Indian Journal of Science and Technology, Vol 9(27), DOI: 10.17485/ijst/2016/v9i27/97596, July 2016
ISSN (Print) : 0974-6846
ISSN (Online) : 0974-5645

# Rural Healthcare - An Employee Engagement Perspective of Hospitals

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## Abstract

**Objectives**: This is a survey on employee engagement level in hospitals of a rural district of India to find out the influencing factors and propose a strategic model. **Methods/Analysis**: Among the 11 public and 80 private hospitals, stratified random and disproportionate convenience sampling techniques were used to select the 35 hospitals and the 506 respondents. All levels of employees were included unlike the earlier researches conducted. An existing standard Employee Engagement questionnaire combined with a customer perception questionnaire was administered. In analysis, Descriptive and Multiple Regression were used. **Findings**: The present levels of engagement are 82.51% and customers are the most influencing factor for engagement. From the available research reports it is found in India the fully engaged employees are in the region of 9 to 17 % and the level of engagement is just above 70 %. The high level of engagement is different from various reports. The study has provided insights and information about employee engagement in hospitals so that the administrators can develop and implement strategies to improve the same thereby increasing employee commitment, service quality and customer satisfaction. **Novelty/Improvement**: A strategic model to improve the engagement level is proposed and thus the ultimate social contribution to provide better healthcare service to the people will be achieved.

**Keywords:** Commitment, Customer Satisfaction, Employee Engagement, Health Care, Hospitals, Service Quality

## 1. Introduction

### 1.1 Health Care in India

In the Indian healthcare market, private sector is driving the growth and expansion of the most promising markets in the world. It consists of hospitals, medical equipments, health insurance, education, training and health services. A large number of hospitals including both public and private are in the urban areas. The 28% urban residents have access to 66% of hospital beds in India and the 72% rural population has only the remaining[1] (Report by IMS Institute for Healthcare Informatics). Also, The Hindu, 2013 said "the distribution of healthcare workers, including doctors, nurses, and pharmacists, is highly concentrated in urban areas and the private sector"[2].

In rural areas the public healthcare institutions like primary health centers and district hospitals are providing healthcare services. The National Family Health Survey (NFHS) III reports that the private medical sector is the primary source of health care for the majority of households in urban (70 per cent) as well as rural areas (63 percent). In the private sector Private Doctors or clinics are catering to 46 per cent of the urban and 36 per cent of the rural households[3] (NFHS. IIPS and Macro International, 2007: 436). The cost of inpatient treatment in the private sector is much higher compared to treatment in government hospitals[4].

### 1.2 India's Health Workforce

The health workers present in both the private and public sector are offering health services in several systems of

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medicine. As per the National Occupation Classification (NOC), allopathic health service providers comprise doctors (general and specialists), dentists, nurses, midwives, pharmacists, technicians, optometrists, physiotherapists, nutritionists, sanitarians and a range of administrative and support staff[5] (GOI/NOC).

The urban areas have the majority (60%) of health workers. Also, majority (70%) of health workers are employed in the private sector in both urban and rural areas[6]. As per World Health Organisation greater availability of health workers can be linked with better service utilization and health outcomes[7-9].

The need of the hour in the Indian Hospitals is to offer the best services with the help of existing employees. Technological advancements may join but the employees from Doctors, Nurses, Technicians, Lab assistants, Managers and other health workers need to perform better. This can be achieved by committed, high performing employees. In this context this study proposes to analyze current status of employees and their engagement levels in hospitals of Nagapattinam district, Tamil Nadu, India.

## 1.3 Defining Employee Engagement

A variety of perspectives exist related to the definitions and understanding of engagement as well as the most elusive way to measure it. Although Merriam-Webster Dictionary defined engagement as emotional involvement or commitment toward the organization, within the literature, employee engagement is defined in many ways.

"The simultaneous employment and expression of a person's preferred self in task behaviors that promote connections to work and to others, personal presence (physical, cognitive, and emotional) and active, full role performances", is called as personal engagement[10].

According to[11], engagement has three aspects: energy, involvement, and efficacy. The combination of cognitive and emotional antecedent variables in the workplace, which generates higher frequency of positive effect[12], was identified as employee engagement.

Employee engagement is a positive, fulfilling work-related state of mind which is characterized by vigor, dedication and absorption[13], defined engagement as a state of being attracted, committed and fascinated[14].

Employee engagement is defined as the extent to which workforce is committed to the goal, mission and vision of the organization[15]. It is the highest form of commitment where each one wants to do whatever he can for the benefit of the organization[16]. It is how employees feel, think and act with regard to the employer[17].

An employee putting forth extra discretionary effort and has the likelihood of being loyal and remaining with the organization over the long time can be called an engaged employee[18]. Engagement is characterized as providing extra effort and of possessing an emotional commitment to the organization and the job[19].

In[20] defined engagement as "an amalgamation of commitment, loyalty, productivity and ownership, and it is the illusive force that motivates employees to higher levels of performance".

Engagement is the degree to which an individual is attentive and absorbed in the performance of his roles[21]. It is an energetic state in which the employee is dedicated to excellent performance at work and is confident of his or her effectiveness[22]. It is a barometer that determines the association of a person with the organization[23].

## 1.4 Employee Engagement in Health Care

Many industries, including healthcare have a strategic goal of attaining high level of engagement since engaged employees are committed, satisfied with their work and willing to give extra effort to achieve the organization's goals. Though satisfaction levels were measured among health care employees very few studies applied the concept of engagement and are only evolving[24].

Researchers found strong correlations between employee engagement scores and customer experiences[25]. The positive relationship between staff satisfaction and patient satisfaction has been identified[26]. Evidences suggest that in healthcare managers can improve patient care experiences by improving employee satisfaction and retention[27-30]. England's National Health Service documents show the relationship between higher levels of staff engagement, higher-quality services and better financial performance[31].

Engagement is especially important in the health care setting where engagement can be a matter of health or illness to those dependent on receiving services.

In health care the factors like the job, training and development opportunities, team, supervisor, senior management and organizational support are important for employee engagement[24].

Significant relationships between engagement within the work role and job performance outcomes have been identified in several service disciplines[32,33].

Work engagement is crucial in the hospital setting. Nurses, for example, work directly and consistently with patients and need to be engaged in their work not just for themselves, but for they hold a lot of responsibility for other people's lives[34]. Gallup surveys have measured engagement in many health care work settings and consistently found nurses to be the least engaged of healthcare workers[35] showed that workers in the health care fields have the lowest scores of vigor and absorption[13]. These outcomes are particularly problematic for health care professionals, where absence and decreased job performance can harm patient health as well[36]. Health care professionals are expected to provide good customer service to patients in addition to accurate diagnoses, safe and efficient treatment[37] and often requiring emotional labor[38].

Engaged employees are involved in process improvement and to look for innovative ways to reduce costs and increase efficiencies than employees who are not engaged or who are actively disengaged. Few Indian hospitals, though, are actively measuring and managing staff engagement[39]. Interventions aimed at developing employee engagement will likely result in increased commitment and reduced turnover in healthcare contexts[40].

## 2. Research Methodology

The research is basically a survey on employee engagement in hospitals of Nagapattinam district in Tamil Nadu. All the available hospitals (11 public and 80 private) were selected as the population and stratified random sampling was used to select the sample hospitals. The stratification was based on Taluks, type of towns (big and small) and also type of hospitals. More than 38% hospitals were covered. While selecting the respondents from each hospital, disproportionate convenience sampling technique was used and the sample size is 506. The sample size across hospitals is shown in Table 1.

The standard questionnaire developed by IES (Institute for Employment Studies, UK) with 48 statements and Customer Impact (08 items) from UTRECHT Work Engagement Scale as under[41] are used with prior permission. These statements solicit the perception of employees on various factors influencing employee engagement.

- My Job (15 items)
- My Superior (10 items)
- My Coworkers (09 items)
- My Organisation (14 items)
- My Customer (08 items)

The final questionnaire is a combination of two standard questionnaires. The reliability was tested for all five constructs and the same is shown in Table 2.

**Table 2.** Reliability statistics

| Construct | Cronbach's Alpha | No. of Items |
|---|---|---|
| My Job | .883 | 15 |
| My Supervisor/Manager | .886 | 10 |
| My Team/My Coworkers | .835 | 9 |
| My Organisation | .889 | 14 |
| My Customer | .884 | 8 |

Source: Primary Data computed in SPSS 20.0

**Table 1.** Sample size across the region and the type of hospitals

| Taluks | No. of Hospitals | | No. of Respondents | | Total | % |
|---|---|---|---|---|---|---|
| | Public | Private | Public | Private | | |
| Nagapattinam | 1 | 7 | 48 | 92 | 140 | 27.67 |
| Keelvelur | 1 | 3 | 11 | 32 | 43 | 8.498 |
| Vedaranyam | 1 | 3 | 14 | 38 | 52 | 10.28 |
| Vailankanni | 1 | 3 | 9 | 27 | 36 | 7.115 |
| Tharangambadi | 1 | 2 | 8 | 20 | 28 | 5.534 |
| Sirkazhi | 1 | 3 | 13 | 43 | 56 | 11.07 |
| Mayiladuthurai | 1 | 7 | 39 | 112 | 151 | 29.84 |
| Total | 7 | 28 | 142 | 364 | 506 | 100 |

Source: Primary Data computed in SPSS 20.0

The Structured questionnaire used to collect primary data, consisting of 56 statements with 5 point scale response. Five response options from 5=strongly agree to 1= strongly disagree were given to rate the statements. The first part of the questionnaire solicited demographic information of respondents.

# 3. Data Analysis

## 3.1 Procedure

Entire sample and the data were analyzed with Statistical Package for Social Sciences (SPSS 20.0) by using techniques like Descriptive statistics, Correlation analysis and Multiple Regression. The mean of the questionnaire items is used to arrive at the average engagement of the employee[42]. The same is detailed in Table 3.

## 3.2 Frequencies

The frequencies are grouped into low, medium and high categories[24], based on the distribution of composite score[43]. The total composite score is used as an indicator of the overall level of engagement. The high engagement group are individuals who obtained 4.5 and above in the composite score. Moderately engaged are those scoring between

**Table 3.** Descriptive statistics

| S. No | Demographic factors | | N = 506 | Min | Max | Mean | Median | SD |
|---|---|---|---|---|---|---|---|---|
| 1 | Type of Hospitals | Public | 142 | 3 | 5 | 3.926 | 3.86 | .493 |
| | | Private | 364 | 1.68 | 4.86 | 3.971 | 3.94 | .482 |
| 2 | Gender | Male | 204 | 1.3 | 4.86 | 3.982 | 4.1 | .550 |
| | | Female | 302 | 1.68 | 5 | 3.959 | 4 | .444 |
| 3 | Age in Years | 20-25 | 77 | 3.29 | 4.77 | 4.037 | 4.02 | .386 |
| | | 26-30 | 99 | 2.64 | 4.73 | 3.997 | 4.07 | .457 |
| | | 31-35 | 88 | 2.95 | 4.79 | 3.834 | 3.87 | .472 |
| | | 36-40 | 68 | 2.91 | 4.64 | 3.863 | 3.87 | .438 |
| | | 41-45 | 83 | 1.3 | 5 | 3.902 | 4 | .680 |
| | | 46-50 | 46 | 3.39 | 5 | 4.033 | 3.98 | .336 |
| | | Above 51 | 45 | 3.23 | 4.77 | 4.156 | 4.27 | .397 |
| 4 | Designation | Doctor | 35 | 3.29 | 4.68 | 3.991 | 4.02 | .492 |
| | | Nurse/Nursing Assts | 247 | 1.3 | 5 | 3.948 | 4 | .486 |
| | | Technical | 57 | 1.73 | 5 | 3.988 | 4.13 | .559 |
| | | Pharmacists | 55 | 3 | 4.7 | 3.938 | 3.98 | .444 |
| | | Admin/ Sup/ Mgrs | 62 | 3.11 | 5 | 4.016 | 3.99 | .471 |
| | | Others | 50 | 2.98 | 4.73 | 3.901 | 3.87 | .460 |
| 5 | Marital Status | Married | 411 | 1.3 | 5 | 3.957 | 4 | .506 |
| | | Single | 95 | 2.98 | 5 | 3.962 | 3.98 | .381 |
| 6 | Salary | < 5 K | 83 | 2.64 | 4.63 | 4.040 | 4 | .363 |
| | | 5 - 10 K | 72 | 3 | 4.68 | 4.148 | 4.29 | .357 |
| | | 10 - 15 K | 44 | 3.09 | 4.77 | 4.043 | 4.18 | .466 |
| | | 15 - 20 K | 65 | 1.3 | 4.73 | 3.683 | 3.68 | .724 |
| | | 20 - 25 K | 46 | 3.25 | 4.71 | 3.985 | 3.98 | .394 |
| | | 25 - 50 K | 171 | 2.91 | 5 | 3.888 | 3.88 | .489 |
| | | Above 50 K | 25 | 3.63 | 4.59 | 4.142 | 4.25 | .379 |
| 7 | Qualification | HSC/SSLC | 86 | 2.64 | 4.77 | 4.184 | 4.30 | .379 |
| | | Diploma | 269 | 3 | 5 | 3.902 | 3.91 | .406 |
| | | Degree | 72 | 2.95 | 5 | 3.964 | 3.99 | .552 |
| | | PG | 40 | 1.3 | 4.61 | 3.642 | 3.86 | .789 |
| | | Professional | 39 | 3.45 | 4.77 | 4.160 | 4.28 | .387 |
| 8 | Experience in Years | < 2 yrs | 84 | 3.29 | 4.77 | 4.028 | 4.01 | .379 |
| | | 2-5 yrs | 81 | 3 | 4.68 | 4.076 | 4.13 | .399 |
| | | 6-10 yrs | 143 | 1.3 | 4.79 | 3.858 | 3.91 | .592 |
| | | 11-15 yrs | 95 | 2.91 | 5 | 3.862 | 3.86 | .473 |
| | | 16-20yrs | 33 | 2.96 | 4.57 | 3.959 | 3.96 | .408 |
| | | 21-25 yrs | 34 | 3.39 | 4.7 | 3.997 | 3.95 | .386 |
| | | Above 26 | 36 | 3.23 | 5 | 4.144 | 4.18 | .475 |

**Average composite score 3.975**

Source: SPSS 20.0 output

3.5 and 4.499 and low engagement or disengagement as those scoring lees than 2.49. The employees who are neither engaged nor disengaged can be called as neutral with a score between 2.5 and 3.49. The public hospitals has an engagement level of 71.13% of their employees (both high and medium combined) where as the private hospitals has an engagement level of 85.71% of their employees. Though the highly engaged were only 11.27% and 10.71% respectively, the moderately engaged group is more (75%) in private hospitals. The .82% of disengagement is also present in private hospitals. The 28.87% and 13.46% neutral employees are present in GHs and PHs respectively. The details are shown in Table 4.

## 3.3 Managerial Implications

The Employee Engagement Score based on various demographic groups has given a clear idea about the status of employee engagement among the employees of

**Table 4.** Demographic factors, engaged employees and the engagement level

| Demographics | Frequency range | Disengaged | | Neutral | | Moderately Engaged | | Highly/Fully Engaged | | Engaged Employees | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | < 2.49 | % | 2.5 -3.49 | % | 3.5-4.49 | % | 4.5+ | % | Total | % |
| Type | GH | | 0.00 | 41 | 28.87 | 85 | 59.86 | 16 | 11.27 | 142 | 71.13 |
| | Private | 3 | 0.82 | 49 | 13.46 | 273 | 75.00 | 39 | 10.71 | 364 | 85.71 |
| Gender | Male | 2 | 0.98 | 41 | 20.10 | 137 | 67.16 | 24 | 11.76 | 204 | 78.92 |
| | Female | 1 | 0.33 | 49 | 16.23 | 221 | 73.18 | 31 | 10.26 | 302 | 83.44 |
| Age in years | 20-25 | | 0.00 | 9 | 11.69 | 58 | 75.32 | 10 | 12.99 | 77 | 88.31 |
| | 26-30 | | 0.00 | 16 | 16.16 | 69 | 69.70 | 14 | 14.14 | 99 | 83.84 |
| | 31-35 | | 0.00 | 25 | 28.41 | 58 | 65.91 | 5 | 5.68 | 88 | 71.59 |
| | 36-40 | | 0.00 | 16 | 23.53 | 47 | 69.12 | 5 | 7.35 | 68 | 76.47 |
| | 41-45 | 3 | 3.61 | 17 | 20.48 | 48 | 57.83 | 15 | 18.07 | 83 | 75.90 |
| | 46 -50 | | 0.00 | 1 | 2.17 | 44 | 95.65 | 1 | 2.17 | 46 | 97.83 |
| | 51 and above | | 0.00 | 6 | 13.33 | 34 | 75.56 | 5 | 11.11 | 45 | 86.67 |
| Status | Single | | 0.00 | 14 | 14.74 | 71 | 74.74 | 10 | 10.53 | 95 | 85.26 |
| | Married | 3 | 0.73 | 76 | 18.49 | 287 | 69.83 | 45 | 10.95 | 411 | 80.78 |
| Designation | Nursing Asst | 2 | 0.81 | 44 | 17.81 | 177 | 71.66 | 24 | 9.72 | 247 | 81.38 |
| | Technical | 1 | 1.75 | 9 | 15.79 | 40 | 70.18 | 7 | 12.28 | 57 | 82.46 |
| | Doctor | | 0.00 | 6 | 17.14 | 24 | 68.57 | 5 | 14.29 | 35 | 82.86 |
| | Pharmacists | | 0.00 | 11 | 20.00 | 39 | 70.91 | 5 | 9.09 | 55 | 80.00 |
| | Admin/Sup/ Mgr | | 0.00 | 10 | 16.13 | 43 | 69.35 | 9 | 14.52 | 62 | 83.87 |
| | Others | | 0.00 | 10 | 20.00 | 35 | 70.00 | 5 | 10.00 | 50 | 80.00 |
| Salary | Below Rs 5 K | | 0.00 | 6 | 7.23 | 71 | 85.54 | 6 | 7.23 | 83 | 92.77 |
| | Rs 5-10 K | | | 3 | 4.17 | 60 | 83.33 | 9 | 12.50 | 72 | 95.83 |
| | 10-15 K | | | 11 | 25.00 | 26 | 59.09 | 7 | 15.91 | 44 | 75.00 |
| | 15-20 K | 3 | 4.62 | 24 | 36.92 | 31 | 47.69 | 7 | 10.77 | 65 | 58.46 |
| | 20 - 25 K | | | 6 | 13.04 | 37 | 80.43 | 3 | 6.52 | 46 | 86.96 |
| | 25 K -50 k | | | 40 | 23.39 | 111 | 64.91 | 20 | 11.70 | 171 | 76.61 |
| | 50 K and above | | | 0 | 0.00 | 22 | 88.00 | 3 | 12.00 | 25 | 100.0 |
| Qualification | 10/+2 | | 0.00 | 7 | 8.14 | 66 | 76.74 | 13 | 15.12 | 86 | 91.86 |
| | Diploma | | | 51 | 18.96 | 199 | 73.98 | 19 | 7.06 | 269 | 81.04 |
| | Degree | | | 18 | 25.00 | 41 | 56.94 | 13 | 18.06 | 72 | 75.00 |
| | PG Degree | 3 | 7.50 | 12 | 30.00 | 20 | 50.00 | 5 | 12.50 | 40 | 62.50 |
| | Prof Degree | | | 2 | 5.13 | 32 | 82.05 | 5 | 12.82 | 39 | 94.87 |

*(continued)*

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Experience in years | < 2 | | | 10 | 11.90 | 66 | 78.57 | 8 | 9.52 | 84 | 88.10 |
| | 2- 5 | | | 8 | 9.88 | 61 | 75.31 | 12 | 14.81 | 81 | 90.12 |
| | 5-10 | 3 | 2.10 | 34 | 23.78 | 90 | 62.94 | 16 | 11.19 | 143 | 74.13 |
| | 10-15 | | | 25 | 26.32 | 63 | 66.32 | 7 | 7.37 | 95 | 73.68 |
| | 16 -20 | | | 5 | 15.15 | 26 | 78.79 | 2 | 6.06 | 33 | 84.85 |
| | 21-25 | | | 4 | 11.76 | 27 | 79.41 | 3 | 8.82 | 34 | 88.24 |
| | 26 and above | | | 4 | 11.11 | 25 | 69.44 | 7 | 19.44 | 36 | 88.89 |
| | | 2.4 | 0.97 | 18.9 | 16.88 | 75.3 | 71.29 | 11.6 | 11.22 | | 82.51 |

Engagement Level : 82.51 %
Source: SPSS 20.0 output

hospitals in Nagapattinam district. Though the current level of engagement is higher than the global industrial average, the moderately engaged employees are more. These employees can be made engaged by addressing their concerns which will considerably increase employee engagement. Further there is no actively disengaged person among these hospitals which may have to be addressed cautiously. Simply this cannot be taken as a positive sign because it may be due to hiding of certain opinions by respondents. However the other information brought out by the descriptive will help in understanding their concerns.

The overall mean employee engagement scores is 3.975 and shows very less significant differences among various mean EE scores based on the demographics. So, it may be concluded that the demographic characteristics do not differentiate the employee engagement scores of the hospital employees.

As per Gallup report 2014 the highly engaged employees across India is only 9% (with 1% variation)[44]. This study has shown the highly/fully engaged as 11.22%, which is corresponding (Slightly higher) to the previous result. Also in public health facilities as per a study 74% employees are positively engaged with their work in spite of various problems in public health care in India and nurses (75%) are more engaged than physicians (69%)[45]. But this study shows better results with nurses (81.38%) and physicians (82.86%) having better engagement levels. Also among the hospital managers of the same area, a previous study reported an engagement level of 72%[46] where as this study reports 83.87% engagement level which is also better. It may be concluded that up to this basic analysis carried out the employee engagement level of hospitals in Nagapattinam district is good.

All employee engagement constructs have positive relationship with employee engagement scores. By improving the perception of employees of the hospitals related to any of the constructs there is a possibility of increasing the employee engagement level. Also among the three demographic variables considered age has no relationship with the constructs and the employee engagement score. Even the mild relationship of salary and experience may not influence the outcome score. But age has a relationship with salary and experience. Age having a strong relationship is obvious because as the age increases the experience also increases. As far as salary is concerned the relationship may say that as the experience increases, the salary may also increase. The proportion of increase in salary based on experience may vary between hospitals and it may be the reason for the moderately strong relationship.

## 3.4 Multiple Regressions

Multiple regressions are used to predict the single dependent variable with the independent variables whose values are known.

The regression outputs table 5, 6 and 7 shows that all five independent variables My Customer, My Team, My Job, My Supervisor and My Organisation are entered simultaneously for the analysis in enter method. It is also seen that the R square value is 0.729 which shows that the five independent variables in this model account for 72.9% variance in the dependant variable employee engagement. Clearly this is a good model. From the coefficients table the values under column B, the regression coefficients can be used to construct an Ordinary Least Squares equation with the constant to predict employee engagement. Also with the help of *t* values it can be predicted that the construct My Customer has the highest influence on employee engagement among the five independent variables. The hypothesis Employee Engagement Score is positively related to My Customer, My Team,

**Table 5.** Variables Entered/Removed (b)

| Model | Variables Entered | Variables Removed | Method |
|---|---|---|---|
| 1 | MY Customer , My Team, My Job, My Supervisor, My Organisation(a) | | Enter |

**a** All requested variables entered.
**b** Dependent Variable: EE Score

**Table 6.** Model summary

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .854(a) | .729 | .726 | .28423 |

**a** Predictors: (Constant), Customer Impact, My Team, My Job, My Supervisor, My Organisation

**Table 7.** Coefficients(a)

| Model | | Unstandardized Coefficients | | Standardized Coefficients | T | Sig. |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | .287 | .103 | | 2.773 | .006 |
| | My Job | .192 | .028 | .219 | 6.900 | .000 |
| | My Supervisor | .143 | .025 | .182 | 5.652 | .000 |
| | My Team | .212 | .027 | .231 | 7.840 | .000 |
| | My Organisation | .161 | .028 | .200 | 5.712 | .000 |
| | My Customer | .207 | .022 | .270 | 9.470 | .000 |

a Dependent Variable: EE Score

My Job, My Superior and My Organization is tested by the $p$ value[47]. All these values are significant at 5% significance level (Less than .05). Thus the hypotheses that these employee engagement constructs positively predict employee engagement of hospital employees are proved to be true.

# 4. Implications

From the analysis it is clear that the observed constructs predict employee engagement of hospital employees. It is worth to note that the perceptions about the customers and team members have the most influence on employee engagement. Because of the typical work conditions in a hospital the customers (patients and their relatives) are not easily satisfied and this reflects on their perceptions about the hospital and service offered. Also these feedback and opinions affect the employees and their engagement. The team members can help each other in satisfying the customers. The nature of the job and the attachment with the organization also help in increasing employee engagement. Finally the superiors play a major role in improving engagement. So providing means to increase customer satisfaction has two benefits. It increases the engagement of employees and also the image of the hospital and the services offered. The aim to achieve highest customer satisfaction will better the functioning of hospital and employees in many areas, which is the ultimate aim of any management.

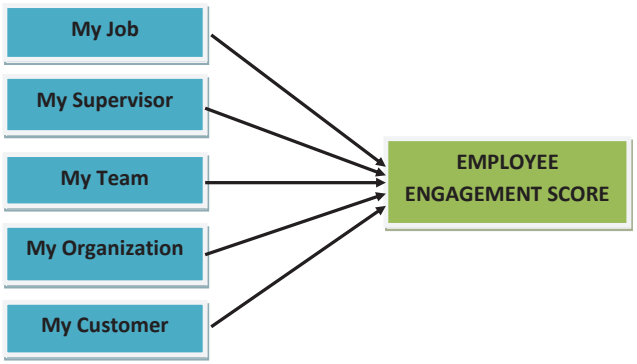


**Figure 1.** Proposed Strategic model.

## 4.1 Proposed Model

A proposed strategic model is shown in Figure 1.

# 5. Conclusion

The model in Figure 1 based on the regression results show the influence of the independent variables on the dependent variable employee engagement. By fine tuning any of the variables the employee engagement can be increased. The most significant predictor of employee engagement is the Customer, followed by the Team where the employee is a member. The various managerial implications discuss many ways to increase employee engagement in order to develop rural health care. The top-performing organizations know that an Employee Engagement strategy which is linked to bottom-line out-comes will help them[48]. To increase engagement the management should ensure that the hospital environment concentrates on fair and prompt service to their customers first and then the team mem-

bers so that an employee can mingle with and deliver best services. It becomes essential to implement strategies that will have a positive effect on creating an engaged workforce. This is a long term goal which needs continuous measuring of employee engagement and modifying the existing factors continuously to achieve the highest level of engaged employees which will also increase the bottom line profits of an organization.

## 6. References


1. IMS Institute for Healthcare Informatics. Understanding healthcare access in India - What is the current state? A report. 2014. Available from: http://www.imshealth.com/deployedfiles /imshealth/Global/Content/Corporate/IMS%20Institute/India/Understanding_Healthcare_Access_in_India.pdf
2. The Hindu, study reveals rural India gets only 1/3rd of hospital beds. 2013. Available from: http://www.thehindu.com/sci-tech/health/study-reveals-rural-india-gets-only-13rd-of-hospital-beds/article4931844.ece
3. National Family Health Survey NFHS III. Morbidity and health care in India. Vol 1, 2005–06. International Institute for Population Sciences (IIPS) and Macro International. 2007.
4. Rao PH. The private health sector in India: A Framework for improving quality of care. ASCI Journal of Management. 2012 Mar; 41(2):14–39.
5. Government of India: National Occupational Classification. 2014. Available from: http://dget.nic.in/nco/jobdescription/welcome.html
6. Rao KD, Bhatnagar A, Berman P. So many, yet few: Human resources for health in India. Human Resources for Health. 2012 Aug; 10(1):1-19.
7. World Health Organization (WHO): Working together for health – World Health Report, in World Health Report. Geneva, Switzerland. 2006. Available from: http://www.who.int/whr/2006/en/index.html
8. Dieleman M, Hilhorst T. Governance and human resources for health. Human Resources for Health. 2011 Nov.
9. Anand S, Barnighausen T. Human resources and health outcomes: Cross country econometric study. Lancet. 2004 Oct-Nov; 364(9445):1603–9.
10. Kahn WA. Psychological conditions of personal engagement and disengagement at work. Academy of Management Journal. 1990 Dec; 33(4):692-724.
11. Maslach C, Leiter MP. The Truth About Burnout: How Organizations Cause Personal Stress and What to Do About it. San Francisco: Jossey Bass; 1997.
12. Harter JK, Schmidt FL, Keyes CLM. Wellbeing in the workplace and its relationship to business outcomes: A review of the Gallup studies. In: Keyes CL, Haidt J, editors. Flourishing: The positive person and the good life. Washington, DC: American Psychological Association; 2003. p. 205-24.
13. Schaufeli WB, Bakker AB. Job demands, job resources and their relationship with burnout and engagement: A multi-sample study. Journal of Organizational Behavior. 2004 May; 25(3):293-315.
14. Tim R. Getting engaged: The New Workplace Loyalty. Mattanie Press; 2009.
15. Sharma BR, Raina A. Determinants of employee engagement in a private sector organization: An exploratory study. Advances in Management. 2010 Oct; 3(10):52-9.
16. Harter JK, Schmidt FL, Killham EA. Employee Engagement, Satisfaction and Business-Unit-Level Outcomes: A Meta-Analysis. Princeton, NJ: Gallup Organization; 2003.
17. Robinson D, Perryman S, Hayday S. The drivers of employee engagement. Institute for Employment Studies; 2004.
18. Clifton JK. Engaging your employees: Six keys to understanding the new workplace. Society of Human Resource Management: SHRM Foundation through Leadership Remarks. 2002.
19. Keyes CL, Haidt J. Flourishing: Positive psychology and the life well-lived. Washington DC: American Psychological Association; 2003.
20. Creating a culture for engagement. Workforce Performance Solutions. 2013. Available from: www.ddiworld.com
21. Gupta V. Impact of performance appraisal justice on employee engagement: A study of Indian professionals. Employee Relations. 2013; 35(1):61–78.
22. Naude JLP, Rothmann S. Work-related well-being of emergency workers in Gauteng. South African Journal of Psychology. 2006 Mar; 36(1):63-81.
23. Yadav P, Singh AK. A study on understanding of employee engagement practices: Comparison between banks and higher education institutions. International Journal of Management and Information Technology. 2013 Jul; 4(2):295–308.
24. Lowe G. How employee engagement matters for hospital performance. Healthcare Quarterly. 2012 Apr; 15(2):29–39.
25. Harmon J, Behson SJ. Links among high-performance work environment, service quality and customer satisfaction: An extension to the healthcare sector. Journal of Healthcare Management. 2007 Mar–Apr; 52(2):109–24.
26. Heskett JL, Sasser WE, Wheeler R. The Ownership Quotient: Putting the Service Profit Chain to Work for Unbeatable Competitive Advantage. Boston, MA: Harvard Business Press; 2008.
27. Collins KS, Collins SK, McKinnies R, Jensen S. Employee satisfaction and employee retention: Catalysts to patient satisfaction. Health Care Manager. 2008 Jul–Sep; 27:245–51.

28. Michie S, West MA. Managing people and performance: An evidence-based framework applied to health service organizations. International Journal of Management Reviews. 2004 Oct; 5-6(2):91–111.
29. Rondeau KV, Wagar T. Nurse and resident satisfaction in magnet long-term care organizations: Do high involvement approaches matter? Journal of Nursing Management. 2006 Apr; 14(6):244–50.
30. Sikorska-Simmons E. Linking resident satisfaction to staff perceptions of the work environment in assisted living: A multilevel analysis. The Gerontologist. 2006 Nov; 46(5):590–8.
31. NHS Staff Management and Health Service Quality: Results from the NHS Staff Survey and Related Data. Birmingham, England: Aston Business School; 2011. Available from: http://www.dh.gov.uk/en/Publicationsandstatistics//PublicationsPolicyAndGuidance/ DH_129643
32. Harter JK, Schmidt FL, Hayes TL. Business-unit-level relationship between employee satisfaction, employee engagement and business outcomes: A meta analysis. Journal of Applied Psychology. 2002 Apr; 87(2):268–79.
33. Salanova M, Agut S, Peiro J. Linking organizational resources and work engagement to employee performance and customer loyalty: The mediation of service climate. Journal of Applied Psychology. 2005 Dec; 90(6):1217-27.
34. Kralik D, Koch T, Wotton K. Engagement and detachment: Understanding patients' experiences with nursing. Journal of Advanced Nursing. 1997 Aug; 26(2):399-407.
35. Black B. The road to recover. Gallup Management Journal. 2001; 1:10-2.
36. Schaufeli WB, Taris TW, Van Rhenen W. Workaholism, burnout and work engagement: Three of a kind or three different kinds of employee well being? Applied Psychology. 2008 Apr; 57(2):173-203.
37. Drach-Zahavy A, Somech A. From an intra team to an inter team perspective of effectiveness: The role of interdependence and boundary activities. Small Group Research. 2010 Apr; 14(2):143–74.
38. Hochschild AR. The managed heart: Commercialization of human feeling. Berkeley: University of California Press; 1983.
39. Kohli P. Gallup Business Journal. 2014 Jan. Available from: http://gmj.gallup.com/
40. Albrecht SL, Andreetta M. The influence of empowering leadership, empowerment and engagement on affective commitment and turnover intentions in community health service workers: Test of a model. Leadership in Health Services. 2011 Jul; 24(3):228–37.
41. Institute for Employment Studies (IES). Defining and Creating Employee Commitment: A Review of Current Research. 2013. Available from: http://www.employment-studies.co.uk/pubs/index.php?id=andsearch=andsearchparms=employee+engagementandwrd=andmtch
42. Buckingham M, Coffman C. First, Break All the Rules: What the World's Greatest Managers Do Differently. New York: Simon and Schuster; 1999.
43. Schaufeli WB, Bakker AB, Salanova WB. The measurement of work engagement with a short questionnaire: A cross-national study. Educational and Psychological Measurement. 2006 Aug; 66(4):701–16.
44. Gallup State of the Global Workplace Report. 2014. Available from: www.gallup.com/poll/165269/worldwide-employees-engaged-work.aspx
45. Singh P. Towards enhancement of employee engagement in public health care. Management in Health. 2012; 16(2):11-21.
46. Swaminathan J, Aramvalarthan S. Employee engagement of managerial staff in hospitals – An Indian pilot study. COES and RJ-JBM. 2013 Jul; 1(3):1-9.
47. Aiken LS, West SG. Multiple Regressions: Testing and Interpreting Interactions. Newbury Park, CA: Sage Publications; 1991 Jan.
48. Evangeline ET. Gopal Ragavan VP. Organizational culture and motivation as instigators for employee engagement. Indian Journal of Science and Technology. 2016 Jan; 9(2):1-4.
49. Sange RTS. Progressive importance of the drivers of Employee Engagement. Indian Journal of Science and Technology. 2015 Feb; 8(S4):299–308.