



# Does Self-Choice of Occupation Affect Job Satisfaction? Evidence From an Empirical Study of Doctors in India

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## Abstract:

*Managers in organizations have always been concerned about their employees' productivity, turnover, and absenteeism, which are directly related with the job satisfaction of their employees. Research in the area of job satisfaction has seen tremendous change, as the researchers are exploring new sources of job satisfaction in the changing economic, organizational, social, and cultural environment. The present paper investigates the importance of the choice of occupation (at entry level) in determining satisfaction at work of 438 doctors working in clinical areas in Delhi. The results of the study suggest that the self-choice of profession/occupation is an important source of satisfaction amongst doctors but for overall job satisfaction only and not for the facet satisfaction on the intrinsic and extrinsic factors. The study fills an important gap in existing job satisfaction research and has an important implication for the human resource managers in the health sector for the recruitment and management of personnel as well as parents and society at large.*

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**Keywords:** *Job satisfaction, Self-choice of profession, Intrinsic satisfaction, Extrinsic satisfaction, Doctors*

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## 1. Introduction

Job satisfaction is an attitude that proved to be an important determinant of three types of behavior relating to employees' performance - productivity, absenteeism, and turnover - that have been of concern to managers in organizations. The formal research on job satisfaction has been reported during the early 1930s. Since then, the construct of job satisfaction has been of considerable interest to individuals in the field of human resource management, industrial and organizational psychology, industrial sociology, occupational/vocational psychology, and organizational behavior. Researchers have also identified several factors contributing to the satisfaction of an individual at his/her work, most of them primarily concerning the occupation and demography of the individual itself. A review of research shows that the interest of researchers in job satisfaction is still alive and also that the research on job satisfaction is moving to new directions. In this research paper, an attempt has been made to unravel the impact of a neglected but important factor of job satisfaction, i.e. decision-related to the choice of the job by an individual by studying it as a source of job satisfaction.

Job satisfaction is of interest to managers and organizations in many countries all over the world. In general, job satisfaction relates to the worker's opinion of their jobs and employer (Siegel and Lane, 1982). More specifically, it is a pleasurable or positive emotional state resulting from the appraisal of one's job or job experience (Locke, 1976). This positive assessment or feeling seems to occur when work is in harmony with the individual's needs and values. It reflects the extent to which an individual is gratified by or fulfilled in his/her work (Moorhead and Griffin, 1995). The Blackwell Encyclopedia of Management (Arvey, 1997) also defined job satisfaction as "an affective (i.e. emotional) response to a job or its facets that is based upon individual's belief about the difference between the outcome they

perceive to be getting from a job, and the outcome that they expect to get from it” (p. 190). Though job satisfaction has been defined in many ways, all definitions incorporate the idea that it is an attitude based on an affective (feeling) evaluative response to a job situation. Initially viewed as a single, unified concept, it is now widely recognized as a more complex cluster of attitudes towards different aspects of a job arising from a person’s expectations of work and his or her actual experiences (Clark, 1996). Accordingly, overall and facet, both concepts of job satisfaction are used by researchers to measure job satisfaction. ‘Overall job satisfaction’ describes a person’s overall affective reaction to the set of work and work-related factors (Pierce and Gardner, 2002). It refers to a general attitude about the job as a whole (Taber and Alliger, 1995). The ‘component’ or ‘facet’ concept of job satisfaction, on the other hand, assumes that worker satisfaction with different aspects of a job situation can vary independently and should be measured independently (Jewell, 1985). Herzberg’s (1966) classification of intrinsic and extrinsic satisfaction has been used in the present study for measuring facet satisfaction. Intrinsic satisfaction refers to satisfaction on factors associated with work itself. It originates from within the individual and has psychological value. Such satisfactions are essentially self-administered. Challenge, achievement, recognition, autonomy, and other elements directly related to the nature of the job are all sources of intrinsic satisfaction. Extrinsic satisfaction, on the other hand, is meant for satisfaction with working conditions, supervision, the organization’s policies, and procedures, coworkers, pay, additional income, and other components of the environmental context in which the work is performed. The sources of extrinsic satisfactions originate from outside the individual. Forces beyond the individual’s control determine the frequency and magnitude of extrinsic sources of job satisfaction (Vecchio, 2000). Such a classification not only helps in studying job satisfaction more logically but also, as Steiner and Truxillo (1987) proposed, is useful in clarifying the job - satisfaction relation. Extensive research on job satisfaction has indicated that personal factors such as an individual’s needs, aspirations, and personality determine this attitude along with many group and organizational factors.

Job satisfaction occupies a very important role in organizational behavior and management of human resources. Roznowski and Hulin (1992) once commented that once an individual has joined an organization, his or her score on a valid measure of overall job satisfaction is the single most important piece of information a human resource manager can have about that person. It is one of the most important human dimensions, which strongly influences an organization’s success as well as an individual’s performance at work. The statement itself explains the importance of measuring and studying job satisfaction. However, the concern for the attitudes that people hold about their job and organization is important for several considerations, both on economic and humanitarian grounds. From a humanitarian point, no one would contradict that work is an important aspect of one’s life and all of us have an inalienable right to be able to satisfy important personal needs through our experiences in the organization. ‘Employee satisfaction’ is indeed a veritable cornerstone of human relations. From an economic point of view, studying job satisfaction is necessary for its perceived influence on productivity and performance. When an organization is managed in a way that employees can satisfy their individual needs by achieving organizational objectives, they exert full effort on the job. Further, a positive or negative attitude towards work may exert powerful effects upon many forms of organizational behavior such as organizational commitment, organizational citizenship behavior, and motivation. Dissatisfaction at work, on the other hand, is more directly related to mental and physical health, absenteeism, turnover, sabotage, union activities, and many other negative reflections, which may have serious implications for the effectiveness and performance of the individuals and organizations and can damage the organization’s ability to attract qualified employees. Most managers recognize that the satisfaction of employees at work is important, and the organization’s performance should be measured in human dimensions as well (Vecchio, 2000). Human resource managers may be particularly benefited from job satisfaction surveys and studies. These studies might indicate to managers that some problems exist with physical working conditions, reward structure, role conflict or clarity, and so on, and therefore, can provide an important diagnostic tool for managers in identifying the aspects of the organization that need attention. The perception of employees about the concern of human resource managers relating to

the issues that affect employees is associated with high job satisfaction among them (Eisenberger et. al., 1990; Kinicki, Carson, and Bohlander, 1992). Job satisfaction may also be an important barometer of human resource management effectiveness (Judge et. al., 1995). Further, the organizations and human resource managers may benefit materially if they know what individual, situational and dispositional factors contribute to job satisfaction. The application of this knowledge may result in better selection procedures. Many such sources or correlates of job satisfaction have been identified through studies on job satisfaction. The present study studies the self-choice of profession or occupation as an important source of job satisfaction.

### ***1.1 Self-choice of profession***

The study hypothesized that the self-choice of the profession (i.e. choice to become a doctor decided by self) is an important factor influencing job satisfaction of doctors. There has been much discussion on occupational choice in work and social psychology. Today, the considerable latitude of occupational choices exists for an individual at the time of entering the employment market or even planning for it. The decision about the choice of occupation has important consequences for the individuals who make them, the organizations in which they work, and the society at large in which the choices are made (Vroom, 1964; Lancashire, 1974). For individuals, the choice influences later satisfaction and adjustment. As Vroom noted 'the 40 or more hours a week spent on the job represent, over the course of a working lifetime, a tremendous investment which may reap rich rewards or may produce intense dissatisfaction' (p.50). Furthermore, the effects of the choice of occupation are not restricted to the work situation but often influence where and how the person will spend his/her non-working hours. There may be extensive effects of this choice on recreation and friendship patterns and family activities as well as other aspects of the style of living (Super, 1957). Often the decision is irreversible, resulting in a lifetime vocational choice, changing which may result in great psychological and economic costs.

There are many factors, which influence a person's vocational choice. The intrinsic appeal of a job or field to an individual is of the foremost importance in choosing a career or profession. Matching this, with their unique patterns of traits, abilities, past experiences, and personal interests in a particular field result in zeroing in on the careers that they occupy for the rest of their lives (Paulus, Seta, and Baron, 1996). The other factors may include, 1) parental influence, 2) socio-economic factors (e.g. social class, family income, occupational status of parents, educational level of family, etc.), 3) personality, 4) cultural/social factors (e.g. religion, national culture, gender, peer influence, etc.), along with work values and attitudes in general (Tosi, Rizzo, and Carroll, 1994). Chance and inertia may also be reasons for some to follow a particular area of work. Surette and Harlow (1992) found that people are most satisfied with a job if they have had the option to choose that job from other alternatives, rather than the job being the only choice. Not only this, but they are also more involved in their professions, which in turn may enhance the intrinsic satisfaction from their work. In a study by Aminabhav and Dharanendriah (1997), it was found that professionals who chose their occupation, who had higher expressed job satisfaction, and who came from the upper middle stratum of sociological background experienced higher job involvement than their counterparts who had entered their occupation by chance. Doctors belong to an occupational group that is highly skilled and qualified, intelligent, dynamic, and prestigious. A doctor assumes responsibility for the people, which is certainly more challenging and stressful than responsibility for things (Veninga, 1982; Calhoun, 1980). However, fulfillment of the role by doctors depends to some extent on their affective attitude toward their jobs. Patients' satisfaction is closely related to the satisfaction of those who provide the health services, including doctors (Meyer and Massagli, 2001). Hoppock (1935), in his landmark study of job satisfaction, indicated that satisfied 'selected' their vocations. Taking a clue from that finding, it is assumed that if the choice of the profession is made by a doctor him/herself, he/she will find the work more intrinsically rewarding and consequently will be more satisfied with work. It differentiates therefore between the choice made by self and the choice made under other influences such as parental, peer, other family members, or even

chance, and examines the effects of self-choice of the profession on overall, intrinsic and extrinsic satisfaction.

Despite a long time passed since Hoppock's proposition, there has not been much work in this area. Gupta et.al. (2002) examined hostility in specialist doctors in India for its impact on choosing a specialization. Sokro et. Al (2011) investigated the relationship between career choice and job satisfaction in people working in different organizations including health sector but their study focused on career choice at the time of entering in the profession and not when the profession is selected. A similar study had been attempted by Zaidi and Iqbal (2011). Whatever limited studies have been conducted on choice and job satisfaction, no one attempted to examine how the choice made by an individual at the time of selecting the field itself affects his/her job satisfaction at a later stage at the job. The present study aims to fill this gap in job satisfaction research and suggests that the decision relating to the choice of the profession at the time of entry into the profession is an important antecedent of job satisfaction. It assumes that if a doctor initially joins the medical profession by his/her choice, instead of under pressure of any other person or force such as parents, peers, or even by chance, there are more chances that he/she would be satisfied in the profession later on. In the present era of transformation and change, there are visible and interesting changes that might be observed in the sources of job satisfaction through research in this direction. Some of these new sources may be more convenient and economical for the organizations to apply than the orthodox sources of job satisfaction. The present research is a result of this premise only.

## **2. Research Methodology**

### **2.1 Design**

The present study is designed as a cross sectional causal research in which not only the correlation between the key variables has been computed and examined but the contribution of the self-choice of the profession (independent factor) in job satisfaction (dependent factor) has also been examined.

### **2.2 Hypotheses**

The research question of the study explores whether the self-choice of profession determines a medical professional's satisfaction at work. The primary hypothesis of the study are:

1. Self-choice of profession significantly affects the overall job satisfaction among doctors
2. Self-choice of profession significantly related to intrinsic job satisfaction among doctors
3. Self-choice of profession significantly related to extrinsic job satisfaction among doctors

### **2.3 Sample**

A random sample of 438 doctors working in different clinical areas of medicine has been selected from the private sector (N = 186, 42.5%) and public sector (N = 252, 57.5%) health organizations in Delhi, India. Out of the total sample, 294 (67.1%) doctors are working in large size health organizations, i.e. hospitals, and 144 (32.9%) doctors are working in small size health units such as nursing homes, dispensaries, and clinics.

### **2.4 Method**

Data has been collected through a structured questionnaire, and presented to the participants for their responses. The questionnaire included questions on personal and demographic information, questions to measure job satisfaction of the respondents, and also questions to assess self-choice of the profession. The respondents were asked to answer questions on demographics on continuous scale.

### **2.5 Measures**

To measure overall job satisfaction amongst doctors, an inventory developed by Brayfield and Rothe (1951) has been applied which contains 18 questions on a 5 – point scale ranging from strongly agree to strongly disagree. The range of minimum to maximum score is 18 to 90 with a neutral point at 54. A

low score represents dissatisfaction whereas a high score represents satisfaction at work. When tested for reliability, the Cronbach's alpha for the inventory came out to .87, showing a reasonable amount of reliability on the scale.

To measure intrinsic and extrinsic satisfaction, an enlarged version of Porter's Need Satisfaction questionnaire (1961, 1962) with 26 items has been used for measuring satisfaction on these variables. Respondents were asked to provide two ratings for each item on a scale ranging from 1 to 7 for (a) how much that variable is there and (b) how much it should be. The satisfaction/dissatisfaction score has been computed by subtracting the score on (a) from the score on (b). This produced a 13-point scale with a range of satisfaction scores for individual factors of -6 to +6 including 0, where the high scores represent high dissatisfaction. The Cronbach's alpha measures for intrinsic and extrinsic satisfaction amounted to .89 and .79 respectively, showing that the inventory is quite reliable.

To quantify self-choice of the profession, questions have been asked on a five-point scale regarding whether they themselves chose the profession or whether they joined the profession due to their parents' wish or any other family member's inspiration or any friend's influence, or just by chance or any other reason. The scores of the response on the statement range from 1 to 5, with a neutral point in between, where a lower score shows a level of strong disagreement and a higher score represents strong agreement with the self-choice. The respondents were asked to give their answers on a five-point scale, starting from strongly agree to strongly disagree. A higher score represents the agreement of the respondent with the self-choice of the profession and a low score represents disagreement with the self-choice of the profession.

The study, thus, examines overall job satisfaction, intrinsic satisfaction, and extrinsic satisfaction as dependent variables and self-choice of the profession as the independent variable along with some demographic attribute variables, not subject to any manipulation by the researcher. The field survey has been applied as the setting to collect data from the respondents. The questionnaire had been personally administered to doctors working in private and public sectors in Delhi for their responses. Duly filled and usable questionnaires had then been coded and entered into a computer data file to be further analyzed statistically using SPSS. The data has been analyzed for results and inferences by using univariate, bivariate, and multivariate methods of analysis. Both descriptive and inferential statistics have been used in the analysis. The study primarily used correlation and multiple regression analysis to test the hypothesis. The results have been tested at .05 and .01 levels of significance.

### 3. Analysis and results

The data had been analyzed first by using univariate analysis to find out the characteristics of the average respondent and also to measure the amount of job satisfaction amongst them. For this, the measures of central tendency and standard deviations have been computed for the independent and dependent variables. Table 1 contains the measures of central tendency and dispersion of demographic characteristics of the respondents.

**Table 1: Descriptive statistics for demographic variables**

Variables	Mode	Median	Mean	Standard deviation
Age	1	1	1.64	.74
Gender	1	1	.67	.47
Education	1	1	.61	.49
Sector	1	1	.57	.50
Size of organization	1	1	.67	.47
Work experience	1	2	2.41	1.46
Family occupation	0	0	.28	.45

*Source: Compiled by the author*

Note: The coding of the variables is as follows:

Age: 1 = below 35 years, 2 = 36 - 45 years, 3 = 46 years & above; Gender: 0 = female, 1 = male; Education: 0 = graduation in medicine, 1 = post-graduation in medicine; Sector: 0 = private, 1 = public; Size of organization: 0 = small, 1 = large; Work experience: 1 = below 5 years, 2 = 5 - 14 years, 3 = 15 years & above; Family occupation: 0 = non-medical, 1 = medical

Table one shows that on average the respondents are young males with an average age of less than 35 years, post graduated in medicine, working in large public sector health organizations with an experience of around five years, and are from nonmedical families The univariate analysis has been conducted for key independent and dependent variables to present a statistical summary of the variables and also as a precondition for examining the relationships between the variables. Table 2 exhibits the descriptive statistics for the key variables.

**Table 2: Descriptive statistics for the key variables**

Variables	Mean	SD
Overall job satisfaction	3.7197	.5593
Intrinsic satisfaction	1.4880	.9803
Extrinsic satisfaction	1.7266	1.0374
Self-choice of profession	3.7534	1.1374

*Source: Compiled by the author*

Table 2 shows that the doctors are moderately satisfied at their work. The mean of overall job satisfaction is 3.7197 which is more towards the higher end of the scale. The inventory used to measure the overall job satisfaction implies that the higher the score, the higher is the overall job satisfaction of the respondents. Thus, it seems that doctors have a fair level of overall job satisfaction from their work. Considering variability scores also maintains the same conclusion. The mean score on intrinsic satisfaction is 1.4880 and its standard deviation is .9803. The mean for extrinsic satisfaction is 1.7266 and the standard deviation is 1.0374. The intrinsic and extrinsic satisfactions are measured on a 13-point scale, ranging from -6 to +6 (with 0 as the point of being neutral). The higher score on the scale shows that the doctors are more dissatisfied with intrinsic or extrinsic factors. Similarly, the lower score shows that the doctors are more satisfied with intrinsic or extrinsic factors. Negative scores represent the satisfaction level and positive scores show the dissatisfaction level. Therefore, it seems from the positive mean scores that the respondents are somewhat dissatisfied with both the intrinsic and extrinsic work factors, though the level of dissatisfaction with both the factors is not very high. For self-choice of the profession, the scores of the mean (3.7534) and standard deviation (1.1374) show that the majority of doctors agree that they themselves have made their choice to join the medical profession and not the other factors and influences. A standard deviation score, if taken into account, emphasizes the same conclusion by improving the orientation towards higher scores.

Correlations amongst various key and demographic variables have been computed by applying Pearson's r coefficient. As strongly recommended by many authors in the field of behavioral sciences (Jaccard, 1983; Kiess, 1989; Burns, 2000; Vaus, 2002), the  $r^2$  (also known as the coefficient of determination) has also been computed and reported. The coefficient of determination provides a measure of the amount of variance shared by the two variables being tested (Boardens and Abbott, 1996). When calculated as ' $r^2 \times 100$ ', it defines the strength of a relationship in a more precise way by explaining the percentage of the total variation in one variable due to the variance of the other variable. Because  $r^2$  indicates the variance common to the two variables being correlated, many researchers regard the coefficient of determination as more informative and meaningful than the correlation coefficient (Kiess, 1989). Cohen's guidelines (Cohen, 1988) have been used for interpreting the strength of correlations. According to these guidelines,  $r$  less than .10 shows very small relationship (tiny), between .10 to .29 describes a small to moderate relationship (small), and between .30 to .49 shows a

moderate to substantial relationship (medium), between .50 and .69 represents a substantial to very strong relationship (high), and between .70 to .90+ show a very strong to a near perfect relationship (Very High). Table 3 presents the coefficients of correlation and coefficients of determination for the key variables.

**Table 3: Correlation (Pearson’s r) of overall job satisfaction with other variables**

Variables	Overall job satisfaction	
	r	r <sup>2</sup>
Self-choice of profession	.237**	.056
Intrinsic satisfaction	-.320**	.102
Extrinsic satisfaction	-.296**	.087

Source: Compiled by the author

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

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

The analysis of table 3 explains that self-choice of the profession is significantly and moderately correlated with overall job satisfaction. The relationship is positive, showing that doctors who chose their profession by themselves are more satisfied overall with their work. Intrinsic satisfaction and extrinsic satisfaction were also found significantly related to overall job satisfaction. Both the relationships are of moderate strength, with intrinsic being more strongly associated with overall job satisfaction. Considering that higher scores on Porter’s scale show dissatisfaction and lower scores show satisfaction on the job factor, the negative relationship implies that the doctors who are more satisfied on intrinsic factors are high on overall job satisfaction whereas doctors who are more dissatisfied on the intrinsic factors are low on overall job satisfaction. The r<sup>2</sup> index indicates that the proportion of variability in the overall job satisfaction that is associated with variations in the self-choice of profession, intrinsic satisfaction, and extrinsic satisfaction is 5.6%, 10.2%, and 8.7% respectively.

An effort has also been made to examine whether the self-choice of the profession in any respect is also correlated with the intrinsic and extrinsic facets of job satisfaction or not. The results of the analysis are reported in table 4.

**Table 4: Correlation (Pearson’s r) of self-choice of the profession with intrinsic and extrinsic satisfaction**

Variables	Self-choice of profession	
	r	r <sup>2</sup>
Intrinsic satisfaction	-.090	.008
Extrinsic satisfaction	-.053	.002

Source: Compiled by the author

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

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

The analysis shows that there is no significant relationship between self-choice of the profession and intrinsic and extrinsic satisfaction. This is re-emphasized by the r<sup>2</sup> coefficient. The amount of common variance as shown by r<sup>2</sup> is very weak, almost negligible. Thus, based on table 3 and table 4, it could be stated that self-choice of the profession is correlated with the overall job satisfaction of doctors but not with their intrinsic or extrinsic satisfaction. Hence, the second and third hypotheses relating the self-choice of occupation to intrinsic satisfaction and extrinsic satisfaction are not proved true.

The correlation analysis also indicated several important and interesting relationships between demographic and key variables of the study, which are shown in table 5.

**Table 5: Correlation (Pearson's r) of demographic and key variables**

Demographic variables	Key variables			
	Overall job satisfaction	Intrinsic satisfaction	Extrinsic satisfaction	Self-choice of profession
<b>Age</b>	.203**	-.040	-.084	.007
<b>Gender</b>	-.062	-.009	.002	-.113*
<b>Education</b>	.238**	-.026	-.062	-.012
<b>Sector</b>	-.036	.172**	.061	.001
<b>Size of organization</b>	-.067	.074	.037	-.083
<b>Work experience</b>	.194**	-.079	-.107*	-.002
<b>Family occupation</b>	.208**	.038	-.004	.091

Source: Compiled by the author

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

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

The correlation analysis, as seen in table 5, demonstrates that there are small to moderate relationships between overall job satisfaction and the level of education ( $r = .238$ ,  $p < .01$ ), family occupation ( $r = .208$ ,  $p < .01$ ), age ( $r = .203$ ,  $p < .01$ ), and work experience ( $r = .194$ ,  $p < .01$ ). The relationships show that doctors with higher levels of education are more satisfied on work in comparison with those who are not. Similarly, as age and work experience increase, job satisfaction also improves. Examination of the relationship between intrinsic satisfaction and demographic variables shows that it is significantly correlated with only the sector in which a respondent is working ( $r = .172$ ,  $p < .01$ ). The relationship shows that respondents working in the private sector are more satisfied or less dissatisfied on intrinsic factors in comparison with respondents who are working in the public sector. Extrinsic satisfaction has been found significantly but weakly correlated with work experience ( $r = -.107$ ,  $p < .05$ ), showing that with the increase in the tenure of work, dissatisfaction with extrinsic factors gets reduced, and satisfaction with these increases. Self-choice of the profession has not been found significantly correlated with any of the demographic variables except for gender ( $r = -.113$ ,  $p < .05$ ). The relationship, though weak, states that females have made their choice to become a doctor by themselves but for males, the choice is influenced more by other forces and influences.

The data was further analyzed using multiple regression analysis. Multiple regression analysis not only enables one to make predictions about the dependent variable but also helps in finding out how much impact each additional unit of the independent variables will make on the dependent variable. It is about predicting a dependent variable based on linear combinations of two or more predictor or independent variables.

The stepwise technique of the multiple regression has been used in the present study to analyze the importance of self-choice of the profession, intrinsic satisfaction, extrinsic satisfaction, age, gender, education, sector, and size of the organization as independent variables in explaining variation in overall job satisfaction. The technique is particularly useful in applied research where we want to compare the relative importance of different predictors or independent variables or are looking for the best predictive formulas (Burns, 2000). Application of stepwise regression analysis for the abovementioned independent and dependent variables produced intrinsic satisfaction and self-choice of work as the best predictors of overall job satisfaction. The results of the regression analysis are shown in Table 6 and Table 7.



**Table 6: Determinants of overall job satisfaction (N = 438)**

Independent variables	Dependent variable: Overall job satisfaction		
	Beta	Simple r	t - values
Intrinsic satisfaction	-.298	-.320	-7.067
Education	.176	.238	4.029
Self-choice of profession	.198	.237	3.411
Family occupation	.148	.208	4.677
Age	.122	.203	2.808
Multiple r = .490			
R <sup>2</sup> = .240			
Adjusted R <sup>2</sup> = .231			

Source: Compiled by the author

The regression model, shown in table 6, explains approximately one-fourth (24%) of the total variation in overall job satisfaction of the respondents with five predictors. When adjusted for the number of variables, it (i.e. R<sup>2</sup>) shows that these five variables are capable of explaining 23.1% of the variation in overall job satisfaction. Though satisfaction on intrinsic job factors appeared to be the highest contributor (29.8%), followed by education (17.6%), the independent variable self-choice of the profession also emerged as an important source of overall job satisfaction (19.8%). It is followed by family occupation (14.8%) and age (12.2%). The corresponding t – values are also significant at a .01 level of confidence. Thus, the regression analysis indicated and also re-emphasized intrinsic satisfaction, education, self-choice of the profession, family occupation, and age as important regressors on overall job satisfaction. The prime hypothesis of the study that if an individual chooses his/her vocation, it leads to higher job satisfaction on work, later on, has been found true. The following table shows the values computed in one-way ANOVA analysis to test the significance of the R-value produced by the regression model.

**Table 7: Analysis of variance of the regression model**

Model	Sum of squares	Degree of freedom	Mean square	F	Significance
Regression	32.786	5	6.557	27.258	.000
Residual	103.921	432	.241		
Total	136.707	437			

Source: Compiled by the author

Note Predictors: (Constant), intrinsic satisfaction, education, self-choice of profession, family occupation, age.

Dependent variable: Overall Job satisfaction.

The F – value for the regression model is significant statistically at 99% of confidence, showing that the R<sup>2</sup> value of .240 is not due to any sampling error and the 24% variation in overall job satisfaction is due to the five predictors in the model.

#### 4. Discussion

Job satisfaction is one topic that is most researched and talked about. Thousands of studies there that have explored the nature of job satisfaction, measured the extent of job satisfaction amongst different occupational areas, and examined the sources and implications of job satisfaction. Though the amount of research studies appear to decline post-1980, it is still the most frequently investigated topic in organizational behavior, and organizational psychology (Judge et. al., 2001c). The topic is also supported by a sound theoretical framework. There has been a visible change in the pattern of job satisfaction research post-1990s. Researchers are now recognizing that there might be unknown sources

of job satisfaction that might be tapped by managers to improve the job satisfaction of their people. The same is true with organizations and managers also. Organizations that are serious about their employees' well-being are spending a considerable amount of their resources and energies to provide them intrinsic and extrinsic satisfaction. Apart from the usual situational and personal sources of job satisfaction, the researchers are now also exploring culture (Huang and Vliert, 2004; Yousef, 2001), personality (Lather and Balian, 2001; Judge, Bono, and Locke, 2000; Hui, Yee, and Eastman, 1995), spirituality (Beegam, 1992), life satisfaction (Judge and Watanabe, 1993), core-self evaluation (Judge, Locke, and Durham, 1997), or even work-life conflict (Bruck, Allen, and Spector, 2002) as the correlates and sources of job satisfaction. The present study has also been conducted with the vision that the decision related to joining a particular occupation if made by the person him/herself, has the capabilities to affect the satisfaction of that person at work. Hoppock, for the first time in 1935 in his landmark study of job satisfaction of accountants in the USA suggested a possible relationship between job satisfaction and self-choice of job. Aminabhav and Dharanendriah (1997) also found that professionals who chose their occupation had higher job satisfaction at work. A review of literature showed that there is almost negligible work on the relationship between self-choice or even choice of occupation/profession and job satisfaction. The present study in this regard has been undertaken as systematic empirical research to prove scientifically that the self-choice of work affects job satisfaction.

Various statistical techniques have been applied to study the relationship between self-choice of profession and job satisfaction among a sample of 438 clinical doctors working in Delhi, India. The analysis indicated several important relationships worth mentioning. There has been a significant relationship between self-choice of the profession and overall job satisfaction, though the choice has not been found significantly associated with intrinsic or extrinsic satisfaction. Overall job satisfaction, apart from the self-choice, has also been found significantly and moderately correlated with intrinsic satisfaction, extrinsic satisfaction, age, education, work experience, and family occupation. However, no significant relationship has been there between overall job satisfaction with gender, sector, or size of the organization. Self-choice on the other hand has not been found significantly related to any of the variables except for gender showing that females are there in the medical profession due to their own choice and not under any other pressure. Intrinsic satisfaction is significantly correlated with only one variable, other than overall job satisfaction, i.e. sector. Doctors working in the private sector are more satisfied and less dissatisfied with intrinsic aspects of work. Extrinsic satisfaction has been correlated significantly with work experience, and family occupation only.

Further analysis revealed five predictors which are regressing upon overall job satisfaction. Self-choice of occupation is one of them. It explains a 19.8% variation in overall job satisfaction, which is a considerable amount of contribution. The other variables include intrinsic satisfaction with 29.8% contribution, education with 17.6% contribution, family occupation with 14.8%, and age with 12.2% contribution to overall job satisfaction. These five factors explain at least 23% variability in overall job satisfaction. The hypothesis of the study that self-choice of occupation affects overall job satisfaction has been proved true by the multiple regression analysis. Even when the demographic factors have been excluded from the regression analysis, the analysis produced the same result. Self-choice of profession contributed 21% and Intrinsic satisfaction contributed 30.1% variation in overall job satisfaction with a regression model that explained 14.2% variability in overall job satisfaction with these two variables only. Extrinsic satisfaction, despite being almost equally related to overall job satisfaction as intrinsic satisfaction, did not regress upon overall job satisfaction. Thus, a deep probe showed that self-choice of profession affects only overall feeling of satisfaction at work and not the faceted satisfaction.

There are various important implications of these results. First, as the hypothesis proved true, managers at the time of employing their people might assess with direct or indirect measures their decision relating to joining the profession. If a candidate has joined the profession under influence of other forces and not by his/her own, there are more chances that he/she will not be satisfied at the work. In such a

situation, managers might have to devise separate methods and techniques to improve and manage their job satisfaction. However, if a person joins the profession by his/her own choice, it is more probable that he/she will accept the pros and cons of the profession more easily and with a positive attitude. There are more chances that he/she would locate more intrinsic worth in his/her work, complain less, and be more satisfied. It is also interesting to note that self-choice affects only an overall feeling of contentedness at work and not any specific type of job satisfaction facet. Thus, even after employing people with their occupational choice under any other influence or pressure, the organization by improving intrinsic aspects of work may increase the amount of work satisfaction amongst their employees. Age, education, and family background also contribute significantly to satisfaction at work. Secondly, when people, particularly parents, know that their child's self-decision will lead to his/her increased level of satisfaction in the future, there is more chance that there will be less amounts of forced choices in occupation decisions, which might pay back the individual, society, and organizations in the form of contentedness on work in the long run.

## 5. Conclusion

The present study has been undertaken to study self-choice of profession/occupation as an antecedent of job satisfaction by administering a detailed structured questionnaire to the doctors in Delhi as an important occupational group. Results reveal that self-choice has an important effect on overall satisfaction but not on intrinsic and extrinsic satisfaction in the job. The results have important implications for the human resource manager and also for the parents and society at large. The study is subject to a few limitations also. The study examined a sample of 438 doctors working in clinical areas of medicine in Delhi only. The generalizations about the impact of self-choice of the profession might be more accurate if a large sample, consisting of representations from other occupational groups or covering a larger geographical area could be collected and studied. The psychological processes involved might also be included in such research so that a complete picture could be ascertained. The occupational group studied in the present research represents a very highly prestigious vocation and there could be more possibilities of forced choices. Further research might be undertaken to examine whether the relationship between self-choice of job is holding true in other less prestigious vocations too.

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