient satisfaction and patients' perceptions of the practice, and staff satisfaction. It can also be expected to spend 1.5 times an employee's salary to refill a position, taking into consideration training time, errors, and recruiting costs. Specifically, turnover in the front office can hurt relations with patients who prefer consistency and like to see familiar faces (Walpert 1998).

**Examining Job Satisfaction among Frontline Staff**

Many studies have focused on job satisfaction in the private sector. There has also been a significant amount of research regarding health care workers. Most of the research however has been focused on the job satisfaction of nurses and physicians (Bureau of Labor Statistics 2004). Job satisfaction among those in the health care field is usually lower as compared with other types of organizations (Glisson and Durick 1988). Those working in health care are also more likely to report that work related stress is common (Walter 2013). Health care worker job satisfaction is important as it has a great impact on quality, effectiveness, work efficiency, and health care cost. It is also directly connected with attendance, retention, human relations, and organization of work. Several studies regarding clinical health care workers such as doctors and nurses also suggest that staff satisfaction may significantly affect patient satisfaction and how the staff interact with patients. There have been very few studies regarding frontline staff job satisfaction

especially in health care. Furthermore, there are no studies that have examined the impact of frontline staff job satisfaction on patient satisfaction.

**Role of Community Health Centers (CHCs)**

This study focuses on community health centers (CHCs) as they play a critical role as a core safety net provider in the present and future of health care in the United States. The federal community health center program began as a part of Lyndon Johnson's war on poverty. CHCs provide comprehensive, culturally competent, quality primary care services to millions of individuals in medically underserved communities and vulnerable populations including those with low-incomes, migrant and seasonal farmworkers, and the homeless. Health centers are community-based and patient-directed organizations that serve populations with limited access to health care and provide services based upon a sliding scale that depends on the patient's ability to pay ((DHHS) 2012). Health centers improve public health, reduce the burden on hospital emergency rooms, and provide needed services for uninsured individuals. Health centers provide a voice in the operation of their practices through the consumer majority Board of Directors, broader health insurance coverage as it assists uninsured patients in enrolling in Medicaid, CHIP, and other assistance programs, and less costly care ((DHHS) 2013).

Medical costs are increasing and the state of South Carolina like others must deal with thousands of citizens without access to affordable health insurance and medical care (Borger et al. 2006). The United States' health care system has impaired primary care with practices of fee for service payment methods and the shift toward specialty care. Under the Affordable Care Act (ACA), millions of Americans now have access to the health care system, but where will all of these people go for their health care. The ACA has applied some funding to primary care physicians who become certified medical homes. Patient centered medical home certification improves capacity by expanding the role of staff and ancillary providers to pick up some of the workload that physicians were once solely responsible to complete. This will help, but will not fully address the increase in individuals seeking health care. It was expected that community health centers would serve the majority of the new patients entering the health care system. However,

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community health centers have faced funding cuts at both the state and federal levels over recent years which scales back their efforts to expand and therefore their ability to provide services to additional patients. This is quite unfortunate as the cost of providing comprehensive primary care to patients at community health centers are far less costly than in other settings. In addition, many states including the state of South Carolina refused the federal dollars to expand Medicaid referring to the program as highly costly and inefficient (McClanahan 2012).

Health is an important factor in economic security. Community health centers provide primary care and preventive care to the medically underserved and establish their services, locations, hours of operation, and enabling services such as transportation around the needs of the individuals in the communities they serve. CHCs discount services in order to accommodate the individual's ability to pay and provide cost-effective comprehensive services while ensuring highly quality outcomes. CHCs are such an important aspect of the health care system today and therefore research involving community health centers and how to increase their effectiveness and their ability to continue to increase their capacity is crucial. It is important to take into account that not all individuals are insured, of those who are insured they are not guaranteed access to providers especially in their own neighborhoods with vast expertise as CHCs, and individuals now expect more than ever before. People expect high quality, comprehensive, accessible, culturally and linguistically competent, and community directed center (Scott 2010). Expanding the role of CHCs would benefit so many Americans as they improve health outcomes and lower the costs of treating patients with chronic illnesses. CHC costs are among the lowest and reduce the need for more expensive emergency room, hospital inpatient, and specialty care. The Institute of Medicine has recognized CHCs for reducing health disparities and managing the care of people with chronic conditions. The American Academy of Family Physicians' Robert Graham Center found that the total cost of care for health center patients is 41% lower annually than the cost of care for individuals served by other providers generating savings to the health care system up to $18 billion a year. CHCs goal for 2015 is to serve 30 million patients which would generate a cost savings of around $40 billion annually

((NACHC) 2005). There are currently 19 community health centers in the state of South Carolina with a total of 142 service sites. These community health centers serve approximately 340,737 patients ((SCPHCA) 2015).

**Examining Job Satisfaction in CHCs**

To my knowledge, there are no studies that have examined the job satisfaction of the health care staff of community health centers in particular. Above all, there are no studies that have researched frontline staff job satisfaction in community health centers and examined the relationship between the level of job satisfaction and patient satisfaction.

**Research Objective**

It is evident that there is not sufficient past research in order to have a complete understanding of the factors that affect job satisfaction in frontline staff. In particular, we do not understand how job satisfaction relates to patient satisfaction in health care organizations.

This issue is particularly important for CHCs because they are located in very rural areas where there might not be an abundance of qualified applicants for all positions. Also, the organizations run their businesses on very tight margins, which may reduce their ability to recruit and retain quality employees through monetary rewards or incentives alone.

Therefore, the purpose of the study was to understand how job satisfaction in frontline staff relates to patient satisfaction in community health centers. The objective of this study was to determine what factors are related to a frontline staff worker being satisfied or dissatisfied with their position. This information provides insight as to how medical practices might improve their turnover rates leading to improved morale, patient and staff satisfaction, practice operations, organizational performance, and financial position. Identifying factors that are related to job satisfaction and dissatisfaction also provides medical practices with the knowledge of the best utilization of their resources

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and efforts to retain these individuals in these important positions. Therefore, the specific research questions for this study include the following:

- What is the current level of job satisfaction among frontline staff in CHCs?
- What factors do frontline staff in CHCs report that suggest that they are satisfied/dissatisfied in their current position?
- What is the relationship between frontline staff job satisfaction and patient satisfaction in community health centers in South Carolina?

**Research Method**

To achieve these objectives, two surveys were utilized to collect data. Initial survey data was collected from already existing patient satisfaction surveys conducted by community health centers in South Carolina on a regular basis to obtain patient satisfaction scores in relation to experience with frontline staff. A second cross-sectional survey was then created specifically for this study to examine the job satisfaction of frontline staff in each of the participating community health centers in South Carolina. The survey questions were developed utilizing a combination of other surveys used successfully in previous studies conducted for job satisfaction research as well as additional questions that were specific to the research questions of this study. The survey was offered on paper in order to ensure optimal participation.

The results of both surveys were entered into EPI Info software, downloaded into Microsoft Excel, and then imported into SPSS software for analysis. Descriptive statistics were generated utilizing SPSS. After examining the distribution of each of the survey questions, relationships among the data were explored utilizing contingency table analysis or cross-tabulation. The joint frequency distribution was analyzed with chi-square statistic to determine associations. The open-ended questions were coded using Guba and Lincoln's (1985) constant comparative method. The results of the analyses were presented in tables to display the results in a method that highlighted major findings (Lincoln and Guba 1985). Finally, the strength of the association between frontline staff

job satisfaction and patient satisfaction was analyzed utilizing Pearson's correlation coefficient.

**Summary of Results**

The major findings of the study include:

- The level of satisfaction of frontline staff in CHCs in their current position is less than optimal. This is evidenced by the fact that there is a high level of turnover, stress, and burnout amongst frontline staff and other health care workers.
- Frontline staff are dissatisfied with pay, benefits, advancement opportunities, recognition, and appreciation.
- A significant relationship between patient satisfaction and job satisfaction amongst frontline staff was not found however FLS are the primary source of feedback and information regarding the patient experience and their satisfaction. FLS are the main source of patient contact, patients let them know when they are upset, and FLS know what is going on in all areas of the practice.

**Contribution**

The challenge we face in health care today is to improve population heath in a society with obesity and diabetes, growing income disparities, rising health care costs, and a discouraged and disengaged health care workforce. We also have a large gap between society's expectations and primary care's available resources. Positive engagement of the health care workforce is of the utmost importance. Leaders and providers of health care must find ways to improve the work life of those delivering care in order to improve health and reduce costs (Bodenheimer MD 2014). The findings of this study provide guidance to senior executives of CHCs and other health care organizations in resource constrained and rural areas in the following ways:

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Offering the highest quality of health care services possible to as many people who need them within a given environment is the main goal of health care systems and health care organizations (Bhatnagar and Srivastava 2012). This requires a committed and high quality workforce. Health workers account for the largest share of health related public expenditures. The presence of high-quality, motivated staff is a key aspect of health system performance.

While many studies have focused on job satisfaction, recruitment, and retention of clinical health care workers such as nurses and physicians, little is known about the satisfaction, recruitment, and retention of the frontline staff in health care organizations. For example, many health care organizations report that the frontline staff have high turnover rates, which is costly as it affects practice operations, patients' perceptions of the practice, and overall patient satisfaction (Piko 2006; Waldman et al. 2004). The underlying reasons for the dissatisfaction of frontline staff—and its relationship to patient satisfaction—have not been explored in existing literature. This study addresses this research gap.

Identifying what factors cause frontline staff to be satisfied or dissatisfied with their jobs can provide a basis for considering management approaches to improve processes and work conditions which can reduce stress and burnout. Identifying these factors can also allow management and policy makers to better utilize the resources that are available. Funding is an ongoing issue and health centers are running on tight operating margins therefore finding ways to improve job satisfaction and everything that goes along with that in nonmonetary ways is vital to their success. Addressing the factors that affect frontline job satisfaction in a positive manner may ultimately lead to increased motivation, efficiency, productivity, reduced turnover and the costs associated with it, and improve accuracy in data input and monetary collections. In finding ways to improve frontline staff job satisfaction, management may also in turn improve patient satisfaction, community perception, and organizational performance. Getting input from those on the frontline and doing the work may also identify redundancies, unnecessary tasks, and opportunities for improvements. One final contribution of this study is that it further highlights the importance of the role of frontline staff and the impact of their position on

patients, access to care, community perception, image of the organization, and the organization's efficiency and bottom line.

The findings of this study provide insight into how health care organizations, especially CHCs, might improve the turnover rates of their frontline staff, which can lead to improved morale, higher patient and staff satisfaction, and more stable practice operations and financial position. The identified job factors that result in job satisfaction and dissatisfaction can help CHCs improve utilization of their resources and efforts to retain these individuals in frontline positions.

**CHAPTER TWO: LITERATURE REVIEW**

**The Impact of a Changing Health Care Environment**

Health care has changed dramatically over the past several years. There is a growing knowledge and use of medical technology which in many cases increases job complexity and leads to ethical dilemmas (De Jonge et al. 1999; Marshall 1999). Cost containment programs which restrict the resources staff have available is a second key development (Bailit and Sennett 1992; Drummond et al. 2008). A third change is the completion of new care delivery systems, which impact the method of working in health care. Finally, people are getting older, which increases the number of chronic patients. Health care organizations are as a result going through dramatic changes in response to new health care environment. These changes include an increasingly diverse work force, an aging and declining patient population, sharply escalating costs, challenges in reimbursement, and increasing paperwork (Sheridan et al. 1993).

Physician practices report that paperwork, administration, and electronic health record technology has worsened job satisfaction and increased stress and burnout. Burnout not only affects physicians, but also other members of the health care workforce (Bodenheimer MD 2014). Health care staff is at high risk for burnout or emotional exhaustion, role conflict, and job dissatisfaction (Tyler and Cushway 1995). Burnout is a response to chronic job-related stressors and prevalent in health care where staff experience both psychological-emotional and physical stress (Beckstead 2002; Wheeler and Riding 1993). Studies have found that high levels of workplace stress are positively associated with greater levels of absenteeism, lower quality of work, and reduced job satisfaction (Redfern et al. 2002; Simons and Jankowski 2007; Verhaeghe et al. 2003; VonDras et al. 2009).

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**Emergence of Community Health Centers**

In the early 1960s President John F. Kennedy's administration was focused on addressing poverty through jobs, training, business development, and community action. President Lyndon Johnson adopted this concept after Kennedy's assassination. With the Economic Opportunity Act of 1964, the Office of Economic Opportunity launched a number of community action efforts. At this time rural areas often lacked health care or depended on a few local physicians. Poor and minority patients had difficulty accessing health care. Civil rights workers were determined to find ways to improve conditions in their communities (Clark 2000).

Jack Geiger, a civil rights activist and physician, studied in South Africa with Sidney and Emily Kark and became familiar with a concept called community-oriented primary care. All individuals in a specific area were considered patients and information about the area's health problems was collected. Plans to address those health problems were developed which included anything from health services to nutrition to environmental interventions. Dr. Jack Geiger quickly realized that medical care alone could not address the lack of clean drinking water, sanitation problems, and malnutrition that were the root of the community's health problems (Fukuzawa 2013). In 1964 Geiger along with another physician, Count Gibson, decided to start a similar program to the Kark model in Mississippi. The program would focus on outreach, prevention, patient education, job development, nutrition, sanitation, and social services as well as general health care services. The program would also include the involvement of community residents. The health center program was presented to the Office of Economic Opportunity for support and funding. The first health centers were launched in 1965 in urban Columbia Point, a housing project in Boston, Massachusetts, and rural Mound Bayou, Mississippi (Lefkowitz 2005).

Community health centers (CHCs) today are nonprofit organizations federally funded under the authority of the Public Health Service Act administered by the U.S. Health Resources and Services Administration. CHCs must meet budget requirements through grants, fees for services provided to insured patients, sliding scale or pay as you

can collections from the uninsured which account for approximately 40% of patients served. CHCs also have performance and accountability requirements regarding administrative, clinical, and financial operations.

Health centers are community-based and patient-directed organizations that serve populations with limited access to health care and provide services based upon a sliding scale that depends on the patient's ability to pay ((DHHS) 2012). Health centers provide primary and preventive health care as well as dental, vision, mental health, substance abuse, and pharmacy services. They also provide and customize services based on the needs of those in the communities they serve that further improve access to health care such as transportation, translation, outreach, exercise programs, nutritional assistance, housing assistance, job training, support groups, insurance enrollment, case management, health education, and home visitation.

Health centers utilize multiple health professionals with varied skills such as physicians, nurse practitioners, physician assistants, community health workers, and case managers to improve outcomes, reduce health disparities, and promote efficiency. Health centers have governing boards of which a majority of its members must be patients. The governing board reviews and approves policies and assures that the health center is responsive to the needs of the communities it serves. Patients do not just pay for their services, they have an active role in how their health care is delivered. Health centers are required to respect and respond to patient's cultural preferences, conduct ongoing needs and quality improvement assessments, and report data annually to the federal Health Resources and Services Administration on patients, services, quality, and finances. All of these requirements are designed to improve access to high quality, affordable care in communities at high risk for health disparities and lead to diverse patient populations, unique staffing, and community expertise.

Community Health Centers provide care to all individuals. A large portion of those patients however are low income and/or members of racial and ethnical minority groups. About half of health center patients reside in rural areas while others live in economically depressed inner city communities. Health center patients also include

homeless individuals and migrant and seasonal farmworkers. CHCs serve more Medicaid and uninsured patients than other health care providers. They also serve individuals that often experience high levels of chronic conditions, co-morbidities, and face multiple social determinants of health including language barriers and lack of social support.

Over the years health centers have had a number of great supporters. Senator Ted Kennedy was instrumental in the growth of health center funding and rapid expansion. He and Congressman Paul Rogers who chaired health subcommittees wrote a bill in 1974 that gave health centers their own programmatic authority meaning that they no longer had to depend on congressional appropriations committees (Moe 2003). In 1975, new legislation delineated required and optional services, mandated that all centers have a consumer-majority governing board, and established an information system that each center had to report on numbers and types of staff, patients, and encounters as well as revenues and expenditures. This helped show decision makers that the health centers were fiscally responsible (Lefkowitz 2005).

The Carter administration began a long process of trying to integrate Medicare and Medicaid reimbursement into the center structure and have them pay the cost of covered services. Congress passed the Rural Health Clinic Services Act which increased Medicare and Medicaid rates to more closely approximate the cost of covered services provided by federally funded health centers. The Reagan administration in the 1980s proposed consolidation of nearly all social programs into block grants to states. Health centers were to be combined in a 10-program block for health services that also included alcohol and drug abuse, mental health, and maternal and child health. Funds were to be cut by 25%. The block grant program was made voluntary and of the two states that applied one withdrew and the other gave it back. After a few years, Congress overrode a presidential veto and repealed the primary care block grant. The program did take major cuts in the early 1980s, but in later years had increases in regular appropriations and special Jobs Bill money to counteract unemployment. New sites and centers were also established as the National Health Service Corps which paid for professional education in exchange for service in an underserved area brought an influx of physicians and other providers (Lefkowitz 2007).

The Bush administration saw continued congressionally mandated increases in grant support for health centers. The Federally Qualified Health Center program was enacted for Medicaid in 1989 and Medicare in 1990 and with that health centers and look-alikes which are non-funded organizations meeting the same requirements would receive cost-related reimbursement rates subject to per-visit caps and management screens. As a result, Medicaid replaced federal grants as the centers' largest income source. The Health Centers Consolidation Act of 1996 combined community and migrant health centers and primary health care programs for residents of public housing and the homeless under Section 330 of the Public Health Service Act to create the consolidated health centers program (Lefkowitz 2007).

The Clinton administration did not provide the support health center advocates had hoped for, but funding did increase. When George W Bush took office in 2001 one of his priorities was the expansion of health centers. Health center funding increases were included in presidential budgets until 2005 when Congress significantly reduced the proposed increase as part of the across the board cuts due to the rising deficit (Lefkowitz 2005). Due to the fact that a large portion of the medically underserved areas in the U.S. continued to lack a CHC site, Congress and President Bush doubled the annual appropriation in 2008. The Bush administration increased federal operating support to enable community health centers to double their capacity by opening 1200 new or expanded service sites between 2002 and 2006. In 2009 the Obama administration provided more than $1 billion in grants for facilities, technology, and additional providers through the American Recovery and Reinvestment Act (Sporte and Donovan 2009). Beginning in 2011, health care reform law appropriated $12.5 billion for the expansion of community health centers (Adashi et al. 2010).

Although this information provides an overview of the populations served by health centers, the characteristics of the population served by a particular health center differs from others based upon the unique characteristics of the communities it serves.

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**The Role of Community Health Centers in Rural Health Delivery**

Community Health Centers play a vital role in the success of the health care delivery system in the United States. Health centers are located in medically underserved communities and therefore investing in them reaches those urban and rural families who experience the highest unemployment, the greatest health burdens, and the highest rate of being uninsured (Rosenbaum and Shin 2011). People who lack primary health care services are at a greater risk for poor health outcomes and are more likely to use more expensive emergency room care. Low income individuals and communities are among the most vulnerable. Access to primary health care can reduce avoidable hospitalizations, help to manage chronic conditions, and lead to less serious episodes of illness. Health centers emphasize prevention and help patients manage diseases or disease factors facing low income communities. CHCs have reduced health care disparities based on race and income (Shin et al. 2003). The medical expenses for health care patients are much lower compared to patients seen elsewhere and therefore save the health care system billions of dollars a year (Sporte and Donovan 2009). CHCs are also responsive to wider social and environmental issues that affect the health of their patients and develop community and social service partnerships to address these issues.

Health centers also have an impact on the economic conditions of the communities they serve. Community Health Centers improve and/or create access to health care and create thousands of jobs (Rosenbaum and Shin 2011). CHCs improve health outcomes which increase worker productivity, provide direct employment to local residents including entry level positions with advancement opportunity, health centers purchase goods and services from local businesses, and the facilities health centers construct bring capital investment and stimulate economic development (Sporte and Donovan 2009).

To help improve health outcomes for their patients and strengthen operating efficiency, CHCs also make a significant investment in equipment and technology. Federal stimulus dollars have been targeted toward the purchase of electronic medical records systems that allow health centers to interface across sites, with hospitals and

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specialty providers, and with other health care organizations which allows CHCs to have the latest improvements in managing patient care (Sporte and Donovan 2009).

**Challenges to Community Health Centers**

There are several challenges that Community Health Centers face. The recent economic downturn has resulted in increases in the uninsured population. Although more people can be expected to become insured under the Affordable Care Act, health centers still expect to see high or increasing numbers of uninsured patients, particularly in states that did not pass Medicaid Expansion. State Medicaid and CHIP programs have tightened their spending which has placed more pressure on CHC's financial capability. There are also ongoing needs for funding for infrastructure and reimbursement policies that put too small a price on primary care services. Recruiting and retaining providers is another tremendous challenge which impedes optimal staffing. Health centers find it difficult to recruit and retain staff willing to work for lower wages in what are often older facilities than private practices (Sporte and Donovan 2009). There is also the difficulty of securing specialty referrals due to access as well as increases in the number of specialty providers who choose not to care for the uninsured or not to participate in Medicaid or Medicare sponsored health plans (Adashi et al. 2010).

Funding is an ongoing and constant problem (Fukuzawa 2013). Health centers run on tight operating margins and rely on grants to ensure services provided are comprehensive and that they can serve all regardless of ability to pay. Federal grants have not kept up with the costs of health care and health centers actually lose money in their third party transactions.

Limited access to primary care services and charity care provided by non-safety-net providers increases emergency room visits for primary care preventable services. The U.S. health care environment is characterized by rising costs, diminished staffing levels, heavy utilization, and low compensation for primary care services, coupled with an unstable primary care pipeline. Factors related to the challenge of recruiting and retaining primary care physicians (PCPs) at community health center have been noted in multiple studies. These factors include disproportionate staffing of family physicians limiting the

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scope of recruitment; limited CHC training opportunities even through research shows that completing a residency in a CHC influences the decision ultimately to practice in that setting; lack of income potential, opportunity for professional experiences, facility characteristics, and sufficient work to support oneself and one's family; competition with other health care organizations such as hospitals that offer more attractive work schedules and salaries; and lack of control over personal time, the threat of litigation, and increased administrative tasks (Savageau et al. 2011).

**Focusing on Frontline Staff in Health Care Delivery**

Frontline staff is a term utilized to refer to individuals whose positions include check in, check out, billing, referrals, and medical records. Frontline staff are an important part of the health care team and are integral to the productivity and effectiveness of the business. They are the first point of contact for patients, determine appropriate access to clinical staff, and maintain records and related documentation. Although they are primarily employed for their secretarial and interpersonal skills, those with a nursing background may be utilized to provide medical assistance. Frontline staff are also involved in explaining screening forms to patients, collecting data regarding services, and providing feedback on policies and processes (Carnegie et al. 1996). In addition, they are involved in very time consuming activities that include handling repeat prescriptions, filing, typing, manning the reception desk, answering the telephone, family practitioner committee work, book keeping, making appointments, phoning the hospital, and computer work (Copeman and Van Zwanenberg 1988).

There are several challenges that frontline staff must overcome. Paperwork is a continuing source of frustration (Price 1981). Electronic health record technology and practice management systems are often inadequate and unreliable. Many health care practices are inadequately staffed and have inefficient work environments. It is also a concern that the demands and pressures of the job often exceed the knowledge and abilities of the staff (Organization 2013). In addition, frontline staff receive little to no training while their job tasks are likely to become more complex as practices grow in size and as the responsibility of the primary care team increase.

Supervision has been identified as a major issue in quality of care (Uys et al. 2004). There is often a lack of communication with staff, vague role definition, and lack of control or discussion about work processes and policies (Administration 1999) (Price 1981). Frontline staff also feel that there is no appreciation for the complexity of their work (Bodenheimer MD 2014) and how stressful their jobs can be (Middleton 1989).

Making an appointment at a health care practice is also becoming a more complex social process. Frontline staff have the daily struggle to try and make appointment availability meet patient demand (Gallagher et al. 2001). Over the years, patients have come to view their time as more and more important. In order for both the patient and the practice to be satisfied, it depends on the patient's behavior, the patient's expectations, the receptionist's actions and attitudes, and appointment availability. Some patients do not understand the processes that must take place or accept them. Some patients also do not like providing clinical information to those at the front desk.

High staff turnover rates are also an important challenge to consider. The high rate of turnover among frontline staff is a serious workforce problem. Lack of employee continuity may contribute to recurring increased staff training costs and decreased organizational stability and productivity (Siong et al. 2006). Turnover costs are significant and include both direct and indirect costs. Costs are incurred at the service delivery level by consumers who may receive lower quality of care from inexperienced workers, and by frontline staff who may be subject to greater stress. Each time a frontline staff leaves an organization, financial and human resources are lost to new recruitment, training, and overtime. In addition, with every quit or termination, the caregiving relationships, services provided to clients, and community image is negatively affected. High rates of turnover disrupt social and communication structures within provider agencies and lead to decrease satisfaction among the workers who remain (Seavey 2004). Estimates for the cost of turnover range from a few thousands to more than two times the person's salary (Cascio 1991). Employees who feel under-rewarded will attempt to restore equity by reducing inputs such as increasing absenteeism, coming late to work, taking longer breaks, and decreasing productivity, all of which are very costly for an employer (Singh and Loncar 2010).

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Frontline health care worker occupations are among the fastest growing in the U.S. (Bureau of Labor Statistics 2004). Traditionally, health care organizations do not invest in frontline staff because they believe these workers can be easily replaced. However, as the U.S. population ages, rates of chronic diseases have increased, public budgets have shrunk, and demand for health care rises, organizations are relying on frontline staff as a more cost-effective way to meet basic service demands expanding their responsibilities beyond administrative work. In addition, as patient care transitions to team-based models, every member is crucial. Many health care organizations are increasing their workforce management strategies as they try to recruit and retain skilled workers and improve quality without raising costs.

**Impact of Frontline Staff Activities on Patient Satisfaction**

Primary health care is undergoing significant change in order to provide cost-effective, comprehensive care. Health care teams is one such change with a purpose of working effectively to improve the delivery of primary and preventative care. Frontline staff is critical to continuity and vital points of contact for the team (Delva et al. 2008). Frontline staff play a critical role in the delivery of basic health care services and have an important impact on patient satisfaction and other health care outcomes (Chuang et al. 2012).

The waiting room represents the tension between clinical structure and patient need. The most common causes of patient frustrations and complaints are physician-initiated appointment cancellations or changes, appointment cancellations because the patient was late, difficulty getting an appointment when desired, problems with insurance, and waiting time. Frontline staff are viewed as the people preventing the patient from seeing the physician. They must often implement organization policies, but do not have much flexibility on how they do it and have little influence on shaping the policies. Frontline staff are often involved in calming patients down and ensuring patient flow is orderly which allows physicians to focus on care giving rather than dealing with patient complaints, scheduling, and operational issues (Strathmann and Hay 2009).

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Frontline staff are responsible for meeting and greeting customers, clients, or other visitors both in person and on the telephone. This means that they give the first impression of the business, and should therefore be considered an important asset. People and groups calling or entering a place of business are going to be discouraged from continued contact if they are greeted with rudeness or a lack of professionalism. In addition, because frontline staff is the primary point of contact in the organization, these individuals usually have a good idea of what is going on in and around the company. Doctors and administrators are often not aware of many of the problems that exist in their practice. While they are in the back of the office dealing with patients' medical problems and running the business, frontline staff is forced into a daily juggling act to make things appear to run smoothly (Goessl 2010; Price 1981).

Society expects more and more of physicians and practices, particularly in primary care. Patients want their health to be better, to be seen in a timely fashion with empathy, and to enjoy a continuous relationship with a high-quality clinician that they choose (Bodenheimer MD 2014). Frontline staff are often the first people patients see when they visit the practice. First impressions are very important and if the staff is difficult to deal with, patients may choose to change practices. Spendlove found that friendliness of receptionists, professionalism of clinic staff, and efficiency of clinic operation are significantly related to patient satisfaction while waiting for an appointment in a family practice clinic (Spendlove et al. 1987).

**Job Satisfaction in Organizational Work**

Job satisfaction has been heavily researched over the years. (Locke 1976) defines job satisfaction as a positive emotional state resulting from the appraisal of an individual's job or job experience. Spector defines job satisfaction as an attitudinal variable that can be an indicator for the degree to which people like their job (Spector 1997). Job satisfaction results from the perception that one's job fulfils an individual's own job values. Job satisfaction depends on nature of work and one's expectations regarding that work (Nikic et al. 2008). It is therefore possible that different sources of

satisfaction and dissatisfaction may be experienced by individuals within the same occupational group.

Investigated by several disciplines such as psychology, sociology, economics, and management, job satisfaction is a frequently studied subject in organizational literature. This is mainly due to the fact that many experts believe that job satisfaction trends can influence quality of work, productivity, work effort, strike action, intentions to quit, absenteeism, and staff turnover (Gazioglu and Tansel 2006; Uys et al. 2004). As many studies suggest, employers benefit from satisfied employees as they are more likely to profit from lower staff turnover and higher productivity if their employees experience a high level of job satisfaction. Workers' decisions about whether to work or not, what kind of job to accept or stay in, and how hard to work are all likely to depend upon the worker's job satisfaction.

**Theories Related to Job Satisfaction**

There have been numerous theories regarding job satisfaction and an individual's motivation. Over the years, several theories also set out to define job satisfaction, its importance, role, and influence. Table 2.1 displays selected job satisfaction theories that were reviewed for this study. These are some of the most well-known and influential theories related to job satisfaction to date.

**Table 2.1 - Selected Theories Related to Job Satisfaction**

| Theory | Theorist | Reference |
|---|---|---|
| Scientific Management | Frederick W. Taylor | Taylor, F. W. (1914). *The principles of South Carolinaientific management*: Harper. <br> Blake, A. M., & Moseley, J. L. (2010). One hundred years after The Principles of South Carolinaientific Management: Frederick Taylor's life and impact on the field of human performance technology. *Performance Improvement, 49*(4), 27-34. |
| Expectancy Theory | Edward C. Tolman | Tolman, E. C. (1938). The determiners of behavior at a choice point. *Psychological Review, 45*(1), 1. |

| | | Ugah, A. D., & Arua, U. (2011). Expectancy theory, Maslow's hierarchy of needs, and cataloguing departments. Library Philosophy and Practice(1), 51. |
|---|---|---|
| Hierarchy of Needs | Abraham Maslow | Maslow, A. (1987). H.(1970) Motivation and personality: New York: Harper and Row.<br>Simons, J. A., Irwin, D. B., & Drinnien, B. A. (1987). Maslow's hierarchy of needs. Retrieved October, 9, 2009. |
| Range of Affect Theory | Edwin A. Locke | Locke, J. (1976). *The Correspondence of John Locke*: Clarendon Press.<br>Singh, M., & Sinha, J. (2013). Job Satisfaction in Organizational Executives. International Journal of South Carolinaientific and Research Publications, 3(4). |
| Job Characteristics Theory | Hackman & Oldham | Hackman, J. R., & Oldham, G. R. (1976). Motivation through the design of work: Test of a theory. *Organizational behavior and human performance, 16*(2), 250-279.<br>Kass, S. J., Vodanovich, S. J., & Khosravi, J. Y. (2012). Applying the job characteristics model to the college education experience. Journal of the South Carolinaholarship of Teaching and Learning, 11(4), 56-68. |
| Self-Determination Theory | El Deci, R.M. Ryan | Deci, E. L., Connell, J. P., & Ryan, R. M. (1989). Self-determination in a work organization. *Journal of Applied Psychology, 74*(4), 580.<br>Kálcza-Jánosi, K., Williams, G. C., Niemic, C., & Szamosközi, I. (2014). Validation study of the Self-Determination Theory: Motivation Measures for Diabetes. Adaptation to the Hungarian population in Transylvania, Romania. Erdelyi Pszichologiai Szemle= Transylvanian Journal of Psychology, 15(2), 157. |
| Core Self-Evaluations Model | Timothy Judge, Edwin Locke, Cathy Durham | Judge, T. A., Locke, E. A., Durham, C. C., & Kluger, A. N. (1998). Dispositional effects on job and life satisfaction: the role of core evaluations. *Journal of Applied Psychology, 83*(1), 17.<br>Smedema, S. M., Chan, J. Y., & Phillips, B. N. (2014). Core self-evaluations and Snyder's |

| | | hope theory in persons with spinal cord injuries. Rehabilitation psychology, 59(4), 399. |
|---|---|---|
| Two-Factor Theory or Motivator-Hygiene Theory | Frederick Herzberg | Herzberg, F. M. (1959). B. & Snyderman, B.(1959). The Motivation to Work. *2, li*. <br> Maidani, E. A. (1991). Comparative study of Herzberg's two-factor theory of job satisfaction among public and private sectors. Public Personnel Management, 20(4), 441-448. <br> Singh, M., & Sinha, J. (2013). Job Satisfaction in Organizational Executives. International Journal of South Carolinaientific and Research Publications, 3(4). |
| Service-Profit-Chain | James L. Heskett, Thomas Jones, Gary Loveman, W. Earl Sasser, and Leonard Schlesinger | Chi, C. G., & Gursoy, D. (2009). Employee satisfaction, customer satisfaction, and financial performance: An empirical examination. International Journal of Hospitality Management, 28(2), 245-253. <br> Heskett, J. L., Jones, T. O., Loveman, G. W., Sasser, W. E., & South Carolinahlesinger, L. A. (2008). Putting the service-profit chain to work. Harvard business review. |

Taylor (1914) linked job satisfaction simply to money earned and/or financial rewards. Taylor's principle became known as scientific management. The key features were time study, division of duties, the standardization of all tools, the standardization of the acts and movements of employees at all levels, planning, management by exception method, the use of timesaving methods, instruction cards, careful task allocation, bonuses for successful performance, the use of a differential rate, and systems for classifying products. He proposed that each aspect of an employee's work be thoroughly examined to find the one best method. The employer should then spend time and money training each employee, in order to reduce inefficient choices. There should be cooperation between employees and management in order that there is a clear division of labor between groups. Management should then establish goals and rewards for accomplishing the goals. Finally, the only way to motivate employees was through monetary incentives (Blake and Moseley 2010).

The Expectancy Theory was formulated by an American psychologist, Edward C. Tolman, (1938) who proposed that behavior rests on the tendency for individuals to balance the value of expected benefits against the expenditure of energy. It states that an individual's motivation can be affected by the expectations of outcomes from certain actions and strengthened by the individual's preferred outcome (Ugah and Arua 2011). This theory suggests that human behavior is motivated by the expectation more than response to incentives. The expectation will be that the potential action will lead to a desired goal or outcome. For example, an employee may adjust their own motivational levels to those of their coworkers and the acceptance by their coworkers due to the belief that how they perform may disrupt the group norm of production (Ugah and Arua 2011) Ugah).

Abraham Maslow's hierarchy of needs is a theory proposed in his 1943 paper "A Theory of Human Motivation". He suggested that a person is motivated by an inner program of needs rather than by external motives such as rewards or punishments. His theory is based on personality and has influenced a number of different fields. Maslow being a humanistic psychologist believed that human beings strive for an upper level of capabilities. He believed that if the right environment is in place, people will grow and actualize the potentials they have inherited. If there are hindrances in place due to society or the organization for example then people will not move up and realize their potential. Maslow (1987), developed a five-level hierarchy of human needs, ranging from basic physiological needs, to safety, social or belongingness and love, esteem, and self-actualization. Maslow's hierarchy of needs is often shown in the shape of a pyramid with the most basic physiological needs at the bottom and the need for self-actualization at the top. The theory suggests that the most basic level of needs must be met before the individual will focus motivation upon the higher level needs. Maslow acknowledged the likelihood that the different levels of motivation could occur at any time, but he focused on identifying the basic types of motivation and the order in which they should be met. Physiological needs are the physical requirements for human survival. Safety needs include personal security, financial security, health and well-being, and safety net against accidents or illness. Belongingness and love include friendship, intimacy, and family.

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Esteem is the need to have self-esteem and self-respect. Self-actualization refers to what a person's full potential is and the realization of that potential. When one of these sets of needs is met we move onto the next. Beyond these are higher levels of needs that include understanding, esthetic appreciation, and purely spiritual needs (Simons et al. 1987). This theory has been criticized for not taking into account individual's differences, needs, and values. Figure 2.1 below displays a diagram of Maslow's hierarchy of needs.
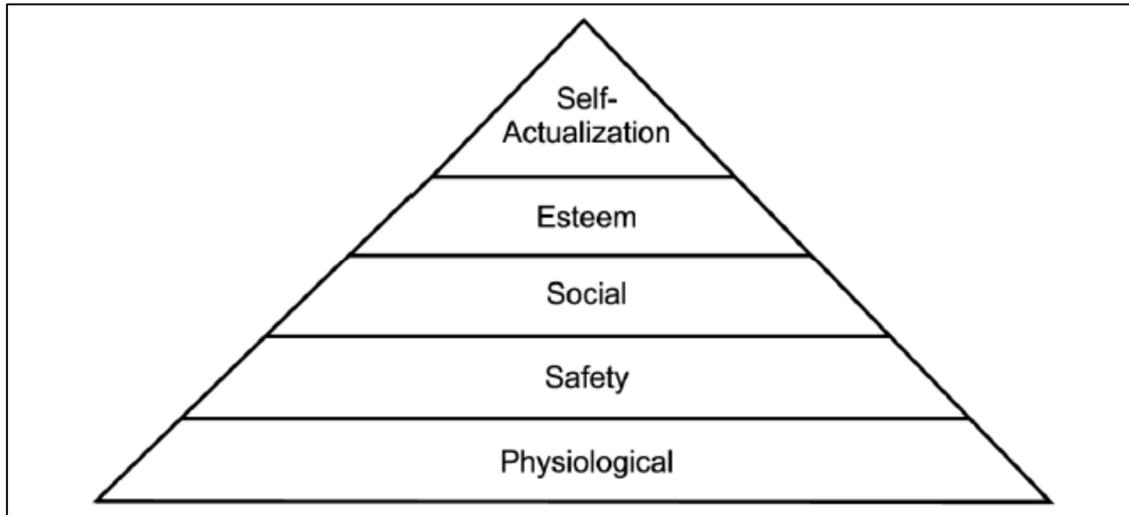


**Figure 2.1 – Maslow's Hierarchy of Needs (Maslow and Stephens 2000)**

Several theorists believed that individual differences affect work attitudes and/or job satisfaction (Keller et al. 1992; Lawler III 1973; O'Reilly et al. 1980). Edwin A. Locke's Range of Affect Theory (1976) proposes that satisfaction is the difference between what an individual wants in a job and what an individual has in a job. The smaller the gap between these two, the more chances for job satisfaction. The Affect Theory also states that a person prioritizes one aspect of the job more than others and that certain aspect can affect the level of job satisfaction. In other words, how much one values a particular aspect of work, moderates how satisfied or dissatisfied one becomes when expectations are or are not met. When a person values a particular aspect of a job, his satisfaction is more greatly impacted both positively and negatively compared to someone who does not value that aspect (Singh and Sinha 2013).

Hackman & Oldham proposed the Job Characteristics Theory (1976) which suggests that job characteristics impact job outcomes which include job satisfaction. This model proposed that workers who experienced meaningfulness of work, experienced responsibility for work outcomes, and knowledge of the actual results of work activities would be more motivated, perform higher quality work, be more satisfied, and miss work less often. They suggested that these results could also be achieved by ensuring that the work environment includes skill variety, task identity, task significance, autonomy, and feedback (Kass et al. 2012).

The Self-Determination Theory is focused on how rewards and job satisfaction affect people's self-regulation and well-being. The theory suggests that the institutional climate, including management styles, reward contingencies, and the level of challenges and demands, has significance in terms of need satisfaction and the outcomes associated with it (Deci et al. 1989). The theory consists of five principles: basic needs that once satisfied allow optimal functioning and development which include the ability to do something successfully, perceived autonomy, and relatedness or sense of belonging; causality orientations – individual differences in tendencies to adapt to the environment and regulate behavior; cognitive evaluation – intrinsic motivation and how factors such as rewards impact it; organismic integration – the internalization of extrinsic motivation; and goal contents and the impact they have on our health and wellbeing (Kálcza-Jánosi et al. 2014).

The Core Self-Evaluations Model that was proposed by Judge et al. argued that self-esteem, self-efficacy, locus of control, and neuroticism impact job satisfaction. This model states that higher levels of self-esteem and the belief in one's own competence and lower levels of neuroticism lead to higher job satisfaction (Judge et al. 1998). The Core Self-Evaluations model is the perception that individuals have of themselves as worthy or competent people. Individuals' evaluations of themselves affect all of the other beliefs and evaluations in their lives. The model is composed of four traits, self-esteem, self-efficacy, emotional stability, and locus of control. The combination of these four qualities explain the overall judgment that individuals have about their value and competency. The model helps explain one's level of job satisfaction and overall satisfaction with life. The

sources of Core Self-Evaluations Model include genetic make-up, life experiences, and thinking processes (Smedema et al. 2014).

Frederick Herzberg (1959) introduced the Two-Factor Theory (also known as Motivator-Hygiene Theory) to explain job satisfaction and motivation. Herzberg interviewed 203 American accountants & engineers using the critical-incident method for data collection, chosen because of their professions growing importance in the business world. Those interviewed were asked to relate times when they felt exceptionally good or bad about their present job or any previous job, and to provide reasons, and a description of the sequence of events that led to that positive or negative feeling. The responses tended to be consistent, revealing two different sets of factors affecting motivation at work. Some factors contributed to job satisfaction, while others did not. In addition, some factors were noted to be a source of dissatisfaction when absent. Herzberg made a theoretical departure from the traditional concept of job satisfaction by suggesting that job satisfaction operated on a continuum which ranged from high to no job satisfaction while job dissatisfaction operated on another continuum which ranged from no to high job dissatisfaction. These two were hypothesized to be independent of each other. These were categorized as motivator and hygiene factors (Maidani 1991).

Motivational factors (also known as intrinsic factors) encourage an employee to have a better work performance and provide them with satisfaction. These factors if present lead to feelings of satisfaction and include bonuses, recognition, sense of achievement, nature of work, level of responsibility, career advancement, and personal growth. Hygiene factors (also known as extrinsic factors) relate to the job environment or the context in which the job was performed and cause dissatisfaction if they are inadequate. An acceptable level of these factors does not lead automatically to job satisfaction but prevents dissatisfaction and poor performance. Hygiene factors include company policy and administration, working conditions, non-financial employee benefits, personal life, status, level of pay, job security, level and quality of supervision, autonomy, and interpersonal relations (Singh and Sinha 2013).

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Hertzberg's theory shows the difficulty of measuring job satisfaction. There is no clear picture about which variables are significantly and consistently related to job satisfaction. Not only have different theories of job satisfaction developed over time, but also that sources of job satisfaction may have changed due to new management systems and technology in the workplace. While Herzberg's model has been studied repeatedly, researchers have been unable to consistently validate the model. Critics point out that a single factor may be a satisfier for one person, but cause job dissatisfaction for another. There has also been criticism regarding the fact that the respondents' had a narrow range of jobs, there is only one measure of job attitudes, and it does not identify how factors are to be measured. Conversely, several other researchers supported the theory.

The theory of the Service-Profit Chain was developed by a group of researchers including James Heskett, Thomas Jones, Gary Loveman, W. Earl Sasser, and Leonard Schlesinger. The theory suggests that there is a relationship between profitability, customer loyalty, employee satisfaction, employee loyalty, and productivity. The different elements of the framework are described as links in a chain. The links of the chain include: Profitability and revenue growth, customer loyalty, customer satisfaction, external service value, employee retention, employee productivity, employee satisfaction, and internal service quality. All companies strive to make a profit and grow. Profit and growth are fueled by customer loyalty. Loyalty is a result of customer satisfaction. Satisfaction comes from the creation of value of services provided to customers. Value is created by satisfied, loyal, and productive employees. Employee satisfaction results from creating a superior work environment and effective workplace design that enable employees to deliver results to customers (Heskett et al. 2008). Again, the assumption is that satisfied employees will create satisfied and loyal customers. This will then lead to higher sales and financial returns. In order for a company to succeed, they must create a satisfactory experience for both their employees and customers and do it better than their competitors (Chi and Gursoy 2009). Figure 2.2 below displays a diagram of the Service-Profit Chain.
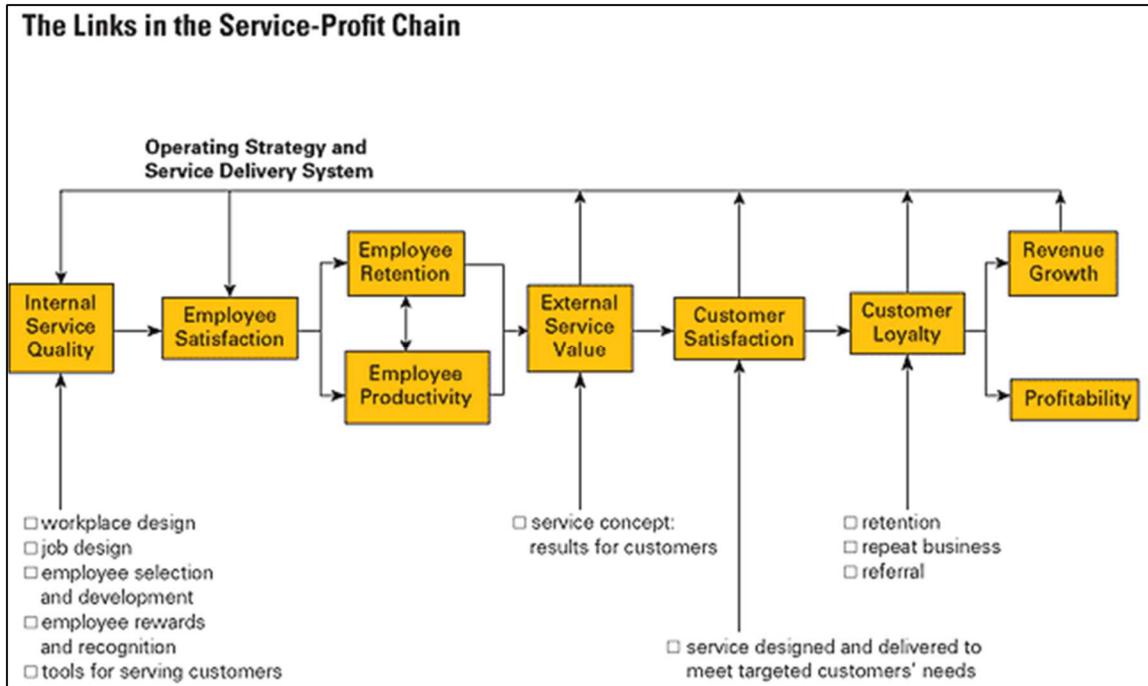
**Figure 2.2 – Service Profit-Chain (Heskett and Schlesinger 1994)**

Given all of the job satisfaction theories in previous literature, a joint model was utilized for this study combining some of the aspects of the Herzberg's Two-Factor Theory and the Service-Profit Chain. The Two-Factor theory was selected for this study due to the fact that there have been numerous previous job satisfaction studies testing this theory, specifically those researching nurse and physician job satisfaction. The Service-Profit Chain theory was utilized in combination with Herzberg's theory in order to also depict the predicted relationship between frontline job satisfaction and patient satisfaction. See Figure 3.2 for a diagram of the conceptual model utilized for this study.

**Measures of Job Satisfaction**

Job satisfaction has been measured in many different ways with a variety of questions and wording. There is no consensus about the best or standard way to measure job satisfaction. Most job satisfaction measures are self-reports and based on multi-item scales. Several measures have been developed over the years. Many of the job satisfaction measures vary in how they conceptualize affective or cognitive job satisfaction and how they are validated. From the literature it is clear that job satisfaction

is influenced by multiple factors. The categories used in different instruments developed to measure this concept, therefore also differs widely.

**Table 2.2 – Measures of Job Satisfaction in Literature**

| Survey | Key Measures | Reference |
|---|---|---|
| The Brief Index of Affective Job Satisfaction | Subjective Satisfaction with current job, Job level, Job Type, Demographics (including nationality) | Thompson, E. R., & Phua, F. T. (2012). A brief index of affective job satisfaction. *Group & Organization Management, 37*(3), 275-307. |
| The Job Descriptive Index | Pay, Promotion, Coworkers, Supervision, Work itself | Balzer, W. K. (1997). *User's manual for the Job DeSouth Carolinariptive Index (JDI; 1997 revision) and the Job in General (JIG) South Carolinaales*: Bowling Green State University. |
| The Minnesota Satisfaction Questionnaire | Activity, Independence, Variety, Social status, Supervision (human relations), Supervision (technical), Moral values, Security, Social service, Authority, Ability utilization, Company policies and practices, Compensation, Advancement, Responsibility, Creativity, Working conditions, Coworkers, Recognition, Achievement | Bodur, S. (2002). Job satisfaction of health care staff employed at health centres in Turkey. *Occupational medicine, 52*(6), 353-355. |
| The Job Satisfaction Survey | Pay, Promotion, Supervision, Fringe benefits, Performance based rewards, Operating procedures, Coworkers, Nature of work, Communication | Spector, P. E. (1997). *Job satisfaction: Application, assessment, causes, and consequences* (Vol. 3): Sage. |
| National Nursing Assistant Survey | Nature of work environment, Training, Advancement opportunities, Benefits, Working conditions, Personal or family demands | CDC, C. f. D. C. a. P. (Producer). (2012, 08/01/2013). National Nursing Assistant Survey. Retrieved from http://www.cdc.gov/nchs/nnas.htm |

| | | Squillace, M. R., Remsburg, R., Bercovitz, A., Rosenoff, E., & Branden, L. (2007). An introduction to the National Nursing Assistant Survey. *Vital and health statistics. Ser. 1, Programs and collection procedures*(44), 1-54. |
|---|---|---|
| National Home Health Aide Survey | Recruitment, Training, Job history, Family life, Management and supervision, Client relations, Organizational commitment and job satisfaction, Work-related injuries | Bercovitz, A., Moss, A., Sengupta, M., Harris-Kojetin, L., Squillace, M., Emily, R., & Branden, L. (2010). Design and operation of the national home health aide survey: 2007-2008. *Vital and health statistics. Ser. 1, Programs and collection procedures*(49), 1-94. |

The Brief Index of Affective Job Satisfaction is a 4-item measure of overall job satisfaction. The tool is validated for reliability, temporal stability, convergent, criterion, and by nationality, job level, and job type (Thompson and Phua 2012).

The Job Descriptive Index is a job satisfaction measure of one's satisfaction in five facets: pay, promotions and promotion opportunities, coworkers, supervision, and the work itself. The scale is simple with participants responding to whether given statements accurately describe their job (Balzer 1997).

The Minnesota Satisfaction Questionnaire measures job satisfaction in 20 facets. The questionnaire has a long form with 100 questions with five items from each facet and a short form with 20 questions with one item from each facet (Bodur 2002).

A Job Satisfaction Survey created by Spector is a 36 item questionnaire that measures nine aspects of job satisfaction, which were chosen from a review of the literature on job satisfaction dimensions. The survey measures employee attitudes about the job and aspects of the job. Each aspect is evaluated with four items, and a total score is calculated. The nine facets are pay, promotion, supervision, fringe benefits, contingent

or performance based rewards, operating procedures, coworkers, nature of work, and communication. Although Spector's Job Satisfaction Survey was originally developed for use in human service organizations, it is applicable to all organizations (Spector 1997).

There have also been job satisfaction surveys created specifically for the health care sector. The National Nursing Assistant Survey (NNAS) is the first national study of nursing assistants working in nursing facilities in the United States. The U.S. Department of Health and Human Services sponsored the study. The survey provides information needed to recruit, retain, and expand paraprofessional long-term care workforce. The survey includes collecting information on whether workers plan to continue working in their present positions and what factors affect their decisions, including job satisfaction, nature of the work environment, training, advancement opportunities, benefits, working conditions, and personal or family demands. The survey helps to identify nursing assistants priorities, ways to meet those priorities, and how to prevent staffing shortages in the future (CDC 2012; Squillace et al. 2007). The National Home Health Aide Survey (NHHAS) is the first national probability survey of home health aides and was designed to provide national estimates of home health aides employed by agencies that provide home health and/or hospice care. NHHAS was sponsored by the Office of the Assistant Secretary for Planning and Evaluation (Bercovitz et al. 2010).

The measurement tool that was utilized to measure frontline job satisfaction in this study consisted of a combination of questions from Spector's Job Satisfaction Survey, the National Nursing Assistant Survey, National Home Health Aide Survey, and additional questions created specific for this study. These measurement tools were selected due to the fact that these surveys consisted of many questions that seemed to address the major job factors found to be relative to job satisfaction in studies of nurses and physicians. In addition questions were created specific for this study as there have been no previous studies or measurement tools evaluating frontline staff job satisfaction.

**Job Satisfaction Studies**

Many studies have focused on job satisfaction in the private sector. Several studies have found a significant relationship between job satisfaction and workplace stress, supervisor support, commitment to the organization, and personal variables such as self-esteem. Level of job satisfaction has also been assessed in research investigating staff turnover, with studies finding an association between low job satisfaction, intentions to quit, absenteeism, lateness, and self-reported job performance (Castle et al. 2007; Decker et al. 2009; Hackett and Guion 1985; Kohler and Mathieu 1993; Nagy 2002).

One study of resort hotel staff, also found that experience and organizational position had a positive relationship with job satisfaction (Al-Ababneh and Lockwood 2010). Another study found that high levels of job boredom significantly relate to lower job satisfaction and greater absenteeism (Kass et al. 2001). Trust in superiors and influence of supervisors has been shown to be associated with job satisfaction (Kohli et al. 1998; Simmons et al. 2001; Tan and Tan 2000). Length of time spent at a job, age, managerial support, adequate training, security, achievement, recognition, interpersonal relationships, communication, pay, and autonomy impact the level of job satisfaction (Khalifa and Truong 2010; Stamps et al. 1978). Several studies have shown the influences of a person's attitude, cultural factors, and nature of work as predictors of job satisfaction.

Studies have also found that individuals value different things and therefore their job satisfaction may be affected by different aspects of the job. For example, one study found that those with low job status were more concerned with working conditions and clarity in their work while individuals with higher status were more motivated by the prospect of more power and status (Furnham et al. 2009). Unfortunately, research has revealed that many managers think employees are interested in pay above all else and do not know what their employees want. It has been suggested that management structure reward systems to fit individual needs (Fried and Ferris 1987; Kovach 1995; Saari and Judge 2004).

**Job Satisfaction among Health Care Workers**

There has also been a significant amount of research regarding health care workers. Most of the research however has been focused on the job satisfaction of nurses and physicians (Bureau of Labor Statistics 2004). Job satisfaction among those in the health care field is usually lower as compared with other types of organizations (Glisson and Durick 1988). Those working in health care are also more likely to report that work related stress is common (Walter 2013). Health care worker job satisfaction is important as it has a great impact on quality, effectiveness, work efficiency, and health care cost. It is also directly connected with attendance, retention, human relations, and organization of work.

Several studies regarding clinical health care workers also suggest that staff satisfaction may significantly affect patient satisfaction and how the staff interact with patients. These studies suggest that allowing staff to feel they have some say in how they go about their duties, that they can be creative in how they accomplish their tasks, and that they are not constantly under the scrutiny of a supervisor can positively affect their job satisfaction. Most staff value appreciation of their work, professional development, career advancement, and promotional opportunity (Bhatnagar and Srivastava 2012; Chuang et al. 2012; Lynch Jr et al. 2005; McCloskey 1974). The quality of communication between provider and patient and the degree of rapport established during their interactions influence both patient satisfaction and compliance (Konrad et al. 1999; Weisman and Nathanson 1985).

Various studies also found that doctors and nurses rated factors like good working relationships, training opportunities, environmental factors, and good physical conditions as more important than income. These results suggest that increases in compensation alone will not significantly improve health worker motivation and satisfaction and may not be sufficient to decrease turnover (Peters et al. 2010; Singh and Loncar 2010).

Studies have found that stress, burnout, and complex shift work are important determinants of health care workers' well-being and also influence their professional

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satisfaction (Piko 2006). More than two thirds of employees think they are overloaded with work and are not satisfied with their influence on work conditions (Nikic et al. 2008).

Additional factors that have been found to affect health care worker job satisfaction include gender, age, level of education, work experience, pay, job security, location, quality of supervision, coworkers, organization of work, sufficient time for carrying out activities, and working hours (Appleton et al. 1998; Bodur 2002; Probst et al. 2010; Tovey and Adams 1999; Uys et al. 2004; Vévoda et al. 2011).

Recent changes in health care financing, organization, and delivery have reduced the autonomy of physicians. Studies have found that general practitioners report that being overworked, excessive hours, paperwork, and government changes are their leading causes of stress and low job satisfaction (Appleton et al. 1998). The main stressors among nurses are high workload, lack of staff support, absenteeism and turnover among nurses, and taking on additional responsibilities above their comfort level (2009; Siu 2002).

**Job Satisfaction among Frontline Staff**

There have been very few studies regarding frontline staff job satisfaction especially in health care. One study of general practice receptionists found only 69% of receptionists felt appreciated by their practice and only 51% felt appreciated by the general public. The receptionists also reported receiving little to no formal training and felt they had not been adequately trained (Copeman and Van Zwanenberg 1988).

Another study found that sources of job satisfaction reported by receptionists were that they enjoyed meeting people, helping patients, the variety of work, and relationships with other receptionists. Those interviewed also reported difficult patients, the pressure of work, appointment problems, and feeling caught between the demands of doctors and patients as the major sources of stress in their jobs. The role of the receptionist's supervisor seemed very important in them feeling supported and informed. Teamwork was also important to them. They also agreed that the providers did not understand the

complexity or pressure of their work and that recent changes in health care has led to an increase in paperwork and increasing problems with other services (Eisner and Britten 1999). Yet another study found that without training and support, receptionists' attitudes towards being involved in preventive medicine activities became very negative (Carnegie et al. 1996).

**Relationship between Job Satisfaction and Patient Satisfaction**

The service-profit chain has been a valued concept of service companies for quite some time. This refers to the relationship between profitability, customer loyalty, employee satisfaction, employee loyalty, and productivity. This concept suggests that satisfied employees are more productive and loyal and influence customer loyalty and satisfaction and as a result the profitability of the organization. This would then suggest that service companies should understand the importance of each employee and customer (Heskett and Schlesinger 1994).

There has been some research examining whether there is a relationship between employee satisfaction and customer satisfaction in the private sector. One study in particular examined the relationship between employee satisfaction and customer satisfaction and the direct and indirect impact on the financial performance of a hospitality company (Chi and Gursoy 2009). The findings of the study suggest that there is a direct relationship between customer satisfaction and financial performance, and between customer satisfaction and employee satisfaction. The findings of this study also suggest that the relationship between employee satisfaction and financial performance may not be easily identifiable because it is an indirect relationship mediated by customer satisfaction.

Patients of course are the customers of health care organizations. Patients can influence health care quality by leaving providers when they are not happy and by providing their opinions to influence change. One common method for acquiring patient suggestions and concerns is through conducting patient satisfaction surveys. More health

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care organizations are utilizing patient satisfaction surveys than ever before. These instruments are also becoming more valid and reliable (Cleary 1999).

There has been limited research concerning whether or not there is a relationship between job satisfaction and patient satisfaction especially amongst frontline health care workers. One study found that hospital nurses' burnout particularly emotional exhaustion and lack of personal accomplishment, staffing adequacy, administrative support, and the relationship between the nurses and physicians influenced patient satisfaction (Vahey et al. 2004). Another study found that there is an association between general internists' satisfaction and patient satisfaction. The same study also found that physicians that are more satisfied may be better able to address patient's questions and be more compassionate (Haas et al. 2000). There are also a few studies of assisted living facilities that found that greater resident and family satisfaction was associated with higher levels of employee job satisfaction and vice versa (Grant 2004; Sikorska-Simmons 2006).

**Research Gaps**

Very few studies have been conducted regarding frontline staff. Studies have examined receptionist positions as they relate to productivity or waiting time and efficiency (Eilers 2004; Oxler 1997), but not in understanding their role, job satisfaction, or impact on patient satisfaction.

Most studies concerned with job satisfaction usually investigate the relationships between job satisfaction and productivity or between job satisfaction and absenteeism or turnover. Much of the job satisfaction research has also focused on employees in the private sector and the motivation to do the research is that a better understanding of job satisfaction can lead to an increase in motivation (Bhatnagar and Srivastava 2012). Research regarding the health field and job satisfaction mainly concerns nurses and physicians and have a productivity related emphasis. While these studies have provided insight into some of the motivations of a few specific groups of health service professionals they have ignored the number of other health care professionals that are involved in direct or indirect patient care.

There are also few studies regarding community health centers and none that research frontline job satisfaction and patient satisfaction and whether or not there is a relationship. Therefore again it is important to explore this research gap. This research provides community health center leaders the knowledge of what factors they can effectively impact and address that is within their financial and organizational means as they often have certain barriers including limited funds and a reduced employee pool.

A joint model combining Frederick Herzberg's Two-Factor Theory and the Service-Profit Chain was developed for this study. The conceptual model for this study combines the motivational and hygiene factors from Herzberg's Two-Factor Theory with the relationship between employee satisfaction and customer satisfaction from Chi and Gursoy's model based on the Service-Profit Chain theory. The survey questions in the job satisfaction survey created for this study include questions exploring both motivational and hygiene factors. Patient satisfaction data was then compared to the frontline job satisfaction data to determine if there is a relationship.

**Research Questions**

To address the gaps in current theories and research regarding frontline staff in health care, particularly in community health centers, the following questions were researched in this study.

- What is the current level of job satisfaction among frontline staff in CHCs?
- What factors do frontline staff in CHCs report that suggest that they are satisfied/dissatisfied in their current position?
- What is the relationship between frontline staff job satisfaction and patient satisfaction in community health centers in South Carolina?

## CHAPTER THREE: METHOD

**Research Design**

This study constitutes quantitative research, utilizing survey data collection methods. The purpose for selecting a survey is due to its ability to produce statistics or numerical descriptions about the aspects of the populations being studied (Fowler 2009). This study utilized survey methods for a cross-sectional examination of patient satisfaction and frontline job satisfaction in community health centers in South Carolina.

Two surveys were utilized to collect data for this study. The first survey utilized was to obtain patient satisfaction data. The second survey utilized was to obtain data regarding the job satisfaction of the frontline staff. The two surveys were conducted within a six-month period.

**Table 3.1 – Data Elements and Sources**

| Data Element | Source |
|---|---|
| Patient Satisfaction | Secondary data from surveys conducted by CHCs on a regular basis |
| Job Satisfaction | Primary data from survey created for this study |

The frontline job satisfaction surveys and patient satisfaction surveys were completed on paper to allow for optimal participation. The surveys were then entered into Epi Info Software. Epi Info Software is a group of applications used to create documented data structures and analysis of quantitative data. The data was then transferred to excel. Analyses were conducted utilizing the Statistical Package for Social

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Sciences (SPSS) version 23. Descriptive statistics of all main variables were calculated. After examining the distribution of each of the survey questions, relationships among the data were explored utilizing contingency table analysis or cross-tabulation. The joint frequency distribution was analyzed with chi-square statistic to determine associations. The open-ended questions were coded using Guba and Lincoln's (1985) constant comparative method. The results of the analyses were presented in tables to display the results in a method that highlighted major findings (Lincoln and Guba 1985). Finally, the strength of the association between frontline staff job satisfaction and patient satisfaction was analyzed utilizing Pearson's correlation coefficient.

**Research Questions**

The first research question examined the current level of job satisfaction among the frontline staff.

RQ1 - What is the current level of job satisfaction among frontline staff in CHCs?

This question was answered with the frontline job satisfaction survey administered in community health centers in South Carolina. In particular, this question was answered by collecting the results of the following question: Overall, how satisfied are you with your job? The responses ranged from very satisfied (1) to very dissatisfied (5). There was also an additional option of Not Sure. Descriptive statistics were calculated to describe the distribution of the responses. Those who reported being very satisfied or having optimal job satisfaction were compared with all other responses.

The second research question examined the different factors about the job that lead a frontline staff worker to be satisfied or dissatisfied with their position.

RQ2 - What factors do frontline staff in CHCs report that suggest that they are satisfied/dissatisfied in their current position?

This research question was addressed with the frontline staff job satisfaction survey administered in community health centers in South Carolina as well. The majority of the questions on the survey were utilized to determine what factors relate to those

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answering the survey being satisfied or dissatisfied with their current position. Factors were in categories of recognition, appreciation, management, co-workers, patient relations, advancement, and pay/benefits of which were based upon previous research. The responses ranged from strongly agree (1) to strongly disagree (5). There was also an additional option of Not Sure. Descriptive statistics were calculated to summarize or describe the distribution of the responses. The results were also grouped by Hertzberg's Motivator and Hygiene factors. Those who reported that they strongly agreed with the question relating to a specific job factor were compared with all other responses. Bivariate analysis was then conducted to determine the empirical relationship between responses to the job factor questions and the responses to the overall job satisfaction question. A cross-tabulation or contingency table was utilized to summarize the relationship between the two categorical variables. Differences were tested between the categorical variables by conducting chi square. Responses were dichotomized or cut into high and low values.

Additional questions were asked about whether or not the FLS would choose to become a FLS again, whether they would take their current job again, and their intent to quit. The responses ranged from definitely (1) to definitely not (5). There was also an additional option of Not Sure. Descriptive statistics were calculated to summarize or describe the distribution of the responses. Bivariate analysis was then conducted to determine the empirical relationship between each of these questions and the responses to the job factor questions. A cross-tabulation or contingency table was utilized to summarize the relationship between the two categorical variables. Differences were tested between the categorical variables by conducting chi square. Responses were dichotomized or cut into high and low values.

Four open-ended questions were included in the job satisfaction survey in order to collect more detailed and possibly new information regarding aspects of the job that lead frontline staff to be satisfied or dissatisfied with their positions. Open-coding and theme development for the open-ended questions were completed. The top ten responses for each question were displayed in tables as well as quotes from the top three themes.

The third research question examines whether or not there is a relationship between frontline staff job satisfaction and patient satisfaction.

RQ3 - What is the relationship between frontline staff job satisfaction and patient satisfaction in community health centers in South Carolina?

The third research question was addressed with the comparison of the results of the frontline staff job satisfaction surveys and patient satisfaction surveys for each community health center in South Carolina utilized for this study. The job satisfaction survey question, "Overall, how satisfied are you with your job?" was compared to the two survey questions in the patient satisfaction survey. For example, if patients are highly satisfied in one community health center location are their frontline staff also highly satisfied? Is there a relationship?

The responses to the two questions on the patient satisfaction survey were examined first. The responses ranged from poor (1) to great (5). Descriptive statistics were calculated to summarize or describe the distribution of the responses. Those patients who reported that they believed the FLS were doing a great job were compared with all other responses. Then in order to answer the question of whether or not there is a relationship between FLS job satisfaction and patient satisfaction, the optimal responses were compared for both questions on the patient satisfaction survey with the optimal response on the overall job satisfaction question on the FLS job satisfaction survey. Pearson's correlation coefficient was then utilized to measure the strength of the association between the variables. This technique was completed twice, once by organization or CHC and then by each organization's site in order to drill down further and determine if there was a change in significance with an increase in number of observations.

**Conceptual Model**

In a recent study, Chi and Gursoy examined the relationship between employee satisfaction and customer satisfaction and the direct and indirect impact on the financial performance of a hospitality company (Chi and Gursoy 2009). The study hypothesized:

1. There is a significant positive relationship between customer satisfaction and financial performance.
2. There is no significant direct relationship between employee satisfaction and financial performance.
3. There is a significant indirect positive relationship between employee satisfaction and financial performance.
4. The relationship between employee satisfaction and financial performance is mediated by customer satisfaction.
5. There is a positive relationship between customer satisfaction and employee satisfaction.

The findings of the study suggest that there is a direct relationship between customer satisfaction and financial performance, and between customer satisfaction and employee satisfaction. The findings of this study also suggest that the relationship between employee satisfaction and financial performance may not be easily identifiable because it is an indirect relationship mediated by customer satisfaction. The conceptual model developed by Chi and Gursoy is displayed in Figure 3.1.
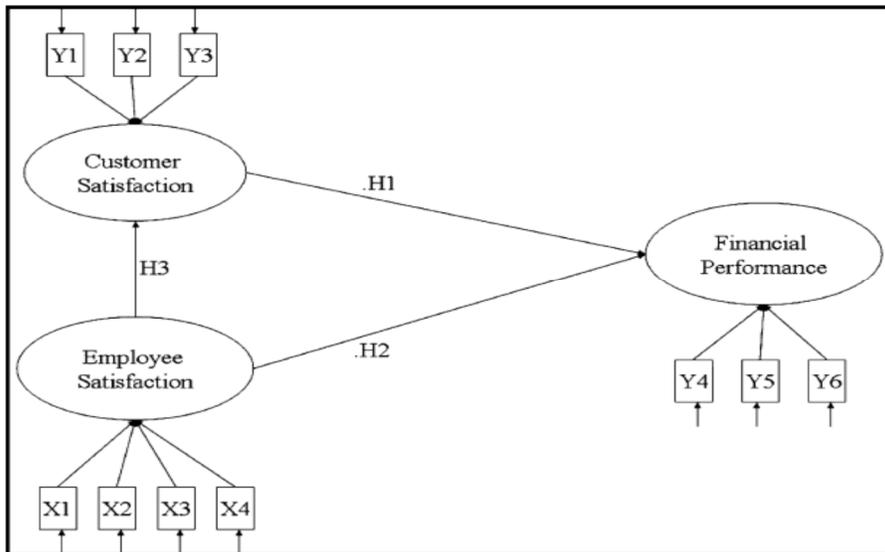


**Figure 3.1 - Conceptual Model Developed By Chi and Gursoy (Chi and Gursoy 2009)**

Chi and Gursoy did not examine this concept in the context of the health care field with health care workers and patients. They also did not take into account the individual job factors that lead individuals to be satisfied or dissatisfied with their job or Herzberg's motivator and hygiene factors and how those factors might have a different impact on job satisfaction. The conceptual model for this study was adapted in part from Chi and Gursoy's model based on the Service-Profit Chain theory and therefore predicted that there would be a significant positive relationship between frontline staff job satisfaction and patient satisfaction. The conceptual model for this study also includes elements of Herzberg's two-factor theory. Motivator factors of recognition, appreciation, and advancement are considered based upon research of doctors and nurses. Additionally, hygiene factors of management, coworkers, patient relations, and pay/benefits are predicted as being important factors of the job impacting frontline job satisfaction. Figure 3.2 displays the conceptual model for this study.
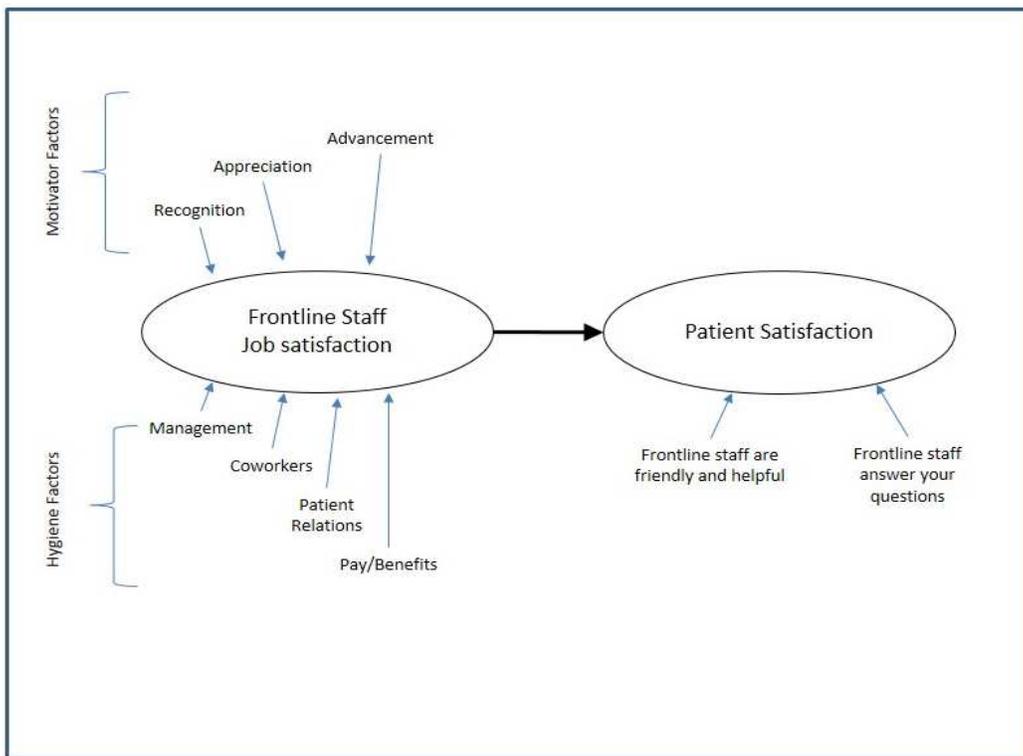


**Figure 3.2 - Conceptual Model**

### Data Collection and Variables

#### Patient Satisfaction Data:

Federally-funded community health centers must include within their organization's ongoing quality improvement/quality assurance plan a method for measuring and evaluating patient satisfaction. The governing board of each community health center must also evaluate patient satisfaction. Most community health centers conduct ongoing patient satisfaction surveys in order to evaluate patient satisfaction. In 1999, the Health Resources and Services Administration (HRSA) asked health centers to share their survey tools. Over 300 different survey tools were submitted and health centers supported a more standardized approach. HRSA at that point developed a task force of health care professional and patients to review the surveys and develop criteria for a standardized tool. This tool was made available for health centers to utilize, but its use was not required. Recently, HRSA removed the tool and now if health centers request assistance with a survey tool they are referred to Midwest Clinicians Network where a tool can be purchased.

A sample of five patient satisfaction surveys utilized by some of the community health centers (CHCs) in South Carolina were reviewed for this study. It was found that the CHCs in South Carolina all have different survey tools that they utilize to assess patient satisfaction. After reviewing and comparing the sample of CHCs surveys, two common questions were found that could be utilized to assess patient satisfaction in regards to frontline staff.

Patient satisfaction data for this study was collected from already existing patient satisfaction surveys conducted by the community health centers on a regular basis to obtain patient satisfaction scores in relation to experience with frontline staff. Two questions in the patient satisfaction survey were found to be relevant to this study and were utilized. The results of those two questions for each survey collected by the community health center were sent to the principal investigator. Only numerical answers to each of the two questions were collected with no identifying information included.

They were simply numbered and identified as to which community health center they belonged to in order for comparison with the job satisfaction surveys.

The survey that was utilized to determine patient satisfaction as it relates to frontline staff included the following questions:

**Table 3.2 – Patient Satisfaction Survey Questions**

| # | Survey Questions |
|---|------------------|
| 1 | Front desk, check out, billing, medical records staff are friendly and helpful to you. |
| 2 | Front desk, check out, billing, medical records staff answers your questions. |

**Job Satisfaction Data:**

A second cross-sectional survey was created specifically for this study to examine the job satisfaction of frontline staff in each of the participating community health centers in South Carolina. The survey questions were developed utilizing a combination of other surveys used successfully in previous studies conducted for job satisfaction research as well as additional questions that were specific to the research questions of this study. The survey questions were derived from the 2007 National Home Health Aide Survey, the National Nursing Assistant Survey, and Paul Spector's Job Satisfaction Survey (JSS). The survey instrument was paper-based in order to ensure optimal participation.

The survey utilized to determine frontline staff job satisfaction levels includes the following categories and questions. It is important to note that some of the questions were slightly modified by replacing nurses with frontline staff and nursing home with community health center.

**Table 3.3 – Job Satisfaction Survey Questions**

| Key Measure | Survey Questions | Reference |
|-------------|------------------|-----------|
| Recognition | My job is important to the success of our community | Bercovitz, A., Moss, A., Sengupta, M., Harris-Kojetin, L., Squillace, M., Emily, |

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| | health center. | R., & Branden, L. (2010). Design and operation of the national home health aide survey: 2007-2008. *Vital and health statistics. Ser. 1, Programs and collection procedures*(49), 1-94. |
| | | Squillace, M. R., Remsburg, R., Bercovitz, A., Rosenoff, E., & Branden, L. (2007). An introduction to the National Nursing Assistant Survey. *Vital and health statistics. Ser. 1, Programs and collection procedures*(44), 1-54. |
| | My organization rewards or acknowledges me when I do an outstanding job. | Created specifically for this study. |
| Appreciation | My supervisor trusts me to make decisions in my day-to-day work. | Created specifically for this study. |
| | The society/community values and appreciates the work I do as a frontline staff. | Bercovitz, A., Moss, A., Sengupta, M., Harris-Kojetin, L., Squillace, M., Emily, R., & Branden, L. (2010). Design and operation of the national home health aide survey: 2007-2008. *Vital and health statistics. Ser. 1, Programs and collection procedures*(49), 1-94. |
| | | Squillace, M. R., Remsburg, R., Bercovitz, A., Rosenoff, E., & Branden, L. (2007). An introduction to the National Nursing Assistant Survey. *Vital and health statistics. Ser. 1, Programs and collection procedures*(44), 1-54. |
| Advancement | I am satisfied with my chances for promotion/salary increase. | Spector, P. E. (1997). Job satisfaction: Application, assessment, causes, and consequences (Vol. 3): Sage. |
| | I have a chance to gain new skills and knowledge on the job. | Created specifically for this study. |
| Management | My supervisor provides clear instructions when assigning me work. | Bercovitz, A., Moss, A., Sengupta, M., Harris-Kojetin, L., Squillace, M., Emily, R., & Branden, L. (2010). Design and operation of the national home health |

| | aide survey: 2007-2008. *Vital and health statistics. Ser. 1, Programs and collection procedures*(49), 1-94. Squillace, M. R., Remsburg, R., Bercovitz, A., Rosenoff, E., & Branden, L. (2007). An introduction to the National Nursing Assistant Survey. *Vital and health statistics. Ser. 1, Programs and collection procedures*(44), 1-54. | |
|---|---|---|
| | I like to work with my supervisor. | Spector, P. E. (1997). *Job satisfaction: Application, assessment, causes, and consequences* (Vol. 3): Sage. |
| Coworkers | The people I work with are knowledgeable and competent. | Created specifically for this study. |
| | I like working with others in my department. | Created specifically for this study. |
| Patient Relations | Patients respect me as part of the health care team. | Bercovitz, A., Moss, A., Sengupta, M., Harris-Kojetin, L., Squillace, M., Emily, R., & Branden, L. (2010). Design and operation of the national home health aide survey: 2007-2008. *Vital and health statistics. Ser. 1, Programs and collection procedures*(49), 1-94. Squillace, M. R., Remsburg, R., Bercovitz, A., Rosenoff, E., & Branden, L. (2007). An introduction to the National Nursing Assistant Survey. *Vital and health statistics. Ser. 1, Programs and collection procedures*(44), 1-54. |
| | I like working with our patients. | Created specifically for this study. |
| | Patients let me know when I am doing a good job. | Bercovitz, A., Moss, A., Sengupta, M., Harris-Kojetin, L., Squillace, M., Emily, R., & Branden, L. (2010). Design and operation of the national home health aide survey: 2007-2008. *Vital and health statistics. Ser. 1, Programs and collection procedures*(49), 1-94. Squillace, M. R., Remsburg, R., Bercovitz, |

| | | A., Rosenoff, E., & Branden, L. (2007). An introduction to the National Nursing Assistant Survey. *Vital and health statistics. Ser. 1, Programs and collection procedures*(44), 1-54. |
|---|---|---|
| | Patients let me know when they are upset about something. | Created specifically for this study. |
| Pay/Benefits | I feel I am being paid a fair amount for the work I do. | Spector, P. E. (1997). Job satisfaction: Application, assessment, causes, and consequences (Vol. 3): Sage. |
| | I am satisfied with the benefits I receive. | Spector, P. E. (1997). Job satisfaction: Application, assessment, causes, and consequences (Vol. 3): Sage. |

The job satisfaction survey also included additional sections gathering demographic information, details on job tasks, retention and turnover, pay, education level, and likes and dislikes about the job itself.

**Linking Patient and Staff Data:**

A coding system was utilized to identify or label each CHC. Each CHC was identified by a letter and each site by a number. This coding system maintained the confidentiality of the participating CHCs, and their staff. Descriptive information about the participating CHCs is provided in Table 3.4 in ranges in order to ensure confidentiality. The number of medical sites and medical patients that each CHC provides services to on an annual basis are displayed in the table below. Many of the CHCs provide services other than medical such as dental and behavioral health however for this study only medical patients and medical sites were included.

**Table 3.4 – Descriptive Information about Participating CHCs**

| CHC | No. of Medical Sites | Medical Patients/Year | Frontline Staff |
|---|---|---|---|
| CHC A | <=5 | 10,001 to 20,000 | 26 to 50 |
| CHC B | 6 to 10 | less than 10,000 | 0 to 25 |

| | | | |
|---|---|---|---|
| CHC C | <=5 | 10,001 to 20,000 | 26 to 50 |
| CHC D | 11 or more | 30,001 or more | 51 and over |
| CHC E | 6 to 10 | 30,001 or more | 51 and over |
| CHC F | <=5 | 10,001 to 20,000 | 0 to 25 |
| CHC G | 6 to 10 | 10,001 to 20,000 | 0 to 25 |
| CHC H | 11 or more | 10,001 to 20,000 | 51 and over |
| CHC J | <=5 | less than 10,000 | 0 to 25 |
| CHC K | <=5 | less than 10,000 | 0 to 25 |
| CHC L | 6 to 10 | 20,001 to 30,000 | 51 and over |
| CHC M | 11 or more | 20,001 to 30,000 | 26 to 50 |

**Principal Investigator**

The principal investigator (PI) works as the Chief Executive Officer (CEO) of a community health center in South Carolina. Being responsible for providing health care delivery to patients in these clinics, the CEO has firsthand experience of trying to maintain satisfaction levels. The PI also has long-term professional relationship with many other CHCs in the state, which helped to gain the buy-in of the CEOs to allow and encourage their staff to participate in the study.

**Pilot of Job Satisfaction Survey**

A pilot study of the job satisfaction survey was conducted on October 13, 2014. The pilot of the survey was in an effort to measure the survey's content and face validity. Various staff members from different departments at one of the community health centers in the state of South Carolina participated in the pilot. The staff who reviewed and commented on the survey included a Human Resources Director, an administrative assistant and former front office and billing staff member, a frontline manager, a referral staff member, two medical records staff members, the Chief Operations and Billing Officer, and a billing staff member. Each of the employees were asked to review the document and attempt to fill out the survey. They were then asked to provide comments regarding the ease of completion, clarity of questions, and general formatting of the questions. The answers were reviewed and discussed to ensure that it was clear they each understood the intent of the questions when answering them. Suggestions and comments

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were recorded and a few items on the survey were changed as a result. Table 3.5 below lists the suggestions and comments provided regarding the job satisfaction survey.

**Table 3.5 – Suggestions and Comments from Pilot Study**

| # | Sample Responses to the Pilot Study of the Job Satisfaction Survey |
|---|---|
| 1 | It looked good and the directions are informative. No changes need to be made. |
| 2 | On the race and ethnicity section should change Some Other Race to Other. Some Other Race sounds kind of offensive. |
| 3 | Maybe change Don't Know to Neutral. |
| 4 | On the hourly pay question, have two columns of answers as you do in the level of education question. |
| 5 | Under Pay/Benefits/Advancement section two of the questions appear to be the same. *I feel satisfied with my chances for salary increases and *I am satisfied with my chances for promotion. Can you get a promotion without an increase? Suggest to combine these questions into one or remove one of them. |
| 6 | On the "are you a licensed nurse" question change the other option to other type of nurse or nurse without a license. Just other does not make sense. |

**Research Setting and Participants**

There are currently 19 community health centers in the state of South Carolina. Those CHCs have a total of 142 service sites or locations. The community health centers serve approximately 340,737 patients, 314,517 medical patients, and employ 613 frontline staff ((SCPHCA) 2015). The Uniform Data System (UDS) is a national reporting system to which all federally funded health centers must provide data on patients, revenues, staffing, and services. The UDS data indicates that 48% of all health center staffing positions fall within a category other than one for which a professional degree is required in medicine, nursing, psychology, social work, or dentistry. These health center staff positions involve competencies and activities that can be learned on the job and through training programs (Rosenbaum and Shin 2011). Job satisfaction

surveys were completed by the frontline staff at each of the community health center service sites. Frontline staff include individuals whose positions include check in, check out, billing, referrals, and medical records. They are typically 21 or older, have a high school diploma or equivalent, may or may not have work experience in a related occupation, and have a median hourly wage of $12.49. Figure 3.3 displays a map of the state of South Carolina with icons denoting CHC site locations.



**Figure 3.3 – CHC Site Locations in South Carolina ((SCPHCA) 2015)**

**Recruitment of Participants**

A job satisfaction survey was sent to all of the frontline staff of each of the participating CHCs in the state of South Carolina. Each of the community health center CEOs were contacted prior to the surveys being sent to the centers for their approval in

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participation. The South Carolina Primary Health Care Association (SCPHCA) was also approached to provide assistance with encouraging all of the community health centers to participate in the research. The SCPHCA is a unifying organization for community health centers in South Carolina. The mission of the organization is to provide capacity-building services and coordinating initiatives necessary to strengthen community health centers. The SCPHCA also strives to ensure access to community-based health care services to all communities in the state ((SCPHCA) 2015). The findings were presented to the SCPHCA in order that suggestions for ways to improve job satisfaction, patient satisfaction, and/or organizational performance can be communicated with those who may be able to make impactful changes.

After approval, a cover letter and copy of the survey was sent to all participating community health center locations for all of their frontline staff to complete. Participation in the surveys was voluntary. The cover letter described the study and its significance. Each participant was asked to complete the anonymous survey regarding their current position as a frontline health care worker. If they felt uncomfortable being included in the study at any time during the process, they were able to withdraw. There was no penalty for withdrawing from the study or for not answering any question.

The research was reviewed by the Institutional Review Board (IRB) and received an exemption from Human Research Subject Regulations on January 30, 2015. Each participating community health center was provided with its own organizational information. The other CHC's information was de-identified to ensure confidentiality. Additionally, the CEOs were only provided with their organization's total responses as individual responses were not disclosed. Survey results were coded and identified by an ID number and only the research team had access to the information.

Anonymity was assured to all participants. After filling out the survey, each employee placed the completed survey in an unmarked envelope provided to them and dropped the survey into a survey box or envelope placed at each clinic. The employees were assured that their responses to the survey were confidential and would not be revealed to their supervisor or anyone else. Survey results were summarized at CHC

level. Responses were summarized in general categories. There was no compensation for participation in the study.

# CHAPTER FOUR: RESULTS

## Study Population and Response Rate

All 19 CHCs were approached to participate in this study. Each CHC Chief Executive Officer or Executive Director was either approached in person, via email, and/or contacted by telephone to explain the purpose of the study and request their participation. After several attempts to contact all of the CHCs, 12 CHCs participated, 2 declined to participate, and the remaining 5 either did not respond to the emails or phone calls or stated that they would participate, but failed to complete or turn in the surveys. Therefore, the response rate for CHC participation was 12 out of 19, or 63.2%.

The 12 CHCs that participated in the study have 85 medical sites. All of the sites of each CHC may or may not have completed any, one, or both of the surveys required for the study, the frontline job satisfaction survey and the patient satisfaction survey. Study sites for which both frontline job satisfaction and patient satisfaction surveys were not received were not included in the analysis. At one center, with 22 sites, all sites participated however some of the surveys were not labeled by site. These surveys were retained in a category labeled by the CHC code and the site name of "Other". Of the 85 medical sites, 74 medical sites completed and submitted both surveys and were include in the study. Therefore, the response rate for CHC medical site participation was 74 out of 85, or 87.1%.

There are a total of 613 frontline staff members at the 19 CHCs in South Carolina. The 12 CHCs that participated in the study have a total of 430 frontline staff members and of those 303 completed surveys. Therefore, the response rate for frontline staff participation in the study was 303 out of 430, or 70.5%.

The 19 CHCs in South Carolina provide services to a total of 314,517 medical patients with 1,047,312 medical visits each year. The 12 CHCs that participated in the study provide services to a total of 218,887 medical patients with 740,673 medical visits each year. The total number of patients seen within the average reporting period of one month that each CHCs patient satisfaction surveys represent is 18,241. The total number of patients that completed patient satisfaction surveys for this study was 4689. Therefore, the response rate for the patient satisfaction surveys was 4689 out of 18,241, or 25.7%. Nationally, there is about a 30% response rate to patient satisfaction surveys however it is biased toward the more highly educated (Sternberg 2015).

**Demographic Information**

A total of 303 frontline staff at 12 community health centers (shown as CHC-A to CHC-M) completed job satisfaction surveys. Table 4.1 shows the demographics of the frontline staff at these CHCs.

The majority (51.5%) of the frontline staff that completed the survey were between the ages of 20 and 39 while 37.3% were between the ages of 40 and 59. Most of the staff were also female (89.4%). The respondents were also 44.2% African American, 35.3% Caucasian, and 10.6% Hispanic. Most of the frontline staff reported having a college degree or more (36%), 26.7% had a high school diploma or less, and 25.1% had some college.

**Table 4.1 – Frontline Staff Demographic Information**

| Participating CHCs | | CHC A | CHC B | CHC C | CHC D | CHC E | CHC F | CHC G | CHC H | CHC J | CHC K | CHC L | CHC M | ALL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N (number of respondents) | 27 | 12 | 33 | 83 | 33 | 14 | 14 | 13 | 10 | 2 | 30 | 32 | 303 |
| Age (%) | 20 - 39 years | 51.9 | 41.7 | 54.5 | 50.6 | 60.6 | 78.6 | 57.1 | 46.2 | 20 | 0 | 20 | 75 | 51.5 |
| | 40 - 59 years | 29.6 | 58.3 | 21.2 | 44.6 | 33.3 | 21.4 | 28.6 | 38.5 | 50 | 100 | 56.7 | 21.9 | 37.3 |
| | 60 years & up | 11.1 | 0 | 18.2 | 4.8 | 0 | 0 | 7.1 | 7.7 | 20 | 0 | 13.3 | 3.1 | 7.3 |
| | Did not answer | 7.4 | 0 | 6.1 | 0 | 6.1 | 0 | 7.1 | 7.7 | 10 | 0 | 10 | 0 | 4 |
| Gender (%) | Male | 0 | 0 | 0 | 3.6 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 3.1 | 1.7 |
| | Female | 100 | 83.3 | 90.9 | 86.7 | 87.9 | 92.9 | 92.9 | 84.6 | 70 | 100 | 93.3 | 90.6 | 89.4 |
| | Did not answer | 0 | 16.7 | 9.1 | 9.6 | 9.1 | 7.1 | 7.1 | 15.4 | 30 | 0 | 6.7 | 6.3 | 8.9 |
| Race or ethnicity (%) | Black/African American | 25.9 | 83.3 | 39.4 | 55.4 | 57.6 | 14.3 | 71.4 | 76.9 | 60 | 50 | 10 | 21.9 | 44.2 |
| | White/Caucasian | 55.6 | 16.7 | 27.3 | 22.9 | 33.3 | 42.9 | 7.1 | 7.7 | 30 | 50 | 70 | 56.3 | 35.3 |
| | Hispanic/Latino | 3.7 | 0 | 12.1 | 13.3 | 0 | 14.3 | 7.1 | 7.7 | 0 | 0 | 16.7 | 21.9 | 10.6 |
| | Other | 7.4 | 0 | 15.2 | 2.4 | 3 | 21.4 | 0 | 0 | 10 | 0 | 0 | 0 | 4.6 |
| | Did not answer | 7.4 | 0 | 6.1 | 6 | 6.1 | 7.1 | 14.3 | 7.7 | 0 | 0 | 3.3 | 0 | 5.3 |
| Education Level (%) | High School / GED or less | 22.2 | 41.7 | 18.2 | 33.7 | 15.2 | 7.1 | 21.4 | 30.8 | 10 | 0 | 43.3 | 28.1 | 26.7 |
| | Some College | 37 | 8.3 | 60.6 | 16.9 | 24.2 | 28.6 | 35.7 | 23.1 | 0 | 50 | 6.7 | 25 | 25.1 |
| | College Degree or More | 33.3 | 25 | 15.2 | 34.9 | 51.5 | 64.3 | 28.6 | 38.5 | 50 | 50 | 33.3 | 37.5 | 36 |
| | Other | 3.7 | 16.7 | 0 | 12 | 3 | 0 | 14.3 | 0 | 20 | 0 | 10 | 9.4 | 7.9 |
| | Did not answer | 3.7 | 8.3 | 6.1 | 2.4 | 6.1 | 0 | 0 | 7.7 | 20 | 0 | 6.7 | 0 | 4.3 |

Note: CHC-I, which had initially agreed to participate in the study, did not send in the Front Line Staff Satisfaction Surveys. Therefore, the demographic and other data from CHC-I has been excluded.

**Job Characteristics**

The Frontline staff at each participating CHC were asked about different aspects of their current job including hourly pay, tenure, training, and major job responsibilities. Table 4.2 shows the job characteristics of the frontline staff at these CHCs. Forty percent of respondents reported that they made between $11.00 and $12.99 per hour while 27% reported making between $13.00 and $14.99. The average time worked as a frontline staff prior to working for their current organization was 101 months (a little over 8 years). The average time worked as a frontline staff at their current organization was 54 months (approximately 4 ½ years). Most respondents (90 frontline staff) reported that they were self-trained or received no training while 56 respondents reported that they had medical office assistant certification, 39 reported that they were certified nursing assistants, and 17 reported that they had coding certification and/or training. The average number of key job responsibilities frontline staff reported having in their current position was 5. The most common job responsibilities among respondents were answering phones, scheduling appointments, and checking patients in and out, all with more than 200 respondents reporting these duties. Over 100 frontline staff reporting job responsibilities of collecting insurance and demographic information, collecting co-payments, handling medical record requests, and taking or responding to patient complaints.

**Table 4.2 – Frontline Staff Job Characteristics**

| | | CHC A | CHC B | CHC C | CHC D | CHC E | CHC F | CHC G | CHC H | CHC J | CHC K | CHC L | CHC M | ALL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N (number of respondents) | 27 | 12 | 33 | 83 | 33 | 14 | 14 | 13 | 10 | 2 | 30 | 32 | 303 |
| Hourly Pay (%) | $8.99 or below | 11 | 0 | 3 | 0 | 0 | 7 | 0 | 0 | 20 | 0 | 0 | 0 | 2 |
| | $9.00 - $10.99 | 44 | 58 | 21 | 0 | 3 | 7 | 0 | 8 | 0 | 50 | 0 | 3 | 10 |
| | $11.00 - $12.99 | 22 | 17 | 34 | 29 | 33 | 50 | 57 | 62 | 40 | 50 | 53 | 70 | 40 |
| | $13.00 - $14.99 | 15 | 25 | 6 | 59 | 31 | 14 | 22 | 15 | 10 | 0 | 10 | 9 | 27 |
| | $15.00 or more | 4 | 0 | 12 | 4 | 15 | 15 | 21 | 0 | 0 | 0 | 23 | 9 | 9 |
| | Did not answer | 4 | 0 | 24 | 8 | 18 | 7 | 0 | 15 | 30 | 0 | 14 | 9 | 12 |
| Average Tenure (months) | Time worked as FLS previously | 100 | 113 | 87 | 77 | 77 | 69 | 148 | 136 | 135 | 0 | 156 | 108 | 101 |
| | Time worked as FLS at this organization | 49 | 77 | 58 | 45 | 27 | 22 | 119 | 59 | 103 | 18 | 39 | 68 | 54 |
| Training / Certification (number of responses, respondents were instructed to check all that apply) | None/self-trained | 15 | 2 | 12 | 18 | 11 | 1 | 2 | 3 | 3 | 1 | 9 | 13 | 90 |
| | Medical office assistant | 4 | 2 | 4 | 12 | 8 | 2 | 6 | 3 | 2 | 1 | 5 | 7 | 56 |
| | Certified nursing assistant | 2 | 5 | 7 | 13 | 3 | 1 | 2 | 2 | 1 | 0 | 0 | 3 | 39 |
| | Coding | 1 | 0 | 1 | 8 | 2 | 3 | 0 | 1 | 0 | 0 | 0 | 1 | 17 |
| | Licensed practical nurse | 1 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 5 | 0 | 9 |
| | Registered nurse | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| | Other | 3 | 7 | 8 | 34 | 10 | 6 | 6 | 2 | 5 | 1 | 6 | 10 | 98 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total | 26 | 16 | 32 | 85 | 34 | 14 | 18 | 11 | 11 | 3 | 26 | 34 | 310 |
| | Average # of Job Responsibilities per FLS | 4.44 | 7.08 | 3.12 | 4.84 | 4.27 | 4.29 | 5.93 | 5.38 | 5.70 | 7.50 | 6.20 | 6.50 | 5.05 |
| Job Responsibilities (number of responses, respondents were instructed to check all that apply) | Answering phones | 20 | 12 | 19 | 61 | 22 | 8 | 13 | 12 | 9 | 2 | 28 | 28 | 234 |
| | Scheduling appointments | 17 | 12 | 14 | 55 | 23 | 8 | 12 | 10 | 9 | 2 | 25 | 31 | 218 |
| | Checking patients in or out | 14 | 12 | 12 | 53 | 22 | 7 | 10 | 10 | 8 | 2 | 25 | 28 | 203 |
| | Collecting insurance / demographic data | 15 | 11 | 12 | 53 | 18 | 6 | 9 | 10 | 7 | 2 | 21 | 26 | 190 |
| | Collecting co-payments | 12 | 12 | 10 | 49 | 19 | 6 | 8 | 10 | 7 | 2 | 20 | 26 | 181 |
| | Medical records requests | 11 | 9 | 6 | 39 | 7 | 8 | 10 | 7 | 7 | 2 | 18 | 22 | 146 |
| | Handling patient complaints | 11 | 5 | 8 | 30 | 13 | 4 | 9 | 8 | 2 | 0 | 21 | 23 | 134 |
| | Billing | 6 | 8 | 7 | 7 | 8 | 5 | 3 | 2 | 4 | 1 | 10 | 6 | 67 |
| | Referrals | 7 | 0 | 8 | 20 | 2 | 3 | 4 | 0 | 1 | 0 | 9 | 5 | 59 |
| | Other | 7 | 4 | 7 | 35 | 7 | 5 | 5 | 1 | 3 | 2 | 9 | 13 | 98 |
| | Total | 120 | 85 | 103 | 402 | 141 | 60 | 83 | 70 | 57 | 15 | 186 | 208 | 1530 |

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**Research Question #1**

RQ1 - What is the current level of job satisfaction among frontline staff in CHCs?

One question in the frontline staff survey specifically addressed the first research question. The question in the survey asked frontline staff, "Overall, how satisfied are you with your job?". Responses were provided utilizing a 5 point Likert Scale with an additional option of Not Sure. Only 27.1% of respondents reported being very satisfied with their current job as a frontline staff member at a community health center. Approximately 62.8% frontline staff reported less than optimal satisfaction with their current job answering the question with a response of 2 (Satisfied), 3 (Neutral), 4 (Dissatisfied), 5 (Very Dissatisfied), or Not Sure. Finally, 10.2% of frontline staff who completed the job satisfaction survey failed to answer the question. Table 4.3 displays the detailed results of responses to this particular survey question by organization.

The two organizations that had the highest percentage of optimal job satisfaction were CHC M at 46.9% and CHC G at 35.7%. CHC K had 50% of frontline staff reporting being Very Satisfied; however CHC K only had two employees complete the survey. The majority of frontline staff reported less than optimal satisfaction with their jobs at many of the participating organizations. The community health centers with the highest rate of frontline staff who were not very satisfied with their jobs were CHC F (85.7% of 14 respondents), CHC H (84.6% of 13 respondents), and CHC L at (76.7% of 30 respondents).

**Table 4.3 – Q: Overall, how satisfied are you with your job? (N=303, %)**

| | N | 1 (Very satisfied) | 2 (Satisfied) | 3 (Neutral) | 4 (Dissatisfied) | 5 (Very dissatisfied) | Not Sure | Missing |
|---|---|---|---|---|---|---|---|---|
| CHC A | 27 | 25.9 | 40.7 | 11.1 | 0.0 | 0.0 | 0.0 | 22.2 |
| CHC B | 12 | 16.7 | 8.3 | 50.0 | 0.0 | 0.0 | 0.0 | 25.0 |
| CHC C | 33 | 15.2 | 39.4 | 21.2 | 9.1 | 0.0 | 0.0 | 15.2 |
| CHC D | 83 | 31.3 | 33.7 | 22.9 | 4.8 | 3.6 | 0.0 | 3.6 |
| CHC E | 33 | 30.3 | 39.4 | 15.2 | 0.0 | 0.0 | 0.0 | 15.2 |
| CHC F | 14 | 14.3 | 42.9 | 42.9 | 0.0 | 0.0 | 0.0 | 0.0 |
| CHC G | 14 | 35.7 | 0.0 | 42.9 | 14.3 | 0.0 | 0.0 | 7.1 |
| CHC H | 13 | 15.4 | 53.8 | 15.4 | 15.4 | 0.0 | 0.0 | 0.0 |
| CHC J | 10 | 10.0 | 30.0 | 40.0 | 0.0 | 0.0 | 0.0 | 20.0 |
| CHC K | 2 | 50.0 | 0.0 | 50.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| CHC L | 30 | 20.0 | 33.3 | 36.7 | 6.7 | 0.0 | 0.0 | 3.3 |
| CHC M | 32 | 46.9 | 15.6 | 15.6 | 6.3 | 0.0 | 0.0 | 15.6 |
| ALL | 303 | 27.1 | 32.0 | 24.8 | 5.0 | 1.0 | 0.0 | 10.2 |

### Research Question #2

RQ2 - What factors do frontline staff in CHCs report that suggest that they are satisfied/dissatisfied in their current position?

This research question was addressed with the frontline staff job satisfaction survey administered in community health centers in South Carolina as well. The majority of the questions on the survey were utilized to determine what factors relate to those answering the survey being satisfied or dissatisfied with their current position. Factors are in categories of recognition, appreciation, management, co-workers, patient relations, advancement, and pay/benefits of which are based upon previous research. Also, open ended questions ask about what frontline staff like most and least about their job. Finally,

additional questions ask about their intent to leave and why they would choose to leave or stay.

Table 4.4 displays survey question results for each job factor for the frontline staff at all participating CHCs. Individual CHC results can be found in Appendix C. The results are first grouped by the job factors they address based upon previous literature and research of factors leading nurses and providers to be satisfied or dissatisfied with their jobs. These questions and factors are then grouped by Hertzberg's Motivator and Hygiene Factors. Responses were provided utilizing a 5 point Likert Scale with an additional option of Not Sure. Responses ranged from 1 (Strongly Agree) to 5 (Strongly Disagree).

Most frontline staff strongly agreed that their jobs were important (73.9%), their supervisors trust them to make decisions (57.1%), they like to work with their supervisor (58.1%), they like working with their coworkers (63.4%), they like working with the patients (59.4%), and patients let them know when they are upset about something (64.7%). Only a slight majority of respondents (51.8%) strongly agreed that their supervisors provide clear instructions when assigning them work. The majority of frontline staff did not strongly agree that their organization rewards or acknowledges them when they do a good job (75.6%), that they are satisfied with their chances for promotion (83.8%), that they have a chance to gain new skills and knowledge on the job (68.3%), that they are being paid a fair amount (87.1%), and that they are satisfied with the benefits they receive (78.2%). A slight majority of respondents did not strongly agree that society and the community values and appreciates the work they do (55.8%), that the people they work with are knowledgeable and competent (53.5%), that patients respect them as part of the health care team (54.1%), and that patients let them know when they are doing a good job (56.1%).

**Table 4.4 – Respondent Perception of Job Factors Potentially Related to Satisfaction (N=303, %)**

| | | 1 (Strongly Agree) | 2 (Agree) | 3 (Neutral) | 4 (Disagree) | 5 (Strongly Disagree) | Not Sure | Missing |
|---|---|---|---|---|---|---|---|---|

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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Motivator Factors** | | | | | | | | |
| Recognition | Q1. My job is important to the success of our community health center. | 73.9 | 15.8 | 5.9 | 1.0 | 2.0 | 0.0 | 1.3 |
| | Q2. My organization rewards or acknowledges me when I do an outstanding job. | 19.8 | 17.2 | 32.0 | 15.2 | 11.2 | 0.0 | 4.6 |
| Appreciation | Q1. My supervisor trusts me to make decisions in my day-to-day work. | 57.1 | 20.8 | 13.9 | 1.7 | 3.0 | 0.0 | 3.6 |
| | Q2. The society/ community values and appreciates the work I do as a frontline staff. | 36.3 | 28.7 | 18.8 | 5.9 | 2.3 | 0.0 | 7.9 |
| Advancement | Q1. I am satisfied with my chances for promotion/ salary increase. | 14.5 | 18.8 | 27.1 | 15.8 | 15.8 | 6.3 | 1.7 |
| | Q2. I have a chance to gain new skills and knowledge on the job. | 30.4 | 25.7 | 23.8 | 11.6 | 5.6 | 1.7 | 1.3 |
| **Hygiene Factors** | | | | | | | | |
| Management | Q1. My supervisor provides clear instructions when assigning me work. | 51.8 | 23.8 | 14.2 | 5.0 | 2.6 | 1.3 | 1.3 |
| | Q2. I like to work with my supervisor. | 58.1 | 21.8 | 10.9 | 3.6 | 3.3 | 1.7 | 0.7 |
| Coworkers | Q1. The people I work with are knowledgeable and competent. | 45.5 | 33.7 | 13.5 | 4.6 | 1.3 | 0.3 | 1.0 |
| | Q2. I like working with others in my department. | 63.4 | 24.1 | 8.6 | 2.3 | 1.3 | 0.3 | 0.0 |
| Patient Relations | Q1. Patients respect me as part of the health care team. | 44.6 | 27.7 | 14.9 | 5.3 | 2.3 | 4.0 | 1.3 |
| | Q2. I like working with our patients. | 59.4 | 26.1 | 9.2 | 2.6 | 1.0 | 0.7 | 1.0 |
| | Q3. Patients let me know when I am doing a good job. | 42.9 | 28.1 | 17.5 | 5.6 | 2.6 | 2.3 | 1.0 |
| | Q4. Patients let me know when they are upset about something. | 64.7 | 21.5 | 7.6 | 1.7 | 2.0 | 2.3 | 0.3 |

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| Pay/Benefits | Q1. I feel I am being paid a fair amount for the work I do. | 10.6 | 19.8 | 25.7 | 21.1 | 17.8 | 2.6 | 2.3 |
|---|---|---|---|---|---|---|---|---|
| | Q2. I am satisfied with the benefits I receive. | 20.8 | 28.4 | 27.7 | 10.2 | 9.6 | 2.3 | 1.0 |

Table 4.5 displays the relationship between the responses to the individual job factor survey questions and the responses to the overall job satisfaction question. This information will show of those who strongly agreed with each job factor survey question, what percentage were very satisfied with their job. The table will also show of those who gave all other responses ranging from (2) Agree to Not Sure, what percent were very satisfied with their job. Missing responses were not used in this analysis.

The motivator factors of job satisfaction that the survey addressed were recognition, appreciation, and advancement. Among FLS who perceived their job as important to the success of the organization, 36.45% were very satisfied with their job, while among those who did not perceive their job as important, only 10% were very satisfied (P<.0001). Among FLS who strongly agreed that their organization rewards or acknowledges them when they do an outstanding job, 72.41% were very satisfied with their job, while among those who did not think they were rewarded or acknowledged, only 18.31% were very satisfied (P<.0001). Of the FLS that believed their supervisor trusts them to make decisions in their day-to-day work, 43.95% were very satisfied with their job, while among those who did not think their supervisor trusts them to make decisions, only 9.82% were very satisfied (P<.0001). Of those FLS that believed society and the community values and appreciates the work they do, 43% were very satisfied with their job, while among those who did not believe they were valued and appreciated, only 22.54% were very satisfied (P<.0004). Among FLS who were satisfied with their chances for promotion or salary increases, 73.81% were very satisfied with their job, while among those who were not very satisfied with their chances for promotion or salary increases, only 22.08% were very satisfied with their job (P<.0001). Among FLS who strongly agreed that they have a chance to gain new skills and knowledge on the job, 55.42% were very satisfied with their job, while among those who did not believe they

have a chance to gain new skills and knowledge on the job, only 18.42% were very satisfied (P<.0001).

The hygiene factors of job satisfaction that the survey addressed were management, coworkers, patient relations, and pay and benefits. Among FLS who strongly agreed that their supervisor provides clear instructions when assigning them work, 45.52% were very satisfied with their job, while among those who did not think their supervisor provides clear instructions, only 12.5% were very satisfied (P<.0001). Among FLS who strongly agreed that they liked working with their supervisor, 43.21 % were very satisfied with their job, while among those who did not working with their supervisor, only 10.81% were very satisfied (P<.0001). Of the FLS that believed the people they work with are knowledgeable and competent, 51.61% were very satisfied with their job, while among those who did not believe their coworkers were knowledgeable and competent, only 12.16% were very satisfied (P<.0001). Of those FLS that liked working with others in their department, 42.53% are very satisfied with their job, while among those who did not like working with their coworkers, only 8% were very satisfied (P<.0001). Among FLS who believe that patients respect them as part of the health care team, 45.90% were very satisfied with their job, while among those who did not think patients respected them, only 17.33% were very satisfied (P<.0001). Among FLS who like working with the patients, 41.61% were very satisfied with their job, while among those who did not like working with the patients, only 13.51% were very satisfied (P<.0001). Of the FLS that strongly agree that patients let them know when they are doing a good job, 44.44% were very satisfied with their job, while among those who did not believe that patients let them know when they are doing a good job, only 19.23% were very satisfied (P<.0001). There was not a significant relationship between whether or not FLS agreed that patients let them know when they are upset about something and their overall job satisfaction (P=0.0815). Of those FLS that strongly agree that they are being paid a fair amount, 81.25% are very satisfied with their job, while among those who do not feel they are being paid a fair amount, only 23.33% were very satisfied (P<.0001). Finally, of those FLS that strongly agree that they are satisfied with the

benefits they receive, 67.8% are very satisfied with their job, while of those who are not satisfied with the benefits, only 19.53% were very satisfied with their job (P<.0001).

**Table 4.5 – Job Factors Associated with Job Satisfaction (Cross-tabulation, N=303)**

| | | | Overall Job Satisfaction | | |
|---|---|---|---|---|---|
| | | | Very Satisfied | All Other Responses | P Value |
| Motivator Job Factors | | | | | |
| Recognition | Q1. My job is important to the success of our community health center. | Strongly Agree | 36.45% | 63.55% | <.0001 |
| | | All Other Responses | 10.00% | 90.00% | |
| | Q2. My organization rewards or acknowledges me when I do an outstanding job. | Strongly Agree | 72.41% | 27.59% | <.0001 |
| | | All Other Responses | 18.31% | 81.69% | |
| Appreciation | Q1. My supervisor trusts me to make decisions in my day-to-day work. | Strongly Agree | 43.95% | 56.05% | <.0001 |
| | | All Other Responses | 9.82% | 90.18% | |
| | Q2. The society/community values and appreciates the work I do as a frontline staff. | Strongly Agree | 43.00% | 57.00% | 0.0004 |
| | | All Other Responses | 22.54% | 77.46% | |
| Advancement | Q1. I am satisfied with my chances for promotion/salary increase. | Strongly Agree | 73.81% | 26.19% | <.0001 |
| | | All Other Responses | 22.08% | 77.92% | |
| | Q2. I have a chance to gain new skills and knowledge on the job. | Strongly Agree | 55.42% | 44.58% | <.0001 |
| | | All Other Responses | 18.42% | 81.58% | |
| Hygiene Job Factors | | | | | |
| Management | Q1. My supervisor provides clear instructions when assigning me work. | Strongly Agree | 45.52% | 54.48% | <.0001 |
| | | All Other Responses | 12.50% | 87.50% | |
| | Q2. I like to work with my supervisor. | Strongly Agree | 43.21% | 56.79% | <.0001 |
| | | All Other Responses | 10.81% | 89.19% | |
| Coworkers | Q1. The people I work with are knowledgeable and competent. | Strongly Agree | 51.61% | 48.39% | <.0001 |
| | | All Other Responses | 12.16% | 87.84% | |
| | Q2. I like working with others in my department. | Strongly Agree | 42.53% | 57.47% | <.0001 |
| | | All Other Responses | 8.00% | 92.00% | |

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| | | | | |
|---|---|---|---|---|---|
| Patient Relations | Q1. Patients respect me as part of the health care team. | Strongly Agree | 45.90% | 54.10% | <.0001 |
| | | All Other Responses | 17.33% | 82.67% | |
| | Q2. I like working with our patients. | Strongly Agree | 41.61% | 58.39% | <.0001 |
| | | All Other Responses | 13.51% | 86.49% | |
| | Q3. Patients let me know when I am doing a good job. | Strongly Agree | 44.44% | 55.56% | <.0001 |
| | | All Other Responses | 19.23% | 80.77% | |
| | Q4. Patients let me know when they are upset about something. | Strongly Agree | 33.52% | 66.48% | 0.0815 |
| | | All Other Responses | 23.47% | 76.53% | |
| Pay/Benefits | Q1. I feel I am being paid a fair amount for the work I do. | Strongly Agree | 81.25% | 18.75% | <.0001 |
| | | All Other Responses | 23.33% | 76.67% | |
| | Q2. I am satisfied with the benefits I receive. | Strongly Agree | 67.80% | 32.20% | <.0001 |
| | | All Other Responses | 19.53% | 80.47% | |

Table 4.6 displays responses to the survey question, "If you could choose whether to become a frontline staff again, would you do so?". Responses were provided utilizing a 5 point Likert Scale with an additional option of Not Sure. Responses ranged from 1 (Definitely) to 5 (Definitely Not). The percentage of individuals for each response is displayed for each participating CHC.

Among frontline staff (FLS) that participated in the study, 37.3% would definitely become a FLS again. Most respondents (54.5%) were not absolutely sure that they would become a FLS again answering the question with a response of 2 (Probably), 3 (Neutral), 4 (Probably Not), or Not Sure. Approximately 5% of respondents would definitely not become a FLS again. Finally, 3.3% of frontline staff who completed the job satisfaction survey failed to answer the question.

The organization that had the highest percentage of respondents that would choose to become frontline staff workers again was CHC H at 61.5%. The organization with the second highest percentage of respondents that would definitely choose to become frontline staff workers again was CHC M at 46.99%. CHC K had 50% of respondents

report that they would definitely choose to become a FLS again however there were only two employees that participated in the study. The organizations with the lowest percentages of respondents that would absolutely choose to become frontline staff workers again were CHC L at 20%, CHC C at 21.2%, and CHC A at 25.9%.

**Table 4.6 – Q: If you could choose whether to become a frontline staff again, would you do so? (N=303, organized by organization, %)**

| CHC | N | 1 (Definitely) | 2 (Probably) | 3 (Neutral) | 4 (Probably Not) | 5 (Definitely Not) | Not Sure | Missing |
|---|---|---|---|---|---|---|---|---|
| CHC A | 27 | 25.9 | 33.3 | 22.2 | 7.4 | 0.0 | 7.4 | 3.7 |
| CHC B | 12 | 41.7 | 0.0 | 25.0 | 8.3 | 16.7 | 0.0 | 8.3 |
| CHC C | 33 | 21.2 | 27.3 | 18.2 | 15.2 | 6.1 | 12.1 | 0.0 |
| CHC D | 83 | 39.8 | 30.1 | 12.0 | 4.8 | 8.4 | 4.8 | 0.0 |
| CHC E | 33 | 45.5 | 21.2 | 12.1 | 6.1 | 3.0 | 12.1 | 0.0 |
| CHC F | 14 | 42.9 | 21.4 | 21.4 | 7.1 | 0.0 | 7.1 | 0.0 |
| CHC G | 14 | 42.9 | 21.4 | 7.1 | 0.0 | 0.0 | 21.4 | 7.1 |
| CHC H | 13 | 61.5 | 30.8 | 7.7 | 0.0 | 0.0 | 0.0 | 0.0 |
| CHC J | 10 | 40.0 | 30.0 | 10.0 | 0.0 | 0.0 | 0.0 | 20.0 |
| CHC K | 2 | 50.0 | 50.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| CHC L | 30 | 20.0 | 26.7 | 23.3 | 23.3 | 3.3 | 3.3 | 0.0 |
| CHC M | 32 | 46.9 | 12.5 | 3.1 | 6.3 | 6.3 | 9.4 | 15.6 |
| ALL | 303 | 37.3 | 25.1 | 14.2 | 7.9 | 5.0 | 7.3 | 3.3 |

Table 4.7 displays responses to the survey question, "If you could choose whether to take your current job with this organization again, would you do so?". Responses were provided utilizing a 5 point Likert Scale with an additional option of Not Sure. Responses ranged from 1 (Definitely) to 5 (Definitely Not). The percentage of individuals for each response is displayed for each participating CHC.

Among the frontline staff (FLS) that participated in the study, 39.6% would definitely take their current job with the organization again. Most respondents 56% of frontline staff reported that they were not sure if they would take their current job with their organization again answering the question with a response of 2 (Probably), 3 (Neutral), 4 (Probably Not), or Not Sure. Approximately 3% of respondents reported that they would definitely not take their current job again. Finally, 1.3% of frontline staff who completed the job satisfaction survey failed to answer the question.

CHC H (53.8%) and CHC M (56.3%) had the highest percentages of respondents that would definitely choose to take their current job with their organization again. The organizations with the lowest percentages of respondents that would choose to take their current job with their organization again were CHC B at 25% and CHC F at 14.3%.

**Table 4.7 – Q: If you could choose whether to take your current job with this organization again, would you do so? (N=303, organized by organization, %)**

| CHC | N | 1 (Definitely) | 2 (Probably) | 3 (Neutral) | 4 (Probably Not) | 5 (Definitely Not) | Not Sure | Missing |
|---|---|---|---|---|---|---|---|---|
| CHC A | 27 | 37.0 | 29.6 | 18.5 | 0.0 | 0.0 | 11.1 | 3.7 |
| CHC B | 12 | 25.0 | 25.0 | 41.7 | 0.0 | 0.0 | 8.3 | 0.0 |
| CHC C | 33 | 36.4 | 24.2 | 24.2 | 3.0 | 0.0 | 12.1 | 0.0 |
| CHC D | 83 | 41.0 | 19.3 | 27.7 | 2.4 | 3.6 | 6.0 | 0.0 |
| CHC E | 33 | 45.5 | 33.3 | 9.1 | 3.0 | 6.1 | 3.0 | 0.0 |
| CHC F | 14 | 14.3 | 42.9 | 21.4 | 0.0 | 7.1 | 14.3 | 0.0 |
| CHC G | 14 | 35.7 | 28.6 | 14.3 | 7.1 | 0.0 | 7.1 | 7.1 |
| CHC H | 13 | 53.8 | 15.4 | 7.7 | 7.7 | 7.7 | 0.0 | 7.7 |
| CHC J | 10 | 40.0 | 40.0 | 0.0 | 10.0 | 0.0 | 0.0 | 10.0 |
| CHC K | 2 | 50.0 | 0.0 | 0.0 | 0.0 | 0.0 | 50.0 | 0.0 |
| CHC L | 30 | 30.0 | 26.7 | 20.0 | 16.7 | 3.3 | 3.3 | 0.0 |
| CHC M | 32 | 56.3 | 25.0 | 6.3 | 3.1 | 3.1 | 6.3 | 0.0 |
| ALL | 303 | 39.6 | 25.7 | 19.1 | 4.3 | 3.0 | 6.9 | 1.3 |

Table 4.8 displays responses to the survey question, "How likely is it that you will leave this job at the organization in the next year or so?". Responses were provided utilizing a 5 point Likert Scale with an additional option of Not Sure. Responses ranged from 1 (Definitely) to 5 (Definitely Not). The percentage of individuals for each response is displayed for each participating CHC.

Among those frontline staff that participated in the study, 35.3% reported that they definitely would not leave their job at the organization in the next year. A majority of respondents (57.4%) reported that they are not completely sure if they will leave their job as a frontline staff worker at their organization in the next year. These individuals responded to the question, with a response of 2 (Probably), 3 (Neutral), 4 (Probably Not), or Not Sure. Almost six percent (5.9%) of frontline staff reported that they will definitely leave their job in the next year. Finally, 1.3% of frontline staff who completed the job satisfaction survey failed to answer the question.

The organization that had the highest percentage of respondents report they definitely will not leave their current job at their organization in the next year or so was CHC E at 51.5% followed by CHC M at 46.9% and CHC A at 44.4%. CHC J at 10% had the largest percentage of FLS report that they will definitely leave their job at the organization in the next year or so followed by CHC M at 9.4%. CHC K (100%), CHC F (92.9%), and CHC H (92.3%) had the highest percentages of FLS that were not completely sure if they will leave their job as a frontline staff worker at their organization in the next year. Again, these individuals responded to the question, with a response of 2 (Probably), 3 (Neutral), 4 (Probably Not), or Not Sure.

**Table 4.8 – Q: How likely is it that you will leave this job at the organization in the next year or so? (N=303, organized by organization, %)**

| CHC | N | 1 (Definitely) | 2 (Probably) | 3 (Neutral) | 4 (Probably Not) | 5 (Definitely Not) | Not Sure | Missing |
|---|---|---|---|---|---|---|---|---|
| CHC A | 27 | 3.7 | 3.7 | 22.2 | 11.1 | 44.4 | 11.1 | 3.7 |
| CHC B | 12 | 8.3 | 0.0 | 33.3 | 8.3 | 33.3 | 16.7 | 0.0 |

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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| CHC C | 33 | 3.0 | 3.0 | 12.1 | 30.3 | 27.3 | 21.2 | 3.0 |
| CHC D | 83 | 7.2 | 8.4 | 13.3 | 21.7 | 36.1 | 13.3 | 0.0 |
| CHC E | 33 | 6.1 | 6.1 | 9.1 | 12.1 | 51.5 | 15.2 | 0.0 |
| CHC F | 14 | 0.0 | 28.6 | 0.0 | 50.0 | 7.1 | 14.3 | 0.0 |
| CHC G | 14 | 7.1 | 0.0 | 0.0 | 14.3 | 35.7 | 42.9 | 0.0 |
| CHC H | 13 | 0.0 | 0.0 | 38.5 | 46.2 | 7.7 | 7.7 | 0.0 |
| CHC J | 10 | 10.0 | 20.0 | 10.0 | 10.0 | 30.0 | 10.0 | 10.0 |
| CHC K | 2 | 0.0 | 0.0 | 50.0 | 0.0 | 0.0 | 50.0 | 0.0 |
| CHC L | 30 | 6.7 | 10.0 | 26.7 | 16.7 | 33.3 | 6.7 | 0.0 |
| CHC M | 32 | 9.4 | 0.0 | 12.5 | 12.5 | 46.9 | 15.6 | 3.1 |
| ALL | 303 | 5.9 | 6.6 | 15.5 | 20.1 | 35.3 | 15.2 | 1.3 |

Table 4.9 displays the relationship between the responses to the individual job factor survey questions and the responses to the question, "If you could choose whether to become a frontline staff again, would you do so?". This information will show of those who strongly agreed with each job factor survey question, what percentage would definitely become a frontline staff again. The table will also show of those who gave all other responses ranging from (2) Agree to Not Sure, what percent would definitely become a frontline staff again. Missing responses were not used in this analysis.

The motivator factors of job satisfaction that the survey addressed were recognition, appreciation, and advancement. Among FLS who perceived their job as important to the success of the organization, 45.87% would definitely choose to become a FLS worker again, while among those who did not perceive their job as important, only 17.57% would definitely choose to become a FLS worker again (P<.0001). Among FLS who strongly agreed that their organization rewards or acknowledges them when they do an outstanding job, 71.19% would definitely choose to become a FLS worker again, while among those who did not think they were rewarded or acknowledged, only 30.3% would become a FLS worker again (P<.0001). Of the FLS that believed their supervisor trusts them to make decisions in their day-to-day work, 51.19% would definitely choose

to become a FLS worker again, while among those who did not think their supervisor trusts them to make decisions, only 21.49% would become a FLS worker again (P<.0001). Of those FLS that believed society and the community values and appreciates the work they do, 54.63% would definitely choose to become a FLS worker again, while among those who did not believe they were valued and appreciated, only 29.35% would become a FLS worker again (P<.0001). Among FLS who were satisfied with their chances for promotion or salary increases, 70.73% would definitely choose to become a FLS worker again, while among those who were not very satisfied with their chances for promotion or salary increases, only 33.47% would become a FLS worker again (P<.0001). Among FLS who strongly agreed that they have a chance to gain new skills and knowledge on the job, 62.64% would definitely choose to become a FLS worker again, while among those who did not believe they have a chance to gain new skills and knowledge on the job, only 28% would become a FLS worker again (P<.0001).

The hygiene factors of job satisfaction that the survey addressed were management, coworkers, patient relations, and pay and benefits. Among FLS who strongly agreed that their supervisor provides clear instructions when assigning them work, 52.32% would definitely choose to become a FLS worker again, while among those who did not think their supervisor provides clear instructions, only 24.11% would become a FLS worker again (P<.0001). Among FLS who strongly agreed that they liked working with their supervisor, 47.95% would definitely choose to become a FLS worker again, while among those who did not working with their supervisor, only 25.83% would become a FLS worker again (P=.0001). Of the FLS that believed the people they work with are knowledgeable and competent, 52.63% would definitely choose to become a FLS worker again, while among those who did not believe their coworkers were knowledgeable and competent, only 27.04% would become a FLS worker again (P<.0001). Of those FLS that liked working with others in their department, 50.27% would definitely choose to become a FLS worker again, while among those who did not like working with their coworkers, only 17.92% would become a FLS worker again (P<.0001). Among FLS who believe that patients respect them as part of the health care team, 57.14% would definitely choose to become a FLS worker again, while among those

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who did not think patients respected them, only 23.27% would become a FLS worker again (P<.0001). Among FLS who like working with the patients, 52.30% would definitely choose to become a FLS worker again, while among those who did not like working with the patients, only 18.80% would become a FLS worker again (P<.0001). Of the FLS that strongly agree that patients let them know when they are doing a good job, 58.27% would definitely choose to become a FLS worker again, while among those who did not believe that patients let them know when they are doing a good job, only 23.49% would become a FLS worker again (P<.0001). Of the FLS that strongly agree that patients let them know when they are upset about something, 45.50% would definitely choose to become a FLS worker again, while among those who did not believe that patients let them know when they are upset about something, only 25.96% would become a FLS worker again (P=.001). Of those FLS that strongly agree that they are being paid a fair amount, 78.13% would definitely choose to become a FLS worker again, while among those who do not feel they are being paid a fair amount, only 34.24% would become a FLS worker again (P<.0001). Finally, of those FLS that strongly agree that they are satisfied with the benefits they receive, 63.49% would definitely choose to become a FLS worker again, while of those who are not satisfied with the benefits, only 31.88% would become a FLS worker again (P<.0001).

**Table 4.9 – Job Factors Associated with Becoming a FLS Again. (Cross-tabulation, N=303)**

| | | | If you could choose whether to become a frontline staff again, would you do so? | | |
|---|---|---|---|---|---|
| | | | Definitely | All Other Responses | P Value |
| Motivator Job Factors | | | | | |
| Recognition | Q1. My job is important to the success of our community health center. | Strongly Agree | 45.87% | 54.13% | <.0001 |
| | | All Other Responses | 17.57% | 82.43% | |
| | Q2. My organization rewards or acknowledges me when I do an outstanding job. | Strongly Agree | 71.19% | 28.81% | <.0001 |
| | | All Other Responses | 30.30% | 69.70% | |
| Appreciation | Q1. My supervisor trusts me to make decisions in my day-to-day work. | Strongly Agree | 51.19% | 48.81% | <.0001 |
| | | All Other Responses | 21.49% | 78.51% | |

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| | | | | | |
|---|---|---|---|---|---|
| | Q2. The society/community values and appreciates the work I do as a frontline staff. | Strongly Agree | 54.63% | 45.37% | <.0001 |
| | | All Other Responses | 29.35% | 70.65% | |
| Advancement | Q1. I am satisfied with my chances for promotion/salary increase. | Strongly Agree | 70.73% | 29.27% | <.0001 |
| | | All Other Responses | 33.47% | 66.53% | |
| | Q2. I have a chance to gain new skills and knowledge on the job. | Strongly Agree | 62.64% | 37.36% | <.0001 |
| | | All Other Responses | 28.00% | 72.00% | |
| Hygiene Job Factors | | | | | |
| Management | Q1. My supervisor provides clear instructions when assigning me work. | Strongly Agree | 52.32% | 47.68% | <.0001 |
| | | All Other Responses | 24.11% | 75.89% | |
| | Q2. I like to work with my supervisor. | Strongly Agree | 47.95% | 52.05% | 0.0001 |
| | | All Other Responses | 25.83% | 74.17% | |
| Coworkers | Q1. The people I work with are knowledgeable and competent. | Strongly Agree | 52.63% | 47.37% | <.0001 |
| | | All Other Responses | 27.04% | 72.96% | |
| | Q2. I like working with others in my department. | Strongly Agree | 50.27% | 49.73% | <.0001 |
| | | All Other Responses | 17.92% | 82.08% | |
| Patient Relations | Q1. Patients respect me as part of the health care team. | Strongly Agree | 57.14% | 42.86% | <.0001 |
| | | All Other Responses | 23.27% | 76.73% | |
| | Q2. I like working with our patients. | Strongly Agree | 52.30% | 47.70% | <.0001 |
| | | All Other Responses | 18.80% | 81.20% | |
| | Q3. Patients let me know when I am doing a good job. | Strongly Agree | 58.27% | 41.73% | <.0001 |
| | | All Other Responses | 23.49% | 76.51% | |
| | Q4. Patients let me know when they are upset about something. | Strongly Agree | 45.50% | 54.50% | 0.001 |
| | | All Other Responses | 25.96% | 74.04% | |
| Pay/Benefits | Q1. I feel I am being paid a fair amount for the work I do. | Strongly Agree | 78.13% | 21.88% | <.0001 |
| | | All Other Responses | 34.24% | 65.76% | |
| | Q2. I am satisfied with the benefits I receive. | Strongly Agree | 63.49% | 36.51% | <.0001 |
| | | All Other Responses | 31.88% | 68.12% | |

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Table 4.10 displays the relationship between the responses to the individual job factor survey questions and the responses to the question, "If you could choose whether to take your current job with this organization again, would you do so?". This information will show of those who strongly agreed with each job factor survey question, what percentage would definitely take their current job again. The table will also show of those who gave all other responses ranging from (2) Agree to Not Sure, what percent would definitely take their current job again. Missing responses were not used in this analysis.

The motivator factors of job satisfaction that the survey addressed were recognition, appreciation, and advancement. Among FLS who perceived their job as important to the success of the organization, 47.27% would definitely take their current job again, while among those who did not perceive their job as important, only 20.78% would definitely take their current job again (P<.0001). Among FLS who strongly agreed that their organization rewards or acknowledges them when they do an outstanding job, 81.67% would definitely take their current job again, while among those who did not think they were rewarded or acknowledged, only 29.66% would definitely take their current job again (P<.0001). Of the FLS that believed their supervisor trusts them to make decisions in their day-to-day work, 52.33% would definitely take their current job again, while among those who did not think their supervisor trusts them to make decisions, only 23.14% would definitely take their current job again (P<.0001). Of those FLS that believed society and the community values and appreciates the work they do, 58.18% would definitely take their current job again, while among those who did not believe they were valued and appreciated, only 29.79% would definitely take their current job again (P<.0001). Among FLS who were satisfied with their chances for promotion or salary increases, 79.55% would definitely take their current job again, while among those who were not very satisfied with their chances for promotion or salary increases, only 33.33% would definitely take their current job again (P<.0001). Among FLS who strongly agreed that they have a chance to gain new skills and knowledge on the job, 68.48% would definitely take their current job again, while among those who did

not believe they have a chance to gain new skills and knowledge on the job, only 27.32% would definitely take their current job again (P<.0001).

The hygiene factors of job satisfaction that the survey addressed were management, coworkers, patient relations, and pay and benefits. Among FLS who strongly agreed that their supervisor provides clear instructions when assigning them work, 51.28% would definitely take their current job again, while among those who did not think their supervisor provides clear instructions, only 28.57% would definitely take their current job again (P<.0001). Among FLS who strongly agreed that they liked working with their supervisor, 50% would definitely take their current job again, while among those who did not working with their supervisor, only 26.02% would definitely take their current job again (P<.0001). Of the FLS that believed the people they work with are knowledgeable and competent, 54.81% would definitely take their current job again, while among those who did not believe their coworkers were knowledgeable and competent, only 28.57% would definitely take their current job again (P<.0001). Of those FLS that liked working with others in their department, 50.79% would definitely take their current job again, while among those who did not like working with their coworkers, only 21.82% would definitely take their current job again (P<.0001). Among FLS who believe that patients respect them as part of the health care team, 57.04% would definitely take their current job again, while among those who did not think patients respected them, only 26.71% would definitely take their current job again (P<.0001). Among FLS who like working with the patients, 52.81% would definitely take their current job again, while among those who did not like working with the patients, only 21.85% would definitely take their current job again (P<.0001). Of the FLS that strongly agree that patients let them know when they are doing a good job, 60.77% would definitely take their current job again, while among those who did not believe that patients let them know when they are doing a good job, only 24.55% would definitely take their current job again (P<.0001). Of the FLS that strongly agree that patients let them know when they are upset about something, 47.67% would definitely take their current job again, while among those who did not believe that patients let them know when they are upset about something, only 26.42% would definitely take their current job

again (P=.0003). Of those FLS that strongly agree that they are being paid a fair amount, 87.50% would definitely take their current job again, while among those who do not feel they are being paid a fair amount, only 34.35% would definitely take their current job again (P<.0001). Finally, of those FLS that strongly agree that they are satisfied with the benefits they receive, 71.43% would definitely take their current job again, while of those who are not satisfied with the benefits, only 31.49% would definitely take their current job again (P<.0001).

**Table 4.10 – Job Factors Associated with Choosing FLS Current Job Again. (Cross-tabulation, N=303)**

| | | If you could choose whether to take your current job with this organization again, would you do so? | | |
| --- | --- | --- | --- | --- |
| | | | Definitely | All Other Responses | P Value |
| Motivator Job Factors | | | | | |
| Recognition | Q1. My job is important to the success of our community health center. | Strongly Agree | 47.27% | 52.73% | <.0001 |
| | | All Other Responses | 20.78% | 79.22% | |
| | Q2. My organization rewards or acknowledges me when I do an outstanding job. | Strongly Agree | 81.67% | 18.33% | <.0001 |
| | | All Other Responses | 29.66% | 70.34% | |
| Appreciation | Q1. My supervisor trusts me to make decisions in my day-to-day work. | Strongly Agree | 52.33% | 47.67% | <.0001 |
| | | All Other Responses | 23.14% | 76.86% | |
| | Q2. The society/community values and appreciates the work I do as a frontline staff. | Strongly Agree | 58.18% | 41.82% | <.0001 |
| | | All Other Responses | 29.79% | 70.21% | |
| Advancement | Q1. I am satisfied with my chances for promotion/salary increase. | Strongly Agree | 79.55% | 20.45% | <.0001 |
| | | All Other Responses | 33.33% | 66.67% | |
| | Q2. I have a chance to gain new skills and knowledge on the job. | Strongly Agree | 68.48% | 31.52% | <.0001 |
| | | All Other Responses | 27.32% | 72.68% | |
| Hygiene Job Factors | | | | | |
| Management | Q1. My supervisor provides clear instructions when assigning me work. | Strongly Agree | 51.28% | 48.72% | <.0001 |
| | | All Other Responses | 28.57% | 71.43% | |
| | Q2. I like to work with my | Strongly | 50.00% | 50.00% | <.0001 |

| | | | | | |
|---|---|---|---|---|---|
| | supervisor. | Agree | | | |
| | | All Other Responses | 26.02% | 73.98% | |
| Coworkers | Q1. The people I work with are knowledgeable and competent. | Strongly Agree | 54.81% | 45.19% | <.0001 |
| | | All Other Responses | 28.57% | 71.43% | |
| | Q2. I like working with others in my department. | Strongly Agree | 50.79% | 49.21% | <.0001 |
| | | All Other Responses | 21.82% | 78.18% | |
| Patient Relations | Q1. Patients respect me as part of the health care team. | Strongly Agree | 57.04% | 42.96% | <.0001 |
| | | All Other Responses | 26.71% | 73.29% | |
| | Q2. I like working with our patients. | Strongly Agree | 52.81% | 47.19% | <.0001 |
| | | All Other Responses | 21.85% | 78.15% | |
| | Q3. Patients let me know when I am doing a good job. | Strongly Agree | 60.77% | 39.23% | <.0001 |
| | | All Other Responses | 24.55% | 75.45% | |
| | Q4. Patients let me know when they are upset about something. | Strongly Agree | 47.67% | 52.33% | 0.0003 |
| | | All Other Responses | 26.42% | 73.58% | |
| Pay/Benefits | Q1. I feel I am being paid a fair amount for the work I do. | Strongly Agree | 87.50% | 12.50% | <.0001 |
| | | All Other Responses | 34.35% | 65.65% | |
| | Q2. I am satisfied with the benefits I receive. | Strongly Agree | 71.43% | 28.57% | <.0001 |
| | | All Other Responses | 31.49% | 68.51% | |

Table 4.11 displays the relationship between the responses to the individual job factor survey questions and the responses to the question, "How likely is it that you will leave this job at the organization in the next year or so?". This information will show of those who strongly agreed with each job factor survey question, what percentage of FLS are not at all likely to leave their job in the next year. The table will also show of those who gave all other responses ranging from (2) Agree to Not Sure, what percent are not at all likely to leave their job in the next year. Missing responses were not used in this analysis.

The motivator factors of job satisfaction that the survey addressed were recognition, appreciation, and advancement. There was not a significant relationship

between whether or not FLS perceive their job as important to the success of the organization and whether or not FLS plan to leave their job in the next year (P=.5127). Among FLS who strongly agreed that their organization rewards or acknowledges them when they do an outstanding job, 65% were not at all likely to leave their job in the next year, while among those who did not think they were rewarded or acknowledged, only 28.45% were not at all likely to leave (P<.0001). Of the FLS that believed their supervisor trusts them to make decisions in their day-to-day work, 43.93% were not at all likely to leave their job in the next year, while among those who did not think their supervisor trusts them to make decisions, only 24.39% were not at all likely to leave (P=.0005). Of those FLS that believed society and the community values and appreciates the work they do, 46.36% were not at all likely to leave their job in the next year, while among those who did not believe they were valued and appreciated, only 29.32% were not at all likely to leave (P=.0029). Among FLS who were satisfied with their chances for promotion or salary increases, 70.45% were not at all likely to leave their job in the next year, while among those who were not very satisfied with their chances for promotion or salary increases, only 29.92% were not at all likely to leave (P<.0001). Among FLS who strongly agreed that they have a chance to gain new skills and knowledge on the job, 52.17% were not at all likely to leave their job in the next year, while among those who did not believe they have a chance to gain new skills and knowledge on the job, only 28.02% were not at all likely to leave (P<.0001).

The hygiene factors of job satisfaction that the survey addressed were management, coworkers, patient relations, and pay and benefits. Among FLS who strongly agreed that their supervisor provides clear instructions when assigning them work, 42.68% were not at all likely to leave their job in the next year, while among those who did not think their supervisor provides clear instructions, only 28.17% were not at all likely to leave (P=.009). Among FLS who strongly agreed that they liked working with their supervisor, 43.18% were not at all likely to leave their job in the next year, while among those who did not working with their supervisor, only 24% were not at all likely to leave (P=.0006). Of the FLS that believed the people they work with are knowledgeable and competent, 47.10% were not at all likely to leave their job in the next

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year, while among those who did not believe their coworkers were knowledgeable and competent, only 25.93% were not at all likely to leave (P=.0001). Of those FLS that liked working with others in their department, 40.63% were not at all likely to leave their job in the next year, while among those who did not like working with their coworkers, only 26.13% were not at all likely to leave (P=.011). Among FLS who believe that patients respect them as part of the health care team, 42.96% were not at all likely to leave their job in the next year, while among those who did not think patients respected them, only 29.88% were not at all likely to leave (P=.0188). Among FLS who like working with the patients, 42.78% were not at all likely to leave their job in the next year, while among those who did not like working with the patients, only 25% were not at all likely to leave (P=.0016). Of the FLS that strongly agree that patients let them know when they are doing a good job, 45.38% were not at all likely to leave their job in the next year, while among those who did not believe that patients let them know when they are doing a good job, only 28.24% were not at all likely to leave (P=.0021). There was not a significant relationship between whether or not FLS agree that patients lets them know when they are upset about something and whether or not FLS plan to leave their job in the next year (P=.1613). Of those FLS that strongly agree that they are being paid a fair amount, 71.88% were not at all likely to leave their job in the next year, while among those who do not feel they are being paid a fair amount, only 31.82% were not at all likely to leave (P<.0001). Finally, of those FLS that strongly agree that they are satisfied with the benefits they receive, 61.90% were not at all likely to leave their job in the next year, while of those who are not satisfied with the benefits, only 28.69% were not at all likely to leave (P<.0001).

**Table 4.11 – Job Factors Associated with Intent to Quit. (Cross-tabulation, N=303)**

| | | How likely is it that you will leave this job at the organization in the next year or so? | | |
| | | Not At All Likely | All Other Responses | P Value |
|---|---|---|---|---|
| Motivator Job Factors | | | | |
| Recognition | Q1. My job is important to the success of our community | Strongly Agree | 36.61% | 63.39% | 0.5127 |

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| | | | | | |
|---|---|---|---|---|---|
| | health center. | All Other Responses | 32.47% | 67.53% | |
| | Q2. My organization rewards or acknowledges me when I do an outstanding job. | Strongly Agree | 65.00% | 35.00% | <.0001 |
| | | All Other Responses | 28.45% | 71.55% | |
| Appreciation | Q1. My supervisor trusts me to make decisions in my day-to-day work. | Strongly Agree | 43.93% | 56.07% | 0.0005 |
| | | All Other Responses | 24.39% | 75.61% | |
| | Q2. The society/community values and appreciates the work I do as a frontline staff. | Strongly Agree | 46.36% | 53.64% | 0.0029 |
| | | All Other Responses | 29.32% | 70.68% | |
| Advancement | Q1. I am satisfied with my chances for promotion/salary increase. | Strongly Agree | 70.45% | 29.55% | <.0001 |
| | | All Other Responses | 29.92% | 70.08% | |
| | Q2. I have a chance to gain new skills and knowledge on the job. | Strongly Agree | 52.17% | 47.83% | <.0001 |
| | | All Other Responses | 28.02% | 71.98% | |
| Hygiene Job Factors | | | | | |
| Management | Q1. My supervisor provides clear instructions when assigning me work. | Strongly Agree | 42.68% | 57.32% | 0.009 |
| | | All Other Responses | 28.17% | 71.83% | |
| | Q2. I like to work with my supervisor. | Strongly Agree | 43.18% | 56.82% | 0.0006 |
| | | All Other Responses | 24.00% | 76.00% | |
| Coworkers | Q1. The people I work with are knowledgeable and competent. | Strongly Agree | 47.10% | 52.90% | 0.0001 |
| | | All Other Responses | 25.93% | 74.07% | |
| | Q2. I like working with others in my department. | Strongly Agree | 40.63% | 59.38% | 0.011 |
| | | All Other Responses | 26.13% | 73.87% | |
| Patient Relations | Q1. Patients respect me as part of the health care team. | Strongly Agree | 42.96% | 57.04% | 0.0188 |
| | | All Other Responses | 29.88% | 70.12% | |

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| | | | | | |
|---|---|---|---|---|---|
| | Q2. I like working with our patients. | Strongly Agree | 42.78% | 57.22% | 0.0016 |
| | | All Other Responses | 25.00% | 75.00% | |
| | Q3. Patients let me know when I am doing a good job. | Strongly Agree | 45.38% | 54.62% | 0.0021 |
| | | All Other Responses | 28.24% | 71.76% | |
| | Q4. Patients let me know when they are upset about something. | Strongly Agree | 38.27% | 61.73% | 0.1613 |
| | | All Other Responses | 30.19% | 69.81% | |
| Pay/Benefits | Q1. I feel I am being paid a fair amount for the work I do. | Strongly Agree | 71.88% | 28.13% | <.0001 |
| | | All Other Responses | 31.82% | 68.18% | |
| | Q2. I am satisfied with the benefits I receive. | Strongly Agree | 61.90% | 38.10% | <.0001 |
| | | All Other Responses | 28.69% | 71.31% | |

Four open-ended questions were included in the job satisfaction survey in order to collect more detailed and possibly new information regarding aspects of the job that lead frontline staff to be satisfied or dissatisfied with their positions. The top ten responses for each question were displayed in tables as well as quotes from the top three themes.

Table 4.12 displays the top ten themes reported by frontline staff regarding what they like most about their job. The table also shows the number and percentage of respondents or frontline staff that reported the theme when answering the question. The top response given for what frontline staff like most about their job was that they liked helping patients and the community. A total of 291 frontline staff answered this question on the survey and were asked to give three responses.

**Table 4.12 – Q: Which three things do you like the most about your job? (N=291)**

| | Code/ Theme: | Number of respondents | % |
|---|---|---|---|
| 1 | Helping Patients/Community | 209 | 71.8 |
| 2 | Coworkers and teamwork | 177 | 60.8 |

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| 3 | Job duties and learning new things | 72 | 24.7 |
|---|---|---|---|
| 4 | Hours and Flexibility | 56 | 19.2 |
| 5 | Supervisor/Management | 31 | 10.7 |
| 6 | The organization and the work environment | 27 | 9.3 |
| 7 | Office is close to home | 25 | 8.6 |
| 8 | Providers | 13 | 4.5 |
| 9 | Benefits | 12 | 4.1 |
| 10 | Meeting new people | 12 | 4.1 |

Table 4.13 displays sample responses or quotes frontline staff gave for the top three themes for things they like most about their job. This provides a more detailed description of the themes, what they mean in the staff's own words, and how responses were categorized.

**Table 4.13 – Sample Responses for Top Three Themes (Which three things do you like the most about your job?)**

Helping patients and the community was the most common response provided for what frontline staff like most about their job as 209 out of 291 gave this response.

"Helping every patient that comes through the door."

"To interact with patients and being able to meet their needs."

"Helping the patients with their health care, making a difference with the patient's health, and the patients that appreciate us doing our jobs."

"I enjoy having the ability to help people in need."

"Serving the community."

"The opportunity to interact with people from different cultures and the satisfaction in helping and making patients feel important and valued."

"I enjoy being the first contact with the patients gives me a chance to set the tone for their visit."

Coworkers and teamwork was a major theme as 177 out of 291 individuals gave this response. Many frontline staff stated that one of the things they liked most about their job was their coworkers and the fact that they worked as a team to get things done.

"I enjoy my department and the people I work with."

"Teamwork and coworkers."

"The majority of my coworkers are like a family and work as a team."

"Being a team player, sharing my knowledge and ideas with colleagues."

Job duties and learning new things was another leading theme as 72 out of 291 individuals gave this response. Many of the frontline staff stated that they loved the different tasks or job duties they are responsible for in their position. They also mentioned that they loved learning new things and doing a lot of different tasks.

"Every day is different."

"I like learning new and different things and I enjoy taking on new challenges."

"I like my job responsibilities and job duties."

Table 4.14 displays the top ten themes reported by frontline staff regarding what they like least about their job. The table also shows the number and percentage of respondents or frontline staff that reported the theme when answering the question. The top response given for what frontline staff like least about their job was the low pay. A total of 225 frontline staff answered this question on the survey and were asked to give three responses.

**Table 4.14 – Q: Which three things do you like least about your job? (N=225)**

|   | Code/ Theme: | Number of respondents | % |
|---|---|---|---|
| 1 | Low Pay | 85 | 37.8 |
| 2 | Lack of communication and constant changes | 71 | 31.6 |
| 3 | Difficult patients | 51 | 22.7 |
| 4 | Short staffed/overwhelmed/stressed/burnout | 43 | 19.1 |
| 5 | Coworkers and lack of teamwork | 35 | 15.6 |
| 6 | Management/administration | 32 | 14.2 |
| 7 | No advancement/acknowledgement | 28 | 12.4 |
| 8 | Long hours | 25 | 11.1 |
| 9 | Inefficient E.H.R. system, computers, phone system | 18 | 8.0 |
| 10 | Lack of training | 15 | 6.7 |

Table 4.15 displays sample responses or quotes frontline staff gave for the top three themes for things they like least about their job. This provides a more detailed description of the themes, what they mean in the staff's own words, and how responses were categorized.

**Table 4.15 – Sample Responses for Top Three Themes (Which three things do you like the least about your job?)**

Low pay was the most common response for something frontline staff liked least about their job. Eight-five out of 225 respondents listed being underpaid or amount of pay as something they liked least about their job.

> "Compensation is not good for the weight of responsibility."
> "Need more pay, cannot make ends meet."
> "I do not believe I am paid fairly for the job I do."
> "Pay could be more for the workload."

Lack of communication and constant changes was a common theme as 71 out of 225 frontline staff gave this response. Frontline staff reported that rules, regulations, and procedures constantly changing and lack of communication was one thing they liked least about their job.

> "Sometimes there is a lapse in communication."
> "The ever changing rules, regulations, and procedures."
> "Not being notified instantly when something is done wrong."
> "Sometimes being the last to know things."
> "Things just happen or don't happen without any explanation."
> "The least thing I like about my job is that everyone is not on the same page."

Many frontline staff (51 out of 225) also stated that difficult patients was one of the things they liked least about their job. Their responses included statements such as:

> "When patients don't understand the steps I take to do my job and therefore have unreasonable expectations on how fast I can do it."
> "Ungrateful patients and patients not being accountable."
> "How people take out their frustrations on us."
> "Having to deal with unsatisfied patients and complaints."
> "Patients being able to disrespect us and talk to us any way they like."

Table 4.16 displays the top ten themes reported by frontline staff regarding likely reasons for leaving their job. The table also shows the number and percentage of respondents or frontline staff that reported the theme when answering the question. The top response given for the likely reason they would leave their job was for better pay elsewhere followed by a better job or opportunity and then relocating. Only a total of 80

frontline staff answered this question on the survey as it was worded if you are planning

to leave this job at the organization, what are the likely reasons.

**Table 4.16 – Q: If you are planning to leave this job at the organization, what are the likely reasons for your leaving? (N=80)**

|    | Code/ Theme:                                                         | Number of respondents | %    |
|----|----------------------------------------------------------------------|-----------------------|------|
| 1  | Better pay elsewhere                                                 | 35                    | 43.8 |
| 2  | Better job or opportunities/job in another organization or this one  | 20                    | 25.0 |
| 3  | Relocating                                                           | 15                    | 18.8 |
| 4  | Pursue education                                                     | 6                     | 7.5  |
| 5  | Retire                                                               | 6                     | 7.5  |
| 6  | short staffed, overworked                                            | 6                     | 7.5  |
| 7  | Poor Management                                                      | 5                     | 6.3  |
| 8  | Benefits                                                             | 5                     | 6.3  |
| 9  | need more training                                                   | 4                     | 5.0  |
| 10 | Long hours                                                           | 3                     | 3.8  |

Table 4.17 displays sample responses or quotes frontline staff gave for the top

three themes for likely reasons they would leave their job. This provides a more detailed

description of the themes, what they mean in the staff's own words, and how responses

were categorized.

**Table 4.17 – Sample Responses for Top Three Themes (If you are planning to leave this job at the organization, what are the likely reasons for your leaving?)**

The top reason frontline staff gave for the likely reason they would leave their job was better pay elsewhere with 35 out of 80 individuals giving this response.

"Having more jobs to do than being paid for."

"Would leave for a better paying position."

"Higher paying job."

"Not being paid a competitive pay range, the hassle of getting raises."

Another common reason frontline staff stated was a reason for leaving their current job was a better job opportunity within the organization or with a different organization. There were a total of 20 out of 80 respondents that gave this answer.

"Possible chance for growth within the company."

"Better opportunity within the organization."

"If something else becomes available."

"A job in my degree field."

"Not being able to switch to a higher position with the knowledge that I have accumulated over the years."

"Seeking a position with the opportunity for skill growth and advancement."

Another leading theme was relocating. Fifteen out of the 80 respondents to this question stated that a likely reason for them leaving their current job would be to moving.

"Moving for husband's career."

"Move closer to family."

"I have been wanting to relocate for some time now."

Table 4.18 displays the top ten themes reported by frontline staff regarding things that would change their mind and encourage them to stay rather than leave their job. The table also shows the number and percentage of respondents or frontline staff that reported the theme when answering the question. The top responses for something that would encourage them to stay with their current job was a pay increase followed by promotion opportunities and appreciation by management. Only a total of 67 frontline staff answered this question on the survey as it was worded if you are planning to leave this job at the organization, what would change your mind and encourage you to stay.

**Table 4.18 – Q: If you are planning to leave this job at the organization, what would change your mind and encourage you to stay? (N=67)**

|   | Code/ Theme: | Number of respondents | % |
|---|---|---|---|
| 1 | Pay increase | 47 | 70.1 |
| 2 | Promotion opportunities | 16 | 23.9 |
| 3 | Appreciation by management | 11 | 16.4 |
| 4 | Training | 6 | 9.0 |
| 5 | Better benefits | 5 | 7.5 |
| 6 | Assistance with getting certifications or pursuing higher education | 4 | 6.0 |
| 7 | Better hours | 4 | 6.0 |
| 8 | Better location | 4 | 6.0 |
| 9 | More help | 2 | 3.0 |

Table 4.19 displays sample responses or quotes frontline staff gave for the top three themes for things that would change their mind and encourage them to stay if they were planning on leaving their job. This provides a more detailed description of the themes, what they mean in the staff's own words, and how responses were categorized.

**Table 4.19 – Sample Responses for Top Three Themes (If you are planning to leave this job at the organization, what would change your mind and encourage you to stay?)**



The most common response to what would change your mind and encourage you to stay with the organization was a pay increase with 47 out of 67 respondents providing this answer.
"Pay increase."
"Better pay."
"I would like to get a raise."
"Give your staff more evaluations and opportunity for a raise."
"I am unhappy with the pay and feel unappreciated."
"Timely and appropriate raises."
The second most common theme was promotion opportunities. Many of the frontline staff that responded to this question (16 out 67) reported that they would stay if there were opportunities for promotion or advancement.
"I would stay with the company if I was able to pursue my career goals within the company."
"Better promotion opportunities."
"More options for advancement."
"If the opportunity for growth was here."
"Room for advancement."
The third most common response to this question was appreciation by management. A total of 11 out of 67 frontline staff that responded to this question stated that they would remain with the organization if they were more appreciated, respected, or acknowledged by management.
"Gaining more respect from management would help."
"Acknowledgement of existence by upper management would be great."
"Upper management show all employees they are appreciated."
"Knowing there is support from administration would be helpful."
"Appreciation more than recognition."

**Research Question #3**

RQ3 - What is the relationship between frontline staff job satisfaction and patient satisfaction in community health centers in South Carolina?

The third research question will be addressed with the comparison of the results of the frontline staff job satisfaction surveys and patient satisfaction surveys for each community health center in South Carolina utilized for this study. The job satisfaction survey question, "Overall, how satisfied are you with your job?" will be compared to the two survey questions in the patient satisfaction survey. For example, if patients are highly satisfied in one community health center location are their frontline staff also highly satisfied? Is there a relationship?

The results of the patient satisfaction survey will first be presented. The patient satisfaction survey included two questions pertinent to this study. A total of 4,689 patients at 12 community health centers (shown as CHC-A to CHC-M) completed the patient satisfaction surveys.

Table 4.20 displays the responses to the patient satisfaction survey question, "How well do you think we are doing in the following areas?: Frontline staff are friendly and helpful to you.". Responses were provided utilizing a 5 point Likert Scale ranging from 1 (Poor) to 5 (Great). The percentage of individuals who selected each response is displayed for each participating CHC.

The majority (77.3%) of patients who completed the patient satisfaction survey reported that the frontline staff at the community health centers who participated in the study were doing a great job at being friendly and helpful. The center with highest percentage of patients reporting that the frontline staff were doing a great job at being friendly and helpful was CHC K at 91.9%. CHC B (88.5%), CHC G (87.8%), and CHC J (88.3%) all had high percentages as well of patients reporting that the FLS were doing a great job at being friendly and helpful. CHC F (46.4%) and CHC L (51.8%) had the lowest percentages of patients reporting a great job on this measure. Finally, only 0.3% of patients who completed the patient satisfaction survey failed to answer the question.

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**Table 4.20 – Q: How well do you think we are doing in the following areas? FLS are friendly and helpful to you. (N=4689, %)**

|         | N    | 1 (Poor) | 2 (Fair) | 3 (Neutral) | 4 (Good) | 5 (Great) | Missing |
|---------|------|----------|----------|-------------|----------|-----------|---------|
| CHC A   | 365  | 0.5      | 0.5      | 3.6         | 18.1     | 76.2      | 1.1     |
| CHC B   | 531  | 0.0      | 0.6      | 1.3         | 9.0      | 88.5      | 0.6     |
| CHC C   | 121  | 0.0      | 0.0      | 5.8         | 22.3     | 71.1      | 0.8     |
| CHC D   | 973  | 0.4      | 1.2      | 7.1         | 21.2     | 70.1      | 0.0     |
| CHC E   | 1394 | 0.4      | 0.7      | 3.9         | 14.3     | 80.6      | 0.1     |
| CHC F   | 28   | 0.0      | 3.6      | 14.3        | 35.7     | 46.4      | 0.0     |
| CHC G   | 123  | 0.0      | 1.6      | 1.6         | 8.1      | 87.8      | 0.8     |
| CHC H   | 375  | 0.0      | 0.0      | 2.1         | 10.4     | 86.9      | 0.5     |
| CHC J   | 128  | 0.0      | 0.0      | 0.8         | 10.9     | 88.3      | 0.0     |
| CHC K   | 37   | 0.0      | 0.0      | 0.0         | 5.4      | 91.9      | 2.7     |
| CHC L   | 251  | 10.0     | 9.6      | 11.6        | 17.1     | 51.8      | 0.0     |
| CHC M   | 363  | 0.3      | 0.6      | 3.9         | 23.7     | 71.6      | 0.0     |
| ALL     | 4689 | 0.8      | 1.2      | 4.5         | 16.0     | 77.3      | 0.3     |

Table 4.21 displays the responses to the patient satisfaction survey question, "How well do you think we are doing in the following areas?: Frontline staff answers your questions.". Responses were provided utilizing a 5 point Likert Scale ranging from 1 (Poor) to 5 (Great). The percentage of individuals who selected each response is displayed for each participating CHC.

Once again the majority (75.5%) of patients who completed the patient satisfaction survey reported that the frontline staff at the community health centers who participated in the study were doing a great job at answering their questions. The centers with highest percentage of patients reporting that the frontline staff were doing a great job at answering their questions were CHC K at 94.6%, CHC B at 91%, and CHC G at 89.4%. CHC F had the lowest percentage at 50% followed by CHC L at 53.8%. Finally, only 0.1% of patients who completed the patient satisfaction survey failed to answer the question.

**Table 4.21 – Q: How well do you think we are doing in the following areas? FLS answers your questions. (N=4689, %)**

|  | N | 1 (Poor) | 2 (Fair) | 3 (Neutral) | 4 (Good) | 5 (Great) | Missing |
|---|---|---|---|---|---|---|---|
| CHC A | 365 | 0.5 | 1.1 | 3.0 | 19.2 | 75.9 | 0.3 |
| CHC B | 531 | 0.0 | 0.2 | 1.3 | 7.5 | 91.0 | 0.0 |
| CHC C | 121 | 0.0 | 0.0 | 9.1 | 19.8 | 71.1 | 0.0 |
| CHC D | 973 | 1.2 | 1.7 | 8.5 | 20.7 | 67.8 | 0.0 |
| CHC E | 1394 | 0.4 | 1.1 | 4.8 | 17.3 | 76.3 | 0.1 |
| CHC F | 28 | 0.0 | 3.6 | 17.9 | 28.6 | 50.0 | 0.0 |
| CHC G | 123 | 0.0 | 0.0 | 2.4 | 8.1 | 89.4 | 0.0 |
| CHC H | 375 | 0.0 | 0.0 | 1.1 | 12.3 | 86.7 | 0.0 |
| CHC J | 128 | 0.0 | 0.8 | 1.6 | 14.8 | 82.8 | 0.0 |
| CHC K | 37 | 0.0 | 0.0 | 0.0 | 5.4 | 94.6 | 0.0 |
| CHC L | 251 | 10.4 | 9.6 | 10.4 | 15.9 | 53.8 | 0.0 |
| CHC M | 363 | 0.3 | 0.3 | 5.8 | 25.9 | 67.8 | 0.0 |
| ALL | 4689 | 1.0 | 1.4 | 5.1 | 17.0 | 75.5 | 0.1 |

In order to answer the question of whether or not there is a relationship between frontline staff job satisfaction and patient satisfaction, the optimal responses were compared for both questions on the patient satisfaction survey with the overall job satisfaction question on the frontline staff job satisfaction survey shown in Table 4.22. A significant relationship was not found between the FLS overall job satisfaction and patient satisfaction. Upon completing a Pearson Correlation comparing the percentage of 5 (Great) responses for Question 1 of the patient satisfaction survey with FLS overall job satisfaction responses of 1 (Very Satisfied), there was not a significant relationship (P=0.4536). Similarly, when comparing the percentage of 5 (Great) responses for Question 2 of the patient satisfaction survey with FLS overall job satisfaction responses of 1 (Very Satisfied), there was not a significant relationship (P=0.4549).

**Table 4.22 – Relationship between FLS Job Satisfaction and Patient Satisfaction - Pearson Correlation, by CHC (%)**

|  | #Pts | Patient Satisfaction Question 1 FLS are Friendly and Helpful % with response of 5 (Great) | Patient Satisfaction Question 2 FLS Answer Your Questions % with response of 5 (Great) | FLS Overall Job Satisfaction % with response of 1 (Very Satisfied) |
|---|---|---|---|---|
| CHC A | 365 | 76.2 | 75.9 | 25.9 |
| CHC B | 531 | 88.5 | 91.0 | 16.7 |
| CHC C | 121 | 71.1 | 71.1 | 15.2 |
| CHC D | 973 | 70.1 | 67.8 | 31.3 |
| CHC E | 1394 | 80.6 | 76.3 | 30.3 |
| CHC F | 28 | 46.4 | 50.0 | 14.3 |
| CHC G | 123 | 87.8 | 89.4 | 35.7 |
| CHC H | 375 | 86.9 | 86.7 | 15.4 |
| CHC J | 128 | 88.3 | 82.8 | 10.0 |
| CHC K | 37 | 91.9 | 94.6 | 50.0 |
| CHC L | 251 | 51.8 | 53.8 | 20.0 |
| CHC M | 363 | 71.6 | 67.8 | 46.9 |
| ALL | 4689 | 77.3 | 75.5 | 27.1 |

| Patient Satisfaction Survey | | FLS Are Very Satisfied With Their Job | P-Value |
|---|---|---|---|
| Question 1 | Patients Think FLS Are Doing A Great Job at Being Friendly and Helpful | 0.2394 | 0.4536 |
| Question 2 | Patients Think FLS Are Doing A Great Job at Answering Their Questions | 0.23874 | 0.4549 |

In order to research the possible relationship between frontline staff job satisfaction and patient satisfaction further, the optimal responses were compared for both questions on the patient satisfaction survey with the overall job satisfaction question on the frontline staff job satisfaction survey by CHC site rather than at the organizational level. This increased the number of observations from 12 CHCs to 58 CHC sites. The percentages of respondents with optimal responses for both surveys are shown in Table 4.23. A significant relationship once again was not found between the FLS overall job satisfaction and patient satisfaction. Upon completing a Pearson Correlation comparing

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the percentage of 5 (Great) responses for Question 1 of the patient satisfaction survey with FLS overall job satisfaction responses of 1 (Very Satisfied), there was not a significant relationship (P=0.9771). Similarly, when comparing the percentage of 5 (Great) responses for Question 2 of the patient satisfaction survey with FLS overall job satisfaction responses of 1 (Very Satisfied), there was not a significant relationship (P=0.8439).

**Table 4.23 – Relationship between FLS Job Satisfaction and Patient Satisfaction - Pearson Correlation, by CHC Site (%)**

| CHCSITE | #PTS | Patient Satisfaction Q1 - FLS are Friendly and Helpful % with response of 5 (Great) | Patient Satisfaction Q2 - FLS Answer Your Questions % with response of 5 (Great) | FLS Overall Job Satisfaction % with response of 1 (Very Satisfied) |
|---|---|---|---|---|
| CHC A01 | 90 | 66.7 | 62.2 | 11.1 |
| CHC A02 | 102 | 75.5 | 75.5 | 7.4 |
| CHC A03 | 20 | 80.0 | 80.0 | 3.7 |
| CHC A04 | 84 | 73.8 | 77.4 | 3.7 |
| CHC A05 | 69 | 91.3 | 91.3 | 0.0 |
| CHC B01 | 90 | 82.2 | 90.0 | 16.7 |
| CHC B03 | 185 | 94.6 | 95.7 | 0.0 |
| CHC B04 | 28 | 92.9 | 92.9 | 0.0 |
| CHC B05 | 79 | 83.5 | 88.6 | 0.0 |
| CHC B06 | 149 | 86.6 | 86.6 | 0.0 |
| CHC C01 | 76 | 61.8 | 60.5 | 9.1 |
| CHC C02 | 35 | 88.6 | 88.6 | 6.1 |
| CHC C03 | 10 | 80.0 | 90.0 | 0.0 |
| CHC D01 | 69 | 71.0 | 79.7 | 1.2 |
| CHC D02 | 116 | 77.6 | 77.6 | 1.2 |
| CHC D03 | 71 | 97.2 | 95.8 | 1.2 |
| CHC D04 | 78 | 73.1 | 71.8 | 1.2 |
| CHC D05 | 49 | 75.5 | 75.5 | 1.2 |
| CHC D06 | 590 | 64.4 | 60.0 | 25.3 |
| CHC E01 | 240 | 83.3 | 80.0 | 0.0 |
| CHC E02 | 88 | 87.5 | 86.4 | 0.0 |
| CHC E03 | 33 | 84.8 | 84.8 | 3.0 |
| CHC E04 | 92 | 71.7 | 67.4 | 9.1 |
| CHC E05 | 717 | 79.4 | 73.1 | 9.1 |
| CHC E06 | 113 | 87.6 | 86.7 | 0.0 |

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| | | | | |
|---|---|---|---|---|
| CHC E07 | 11 | 100.0 | 100.0 | 3.0 |
| CHC E08 | 71 | 73.2 | 71.8 | 0.0 |
| CHC E09 | 29 | 75.9 | 75.9 | 6.1 |
| CHC F01 | 12 | 83.3 | 91.7 | 14.3 |
| CHC F02 | 16 | 18.8 | 18.8 | 0.0 |
| CHC G01 | 48 | 95.8 | 95.8 | 7.1 |
| CHC G03 | 35 | 65.7 | 68.6 | 7.1 |
| CHC G04 | 34 | 97.1 | 100.0 | 7.1 |
| CHC G05 | 6 | 100.0 | 100.0 | 14.3 |
| CHC H01 | 33 | 93.9 | 93.9 | 7.7 |
| CHC H02 | 8 | 87.5 | 75.0 | 0.0 |
| CHC H04 | 11 | 90.9 | 90.9 | 0.0 |
| CHC H05 | 82 | 70.7 | 69.5 | 0.0 |
| CHC H06 | 241 | 91.3 | 91.7 | 7.7 |
| CHC J01 | 32 | 90.6 | 90.6 | 0.0 |
| CHC J02 | 19 | 84.2 | 78.9 | 10.0 |
| CHC J03 | 29 | 93.1 | 79.3 | 0.0 |
| CHC J04 | 38 | 84.2 | 81.6 | 0.0 |
| CHC J05 | 10 | 90.0 | 80.0 | 0.0 |
| CHC K01 | 37 | 91.9 | 94.6 | 50.0 |
| CHC L01 | 78 | 52.6 | 52.6 | 16.7 |
| CHC L03 | 50 | 34.0 | 36.0 | 0.0 |
| CHC L04 | 47 | 46.8 | 55.3 | 0.0 |
| CHC L05 | 76 | 65.8 | 65.8 | 3.3 |
| CHC M01 | 76 | 60.5 | 59.2 | 15.6 |
| CHC M02 | 58 | 67.2 | 62.1 | 6.3 |
| CHC M03 | 51 | 66.7 | 60.8 | 6.3 |
| CHC M04 | 5 | 100.0 | 100.0 | 3.1 |
| CHC M05 | 19 | 73.7 | 78.9 | 0.0 |
| CHC M06 | 11 | 54.5 | 54.5 | 3.1 |
| CHC M08 | 22 | 95.5 | 95.5 | 0.0 |
| CHC M09 | 11 | 63.6 | 36.4 | 3.1 |
| CHC M10 | 110 | 80.0 | 75.5 | 9.4 |
| ALL | 4689 | 77.3 | 75.5 | 27.1 |

| Patient Satisfaction Survey | | FLS Are Very Satisfied With Their Job | P-Value |
|---|---|---|---|
| Question 1 | Patients Think FLS Are Doing A Great Job at Being Friendly and Helpful | 0.00385 | 0.9771 |
| Question 2 | Patients Think FLS Are Doing A Great Job at | 0.02642 | 0.8439 |

| | Answering Their Questions | | |
|---|---|---|---|

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# CHAPTER FIVE: CONCLUSION

This study explored the role, job satisfaction, and potential impact of frontline staff at community health centers in South Carolina. Frontline staff play an important role in the health care industry as they are the first impression of the organization as well as the primary source of contact for the patient. Those in the health care industry have been found to experience more work related stress and burnout and report lower job satisfaction than those in other industries. Little research has been conducted prior to this study regarding frontline staff in health care. Furthermore, no research has been conducted until now to determine the job satisfaction level, factors that influence or impact FLS level of job satisfaction, and the potential relationship between frontline staff job satisfaction and patient satisfaction.

The results of the study show that most frontline staff are between the ages of 20 and 39, almost entirely female, and have either a high school diploma, some college, or a college degree. Most of the frontline workers in CHCs in South Carolina are making between $11 and $13 an hour. The average time they have worked as a FLS prior to their current job is around 8 years and the average time they have worked at their current job and/or position is approximately 4 ½ years. Thirty percent of FLS workers report that they receive little to no training. The average number of job responsibilities that FLS report are around 5 and include answering phones, scheduling appointments, checking patients in and out, and collecting insurance and demographic information.

Determining the level of job satisfaction for FLS in CHCs in South Carolina was an important goal of this research. Only 27% of the FLS respondents reported being very satisfied with their job while the majority (62.8%) reported less than optimal satisfaction. This study then set out to determine what job factors are important and lead to FLS being satisfied or dissatisfied with their job. The majority of FLS respondents were satisfied

with management, their coworkers, and some aspects of their relationship with patients. Most of the FLS respondents strongly agreed that their job is important, their supervisor trusts them, their supervisor provides clear instructions when assigning them work, they like working with their supervisor, the people they work with are knowledgeable, they like working with others in their department, they like working with patients, and patients let them know when they are upset about something. The majority of FLS respondents were not satisfied however with certain aspects of their relationship with patients, the recognition and appreciation they receive, advancement opportunities, and the pay and benefits. Most of the FLS respondents did not think that their organization rewards or acknowledges them when they do a good job, they were not satisfied with their chances for promotion or opportunities to gain new skills, they did not think they were paid a fair amount, and they were not satisfied with the benefits they receive. Most respondents also felt like society and the community did not value and appreciate their work and the patients did not respect them or let them know when they are doing a good job.

Upon comparing frontline staff overall job satisfaction and the individual factors of the job, all of the job factors included in the survey were significantly related to FLS job satisfaction except patients letting them know when they are upset. All of the factors both motivators and hygiene if the FLS were satisfied with them they were more likely to be satisfied with their job overall. The factors that had the strongest impact on FLS overall job satisfaction were pay and benefits, advancement opportunities, and the organization rewarding and acknowledging them. Secondary factors that had a slightly lesser impact on overall job satisfaction were good management and coworker relations and chances to gain new skills and knowledge on the job. The factors that were significant, but had the smallest impact were good patient relations, feeling as though their job was important, and having society and the community valuing their job.

Most FLS were not sure if they would become a FLS again and were also not sure if they would take their current job again. Similarly, most FLS were not sure if they would leave their current job in the next year.

All of the individual job factors were significantly related to whether or not frontline staff would choose to become a FLS worker again and whether or not they would choose to take their current job again. The factors that had the strongest impact on whether a FLS would choose this career again were the organization rewarding and acknowledging them and feeling they were being paid a fair amount. Secondary factors were advancement opportunities and opportunities to learn new skills, benefits, relationships with coworkers, and relationships with patients.

All of the individual job factors were significantly related to whether or not frontline staff were likely to leave their job except their feelings about their job being important and whether or not patients let them know when they are upset. The factors that had the strongest impact on whether FLS were likely to leave their job were the organization rewarding and acknowledging them, promotion opportunities, feeling they were being paid a fair amount, and benefits. Secondary factors were appreciation, opportunities to learn new skills, relationships with coworkers and management, and relationships with patients.

FLS reported that the aspects they liked most about their job were helping patients and the community, coworkers and teamwork, job duties and learning new things, hours and flexibility, and management. FLS reported that the aspects they liked least about their job were the low pay, lack of communication and constant changes, difficult patients, being short staffed, being overwhelmed and stressed, coworkers and lack of teamwork, management, lack of advancement and acknowledgement, long hours, inefficient computer and phone systems, and lack of training. It was surprising that the FLS getting blamed for the whole office, too much paperwork, and lack of respect for their position were not more common responses.

FLS reported that the reasons they would leave their job were better pay, better job opportunities, relocating, pursuing their education, retiring, being short staffed and overworked, poor management, lack of benefits, need for more training, and long hours. They reported that they would stay if they could get a pay increase, opportunity for promotion, appreciation by management, more training, and better benefits.

Patient satisfaction surveys were collected from each participating community health center. Two questions were found in those surveys that were the same and related to FLS. Overall the majority of patients reported that FLS at the CHCs were doing a great job at being friendly and helpful and at answering their questions. Patient satisfaction survey results were then compared to the FLS job satisfaction survey results however no significant relationship was found at either the organization or site level. Satisfaction among patients and FLS were found to differ significantly across CHCs, but FLS satisfaction is not key to patient satisfaction.

The findings of this study are important as they differ in significant ways from the literature on health care workers and then more specifically the literature on nurses and physicians. Like the literature on health care worker job satisfaction, most of the FLS in this study reported less than optimal job satisfaction. Also, similar to previous research regarding health care worker job satisfaction FLS reported that some of the things they like least about their job and reasons for them leaving their current position included being short staffed, overwhelmed, and stressed. FLS respondents also reported lack of communication, management, and inefficient computer and phone systems as causes of dissatisfaction which is similar to previous research regarding health care workers. Previous literature regarding general practice receptionists did have some similar findings as this study such as FLS reporting sources of job satisfaction being enjoying meeting new people, helping patients, variety of work, and relationship with coworkers. This study also had similar findings to previous research regarding frontline sources of stress being difficult patients and little to no formal training. Previous literature on receptionists and this study were also similar in their findings that the role of the supervisor and teamwork is important.

**Contribution to Theory**

The findings definitely add to the knowledge about the role of FLS and what factors influence their job satisfaction as there was little to no research dealing with this. Unlike previous research on nurses and physicians which found that good working relationships, training opportunities, environmental factors, and good physical conditions

are more important than income, this study found the factors leading to FLS job satisfaction are quite different in order of importance or significance. The study found that pay and benefits, advancement opportunities, and recognition are the most important job factors that lead FLS to be satisfied with their job and encourage them to stay with their job. Secondary factors include opportunities to learn new skills, relationships with coworkers and management, patient relations, and appreciation.

**Contribution to Practice**

Health care administrators and policy makers will be able to make more informed and impactful decisions regarding the pay, work environment, management, and recognition or appreciation of those in these important positions. Although a significant relationship was not found between frontline staff job satisfaction and patient satisfaction, it is imperative that health care leaders place more emphasis on who they place in these positions and how to retain these individuals as they remain important and vital to the success of medical practices. FLS remain the first impression for those entering the practice, they are the primary point of contact for patients, and they know more than any other position within the organization about what is going on day to day. FLS reported themselves in this study that patients let them know when they are upset about something therefore these staff members are the first to know when there is an issue that needs to be addressed that might impact patient satisfaction. Some states are also moving to quality-based reimbursement which is based partly upon the patient experience. It is imperative that medical practices think about how they find out about what patient perspectives are regarding their care, experience, and interactions with staff. The only way to capture this information may be through feedback from the frontline staff and/or through the use of patient satisfaction surveys which not many medical practices are currently utilizing. Overall, the study seeks to improve our understanding of the role of frontline staff in health care organizations.

Identifying what factors cause frontline staff to be satisfied or dissatisfied with their jobs can provide a basis for considering management approaches to improve processes and work conditions which can reduce stress and burnout. Identifying these

factors can also allow management and policy makers to better utilize the resources that are available. The participating CHCs can make changes based on the findings of this study to improve the job satisfaction of their FLS. FLS in this study were satisfied with management, their coworkers, and with their relationship with patients. FLS were dissatisfied with the recognition and appreciation they receive, advancement opportunities, opportunities to learn new skills, and the pay and benefits. The participating CHCs therefore are addressing and providing successfully, other than pay, the hygiene factors or factors around job environment, but need to work on improving the motivator factors of these positions in order to encourage better work performance and improve FLS job satisfaction. CHCs should look at their current pay scales for these positions and room for growth within the organization. CHCs if working with tight operating margins can evaluate their training opportunities and recognition or reward programs. Finally, the participating CHCs should be commended for their management and employee relations as FLS were very satisfied with these aspects of the job.

**Study Limitations**

It is important to note that there were limitations in this study. First of all, this study was carried out in one point in time specifically over a six month period. In essence, it provides only a snapshot of the satisfaction levels of those individual frontline staff members and patients who participated. Repeated surveys over a longer time period may further increase the knowledge in this area and reveal trends. Secondly, due to the use of a cross-sectional design it is difficult to make a causal inference. This study cannot determine cause and effect, it can only determine whether or not there is a relationship between frontline staff job satisfaction and patient satisfaction. In addition, due to the use of a survey instrument there are threats to validity. The survey data was self-reported and therefore may contain biases such as selective memory, attribution, and exaggeration. Also although the sample size was quite large, this study only included frontline staff and patients of community health centers in South Carolina and may not be generalized to all other types of organizations.

**Directions for Future Research**

Future studies should explore the following gaps in research.

- Is there a ripple effect that when patients are satisfied with the frontline staff it impacts their satisfaction with other staff?
- Is there a relationship between frontline job satisfaction and financial performance?
- What factors contribute to patient satisfaction and dissatisfaction?
- What positions within health care organizations job satisfaction have an impact on patient satisfaction?

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# APPENDIX A – FRONTLINE JOB SATISFACTION SURVEY COVER LETTER

Date:

Dear Frontline Staff:

As a doctoral student at the Arnold School of Public Health at the University of South Carolina, I am writing to request your assistance in examining the job satisfaction of frontline staff at community health centers. Frontline staff refers to individuals whose positions include check in, check out, billing, referrals, and medical records. The survey will take approximately 5 to 10 minutes to complete.

The purpose of the study is to better understand how job satisfaction in frontline staff relates to patient satisfaction. I am specifically researching frontline staff in community health centers in South Carolina.

Anonymity assured. After filling out your survey, please put it in the addressed envelope and/or survey box I have provided. Your responses to this survey will be confidential and will not be revealed to your supervisor or anyone else.

I will be developing a report based on a tally of all of the surveys which will summarize responses in general categories. The findings will be presented to the South Carolina Primary Health Care Association in order that suggestions for ways to improve job satisfaction, patient satisfaction, and/or organizational performance can be communicated with those who may be able to make impactful changes.

I appreciate your willingness to participate in this study and thank you in advance for your help.

Sincerely,


Ashley Barnes

Doctoral candidate,
Health Services Policy and Management,
Arnold School of Public Health,
University of South Carolina, Columbia, SC

Contacts and Further Questions

The researchers conducting this study are at the University of South Carolina, Columbia. If you have questions at any time, you may contact Ashley Barnes (Phone: 803-571-4156), or Dr. Rajendra Singh, PhD at rsingh@mailbox.sc.edu (Phone: 803-777-8133).

# APPENDIX B – FRONTLINE JOB SATISFACTION SURVEY

## SURVEY OF FRONTLINE STAFF AT COMMUNITY HEALTH CENTERS

Frontline staff is vital to the success of community health centers. They perform tasks such as patient communications, scheduling, check in and check out, medical records, billing, and referrals. I am conducting this study as part of my doctoral research at the Arnold School of Public Health, University of South Carolina. The purpose of this study is to help understand how job satisfaction among frontline staff relates to patient satisfaction at community health centers in South Carolina.

I will keep your responses to this survey strictly confidential and will not reveal them to your supervisor or anyone else. I will report only non-identifiable, summarized findings from this research study.

**SECTION I: Reflections on your position as a Frontline Staff**
*For each statement below, please indicate the degree to which you believe the statement describes your feelings about* your *current job. Please circle your response.*

| 1. Recognition/Appreciation | Strongly Agree | | | Strongly Disagree | | Not Sure |
|---|---|---|---|---|---|---|
| My supervisor trusts me to make decisions in my day-to-day work | 1 | 2 | 3 | 4 | 5 | NS |
| The society/community values and appreciates the work I do as a frontline staff | 1 | 2 | 3 | 4 | 5 | NS |
| My job is important to the success of our community health center | 1 | 2 | 3 | 4 | 5 | NS |
| My organization rewards or acknowledges me when I do an outstanding job | 1 | 2 | 3 | 4 | 5 | NS |

**2. Management/Co-workers**

| | | | | | | |
|---|---|---|---|---|---|---|
| My supervisor provides clear instructions when assigning me work | 1 | 2 | 3 | 4 | 5 | NS |
| I like to work with my supervisor | 1 | 2 | 3 | 4 | 5 | NS |
| The people I work with are knowledgeable and competent | 1 | 2 | 3 | 4 | 5 | NS |
| I like working with others in my department | 1 | 2 | 3 | 4 | 5 | NS |

**3. Patient Relations**

| | | | | | | |
|---|---|---|---|---|---|---|
| Patients respect me as part of the health care team | 1 | 2 | 3 | 4 | 5 | NS |
| I like working with our patients | 1 | 2 | 3 | 4 | 5 | NS |
| Patients let me know when I am doing a good job | 1 | 2 | 3 | 4 | 5 | NS |
| Patients let me know when they are upset about something | 1 | 2 | 3 | 4 | 5 | NS |

**4. Pay/Benefits/Advancement**

| | | | | | | |
|---|---|---|---|---|---|---|
| I feel I am being paid a fair amount for the work I do | 1 | 2 | 3 | 4 | 5 | NS |
| I am satisfied with the benefits I receive | 1 | 2 | 3 | 4 | 5 | NS |
| I am satisfied with my chances for promotion/salary increase | 1 | 2 | 3 | 4 | 5 | NS |
| I have a chance to gain new skills and knowledge on the job | 1 | 2 | 3 | 4 | 5 | NS |

**SECTION II: Job Satisfaction**
*This section includes statements and questions about your level of satisfaction with your current position as a frontline staff. Please circle your response.*

| | Very Satisfied ← → Very Dissatisfied | Not Sure |
|---|---|---|
| Overall, how satisfied are you with your job? | 1  2  3  4  5 | NS |

Which three things do you like the **most** about your job?

_____

_____

_____

Which three things do you like the **least** about your job?

_____

_____

_____

| | Definitely ← → Probably Not | Not Sure |
|---|---|---|
| If you could choose whether to become a frontline staff again, would you do so? | 1  2  3  4  5 | NS |
| If you could choose whether to take your current job with this organization again, would you do so? | 1  2  3  4  5 | NS |

| | Very Likely ← → Not At All Likely | Not Sure |
|---|---|---|
| How likely is it that you will leave this job at the organization in the next year or so? | 1  2  3  4  5 | NS |

If you are planning to leave this job at the organization, what are the likely reasons for your leaving? Enter NA if you are not planning to leave in the near future.
_____
_____
_____

_____
_____
_____

_____
_____
_____

_____
_____

If you are planning to leave this job at the organization, what would change your mind and encourage you to stay? Enter NA if you are not planning to leave in the near future.

_____
_____
_____

_____
_____
_____

_____
_____

**SECTION III: About you**
*(Please check the appropriate response).*

Did you work as a *frontline staff* prior to joining this organization? [ ] Yes [ ] No

            How long? _____Years _____Months

How long have you been a *frontline staff* at <u>this</u> organization? _Years _____Months

What is your age group?    [ ] 19 years or below [ ] 20–29 years [ ] 30–39 years
                          [ ] 40–49 years [ ] 50–59 years [ ] 60 years & up

Gender:  [ ] Male [ ] Female

Race or ethnicity:       [ ] American Indian / Alaska Native      [ ] Asian / Pacific Islander
(*Check all that apply*)    [ ] Black / African American           [ ] Hispanic / Latino
                        [ ] White / Caucasian                  [ ] Other

Your highest level of education:
            [ ] Did not graduate High School       [ ] High School/GED
            [ ] Attended College                   [ ] College Degree
            [ ] Graduate Degree                    [ ] Other_____

What is your training/certification? (*Check all that apply*)
[ ] Medical office assistant [ ] CNA          [ ] LPN          [ ] RN          [ ] Coding
[ ] None / self-trained       [ ] Other_____

What is your hourly pay range? [ ] $8.99 or below [ ] $9.00-$10.99 [ ] $11.00-$12.99
            [ ] $13.00-$14.99 [ ] $15.00 or more

What are your main duties or job responsibilities? *(Check all that apply)*

[ ] Checking patients in or out                  [ ] Answering phones
[ ] Billing                                      [ ] Medical records requests
[ ] Collecting insurance/demographic information [ ] Handling patient complaints
[ ] Referrals                                    [ ] Collecting co-payments
[ ] Scheduling appointments                      [ ] Other _____

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*If you have any questions or concerns, please contact:*

*Ashley Barnes (Lead Researcher)*
*Health Services Policy and Management*
*Arnold School of Public Health*
*University of South Carolina*
*Columbia, South Carolina - 29208*

*Cell: 803-571-XXXX*
*Email: abarnes@XXXX.com*

*Thank you for your time and participation.*

# APPENDIX C – JOB FACTORS, BY ORGANIZATION, %

CHC A

| N | 27 | | | | | | |
|---|---|---|---|---|---|---|---|
| Motivator Factors | 1 (Strongly Agree) | 2 (Agree) | 3 (Neutral) | 4 (Disagree) | 5 (Strongly Disagree) | Not Sure | Missing |
| Recognition | | | | | | | |
| Q1. My job is important to the success of our community health center. | 66.7 | 29.6 | 3.7 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. My organization rewards or acknowledges me when I do an outstanding job. | 14.8 | 22.2 | 33.3 | 14.8 | 3.7 | 0.0 | 11.1 |
| Appreciation | | | | | | | |
| Q1. My supervisor trusts me to make decisions in my day-to-day work. | 74.1 | 14.8 | 7.4 | 0.0 | 0.0 | 0.0 | 3.7 |
| Q2. The society/community values and appreciates the work I do as a frontline staff. | 33.3 | 44.4 | 14.8 | 0.0 | 0.0 | 0.0 | 7.4 |
| Advancement | | | | | | | |
| Q1. I am satisfied with my chances for promotion/salary increase. | 14.8 | 25.9 | 14.8 | 18.5 | 14.8 | 3.7 | 7.4 |
| Q2. I have a chance to gain new skills and knowledge on the job. | 22.2 | 25.9 | 25.9 | 14.8 | 0.0 | 3.7 | 7.4 |
| Hygiene Factors | | | | | | | |
| Management | | | | | | | |
| Q1. My supervisor provides clear instructions when | 55.6 | 29.6 | 14.8 | 0.0 | 0.0 | 0.0 | 0.0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| assigning me work. | | | | | | | |
| Q2. I like to work with my supervisor. | 66.7 | 22.2 | 11.1 | 0.0 | 0.0 | 0.0 | 0.0 |
| Coworkers | | | | | | | |
| Q1. The people I work with are knowledgeable and competent. | 33.3 | 51.9 | 11.1 | 3.7 | 0.0 | 0.0 | 0.0 |
| Q2. I like working with others in my department. | 59.3 | 25.9 | 11.1 | 0.0 | 0.0 | 3.7 | 0.0 |
| Patient Relations | | | | | | | |
| Q1. Patients respect me as part of the health care team. | 44.4 | 40.7 | 7.4 | 3.7 | 0.0 | 3.7 | 0.0 |
| Q2. I like working with our patients. | 70.4 | 29.6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q3. Patients let me know when I am doing a good job. | 48.1 | 37.0 | 11.1 | 0.0 | 0.0 | 3.7 | 0.0 |
| Q4. Patients let me know when they are upset about something. | 74.1 | 11.1 | 7.4 | 3.7 | 0.0 | 3.7 | 0.0 |
| Pay/Benefits | | | | | | | |
| Q1. I feel I am being paid a fair amount for the work I do. | 11.1 | 29.6 | 18.5 | 14.8 | 14.8 | 3.7 | 7.4 |
| Q2. I am satisfied with the benefits I receive. | 25.9 | 25.9 | 29.6 | 3.7 | 3.7 | 3.7 | 7.4 |

CHC B

| N | 12 | | | | | | |
|---|---|---|---|---|---|---|---|
| Motivator Factors | 1 (Strongly Agree) | 2 (Agree) | 3 (Neutral) | 4 (Disagree) | 5 (Strongly Disagree) | Not Sure | Missing |
| Recognition | | | | | | | |
| Q1. My job is important to the success of our community health center. | 75.0 | 16.7 | 8.3 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. My organization rewards or acknowledges me when I do an outstanding job. | 16.7 | 0.0 | 25.0 | 8.3 | 41.7 | 0.0 | 8.3 |
| Appreciation | | | | | | | |
| Q1. My supervisor trusts me to make decisions in my day-to-day work. | 75.0 | 16.7 | 8.3 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. The society/community values and appreciates the work I do as a frontline staff. | 75.0 | 16.7 | 8.3 | 0.0 | 0.0 | 0.0 | 0.0 |
| Advancement | | | | | | | |
| Q1. I am satisfied with my chances for promotion/salary increase. | 8.3 | 16.7 | 8.3 | 25.0 | 33.3 | 8.3 | 0.0 |
| Q2. I have a chance to gain new skills and knowledge on the job. | 8.3 | 25.0 | 16.7 | 8.3 | 41.7 | 0.0 | 0.0 |
| Hygiene Factors | | | | | | | |
| Management | | | | | | | |
| Q1. My supervisor provides clear instructions when assigning me work. | 41.7 | 8.3 | 33.3 | 16.7 | 0.0 | 0.0 | 0.0 |
| Q2. I like to work with my supervisor. | 41.7 | 25.0 | 33.3 | 0.0 | 0.0 | 0.0 | 0.0 |
| Coworkers | | | | | | | |
| Q1. The people I work with are knowledgeable and competent. | 41.7 | 41.7 | 16.7 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. I like working | 58.3 | 33.3 | 8.3 | 0.0 | 0.0 | 0.0 | 0.0 |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| with others in my department. | | | | | | | |
| Patient Relations | | | | | | | |
| Q1. Patients respect me as part of the health care team. | 75.0 | 16.7 | 8.3 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. I like working with our patients. | 75.0 | 16.7 | 8.3 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q3. Patients let me know when I am doing a good job. | 66.7 | 8.3 | 8.3 | 8.3 | 0.0 | 8.3 | 0.0 |
| Q4. Patients let me know when they are upset about something. | 58.3 | 16.7 | 16.7 | 0.0 | 0.0 | 8.3 | 0.0 |
| Pay/Benefits | | | | | | | |
| Q1. I feel I am being paid a fair amount for the work I do. | 0.0 | 25.0 | 0.0 | 25.0 | 50.0 | 0.0 | 0.0 |
| Q2. I am satisfied with the benefits I receive. | 16.7 | 8.3 | 25.0 | 8.3 | 33.3 | 8.3 | 0.0 |

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CHC C

| N | 33 | | | | | | |
|---|---|---|---|---|---|---|---|
| Motivator Factors | 1 (Strongly Agree) | 2 (Agree) | 3 (Neutral) | 4 (Disagree) | 5 (Strongly Disagree) | Not Sure | Missing |
| Recognition | | | | | | | |
| Q1. My job is important to the success of our community health center. | 63.6 | 15.2 | 12.1 | 3.0 | 6.1 | 0.0 | 0.0 |
| Q2. My organization rewards or acknowledges me when I do an outstanding job. | 12.1 | 27.3 | 30.3 | 21.2 | 9.1 | 0.0 | 0.0 |
| Appreciation | | | | | | | |
| Q1. My supervisor trusts me to make decisions in my day-to-day work. | 45.5 | 15.2 | 27.3 | 0.0 | 12.1 | 0.0 | 0.0 |
| Q2. The society/community values and appreciates the work I do as a frontline staff. | 36.4 | 12.1 | 30.3 | 9.1 | 3.0 | 0.0 | 9.1 |
| Advancement | | | | | | | |
| Q1. I am satisfied with my chances for promotion/salary increase. | 15.2 | 18.2 | 27.3 | 12.1 | 12.1 | 15.2 | 0.0 |
| Q2. I have a chance to gain new skills and knowledge on the job. | 42.4 | 24.2 | 18.2 | 6.1 | 6.1 | 3.0 | 0.0 |
| Hygiene Factors | | | | | | | |
| Management | | | | | | | |
| Q1. My supervisor provides clear instructions when assigning me work. | 45.5 | 24.2 | 12.1 | 6.1 | 6.1 | 3.0 | 3.0 |
| Q2. I like to work with my supervisor. | 51.5 | 18.2 | 6.1 | 15.2 | 3.0 | 0.0 | 6.1 |
| Coworkers | | | | | | | |
| Q1. The people I work with are knowledgeable and competent. | 42.4 | 30.3 | 12.1 | 12.1 | 3.0 | 0.0 | 0.0 |
| Q2. I like working | 54.5 | 21.2 | 12.1 | 12.1 | 0.0 | 0.0 | 0.0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| with others in my department. | | | | | | | |
| Patient Relations | | | | | | | |
| Q1. Patients respect me as part of the health care team. | 45.5 | 18.2 | 15.2 | 12.1 | 0.0 | 9.1 | 0.0 |
| Q2. I like working with our patients. | 48.5 | 21.2 | 18.2 | 6.1 | 3.0 | 0.0 | 3.0 |
| Q3. Patients let me know when I am doing a good job. | 39.4 | 21.2 | 15.2 | 12.1 | 6.1 | 6.1 | 0.0 |
| Q4. Patients let me know when they are upset about something. | 51.5 | 30.3 | 9.1 | 3.0 | 6.1 | 0.0 | 0.0 |
| Pay/Benefits | | | | | | | |
| Q1. I feel I am being paid a fair amount for the work I do. | 9.1 | 18.2 | 30.3 | 15.2 | 12.1 | 12.1 | 3.0 |
| Q2. I am satisfied with the benefits I receive. | 24.2 | 24.2 | 24.2 | 12.1 | 12.1 | 3.0 | 0.0 |

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CHC D

| N | 83 | | | | | | |
|---|---|---|---|---|---|---|---|
| Motivator Factors | 1 (Strongly Agree) | 2 (Agree) | 3 (Neutral) | 4 (Disagree) | 5 (Strongly Disagree) | Not Sure | Missing |
| Recognition | | | | | | | |
| Q1. My job is important to the success of our community health center. | 83.1 | 10.8 | 3.6 | 1.2 | 1.2 | 0.0 | 0.0 |
| Q2. My organization rewards or acknowledges me when I do an outstanding job. | 21.7 | 12.0 | 32.5 | 20.5 | 10.8 | 0.0 | 2.4 |
| Appreciation | | | | | | | |
| Q1. My supervisor trusts me to make decisions in my day-to-day work. | 55.4 | 32.5 | 8.4 | 1.2 | 1.2 | 0.0 | 1.2 |
| Q2. The society/community values and appreciates the work I do as a frontline staff. | 34.9 | 37.3 | 10.8 | 6.0 | 3.6 | 0.0 | 7.2 |
| Advancement | | | | | | | |
| Q1. I am satisfied with my chances for promotion/salary increase. | 7.2 | 12.0 | 36.1 | 19.3 | 18.1 | 7.2 | 0.0 |
| Q2. I have a chance to gain new skills and knowledge on the job. | 24.1 | 25.3 | 31.3 | 12.0 | 4.8 | 2.4 | 0.0 |
| Hygiene Factors | | | | | | | |
| Management | | | | | | | |
| Q1. My supervisor provides clear instructions when assigning me work. | 50.6 | 28.9 | 10.8 | 6.0 | 2.4 | 1.2 | 0.0 |
| Q2. I like to work with my supervisor. | 56.6 | 27.7 | 6.0 | 3.6 | 3.6 | 2.4 | 0.0 |
| Coworkers | | | | | | | |
| Q1. The people I work with are | 48.2 | 37.3 | 12.0 | 1.2 | 0.0 | 1.2 | 0.0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| knowledgeable and competent. | | | | | | | |
| Q2. I like working with others in my department. | 71.1 | 20.5 | 6.0 | 2.4 | 0.0 | 0.0 | 0.0 |
| Patient Relations | | | | | | | |
| Q1. Patients respect me as part of the health care team. | 49.4 | 28.9 | 13.3 | 3.6 | 2.4 | 2.4 | 0.0 |
| Q2. I like working with our patients. | 66.3 | 25.3 | 4.8 | 0.0 | 1.2 | 1.2 | 1.2 |
| Q3. Patients let me know when I am doing a good job. | 50.6 | 25.3 | 14.5 | 4.8 | 2.4 | 2.4 | 0.0 |
| Q4. Patients let me know when they are upset about something. | 61.4 | 26.5 | 8.4 | 0.0 | 0.0 | 3.6 | 0.0 |
| Pay/Benefits | | | | | | | |
| Q1. I feel I am being paid a fair amount for the work I do. | 6.0 | 14.5 | 33.7 | 24.1 | 19.3 | 1.2 | 1.2 |
| Q2. I am satisfied with the benefits I receive. | 12.0 | 25.3 | 34.9 | 16.9 | 7.2 | 3.6 | 0.0 |

CHC E

| N | 33 | | | | | | |
|---|---|---|---|---|---|---|---|
| Motivator Factors | 1 (Strongly Agree) | 2 (Agree) | 3 (Neutral) | 4 (Disagree) | 5 (Strongly Disagree) | Not Sure | Missing |
| Recognition | | | | | | | |
| Q1. My job is important to the success of our community health center. | 72.7 | 12.1 | 12.1 | 0.0 | 3.0 | 0.0 | 0.0 |
| Q2. My organization rewards or acknowledges me when I do an outstanding job. | 33.3 | 15.2 | 30.3 | 12.1 | 6.1 | 0.0 | 3.0 |
| Appreciation | | | | | | | |
| Q1. My supervisor trusts me to make decisions in my day-to-day work. | 60.6 | 18.2 | 15.2 | 0.0 | 3.0 | 0.0 | 3.0 |
| Q2. The society/community values and appreciates the work I do as a frontline staff. | 33.3 | 30.3 | 27.3 | 0.0 | 0.0 | 0.0 | 9.1 |
| Advancement | | | | | | | |
| Q1. I am satisfied with my chances for promotion/salary increase. | 24.2 | 39.4 | 27.3 | 6.1 | 0.0 | 3.0 | 0.0 |
| Q2. I have a chance to gain new skills and knowledge on the job. | 33.3 | 33.3 | 27.3 | 6.1 | 0.0 | 0.0 | 0.0 |
| Hygiene Factors | | | | | | | |
| Management | | | | | | | |
| Q1. My supervisor provides clear instructions when assigning me work. | 57.6 | 18.2 | 15.2 | 3.0 | 3.0 | 3.0 | 0.0 |
| Q2. I like to work with my supervisor. | 57.6 | 18.2 | 15.2 | 0.0 | 6.1 | 3.0 | 0.0 |
| Coworkers | | | | | | | |
| Q1. The people I work with are knowledgeable and competent. | 48.5 | 21.2 | 18.2 | 12.1 | 0.0 | 0.0 | 0.0 |
| Q2. I like working with others in my | 54.5 | 33.3 | 9.1 | 0.0 | 3.0 | 0.0 | 0.0 |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| department. | | | | | | | |
| Patient Relations | | | | | | | |
| Q1. Patients respect me as part of the health care team. | 42.4 | 36.4 | 15.2 | 0.0 | 0.0 | 6.1 | 0.0 |
| Q2. I like working with our patients. | 51.5 | 33.3 | 9.1 | 3.0 | 0.0 | 3.0 | 0.0 |
| Q3. Patients let me know when I am doing a good job. | 36.4 | 36.4 | 21.2 | 3.0 | 0.0 | 3.0 | 0.0 |
| Q4. Patients let me know when they are upset about something. | 57.6 | 24.2 | 6.1 | 3.0 | 3.0 | 6.1 | 0.0 |
| Pay/Benefits | | | | | | | |
| Q1. I feel I am being paid a fair amount for the work I do. | 27.3 | 39.4 | 27.3 | 3.0 | 3.0 | 0.0 | 0.0 |
| Q2. I am satisfied with the benefits I receive. | 33.3 | 39.4 | 24.2 | 3.0 | 0.0 | 0.0 | 0.0 |

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CHC F

| N | 14 | | | | | | |
|---|---|---|---|---|---|---|---|
| Motivator Factors | 1 (Strongly Agree) | 2 (Agree) | 3 (Neutral) | 4 (Disagree) | 5 (Strongly Disagree) | Not Sure | Missing |
| Recognition | | | | | | | |
| Q1. My job is important to the success of our community health center. | 57.1 | 42.9 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. My organization rewards or acknowledges me when I do an outstanding job. | 7.1 | 14.3 | 42.9 | 21.4 | 7.1 | 0.0 | 7.1 |
| Appreciation | | | | | | | |
| Q1. My supervisor trusts me to make decisions in my day-to-day work. | 42.9 | 35.7 | 21.4 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. The society/community values and appreciates the work I do as a frontline staff. | 14.3 | 21.4 | 50.0 | 0.0 | 7.1 | 0.0 | 7.1 |
| Advancement | | | | | | | |
| Q1. I am satisfied with my chances for promotion/salary increase. | 0.0 | 14.3 | 35.7 | 21.4 | 7.1 | 21.4 | 0.0 |
| Q2. I have a chance to gain new skills and knowledge on the job. | 35.7 | 35.7 | 21.4 | 7.1 | 0.0 | 0.0 | 0.0 |
| Hygiene Factors | | | | | | | |
| Management | | | | | | | |
| Q1. My supervisor provides clear instructions when assigning me work. | 71.4 | 21.4 | 7.1 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. I like to work with my supervisor. | 64.3 | 21.4 | 14.3 | 0.0 | 0.0 | 0.0 | 0.0 |
| Coworkers | | | | | | | |
| Q1. The people I work with are knowledgeable and competent. | 42.9 | 42.9 | 14.3 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. I like working with others in my department. | 78.6 | 7.1 | 14.3 | 0.0 | 0.0 | 0.0 | 0.0 |
| Patient Relations | | | | | | | |
| Q1. Patients respect | 21.4 | 28.6 | 28.6 | 7.1 | 7.1 | 7.1 | 0.0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| me as part of the health care team. | | | | | | | |
| Q2. I like working with our patients. | 28.6 | 42.9 | 28.6 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q3. Patients let me know when I am doing a good job. | 21.4 | 28.6 | 35.7 | 7.1 | 7.1 | 0.0 | 0.0 |
| Q4. Patients let me know when they are upset about something. | 78.6 | 14.3 | 7.1 | 0.0 | 0.0 | 0.0 | 0.0 |
| Pay/Benefits | | | | | | | |
| Q1. I feel I am being paid a fair amount for the work I do. | 0.0 | 14.3 | 42.9 | 42.9 | 0.0 | 0.0 | 0.0 |
| Q2. I am satisfied with the benefits I receive. | 14.3 | 42.9 | 42.9 | 0.0 | 0.0 | 0.0 | 0.0 |

CHC G

| N | 14 | | | | | | |
|---|---|---|---|---|---|---|---|
| Motivator Factors | 1 (Strongly Agree) | 2 (Agree) | 3 (Neutral) | 4 (Disagree) | 5 (Strongly Disagree) | Not Sure | Missing |
| Recognition | | | | | | | |
| Q1. My job is important to the success of our community health center. | 85.7 | 7.1 | 0.0 | 0.0 | 0.0 | 0.0 | 7.1 |
| Q2. My organization rewards or acknowledges me when I do an outstanding job. | 0.0 | 21.4 | 21.4 | 35.7 | 21.4 | 0.0 | 0.0 |
| Appreciation | | | | | | | |
| Q1. My supervisor trusts me to make decisions in my day-to-day work. | 42.9 | 14.3 | 21.4 | 14.3 | 0.0 | 0.0 | 7.1 |
| Q2. The society/community values and appreciates the work I do as a frontline staff. | 57.1 | 7.1 | 7.1 | 21.4 | 0.0 | 0.0 | 7.1 |
| Advancement | | | | | | | |
| Q1. I am satisfied with my chances for promotion/salary increase. | 7.1 | 0.0 | 14.3 | 21.4 | 57.1 | 0.0 | 0.0 |
| Q2. I have a chance to gain new skills and knowledge on the job. | 21.4 | 14.3 | 7.1 | 28.6 | 21.4 | 0.0 | 7.1 |
| Hygiene Factors | | | | | | | |
| Management | | | | | | | |
| Q1. My supervisor provides clear instructions when assigning me work. | 35.7 | 21.4 | 14.3 | 7.1 | 14.3 | 7.1 | 0.0 |
| Q2. I like to work with my supervisor. | 42.9 | 14.3 | 14.3 | 0.0 | 14.3 | 14.3 | 0.0 |
| Coworkers | | | | | | | |
| Q1. The people I work with are knowledgeable and competent. | 42.9 | 14.3 | 28.6 | 0.0 | 14.3 | 0.0 | 0.0 |
| Q2. I like working with others in my | 71.4 | 14.3 | 7.1 | 0.0 | 7.1 | 0.0 | 0.0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| department. | | | | | | | |
| Patient Relations | | | | | | | |
| Q1. Patients respect me as part of the health care team. | 57.1 | 28.6 | 7.1 | 0.0 | 7.1 | 0.0 | 0.0 |
| Q2. I like working with our patients. | 85.7 | 7.1 | 7.1 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q3. Patients let me know when I am doing a good job. | 57.1 | 21.4 | 7.1 | 14.3 | 0.0 | 0.0 | 0.0 |
| Q4. Patients let me know when they are upset about something. | 78.6 | 7.1 | 7.1 | 7.1 | 0.0 | 0.0 | 0.0 |
| Pay/Benefits | | | | | | | |
| Q1. I feel I am being paid a fair amount for the work I do. | 0.0 | 0.0 | 7.1 | 21.4 | 71.4 | 0.0 | 0.0 |
| Q2. I am satisfied with the benefits I receive. | 7.1 | 0.0 | 14.3 | 28.6 | 50.0 | 0.0 | 0.0 |

CHC H

| N | 13 | | | | | | |
|---|---|---|---|---|---|---|---|
| Motivator Factors | 1 (Strongly Agree) | 2 (Agree) | 3 (Neutral) | 4 (Disagree) | 5 (Strongly Disagree) | Not Sure | Missing |
| Recognition | | | | | | | |
| Q1. My job is important to the success of our community health center. | 92.3 | 7.7 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. My organization rewards or acknowledges me when I do an outstanding job. | 7.7 | 7.7 | 23.1 | 15.4 | 38.5 | 0.0 | 7.7 |
| Appreciation | | | | | | | |
| Q1. My supervisor trusts me to make decisions in my day-to-day work. | 76.9 | 15.4 | 0.0 | 0.0 | 0.0 | 0.0 | 7.7 |
| Q2. The society/community values and appreciates the work I do as a frontline staff. | 76.9 | 15.4 | 7.7 | 0.0 | 0.0 | 0.0 | 0.0 |
| Advancement | | | | | | | |
| Q1. I am satisfied with my chances for promotion/salary increase. | 0.0 | 23.1 | 30.8 | 23.1 | 23.1 | 0.0 | 0.0 |
| Q2. I have a chance to gain new skills and knowledge on the job. | 30.8 | 15.4 | 23.1 | 7.7 | 23.1 | 0.0 | 0.0 |
| Hygiene Factors | | | | | | | |
| Management | | | | | | | |
| Q1. My supervisor provides clear instructions when assigning me work. | 69.2 | 23.1 | 7.7 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. I like to work with my supervisor. | 69.2 | 23.1 | 7.7 | 0.0 | 0.0 | 0.0 | 0.0 |
| Coworkers | | | | | | | |
| Q1. The people I work with are knowledgeable and competent. | 53.8 | 38.5 | 7.7 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. I like working with others in my department. | 69.2 | 30.8 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Patient Relations | | | | | | | |
| Q1. Patients respect me | 76.9 | 15.4 | 7.7 | 0.0 | 0.0 | 0.0 | 0.0 |

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|---|---|---|---|---|---|---|---|
| as part of the health care team. | | | | | | | |
| Q2. I like working with our patients. | 84.6 | 7.7 | 7.7 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q3. Patients let me know when I am doing a good job. | 61.5 | 30.8 | 0.0 | 0.0 | 7.7 | 0.0 | 0.0 |
| Q4. Patients let me know when they are upset about something. | 84.6 | 15.4 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Pay/Benefits | | | | | | | |
| Q1. I feel I am being paid a fair amount for the work I do. | 0.0 | 7.7 | 38.5 | 23.1 | 30.8 | 0.0 | 0.0 |
| Q2. I am satisfied with the benefits I receive. | 0.0 | 46.2 | 30.8 | 0.0 | 23.1 | 0.0 | 0.0 |

CHC J

| N | 10 | | | | | | |
|---|---|---|---|---|---|---|---|
| Motivator Factors | 1 (Strongly Agree) | 2 (Agree) | 3 (Neutral) | 4 (Disagree) | 5 (Strongly Disagree) | Not Sure | Missing |
| Recognition | | | | | | | |
| Q1. My job is important to the success of our community health center. | 70.0 | 30.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. My organization rewards or acknowledges me when I do an outstanding job. | 10.0 | 0.0 | 60.0 | 0.0 | 10.0 | 0.0 | 20.0 |
| Appreciation | | | | | | | |
| Q1. My supervisor trusts me to make decisions in my day-to-day work. | 50.0 | 20.0 | 20.0 | 0.0 | 0.0 | 0.0 | 10.0 |
| Q2. The society/community values and appreciates the work I do as a frontline staff. | 40.0 | 40.0 | 0.0 | 0.0 | 0.0 | 0.0 | 20.0 |
| Advancement | | | | | | | |
| Q1. I am satisfied with my chances for promotion/salary increase. | 20.0 | 40.0 | 10.0 | 10.0 | 10.0 | 0.0 | 10.0 |
| Q2. I have a chance to gain new skills and knowledge on the job. | 20.0 | 40.0 | 30.0 | 0.0 | 0.0 | 0.0 | 10.0 |
| Hygiene Factors | | | | | | | |
| Management | | | | | | | |
| Q1. My supervisor provides clear instructions when assigning me work. | 60.0 | 30.0 | 0.0 | 0.0 | 0.0 | 0.0 | 10.0 |
| Q2. I like to work with my supervisor. | 70.0 | 30.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Coworkers | | | | | | | |
| Q1. The people I work with are knowledgeable and competent. | 50.0 | 20.0 | 30.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. I like working with others in my department. | 60.0 | 20.0 | 20.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Patient Relations | | | | | | | |
| Q1. Patients respect | 60.0 | 30.0 | 0.0 | 0.0 | 0.0 | 0.0 | 10.0 |

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|---|---|---|---|---|---|---|---|
| me as part of the health care team. | | | | | | | |
| Q2. I like working with our patients. | 60.0 | 20.0 | 10.0 | 0.0 | 0.0 | 0.0 | 10.0 |
| Q3. Patients let me know when I am doing a good job. | 20.0 | 60.0 | 10.0 | 0.0 | 0.0 | 0.0 | 10.0 |
| Q4. Patients let me know when they are upset about something. | 50.0 | 20.0 | 20.0 | 0.0 | 0.0 | 0.0 | 10.0 |
| Pay/Benefits | | | | | | | |
| Q1. I feel I am being paid a fair amount for the work I do. | 10.0 | 30.0 | 30.0 | 10.0 | 10.0 | 0.0 | 10.0 |
| Q2. I am satisfied with the benefits I receive. | 10.0 | 40.0 | 30.0 | 10.0 | 0.0 | 0.0 | 10.0 |

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CHC K

| N | 2 | | | | | | |
|---|---|---|---|---|---|---|---|
| Motivator Factors | 1 (Strongly Agree) | 2 (Agree) | 3 (Neutral) | 4 (Disagree) | 5 (Strongly Disagree) | Not Sure | Missing |
| Recognition | | | | | | | |
| Q1. My job is important to the success of our community health center. | 100.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. My organization rewards or acknowledges me when I do an outstanding job. | 0.0 | 0.0 | 100.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Appreciation | | | | | | | |
| Q1. My supervisor trusts me to make decisions in my day-to-day work. | 50.0 | 0.0 | 50.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. The society/community values and appreciates the work I do as a frontline staff. | 0.0 | 50.0 | 0.0 | 0.0 | 0.0 | 0.0 | 50.0 |
| Advancement | | | | | | | |
| Q1. I am satisfied with my chances for promotion/salary increase. | 0.0 | 0.0 | 0.0 | 100.0 | 0.0 | 0.0 | 0.0 |
| Q2. I have a chance to gain new skills and knowledge on the job. | 0.0 | 50.0 | 0.0 | 50.0 | 0.0 | 0.0 | 0.0 |
| Hygiene Factors | | | | | | | |
| Management | | | | | | | |
| Q1. My supervisor provides clear instructions when assigning me work. | 0.0 | 50.0 | 50.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. I like to work with my supervisor. | 100.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Coworkers | | | | | | | |
| Q1. The people I work with are knowledgeable and competent. | 100.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q2. I like working with others in my department. | 100.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

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|---|---|---|---|---|---|---|---|
| Patient Relations | | | | | | | |
| Q1. Patients respect me as part of the health care team. | 50.0 | 0.0 | 0.0 | 0.0 | 0.0 | 50.0 | 0.0 |
| Q2. I like working with our patients. | 100.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q3. Patients let me know when I am doing a good job. | 100.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Q4. Patients let me know when they are upset about something. | 100.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Pay/Benefits | | | | | | | |
| Q1. I feel I am being paid a fair amount for the work I do. | 0.0 | 0.0 | 0.0 | 0.0 | 100.0 | 0.0 | 0.0 |
| Q2. I am satisfied with the benefits I receive. | 0.0 | 0.0 | 0.0 | 0.0 | 100.0 | 0.0 | 0.0 |

CHC L

| N | 30 | | | | | | |
|---|---|---|---|---|---|---|---|
| Motivator Factors | 1 (Strongly Agree) | 2 (Agree) | 3 (Neutral) | 4 (Disagree) | 5 (Strongly Disagree) | Not Sure | Missing |
| Recognition | | | | | | | |
| Q1. My job is important to the success of our community health center. | 63.3 | 23.3 | 10.0 | 0.0 | 3.3 | 0.0 | 0.0 |
| Q2. My organization rewards or acknowledges me when I do an outstanding job. | 16.7 | 23.3 | 43.3 | 6.7 | 10.0 | 0.0 | 0.0 |
| Appreciation | | | | | | | |
| Q1. My supervisor trusts me to make decisions in my day-to-day work. | 43.3 | 16.7 | 30.0 | 6.7 | 3.3 | 0.0 | 0.0 |
| Q2. The society/community values and appreciates the work I do as a frontline staff. | 20.0 | 23.3 | 33.3 | 16.7 | 6.7 | 0.0 | 0.0 |
| Advancement | | | | | | | |
| Q1. I am satisfied with my chances for promotion/salary increase. | 20.0 | 16.7 | 30.0 | 6.7 | 23.3 | 3.3 | 0.0 |
| Q2. I have a chance to gain new skills and knowledge on the job. | 40.0 | 26.7 | 20.0 | 13.3 | 0.0 | 0.0 | 0.0 |
| Hygiene Factors | | | | | | | |
| Management | | | | | | | |
| Q1. My supervisor provides clear instructions when assigning me work. | 33.3 | 23.3 | 30.0 | 13.3 | 0.0 | 0.0 | 0.0 |
| Q2. I like to work with my supervisor. | 43.3 | 23.3 | 23.3 | 6.7 | 3.3 | 0.0 | 0.0 |
| Coworkers | | | | | | | |
| Q1. The people I work with are knowledgeable and competent. | 26.7 | 46.7 | 16.7 | 6.7 | 3.3 | 0.0 | 0.0 |
| Q2. I like working with others in my department. | 46.7 | 40.0 | 10.0 | 0.0 | 3.3 | 0.0 | 0.0 |
| Patient Relations | | | | | | | |
| Q1. Patients respect | 16.7 | 33.3 | 26.7 | 13.3 | 6.7 | 3.3 | 0.0 |

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|---|---|---|---|---|---|---|---|
| me as part of the health care team. | | | | | | | |
| Q2. I like working with our patients. | 33.3 | 36.7 | 20.0 | 10.0 | 0.0 | 0.0 | 0.0 |
| Q3. Patients let me know when I am doing a good job. | 26.7 | 26.7 | 36.7 | 10.0 | 0.0 | 0.0 | 0.0 |
| Q4. Patients let me know when they are upset about something. | 63.3 | 23.3 | 10.0 | 0.0 | 3.3 | 0.0 | 0.0 |
| Pay/Benefits | | | | | | | |
| Q1. I feel I am being paid a fair amount for the work I do. | 6.7 | 20.0 | 23.3 | 33.3 | 13.3 | 3.3 | 0.0 |
| Q2. I am satisfied with the benefits I receive. | 26.7 | 40.0 | 23.3 | 6.7 | 3.3 | 0.0 | 0.0% |

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CHC M

| N | 32 | | | | | | |
|---|---|---|---|---|---|---|---|
| Motivator Factors | 1 (Strongly Agree) | 2 (Agree) | 3 (Neutral) | 4 (Disagree) | 5 (Strongly Disagree) | Not Sure | Missing |
| Recognition | | | | | | | |
| Q1. My job is important to the success of our community health center. | 71.9 | 6.3 | 6.3 | 3.1 | 3.1 | 0.0 | 9.4 |
| Q2. My organization rewards or acknowledges me when I do an outstanding job. | 40.6 | 28.1 | 15.6 | 3.1 | 3.1 | 0.0 | 9.4 |
| Appreciation | | | | | | | |
| Q1. My supervisor trusts me to make decisions in my day-to-day work. | 68.8 | 9.4 | 0.0 | 0.0 | 6.3 | 0.0 | 15.6 |
| Q2. The society/community values and appreciates the work I do as a frontline staff. | 31.3 | 31.3 | 15.6 | 6.3 | 0.0 | 0.0 | 15.6 |
| Advancement | | | | | | | |
| Q1. I am satisfied with my chances for promotion/salary increase. | 34.4 | 15.6 | 25.0 | 12.5 | 3.1 | 3.1 | 6.3 |
| Q2. I have a chance to gain new skills and knowledge on the job. | 43.8 | 18.8 | 18.8 | 15.6 | 0.0 | 3.1 | 0.0 |
| Hygiene Factors | | | | | | | |
| Management | | | | | | | |
| Q1. My supervisor provides clear instructions when assigning me work. | 65.6 | 15.6 | 9.4 | 0.0 | 3.1 | 0.0 | 6.3 |
| Q2. I like to work with my supervisor. | 75.0 | 12.5 | 6.3 | 3.1 | 3.1 | 0.0 | 0.0 |
| Coworkers | | | | | | | |
| Q1. The people I work with are knowledgeable and competent. | 62.5 | 18.8 | 3.1 | 6.3 | 0.0 | 0.0 | 9.4 |
| Q2. I like working with others in my department. | 68.8 | 18.8 | 6.3 | 3.1 | 3.1 | 0.0 | 0.0 |
| Patient Relations | | | | | | | |
| Q1. Patients respect me as part of the health care team. | 34.4 | 18.8 | 21.9 | 9.4 | 3.1 | 3.1 | 9.4 |
| Q2. I like working with our patients. | 59.4 | 28.1 | 3.1 | 6.3 | 3.1 | 0.0 | 0.0 |
| Q3. Patients let me know | 34.4 | 28.1 | 21.9 | 3.1 | 6.3 | 0.0 | 6.3 |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| when I am doing a good job. | | | | | | | |
| Q4. Patients let me know when they are upset about something. | 71.9 | 18.8 | 0.0 | 3.1 | 6.3 | 0.0 | 0.0 |
| Pay/Benefits | | | | | | | |
| Q1. I feel I am being paid a fair amount for the work I do. | 28.1 | 18.8 | 12.5 | 25.0 | 6.3 | 3.1 | 6.3 |
| Q2. I am satisfied with the benefits I receive. | 40.6 | 25.0 | 18.8 | 9.4 | 3.1 | 3.1 | 0.0 |

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