



Relationship between Organizational Inclusion behavior and Job Satisfaction of Female Staff in Hospitals

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ABSTRACT

Background: Organizational inclusion behavior (OIB) is key to creating equitable workplaces, especially in healthcare where women are in majority.

Objectives: To study the relationship between OIB and job satisfaction among female staff in Kerala hospitals and to see the impact of formal inclusion programs on this relationship.

Methods: This cross sectional study used validated tools, Job Satisfaction Scale (JSS) and Organizational Inclusion Behavior (OIB) Scale to collect data from 100 female hospital staff categorized based on their organization's inclusion programs. Data were analyzed using descriptive statistics, t-tests and correlation analysis.

Results: Organizations with inclusion programs had higher OIB scores; but job satisfaction was higher in organizations without formal programs. Weak negative correlation was found between OIB and job satisfaction ($r = -0.206, p < 0.05$).

Conclusion: While inclusion programs increase OIB, the direct effect on job satisfaction is unclear, so we need to have holistic strategies that integrate inclusion with overall organizational practices.

Keywords: Organizational Inclusion Behavior, Job Satisfaction, Healthcare, Inclusion Programs, Female Workers

Introduction

The southernmost state in India is Kerala, which has witnessed diverse shifts in the dynamics of the healthcare workplace due to inclusivity and employee satisfaction. While retaining its reputation for high-quality healthcare delivery under resource constraints, the healthcare system of Kerala is increasingly turning its gaze toward Organizational Inclusion Behavior (OIB) and job satisfaction, both critical ingredients in the retention formula, performance, and overall success of an organization.

The concept of inclusion in the workplace has evolved from diversity initiatives to comprehensive approaches that require involvement and a sense of belonging. Inclusion is particularly pertinent in healthcare settings in Kerala, where the workforce is predominantly female, and inclusivity is paramount for optimal teamwork and patient care. While the former is laden with legacies of social structures, the latter offers unique challenges and opportunities within the context of inclusion in the workplace.

Evidence suggests that inclusion has a wide range of effects on employees. Chordia's National Health Service study includes the finding that inclusivity efforts reduce turnover intentions, especially for disabled individuals. In the same vein, Moussa's research underscores the contribution of inclusion to workplace happiness while valuing skills over demographic characteristics. The healthcare system in Kerala is rocked by additional burdens due to prevailing gender biases and hierarchies. Research points to issues such as harassment and discrimination, which are sources of job dissatisfaction and deterrents to staying in one's job.

Shore and Chuang also highlight leadership behaviors that promote inclusiveness, such as participative decision-making and dealing with exclusion. Other research, like that of Correll et al., reveals gender differences in feedback practices which make inclusion in healthcare more complicated. Inclusive leadership practices that foster respect and equitable treatment are pivotal for improving team dynamics while enhancing employee satisfaction.

While there is much research on inclusion and job satisfaction in the world, there are few studies for Kerala healthcare. This study fills this gap by examining the impact of formal inclusion programs on the job satisfaction of female healthcare workers. It aims to determine the relationship between

inclusion practices and job satisfaction and provide evidence-based recommendations for improvement. Findings herein contribute to policy development and further workplace equity, tackling issues that are distinctive to evolving healthcare systems.

This study offers practical implications for healthcare leaders in fostering an inclusive environment that promotes the well-being and satisfaction of female members in the healthcare workforce, thereby achieving success at both personal and organizational levels.

Literature review

Organizational inclusion behavior and job satisfaction play crucial roles in establishing fair and efficient workplaces. Singh and Jain (2013) emphasized the significant influence of job satisfaction on employees' morale, productivity, and overall organizational success. They contended that a supportive work environment, characterized by inclusive organizational practices, enhances both job satisfaction and performance.

Wilks and Neto (2013) delved into age-related disparities in job satisfaction and discovered that while job-related emotional well-being diminishes with age, job satisfaction remains steady. This underscores the importance of tailoring inclusion practices to meet age-specific requirements.

Similarly, Montuori et al. (2020) unveiled that family responsibilities can detrimentally impact job satisfaction, indicating that initiatives promoting work-life balance are pivotal components of organizational inclusion.

Mousa (2020) investigated the correlation between gender diversity, organizational inclusion, and workplace happiness in Egyptian universities. The findings underscored that inclusive practices that evaluate employees based on skills and contributions rather than demographic distinctions significantly boost workplace happiness and productivity. While context-dependent, these findings accentuate the universal advantages of diversity management.

Rhead et al. (2021) illustrated that workplace discrimination and harassment among NHS staff lead to diminished job satisfaction and increased turnover rates. This study stressed the imperative need for comprehensive equality and inclusion training at all organizational tiers to address these issues effectively.

Shore and Chung (2021) pinpointed essential inclusive leadership behaviors, like participatory decision-making and nurturing relational connections, which foster workplace inclusion and positively influence team dynamics and employee well-being.

Van Dijk et al. (2021) scrutinized the fallacy of meritocracy in workplace operations, asserting that social inequalities often favor dominant groups. The study advocated for equality, diversity, and inclusion initiatives to counter these systemic biases and enhance productivity.

Chordiya (2022) probed the turnover intentions of federal employees with disabilities, revealing lower job satisfaction and organizational inclusion levels compared to non-disabled employees. The study underscored the significance of inclusive practices in reducing turnover and boosting job satisfaction among marginalized groups.

Kaliannan et al. (2023) undertook a systematic review on inclusive talent development, showcasing its positive effects on individual and organizational performance. Inclusive talent development strategies were found to promote equality, diversity, and inclusion in managing diverse workforces.

Collectively, these studies highlight the intricate interplay among organizational inclusion behaviors, leadership approaches, and job satisfaction, emphasizing the necessity of multifaceted strategies to nurture inclusivity and enhance employee well-being.

Methodology

This quantitative study looked at how organizational inclusion relates to job satisfaction for women working in hospitals. Researchers gathered data through an online survey given to 100 female hospital employees. They split the sample into two groups: 81 women from hospitals with inclusion programs and 19 from those without. To measure job satisfaction, the study used the 36-item Job Satisfaction Scale (JSS). For organizational inclusion, it applied the 23-item Organizational Inclusion Behavior (OIB) Scale, which has an impact on three aspects of inclusion. The team analyzed the data with Jamovi software. They calculated descriptive statistics to give an overview of the data. Pearson correlations helped them examine how different variables connected. They also used independent samples t-tests to compare job satisfaction and organizational inclusion scores between the two groups (hospitals with and without inclusion programs).

Sample Demographics

The study sample consist of 100 healthcare professionals, in which 70% of them are nurses, 30% of them are doctors. Majority of the participants are of 22-26 years old (78%). Most of them are unmarried (81%) and had less than 5 years of experience(86%).The demographic details are represented in Table 1.

Table 1. Demographic Characteristics of the Sample

TABLE.1

VARIABLE	CATEGORY	FREQUENCY	PERCENTAGE
AGE	22-26	78	78%
	27-31	11	11%
	32-36	6	6%
	37-41	2	2%
	42-46	3	3%
GENDER	FEMALE	100	100%
	MALE	0	0%
MARITAL STATUS	MARRIED	19	19%
	UNMARRIED	81	81%
DESIGNATION	DOCTOR	30	30%
	NURSE	70	70%
YEARS OF EXPERIENCE	0-5	86	86%
	6-10	8	8%
	11-15	3	3%
	16-20	0	0%
QUALIFICATION	DIPLOMA	4	4%
	GRADUATION	76	76%
	POSTGRADUATION	20	20%
	PHD	0	0%
	GRADUATION WITH DIPLOMA	0	0%

Comparison of Inclusion Programs and Outcomes

Comparison of job satisfaction and organisational inclusion behaviour (OIB) scores between hospitals with and without inclusion programs.

- Job Satisfaction: No inclusion programs $M = 138$, $SD = 19.7$. With inclusion programs $M = 131$, $SD = 10.3$.

OIB Subtotals: Hospitals with inclusion programs scored higher on all OIB subscales. See Table 2.

TABLE.2

Descriptives

	Does your organization have any inclusion program?	JOB SATISFACTION SUM	OIB SUBTOTAL 1	OIB SUB TOTAL 2	OIB SUBTOTAL 3
N	1	81	81	81	81
	2	19	19	19	19
Missing	1	0	0	0	0
	2	0	0	0	0
Mean	1	131	33.4	37.2	47.0

	2	138	21.7	34.1	43.9
Median	1	129	34	37	45
	2	132	21	35	45
Standard deviation	1	10.3	2.44	2.07	3.35
	2	19.7	2.14	1.29	1.75
Minimum	1	89	21	32	42
	2	116	16	32	39
Maximum	1	184	37	42	55
	2	191	27	35	45
Shapiro-Wilk W	1	0.621	0.669	0.959	0.825
	2	0.833	0.853	0.672	0.652
Shapiro-Wilk p	1	<.001	<.001	0.012	<.001
	2	0.004	0.008	<.001	<.001

Correlation Analysis

Correlation matrix (see Table 3)

- Job Satisfaction and OIB Subtotal 1 $r = -0.206$, $p < .05$
- No correlation between job satisfaction and OIB Subtotal 2 or OIB Subtotal 3.
- OIB Subtotals 1, 2, and 3 were highly correlated.

Table.3

Correlation Matrix

	JOB SATISFACTION SUM	OIB SUBTOTAL 3	OIB SUB TOTAL 2	SUBTOTAL 1
JOB SATISFACTION SUM	—			
OIB SUBTOTAL 3	-0.177	—		
OIB SUB TOTAL 2	-0.109	0.633***	—	
SUBTOTAL 1	-0.206*	0.331***	0.529***	—

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

Normality Testing

Shapiro-Wilk tests showed most measures were non-normal ($p < .001$). Non-parametric methods used to account for non-normality.

Discussion

The results of this study bring attention to the complex relationships between organizational inclusion programs, organizational inclusion behavior (OIB), and job satisfaction. These findings align with previous research in some aspects while also presenting contradictions. It was observed that organizations with formal inclusion programs displayed significantly higher levels of OIB across all three measures. This finding is consistent with recent studies that highlight the importance of anti-discrimination policies and diverse work environments for promoting inclusion, such as the study conducted by Jain and Colaco (2022). However, an unexpected result emerged: organizations without inclusion programs demonstrated slightly higher mean job satisfaction compared to those with inclusion programs. This contrast challenges existing literature, which usually associates formal inclusion initiatives with higher job satisfaction. To partially explain this paradox, the work of Singh and Jain (2013) can be referenced. They suggested that various factors, such as work environment and conditions, influence job satisfaction. The higher variability in job satisfaction scores among organizations without inclusion programs suggests that other organizational factors may compensate for the absence of formal inclusion initiatives. These findings indicate that the relationship between inclusion programs and job satisfaction is more nuanced than initially anticipated. Similar to the study conducted by Panigrahi and Joshi (2020) at Infosys, which found that employees rated work relationships and teamwork highly but expressed dissatisfaction with flexibility and promotional opportunities, our results suggest that formal inclusion programs alone are insufficient to ensure higher job satisfaction. A more holistic approach to inclusion, addressing a wider range of factors, is necessary. The strong positive correlation between the three OIB measures supports the idea that inclusion behaviors are consistent across various dimensions. This finding aligns with the work of Dziuba et al. (2020), who reported that job satisfaction is closely linked to organizational belonging and work responsibility. However, the weak negative correlation between job satisfaction and OIB indicates that these relationships are more complex than previously understood. These findings resonate with the study conducted by Chordiya (2022) on federal employees with disabilities, which found lower job satisfaction and inclusion among disabled employees, correlating with higher turnover rates. Similarly, our research suggests that while formal inclusion programs can promote inclusive behavior, they may not necessarily lead to increased job satisfaction. This discrepancy emphasizes the need to consider multiple dimensions when designing workplace inclusion initiatives. Our analysis also reveals differences in OIB scores across measures, suggesting that personal and contextual factors, beyond formal inclusion programs, play a significant role in shaping organizational behavior. Montuori et al. (2020) highlighted the influence of personal factors, such as family status, on job satisfaction. In contrast, our results indicate that OIB is shaped by a variety of factors not typically captured by formal inclusion structures. The findings of Wilks and Neto (2013) regarding the impact of age on affective well-being further complicate our interpretation. The higher variability in job satisfaction scores in organizations without inclusion programs may reflect differences in employee demographics, such as age, which were not accounted for in our analysis. In conclusion, while inclusion programs appear to enhance organizational inclusion behavior, their impact on job satisfaction is mediated by numerous other factors. As Jain and Colaco (2022) argued, the effectiveness of inclusion initiatives depends not only on their presence but also on their integration with broader organizational practices and culture. This study underscores the importance of considering a multi-dimensional approach to inclusion, encompassing work-life flexibility, professional development, and organizational culture, to foster both inclusive behaviors and employee satisfaction.

Conclusion

This study sheds light on the intricate interplay between organizational inclusion programs, inclusive behavior, and job satisfaction. While it is recognized that inclusion programs enhance organizational inclusivity, the association of these programs with job satisfaction appears to be more intricate than previously thought. The findings suggest that the effective execution of these inclusion programs necessitates a comprehensive approach that considers various factors within organizations. The higher OIB scores observed in organizations with inclusion programs further validate the notion that such programs indeed influence organizational behavior. However, the correlation with job satisfaction is unfavorable, highlighting the need for caution in integrating these initiatives into the organizational culture and overall employee experience.

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ETHICAL CONSIDERATIONS

Conflict of Interest

There are no conflicts of interest.

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