

# AN EMPIRICAL INVESTIGATION OF HERZBERG'S HYGIENE AND MOTIVATION FACTORS AMONGST GOVERNMENT MEDICAL PRACTITIONERS

**Dr. Harsh Purohit**

*Professor, FMS-WISDOM*

*Chair: ICICI Bank Chair for BFSI,  
Banasthali Vidyapith, Banasthali*

**Ms. Anshika Yadav**

*Assistant. Professor*

*Banasthali Vidyapith, Jaipur*

**Ms. Sonakshi Goyal**

*Research Associate*

*Banasthali Vidyapith, Jaipur*

## Abstract

*The present study deals with an empirical investigation of relationship between motivational and hygiene factors as defined in Herzberg's two factor theory amongst the medical practitioners employed in government hospitals of Jaipur city. A questionnaire containing items related to two major motivational and hygiene factors each was distributed amongst 65 government medical practitioners. The study attempts to test the underlying assumptions of the two factor theory. Hygiene factors- working conditions, company policy & administration, and motivational factors- responsibility and work itself, need for recognition and advancement are taken into consideration for the present study. Pearson's correlation is used to analyze the relationship between overall hygiene and motivational factors, and also to study the interrelationship between various motivational and hygiene factors. The results of the study suggest that the motivational and hygiene factors taken into consideration for the government medical practitioners are not mutually exclusive variables.*

**Keywords-** Job Satisfaction, Herzberg's two factor theory

## Introduction

Herzberg et al. (1957) has truly quoted that, 'The satisfied worker is, in general, a more flexible, better adjusted person who has come from a superior family environment, or who has the capacity to overcome the effects of an inferior environment. He is realistic about his own situation and about his goals. The worker dissatisfied

with his/her job in contrast, is often rigid, inflexible, unrealistic in his choice of goals, unable to overcome environmental obstacles, generally unhappy and dissatisfied.'

Job satisfaction and factors underlying job satisfaction are the areas of keen interest to various psychologists. A remarkable contribution to this field in explaining the motivation to work was promoted by Herzberg et.al (1959). Herzberg propounded the two-factor theory- also called motivation-hygiene theory. Hygiene factors are characterized by the conditions surrounding the job such as quality of supervision, pay, company policies, physical working conditions, relations with other and job security. On the other hand, motivation factors are characterized by the factors associated with the work itself or with the outcomes directly derived from it such as promotional opportunities, opportunities for personal growth, recognition, responsibility and achievement. According to Herzberg, motivation factors contribute to job satisfaction, where as hygiene factors lead to job dissatisfaction.

Brooke, Russel and Price (1988) described job satisfaction as a positive feeling about a job, resulting from an evaluation of its characteristics. A person with a high level of job satisfaction holds positive feelings about his or her job, while a dissatisfied person holds negative feelings. Pestonjee and Mishra (1999) advocated that job satisfaction refers to a set of attitudes that employees have about their jobs. It is the disposition of people towards their jobs, and this involves numerous attitudes or feelings. According to Luthans (1992), while taking into consideration the subject of job satisfaction five dimensions- wage, quality of job, working conditions of individuals, management policies and working trends can generally considered. Baack (1991) Job satisfaction has several aspects, of these components satisfaction with supervision, with chances of advancement, and satisfaction with the task itself may be affected by the development and implementation of company policies.

The present study deal with an empirical investigation of relationship between hygiene and motivation factors as defined in Herzberg's two factor theory of job satisfaction amongst government medical practitioners in Jaipur city. The study aims to-

1. Test the underlying assumption of Herzberg's two factor theory of motivation that the hygiene and motivation factors are distinct.
2. Identify the relationship between hygiene and motivation factors of job satisfaction according to demographic variables gender, age and income.
3. Identify the interrelationship between the two hygiene factors –working conditions and company policy & administration according to demographic variables gender, age and income.
4. Identify the interrelationship between the two motivation factors- responsibility & work itself and need for recognition & advancement according to demographic variables gender, age and income.

5. Identify the relationship between working conditions and responsibility & work itself according to demographic variables gender, age and income.
6. Identify the relationship between working conditions and need for recognition & advancement according to demographic variables gender, age and income.
7. Identify the relationship between company policy & administration and responsibility & work itself according to demographic variables gender, age and income.
8. Identify the relationship between company policy & administration and need for recognition & advancement according to demographic variables gender, age and income.

### **Literature Review**

Miryala and Thangella (2012) explored the factors influencing job satisfaction amongst doctors working in various governments, corporate & private hospitals. The paper identifies the descriptive factors that bring in job satisfaction in a much detailed form. The findings of the study presents six factors which include Human resource practices, personal contentedness, Work delegation, human resource policies, pride & recreation facilities & retirement benefits that contribute to job satisfaction amongst doctors.

Aasland, Rosta, Nylenna (2010) examined the trend in job satisfaction from the year 2000 to 2006 among 1600 Norwegian doctors. Also, the study aimed to identify the impact of healthcare reforms on job satisfaction on the sample taken under consideration in the study. The findings of the study suggest that the overall job satisfaction among the Norwegian doctors has been high from the year 2000 to 2006, which shows increasing job satisfaction. Also, it has been found that the job satisfaction among the older doctors was higher than the younger doctors but no gender differences was found on job satisfaction amongst the doctors.

Mallik, Seleem & Ahamad (2009) studied the correlation of job satisfaction with the concepts of work-life balance, turnover intentions & burnout level of doctors. The instrument was administered over 175 qualified doctors across Pakistan. The findings suggested that work-life balance is one of the major contributors affecting job satisfaction. Also, level of job satisfaction among female doctors was higher as compared to the male doctors. Further, workers burnout has an impact productivity, job satisfaction & intentions to leave the organization.

Rosta, Nylenna, Aasland, (2009) conducted a study to compare job satisfaction amongst 484 Norwegian and 1448 German hospital doctors aged between 33-65 years in the year 2006. It has been found that Norwegian doctors had significantly higher level of job satisfaction than German doctors. The study suggest that the factors underlying higher level of job satisfaction in Norway are, salary, more acceptable work hours and control over clinical work. Also, it has been found that general life satisfaction and age, but not gender were

positively related with job satisfaction in the two countries.

Krogstad, et.al.(2006) explored the domains of work that are important for job satisfaction amongst doctors, nurses and auxiliaries. The study revealed that amongst various factors the strongest predictor of doctor's job satisfaction was working in the culture of professional development. Also, it has been found that the only domain of work that significantly predicted high job satisfaction important for all groups was positive evaluation of local leadership.

Nylenaa, Gulbrandsen, Forde and Aasland (2005) aimed to study the possible decline in professional and personal satisfaction among the Norwegian doctors. The study was conducted on 1174 doctors in the year 2002 and the findings were compared with answers to the same questions by the same doctors in the year 1994. The findings suggested that there has been no decrease in personal and professional satisfaction over the period of the study taken under consideration. Also, it has been found that Norwegian doctors were found to have a higher level of job satisfaction in the year 2002 in comparison to the year 1994.

Richardsen and Burke (1991) studied the issues of sex differences in the nature of occupational stress experienced by physicians and the sources of job satisfaction in medical practice. Data was collected from 2584 physicians in all Canadian provinces. It has been observed that major source of stress revealed by female and male physicians was time pressures on the job and major sources of satisfaction were relationship with patients and colleagues. Further, the results indicated a number of significant correlations between stress, satisfaction, practice variables and attitudes towards the health care systems.

S. Rao and G.Rao (1973) empirically investigated the two factor theory of job satisfaction. The results of the study revealed that motivational and hygiene factors were not mutually exclusive variables and their effects were not unidirectional. Both the factors contributed to overall satisfaction. As far as satisfaction aspect is concerned the motivator-hygiene dichotomy could not find support in their study. The results also signified that some job factors could be considered as motivators and hygienes while some other factors have mixed elements of both. Motivators contributed more than hygienes for satisfied subjects as well as for dissatisfied subjects.

### **Research Methodology**

In order to construct a sound instrument, a pilot study was conducted over 15 medical practitioners as subjects. An item pool was prepared, following the works of Herzberg and selected items from Minnesota Satisfaction Questionnaire (MSQ) related to intrinsic and extrinsic factors of Herzberg theory. Two factor theory propounded by Herzberg which contains the definitions of various job satisfaction factors was studied and a

list of 50 items was prepared. The questionnaire used for pilot study consisted of items relating to both motivational factors and hygiene factors. After item analysis, 26 items were selected for final questionnaire. The final questionnaire used in the study consisted of two parts. Part I included the demographic characteristics of the respondents. Part II dealt with 26 items pertaining to Hygiene factors (15 items) and motivation factors (11 items) as defined by Herzberg –two factor theory of motivation. Out of 15 items pertaining to hygiene factors, 7 items are related to working conditions (physical working conditions, availability of resources, hours of work, and hygiene conditions at work place, availability of tools & equipments, relationship with superiors, relationship with peers). The remaining of the 8 items relates to company policy and administration (salary, incentives, pay system, job security, leave policy, channel of communication, grievance handling procedure, and transfer policy). Out of 11 items related to motivation factors, 5 items correspond to responsibility & work itself (nature of job, intention to change career, extra responsibilities related to job, fulfillment of personal & professional responsibility and responsibility beyond job description). And 6 items are based on need for recognition and advancement (opportunity to develop knowledge, opportunity to develop skills, opportunity for career advancement, social status, recognition and appreciation at work.) For each item respondent was asked to rate his feelings on a five-point Likert-type of scale consisting of five categories ranging from 1= strongly disagree to 5 = strongly agree in which high scores represented high satisfaction.

The survey method is adopted for the present research. The questionnaires were individually administered to the medical practitioners and were collected on the same day. The instrument was administered over 65 medical practitioners working in different government hospitals across the Jaipur city. Non-probabilistic sampling methods- convenience and judgment were used to select the government hospitals in the city. Proper care was taken to ensure that there was right representation of various demographics. To encourage the participants to share frank and free opinions, researcher assured the participants of anonymity.

### **Analysis and Interpretation**

Table I schematically shows the study methodology and the group composed of 65 medical practitioners working in government hospitals. The data collected has been analyzed using SPSS. The sample profile given in Table I indicate that 64.6 per cent and 35.4 per cent of the participants are male and female respectively. Out of 65 practitioners 36.9 per cent respondents belonged to age group I (21-30 years), 36.9 per cent were from age group II (31-40 years) and 26.25 per cent belonged to age group III (40-61 years). Further, 13.85 per cent of respondents belonged to income group I (15,000-30,000), 52.3 per cent from income group II (30,000-45,000) and 33.85 per cent of the respondents belonged to income group III (above 45000) and only 13.85 per cent of the government practitioners receive the lowest income.

The results of the study (Table II) show that the hygiene and motivation factors are significantly positively correlated (0.287) at 0.05 as well as 0.01 level of significance. We can say that if job satisfaction due to motivator's increases, no job dissatisfaction induced by hygiene factors will also increase. This implies that the factors that lead to job satisfaction and job dissatisfaction are related. S. Rao and G.Rao (1973) found that the unidirectional effect of motivators and hygienes as proposed by two-factor theory was not observed in their study. The same outcome is also supported by Tietjen and Myers (1998). The traditional theory of job satisfaction which assumes that the same job factors contribute to job satisfaction and dissatisfaction also supports the findings of the present study. Further, review of literature supports that the results of the present study are found to be in conjunction with the contributions made by Randolph(2005), Ellickson and Logsdon(2002), House and Wigdor(1996), Ryan and Deci(2000), Hinrichs and Mischkind(1967), Bruke(1966), Wernimont(1966) But, it has been also found (Table III) that there exists no significant relationship between hygiene and motivation factors in case of male ( $cor=0.263$ ) and female practitioners ( $cor = .342$ ). This implies that for both males and females the hygiene factors which lead to job dissatisfaction are separate and distinct from the motivation factors which lead to job satisfaction, as per the Herzberg's two factor theory of motivation. For, the medical practitioners lying in Age group I and Age group III, (young and highly experienced practitioners), it has been found (Table V) that motivation and hygiene factors are significantly correlated (0.442) and (0.591) both at 0.05 as well as 0.01 level of significance respectively. But for Age group II, which means the middle aged doctors the hygiene and motivation factors are negatively correlated ( $cor\ value = -0.99$ ) (Table IV). Clark et al. (1996) provides strong empirical evidence that the relationship between age & job satisfaction is U-shaped, declining from a moderate level in the early years of employment and then increasing steadily up to retirement. Further, as per the findings of the study, it has been found (Table V) that for income group I and II the hygiene and motivation factors are not correlated (.010) and (.151) respectively. But, it has been found that for income group III (Table V) the hygiene and motivation factors are correlated at 0.449 at 0.05 level of significance.

Also, it has been observed that the two hygiene factors –working conditions and company policy & administration (Table II) are significantly positively correlated with correlation value of 0.624 at 0.05 as well as 0.01 level of significance. Therefore, it can be interpreted that working conditions of a hospital is an independent variable which depends on company policy and administration. Both the factors are found (Table III) be highly correlated in case of male as well as female respondents with correlation value 0.638 and 0.588 at 0.05 as well as 0.01 level of significance. Hence, for both male and female practitioners working conditions of a hospital depends on company policy & administration of a hospital. For the practitioners belonging to age group II and III (middle aged and senior practitioners) working conditions and company policy & administration are found (Table IV) to be highly correlated (0.696 and 0.773) at 0.05 as well as 0.01 level of significance. Further, for the practitioners in income group II (Table V) both the factors are correlated (0.411) at 0.05 level of significance, and for the practitioners in income group III (Table V) both the factors are highly

correlated (0.805) at 0.05 as well as 0.01 level of significance.

The statistical results (Table II) also reveal that there exist a significant positive correlation (0.417) between two motivational factors responsibility & work itself and need for recognition & advancement at 0.05 as well as 0.01 level of significance. So, we can say that need for recognition & advancement for the medical practitioners depends upon the extent of responsibilities and challenges & complexity associated with the work that they are doing. Schneck (2013) derived that workers who gather utility from status and career advancement opportunities simultaneously are more satisfied with their jobs. Also, the expectations about career advancements in near future significantly improve job satisfaction. For male practitioners (Table III) there doesn't exist any correlation between the two motivational factors. On the other hand, for female practitioners (Table III) there exists a significant positive correlation (0.669) at 0.05 as well as 0.01 level of significance between the two factors. The two factors are found (Table IV) to be correlated at 0.05 level of significance for age group I (0.487) and age group III (0.491). Whereas, for middle aged practitioners there exists no correlation (Table IV) between the two factors. Further, it has been observed (Table V) that there exists a significant positive correlation (0.472) for the practitioners included in income group II at 0.05 as well as 0.01 level of significance. Whereas, there is no relationship between the two factors for income group I and III (Table V).

As per the statistical analysis it has been found (Table II) that for the overall study hygiene factor, i.e. working conditions and motivation factor i.e. responsibility & work itself are found to be significantly positively correlated (0.254) at 0.05 level of significance. It can be interpreted from that the incidence & increase of hygiene factor that lead to no job dissatisfaction affects the motivation factor which leads to job satisfaction at the workplace. For these two variables, it can be said for the medical practitioners working at the government hospitals that responsibility and the work itself which includes finding one's job comfortable, and maintaining balance between personal and professional responsibilities depends up on working conditions which includes good physical working conditions, satisfactory working hours and presence of advance technological machines and equipments. Also, for males the two variables are strongly positively correlated (0.496) at 0.05 as well as 0.01 level of significance but for the females the two factors are not correlated (.034) (Table III). This suggests that the female practitioners believe that elimination of working conditions that contributes to job dissatisfaction makes them more placatory but does not motivates them. It has been found (Table IV) that for age group I and age group II there exists no correlation (.073) and (0.333) respectively between working conditions and responsibility and work itself. But, for age III, there exist a positive correlation (0.544) at 0.05 level of significance. It can be said that the young and the middle age medical practitioners believe that elimination of working conditions that contributes to job dissatisfaction makes them more placatory but does not motivates them but the experienced and aged practitioners at the government hospital feel that the increase in job satisfaction leads to an increase in job dissatisfaction. Also, for income group I (Table V) working

conditions and responsibility and work itself are significantly negatively correlated (-0.275) and for income group II, the two variables are not correlated (.081). But for income III group (Table V), the two variables are significantly positively correlated (0.534) at 0.05 level of significance.

It has been found in the study that there exists no correlation (Table II- Table V) between the hygiene factor, working conditions and motivation factor need for recognition and advancement. Further, it has been found that there exist no correlation amongst these two factors for demographic variables- gender, age and income, as well. Hence we can say that, these two factors do not affect each other in precedence.

The results further reveal (Table II) that, there exists a strong positive correlation (0.349) between the hygiene factor- company policy & administration and the motivational factor- responsibility & work itself at 0.05 as well as 0.01 level of significance. Hence, we can say that the extent and fulfillment of responsibilities (personal and professional) assumed by medical practitioners and the nature of work that they are doing highly depends on the administrative policies and practices of the organization. Clark et al (1996) observed a strong significant U-shaped relationship between, satisfaction with pay, and satisfaction with work itself for overall job satisfaction. This supports the results, as in present study, pay comes under the umbrella of company policy and administration. Demographically, the two factors are found to be correlated (Table III) for male practitioners (0.324) and practitioners belonging to age group- I (0.491) & III (0.530) (Table IV), and income group-3 (Table V) (0.464) at 0.05 level of significance. It has been found that there exists no correlation (Table: III, IV, V) between the two factors for female practitioners, and practitioners belonging to age group-II, income group-1 and 2.

Also, the statistical results signify (Table II) that there exist a positive correlation (0.266) between the hygiene factor- company policy & administration and the motivational factor- need for recognition and advancement at 0.05 level of significance. Therefore, we can say that fulfillment of need for recognition and advancement in career among the medical practitioners depends on the company policies and administration. Clark et al. (2009) advocated that, the higher the relative wage position, the lower are the future advancement opportunities because one is already high up on pay scale. Jones and Lloyd (2005) supported that need for recognition can also arise as it increases the chances for promotion that carries with it improved status and increased salary. Further, the findings suggest that (Table III, Table IV) demographically there exist a correlation between the two factors for female practitioners (0.494), practitioners belonging to age group-I (0.484) and age group-III (0.589). Also, the two factors are found to be independent of each other for all the income groups.



## Conclusion

It can be concluded that motivational and hygiene factors taken into consideration for the government medical practitioners are not mutually exclusive variables. The factors that lead to job satisfaction and job dissatisfaction are related to each other. Hence, the results of the present study do not support the underlying assumptions of Herzberg's theory about distinctiveness of the hygiene and motivation factors. Also, the motivation and hygiene factors- working conditions, responsibility & work itself and need for recognition & advancement in government hospitals are found to be significantly dependent on company policy and administration of the hospital. Working conditions in the government hospitals do not affect the need for recognition & advancement amongst the practitioners. Challenging work & fulfillment of responsibilities (personal & professional) governs the need for recognition & career advancement amongst the medical practitioners. The study can be further enhanced to find the impact of the motivation and hygiene factors on overall job satisfaction.

## Tables:

**TABLE I: PROFILE OF SAMPLE (N=65)**

Demographic Variables	Categories	Frequency	Percentage of Practitioners
<b>Gender</b>	Male	42	64.6%
	Female	23	35.4%
<b>Age</b>	21-30 Age I	24	36.9%
	31-40 Age II	24	36.9%
	40-61 Age III	17	26.25%
<b>Income</b>	15,000-30,000 Income I	9	13.85%
	30,000-45,000 Income II	34	52.3%
	Above 45,000 Income III	22	33.85%

TABLE II: Overall Correlations

		<b>HYGIENE FACTORS- Working Conditions</b>	<b>HYGIENE FACTORS - Company Policy &amp; administration</b>	<b>MOTIVATIONAL FACTORS- Responsibility &amp; Work itself</b>	<b>MOTIVATIONAL FACTORS- Need for recognition &amp; advancement</b>	<b>HYGIENE FACTORS</b>	<b>MOTIVATIONAL FACTORS</b>
<b>HYGIENE FACTORS- Working Conditions</b>	<i>Correlation</i>	1	.624(**)	.254(*)	.077	.857(**)	.150
	<i>Sig.</i>		.000	.041	.540	.000	.233
	<i>N</i>	65	65	65	65	65	65
<b>HYGIENE FACTORS - Company Policy &amp; administration</b>	<i>Correlation</i>	.624(**)	1	.349(**)	.266(*)	.938(**)	.335(**)
	<i>Sig.</i>	.000		.004	.032	.000	.006
	<i>N</i>	65	65	65	65	65	65
<b>MOTIVATIONAL FACTORS- Responsibility &amp; Work itself</b>	<i>Correlation</i>	.254(*)	.349(**)	1	.417(**)	.343(**)	.681(**)
	<i>Sig.</i>	.041	.004		.001	.005	.000
	<i>N</i>	65	65	65	65	65	65
<b>MOTIVATIONAL FACTORS- Need for recognition &amp; advancement</b>	<i>Correlation</i>	.077	.266(*)	.417(**)	1	.210	.950(**)
	<i>Sig.</i>	.540	.032	.001		.094	.000
	<i>N</i>	65	65	65	65	65	65
<b>HYGIENE FACTORS</b>	<i>Correlation</i>	.857(**)	.938(**)	.343(**)	.210	1	.287(*)
	<i>Sig.</i>	.000	.000	.005	.094		.020
	<i>N</i>	65	65	65	65	65	65
<b>MOTIVATIONAL FACTORS</b>	<i>Correlation</i>	.150	.335(**)	.681(**)	.950(**)	.287(*)	1
	<i>Sig.</i>	.233	.006	.000	.000	.020	
	<i>N</i>	65	65	65	65	65	65

\*\* Correlation is significant at the 0.01 level

\* Correlation is significant at the 0.05 level

TABLE III: Correlations between Factors For Male & Female Practitioners (Gender)

Gender		HYGIENE FACTORS-Working Conditions		HYGIENE FACTORS - Company Policy & administration		MOTIVATIONAL FACTORS- Responsibility & Work itself		MOTIVATIONAL FACTORS- Need for recognition & advancement		HYGIENE FACTORS		MOTIVATIONAL FACTORS	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
HYGIENE FACTORS-Working Conditions	Correlation	1	1	.683(**)	.588(**)	.496(**)	.034	.110	.052	.869(**)	.859(**)	.283	.051
	Sig.			.000	.003	.001	.876	.489	.813	.000	.000	.070	.819
	N	42	23	42	23	42	23	42	23	42	23	42	23
HYGIENE FACTORS - Company Policy & administration	Correlation	.683(**)	.588(**)	1	1	.324(*)	.400	.111	.494(*)	.955(**)	.919(**)	.219	.502(*)
	Sig.	.000	.003			.036	.058	.486	.017	.000	.000	.164	.015
	N	42	23	42	23	42	23	42	23	42	23	42	23
MOTIVATIONAL FACTORS- Responsibility & Work itself	Correlation	.496(**)	.034	.324(*)	.400	1	1	.147	.669(**)	.421(**)	.270	.505(**)	.827(**)
	Sig.	.001	.876	.036	.058			.353	.000	.005	.213	.001	.000
	N	42	23	42	23	42	23	42	23	42	23	42	23
MOTIVATIONAL FACTORS- Need for recognition & advancement	Correlation	.110	.052	.111	.494(*)	.147	.669(**)	1	1	.120	.338	.928(**)	.971(**)
	Sig.	.489	.813	.486	.017	.353	.000			.451	.115	.000	.000
	N	42	23	42	23	42	23	42	23	42	23	42	23
HYGIENE FACTORS	Correlation	.869(**)	.859(**)	.955(**)	.919(**)	.421(**)	.270	.120	.338	1	1	.263	.342
	Sig.	.000	.000	.000	.000	.005	.213	.451	.115			.092	.110
	N	42	23	42	23	42	23	42	23	42	23	42	23
MOTIVATIONAL FACTORS	Correlation	.283	.051	.219	.502(*)	.505(**)	.827(**)	.928(**)	.971(**)	.263	.342	1	1
	Sig.	.070	.819	.164	.015	.001	.000	.000	.000	.092	.110		
	N	42	23	42	23	42	23	42	23	42	23	42	23

\*\* Correlation is significant at the 0.01 level.

\* Correlation is significant at the 0.05 level.

TABLE IV: Correlations between Factors for Age

AGE <sup>(a)</sup>		HYGIENE FACTORS-Working Conditions			HYGIENE FACTORS - Company Policy & administration			MOTIVATIONAL FACTORS- Responsibility & Work itself			MOTIVATIONAL FACTORS- Need for recognition & advancement			HYGIENE FACTORS			MOTIVATIONAL FACTORS		
		Age Gr I	Age Gr II	Age Gr III	Age Gr I	Age Gr II	Age Gr III	Age Gr I	Age Gr II	Age Gr III	Age Gr I	Age Gr II	Age Gr III	Age Gr I	Age Gr II	Age Gr III	Age Gr I	Age Gr II	Age Gr III
HYGIENE FACTORS-Working Conditions	Correlation	1	1	1	.376	.696(**)	.773(**)	.073	.333	.544(*)	.142	-.055	.306	.783(**)	.876(**)	.905(**)	.137	.876(**)	.416
	Sig.				.070	.000	.000	.734	.112	.024	.508	.800	.233	.000	.000	.000	.525	.000	.097
	N	24	24	17	24	24	17	24	24	17	24	24	17	24	24	17	24	24	17
HYGIENE FACTORS - Company Policy & administration	Correlation	.376	.696(**)	.773(**)	1	1	1	.491(*)	-.011	.530(*)	.484(*)	-.242	.589(*)	.870(**)	.956(**)	.970(**)	.550(**)	.956(**)	.642(**)
	Sig.	.070	.000	.000				.015	.958	.029	.017	.255	.013	.000	.000	.000	.005	.000	.005
	N	24	24	17	24	24	17	24	24	17	24	24	17	24	24	17	24	24	17
MOTIVATIONAL FACTORS- Responsibility & Work itself	Correlation	.073	.333	.544(*)	.491(*)	-.011	.530(*)	1	1	1	.487(*)	.338	.491(*)	.368	.128	.566(*)	.732(**)	.128	.708(**)
	Sig.	.734	.112	.024	.015	.958	.029				.016	.106	.045	.077	.551	.018	.000	.551	.001
	N	24	24	17	24	24	17	24	24	17	24	24	17	24	24	17	24	24	17
MOTIVATIONAL FACTORS- Need for recognition & advancement	Correlation	.142	-.055	.306	.484(*)	-.242	.589(*)	.487(*)	.338	.491(*)	1	1	1	.400	-.185	.513(*)	.951(**)	-.185	.963(**)
	Sig.	.508	.800	.233	.017	.255	.013	.016	.106	.045				.053	.387	.035	.000	.387	.000
	N	24	24	17	24	24	17	24	24	17	24	24	17	24	24	17	24	24	17
HYGIENE FACTORS	Correlation	.783(**)	.876(**)	.905(**)	.870(**)	.956(**)	.970(**)	.368	.128	.566(*)	.400	-.185	.513(*)	1	1	1	.442(*)	1	.591(*)
	Sig.	.000	.000	.000	.000	.000	.000	.077	.551	.018	.053	.387	.035				.031		.012
	N	24	24	17	24	24	17	24	24	17	24	24	17	24	24	17	24	24	17
MOTIVATIONAL FACTORS	Correlation	.137	.876	.416	.550(**)	-.199	.642(**)	.732(**)	.655(**)	.708(**)	.951(**)	.933(**)	.963(**)	.442(*)	-.099	.591(*)	1	-.099	1
	Sig.	.525	.696	.097	.005	.352	.005	.000	.001	.001	.000	.000	.000	.031	.645	.012		.645	
	N	24	24	17	24	24	17	24	24	17	24	24	17	24	24	17	24	24	17

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

# Age Group I - 21-30 years ; Age Group II - 31-40 years ; Age Group III - 40-61 years

TABLE V: Correlations between Factors For Income

Income Group#		HYGIENE FACTORS- Working Conditions			HYGIENE FACTORS- Company Policy & administration			MOTIVATIONAL FACTORS- Responsibility & Work itself			MOTIVATIONAL FACTORS- Need for recognition & advancement			HYGIENE FACTORS			MOTIVATIONAL FACTORS		
		IG-I	IG-II	IG-III	IG-I	IG-II	IG-III	IG-I	IG-II	IG-III	IG-I	IG-II	IG-III	IG-I	IG-II	IG-III	IG-I	IG-II	IG-III
HYGIENE FACTORS- Working Conditions	Correlation	1	1	1	.210	.411(*)	.805(**)	-.275	.081	.534(*)	-.317	.002	.203	.699(*)	.766(**)	.928(**)	-.356	.028	.358
	Sig.				.588	.016	.000	.474	.650	.010	.406	.990	.364	.036	.000	.000	.347	.876	.101
	N	9	34	22	9	34	22	9	34	22	9	34	22	9	34	22	9	34	22
HYGIENE FACTORS- Company Policy & administration	Correlation	.210	.411(*)	.805(**)	1	1	1	.189	.222	.464(*)	.268	.153	.373	.846(**)	.901(**)	.968(**)	.279	.195	.474(*)
	Sig.	.588	.016	.000				.626	.208	.030	.485	.386	.087	.004	.000	.000	.467	.268	.026
	N	9	34	22	9	34	22	9	34	22	9	34	22	9	34	22	9	34	22
MOTIVATIONAL FACTORS- Responsibility & Work itself	Correlation	-.275	.081	.534(*)	.189	.222	.464(*)	1	1	1	.396	.472(**)	.316	-.012	.195	.517(*)	.782(*)	.704(**)	.617(**)
	Sig.	.474	.650	.010	.626	.208	.030				.291	.005	.152	.977	.270	.014	.013	.000	.002
	N	9	34	22	9	34	22	9	34	22	9	34	22	9	34	22	9	34	22
MOTIVATIONAL FACTORS- Need for recognition & advancement	Correlation	-.317	.002	.203	.268	.153	.373	.396	.472(**)	.316	1	1	1	.023	.109	.320	.882(**)	.958(**)	.942(**)
	Sig.	.406	.990	.364	.485	.386	.087	.291	.005	.152				.953	.538	.146	.002	.000	.000
	N	9	34	22	9	34	22	9	34	22	9	34	22	9	34	22	9	34	22
HYGIENE FACTORS	Correlation	.699(*)	.766(**)	.928(**)	.846(**)	.901(**)	.968(**)	-.012	.195	.517(*)	.023	.109	.320	1	1	1	.010	.151	.449(*)
	Sig.	.036	.000	.000	.004	.000	.000	.977	.270	.014	.953	.538	.146				.980	.394	.036
	N	9	34	22	9	34	22	9	34	22	9	34	22	9	34	22	9	34	22
MOTIVATIONAL FACTORS	Correlation	-.356	.028	.358	.279	.195	.474(*)	.782(*)	.704(**)	.617(**)	.882(**)	.958(**)	.942(**)	.010	.151	.449(*)	1	1	1
	Sig.	.347	.876	.101	.467	.268	.026	.013	.000	.002	.002	.000	.000	.980	.394	.036			
	N	9	34	22	9	34	22	9	34	22	9	34	22	9	34	22	9	34	22

\* Correlation is significant at the 0.05 level (2-tailed).  
 \*\* Correlation is significant at the 0.01 level (2-tailed).  
 # Income Group : IG I- Rs. 15, 000 – 30,000 ; IG II- Rs. 30, 000 – 40, 000 ; IG III - < Rs. 45, 000

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