

Organizational dimensions



Although there are numerous studies and dimensions of job satisfaction, only a few models and adjoining measurement instruments are available to measure the dimensions of job satisfaction, such as the Job Descriptive Index, which is one of the most widely used instruments. However, the previously mentioned Index of Work Satisfaction developed by Stamps and Piedmont (1986) is of particular importance to our research because it was developed for determining the job satisfaction of nurses. Furthermore, the index was based on an extensive review of the job satisfaction literature (Finn, 2001; Martin and Gustin, 2004).

According to this index, there are six organizational dimensions: pay, autonomy, professional status, interaction (among colleagues), task requirements, and organizational policies (i. e. , the management of the organization). Landmark researchers in organizational design have reached consensus on the most important dimensions of structure. Three key dimensions are centralization, specialization, and formalization. These dimensions are still frequently used in organizational design research (Tsai, 2002). According to Schminke et al. “ Hospitals can differ in each of these dimensions.

Centralization refers to the extent to which the decision-making power is concentrated at the top management level in the organization. Hence, centralization is caused by the concentration of decision-making tasks in a few hands. Specialization refers to the extent to which the organizational tasks are divided into subtasks and people are allocated to execute only one of these subtasks. High levels of specialization exist when each person performs only a limited number of tasks, while low levels of specialization

imply that people perform a range of different and frequently changing tasks.

There can be vertical task specialization, when different units and people have different levels of decision-making authority, and horizontal task specialization, when operational tasks are allocated among different people and units. Formalization indicates the extent to which the rights and duties of the members of the organization are determined and the extent to which these are written down in rules, procedures, and instructions” (Schminke et al. , 2000).

Formalization is not limited to fixing what one's tasks are and how they should be done, but can be broader, prescribing all kinds of behavior in the organization such as dress code, working hours, smoking regulations, use of office equipment, or Internet use. Centralization and formalization are two main characteristics of bureaucratic organizations. Such organizations tend to lead to lower overall job satisfaction. Empowerment has been studied in relation to job satisfaction (Laschinger et al. , 2001; Manojlovich and Laschinger, 2002), supporting partial evidence for the impact of centralization on satisfaction.

Cumbey and Alexander (1998) and Campbell et al. (2004) found a positive correlation between vertical participation and job satisfaction among public health nurses. These studies all indicate the importance of empowerment and participation in decision-making (hence of more decentralization) for increasing job satisfaction. Blegen (1993) and Flanagan and Flanagan (2002) found that “ organizational structure determined

directly and indirectly (via stress) job satisfaction among nurses and that the structure especially determined organizational dimensions of satisfaction such as autonomy, interaction, and status.

This leads us to the following proposition". Proposition 1 The more centralization in hospitals, the less satisfaction with autonomy, interaction, organizational policies, and professional status among nurses. The effect of specialization on the different dimensions of job satisfaction remains unclear. Only one study provides insight into this relationship. O'Rourke et al. (2000) found that the more specialization, the more satisfaction with interaction, and professional status but the less satisfaction with organizational policies.

Furthermore, higher specialization requires better-educated nurses. This better education gives nurses higher professional status, allowing more autonomy, greater task requirements, and often higher pay, which are all dimensions of satisfaction. Thus, we can propose that: Proposition 2a The more specialization in hospitals, the less satisfaction with organizational policies (i. e. , participation in management) among nurses. Proposition 2b The more specialization in hospitals, the more satisfaction with professional status, task requirements, interaction, and pay among nurses.

Formalization does affect job satisfaction but the effect depends on the kind of formalization. In situations where formalization results in clarity of tasks, rules, and responsibilities, it increases satisfaction, but when formalization brings routinization, it decreases satisfaction (Freeman and O'Brien-Pallas, 1998). Cumbey and Alexander (1998) found a positive relationship between nurses' job satisfaction and formalization. They explain this positive

relationship as being due to the fact that formalization allows more autonomy, which in turn results in greater job satisfaction.

Thus, formalization makes task execution clear but also strictly bound. This allows more autonomy but less freedom in how to execute tasks and less ad hoc interaction among nurses. Strong formalization can lead to discontent with too many rules and procedures, which are mostly top-down prescribed. This allows formulation of two more propositions. Proposition 3a The more formalization in hospitals, the less satisfaction with interaction, task requirements, and organizational policies among nurses. Proposition 3b The more formalization in hospitals, the more satisfaction with autonomy among nurses.