

# **The Impact of Internal Marketing and the Moderating Role of Organizational Culture on Nurse Job Satisfaction**

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## **Abstract**

*The increasing drought of qualified nurses in the healthcare industry is now a global phenomenon. The pressure to retain qualified nurses is now strongly felt by both the industry and the academia. Therefore, the objective of this paper is to analyze the direct effects of Internal Marketing (IM) on nurse job satisfaction and the moderating effects of organizational culture. The results confirmed the impact of Internal Marketing dimensions on job satisfaction except empowerment. Contrary to previous studies, Hierarchal organizational culture is perceived positively in the implementation of IM. Moreover, the relationship between certain organizational cultures and IM dimensions is found to be non-linear in nature.*

**Keywords:** Internal Marketing, Organizational Culture, Nurse, Job Satisfaction

## **1. Introduction**

Internal Marketing is essentially developing enriching and rewarding relationships with employees and other internal stakeholders in order to inculcate customer-oriented behavior resulting in improved customer service (Berry, 1981; Gronroos, 1989). These relationships are the precursors of a

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progressive organizational system. Internal Marketing views employee as a leading resource, creating resources and controlling other resources where long-term commitment to the organization and employee's on-the-job performance or quality of work is directly proportional to the satisfaction of employee needs, physical or emotional, either apparent or latent. In fact, Internal Marketing is a part and parcel of a progressive organizational culture and can be deemed as a source of strategic differential advantage in an increasingly competitive business environment.

In the healthcare industry, researchers have developed and tested theories such as 'relationship-mediated theory' (Ballantyne, 2003), which depict that the very notion of internal marketing is to ensure that employees/medical staff willingly contribute to the organization through sense of belonging, unity, kinship along with strong personal identity which is illustrated in creating superior value for customers. Woods and Cardin (2002), Gombeski (2004), Bell et al. (2004) and Berthon et al. (2005) termed it as 'relational internal marketing' in terms of coordinating relationships at all levels.

In the Western world, research on employee satisfaction in the healthcare industry has gained momentum during the past decade owing to the sensitive nature of the field, increasing staff turnover and its burgeoning impact on customer satisfaction and the ever increasing competition. These trends are more pronounced in the healthcare industry all over the world where the drought of qualified medical personnel exacerbates the service quality standards that patients receive (Ross et al., 2005; Gebbie & Turnock, 2006). This employment drought is likely to aggravate in the future as the demand for qualified medical staff will outdo the number of people joining the profession (JCAHO, 2002). According to the USDHHS (2006) research, the crisis is extreme. The shortage in the United States alone will be approximately 800,000 nurses by 2020. Additionally, medical staff and nurses are leaving the healthcare field owing to job dissatisfaction (O'Brien-Pallas et al., 2006). Aiken et al. (2001) conducted a transnational study of nurses and found that more than forty per cent were dissatisfied with their jobs and half of them planned job changes within a year. Consequently, the

global industry's need to deal with such looming catastrophe led researchers to focus on the dynamics of attracting and retaining qualified medical staff.

Traditionally, the healthcare sector, a vital social overhead, of any country plays a major role in overall prosperity of the society. Improvements in healthcare and its continuous sustainability leads to efficient and productive labor force which in turn leads to overall better economic performance. A better quality of health has multiple effects across all facets of the society. The overall health status tells about how the people of that society are productive and it has direct and measurable effects on the average yield of the labor force. In other words, the lesser the human capital liability, better is the social rate-of-return. In the economic growth of any country, public and private divisions play a major role in the success of healthcare improvements. In fact, public and private divisions are symbiotic and organically enforce a more equitable healthcare system. The success is manifested in the volume and the assortment of these expenditures on key areas of health care. Nevertheless, private healthcare providers have spawned remarkably in low and middle income countries primarily due to their timeliness, accessibility, confidentiality, and greater understanding of patients' needs and preferences (Aljunid, 1995; Swan & Zwi, 1997).

In Pakistan, the provincial governments hold the stewardship of health care management system where the federal government supplements the planning and formulating national health policies. The system is multifarious that includes several levels of care including primary, secondary, tertiary outreach and community based system. Most of the healthcare is publicly funded including aid from international and local donor agencies. According to the Economic Survey of Pakistan (2010), 3-4 percent of the GDP was spent on healthcare, indicating meager increase in the recent years. The provincial reports also indicate variations where Baluchistan and KPK spent the least. The decline in spending and deteriorating governance all across the provinces in healthcare management has led people to resort to private health care system despite its opulence. According to the Pakistan Social and Living Standards Measurement Survey (PSLM, 2004-05), 70 per cent households in

Pakistan resort to health providers in private sector including providers of alternate medicine. Akbari et al. (2009) elaborated that such inclination was a result of state's poor health quality services and accessibility although per capita income was in favor of public sector healthcare. However, studies also indicate that income is not the only factor that determines the choice of healthcare provider (Nishtar, 2006).

According to the budget 2014 announced by the Government of Pakistan, Government vowed to provide Rs. 21 Billion to the healthcare sector for more viable programs. Pakistanis are increasingly spending more on health, with spending rising to a total of Rs. 665 billion in 2012, up 14.5 percent over the year 2011. In a recent survey, government spending was 0.75 percent of its GDP to ensure the health of its citizens. The healthcare sector is not well developed and almost ninety per cent of healthcare expenditure is out-of-pocket expense, where young, old and sick have to pay from their pockets for health care. Lack of infrastructure and growing number of population has direct impact on the demand on healthcare industry. For 2011, total health care expenditure was estimated at 0.23 percent of GDP. There are 972 hospitals, 5,344 Basic Health Units, 450 private pathological laboratories and 106 private hospital in Pakistan that are struggling to meet the ever increasing healthcare demand in the country but owing to poor infrastructure and service quality, masses are resorting to private sector for better healthcare (Health Systems Profile, 2011).

Analogous to the growing importance of Internal Marketing, especially across the service industry, has led researchers to explore the causality of corporate climate and employee effectiveness with respect to their dealings with the customers. This led to the emergence of the concept that employees are internal customers to whom the organization should offer value first in exchange of their services if it wants to satisfy its external customers. This can be linked to the concept of 'Internal Marketing' introduced by Berry et al. (1976).

One of the key antecedents of health sector service quality is the nature

of organizational culture that either impedes or improves the capacity and potential of the medical service providers resulting in patient satisfaction or defection. Organizational culture is composed of assumptions, beliefs, values, norms, behaviors and artifacts. Since culture depicts the organizational performance through the employees therefore their satisfaction and performance is of vital importance for patient satisfaction and loyalty. Although there has been a serious dearth of research in Pakistan in terms of relationship between organizational culture and health provider satisfaction nevertheless, researchers from all over the world have found that organizational cultures that inherently exercise effective leadership, flexibility, openness, teamwork and mutual collaboration yield better human resource performance and overall service quality. The ever-increasing demand on service organizations including healthcare providers has led the incumbents to emphasize more on work environment quality and improving upon employee turnover (Pollitt, 2005; Robinson, 2006). In consistent with these findings, Rollinson (2005) showed that the attention given to organizational culture and employee satisfaction surveys as a means of predicting employees' commitment and satisfaction with the company was one of the most prominent trends in organizations in the last decade. In a recent study, conducted by Hussain & Yousaf (2011), it was found that a more enabling organizational culture had a profound impact on employees' satisfaction.

In spite of the fact that several studies have been conducted all over the world and a few in Pakistan as well as quite a few constructs have been developed to gauge the internal marketing effect on employee satisfaction and in-turn customer satisfaction in the medical field, however, there is a lack of consensus on the models and the variables. Importantly, it can be questioned that research conducted in developed countries can be applicable to emerging economies, like Pakistan, owing to the unique nature of social, cultural and regulatory conditions (Lachman et al., 1994; Venkatesh et al., 2010).

Therefore, this paper attempts to investigate the relationship between the

antecedents of Internal Marketing, and employee satisfaction under the moderating role of organizational culture in the healthcare industry of Pakistan. This study is likely to provide useful insights to the practitioners as well as management of health care industry in devising and implementing an inside-out organizational culture that fosters improved customer orientation and ultimately better customer satisfaction.

## **2. Literature Review**

The concept of Internal Marketing introduced by (Berry et al., 1979) focuses on understanding and fulfilling employee needs and wants in order to improve their performance that renders into superior customer value. Berry (1981) described Internal Marketing as a ‘marketing-like’ approach; an organizational philosophy that is based on treating employees as internal customers, taking their jobs as internal products and satisfying their needs and wants for sustainable superior organizational performance. Rafiq & Ahmed (2000) explained Internal Marketing as an organized attempt, with use of appropriate marketing strategy to overcome organizational change resistance, improve inter-functional co-ordination, create empowerment, motivation and appropriate training that drives employees’ toward the effective application of corporate strategies.

Gronroos (1999) showed that Internal Marketing is a ‘holistic approach’ and introduced the term ‘internal customer’ involved in the organization’s value chain. Accordingly, the employee is the main resource, creating resources and controlling other resources in creating and delivering value. The quality of the value created and delivered through ‘internal supplier relationship’ among employees is directly related to customer satisfaction. Rafiq and Ahmed (2000), Ahmed et al. (2003), elaborated the ‘holistic approach’ in terms of the integration of procedures, structure, inter-functional coordination, communication and relationships revolving around the job. The enabling effect of each of the interdependent elements working in synergy yields increased job satisfaction depicted through superior organizational performance. The main outcome of this synergy is positive behavioral

outcomes that are in line with the organizational goals and objectives. The fundamental conception of Internal Marketing remains behavioral (Gronroos, 1981).

The degree of job satisfaction is the outcome of discrepancy between employees' perceptions and expectations related to job. Employees' psychological and physical satisfaction is a consequence of the experience of the organizational environment and the work itself (Tadoka et al., 2005). According to Ivancevich et al. (1997), job satisfaction is the employee's perceived well-being in the organization. When organizations meet the employees' expectations, customers are more satisfied (Zeithaml et al., 1988; Bitner et al., 1990).

According to Varey and Lewis (1999), Internal Marketing can improve quality of products and especially services, improves marketing orientation, helps in organizational development and in change management, assists in new product innovation, leads to building a better corporate brand, in improving internal integration and overall performance of the organization.

Internal Marketing has been measured extensively by researchers through empirical studies. The key dimensions that emerged from these studies include internal information creation and dissemination, inter-functional coordination, business intelligence, motivation, education/training, segmentation, empowerment, empathy/consideration, and relationships (Conduit & Mavando, 2001; Lings & Greenley, 2005; Gounaris 2006; Chang & Chang, 2007; Gounaris, 2008; Panigyrakis & Theodoris, 2009; Tag-Eldeen & El-Said, 2011; Warraich, et al., 2014).

Research indicates that Internal Marketing plays a significant role in job satisfaction in healthcare sector as well. Medical staff and nurses' job retention and satisfaction are strongly related to job performance (Christen et al., 2006). Employee relationship can be built by satisfactory financial package that is based on the belief that more financial incentives lead to more job satisfaction and less turnover (Bowers & Marin, 2007). Teamwork,

friendliness, cooperation, supportive work and shared values are important antecedents of nurse satisfaction (Miller, 2006). Job flexibility refers to decision making with regards to work shifts, days and hours worked. Satisfaction can be increased by giving authority to design their work schedule so that they can easily give time to family regardless of their hectic working routine (O'Brien-Pallas et al., 2004). Individual factors are not the reason for satisfaction rather the synergistic Internal Marketing variables are more effective approach to increase job satisfaction. Positive communication is also related to satisfaction and loyalty. Communication structure within nursing units is expected to be major factor of workplace satisfaction (Willem et al., 2007). From the point of view of Internal Marketing there are a handful of studies that offer limited insights. To the best of the knowledge of the author, no such studies have been conducted in the health sector of Pakistan. Therefore, the purpose of this paper is to investigate the literature, identify and examine key antecedents of internal marketing and develop a more viable model relevant to the healthcare sector in Pakistan. In addition, the role of type of specific organizational culture that may help or impede the implementation of Internal Market is also explored.

### ***2.1 Inter-functional Co-ordination and Communication***

Internal customers or employees are more satisfied by communication and co-ordination between co-workers and the management (Kuslvan et al., 2010). When internal customers or employees are coordinating with different functional areas, they are psychologically attached with their job and organization, motivation level is high and turnover decreases. In fact, inter-functional coordination was found to be one of the important organizational factors among the three constituents of marketing concept that leads to superior market performance; the other two being customer orientation and competitor orientation (Narver & Slater, 1990). Rafiq and Ahmed (2000) identified inter-functional coordination as one of the key five criteria of Internal Marketing. They posit that that inter-functional co-ordination is paramount for implementing the marketing strategy. Earlier, Rafiq and Ahmed (1993) described inter- functional coordination as a 'planned effort to



overcome organizational resistance to change and to align, motivate and integrate employees towards the effective implementation of corporate and functional strategies.' Internal Marketing orientation is only possible by successfully overcoming organizational inertia and modifying the attitudes of contact and non-contact employees for the better. Inter-functional coordination incorporates elements of communication and relationship marketing depicted through its culture.

Auh and Menguc (2005, p. 252) explained inter-functional coordination as "a key form of internal social capital" and described it as the ability of different functional areas to accommodate disparate views and work around conflicting perspectives and mental models. In a later study examining the effect of internal marketing on organizational commitment in Iranian banks, it was specified as "rapid and synchronized flow of information" and "adoption between structure and strategy" (Farzad et al., 2008, p. 1483).

In the healthcare sector, inter-functional co-ordination is very important as it is one of the most sensitive fields. Medical staff's discomfort in coordinating cross-functionally reduces job performance (Johnson et al., 1994; Shaw, 1997). The degree of employee satisfaction level in healthcare is strongly related to the inter-functional co-ordination (Compbell et al., 2000, Willem et al., 2007, Simon et al., 2008). Job satisfaction depends on frequency of staff interacting and freedom in sharing knowledge with the employees of other departments.

***H1: Inter-functional coordination has a positive effect on nurse job satisfaction***

## ***2.2 Social Bonding***

Germinated from the 'Relationship Marketing,' there have been a growing research on the importance of social bonding and its effect on employee performance and overall organizational commitment (Kuenzel & Krolikowska, 2008). Social bonding is developing of positive and enriching

personal relationships among employees, customers and other stakeholders. A social bond is a mutual personal friendship and affinity that leads to a positive interpersonal relationship among employees through the social exchange process (Cater, 2008). According to the relationship marketing literature, social bonds are categorized into economic, psychological, emotional or physical attachments in a relationship that are built through interactions tied in relational exchange (Liang & Wang, 2005). Other researchers have classified social bonding under three broad categories: financial, social and structural bonding (Kandampully & Duddy, 1999; Harrison-Walker & Neeley, 2004; White et al., 2010, Sengupta 2011). Importantly, many researchers have found that successful internal social bonding has led to positive impact on business-customer relationships (Herington et al., 2006; Liang & Chen, 2009). In the context of Internal Marketing, Peltier et al. (1999, 2003, 2004) found that nurses' perceptions of their working environment and their likelihood of generating positive word-of-mouth about the organization were influenced by their appreciation of the degree of structural bonding in their relationships. Owing to the sensitive nature of the healthcare services, the element of affective commitment or emotional attachment of nurses towards the organization suggests it to be one of the important elements of Internal Marketing. This leads to the following:

***H2: Social bonding has a positive effect on nurse job satisfaction.***

### ***2.3 Internal Information Dissemination***

Stershic (2001, p. 43) stated that "In today's knowledge economy, the value of the human capital has become greater than the value of fixed assets." Organizations generate information in several formats in order to inform, guide the employees and be guided in return for superior market performance. Employees need information for better managerial insight and decision making on a regular bases. The information does have a strong notion of business intelligence which indicates that it is empowering in the sense of development of smarter managerial insight.

From the Internal Marketing perspective, the employees must be treated as customers. These internal customers must be understood with respect to their needs and expectations and segmented based on their unique behavioral response, and must be aligned with the organizational goals through information creation and dissemination for superior performance (Ahmed et al., 2002; Hogg et al., 1998).

In this regard, Lings and Greenley (2005) found five behavioral dimensions on which the information is generated: Formal information generation employs written media for e.g. job satisfaction surveys, formal face-to-face interactions including interviews, meetings and performance appraisals, dissemination of information and the managerial response. It was found that information generation based on understanding and involving employees had a profound impact on customer satisfaction, staff attitude, compliance and retention. Informal information generation is important as well and is usually based on face-to-face interactions helping organizations acquire information about the needs and wants of employees on an individual and group level. The focus is on their needs and wants related to their job and job inputs, the reward, equity and equality with respect to employees and the employer exchanges (Lings 2004; Carter & Gray, 2007).

Internal information generation signals employees about the organization's commitment in attaining information about their thoughts, ideas, feelings that directly or indirectly affect them, and their performance at work. Such peculiar way of generating information is likely to indicate organizations' commitment and sincerity towards its employees. Alongside, it is paramount that information be disseminated for its usefulness in conveying the message to the right audience (Gounaris, 2006; Lings & Greenley, 2005; McGrath, 2009). Gounaris (2006) also suggested that organizations that involve its employees in information creation and dissemination achieves better management and employee synchronization as well as employee's improved ownership of the tasks. This involvement of employees is indeed a psychological elevation of trust and mutual respect that is depicted in the form of sharing of opinions and ideas and taking

collaborative action. Successful creation and dissemination of information is likely to have a positive impact on relationships and social bonding. From the healthcare industry point of view, it was found that the strength and direction of internal relationships could be measured in terms of nurses' interactions and communications with other nurses, physicians and other paramedical staff and it had a deep impact on nurse satisfaction (Peltier et al. 2003, 2004). Consequently, it can be proposed that internal information creation and dissemination leads to greater satisfaction among the employees in the healthcare industry.

***H3: Internal information dissemination has a positive effect on nurse job satisfaction***

## **2.4 Training**

Training has been found to be one of the most important antecedents for improvement in employee performance and satisfaction. Training includes specific programs and activities suitable for the requirements of the organization and employees (Jarvi, 2000; Czaplewski, et al., 2001; Wildes, 2002; Harrington & Williams, 2004; Ottenbacher & Gnoth, 2005).

Jarvi (2000) found employee training as a fundamental aspect of Internal Marketing activity. Czaplewski, et al. (2001) contended that instilling employees with the necessary capabilities and skills to perform was a key to implementing Internal Marketing. Wildes (2002) study in the food and beverage industry showed that the experimental, learned, and targeted training methods that emphasized on teamwork led to greater employee satisfaction and over the top service.

Liljander (2000) further explored the impact of training on employees and found that having employees' individual training needs met led to increased employee commitment, decreased turnover, and decline in training expenditures. Voss et al. (2004), in his study of union and non-union frontline distribution center employees, found that creativity in training was

strongly applicable for instilling satisfaction in employees.

Babakus et al. (2003) showed training as the third most important factor (after empowerment and rewards) to determine management's commitment towards service quality and that the management believed that trainings were needed for employees to succeed. Laine et al. (2009) found that owing to the fact that health service is very sensitive field in which it is difficult to increase the supply of new nurses entering the profession where the most appropriate approach is to satisfy the existing staff by training, job designing, inter-departmental communication and motivation.

In a recent study in healthcare sector (older nurses) it was found that training opportunities tailored specifically to these employees was positively associated with job satisfaction. Challenging and meaningful job was positively associated with their satisfaction and overall organizational success (Armstrong & Stassen, 2013).

***H4: Training has a positive effect on nurse job satisfaction***

## **2.5 Reward**

Reward and recognition has been found to be one of the most important dimensions of Internal Marketing. Freedman and Montanari (1980) and Huseman and Hatfield (1990) argued that the organizational reward system has a significant impact on employees' effectiveness in terms of commitment and loyalty towards the organization. Rewards systems are relative and their fairness along with their execution has been found to be positively associated with employees' loyalty and customer-service performance (Allan & Tyler, 1988; Desatnick & Detzel, 1993).

Financial and non-financial rewards have been proven to be most important antecedents of job satisfaction and retention. Adequate financial incentives and subsequent increase has been proven to garner greater job satisfaction and fewer turnovers (Bowers & Martin, 2007). The financial

incentives include salary, overtime pay, and other financial perks (Murrells et al., 2005). As the pay and perks increase, employees are likely to believe that the organization is committed to them, values their contribution, and cares about their well-being.

Conway and Briner (2002) argued that reward and recognition system is in fact a psychological contract between the employees and the organization where when financial incentives are proportional to employee skills, behavior and performance yield improved employee co-operation, performance and satisfaction.

Stewart et al. (2010) highlighted the other dimension of reward and recognition and called it as a 'job support.' It is defined as organizational practices and systems that foster growth, and learning of employees which leads to improved employee satisfaction. Consequently it can be hypothesized that:

***H5: Reward has a positive effect on nurse job satisfaction***

## **2.6 Empowerment**

Empowerment has been mostly described by authors as the autonomy or discretion of employees. It implies employees' degree of freedom or discretion in the service delivery process (Bowen & Lawler, 1992). Empowerment has been segregated into three different types i.e., routine, creative and deviant empowerment. Routine empowerment refers to the freedom of employee to choose from the stipulated set of actions to carry out a task. Creative empowerment is the opportunity available to the employee to develop unique solutions to the problem on hand and is perceived favorably by the organization. On the other hand, deviant empowerment depicts behaviors that might not be creative or appropriate in the eyes of the management, though they may solve the issue on hand. Besides, researchers such as Berry (1981) also found that employees' 'awareness of the context' in which the task is performed, accountability, shared responsibility and

rewards based on outcomes were also related to empowerment.

There are generally positive behavioral responses of empowerment. Most importantly, the 'self-efficacy' of employees improves where they come up with the best way to perform a given task, become more adaptive, and prompt in addressing differing needs of the customers. This response is quite related to the empathy dimension of human side of service delivery that is likely to positively affect customer satisfaction (Ahmed & Rafiq, 2003).

In the medical field, in spite of increasing financial rewards especially for nurses, the profession is perceived lackluster owing to the perception that nurses have limited or inadequate empowerment over decision making (Sergio et al. 2006). The decline in recruitment has been attributed to the perceived subservient nature of nursing role in care giving (Chaguturu & Vallabhaneni, 2005). Aiken et al. (2001, 2002) showed that nurses working in hospitals that encourage empowerment and control over caregiving were generally more satisfied with their jobs and experienced less burnout. Laschinger and Finegan (2005) found that when nurses have perceptions of adequate empowerment, they had enhanced feelings of respect and organizational trust. In general, empowerment is deemed as an organizational culture that decentralizes power by involving employees at different levels of the decision making process (Hardy & Leiba-O'Sullivan, 1998; Spreitzer et al., 1997). Peltier et al. (2011) in his study of 200 nurses from three US hospitals found that empowerment was a significant predictor of nurse satisfaction. Therefore, it can be hypothesized that

***H6: Empowerment has a positive effect on nurse job satisfaction.***

### **3. Organizational Culture**

Organizational culture can be defined as the values, beliefs and hidden assumptions that organizational members have in common (Deshpande & Webster, 1989; Cameron & Quinn, 1999; Denison, 1990; Miron et al., 2004). Nevertheless, the concept of organizational culture is very expansive in

management. Quinn and Cameron (1983) introduced an organizational culture assessment model called as Competing Values Framework. The Competing Values Framework evolved enormously and became the most widely used framework in academics and the industry alike. Specifically, Deshpande et al, (1993) used it to differentiate organizational cultures, based on internal/external orientation and flexibility/stability dimensions, into four types: clan, adhocracy, market and hierarchy. Adhocracy culture is innovative, entrepreneurial, flexible and resource oriented. Market culture is also more outward but the main factor driving employees is competitive positioning. Clan culture is adaptive but internally focused towards its employees. Hierarchy is internally oriented where the major focus is control and order. Employees are unified based on rules and regulation and adherence to protocols is the mainstay. It has been found that an organization can have the elements of multiple cultures where some might be dominating than the others (Deshpande & Farley, 1999; Cameron & Quinn, 1999). The literature indicate three factors that affect employee job satisfaction including the demographics i.e., age, gender, ethnicity; the intrinsic elements of achievement, recognition, work life quality, advancement and growth, reward, relationships; and the extrinsic element of organizational policies and culture (Worrell, 2004). San et al. (2009) studied the influence of organizational culture on nurse job satisfaction and turn over intentions in Korea and found that that clan and adhocracy cultures were negatively associated with satisfaction and turnover intentions while hierarchical culture was found to be positively associated with satisfaction and turnover intentions. In the last three decades, academics and researchers have received increasing attention to investigate the relationship between organizational culture and job satisfaction (Yousef, 1998; Rad, & Yarmohammadian, 2006). Studies in the area of organizational behavior have proven a strong relationship between organizational culture and job satisfaction (Chen & Francesco, 2000; Lok & Crawford, 2001; San et al., 2009). In a recent study, Jackson (2011, p. 58) elaborated the notion of culture by stating that “culture is becoming increasingly important given the adoption of groupware applications, enterprise resource planning systems and other internet based systems by organizations, which support cross collaboration and require



greater user participation at all levels.” Since cultures are learned and transcended, therefore its manifestation is linked to the employees’ other cognitive and affective facets of their work life. Subsequently, job satisfaction is also dependent on successful implementation of IM elements (Ahmed & Rafiq, 2003) therefore; it is plausible that the effects of IM are moderated by the prevailing organizational culture. Therefore it can be hypothesized that:

**H7a:** *Clan culture moderates the impact of IM dimensions on nurse job satisfaction.*

**H7b:** *Adhocracy culture moderates the impact of IM dimensions on nurse job satisfaction.*

**H7c:** *Hierarchy culture moderates the impact of IM dimensions on nurse job satisfaction.*

**H7d:** *Market culture moderates the impact of IM dimensions on nurse job satisfaction.*

#### 4. Theoretical Framework

In accordance with the literature review, this study gathers the variables of Internal Marketing most relevant to the healthcare industry. The effect of independent variables (Inter-functional Coordination, Social Bonding,

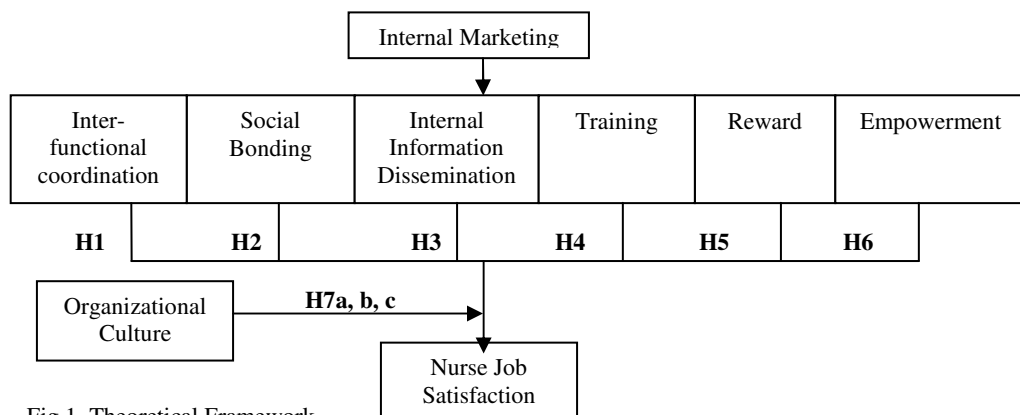


Fig 1. Theoretical Framework

Reward, Training, and Empowerment) on dependent variable (nurse job satisfaction) along with the role of organizational culture as an intervening variable is illustrated in Figure 1.

## **5. Methodology**

### **5.1 Scales**

This study adopted the Internal Marketing scales developed by Foreman and Money (1995) for dimensions of Training and Strategic Reward, Lings and Greenley (2005) and Gounaris (2008) for Inter-functional Coordination, Dissemination of Information, Empowerment, and Social Bonding by Peltier et al. (2011). Organizational Culture Assessment Instrument (OCAI) is adopted for organizational culture which was developed by Cameron & Quinn (2006). OCAI is based on Competing Values Framework developed by Quinn & McGrath (1985); Quinn & Rohrbaugh (1981). Employee Satisfaction was adopted from Sahi et al. (2013). Since these instruments were developed in different contexts, the wording of the items were somewhat modified for use in the hospital setting. The instrument consisted of twenty eight items distributed among six major dimensions (i.e. Training-5, Strategic Reward-4, Dissemination of Information-4, Social Bonding-4, Empowerment-4, Inter-functional Co-ordination-4, and Job Satisfaction-4. Response options employed a five point Likert-type scale, anchoring from “Strongly disagree” (1) to “Strongly agree” (5). OCAI consists of six organizational culture blocks namely: Dominant Characteristics, Organizational Leadership, Management of Employees, Organization Glue, Strategic Emphases, and Criteria of Success respectively. Each block contains four options or organizational cultures namely Clan, Adhocracy, Market and Hierarchy respectively where respondents/nurses were asked to divide 100 points depending on the similarity of the alternative or organizational culture to that of their hospital as per the OCAI framework.

### **5.2 Population and Sampling**

The study was intended to examine the estimated population of 2000

nurses in hospitals in Islamabad. The minimum sample size of 239 nurses was estimated at 90 percent confidence interval. We decided for a sample of 250 nurses. The sampling technique is essentially a convenience sampling procedure based on the composition or number of hospital nursing units.

### **5.3 Data Collection**

Data were collected through self-administered questionnaire from full-time registered nurses of the hospital. Questionnaire was divided into two parts. Part 1 included questions for Internal Marketing dimensions and Part 2 included the OCAI questions. A pilot study was conducted with the data of ten respondents who were representative cross-section of the target sample to assess the instrument validity. Questionnaire was readily understood and found to be easy to complete. The only concern was their lengthiness. The survey was conducted in the premises of the hospital and during the normal working hours of nurses.

### **5.4 Methods**

Descriptive statistics was used to analyze the demographic data. Ordinary Least Squares (OLS) regression was used to determine the impact of each of the dimensions of Internal Marketing on nurse satisfaction. OCAI has been taken as the moderator. Moderator variables affect the strength and/or direction of the relation between a predictor and an outcome: enhancing, reducing, or changing the influence of the predictors i.e. of the Internal Marketing dimensions on nurse satisfaction. Descriptive statistics and missing values analysis were used to check for missing data. If only one data point was missing for the Internal Marketing measures or for the job satisfaction measures or for the OCAI measures, then mean substitution was used to replace the missing value. However, if more than one data point was missing for the measures, then the case was dropped from the analysis. In addition, curve estimation technique in SPSS was employed in order to explore the possibilities of curvilinear relationship between the IM dimensions and nurse job satisfaction (See Appendix)

## 6. Data Analysis

Table 1 show that the means of each of the dimensions are around the ‘neutral’ position on a 5 point likert-type scale indicating the respondents’ indifferent perceptions of nurses on the execution of the internal marketing practices in the hospital. The highest mean is of Social bonding (3.38) followed by Training (3.25), Social bonding (3.38), IFC (3.15), Info Dissemination (3.06) and Empowerment (2.98) respectively on a 5 point likert-type scale. Overall, it seems that nurses are ‘just about’ satisfied with their work life at this hospital.

Table 1  
Descriptive Statistics

	Mean	Std. Deviation	N
Job Sat	3.09	.858	250
Training	3.25	.733	250
Reward	3.21	.858	250
Social Bonding	3.38	.863	250
IFC	3.15	.831	250
Empowerment	2.98	.900	250
Info Dissem.	3.06	.749	250

Table 2 shows the Cronbach’s alpha reliability coefficients which range between 0 and 1. The closer Cronbach’s alpha coefficient is to 1.0 the greater the internal consistency of the items in the scale and the test is considered imperative for likert type scales. Table 2 indicates that the values of

Table 2  
Reliability Statistics

Dimensions	Cronbach's Alpha	N of Items
Training	.627	5
Reward	.685	4
Info Dissem.	.706	4
Social Bonding	.716	4
Empowerment	.655	4
IFC	.601	4
Job Satisfaction	.666	4

Cronbach's Alpha are roughly between .60-.70 indicating reasonable inter-item correlations among the individual items in the dimensions or a reasonable variance commonality among the items in a psychometric instrument. Nunnally (1967) provided a liberal cut-off level of 0.63 whereas Hair et al. (1998) suggested 0.6 as the minimum acceptable value.

The bivariate Pearson correlation matrix obtained for the seven interval-scaled variables as shown in Table 3 indicate that all the variables are positively correlated and are highly significant. Training (r =.596, N=250, p < .001) has the strongest correlation with satisfaction followed by IFC (r =.596 N=250, p < .001), Reward (r =.561, N=250, p < .001), Social Bonding (r =.508, N=250, p < .001), Info Dissemination (r =.460 N=250, p < .001), and Empowerment (r =.426 N=250, p < .001) respectively. All the predictors showed positive and significant correlations among themselves and with the job satisfaction and none of the correlations exceed the level of 0.70 on either side. Since none of the correlation values prevail around 0.80 or more, the chances of multi-collinearity is possibly not an issue.

Table 3  
Correlations (Pearson)

	Training	Reward	Social Bonding	Empowerment	IFC	Info Dissem	Job Sat
Training	1	.568**	.560**	.551**	.459**	.414**	.596**
Reward	.568**	1	.568**	.469**	.521**	.486**	.561**
Social Bonding	.560**	.568**	1	.429**	.423**	.434**	.508**
Empowerment	.551**	.469**	.429**	1	.452**	.514**	.426**
IFC	.459**	.521**	.423**	.452**	1	.442**	.591**
Info Dissem	.414**	.486**	.434**	.514**	.442**	1	.460**
Job Sat	.596**	.561**	.508**	.426**	.591**	.460**	1

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

Table 4 shows the adjusted R-Square value of 0.522; as a predictor of the trend, the value shows that the model explanatory power is 52.2 percent. The remaining 48.8 percent is unexplained and the theoretical model can further be expanded by including more variables and/or increasing the sample size

by including more nurses from different hospitals. The F statistic is highly significant ( $F=44.07$ ,  $p < .001$ ,  $df = 248$ ) showing a goodness of fit of the model as the null hypothesis of all betas i.e  $\beta_j=0$ ,  $j = 1, 2, \dots, p$ . is rejected.

Table 4  
Model Summary

M.	R	R Square	Adj. R Square	Std. Error of the Estimate	Sum of Squares	df	Mean Square	F	Sig.
1	.723 <sup>a</sup>	.522	.510	.60088	Reg. 95.485 Resid. 87.376 Total 182.862	6 242 248	15.914 .361	44.07	.000 <sup>b</sup>

- a. Predictors: Training, Reward, Social Bonding, Empowerment, IFC, Info Dissem.  
Dependent: Job Satisfaction  
b. Significant at the 0.01 level (2-tailed).

As a priori, all the betas of predictors are positively associated with job satisfaction and are statistically significant except the beta of Empowerment as shown in Table 5. Specifically, Job satisfaction of nurses is found to be strongly dependent on IFC ( $\beta=5.562$ ,  $p < .001$ ) followed by Training ( $\beta=0.296$ ,  $p < .001$ ), Reward ( $\beta=0.141$ ,  $p < .05$ ), Info dissemination ( $\beta=.109$ ,  $p < .10$ ), and Social Bonding ( $\beta=0.104$ ,  $p < .10$ ) respectively. Empowerment was not found to be statistically significant ( $\beta=-0.043$ ,  $p=0.463$ ). Collinearity diagnostics show tolerance values below 1 and greater than 0 whereas VIF values  $<10$  indicating meager nuisance and therefore the effect of collinearity can be assumed negligible. The VIF value of 10 has been recommended as

Table 5  
Coefficients<sup>a</sup>

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tol.	VIF
(Constant)	-.117	.208		-.563	.574		
1 Training	.350	.072	.296	4.83	.000	.52	1.90
Reward	.142	.062	.141	2.28	.024	.51	1.94
Social Bonding	.104	.058	.104	1.78	.076	.58	1.72
Empowerment	-.041	.056	-.043	-.74	.463	.58	1.72
IFC	.320	.058	.309	5.56	.000	.64	1.57
Info Dissem.	.125	.064	.109	2.95	.052	.63	1.58

a. Dependent Variable: Job Satisfaction

the maximum level of VIF beyond which it should be treated (e.g., Hair, Anderson, Tatham, & Black, 1995; Kennedy, 1992; Marquardt, 1970; Neter, Wasserman, & Kutner, 1989). The corresponding value of Tolerance is 0.10. Consequently H1 to H5 are strongly supported. H6 is not supported.

Table 6 summarizes the nurses' perceptions of prevailing culture at the hospital. It seems that all the cultures are almost equally perceived at the hospital where hierarchy is little over market, adhocracy and clan culture. In other words, the existing culture is relatively tilted towards stability, control and internal focus than being external and more maneuverable towards external forces.

Table 6  
Descriptive Statistics (Organizational Culture)

	N	Mean	Std. Deviation
Clan	250	23.98	5.10
Adhocracy	250	24.26	4.58
Hierarchy	250	26.41	5.52
Market	250	25.18	4.83

Table 7 shows the main effects of each of the cultural dimensions and their interaction with the six Internal Marketing dimensions through hierarchical multiple regression. Cross-terms were created for each of the Internal Marketing and organizational culture dimensions (Note: only significant effects are shown). Training is highly significant ( $p < 0.05$ ) with a  $\beta$  of 0.586. In case of Training with respect to Hierarchy, its  $\beta$  increased from 0.60 to 1.012 and both are statistically significant. Further, the cross-term  $\beta$  having an opposite sign (-0.543), and is nearly significant ( $p = .101$ ) which strengthens the effect of Hierarchy as a positive moderator on the relationship between Training and job satisfaction. With Adhocracy, the  $\beta$  of Training decreased from 0.586 to 0.192 and found to be insignificant, indicating negative and along with the cross-term effect shows weak moderation of Adhocracy on the relationship of Training with job satisfaction. In case of Reward, the  $\beta$  increased from 0.561 to 0.916 and the statistically significant negative cross-term indicated strong positive effect of

Table 7  
Hierarchical Multiple Regression

Models	Variables	Coefficients		
		Beta	t	Sig.
1	Training	0.586	11.619	.000
	Adhocracy	0.140	2.768	.006
2	Training	0.192	.747	.455
	Adhocracy	-0.208	-.912	.363
	<i>Training*Adhocray<sup>3</sup></i>	<i>0.549</i>	<i>1.563</i>	<i>.119</i>
1	Training	0.60	11.716	.000
	Hierarchy	0.049	0.952	.342
2	Training	1.012	3.809	.000
	Hierarchy	0.434	1.74	.083
	<i>Training*Hierarchy</i>	<i>-0.543</i>	<i>-1.998</i>	<i>.101</i>
1	Reward	0.561	10.649	.000
	Hierarchy	0.016	0.297	.767
2	Reward	0.916	3.41	.001
	Hierarchy	0.303	1.378	.169
	<i>Reward*Hierarchy</i>	<i>-0.453</i>	<i>-2.346</i>	<i>.097</i>
1	Social Bonding	0.5	9.244	.000
	Adhocracy	0.151	2.788	.006
2	Social Bonding	-0.054	-0.193	.847
	Adhocracy	-0.263	-1.24	.216
	<i>SocialBonding*Adhocracy<sup>3</sup></i>	<i>0.718</i>	<i>2.016</i>	<i>.045</i>
1	Social Bonding	0.513	9.326	.000
	Hierarchy	0.046	0.83	.407
2	Social Bonding	1.317	4.53	.000
	Hierarchy	0.669	2.935	.004
	<i>SocialBonding*Hierarchy</i>	<i>-0.979</i>	<i>-2.815</i>	<i>.005</i>
1	IFC	0.59	11.756	.000
	Adhocracy	0.178	3.543	.000
2	IFC	0.178	0.679	.498
	Adhocracy	-0.128	-0.649	.517
	<i>IFC*Adhocracy<sup>3</sup></i>	<i>0.521</i>	<i>1.90</i>	<i>.100</i>
1	IFC	0.598	11.607	.000
	Hierarchy	-0.065	-1.27	.205
2	IFC	1.136	4.554	.000



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	Hierarchy	0.38	1.822	0.07
	<i>IFC*Hierarchy</i>	<i>-0.741</i>	<i>-2.203</i>	<i>.029</i>
1	Info Dissemination	0.46	8.151	.000
	Info Dissemination	0.819	3.35	.001
2	Clan	0.373	1.642	.102
	<i>InfDiss*Clan</i>	<i>-0.497</i>	<i>-1.909</i>	<i>.10</i>

Hierarchy on the relationship between Reward perceptions and job satisfaction. The  $\beta$  for Social Bonding with Hierarchy as a moderator increased from 0.513 to 1.317 and the negative cross-term was highly significant showing that Hierarchy has a significant positive moderation effect on the relationship between Social Bonding and job satisfaction.

On the other hand, Adhocracy had a negative moderation effect on Social Bonding where the  $\beta$  for Social Bonding decreased and the interaction term was highly significant albeit with a positive sign. The IFC's  $\beta$  reduced substantially from 0.59 to 0.178 in the presence of Adhocracy and the positive sign of the cross-term indicates weak negative moderation effect at  $p=0.101$ . Similarly, the IFC's  $\beta$  increased from 0.598 to 1.136 and the negative and highly significant cross-term showed a positive and a strong moderating effect of Hierarchy on the relationship between IFC and job satisfaction. Therefore, H7b and H7c are partially supported. Finally, Information Dissemination  $\beta$  was found to have increased from 0.46 to 0.819 and the cross-term with Clan was negative and significant at  $p=0.10$  showing a positive moderation effect of Clan on the relationship between Information Dissemination and job satisfaction. Hence, H7a is partially supported. Market culture was not found to be significant in terms of main and interaction effects and therefore not shown in the above table. H7d is not supported. Overall, there is a positive moderating effect of Hierarchical organizational culture on Training, Reward, Social Bonding, and IFC dimensions of Internal Marketing in their relationship with job satisfaction of nurses. Clan culture has a positive moderating effect on Informational Dissemination while Adhocracy culture is found to have negative moderating effect on IFC.

## **7. Discussion and Implications**

The purpose of this research was to examine the relationship between the dimensions of Internal Marketing on nurse job satisfaction in a public sector hospital along with the moderating role of organizational culture based on Competing Values Framework using OCAI. The results reveal that nurses' perceive that they will have increased job satisfaction if the hospital develops culture that fosters coordination among other departments/units. For nurses, formal training programs that cater to their individual needs and help them improve their skills and capabilities are of immense importance in terms of their job satisfaction. Financial benefits are also perceived as an important factor. Social bonding and information dissemination are also essential. However, for them empowerment was not a significant precursor to their job satisfaction.

The OCAI framework results revealed that nurses perceptions of their organizational culture included almost all the elements of competing cultures with a bit of tilt towards hierarchy culture. This indicates that the hospital is not very clear about its cultural orientation in the first place and so do the nurses. The study not only found the direct association of organizational culture with job satisfaction but also its moderating role. However, not all cultures are found equally important. The main effects indicate that Adhocracy and Hierarchy have not only a standalone impact on nurse's job satisfaction but also interaction effects on certain elements of Internal Marketing. Specifically, nurses perceive that the existence of rules and regulations (i.e. formalization of activities) and authority (i.e. centralization) and formal bureaucratic structures in hierarchy are best suited for official training, structured reward systems, social bonding and IFC.

This could be related to the fact that subjects belonged to a public sector hospital having strict protocols and internal focus for stability and efficiency. This orientation might have led them to believe that training and development programs which are well structured and organized would be of greater personal value in terms of knowledge enhancement and career

development. It is also plausible that since public sector organizations have well laid out salary and perks tiers with little ambiguity in equity and equality are perceived suitable for improving the quality of nurses work life.

Although relationships and mutual coordination is the mainstay of more flexible and informal cultures, it is quite possible that nurses in this public sector organization perceive organization itself as a top-down, paternalistic, secure cradle of an alma mater that evokes a sense of attitudinal attachment and motivation to seek emotional support, share knowledge, expertise and develop personal relationships.

On the other hand, Adhocracy organizational culture is perceived negatively particularly for the three Internal Marketing dimensions in its effect on the nurse's job satisfaction. This may be due to the fact that flexibility, freedom, lack of formality and informal structures imply a proactive organizational orientation and are likely to be perceived vague, against the 'playing it safe' and against the job certainty theme in their mindset. It is likely that for this reason empowerment or freedom to conduct daily work is not considered important at all for their job satisfaction and instead it could be seen negatively (see Table 5).

The study also incorporates additional analysis of the linearity of the relationship between organizational cultures and nurses' job satisfaction. The results show that the relationship may be curvilinear in nature indicating diminishing effects at certain points. Specifically, Adhocracy had a cubic nature and Market was found to be quadratus. In other words, it would be important to be aware of the negative reciprocal effects of too much flexibility, freedom and market proactiveness at certain points.

The results of this study provide important managerial implications. First, for the management, especially, of public sector organization, awareness of the existing Internal Marketing practices will pay off. In-depth understanding of the perceptions of employees' about prevalent IM practices in the organization can create a difference in motivating and retaining the employees. Especially, public sector hospitals should adapt to the needs and

requirements of the nurses in order to improve their work life quality and commitment. Practically, the outcomes of such measures will lead to improved patient care and better reputation of the Hospital. Secondly, the management of public sector hospitals must develop and inculcate a more secluded organizational culture that offers a clear strategic orientation. Finally, management should clearly understand the threshold points of the positive outcomes of each of the cultural dimensions so that nurses work performance matches with that of the patients' expectations and organizational systems.

This study has a few limitations. First, the research included the sample of nurses from only one public sector hospital and therefore the generalizability of the results may be limited. Future research should be conducted not only on public sector hospitals but also on the private sector hospitals. A comparative study in this regard shall be very illuminating. Second, there is a strong likelihood of the questionability of the reliability and the validity of the instruments as they were self-administered. Specifically, the complicated nature of the construct of OCAI might have caused respondents to misunderstand and err the meaning and metrics of the construct. Further, the linearity of the Internal Marketing dimensions with respect to job satisfaction needs to be explored so that there is clarity about the retreating effects of these dimensions. Finally, this research is cross-sectional in nature which may give a myopic understanding of nurses' perceptions. Given the fact that several other factors may affect nurses assessment of IM practices over time, longitudinal studies should be conducted that not only incorporates nurses' perceptions but also their turnover data.

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**Appendix:**

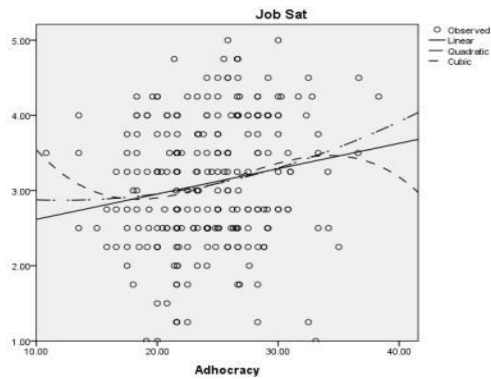


Fig. 1 Curve Estimation-Adhocracy

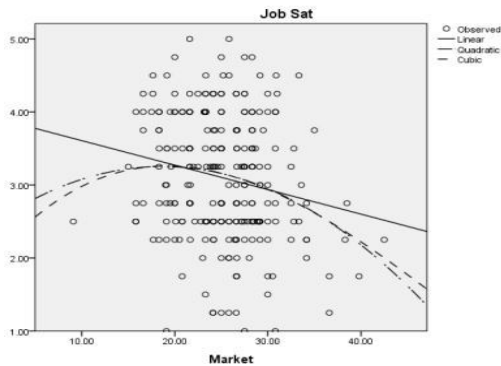


Fig.2 Curve Estimation-Market



*Impact of Internal Job Marketing on the Moderating Role of  
Organizational Culture on Nurse Job Satisfaction*

Table 1  
Curve Estimation of Moderators

Equation	Model Summary					Parameter Estimates			
	RSquare	F	df1	df2	Sig.	C.	b1	b2	b3
Linear Clan	.002	.410	1	248	.523	2.934	.007		
Quadratic Clan	.005	.565	2	247	.569	3.472	-.034	.001	
Cubic Clan	.008	.692	3	246	.558	5.411	-.246	.008	-7.5E-05
Linear Adhocracy	.032	8.272	1	248	.004	2.280	.034		
Quadratic Adhocracy	.035	4.415	2	247	.013	3.067	-.032	.001	
Cubic Adhocracy	.041	3.507	3	246	.016	7.036	-.550	.023	.000
Linear Hierarchy	.000	.009	1	248	.924	3.123	-.001		
Quadratic Hierarchy	.006	.768	2	247	.465	3.971	-.065	.001	
Cubic Hierarchy	.006	.517	3	246	.671	4.248	-.095	.002	-1.116E-05
Linear Market	.036	9.160	1	248	.003	3.943	-.034		
Quadratic Market	.046	6.022	2	247	.003	2.434	.088	-.002	
Cubic Market	.046	4.016	3	246	.008	1.920	.152	-.005	3.194E-05

Dependent Variable: Job Satisfaction

Table 1 shows the linear and curvilinear relationship of the four organizational cultures with job satisfaction. Specifically, Clan and Hierarchy values for each of the linear, quadratic and cubic functions are not significant. For Adhocracy, all the three values are significant at 0.05 level. As depicted in Figure 1, the scattered values and the linear estimation is weakly fitting the data and fails to indicate non-linearity effects of Adhocracy on Job Satisfaction. For adhocracy, the higher R squared (.041) of cubic function of Adhocracy did indicate the best fit albeit in the presence of outliers the increase in R squared is ignored. Similarly, for Market, all the three functions were found to be highly significant and negatively associated (see figure 2) where the R squared (.046) of the quadratic and cubic functions once again described the data visually better than the linear model however, this was mainly because of outliers without which the data is explained equally by all the three functions. Therefore, the linear function of Market was taken. Clan and Hierarchy estimations were not found to be significant.