ABSTRACT

EFFECT OF QUALITY OF SERVICE, CAREGIVERS' JOB SATISFACTION AND COMPETITIVE ADVANTAGE COMPONENT ON OUTPATIENT DIALYSIS CENTERS IN NEW YORK CITY

by

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Main adviser: Pedro Gonzales Urbina

ABSTRACT OF GRADUATE STUDENT RESEARCH

Dissertation

Montemorelos University

School of Business and Legal Sciences

Title: EFFECT OF QUALITY OF SERVICE, CAREGIVERS' JOB SATISFACTION AND COMPETITIVE ADVANTAGE-COMPONENT ON OUTPATIENT DIALYSIS CENTERS IN NEW YORK CITY

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Problem

The empirical model in which quality of service, caregivers' job satisfaction and competitive advantage-component are predictors of organization performance in outpatient dialysis centers in New York City.

Method

The research was empirical, quantitative, explanatory, correlational, descriptive and cross-sectional. The theoretical discourse was developed using diverse empirical literature. The researcher collected data by surveying randomly 100 caregivers from a pool of 10 dialysis outpatient facilities. Data collected was inputted into an IBM SPSS

Statistic 25 program and was analyzed using descriptive statistics, correlation and multiple regression analysis. The technique of factorial analysis was used to investigate the validity of each construct. The reliability of each construct was tested using the Cronbach coefficient alpha. This study met the validity and reliability criteria.

Results

The findings revealed that quality of service, caregivers' job satisfaction and competitive advantage-components were good predictors of organization performance, according to the perceptions of caregivers. Using multiple regression analysis, the best predictor of organization performance was competitive advantage-component.

Conclusion

This study may provide significant insights into the existing body of knowledge and serve as a guide to improve patient care and staff satisfaction in outpatient dialysis health care facilities.

Montemorelos University

Faculty of Business and Legal Sciences

EFFECT OF QUALITY OF SERVICE, CAREGIVERS' JOB SATISFACTION AND COMPETITIVE ADVANTAGE COMPONENT ON OUTPATIENT DIALYSIS CENTERS IN NEW YORK CITY

A dissertation
presented in partial fulfillment
of the requirements for the degree
Doctorate in Business Administration

by

Delceta Palmer

February 2020

EFFECT OF QUALITY OF SERVICE, CAREGIVERS´ JOB SATISFACTION AND COMPETITIVE ADVANTAGE, IN DIALYSIS CENTERS IN NEW YORK CITY

Tesis
presentada en cumplimiento parcial
de los requisitos para el título de
Doctorado en Administración
de Negocios

por

DELCETA PINNOCK PALMER

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DEDICATION

To God for His sustaining grace, for learning and understanding, for giving me the strength and fortitude to undertake this study, and to bring it to completion. From my early years, these words by Henry Wadsworth Longfellow, "The heights by great men reached and kept were not attained by sudden flight, but they, while their companions slept, were toiling upward in the night" were embedded in my mind. I have now experienced the reality of these words.

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I wish to thank my mother, Pansy Pinnock, for her support, her words of encouragement and belief in what I could accomplish. I pray that God will continue to bless her with daily strength and that she will continue to be in good health. I truly hope that this attainment will be a source of inspiration to my adult children who are pursuing their own career paths.

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that my late father, Israel Pinnock, would have been proud of my achievement. To God be the Glory!

CHAPTER I

PROBLEM DIMENSION

Introduction

The following section provides a brief compilation of definitions of the latent variables of this research (a) quality of service, (b) caregivers' job satisfaction, (c) competitive advantage, and (d) organization performance.

Quality of Service

In this study, quality of service is first discussed on a general basis; however, for this research, quality of service examined is the service that is provided by health care providers in chronic dialysis outpatient settings.

Definition of Quality of Service

The empirical researcher suggested that customer's satisfaction is likely to be increased if the quality of service provided is excellent (Shanka, 2012). According to Yarimoglu (2014) quality of service is the satisfaction level that a customer derives from services that are provided by a business or organization. In other words, it is a measurement of how much the service that is provided meets a customer's expectation.

Quality of service cannot be measured in the way that the quality of goods is measured, as service is intangible (Yarimoglu, 2014). Research results indicated that the quality of service provided within a banking organization was an essential

precursor to customer satisfaction (Shanka, 2012).

Quality of service is a fundamental concept in business operations because of its profound impact on the performance of business organizations (Angelova, & Zekiri, 2011). This construct, as perceived by customers, is the extent to which the service that is provided meets their expectations. Thus, companies are aware that the quality of service that they provide can greatly impact their profitability and market share (Angelova, & Zekiri, 2011).

Quality of Service

Quality of service is examined in the healthcare setting, with a focus on service provided in outpatient dialysis facilities. According to Dassanayake and Weerasiri (2017), service quality within a healthcare facility is perceived by service providers to be the level of technical competencies that they had already attained. However, the customer's perception of service quality is determined by their assessment of the service delivery process (Dassanayake, & Weerasiri, 2017).

The quality of service provided, and the level of satisfaction that is expressed by customers can be factors that help to give the organization a competitive advantage. In this article, the researchers were interested in identifying quality standards for quality of service and measurement of customer satisfaction. Manulik, Rosinczuk and Karniej (2016). Quality of service is the level of care that is anticipated by customers/clients (Manulik, et. al., 2016). Thus, the quality of service within healthcare facilities in this study is the quality of care that is provided by service providers to patients.

Martin (2011) posited that quality of service does not only relates to the customer service that is provided but also includes safe care with a predictable outcome. Thus, care that is provided should meet the expectation of the patient. Quality of care in the context of caring is perceived as the various stages of interaction mediated through relationships between individuals, which in this context relates to nursing caregivers and patients (Kitson, Marshall, Bassett, & Zeitz, 2012). Therefore, a caregiver needs the required skill to provide care where they can engage their patients and provide care that is patient-centered and individualized.

Mosadeghrad (2013) suggested that the definition of quality of service varies from the perspective of clients, caregivers, managers, policymakers and other interest groups. Quality of service includes providing programs that will help to maintain a high level of patient satisfaction. Thus, service that is provided to customers must be of a high standard to meet their satisfaction. Patients will, therefore, become dissatisfied if these expectations are not met. Quality of service is defined by the interpersonal aspect of care, which is more important than the technical quality of healthcare (Padma, Rajendran, & Lokachari, 2010).

Laohasirichaikul, Chaipoopirutana and Combs (2010) reiterated that the success of an organization depends to a great degree on the delivery of quality of service, which is excellent. Efforts to improve the perceived definition of quality of service will help to enhance corporate image, foster greater customer loyalty and satisfaction (Loahasirichaikul, et al., 2010). Thus, an organization that provides superior or excellent quality of service will have a competitive advantage over its competitors.

The Institute of Medicine (IOM) defines six components of quality health care, which in this research relates to the quality of healthcare service (https://www.ahrq.gov/talkingquality/measures/six-domains.html. These are safe care, effective care, patient-centered care, timely care, efficient care and equitable care. Thus, care that is provided by caregivers must not provide harm to the patients. Health care provided must be scientifically based and generate the intended benefit to the patients. Additionally, quality of care must be patient-centered, individualized, and customized for each patient. Health care must be provided on time to reduce wait time and delays, which may be detrimental to both patients and caregivers. The IOM reiterated that health care must be provided efficiently to avoid waste. It must also be equitable, where caregivers do not show preferential treatment, and care is provided equally to each patient.

Watsons's nursing theory expounded on the quality of service, which is an important component of healthcare. Watson's Carative factors redefined as Caritas processes included: (a) The practice of loving-kindness and equanimity toward self and others, (b) Authentic presence: enabling a deep belief of others, (c) cultivation of one's own spiritual practice – beyond ego, (d) being the caring-healing environment, and (e) Allowing for miracles (Watson, 2008).

Job Satisfaction

According to Kendall (2016), job satisfaction relates to individuals' attitudes toward their job, depending on their job responsibilities, the organizational structure in the work environment, and how individuals perceived needs are met. Job satisfaction

in this study will be examined in outpatients dialysis facilities.

Job satisfaction relates to the way individuals feel about performing their job, and how motivated they are to perform to the best of their ability (Kendall, 2016). As discussed by Bakotic (2016), job satisfaction relates to the level of satisfaction that employees derived from working in an organization. Thus, highly satisfied employees will enjoy their job, be more productive, and will ultimately increase organizational performance (Bakotić, 2016).

Workers who are satisfied and motivated are integral to the successful operation of a business. Job satisfaction is seen as an essential element of job motivation, which will help to determine how an individual performs in an organization (Ćulibrk, Delić, Mitrović, & Ćulibrk, 2018). The job satisfaction that nurses derived from their job is closely related to their role perception and role content, as well as the working environment, and their level of commitment (Lu, Barriball, Zhang, & While, 2011).

Hertzberg theory of job satisfaction focuses on motivation versus hygiene factors (Hertzberg, Mausner, & Synderman, 2010). A psychologist directly observed the behavior of workers. This allowed them to evaluate the morale of workers and determine what each person wants from the job, or what was satisfactory from working. The findings from their research confirmed that job satisfaction was derived from intrinsic factors such as job recognition, work that offers some degrees of challenge and gives some responsibility.

Workers may be discontent with a poor working environment, but even though improvement may be made with the physical surroundings, there may not necessarily be improved job satisfaction. Extrinsic factors such as the physical working

surroundings, salary, benefits, and interpersonal relationship are hygiene factors do not necessarily elicit job dissatisfaction, unless they fall below the level which is perceived to be acceptable by an employee (Hertzberg, et. al., 2010).

The type of work, responsibilities and scope for advancement are factors that will impact job satisfaction (Hertzberg, et al., 2010). For work to bring satisfaction, it must be perceived to be challenging or creative and must be able to engage employees. A routine job does not equate to job satisfaction. The opportunity for advancement or promotion will also affect the level of satisfaction that is derived from performing a job.

Competitive Advantage-Component

Competitive advantage is achieved when an organization demonstrates greater economic performance in comparison to its competitors (Acar, & Acar, 2012). As suggested by Lynch (2012), organizations should do an analysis of their competitors to identify the competitive advantages they have over their competitors. These include analyzing their objectives, resources and strategies use. Thus, an organization will not be jeopardized by the actions of its competitors when there is awareness of what the competitor is doing (Lynch, 2012).

According to Lynch (2012), sources of competitive advantage that competitors have over their rivals include a superior level of service, culture, leadership and style of an organization, human and physical resources such as offices, plants and equipment. For this current study, competitive advantage is analyzed in terms of a firm's resources, customer service, corporate culture, and leadership styles within

organizations.

Past empirical studies have focused on competitive advantage as it relates to product innovation and the manufacturing industry (Acar, & Acar, 2012). The increasing demand for health services in outpatients' facilities has necessitated the need for organizations to make their service offerings attractive to patients, as competition amongst rivals intensifies. Thus, it is implied that healthcare facilities are competing on the quality of health services that they offer to their customers.

Resources of an organization are referred to in terms of human factors, which includes labor force, and tangible and intangible assets (Grant, 2013). The resources and capabilities of a firm work together to create organizational capability, and ultimately, competitive advantage (Grant, 2013). To have a competitive advantage, organizations must invest in creativity and innovation (Hana, 2013). This includes the hiring of skilled, talented, diverse and competent workforces who are important in helping an organization to achieve and sustain their competitiveness (Hana, 2013).

The competitive advantage-component that a business has over its rival must be one that is sustainable and not easily imitated by other competitors, for an organization to be able to compete in an industry (Lynch, 2012). Thus, services offered by an organization must be perceived by customers to be unique and different from those offered by rival businesses (Acar, & Acar, 2012). According to Porter, Magretta, and Kramer (2014), domestic rivalry compels competitors to innovate or improve their product or service offerings.

Competitors will have rivalry against each other for market shares and new customers (Porter, et al., 2014). Therefore, organizations or businesses are compelled

to upgrade their sources of competitive advantage constantly. Porter, et al. (2014) suggested that intense rivalry will limit the profitability of an industry. However, if an organization competes on dimensions such as quality of service, which will increase customer's value, profitability may not be negatively impacted. According to Porter, et al. (2014), the zero-sum competition will result if competitors all try to compete on the same attributes. Thus, service provided must have a unique quality, which makes customers choose one facility over another.

According to Grant (2013), organizational culture is "an organizations' s values, traditions, behavioral norms, symbols, and social characteristics (p. 434). Acar and Acar (2012) posited that an organization whose culture is focused on innovation could attain a competitive advantage through superior performance. Other empirical research suggested that competitive organizational culture have a direct effect impact, and positive relationship with organizational performance (Zehir, Ertosun, Zehir, & Muceldili (2011). This implied that businesses should utilize this variable to help achieve superior business performance outcomes.

The competitive advantage-component will also be examined in relation to leadership styles. Findings from research by Zehir, et al. (2011) implied that leadership is an important aspect of organizational performance. There is a further implication that organizational performance, which relates to competitive advantage, has a positive relationship with supportive and participative leadership (Zehir, et al., 2011).

Organizational Performance

Organizational performance is a function of competent leadership that helps the

organizations to perform efficiently, optimize their financial operations and service offering (Grant, 2013). According to Yap and Tan (2012), organizational performance involved the formulation of organizational goals, evaluating outcomes, and adjusting where necessary. Studies in the past have focused on a higher degree of organizational performance in relation to the manufacturing industry (Yan, & Tan, 2012). In the business area, organizational performance is usually interpreted as financial performance, profitability, and return on equity for shareholders (Yan, & Tan, 2012).

According to Režňáková, Karas, and Strnadová (2017), the general definition for organizational performance is "the ability to efficiently utilize the resources available to achieve the objectives pursued by the company." In other words, the objectives and goals that the leadership set for organizational performance are dependent on its mission and strategic plan. Some scholars have viewed organizational performance as the measurement of the results of assigned tasks and duties performed by employees to help optimize performance (Chaudry, Jariko, Mushtaque, Mahesar, & Ghani, 2017).

Employees' commitment to an organization has a tremendous influence on its overall performance (Irefin, & Mechanic, 2014). This study aims to do an overall assessment of organization performance that is relevant to the healthcare industry and outpatient dialysis in particular. The measures that are used to examine organization performance in healthcare facilities also include non-financial criteria. The performance of an outpatient unit will be manifested in its financial earnings, how much cash or bank deposits it owed, and its ability to obtain funds as needed.

Outpatient dialysis centers must be profitable to meet their obligations toward their stakeholders. The stakeholders are the owners of the units, employees, managers, and

other outside interests, such as suppliers and government entities (Lynch, 2012). Each dialysis center must be able to meet its corporate social responsibilities, such as how it manages its services in terms of customer satisfaction, employees' satisfaction, and supply chain management (Grant, 2013).

Organizational performance is also related to a company's corporate social responsibility (CSR) (Lynch, 2012). According to Lynch (2012), the implementation of an organization's CSR can be approached in three different ways: (a) making provisions that will benefit their stakeholders (patients, workers, suppliers, shareholders, and other interests' group on the broader community; (b) fulfilling the mission and purpose for which the organization was formed with a focus on performance, and (c) exploring the reason for undertaking CSR in the organization.

Relationship Between Variables

The relationship between the variables is analyzed and discussed and depicted in a model designed by the researcher of this current study. The relationships depicted are as follows: (a) quality of service and organizational performance, (b) caregiver's job satisfaction and organizational performance, and (c) competitive advantage and organizational performance.

Figure 1 shows the theoretical model which is intended to identify possible relationships between the independent variables, quality of service, job satisfaction, competitive advantage-component, and the dependent variable organization performance. The relationships will be explored, analyzed and discussed throughout this study, and the effect these relationships could have on the performances of outpatient dialysis

facilities in New York City.

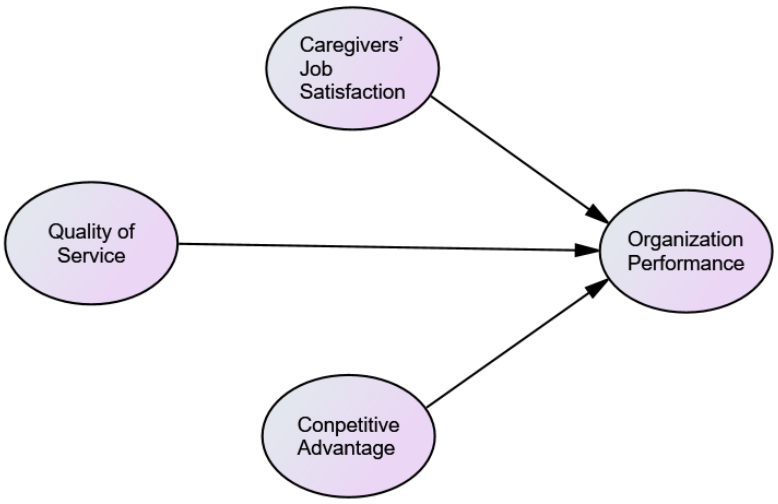


Figure 1. Theoretical model.

Research Problem

The problem to be investigated in this study is the empirical model in which quality of service, job satisfaction and competitive advantage-component are predictors of organization performance as perceived by employees in outpatient dialysis centers in New York City.

Statement of the Problem

The problem is that organizational performance can be greatly impacted if the service provided to customers is poor or substandard quality. The objective of most private healthcare facilities is to maximize profit and provide quality service to its customers simultaneously. Therefore, it is imperative that employees are satisfied with their jobs and motivated to perform their roles efficiently as the success of their organ-

ization hinges on excellent employees' performances (Aslam, Ghaffar, Talha, & Mushtaq, 2015).

Thus, employees who are dissatisfied with their jobs will lack motivation, perform poorly and have frequent sick calls. The performance of an organization will be affected if it is unable to retain efficient and competent staff to provide the quality of service that is required for safe and effective patients' care. According to Cassidy (2015), the Centers for Medicare & Medicaid initiated a bundled payment initiative to encourage care providers to provide more efficient and orderly care. The emphasis is on the quality of service that is expected to be provided to patients. Excellent quality of service can provide an outpatient healthcare facility with a competitive advantage (Bahadori, Raadabadi, Jamebozorgi, Salesi, & Ravangard, 2014).

Definition of Terms

This research includes the following terminology that provided significant insights into the theoretical and empirical framework of quality of service, job satisfaction, competitor's rivalry and organizational performance. This is intended to help the readers of this research to have a better understanding of the terminologies used.

Quality of Service: It is the health service or care that is provided by Registered nurses (RNs) and Patient Care Technicians (PCTs) to dialysis patients that follow organizational guidelines, and which is expected to bring satisfaction, safety, and positive outcomes for patients.

Job Satisfaction: The contentment and level of commitment that dialysis RNs and PCTs demonstrate in performing their daily job, the level of attachment they have

in caring for patients, and how motivated they are in performing to the best of their ability**.**

Competitive Advantage: Competitive advantage refers to the resources and capabilities that an organization has, that it can use to provide services, which will help to distinguish it from other rival companies, help to retain old customers, and attract new ones.

Organizational Performance: This is the way an organization's performance is evaluated by its profitability, its ability to motivate and satisfy workers, provide resources for the excellent quality of service, and fulfilling its corporate social responsibilities by operating in an ethical manner towards its employees and other interest groups in the community.

Research Questions

Outpatient dialysis has grown significantly in New York City over the past 20 years. Consequently, it merits substantial and comprehensive research. Quality of services is an essential component of the healthcare sector, primarily because it affects human wellbeing. Leaders of outpatient dialysis ought to ensure that job satisfaction objectives are achieved to maintain employee's motivation. The components that sustain competitiveness should be treated with diligence in an effort to create and maintain strong social, physical wellness and economic foundation. This quantitative study regarding outpatient dialysis healthcare quality of service seeks to answer the following questions.

1. What is the effect of quality of service on an organization's performance?

2. What is the effect of employees' job satisfaction on the performance of an organization?

3. How does competitive advantage-component impact an organization's performance?

Objective of the Study

The objective of this study is to present and identify the relationship between quality of service, caregiver's job satisfaction, competitive advantage-component, and organization performance in outpatient dialysis centers. This study also identifies the impact of the quality of service, caregivers' job satisfaction, and competitive advantage on organization performance.

Research Hypotheses

This study has broad theoretical implications for outpatient dialysis facilities and the healthcare industry as a whole**.** Given the growing number of patients on dialysis in New York City**,** it is of vital importance that empirical research concentrates on the quality of service provided by these healthcare outlets. The hypotheses of this study are:

H_0: Quality of service, job description, and competitive advantage are not predictors of organizational performance.

H_1: Quality of service, job description, and competitive advantage are predictors of organizational performance.

Purpose of the Study

The purpose of this study is to determine the effect that the quality of service, employees' job satisfaction, and competitive advantage-component have on the performance of outpatient dialysis centers in New York City in the state of New York, USA. This explanatory study will examine the relationship between each variable and its importance in helping an organization achieve maximum performance.

The study is intended to contribute to the development of the quality service strategies that may be more effective in treating dialysis patients and help to improve employees' job satisfaction levels. In addition, it may help to identify changes that may be necessary for individual dialysis units to employ that may assist in the retention of patients. Thus, from this study, strategies can be identified that can be used by a dialysis unit to maintain its competitive advantage over other competing units in New York City. The findings from this study are intended to be presented in workshops and in hemodialysis journals to present additional information to the field of research.

Justification

The rationale for this research is for researchers and clinicians to have a clearer insight into how organizations that provide outpatient dialysis can improve their performance by addressing the variables that will directly affect their performances. Earnings are derived from the number of patients in each facility. The quality of service provided is perceived as a deciding factor as to the choice of dialysis facility that is chosen.

The level of job satisfaction derived by caregivers can impact the way service is provided, and an organization's perceived performance in the community. Competitors who provide better services both in quality of service and job satisfaction will have a competitive advantage over their rivals. The author is assuming that a company that is performing successfully will be able to contribute socially to both internal and external customers, as well as the wider community.

Importance

This study is contributing to literature by relating the quality of patients' service, health care giver's job satisfaction, and competitive advantage with organization performance in outpatient dialysis centers in New York, which makes this study unique. The author of this study believes that this research will contribute another unique edge to the field of study and will benefit clinicians and students in the health industry.

Limitations

This kind of study is subject to limitations. The researcher, therefore, anticipated limitations such as financial constraints, time requirements and accesses to respondents, and the likelihood of their biases. However, this study was done within the designated time frame and within a set budget. Some of the projected respondents likely refused to participate in the study.

The experiences of patients and caregivers in this population may not be representative of other centers in other parts of the states, or the rural vicinities. The number of studied recipients who actively participated was 100 and may not be representative

of the dialysis outpatient population. The researcher also had to wait until the respondents completed the surveys within their timeframe.

Delimitations

This research study was undertaken in the New York City Metropolitan area in the state of New York. The scope of this research was limited to ten outpatient centers, after attempts to involve other centers were declined. The sampled population was taken from these outpatient dialysis centers. This was inclusive of dialysis nurse managers and employees involved in patients' care. The sample size of those who responded satisfied the minimum requirement of at least 100 participants for this study.

Assumptions

The researcher assumes that all the patients, Registered Nurses, Patient Care Technicians and management in the dialysis center provided honest answers based on their personal experiences and observations. It is also assumed that the questionnaire was measured what it was anticipated to measure.

Philosophical Background

The perspective of a Christian worldview is the philosophical foundation for this thesis, which focuses on quality of service, job satisfaction and competitive advantage on an organization's performance in a health care setting. The constructs are explored, using biblical principles, verses, and writings that identify with the Christian worldview, and more specifically with the worldview of the Seventh Day Adventist (SDA) Church.

Worldview of Quality of Service

The examples that are depicted in scriptures show a compassionate God who came as the Savior of the world to offer salvation to lost mankind, and to heal the sick and suffering. The quality of healthcare that is provided to sick patients should be one that shows compassionate care. No one should be denied access to quality care.

The Christian worldview perspective is that it is a Christian responsibility to care for the sick. The Bible gives us examples of how Jesus cared for the sick when He came amongst men in human form. "When the sun was setting, the people brought to Jesus all who had various kinds of sickness, and laying his hands on each one, He healed them "(Luke 4: 40). The Bible, which is the Word of God, gives various accounts of many people who were healed by Jesus. "From Him flowed a stream of healing power, and in body and mind and soul men were made whole" (White, 2011, p. 7).

The analysis of quality of service is intended to provide a worldview of patients' conceptions of care, to add more information to the body of knowledge in peer-review articles. It can also provide information for clinicians to use in their plan of care to help improve overall patients' satisfaction. This thesis will seek to determine how the quality of service will affect the performance of an outpatient dialysis center. Regardless of where care is provided, the Christian perspective is that care should be provided in a holistic manner, where the mind, body and soul of the patient are taken into consideration.

"The Lord wants wise men and women, acting in the capacity of nurses to comfort and help the sick and suffering. Oh, that all who are afflicted could be ministered to by Christ-like physicians and nurses who could help them to place their weary pain-

racked bodies in the care of the great Healer, in faith looking to Him for restoration" (White, 2011, p. 223).

Worldview of Job Satisfaction

The human resources in an organization are very important, and the level of competency and expertise they possess helps to increase that organization's strategic capabilities**.** Strategic capabilities are the resources that an organization possesses**.** Employees who become dissatisfied with their jobs will not be able to be fully engaged in their job performances. Employees will have varying worldviews on the concept of job satisfaction. The worldview of employees and their employers will also differ. The biblical foundation for this construct is that employers "are to do good, to be rich in good works, to be generous and ready to share …" (1 Timothy 6:18).

The Christian worldview, as supported by the Bible, is that if there is an issue between two parties, they should seek to resolve it, and taking grievances to be settled in a court of law should be the last resort. King Solomon asked this very important question, "What does the worker gain from his toil?" (Ecclesiastes 3: 9). A worker is expected to be compensated fairly. The purpose of this thesis is to further enrich the body of knowledge by studying the effect of job satisfaction on an organization that provides dialysis care in an outpatient setting.

As suggested by Anderson, Clark and Naugle (2017), everyone possesses a worldview that is unique to them. Accordingly, different Christians could demonstrate different manifestations of the Christian worldview. Even though this diversity in worldview exists amongst Christians, there is some unity in certain beliefs (Anderson

et al., 2017). The Christian worldview on job satisfaction may differ amongst individuals as to the components of the job description. Still, it should be united in the belief that every effort must be made by employers to create a working environment that will provide job satisfaction to employees.

Worldview of Competitive Advantage

In the discourse on competitive advantage construct, the biblical foundation is identified. According to Walsh and Middleton (1984), the Christian worldview is based on the scriptural premise, under the direction of the Holy Spirit. Individuals and organizations are constantly in competition with each other. It is important for an organization to understand its competitors to predict their behavior and the competitive moves that it will make (Grant, 2013).

The motive for organizations that are not-for-profit is profit maximization and to increase earnings for shareholders. Grudem (2014) asked this important question, "is it wrong to compete and want to win?" Competition is often accompanied by unfair practices and distortion and is perceived as being evil by some individuals as being evil in it itself. This conclusion is not true (Grudem, 2014).

Competition is not sinful (Grudem, 2014). In the sports world, we see athletes competing with each other to win the top prize. Competition exists in education systems in the world. Students compete with each other to be the top students. As Christians, we are all in a race with the end goal of life eternal with Jesus. From a Christian perspective, we all can attain this prize by allowing the Holy Spirit to take charge of our lives, and by giving our soul, body and spirit to Jesus.

The Christian worldview advocates for fairness and honest dealings in competition. However, organizations, companies, and individuals oftentimes engage in unfair practices in competition. Some athletes use steroids and other banned substances that will give them an unfair advantage over their competitors. Individuals lie and cheat as they compete, focusing on just winning regardless of whom they hurt in the process.

Companies and organizations, at times, engage in insider trading, false advertising and false representation to try to undercut their competitors. "A Christian worldview holds that we are all aware of the red and green light in the universe" (Anderson et.al., 2017, p. 168). We are further admonished to "Let no corrupt communication proceed out of your mouth, but that which is good to the use of edifying, that it may minister grace unto the hearer" (Ephesians 4:29).

Worldview of Organizational Performance

The dependent construct of organizational performance is affected to a certain degree by quality of service, job satisfaction and competitive advantage. Poor quality of service provided to patients will certainly affect a company's bottom line. Patients will make this public knowledge in their patient satisfaction score, which is administered on a regular basis by other interest bodies. Employees who are dissatisfied and disgruntled will have no loyalty to the organization, and will not perform to the best of their abilities. Physicians will not refer patients to a company that is perceived to be shirking its corporate social responsibility. From a Christian perspective, "successful businesses adhere to principles with clear biblical origins" (Leone, 2015).

According to Leone (2015), CEO's are expected to earn profits for the company in an ethical manner and act honestly and faithfully in their stewardship role for the shareholders. "The Lord God took the man and put him in the Garden of Eden to work it and take care of it" (Genesis 2: 15). Based on biblical principles, the management of outpatient dialysis centers should be ethical in their business deals and invest in making the dialysis unit accommodating for patients and staff. They should motivate their employees by compensating them well and providing safe working conditions. "If there is a God, ethics are given foundation and shape. His will, Word, and character are the final source in determining that which is good" (Anderson, et al., 2017).

Organization of the Study

Chapter 1 focuses on the definitions of independent and dependent variables, the relationship between variables, statement of the problem, the definition of terms, and research questions. The objective of the study, the research hypotheses, the purpose of the study, the justification for the study, the importance of the study, limitations, and delimitations, assumptions, and philosophical background are also analyzed.

Chapter 2 discusses the theoretical framework of the study. The independent variables quality of service, job satisfaction and competitive advantage, and the dependent variable organization performance are researched using empirical data. The importance of each variable is supported by relevant literature. The dimensions, varying relations and correlations that may exist amongst these variables are analyzed, using peer review article to support their inclusion in this research.

Chapter 3 highlights the methodology used to conduct the study. The researcher

provides information on the population composition, the sample size and the sampling techniques that were used. The instruments used to collect data are examined. The variables were subjected to a rigorous process to determine their validity and reliability for inclusion in the survey. Also, the null hypothesis and the operationalization of the variables are explored. Additionally, the data collection process, data analysis and ethical considerations are included in the discussion.

Chapter 4 shows an analysis of the results from all the statistical processes used. The researcher outlines the population and sample size that were used in the research. The demographic descriptions of the participants are presented in tables. Cross-tabulation is applied to analyze the relationship between different variables.

The arithmetic means and standard deviation for each variable are examined, discussed, and depicted in tables. The concept of multiple regression analysis assumptions is applicable to this study. The null hypothesis is proven, and the method of stepwise in regression analysis is used to determine which of the independent variables is most influential on the behavior of the dependent variable.

Chapter 5 commences with a brief introduction justifying the purpose of this current study and ends with a brief overview of chapters1-4. The chapter ends with the conclusions of the research, discussions about the research and recommendations.

CHAPTER II

LITERATURE REVIEW

Introduction

In chapter two, the researcher discusses the independent variables quality of service, caregivers' job satisfaction, and competitive advantage, and the dependent variable, organization performance, as presented in the pertinent literature. Also, the study of the dimensions and the different relations and correlations that might exist among them are presented. The purpose of this empirical study is to explore the relationship between quality of care, caregiver' job satisfaction and competitive advantage on organizational performance of outpatients dialysis facilities in New York City, and to determine if such a relationship exists.

The increase in the number of patients diagnosed with kidney disease has contributed greatly to the growth in the number of community-based dialysis centers. According to the Kidney Foundation, it is projected that the number of adults diagnosed with Chronic Kidney Disease will increase to 14.4% in 2020 and to 16.7 % in 2030 (Centers for Disease Control and Prevention, 2018). There is a growing need for dialysis service, as the number of patients diagnosed and discharged for outpatient services increased with this disease increased. At present, there are over 50 outpatient dialysis centers in New York City. It is anticipated that as the number of patients who

are newly diagnosed with kidney disease increases, so will the demand for more out-patient dialysis centers.

The intention of this study is to determine if job satisfaction act as a mediator between quality of service and caregivers' job satisfaction. Thus, from this study, it can be inferred whether or not the quality of service provided will give patients the option to remain loyal to a dialysis center or transfer to another center where the quality of service provided is perceived by caregivers and patients to be of a higher quality.

This study is intended to fill the research gap by empirically exploring the attributes of quality of service, job satisfaction and competitive advantage and their effect on organizational performance by using an applicable theoretical framework. There is no known study that has simultaneously explored the alignment between quality of service, job satisfaction, competitive advantage, and organizational performance.

Quality of Service

Importance

Luxford, Safran, and Delbanco (2011) make important reference to quality of service being "patient-centered" care that is provided to patients by caregivers in healthcare organizations. According to Luxford et al. (2011) patient-centered care must be patient-focused and geared towards the patient having a positive outcome. Saleem and Raja (2014), in their research study, posited that a high quality of service would generate greater customer satisfaction.

Thus, in the service industry, effort should be made by clients to enhance the quality of service, which will increase customer satisfaction; this will create customer

loyalty, which will ultimately impact organizational performance (Saleem, & Raja, 2014). It is inferred that patients who receive quality service in an outpatient dialysis facility will remain loyal to that facility and will continue to patronize their services.

The importance of quality of service is reiterated by Alrubaiee and Alkaa'ida (2011) in their research, which suggested that leaders in health care facilities should improve the perceived quality of healthcare, or risk losing patients to other facilities who provide more satisfactory services. It is arguable that patients who perceive that the quality of service provided by a facility did not meet their expectations; they will seek service elsewhere.

According to Prakash (2010), quality of service is a definition of care that is patient-focused and brings satisfaction to patients each time they come for treatment in any health care settings. The quality of care given to each patient should, therefore, be individualized and tailored for each patient individually. It is essential for healthcare organizations to continually improve the quality of service provided so that patient-centered, safe and effective health care is delivered (Delaney, 2017).

The Canadian Institute for Health Information (www.cihi.ca) highlighted the importance of quality of service, as the degree of care provided should improve the overall wellbeing of the patient. Thus, the healthcare service should be evidence-based, patient-centered, facilitate patients' safety, and produce the desired outcome. It is implied that if healthcare service is of a substandard level, patients will not have the outcome they desired.

Dimensions

The Royal College of Physicians and Surgeons of Canada (RCP) (2012), stated that the dimensions of quality care should revolve around the patient, and include factors such as safety, accessibility, efficiency, provider competence, acceptability, effectiveness and outcome (www.royalcollege.ca). For this study, the dimensions that are considered are safety, effectiveness, provider competence, efficiency and accessibility.

The definitions for these dimensions (RCP) are: "Safety is the reduction of "patient safety incidents (adverse events)" within the health care system using leading practices shown to improve patient outcomes and enhance prevention. Accessibility is the availability of care based on medical needs within the health care system. Accessibility should be fair, equitable, timely, easy, and affordable. It includes providers, drugs, technologies, facilities, information, redress, and treatments throughout the continuum of care.

Provider competence enables the measure of performance and is characterized by knowledge, traits, skills, abilities, and behaviors resulting in quality outcomes. Efficiency is the optimal use of minimal or scarce resources to achieve desired results. Effectiveness is the degree to which desired health outcomes are achieved with the application of active therapies and treatments" (Royal College of Physicians and Surgeons of Canada, 2012, p. 6).

Patients' safety is of paramount importance in hemodialysis settings where thousands of patients are receiving dialysis treatment in the United States of America (Garrick, Kliger, & Stefanchik, 2012). The medical director has the ultimate responsibility for ensuring that each dialysis unit utilizes a safety culture and provide an environment

where patients receive safe and quality care (Garrick, et al., 2012). Therefore, staff and other interdisciplinary care teams are responsible for ensuring that safety is incorporated into daily patient care.

The dimension of safety and its relevance to quality of service is supported by this empirical study, which was undertaken to determine the extent to which the cultural practices in a hospital support patient safety (Alahmadi, 2010). Survey questionnaires were given to caregivers who participated in the survey. The findings from this study indicated that patients' safety is often not given top priority until some adverse event occurs (Alahmadi, 2010). It is, therefore important for attention to be given to ongoing training on safety practices in facilities to create a culture of safety.

According to El-Jardali, Dimassi, Jamal, Jaafar, and Hemadeh (2011), the success of a patient safety program in a healthcare facility was dependent on strong leadership. Management has the ultimate responsibility to formulate and incorporate policies and practices that will foster a culture of safety within the organization. Thus, staff should be encouraged to report adverse occurrences and work with management to implement corrective measures. Other components of safety include effective communication and adequate staffing El-Jardali et al. (2011). Health care that is delivered to patients should not compromise their safety.

Abdou and Saber (2011), concluded that that nurse who experienced greater job satisfaction showed positive attitudes towards maintaining a safer healthcare environment. The perceptions of nurses toward a safety culture vary depending on the shift they worked, their ages, and their educational background (Abdou, & Saber, 2011). An empirical study was done by Verbakel, et al. (2014) to explore patient safety in primary

care. Healthcare professionals from different disciplines participated in this study. The findings showed that safety culture was viewed positively in primary health care facilities in this vicinity (Verbakel, et al., 2014). This suggested that a safety culture is integral for the provision of quality care to patients.

The studies reviewed for this research implied that safety culture was important in all healthcare settings, regardless of the country, settings or culture. Management also has an important role in ensuring that a safe environment is maintained (Ko, & Yu, 2017). A study by Ko and Yu (2017), which was conducted in a few Korean hospitals with 289 nurses participating, showed that nurses' perception of patient safety culture is influenced by the degree of coaching they receive from their nurse managers. Thus, nurse managers should ensure that nurses are given the necessary training to provide quality care and improve patient safety (Ko, & Yu, 2017).

The concept of effectiveness in relation to the quality of service means that the care provided by nurses and other caregivers must be beneficial to the patient. An, Yom and Ruggiero (2010), suggested that the effectiveness of an organization is influenced by a workable organizational culture and quality of work-life that nurses and other healthcare workers experience. Quality of service provided must be effective to achieve the desired patient outcome (An, Yom, & Ruggiero, 2010).

An empirical study by Regmi (2012) argued that it is difficult to measure the effectiveness of quality of service 'in real terms "since it is complex in nature. The study also showed that the quality of service construct and effectiveness are related in terms of the degree of engagement between patient and health provider (Regmi, 2012). Ef-

fectiveness of care includes service availability (satisfaction, responsiveness and utilization), accessibility (financial, physical and human resources), affordability (cost) and acceptability (culture, ethic, socio-economic, gender) (Regmi, 2012). Regmi (2012) also posited that effective care was achieved when patients experience positive outcomes from the healthcare that is provided.

Blake, Kohler, Culler, Hawley, and Rask (2013) postulated that effective quality improvement leadership programs should be developed in healthcare organizations. The result of their research showed that these programs could help nurse leaders and other leaders to become skilled and knowledgeable, and capable of training support staff to provide quality service that is effective in providing the desired patient outcome (Blake et al., 2013). According to Lederer, et al. (2015), effective patient-provider communication was important for the provision of quality service to patients with chronic kidney disease (CKD).

The results of this study showed that there were barriers to effective communication between patients and care providers, and these barriers needed to be overcome for quality service to be provided. The effectiveness of quality of service can be hindered by the level of competency of a healthcare provider. The results of a study by Parker, Nagar, Thomas, Badri, and Ntusi (2011) of health care providers suggested that health care providers were not competent to treat hypertension, making the quality of service ineffective. Barriers that prevented care providers from providing effective patient care include language clarity, heavy patient load, medical staff shortages and patients who fail to keep their appointments (Parker, et al., 2011).

The dimension of provider competence incorporated the patient-provider relationship. Mosadeghrad (2013), conducted an exploratory study to determine the factors that influenced the quality of healthcare. The participants used in this study was a wide representation of 222 health care stakeholders from various health care organizations. The researcher used in-depth exploratory individual and focus group interviews with participants to help identify factors that help to influence healthcare quality. The findings from this study alluded that the degree of cooperation between patients and healthcare providers in a caring environment will affect the quality of healthcare. Thus, the demeanor of both providers and patients affects healthcare service quality.

The researcher posited that effective communication amongst health care providers could help to improve the quality of healthcare services. According to Mosadeghrad (2014), many physician providers perceived that a trusting relationship with their patients contributes significantly to the achievement of positive outcomes. The disadvantage of using an exploratory method of research is that the conclusions from focus group interviews can be unclear. Even though this method of research is useful, it has to be used with a certain degree of caution (Singleton, & Straits, 2017).

Another research done by Sodani, Kumar, Srivastava, and Sharma (2010) was performed to determine how the quality of care could be improved in public health facilities to satisfy patients better. Pre–structured questionnaires were given to a total of 561 patients in the outpatient department. Data collected was analyzed with SPSS. One factor linked to quality of care was their perception of the doctors and other staff. The findings from this research showed that the behavior of doctors and staff factors could be used to define the quality of care that is perceived to be provided.

A qualitative study was done by Kieft, de Brouwer, Francke, and Delnoij (2014), to determine how nurse caregivers' work, and work environment influence patients' experience of the quality of care. Based on their findings, it was concluded that quality of care as perceived by patients was determined by variables such as clinically competent nurses, patient-centered care, interdisciplinary team collaboration, and the staff to patient ratio. Care that is patient-centered and takes into consideration patients' feelings, experiences and stories can improve their overall impression of the quality of care that is provided (Daramilas, & Jaspal, 2017).

Das, et al. (2012) did a study relating to providers' competence in urban and rural India. Results from this study confirmed that health care providers were not competent to provide quality of service to patients due to their poor level of medical training. Medical providers with no medical qualifications were also providing care to patients (Das, et al., 2012). This resulted in the provision of poor quality of service, which endangered the patient's life. Recommendations were made for different quality measures to be implemented to ensure that the service provided meets the required standard.

Nabbuye-Sekandi, et al. (2011) executed a study in an outpatient hospital setting to determine the different factors that affect patients' satisfaction with services provided. The findings demonstrated that patient's perception of the competence of their health care provider was one of the greater predictors of satisfaction. The quality of service that is provided is linked to the competency of the health care provider. It can be assumed that if the provider is incompetent, patients will have a negative impression of the quality of service that a healthcare organization provides.

The concept of efficiency in relation to quality of service is explicated by Mosadeghrad (2014) in his empirical research. Accordingly, the quality of service provided to patients is affected by the efficiency of the health care provider. The quality of service provided is contingent on the efficiency of the human capital that is available in healthcare facilities (Mosadeghrad, 2014). As discussed by Mosadeghrad (2014), human capital alluded to the skills, know-how, and experience that employees attain that is needed for them to be efficient in the performance of their jobs.

Since human resources are important for the operation of any healthcare organization, the efficiency of these facilities will depend on the competency of its human resources. As discussed by Shreay, et al. (2014), a comparative analysis done from an empirical study showed that there is a greater likelihood of having improved technical efficiency in dialysis facilities as compared to other healthcare organizations. In most dialysis centers which operate on a single-payer system (where one party collect all health care fees and pays for all health care cost), there is no motivation to operate in an efficient manner (Shreay, et al., 2014). However, the efficiency in patient care has certain state and regulatory guidelines that must be adhered to. Shreay, et al., (2014) argued that organization size and chain affiliation had a negative association with increased efficiency in dialysis facilities.

Siassakos, et al. (2011) executed a study to identify specific aspects of teamwork, which was associated with greater clinical efficiency in simulated obstetrics emergencies in South -West England. The findings from this study suggested that efficient teamwork was more associated with behavior tied to better job performance. It is in-

ferred that better job performance may contribute to better patient outcomes. Considering the increased number of patients who are diagnosed with chronic kidney disease (CKD), effort must be made by facilities to improve the efficiency of their multidisciplinary team (Collister, et al., 2010).

The findings from this study concluded that "optimization of multidisciplinary CKD clinic structure using a standard process engineering methodology improves resource utilization while maintaining (without compromising) quality of care" (Collister, et al., 2010). The definition of efficiency, as posited by Arakelian, Gunningberg, and Larsson (2010) is patient-centered healthcare provided by a care team that is committed to maintaining quality care, which is beneficial to patients. In this present study, efficiency will be measured in relation to the appropriateness of the interventions that are used to help patients in a dialysis setting cope with their illness.

Accessibility is important in the provision of quality of service. A study by Mudrick, Breslin, Liang, and Yee (2012) concluded that physical access in a primary health care setting was important and could impact the quality of care that is provided and patients' compliance with preventative medicine. This includes building access, bathroom, examination rooms and exterior access. Altin and Stock (2015) conducted a study to evaluate the impact of accessibility of patients' satisfaction with primary care. The findings from this study posited that better accessibility of primary care services was an independent predictor of greater patients satisfaction (Altin, & Stock, 2015).

Atinga, Abekah-Nrumah, and Domfeh (2011) completed an empirical study of patient satisfaction, which concluded that waiting time is a predictor of patients' satisfaction with the quality of service provided. Patients will have to wait for the provision

of healthcare services by their caregivers, irrespective of the outpatient facilities that they choose. However, the period they must wait for the provision of service can be a source of discontent if there is a long delay.

A study by Kallen, Terrell, Lewis-Patterson, and Hwang (2012) on improving wait time in an outpatient clinic suggested that a decrease in patients' wait time may improve their satisfaction.

Findings from research by Lee (2011), suggested that serviceability factors, which refers to the quality of environmental services such as convenience in layout, wayfinding, privacy, ability to communicate with staff and cleanliness of the facility were strongly correlated with patient's satisfaction with a health care facility, and their perception of the quality of care provided. Serviceability factors had more impact on patient's satisfaction with the quality of care and less impact with ambient factors such as temperature, air quality, lighting and furniture (Lee, 2011). This study implies that patients are more concerned with their accessibility to health care than the ambience of an outpatient unit.

Job Satisfaction

Importance

Workers who have a great level of job satisfaction will be motivated to perform and will greatly enhance a company's added value and profitability (Danish, & Ali, 2010). Ahmad, Ahmad, and Ali Shah (2010) reiterated the importance of job satisfaction from empirical research that posited that employees' attitudes toward work have a strong positive relationship with job satisfaction. Thus, employees who are dissatisfied

with their job are not committed to the organization, and their level of performance may negatively affect organizational performance (Ahmad, et al., 2010).

Job satisfaction is a very important construct, suggesting that employees who are satisfied with their jobs contribute greatly to the success of an organization (Lorber, & Savič, 2012). Abraham (2012) posited that "job satisfaction is an antecedent to employee engagement" (p. 35). The rationale is that workers who are satisfied with their job will be enthusiastic about performing the duties to the best of their ability to further the interest of the organization.

Job satisfaction is an important variable in any organization. Sypniewska (2014) reiterated that job satisfaction is an important variable since employees who are highly satisfied with their jobs will be motivated to perform effectively to help their organization achieve its goals and objectives. Aziri (2011) argued that high job satisfaction quite likely will not cause low absenteeism, but poor job satisfaction will contribute to high absenteeism. Employee absenteeism can greatly impact the productivity of an organization (Aziri, 2011). It is, therefore important for management to determine the factors that lead to poor job satisfaction and make adjustments to reverse this trend.

Dimensions

The dimensions that relate to caregivers' job satisfaction for this study are organizational commitment, salaries and benefits, work climate, reward and recognition, and tasks requirement. Organizational commitment in this present study refers to affective organizational commitment, which is "a psychological attachment to and involvement with an employing institution "(Papinczak, 2012), or "individuals' emotional

attachment to their employing organization" (Chen, Ma, Jin, & Fosh, 2013). Salaries and benefits are the payment or package that is given to employees for the work they perform. Reward and recognition are Work climate, is "people's perception and feelings about their work environment" (Freifeld, 2012).

Khan and Siddiqui (2017) made an essential reference to the impact of organizational commitment on job satisfaction. It was inferred that employees who had a high level of organizational commitment would demonstrate a high degree of job satisfaction in their job performance. According to Khan and Siddiqui (2017), job satisfaction and organizational performance are related; thus, a satisfied staff will have a great degree of organizational commitment than one who is dissatisfied. This study was conducted with 100 bank executives using a convenient sampling method. It was concluded that workers who derived great satisfaction in their job performance would be motivated to perform to the best of his or her ability (Khan, & Siddiqui, 2017).

From the research, it was ascertained that employees who are satisfied with their job and have organizational commitment are motivated to achieve greater productivity in an organization (Khan, & Siddiqui, 2017). One of the core competencies of an organization is the level of competencies of the employees. The performance of staff will have a direct impact on organizational performance (Khan & Siddiqui, 2017). Previous researches have been conducted to determine the influence of different variables on employees' job satisfaction (Susanty, & Miradipta, 2013).

An empirical study was undertaken by Susanty and Miradipta (2013) to explain and test the effect of attitude toward work, job satisfaction and organizational commit-

ment to employee performance. Simple random sampling was used where 200 employees were selected randomly from both managerial and non-managerial staff at a company. Primary data was collected via questionnaires, which were based on a 1-5 Likert scale. The results from the empirical study confirmed that the organization's commitment has a positive and significant effect on job satisfaction (Susanty, & Miradipta, 2013). Therefore, to increase organizational commitment in employees, management should consider motivating them and rewarding quality performance and company loyalty (Susanty, & Miradipta, 2013).

An empirical study was done by Chaturvedi (2013) to determine the effect of organizational commitment on job satisfaction. Standardized questionnaires were used with a random sampling of 150 employees as participants. The findings of this study surmised that organizational commitment has a great effect on job satisfaction. Additionally, workers who are deeply committed to their organization will be motivated to perform well to help it to maintain its cutting edge (Chaturvedi, 2013). It is arguable that employees have no kind of commitment to an organization will not put their full effort towards goal accomplishments.

A study was done by Askoy and Yalçınsoy (2018) to evaluate the relationship between organizational commitment and job satisfaction in the service sector. Participants were selected using random sampling. A 5-point Likert scale instrument was used to collect data. The findings of the study showed a strong relationship between organizational commitment and job satisfaction. Therefore, employees who experienced great job satisfaction will be motivated and committed to helping their organizations perform effectively (Askoy, & Yalçınsoy, 2018).

Aydogdu and Asikgil (2011) researched to determine if there was any relationship between job satisfaction, organizational commitment, and turnover intention. The participants were from a combination of one production and one service organization. The findings of this empirical study confirmed that there is a positive relationship between job satisfaction and affective organizational commitment. Thus, the more satisfied employees are, the greater will be their commitment towards their employment organization (Aydogdu, & Asikgil, 2011).

Salary and benefits are an important dimension which is related to job satisfaction. A facility based cross-sectional study was conducted in different health care centers to determine factors that influence job satisfaction. For this research, twenty-three health centers were randomly selected, with 322 health care professionals involved in the study (Deriba, Sinke, Ereso, and Badacho (2017). The findings from this study suggested that other variables that help to determine job satisfaction include salary and benefits packages, recognition by management, opportunity to develop, and opportunities to advance in an organization. The dimension of salary and benefits were given prominence in this study, as it shows a strong positive relationship with job satisfaction.

According to Deriba, et al. (2017), education status and monetary compensation have a significant influence on job satisfaction amongst health care providers. The variables that had the most relevance on job satisfaction in this empirical study were adequate salary and incentives (Deriba, et al., 2017). The cross-sectional study allowed the research to be collected in a short period (Singleton, & Straits, 2017). This method of study was limited by the amount and accuracy of the information that each participant

reported. The results from the findings could, therefore, be unfavorably skewed, favoring some variables over the other in the way they are linked to job satisfaction (Deriba, et al., 2017).

Highly motivated employees may be more satisfied with their jobs and may perform better than employees who have the low motivation (Jayaweera, 2015). Findings from this cross-sectional study which collected data via questionnaires from 254 workers from various hotels implied that management needs to provide both intrinsic and extrinsic motivation for employees to be satisfied with their job and be able to perform satisfactorily (Jayaweera, 2015). Thus, these motivators could be given in the form of increased salary and benefits (Jayaweera, 2015).

From empirical research, Herzberg et al. (2010) suggested that hygiene factors include the dimension of salary. According to Herzberg, et al. (2010), salary by itself does not contribute to job satisfaction. Employees may be convinced that the pay system in an organization is unfair, which may influence their perception of job satisfaction. A study by Malik, Danish, and Munir (2012) was conducted to determine if pay and promotion have any effect on job satisfaction. There were 200 participants from higher educational institutions. The findings from this research supported the hypothesis that payment (or salary) has a significant relationship with job satisfaction, while that with the promotion was not considered significant (Malik, et al., 2012).

Parvin and Kabir (2011) also argued that the salary has an impact on job satisfaction. An empirical study was embarked on to identify the factors that most affected job satisfaction in the Pharmaceutical sector. The results of this research supported the premise that salary has a significant effect on job satisfaction (Parvin, & Kabir, 2011).

The study further implied that employees who experience job satisfaction would motivate workers to provide more quality service to customers and enhance their organization's competitiveness.

According to Herzberg, et al. (2010), the achievement is an important variable that can be realized in different ways. For instance, the achievement is centered on the successful completion of a job. The achievement must be where an employee has achieved his or her aspiration (Herzberg, et al., 2010). However, it is arguable that the absence of achievement in the accomplishment of a job does not necessarily mean job dissatisfaction (Hertzberg et al., 2010). Recognition can be given to employees by their supervisors, co-workers, customers and subordinates (Herzberg, et al., 2010). This recognition can then be rewarded in different forms.

Herzberg, et al. (2010) reiterated that the two most frequent feelings that are equated with job satisfaction are a sense of achievement and recognition. The statistical analysis from the empirical study by Danish and Ali (2010) posited that rewards and recognition has a great influence on the motivation of employees. This study implies that if there are changes in the way workers were previously recognized; there would be a similar change in job satisfaction (Danish, & Ali, 2010). This research was done using a convenient sampling technique, with 220 participants.

An empirical study by Sarwa and Abugre (2013) showed that most of the participants in this study were not satisfied with the recognition they received from their employers for the work they accomplished. The study further argued that there is a positive relationship between employees who experience great job satisfaction and improved client service and loyalty (2013). Khan and Siddiki (2017) concluded in their study that

a significant relationship existed between reward and recognition and employees' job satisfaction.

The implication in the empirical research by Kwenin, Muathe, and Nzulwa (2013) is that rewards that are perceived to be enough and having a satisfactory job will enhance employee's willingness to continue working for an organization. Brunges and Foley-Brinza (2014) argued that organizations should consider implementing programs such as rewards and recognition, which will increase job satisfaction, thereby increasing their level of commitment and productivity in an organization. In this context, it is implied that reward and recognition have an undetermined relationship with job satisfaction. Another research by Sajuyigbe, Olaoye, and Adeyemi (2013) suggested that payment and recognition (dimensions of rewards) had a positive impact on employees' performance, implying that there was a high level of job satisfaction.

Work climate is another important dimension under consideration. Work climate and organizational climate will be used interchangeably in this research. The results from a cross-sectional survey of data collected from hospital nurses' participants suggested that work climate is positively related to nurses' job satisfaction (Caricati, et al., (2013). This implied that nurses who experience a great degree of job satisfaction would be motivated to continue to work and perform effectively.

According to Adenike (2011) work climate has a significant positive relationship with job satisfaction. This was based on data collected from participants who were part of a study undertaken at a private university. This study suggested that the dimension of the work climate does have an impact on job satisfaction. Lu, et al. (2011) posited that job satisfaction amongst hospital nurses has a positive relationship with the work

environment.

An empirical study was undertaken by Lavoie-Tremblay, Leclerc, Marchionni, and Drevniok (2010) to compare work climate perceptions and intentions amongst three generational groups of healthcare workers. The findings suggested that an improved work climate is a motivating factor for employees' retention. This implied that job satisfaction is linked to a positive work climate. Jyoti (2013) research findings supported the hypothesis that organizational climate has a significant impact on employees' level of job satisfaction. Castro and Martins (2010) empirical research concluded that there was a strong positive relationship between organizational climate and job satisfaction. This suggested that management needs to satisfy the needs of the diverse workgroups to elicit their job satisfaction (Castro, & Martins, 2010).

Task requirement is another dimension that past research has identified as having an impact on job satisfaction. Atefi, Abdullah, Wong, and Mazlom (2014) completed a qualitative descriptive research study to identify factors that affect nurses' job satisfaction in critical care and medical-surgical setting in a hospital. Findings from this study gave credence to the proposition that task requirement was one of the motivating factors that contributed to nurses' job satisfaction. The limitation of this study was using a convenient sample of 85 nurses, which did not present a correct representation of all nurses in that vicinity.

Shantz, Alfes, Truss, and Soane (2013) argued that employees who are given job assignments that provide a certain degree of autonomy, task variety, and task significance would be more engaged in their job performance. Arguably, a job that is perceived to be monotonous and repetitive and has no challenge will contribute to some

level of job dissatisfaction. Another empirical study by Hadi and Adil (2010) concluded that the characteristics of jobs, which include skill variety, task assignment and task identity, have a significant and positive impact on job satisfaction. Sultan (2012) postulated that the type of task assignment has a strong effect on job satisfaction. The findings from this study suggested that job characteristics, which include skill variety and task significance have a positive relationship with motivation and job satisfaction (Sultan, 2012).

Competitive Advantage-Component

Importance

The framework for competitive advantage-component is based on the theory of Michael Porter. It is essential for an organization to remain competitive as it seeks to gain a competitive edge or advantage over its competitors (Porter, 1998). As discussed by Stefan, Popa, and Dobrin (2016), competitive advantage in healthcare organizations means the provision of high-quality services, compared to services provided by other competitors. This advantage must be recognized by patients, the public and regulatory bodies (Stefan, et. al, 2016). Competitive advantage can be achieved either through cost leadership or differentiation (Porter, 1998). It is inferred that in healthcare organizations, distinction means that the quality of care provided by a facility must be superior when compared to those provided by their rivals.

Costs are an important component of competitive advantage (Lynch, 2012). According to Al-Qatamin and Esam (2018), cost related to an organizations' s capacity to minimize total costs of operation to increase its profitability. The Centers for Medicare

& Medicaid implemented the Bundled Payment for Care Improvement (BPCI) in dialysis units for patients with ESRD. This was introduced to replace the fee-for-service system and to encourage facilities to prove safe and quality patient-centric care. The BPCI program, referred to as ESRD bundle is impacting the quality of care that is provided. This payment system limits outpatient dialysis ability to compete with as cost leaders.

Differentiation can only be accomplished if an organization distinguishes itself from its competitors by unique offerings that are valued by customers (Porter, 1998). Also, a company can use its competitors as a standard of comparison as it endeavors to increase its ability to differentiate (Porter, 1998). This suggested that a company can use its competitor's performance as a benchmark against its own performance.

According to Agha, Alrubalee, and Jamhour (2012), organizations that possess the core competency or knowledge that distinguish them from another business will have a competitive advantage over their rivals. Birhanu, Assefa, Woldie, and Morankar (2010) suggested that healthcare providers should make customer satisfaction a priority to generate customer's loyally, which will help to sustain the organization's competitive advantage. Competitive advantage will help an organization to obtain superior performance (Abou-Moghli, Abdallah, & Muala (2012).

An organization can use its resources and capabilities effectively to help to attain a competitive advantage over its competitors (Agha, et al., 2012). The importance of competitive advantage was reiterated in the study that posited that competitive advantage had a great influence on organization performance, resulting from its flexibility and responsiveness components (Agha, et al., 2012). According to Kahreh, Ahmadi, and Hashemi (2010), flexibility relates to the ability of organizations to adjust to changes

without affecting operations.

Dimensions

Present literature has identified different dimensions relevant to competitive advantage. These are efficiency, innovation and responsiveness (Kahreh, et al., 2010); flexibility and responsiveness (Agha, et al., 2012); time, quality, cost and flexibility (Abou-Moghli, et al., 2012) and cost/price, delivery dependability, innovation, time (Munizu, 2013). Al-Qatamin and Esam (2018) suggested that the dimensions of competitive advantage are quality, flexibility, time and delivery and cost. Stefan, et al. (2016) also suggested that dimensions that relate to sustainable competitive advantage for healthcare organizations are: economic dimensions, quality dimensions, social dimensions and strategic dimensions.

For this study, which focuses on competitive advantage through differentiation in outpatient dialysis facilities, the dimensions are studied are time and delivery dimension, quality dimension, strategic dimension and responsiveness dimension. The dimensions should help in the provision of service, which should be a source of competitive advantage (Kahreh, et al., 2010). According to Al-Qatamin and Esam (2018), the dimension of time and delivery relates to an organization's ability to provide services promptly. The time dimension in this current study is the wait time for care to be delivered in an outpatient healthcare setting. In outpatient dialysis facilities, patients with ESRD are scheduled to receive shift assignments weekly.

Long wait periods will depict an unfavorable view of the health services provided and will be a determinant of whether patients desire to return to that health facility for

repeat services (Joonas, & Wang, 2012). The results of a study by Joonas and Wang (2012) suggested that long waiting periods contribute to patients' dissatisfaction with the healthcare services provided. Patients' satisfaction could encourage patients' loyalty, which is vital for sustaining competitive advantage (Porter, 1998). Atinga, et al. (2011) conducted an exploratory study, using 324 participants to determine if waiting time has any significant impact on patients' satisfaction of care provided in two hospital settings. The findings from this study suggested that waiting time was a predictor of patients' satisfaction with the quality of health care service (Atinga, et al., 2011).

A cross-sectional descriptive study was done by Masango-Makgobela, Govender, and Ndimande (2013) to determine the reasons why patients move from a nearer facility to another one, which was further from their residence. Long wait time was identified as one of the factors that contributed to their dissatisfaction. Aswar, Kale, Rewatkar, Jain, and Barure (2014), in their empirical study with 320 participants, concluded that shorter wait periods contributed to greater patients satisfaction. The reputation of the organization in the community and the organization's organizational performance is dependent on patients' perception of satisfaction and their inference of the quality of services provided (Aswar, et al., 2014). It is implied that in any healthcare facility, differentiation can be achieved by the quality of services offered to the patient, which in this case means short wait periods.

The dimension of quality is perceived as an essential dimension to competitive advantage. Stefan, et al. (2016), in an empirical study, supported the concept that quality is a dimension of competitive advantage. The findings from a survey by Bloom, Propper, Seiler, and Reenen (2015) posited that where there is increased competition,

organizations will be forced to improve the quality of their products to remain competitive. Lynch (2012) reiterated that the strategic management process involves persuading customers to choose the services offered by a facility over those provided by their competitors. This process consists of the utilization of total quality management. The concept of quality in this research is overall quality management (TQM).

According to Lynch (2012), “total quality management (TQM) involves the whole organization and emphasizes the role of quality in meeting the needs and expectations of its customers” (p. 551). This means that the entire organization is involved in providing quality service in a healthcare facility. Quality leads to a sustainable competitive advantage (Lynch, 2012). The results from the research by Al-Qudah (2012) showed that customer services, using total quality management, had a significant impact on competitive advantage. Ferdousi, Baird, Munir, and Su (2018) undertook a study that concluded that the adoption of certain TQM practices in organizations could result in a competitive advantage.

Talib, Rahman, and Azam (2011) suggested that health care organizations should incorporate these components of TQM into their operations, to enhance their competitiveness: top management commitment; participative teamwork; process management; patient-centered and satisfactory patient care; effective resource management; staff training and education, cultural diversity and continuous improvement. Agus and Hassan (2011) posited that TQM could be used to achieve sustainable competitive advantage through the provision of excellent customer services.

Findings from the research by Fotopoulos and Psomas (2010) suggested that

organizations that incorporate TQM practices can enhance their ability to achieve competitive advantage. Talib, Rahman, and Qureshi (2013) conducted an empirical study to investigate the relationship between TQM practices and quality performance in Indian service companies. The results proposed that a partial relationship existed between them. Quality performance is important in the attainment of competitive advantage (Talib, et al., 2013).

Munizu (2013) carried out a quantitative empirical study to determine if TQM practices affect competitive advantage and organizational performance in the fishery industry. The participants were 66 fishery companies. The results derived confirmed that there was a significant positive relationship. Molina-Azorín, Tari, Pereira-Molinez, Lopez-Gamero, and Pertusa-Ortega (2015) concluded from their empirical study that quality management has a direct relationship with competitive advantage. It is important for organizations to implement TQM practices, which is intended to help them derive a competitive advantage.

According to Stefan, et al. (2016), the strategic dimension relates to the strategies used by management and leaders towards attaining sustainable competitive advantage in a health care organization. Strategic dimensions are the strategies used by management to help a company or organization in its quest for competitive advantage. An empirical study was done by Marin Rubio, and Ruiz de Maya (2012) involving 144 companies; this study was intended to investigate how the management used corporate social responsibility (CSR) as a corporate strategy or strategic dimension to attain competitiveness. The results confirmed that CSR had a positive impact on competition; hence an organization’s ability to achieve competitive advantage is possible through

strategic plans made by management.

Strategic management is one where the goals, mission and objectives are clear and plan to achieve them and attain a competitive advantage over time is considered (Lynch, 2012). Teeratansirikod, Siengthai, Badir, and Charoenngan (2013) completed an empirical study with a total of 101 executives from different companies participating. The study was intended to evaluate how performance measurement affects the relationship between competitive strategies and firm performance. The findings showed that differentiation strategies used to help achieve competitive advantage has a direct and significant effect on firm performance.

The Human Resource team often makes strategic decisions about the composition of the workforce. Highly skilled and trained workers with expertise and knowledge are valuable resources in an organization. Bal, Bozkurt, and Ertemsir (2013) posited that management could strategize their Human Resources (HR) function by ensuring that it is designed to develop their skills and knowledge. This empirical research was done using a convenient sample of 48 organizations from various sectors. According to Bal, et al. (2013), workers who are trained and highly skilled are resources of an organization that can be used as a source towards achieving competitive advantage. Human resources are comprised of skills or know-how, communication skills and motivation (Grant, 2013).

An empirical study was conducted by Veld, Paauwe, and Boselie (2010), with 576 respondents in a hospital health care setting. The results of the study suggested that employee's perception of strategic management goals and HR systems in a hospital setting is important for creating strategic climates for operational units' involvement

in the achievement of goals and objectives. Sani (2012) conducted an empirical study using a multi-respondent survey of 48 companies. The findings of this research posited that there is a positive relationship between organizational performance and strategic HRM alignment and line management training in HR. This performance is necessary to achieve a competitive advantage.

Responsiveness had a significant influence on patients' satisfaction in the research findings done by Boadi, Bentum-Micah, Asare, and Bosompem (2019). Responsiveness is a dimension of competitive advantage, as previously mentioned (Kahreh, et al., 2010) and Agha, et. Al. (2012). According to Carlos, Sousa, and Fernando (2010), responsiveness is an organizations' ability to respond quickly to customer's needs and wants. An empirical study was undertaken by Dewi, Sudjana, and Oesman (2011) to determine patients' perception of the quality of service provided, based on the responsiveness of their caregivers. The results of the findings were that patients were dissatisfied with the responsiveness of staff during the waiting period and staff knowledge about patient's needs during their treatment.

An empirical study was done by Sajjadi, Moradi-Lakeh, Nojomi, Baradaran, and Azizi (2015) to assess the responsiveness of the health system for patients diagnosed with diabetes in a cohort group. The findings from the study showed that the attitudes of health care providers and health organizations need to be improved towards these patients. As discussed by Sajjadi, et al. (2015), responsiveness from the patients' perspective includes prompt attention, dignity, communication and level of autonomy. All these factors will help to determine the level of satisfaction that is reported by patients

and assessed by health caregivers. It can be inferred that patients will choose to receive healthcare services at a facility where they are highly satisfied with the responsiveness given by staff and caregivers.

Responsiveness is also relevant to supply chain management in the provision of healthcare services. Sukati, Hamid, Baharun, Alifiah, and Anuar (2012) reiterated that a supply chain is comprised of all the contributors who are involved in satisfying a customer's request. It is inferred that a supply chain in a healthcare setting would involve all the participants who directly or indirectly were involved in the provision of responsive health care to a patient, inclusive of that patient.

Responsiveness is attainable as part of an organizations' s operation through the provision of quality and timely goods or services (Sukati, et al., 2012). Empirical research was done by Sukati, et al. (2012) to determine the effect of supply chain responsiveness on competitive advantage. The findings of this research indicated that effective supply chain responsiveness would enhance an organization's competitive advantage. However, as discussed by Sukati, et al. (2012), the field of study on supply chain responsiveness has few empirical types of research and depends mostly on conceptual models.

Organizational Performance

Importance

Organizational performance is the dependable construct in this current research. An organization that is not performing well may be forced to discontinue operations or file for bankruptcy. Cheng and Lin (2014) defined organizational performance as the

goal that is realized in business operations. An out-patient health care facility needs to achieve its goals and objectives, compete with its rivals, and sustain a competitive advantage to remain a viable entity. Abu-Jarad, Yusof, and Nikbin (2010) posited that organizational performance could be determined using financial or non-financial criteria. Prior researchers have found it challenging to have a concise definition of organizational performance (Abu-Jarad, et al., 2010).

Skilled and knowledgeable workers who are committed to an organization are essential for the improvement in organizational performance (Irefin, & Mechanic, 2014). Companies undertake business operations intending to succeed or perform effectively and will employ staff whom they believe are committed to the overall organizational performance. Agha, et al. (2012) contented that organizational performance is the result of strategic management processes that were implemented and practiced. The success or failure of a business will have an impact on each of its stakeholders. Stakeholders or persons of interest in a private outpatient health care facility would include shareholders, employees, managers, medical directors, patients, suppliers, logistics, and government regulatory bodies. It is inferred that organization performance will be influenced in some way by these stakeholders.

A study by Saeidi, Sofian, Saeidi, Saeidi, and Saaeidi (2015) conducted an empirical study to determine the relationship between CSR and organizational performance. The participants were 205 manufacturing and consumer product firms. Factors taken into consideration as mediators between these variables were a sustainable competitive advantage, reputation and customer satisfaction. The findings showed that CSR greatly influences organizational performance.

Organizational performance of an outpatient dialysis center can be fulfilled through the functions of corporate social responsibility (CSR) in which resources from the business are invested in community efforts. Outpatient centers can provide community fairs, education on wheels and other resources to educate the community in which they operate. Also, they have an ethical responsibility to pay staff fairly. Another way the CSR can be done is to provide efficient services to patients. This means that they will make an effort to provide on-time treatment, therapeutic treatment, and required medications.

Dimensions

Zehir, Sehitoglu, and Erdogan (2012) focused on the dimensions of quality, operations and employee performance in measuring organizational performance in his study. Ali, Rehman, Ali, Yousaf, and Zia (2010) conducted empirical research that focused on the financial performance of firms using three dimensions: market share, performance relative to competitors and profitability. Yap and Tan (2012), in their research on the effect of supply chain services on organizational performance in public healthcare, used the dimensions of reliability, responsiveness, assets, cost, revenue, customer satisfaction, sustainability and safety. The author's interest in this study is a total assessment of organizational performance that is relevant to private outpatient dialysis organizations. The dimensions that were used in this current study of organizational performance are employee performance, operations and profitability.

The dimension of employee performance is essential as the performance of

workers can have a tremendous impact on organizational performance, and subsequent success. In analyzing organization performance, a study was done using a deductive approach with a cross-sectional research design and self-completion survey instrument. The study was undertaken to explore the impact of working conditions and training & development on organization performance through the mediating role of employee engagement and job satisfaction. Data was collected from 300 respondents. Findings from this study suggested that job performance is strongly related to organizational performance (Chaudhry, et al., 2017). The study alluded that excellent performance by employees will help to maximize profit, and help an organization fulfill its corporate social responsibility, both internally and externally.

In determining the degree to which human resources influence organizational performances, a study was undertaken by Hashemi and Dehghanian (2017) to investigate the relationship between human resources management and organizational performances, with a focus on the mediating role of organizational innovation. In this context, human resources management include staff education and employee development, and organizational performance means managerial performance and market performance. The researchers used simple random sampling with a study population of 250 employees. The results showed that there was a significant relationship between human resources and organizational performance (Hashemi, & Dehghanian, 2017).

Abbasi and Janjua (2016) conducted an empirical study to determine the mediating role of job stress on work overload and organizational performance in the banking sector. Participants were randomly selected to respond to the questionnaires. The results of the study confirmed that job stress influence how workers performed, which in

turn affected organizational performance. This implied that employees who experience stressful situations while performing their job due to its extremity would not be able to perform to the best of their ability. This is in line with the research findings of Shahid, Latif, Sohail, and Ashraf (2011), who posited in the findings of their research that over-stressed jobs decrease employee performance. It is inferred that the performance of an organization will be influenced by how well the employees perform.

An empirical study was done by Mahmood and Azhar (2015), using a descriptive and explanatory research methodology, with 300 participants. This study was intended to determine the impact of human capital on organizational performance. Human capital in this study was relating to employee's knowledge, skills and abilities (Mahmood, & Azhar, 2015). The findings of the study found a strong positive relationship between human capital and organizational performance. This finding suggested that employees who possess these attributes of knowledge, skills and abilities will be able to perform effectively to achieve positive organizational performance.

The dimension of operations that relates to the way the business operation is undertaken to produce the desired results was used by Zehir, et al. (2012) in his empirical research on organizational performance. Operations also focused on how a business is operated, influenced by organizational culture and leadership style. Slack, Brandon-Jones, and Johnston (2013) defined operations management as the methods used by organizations to facilitate the delivery of goods or services. It means that managers or leaders are responsible for strategically planning to ensure that there is a timely output of goods and services to satisfy customer's needs.

Ngai, Chau, and Chan (2010), in their research, articulated that operations management involved inter-organization collaboration and operational competencies for ensuring an effective supply chain agility, which will generate the supply of goods and services as needed.

Alhyasat and Sharif (2018) surmised that strategic leadership is an important facet of operations, as leaders can use their knowledge of operations and communication efficiency with staff to influence organizational performance through business innovation. Empirical research was undertaken by Alhyasat and Sharif (2018) to discern the relationship between strategic leadership and organizational performance.

The results of the research confirmed that a positive relationship exists between leadership and organizational performance. According to Wong, Tsui, and Xin (2011), organizational performance can be measured by an organization's market share, profitability, growth and competitive advantage. Wong, et al. (2011) undertook an empirical study that suggested that a leader's behavior is directly related to organizational performance. An empirical study was conducted by Zehir, et al. (2011) to determine the effects of leadership style and organizational culture on organizational performance. The conclusion derived from the findings of his research is that both organizational culture and leadership style affected organizational performance. This will have an impact on how management conduct business in the short term and the plans that are in place to ensure that operations are executed efficiently.

Jaafreh and Al-abedallat (2013), undertook a study to determine the effect of quality management practices on organizational performance. Quality management practices in this study include the role of management in leading effectively through

strategic planning, setting guidelines, having realistic policies in place to help in achieving goals and objectives, providing the necessary resources that are needed for operation and implementing quality improvement practices (Jaafreh, & Al-abedallat, 2013). Management input into the daily operation of a business and plans made for both short-term and long-term quality improvement will help to determine if an organization is able to meet the expectations of its various stakeholders. Health organizations need to have proper systems in place to ensure that all their obligations are met, customers receive their required medications, staff are properly trained and are following statutory guidelines in their daily provision of care. The research findings by Jaafreh and Al-Abedallat (2013) posited that there is a significant relationship between quality management and organizational performance.

In organizational performance, the author alluded that one of the components that measure financial benefit is profitability (Gavrea, Ilies, & Stegerean, 2011). Profitability is an important dimension that determines the successful operation of a for-profit organization, regardless of whether it provides goods or services to its customers. Grant (2010) implied that profitability is achieved when an organization utilizes its resources and capabilities to give it a competitive advantage over its competitors. Outpatient health care facilities that are for-profit may strive for cost containment strategies to provide patient care and achieve profitability. An empirical study by Mutya (2018) to determine the impact of cost control on organizational performance concluded that management should focus on cost containment measures, which will ultimately influence profitability.

Burke and Ryan (2014) suggested that the practice of cost control by health care

organizations should not compromise the quality of health care that is provided. Thus, out-patients dialysis centers could seek to practice cost containment, but not at the expense of providing substandard care. An empirical study was undertaken by Akeem (2017) to determine the mediating effect of cost control on the profitability of an organization. Cost control in this study meant that the expenditure does not exceed the amount that was budgeted to spend. The findings from this study posited that cost control is necessary to ensure that an organization achieves its goal of profitability, which determines organizational performance (Akeem, 2017).

The rate of hospitalization of outpatient dialysis patients will impact the profitability of dialysis facilities. This is due to the loss of revenue, which is assumed to be diverted to the hospitals where they are hospitalized. A study by Dalrymple, et al. (2014) researched if the profitability of outpatient dialysis facilities was related to the frequency in hospitalizations of new dialysis patients. This study included data collected on 150,642 patients during the period 2008-2008. The findings of this study suggested that patients who received treatment in for-profit facilities had more frequent hospitalizations than those who received treatment in nonprofit facilities.

A study by Keitany and Riwo-Abudho (2014) concluded that improvement in management style and the success of an improved inventory production system would help to generate an efficient management system. One of the key elements of lean production was identified as waste management. Profitability is posited as resulting from lean production practice. Waste management is essential in the healthcare industries (Keitany, & Riwo-Abudho, 2014). The waste in material supplies, medical supplies,

and other materials used need to be properly managed to prevent and eliminate wasteful practices, which can costly and reduce organizational profitability.

Relationship Between Variables

The arrows in the model in chapter 1 indicate a direct relationship between quality of service and competitive advantage; and job satisfaction and quality of service. Competitive advantage can be achieved through the provision of service, which is perceived to be of a unique quality (Kasasbeh, et al., 2017). The quality of service that is provided by an organization is a determining factor in whether an organization can achieve or sustain a competitive advantage (Osotimehin, Hassan, & Abass, 2015). Organizations that endeavor to provide excellent quality goods and services to their customers can achieve a competitive advantage over their competitors (Hossain, Tasnim, & Hasan, 2017).

It is inferred that service quality that is directly related to the achievement of competitive advantage by a healthcare facility must be of a superior quality that makes it unique. The relationship between service quality is significant, as the quality is a key factor in obtaining a competitive advantage (Alghamdi, & Bach, 2013). This relationship appears to be a linear one, where changes in the quality of service provided will directly affect the ability of firms to achieve competitive advantage.

Job satisfaction is a predictor of the quality of care that is provided to patients by caregivers. Fu and Deshpande (2014) posited that employees who are highly satisfied with their jobs would be committed to optimal performance. It is therefore implied that in the service sector, employees who achieve significant job satisfaction will provide

quality services to their clients. The sense of achievement is closely related to the quality of service, in that an employee who has a sense of achievement is likely to produce a higher quality of service.

A study conducted by Leggat, Bartram, Casimir, and Stanton (2010) inferred that job satisfaction is associated with nurses' concept of quality of care. It is implied that nurses' job satisfaction is linked to the quality of service that they provide in relation to patients' care. This suggested that there is a direct relationship between job satisfaction and quality of service. The empirical study by Lee and Chen (2013) suggested that there is a relationship between job attitude and employee commitment to the provision of quality service. It is thus perceived that job attitude and job commitment is determined by the level of satisfaction employees derived from their jobs.

Research About the Variables

In this section, previous researches that used structural equation research related to the current constructs were examined. Vega, Fuentealba, and Ortiz (2017) conducted a study on job satisfaction where models of structural equations were applied to analyze the relationship between the six different dimensions that affect job satisfaction. Four of the six dimensions, after structural adjustment, were found to have a positive effect on workers' job satisfaction.

Another research was undertaken by Subramani, Jan, Batcha, and Vinodh (2016) also postulated that organizational climate has a positive relationship with job satisfaction. The researchers used structural equation modeling to test the conceptual model, which was presented in the study.

Structural equation modeling was also used in the empirical study by Yilmaz, Ari, and Gurbuz (2018) to investigate the relationship between quality of service and subsequent customer satisfaction and loyalty to a service organization. The findings from the study suggested that the quality of service provided to customers may determine their level of satisfaction and their subsequent loyalty to an organization. El-garaihy (2013) also used a structural equation model in research to study a conceptual model of service quality and related dimensions. The findings of this study supported the premise that quality of service is a determinant of customer satisfaction.

This model was also used by Al-alak and Tarabieth (2011) in their research, which was conducted to determine how an organization can gain competitive advantage and organizational performance through customer orientation, innovation differentiation and market differentiation. This study concluded that market differentiation has a direct impact on organizational performance. It can be inferred that in the healthcare facilities, service that is of high quality can create market differentiation, giving an organization competitive advantage

CHAPTER III

METHODOLOGY

Introduction

The purpose of this study is to explore the relationship between the variables of quality of service, job satisfaction, competitive advantage and organizational performance of outpatient dialysis facilities in New York City. According to Kumar (2014), a research study that is intended to investigate a relationship between variables uses a correlational research approach. Specifically, the study is designed to determine if the quality of service, job satisfaction, and competitive advantage have an impact on organizational performance in a healthcare facility.

This chapter provides an overview of the research design that was chosen for the purpose of this study. It provides information on the population, that is, the criteria of inclusion in the study, which the population are and how they were sampled. The instrument used to collect the data, including methods implemented to maintain the validity and reliability of the instrument are described. The concept of the null hypothesis is examined. The researcher also discusses the methods used to analyze the data. Lastly, the ethical issues that were followed in the process are also discussed.

Research Approach and Design

A quantitative approach is used for this research as the study design is specific, methodical, and has been tested for its validity and reliability (Kumar, 2014). The study designs are structured to elicit a greater degree of reliability and validity of the information provided. A quantitative approach is derived from a postpositivist worldview that relies to a great extent on scientific evidence, where data can be measured and manipulated through experimentation to explain a particular phenomenon (Creswell, & Creswell, 2018).

Thus, the researcher in this study will test the theory by formulating hypotheses and using the collected data to support or reject the hypotheses. This research approach utilizes a predetermined closed-ended question and collection of numeric data, which are analyzed using a statistical method to measure the data. Quantitative research entails the measurement of variables and testing relationships between these variables intended to reveal causal relationships (Leavy, 2017).

This study uses an explanatory design to assess trends and relationships in order to identify the conditions that are necessary for the phenomenon to be observed. The explanatory approach seeks to identify the cause and effect relationship amongst factors and outcomes for the situation that is being investigated (Harkiolakis, 2018). The researcher will determine if any disparity in the independent variables (quality of service, job description, competitive advantage) predetermined variation of the dependent variable (organizational performance).

The research is correlational as it attempts to investigate whether or not a relationship exists between the variable being studied, where no manipulation of variables

is allowed or takes place (Harkiolakis, 2018). The study is also descriptive as the researcher provides a detailed and precise representation of the phenomenon for hypotheses testing. It is intended to provide additional knowledge from data analysis to the body of learning in a particular field of study.

This study is objective, where data was collected through self-administered questionnaires given to health administrators in several outpatient dialysis facilities in New York. The research is also a cross-sectional study where only one contact was made with the study population (Trochim, Donnelly, & Arora, 2015). Cross-sectional studies are useful in researches that are investigating the prevalence of a phenomena by engaging a cross-section of the study population (Kumar, 2014). The instrument was administered for a stipulated period from August 2018 – June 2019.

Population

Population refers to the individuals who are identified as participants in this current study. The researcher must identify the population of the study, and the sample size that is needed for the research (Creswell, & Creswell, 2018). In this study, the researcher identified the target population through a referral process of contacts and selected the participants using random sampling. The population selected for this research was employees at different outpatient dialysis facilities in New York City.

An initial list of possible dialysis centers with potential participants was compiled from online sources. The list included the telephone numbers and addresses of facilities in New York City. The nurse manager or administrator for different facilities were contacted, and a brief introduction was given of the study's expectations. The facilities that

were receptive and accommodating were given surveys to distribute to dialysis staff who were directly involved in patients' care.

The number of facilities found in New York City in 2019 was approximately 95 centers (https://www1.nyc.gov). Eight facilities were willing to participate in the survey. The majority of these dialyses operated independently and privately owned. The criteria for participation were as follows: the population must be employees directly involved in aspects of patient care in outpatient dialysis centers. The requirement for this quantitative research is to have at least 100 participants, which was achieved.

Sample

Harkiolakis (2018) reiterated that in research, the sample refers to the segment of the population that is selected to participate in the study. The sampling strategy chosen should be the one that works best with a quantitative approach. Random sampling means that each individual has an equal and independent opportunity to be selected from the population (Creswell, & Creswell, 2018; Kumar, 2014). The strength of random sampling is that the sample size drawn is usually representative of the total population, and the researcher can deduce findings relevant to the total sampling population (Kumar, 2014).

The researcher is required to identify an alternative sampling technique in the event that there is a shortfall in random sampling (Creswell, & Creswell, 2018). The alternative method of sampling is convenience sampling, which is "primarily guided by the convenience to the researcher" (Kumar, 2014, p. 244). The researcher employed both

sampling methods to attain the minimum sample size of 100 participants, which was representative of the health workers population. These individuals were intentionally selected from outpatient dialysis centers in New York City.

Instrumentation

The instrument adapted for this study was surveys that were distributed randomly. The researcher analyzed the data by using SPSS 25 to gain statistical inference. This section focused on the variables used in the research, the development of the instrument, the content validity, the construct validity and the reliability of the instrument.

Variables

Variables are measurable concepts that can assume different values depending on the phenomenon that is being studied (Kumar, 2014). These are classified as dependent or independent variables. The independent variable will precipitate the phenomenon, while the independent variable will be affected by the occurrence. In this current research, the independent variables are quality of service, job satisfaction, and competitive advantage; the dependent variable is organizational performance.

Instrument Development

The data collection instrument used for administering this study was questionnaires. This is one of the primary sources of data collection in research. One strength of using questionnaires is that it provides the participant with incognito, and they can answer the questions without duress (Kumar, 2014). Approximately 150 questionnaires

were handed out in collections of 25 or 30 questionnaires to the nurse administrator in different facilities to be completed by staff and to be collected at a later date. Another twenty-five were sent to participants via online questionnaires.

The researcher developed the questionnaires based on the research questions in an attempt to collect data for statistical analysis. The format was as followed:

1. The independent variables (quality of service, job satisfaction, competitive advantage) and dependent variable (organizational performance) were discussed within a theoretical framework.

2. Itemization was given to the dimensions of each variable.

3. The instruments were developed using a five-point Likert scale for each dimension and were sent to five experts for reviewing and validating for relevance and clarity.

4. Each questionnaire had the research topic clearly stated with the researcher's name, associated area of study, and research university. A general instructions area provided guidelines for the participants. This was followed by a demographic area with seven items to fill out. The four variables which were next to had a number of statements that corresponds to each variable: (a) quality of service, 22 statements; (b) job satisfaction, 22 statements; competitive advantage, 31 statements; and organizational performance, 29 statements.

5. The instrument was then sent to the advisor for approval for data collection. (see copy of instrument displayed in Appendix A).

Instrument Validity

The concept of content validity and construct validity is explored in this section of this study. According to Kumar (2014), the concept of content validity means that the items and questions are developed to cover all aspects of the research study. Construct validity determines if the instrument is measuring what it was intended to measure (Creswell, & Clark, 2017).

Content Validity

This process was executed as follows:

1. Scholarly (peer-reviewed) journals and literature were reviewed to garner the knowledge of experts in the formulation of the variables and dimensions.

2. The instruments were compiled and sent to the advisor for added input and feedback.

3. Each variable and corresponding dimension were reviewed by the advisor for their appropriateness.

4. The instruments were approved by the advisor and returned further approval by independent experts.

5. The instruments were sent to five experts for evaluation of clarity and pertinence of the instruments of quality of service, job satisfaction, competitive advantage, and organizational performance.

Construct Validity

This was undertaken using a multivariate statistical technique, factorial analysis,

to investigate the validity of the construct of quality of service, job satisfaction, competitive advantage, and organizational performance. The statistical tests and findings from this process are displayed below.

Quality of Service

The instrument of Quality of Service was designed with five dimensions and twenty-two items. The 22 statements were grouped together in five dimensions. These dimensions with their respective items were (a) safety: items QS01-QS04; (b) provider competence: items QS5-QS9; (c) effectiveness: items QS10-QS13; (d) efficiency: items QS14-QS17; (e) accessibility: items QS18-QS22. The surveys were to be filled out anonymously. Health care workers in outpatient facilities were requested to answer various questions based on their perception of the quality of service that is provided in their facilities. The five-level Likert Scale format was used. The validity of the quality of service was evaluated using factorial analysis (see Appendix B).

The KMO scored .798 while the Bartlett's test of sphericity scored (X_2 = 793.218, *df* = 231, and *p* = .000). These tests were used to determine if there is a significant relationship between the 16 statements that demonstrate a positive correlation greater than .3. Since the KMO is > = .7, and Bartlett's test of sphericity is < = .05, significant relationship is shown. This indicates that the sample is adequate to continue with the factorial analysis. Four statements that had no correlation with any other variables may be eliminated in the final factorial analysis. The anti-image correlation matrix (MSA) was also analyzed; this determined if the variables meet the requirements of greater than 0.5, which gives this study feasibility for further factorial analysis. The measure of

sampling adequacy is displayed on the diagonal, which is the correlation number marked (a). The values are from a low of .703 to the highest value of .898. All sixteen variables met the criterion.

Communalities which shows the proportion of variance for the common factors were extracted by principal component analysis with values ranging from .484 to .741 (see Appendix B). The total variance explained shows that the SPSS extracted four factors or components and the cumulative percentage is 61.896. These four factors explain 61.896% of the total variance; this value met the criterion of 50% or greater. The four factors selected had eigenvalues greater than 1, which met the criteria of > = 1.

The Varimax method was used to help to maximize the variance of each of the factors. Table 1 displays the Rotated Component Matrix with the factor loading for the selected four components of Quality of Service. The items with the highest value in each column was selected to be part of the component.

Component 1 consisted of four items and was assigned the name “Efficiency.” The four items assigned to the dimension of Efficiency were: “The company employs skilled and competent staff”; “The training I receive is relevant to my job”; “Quality improvement measures are used to help improve patients’ outcomes”; and “All available resources are used to optimize patients’ visit”.

Component two consisted of four items and was assigned the name “Safety”. The items that were indicated for “Safety” were: “I ensured that patients at risk for fall are carefully monitored”; “I never attempt any patient care without full training’; “Care providers are knowledgeable about their patient’s health status”; and “The facility schedule a

timely pickup for patients".

Component trhee was composed of four items and was designated the name "Effectiveness". The items that were indicated for "Effectiveness" were: "I have the skills I need to work efficiently and professionally"; "Patients express satisfaction with the care that I give"; "I communicate effectively with patients" and "I treat all patients equally and fairly".

Component four also had four items and was designated the name "Provider Competence". The items that were specified for "Provider Competence" were: "Patients express confidence in decisions made by their care provider"; "I involve patients in their plan of care"; " the company provides a safe and healthy work environment" and " Care providers make regular visits to assess and follow up with their patients".

Table 1

Rotated Matrix of Quality of Service

	Component			
Item	1	2	3	4
The company employs skilled and competent staff.	.765			
The training I receive is relevant to my job.	.724			
Quality improvement measures are used to help improve patients' outcomes	.694	.400		
All available resources are used to optimize patients' visits.	.603		.331	
I ensured that patients at risk for falls are carefully monitored.	.328	.728		
I never attempt any patient care without full training.	-.337	.640		
Care providers are knowledgeable about their patient's health status.	.308	.605		
The facility schedule a timely pickup for patients.	.355	.556		
I have the skills I need to work efficiently and professionally.			.795	
Patients express satisfaction with the care that I give.			.758	
I communicate effectively with patients.			.611	
I treat all patients equally and fairly.	.322		.563	
Patients express confidence in decisions made by their care providers.				.823
I involve patients in their plan of care.				.800
The company provides a safe and healthy work environment.	.304	.420		.591
Care providers make regular visits to assess and follow up with their patients.		.395		.513

Job Satisfaction

The instrument of Job Satisfaction was designed with five dimensions and twenty-two items. The 22 statements were grouped together in five dimensions. These dimensions with their respective items were (a) Salary and Benefits: items J01-JS04; (b) Task requirement: items JS05 -JS09; (c) Organizational Commitment: items JS10-JS13; (d) Work Climate: items JS14-JS18, and Reward and Recognition: items JS19-JS22. Health care workers in outpatient facilities were requested to answer various questions based on their perception of job satisfaction in their workplaces. The five-level Likert Scale format was used. The validity of job satisfaction was evaluated using a factorial analysis (see Appendix B).

The KMO scored .865 while the Bartlett's test of sphericity scored (X^2 = 1244.364, df = 231, and p = .000). These tests are used to determine if there is a significant relationship between the 22 statements that demonstrate a positive correlation greater than .3. Since the KMO is > = .7, and Bartlett's test of sphericity is < = .05, significant relationship is shown. This indicates that the sample is adequate to continue with the factorial analysis.

The anti-image correlation matrix (MSA) was also analyzed; this determined if the variables meet the requirements of greater than 0.5, which gives this study feasibility for further factorial analysis. The measure of sampling adequacy is displayed on the diagonal, which is the correlation number marked the values are from a low of .771 to the highest value of .946. All twenty-two variables met the criterion.

Communalities which show the proportion of variance for the common factors were extracted by principal component analysis with values ranging from .565 to .801

(see Appendix B). The total variance explained shows that the SPSS extracted six factors or components, and the cumulative percentage is 70.657. These six factors explain 70.657% of the total variance; this value meets the criterion of 50% or greater. The six factors selected had eigenvalues greater than 1, which meets the criteria of > = 1.

The Varimax method was used to help to maximize the variance of each of the factors. Appendix B displays the Rotated Component Matrix with the factor loading for the selected six components of Job Satisfaction. The items with the highest value in each column was selected to be part of the component.

Component one consisted of four items and was assigned the name “Organizational Commitment”. The five items assigned to the dimension of “Organizational Commitment” were: “I am satisfied with the management style of my manager”; “Management has an interest in the needs of each worker”; “I have a good working relationship with my coworkers”; “I am satisfied with the high level of job commitment the workers have with the organization”; and “There is no support from management”.

Component two consisted of six items and was assigned the name “Work Climate”. The items that were indicated for “Work Climate” were: “I am given the training I need to do my job effectively”; “ The organization projects a positive image to workers, clients and the community”; “The company does an excellent job of keeping employees informed about matters affecting us”; “I have the necessary resources to do my job well”; “The work environment of the organization is diverse and inclusive” and “I am provided with the opportunity to improve my skills”.

Component trhee was composed of four items and was designated the name “Salary and Benefits”. The items that were indicated for “Salary and Benefits” were: “The

salary and benefits offered by the company meet my needs"; "The company offers better benefits than other companies"; "The quality of the health benefits for the worker and his or her family is adequate"; and "Employees receive all fringe benefits as established by the organization and Labor Law".

Component four had five items and was designated the name "Reward and Recognition". The items that were specified for "Reward and Recognition" were: "My company offers reward based on performance"; "I am satisfied with the reward and recognition given for my efforts" and "I find my job challenging"; " I am rewarded for the quality of my efforts" and " My work is adequately evaluated and commended by my supervisor".

Component five had one item which was loaded separately and had the indicator "I enjoy coming to work". Since this item had a high value, it was not thrown out and was not assigned to a new dimension.

Component six also had one item loaded separately with a high value that read "Directives from management are followed and respected". This item was not thrown out. It will remain under its original dimension.

Competitive Advantage-Component

The instrument of Competitive advantage was designed with four dimensions and thirty-one items. The 31 statements were grouped together in four dimensions. These dimensions with their respective items were (a) Strategic: items CA01-CA09; (b) Time: items CA10-CA14; (c) Quality: items CA15-CA24; (d): Responsiveness: items

CA25-CA31. Health care workers in outpatient facilities were requested to answer various questions based on their perception of competitive advantage in relation to their workplaces. The five-level Likert Scale format was used. The validity of competitive advantage was evaluated using factorial analysis (see Appendix B).

The KMO scored .770, while the Bartlett's test of sphericity scored (X^2 = 1618.721, *df* = 465, and *p* =.000). These tests are used to determine if there is a significant relationship between the 31 statements that demonstrate a positive correlation greater than .3. Since the KMO is > = .7, and Bartlett's test of sphericity is < = .05, significant relationship is shown. This indicated that the sample was adequate to continue with the factorial analysis.

The anti-image correlation matrix (MSA) was also analyzed; this determined if the variables meet the requirements of greater than 0.5, which gives this study feasibility for further factorial analysis. The measure of sampling adequacy is displayed on the diagonal, which is the correlation number marked. The values are from a low of .284 to the highest value of .883.

Two variables had MSA of .284 and .488, respectively, which disqualify them for inclusion in the further factorial analysis. These items were as follows: "Most staff want frequent and supportive communication from their leaders," which had MSA of .284; "Technicians and nurses spend too much time with one patient" with MSA of .488. The other twenty-nine variables met the criterion for inclusion.

Communalities which showed the proportion of variance for the common factors were extracted by principal component analysis with values ranging from .528 to .879 (see Appendix B). The total variance explained shows that the SPSS extracted nine

factors or components and the cumulative percentage is 70.577. These nine factors explain 70.577% of the total variance; this value met the criterion of 50% or greater. The nine factors selected had eigenvalues greater than 1, which meets the criteria of > = 1.

The Varimax method was used to help to maximize the variance of each of the factors. Appendix B displays the Rotated Component Matrix with the factor loading for the selected nine components of competitive advantage. The items with the highest value in each column was selected to be part of the final components.

Component one consisted of nine items and was assigned the adjusted name "Strategic Management". The nine items assigned to the dimension of "Strategic Management" were: "Management promotes quality and safety improvement in the organization"; "The organization shows a sincere interest in helping to solve staff and patients complaints"; "Management provides leadership which enhances the effective utilization of resources"; "Patients' consents are sought before any test procedures are done"; and "Management gives clear orders and clarify procedures"; "The facility is easily accessible to all patients and is strategically located"; "There is effective communication amongst all care team members (MD, RN, RD, SW, PCT)"; "Staff responds promptly to inquiry and request made by patients" and " The management team provides collaboration, training and guides the operation processes".

Component two consisted of four items and was assigned the name "Quality". The items that were indicated for "Quality" were: "Patients' are confident that staff is highly trained and competent"; "Employees use their skills and expertise to provide safe

and quality care"; " Patients' complain of not having regular follow up by their nephrologists "; and " Staff show a willingness to help and educate the patient on self-care".

Component three was composed of four items and was designated the name "Responsiveness". The items that were indicated for "Responsiveness" were "The service that is provided by staff is commended by patients"; " Nurses and PCTs are able to help and instill confidence in the patient during treatment"; " Patients are responsive to come for treatment as scheduled" and " Patients are given specific appointment times to reduce waiting time".

Component four had three items and was designated the new dimension name "Capability". The items that were specified for "Capability" were: "The company is involved in community activities to promote wellness"; "Management has implemented best care practices to make services competitive" and "The management team is fully involved in all aspects of patient care".

Component five had three items loaded and was assigned the dimension of "Time". The items that were assigned to "Time" were: "Patients complain of long waits to receive their treatments": "Patients' treatments are never started on time"; and "Patients express satisfaction with a wait time less than fifteen minutes".

Component six had two items with the highest values loaded together (see Appendix B). These will not be assigned any new dimensions. The item "Patients who missed treatment or hospitalized are contacted and treatment rescheduled by the care team" will remain under the dimension of "Quality". Also, item "Patients and staff are educated on safe practices to prevent falls and injuries" will remain under the dimension of "Strategic".

Component seven had two items loaded together; “Adequate resources (stock materials, medication) are always available” will be retained under the dimension of “Capability”, while “Technicians and nurses spend too much time with one patient” will remain pending.

Component eight and nine both have one item loaded, respectively. These two items have the highest values and will remain under the dimension “Strategic Management”. These items are “Most staff want frequent and supportive communication from their leaders,” and “Employees want to be part of the decision-making process”.

Organizational Performance

The instrument of Organizational Performance was designed with three dimensions and twenty-nine items. The 29 statements were grouped into three dimensions. These dimensions with their respective items were (a) Employee Performance: items OP01-OP11; (b) Operations: items OP12-OP21; and (c) Profitability: items OP22-OP29. Health care workers in outpatient facilities were required to answer various questions based on their perception of organizational performance in their outpatient facilities. The five-level Likert Scale format was used. The validity of organizational performance was evaluated using factorial analysis (see Appendix B).

The KMO scored .774 while the Bartlett’s test of sphericity scored (X^2 = 1436.141, df = 406, and p = .000). These tests are used to determine if there is a significant relationship between the 29 statements that demonstrate a positive correlation greater than .3. Since the KMO is > = .7, and Bartlett’s test of sphericity is < = .05, significant relationship is shown. This indicates that the sample is adequate to continue

with the factorial analysis.

The anti-image correlation matrix (MSA) was also analyzed; this determined if the variables meet the requirements of greater than 0.5, which gives this study feasibility for further factorial analysis. The measure of sampling adequacy is displayed on the diagonal, which is the correlation number marked. The values are from a low of .375 to the highest value of .889.

Two variables had MSA of .375 and .448 respectively, which may disqualify them for inclusion in the further factorial analysis. These items were as follows: “Frequent hospitalization reduces profit,” which had MSA of .375; “It is costly to purchase recurring medications for patients” with MSA of .448. The other twenty-seven variables met the criterion for inclusion.

Communalities which show the proportion of variance for the common factors were extracted by principal component analysis with values ranging from a low of .474 to .813 (see Appendix B). The total variance explained shows that the SPSS extracted eight factors or components, and the cumulative percentage is 68.431. These nine factors explain 68.431% of the total variance; this value met the criterion of 50% or greater. The eight factors selected had eigenvalues greater than 1, which meets the criteria of > = 1.

The Varimax method was used to help to maximize the variance of each of the factors. Appendix B displays the Rotated Component Matrix with the factor loading for the selected eight components of Organizational Performance. The items with the highest value in each column was selected to be part of the final components.

Component 1 consisted of five items and was assigned the name “Employee

Performance". The five items assigned to the dimension of "Employee Performance" were: "Work is completed in a reasonable amount of time"; "Employees demonstrate a great deal of responsibility in their daily activities"; "The organization works towards meeting customers treatment at the lowest possible cost without affecting quality"; "The level of staff commitment towards the company is high"; and "Workers are satisfied with all aspect of their jobs".

Component two consisted of four items and was assigned the name "Operations". The items that were indicated for "Operations" were: "Medications for staff are ordered and received on a timely basis"; " Policies and protocols are in place for all aspects of patient care"; " Quality and performance meetings are done monthly for improvement plans "; and " The organization has difficulty in replacing medical supplies needed for each treatment".

Component three was composed of three items and was assigned a new dimension "Maintenance". The items that were indicated for "Maintenance" were "Initiative is taken by staff to get things done effectively and efficiently"; "Fixed assets are maintained in good condition" and "The company invests in the maintenance of its infrastructure to provide comfort and ambience".

Component four had three items and was designated the new dimension name "Competency". The items that were specified for "Competency" were: "Employees have the required skill and knowledge to perform their work"; "Medical supplies are purchased through a medical wholesaler to minimize cost" and "Employees are given regular in-service on patient care and safety procedures".

Component five had six items loaded and was assigned the new dimension

name of “Work Ethics”. The items that were assigned to “Work Ethics” were: “Employees are highly stressed with their daily workload”; “Employees are highly motivated to give their best performance”; and “There is effective communication with peers and their supervisors”.

Component six had three items loaded together under the dimension of “Profitability”. These items were “Frequent hospitalization reduces profit”; “It is costly to purchase recurring medications for patients,” and “Lean management is practiced to eliminate waste of supplies and reduce costs”. These will remain under the dimension of “Profitability”.

Component seven had two items loaded together; “Management fulfills payment of all tax obligations” and “Overhead cost does not affect the quality of service provided”. These will remain under the dimension of “Profitability”,

Component eight had one item loaded. This item had a high loading value and will be assigned to the dimension of competency. This item was “The infection/hygiene system service is effective for staff and patients”.

Reliability of the Instrument

The researcher intended that the instrument used in this research consistently measures what it is supposed to measure. Hence, the instruments used were subjected to a reliability test to determine their internal consistency by computing the Cronbach alpha coefficient for each variable. The Cronbach alpha coefficients derived for each variable are as follows: (a) quality of service, .825; (b) job satisfaction, .910; (c) competitive advantage, .858; and (d) organizational performance, .858 (see Appendix C).

Operationalization of the Variables

Table 2 demonstrates an example of the operationalization of the collaborative relations variable, in which its conceptual definition, instrumental definition, and operational definition are included. The name of the variable is stated in the first column; the conceptual definition is in the second column; an instrumental definition that specifies how the variable will be observed in the third column, and the operational definition is in the fourth column. The operationalizations of the other variables are shown in Appendix D.

Table 2

Operationalization of the Variable Organizational Performance

Variables	Conceptual definition	Instrumental definition	Operational definition
Organizational Performance	Organizational Performance is perceived as an organization's ability and capacity to effectively utilize its available resources to achieve efficiency, and achieve its goal of providing quality goods or services (Jenatabadi, 2015); Walker, Damanpour & Devece (2011).	The degree to which health care workers in different out-patient centers perceived that organization performance is achieved by utilizing 29 items under the scale: 1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree	To measure the degree of organizational performance, data were collected from employees of different out-patient dialysis centers in New York City through the measure of 29 items. The variable was considered as metric. To derive the conclusions of this study, the following equivalence was determined for the scale used: 1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

Null Hypothesis

There are two fundamental kinds of hypothesis statements: the null and the alternative. The null hypothesis attempts to show that no variation exists between variables or that a single variable is no different than its mean (Aczel, 2012). The alternative hypothesis predicts the expectations of the researcher in a particular study (Trochim, Donnelly, & Arora, 2015).

Main Null hypothesis

This depicts the theoretical model in which quality of service, job satisfaction, and competitive advantage-components are not predictors of organization performance according to the perceptions of employees in out-patient dialysis centers in New York City.

Operationalization of the Null Hypothesis

The operationalization of the null hypothesis is demonstrated in Table 3.

Table 3

Operationalization of Hypothesis

Hypothesis	Variables	Level of measurement	Statistical Test
H_0: Quality of service, job satisfaction, and competitive advantage techniques are not predictors of Organizational performance in out-patient dialysis centers in New York City.	Independents: A. Quality of Service B. Job Satisfaction C. Competitive Advantage-Comp Dependent: Organization Performance	 Metrics Metrics Metrics Metrics Metrics	For the analysis of this hypothesis, the statistical technique of multiple linear regression was used by the successive-steps method. The rejection criterion of the null hypothesis was for values of significance $p \leq .05$.

Data Collection

According to Kumar (2014), it is vital that the participants understand the purpose and relevance of the research, irrespective of the method that is used for data collection. In this quantitative study, data was collected via questionnaires. Kumar (2014) suggested that the advantages of using this method are that it is not costly, and it provides substantial anonymity to the participants.

The data collection process was accomplished as follows:

1. A list of outpatient dialysis centers in New York City was compiled from online sources. The nurse administrators/managers of several out-patient dialysis centers in New York City were contacted, and permission was sought to use their staff members to participate in this survey. Some nurse administrators/managers agreed to have their staff join, while others declined.

2. Questionnaires were printed in hardcopy, packaged in single paper envelopes and delivered to nurse administrators/managers who had agreed to accommodate the researcher in allowing employees to participate in the survey.

3. Questionnaires were also sent electronically via emails to administrators/managers. In order to maintain anonymity and confidentiality, each questionnaire was anonymously placed in a paper envelope, which should be sealed by individual staff after completion of the survey. In addition, instructions were given to each nurse administrator/manager to remind staff members who participated in completing the surveys anonymously.

4. Follow-up telephone calls were made to the nurse administrators/managers as the response rate was slow in some instances, and some staff who had taken the

questionnaires were tardy in completing them.

5. Completed surveys were collected from the nurse administrators/managers; also, some completed surveys were mailed to the researcher. Of a total of 150 questionnaires given out, only 100 were completed and collected.

Data Analysis

Data collected from 100 participants were inputted into the IBM SPSS Statistics for data processing and data analysis. The data was then cleaned to ensure that it was free from “inconsistencies and incompleteness” (Kumar, 2014). The scores for each of the variables were acquired in the manner shown in the operationalization of the variables (see Appendix D). Once the database was completed and cleaned, it had to be coded. According to Kumar (2014), quantitative data must go through a process where data is converted into numerical values for it to be analyzed in the computer database.

Once the data has been prepared, the next step is to use descriptive statistics (measures of central tendency, measures of dispersion such as standard deviation and variances, measures of correlation, cross-tabulations) (Trochim, Donnelly, & Arora, 2015). This step is used by the researcher to describe what the data shows. In the final step in data analysis, the researcher executed a statistical analysis of the research design to test the research hypothesis (Trochim, et al., 2015), and evaluate the behavior of the independent variables.

Ethical Consideration

According to Kumar (2014), researchers in any study must be aware of the ethical underpinnings during the research process. Thus, in undertaking this study, the

researcher has taken into consideration that at no time, bias should be incorporated into the research. Also, an appropriate research methodology was used for this study. The findings are reported correct and unbiased at the conclusion of the study.

CHAPTER IV

ANALYSIS OF THE RESULTS

Introduction

The focus of this study was to investigate the effects of quality of service, job satisfaction, and competitive advantage on the organizational performance of outpatient dialysis institutions in New York City. Within the operationalization context, quality of service requires that policies and procedures are in place to ensure its effectiveness. Job satisfaction may be the factor that advances the competitive components of organizational performance.

The research conducted was quantitative, explanatory, correlational and descriptive. The predictive variables in this research were quality of service, job satisfaction and competitive advantage, while the criteria variable was organizational performance.

This chapter is arranged as follows: (a) demographic description of the subjects, (b) measurements (c), crossed table, (d) construct normality test, (e) null hypothesis, and (f) a summary of the chapter. The purpose of Chapter IV was to examine each of the research questions further and present the quantitative data analysis and findings.

Population and Sample

The population that was studied for this research included 100 employees from various outpatient dialysis centers in New York City. The research focused on employees who were involved in some aspects of patients' care. Data were collected randomly through the application of Likert scale questionnaires. The target population was 150 respondents (employees), but 50 respondents (employees) did not return their surveys. The instrument was administered from December 2018 to March 2019.

Demographic Description

The demographic information for the current research study is presented in this section. The results presented are for a range of years of birth, gender, years of service, employment, academic level, type of institution, and role in the organization.

One hundred instruments and their results were collected from among 150 respondents who were sampled. In this section, the description of the demographics of each research participant is presented.

Range of Year of Birth

Table 4 showed that 35.0% (*n* = 35) of the participants' who responded were born during the period from 1950 to 1965. The majority of the respondents, 36% (*n* = 36), were born during the period 1966 – 1980. The least number of participants, 29% (*n* = 29), were born during the period 1981 to 2000.

Table 4

Distribution of Participants by Year of Birth

Birth Period	F	%
1950 - 1965–35	35	35.0
1966 - 1980–36	36	36.0
1981 - 2000–29	29	29.0
Total	100	100.0

Gender

It was observed that 76 % (*n* = 76) of the participants were female while 24% (*n* = 24) were females.

Years of Service

In Table 5, it was observed that 48 % (*n* = 48) of the respondents (*n* = 68) have been working in outpatient dialysis centers or less, 15% (*n* = 15) for 5 to 10 years and 19% (*n* = 19). Additionally, 15% (*n* = 15) of the respondents worked for 20-30 years and 3% (*n* = 3) for 31 years or more.

Table 5

Distribution of Participants by Years of Service

	F	%
5 years or less	48	48.0
5 - 10 y–ars	15	15.0
10 - 20 y–ars	19	19.0
20 - 30 y–ars	15	15.0
31 years & above	3	3.0
Total	100	100.0

Employment Type

The findings displayed in Table 6 showed that 84% (*n* = 84) of the respondents were full time employees, 15% (*n* = 15) were part-time, while 1% (*n* = 1) was perdiem.

Table 6

Distribution of Participants by Employment Status

	F	%
Full time	84	84.0
Part time	15	15.0
Per diem	1	1.0
Total	100	100.0

Academic Level

Table 7 showed that the majority of participants had education up to the Bachelor level; 40% (*n* = 40) had high school or GED diploma, 42% (*n* = 42) had a bachelor's degree, 15% (*n* = 15) had master's degree, while only 3% (*n* = 3) had a doctorate degree.

Table 7

Distribution of Participants by Academic Level

	F	%
High school diploma/GED	40	40.0
Bachelor	42	42.0
Master	15	15.0
Doctorate	3	3.0
Total	100	100.0

Type of Institution

The results in Table 8 conveyed that the majority of employees, 80% (*n* = 80) worked in private outpatient dialysis centers; 14% (*n* = 14) of the employees worked in not-for-profit institutions, while 6% (*n* = 6) worked in other dialysis organization.

Table 8

Distribution of Participants by Type of Institution

	F	%
Private health	80	80.0
Not-for-profit-health	14	14.0
Other	6	6.0
Total	100	100.0

Role in the Organization

Table 9 showed that there were eight different roles attributed to staff who were involved in some aspect of patients' care. Of the total participants, 1% (*n* =1) was a medical director, 4% (*n* = 4) were nurse manager/administrator, 34% (*n* = 34) were registered nurses, 41% (*n* = 41) were patient care technicians, 6 % (*n* = 6) were social workers, 6% (*n* = 6) were dieticians and 8% (*n* = 8) were administrative assistants.

Cross-tabulation Results

Cross-tabulation was applied to analyze the relationship between different variables. The variables selected were the gender of participant and quality of service, academic level and quality of service, gender and year of birth and employment status and job satisfaction.

Table 9

Distribution of Participants by the Role in an Organization

	F	%
Medical Director	1	1.0
Nurse Manager/Administrator	4	4.0
Registered Nurse	34	34.0
Patient Care Technician	41	41.0
Social Worker	6	6.0
Dietician	6	6.0
Administrative Assistant	8	8.0
Total	100	100.0

Gender of Participant and Quality of Service

The relationship between gender of participant and quality of service was analyzed. Of the total population of participants according to gender, only females (1.3 %) neither agree nor disagree with the statements of quality of service. Also, of those who agree with the statements of quality of service, 37.5% were males and 42.1% were females. Additionally, the composition of those who strongly agree with the statements of quality of service were 62.5 % males and 56.6% females. This indicated that both males and females had a positive attitude towards the statements on the quality of service, suggesting a strong relationship between gender and quality of service (see Appendix E).

Academic Level and Quality of Service

The relationship between academic level and quality of service was investigated. Of the participants who had a master's degree, 6.7% neither agree nor disagree with statements on the quality of service. None of the participants with other academic levels expressed this consensus. Furthermore, those who agreed with statements on the

quality of service included 42.5% participants with high school diploma/GED, 38.1% with bachelor's degree, and 53.3% with master's degree.

In addition, 57.5% of participants with high school diploma/GED, 61.9% with bachelor's degree, 40.0% with master's degree and 100% of those with doctorate degree strongly agreed with the statements on quality of service. This demonstrated that there is a strong relationship between academic level and perceptions of quality of service (see Appendix E).

Gender and Year of Birth

In relation to the total male participants, 41.7 % (*n* = 10) were born between 1950-1965, 16.7 % (*n* = 4) between 1966-1980, and 41.7 % (*n* = 10) between 1981 – 2000. For the female participants, 32.9 % (*n* = 25) were born between 1950-1965, 42.1% (*n* = 32) between 1966-1980, and 25.0% (*n* = 19) from 1981-2000. This showed that the majority of the participants were females born during the period 1966-1980 (see Appendix E).

Employment Status and Job Satisfaction

The relationship between employment status and job satisfaction was studied. Of the total participants, 2.4% with full-time employment disagreed with the statements on job satisfaction. Also, 22.6% of full-time employees, 20.0% of part-time employees, and 100% of per diem employees neither agreed nor disagreed with statements on job satisfaction. Furthermore, 53.6% full-time employees and 53.3% of part-time employees agree with statements on job satisfaction, while 21.4% full-time employees and

26.7% of part-time employees strongly agreed with statements on job satisfaction (See Appendix E).

Arithmetic Mean and Standard Deviation

Quality of Service

The arithmetic mean of the variable quality of service was studied. It can be seen that the items with the highest arithmetic means were: “I treat all patients equally and fairly” (4.76); “I have the skills I need to work efficiently and professionally “(4.54); “Patients express satisfaction with the care that I give” (4.51); “I communicate effectively with patients” (4.50); “I ensured that patients at risk for fall are monitored carefully” (4.50); “The training I receive is relevant to my job” (4.33); “Quality education is a priority” (4.32); “I never attempt any patient care without full training” (4.27); “Quality improvement measures are used to help improve patients’ outcomes” (4.20); “The facility schedule timely pickups for patients” (4.13).

The items with the lowest arithmetic mean were: “It is difficult to transfer patients from their transportations into the facility” (2.69); “Patients complain of long wait period” (3.17) and “Care providers make regular visits to assess and follow up with their patients” (3.73). The total mean for the construct was 4.1. Thus, it can be observed that most of the respondents were in agreement with statements that underlined the assumption that their performances were indicative of the quality of service that was provided to patients (see Appendix F).

Job Satisfaction

The arithmetic mean of the variable job satisfaction was computed. It can be observed that the items with the highest arithmetic mean were: “I have good working relationships with my coworkers” (4.29); “The work environment of the organization is diverse and inclusive” (3.94); “ Directives from management are followed and respected” (3.93); “I have the necessary resources to do my job well”(3.88); and “I enjoy coming to work” (3.88). Also, the items with the lowest arithmetic means are: “My company offers rewards based on performance” (2.52); “The salary and benefits offered by the company meet my needs” (2.93); “I am rewarded for the quality of my effort” (3.00); and “The company offers better benefits than other companies” (3.01). The total mean for this construct was 3.54 (see Appendix F).

Competitive Advantage-Component

The arithmetic mean of the variable competitive advantage was analyzed. It can be detected that the items with the highest arithmetic mean were: “Patients and staff are educated on safe practices to prevent falls and injuries” (4.37); “Patients’ consents are sought before any test procedures are done” (4.34). “Employees use their skills and expertise to provide safe and quality care” (4.29); “Patients who missed treatment or hospitalized are contacted and treatment rescheduled by care team” (4.29); “Nurses and PCTs are able to help and instill confidence in the patient during treatment” (4.16); “The organization has a clearly defined mission, goal and objective” (4.16); “Staff responds promptly to inquiry and request made by patients”(4.09); “Most

staff want frequent and supportive communication from their leaders" (4.08); "Management promotes quality and safety improvement in the organization" (4.08); and "The facility is easily accessible to all patients and is strategically located" (4.6).

Items with the lowest arithmetic mean are: "Patients complain of not having regular follow up by their nephrologists" (2.69); "Patients complain of long waits to receive their treatments" (3.03); "The company is involved in community activities to promote wellness" (3.25);" Patients express satisfaction with a wait time less than fifteen minutes" (3.61); and "Technicians and nurses spend adequate time with one patient" (3.71). The total mean for this construct was (3.89); (see Appendix F).

Organizational Performance

The arithmetic mean of the variable organizational performance was analyzed. It can be discerned that the items with the highest arithmetic mean were: "Policies and protocols are in place for all aspects of patient care" (4.26); "Employees are highly motivated to give their best performance"(4.16); " The infection/hygiene system service is effective for staff and patients" (4.16); "Employees demonstrate a great degree of responsibility in their daily activities" (4.01); and "Quality and performance meetings are done monthly for improvement plans" (3.92).

Also, the items with the lowest arithmetic mean were: "Staff morale is low and staff turnover is high" (2.74); "Employees are highly stressed with their daily workload" (2.97); "Workers are satisfied with all aspects of their jobs" (3.11); "The level of staff commitment towards the company is high" (3.38); "It is costly to purchase recurring

medications for patients" (3.43) ;and "Medical supplies are purchased through a medical wholesaler to minimize costs" (3.44); (see Appendix F).

Multiple Regression Assumptions

Meuleman, Loosveldt, and Emonds (2015) highlighted four assumptions that are required to apply regression analysis tests in descriptive statistical studies. These assumptions are as follows: (a) the existence of a linear relationship between dependent and independent variables; (b) constant variance or homoscedasticity of the error term or residuals; (c) independence of the error term or residuals, and (d) the residuals are normally distributed. Therefore, to continue with this research, all four indicators must be satisfied.

In this study, the first indicator that was proven was the degree of linearity between the dependent and independent variables. The linear relationship between quality of service, job satisfaction, competitive advantage and organizational performance are represented and explained by a straight line on the scatter plot displayed in Appendix G.

The scatter plot charts displayed that all three independent variables have a positive relationship with the dependent variable. Quality of service and job satisfaction have a moderate positive relationship with organizational performance. Competitive advantage has a strong positive relationship with organizational performance.

The constant variance or homoscedasticity of the error was the second indicator that was explained. According to Salkind (2010), it is assumed that there is equality in the level of variances between the dependent and independent variables. The graph of

the standardized predicted value and the standardized residual displayed that there were no points outside of -3 or 3 on both the y and x-axis. This criterion had to be met for homoscedasticity. The scatterplot where the dependent variable of organizational performance was displayed met the assumptions of constant variance (see Appendix G).

The third indicator that needed to be proven was the independence of the error terms or residuals using the Durbin-Watson test (see Appendix G). According to Aczel (2012), this test was developed in 1951 by Durbin and Watson, to detect whether or not the assumption that the regression errors are uncorrelated is violated. The result of the test performed in this study was 1.8. The ideal is a value of 2, but the rule of thumb is that values between 1.5 and 2.5 are normal. The result of 1.8 is very close to 2 and indicated that the errors are independent and uncorrelated, and the assumption was not violated.

Lastly, to prove that the residuals are normally distributed, the test for normality of residuals was performed. In the analysis of the normal probability plot of regression standardized residuals, we assumed that the observed standardized residuals are normally distributed. The scores closely follow the line with few deviations. The test for normality was done using both standardized and unstandardized residuals (see Table 10 and Appendix G).

The sample size determined which test to use, the Kolmogorov-Smirnov, or the Shapiro-Wilks test. The sample size in this research was greater than fifty; thus, the Kolmogorov-Smirnov test was used to test the normality of both standardized and unstandardized residuals. The Kolmogorov-Smirnov statistics (p = > .05) showed that

there was no difference in the results between the standardized residual and unstandardized residual. Since p = 200, it was confirmed that the distribution of the residual was normal.

Table 10

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Unstandardized Residual	.067	100	.200*	.982	100	.176
Standardized Residual	.067	100	.200*	.982	100	.176

Null Hypothesis Testing

This section presents the null hypothesis to which the supporting statistical tables are presented in the discussion.

The null hypothesis (H_0) stated that: Quality of service, job description and competitive advantage-component are not significant predictors of organizational performance. Multiple linear regression analysis was used to test this hypothesis. Organizational performance was highlighted as the dependent variable, and quality of service, job satisfaction and competitive advantage were the independent variables.

The method of stepwise in regression analysis was applied to determine which independent variable (quality of service, job satisfaction, competitive advantage) was the best predictor of the variance of organizational performance. Quality of service is considered a good predictor of organizational performance, explaining 34.5% of the variance of the dependent variable, as shown in the Adjusted *R* square (see Table 11, Model 1).

Quality of service and job satisfaction both contributed to 45.0 % of the variance of the dependent variable, organizational performance. They are also considered to be good predictors, contributing more than 30% of the variance of the dependent variable (see Table 12, Model 2). It was observed from the adjusted *R* Square that all three independent variables contributed to 53.7% of the variance of the dependent variable, organizational performance (see Table 13, Model 3).

Table 11

Model Summary

Model	*R*	*R* Square	Adjusted *R* Square	Std. Error of the Estimate
1	.593[a]	.352	.345	.30335
2	.679[b]	.461	.450	.27816
3	.742[c]	.551	.537	.25517

Another statistical analysis was done to determine the relationship between competitive advantage-component and organizational performance. It can be observed that competitive advantage-component is the best predictor because it explained 51.4 % of the dependent variable, organizational performance (see Table 14).

Table 12

Model Summary

Model	*R*	*R* Square	Adjusted *R* Square	Std. Error of the Estimate
1	.720[a]	.519	.514	.26146
2	.741[b]	.549	.539	.25447

The *F* value for Model 1 was 53.214, and the significant level *p* = .000; model 2 had *F* value of 41.424 and significant level *p* = .000; model 3 had *F* value of 39.240 and significant level *p* = .000 (see table 12).

As the level of significance is less than .05 in all the models, there is a positive and significant linear correlation between quality of service, job satisfaction, competitive advantage and organizational performance. Thus, we reject the null hypothesis. In order to evaluate the influence of the independent constructs and verify if they are significant predictors, the researcher ensured to review the standardized beta coefficients.

An analysis of the of the coefficient chart showed that quality of service (Model 1) had a moderate and significant standardized coefficient (β = .593, *p* = .000; job satisfaction (Model 2) had a moderate and significant standardized coefficient (β = .489, *p* = .000; and competitive advantage (Model 3) also had a moderate and significant standardized coefficient (β = .491, *p* = .000 (see Table 13). Based on this analysis, the constructs displayed in the model can be retained. The regression equation was as follow: Organizational performance = 1.212 + 0.593 (Quality of Service) + 0.489 (Job Satisfaction) + 0.491 (Competitive Advantage).

Table 13

Anova

Model		Sum of Squares	*df*	Mean Square	*F*	Sig.
1	Regression	4.897	1	4.897	53.214	.000[b]
	Residual	9.018	98	.092		
	Total	13.915	99			
2	Regression	6.410	2	3.205	41.424	.000[c]
	Residual	7.505	97	.077		
	Total	13.915	99			
3	Regression	7.665	3	2.555	39.240	.000[d]
	Residual	6.251	96	.065		
	Total	13.915	99			

Table 14

Coefficients Standardized

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	*t*	Sig.
1	(Constant)	1.551	.292		5.311	.000
	TQS	.521	.071	.593	7.295	.000
2	(Constant)	1.916	.280		6.837	.000
	TQS	.203	.097	.232	2.093	.039
	TJS	.262	.059	.489	4.422	.000
3	(Constant)	1.212	.303		3.999	.000
	TQS	.065	.095	.074	.685	.495
	TJS	.124	.063	.232	1.982	.050
	TCA	.452	.103	.491	4.390	.000

Summary of the Chapter

This chapter provided an analysis of the population and sample size used for the current study, the demographic descriptions of selected variables with accompanying tables, cross-tabulation to examine the relationship between variables, and the arithmetic means and standard deviation of each item and variables. Multiple regression assumptions were highlighted and tested to determine if the required criteria for the study to proceed was fulfilled. The null hypothesis test was applied, using stepwise in regression analysis. The result of the test supported the rejection of the null hypothesis. This indicated that the independent variables quality of service, job satisfaction, and competitive advantage were significant predictors of organizational performance.

CHAPTER V

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

Introduction

Following the previously outlined theoretical model, this study proposed to examine the causal relationship between the dependent variable organization performance and the ensuing independent variables: quality of service, job satisfaction and competitive advantage.

This research was perceived to be quantitative, explanatory, correlational, descriptive and field.

The demographic variables that were explored included birth, gender, years of service, employment type, academic level, type of institution and role in the organization. The sample that was used in this study was comprised of 100 health care participants (medical directors, nurse managers, registered nurses, social workers, dieticians, patient care technicians and administrative assistants) from several outpatient dialysis centers in New York City, New York, USA.

The predictor variables were quality of service, job satisfaction and competitive advantage, while the criterion variable was organization performance. The data collection process, data analysis and findings from this research were presented in chapter one to chapter five. Based on this information, the researcher was able to make justifiable conclusions and recommendations.

Chapter 1 commenced with definitions of the independent and dependent variables, the relationship between variables, statement of the problem, the definition of terms, and research questions. It continued with the objective of the study, the research hypotheses, the purpose of the study, the justification for the study, the importance of the study, limitations, and delimitations, assumptions, and philosophical background.

Chapter 2 outlined the theoretical framework of the study. The independent variables quality of service, job satisfaction and competitive advantage, and the dependent variable organization performance were discussed as presented in the pertinent literature. The importance of each variable was presented with supporting peer-reviewed articles. The dimensions, varying relations, and correlations that may exist amongst these variables were explored and analyzed, using a peer-review article to support their inclusion in this research.

Chapter 3 discussed the methodology used to conduct the study. An overview of the research design chosen for the research was presented. The researcher provided information on the population composition, the sample size and the sampling techniques that were used. The instruments used to collect data were examined. The variables were subjected to a rigorous process to determine their validity and reliability for inclusion in the survey. Also, the null hypothesis and the operationalization of the variables were explored. Additionally, the data collection process, data analysis and ethical considerations were highlighted.

Chapter 4 showed an analysis of the results from all the statistical processes used. The researcher again outlined the population and sample size used for the research. The demographic descriptions of the participants were presented in tables.

Cross-tabulation was also applied to analyze the relationship between different variables. The arithmetic means and standard deviation for each variable were examined, discussed, and depicted in tables. The concept of multiple regression analysis assumptions was made applicable to this study. The null hypothesis was proven, and the method of stepwise in regression analysis was used to determine which of the independent variables was most influential on the behavior of the dependent variable.

Chapter 5 commenced with a brief introduction justifying the purpose of this current study and ended with a brief overview of chapters1-4. This chapter culminated with the conclusions of the research, discussions about the research, and recommendations.

Discussion

The results and their future implications are discussed concerning the stated objectives of the research in this segment. The research question that is being tested states: are quality of service, job satisfaction and competitive advantage-component predictors of organization performance in out-patient dialysis centers in New York City?

Quality of Service

In this study, the arithmetic mean of the variable quality of service was (4.07), with a standard deviation of (0.43), suggesting that most of the data were clustered around the mean (Martella, Nelson, Morgan, Marchand-Martella, 2013). The score of four, meaning “Agreed” on the Likert scale survey showed that most of the items were agreed on by the participants, and strongly represented the composition of the independent variable, quality of service.

The cross-tables between quality of service and the demographic variables' academic level and gender indicates a significant positive correlation between these variables. Regression analysis shows that quality of service had a weak but significant relationship with organization performance, contributing to 35.2% of the variance of the criterion variable, organization performance. However, with a *p*-value of 0.000 the researcher rejected the null hypothesis that quality of service is not a predictor of organization performance.

This result is consistent with the findings by Cheng and Lin (2014), which concluded that service quality has a positive effect on organizational performance. Also, Aqyapong (2011) reiterated that service quality is a competitive tool for many organizations, which ultimately impacts organizational performance. Thus, healthcare organizations were expected to improve the quality of service that they provide in order to remain competitive, attract and retain customers, and achieve organizational performance.

Quality of service is shown to have a reliable influence on organizational performance (Oyeobu, Oyebisi, Olateju, & Sesede, 2014). The statements with three highest arithmetic means were “I treat all patients equally and fairly” (4.76); “I have the skills I need to work efficiently and professionally” (4.54) and “Patients express satisfaction with the care that I give” (4.51). These statements have been attributed to significant importance.

In this research, the first statement,” I treat all patients equally and fairly,” is translated in the inference that employees are providing healthcare that equal and fair that affects a company’s performance. This deduction is consistent with other studies

that concluded that quality of service translated into the provision of equitable and fair care. The quality of service provided has an impact on customer satisfaction, and in extension, company performance (Suchánek, & Králová, 2015; Habidin, Ali, Khaidir, Shazali, & Jusoh, 2015). Organizational commitment of employees will determine the quality of service they provide to patients, which has an impact on organizational performance (Cheng, & Lin, 2014).

The second statement, “I have the skills I need to work efficiently and professionally,” concluded that caregivers need to possess the needed skills to provide the required quality of service. This evidence is supported by the research by Lee, Lee, and Kang (2012) that a high-quality work system influences employee responses and the quality of service that they provide. Thus, it is inferred that healthcare facilities will not hire or retain the services of employees who do not possess the required skills. According to El-Ghalayini (2017), training and development have a positive relationship on employees’ commitment and satisfaction. Educational status of nurse caregivers influences patients’ satisfaction (Sharew, Bizuneh, Assefa, and Habtewold, 2018).

The third statement, “Patients express satisfaction with the care that I give,” is important in the analysis of quality of service. A significant aspect of patients’ perception of nursing quality care provided to them was that caregivers should be knowledgeable and have the ability to communicate effectively, demonstrate fast responses to their needs and provide environmental support (Edvardson, Watt, & Pearce, 2016). This is consistent with findings by Karaca and Durna (2019), where patients’ satisfaction with the quality of nursing care includes factors such as high-quality care, effective communication, respect and courtesy.

The statements with the three lowest scores were: “It is difficult to transfer patients from their transportation into the facility”, “Patients complain of long wait”, and ‘Care providers make regular visits to assess and follow up with their patients”. Patients who are non-ambulatory usually are transported to the point of care where such service is provided.

Healthcare facilities should have standards protocols in place to ensure that patients are provided with transportation services that allow them to be recipients of quality and safe care (Hains, Marks, Georgiou, & Westbrook, 2011). Transportation challenges faced by patients needed to be overcome, and a successful transportation system must be in place to ensure that patients receive their treatment in centers for hemodialysis (Park, & Kear, 2017).

The statement “Patients complain of long wait” was portrayed by caregivers as dissatisfaction expressed by patients with the length of time they have to wait before care is provided. Findings from research by Bleustein, et.al., (2014) concluded that patients’ confidence in their care provider and perceived quality of care had a negative correlation with longer wait times. This is in contrast to findings from other empirical research that suggested that the effectiveness of the care provided, and attitudes of the caregiver were more important than the length of time they had to wait for treatment (Xie, & Or, 2017).

The last statement, “Care providers make regular visits to assess and follow up with their patients,” had the third lowest mean. Despite the increases in care providers’ capacity, it was concluded that there are still areas where patients’ needs were not met (Wishner, & Burton, 2017). From the current study, it can be deduced that patients

expected their care providers to make regular visits and follow up. An empirical study by Jackson, MacKean, Cooke, & Lahtinen (2017) showed that from the patients' outlook, great value was attached to relationship continuity, which is crucial for them to experience information and management progression.

Job Satisfaction

Multiple regression analysis depicted that job satisfaction has a moderate positive relationship with organizational performance and contributed to 43.6% of the variance of the dependent variable organization performance. The coefficient chart showed that job satisfaction had a moderate and significant standardized regression coefficient of Beta (β) = .489. The beta value compares how strongly the predictor variable job description influenced the criterion variable organization performance. The predictor variable of the job description was significant because the *p*-value is 0.000. The null hypothesis that stated that job description was not a predictor of organization performance was rejected.

In this present study, the findings were consistent with conclusions from prior research that posited that components of job satisfaction such as job environment had a positive effect on organizational non-financial performance facets such as customer service and service quality (Pang & Lu, 2018). Other studies supported a positive correlation between job satisfaction and organizational performance (Latif et. al. (2013); Ganiron (2017). The statements comprising the broad concept of job satisfaction had varying arithmetic mean scores.

The independent variable job satisfaction had an arithmetic mean of 3.54, and

a standard deviation of 0.701. This average arithmetic mean value scored as recorded on the Likert scale falls between “neither agreed nor disagreed” and “Agreed”, but is closer in value to “Agreed”, which is more favorable for this research. The three highest arithmetic mean are: “I have a good working relationship with my coworkers”, “The work environment of the organization is diverse and inclusive”, and “I have the necessary resources to do my job well”. The findings from this current study posited that the predictor variable job satisfaction has a positive influence on the criterion variable organization performance.

In this current study, the first statement, “I have a good working relationship with my coworkers” indicated that relationship amongst coworker is an important contributor to job satisfaction. This is consistent with other research that conveyed that satisfaction with group cohesion or togetherness was an important factor that influenced job satisfaction (Asegid, Belachew & Yimam, 2014). A strong level of teamwork generated greater job satisfaction with the nursing staff's current position and occupation (Kalisch, Lee, & Rochman, 2010).

The second statement, “The work environment of the organization is diverse and inclusive” in this context, meant a workplace where a variety of viewpoints and attitudes, offset by individuals from diverse backgrounds, contribute to the success of an organization. According to Jain and Kaur (2014), the work environment was one of the leading factors that impacted the job satisfaction level of employees. This is consistent with research findings by Raziq and Maulabakhsh (2015), which posited that there was a positive relationship between working environment and job satisfaction.

The third statement, “I have the necessary resources to do my job well” for this

present study, meant that these outpatient healthcare facilities provided adequate resources for staff to use to execute their duties efficiently. Research by Stam, Laschinger, Regan, and Wong (2013) concluded that structural workplace factors were important to new nurses' graduate's job satisfaction. Thus, organizations need to provide the required resources for staff to carry out their duties and provide quality patient care successfully.

The items with the three lowest arithmetic mean scores were: "My company offers reward based on performance", "The salary and benefits offered by the company meet my needs" and "The company offers better benefits than other companies". In this current study, all three statements were related to the dimension of rewards and recognition. The first statement, "My company offers reward based on performance," was relevant in instances where employees received rewards based on their performance during the year, as perceived by the researcher. The second and third statements focused on compensation and benefits paid to employees, and whether or not it was perceived as adequate and meeting their needs.

Empirical research by other scholars supports this concept. In one research, a significant, though, the weak correlation was noted between compensation management and job satisfaction (Adeoye, & Fields, 2014). Also, findings from empirical research concluded that there was no relationship between salary and overall job satisfaction amongst low- and middle-income workers, and a negative relationship amongst high-income workers (Ram, 2013). In contrast, findings from other research showed that compensation had a positive and significant relationship with job satisfaction among academic staff (Mabaso, & Dlamini, 2017). Based on the *p*-value of

0.000, the null hypothesis was rejected.

Competitive Advantage-Component

In this present study, the competitive advantage-component was identified as best care practices, communication, safety, collaboration, leadership, and customer service. This terminology has evolved as a variable extension, competitive advantage, and is based on an analysis of all 32 items used in the research trajectory of the predictor variable. The independent variable had an arithmetic mean of 3.89 and a standard deviation of .408. This value is close to 4 on the Likert scale, falling in the category of “Agreed,” which is more advantageous for the outcome of this research.

The items with the three highest arithmetic scores were: “Patients and staff are educated on safe practices to prevent falls and injuries (4.37)”, “Patients’ consents are sought before any test procedures are done (4.34),” and “Patients who missed treatment or hospitalized are contacted and treatment rescheduled by care team (4.29)”. The first item, “Patients and staff are educated on safe practices to prevent falls and injuries,” is focused on best care practices and safety. In this study, the researcher posited that with an arithmetic mean of 4.37 and a standard deviation of .720, this item is an important component of the predictor variable, competitive advantage-component.

Ulrich and Kear (2014), in their research findings, postulated that the utilization of best care practices was important in creating and maintaining a patient's safety culture in an outpatient hemodialysis unit. Also, patient safety culture should be pivotal to quality improvement in outpatient settings. Scholarly findings also concluded that

nurse managers in outpatient hemodialysis units had a critical role in creating and maintaining patient safety in outpatient facilities (Thomas-Hawkins, Flynn, Lindgren, & Weaver, 2015).

The second item, “Patients’ consents are sought before any test procedures are performed,” and the third item “Patients who missed treatment or hospitalized are contacted and treatment rescheduled by care team” are both related to best care practices. In health care facilities, it is usually required that patients’ consent be obtained before any procedures are performed. However, according to Fields and Calvert (2015), patients’ cognitive impairment can deter their ability to understand treatment options, and whether or not they are able to give valid informed consent must be thoroughly supervised.

A quasi-experimental scholarly study concluded that hemodialysis patients need to be seen and treated more frequently by their physicians following their hospital discharges, in order for them to experience better health outcomes (Erickson, Winkelmayer, Cherton, & Bhattacharya, 2014). Thus, there should be a follow-up to identify hospitalized patients and rescheduling of treatment for patients who had, for some reason, missed their dialysis centers.

Hospital-physician continuity of care for post hospitalized patients have proven to reduce hospitalization (Erickson, et al., 2014). Early and supported follow-up of discharged patients has been shown to decrease hospitalization rate across a continuum of care (Hernandez, et al., 2010; Sharma, et al., 2010). Therefore, it is of paramount importance that Nephrologists and other care team personnel closely monitor the progress of their patients post-hospitalization.

The statements with the three lowest scores were: “Patients complain of not having regular follow up by their nephrologists” (2.69), “Patients complain of long waits to receive their treatments” (3.03) and “The company is involved in community activities to promote wellness” (3.25). Scholastic literature reiterated the importance of patients having frequent follow-ups by their physicians to monitor the progressing of their disease (Erickson, et al., 2014). It is arguable that having regular Nephrologists’ visits and prompt dialysis centers are paramount in solidifying patients’ satisfaction.

According to Jackson, Shahsahebi, Wedlake, and DuBard (2015), high-risk patients with multiple chronic conditions were seen as benefiting from early follow-up post-hospital discharge. Also, early monitoring resulted in an improved mortality rate (Harel, et al., 2013). “Patients complain of long waits to receive their treatment” is portrayed as a negative statement. Long wait time can be a source of annoyance and stressor for both patients and caregivers. An empirical study showed that factors that contributed to improving long wait time for treatments include resource realignment, operational efficiency & process improvement (Naiker, FitzGerald, Dulhunty, & Rosemann, 2017).

The perception is that academic health centers have not been successful in implementing the social determinants of health (Wartman, & Steinberg, 2011). It is inferred that health organizations have a corporate social responsibility (CSR) to promote health and wellness in communities. The perception by caregivers was that not all outpatients dialysis centers were involved in community activities to promote health and wellness. According to Wartman and Steinberg (2017), CSR provides an opportunity for business entities to help confront global health challenges by having health

promotion.

The application of multiple regression analysis demonstrated that competitive advantage-component has a moderate positive relationship with organizational performance and explained 51.4% of the variance of the dependent variable organization performance. The coefficient chart showed that job satisfaction had a moderate and significant standardized regression coefficient of Beta *(β*) = .491.

The beta value compares how strongly the predictor variable competitive advantage-component influenced the criterion variable organization performance. The predictor variable of the job description was significant because the *p*-value was 0.000. It is, therefore, rejected the null hypothesis that competitive advantage-component is not a predictor of organizational performance.

This finding is consistent with scholarly research that demonstrated that such a relationship existed between competitive advantage-component and organizational performance. Research showed a positive and significant relationship between competitive advantage and organizational performance (Tuan, & Yoshi, 2010). Competitive advantage must first be achieved through the utilization of its organizational capabilities, such as quality and innovation (Tuan, & Yoshi, 2010).

Organizational Performance

This study is intended to analyze the relationship between quality of service, caregiver's job satisfaction, competitive advantage-component, and organizational performance. The model presented in this current study postulated that quality of ser-

vice, job satisfaction and competitive advantage-component were predictors of organizational performance. The criterion or dependent variable of organizational performance showed varying degrees of relationship with each of the predictor or independent variable in the multiple regression analysis.

Multiple regression analyses used in this study showed that quality of service, job satisfaction, and competitive advantage-component contributed to 53.7% of the variance of the criterion variable organization performance. The ANOVA table demonstrated that the significant level for all three predictor variables had *p* values less than .05. Based on these analyses, the researcher posited that there was a meaningful linear relationship between quality of service, job satisfaction, competitive advantage-component and organization performance in this current research

Organizational performance had a total arithmetic mean of 3.67 and a standard deviation of .375. Rounding off this arithmetic mean since it is closer to 4 would place it in the scoring of “Agreed” on the Likert scale used in the survey, and showed a closer clustering without outliers. The items with the highest arithmetic mean were: “Policies and protocols are in place for all aspects of patient care” (4.26), “Employees have the required skills and knowledge to perform their work” (4.16) and “The infection/hygiene system service is effective for staff and patients” (4.16). The findings from this current research showed that these three items with the highest arithmetic mean are part of the non-financial composition of organizational performance, namely, operations and competency.

A research study by Shaw, et al. (2014) surmised that using a team-work approach with nurse-guided protocols had an overall positive effect on patients with

chronic illness. Policies and protocols are an integral part of any working organization and are needed to guide operating processes. Policies and protocols were found to be important in helping to establish a culture of safety in outpatient dialysis (Garrick, et al., 2012). Organizations formulate policies and protocols to help attain competency. Competency is seen as a “base of advantage” in assisting an organization increase its value, and works toward achieving competitiveness, by the optimal utilization of its organizational resources and capabilities (Majeed, 2011).

Attaining the required competency to perform a given role as a patient caregiver is important. Hence the high arithmetic means for the second item, “Employees have the required skills and knowledge to perform their work”. In evaluating the clinical competency of nursing caregivers, it is strongly recommended that the nurse coordinator use a combination of different methods to obtain more accurate results for the competency level (Clarke, Rainey, & Traynor, 2011; Wilkinson, 2013). Patient care that is provided compassionately by clinically competent nurses who fostered a positive-nurse patient relationship can contribute positively to improved patients outcomes (Sharp, McAllister, & Broadbent, 2015).

The third item, “The infection/hygiene system service is effective for staff and patients,” is an essential requirement in outpatient dialysis centers. Literature attested that having an effective infection control system in place reduces infection risk and improves patient safety (Hess, & Bren, 2013). Other study surmised that improvement in hand hygiene is closely linked with infection reduction in healthcare facilities (Kirkland, 2012). Also, research showed a link between burnout amongst healthcare workers and the direct implication for health-care-related infection resulting from the quality

of team effort (Galletta, et al., 2015).

The items with the lowest arithmetic mean were: “Staff morale is low and staff turnover is high” (2.74), “Employees are highly stressed with their daily workload” (2.97), and “Workers are satisfied with all aspects of their jobs” (3.11). The three items with the lowest arithmetic mean are related and reflected the impression that employees have of their employment. Employees who are fully satisfied with their job and have high staff morale will remain with their work organization.

Findings from empirical research indicated that the provision of a better quality of work-life for health care workers would help to attract and retain committed employees, which can enhance the quality of health care, and in extension, organizational performance (Nayak, & Sahoo, 2015). Also, other research showed that organizations that achieve a high level of employees’ engagement from highly satisfied staff would have improved the quality of service (Lowe, 2012). Furthermore, it was shown that a consistently strong relationship existed between employee engagement and organizational performance. Thus, the researcher in this current study inferred that an employee who is satisfied with all aspects of their job would provide quality service, which would enhance organizational performance.

Conclusions

There were approximately 231 outpatient dialysis centers within the 25 miles radius of New York City during 2019 (Medicare, 2019). The demand for outpatient dialysis centers has risen tremendously over the years and will continue to rise in the

ensuing years due to the prevalence of diabetes and hypertension, which affects kidney functions. According to the Centers for Disease Control and Prevention, as of July 2019, it was estimated that there were approximately 37 million people in the United States who had kidney disease (Hirth, et al., 2013).

Thus, Nephrologists and other health care professionals throughout the country are making an effort to learn new ways and methods to provide care in a manner that may improve patient health service (Hirth, et al., 2013). This current research was focused on outpatient hemodialysis centers in New York City. A more precise understanding of the effect that quality of service, job satisfaction, and competitive advantage-component had on organizational performance can help to understand better why patients and workers will favor one dialysis center over another.

Patients and staff satisfaction in outpatients' facilities need to be evaluated from time to time for management to ascertain the level of customer satisfaction, staff morale and turnover rate, and how well one facility compares to others in the nearby vicinity. Staff adherence to policies and protocols, and adherence to infection control requirements were areas that needed to be monitored and considered as pivotal to contributing to improved health outcomes.

The null hypothesis (H_0) stated that quality of service, job description and competitive advantage-component were not significant predictors of organizational performance. The findings of the research indicated that the *p*-value of all three independent or predictor variables was less than .05, indicating that they were statistically significant. Regression analysis showed that the predictor variables of quality of service, caregiver's job satisfaction, and competitive advantage-component had a direct relationship with the

criterion variable organization performance in out-patient dialysis centers in New York City. The three predictor variables combined contributed to 53.7% of the variance of the criterion variable organization performance.

Extant literature focused primarily on the financial aspects of organizational performance in business entities, in terms of profitability, share ratio and financial constituent. In this current study, organizational performance measurement in SPSS computation attached more importance to the non-financial components such as employee performance, operations and competency. The financial component, as shown in the survey, was not shown as important in the SPSS measurements.

This research was intended to highlight the gap in the literature by studying an area in health care that there is no known prior research. It was intended to determine the effect that quality of patients' service, health care giver's job satisfaction and competitive advantage-component had on organizational performance in outpatient dialysis centers in New York City. This research may provide new insights into the area of healthcare and business research and may benefit administrators, clinicians and students in the health care industry.

The findings in this study were impacted by the choice of answers selected by the participants who were from different dialysis centers and who provided varying answers to the surveys. The selection of answers based on the Likert scales used in the study, was based on their own interpretations. The internal validity test performed confirmed that this current research was unbiased.

Recommendations

The conclusion of this research led to the following recommendations:

1. The selection and hiring of competent and qualified employees for the care of patients in hemodialysis care should be a priority. Employees should all be compensated at a satisfactory and competitive rate to match other facilities within the New York City area.

2. Customer satisfaction should be a priority. Outpatient facilities should encourage more frequent follow-ups of patients by their Nephrologists, and have adequate staffing to reduce wait times between treatments.

3. Each hemodialysis outpatient facility should be aware of the image it projects to customers, staff and the community at large, and the fulfilment of its social responsibilities. They should also provide health care services that are competitive, giving potential patients the choice of facilities, which is renowned for excellence in non-financial performance.

Implication to Practice and Future Research

1. Managerial implication of this research is that customer satisfaction, staff satisfaction and operational practices of an outpatient dialysis center are important for effective organizational performance, which is related to better patient outcomes.

2. The researcher recommends further studies using a qualitative research design from the perspective of the patients. Also, future studies could be conducted using a larger sample size. As well as quantitative research to investigate the effects of these dependent variables on the financial performance of the large players in the

dialysis industries, such as Fresenius and DaVita groups in the New York Metropolitan area.

APPENDIX A

INSTRUMENTAL BATTERY

GENERAL INSTRUCTIONS

Dear Participant,

The purpose of this research is to determine some factors that can impact the performance of an outpatient dialysis facility. The information shared will help us to understand the effect of quality of service, job satisfaction, and competitive advantage on the organizational performance of outpatient dialysis centers in New York City. The information you share will be maintained in the strictest anonymity, and the results obtained may be used to bring awareness of some of the challenges in managing healthcare services.

Please answer each question honestly and follow the instructions given in each section. Your opinion is extremely important and valuable, so we really appreciate your honest answers. The information that will be collected will be treated confidentially. Thank you very much for your support.

14. Demographics

INSTRUCTIONS: Please place an “x’ in the box of the answers that apply to you.

Range of year of birth	Select the answer that applies to you □ 1950-1965 □ 1966-1980 □ 1981- 2000
Gender	□ Male □ Female
Years of service	□ 5 years or less □ 20-30 □ 5-10 □ 10-20 □ 31 & above
Employment	□ Full time □ Part-time □ Per Diem
Academic Level	□ High School Diploma/GED □ Master □ Bachelor □ Doctorate
Type of Institution	□ Private health □ Not-for-profit health □ Other_____

Role in the organization	Select according to your role: □ Medical Director □ Nurse Manager/Administrator □ Registered Nurse □ Patient Care Technician □ Social Worker □ Dietician □ Care Coordinator □ Administrative Assistant

QUALITY OF SERVICE

We thank you for your participation in the application of this questionnaire. When analyzing each statement, please grade and apply an (x) on the answer that indicates your perception.

To answer these questions, please use the following scale:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
1	2	3	4	5

Statement

	How much do I agree with the following statement?	1	2	3	4	5
1	The company provides a safe and healthy work environment.					
2	Regular in-service and on-site skill training are provided.					
3	Patients complain of long wait periods.					
4	I have the skills I need to work efficiently and professionally.					

5	I never attempt any patient care without full training.					
6	It is difficult to transfer patients from their transportations into the facility.					
7	Care providers make regular visits to assess and follow up with their patients.					
8	I involve patients in their plan of care.					
9	Patients express confidence in decisions made by their care providers.					
10	Quality patient education is a priority.					
11	Health and safety are a nuisance and interferes with my job.					
12	I communicate effectively with patients.					
13	In my unit, we work as a team.					
14	The facility schedule timely pickup for patients.					
15	All available resources are used to optimize patients' visits.					
16	Care providers are knowledgeable about their patient's health status.					
17	I ensured that patients at risk for falls are carefully monitored.					
18	I treat all patients equally and fairly.					
19	Patients express satisfaction with the care that I give.					
20	The company employs skilled and competent staff.					
21	Quality improvement measures are used to help improve patients' outcomes					
22	The training I receive is relevant to my job.					

JOB SATISFACTION

We thank you for your participation in the application of this questionnaire. When analyzing each statement, please grade and apply an (x) on the answer that indicates your perception.

To answer these questions, please use the following scale:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
1	2	3	4	5

Statement

	How much do I agree with the following statement?	1	2	3	4	5
1	The salary and benefits offered by the company meet my needs.					
2	I am satisfied with the management style of my manager.					

3	Management has an interest in the needs of each worker.					
4	I am satisfied with the high level of job commitment the workers have with the organization.					
5	The quality of the health benefits for the worker and his or her family is adequate.					
6	I have good working relationships with my coworkers.					
7	My company offers rewards based on performance.					
8	I am provided with opportunities to improve my skills.					
9	Employees receive all fringe benefits as established by the organization and Labor Law.					
10	The work environment of the organization is diverse and inclusive.					
11	The company does an excellent job of keeping employees informed about matters affecting us.					
12	My work is adequately evaluated and commended by my supervisor.					
13	I find my job challenging.					
14	I have the necessary resources to do my job well.					
15	The organization projects a positive image to workers, clients and the community.					
16	I am satisfied with the reward and recognition given for my efforts.					
17	Directives from management are followed and respected.					
18	There is no support from management.					
19	I am rewarded for the quality of my efforts.					
20	I am given the training I need to do my job effectively.					
21	The company offers better benefits than other companies.					
22	I enjoy coming to work					

Competitive Advantage

We thank you for your participation in the application of this questionnaire. When analyzing each statement, please grade and apply an (x) on the answer that indicates your perception.

To answer these questions, please use the following scale:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
1	2	3	4	5

Statement

	How much do I agree with the following statement?	1	2	3	4	5
1	The organization shows a sincere interest in helping to solve staff and patients' complaints.					
2	Employees want to be part of the decision-making process.					
3	Patient's consent is sought before any test procedures are done.					
4	Patients and staff are educated on safety practices to prevent falls and injuries.					
5	Management promotes quality and safety improvement in the organization.					
6	Staff responds promptly to inquiry and request made by patients.					
7	Management provides leadership, which enhances the effective utilization of resources.					
8	There is effective communication amongst all care team (MD, RN, RD, SW, PCT)					
9	The facility is easily accessible to all patients and is strategically located.					
10	Patients complain of long waits to receive their treatments.					
11	Most staff want frequent and supportive communication from their leaders.					
12	The company is involved in community activities to promote wellness.					
13	The service that is provided by staff is commended by patients.					
14	Staff show willingness to help and educate patients on self-care.					
15	Adequate resources (stock materials, medication) are always available.					
16	Management gives clear orders and clarifies procedures.					
17	Patients complain of not having regular follow up by their nephrologists.					
18	Patients' treatments are never started on time.					
19	Patients are confident that staff is highly trained and competent.					
20	The organization has a clearly defined mission, goal and objective.					

21	Patients are given specific appointment times to reduce waiting time.					
22	Patients are responsive to the request to come for treatment as scheduled.					
23	Nurses and PCTs can help and instill confidence in the patient during treatment.					
24	The organization has a reputation for providing patient-centered care.					
25	The management team provides collaboration, training and guides the operation processes.					
26	Employees use their skills and expertise to provide safe and quality care.					
27	Patients who missed treatment or are hospitalized are contacted and treatment rescheduled by the care team.					
28	Patients express satisfaction with waiting time less than fifteen minutes.					
29	The management team is fully involved in all aspects of patient care.					
30	Management has implemented best care practices to make services provided competitive.					
31	Technicians and nurses spend too much time with one patient.					

Organizational Performance

We thank you for your participation in the application of this questionnaire. When analyzing each statement, please grade and apply an (x) on the answer that indicates your perception.

To answer these questions, please use the following scale:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
1	2	3	4	5

Statement

	How much do I agree with the following statement?	1	2	3	4	5
1	Policies and protocols are in place for all aspects of patient care.					
2	The company is in compliance with the payment of short-term commitments.					

3	Employees have the required skills and knowledge to perform their work.					
4	Employees are given regular in-service on patient care and safety procedures.					
5	Lean management is practiced eliminating waste of supplies and reduce costs.					
6	The company invests in the maintenance of its infrastructure to provide comfort and ambience.					
7	Employees are highly stressed with their daily workload.					
8	There is effective communication with peers and their supervisors.					
9	Medical supplies are purchased through a medical wholesaler to minimize cost.					
10	Management fulfills payment of all tax obligations.					
11	Employees demonstrate a great degree of responsibility in their daily activities.					
12	Employees are highly motivated to give their best performance.					
13	The organization works towards meeting customers' treatment at the lowest possible cost without affecting quality.					
14	Work is completed in a reasonable amount of time.					
15	The organization has difficulty in replacing the medical supplies needed for each treatment.					
16	Medications for patients are ordered and received on a timely basis.					
17	Staff morale is low, and the staff turnover is high.					
18	Fixed assets are maintained in good condition.					
19	Quality and performance meetings are done monthly for improvement plans.					
20	Staff show willingness to assist each other to accomplish a task.					
21	Frequent hospitalization reduces profit.					
22	The infection /hygiene system service is effective for staff and patients.					
23	It is costly to purchase recurring medications for patients.					
24	The initiative is taken by the staff to get things done effectively and efficiently.					
25	Workers are satisfied with all aspects of their jobs.					
26	Management shows commitment towards goal accomplishment plans.					

27	Overhead costs do not affect the quality of service provided.					
28	The level of staff commitment towards the company is high.					
29	The stock inventory system is properly maintained to prevent stockout.					

APPENDIX B

INSTRUMENT VALIDITY AND ROTATED MATRIX

Instrument Validity

Quality of Service

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.798
Bartlett's Test of Sphericity	Approx. Chi-Square	793.218
	Df	231
	Sig.	.000

Communalities

	Initial	Extraction
The company provides a safe and healthy work environment.	1.000	.685
Health and safety are a nuisance and interferes with my job.	1.000	.665
I never attempt any patient care without full training.	1.000	.725
I ensured that patients at risk for falls are carefully monitored.	1.000	.599
Care providers are knowledgeable about their patient's health status.	1.000	.569
Care providers make regular visits to assess and follow up with their patients.	1.000	.515
Quality improvement measures are used to help improve patients' outcomes	1.000	.677
Patients express confidence in decisions made by their care providers.	1.000	.767
Quality patient education is a priority.	1.000	.497
I communicate effectively with patients.	1.000	.600
Patients express satisfaction with the care that I give.	1.000	.671
I involve patients in their plan of care.	1.000	.707
All available resources are used to optimize patients' visits.	1.000	.561
I have the skills I need to work efficiently and professionally.	1.000	.648
In my unit, we work as a team.	1.000	.463
The company employs skilled and competent staff.	1.000	.686
Regular in-service and onsite skill training are provided.	1.000	.553
The training I receive is relevant to my job.	1.000	.642
The facility schedule timely pickup for patients.	1.000	.545
I treat all patients equally and fairly.	1.000	.542

It is difficult to transfer patients from their transportations into the facility.	1.000	.744
Patients complain of long wait periods.	1.000	.682

Extraction Method: Principal Component Analysis.

Job Satisfaction

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.865
Bartlett's Test of Sphericity	Approx. Chi-Square	1244.364
	df	231
	Sig.	.000

Communalities

	Initial	Extraction
The salary and benefits offered by the company meet my needs.	1.000	.758
Employees receive all fringe benefits as established by the organization and Labor Law.	1.000	.643
The quality of the health benefits for the worker and his or her family is adequate	1.000	.801
The company offers better benefits than other companies.	1.000	.729
I am provided with opportunities to improve my skills	1.000	.747
I am given the training I need to do my job effectively.	1.000	.722
I have the necessary resources to do my job well.	1.000	.767
I am satisfied with the management style of my manager.	1.000	.639
I find my job challenging.	1.000	.618
Management has an interest in the needs of each worker.	1.000	.792
The company does an excellent job of keeping employees informed about matters affecting us.	1.000	.659
I am satisfied with the high level of job commitment the workers have with the organization.	1.000	.770
There is no support from management.	1.000	.565
I have good working relationships with my coworkers.	1.000	.622
Directives from management are followed and respected.	1.000	.781
The organization projects a positive image to workers, clients and the community.	1.000	.783
The work environment of the organization is diverse and inclusive.	1.000	.669

I enjoy coming to work.	1.000	.783
My company offers reward based on performance	1.000	.642
My work is adequately evaluated and commended by my supervisor	1.000	.651
I am rewarded for the quality of my efforts.	1.000	.638
I am satisfied with the reward and recognition given for my efforts.	1.000	.764

Extraction Method: Principal Component Analysis.

Competitive Advantage

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.770
Bartlett's Test of Sphericity	Approx. Chi-Square	1618.721
	Df	465
	Sig.	.000

Communalities

	Initial	Extraction
Management has implemented best care practices to make services provided competitive.	1.000	.709
The organization has a clearly defined mission, goal and objective.	1.000	.716
Most staff want frequent and supportive communication from their leaders.	1.000	.879
Management promotes quality and safety improvement in the organization.	1.000	.747
Management gives clear orders and clarifies procedures.	1.000	.716
The management team provides collaborative, training, and guides the operation processes.	1.000	.687
Management provides leadership, which enhances the effective utilization of resources.	1.000	.738
The company is involved in community activities to promote wellness.	1.000	.631
Employees want to be part of the decision-making process.	1.000	.862

Patients are given specific appointment times to reduce waiting time.	1.000	.589
Patients complain of long waits to receive their treatments.	1.000	.719
Technicians and nurses spend too much time with one patient.	1.000	.678
Patients treatment is never started on time.	1.000	.750
Patients express satisfaction with waiting time less than fifteen minutes.	1.000	.654
The service that is provided by staff is commended by patients.	1.000	.725
There is effective communication amongst all care team (MD, RN, RD, SW, PCT).	1.000	.732
Employees use their skills and expertise to provide safe and quality care.	1.000	.658
Patients are confident that staff is highly trained and competent.	1.000	.621
Patients and staff are educated on safe practices to prevent falls and injuries.	1.000	.743
Patients who missed treatment or hospitalized are contacted and treatment rescheduled by the care team.	1.000	.751
Adequate resources (stock material, medication) are always available.	1.000	.666
The facility is easily accessible to all patients and is strategically located.	1.000	.681
The organization has a reputation for providing patient-centered care.	1.000	.571
The management team is fully involved in all aspects of patient care.	1.000	.674
Staff responds promptly to inquiry and request made by patients.	1.000	.726
Staff show willingness to help and educate patients on self-care	1.000	.803
The organization shows a sincere interest in helping to solve staff and patients' complaints.	1.000	.843
Nurses and PCTs are able to help and instill confidence in the patient during treatment.	1.000	.808
Patients are responsive to the request to come for treatment as scheduled.	1.000	.620
Patient’s consent is sought before any test procedures are done.	1.000	.655
Patients complain of not having regular follow up by their nephrologists.	1.000	.528

Extraction Method: Principal Component Analysis.

Organizational Performance

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.774
Bartlett's Test of Sphericity	Approx. Chi-Square	1436.141
	df	406
	Sig.	.000

Organizational Performance

Communalities

	Initial	Extraction
Workers are satisfied with all aspects of their jobs.	1.000	.695
Employees have the required skills and knowledge to perform their work.	1.000	.733
Employees are highly motivated to give their best performance.	1.000	.629
Initiative is taken by the staff to get things done effectively and efficiently.	1.000	.695
There is effective communication with peers and their supervisors.	1.000	.744
Employees demonstrate a great degree of responsibility in their daily activities.	1.000	.563
The level of staff commitment towards the company is high.	1.000	.723
Staff morale is low and staff turnover is high.	1.000	.745
Work is completed in a reasonable amount of time.	1.000	.695
Staff show willingness to assist each other to accomplish a task.	1.000	.564
Employees are highly stressed with their daily workload.	1.000	.793
Management shows commitment towards goal accomplishment plans.	1.000	.644
The company is in compliance with the payment of short-term commitments.	1.000	.597
Management fulfills payment of all tax obligations.	1.000	.722
Fixed assets are maintained in good condition.	1.000	.757
The stock inventory system is properly maintained to prevent stock out.	1.000	.542
Medications for patients are ordered and received on a timely basis.	1.000	.767
The infection/hygiene system service is effective for staff and patients.	1.000	.813
Policies and protocols are in place for all aspects of patient care.	1.000	.730
Quality and performance meetings are done monthly for improvement plans.	1.000	.670

Employees are given regular in-service on patient care and safety procedures.	1.000	.713
The organization works towards meeting customers' treatment at the lowest possible cost without affecting quality.	1.000	.647
The company invests in the maintenance of its infrastructure to provide comfort and ambience.	1.000	.685
Overhead costs do not affect the quality of service provided.	1.000	.745
Medical supplies are purchased through a medical wholesaler to minimize costs.	1.000	.633
The organization has difficulty in replacing the medical supplies needed for each treatment.	1.000	.474
Frequent hospitalization reduces profit.	1.000	.774
Lean management is practiced to eliminate waste of supplies and reduce costs.	1.000	.671
It is costly to purchase recurring medications for patients.	1.000	.684

Extraction Method: Principal Component Analysis.

Rotated Matrix of Quality of Service

Item	Component			
	1	2	3	4
The company employs skilled and competent staff.	.765			
The training I receive is relevant to my job.	.724			
Quality improvement measures are used to help improve patients' outcomes	.694	.400		
All available resources are used to optimize patients' visits.	.603		.331	
I ensured that patients at risk for falls are carefully monitored.	.328	.728		
I never attempt any patient care without full training.	-.337	.640		
Care providers are knowledgeable about their patient's health status.	.308	.605		
The facility schedule timely pickup for patients.	.355	.556		
I have the skills I need to work efficiently and professionally.			.795	
Patients express satisfaction with the care that I give.			.758	
I communicate effectively with patients.			.611	
I treat all patients equally and fairly.	.322		.563	
Patients express confidence in decisions made by their care providers.				.823
I involve patients in their plan of care.				.800
The company provides a safe and healthy work environment.	.304	.420		.591
Care providers make regular visits to assess and follow up with their patients.		.395		.513

Rotated Matrix of Job Satisfaction

Item	Component					
	1	2	3	4	5	6
I am satisfied with the management style of my manager.	.712					
Management has an interest in the needs of each worker.	.691	.306	.359			
I have good working relationships with my coworkers.	.679				.365	
I am satisfied with the high level of job commitment the workers have with the organization.	.678		.346			

There is no support from management.	-.624				-.348
I am given the training I need to do my job effectively.		.805			
The organization projects a positive image to workers, clients and the community.		.604		.529	
The company does an excellent job of keeping employees informed about matters affecting us.		.598	.392		
I have the necessary resources to do my job well.		.575		.503	.384
The work environment of the organization is diverse and inclusive.		.564	.490		
I am provided with opportunities to improve my skills		.541	.471		.424
The salary and benefits offered by the company meet my needs.			.814		
The company offers better benefits than other companies.			.711	.323	
The quality of the health benefits for the worker and his or her family is adequate			.691	.338	.395
Employees receive all fringe benefits as established by the organization and Labor Law.	.397	.333	.577		
My company offers reward based on performance				.737	
I am satisfied with the reward and recognition given for my efforts.		.371	.313	.678	
I find my job challenging.				.578	.508
I am rewarded for the quality of my efforts.	.427	.326		.550	
My work is adequately evaluated and commended by my supervisor	.434			.541	
Directives from management are followed and respected.					.786
I enjoy coming to work.	.435				.749

Rotated Matrix of Competitive Advantage

Rotated Component Matrix

	Component								
	1	2	3	4	5	6	7	8	9
Management promotes quality and safety improvement in the organization.	.719	.306							
The organization shows a sincere interest in helping to solve staff and patients' complaints.	.718		.387				-.351		
Management provides leadership, which enhances the effective utilization of resources.	.708			.378					
Patients' consent is sought before any test procedures are done.	.700								
Management gives clear orders and clarifies procedures.	.680						.343		
The facility is easily accessible to all patients and is strategically located.	.631					.443			
There is effective communication amongst all care team (MD, RN, RD, SW, PCT).	.588				.460				
Staff responds promptly to inquiry and request made by patients.	.552	.525							
The management team provides collaborative, training, and guides the operation processes.	.539	.321		.401					
Patients are confident that staff is highly trained and competent.		.721							
Employees use their skills and expertise to provide safe and quality care.		.660							

Patients complain of not having regular follow up by their nephrologists.		-.633				
Staff show willingness to help and educate patients on self-care		.504	.424			.495
The organization has a reputation for providing patient-centered care.		.499		.434		
The service that is provided by staff is commended by patients.			.784			
Nurses and PCTs are able to help and instill confidence in the patient during treatment.		.311	.774			
Patients are responsive to the request to come for treatment as scheduled.			.693	.304		
Patients are given specific appointment times to reduce waiting time.			.615			
The company is involved in community activities to promote wellness.				.779		
Management has implemented best care practices to make services provided competitive.	.406	.331		.564		
The management team is fully involved in all aspects of patient care.	.365		.332	.539		
Patients complain of long waits to receive their treatments.					-.805	
Patients treatment is never started on time.	-.348	-.487			-.594	
Patients express satisfaction with waiting time less than fifteen minutes.			.378	.302	.528	

Patients who missed treatment or hospitalized are contacted and treatment rescheduled by the care team.		.453			.685			
Patients and staff are educated on safe practices to prevent falls and injuries.	.456			.455	.528			
Technicians and nurses spend too much time with one patient.						-.755		
Adequate resources (stock material, medication) are always available.				.486	.332	.503		
Most staff want frequent and supportive communication from their leaders.							.904	
The organization has a clearly defined mission, goal and objective.	.444				.361		.467	
Employees want to be part of the decision-making process.								.898

Rotated Matrix of Organizational Performance

Rotated Component Matrix

	Component							
	1	2	3	4	5	6	7	8
Work is completed in a reasonable amount of time.	.762							
Employees demonstrate a great degree of responsibility in their daily activities.	.662							

The organization works towards meeting customers' treatment at the lowest possible cost without affecting quality.	.639				.332	
The level of staff commitment towards the company is high.	.612			.348		
Workers are satisfied with all aspects of their jobs.	.523			.362		
Medications for patients are ordered and received on a timely basis.	.334	.769				
Policies and protocols are in place for all aspects of patient care.		.644	.397			
Quality and performance meetings are done monthly for improvement plans.		.601				.402
The organization has difficulty in replacing the medical supplies needed for each treatment.		-.590				
Management shows commitment towards goal accomplishment plans.		.475	.370			
The stock inventory system is properly maintained to prevent stock out.		.452	.412			

The company is in compliance with the payment of short-term commitments.		.433				.389
Initiative is taken by the staff to get things done effectively and efficiently.			.727			
Fixed assets are maintained in good condition.	.351		.670			
The company invests in the maintenance of its infrastructure to provide comfort and ambience.			.616	.326		
Employees have the required skills and knowledge to perform their work.				.708		
Medical supplies are purchased through a medical wholesaler to minimize costs.				.706		
Employees are given regular in-service on patient care and safety procedures.		.371		.690		
Staff morale is low and staff turnover is high.		-.412	-.429	.444	-.415	
Employees are highly stressed with their daily workload.					-.864	
Employees are highly motivated to give their best performance.	.328			.366	.580	

There is effective communication with peers and their supervisors.		.430	.300	.538	.373		
Frequent hospitalization reduces profit.					.774		
It is costly to purchase recurring medications for patients.					.706		-.314
Lean management is practiced to eliminate waste of supplies and reduce costs.		.399	.348		.544		
Staff show willingness to assist each other to accomplish a task.				.459	.460		
Management fulfills payment of all tax obligations.						.798	
Overhead costs do not affect the quality of service provided.	.507					.589	
The infection/hygiene system service is effective for staff and patients.							.849

APPENDIX C

RELIABILITY OF THE INSTRUMENT

Reliability of the Instrument

Quality of Service

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.825	.858	22

Job Satisfaction

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.910	.913	22

Competitive Advantage

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.858	.876	31

Organizational Performance

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.858	.872	29

APPENDIX D

OPERATIONALIZATION OF THE VARIABLES

Operationalization of the variables

Operationalization of the variable Quality of Service

Variables	Conceptual definition	Instrumental definition	Operational definition
Quality of Service	Luxford, Safran & Delbanco (2011) make essential reference to the quality of service being "patient-centered" care that is provided to patients by caregivers in healthcare organizations.	The degree to which health care workers in different out-patient centers considered that quality of service is achieved by utilizing 22 items under the scale: 1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree	To measure the degree of quality of service, data were collected from employees of different out-patient dialysis centers in New York City through the measure of 22 items. The variable was considered as metric. To derive the conclusions of this study, the following equivalence was determined for the scale used: 1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

Operationalization of the variable Job Satisfaction

Variables	Conceptual definition	Instrumental definition	Operational definition
Job Satisfaction	According to Kendall (2016), job satisfaction relates to individuals' attitudes toward their job, depending on their job responsibilities, the organizational structure in the work environment, and how individuals perceived needs are met.	The degree to which health care workers in different out-patient centers perceived that job satisfaction is achieved by utilizing 22 items under the scale: 1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree	To measure the degree of job satisfaction, data were collected from employees of different out-patient dialysis centers in New York City through the measure of 22 items. The variable was considered as metric. To derive the conclusions of this study, the following equivalence was determined for the scale used: 1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

Operationalization of the variable Competitive Advantage-Component

Variables	Conceptual Definition	Instrumental definition	Operational definition
Competitive Advantage-Components	Competitive Advantages are components that enable an organization to provide goods or services in a more satisfactory manner than their competitors (Twin, 2019).	The degree to which health care workers in different out-patient centers perceived that competitive advantage is achieved by utilizing 31 items under the scale: 1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree	To measure the degree of competitive advantage, data were collected from employees of different out-patient dialysis centers in New York City through the measure of 31 items. The variable was considered as metric. To derive the conclusions of this study, the following equivalence was determined for the scale used: 1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

Operationalization of the variable Organization Performance

Variables	Conceptual definition	Instrumental definition	Operational definition
Organization Performance	Organizational Performance is perceived as an organization's ability and capacity to effectively utilize its available resources to achieve efficiency, and achieve its goal of providing quality goods or services (Jenatabadi, 2015); Walker, Damanpour & Devece (2011).	The degree to which health care workers in different out-patient centers perceived that organization performance is achieved by utilizing 29 items under the scale: 1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree	To measure the degree of organization performance, data were collected from employees of different out-patient dialysis centers in New York City through the measure of 29 items. The variable was considered as metric. To derive the conclusions of this study, the following equivalence was determined for the scale used: 1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

APPENDIX E

CROSS TABLES

Cross Tables

Gender of participant and Quality of Service cross-tabulation

		Quality of Service			
		3.00	4.0	5.0	Total
Gender of participant	Male	0	9	15	24
		0.0%	37.5%	62.5%	100.0%
	Female	1	32	43	76
		1.3%	42.1%	56.6%	100.0%
Total		1	41	58	100
		1.0%	41.0%	58.0%	100.0%

Academic level and Quality of Service cross-tabulation

		Quality of Service			
		3.00	4.0	5.0	Total
Academic level	High school diploma/GED	0	17	23	40
		0.0%	42.5%	57.5%	100.0%
	Bachelor	0	16	26	42
		0.0%	38.1%	61.9%	100.0%
	Master	1	8	6	15
		6.7%	53.3%	40.0%	100.0%
	Doctorate	0	0	3	3
		0.0%	0.0%	100.0%	100.0%
Total		1	41	58	100
		1.0%	41.0%	58.0%	100.0%

Gender of participant and year of birth cross-tabulation

		Year of Birth			
		1950 - 1965	1966 - 1980	1981 - 2000	Total
Gender of participant	Male	10	4	10	24
		41.7%	16.7%	41.7%	100.0%
	Female	25	32	19	76
		32.9%	42.1%	25.0%	100.0%
Total		35	36	29	100

		35.0%	36.0%		29.0%	100.0 %

Employment status and job satisfaction cross-tabulation

		Job Satisfaction				
		2.0	3.0	4.0	5.0	Total
Employment status	Full-time	2	19	45	18	84
		2.4%	22.6%	53.6%	21.4%	100.0%
	Part-time	0	3	8	4	15
		0.0%	20.0%	53.3%	26.7%	100.0%
	Per diem	0	1	0	0	1
		0.0%	100.0%	0.0%	0.0%	100.0%
Total		2	23	53	22	100
		2.0%	23.0%	53.0%	22.0%	100.0%

APPENDIX F

ARITHMETIC MEAN

Arithmetic Mean

Arithmetic Mean and Standard Deviation for Quality of Service

Items	Mean	SD
The company provides a safe and healthy work environment.	3.98	.876
Health and safety are essential for my job.	3.99	1.374
I never attempt any patient care without full training.	4.27	.962
I ensured that patients at risk for falls are carefully monitored.	4.50	.704
Care providers are knowledgeable about their patient's health status.	4.08	.849
Care providers make regular visits to assess and follow up with their patients.	3.73	.993
Quality improvement measures are used to help improve patients' outcomes	4.20	.804
Patients express confidence in decisions made by their care providers.	3.86	.853
Quality patient education is a priority.	4.32	.920
I communicate effectively with patients.	4.50	.560
Patients express satisfaction with the care that I give.	4.51	.628
I involve patients in their plan of care.	4.03	.846
All available resources are used to optimize patients' visits.	4.04	.931
I have the skills I need to work efficiently and professionally.	4.54	.610
In my unit, we work as a team.	3.93	1.085
The company employs skilled and competent staff.	4.04	.931
Regular in-service and onsite skill training are provided.	3.86	1.045
The training I receive is relevant to my job.	4.33	.842
The facility schedule timely pickup for patients.	4.13	.861
I treat all patients equally and fairly.	4.76	.474
It is difficult to transfer patients from their transportations into the facility.	2.69	1.098
Patients complain of long wait periods.	3.17	1.248
Quality of Service	4.07	0.43

Arithmetic Mean and Standard Deviation for Job Description

Items	Mean	SD
The salary and benefits offered by the company meet my needs.	2.93	1.394

Employees receive all fringe benefits as established by the organization and Labor Law.	3.48	1.087
The quality of the health benefits for the worker and his or her family is adequate	3.51	1.259
The company offers better benefits than other companies.	3.01	1.307
I am provided with opportunities to improve my skills	3.51	1.115
I am given the training I need to do my job effectively.	3.86	.954
I have the necessary resources to do my job well.	3.88	1.008
I am satisfied with the management style of my manager.	3.71	1.085
I find my job challenging.	3.64	.990
Management has an interest in the needs of each worker.	3.64	1.133
The company does an excellent job of keeping employees informed about matters affecting us.	3.52	1.168
I am satisfied with the high level of job commitment the workers have with the organization.	3.46	1.105
There is support from management.	3.59	1.215
I have good working relationships with my coworkers.	4.29	.795
Directives from management are followed and respected.	3.93	.868
The organization projects a positive image to workers, clients and the community.	3.70	.980
The work environment of the organization is diverse and inclusive.	3.94	.952
I enjoy coming to work.	3.88	1.057
My company offers reward based on performance	2.52	1.275
My work is adequately evaluated and commended by my supervisor	3.77	1.024
I am rewarded for the quality of my efforts.	3.00	1.181
I am satisfied with the reward and recognition given for my efforts.	3.10	1.210
Job Description	3.54	0.701

Arithmetic Mean and Standard Deviation for Competitive Advantage-Component

Items	Mean	SD
Management has implemented best care practices to make services provided competitive.	3.91	.818
The organization has a clearly defined mission, goal and objective.	4.16	.762

Most staff want frequent and supportive communication from their leaders.	4.08	.734
Management promotes quality and safety improvement in the organization.	4.080	.8490
Management gives clear orders and clarifies procedures.	3.870	.9173
The management team provides collaborative, training, and guides the operation processes.	3.95	.744
Management provides leadership, which enhances the effective utilization of resources.	3.81	.884
The company is involved in community activities to promote wellness.	3.25	1.086
Employees want to be part of the decision-making process.	4.00	.791
Patients are given specific appointment times to reduce waiting time.	3.95	.957
Patients complain of long waits to receive their treatments.	3.03	1.132
Technicians and nurses spend adequate time with one patient.	3.70	.948
Patients treatment is started on time.	3.91	.975
Patients express satisfaction with waiting time less than fifteen minutes.	3.61	.973
The service that is provided by staff is commended by patients.	3.73	.815
There is effective communication amongst all care team (MD, RN, RD, SW, PCT).	3.73	1.100
Employees use their skills and expertise to provide safe and quality care.	4.29	.624
Patients are confident that staff is highly trained and competent.	4.03	.758
Patients and staff are educated on safe practices to prevent falls and injuries.	4.37	.720
Patients who missed treatment or hospitalized are contacted and treatment rescheduled by the care team.	4.29	.591
Adequate resources (stock material, medication) are always available.	3.95	1.019
The facility is easily accessible to all patients and is strategically located.	4.06	.908
The organization has a reputation for providing patient-centered care.	3.84	.721
The management team is fully involved in all aspects of patient care.	3.95	.845
Staff responds promptly to inquiry and request made by patients.	4.09	.818
Staff show willingness to help and educate patients on self-care	4.03	.731

The organization shows a sincere interest in helping to solve staff and patients' complaints.	3.79	1.104
Nurses and PCTs are able to help and instill confidence in the patient during treatment.	4.16	.748
Patients are responsive to the request to come for treatment as scheduled.	3.80	.974
Patients' consents are sought before any test procedures are done.	4.34	.768
Patients complain of not having regular follow up by their nephrologists.	2.69	1.203
Competitive Advantage	3.89	.408

Arithmetic Mean and Standard Deviation for Organizational Performance

Items	Mean	SD
Workers are satisfied with all aspects of their jobs.	3.11	.973
Employees have the required skills and knowledge to perform their work.	4.16	.647
Employees are highly motivated to give their best performance.	3.54	.834
Initiative is taken by the staff to get things done effectively and efficiently.	3.83	.817
There is effective communication with peers and their supervisors.	3.75	.845
Employees demonstrate a great degree of responsibility in their daily activities.	4.01	.628
The level of staff commitment towards the company is high.	3.38	.814
Staff morale is low and staff turnover is high.	2.74	.970
Work is completed in a reasonable amount of time.	3.83	.652
Staff show willingness to assist each other to accomplish a task.	3.85	.744
Employees are highly stressed with their daily workload.	2.97	1.029
Management shows commitment towards goal accomplishment plans.	3.80	.778
The company is in compliance with the payment of short-term commitments.	3.65	.796
Management fulfills payment of all tax obligations.	3.71	.715
Fixed assets are maintained in good condition.	3.75	.672
The stock inventory system is properly maintained to prevent stock out.	3.71	.891
Medications for patients are ordered and received on a timely basis.	3.88	.756
The infection/hygiene system service is effective for staff and patients.	4.16	.735
Policies and protocols are in place for all aspects of patient care.	4.26	.691

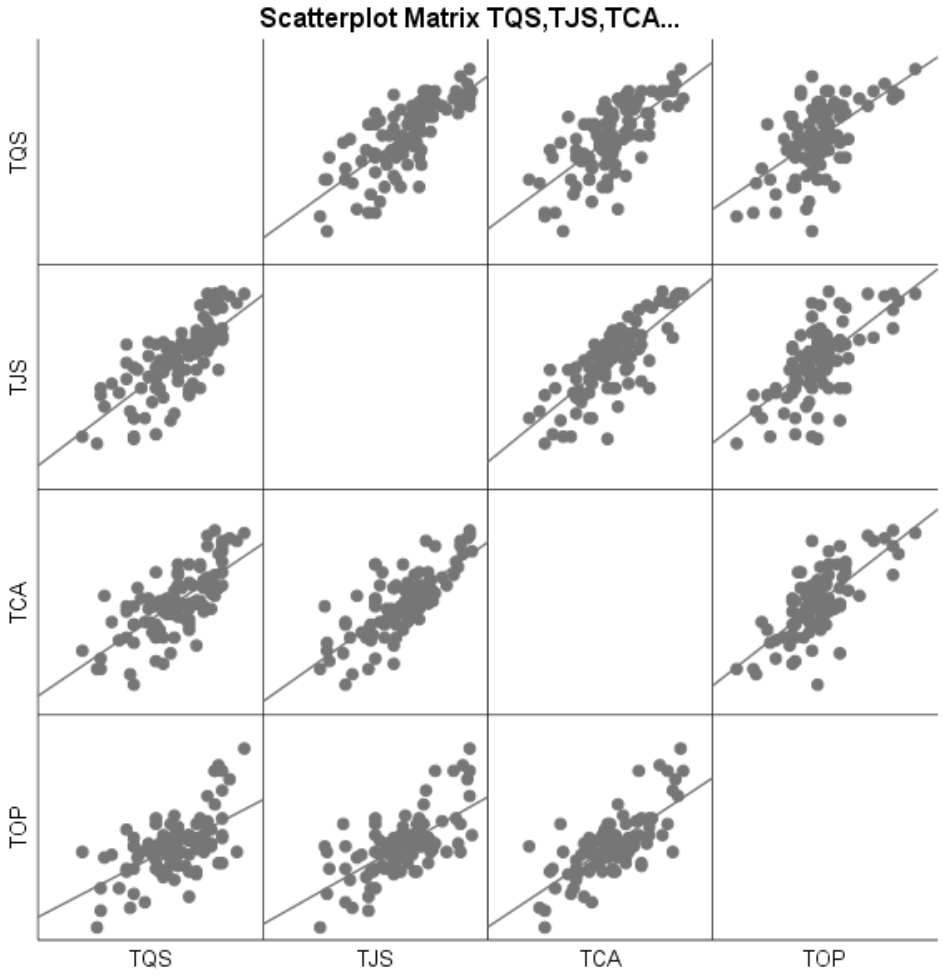
Quality and performance meetings are done monthly for improvement plans.	3.92	.761
Employees are given regular in-service on patient care and safety procedures.	3.90	.847
The organization works towards meeting customers' treatment at the lowest possible cost without affecting quality.	3.62	.801
The company invests in the maintenance of its infrastructure to provide comfort and ambience.	3.62	.940
Overhead costs do not affect the quality of service provided.	3.45	.845
Medical supplies are purchased through a medical wholesaler to minimize costs.	3.44	.701
The organization has no difficulty in replacing the medical supplies needed for each treatment.	3.55	.978
Frequent hospitalization reduces profit.	3.69	.873
Lean management is practiced to eliminate waste of supplies and reduce costs.	3.74	.799
It is costly to purchase recurring medications for patients.	3.43	.820
Organizational Performance	3.67	.375

APPENDIX G

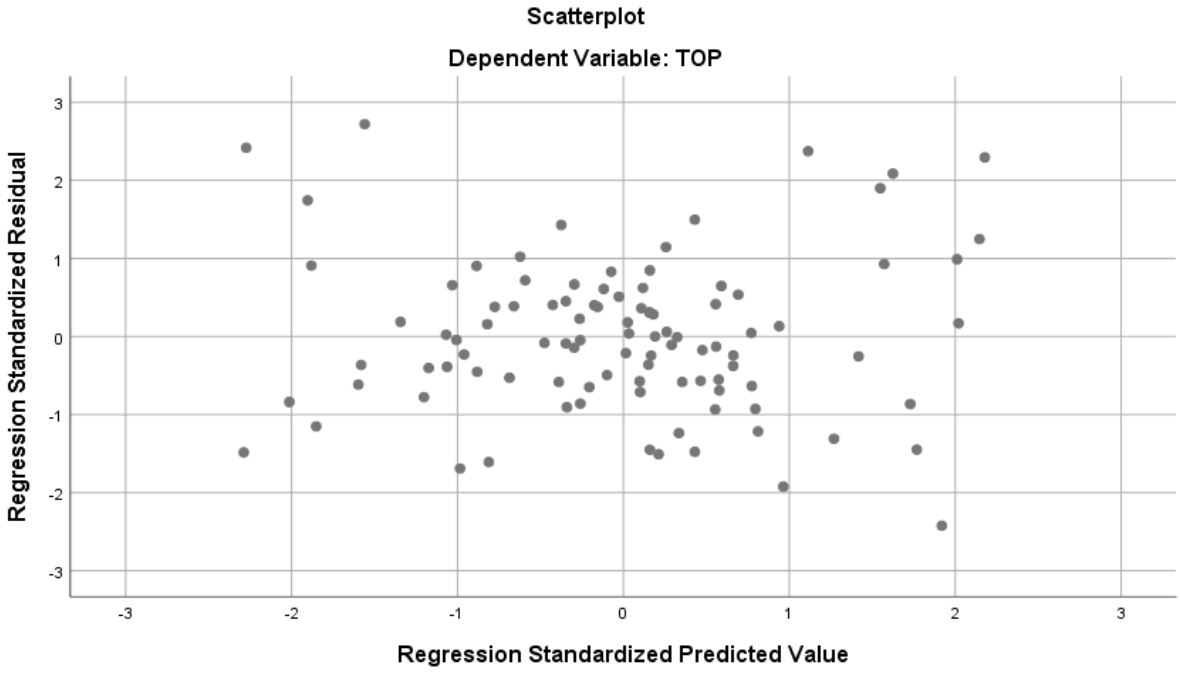
MULTIPLE REGRESSION ASSUMPTIONS

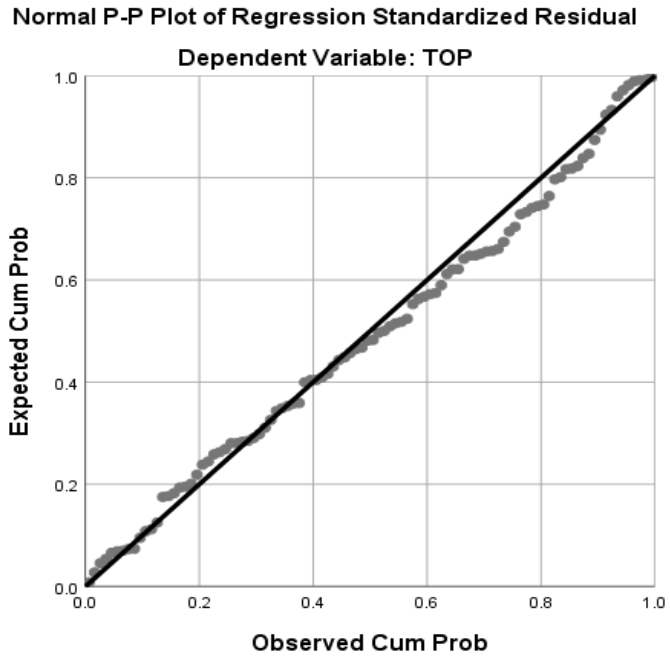
Multiple Regression Assumptions

i. Test of Linearity Between Independent and Dependent Variable



ii. The Constant Variance or Homoscedasticity of the Error





iii. Durbin Watson Model Summary

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Esti-mate	Durbin-Wat-son
1	.742[a]	.551	.537	.25517	1.809

a. Predictors: (Constant), TCA, TQS, TJS

b. Dependent Variable: TOP

Test of Normality

Test of normality of the errors with the Kolmogorov-Smirnov Statistics (p =>.05)

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	df	Sig.
Unstandardized Residual	.067	100	.200*	.982	100	.176
Standardized Residual	.067	100	.200*	.982	100	.176

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

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KEY SKILLS AND COMPETENCIES

Experienced professional with over 25 years of industry experience in Nursing, Financial Accounting, and Business Management

- Medical and Surgical Patient Care
- Hemodialysis Care Plan and Analysis
- Hemodialysis Unit Management
- Organization Management
- Corporate and Individual Taxation
- Financial Accounting

EDUCATION

- PhD in Business Administration, University of Montemorelos, Mexico, 2020
- MBA in Healthcare Management - Ohio University, Athens, OH, 2016
- BS in Nursing - SUNY Plattsburg, NY, 2012
- Associate Degree in Nursing – Borough of Manhattan Community College, NY, 2005
- BBA in Accounting - University of Technology, Jamaica, W.I., 1995

PROFESSIONAL EXPERIENCE AND APPOINTMENTS

Patient Care Team Coordinator, The VA Medical Center, Manhattan, New York: November 2019 – Present

- Coordinate the care of veteran's patients in dialysis, acupuncture and oncology units
- Review policies and protocols relevant to care and make recommendations for improvement
- Daily rounding and overview of patient scheduling, employees' performance and environmental issues
- Scheduling staff work hours, approving overtime, leave and premium time request
- Reviewing and approving employees' payroll in collaboration with the payroll manager.
- Weekly staff meetings, committee meetings and reporting to senior management

- Meeting with labor relations representative to resolve patients and staff conflicts
- Overview and monitoring of infection control practices in all assigned units
- Facilitating interdisciplinary patient care plan meeting with the medical director, nurse practitioner, dietician, social worker and registered nurses.
- One to one meeting with patients to evaluate their level of satisfaction with care given

Nurse Manager, Sea Crest Dialysis, Brooklyn, NY: December 2018- November 2019

- Promotes open and effective communication among all staff, the medical faculty, the multidisciplinary team, leadership, patients and families
- Plans for and provide a staffing pattern which meets patient and family care needs and provide direct hemodialysis nursing care and patient education and families
- Conducts the performance evaluation process which includes appropriate counseling in relation to performance, progressive discipline and termination.
- Promotes cost-effective behavior in staff through observation and education
- Determination of reorder levels for medication stock out, and ordering of necessary inventory
- Supervises and serves as a clinical resource to clinic staff through provision and coordination of patient care
- Reviewing of patient referrals and making selection of new patients to admit to facility
- Monitor all nursing activities relating to patient care
- Implement a multidisciplinary quality improvement program that incorporates patient care standards and meets Medicare ESRD regulations and practices
- Conduct staff meetings on a regular basis
- Participates in professional organizations in area of specialization and interest

Nurse Manager, Rockaway Dialysis, Far Rockaway, NY: March 2017- December 2018

- Develops and implements standards of care, providing patient care in accordance with regulatory agencies and the clinic's policies and protocols
- Oversees the review and evaluation of patient care in accordance with ESRD Network, regulatory agencies and the clinic's policies and protocols
- Implements and training and educational program for ESRD
- Collaborates with the Medical Director, Social Worker, Dietician, Nurses and Technicians on specific areas of patients' care
- Plans and coordinates the training and assessment of patient care staff

- Responsible for keeping abreast of changes in trends, concepts and studies in management and nursing practices through reading, attendance at workshops and conferences
- Carries out supervisory responsibilities in accordance with the Clinics policies and procedures and applicable laws
- Interviewing, hiring, training employees; planning, assigning and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems in coordination with the clinical Administrator.

***Nephrologists Charge Nurse & Registered Nurse, Kingsbrook Jewish Medical Center,* Brooklyn, NY; February 2007 - March 2017**

- Provide interdisciplinary care to acute and chronic patients with ESRD
- Assess and monitor renal patients' health status during treatment
- Educate patient on compliance with diet and medication
- Develop and implement daily care plans for patients with ESRD
- Delegate patients' care assignments to other staff nurses and technicians
- Coordinate anemia management and present report in QAPI meetings
- Encourage patients' compliance with weekly treatments
- Advocate on behalf of patients with other interdisciplinary care team
- Monitor monthly lab works for electrolytes imbalances and notify Nephrologists
- Communicate with Nephrologists regarding patients' treatment orders

***Medical and Surgical Registered Nurse, Kingsbrook Jewish Medical Center*, Brooklyn, NY 2006 - 2007**

- Provided direct care to patients in a 28-bed medical and surgical unit
- Developed and implemented nursing care plans for patients
- Operated in the capacity of charge nurse
- Provided safe and therapeutic patient care to patients
- Educated patients on their admission diagnosis and plan of care
- Gave medication and provided teaching on medication regimen

CLINICAL ROTATIONS

- Kingsbrook Jewish Medical Centre: Outpatient clinic, public health, 2012
- Mercy Medical Center: Leadership and management, 2011-2012
- VA Hospital and Lincoln Hospital: Medical surgical nursing unit and pediatrics, 2004
- Bellevue Hospital and Bronx Lebanon Hospital: psychiatric unit, and maternal and obstetrics nursing unit, 2004

- Lenox Hill Hospital: Oncology nursing unit, 2003

MEMBERSHIPS

- International Nurses Association, 2016
- American Nephrology Nurses Association, 2016 -2019
- Honor Society.org, 2015-2016
- Alpha Kappa Chapter: Phi Theta Kappa, 2003 - 2005

CHARITABLE ORGANIZATIONS

***Assistant Coordinator, Sabbath School Department, Linden SDA, Laurelton,* NY**
2017 - present

- Plans strategy for in-house and community outreach programs for a large membership congregation
- Attends monthly board meetings to present and discuss current strategies and make future projections
- Organizes social events and identifies and rewards community talents
- Plans and facilitates weekly programs with a team of 20 community service providers
- Assign tasks and coordinates activities for children and adults

PROFESSIONAL SKILLS/COMPUTER SKILLS

Research skills include data collection, data analysis, research design, professional writing, editing, financial accounting, management analysis, leadership, tax planning, personal and business tax expert.

- Blackboard learning system
- Zoom. US On-line Video Conferencing
- Microsoft Word, Excel, PowerPoint
- QuickBooks for accounting
- Phoenix accounting
- Lite payroll
- Proseries professional tax program

AWARDS

- Recipient of Nurse of Distinction Award, KJMC Dialysis unit, 2016
- Inclusion in the 2016 edition of Worldwide Leaders in Healthcare
- Certificate of Recognition for Exemplary Leadership and Vision, KJMC, 2015
- Recipient of RN Student Excellence Award, SUNY Plattsburgh, 2012
- Dean’s list, SUNY Plattsburgh, 2010 and 2012
- Dean’s list, Borough of Manhattan Community College, 2003-2005

- Borough of Manhattan Community College scholarship, 2003-2005