



UNT
HEALTH SCIENCE CENTER

**Job Satisfaction and Affective
Commitment of Osteopathic
Clinical Faculty**

A.H.O-Yurvati DO, PhD, FACOS, FICS, FAHA
Professor and Chair of Medical Education
DSWOP Professor of Surgery

Disclosure



- No financial or conflict of interests
- Data presented is abstracted from my PhD dissertation
- No off-label information

Bio



Objectives



- The correlation between job characteristics and the effect on job satisfaction and affective commitment among osteopathic medical school clinical faculty will be examined.
- We will examine to what extent, if any, is there a relationship between job characteristics and affective commitment, and to what extent is there a relationship between affective commitment and job satisfaction criteria.

Introduction



- Osteopathic physicians compose approximately **7.2%** of this physician work force, with a higher proportion engaged in primary care.
- Osteopathic colleges have a **primary mission focusing on primary care**, while allopathic colleges focus more on the training of specialists or researchers (Jolly et al., 2008).
- Until 1990, the number of osteopathic and allopathic medical schools remained stable; subsequently there has been an **increase in osteopathic colleges** in order to meet the anticipated demand for primary care physicians (Miskowicz-Retz & Williams, 2008; Whitcomb, 2010)

Introduction



- The **expansion** of the number of osteopathic medical schools and an increase in class size has placed more stressors on the physician faculty (Bozeman & Gaughan 2011).
- There is an **estimated need** to add 38% new osteopathic faculty to professional schools (Bunton et al., 2012).
- Senior level professors have opted to leave clinical practice for administrative positions, early retirement, or private practice adding to the **deficit of experienced faculty**.
- In addition the expansion of class size, newer schools and continued demands for an **increase in clinical productivity** has disrupted job stability of osteopathic medical school clinical faculty (Bunton et al., 2012).

Introduction



- Prior studies on faculty satisfaction and affective commitment have been conducted at **primarily allopathic medical schools** (Bunton et al., 2012).
- The retention of high quality faculty remains one of the most significant issues facing medical school administrators (Aronoff, 2009).

Introduction



- Faculty dissatisfaction with the resulting intent to leave not only disrupts the clinical and educational mission of the medical school but also can be costly.
- Bacharach (2005) estimated that faculty attrition can result in an estimated loss of 5% of an academic medical centers operating budget, conservative calculations translates the **loss to over \$100,000 per faculty member.**
- The cost may further escalate if the faculty member was a clinical specialist or sub-specialist with the added losses attributed to clinical productivity and a specific clinical service line (Bachrach, 2005).

Literature



- Correlation with Faculty Satisfaction and Leadership Styles
 - Organizational leadership theories have been shown to have a positive or negative impact on job satisfaction (Ali, Sidow & Guleid, 2013).

Literature



- Correlation with Faculty Satisfaction and Leadership Styles.
 - Souba (2006) identified leadership core traits, values and leadership the types of leadership theory associated with academic medical centers in the United States.
 - The results of the study showed that financial considerations were the most prevalent leadership challenge facing deans, followed by weak institutional alignment to the medical schools goals and objectives.

Literature



- Correlation with Faculty Satisfaction and Leadership Styles.
 - Ali, Sidow and Gulied (2013) found that the strongest positive relationship between leadership style and job satisfaction is transformational leadership. Transformational encourages increased autonomy and focuses on a leader-follower exchange in order to effectively achieve goals and objectives (Pearce & Simms, 2002).

Literature



- Correlation of Job Satisfaction to Promotion and Tenure.
 - Job satisfaction and affective commitment have a positive correlation with academic rank and tenure (Bender & Heywood, 2006).
 - Experienced tenured faculty have more autonomy and as a result are more satisfied with their institution. Subsequently they have a significantly higher rate of retention
 - Of concern is that fact that there has been a shift in the tenure process.

Literature



- Correlation of Job Satisfaction to Promotion and Tenure.
 - According to Tierney (1999) in the 1960's clinical revenue made up only about 3% of a tenured faculty member's salary, currently the figure has increased to over 50%.
 - Currently medical school faculty may be given a base salary based on rank and tenure, but a significant portion of their salary is linked to clinical productivity.
 - Therein lays the paradox: how to recruit and retain faculty who are willing to teach and perform research, while at the same time are productive in the clinic.

Literature



- Correlation of Job Satisfaction to Promotion and Tenure.
 - Jones (1994) analyzed data collected from the 137 of the 142 medical schools in existence in 1993 in the United States and Canada.
 - He reported that the medical schools have adopted tenure policies that allow unprecedented flexibility in the awarding and administering of tenure.
 - He further reported on the trend for schools to abolish 100% guarantees of salary associated with tenure, and the concept of a “base salary”.

Literature



- Correlation of Job Satisfaction to Promotion and Tenure.
 - Bunton (2007) analyzed the results of a 2005 Association of American Medical Colleges (AAMA) faculty personnel polices survey.
 - The survey was administered to 125 of the Liaison Committee on Medical Education (LCME)-accredited (allopathic) medical schools in the United States.

Problem Statement



- The specific problem examined was to determine the relationship between characteristics that contribute to job satisfaction and affective commitment among osteopathic medical school clinical faculty.
- There was an observed **higher rate of job dissatisfaction and attrition** among osteopathic faculty at the index state supported College of Osteopathic Medicine in Texas (Fairchild, 2013).
- Specific reasons for a lack of job satisfaction and a higher rate of attrition within the college of osteopathic medicine had not been previously identified.
- **Past literature has primarily focused on allopathic institutions**

Purpose of the Study



- The purpose of this **quantitative study** was to investigate the relationship between job characteristics that affect **job satisfaction** and **affective commitment** among osteopathic medical school faculty at a state of Texas supported College of Osteopathic Medicine.

Theoretical Framework



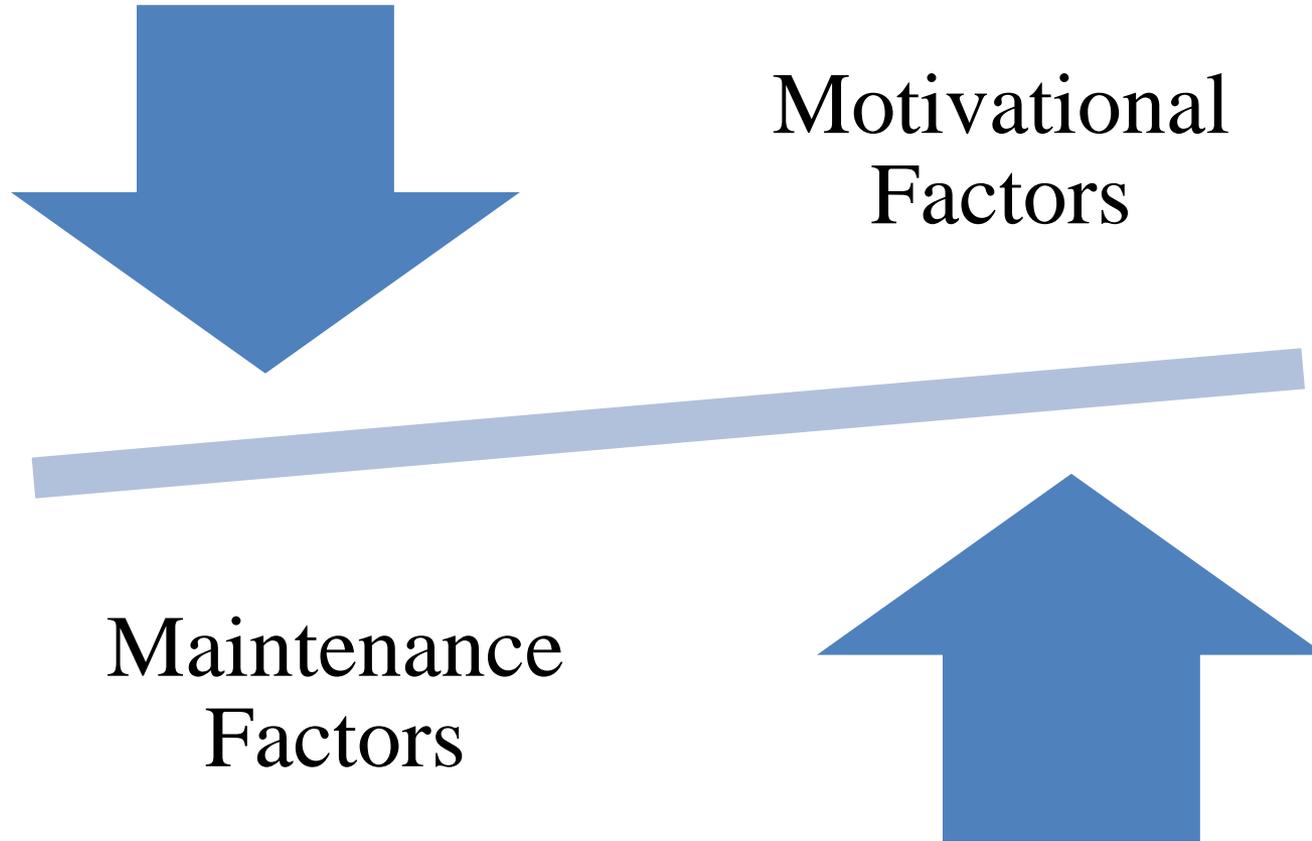
- The study was grounded in **motivational** and **organizational** theory.
- By the application of **Herzberg's Motivational/Maintenance Theory** (Herzberg et al., 1959) and **Meyer and Allen's theory of organizational commitment** (Meyer & Allen, 1991), knowledge gained from this study contributed valuable identification of the factors that lead to faculty dissatisfaction and the resultant lack of affective commitment of osteopathic faculty.
- Additionally the application of a quantitative cross sectional approach with a post-positivist worldview allowed a linking of variables, testing of theory and a determination of relationships between constructs.

Theoretical Framework



- Fredrick Herzberg and colleagues proposed that there are two major components affecting job satisfaction.
- First are *individual or motivational factors* that include recognition, growth, and meaningfulness of work.
- Second are the *institutional or maintenance factors*, such as pay, fringe benefits, and working conditions.
- Herzberg also espoused that job satisfaction and dissatisfaction were not opposites, but on different continuums. (Herzberg et al., 1959).

Herzberg's 2-Factor Theory



Theoretical Framework



- The main premise of his theory is that :
- Individual or motivational factors are satisfiers that **inspire** the individual.
- Institutional or maintenance factors affect the **positive environment** of the work place.
- When these factors are reduced or nonexistent, dissatisfaction occurs, which may lead to voluntary termination of employment (Herzberg et al., 1959).

Theoretical Framework



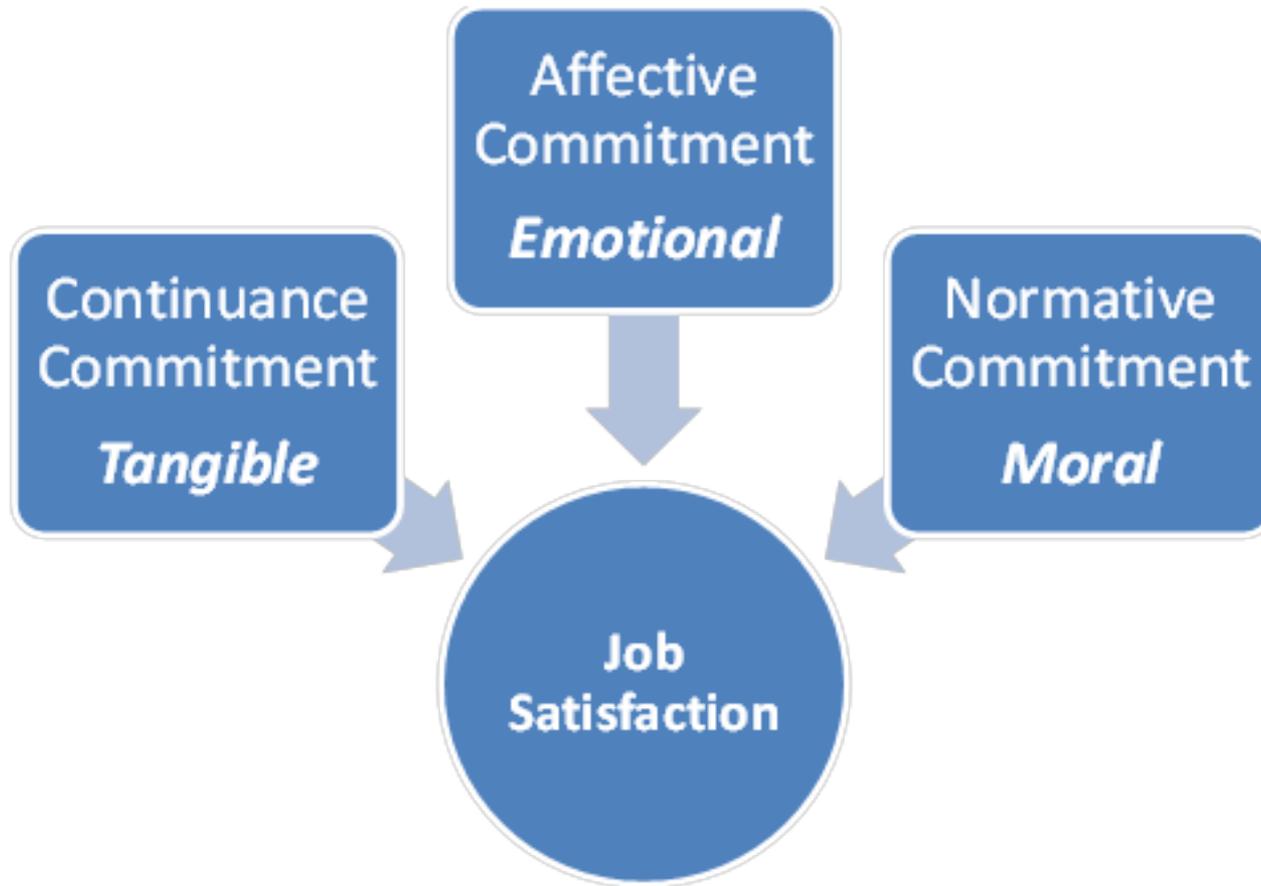
- The Meyer and Allen theory of organizational commitment classifies commitment onto **three** categories:
- **Affective commitment** is a result of an employee's identification and involvement in an organization.
- **Continuance commitment** refers to an employee's assessment of the monetary risk of leaving an organization are greater than the cost of staying.
- **Normative commitment** refers to the employee's obligation to stay at an organization due to loyalty or indebtedness to an organization that invested in their professional development.

Theoretical Framework



- Allen and Meyer (1991) also observed that an individual may develop a strong **emotional attachment** to the organization as long as their personal goals and values are in alignment with the organizational goals and values.
- The end result is a **strong bond** that ultimately forms between the individual and the organization and **strengthens their affective commitment** to the organization.
- Meyer and Allen also have found a consistently **higher performance** by employees who opt to stay with an organization.
- The employees will work regularly with limited time off, perform greater than expected on assignment, improve overall satisfaction, and will volunteer to do extra work.

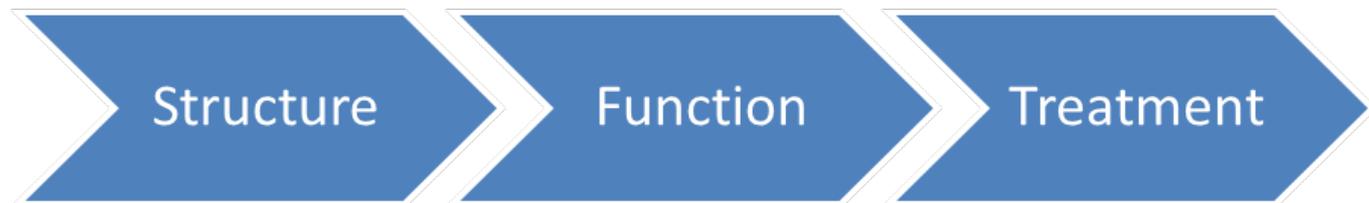
Meyer and Allen



Osteopathic Philosophy



- The osteopathic philosophy is based on the fundamental principles that anatomic structure and physiologic function are interrelated, and treatments are based on these principles.



Osteopathic versus Allopathic



- According to Young et al (2013) osteopathic physicians compose the minority of the physician work force in the United States, with a high proportion engaged in primary care.
- A census of actively licensed physician's was completed in 2012 by Young et al (2013) and found that 63,045 or 7.2% of all licensed physicians in the United States were osteopathic. The majority was between the age of 30 to 69, and male to female ratio was 65.9% to 30.2 % respectively.
- Licciardone (2007) reported that of an estimated 6,939 patient visits to general and family medicine physicians, 19% were to osteopathic physicians, with the remaining 81% of the visits were to allopathic physicians. He estimated that the numbers will change as new osteopathic medical schools are opened and the graduates complete postdoctoral training in primary care.

Osteopathic versus Allopathic



- As stated previously the distinctiveness of osteopathic philosophy is based on four tenants: the body is a unit, the body is capable of self-regulation, structure and function are reciprocally interrelated, and rational treatment is based on these principles (Draper et al., 2011).
- Colleges of osteopathic medicine have integrated these principles into the core curriculum and therefore osteopathic faculty may be inherently influenced by these principles (Steele & Baker, 2009). In addition there is an emphasis on the musculoskeletal system, preventive medicine, and a holistic approach to the patient (Peters et al., 1999).

Osteopathic versus Allopathic



- Osborn (2005) emphasized that although Andrew Taylor Still (osteopathic) and William and Charles Mayo (allopathic) shared the same vision of a patient centered model of medical care, they espoused distinctive differences between the two tenants.
- The Mayo brothers embraced **systematic clinical investigation and a strong focus on research** as a method to improve patient care.
- Andrew Taylor Still, on the other hand believed in a **preceptor-based clinical experience and the use of osteopathic treatment** and manipulative treatment to augment patient recovery.

Osteopathic versus Allopathic



- Another important aspect of the osteopathic philosophy is the tenant that structure dictates function; this tenant is woven into the psycho-social fabric of every osteopathic physician (Steele & Baker, 2009).
- The dichotomous difference between these disciplines may have a direct effect on institutional culture, and affect faculty job satisfaction if there is misalignment between culture and individual beliefs.

Research Questions



- **Q1.** To what extent, if any, is there a **relationship between the job characteristics** of skill variety, task identity, task significance, autonomy, and feedback and **affective commitment** among a sample of osteopathic medical school faculty at a state supported university in Texas?

Research Questions



- **Q2.** To what extent, if any, is there a **relationship between the job characteristics** of skill variety, task identity, task significance, autonomy, and the **job satisfaction factors** of pay, promotion, supervision, benefits, rewards, operating conditions, coworkers, nature of the work, and communication among a sample of osteopathic medical school faculty at a state supported university in Texas?

Research Questions



- **Q3.** To what extent, if any, is there a **relationship between affective** commitment and **the job satisfaction factors** of pay, promotion, supervision, benefits, rewards, operating conditions, coworkers, nature of the work, and communication among a sample of osteopathic medical school faculty at a state supported university in Texas?

Hypothesis



- **H1₀**. There is **no significant relationship** between the **job characteristics** of skill variety, task identity, task significance, autonomy, and feedback as measured by scores on the Job Satisfaction Survey and **affective commitment** as measured by scores on the Organizational Commitment Questionnaire among a sample of osteopathic medical school faculty at a state supported university in Texas.
- **H1_a**. There **is a significant relationship** between **job characteristics** of skill variety, task identity, task significance, autonomy, and feedback as measured by scores on the Job Satisfaction Survey and **affective commitment** as measured by scores on the Organizational Commitment Questionnaire among a sample of osteopathic medical school faculty at a state supported university in Texas.

Hypothesis



- **H_{2₀}**. There is **no significant relationship** between **job characteristics** of skill variety, task identity, task significance, autonomy, and feedback as measured by scores on the Job Satisfaction Survey and the **job satisfaction factors** of pay, promotion, supervision, benefits, rewards, operating conditions, coworkers, nature of work, and communication as measured by scores on the Job Satisfaction Survey among a sample of osteopathic medical school faculty at a state supported university in Texas.
- **H_{2_a}**. There **is a significant relationship** between **job characteristics** of skill variety, task identity, task significance, autonomy, and feedback as measured by scores on the Job Satisfaction Survey and the **job satisfaction factors** of pay, promotion, supervision, benefits, rewards, operating conditions, coworkers, nature of work, and communication as measured by scores on the Job Satisfaction Survey among a sample of osteopathic medical school faculty at a state supported university in Texas.

Hypothesis



- **H3₀**. There is **no significant relationship** between **affective commitment** as measured by scores on the Organizational Commitment Questionnaire and the **job satisfaction characteristics** of pay, promotion, supervision, benefits, rewards, operating conditions, coworkers, nature of work, and communication as measured by scores on the Job Satisfaction Survey among a sample of osteopathic medical school faculty at a state supported university in Texas.
- **H3_a**. There is **a significant relationship** between **affective commitment** as measured by scores on the Organizational Commitment Questionnaire and the **job satisfaction characteristics** of pay, promotion, supervision, benefits, rewards, operating conditions, coworkers, nature of work, and communication as measured by scores on the Job Satisfaction Survey among a sample of osteopathic medical school faculty at a state supported university in Texas.

Research Methods and Design



- Herzberg, Mausner and Snyderman's (1959) and the Meyer and Allen (1991) theories were tested by the application of quantitative methodology to osteopathic medical school faculty within state supported osteopathic medical school.
- The overarching components affecting job satisfaction, to include the factors contributing to satisfaction and affective commitment were examined.
- The quantitative non-experimental method was chosen over a qualitative or mixed method

Research Methods and Design



- Utilizing a Qualtrics platform the Spector Job Satisfaction Survey (JSS) and the Meyer and Allen Organizational Commitment (MAOCS) were administered to osteopathic medical school clinical faculty at a state supported medical school in Texas.
- A cross-section of osteopathic clinical faculty from both primary and specialty were studied within a limited time frame.

Research Methods and Design



- Demographic profiles to include: gender, marital status, years of service, academic rank, tenure status were also collected, as gender, academic rank, and social factors have been associated with faculty job satisfaction affect job satisfaction (Sabharwal & Corley, 2009).
- Quantitative data analysis was completed by the application of descriptive and inferential statistics.
- Descriptive statistics was used to describe and summarize the findings.

Population



- The College of Osteopathic Medicine is the largest entity within the Health Science Center.
- The institution was founded in 1970 by three general practice physicians with an emphasis initially on primary care.
- TCOM has evolved over the past decade from a leader in the training of physicians in comprehensive primary care to a medical school that is composed of eight departments that represent all of the major specialty and subspecialty disciplines of medicine and surgery. They include: family medicine, community medicine, osteopathic medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, orthopedic surgery, and surgery.

Inclusion/Exclusion



- 225 full time clinical faculty contacted for participation in the study.
- Part-time preceptors were not included as they are not employed by the State of Texas.
- Non-clinical faculty were also excluded from this study, as they do not participate in any educational, activities that are clinically relevant.

Materials/ Instruments



- The quantitative nature of the study allowed the investigator to query the 225 full-time clinical faculty from a state supported college of osteopathic medicine in the State of Texas.
- Non-probability, convenience sampling was the method of choice for the selection of subjects.
- Two survey instruments were utilized:
Spector Job Satisfaction Survey (JSS)
Meyer and Allen Affective Commitment Survey (MAOCS)

Materials/ Instruments



- The JSS is a multidimensional questionnaire used to measure job satisfaction (Spector, 1985).
- The JSS gathers information on nine job satisfaction factors: pay, promotion, supervision, benefits, rewards, operating conditions, coworkers, nature of the work, and communication and 5 job characteristic factors: skill variety, task identity, task significance, and feedback.
- The factors are measured using a Likert rating scale. The instrument has strong reliability and validity.
- An internal consistency of .07 has been reported from the analysis of a sample size of 3,148 from Spector's original work (Spector, 1985).

Materials/ Instruments



- The Meyer and Allen Affective Commitment Survey (MAOCS) is an 8-item survey that measures attachment, commitment, and personal identification with an organization.
- Survey questions asked the respondents for their level of agreement using a six-point Likert-type scale (Myer & Allen, 1991).
- Meyer and Allen report a Cronbach's coefficient alpha reliability for the affective, normative and continuance commitment subscales of 0.82.

Definition of Key Terms



Affective commitment

Affective commitment is an employee's commitment to a work unit or organization due to emotional attachment, or a commitment to stay within the organization (Meyer & Allen, 1991).

Variables



- *Independent:*

 - Job Characteristics

 - Skill variety

 - Task identity

 - Task significance

 - Autonomy

 - Feedback

- *Dependent:*

 - Affective Commitment

 - Job Satisfaction Criteria

 - Pay

 - Promotion

 - Supervision

 - Benefits

 - Rewards

 - Operating conditions

 - Coworkers

 - Nature of work

 - Communication

Definition of Key Terms



Extrinsic factors

Extrinsic factors are defined as maintenance factors that are essential for personal satisfaction within a work environment and include pay, fringe benefits, and working conditions (Bozeman & Gaughan, 2011).

Definition of Key Terms



Intrinsic factors

Intrinsic factors are defined as motivational factors that are essential for psychological satisfaction within a work environment and include recognition, personal growth, and meaningfulness of work (Bozeman & Gaughan, 2011).

Definition of Key Terms



Job dissatisfaction

Job dissatisfaction is the extent to which people **dislike** their jobs.

When an employee's expectation with respect to pay or job security, differs from what is actually received, the employee experiences job dissatisfaction (Spector, 1997).

Job satisfaction

Job satisfaction is the extent to which people **like** their job.

Job satisfaction is an attitudinal variable (Spector, 1997).

Definition of Key Terms



Maintenance factors

Maintenance factors are defined as extrinsic factors that are essential for *personal satisfaction* within a work environment and include pay, fringe benefits, and working conditions (Bozeman & Gaughan, 2011).

Motivational factors

Motivational factors are defined as individual factors that are essential for *psychological satisfaction* within a work environment and include recognition, personal growth, and meaningfulness of work (Bozeman & Gaughan, 2011).

Results



- 140 out of the 225 clinical faculty responded to the survey, 62.2% response rate.
- The final response rate was considered acceptable for analysis, as exceeding the previously performed G*Power priori, with a minimum sample size of 123, anticipated size effect 0.15, probability of .05 and a power level of .80

Demographics



Demographic Survey Age

	Answer	Response	%
1	Less than 36	10	7.1%
2	36-45	20	14.2 %
3	46-55	32	22.9%
4	56-65	62	44.2%
5	66-75	15	10.7%
6	Greater than 75	1	0.07%

Note. N = 140

Demographics



Demographic Survey Gender

	Answer	Response	%
1	Male	106	76 %
2	Female	34	24 %

Note. N=140

Demographics



Demographic Survey Academic Rank

	Answer	Response	%
1	Professor	12	8.5 %
2	Associate Professor	37	26.2 %
3	Assistant Professor	96	65.3 %
4	Instructor	0	0 %

Note. N=140

Demographics



Demographic Survey Tenure Status

	Answer	Response	%
2	Tenured	8	5.6 %
1	Tenure Track	6	4.2 %
3	Non-Tenure	126	90.2 %

Note N=140

Demographics



Demographic Survey Academic Degree

	Answer	Response	%
1	DO	104	75 %
2	MD	36	25 %

Note. N=140

Demographics



Demographic Survey Length of Employment

	Answer	Response	%
1	Less than 2 years	5	3.5 %
2	2- 5 years	15	10.0 %
3	6-10 years	99	70.9 %
4	11-15 years	16	11.5 %
5	More than 15 years	1	3.5 %

Note N=140

Demographics



Demographic Survey Primary Care or Specialist

	Answer	Response	%
1	Primary Care	120	65%
2	Specialist	21	15%

Note. N= 140

Demographics



Are you a graduate of TCOM

	Answer	Response	%
1	Yes	37	26 %
2	No	103	74 %

Note. N= 140

Statistics



- RQ 1: Relationship between job characteristics and affective commitment
 - Multiple Linear Regression
- RQ 2: Relationship between each job criteria and job satisfaction
 - One-way MANOVA
- RQ 3: Relationship between affective commitment and job criteria
 - Pearson product-moment coefficient

Results



- 225 faculty surveyed
 - 62% response (140/225)
 - Required 112 respondents for a 95% CI
 - Majority employed >10 years (80%)
 - Majority Primary care (65%)
 - Majority non tenure track (90%)
- Five job characteristics : skill variety, task identity, task significance, autonomy, and feedback contributed significantly to the variation in affective commitment [F (5,144) = 5.77, $p < .001$]
- Autonomy was most predictive ($\beta = .233, p < .001$)

Results



Multiple Regression Analysis Results Summary

Job Characteristics	β	Sig.
Skill Variety	-.023	.720
Task Identity	.155	.028
Task Significance	-.140	.003
Autonomy	.233	.001
Feedback	.123	.064

Note. N= 140

Results



- *Skill variety. Skill variety is an interval variable associated with the independent variable job characteristics. Skill variety is defined as the variety of talents and skills utilized by faculty in the performance of their job (Hackman & Oldham, 1976).*

Results



- *Task identity. Task identity is an interval variable associated with the independent variable job characteristics. Task identity is defined as to the extent to which a faculty member is able to complete an identifiable task from start to completion (Hackman & Oldham, 1976).*

Results



- *Task significance. Task significance is an interval variable associated with the independent variable job characteristics. Task significance is defined as the extent to which a faculty member's work is important to others either within or outside the institution. (Hackman & Oldham, 1976).*

Results



- *Autonomy. Autonomy is an interval variable associated with the independent variable job characteristic. Autonomy is defined as the degree to which a faculty member has the freedom to make decisions regarding work and the manner to which work is completed (Hackman & Oldham, 1976).*

Results



- *Feedback. Feedback is an interval variable associated with the independent variable job characteristics. Feedback is defined as critique the faculty member receives about performance (Hackman & Oldham, 1976).*

Results RQ 1



- Multiple Linear Regression
- Five job characteristics : skill variety, task identity, task significance, autonomy, and feedback contributed significantly to the variation in affective commitment,
- Autonomy, task identify, and task significance were most predictive (<.001)
- A strong statistical link between affective commitment and autonomy were confirmed in this study on job satisfaction and affective commitment of osteopathic medical school clinical faculty.

Results H1



- ~~H1_o~~. There is no significant relationship between the job characteristics of skill variety, task identity, task significance, autonomy, and feedback as measured by scores on the Job Satisfaction Survey and affective commitment as measured by scores on the Organizational Commitment Questionnaire among a sample of osteopathic medical school faculty at a state supported university in Texas. **REJECTED**
- H1_a. There is a significant relationship between job characteristics of skill variety, task identity, task significance, autonomy, and feedback as measured by scores on the Job Satisfaction Survey and affective commitment as measured by scores on the Organizational Commitment Questionnaire among a sample of osteopathic medical school faculty at a state supported university in Texas. **ACCEPTED**

Results RQ 2



- One-way MANOVA tested the relationship between each job characteristic and the dependent variables associated with job satisfaction.
- Statistically significant ($p < .001$) multivariate main effects were found for the variables: skill variety, task significance, and task identity and the dependent variables associated with overall job satisfaction.
- The analyzed findings for research question number two, support the interpretation that **job satisfaction is a multidimensional construct**, as **different variables had differing effects** on the faculty reported job characteristic scores.

Results H2



- ~~H2₀~~— There is no significant relationship between each job characteristics of skill variety, task identity, task significance, autonomy, and feedback as measured by scores on the Job Satisfaction Survey and the job satisfaction factors of pay, promotion, supervision, benefits, rewards, operating conditions, coworkers, nature of work, and communication as measured by scores on the Job Satisfaction Survey among a sample of osteopathic medical school faculty at a state supported university in Texas. **REJECTED**
- **H2_a**. There is a significant relationship between each job characteristics of skill variety, task identity, task significance, autonomy, and feedback as measured by scores on the Job Satisfaction Survey and the job satisfaction factors of pay, promotion, supervision, benefits, rewards, operating conditions, coworkers, nature of work, and communication as measured by scores on the Job Satisfaction Survey among a sample of osteopathic medical school faculty at a state supported university in Texas. **ACCEPTED**

Results RQ 3



- Pearson product-moment correlation.
- Positive statistical correlation between the dependent variable affective commitment and all of the independent variables.
- There was a positive correlation between affective commitment and all of the previously listed dependent variables.

Results H3



- ~~H3₀~~. There is no significant relationship between affective commitment as measured by scores on the Organizational Commitment Questionnaire and the job satisfaction characteristics of pay, promotion, supervision, benefits, rewards, operating conditions, coworkers, nature of work, and communication as measured by scores on the Job Satisfaction Survey among a sample of osteopathic medical school faculty at a state supported university in Texas. **REJECT**
- **H3_a**. There is a significant relationship between affective commitment as measured by scores on the Organizational Commitment Questionnaire and the job satisfaction characteristics of pay, promotion, supervision, benefits, rewards, operating conditions, coworkers, nature of work, and communication as measured by scores on the Job Satisfaction Survey among a sample of osteopathic medical school faculty at a state supported university in Texas. **ACCEPT**

Conclusions



- **Regression analysis** of the results of this study on job satisfaction and affective commitment of osteopathic medical school faculty demonstrated that **there is a significant relationship between job satisfactions and affective commitment.**
- **Three** of the job characteristics, namely, **task identity, task significance, and autonomy** were highly statistically significant predictors of job satisfaction and affective commitment.
- Other characteristics such as autonomy and feedback did not show a significant statistical correlation with job satisfaction, however were significantly correlated to affective commitment

Conclusions



- Based on this study specific to osteopathic clinical faculty there was a relationship between affective commitment and the job satisfaction factors of pay, promotion, supervision, benefits, rewards, operating conditions, coworkers, nature of work, and communication.
- Thus, efforts to hire and retain high-quality osteopathic clinical faculty should emphasize these job satisfaction factors.

TCU and UNTHSC MD School



Additional Questions



What would the addition of an MD program do to TCOM

	Answer	Response	%
1	Enhance	59	42 %
2	Negatively Affect	63	45 %
3	No Change	14	10 %
4	No Opinion	4	3%

Note. N= 140

Additional Questions



How will the addition of an MD program affect your osteopathic philosophy

	Answer	Response	%
1	No Impact	72	52 %
2	Negative Impact	33	23 %
3	Positive Impact	18	13 %
4	No Opinion	17	12 %

Note. N= 140

Additional Questions



Compensation for MD program

	Answer	Response	%
1	A higher rate	27	19 %
2	A lower rate	9	6 %
3	Same rate	63	45 %
4	Unknown	40	29 %

Note. N= 140

Additional Questions



Leaving TCOM for MD program

	Answer	Response	%
1	Yes	40	29 %
2	No	100	71 %

Note. N= 140

Additional Questions



Type of Leadership Theory

Answer	Response
1 Appraisal: shared assessment of performance, not top down	0
2 Constructive-Development: environment of stability	0
3 Implicit: belief that administration is composed of good leaders	112
4 Control: hierarchical or top to bottom leadership	0
5 Transformational: vision to achieve goals	28

Note. N= 140

Additional Questions



Type of governance

	Answer	Response	%
1	Shared Governance	31	23 %
2	Corporate governance	105	71 %
3	No opinion	4	3 %

Note. N= 140

License to Heal



Thank You for your
interest in my
research





UNT
HEALTH SCIENCE CENTER

“Fort Worth’s Medical
School and **MORE!**”