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The relationship between the rates of job satisfaction and the degree of person-job value congruence for senior healthcare leaders

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THE RELATIONSHIP BETWEEN THE RATES OF JOB SATISFACTION AND THE DEGREE OF PERSON-JOB VALUE CONGRUENCE FOR SENIOR HEALTHCARE LEADERS

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DEDICATION

To my family who have been more than an inspiration and source of love, learning, and support since before I can remember. Words cannot describe the amount I appreciate and love each of you. Thank you for everything.

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ABSTRACT

Acute care hospitals and senior healthcare leaders are facing increasing governmental regulations enacted by the Affordable Care Act (ACA), Value-Based Programing, and a constantly changing political agenda. Senior healthcare leaders are expected to solve these new challenges and lead their employees and organizations during these challenging times. However, the ever-changing healthcare environment, which may be attributing to the high turnover rates and low rates of job satisfaction for senior healthcare leaders, is preventing lasting solutions to the current challenges the healthcare industry is facing (Fiabane, Giorgi, Sguazzin, & Argentero, 2013; Keyko, Cummings, Yonge, & Wong, 2016). Research supports that intrinsic variables of job satisfaction are the key to increasing motivation and job satisfaction for healthcare employees (Janssen, De Jonge, & Bakker, 1999; Lee & Cummings, 2008; Lundh, 1999; Nolan, Nolan, & Grant, 1995; Speedling, 1990). Research also indicated that value congruence is positively related to job satisfaction (Edwards & Cable, 2009; Kristof, 1996; Kristof-Brown, Zimmerman, & Johnson, 2005; Ren & Hamann, 2015) and has a stronger relationship between intrinsic variables of job satisfaction than extrinsic variables of job satisfaction (Caudron, 1997; Fisher, 2010). The purpose of this research study was to explore the relationship between the rates of extrinsic and intrinsic job satisfaction and the degree of person-job value congruence for senior healthcare leaders. Surprisingly, this study's findings indicated that there is no statistically significant relationship between person-job value congruence and extrinsic or intrinsic job satisfaction. Also, contrary to previous literature, extrinsic job satisfaction was highlighted as more important than intrinsic job satisfaction for increasing job satisfaction for senior healthcare leaders. The study's findings also note that female senior healthcare leaders have less extrinsic job satisfaction and feel that they need to achieve more (be more successful, capable, and ambitious)

in their roles than male senior healthcare leaders. This study's findings offer acute care hospitals evidence that supports employee engagement strategies that differ from the common practice to focus on intrinsic variables and personal values. Instead, this study's findings suggest acute care hospitals focus on the more explicit extrinsic variables of job satisfaction and explore potential gender differences between senior healthcare leaders.

Keywords: person-job value congruence, extrinsic and intrinsic rates of job satisfaction, healthcare leaders, MSQ short form, SVBWS, turnover

Chapter 1: Introduction

Background

Acute care hospitals and the role of senior healthcare leaders have been in a constant state of change due to governmental regulations and policies. The Affordable Care Act (ACA), the healthcare reform law enacted in 2010, and Value-Based Programing, a Centers for Medicare & Medicaid Services (CMS) initiative, which began at the start of fiscal year 2013, have increased the number of insured Americans and altered reimbursement and financial penalty policies for acute care hospitals. The ACA has significantly impacted the healthcare industry, mainly through increasing the number of insured Americans ("Summary of the Affordable Care Act," 2018). Due to the ACA, 20 million more adults had health insurance in 2016 than in 2010 (Department of Health & Human Services, 2016). As of the first quarter in 2016 the total uninsured rate of Americans was 8.6% compared to a total uninsured rate of 15.7% prior to the implementation of the ACA ("ObamaCare: Uninsured Rates," 2018). The expansion in insurance coverage for Americans has led to a greater scrutiny of insurance claims by insurance provides and an increase in insurance claim denials. Denials of insurance claims place a greater financial pressure on acute care hospitals. A report published in the Revenue Cycle Survey by the Advisory Board in 2016 indicated that Hospitals "wrote off as uncollectable 90% more denials than six years ago, a difference of $3.5 million for a median 350-bed hospital" (Lagasse, 2018, p. 2).

Other than the ACA, the government also implemented value-based programs that base financial reimbursement and penalties for healthcare services to specific patient outcomes. Value-based programs (VBP) altered how hospitals are paid from a fee-for-service structure to a value-based structure, and compensate hospitals for quality of care, patient outcomes, and patient experience, instead of a set rate for the healthcare services that are provided. Examples of VBP

programs include the Hospital Value-Based Purchasing (HVBP) Program, and the Hospital Readmission Reduction (HRR) Program ("CMS' Value-Based Programs - Centers for Medicare & Medicaid Services," 2018). The HVBP Program is composed of four major categories of hospital care: safety, clinical care, efficiency and cost reduction, and patient experience ("CMS' Value-Based Programs - Centers for Medicare & Medicaid Services," 2018). Each category is 25% of the total reimbursement payment through the Centers for Medicare and Medicaid Services (CMS). The HRR Program penalizes hospitals for unplanned Medicaid readmissions to any hospital within 30 days and denies payment for subsequent readmitted patient encounters. Value-based programs have created new demands for acute care hospitals and senior healthcare leaders who, if not met, may have serious financial consequences for acute care hospitals.

The senior healthcare leader role was designed to operate acute care hospitals on a fee-for-service model but now must meet the demands of a value-based care model, which requires different infrastructure, patient care strategies, and work flows ("Top 2018 challenges healthcare executives face," 2018). In order to successfully lead a healthcare organization, senior healthcare leaders (directors and executives) need to adapt and alter their roles to the new requirements of a value-based care model. Managed Healthcare Executive conducted a State of the Industry Survey in 2017 on the biggest challenges that healthcare executives face ("Top 2018 challenges healthcare executives face," 2018). The top challenge noted by 34% of the healthcare executives surveyed was complying with constantly changing government requirements. The second challenge noted was implementing value-based programs, with only 44% of respondents complying with the new value-based program requirements.

Due to these challenges facing senior healthcare leaders and throughout the healthcare industry, it is not surprising that a recent research study reports that healthcare workers are more

at risk of developing stress, burnout, depression, anxiety, and being less engaged than other professionals (Fiabane, Giorgi, Sguazzin, & Argentero, 2013). Senior healthcare leaders are expected to solve these new challenges and act as leaders and change agents within their organizations. However, the constantly changing healthcare environment, mainly due to governmental regulations and policies, which may be partially at fault for the high turnover rates and low rates of job satisfaction for senior healthcare leaders, are preventing lasting solutions to the current challenges the healthcare industry is facing (Fiabane et al., 2013; Keyko, Cummings, Yonge, & Wong, 2016). For the purpose of this study, turnover was defined as either switching positions within an organization or leaving the organization, either voluntarily or involuntarily.

The American College of Healthcare Executives (ACHE), an international resource and society for healthcare executives, found that it takes healthcare executives approximately five years to cultivate lasting change in a healthcare organization. However, the average length of employment of executives in their healthcare organizations is 3.8 years (Carlson, 2011), significantly less than the length of time it takes to cultivate lasting change in a healthcare organization. Other studies regarding executive turnover support the findings of the ACHE and note that hospital CEOs tend to stay in their position 3.4 years (Duffield, Roche, Blay, Thoms, & Stasa, 2011). Other leadership positions in healthcare experience similar rates of turnover as hospital CEOs. The majority of nursing executives end their employment between three to four years (Bueno, 1993; Jones, Havens, & Thompson, 2008), and almost half of healthcare managers (unit and department level managers of dental care and primary care facilities, and acute, planned, and psychiatric care hospitals) end their employment after four years (Skagert, Dellve, & Ahlborg, 2011). In 2016, the healthcare industry in the United States had a total turnover rate of 19.9%, ranking second to the hospitality industry (28.6%; Bares, 2016). The rate of executive

turnover has held steady at 18% for the past three years ("Hospital CEO Turnover Rate Remains Elevated," 2018), which is similar to the overall rate of turnover in the healthcare industry.

Senior healthcare leader turnover prevents lasting change in a healthcare organization and is responsible for a variety of other negative outcomes (Carlson, 2011). The negative effects of senior healthcare leader turnover can cascade throughout an organization and increase other employee turnover lower in the organizational hierarchy, and in response, negatively affect the quality of patient care and outcomes (Khaliq, Thompson, & Walston, 2006; Norrish & Rundall, 2001; Waldman, Kelly, Arora, & Smith, 2010). Research on the associated financial costs of healthcare employee turnover also discovered that it can cost a hospital 5-5.8% of its annual operating budget (Waldman et al., 2010), adding costs to an already heavily burdened industry. However, it is important to note that employee turnover can be beneficial to a healthcare organization if the employee is negatively affecting organizational outcomes.

A major factor in the rate of healthcare employee turnover is the rate of employee job satisfaction. Research supports that increasing job satisfaction of healthcare employees can reduce turnover in the healthcare industry (Caricati et al., 2013; Janicijevic, Seke, Djokovic, & Filipovic, 2013). Job satisfaction has been defined in literature in a variety of ways, but generally can be understood as a positive state due to intrinsic or extrinsic variables regarding an individual's job (Adams & Bond, 2000; Brief, 1998; Edwards & Cable, 2009; Fisher, 2000; Fritzsche & Parrish, 2005; Locke, 1976; McKenna, 2000; Tourangeau & Cranley, 2006). Intrinsic variables of job satisfaction are those which may help facilitate employees to relate favorably to their job, and that offer a psychological reward for work (Thomas, 2000). Extrinsic variables of job satisfaction are those which employees relate to their job, such as salary and benefits (Thomas, 2000). Unlike senior healthcare leader turnover, which in rare circumstances

may be beneficial to a healthcare organization, low rates of job satisfaction are generally related to negative outcomes for a healthcare organization (Borda & Norman, 1997; Cavanagh, 1990; Chatman, 1991; Cranny, Smith, & Stone, 1992; Janicijevic et al., 2013; Lu, Barriball, Zhang, & While, 2012; Lu, While, & Barriball, 2005; O'Reilly, Chatman & Caldwell, 1991). Cranny et al. (1992) discovered that job satisfaction is the most important indicator of organizational and employee outcomes within organizations. The negative relationship between job satisfaction and employee turnover infers that low rates of job satisfaction cause higher rates of employee turnover, and all the associated negative outcomes that derive from turnover for a healthcare organization (Chatman, 1991; Cranny et al., 1992; Norrish & Rundall, 2001).

Research studies (Division of Member Services, Research American College of Healthcare Executives, 2012; Matus & Frazer, 1996) noted that healthcare executive job satisfaction is more positively related to intrinsic variables, such as personal meaning at work, than extrinsic variables, such as salary and benefits. The findings support previous research that also indicated that healthcare employees are more attracted to intrinsic rewards than extrinsic rewards, and that intrinsic rewards are more effective than extrinsic rewards at improving overall job satisfaction (Janssen, De Jonge, & Bakker, 1999; Speedling, 1990). Strategies focused on increasing intrinsic variables related to job satisfaction of healthcare leaders should benefit the healthcare industry through a reduction in turnover and other related positive job outcomes.

Research has indicated that intrinsic variables of job satisfaction are increased through the level of perceived value congruence (Adams, 2012; Dempsey, 2009; Frankl, 2012; Janssen et al., 1999; Ren, 2010). Value congruence is the congruence between values or how well an individual's values match or fit with the values of anything that is being evaluated (Meglino & Ravlin, 1998). Rokeach (1973) defined values as socially and personally preferred enduring

beliefs that motivate behavior and perceptions. Value congruence at work can occur on a variety of levels or relationships for an employee. For example, value congruence can occur between an employee and the organization, environment, supervisor, team, or job. Verplanken (2004) found that value congruence has a stronger relationship with employees when it is measured at a lower, more personal level. For example, employees may not experience value congruence with the organization, but may experience value congruence with their department, team, supervisor, or job. Verplanken's findings lend to the basis of this paper, that value congruence between an employee's actual job and role, defined as person-job value congruence, may be an important factor in increasing rates of job satisfaction. A literature review on the topic of values, value congruence, and person-job value congruence regarding senior healthcare leaders also revealed a paucity of research on these topics.

The review of literature regarding the healthcare industry established that long term stability, financial costs, quality of patient care, and patient outcomes in the healthcare industry are reliant on the rate of job satisfaction of senior healthcare leaders. Research on increasing job satisfaction for healthcare employees has indicated that intrinsic rewards, such as personal meaning, are more effective than extrinsic rewards, such as salary (Speedling, 1990; Thomas, 2000). Intrinsic rewards at work are the level of psychological reward an employee gets from work (Thomas, 2000). Psychological rewards from work occur through value congruence, the match between employee's values and the values that are experienced or perceived through their work (Dempsey, 2009).

Statement of the Problem

General problem. The Affordable Care Act (ACA) 2010 has significantly impacted the healthcare industry and the job requirements for senior healthcare leaders. Senior healthcare

leaders (directors and executives) are expected to meet these new requirements and act as leaders and change agents within their organizations. However, high turnover rates for senior healthcare leaders, due to a variety of factors that are discussed further, are preventing lasting change and negatively impacting financial performance, and patient care related to the healthcare industry (Carlson, 2011; Duffield et al., 2011; Skagert et al., 2011; Waldman et al., 2010).

Research on how to reduce job turnover rates in healthcare has indicated a strong positive correlation with job satisfaction (Caricati et al., 2013; Janicijevic et al., 2013). Low rates of job satisfaction are generally related to various negative outcomes for a healthcare organization (Borda & Norman, 1997; Cavanagh, 1990; Chatman, 1991; Cranny et al., 1992; Janicijevic et al., 2013; Lu et al., 2012; Lu et al., 2005). Understanding how to increase job satisfaction of senior healthcare leaders, given the current ACA and VBP environment, could benefit the healthcare industry.

Despite the benefits of increasing the rates of job satisfaction for senior healthcare leaders in the healthcare industry, little research on job satisfaction of senior healthcare leaders was found. The research studies examined regarding job satisfaction focused on CEOs, executives, and clinical healthcare employees, such as nurses. The research indicated that intrinsic rewards, such as personal meaning at work, rather than extrinsic rewards, such as salary were more effective at improving job satisfaction, and reducing employee turnover (Division of Member Services, Research American College of Healthcare Executives, 2012; Janssen et al., 1999; Matus & Frazer, 1996; Speedling, 1990). Research has indicated that intrinsic variables of job satisfaction are increased through the level of perceived value congruence (Adams, 2012; Dempsey, 2009; Frankl, 2012; Janssen et al., 1999; Ren, 2010).

Verplanken (2004) indicated that value congruence at work has a stronger correlation to job satisfaction when it is measured in a way that relates strongest to employees' values. For example, employees may not feel congruent with their organization, but may feel congruent with their department or team. Research regarding value congruence has been largely focused on person organization congruence but not person-job congruence. Verplanken's findings lend to the assumption that value congruence between an employee's actual job and role—person-job value congruence—may be an important factor, and more effective than other interventions in increasing rates of job satisfaction. The new requirements for senior healthcare leaders due to changing healthcare policies may have also affected the values senior healthcare leaders perceive from their role, highlighting the need for this study at a crucial time within the country. A scan for existing literature on the topic of values, value congruence, and person-job value congruence regarding healthcare leadership, post-ACA implementation, also revealed scant findings.

Two major gaps in the literature regarding senior healthcare leaders were identified, which are (a) the rates of job satisfaction, and (b) person-job value congruence for senior healthcare leaders. Conducting research on these constructs revealed findings that may provide new retention, leadership training, and value-based hiring strategies to increase job satisfaction of healthcare leaders and improve a variety of outcomes for the healthcare industry. Research (Moyo, Goodyear-Smith, Weller, Robb, & Shulruf, 2015; Patterson et al., 2015; Rassin, 2008; Shahriari, Mohammadi, Abbaszadeh, & Bahrami, 2013; Sine & Northcutt, 2008) supported the findings that healthcare professionals' values tend to be similar throughout the healthcare industry, providing support for the relevance of this research as to its applicability for senior healthcare leaders throughout the healthcare industry. Therefore, an opportunity and a need

existed to study the relationship between person-job value congruence and job satisfaction of senior healthcare leaders today.

Specific problem statement. This study addressed the problem of low rates of job satisfaction of senior healthcare leaders within acute care hospitals that may have been caused by the current state of the healthcare industry, governmental regulations and policies that has resulted in higher rates of turnover for senior healthcare leaders within acute care hospitals.

Statement of the Purpose

The purpose of this research study was to explore the relationship between the rates of extrinsic and intrinsic job satisfaction and the degree of person-job value congruence for senior healthcare leaders. The intent of this study was to add to the field of research in the areas of person-job value congruence and the extrinsic and intrinsic rates of job satisfaction of senior healthcare leaders, and potentially provide support for a positive relationship between person-job value congruence and intrinsic rates of job satisfaction of senior healthcare leaders.

Research on increasing job satisfaction in healthcare, specifically intrinsic variables of job satisfaction, has indicated a positive relationship with a variety of employee and organizational outcomes, such as reduced employee turnover, increased employee job performance, increased rates of patient satisfaction, and improved patient outcomes (Froese & Xiao, 2012; Harrison, Newman, & Roth, 2006; Hegney, Plank, & Parker, 2006; Janicijevic et al., 2013; Riketta, 2008).

Research has also indicated that intrinsic variables of job satisfaction are increased through the level of perceived value congruence (Adams, 2012; Dempsey, 2009; Frankl, 2012; Janssen et al., 1999; Ren, 2010). Although the area of job satisfaction is the most studied topic in

organizational research (Spector, 1997), the relationship with person-job value congruence for senior healthcare leaders has yet to be thoroughly studied.

Research Questions

The following research questions were addressed in this study:

RQ1: To what extent are the demographic variables—gender, age, education, and race—related to employee person-job value congruence for senior healthcare leaders?

RQ2: To what extent are the demographic variables—gender, age, education, and race—related to the extrinsic rates of job satisfaction for senior healthcare leaders?

RQ3: To what extent are the demographic variables—gender, age, education, and race—related to the intrinsic rates of job satisfaction for senior healthcare leaders?

RQ4: To what extent is employee person-job value congruence related to the extrinsic rates of job satisfaction for senior healthcare leaders?

RQ5: To what extent is employee person-job value congruence related to the intrinsic rates of job satisfaction for senior healthcare leaders?

Theoretical Framework

The theoretical framework of this study involved research on the topics of job satisfaction and value congruence. The population of senior healthcare leaders in the United States was chosen based on a need for the healthcare industry to reduce job turnover of senior healthcare leaders. Senior healthcare leaders are also more likely than lower level employees to have a better understanding of their personal values (Ren & Hamann, 2015).

Job satisfaction theories are classified as either content or process based (Coomber & Barriball, 2007), and involve motivational (intrinsic) and hygiene (extrinsic) variables. Motivational variables consist of *intrinsic rewards* for an individual, such as work recognition,

meaningfulness of work, and personal growth opportunities. Hygiene variables consist of *extrinsic rewards* for an individual, such as job security, salary, and benefits (Herzberg, 1966). Intrinsic variables are more closely related to an individual's values than extrinsic variables (Caudron, 1997; Fisher, 2010). This paper investigated extrinsic and intrinsic variables but is mainly concerned with intrinsic variables and content theories of job satisfaction.

Parkinson, Kleinbaum, and Wheatley (2018) indicated that similarities in individual's neural responses predict or are an outcome of friendship. Similarities between individual's neural responses equate to similarities in how those individuals perceive information, their personalities, and behavior. Similarities create or are due to closer friendships. Previous literature also supports the findings of Parkinson et al. (2018). Meglino and Ravlin (1998) previously indicated that if people share similar values (congruence), they are more likely to share similar perceptions and behaviors. Value congruence theories are classified as either subjective or objective. Subjective fit refers to how well people think their job fits, or the level of perceived fit, their preferences or needs. Subjective fit relies on the participant's knowledge of values, and those values of their own. Objective fit refers to how well a job's characteristics match with a person's calculated preferences or needs (Ehrhart, 2006). This paper specifically focuses on the objective fit of value congruence in combination with extrinsic and intrinsic rates of job satisfaction.

The basis of the theory supporting the relationship between value congruence and job satisfaction can also be supported by neural homophily, individuals tend to be friends with people who view the world in similar ways (Parkinson et al., 2018), and the similarity attraction theory (Berscheid & Walster, 1978; Bryne, 1971; Locke, 1976). Similarities attract and lead to greater satisfaction, thus similarities in values attract, and leader to greater satisfaction (Fisher &

Gitelson, 1983; Kalliath, Bluedorn, & Strube, 1999; Locke, 1976; Meglino, Ravlin, & Adkins, 1989). In further support of the relationship between value congruence and job satisfaction, Parkinson et al. (2018) stated that people who share similar neural responses, are more likely to share similar personalities, perceptions and interpretations of events, and share similar behaviors, which reduces ambiguity and conflict, and leads to greater satisfaction within the relationship.

Significance of Topic

Acute care hospitals are currently trying to operate in an uncertain healthcare environment and experiencing an increase in payment denials, rising costs to operate, shortages of nurses, limited patient care related resources, and governmental and healthcare agency demands to improve the quality of care and patient outcomes, while still needing to reduce operating costs (Keyko et al., 2016). Senior healthcare leaders, who are tasked with serving as change agents and leaders in acute care hospitals, are facing these new challenges but struggling with high levels of uncertainty due to constantly changing political opinions on the direction and future of policies related to the healthcare industry, the current president and the anti-ACA Republication mindset. These challenges may be responsible for the high rates of turnover and lower rates of job satisfaction experienced by senior healthcare leaders at acute care hospitals which are preventing positive lasting change to healthcare organizations.

This study was important for understanding the relationship between person-job value congruence and the rates of extrinsic and intrinsic variables of job satisfaction for senior healthcare leaders today. The study was designed on the premise that there is a positive relationship between person-job value congruence and the rates of extrinsic and intrinsic variables of job satisfaction of senior healthcare leaders. A significant positive relationship

would have highlighted person-job value congruence as an important factor in increasing the rates of extrinsic and intrinsic variables of job satisfaction for senior healthcare leaders.

As the healthcare industry and senior healthcare leaders continue to face a multitude of challenges, increasing the rates of job satisfaction of senior healthcare leaders may help to improve the stability of healthcare organizations. Individualized leadership development, engagement, and retention strategies focused on improving person-job value congruence, and specific person-job value congruence items could also be a vital and successful strategy to improve the rates of job satisfaction of senior healthcare leaders in the healthcare industry.

Key Definitions

The purpose of the key definitions section is to describe specific terms that are used throughout the study. Most of these terms are thoroughly discussed in Chapter 2: Review of Literature.

*Extrinsic variables of job satisfaction***:** Extrinsic variables of job satisfaction are the external rewards or material gains an individual gets from work (Thomas, 2000). Extrinsic variables of job satisfaction include areas such as benefits, salary, and security (Thomas, 2000). In this study, extrinsic variables of job satisfaction were defined as external rewards or material gains.

Healthcare: Healthcare in this study referred to all types of hospitals within the United States.

Intrinsic variables of job satisfaction: Intrinsic variables of job satisfaction are the psychological rewards an individual gets from work (Thomas, 2000). Intrinsic variables of job satisfaction create personal meaning for an individual. In this study, intrinsic variables of job

satisfaction were defined as the psychological rewards that an individual gains from work through value congruence.

Job satisfaction: Job satisfaction has been defined in literature in a variety of ways but generally can be understood as a positive state, emotional and physical, due to intrinsic or extrinsic variables regarding an individual's job (Adams & Bond, 2000; Brief, 1998; Edwards & Cable, 2009; Fisher, 2000; Fritzsche & Parrish, 2005; Locke, 1976; McKenna, 2000; Tourangeau & Cranley, 2006). In this study, job satisfaction was defined as employees self-reported feelings of extrinsic and intrinsic feelings of satisfaction with their job.

Person-job value congruence: There is a gap in the literature regarding person-job value congruence, and a working definition applicable to this study was not found. In this study person-job value congruence was defined as the congruence between people's personal values and the personal values they experience from their actual job.

Personal meaning at work: The core of personal meaning is meaningfulness (Korotkov, 1998). Korotkov defines meaningfulness as "the degree to which people's lives make emotional sense and that the demands confronted by them are perceived as being worthy of energy and commitment" (p. 55). In this study, personal meaning at work was defined as the amount people feel their values match an aspect of work (e.g., their job, organizational environment).

Retention: Retention is defined as the opposite of turnover. In this study, retention was defined as when employees remain in their jobs.

Senior healthcare leaders: Senior healthcare leaders in this paper included the executive team, and directors in non-clinical and clinical departments who were employed for over six months in a healthcare organization.

Turnover: In this study, turnover was defined as an employee leaving an organization, voluntary or involuntary, and switching jobs within an organization (Chatman, 1991; Cranny et al., 1992).

Value Congruence: Similar to the research regarding values, value congruence research has been hindered by various methods of interpretations and measurements (Bao, Dolan, & Tzafrir, 2012). In this study, value congruence was the congruence between values, or how well an individual's values match or fit with anything that is being evaluated.

*Values***:** Values research has defined, conceptualized, and measured values in various ways. In this study, values were defined as enduring beliefs that are the foundation of meaning for an individual (Frankl, 2012; Sosik, 2000).

Assumptions

1. It was assumed that study participants understood what values were meaningful to them.
2. It was assumed that study participants understood the values that were experienced through their job.
3. It was assumed that study participants understood how satisfied they were with their job overall.
4. It was assumed that study participants were in a clear mental and emotional state, or were able to put aside temporary issues, to rate their levels of job satisfaction appropriately.
5. It was assumed that study participants answered honestly and to the best of their ability.

Delimitations of Study

1. The study was cross-sectional and covered a specific period in time.
2. The study was limited to senior healthcare leaders in acute care hospitals who agreed to participate and may not be representative of the healthcare industry as a whole.
3. The study evaluated only person-job value congruence and how it related to job satisfaction.
4. This study utilized an untested adapted version of the SVBWS which may have caused measurement error and limited interpretations of the data analyses.
5. This study utilized the MSQ short form to reduce the length of the survey tool, which limits the data analyses regarding the extrinsic and intrinsic variables of job satisfaction.

Limitations of Study

1. The study relied on the participants' ability to self-report their personal and job-related values.
2. The study relied on the participants' ability to understand the instructions and format of the adapted version of the SVBWS.
3. The study relied on participants' ability to self-report their rates of extrinsic and intrinsic job satisfaction.
4. The study relied on healthcare leaders as participants with various abilities, experiences, backgrounds, and opinions which may have caused different interpretations of the survey questions, affected by various personal and environmental factors.

Summary

Healthcare is facing a multitude of challenges today, from increasing government regulations and penalties related to the ACA and value-based programs, rising healthcare costs, and employee shortages (Keyko et al., 2016). Research indicates that increasing the rate of job satisfaction for senior healthcare leaders may be critical in meeting those challenges (Borda & Norman, 1997; Cavanagh, 1990; Chatman, 1991; Cranny et al., 1992; Janicijevic et al., 2013; Lu et al., 2005; Lu et al., 2012). Intrinsic job satisfaction variables, such as the variables derived from value congruence, have a greater impact on increasing the rate of job satisfaction for healthcare employees than other interventions (Adams & Bond, 2000; Division of Member Services, Research American College of Healthcare Executives, 2012; Janssen et al., 1999; Matus & Frazer, 1996; Ryan & Deci, 2000, 2004; Speedling, 1990). This study attempted to provide evidence that supports the development of employee engagement and retention strategies for senior healthcare leaders that focus on improving person-job value congruence and the rates of job satisfaction of senior healthcare leaders.

Chapter 1 provided an outline of this quantitative research. Background information was reviewed that supported a problem statement. The purpose statement and the research questions indicated the scope of the study, which focused on the relationship between person-job value congruence and the rates of extrinsic and intrinsic variables of job satisfaction of senior healthcare leaders. The significance of this study was described, which was primarily to create a foundation for future research on engagement and retention strategies for senior healthcare leaders in healthcare organizations. Chapter 2 provides a review of relevant literature that served as the foundation for the research.

Chapter 2: Review of Literature

This paper focuses on the relationship between person-job value congruence and the rate of job satisfaction for senior healthcare leaders. The theoretical basis for this paper involves the theoretical frameworks of job satisfaction and person-job value congruence. The following literature review presents research pertaining to the areas of job satisfaction, and job satisfaction for senior healthcare leaders. An overview of research pertaining to specific areas of values literature is reviewed and includes the areas of value congruence, and the personal and job values of healthcare leaders. The literature review highlights research that indicates a relationship between the areas of personal values and job satisfaction, and for healthcare professionals.

There is little research in the areas of values, value congruence, job satisfaction, and the assessment tools chosen for this study that focuses specifically on senior healthcare leaders. Therefore, research relating to job satisfaction and value congruence in the healthcare industry and research that uses the chosen or related assessment tools are presented in this review. Literature that focuses on the areas of job satisfaction and value congruence in the healthcare industry was considered relevant for this study. Research has shown that healthcare employees tend to have similar values based on the industry's consistent goals and expectations for healthcare employees that are related to patient care and ethics (Moyo et al., 2015). Research studies on the healthcare industry that are included in this literature review, but not only specific to senior healthcare leaders, focused on clinical providers, nurses, nursing assistants, healthcare CEOs, and healthcare executives. Additionally, there is little research on the topic of person-job value congruence, and person-job value congruence in regards to healthcare; hence, the research area of value congruence is reviewed as it pertains to the healthcare industry.

The gaps in literature regarding the areas of job satisfaction and person-job value congruence of senior healthcare leaders highlights the significance of this research to the field of healthcare. This research was intended to add to the field of job satisfaction and value congruence by investigating the relationships that exist between the rates of extrinsic and intrinsic variables of job satisfaction and person-job value congruence of senior healthcare leaders.

Job Satisfaction

Overview of job satisfaction. Roznowski and Hulin (1992) indicated that job satisfaction is the most important indicator of organizational and employee outcomes within organizations. Despite the fact that job satisfaction is the most studied topic in organizational research (Spector, 1997), there is no specific definition or measurement approaches that are constant throughout the literature (Cavanagh, 1990). Job satisfaction has been defined in the literature in a variety of ways but, generally, can be understood as a positive state due to intrinsic or extrinsic variables regarding an individual's job (Adams & Bond, 2000; Brief, 1998; Edwards & Cable, 2009; Fisher, 2000; Fritzsche & Parrish, 2005; Locke, 1976; McKenna, 2000; Tourangeau & Cranley, 2006). The definitions prevalent in research regarding job satisfaction are provided in Table 1.

Table 1

Summary of Definitions of Job Satisfaction throughout Literature

Definitions of Job Satisfaction	Resource(s)
An emotional evaluation of an individual's experiences at work.	(Locke, 1976)
The amount a job satisfies the five needs of Maslow's hierarchy.	(Maslow, 1954; Mueller & McCloskey, 1990)
An emotional and cognitive evaluation of an individual's experiences at work.	(Adams & Bond, 2000; Brief, 1998; Fisher, 2000)
The amount an individual's expectations relate to his or her job.	(McKenna, 2000)
The level of gratification a person feels from his or her job.	(Tourangeau & Cranley, 2006)

Theories of job satisfaction. Theories of job satisfaction can be classified as either content or process based (Coomber & Barriball, 2007). Content theories attempt to identify needs or values that affect an individual's rate of job satisfaction. Content theories deal with an individual's internal motivating factors and are a focus of this paper. Process theories focus on how reactions to an individual's environment can combine to motivate an individual (Coomber & Barriball, 2007). Content theories, such as Maslow's (1970) Hierarchy of Needs, and Herzberg's (1966) Motivator Hygiene theory, break down job satisfaction into perceptual and affective components for an individual. The *perceptual component* is the cognitive evaluation of a job for its ability to meet an individual's needs. The *affective component* describes the emotional response to the evaluation (Coomber & Barriball, 2007). The Herzberg's (1966) Motivator Hygiene theory is focused on the relationship between *motivational* (intrinsic), and *hygiene* (extrinsic) variables. Motivational variables consist of *intrinsic rewards* for an individual, such as work recognition, meaningfulness of work, and personal growth opportunities. Hygiene variables consist of *extrinsic rewards* for an individual, such as job

security, salary, and benefits (Herzberg, 1966). Both extrinsic and intrinsic variables positively affect job satisfaction. The amount that an intrinsic or extrinsic variable effects job satisfaction for an individual is dependent on the specific values of that individual (Locke, 1976; Mottaz, 1985). This research study assumed that motivational (intrinsic) variables and content theories of job satisfaction have a more positive relationship with person-job value congruence than hygiene (extrinsic) variables.

Intrinsic variables of job satisfaction. Intrinsic variables of job satisfaction create intrinsic work motivation through psychological rewards or other internal benefits for an individual at work (Thomas, 2000). Employees who have a high rate of intrinsic work motivation or rate of intrinsic job satisfaction tend to enjoy working more, are willing to invest more time and energy in work tasks, and as a result, perform better and more productively (Ryan & Deci, 2000, 2004).

Research proved that intrinsic work motivation is unique to each individual (Djordjevic, Petrovic, Vukovic, Mihailovic, & Dimic, 2015) and is determined by factors that make work "challenging and worthwhile, such as skill variety, autonomy, social contacts and opportunities to learn" (Janssen et al., 1999, p. 1363). Intrinsic variables of job satisfaction, such as personal meaning at work, are related to value congruence (Caudron, 1997; Fisher, 2010). This paper examined the relationship between person-job value congruence and the intrinsic variables of job satisfaction.

Extrinsic variables of job satisfaction. Extrinsic variables of job satisfaction are the external rewards or material gains an individual gets from work (Thomas, 2000). Extrinsic variables of job satisfaction include areas such as benefits, salary, and security (Thomas, 2000). In this study, extrinsic variables of job satisfaction are external rewards or material gains. This

paper examined the relationship between person-job value congruence and the extrinsic variables of job satisfaction.

Measuring job satisfaction. The overall measurement of job satisfaction can either be conducted as a global approach or a facet approach (Spector, 1997). The *global approach* measures job satisfaction overall (Fritzsche & Parrish, 2005). The *facet approach* measures an employee's satisfaction regarding different aspects of his or her job and can be used to measure motivational (intrinsic) variables of job satisfaction (Fritzsche & Parrish, 2005). The facet approach can determine if certain variables are negatively or positively influencing employee job satisfaction (Fritzsche & Parrish, 2005). Brief (1998) highlights that there is no guidance in the literature as to which facets of job satisfaction are more important to study for specific situations, job roles, or people. Facets relating to motivational (intrinsic) variables of job satisfaction, the interest of this study, include work recognition, meaningfulness of work, and personal growth opportunities. A limitation of the facet measurement of job satisfaction is that it cannot calculate an overall rating of job satisfaction just from adding the different facet measurements (Ironson, Smith, Brannick, Gibson, & Paul, 1989).

Two of the most popular job satisfaction facet approach assessments include the Job Descriptive Index (JDI), and the Minnesota Satisfaction Questionnaire (MSQ). The JDI (Smith, Kendall, & Hulin, 1969) contains 72 items, and measures five different facets of job satisfaction: work, promotions, supervision, coworkers, and promotions. Each item contains adjectives or short phrases to describe an employee's job, and participants could answer "*no*," "*?*," and "*yes*." Items are scored using the values 0 for "*no*," 1 for "*?*," and 3 for "*yes*." The reliability and validity are well established (Brief, 1998). The MSQ (Weiss, Dawis, England, & Lofquist, 1967) is available in three forms, two versions of a long form (1967 or 1977 version) and a short form.

The long form takes at least 15 minutes to complete and contains 100 items. The short form takes at least five minutes to complete and contains 20 items. The MSQ short form consists of 20 items from the long form versions that best represent each of the 20 facets of job satisfaction. The 20 facets of the MSQ short form are (Weiss et al., 1967):

1. Ability utilization: The chance for employees to use their capabilities.
2. Achievement: The feeling for accomplishment from a job.
3. Activity: The feeling that an employee always has something to do.
4. Advancement: The opportunities for employee advancement.
5. Authority: Being able to tell other people what to do.
6. Company policies and practices: The company is perceived as practicing its policies.
7. Compensation: The amount employees are paid for the work they do.
8. Co-workers: The way co-workers get along with each other.
9. Creativity: The chance for employees to try things their own way.
10. Independence: The chance for employees to work alone.
11. Moral values: Work that doesn't go against employees' morals.
12. Recognition: The praise employees receive.
13. Responsibility: The freedom for employees to make their own decisions.
14. Security: The safety employees feel for steady employment.
15. Social service: The employees chance to do things for others.
16. Social status: The employees chance to feel important in the work environment.
17. Supervision - human relations: The actions towards co-workers by your supervisor.
18. Supervision - technical: The skills and abilities of your supervisor.
19. Variety: The opportunity to do something different.

20. Working conditions: The work environment.

Intrinsic job satisfaction, extrinsic job satisfaction, and an overall satisfaction score can be obtained from the MSQ short form. The reliability and validity of the MSQ forms are well established. “Median reliability coefficients were .86 for Intrinsic Satisfaction, .80 for Extrinsic Satisfaction, and .90 for General Satisfaction” (Weiss et al., 1967, p. 24). Participants use the same response scale that is used in the MSQ (1977) long form. Participants rate specific items on a five-point Likert scale, from 1 (“*very dissatisfied*”) to 5 (“*very satisfied*”). The majority of responses on the MSQ (1977) long form version and MSQ short form tend to alternate between “*very satisfied*” and “*satisfied*,” and result in data that fall more towards higher values or a negatively skewed distribution. The MSQ is a measurement tool that is primarily cognitive rather than affective, and one which supports a logical approach to assessing job satisfaction (Matus & Frazer, 1996). Cognitive measures are a logical evaluation of a job which makes it less likely that a temporary mood of a participant will affect the scores (Matus & Frazer, 1996). The short form version of the MSQ was utilized for this study since it measures extrinsic, intrinsic, and overall rates of job satisfaction, while also being short enough to fit within the time constraints of senior healthcare leaders who are targeted as participants in this study. The MSQ is available for use in research free of charge and without written consent, providing Vocational Psychology Research, University of Minnesota, is cited as the source [“(MSQ) Minnesota Satisfaction Questionnaire,” 2018].

The quantitative measurement of job satisfaction can be influenced by a complexity of factors such as the organization, work environment, social context or work, individual moods, etc. The complexity of influencing factors tends to cause smaller correlations between variables and job satisfaction (Fritzsche & Parrish, 2005). Researchers have also noted that the

measurement of job satisfaction tends to result in data that falls more towards higher values or a negatively skewed distribution, primarily because people tend to choose and stay at jobs that cause them greater rates of job satisfaction (Fritzsche & Parrish, 2005).

Benefits of job satisfaction. Job performance, career commitment, work behavior, and voluntary turnover are topics that have been researched extensively in relationship to job satisfaction. Job performance is the combination of task and contextual performance (Judge, Thoresen, Bono, & Patton, 2001). *Task performance* involves the normal duties of a job. *Contextual performance* involves duties that improve the environment of the job, or duties that go above and beyond the actual role (Judge et al., 2001). Career commitment is defined as an individual's identification with a specific career or profession (Chen, Myrtle, Liu, & Fahey, 2011). Employee work behavior can be productive or counterproductive. Productive employee behavior positively impacts an organization, and counterproductive behavior negatively impacts an organization (Chen & Spector, 1992; Spector, 1997).

Job performance. Meta-analyses of the correlation between job performance and job satisfaction indicated a moderate relationship, finding that increased rates of job satisfaction equate to increased job performance (Locke, 1976). Judge et al. (2001) further added that the relationship between job satisfaction and job performance is mutually positive; an increase in job performance causes an increase in job satisfaction, and an increase in job satisfaction can also cause an increase in job performance of an employee (Judge et al., 2001).

Career commitment. Goulet and Singh (2002) reported that career commitment is positively correlated with job satisfaction. Chang (1999) noted that if employees' expectations of their jobs are met, then they would be more committed to their jobs. Career commitment develops over time resulting from greater rates of job satisfaction (Chen et al., 2011). Runy

(2003) reported that employee career commitment in the healthcare industry tends to be lower than other industries, with nearly two-thirds of healthcare employees thinking about leaving the healthcare field.

Work behavior. Chen and Spector (1992) and Spector (1997) investigated the relationship between job satisfaction and employee work behavior. Chen and Spector reported that an employee's rate of job dissatisfaction increased his or her counterproductive work behaviors. Counter productive work behaviors are work behaviors that purposely hurt an organization (Chen & Spector, 1992; Spector, 1997).

Reduced intent to leave. Carsten and Spector (1987) conducted a meta-analysis of 39 correlations between job satisfaction and voluntary turnover and reported a small to moderate relationship. Carsten and Spector reported that the small to moderate relationship between job satisfaction and voluntary turnover may be due to employees staying in their jobs despite being dissatisfied. Employees may stay at their jobs despite being dissatisfied if other job opportunities are limited to them (Carsten & Spector, 1987).

Another study reported the correlation between job satisfaction and voluntary turnover is only small to moderate because it is a process that occurs over time (Mobley, Griffeth, Hand, & Meglino, 1979). During the process leading to voluntary turnover, a dissatisfied employee may evaluate other job opportunities and consider the positive and negative aspects of leaving his or her job. Thus, job dissatisfaction increases an employee's intent to leave a job but may or may not strongly relate or lead to voluntary turnover (Mobley et al., 1979). Dissatisfied employees may not leave their jobs, but their job performance will likely be negatively impacted. This finding supports the purpose of this research to focus on the extrinsic and intrinsic variables of job satisfaction and not on voluntary or involuntary turnover.

Job satisfaction summary. Job satisfaction is the most studied topic in organizational research (Spector, 1997) and the most important indicator of organizational and employee outcomes within organizations (Roznowski & Hulin, 1992). Increased rates of employee job satisfaction improve employee contextual work behaviors (Judge et al., 2001), reduce voluntary employee turnover (Carsten & Spector, 1987), and reduce employees' intent to leave their jobs (Mobley et al., 1979). This paper focused on content theories and facet measurement of employee extrinsic and intrinsic job satisfaction. The following section of the literature review presents information regarding employee extrinsic and intrinsic job satisfaction specific to the healthcare industry.

Job Satisfaction of Healthcare Employees

Job satisfaction of healthcare employees is directly related to the quality of patient care and outcomes in a healthcare organization (Bhatnagar & Srivastava, 2012; Carrillo-García, Solano-Ruiz, Martinez-Roche, & Gomez-Garcia, 2013). Job satisfaction in healthcare is related to a variety of factors, such as a work environment that provides optimal resources to care for patients, participatory decision making, effective communication channels, and positive and supportive management (Bhatnagar & Srivastava, 2012). Job satisfaction of healthcare employees can also be increased through focusing on job specific intrinsic motivating factors, such as making work more interesting and by empowering staff (Bhatnagar & Srivastava, 2012).

Job satisfaction of healthcare employees may also be affected by the age and gender of the employee, but literature regarding the effects of age and gender of healthcare employees on job satisfaction is mixed (Carrillo-García et al., 2013). Carrillo-García et al. surveyed 546 healthcare professionals from a university hospital in Spain. Healthcare professionals included clinical area specialists, resident doctors, nurses and nursing assistants, as well as team

management. Carrillo-García et al. noted that 77.2% of professionals were satisfied with their work. Younger (20-30 years old) and older employees (over 61 years old) had statistically significant higher rates of job satisfaction than the other healthcare professionals surveyed. Women also had statistically higher rates of job satisfaction than men.

Kavanaugh, Duffy, and Lilly (2006) surveyed 128 healthcare employees to examine the relationship between job satisfaction and demographic variables. Years of professional experience was discovered to be most related to the rates of healthcare professional's job satisfaction. There were significant differences between healthcare professionals with professional experience between two to six years, six to 15 years, and 15 and more years. Job satisfaction was greater in healthcare professionals who had more years of experience (Kavanaugh et al., 2006). The demographic variables of gender and hospital tenure were not significantly related to job satisfaction of healthcare professionals. Age, education, and race were only significantly associated to certain minor components of job satisfaction. Age was significantly associated with the rates of satisfaction in working relationships which may be due to similarities in values. Healthcare professionals with higher levels of education were more satisfied with their supervisors, and levels of communication in the workplace (Kavanaugh et al., 2006). Due to the mixed results throughout the literature, further research could examine the relationship between age, gender, education, and job satisfaction of healthcare employees.

Job satisfaction of nurse managers in healthcare. Nurse managers are defined as nurses that directly manage or supervise staff nurses and are in leadership roles in a healthcare organization. Nurse managers are also directly responsible for patient care and patient outcomes in a hospital (Lee & Cummings, 2008). The job expectations for front line nurse managers subject them to high levels of stress and burnout, low rates of job satisfaction, and subsequently

lead to higher rates of turnover (Lee & Cummings, 2008). Taunton, Boyle, Woods, Hansen, and Bott (1997) noted that interventions to improve nurse manager rates of job satisfaction are also likely to improve retention rates of hospital staff nurses because of the trickle-down effect of job satisfaction (job satisfaction at the top of an organizational hierarchy improves job satisfaction at lower levels of the organizational hierarchy) and increased moral support from the nurse manager (Severinsson & Kamaker, 1999). The focus of this study is on senior healthcare leaders, but due to the potential of organizational, environmental, and value similarities across the healthcare industry—and the fact that little research is available on the target population of senior healthcare leaders—the role of nurse managers was included in this research.

Lee and Cummings (2008) conducted a literature review of 14 research articles, 12 quantitative, one qualitative, and one mixed methods, regarding nurse managers and job satisfaction. Four categories were identified to determine job satisfaction of front line nurse managers, (a) organizational change; (b) organizational support; (c) job characteristics; (d) managerial role (Lee & Cummings, 2008).

a) Organizational change: The majority of the articles regarding organizational change noted that decentralization of healthcare organizations was related to increased rates of job satisfaction for front line nurse managers (Lee & Cummings, 2008).
b) Organizational support: Higher levels of organizational and social support were related to higher rates of front line nurse manager job satisfaction (Burns, 1992; Laschinger, Purdy, Cho, & Almost, 2006). A participative organizational structure was also related to higher rates of job satisfaction (Kinsella O'Neil, 1991).
c) Job characteristics: Empowerment and power were found to be related to higher rates of job satisfaction (Lee & Cummings, 2008). Front line nurse manager empowerment

involved organizational structural and psychological empowerment. Structural empowerment included organizational resources that were important to successfully meeting the demands of the front line nurse manager role. Psychological empowerment included the personal belief and responsibility to meet the demands of the front line nurse manager role (Laschinger et al., 2006).

d) The managerial role: The front line nurse manager role was also related to higher rates of job satisfaction (Dahlen, 2002; Krugman & Smith, 2003; Wong, 1998).

The majority of the areas related to front line nurse manager job satisfaction noted in the literature review—organizational decentralization, organizational support, empowerment, and power—are intrinsically motivating variables of job satisfaction.

A survey using the Herzberg's (1966) motivation maintenance theory was conducted on healthcare managers of 54 community and non-community hospitals in Utah (Dwore et al., 1997). A total of 162 surveys were analyzed for the study. Healthcare managers who participated in the study were asked to rank each motivator and maintenance factor on a scale from 1 (*strongly dissatisfied*) to 5 (*strongly satisfied*) and respond to several open-ended questions. Dwore et al. indicated that healthcare managers were satisfied with their work context, what they had to do at work, social context, and social relationships. Healthcare managers were dissatisfied with their potential for advancement, job security, and salary. The majority of managers (85%) responded that they were satisfied with their jobs (Dwore et al., 1997).

Job satisfaction of senior healthcare leaders. The purpose of a healthcare organization is to provide the highest level of services possible to its patients (Bhatnagar & Srivastava, 2012). Researchers have found that the rate of employee job satisfaction plays a critical role in the ability of a healthcare organization to provide the highest level of services possible to its patients

(Janicijevic et al., 2013). The rate of senior healthcare leader job satisfaction is positively correlated with a variety of organizational, job, and health outcomes, such as organizational financial performance, reduced employee turnover, increased employee job performance, increased rates of patient satisfaction, and improved patient outcomes (Janicijevic et al., 2013; Matus & Frazer, 1996).

The research on job satisfaction in healthcare is closely linked to employee motivation in healthcare. Healthcare employees are not primarily driven by extrinsic rewards, but by intrinsic rewards (Janssen et al., 1999; Speedling, 1990). Intrinsic variables of job satisfaction may facilitate employees to relate favorably to their jobs, and offer a psychological reward for work (Thomas, 2000). Similar to literature regarding job satisfaction, studies that focused directly on the healthcare industry have reported that a variety of factors can impact employee job satisfaction, such as employee demographics (age and gender), employee level of education, work content, work environment, and social context (Duffield et al., 2011). The multitude of factors effecting job satisfaction influences the measurement of job satisfaction and, as noted previously in this study, tends to cause smaller correlations between variables being tested and job satisfaction (Fritzsche & Parrish, 2005).

The majority of the literature that was discovered regarding job satisfaction of healthcare leaders was focused on the job titles of Chief Executive Officer and Chief Nursing Officer. Literature regarding job satisfaction in healthcare employees has focused primarily on clinical providers such as nurses, nursing assistants, and physicians at specific healthcare systems or facilities. Historical, current, or trending data of job satisfaction statistics on the healthcare industry, or on specific healthcare professions, were not found through the review of literature.

There is a gap in the research regarding job satisfaction for non-clinical healthcare employees, including senior healthcare leaders (Dwore et al., 1997; MacLellan, 1990).

Job satisfaction of healthcare executives. Healthcare executives are included in this study's definition of senior healthcare leaders. Healthcare executives include the executive team, which may be comprised of the Chief Executive Officer (CEO), Chief Nursing Officer (CNO), Chief Medical Officer (CMO), Chief Financial Officer (CFO), and other executive level employees. Healthcare executive job satisfaction has been researched primarily as a determinant in healthcare executive turnover (Matus & Frazer, 1996). Duffield et al. (2011) evaluated executive turnover in Australia. Healthcare executives in the study were defined as executive healthcare roles at the Australian state level of healthcare (Duffield et al., 2011). Job turnover was defined as any job move made by a healthcare executive (Duffield et al., 2011). Various factors contributing to healthcare executive turnover were age, gender, educational level, lack of career growth opportunities, salary, increasing role complexities, and increasing workload. Duffield et al. indicated that in terms of job satisfaction, increasing intrinsic motivators of job satisfaction, such as challenging work and employee opportunities for growth, were significantly important for reducing healthcare executive turnover. The negative effects of increasing healthcare executive turnover rates were found to be associated with organizational instability, loss of human capital, higher financial costs, decreased staff morale, and reduced quality of patient care. This study is focusing on job satisfaction and not turnover of senior healthcare leaders because turnover can be beneficial to an organization if the employee is negatively impacting organizational outcomes. Unlike senior healthcare leader turnover, which in rare circumstances may be beneficial to a healthcare organization, low rates of job satisfaction are generally related to negative outcomes for a healthcare organization (Borda & Norman, 1997;

Cavanagh, 1990; Chatman, 1991; Cranny et al., 1992; Janicijevic et al., 2013; Lu et al., 2005; Lu et al., 2012).

Since the 1990s, the American College of Healthcare Executives (ACHE) conducts research surveys every five years comparing male and female healthcare executives on a variety of outcomes. The survey has reported that job satisfaction of healthcare executives tends to be relatively high (Division of Member Services, Research American College of Healthcare Executives, 2012). The most recent data available for this literature review was from the ACHE 2012 survey of healthcare executives, which surveyed a total of 1,588 healthcare executives. The research from 2006 to 2012 indicated that job satisfaction for both men and women decreased slightly (86% to 84%).

Job satisfaction of healthcare executives was based on a combination of the following areas: overall advancement, job security, compensation compared to others at the same level, work/life balance, job opportunities, recognition, and availability of mentors. Complete findings of the study related to job satisfaction are included in Table 2. The survey also highlighted that healthcare executives have a higher rate of overall job satisfaction (84% for men and women), than their level of commitment to their organizations (65% for men and 68% for women).

Table 2

Job Satisfaction of Healthcare Executives (Percent Satisfied or Very Satisfied)

	2006		2012	
Job satisfaction variables	% Male	% Female	% Male	% Female
General satisfaction	86	86	84	84
Overall advancement	84	83	83	80
Job security	84	85	84	84
Compensation compared to others at the same level	80	75	78	71
Work/life balance	75	74	78	74
Job opportunities in the organization	73	71	76	69
Recognition/awards	73	70	70	67
Availability of mentors/coaches	69	66	70	66

Note. Data for Job satisfaction of healthcare executives (percent satisfied or very satisfied) from Division of Member Services, Research American College of Healthcare Executives, 2012. Adapted with permission (see Appendix A).

Job satisfaction of healthcare CEOs. Based on a survey of 101 healthcare CEOs in the United States, HealthLeaders Media reported that the rate of healthcare CEO job satisfaction has decreased significantly from 92% (44% very satisfied and 48% satisfied) in 2012, to 84% (very satisfied 39% and satisfied 45%) in 2013 ("As CEO Turnover Rate Drops, So Does Job Satisfaction," 2013). HealthLeaders Media noted that the job satisfaction of healthcare CEOs is decreasing primarily because the CEO's role has been steadily increasing in work complexity and workload, while benefits for the position stay the same ("As CEO Turnover Rate Drops, So Does Job Satisfaction," 2013). Matus and Frazer (1996) and the ACHE (Division of Member Services, Research American College of Healthcare Executives, 2012) published similar findings that job satisfaction of healthcare executives and CEOs in the United States tends to be high

(approximately 80%). No historical data was provided or found for comparison on the rate of extrinsic and intrinsic rates of job satisfaction for healthcare executives.

Matus and Frazer (1996) conducted a multidimensional study on the factors that contribute to job satisfaction of 59 hospital CEOs in Virginia. Matus and Frazer evaluated how demographic characteristics, the environment, and person-environment (P-E) fit were related to job satisfaction. The participants answered a four-part questionnaire, (a) demographic data about the CEO and the hospital the CEO was working; (b) CEOs ranking their performance levels; (c) the short form MSQ job satisfaction assessment; (d) measurement of PE fit (Matus & Frazer, 1996). The third part of the study, the short form MSQ assessment of job satisfaction was reviewed as it is a significant construct for this study.

Matus and Frazer (1996) noted that the MSQ short form is their preferred measurement tool for job satisfaction for their study because it can measure extrinsic and intrinsic job satisfaction and reduces job satisfaction measurement error because it is a primarily cognitive measurement tool rather than affective. Cronbach's alpha reliability estimates were calculated for total satisfaction, extrinsic satisfaction, and intrinsic satisfaction. Reliability estimates are suggested by Streiner (2003) to be > 0.70. Findings relating to the MSQ short form assessment of job satisfaction for hospital CEOs are listed below (Matus & Frazer, 1996):

1. Coefficient alphas were > 0.70 for total satisfaction and intrinsic satisfaction but were 0.59 for the extrinsic satisfaction scale suggesting measurement error.
2. The overall scores of job satisfaction were 60 to 91. The scores for intrinsic satisfaction ranged from 38 to 58. The scores for extrinsic satisfaction ranged from 11 to 27. Intrinsic job satisfaction was higher than extrinsic job satisfaction for the participants in the study. The analysis of the research did not indicate a significant

relationship between intrinsic or extrinsic variables of job satisfaction, but the researchers noted that the reliability of the extrinsic scale and small sample size could have influenced the results.

3. A multiple regression analysis predicting job satisfaction via other variables was also performed. The researchers highlighted that intrinsic satisfaction and not extrinsic satisfaction was related to employee tenure ($\beta = .33$, $p < .01$; Matus & Frazer, 1996). Due to this finding the researchers stated that it is reasonable to assume that the intrinsic satisfaction measures such as achievement and personal growth were more important to job satisfaction than extrinsic measures (Matus & Frazer, 1996).

Similar to previous findings discussed on the rate of job satisfaction of healthcare CEOs, the participants of this study were highly satisfied with their jobs (a mean score of 80.26) (Matus & Frazer, 1996). Matus and Frazer noted that there were multiple limitations affecting the study and that the high rate of job satisfaction could also be a result of only highly satisfied CEOs returning the surveys. The results of this study are consistent with other studies that note high rates of job satisfaction for healthcare executives (Division of Member Services, Research American College of Healthcare Executives, 2012; "As CEO Turnover Rate Drops, So Does Job Satisfaction," 2013).

Sieveking and Wood (1992) also found similar findings in their research on rates of job satisfaction in psychiatric hospital CEOs. Rates of job satisfaction in psychiatric hospital CEOs was negatively affected by work stress, role ambiguity, organizational financial pressures, lower than expected salary, healthcare industry uncertainty, and workload (Sieveking & Wood, 1992). Psychiatric hospital CEOs rates of job satisfaction were positively influenced as a result of

interesting work, personal accomplishments, higher than expected salary, employee recognition, social context, career advancement, and autonomy (Sieveking & Wood, 1992).

Summary of job satisfaction research. Job satisfaction has been labeled "one of the most important factors in determining individuals' intention to stay or leave a health-care organization" (Caricati et al., 2013, p. 984). Overall, an increase in the rates of job satisfaction for healthcare employees has been tied to positive job outcomes, such as reduced employee turnover, increased employee job performance, increased rates of patient satisfaction, and improved patient outcomes (Froese & Xiao, 2012; Harrison et al., 2006; Hegney et al., 2006; Janicijevic et al., 2013; Riketta, 2008). Also, research indicated that the rate of job satisfaction in healthcare employees is more significantly affected by intrinsic rewards than extrinsic rewards (Janssen et al., 1999; Lee & Cummings, 2008; Lundh, 1999; Nolan, Nolan, & Grant, 1995; Speedling, 1990).

Values Research

The following section is a review of relevant values research to support the purpose of this study. The purpose of this research study is to explore the relationship between the rates of extrinsic and intrinsic job satisfaction and the degree of person-job value congruence for senior healthcare leaders. Values research, the Schwartz Value Survey (SVS), a Best Worst Scaling (BWS) approach to the SVS, value congruence research, and values of healthcare leaders are reviewed. Values and value congruence are related areas of literature. Assessing an individual's values is required to assess the degree of congruence between an individual's values. Literature regarding the values of healthcare leaders is presented to support the selection of healthcare leaders as the population of this study, and to understand the potential benefit of this study for the healthcare industry.

Overview of values research. Values research has defined, conceptualized, and measured values in various ways, which has led to some confusion and broadened the scope of values research (Hitlin & Piliavin, 2004; Meglino & Ravlin, 1998; Rokeach, 1973). An overview of values research topics is provided in Table 3.

Table 3

Overview of Values' Research Topics

Topic	Research	Resource(s)
Definition of values	Enduring beliefs regarding an overall state, which influence the perceptions, evaluations, and actions of an individual.	(Allport & Vernon, 1931; Fallding, 1965; Meglino & Ravlin, 1998; Rokeach, 1973; Williams, 1968)
Sources of an individual's values	An individual's values are based on nature (individual's genetics), and nurture (socialization). Socially formed values develop through adolescence.	(Rokeach, 1973)
Stability of an individual's values	A change in an individual's social or cultural situations can affect the stability of his or her values.	(Patterson et al., 2015; Rokeach & Ball-Rokeach, 1989)
Value congruence	Value types support one another and working towards one value supports the pursuit of the other value. The pursuit of congruence is pleasurable for an individual.	(Schwartz, 1994)
Value incongruence	Value types are in conflict and working towards one value goes against the other value. The pursuit of incongruence is non-pleasurable for an individual.	(Schwartz, 1994)

The Schwartz Value Theory. Schwartz (1994) summarized the major definitions prevalent in research regarding values into six common features. These six features compose Schwartz's value theory and have been widely accepted by values' researchers (Hitlin & Piliavin, 2004; Meglino & Ravlin, 1998):

1. Values are beliefs that can be promoted or threatened. Positive feelings occur when a value is promoted. Negative feelings occur when a value is threatened.
2. Values refer to personal goals that are the basis of motivation for an individual.
3. Values are non-situational and apply across context and time.
4. Values act as a guide for an individual's behavior. Values are used for making decisions and evaluations pertaining to all issues or situations for an individual.
5. Values can be ranked by importance for an individual.
6. The ranking of values helps guide an individual's behavior in situations that encompass multiple, possibly conflicting, values.

The theory that individuals rank values by importance was based on the idea that ranking helps individuals avoid and resolve value conflict (Meglino & Ravlin, 1998). Value conflict is created when individuals need to decide between multiple or competing values. Meglino and Ravlin explained that some researchers disagreed with the theory that people rank their values by importance, and instead argued that people's values can be equal in intensity. The lack of agreement on whether values can be ranked or not creates two ways that values are conceptualized and measured in research, ipsative (ranking of values), and normative (values can be equal in intensity). This paper focuses on the *normative measurement* of values which allows for values to be equally rated versus ranked.

The Schwartz Value Theory is based on the six common features of values and was originally composed of 10 universal, distinct value types. Spirituality was also tested as a distinct value type, but was left out of the Schwartz Value Theory, as spirituality does not have a consistent meaning across cultures (Schwartz, 1994). The original 10 universal and distinct value

types are summarized from Schwartz and Bilsky (1987), and then further summarized by Schwartz (1994):

1. Achievement: The need to develop skills and display competencies for the self, group, or success at work. The value type *achievement* is congruent with the value type *power* because both involve superiority. The value type *achievement* is also congruent with the value type *hedonism* because both involve self-indulgence.
2. Benevolence: The concern for the welfare of others, specifically one's in-group, and the need for affiliation. The value type *benevolence* is congruent with the value type *universalism* because both are concerned with the welfare of others. The value type *benevolence* is also congruent with the value type *tradition* because both are focused on one's in-group and the value type *conformity* because both promote relationships.
3. Conformity: The restraint of actions and impulses that may hurt social relationships. The value type *conformity* is congruent with the value type *benevolence*. The value type *conformity* is also congruent with the value types *tradition* and *security* because both value types indicate restraint for the benefit of one's social relationships.
4. Hedonism: The need for pleasure. The value type *hedonism* is congruent with the value types *achievement* and *stimulation* because both focus on self-indulgence and seeking pleasure.
5. Power: The need for control and social hierarchy. The value type *power* is congruent with the value type *achievement*. The value type *power* is also congruent with the value type *security* because both value types need and prefer control.
6. Security: The need for safety and stability for oneself and one's social group. The value type *security* is congruent with the value type tradition because both promote

the need for stable social relationships. The value type *security* is also congruent with the value types *conformity* and *power*.

7. Self-direction: The need for control through autonomy, and independent thought and exploration. The value type *self-direction* is congruent with the value type *stimulation* because both involve intrinsic motivation for change. The value type *self-direction* is also congruent with the value type *universalism* because both involve the acceptance of the many choices within daily life.
8. Stimulation: The need for variety, challenges, and novelty. The value type *stimulation* is congruent with the value types *hedonism* and *self-direction*.
9. Tradition: The respect of cultural, social, or religious customs. The value type *tradition* is congruent with the value types *benevolence, conformity,* and *security*.
10. Universalism: The combination of the concern for society and the world as a whole. The value type *universalism* is congruent with the value types *self-direction,* and *benevolence*. The Schwartz value type *Universalism* was eventually split in into two subtypes, *nature* and *social concern*, as recommended by Schwartz and Boehnke (2004).

Congruence and incongruence between value types is an important aspect of the Schwartz and Bilsky (1987) model. Value type incongruence or conflict can cause an individual stress and personal conflict (Schwartz, 1994). The value types, *self-direction* and *stimulation*, which promote independence and change, can cause conflict with the value types *security*, *conformity*, and *tradition*, which promote stability and restriction. The value types *benevolence* and *universalism*, which promote the welfare and acceptance of others, can cause conflict with the value types *achievement* and *power*, which promote personal pursuits and success over

others. The value type *hedonism,* which promotes personal pleasure, can conflict with the value types *conformity* and *tradition*, which promotes the restraint of oneself.

Schwartz (1994) organized the 10 universal and distinct value types into a circular structure that was based on the congruence and incongruence of each domain. Schwartz named the structure the Theory of Basic Values, see Figure 1. The circular structure represented a "motivational continuum" (Schwartz, 1994), which represents that the value types that are closer in the circular structure are more congruent, and value types on opposing ends are incongruent. The 10 universal and distinct value types were also grouped into four dimensions that represented congruence and incongruence, and one area that is shared by two dimensions:

1. Openness to change: Includes the value types *stimulation* and *self-direction*. The dimension *openness to change* is in contrast with (incongruent) with the dimension *conservation*.
2. Self-enhancement: Includes the value types *achievement* and *power*. The dimension *self-enhancement* is in contrast with (incongruent), the dimension *self-transcendence.*
3. Conservation: Includes the value types *security*, *tradition*, and *conformity*. The dimension *conservation* is in contrast with (incongruent), the dimension *openness to change.*
4. Self-transcendence: Includes the value types *universalism* and *benevolence*. The dimension *self-transcendence* is in contrast with (incongruent), the dimension *self-enhancement.*
5. The value type *hedonism* is shared by the dimensions *openness to change* and *self-enhancement* (Schwartz, 1994).

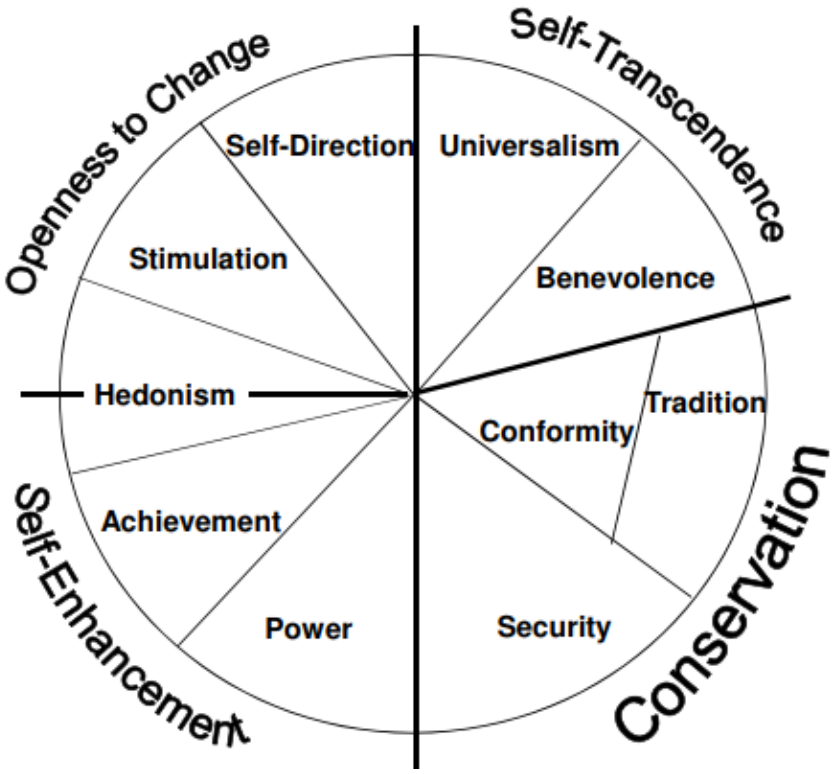

Figure 1. Schwartz Theory of Basic Values

Note. Reprinted from "An Overview of the Schwartz Theory of Basic Values," by S.H. Schwartz, 2012, *Online Readings in Psychology and Culture, 2*(1). Copyright 2012 by the International Association for Cross-Cultural Psychology. Reprinted with permission (see Appendix B).

Based on his research Schwartz also developed the Schwartz Value Survey (SVS), an instrument to measure and plot the 10 universal and distinct value types of individuals. Over time, the SVS was revised to consist of 57 items regarding specific value types, of which 45 items are then used to compute the 10 value types (Schwartz, 1994). Each item represented a motivational goal of a specific value type and is listed on the SVS with a short description to help participants interpret the value item. The 57 value items are listed in two separate value lists on the SVS, a 30-value item and 27-value item list. Participants rate how important a value item is "as a guiding principle in your life" on a 9-point scale from -1 (*opposed to my values*) to 7

(*supreme importance*; Schwartz, 1994). An asymmetrical scale (more positive ratings) was used for the survey because values are desirable in nature. Participant rankings of value items on the SVS tend to be either *somewhat important* to *very important* since "people typically view values as desirable" (Schwartz & Bardi, 2001, p. 271). Prior to participants ranking each value on one of the SVS value lists, the participants are instructed to read the entire list of values and choose the value item that is *most important* and *least important*. Participants are instructed to choose no more than two value items as *most important* and to use the entire rating scale. The 10 value types for each participant are calculated by averaging the scores of the responses of the associated value items. The value type scores represent the level of importance a participant places on that value type. Higher scores represent a greater level of importance of a specific value for a participant (Schwartz, 1994)

The SVS value types have been validated by over 100 studies (Lee, Soutar, & Louviere, 2008) and 70 cultural groups (Clerq, 2006). Clerq analyzed 42 different instruments that measured value congruence and 1,578 value items, and discovered that 92.5% of the value items aligned with the 10 Schwartz Value Types. The SVS, which was derived from the 10 Schwartz Value Types is the most commonly used assessment to measure personal values (Lee et al., 2008).

The SVS has its limitations in assessing personal values. The SVS assessment is long, approximately 15 minutes (Lindeman & Verkasalo, 2005), and the instructions can be difficult for respondents to understand (Lee et al., 2008). The use of the 9-point scale for rating values may lead to individual differences in the use of the scale, and participants also tend to only rank value items from *somewhat important* to *important,* which can lead to difficulties in analyzing and comparing data findings (Schwartz & Bardi, 2001). Researchers have also noted that the

SVS scale is probably ordinal and not interval, which limits the type of analysis that can be performed on the data (Lee & Soutar, 2009). Schwartz and Littrell (2008) also mentioned in the SVS Draft User's Manual that due to the multi-sectored structure the SVS should not be used in online assessments.

Lee et al. (2008) stated that the Schwartz Value Best Worst Scaling (SVBWS) approach may be a better alternative than the SVS for assessing the Schwartz value types. The Schwartz Value Best Worst Scaling (SVBWS) approach developed by Lee et al. consists of the same value items and definitions as the SVS but differs in ways that are meant to shorten the assessment, provide internal level data, and improve participant differences in the use of rating value items. Instead of the SVS 9-point scale the SVBWS instructions indicate that participants should pick "*the most and least important factor as a guiding principle in your life*" (p. 338). Participants select one value item as most important, and one value item as least important from a subset of value items. The SVBWS is also presented differently than the SVS. The SVBWS assessment that was used and adapted for this study was created by Lee et al. The SVBWS was created using a balance incomplete block design (BIBD), a type of experimental design, to ensure that each value item and distinct pair of value items is presented and co-appears with each other choice equally (Louviere, Lings, Islam, Gudergan, & Flynn, 2013). BIBDs reduce measurement error or bias by ensuring that participants do not perceive that a survey is actually about one item over another, or that participants should choose a certain item in a survey based on how often an item appears (Louviere et al., 2013).

The Schwartz value type Universalism is also split in the SVBWS into two subtypes, *nature* and *social concern*, as recommended by Schwartz and Boehnke (2004). Including the two subtypes of Universalism the SVBWS assesses 11 Schwartz value types. The 11 Schwartz value

types of the SVBWS are grouped into 11 subsets, with each subset containing six Schwartz value types. Each of the 11 Schwartz value types is represented by the three value items from the SVS with the strongest reliability across cultures (Spini, 2003). Each value type is presented to participants six times and a pair of values is presented three times to participants (Lee, Soutar, Daly, & Louviere, 2011). The value items in the subsets are randomized during the assessment to reduce ordering bias. Participants taking the survey created by Lee et al. (2008) can view the Schwartz value item definitions (Schwartz & Littrell, 2008), by hovering over the specific value items in each subset.

Marley and Louviere (2005) noted that there are several ways to calculate SVBWS scores, and that taking the amount of times a value item is chosen as the most important minus the amount of times a value item is chosen as the least important is sufficient for a "conditional (multinomial) logistic regression model" (Lee et al., 2011, p. 12). "One can calculate BWS scores for each person in a sample, and describe the resulting distribution of the scores with typical statistics, such as means, medians, standard errors, etc." (p. 16). A researcher can also calculate ratio scales with SVBWS data by counting the number of times each item was chosen as the most or the least important and subtracting the number for least important from the number for most important. This number can then be divided by the number of times the item appeared in the survey, creating a scale (-1 to +1) where high scores imply a value was more important to the respondent (Lee et al., 2008). More sophisticated analyses can be conducted from SVBWS data, such as conditional logit model (CLM) estimates and ordinary least squares (OLS) regressions for linear probability model (LPM) estimates but are strongly linearly related to the simpler method of most counts minus least counts.

The SVBWS was discovered to assess personal values more reliably than the raw SVS scores, and as well as the mean-centered SVS approach. The SVBWS provides greater discrimination between value items and is free from scale-use bias (Lee et al., 2008). The SVBWS also provides metric level measures which allow for greater statistical analysis than the ordinal level scores produced by the SVS (Lee et al., 2008). Another important benefit of using the SVBWS for this study is that the SVBWS takes a much shorter time to complete than the SVS. Lee et al. found that the SVBWS took participants 12 minutes less than the SVS, and that the SVBWS only took participants an average of three minutes to complete. The mean convergent and discriminant validity coefficients of the SVBWS did not differ significantly from the mean convergent and discriminant validity coefficients of the SVS. This study measured 11 personal and job-related values based on the Schwartz theory of values (199) using the SVBWS approach.

Value congruence. Similar to conflicting research regarding values, value congruence research has been hindered by researchers disagreeing on how to define, conceptualize, and measure value congruence (Bao et al., 2012). For the purpose of this research study, value congruence was defined *as how well an individual's values match or fit with anything that is being evaluated*. Meglino and Ravlin (1998) discovered that if people share similar values (congruence), they are more likely to share similar perceptions and behaviors. Similar perceptions and behaviors between people reduce ambiguity and conflict in those relationships which leads to greater satisfaction with the relationship (Meglino & Ravlin, 1998).

Value congruence at work. Research on value congruence has been focused mainly on value congruence at work. Table 4 provides an overview of research studies of value congruence at work. Value congruence research on job attitudes and outcomes has concluded that value

congruence at work is positively related to positive job attitudes and outcomes, and incongruence at work is negatively related to job attitudes and outcomes (Bao et al., 2012; Verplanken, 2004). Employee value congruence or incongruence at work can occur for a variety of reasons. Employee value congruence can occur through pre-screening of an employee's values and hiring employees based on the congruence of an employee's values and various aspects of work (e.g. the job, supervisor, team, organization).

Table 4

Overview of Value Congruence at Work Research

Topic	Research	Resource (s)
Definition of value congruence at work	The congruence of employees' values and the values of any work component (e.g. supervisors, groups, job, and organization)	(Bao et al., 2012; Ehrhart, 2006; Kristof, 1996; Verplanken, 2004)
Subjective levels of value congruence	The level employees think their job fits their preferences or needs, or their level of perceived fit	(Ehrhart, 2006)
Objective levels of value congruence	The level employees think their job's characteristics match with reported and calculated preferences or needs	(Ehrhart, 2006)

The values of an organization also impact an employee's personal values through socialization, and potentially guide an employee's behaviors (Cohen, 1981; Toit, 1995). An organization's values can create expectations for behaviors and attitudes that are more acceptable within the workplace. Over time, the expectations that develop regarding the organization can potentially guide employees' behaviors through socialization (Cohen, 1981; Toit, 1995). Employees may also experience major change in their lives, which may alter their personal values and eventually create incongruence with the organization's values (Verplanken, 2004).

Value incongruence between an employee and work tends to occur when employees are solely hired due to their skill sets, without regard for their values (Verplanken, 2004).

Value congruence also affects employees differently depending on their role in an organizational hierarchy (Ren & Hamann, 2015). There are a variety of theories that support the varying effects of value congruence through an organizational hierarchy (Homans, 1974). The social exchange theory (Homans, 1974) indicated that low level lower skilled employees, are more limited in their actions, which reduce their identification with the organization. The social exchange theory implies that low level and lower skilled employees would have lower rates of value congruence. Homan's theory of diminishing marginal effect stated that when people have less of something, they value it more, and react more strongly when they lose or gain more (Ren & Hamann, 2015). The Homans (1974) theory of diminishing marginal effect implies that senior healthcare leaders may require greater amounts of change in value congruence to show a relationship with job satisfaction. In alignment with the previously stated social exchange theory, Ren and Hamann (2015) discovered that higher level employees tend to have greater levels of value congruence than lower level employees; this may be attributable to the fact that higher level employees tend to have higher levels of education. Higher levels of education may lead to greater levels of self-awareness of an individual's values, specialized work training, and more involvement in higher levels of an organization. Subsequently, this may align higher level employees as a result of knowledge of the organization's mission and values (Ren & Hamann, 2015).

Ren and Hamann (2015) conducted a study to investigate the effects of value congruence on employee attitudes and how the effects of value congruence may vary across different nursing occupations. Ren and Hamann surveyed 562 nursing employees (nursing assistants and nurses),

working at 35 nursing homes. The study indicated that value congruence positively affected various job attitudes, including job satisfaction. In support of the previously stated theories, the Homans (1974) social exchange theory and the theory of diminishing marginal effect, value congruence was also more strongly related to job satisfaction for lower level employees (nursing assistants) than higher level employees (nurses), and higher level employees (nurses) had greater levels of value congruence than lower level employees (nursing assistants).

***Value congruence and job satisfaction*.** Value congruence is positively related to a variety of positive job related outcomes, such as job satisfaction (Edwards & Cable, 2009; Kristof, 1996; Kristof-Brown, Zimmerman, & Johnson, 2005; Ren & Hamann, 2015). Job satisfaction is one of the most studied outcomes of value congruence (Ren & Hamann, 2015). The basis of the theory supporting the relationship between value congruence and job satisfaction can also be supported by neural homophily, individuals tend to be friends with people who view the world in similar ways (Parkinson et al., 2018), and the similarity attraction theory (Berscheid & Walster, 1978; Bryne, 1971; Locke, 1976). Similarities attract and lead to greater satisfaction, thus similarities in values attract, and lead to greater satisfaction (Fisher & Gitelson, 1983; Kalliath et al., 1999; Locke, 1976; Meglino et al., 1989). In further support of the relationship between value congruence and job satisfaction, Parkinson et al. (2018) stated that people who share similar neural responses, are more likely to share similar personalities, perceive information similarly, and share similar behavior, which reduces ambiguity and conflict and leads to greater satisfaction within the relationship.

Value congruence research has also indicated a stronger relationship between intrinsic variables of job satisfaction, such as personal meaning, than extrinsic variables of job

satisfaction, such as salary (Caudron, 1997; Fisher, 2010). Intrinsic variables of job satisfaction are increased through increasing the level of perceived value congruence (Dempsey, 2009).

Research specific to person-job value congruence and job satisfaction for healthcare leaders was not found. Related literature was reviewed and focused on person-organization value congruence on job satisfaction for nurses (Verplanken, 2004), and person-organization value congruence on job satisfaction for hospital employees (executives, middle managers, supervisors, employees, resident physicians, and contract workers) (Kalliath et al., 1999). These studies measured value congruence with a Competing Values Model (Kalliath et al., 1999; Quinn & Spreitzer, 1991; Verplanken, 2004). Due to the limited research available on value congruence and job satisfaction in healthcare, the Competing Values Model and cited studies are presented to provide the basis for the relationship between value congruence and job satisfaction (Kalliath et al., 1999; Verplanken, 2004).

Figure 2 (Quinn & Spreitzer, 1991) depicts the Competing Values Model which consists of the intersection of two axes and four quadrants. The x-axis, spans from *internal* to *external* and represents the focus of an organization. The *internal* portion of the axis represents the environment within an organization's boundaries. The *external* portion of the x-axis represents the environment around an organization. The y-axis, spans from *flexibility* to *control* and represents the amount an organization is flexible or controlling of the organization's employees. Each quadrant that is formed by the intersection of the x-axis and y-axis contains instrumental and terminal values related to the axis variables. The four quadrants of the Competing Values Model are: *human relationships*, *open systems*, *rational goal*, and *internal process*. To note, the Competing Values Model was not chosen as the assessment tool for this paper due to the inclusion of work related, versus personal, values in the model.

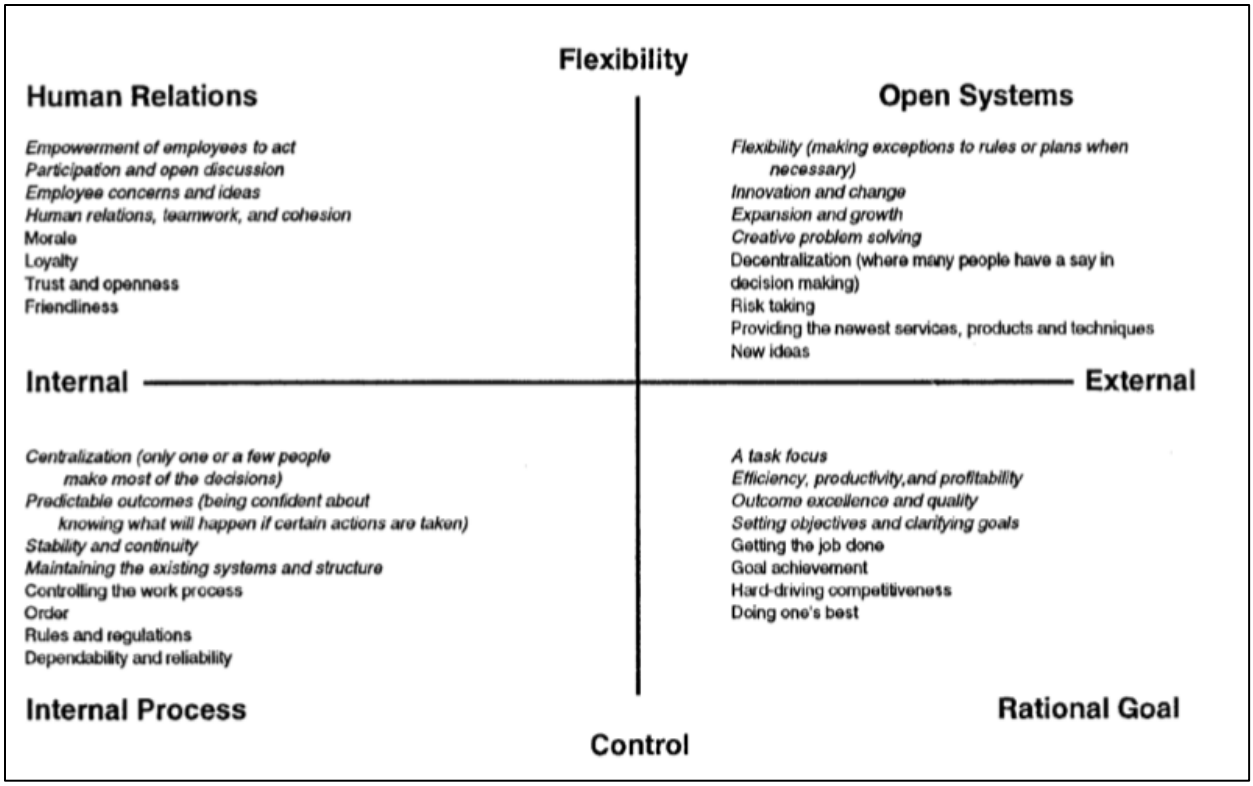

Figure 2. The Competing Values Model

Note. Reprinted from "A test of value congruence effects," by T.J. Kalliath, A.C. Bluedorn, M.J. Strube, 1999, *Journal of Organizational Behavior, 20*, 1180, 1999 by John Wiley & Sons, Ltd. Reprinted with permission (see Appendix C).

Verplanken (2004) surveyed 56 nurses in three surgical wards in Norway. The majority of nurses surveyed were female (44 of 56 participants), which is a common occurrence in healthcare research, and between 21 to 40 years of age (40 out of 56 participants). Job satisfaction was measured with a seven-item scale created by the researchers, and value congruence was measured with an extended version of the Competing Values Model (Quinn & Rohrbaugh, 1983) to enhance its reliability. Participants were asked to rate their personal and work values on importance to their hospital ward, and then to rate the importance of a set of values to a hospital ward (Verplanken, 2004). Difference scores were calculated for each set of values to calculate value congruence. Job satisfaction was significantly related to value congruence. Values related to the competing values framework quadrants, *human relations* (β =

0.43, $p < 0.001$), *rational goal* ($\beta = 0.33$, $p < 0.05$), and *internal process* ($\beta = 0.37$, $p < 0.01$) were significantly related to job satisfaction. The competing values framework quadrant *open system* was not significantly related to job satisfaction. Verplanken explained that *open system* values such as flexibility and innovation may not match the type of work that is needed at the hospital and may actually go against the expectations of the job and hinder satisfaction. Verplanken mentioned that the small sample size and cross-sectional correlational design may have limited the study, and suggested further research include a larger sample size and a longitudinal design.

Similar research conducted by Kalliath et al. (1999) on the relationship between person-organization value congruence and job satisfaction surveyed 1,358 hospital employees (executives, middle managers, supervisors, employees, and resident physicians). Consistent with demographics prevalent in the healthcare industry the majority of the participants (79%) were female. A modified version of the Competing Values Model (Quinn & Spreitzer, 1991) was used to measure the values of participants. Job satisfaction was measured using the four-item job satisfaction scale created by Katzell, Thompson, and Guzzo (1992). Polynomial regression was used to investigate potential congruence effects. Significant congruence effects were not found. The researchers noted that the absence of congruence effects could be due to the poor economic environment surrounding the hospital studied. Economic pressures may influence employees to find or stay at jobs that are not significantly value congruent (Kalliath et al., 1999).

Verplanken (2004) highlighted that conflicting results regarding the relationship between value congruence and job satisfaction may also be due to testing the wrong values within an organization for value congruence with employees. For example, hospitals consist of different units, and the values of the entire organization may not represent the values of a particular unit.

The values that would make an employee satisfied in an Emergency Department of a hospital, for example, require a fast work pace, strong organization and time management skills, and quick clinical implementation, would probably be different than the values that would make an employee satisfied in an Obstetrics Department of a hospital, which requires greater levels of compassion, patience, and nurturing to meet the expectations of the department. Lok and Crawford (2000) discovered that hospital ward culture or values were more predictive of job satisfaction than the overall organizational culture or values. Verplanken (2004) conducted a research study of 56 nurses working in three surgical wards in Norway. As recommended by Kalliath et al. (1999), a modified version of the Competing Values Model (Quinn & Rohrbaugh, 1983) was used to measure values congruence. Value congruence had a positive relationship with ward attitudes, job satisfaction, and intrinsic variables of the human relations quadrant of the Competing Values Model (Quinn & Rohrbaugh, 1983; Verplanken, 2004). Ward attitude was statistically significant with job satisfaction ($\beta = 0.46$, $p < 0.005$). Human relations value congruence was statistically significant with ward attitude ($\beta = 0.57$, $p < 0.005$). Human relations values include participation, empowerment, employee concerns and ideas, human relations, teamwork, morale, loyalty, trust and openness, and friendliness (Verplanken, 2004).

Measuring value congruence. Value congruence has been measured primarily in three ways: (a) the assessment of perceived value congruence; (b) value congruence assessments completed by the same individual; and (c) value congruence assessments completed by an individual and then an assessment completed by another source (Meglino & Ravlin, 1998; Vveinhardt & Gulbovaite, 2015). The most common method to test value congruence is to simply ask participants to estimate their level of value congruence (Meglino & Ravlin, 1998).

This type of value congruence measurement is also labeled perceived value congruence (Meglino & Ravlin, 1998).

Perceived value congruence requires multiple assumptions about research participants and values. Research participants would need to know the definition of values, know their own values and the values of the other being measured for congruence, and have the ability to compare the two. Perceived value congruence measurement relies heavily on the capabilities and knowledge of the research participants (Meglino & Ravlin, 1998). Bardi and Schwartz (2003) identified that individuals do not need to be aware of their values for congruence or incongruence to exist, yet individuals can still feel the effects of value conflict or vice versa and claimed that perceived value congruence may not be a valid measurement. Perceived value congruence measurement is largely used across cultures to avoid the need to create specific assessments to measure value congruence based on cultural value differences (Vveinhardt & Gulbovaite, 2015).

Other measurement techniques avoid the assumptions that are associated with perceived value congruence measurement by measuring value congruence with values instruments. Values instruments restrict research participants to the same set of values and same methodology. One technique of using values instruments to measure value congruence is to ask research participants to complete two identical instruments, one for themselves, and another for the other area (person, group, organization, etc.) being studied (Meglino & Ravlin, 1998). Another technique of using values instruments to measure value congruence is to have research participants complete one instrument on themselves, and then use a different person to evaluate the same value dimensions on the area that is being tested for congruence (Meglino & Ravlin, 1998).

Vveinhardt and Gulbovaite (2015) indicated that most of the values instruments that are used to measure value congruence in organizations are based on the Organizational Culture Profile (OCP) by O'Reilly et al. (1991). The OCP instrument contains a list of 54 value statements that are meant to be applicable to measure the values of any person or organization. Value congruence is then calculated by comparing the two value sets (Vveinhardt & Gulbovaite, 2015). The major issue for this study is that value congruence assessments such as the OCP and the Competing Values Model measure personal and work related values. This research study strived to only use the personal values of individuals. The SVBWS measures only personal values and was used to measure the values and calculate value congruence of senior healthcare leaders in this study. No studies were discovered that utilized the SVS or the SVBWS approach to measure value congruence in healthcare.

Some researchers argued that previous research on the positive relationship between value congruence and job satisfaction were statistically flawed due to issues with measurement. Kalliath et al. (1999) and Edwards (1993) argued that past studies measuring the relationship between value congruence and job satisfaction used profile similarity indices, which are statistically flawed, or only focused on a single value (Chatman, 1991; Cranny et al., 1992; Meglino et al., 1989). Edwards (1993, 1994, 2002) also recommended the use of polynomial regression over difference scoring for the normative measurement of values (Meglino & Ravlin, 1998). Other researchers disagreed with Edwards and stated that difference scores are reliable and unbiased (Bedeian, Day, Edwards, Tisak, & Smith, 1994; Deluga, 1998; Smith & Tisak, 1993). Similar to the research conducted by Verplanken, (2004), person-job value congruence for senior healthcare leaders who participated in this study was calculated using difference scoring for each value item.

Value congruence summary. Value congruence and job satisfaction research (Kalliath et al., 1999; Verplanken, 2004) supports a positive relationship between value congruence and job satisfaction. As indicated previously in this manuscript, there is little research on the topic of value congruence and job satisfaction in the healthcare industry. No research was discovered that uses the SVS or the SVBWS to measure value congruence in healthcare. The gaps in the literature, regarding value congruence of senior healthcare leaders further highlight the need for this research.

Values of healthcare leaders. There is little research available regarding personal values of healthcare leaders. As defined previously values influence individuals' work behaviors, and the values which effect the actions of healthcare leaders can ultimately affect clinical decisions and patient care outcomes (Moyo et al., 2015). The research that was available regarding an individual's values and the healthcare industry investigated the values of executives, CEOs, healthcare professionals, and clinicians (Moyo et al., 2015; Patterson et al., 2015; Rassin, 2008; Shahriari et al., 2013; Sine & Northcutt, 2008). Moyo et al. (2015) indicated that the values of healthcare professionals may be similar to other healthcare professionals across the healthcare industry due to the consistent goals and expectations for healthcare professionals that are related to patient care and ethics. Understanding the similarities between values of healthcare leaders throughout the healthcare industry may provide a greater understanding of the values of the target population of this study.

Moyo et al. (2015) conducted a meta-analysis of 50 papers involving clinical healthcare professionals to identify personal and professional values of clinical healthcare professionals. The papers included healthcare professionals from nursing, medicine, dentistry, and allied health professions. The literature review findings were integrated into a single values framework using

the Schwartz's values model. Moyo et al. uncovered 128 unique value items from the literature, and identified 11 value types of clinical healthcare professionals that relate to the Schwartz value types in parentheses: "authority (power), capability (achievement), pleasure (hedonism), intellectual stimulation (stimulation), critical-thinking (self-direction), equality (universalism), altruism (benevolence), morality (tradition), professionalism (conformity), safety (security), and spirituality (spirituality)" (p. 275).

Findings from Moyo et al. (2015) were similar to an analysis on value profiles of healthcare physicians, which discovered that altruism, accountability, respect, and integrity were their most important values. Moyo et al. highlighted that the three most prevalent values for clinical healthcare professionals in the literature reviewed were *altruism*, *equality*, and *capability*, which are directly related to the ethics and standards of healthcare. Altruism is the selfless concern for others. Equality is the belief that everyone is equal and deserves the same level of treatment. Capability is the power and ability to help others. The value types that were least prevalent in the literature review were "authority, intellectual stimulation, spirituality, and pleasure" (p. 278). The researchers indicated that the least identified value types of healthcare professionals—*authority, intellectual stimulation, spirituality*, and *pleasure*—expressed motivations that may conflict with the three most important values of healthcare professionals—*altruism, equality*, and *capability*. The value conflicts of healthcare professionals were between values that promoted self-interest versus altruism, and values that promoted independent action versus traditional action.

The research findings of Moyo et al. (2015) concluded that healthcare professionals tend to have similar value profiles that represent the ethical standards and expectations of healthcare professionals throughout the healthcare industry (Patterson et al., 2015; Rassin, 2008; Shahriari

et al., 2013; Sine & Northcutt, 2008). The values of healthcare professionals are properly represented by the Schwartz value types and would most likely include the most prevalent value types of healthcare professionals*; altruism, equality,* and *capability* (Moyo et al., 2015).

Summary - values of healthcare leaders. The similarity of healthcare professional values throughout the healthcare industry provides support for the relevance of this research to be applicable for senior healthcare leaders throughout the healthcare industry. Also, no research found on healthcare professional values in the healthcare industry investigated the relationship between a set of values and rates of job satisfaction. There may be a specific values profile of senior healthcare leaders that is related to higher rates of job satisfaction. The Schwartz Value Theory (Schwartz, 2012) was also proven to be a viable framework to evaluate healthcare professional values (Moyo et al., 2015).

Values research summary. The literature review on values research provides an overview of values, value congruence, and the measurement of value congruence as it pertains to this paper. The paucity of research available in the areas of values, and value congruence of senior healthcare leaders highlights an opportunity to add to the literature and benefit the healthcare industry. Values of healthcare leaders are also similar across the healthcare industry which supports that the findings of this study may be applicable across the healthcare industry (Moyo et al., 2015; Patterson et al., 2015; Rassin, 2008; Shahriari et al., 2013; Sine & Northcutt, 2008). The specific focus of this research on personal values also supports the rationale for using the Schwartz Value Theory and the SVBWS to measure value congruence of senior healthcare leaders instead of other assessments that are more commonly used to measure value congruence at work.

Summary

The review of literature began with a detailed description of job satisfaction and how job satisfaction relates to healthcare organizations. The importance of an employee's rate of job satisfaction was highlighted for various positive job outcomes, such as reduced employee turnover and intent to turnover, increased employee job performance, increased rates of patient satisfaction, and improved patient outcomes. Employee rates of job satisfaction in the healthcare industry are also more significantly affected by intrinsic rewards than extrinsic rewards (Janssen et al., 1999; Lee & Cummings, 2008; Lundh, 1999; Nolan et al., 1995; Speedling, 1990). There was little research available on senior healthcare leaders and job satisfaction. The MSQ short form (Weiss et al., 1967) was also explained and introduced as the job satisfaction assessment for this study.

The next section of the review of literature described the research areas of values and value congruence, and how the areas of values and value congruence relate to healthcare organizations. The SVS (Schwartz, 1994) was also described and introduced as the values assessment for this study. Values of healthcare leaders were also noted to be similar across the healthcare industry due to the ethical standards and expectations of healthcare professionals throughout the healthcare industry (Patterson et al., 2015; Rassin, 2008; Shahriari et al., 2013; Sine & Northcutt, 2008). The finding that healthcare professionals tend to have similar value profiles supports that the findings of this paper may be applicable across the healthcare industry (Moyo et al., 2015; Patterson et al., 2015; Rassin, 2008; Shahriari et al., 2013; Sine & Northcutt, 2008). Although studies testing the value congruence and job satisfaction of senior healthcare leaders in the healthcare industry do not exist, the research that was found regarding value congruence and job satisfaction supported a positive relationship or no relationship (Kalliath et al., 1999; Verplanken, 2004).

The gaps in the literature regarding job satisfaction, value congruence, and the relationship between job satisfaction and value congruence of senior healthcare leaders highlight the need for this study. The research presented in Chapter 2 supports a potential positive relationship between person-job value congruence and job satisfaction of senior healthcare leaders, which could benefit the healthcare industry through positive job related outcomes such as increased job performance, turnover, and improved patient outcomes and quality of patient care (Bhatnagar & Srivastava, 2012; Carrillo-Garcia et al., 2013). Chapter 2 highlights an opportunity of this study to add to the literature and benefit the healthcare industry.

Chapter 3: Methods

The purpose of this research study was to explore the relationship between the rates of extrinsic and intrinsic job satisfaction and the degree of person-job value congruence for senior healthcare leaders. This chapter restates the study's research questions, describes the quantitative research design of this study, and the reasons for using a non-experimental approach to examine the relationship between the rates of extrinsic and intrinsic job satisfaction and the degree of person-job value congruence of senior healthcare leaders. The population, sources of data, and process for recruitment of study participants are explained. The instruments that were used for data gathering were defined, and specifics on how the data was analyzed are discussed. The chapter concludes with an explanation of the Institutional Review Board (IRB) approval process, and a summary of Chapter 3: Methods.

Restatement of Research Questions

This chapter describes the research methodology that was applied to examine the following research questions that were addressed in this study:

RQ1: To what extent are the demographic variables—gender, age, education, and race—related to employee person-job value congruence for senior healthcare leaders?

RQ2: To what extent are the demographic variables—gender, age, education, and race—related to the extrinsic rates of job satisfaction for senior healthcare leaders?

RQ3: To what extent are the demographic variables—gender, age, education, and race—related to the intrinsic rates of job satisfaction for senior healthcare leaders?

RQ4: To what extent is employee person-job value congruence related to the extrinsic rates of job satisfaction for senior healthcare leaders?

RQ5: To what extent is employee person-job value congruence related to the intrinsic rates of job satisfaction for senior healthcare leaders?

Research Design

The research methodology chosen for this study was a quantitative non-experimental approach. Quantitative research relates variables to answer specific research questions or to make predictions ("7.1 Overview of Nonexperimental Research," 2016). Non-experimental research is the chosen research methodology if a researcher does not desire to influence or effect, but only observe or investigate a predictor variable. A quantitative non-experimental approach was preferable for this study because this study was interested in examining, not influencing or effecting, the relationship between the extrinsic and intrinsic rates of job satisfaction and person-job value congruence of senior healthcare leaders. This study was not interested in a casual impact between the extrinsic and intrinsic rates of job satisfaction and person-job value congruence. The study was cross-sectional and only evaluated a specific point in time during the data collection period (Setia, 2016). A cross-sectional approach was preferable for this study due to time restrictions of the researchers and participants.

Person-job value congruence was the predictor or independent variable for this study. The extrinsic and intrinsic rates of job satisfaction were the outcome or dependent variables in this study. See Table 5 for a summary of the study variables.

Table 5

Variables for Data Analysis Procedures

Variable type	Variable name	Assessment name	Level of measurement
Independent or predictor variable	Person-job value congruence	The Schwartz Value Best Worst Scaling approach (SVBWS) (Lee et al., 2008) and the Adapted Schwartz Value Best Worst Scaling approach	Interval ratio
Dependent or outcome variable	Extrinsic and intrinsic rates of job satisfaction	The MSQ (Weiss et al., 1967) short form	Interval

The predictor or independent variable, person-job value congruence, was measured by an adapted version of the SVBWS, which when analyzed provided a level of person-job value congruence for each participant. The outcome or dependent variables, extrinsic, and intrinsic job satisfaction, was measured by the MSQ (Weiss et al., 1967) short form, which yields interval level data. The demographic variables gender, age, race, and level of education were considered covariates and examined for their relationship between the extrinsic and intrinsic rates of job satisfaction and person-job value congruence.

Subject Population and Sampling

The target participants for the study were full-time senior healthcare leaders within acute care hospitals based in the United States that were employed for six months or more in their current senior healthcare leader role. Senior healthcare leadership was defined as directors and executives who are employed in a hospital. The length of tenure requirement of six months or more for study participants was chosen to ensure that the participants had time in their role to experience the values that are applicable in their job.

The sampling design for this study was convenience snowball sampling. Convenience sampling is used when participants are convenient sources of data ("Convenience Sampling - SAGE Research Methods," 2018). Snowball sampling is when research participants are asked to identify other potential research participants, and also pass on survey information, such as the survey information and link to other potential participants ("Snowball Sampling," 2018). According to the Bureau of Labor Statistics Occupational Employment Statistics Query System there are 193,110 healthcare management occupations (including executives and managers) that work in General Medical and Surgical Hospitals (updated May 2017; "Occupational Employment Statistics Query System," 2018). The Bureau of Labor Statistics Occupational Employment Statistics Query System does not offer the keyword *directors* as one of the options to filter the occupational employment statistics. The population for this study is 193,110 and the goal for the sample size for this study is 100 participants.

Recruitment. Participants were recruited through LinkedIn, an online professional network, and through personal contacts of the researcher. The search and filter functions on LinkedIn were used to filter for specific hospitals, and for the job role keywords of *director*, *executive*, and *chief*. Specific hospitals where chosen through the researcher's personal knowledge of the healthcare industry and from the Best Hospital by State listing published by U.S. News and World Report ("Best Regional Hospitals," 2017). When a specific hospital was not used in the search criteria, the *Industries* filter function was used and the option for *Hospital and Health Care* was selected along with the job role keyword search criteria, *director*, *executive*, and *chief*. Potential research participants were sent an invitation to connect on LinkedIn, and if the potential research participant accepted the invitation to connect, a follow-up message was sent requesting their participation in the research study. Over 10,000 invitations

were sent to potential research participants, and over 2,500 LinkedIn invitations were accepted. Specific LinkedIn groups such as Healthcare Executive US Networking Group (95,369 followers as of May 2, 2018), the Healthcare Executives Network (338,799 followers as of May 2, 2018), and the Healthcare Industry Professionals Group (104,566 followers as of May 2, 2018) were also used to reach the target population through group posts that requested members participation in the research study. Personal contacts of the researcher who work in the healthcare industry were contacted through email, requesting an introduction to potential research participants that meet the participation criteria for this study. The researcher had a network of senior healthcare leaders to contact regarding the study due to his previous employment as a senior healthcare leader at a hospital in the Chicagoland area and his previous graduate education in the field of public health. Following IRB approval, search results of individuals who fit the target population criteria of senior healthcare leaders in acute care hospitals within the United States were solicited to participate in the research study. Study participants were also informed that they could forward the study to others within their professional and personal networks who met the selection criteria for the research study. The research solicitation messages can be reviewed in Appendix D. Due to survey participant anonymity, the researcher was not able to tell which people who were contacted decided to participate. Recruitment of potential participants and data collection occurred for approximately three weeks from May 11, 2018, through June 4, 2018, to ensure the sample size goal of 100 study participants was met.

Data Collection Instruments

An online survey tool was the preferred method of data collection for this study. The online survey software Qualtrics was used to build and distribute the survey tool to the study

participants, and provide efficient and anonymous participant access, data collection, and data analysis. The survey tool (see Appendix E, pp. 1-13) consisted of four sections:

1. Informed consent: Consent for participation (see Appendix E, pp. 1-2).
2. The MSQ short form (Weiss et al., 1967): Used to measure extrinsic and intrinsic rates of job satisfaction which is composed of 20 items (see Appendix E, pp. 3-4).
3. The adapted SVBWS: Used to measure personal values through 11 subsets, and job values through the same 11 subsets as the original SVBWS (see Appendix E, pp. 5-11).
4. Demographic section: Six demographic questions that included the type of acute care hospital (urban or rural), state of the acute care hospital, participant gender, participant birth year, race of participant, and highest level of education completed by the participant (see Appendix E, pp. 12-13).

The MSQ is available for use in research free of charge and without written consent, as long as Vocational Psychology Research, University of Minnesota is cited as the source ["(MSQ) Minnesota Satisfaction Questionnaire," 2018]. The approval to use the SVBWS was obtained through email correspondence with Dr. Jordan Louviere (see Appendix F).

After clicking a survey hyperlink, participants were directed to a description of the informed consent and asked to click either "I consent to participate in this research study" to indicate consent and be directed to the survey, or "I do not consent to participate in this research study" to be redirected to a thank you page. The consent form (see Appendix E, pp. 1-2) of the study included the title, purpose, procedures, compensation information, potential risks and benefits, participant's rights to withdraw, anonymity, confidentiality, contact information for questions, and participant consent for the study. Participants were made aware that their

participation was voluntary in this study, and participants could withdraw from participating at any time during the survey. Multiple steps were taken to assist in increasing voluntary participation rates: (a) participation in the survey was anonymous; (b) the survey tool was separated into multiple sections to reduce perceived length; (c) the survey could be saved and returned to at a later time; and (d) the survey tool included a progress bar to inform participants how much longer was left in the survey.

Two assessments were used for this study, the MSQ short form (Weiss et al., 1967) to measure extrinsic and intrinsic rates of job satisfaction (see Appendix E, pp. 3-4), and an adapted version of the SVBWS (Lee et al., 2008) to measure personal values and job related values (see Appendix E, pp. 5-11). The MSQ short form (Weiss et al., 1967) and the adapted SVBWS assessment measure perceptions related to job satisfaction and person-job value congruence in the affective domain. Data regarding these phenomena were collected cross-sectionally and were analyzed at the level of interval and ratio measurement.

The MSQ (Weiss et al., 1967) short form is a self-report job satisfaction questionnaire. There is no time limit for the MSQ but participants should be encouraged to answer the questions quickly. The MSQ short form takes at least five minutes to complete and is 20 items. Extrinsic job satisfaction, intrinsic job satisfaction, and a general satisfaction score can be obtained from the MSQ short form. Participants rate specific items on a Likert five-point scale, from 1 ("*very dissatisfied*") to 5 ("*very satisfied*"). The majority of responses on the MSQ tend to alternate between "*very satisfied*" and "*satisfied*," which results in negatively skewed data. Responses are scored by summing the scoring weight for items that apply to each scale. The Manual for the Minnesota Satisfaction Questionnaire (Weiss et al., 1967) does not provide an appropriate or similar norm group with whom to compare and interpret the results of the data analysis on the

rates of extrinsic and intrinsic job satisfaction of senior healthcare leaders. In the case that no appropriate or similar norm group is available, The Manual for the Minnesota Satisfaction Questionnaire (Weiss et al., 1967) recommends ranking the MSQ raw scores to indicate areas of lesser or greater satisfaction.

The MSQ short form extrinsic and intrinsic job satisfaction raw scale ranges represent percentages of job satisfaction. The MSQ short form extrinsic scale ranges from 6 (0% extrinsic job satisfaction) to 30 (100% satisfaction) and has a median of 18 (50% extrinsic job satisfaction). A value of 0% extrinsic job satisfaction would mean that the study participant was completely dissatisfied with the extrinsic variables of job satisfaction (rate of pay, amount of work, supervisor support and management, organizational policies, praise, and opportunities for advancement). A value of 100% extrinsic job satisfaction would mean that the study participant was completely satisfied with the extrinsic variables of job satisfaction. The MSQ short form intrinsic scale ranges from 12 (0% intrinsic job satisfaction) to 60 (100% intrinsic job satisfaction) and has a median of 36 (50% intrinsic job satisfaction). A value of 0% intrinsic job satisfaction would mean that the study participant was completely dissatisfied with the intrinsic variables of job satisfaction (internal fulfillment at work, to feel valued, work independence, feelings of accomplishment). A value of 100% intrinsic job satisfaction suggests that the study participant was completely satisfied with the intrinsic variables of job satisfaction. The items that apply to each of the three scales, extrinsic, intrinsic, and general satisfaction are listed in Table 6 (Weiss et al., 1967).

Table 6

MSQ Short Form Item Listing per Scale and Possible Range of Scores

Scale	Items	Ranges of possible scores
Extrinsic	5, 6, 12, 13, 14, 19	6 to 30
Intrinsic	1, 2, 3, 4, 7, 8, 9, 10, 11, 15, 16, 20	12 to 60
General satisfaction	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20	20 to 100

The validity of the MSQ short form (Weiss et al., 1967) has been supported by previous research. Validity of the MSQ short form is based on three main factors, (a) inferred from the validity of the long form MSQ; (b) studies of the occupational group differences in job satisfaction using the MSQ short form; (c) the lack of a relationship between the four scales measuring satisfactoriness and the three MSQ scales measuring satisfaction (Weiss et al., 1967). The MSQ short form is based on the MSQ long form and validity may be inferred from the validity of the long form. Seven different occupational groups were also tested with the MSQ short form and "results parallel those obtained for the long-form MSQ and those generally found in studies of job satisfaction" (p. 25). The Theory of Work Adjustment states that satisfactoriness and satisfaction are independent variables (Weiss et al., 1967). Data that support the lack of a relationship between satisfactoriness and the MSQ scales would support the validity of the MSQ scales. Cross-correlations and canonical correlations were calculated for the satisfactoriness scales and MSQ short form scales and there was no correlation (Weiss et al., 1967).

The reliability of the MSQ short form (Weiss et al., 1967) has been supported by previous research. In general, the reliability coefficients for the MSQ short form scales were high

and well established (p. 24). The median reliability coefficients $\alpha = 0.86$ for intrinsic satisfaction, $\alpha = 0.80$ for extrinsic satisfaction, and $\alpha = 0.90$ for general satisfaction (p. 24).

Study participant's perceptions of personal and job values were measured using an adapted version of the SVBWS. See Table 7 for a list of the 11 Schwartz value types, definitions, and the related value items. The SVBWS was designed by Lee et al. (2008) to assess an individual's personal value preferences based on the 11 value scales of the Schwartz Value Theory. The survey consists of 66 value items, 11 value types, and 11 subsets; each subset contains six Schwartz value types. The 11 Schwartz value types are represented by only the three value items from the SVS with the strongest reliability across cultures (Spini, 2003).

Participants who took the survey could view the Schwartz value item definitions (Schwartz & Littrell, 2008), by hovering over the specific value items in each subset, similar to the suggested survey structure by Lee et al. (2008). See Table 8 for a list of the Schwartz value items and definitions.

Each value type was presented to participants six times, and each pair of values was presented three times to participants (Lee et al., 2011). The SVBWS instructions indicate that participants should pick a value item that is "*the most and least important factor as a guiding principle in your life"* (Lee et al., 2008, p. 338). There was only one change from the SVBWS in the adapted portion of the SVBWS for this study. The adapted version of the SVBWS indicated that participants should pick a value item that is "*the most and least important factor as a guiding principle in your job"* instead of "*life*." The adapted question for the SVBWS for this study was placed in a column next to the original SVBWS question so that participants could answer both questions together. The combination of the two versions of the SVBWS is meant to

reduce participant burnout during the survey, and potential enhance comparative reflection between personal and job values.

Table 7

SVBWS Value Type Definitions and Related Value Items for Each Value Type

Value Type Definitions	Value Items for Each Value Type
Power: Social status and prestige, control or dominance over people and resources	Social power, authority, wealth
Achievement: Personal success through demonstrating competence according to social standards	Successful, capable, ambitious
Hedonism: Pleasure and sensuous gratification for oneself	Pleasure, enjoying life, self-indulgent
Stimulation: Excitement, novelty, and challenge in life	Daring, a varied life, and an exciting life
Self-direction: Independent thought and action-choosing, creating, exploring	Creativity, curious, freedom
Universalism: Understanding, appreciation, tolerance, and protection for the welfare of all people and for nature (subtypes: Nature and Social Concern)	Nature: Protecting the environment, a world of beauty, unity with nature
	Social Concern: Equality, a world at peace, social justice
Benevolence: Preservation and enhancement of the welfare of people with whom one is in frequent person contact	Helpful, honest, forgiving
Tradition: Respect, commitment, and acceptance of the customs and ideas that traditional culture or religion provide	Humble, devout, accepting my portion in life
Conformity: Restraint of actions, inclinations, and impulses likely to upset or harm others and violate social expectations or norms	Politeness, obedient, honoring parents and elders
Security: Safety, harmony, and stability of society, of relationships, and of self	National security, social order, clean

Note. The data in this table are from "The best-worst scaling approach: An alternative to Schwartz's Values Survey," by J.A. Lee, G. Soutar, and J. Louviere, 2008, *Journal of Personality Assessment*, 335-347. Adapted with permission (see Appendix G).

Table 8

SVBWS Value Item Definitions

Value Item	Definition
A varied life	Filled with challenge, novelty and change
A world at peace	Free of war and conflict
A world of beauty	Beauty of nature and the arts
An exciting life	Stimulating experiences
Accepting my portion in life	Submitting to life's circumstances
Ambitious	Hard working, aspiring
Authority	The right to lead or command
Capable	Competent, effective, efficient
Clean	Neat, tidy
Creativity	Uniqueness, imagination
Curious	Interested in everything, exploring
Daring	Seeking adventure, risk
Devout	Holding to religious faith & belief
Enjoying life	Enjoying food, sex, leisure, etc.
Equality	Equal opportunity for all
Forgiving	Willing to pardon others
Freedom	Freedom of action and thought
Helpful	Working for the welfare of others
Honest	Genuine, sincere
Honoring parents and elders	Showing respect
Humble	Modest, self-effacing
National security	Protection of my nation from enemies
Obedient	Dutiful, meeting obligations

(continued)

Value Item	Definition
Pleasure	Gratification of desires
Politeness	Courtesy, good manners
Protecting the environment	Preserving nature
Self-indulgent	Doing pleasant things
Social justice	Correcting injustice, care for the weak
Social order	Stability of society
Social power	Control over others, dominance
Successful	Achieving goals
Unity with nature	Fitting into nature
Wealth	Material possessions, money

Note. The data in this table are from "Draft users' manual: The proper use of the Schwartz Value Survey," by S.H. Schwartz and Rome Littrell, 2008. Adapted with permission (see Appendix H).

The validity of the SVBWS has been supported through research conducted by Lee et al. (2008) that compared the validity of the SVBWS to the SVS. The mean convergent and discriminant validity coefficients of the SVBWS did not differ significantly from the mean convergent and discriminant validity coefficients of the SVS (Lee et al., 2008). The SVBWS also provided "better discrimination between the values than the raw SVS data" (p. 340), and a better representation of the motivational continuum structure of the Schwartz Value Theory. The spearman rank correlation was $p = 0.71$ between the SVS data and the hypothesized order and the spearman rank correlation was $p = 0.99$ between the SVBWS data and the hypothesized order of the motivational continuum (Lee et al., 2008). In support of the SVBWS the SVS value types have been validated by over 100 studies (Lee et al., 2008) and 70 cultural groups (Clerq, 2006). The 11 value dimensions, value items, and motivational continuum structure has been found to apply across cultures (Lindeman & Verkasalo, 2005; Schwartz, 1994; Schwartz & Bilsky, 1987). There is no current data supporting the validity of the adapted SVBWS since it was adapted for

this study. The lack of validity of the adapted version is a limitation of the study but may benefit the field by adding a new SVBWS assessment that measures an individual's job related values based on the 11 Schwartz value types.

The adapted SVBWS is composed of the value items that represented the greatest reliability across cultures in the SVS (Spini, 2003). Internal consistency for the SVS was tested for each value item in multiple studies (Schwartz, 1994). All samples for each cross-cultural index of the SVS were greater than 0.45 and reliable; Australia (.67), Holland (.68), Israel (.71), and Japan (.60; Schwartz, 1994).

The survey tool was tested by an expert panel prior to distribution to the study participants in order to establish content validity, improve questions, survey formatting, and to test the length of time for participant completion. Feedback on the survey tool from the expert panel was incorporated into the final version of the survey tool for this study.

IRB and Protection of Human Subjects

The researcher completed the Institutional Review Board (IRB) certification and received approval (see Appendix I) prior to conducting the study. The IRB application was submitted through the ePortocol IRB system, an electronic management software for IRB applications. The level of IRB review requested for the study was the exempt category. The study posed minimal risk to participants which are no greater than risks encountered normally in daily life. The study did not begin surveying participants prior to approval from the Pepperdine University Institutional Review Board.

Risks. Risks of participation in the study were no more than minimal risks and included the time senior healthcare leaders took to complete the study, and personal boredom. Risks were minimized in the following ways: (a) the researcher allowed the survey to be saved and returned

to during the data collection period; (b) a progress bar was placed at the top to inform participants of how much of the survey is left to complete; (c) the researcher reiterated that participation is voluntary and participants could stop at any time. This study ensured that all participants were informed of the necessary elements prior to participation in the study and would not be put at risk of personal harm or retaliation from employers.

Benefits. There were no direct benefits of participation in the study for individual participants. Benefits to the healthcare industry include strategies to increase retention rates of senior healthcare leaders. The research also added to the literature related to person-job value congruence and job satisfaction and provided an example of utilizing an adapted SVBWS approach to measure personal job values, and measure person-job value congruence.

Anonymity. No information that would be able to identify individual participants was captured. The option for anonymous responses was selected through Qualtrics which turned off any collection of identifying information, including IP addresses of individual participants.

Confidentiality. Confidentiality is assumed through anonymity. Data from the research study is stored on a password protected computer owned by the principal researcher and on an external hard drive in a password protected folder as a redundancy measure. Data will be stored for a minimum of three years. After three years data from the research study may be deleted or continued to be stored in a similar protected fashion (Pepperdine University Institutional Review Boards, 2009).

Description of Data Analysis Procedures

Survey data was exported from Qualtrics and coded for analysis in SPSS and analyzed statistically. All questions on the adapted version of the SVBWS and the MSQ short form were mandatory. Surveys were considered incomplete if participants exited out of the survey prior to

completion. All surveys that were saved and considered incomplete were discarded due to the potential of duplicate responses from study participants that may have attempted to take the survey previously.

Descriptive statistics such as the means, standard deviations, and range of scores were calculated for each of the variables of extrinsic and intrinsic job satisfaction, and person-job value congruence. Survey participants' extrinsic and intrinsic rates of job satisfaction scores were calculated. Responses were scored by summing the scoring weight for items that apply to each job satisfaction scale. The higher the score on the MSQ short form, the greater the levels of job satisfaction.

Marley and Louviere (2005) noted that there are multiple ways to calculate SVBWS scores. This study, similar to the research conducted by Lee et al. (2008) calculated ratio scales by taking the number of times each item was chosen as the most or the least important and subtracting the number for least important from the number for most important. This number was then divided by the number of times the item appeared in the survey, creating a scale (-1 to +1) where high scores imply a value was more important to the respondent (Lee et al., 2008). Each study participant had a total of 22 value item scores, 11 value item scores for personal values, and 11 value item scores for job values. Value congruence was derived for each participant by calculating the difference between the related personal and job value types and then taking the absolute score. The closer to zero a value item scores the more congruent it is for the participant.

Each individual value item person-job congruence score for a participant was summed to calculate a total person-job value congruence score. The closer a difference score is to zero, the greater the level of person-job value congruence for the participant. Support for using a total

difference score to represent value congruence per participant is noted in other research (Ahmad, 2008; Leung, 2013; Meyerink, 2016; Preziosi & Gooden, 2011).

A multiple regression analysis was used to examine the relationship between person-job value congruence and the extrinsic and intrinsic rates of job satisfaction in senior healthcare leaders. Multiple regression provides a specific equation that describes the relationships between the extrinsic and intrinsic rates of job satisfaction, person-job value congruence, and covariates of senior healthcare leaders. The equation can identify the amount the independent variable (person-job value congruence) affects the dependent variables (extrinsic and intrinsic rates of job satisfaction), and covariates.

Summary

The purpose of this research study was to explore the relationship between the rates of extrinsic and intrinsic job satisfaction and the degree of person-job value congruence for senior healthcare leaders. Chapter 3 reviewed the purpose of this study, the research questions that are the focus of this paper, the research design, study procedures, the subject population and sampling, and recruitment. The instruments that were used for data collection were defined, and IRB approval and the protection of human subjects were discussed. The chapter concluded with an explanation of the data analysis procedures for this study. Chapters 4 restates the study's purpose and research questions, compiles descriptive and demographic statistics of the study participants, and summarized the findings of the inferential analyses.

Chapter 4: Results

This chapter restates the study's purpose and research questions, compiles descriptive statistics and demographics of study participants, initially reviewing the covariates for the data analyses, and presents and summarizes the findings of the inferential analyses that examined the relationships between the rates of extrinsic and intrinsic job satisfaction (dependent variables), and the degree of person-job value congruence (independent variable) for senior healthcare leaders. More specifically the following research questions were addressed in this study:

RQ1: To what extent are the demographic variables—gender, age, education, and race—related to employee person-job value congruence for senior healthcare leaders?

RQ2: To what extent are the demographic variables—gender, age, education, and race—related to the extrinsic rates of job satisfaction for senior healthcare leaders?

RQ3: To what extent are the demographic variables—gender, age, education, and race—related to the intrinsic rates of job satisfaction for senior healthcare leaders?

RQ4: To what extent is employee person-job value congruence related to the extrinsic rates of job satisfaction for senior healthcare leaders?

RQ5: To what extent is employee person-job value congruence related to the intrinsic rates of job satisfaction for senior healthcare leaders?

Demographics

A total of 109 senior healthcare leaders completed the survey for this research study. A total of 235 attempts were made by potential research participants to complete the survey. Due to the anonymity of participation it is unknown if any of the 126 incomplete surveys out of the 235 total attempts were the same participants who eventually completed the survey. Over 10,000 LinkedIn invitations were sent out to potential participants, and over 2,500 potential participants

accepted the LinkedIn invitation to connect and received a follow-up message to complete the survey. Taking into consideration an approximation of the number of new LinkedIn connections that were a result of outreach related to this study (approximately 2,500 senior healthcare leaders), the response rate for this study was 4.3%. Sample job titles of participants who replied to the LinkedIn messages confirming that they completed the survey include:

- Director, Ambulatory Operations, Neurophysiology & Rehabilitation Services
- Administrative Director, Neurosciences & Children's Service Lines
- Director, Human Resources
- Director of Organizational Excellence
- Physician Relations Director
- Director of Nursing & Patient Care Services
- Director of Quality
- Nutrition/Environmental Services Director
- Director-Clinical IS
- Department Administrator for Cardiology and CV Surgery

Frequency and descriptive statistical analyses were conducted on the survey data, and the demographic variables of study participants were reviewed. The study participant demographic variables included: type of acute care hospital in which the participant is employed, state where the acute care hospital is located, participant gender, birth year to calculate participant age, participant race, and the highest degree or level of education completed by the participant.

The American College of Healthcare Executives (ACHE) 2018 demographic profile of 47,603 members and fellows was used as a comparison to the demographics of the participants in this study ("ACHE Members and Fellows Profile," 2018). The demographics of participants in

this study were similar and dissimilar to the demographics of the ACHE members and fellows profile (2018). When comparing to the ACHE members fellows profile (2018), this research study had a slightly higher representation of females (14.9%) and whites (6.3%), and a lower representation of blacks (3.6%) and Asians (3.2%). The higher and lower representations of specific demographics of study participants may have influenced the results of the study and suggests that the results of the study may not be applicable throughout the healthcare industry. Table 9 displays the frequency counts for selected demographic variables compared to the ACHE members and fellows profile (2018), and Table 10 displays descriptive statistics for the age of study participants.

The demographic variables that were excluded from the data analyses in this study due to a lack of diversity and quantity in response rates include: (a) type of acute care hospital, (b) state where the acute care hospital is located, and (c) participant race. Study participants state where the acute care hospital is located included 28 different states, with California (n = 14, 12.8%), and Illinois (n = 20, 18.3%) having the most participants.

Job Satisfaction

Descriptive statistical analyses were conducted to review the breakdown of study participant rates of extrinsic and intrinsic job satisfaction. Table 11 displays psychometric and descriptive characteristics for the two scales of job satisfaction. The Cronbach's alpha reliability coefficients for extrinsic job satisfaction (N = 109, number of items = 6, α = .88), and for intrinsic job satisfaction (N = 109, number of items = 12, α = .86) all had acceptable levels of reliability (Streiner, 2003).

Table 9

Comparison of Study Participants Demographics and ACHE Members and Fellows Profile

Variable	Category	Study Participants		ACHE	
		n	%	*n*	%
Type of acute care hospital					
	Rural Acute Care	6	5.5	-	-
	Urban Acute Care	103	94.5	-	-
	Total	109	100	-	-
Gender					
	Male	45	41.3	21,244	56.2
	Female	64	58.7	16,560	43.8
	Total	109	100.0	37,804	100.0
Race					
	Asian	4	3.7	2,317	6.9
	Black or African American	6	5.5	3,037	9.1
	Native Hawaiian or Other Pacific Islander	1	0.9	224	0.7
	White	92	84.4	26,216	78.1
	Other	6	5.5	-	-
	Total	109	100	-	-
Highest degree received					
	Some college credit, no degree	1	0.9	-	-
	Bachelor's degree	16	14.7	5,241	13.9
	Master's degree	65	59.6	23,026	60.9
	Professional degree	4	3.7	-	-
	Doctorate degree	23	21.1	9,528	25.2
	Total	109	100.0	-	-

Note: Information from the ACHE members and fellows profile (2018) consisted of different labels for categories in some instances. The best fit was chosen for each category.

Table 10

Comparison of Study Participants Age and ACHE Members and Fellows Profile

Variable	*N*	Low	High	*M*	*SD*
Study Participants Age (years)	109	22.00	71.00	48.77	10.23
ACHE	36,451	-	-	48.1	-

Table 11

Psychometric Characteristics for Job Satisfaction Scales (N = 109)

Scale	Number of scale items	α	Low	High	*M*	*SD*
Extrinsic	6	.88	6	30	22.45	5.62
Intrinsic	12	.86	33	60	51.23	6.48

A Pearson correlation *r* was conducted to investigate the relationship between extrinsic and intrinsic job satisfaction. The results of the test displayed in Table 12 indicate that extrinsic and intrinsic job satisfaction are positively correlated ($r = .74$, $p < .01$). Figure 3 graphically displays the positively correlated relationship between extrinsic and intrinsic job satisfaction.

Table 12

Correlation Results: Relationship between Extrinsic and Intrinsic Job Satisfaction (N=109)

		Intrinsic Job Satisfaction
Extrinsic Job Satisfaction	Pearson Correlation	.74**
	Sig. (2-tailed)	0.00
	N	109

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

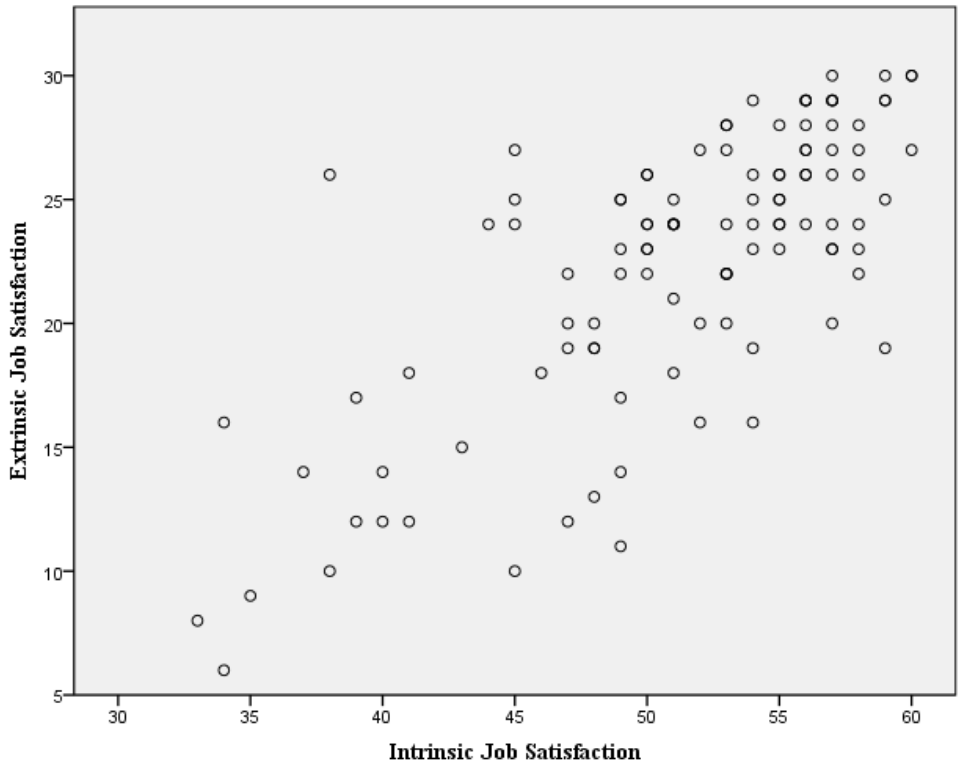

Figure 3. A scatterplot graphical representation of the positive correlation between extrinsic job satisfaction and intrinsic job satisfaction.

The mean of study participant's rate of extrinsic job satisfaction was 22.45 or 68.54% which represents the study participants were slightly satisfied with the extrinsic variables of their job. The mean of study participant's rate of intrinsic job satisfaction was 51.23 or 81.73% which represents that participants were very satisfied with the intrinsic variables of their jobs. Overall survey participants had higher rates of intrinsic job satisfaction than extrinsic job satisfaction. Intrinsic variables of job satisfaction are psychological rewards that an individual gains from work. It is a fair assumption to state that the senior healthcare leaders who participated in this study receive greater intrinsic benefits or are more satisfied with the intrinsic benefits from their work than the extrinsic benefits (external). There were no statistically significant differences between the rates of extrinsic job satisfaction and intrinsic job satisfaction between genders.

The three highest ranked extrinsic job satisfaction scale items rated on a 5-point Likert scale, 1 (“very dissatisfied”) to 5 (“very satisfied”) by survey participants were (a) The competence of my supervisor in making decisions (*M* = 4.06); (b) The way my boss handles his/her workers (*M* = 3.90); and (c) The praise I get for doing a good job (*M* = 3.83). The three lowest ranked extrinsic job satisfaction scale items by survey participants were (a) The way company policies are put into practice (*M* = 3.50); (b) My pay and the amount of work I do (*M* = 3.63); and (c) The chances for advancement on this job (*M* = 3.53).

The three highest ranked intrinsic job satisfaction scale items rated on a 5-point Likert scale, 1 (“*very dissatisfied*”) to 5 (“*very satisfied*”) by survey participants were (a) The chance to do things for other people (*M* = 4.66); (b) The way my job provides for steady employment (*M* = 4.55); and (c) The chance to do different things from time to time (*M* = 4.50). The three lowest ranked intrinsic job satisfaction scale items by survey participants were (a) The chance to tell people what to do (*M* = 3.71); (b) The chance to try my own methods of doing the job (*M* = 4.00); and (c) The chance to work alone on the job and The freedom to use my own judgment (*M* = 4.13). Table 13 displays a complete listing of the descriptive statistics for the MSQ extrinsic and intrinsic job scale items.

Values

Statistical analyses were conducted to review the personal (life) and job values of study participants that were used to calculate the value congruence item scores. Personal (life) and job values of study participants (*N* = 109) were measured using an adapted version of the SVBWS. Study participants responded that their most important values in life involved a concern for others, and independence (*benevolence and self-direction),* and their least important values in life were concerned with power, safety, and respect (*power, tradition, and security).* Similarly,

participants responded that their most important values in their jobs involved a concern for others (*benevolence)*, but also responded that success (*achievement)* was an important guiding principle. The least important values in their jobs were similar to those reported as least important in life. Table 14 lists the complete statistical analyses of study participant personal (life) values and Table 15 lists the complete statistical analyses of study participants and job values (value scores can range between -1 and 1).

Table 13

Descriptive Statistics for Extrinsic and Intrinsic Job Scales (N= 109)

Job Satisfaction Scale	Item	Low	High	*M*	*SD*
Extrinsic					
	The way my boss handles his/her workers	1	5	3.90	1.23
	The competence of my supervisor in making decisions	1	5	4.06	1.15
	The way company policies are put into practice	1	5	3.50	1.18
	My pay and the amount of work I do	1	5	3.63	1.14
	The chances for advancement on this job	1	5	3.53	1.21
	The praise I get for doing a good job	1	5	3.83	1.15
Intrinsic					
	Being able to keep busy all the time	2	5	4.27	0.78
	The chance to work alone on the job	2	5	4.13	0.75
	The chance to do different things from time to time	2	5	4.50	0.85
	The chance to be "somebody" in the community	2	5	4.22	0.90
	Being able to do things that don't go against my conscience	1	5	4.39	0.73
	The way my job provides for steady employment	1	5	4.55	0.69
	The chance to do things for other people	2	5	4.66	0.61
	The chance to tell people what to do	1	5	3.71	0.84
	The chance to do something that makes use of my abilities	1	5	4.42	0.91
	The freedom to use my own judgment	1	5	4.13	1.04
	The chance to try my own methods of doing the job	1	5	4.00	1.15
	The feeling of accomplishment I get from the job	1	5	4.27	1.04

Table 14

Study Participants Personal Values (N = 109)

Personal Value Item	*N*	Low	High	*M*	*SD*
Achievement	109	-.83	1.00	.12	.34
Universalism Nature	109	-1.00	1.00	-.09	.35
Benevolence	109	-.17	1.00	.39	.32
Tradition	109	-1.00	1.00	-.22	.46
Security	109	-1.00	.50	-.21	.31
Universalism Social Concern	109	-.83	1.00	.13	.38
Power	109	-1.00	.50	-.54	.38
Conformity	109	-.83	1.00	.00	.32
Hedonism	109	-1.00	1.00	.05	.40
Self-Direction	109	-.50	1.00	.32	.35
Stimulation	109	-1.00	1.00	.05	.43

Table 15

Study Participants Job Values (N= 109)

Job Value Item	*N*	Low	High	*M*	*SD*
Achievement	109	-.50	1.00	.53	.38
Universalism Nature	109	-1.00	.67	-.24	.31
Benevolence	109	-.17	1.00	.28	.29
Tradition	109	-1.00	1.00	-.24	.39
Security	109	-1.00	.83	-.22	.29
Universalism Social Concern	109	-.83	1.00	.13	.37
Power	109	-1.00	1.00	-.32	.44
Conformity	109	-.83	.67	.00	.27
Hedonism	109	-1.00	1.00	-.21	.32
Self-Direction	109	-.33	1.00	.37	.32
Stimulation	109	-1.00	.67	-.07	.33

Study participant's values by gender. A series of 11 independent-samples t-tests were conducted to compare the personal (life) and job value item scores to the study participant's gender. Since 11 tests were conducted on the same dependent variables, the rate of intrinsic and extrinsic job satisfaction, there was an increased chance for Type I errors. A Bonferroni correction was included in the analysis to adjust the *p* value that represents significance to a

stricter value. Despite protecting from Type I errors the Bonferroni adjustment does increase the chance of Type II errors and greater false negatives. Calculating a Bonferroni adjustment requires dividing the original level of significance by the number of tests to be conducted on the dependent variable ("Bonferroni Correction - Statistics Solutions," 2018). The Bonferroni correction for the following analyses on the 11 personal (life) and job value items was: $*p <$ .0045, $**p <$ .0009, $***p <$ .00009. There were no statistically significant differences between personal (life) values, job values, and the gender of study participants. Table 16 lists the descriptive analyses and t-test analyses of study participant personal (life) values by gender. No statistically significant differences between the means of personal (life) values by gender were indicated. Table 17 provides a summary of the study's participant job values by gender. No statistically significant differences between the means of personal (life) values by gender were indicated due to the usage of a Bonferroni adjustment. The job values of *achievement* and *tradition* ($p = .02$) would have been statistically significant without the Bonferroni adjustment.

Value Congruence

Statistical analyses were conducted to review the levels of person-job value congruence (total value congruence) of study participants. Person-job value congruence (total value congruence) scores of study participants were measured using the levels of personal (life) and job values that were calculated from an adapted version of the SVBWS. The Cronbach's alpha reliability coefficient for person-job congruence (total value congruence; $N = 109$, number of items = 11, $\alpha = .686$) is close to an acceptable level of reliability (> .70), but may represent potential measurement error (Streiner, 2003). Participant person-job value congruence (total value congruence) scores can range between 0 and 22 (the sum of each study participant's person-job value congruence scores for each value type). The mean person-job value congruence

(total value congruence) score for all participants was 2.85 with a standard deviation of 1.42. No other studies were found in the literature that calculated person-job congruence or that calculated value congruence using the adapted SVBWS approach. Interpretations of the total value congruence scores are limited to the range of the total value congruence scale, such that 2.85 may represent 87.05% congruence. Study participants were the most congruent (lower congruent scores) for the value items *tradition, security,* and *conformity.* Study participants were the least congruent (higher congruence scores) for the value items, *achievement, hedonism, benevolence,* and *power.* Table 18 lists the complete statistical analyses of study participant person-job value congruence for the 11 value types.

Table 16

Statistical Analyses and T-test Analyses of Personal (life) Values by Gender (N = 109)

Personal Value Item	Gender	*n*	*M*	*SD*	*t*- value	*p*
Achievement	Male	45	0.14	0.35	0.58	0.56
	Female	64	0.10	0.34		
Universalism Nature	Male	45	-0.11	0.32	-0.44	0.66
	Female	64	-0.08	0.38		
Benevolence	Male	45	0.37	0.30	-0.67	0.50
	Female	64	0.41	0.34		
Tradition	Male	45	-0.16	0.47	1.32	0.19
	Female	64	-0.27	0.46		
Security	Male	45	-0.25	0.33	-1.12	0.27
	Female	64	-0.18	0.29		
Universalism Social Concern	Male	45	0.15	0.43	0.42	0.67
	Female	64	0.12	0.34		
Power	Male	45	-0.51	0.44	0.71	0.48
	Female	64	-0.56	0.33		
Conformity	Male	45	0.03	0.32	0.86	0.39
	Female	64	-0.02	0.33		
Hedonism	Male	45	0.02	0.47	-0.72	0.47
	Female	64	0.08	0.36		
Self-Direction	Male	45	0.29	0.35	-0.97	0.34
	Female	64	0.35	0.35		
Stimulation	Male	45	0.03	0.42	-0.38	0.71
	Female	64	0.07	0.45		

Note. A Bonferroni correction was included in the analysis to adjust the *p* value that represents significance to a stricter value.
*$p < .0045$, **$p < .001$.

Table 17

Statistical Analyses and T-test Analyses of Job Values by Gender (N = 109)

Job Value Item	Gender	*n*	*M*	*SD*	*t*-value	*p*
Achievement	Male	45	0.43	0.38	-2.45	0.02
	Female	64	0.60	0.37		
Universalism Nature	Male	45	-0.21	0.32	0.85	0.40
	Female	64	-0.27	0.30		
Benevolence	Male	45	-0.27	0.30	-0.19	0.85
	Female	64	0.27	0.29		
Tradition	Male	45	0.28	0.29	2.45	0.02
	Female	64	-0.14	0.38		
Security	Male	45	-0.32	0.38	-0.43	0.67
	Female	64	-0.23	0.31		
Universalism Social Concern	Male	45	-0.21	0.29	0.81	0.42
	Female	64	0.16	0.39		
Power	Male	45	0.10	0.36	-1.72	0.09
	Female	64	-0.40	0.44		
Conformity	Male	45	-0.26	0.43	-0.68	0.50
	Female	64	-0.02	0.21		
Hedonism	Male	45	0.01	0.30	0.64	0.53
	Female	64	-0.19	0.38		
Self-Direction	Male	45	-0.23	0.28	1.12	0.27
	Female	64	0.41	0.35		
Stimulation	Male	45	0.34	0.29	-.081	0.94
	Female	64	-0.07	0.35		

Note. A Bonferroni correction was included in the analysis to adjust the *p* value that represents significance to a stricter value.
*$p < .0045$, **$p < .001$.

Table 18

Statistical Analyses of Study Participants Person Job Value Congruence (N = 109)

Value Item Congruence	*N*	Low	High	*M*	*SD*
Achievement	109	.00	1.17	.48	.32
Universalism Nature	109	.00	1.00	.22	.26
Benevolence	109	.00	1.00	.29	.26
Tradition	109	.00	1.00	.16	.20
Security	109	.00	1.17	.17	.20
Universalism Social Concern	109	.00	1.00	.21	.24
Power	109	.00	1.67	.29	.32
Conformity	109	.00	1.00	.20	.23
Hedonism	109	.00	1.83	.32	.31
Self-Direction	109	.00	1.17	.26	.26
Stimulation	109	.00	1.00	.25	.24
Total Value Congruence	109	.00	6.67	2.85	1.42

Value congruence by gender. A series of 11 independent-samples t-tests were conducted to compare the person-job value congruence item scores to the study participant's gender. Since 11 tests were conducted on the same dependent variables, the rate of extrinsic and intrinsic job satisfaction, there was an increased chance for Type I errors. A Bonferroni correction was included in the analysis to adjust the *p* value that represents significance to a stricter value ("Bonferroni Correction - Statistics Solutions," 2018). The Bonferroni correction for the following analyses on the 11 personal (life) and job value items was: $*p < .0045$, $**p < .0009$, $***p < .00009$.

Noteworthy for this study is that there was a statistically significant difference in the value item congruence score for *achievement* between males ($M = .36$, $SD = .31$) and females ($M = .56$, $SD = .30$) conditions; $t\ (107) = 3.36$, $p = 0.001$. Female study participants were

significantly less congruent for the value congruence item *achievement* than male study participants. Table 19 lists the complete statistical analyses and t-test analyses of study participant person-job value congruence items by gender.

Table 19

Statistical Analyses and T-test Analyses of Person-Job Value Congruence by Gender (N = 109)

Value Congruence Item	Gender	*n*	*M*	*SD*	*t*-value	*p*
Achievement	Male	45	0.36	0.31	-3.361	0.001*
	Female	64	0.56	0.30		
Universalism Nature	Male	45	0.18	0.23	-1.496	0.138
	Female	64	0.25	0.28		
Benevolence	Male	45	0.25	0.24	-1.258	0.211
	Female	64	0.32	0.27		
Tradition	Male	45	0.19	0.23	1.315	0.191
	Female	64	0.14	0.17		
Security	Male	45	0.15	0.25	-.998	0.320
	Female	64	0.19	0.15		
Universalism Social Concern	Male	45	0.25	0.27	1.429	0.156
	Female	64	0.18	0.22		
Power	Male	45	0.23	0.32	-1.699	0.092
	Female	64	0.33	0.31		
Conformity	Male	45	0.17	0.26	-.823	0.413
	Female	64	0.21	0.21		
Hedonism	Male	45	0.31	0.33	-.237	0.813
	Female	64	0.33	0.30		
Self-Direction	Male	45	0.25	0.28	-.395	0.693
	Female	64	0.27	0.25		
Stimulation	Male	45	0.21	0.23	-1.289	0.200
	Female	64	0.28	0.25		

Note. A Bonferroni correction was included in the analysis to adjust the *p* value that represents significance to a stricter value.

*$p < .0045$, **$p < .001$.

Research Question Results

RQ1: To what extent are the demographic variables—gender, age, education, and race—related to employee person-job value congruence for senior healthcare leaders?

The relationship between the demographic variables – gender, age, and education - and employee person-job value congruence for senior healthcare leaders were investigated using a one-way between subject ANOVA, an independent-samples t-test, and a correlation analysis. Race was excluded from the analysis due to a lack of variation in study participants, the majority of study participants were white (n = 92, 84.4%). No statistically significant results were discovered.

RQ1 t-test analysis. An independent-samples t-test was conducted to compare person-job value congruence to the study participant's gender. There was no significant difference in the scores for females (M = 2.56, SD = 1.56), and males (M = 3.05, SD = 1.28) conditions; t (107) = -1.82, p = .07. These results suggest that there are no mean differences between gender and person-job value congruence. The p-value of .07 may indicate the possibility of an interaction relationship between person-job value congruence and gender and was considered during the linear regression analysis. The results for the t-test are displayed in Table 20.

Table 20

t-test Statistics for Total Value Congruence and Gender (N = 109)

Demographic Variable	*n*	*M*	*Sd*	*t*	*df*	*p*	95% Confidence Interval
Female	45	2.56	1.56				
Male	64	3.05	1.28				
Total				-1.82	107	.07	-1.04 - .04

RQ1 correlation analysis. A correlation was conducted to determine the relationship between person-job value congruence of senior healthcare leaders and employee age. There was

no correlation between the two variables, $r = .08$, $N = 109$, $p = .44$. The results of the correlation analysis are displayed in Table 21.

Table 21

Correlation Results: Relationship between Total Value Congruence and Age (N=109)

		Age
Total Value Congruence	Pearson Correlation	.08
	Sig. (2-tailed)	.44
	N	109

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

RQ1 one-way ANOVA. A one-way between subjects' ANOVA was conducted to compare the effect of employee person-job value congruence (total value congruence) on the demographic variable education. There was not a significant effect of person-job value congruence on education. The results of the ANOVA analysis are displayed in Table 22.

Table 22

ANOVA Statistics for Total Value Congruence and Education (N = 109)

Demographic Variable		Sum of Squares	*df*	Mean Square	*F*	Sig.
What is the highest degree or level of education you have completed?	Between Groups	33.99	27	1.26	1.30	.18
	Within Groups	78.19	81	.97		
	Total	112.18	108			

RQ2 and RQ3: To what extent are the demographic variables—gender, age, education, and race—related to employee person-job value congruence, and the rates of extrinsic and intrinsic job satisfaction for senior healthcare leaders?

The research questions RQ2 and RQ3 were tested for significance in the regression analyses conducted for RQ4 and RQ5. The data analysis results indicate that extrinsic and intrinsic job satisfaction were not related to the demographic variables of age, and education. The data analysis did reveal that participants' gender and participant's level of intrinsic job satisfaction was a significant predictor of extrinsic job satisfaction. More specifically, results suggested that compared to men, we would expect women to exhibit lower extrinsic job satisfaction on average.

RQ4: To what extent is employee person-job value congruence related to the extrinsic rates of job satisfaction for senior healthcare leaders?

RQ4 linear regression analysis. A series of three linear regression models were used to estimate the relationship between extrinsic rates of job satisfaction and person-job value congruence (total value congruence). Model 1 investigated the main effect of the relationship between the independent variable (total value congruence) and the dependent variable (extrinsic job satisfaction). Model 2 added the covariates age, gender, education, and intrinsic job satisfaction to the linear regression Model 1. Model 3 added the interaction variable *congruence gender* to the linear regression Model 2.

The baseline model (Model 1) estimated the relationship between the independent variable (total value congruence score) and the dependent variable (extrinsic job satisfaction). No significant relationship was discovered.

Model 2 added the covariates age, gender, education, and intrinsic job satisfaction to the linear regression model. Extrinsic job satisfaction and intrinsic job satisfaction were significantly related (β = .66, p < .001), and we would expect a 0.66 point increase in extrinsic job satisfaction for every one unit increase in intrinsic job satisfaction. No other significant relationships were found.

The slight differences in person-job value congruence scores between genders and the data analysis findings in RQ1 provide evidence that there may be an interaction between person-job value congruence and gender. The potential relationship between gender and total value congruence (person-job value congruence) was the basis for creating an interaction variable label *congruence gender* for Model 3 of the linear regression analysis. An interaction variable measures the effect or interaction of two independent variables (congruence and gender) on a dependent variable (extrinsic job satisfaction). The inclusion of an interaction variable provides a more complete understanding of the relationships between independent and dependent variables ("Interaction Effect - SAGE Research Methods," 2018). Model 3 includes the covariates age, gender, education, intrinsic job satisfaction, and the interaction variable gender and total value congruence (person-job value congruence).

The results of Model 3 indicated that extrinsic job satisfaction and intrinsic job satisfaction were significantly related (β = 0.65, p < .001), and we would expect a 0.65 point increase in extrinsic job satisfaction for every one unit increase in intrinsic job satisfaction. We would expect that study participants who are more satisfied with the extrinsic variables of their job would also be more satisfied with the intrinsic variables of their job. Model 3 also indicated a significant relationship between gender and extrinsic job satisfaction (β = -3.38, p < 0.05). We would expect a 3.38 point decrease in extrinsic job satisfaction for females in comparison to

males. More specifically, results suggested that compared to men, we would expect women to exhibit lower extrinsic job satisfaction on average, which suggests that women are less satisfied with the extrinsic variables (e.g., rate of pay, amount of work, supervisor support and management, organizational policies, praise, and opportunities for advancement) of their job than men. The interaction variable *congruence gender* was almost statistically significant ($p = .073$) at the $p < 0.05$ level of significance, which if significant would have indicated that person-job value congruence (total value congruence) is related to extrinsic job satisfaction when the interaction of gender is taken into account. Specifically, females would have been expected to have higher rates of extrinsic job satisfaction when they are less value congruent, and males would have been expected to have higher rates of extrinsic job satisfaction when they are more value congruent. No other statistically significant relationships were indicated by Model 3 of the linear regression analysis. The other results revealed that extrinsic job satisfaction was not related to age ($p = .172$), doctorate degree ($p = .563$), master's degree ($p = .294$), and bachelor's degree ($p = .429$).

Table 23 displays the results of the series of linear regression analysis between person-job value congruence and extrinsic rates of job satisfaction for study participants. Figure 4 depicts a scatterplot for the relationship between extrinsic job satisfaction and total value congruence score (person-job value congruence). Figure 5 represents the almost statistically significant interaction between total value congruence and gender and the relationship with extrinsic job satisfaction. Overall, the linear regression models did not show a significant relationship between the main effects of person-job value congruence (total value congruence) on extrinsic job satisfaction.

Table 23

Prediction of Extrinsic Job Satisfaction (N = 109)

Model	Variable	*β*	*SE β*	*t*	*p*
1					
	Total Value Congruence Score	0.08	0.38	0.20	.846
2					
	Total Value Congruence Score	0.15	0.27	0.56	.575
	Intrinsic Job Satisfaction	0.66	0.06	11.52	.000***
	Age	-0.05	0.04	-1.29	.199
	Gender	-0.68	0.78	-0.87	.386
	Doctorate Degree	1.73	3.92	0.44	.660
	Professional Degree	1.63	4.31	0.38	.707
	Master’s Degree	3.31	3.84	0.86	.391
	Bachelor’s Degree	2.69	3.93	0.69	.495
3					
	Total Value Congruence Score	-0.32	0.37	-0.86	.394
	Intrinsic Job Satisfaction	0.65	0.06	11.43	.000***
	Age	-0.05	0.04	-1.37	.172
	Gender	-3.38	1.68	-2.01	.047**
	Doctorate Degree	2.26	3.89	0.58	.563
	Professional Degree	2.41	4.29	0.56	.576
	Master’s Degree	4.03	3.82	1.06	.294
	Bachelor's Degree	3.09	3.89	0.79	.429
	Congruence Gender	0.96	0.53	1.81	.073

Note. *$p < .05$, **$p < 0.01$, ***$p < 0.001$

a. Dependent Variable: Extrinsic Job Satisfaction

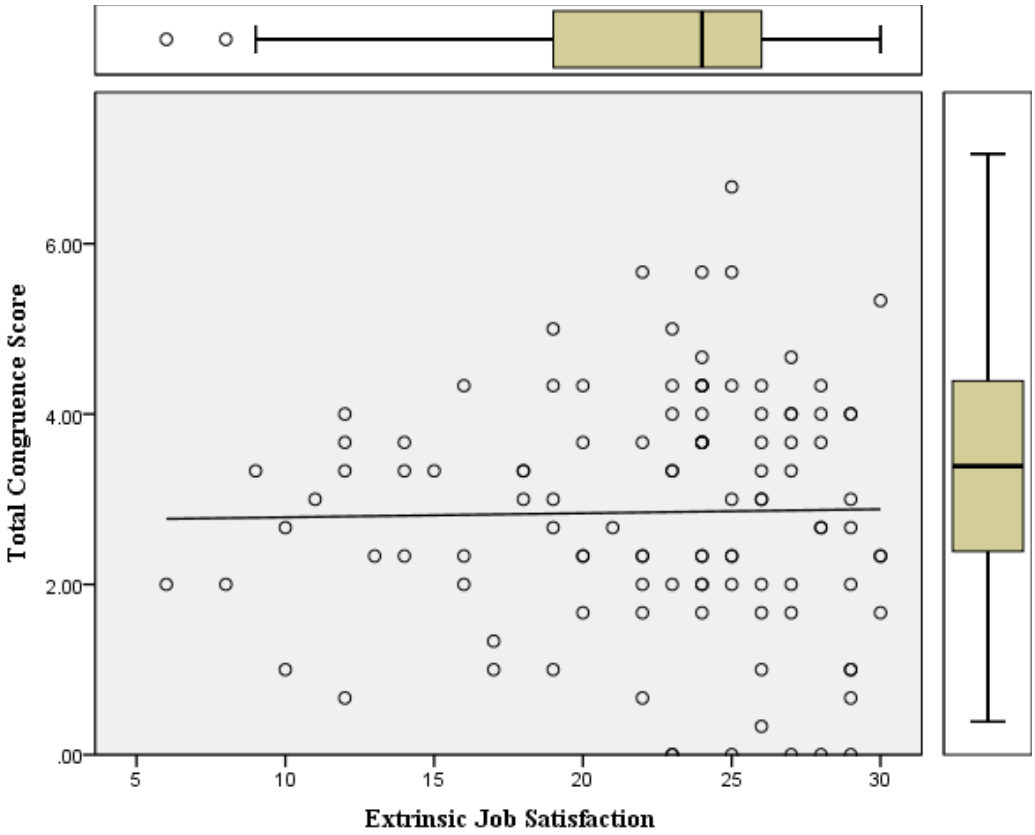

Figure 4. A scatterplot graphical representation of the relationship between extrinsic job satisfaction and total value congruence score that suggests there is no relationship between person-job value congruence (total congruence) and extrinsic job satisfaction.

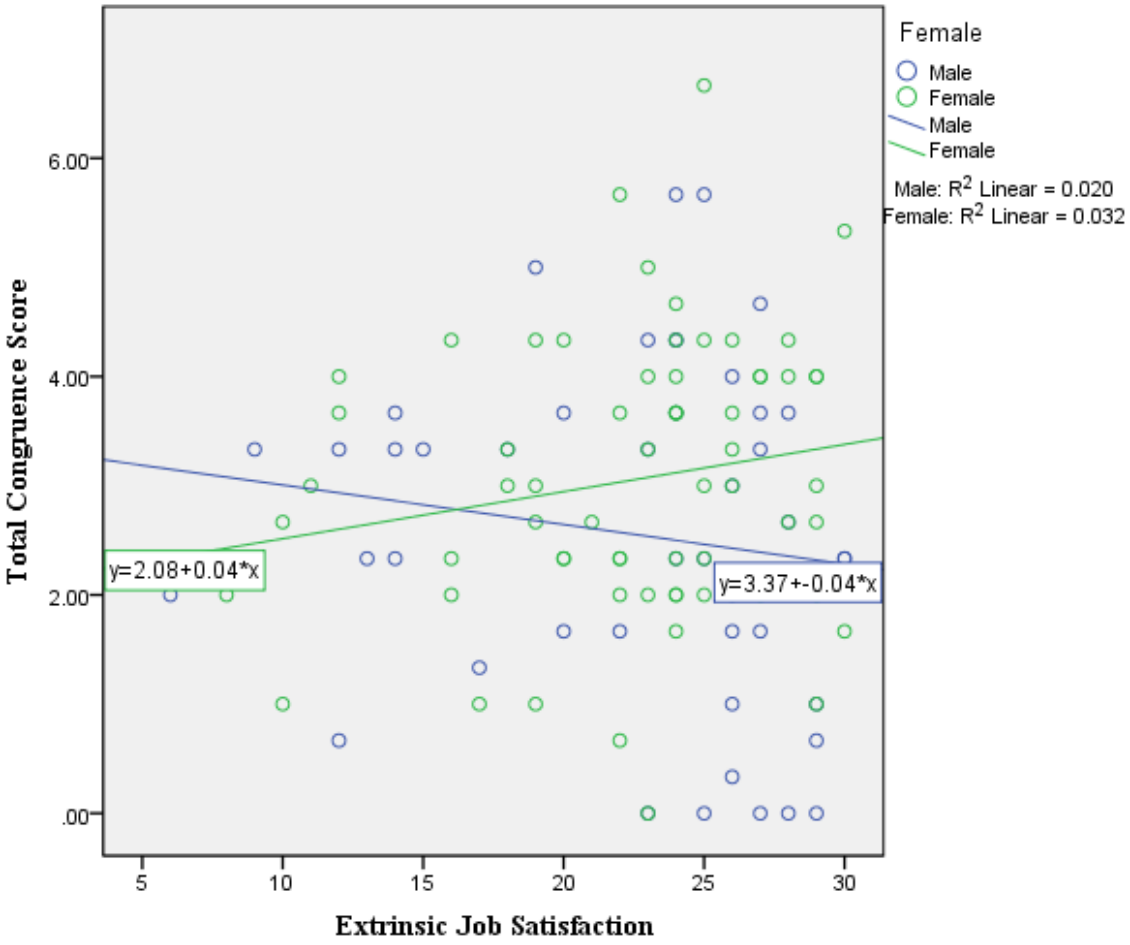

Figure 5. A scatterplot graphical representation of the relationship between gender and total value congruence and extrinsic job satisfaction which suggests an almost significant interaction between gender and total congruence and extrinsic job satisfaction, and no statistically significant relationship between extrinsic job satisfaction and total congruence.

RQ5: To what extent is employee person-job value congruence related to the intrinsic rates of job satisfaction for senior healthcare leaders?

RQ5 linear regression analysis. A series of three linear regression models were conducted to estimate the relationship between intrinsic rates of job satisfaction and person-job value congruence. Model 1 investigated the main effect of the relationship between the independent variable (total value congruence score) and the dependent variable (intrinsic job satisfaction). Model 2 added the covariates age, gender, education, and extrinsic job satisfaction

to the linear regression Model 1. Model 3 added the interaction variable *congruence gender* to the linear regression Model 2.

The baseline model (Model 1) estimated the relationship between the independent variable (total value congruence score) and the dependent variable (intrinsic job satisfaction). No significant relationship was discovered.

Model 2 added the covariates age, gender, education, and extrinsic job satisfaction to the linear regression model. As previously indicated in Chapter 4, extrinsic job satisfaction and intrinsic job satisfaction were significantly related ($\beta = 0.87$, $p < .001$), and we would expect a 0.87 point increase in intrinsic job satisfaction for every one unit increase in extrinsic job satisfaction, even after controlling for the covariates gender, education, and extrinsic job satisfaction.

The slight differences in person-job value congruence scores between genders and the data analysis findings in RQ1, provide evidence that there may be an interaction between person-job value congruence and gender. The potential relationship between gender and total value congruence (person-job value congruence) was the basis for creating an interaction variable label *congruence gender* for Model 3 of the linear regression analysis. Model 3 includes the covariates age, gender, education, extrinsic job satisfaction, and the interaction variable gender and total value congruence (person-job value congruence). As previously indicated in Chapter 4, extrinsic job satisfaction and intrinsic job satisfaction were significantly related ($\beta = 0.88$, $p < .001$), and we would expect a 0.88 point increase in intrinsic job satisfaction for every one unit increase in extrinsic job satisfaction. We would expect that study participants who are more satisfied with the intrinsic variables of their job would also be more satisfied with the extrinsic variables of their job. Model 3 did not show any other significant relationships, and the linear regression

analysis revealed that intrinsic job satisfaction was not related to age (p = .253), gender, (p = .238), doctorate degree (p = .664), professional degree (p = .995), master's degree (p = .422), bachelor's degree (p = .550), and congruence gender (p = .460).

The linear regression analysis results revealed that the main effect of person-job value congruence (total value congruence score) was not associated with intrinsic job satisfaction. Table 24 displays the results of the linear regression analysis between person-job value congruence and intrinsic rates of job satisfaction for study participants. Figure 6 depicts a scatterplot for the relationship between intrinsic job satisfaction and total value congruence score (person-job value congruence). Figure 7 is a scatterplot graphical representation of the relationship between gender and total value congruence and intrinsic job satisfaction.

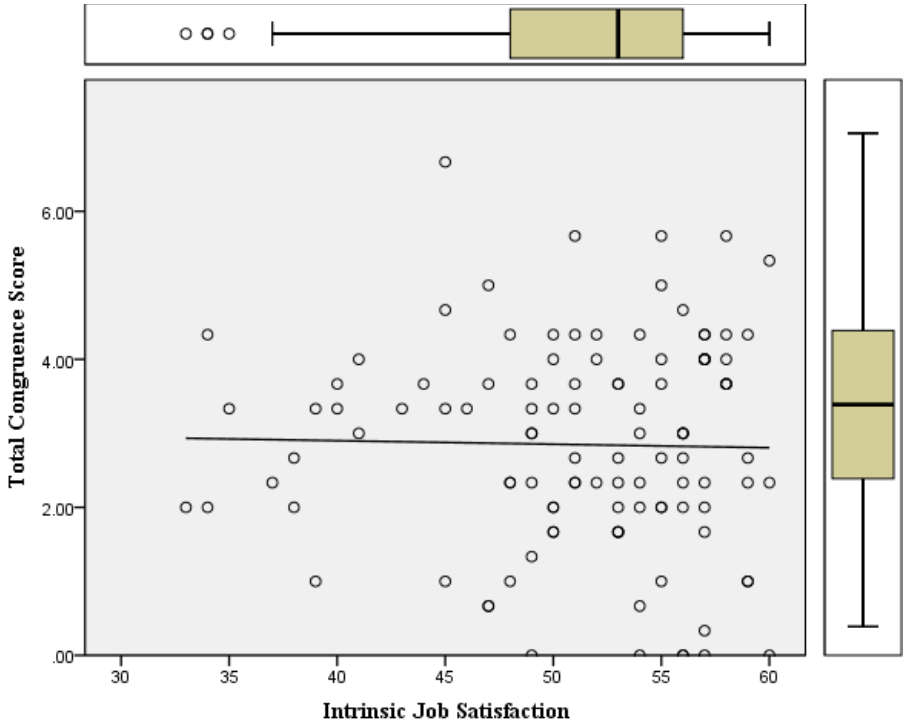

Figure 6. A scatterplot graphical representation of the relationship between intrinsic job satisfaction and total value congruence score that suggests there is no relationship between person-job value congruence (total congruence) and extrinsic job satisfaction.

Table 24

Prediction of Intrinsic Job Satisfaction (N = 109)

Model	Variable	*β*	*SE β*	*t*	*p*
1					
	Total Value Congruence Score	-.099	.443	-.225	.823
2					
	Total Value Congruence Score	-.177	.308	-.577	.566
	Extrinsic Job Satisfaction	.868	.075	11.519	.000***
	Age	.047	.042	1.115	.267
	Gender	1.043	.893	1.168	.246
	Doctorate Degree	-1.703	4.510	-.378	.707
	Professional Degree	.435	4.963	.088	.930
	Master's Degree	-3.212	4.423	-.726	.469
	Bachelor's Degree	-2.498	4.517	-.553	.582
3					
	Total Value Congruence Score	.047	.432	.109	.913
	Extrinsic Job Satisfaction	.879	.077	11.428	.000***
	Age	.049	.042	1.151	.253
	Gender	2.354	1.981	1.188	.238
	Doctorate Degree	-1.975	4.535	-.435	.664
	Professional Degree	.031	5.004	.006	.995
	Master's Degree	-3.595	4.463	-.806	.422
	Bachelor's Degree	-2.718	4.537	-.599	.550
	Congruence Gender	-.466	.629	-.742	.460

*$p < .05$, **$p < 0.01$, ***$p < 0.001$

a. Dependent Variable: Intrinsic Job Satisfaction

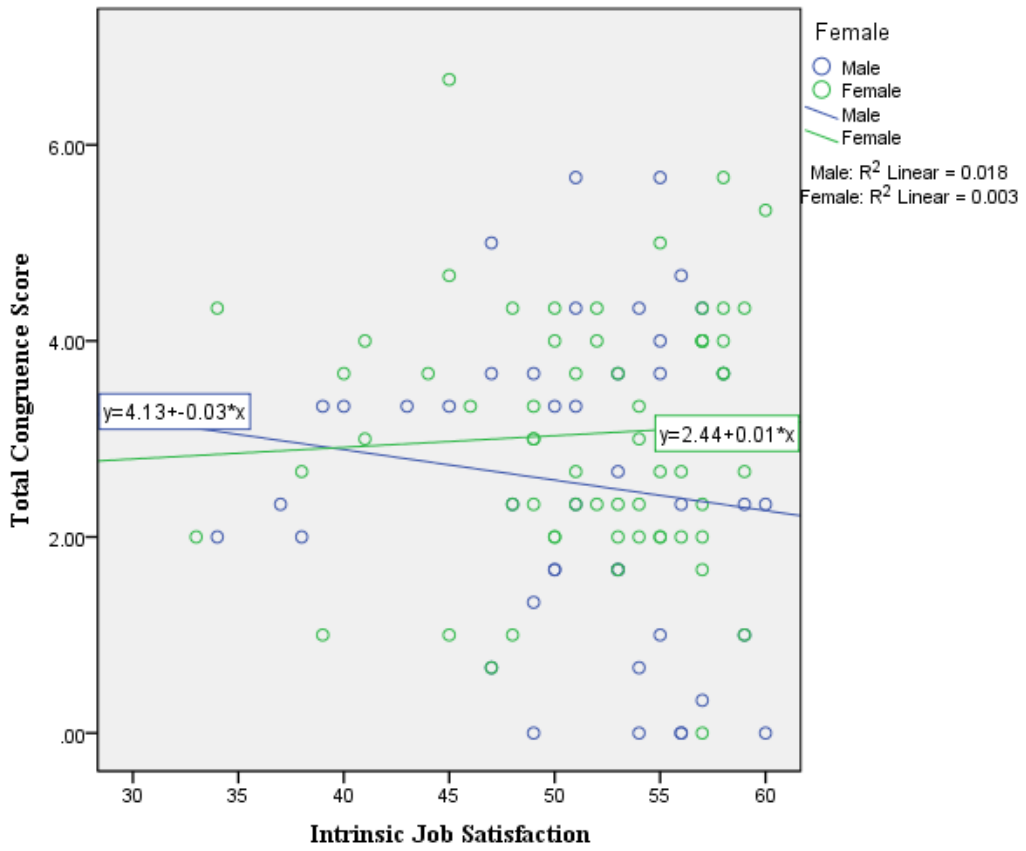

Figure 7. A scatterplot graphical representation of the relationship between gender and total value congruence and intrinsic job satisfaction which suggests that there is no interaction between gender and total congruence and no statistically significant relationship between intrinsic job satisfaction and total congruence.

Summary

Demographics. After a comparison review of the demographics prevalent for senior healthcare leaders provided by the ACHE Members and Fellows Profile (2018), it was determined that the demographic variables of senior healthcare leader study participants from this study are not representative of senior healthcare leaders throughout the healthcare industry, based on the overrepresentation of females and whites, and underrepresentation of blacks and Asians.

Job satisfaction. Overall study participants were highly extrinsically satisfied (81.73%) with their jobs and satisfied intrinsically (68.54%) with their jobs. Study participants had higher

rates of intrinsic job satisfaction (e.g., internal fulfillment at work, to feel valued, work independence, and feelings of accomplishment) than extrinsic job satisfaction (e.g., rate of pay, amount of work, supervisor support and management, organizational policies, praise, and opportunities for advancement).

Value congruence. The mean total person-job value congruence score for all participants was 2.85 out of a maximum of 22 and a minimum of 0, with a standard deviation of 1.42. Interpretations of the total value congruence scores are limited to the range of the total value congruence scale, such that 2.85 may represent 87.05% congruence. The three most congruent values for study participants were *tradition, security,* and *conformity,* which means that study participants ranked those values similarly for both their personal (life) and job values. The four least congruent values for study participants were *achievement, hedonism, benevolence,* and *power,* which mean that study participants ranked those values dissimilarly in comparison to their personal (life) and job values. Female study participants were significantly less congruent for the value congruence item *achievement* than male study participants and reported that *achievement* was more of a guiding principle in their job than men.

Research questions. The series of linear regression model results revealed that person-job value congruence (total value congruence), and extrinsic and intrinsic job satisfaction were not related to the demographic variables of age and education. The data analysis revealed that participants' gender and participants' level of intrinsic job satisfaction was a significant predictor of extrinsic job satisfaction. More specifically, results suggested that when compared to men, we would expect women to exhibit lower extrinsic job satisfaction on average. The data analysis also indicated that person-job value congruence (total value congruence) was not significantly related to extrinsic or intrinsic job satisfaction.

Conclusions. Most importantly, the data analyses indicated that person-job value congruence (total value congruence) was not significantly related to extrinsic or intrinsic job satisfaction. Also, the data analyses indicated that females are expected to have a lower rate of extrinsic job satisfaction and have less congruence for the value item *achievement* than men. The data analyses provided in Chapter 4 is the foundation for the final discussion in Chapter 5. Chapter 5 summarizes the research findings for this study, compares the results of this study with the literature reviewed in Chapter 2, and discusses research conclusions and implications for senior healthcare leaders in acute care hospitals, and opportunities for future research.

Chapter 5: Discussion

This chapter summarizes the research findings for this study, compares the results of this study with the literature reviewed in Chapter 2, and discusses research conclusions and implications for senior healthcare leaders in acute care hospitals, and opportunities for future research.

Summary of Study Findings

Overall, senior healthcare leaders who participated in this study were extrinsically and intrinsically satisfied with their jobs. Extrinsic and intrinsic job satisfaction were also positively related. Study participants had higher rates of intrinsic job satisfaction (e.g., internal fulfillment at work, to feel valued, work independence, and feelings of accomplishment) than extrinsic job satisfaction (e.g., rate of pay, amount of work, supervisor support and management, organizational policies, praise, and opportunities for advancement). Female senior healthcare leaders exhibited lower extrinsic job satisfaction than male senior healthcare leaders on average which may be due to lower actual rates of extrinsic variables or the perception of inequality of extrinsic variables in comparison to male senior healthcare leaders.

Of surprise to the initial hypothesis, there were no statistically significant relationships found between the total composite person-job value congruence score and the rates of extrinsic and intrinsic job satisfaction of senior healthcare leaders. A statistically significant relationship was discovered between the value congruence item *achievement* and gender. Female study participants were significantly less congruent for the value congruence item *achievement* than male study participants and reported that *achievement* (success, capable, and ambitious) was more of a guiding principle in their job than men. Female senior healthcare leaders who participated in the study felt that they had to be more successful, capable, and ambitious than

male senior healthcare leaders; this may be the reason female senior healthcare leaders had lower rates of extrinsic job satisfaction.

The most important personal (life) and job values for senior healthcare leaders in this study included *benevolence* (welfare of people whom one is in frequent contact), se*lf-direction* (independence), and *universalism social concern* (welfare of all), and *achievement* (personal success). The least important values for senior healthcare leaders in this study included *power* (social status), *tradition* (respect and commitment), *universalism nature* (protecting the environment), and *security* (safety and harmony). The study's findings related to the personal (life) and job values for senior healthcare leaders were consistent with findings from previous literature and represent a value profile that would be expected for healthcare employees.

Comparison of Study Findings with Other Research Studies

The alpha reliability coefficients of the MSQ short form extrinsic and intrinsic job satisfaction scales for this study were similar to the alpha reliability coefficients listed in The Manual for the Minnesota Satisfaction Questionnaire, extrinsic satisfaction (α = .80), and intrinsic satisfaction (α = .86; Weiss et al., 1967). The alpha reliability coefficients indicate that the results for this study are accurate and would be consistent if retested. Table 25 provides a comparison of this study's findings on job satisfaction to other literature reviewed.

Table 25

Comparison of Study Findings on Job Satisfaction Compared to Other Literature

Topic	Researcher(s)	Year	Summary of Other Literature Findings	This Study Similarities or Differences
Job satisfaction				
	Matus & Frazer	1996	Study participants were very satisfied intrinsically and had greater levels of intrinsic job satisfaction (80.35%) than extrinsic job satisfaction (64.67%).	Study participants rates of intrinsic and extrinsic job satisfaction were similar to this study's findings and differed by 3.87% (extrinsic), and 1.38% (intrinsic).
	Division of Member Services, Research ACHE	2012	Women exhibited lower extrinsic job satisfaction when compared to men in the areas related to, the rates of compensation compared to others at the same level, work/life balance, overall advancement/job opportunities, availability of mentors/coaches, and recognition.	Similar to this study's findings, women exhibited lower rates of extrinsic job satisfaction when compared to men.
	Carrillo-García et al.	2013	Younger (20-30 years old) and older healthcare professionals (over 61 years old) had statistically significant higher rates of job satisfaction than the other healthcare professionals surveyed. Women also had statistically higher rates of job satisfaction than men.	This study did not find a significant relationship between age and job satisfaction. Also, female participants in this study did not have higher rates of job satisfaction than male study participants.
	Kavanaugh et al.	2006	Age, education, and race were significantly associated with minor components of job satisfaction. Gender was not significantly related to job satisfaction of healthcare professionals.	Dissimilar to Kavanaugh et al. (2006), this study did find a significant relationship between gender and job satisfaction and did not find a significant relationship between age, education, and race and job satisfaction.

The results of this study, to the surprise of this researcher, suggested that person-job value congruence (total value congruence) is not related to the rates of extrinsic and intrinsic job satisfaction for senior healthcare leaders. No literature specific to person-job value congruence and the rates of extrinsic and intrinsic job satisfaction for healthcare leaders was found. The theoretical framework for this research study relating to value congruence and job satisfaction—neural homophily (Parkinson et al., 2018) and the similarity attraction theory (Berscheid & Walster, 1978; Bryne, 1971; Locke, 1976)—was not supported by the research findings. The theoretical frameworks, neural homophily, and the similarity attraction theory, focus on relationships between others. This study extended that framework to a persons' personal and job values. This study's findings represent that people perceive their jobs, and relate to the values perceived from their jobs, differently than they perceive their social relationships. The relationship between people and their jobs may be much more multi-faceted and complex than person to person relationships.

There were multiple researchers who discovered findings that conflict with the results of this study, which note a significant relationship between different types of person-value congruence (e.g., person-organization value congruence) and the rates of job satisfaction (Chatman, 1991; Kristof-Brown et al., 2005; Meglino et al., 1989; O'Reilly et al., 1991; Ren & Hamann, 2015). Unlike this study, previous literature did not examine person-job value congruence, and utilized different methods and survey tools to assess values, value congruence, and job satisfaction. Previous studies that were inconsistent with this study's findings also focused on different populations for study participants, and in some instances, had larger sample sizes.

Values for senior healthcare leaders. The research literature pertaining to the values of senior healthcare leaders agreed that healthcare professionals tend to have similar value profiles that represent the ethical standards and expectations of healthcare professionals throughout the healthcare industry (Moyo et al., 2015; Patterson et al., 2015; Rassin, 2008; Shahriari et al., 2013; Sine & Northcutt, 2008). A comparison of the most and least important values of study participants from this study and the research conducted by Moyo et al. (2015) can be reviewed in Table 26.

Table 26

Comparison of Study Findings on Value Profiles to Other Literature

	This Study Findings	Moyo et al. (2015)
Most important values	Personal (life) values: *Benevolence, self-direction, universalism social concern* Job values: *Achievement, benevolence, self-direction*	*Benevolence, universalism,* and *achievement*
Least important values	Personal (life) values: *Power, tradition, security* Job values: *Power, tradition, universalism nature, security*	*Power, stimulation, spirituality,* and *hedonism*

The top least important values of this study differed slightly from the findings of Moyo et al. (2015). The value *spirituality* was not included in this study. The job values of *stimulation* (*M* = -.07) and *hedonism* (*M* = -.21) were not ranked as the least important job values for senior healthcare leaders, but similar to Moyo et al., the values of *stimulation* and *hedonism* were ranked as unimportant. The most and least prevalent values for clinical healthcare professional cited in this study are directly related to findings in previous research, and the ethics and standards of healthcare.

Study Conclusions and Implications

Surprisingly, person-job value congruence is not an important factor in increasing job satisfaction for senior healthcare leaders. It is the researcher's opinion that this finding may be of considerable importance to acute care hospitals and for senior healthcare leaders. Acute care hospitals, which may have been investing in employee engagement strategies to focus on person-job value congruence, may be mis-using limited financial and human resources. Senior healthcare leaders' rates of job satisfaction are not dependent on person-job value congruence, and acute care hospitals may consider reevaluating programs that focus on improving value congruence for senior healthcare leaders.

This study's findings indicate that focusing on the extrinsic variables of job satisfaction, especially for female senior healthcare leaders, may be significant in increasing senior healthcare leader's overall rates of job satisfaction. This differs from the previously held and popular belief that the intrinsic variables of job satisfaction are the key to increasing motivation and job satisfaction for healthcare employees. The implication for this study's conclusion is that acute care hospitals could focus on strategies that target improving the extrinsic variables of job satisfaction (e.g., how hospital policies are put into practice, employee pay, workload, and chances for advancement) instead of the intrinsic variables of job satisfaction (e.g., internal fulfillment at work, to feel valued, work independence, and feelings of accomplishment).

The findings of this study also indicated that female senior healthcare leaders may place a greater value on the item *achievement* (success, capable, and ambitious) due to the pressures, perceived and actual, of being a female leader in comparison to male senior healthcare leaders. Female senior healthcare leaders may believe they have to be better than male senior healthcare leaders or feel that male senior healthcare leaders need to do less than they do to be successful at

work, which highlights an added area of potential stress, and a potential gender inequality at work that female senior healthcare leaders endure in comparison to male senior healthcare leaders. In conjunction with the study's findings that female senior healthcare leaders have less extrinsic job satisfaction than male senior healthcare leaders, the finding that women feel they need to achieve more than men to be successful suggests that women may also have actual levels of inequality for extrinsic variables of their jobs when compared to their gender counterparts. The implication of this study conclusion is that acute care hospitals may need to start discussions and explore the meaning for the value item *achievement* with their senior healthcare leaders and evaluate the actual rates of extrinsic variables (e.g., rate of pay, workload, and opportunities for advancement) based on gender differences.

The lack of a relationship between the rates of extrinsic and intrinsic job satisfaction and person-job value congruence of study participants bring into question the importance of investing in strategies that focus on person-job value-based hiring. The findings of this study suggest that hiring senior healthcare leaders for person-job value-based fit may not be connected to higher rates of job satisfaction and should not be an overriding focus during the hiring process. These findings suggest that exploring the expected extrinsic variables of potential hires and attempting to meet those expectations may be more beneficial during the hiring process. There also may be a benefit to hiring employees with the focus of creating a team with value diversity (a team composed of individuals with different value profiles) rather than employees who have consistent value profiles as did the study participants. No direct conclusion can be made in terms of the benefits of value diversity. This study solely reviewed person-job value congruence and no other aspects of value congruence such as person-organization.

Table 27

Summary of Conclusions and Implications

Conclusions	Implications
Extrinsic variables of job satisfaction are a greater opportunity to increase job satisfaction of senior healthcare leaders than intrinsic variables of job satisfaction, especially for women	Acute care hospitals could focus on strategies and policies put into practice that target improving the extrinsic variables of job satisfaction such as employee pay, work load, and chances for advancement
Female senior healthcare leaders feel that they must achieve more than male senior healthcare leaders to be successful at their job	Acute care hospitals may need to start discussions and explore the meaning for the value item *achievement* with their senior healthcare leaders
Person-job value congruence is not an important factor in increasing job satisfaction for senior healthcare leaders	Acute care hospitals may focus on the extrinsic variables of job satisfaction as mentioned, and not person-job value congruence to increase rates of job satisfaction of senior healthcare leader
Person-job value-based hiring would not increase job satisfaction for senior healthcare leaders	Acute care hospitals may not wish to disqualify an applicant for a position based on person-job value-based fit, but may wish to explore hiring for value diversity, and strive to meet the expectations of extrinsic variables of potential candidates at the time of hire.

Recommendations for Future Research

This study was cross-sectional and only covered a specific period in time. Future research may choose a longitudinal methodology to investigate if the rates of extrinsic job satisfaction and intrinsic job satisfaction change over time in relationship with person-job value congruence and potential changes in person-job value congruence. Researchers may be interested in examining the relationship throughout the course of multiple jobs, since different jobs may require an application of different job values.

It is possible that the values that show predominance throughout the healthcare industry for senior healthcare leaders affected the relationship between the rates of extrinsic and intrinsic

job satisfaction. Other industries and level of employees (e.g., managers) may have a greater diversity in the value profiles of potential study participants or may be affected by person-job value congruence differently than senior healthcare leaders whom seem to share similar value profiles.

Future research is needed to examine the potential reasons for the differences in the rates of extrinsic job satisfaction between females and males noted in this study. The relationships between extrinsic job satisfaction and specific job outcomes, such as work performance, productivity, and intent to leave, are also important areas of future research.

Future research may better utilize a more comprehensive tool, such as the MSQ long form, to measure the specific variables of extrinsic job satisfaction of senior healthcare leaders. The MSQ short form was chosen to reduce the length of the survey, but the MSQ short form is limited in the amount of information it can provide regarding the different variables of job satisfaction, extrinsic and intrinsic. A more comprehensive understanding of the variables that compose the rate of extrinsic job satisfaction may provide a better understanding of the differences between genders and areas that could be improved. Specifically, future research could evaluate the differences between actual rates of extrinsic variables of job satisfaction and perceived rates of extrinsic variables of job satisfaction, overall, and between genders. For example, a future study could measure the actual levels of the variables of extrinsic job satisfaction for senior healthcare leaders in acute care hospitals, such as the actual rate of pay, actual number of promotions, and awards and recognition of individuals, and then examine differences or similarities between genders.

Future research might be conducted to examine total person-job value congruence of senior healthcare leaders using the adapted version of the SVBWS. Further research would

provide a greater understanding of value congruence scores. The format of the adapted version of the SVBWS caused confusion for potential study participants. A few potential participants sent messages through LinkedIn to the researcher and described their frustration with the format of the adapted version of the SVBWS. It can be assumed that other potential study participants and actual study participants also struggled with the format. The adapted SVBWS portion of the survey was also not mobile phone friendly. Potential study participants also sent messages through LinkedIn describing their frustrations with the inability to use a phone to complete the survey. The format of the adapted version of the SVBWS could have impacted participation rates and study participant's levels of frustration. It is also recommended that future studies provide an additional method of instruction on completing the adapted version of the SVBWS to help improve study participant's understanding of the research tool.

Future research may also examine the person-job value congruence item *achievement,* and the individual components of the value congruence item – the personal (life) value and job value items of *achievement*. The relationship between the personal (life) and job (value) item *achievement* and gender was highlighted by this study's findings. Suggested future research might examine different aspects of the value item *achievement,* such as how females and males define the value item *achievement,* the level of achievement that females and males need in the work place to feel successful, how females and males feel recognized for their achievements, the level that females and males feel recognized for their work in comparison to others, and other extrinsic variable differences between females and males that are related to the value item of *achievement*. The goal of future research related to the value item *achievement* could focus on understanding how females and males define the value item *achievement,* and how the perception of the value item *achievement* is related to specific job outcomes.

Person-job value congruence may not be related to the rates of extrinsic and intrinsic job satisfaction for senior healthcare leaders in acute care hospitals, but person-job value congruence may be related to other job outcome variables such as tenure, positive work behaviors, and intent to stay. Future research might also evaluate the relationships between total person-job value congruence and other job outcome variables.

Senior healthcare leaders who participated in the study had consistent value profiles when compared to one another. More research needs to be conducted on value profiles of senior healthcare leaders and the leaders' value profiles relationship to organizational and job outcomes. Future research might also evaluate senior healthcare leaders who have different value profiles than the value profiles that are consistent throughout the healthcare industry, and then compare their relationship to organizational and job outcomes.

Closing Comments

Acute care hospitals and the role of senior healthcare leaders have been in a constant state of change due to governmental regulations and policies. Senior healthcare leaders, who are tasked with serving as change agents and leaders in acute care hospitals, are facing these new challenges but struggling with high levels of uncertainty due to constantly changing political opinions on the direction and future of policies related to the healthcare industry, the current president of the United States, and the anti-ACA Republication mindset ("Top 2018 challenges healthcare executives face," 2018). This researcher personally experienced these difficulties working in the field of healthcare as a senior healthcare leader and knows first-hand the pressures and uncertainties that surround the constantly changing healthcare environment in acute care hospitals. These challenges may be responsible for the high rates of turnover and lower rates of job satisfaction experienced by senior healthcare leaders at acute care hospitals

which are preventing positive lasting change to healthcare organizations, and negatively impacting financial performance and patient care related to the healthcare industry.

Surprisingly, and in conflict with the literature reviewed and the assumptions of this study, no statistically significant relationships were discovered between person-job value congruence on extrinsic or intrinsic job satisfaction. The findings of this research study offer acute care hospitals a solution to increase the rates of job satisfaction that differ from methods promoted by research literature, and that are prevalent throughout the healthcare industry. It is this researcher's opinion that acute care hospitals may increase the rates of job satisfaction for senior healthcare leaders by refocusing on increasing the explicit extrinsic variables of job satisfaction — how policies are put into practice, rate of pay, workload, and opportunities for advancement — instead of the intrinsic variables of job satisfaction, or the area of value congruence. The lack of a relationship between person-job value congruence and job satisfaction may also provide evidence against value-based hiring. Instead acute care hospitals may benefit more from exploring and meeting the expectations for the extrinsic variables of job satisfaction at the time of hire for senior healthcare leaders.

Potential gender inequalities prevalent for senior healthcare leaders employed in acute care hospitals are highlighted in this study's findings. Female senior healthcare leaders work performance, levels of stress, and rates of job satisfaction may be affected by potential gender inequalities (actual or perceived) related to extrinsic variables of job satisfaction. It is this researcher's opinion that acute care hospitals may need to explore and start discussions with their female senior healthcare leaders in regard to the extrinsic variables of job satisfaction and areas related to achievement, in order to prevent negative job-related outcomes, and potential turnover.

This study's findings provide evidence that differ from the current practices regarding employee engagement strategies and strategies to improve the rates of job satisfaction for senior healthcare leaders throughout the healthcare industry. It is this researchers' recommendation that acute care hospitals refocus their engagement strategies away from intrinsic variables and personal values for senior healthcare leaders and, instead, focus on gender inequalities and improving the extrinsic variables of job satisfaction for senior healthcare leaders. Acute care hospitals and senior healthcare leaders are facing unstable and highly stressful times due to changes in governmental policies and regulations; these findings may help to fill a potential, important gap to address the rates of job satisfaction plaguing the acute care hospitals and the healthcare industry today.

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APPENDIX A

Permission to use Data for Table 2

The following correspondence provides permission to use data adapted for Table 2 from Division of Member Services, Research American College of Healthcare Executives, 2012 (Figure A1).

Re: Dissertation permission - Case #: 41784

1 message

Contact <contact@ache.org>
Reply-To: contact@ache.org
To: ritterbenjamin@gmail.com

Fri, Mar 16, 2018 at 1

Type your response ABOVE THIS LINE to reply

Benjamin Ritter
Subject: Dissertation permission

MAR 16, 2018 | 01:40PM CDT
Dwan Logan replied:

Hello Mr. Ritter,

Thank you for contacting ACHE.

Any published publication on the website is permissible for public use with proper citation.

Please let me know if you have any additional questions or concerns.

Best Regards,

Dwan Logan
ACHE Customer Service Center 312-424-9400 contact@ache.org

Please rate your overall experience as a result of requesting assistance from ACHE:

POOR | FAIR | GOOD | EXCELLENT

MAR 16, 2018 | 01:00AM CDT
Original message
Benjamin wrote:

Hello I'm not sure who to send this message to but I am a EdD student at Pepperdine University and I am requesting permission to adapt and use Table 10 p. 36 in the ACHE Report: A Comparison of the Career Attainments of Men and Women Healthcare Executives for my Dissertation. Please let me know if you need more information.
Thank you for your time.

All the best,

Benjamin Ritter, MBA, MPH

Figure A1. Permission to use data adapted for Table 2 from Division of Member Services, Research American College of Healthcare Executives, 2012.

APPENDIX B

Permission to use Screenshot for Figure 1

The following correspondence provides permission to use the screenshot from "An Overview of the Schwartz Theory of Basic Values," by S.H. Schwartz, 2012.

Benjamin Ritter <ritterbenjamin@gmail.com> Mar 16

to Romie, Benjamin, Shalom

Thank you for your previous responses. I am emailing to request the permission to use the figure, The Schwartz theory of basic values, that is printed in An Overview of the Schwartz Theory of Basic Values, by S.H. Schwartz, 2012, Online Readings in Psychology and Culture, 2(1), in my dissertation proposal and dissertation.Thank you for your time. I look forward to your response.

All the best,
Benjamin Ritter, MBA, MPH

Shalom Schwartz <shalom.schwartz@mail.huji.ac.il> Mar 16

to me

You have my permission.

Figure B1. Permission to use screenshot for Figure 1 from "An Overview of the Schwartz Theory of Basic Values," by S.H. Schwartz, 2012.

APPENDIX C

Permission to use Screenshot for Figure 2

The following correspondence provides permission to use the screenshot from "A test of value congruence effects," by T.J. Kalliath, A.C. Bluedorn, M.J. Strube, 1999, *Journal of Organizational Behavior*, *20*, 1180, 1999 by John Wiley & Sons, Ltd.

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Jun 21, 2018

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License date	Jun 21, 2018
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Licensed Content Title	A test of value congruence effects
Licensed Content Author	Thomas J. Kalliath, Allen C. Bluedorn, Michael J Strube
Licensed Content Date	Jan 4, 2000
Licensed Content Volume	20
Licensed Content Issue	7
Licensed Content Pages	24
Type of use	Dissertation/Thesis
Requestor type	University/Academic
Format	Print and electronic
Portion	Figure/table
Number of figures/tables	1
Original Wiley figure/table number(s)	Figure 1
Will you be translating?	No
Title of your thesis / dissertation	The Relationship between the Rates of Extrinsic and Intrinsic Job Satisfaction and the Degree of Person-Job Value Congruence for Senior Healthcare Leaders
Expected completion date	Jul 2018
Expected size (number of pages)	132
Requestor Location	Mr. Benjamin Ritter 3941 W. Jarlath

Figure C1. Permission to use the screenshot for Figure 2 from "A test of value congruence effects," by T.J. Kalliath, A.C. Bluedorn, M.J. Strube, 1999, *Journal of Organizational Behavior*, *20*, 1180, 1999 by John Wiley & Sons, Ltd. Reprinted with permission.

APPENDIX D

Solicitation Messages

The following items are the solicitation messages to potential research participants to assess their interest in participating in the study. The solicitation messages were sent through personal email through personal networking to professional contacts, and Linkedin.

Solicitation email:

Hello, my name is Benjamin Ritter and I am a student in the Ed.D. Organizational Leadership program at Pepperdine University. Acute care hospitals and senior healthcare leaders are facing extremely turbulent and challenging times which may have greatly impacted rates of job satisfaction for senior healthcare leaders. Governmental regulations and policies, and the current anti-ACA Republican mindset only promise further disruption throughout the healthcare industry.

In light of the challenges that plague senior healthcare leaders, I am currently seeking directors or executives who have been employed for six months or more in an acute care hospital within the United States to participate in a brief survey on the topics of job satisfaction and values. The survey takes on average 15 minutes to complete, and may take 30 minutes to complete in rare circumstances.

Your participation is completely voluntary and anonymous. No identifying factors are captured in the survey. Please click the survey link that will take you to the consent form that is required to participate in this research study.

Survey link: http://pepperdine.qualtrics.com/jfe/form/SV_6fkJ1fn7wO2CNQp

Please feel free to forward the survey link to other directors and executives who have been employed for six months or more at an acute care hospital within the United States. Your

time and consideration in completing this survey is greatly appreciated. It is only because of senior healthcare leaders like you that this type of research is possible. Thank you again.

LinkedIn invitations:

1) Initial LinkedIn invitation sent to potential participants: In light of the challenges that plague healthcare leaders, I am currently seeking directors or executives to participate in a 15 min survey for my dissertation on the topics of job satisfaction and values. Please use a computer. Thank you!

   http://pepperdine.qualtrics.com/jfe/form/SV_6fkJ1fn7wO2CNQp

2) Adapted LinkedIn invitation sent to potential participants: In light of the challenges that plague healthcare leaders, I am seeking directors or executives to participate in a 15 min survey for my dissertation on the topics of job satisfaction and values. Please use a computer and not a phone.

   http://pepperdine.qualtrics.com/jfe/form/SV_6fkJ1fn7wO2CNQp

LinkedIn follow-up messages:

1) Message sent two days after connecting on LinkedIn: Thank you again for connecting. I truly need your help. This is my final message and if you have not already participated I am still seeking directors or executives to participate in a brief survey for my dissertation on the topics of job satisfaction and values. Please use a computer or tablet and not a mobile phone. I truly would appreciate your time and participation. Thank you!

   http://pepperdine.qualtrics.com/jfe/form/SV_6fkJ1fn7wO2CNQp

2) Message sent near the end of data collection prior to two days after connecting on LinkedIn: Thank you for connecting! Please make sure to use a computer or tablet to

complete the survey. Also if you need the link sent to an email address to participate please let me know. http://pepperdine.qualtrics.com/jfe/form/SV_6fkJ1fn7wO2CNQp

APPENDIX E

Survey Tool, page 1

The online survey tool for this study is composed of a consent form, the MSQ short form, the SVBWS and an adapted SVBWS, and demographic section.

Survey tool - Informed consent:

Informed Consent for Participation in Research Study

Study title: The Relationship between Extrinsic and Intrinsic Rates of Job Satisfaction and Person-Job Value Congruence in Senior Healthcare Leaders

The following consent form will provide the information you will need to understand this study and decide if you would like to volunteer to participate. Please take the time to read the following information and ask any questions you may have. You will be asked if you provide your consent at the end of this information to participate in the research.

My name is Benjamin Ritter, MBA, MPH, and I am a Doctoral student in the Organizational Leadership program at Pepperdine University. The professor supervising my work is Dr. Barbara Mather. The title of my research study is *The Relationship between Extrinsic and Intrinsic Rates of Job Satisfaction and Person-Job Value Congruence in Senior Healthcare Leaders* and is being done as partial requirement for my Doctoral degree.

Purpose of Research Study: This proposed study addresses current challenges acute care hospitals are facing due to increased governmental regulations and policies which have increased the number of insured Americans and altered reimbursement and financial penalty policies for acute care hospitals. Senior healthcare leaders, who are supposed to be change agents and leaders in acute care hospitals, are facing these new challenges but struggling with high levels of uncertainty due to constantly changing political opinions on the direction of the healthcare industry, the current president and the anti-ACA Republication mindset, and high rates of turnover and low rates of job satisfaction which are preventing positive lasting change to healthcare organizations

The purpose of this research study is to explore the relationship between the degree of extrinsic and intrinsic rates of job satisfaction and the degree of person-job value congruence for senior healthcare leaders. You are being asked because you are a full-time employed senior healthcare leader at an acute care hospital in the United States that has been in your position for six months or more.

Procedures: If you volunteer to participate in this research study you will be asked to complete a survey consisting of the following portions: a) 20 item questionnaire pertaining to job satisfaction, b) 11 subset questionnaire pertaining to person and job values, c) Six item demographic section. The survey in total, including instructions, should take approximately 15 minutes to complete, and no more than 30 minutes in rare circumstances.

Compensation: No compensation will be provided for participating in this study.

Potential Risks: The potential risks of participating in this study include no more than minimal risk. Possible risks of participation in this study include but are not limited to boredom, and the loss of time that it will take to complete the survey. Risks will be minimized in the following ways; a) the researcher will allow the survey to be saved and returned to during the data collection period, b) the researcher will reiterate that participation is voluntary and participants can stop at any time.

Survey tool, page 2

Potential Benefits: There are no direct benefits of participation in the proposed study for individual participants. Benefits to the healthcare industry may include strategies to increase retention rates of senior healthcare leaders who focus on person-job value congruence.

Voluntary/right to deny or withdraw from participation: Your participation in this research is completely voluntary. Your refusal to participate, withdraw your consent, or discontinue your participation will have no penalty or negative consequences to you.

Alternatives to full participation: Your alternative to participation is not participating in the study.

Anonymity: No identifying factors are captured in the survey. Your responses will be anonymous and have no connection to individual participants.

Confidentiality: Confidentiality is assumed due to anonymity.

Data storage: Data from the proposed research study will be stored on a password protected computer owned by the principal researchers and on an external hard drive in a password protected folder as a redundancy measure for a minimum of three years. After three years data from the proposed research study may be deleted or continued to be stored in a similar protected fashion.

Contact information for questions of concerns: If you have any questions regarding this research, you may contact the primary investigator, Benjamin Ritter, MBA, MPH at: Benjamin.ritter@pepperdine.edu, or my faculty supervisor, Dr. Barbara Mather, at Barbara.Mather@pepperdine.edu.

If you have any questions, concerns, or complaints about your rights as a research participant you may contact Dr. Judy Ho, Chairperson of the Graduate & Professional Schools Institutional Review Board at Pepperdine University, 6100 Center Drive, Suite 500, Los Angeles, CA, 90045, 310-568-5753, or gpsirb@pepperdine.edu.

Please only continue if you are a full-time director or executive that has been employed for more than six months at an acute care hospital within the United States.

By agreeing to participate in this study you are indicating you have read the information provided, have been given the chance to ask any further questions, and either provide your consent to participate in this study, or do not consent to participate in this study.

If you select "*I consent to participate in the research study*" you will be taken to complete the survey tool. If you select "*I do not consent to participate in the research study*" you will be taken to a thank you page.

I do not consent to participate in the research study	I consent to participate in the research study

Survey tool, page 3

Survey tool – MSQ short form:

Minnesota Satisfaction Questionnaire

The purpose of this questionnaire is to give you a chance to tell how you feel about your present iob, what things you are satisfied with and what things you are not satisfied with.

Please answer every item. Be frank and honest. Feel free to save and come back to this questionnaire if you need to take a break.

Use the rating scale below:
"Very Satisfied." means I am very satisfied with this aspect of my job.
"Satisfied." means I am satisfied with this aspect of my job.
"Not sure" means I can't decide whether I am satisfied or not with this aspect of my job.
"Dissatisfied." means I am dissatisfied with this aspect of my job.
"Very Dissatisfied." means I am very dissatisfied with this aspect of my job.

On my present job, this is how I feel about...

	Very Dissatisfied	Dissatisfied	Not Sure	Satisfied	Very Satisfied
Being able to keep busy all the time	O	O	O	O	O
The chance to work alone on the job	O	O	O	O	O
The chance to do different things from time to time	O	O	O	O	O
The chance to be "somebody" in the community	O	O	O	O	O
The way my boss handles his/her workers	O	O	O	O	O
The competence of my supervisor in making decisions	O	O	O	O	O
Being able to do things that don't go against my conscience	O	O	O	O	O

Survey tool, page 4

	Very Dissatisfied	Dissatisfied	Not Sure	Satisfied	Very Satisfied
The way my job provides for steady employment	○	○	○	○	○
The chance to do things for other people	○	○	○	○	○
The chance to tell people what to do	○	○	○	○	○
The chance to do something that makes use of my abilities	○	○	○	○	○
The way company policies are put into practice	○	○	○	○	○
My pay and the amount of work I do	○	○	○	○	○
The chances for advancement on this job	○	○	○	○	○

	Very Dissatisfied	Dissatisfied	Not Sure	Satisfied	Very Satisfied
The freedom to use my own judgment	○	○	○	○	○
The chance to try my own methods of doing the job	○	○	○	○	○
The working conditions	○	○	○	○	○
The way my co-workers get along with each other	○	○	○	○	○
The praise I get for doing a good job	○	○	○	○	○
The feeling of accomplishment I get from the job	○	○	○	○	○

Survey tool, page 5

Survey tool – SVBWS and ASVBWS:

Adapted Schwartz Values Best Worst Scaling Survey

The purpose of this questionnaire is to identify the personal values you have in your LIFE and JOB.

In the following 11 questions, choose the set of three values that are the "MOST and LEAST important factor as a guiding principle in your LIFE and JOB." The set of values you select as a guiding principle in your LIFE and JOB can be the same or different. The sets of three values that you choose from will reappear throughout the 11 questions.

Instructions:
Select only ONE item that is the MOST important factor as a guiding principle in your LIFE.
Select only ONE item that is the LEAST important factor as a guiding principle in your LIFE.
Select only ONE item that is the MOST important factor as a guiding principle in your JOB.
Select only ONE item that is the LEAST important factor as a guiding principle in your JOB.

You can view a short description of each value by hovering your cursor over the word. Please answer every item. Feel free to save and come back to this questionnaire if you need to take a break.

Survey tool, page 6

Select the MOST and LEAST important set of values for each of the two columns.

Only select one of the six set of values from the drop down list as MOST and LEAST important for each column, your LIFE and JOB. You can view a short description of each value by hovering your cursor over the word.

Subset 1 of 11

	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your LIFE.	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your JOB.
Successful,Capable,Ambitious		
Protecting the environment, A world of beauty,Unity with nature		
Equality,A world at peace, Social justice		
Helpful,Honest,Forgiving		
National security,Social order, Clean		
Humble,Devout, Accepting my portion in life		

Select the MOST and LEAST important set of values for each of the two columns.

Only select one of the six set of values from the drop down list as MOST and LEAST important for each column, your LIFE and JOB. You can view a short description of each value by hovering your cursor over the word.

Subset 2 of 11

	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your LIFE.	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your JOB.
Helpful,Honest,Forgiving		
Social power,Authority,Wealth		
Politeness,Obedient, Honoring parents and elders		
Humble,Devout, Accepting my portion in life		
Equality,A world at peace, Social justice		
Pleasure,Enjoying life, Self-indulgent		

Survey tool, page 7

Select the MOST and LEAST important set of values for each of the two columns.

Only select one of the six set of values from the drop down list as MOST and LEAST important for each column, your LIFE and JOB. You can view a short description of each value by hovering your cursor over the word.

Subset 3 of 11

	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your LIFE.	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your JOB.
Creativity,Curious,freedom		
Pleasure,Enjoying life, Self-indulgent		
National security,Social order, Clean		
Equality,A world at peace, Social justice		
Social power,Authority,Wealth		
Politeness,Obedient, Honoring parents and elders		

Select the MOST and LEAST important set of values for each of the two columns.

Only select one of the six set of values from the drop down list as MOST and LEAST important for each column, your LIFE and JOB. You can view a short description of each value by hovering your cursor over the word.

Subset 4 of 11

	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your LIFE.	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your JOB.
Humble,Devout, Accepting my portion in life		
Successful,Capable,Ambitious		
Politeness,Obedient, Honoring parents and elders		
National security,Social order, Clean		
Daring,A varied life,An exciting life		
Social power,Authority,Wealth		

Survey tool, page 8

Select the MOST and LEAST important factor for each of the two columns.

Only select one of the six factors from the drop down list as MOST and LEAST important for your LIFE and JOB. You can view a short description of each value by hovering your cursor over the word.

Subset 5 of 11

	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your LIFE.	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your JOB.
Equality,A world at peace, Social justice	▼	▼
Daring,A varied life,An exciting life	▼	▼
Social power,Authority,Wealth	▼	▼
Pleasure,Enjoying life, Self-indulgent	▼	▼
Protecting the environment, A world of beauty,Unity with nature	▼	▼
National security,Social order, Clean	▼	▼

Select the MOST and LEAST important set of values for each of the two columns.

Only select one of the six set of values from the drop down list as MOST and LEAST important for each column, your LIFE and JOB. You can view a short description of each value by hovering your cursor over the word.

Subset 6 of 11

	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your LIFE.	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your JOB.
Daring,A varied life,An exciting life	▼	▼
Equality,A world at peace, Social justice	▼	▼
Successful,Capable,Ambitious	▼	▼
Helpful,Honest,Forgiving	▼	▼
Social power,Authority,Wealth	▼	▼
Creativity,Curious,freedom	▼	▼

Survey tool, page 9

Select the MOST and LEAST important set of values for each of the two columns.

Only select one of the six set of values from the drop down list as MOST and LEAST important for each column, your LIFE and JOB. You can view a short description of each value by hovering your cursor over the word.

Subset 7 of 11

	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your LIFE.	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your JOB.
Humble,Devout, Accepting my portion in life		
Successful,Capable,Ambitious		
Social power,Authority,Wealth		
Creativity,Curious,freedom		
Pleasure,Enjoying life, Self-indulgent		
Protecting the environment, A world of beauty,Unity with nature		

Select the MOST and LEAST important set of values for each of the two columns.

Only select one of the six set of values from the drop down list as MOST and LEAST important for each column, your LIFE and JOB. You can view a short description of each value by hovering your cursor over the word.

Subset 8 of 11

	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your LIFE.	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your JOB.
Helpful,Honest,Forgiving		
Protecting the environment, A world of beauty,Unity with nature		
Successful,Capable,Ambitious		
Daring,A varied life,An exciting life		
Politeness,Obedient, Honoring parents and elders		
Pleasure,Enjoying life, Self-indulgent		

Survey tool, page 10

Select the MOST and LEAST important set of values for each of the two columns.

Only select one of the six set of values from the drop down list as MOST and LEAST important for each column, your LIFE and JOB. You can view a short description of each value by hovering your cursor over the word.

Subset 9 of 11

	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your LIFE.	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your JOB.
Protecting the environment, A world of beauty, Unity with nature		
Creativity, Curious, freedom		
Daring, A varied life, An exciting life		
Humble, Devout, Accepting my portion in life		
Equality, A world at peace, Social justice		
Politeness, Obedient, Honoring parents and elders		

Select the MOST and LEAST important set of values for each of the two columns.

Only select one of the six set of values from the drop down list as MOST and LEAST important for each column, your LIFE and JOB. You can view a short description of each value by hovering your cursor over the word.

Subset 10 of 11

	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your LIFE.	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your JOB.
Helpful, Honest, Forgiving		
National security, Social order, Clean		
Humble, Devout, Accepting my portion in life		
Creativity, Curious, freedom		
Pleasure, Enjoying life, Self-indulgent		
Daring, A varied life, An exciting life		

Survey tool, page 11

Select the MOST and LEAST important set of values for each of the two columns.

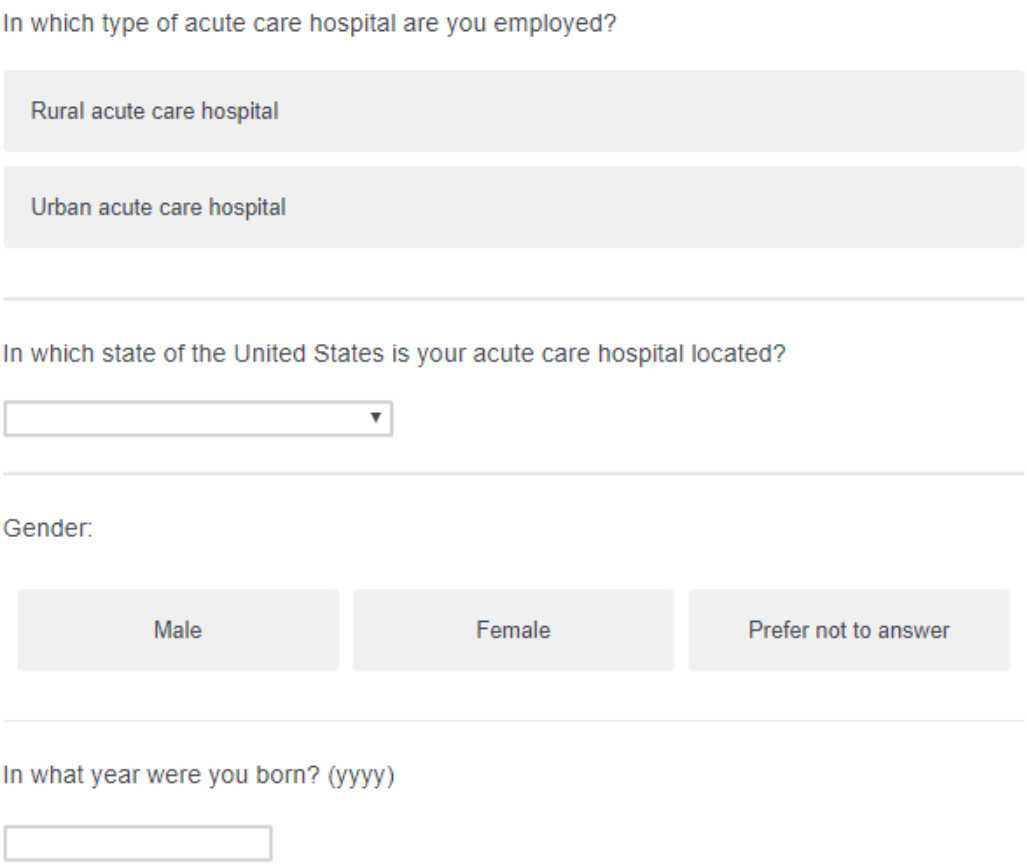
Only select one of the six set of values from the drop down list as MOST and LEAST important for each column, your LIFE and JOB. You can view a short description of each value by hovering your cursor over the word.

Subset 11 of 11

	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your LIFE.	Select only ONE item that is the MOST and LEAST important factor as a guiding principle in your JOB.
Successful,Capable,Ambitious	▼	▼
Helpful,Honest,Forgiving	▼	▼
Protecting the environment, A world of beauty,Unity with nature	▼	▼
Creativity,Curious,freedom	▼	▼
National security,Social order, Clean	▼	▼
Politeness,Obedient, Honoring parents and elders	▼	▼

Survey tool, page 12

Survey tool – Demographic section:



Survey tool, page 13

How would you describe your race? (Please choose one or more of the following racial groups)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

What is the highest degree or level of education you have completed?

- High school graduate or equivalent (for example: GED)
- Some college credit, no degree
- Associate degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree
- Other

Survey tool, page 14

Survey tool – Thank you response for participation:

Your responses have been recorded.

If you have any questions regarding this research, you may contact:

- The primary investigator Benjamin Ritter, MBA, MPH, at Benjamin.ritter@pepperdine.edu
- The faculty supervisor, Dr. Barbara Mather, at Barbara.Mather@pepperdine.edu

If you have any questions, concerns, or complaints about your rights as a research participant you may contact:

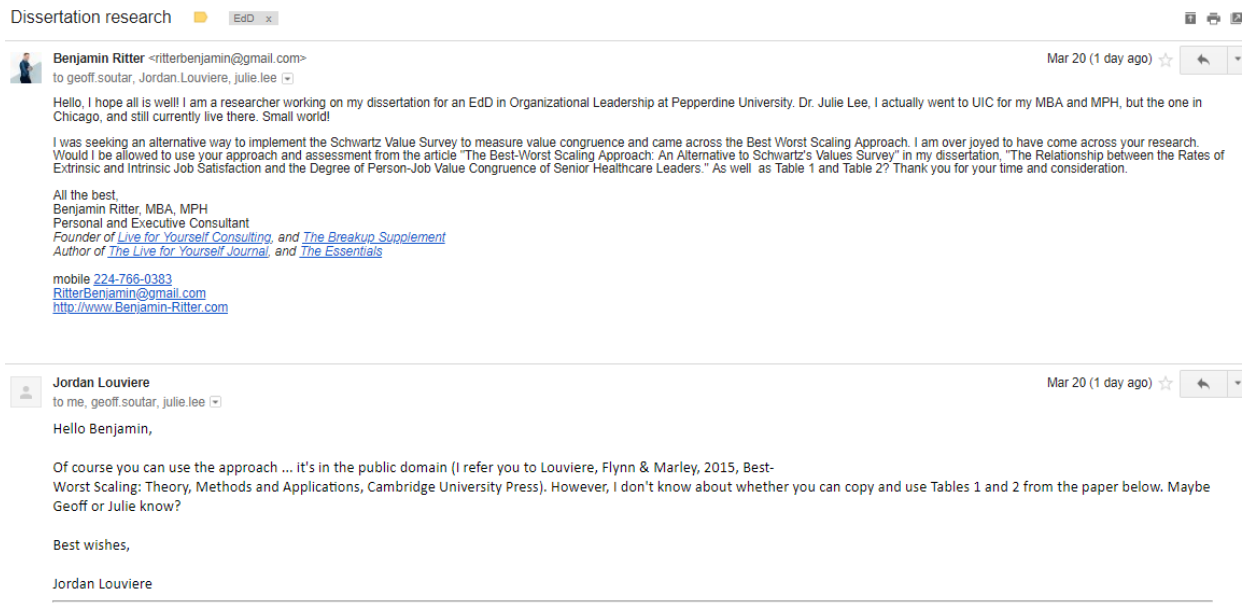
- Dr. Judy Ho, Chairperson of the Graduate & Professional Schools Institutional Review Board at Pepperdine University, 6100 Center Drive, Suite 500, Los Angeles, CA, 90045, 310-568-5753, or gpsirb@pepperdine.edu.

Thank you for your time! Your support is greatly appreciated!

APPENDIX F

Approval to use the SVBWS

The following email correspondence (Figure E1) provides the approval to use the SVBWS (2015) for this research study.



Dissertation research EdD x

Benjamin Ritter <ritterbenjamin@gmail.com> Mar 20 (1 day ago)
to geoff.soutar, Jordan.Louviere, julie.lee

Hello, I hope all is well! I am a researcher working on my dissertation for an EdD in Organizational Leadership at Pepperdine University. Dr. Julie Lee, I actually went to UIC for my MBA and MPH, but the one in Chicago, and still currently live there. Small world!

I was seeking an alternative way to implement the Schwartz Value Survey to measure value congruence and came across the Best Worst Scaling Approach. I am over joyed to have come across your research. Would I be allowed to use your approach and assessment from the article "The Best-Worst Scaling Approach: An Alternative to Schwartz's Values Survey" in my dissertation, "The Relationship between the Rates of Extrinsic and Intrinsic Job Satisfaction and the Degree of Person-Job Value Congruence of Senior Healthcare Leaders." As well as Table 1 and Table 2? Thank you for your time and consideration.

All the best,
Benjamin Ritter, MBA, MPH
Personal and Executive Consultant
Founder of Live for Yourself Consulting, and The Breakup Supplement
Author of The Live for Yourself Journal, and The Essentials

mobile 224-766-0383
RitterBenjamin@gmail.com
http://www.Benjamin-Ritter.com

Jordan Louviere Mar 20 (1 day ago)
to me, geoff.soutar, julie.lee

Hello Benjamin,

Of course you can use the approach ... it's in the public domain (I refer you to Louviere, Flynn & Marley, 2015, Best-Worst Scaling: Theory, Methods and Applications, Cambridge University Press). However, I don't know about whether you can copy and use Tables 1 and 2 from the paper below. Maybe Geoff or Julie know?

Best wishes,

Jordan Louviere

Figure F1. Email correspondence between Dr. Jordan Louviere and Benjamin Ritter citing the approval to use the SVBWS in his research study on senior healthcare leaders.

APPENDIX G

Approval to use the SCBWS Value Type Definitions and Adapted Table

The following screenshot (Figure G1) provides the approval to use data from "The Best-Worst Scaling Approach: An Alternative to Schwartz's Values Survey," by J.A. Lee, G. Soutar, and J. Louviere, 2008, *Journal of Personality Assessment, 90*(4), 335-347.

*Figure G1.*Permission to use data from "The Best-Worst Scaling Approach: An Alternative to Schwartz's Values Survey," by J.A. Lee, G. Soutar, and J. Louviere, 2008, *Journal of Personality Assessment, 90*(4), 335-347.

APPENDIX H

Approval to use SVS Value Definitions

The following screenshot (Figure H1) provides the approval to use data from the "Draft Users' Manual: The Proper Use of the Schwartz Value Survey," by S.H. Schwartz and Rome Littrell, 2008.

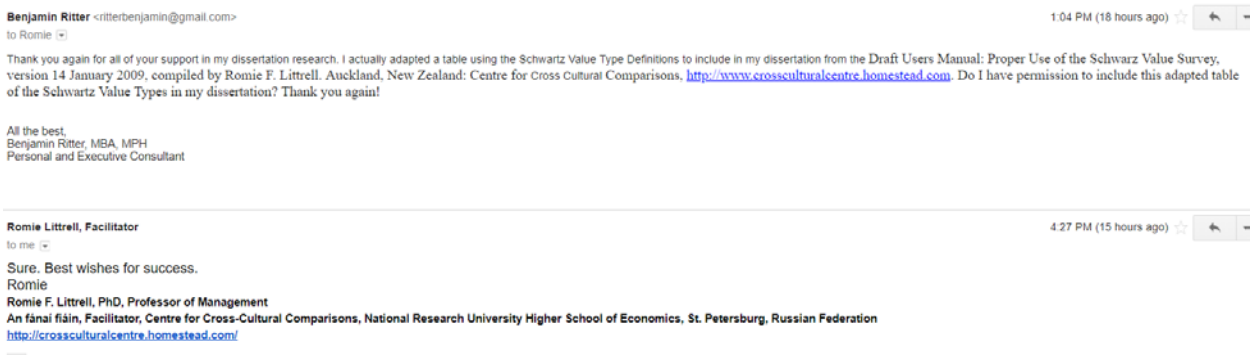


Figure H1. Permission to use data from the "Draft Users' Manual: The Proper Use of the Schwartz Value Survey," by S.H. Schwartz and Rome Littrell, 2008.

APPENDIX I

IRB Approval

The following letter provides the approval for human research for this research study.

PEPPERDINE

Pepperdine University
24255 Pacific Coast Highway
Malibu, CA 90263
TEL: 310-506-4000

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: May 04, 2018

Protocol Investigator Name: Benjamin Ritter

Protocol #: 18-03-753

Project Title: The Relationship between Person-Job Value Congruence and Intrinsic and Extrinsic Rates of Job Satisfaction in Senior Healthcare Leaders

School: Graduate School of Education and Psychology

Dear Benjamin Ritter:

Thank you for submitting your application for exempt review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations 45 CFR 46.101 that govern the protections of human subjects.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Since your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

Sincerely,

Judy Ho, Ph.D., IRB Chair

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives

Mr. Brett Leach, Regulatory Affairs Specialist

Figure I1. Screenshot of the notice for approval for human research.