



THE DIFFERENCES BETWEEN PUBLIC AND PRIVATE HOSPITAL WORKING CULTURES ON JOB SATISFACTION INDEX IN THE MILLENNIAL GENERATION

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Abstract

The hospitals' issue in dealing with the healthcare service becomes challenging in the current era of the millennial generation employee. This may make interpersonal working cooperation difficult to achieve. Hence, this study attempts to evaluate the differences between public and private hospital working cultures on the job satisfaction index in the millennial generation. We used AIH public hospital and AIS private hospital in Bandung to conduct the study. All employees were of the millennial generation (born 1981-2000). The job satisfaction index includes passion, salary, supervision, work colleagues, and working conditions. It has a maximum score of 75 and a minimum score of 15. P-value <0.05 was defined as significant differences. The results showed that private hospitals have a job satisfaction index score of passion (50.22±6.51 vs. 42.32±8.01; p= 0.042), salary (51.49±11.54 vs. 27.92±6.61; p= 0.033), supervision (66.78±4.82 vs. 53.32±11.04; p= 0.073), and working conditions (61.41±7.59 vs. 37.72±9.52; p= 0.139) that are higher than public hospitals. The work colleagues' score was the only higher in public hospitals (35.81±8.98 vs. 29.91±5.94; p= 0.040). This present study showed differences between public and private hospital working cultures on the job satisfaction index in the millennial generation.

Keywords: *healthcare; public hospital; private hospital; millennial; working culture*

1. Introduction

Hospital institutions are currently faced with unprecedented changes in the workforce aspect. Hospital management is required to manage and direct employees from one of the largest and unique generations in the world, the millennial (Balasubramanian & Short, 2021). The millennial generation has become the workforce, agents of change, and leaders in public and private institutions (Maiers, 2017). The role of their existence looks different from the previous generation. Thus, interpersonal working

cooperation efforts are sometimes difficult to meet (Mercer, 2018).

The hospitals' survival in dealing with the healthcare business becomes problematic in the era of the millennial generation workforce (Mercer, 2018). The millennial employees will decide to stay and work in the hospital if they are satisfied with its working culture. Public hospitals and private hospitals have a difference in several aspects. Government hospitals have a weakness in the form of an inappropriate supervisory control system. This causes a lack of evaluation, reward, and punishment systems for hospital employees (Tynkkynen & Vrangbæk, 2018). Meanwhile, private hospitals are very

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concerned about the evaluation aspect, the reward-punishment system to achieve the hospital's long-term goals, and employee job satisfaction (Kruse et al., 2018).

Thus, this study aims to determine the differences between public and private hospital working cultures on the job satisfaction index in the millennial generation.

2. Method

This cross-sectional and comparative study was conducted at AIH public hospital and AIS private hospital in Bandung, West Java, from 2021-2022. The research population is all hospital employees from the millennial generation (born 1981-2000). The millennial generation must be able to use and operate gadgets, computers, the internet, social media, smartphone-based applications, and Microsoft office software.

We used simple random sampling to obtain study participants. The study inclusion criteria were all healthcare-associated employees such as general physicians, specialist physicians, nurses, midwives, and pharmacists. The exclusion criteria included any hospital chief or director with authority to decide hospital policies. This study used a questionnaire, and there was no human clinical intervention. This study has been approved by Health Research Ethics Committee Rumah Sakit Al Islam Bandung (No.006/KEPPIN-RSAI/05/2021). All participants gave consent to participate in this study.

The two selected hospitals had relatively different working cultures of innovative decisions, meticulous attention to detail, goal-oriented, patient well-being oriented, employee welfare, teamwork-oriented, aggressiveness, and stability. The investigated job satisfaction index includes passion, salary, supervision, work colleagues, and working conditions. Each index has three questions and each question has five answer options, namely fully sufficient (score= 5), moderately sufficient (score= 4), minimally sufficient (score= 3), insufficient (score= 2), and severely insufficient (score= 1). Hence, the job satisfaction index has a maximum score of 75 and a minimum score of 15.

Each participant received a unique ID number to protect their privacy from the hospital and avoid questionnaire data acquisition bias.

The hospitals were not disclosed to prevent potential bad society stigma. The author used IBM SPSS for Windows Inc. Version 22 to perform an independent t-test statistical analysis. P-value <0.05 was considered as significant differences.

3. Result and Discussion

We obtained 301 participants from both hospitals during 7 months of data sampling. The study participants' profile is presented in Table 1. It showed that the majority of employees are female. Most hospitals' employees had a functional position with working experience of more than five years. The main result of the study is presented in Table 2.

Table 1. Research participant profiles.

Profile description	AIH public hospital (n= 55)	AIS private hospital (n= 246)
Gender		
Male	17 (30.9%)	90 (36.6%)
Female	38 (69.1%)	156 (63.4%)
Age		
< 25 years	20 (36.4 %)	115 (46.7%)
≥ 25 years	35 (63.6%)	131 (53.3%)
Years of service		
< 1 year	11 (20%)	45 (18.2%)
1-3 years	7 (12.7%)	28 (11.4%)
4-5 years	4 (7.3%)	47 (19.1%)
>5 years	33 (60%)	126 (51.2%)
Role of service		
Functional service	54 (98.2%)	233 (94.7%)
Structural bureaucracy	1 (1.8%)	13 (5.3%)
Education		
Diploma I-IV degree	37 (67.3%)	189 (76.8%)
Bachelor and professional degree	9 (16.4%)	20 (8.1%)
Physician (general & specialist)	9 (16.4%)	37 (15%)

In working culture, passion is frequently associated with motivation, and it is linked to certain factors, such as creativity (Shahsavari Isfahani et al., 2015).

Table 2. The statistical analysis of mean ± SD difference score of job satisfaction index between study groups.

Job satisfaction	AIH public hospital (n = 55)	AIS private hospital (n = 246)	P-value*
Passion	42.32 ± 8.01	50.22 ± 6.51	0.042
Salary	27.92 ± 6.61	51.49 ± 11.54	0.033
Supervision	53.32 ± 11.04	66.78 ± 4.82	0.073
Work colleagues	35.81 ± 8.98	29.91 ± 5.94	0.040
Working condition	37.72 ± 9.52	61.41 ± 7.59	0.139

*Independent t-test was performed after prior test of Shapiro-Wilk normality and Levene homogeneity test showed normal distribution (P > 0.05) and homogeneity data (P > 0.05).

However, there are unequal numbers of subjects in our study. Because public hospital employees have a code of conduct if they want to disclose their working condition. Furthermore, the male employees were outnumbered by female due to higher female working generation than male in Indonesia nowadays (Wulandari, Laksono, Prasetyo, et al., 2022). Thus, this is the finding of the weakness of our result study. Creativity itself is a thing that is strongly supported in the system and work culture of private hospitals. Private hospitals apply the principle of performance-based rewards rather than rule-based rewards (Wang et al., 2019). The explanation also explains the high job satisfaction of salary scores in the private hospital group.

The supervision system is applied in a detailed manner in private hospitals. Private hospitals apply salaries based on a meticulous and strict supervision system (Martin et al., 2021). Meanwhile, competition between working colleagues in public hospitals is not an aspect that employees so emphasize. Thus, public hospital employees have relatively more pleasant interpersonal relationships than in private hospital work environments (Chichirez & Purcărea, 2018).

Hospital employees represent one of the professional groups most frequently exposed to psycho-social risks at work. A positive psychology approach is essential in preventing health care professionals' burnout (Gómez-Salgado et al., 2019). Public hospitals are the main referrals for many patients from both urban and rural regions in Indonesia (Wulandari, Laksono, Nantabah, et al., 2022). Moreover, it has become Indonesia's leading choice of national health referral insurance system, especially for low-income societies (Pratiwi et al., 2021). This may explain the low ideal and uncomfortable working conditions in public hospitals.

4. Conclusion and Suggestion

This present study concludes that private hospitals have a job satisfaction index score of passion, salary, supervision, and working conditions higher than public hospitals. However, the supervision and working conditions do not show significant differences ($p = 0.073$ and $p = 0.139$, respectively). Meanwhile,

the work colleagues' index score was significantly higher in public hospitals.

The main limitation of this study is the relatively unequal number of participants between groups. Thus, the authors recommend further research with equal comparison groups. Similar studies with the millennial employee population from several multi-center hospitals are also highly recommended to generalize and represent the population.

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6. References

- Balasubramanian, M., & Short, S. (2021). The Future Health Workforce: Integrated Solutions and Models of Care. *International Journal of Environmental Research and Public Health*, 18(6), 2849. <https://doi.org/10.3390/ijerph18062849>
- Chichirez, C. M., & Purcărea, V. L. (2018). Interpersonal communication in healthcare. *Journal of Medicine and Life*, 11(2), 119–122. <http://www.ncbi.nlm.nih.gov/pubmed/30140317>
- Gómez-Salgado, J., Navarro-Abal, Y., López-López, M. J., Romero-Martín, M., & Climent-Rodríguez, J. A. (2019). Engagement, Passion and Meaning of Work as Modulating Variables in Nursing: A Theoretical Analysis. *International Journal of Environmental Research and Public Health*, 16(1), 108. <https://doi.org/10.3390/ijerph16010108>
- Kruse, F. M., Stadhouders, N. W., Adang, E. M., Groenewoud, S., & Jeurissen, P. P. T. (2018). Do private hospitals outperform public hospitals regarding efficiency, accessibility, and quality of care in the European Union? A literature review. *The International Journal of Health Planning and Management*, 33(2), e434 – e453. <https://doi.org/10.1002/hpm.2502>
- Maiers, M. (2017). Our future in the hands of Millennials. *The Journal of the Canadian Chiropractic Association*, 61(3), 212 – 217. <http://www.ncbi.nlm.nih.gov/pubmed/29430050>
- Martin, P., Lizarondo, L., Kumar, S., & Snowdon, D. (2021). Impact of clinical supervision on

- healthcare organisational outcomes: A mixed methods systematic review. *PLOS ONE*, 16(11), e0260156. <https://doi.org/10.1371/journal.pone.0260156>
- Mercer, C. (2018). How millennials are disrupting medicine. *Canadian Medical Association Journal*, 190(22), E696 – E697. <https://doi.org/10.1503/cmaj.109-5605>
- Pratiwi, A. B., Setyaningsih, H., Kok, M. O., Hoekstra, T., Mukti, A. G., & Pisani, E. (2021). Is Indonesia achieving universal health coverage? Secondary analysis of national data on insurance coverage, health spending and service availability. *BMJ Open*, 11(10), e050565. <https://doi.org/10.1136/bmjopen-2021-050565>
- Shahsavari Isfahani, S., Hosseini, M. A., Fallahi Khoshknab, M., Peyrovi, H., & Khanke, H. R. (2015). What Really Motivates Iranian Nurses to Be Creative in Clinical Settings?: A Qualitative Study. *Global Journal of Health Science*, 7(5). <https://doi.org/10.5539/gjhs.v7n5p132>
- Tynkkynen, L.-K., & Vrangbæk, K. (2018). Comparing public and private providers: a scoping review of hospital services in Europe. *BMC Health Services Research*, 18(1), 141. <https://doi.org/10.1186/s12913-018-2953-9>
- Wang, Z., Dagtas, S., Talburt, J., Baghal, A., & Zozus, M. (2019). Rule-Based Data Quality Assessment and Monitoring System in Healthcare Facilities. *Studies in Health Technology and Informatics*, 257, 460 – 467. <http://www.ncbi.nlm.nih.gov/pubmed/30741240>
- Wulandari, R. D., Laksono, A. D., Nantabah, Z. K., Rohmah, N., & Zuardin, Z. (2022). Hospital utilization in Indonesia in 2018: do urban–rural disparities exist? *BMC Health Services Research*, 22(1), 491. <https://doi.org/10.1186/s12913-022-07896-5>
- Wulandari, R. D., Laksono, A. D., Prasetyo, Y. B., & Nandini, N. (2022). Socioeconomic Disparities in Hospital Utilization Among Female Workers in Indonesia: A Cross-Sectional Study. *Journal of Primary Care & Community Health*, 13, 215013192110726. <https://doi.org/10.1177/2150131921107269>