CHAPTER -I V
FINDINGS, STRATEGIC PLANNING AND CONCLUSIONS

4.1. Introduction
The findings obtained from the statistical tests, like Descriptive Statistics, Correlation analysis, Multiple Regression, MANOVA, Confirmatory Factor Analysis, Structural Equation Modeling (SEM), Multiple Group Analysis and Bayesian estimation and testing are summarized. Based on the findings certain suggestions to improve the employee engagement levels of the hospital employees are discussed and further the policy frameworks for the stakeholders are summarized. Finally the scope for future research is also explained.

4.2. Findings and Conclusion for the Study

4.2.1. Findings from the Descriptive Statistics and Frequencies

The employee engagement (EE) scores of employees in Government Hospitals vary from 3 to 5 with a mean EE score of 3.926 and in the Private Hospitals it vary from 1.68 to 4.86 with a mean of 3.971. Similarly the EE scores of the male employees vary from 1.3 to 4.86 with a mean of 3.982 and for the female employees it varies from 1.68 to 5 with a mean of 3.959.

Among the employees the oldest (Above 51 years of age) have higher EE score (M=4.156), followed by the youngest (M=4.037). The lowest EE scores are for the middle age (31 to 40 years) with a mean of 3.848. As per the designation of employees the mangers-supervisors/administrative staff (M=4.016) have the highest EE scores followed by doctors (M=3.991) the technical staff (M=3.988), nurses (M=3.948) and pharmacists (M=3.938) with higher EE scores. The lowest EE score (M=3.901) is for others including Bio chemists, Counselors, Nutritionists, Health workers, Drivers, Ministerial Staff and Ward boys.

The employee engagement scores of the married employees vary from 1.3 to 5 with a mean EE score of 3.957 and for the single employees it is with a mean of 3.962.
Among the classification on monthly salary the highest EE score is of employees having a salary of Rs 5,000 to Rs 10,000 (M= 4.148), immediately followed by those having salary above of Rs 50,000 (M=4.142), monthly salary of Rs 10,000 to Rs 15,000 (M=4.043) and with a salary of less than Rs 5,000 (M=4.040). The lowest EE score is among employees having a monthly salary of Rs 15,000 to Rs 20,000 (M=3.683) with other groups with remain in between.

As per the qualification, employees with only schooling as their qualification (M= 4.184) is the highly engaged, followed by the professional degree holders (M=4.160). The least engaged are post graduates (M=3.642). Others like diploma holders and under graduates remain in between.

When the experience of employees is considered, the highest EE score is prevalent among highly experienced employees (M=4.144). This is followed by employees with 2 to 5 years of experience (M=4.076) and employees with less than 2 years of experience (M=4.028). The lowest is among employees having experience of 6 to 15 years (M=3.860). Others with 16 to 21 years of experience remain in between.

The government 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.

Altogether 78.92% of male and 83.44% female employees are engaged. Of them 67.16% male and 73.18% female employees are moderately engaged. The neutral are 20.10% and 16.23%, and disengaged are .98% and .33% respectively. Among the various age groups the highest engagement level is among 46 to 50 years of age (97.83%) and the lowest is among the employees with 31 to 35 years of age (71.59%). Others remain in between and the disengaged employees are in the age group of 41 to 45 years (3.61%).

The engagement level is high with the single employees (85.26%) compared to the married employees (80.78%). The disengaged are .73% among the married employees. The fully engaged employees are just 10% in each group.
While considering the designation, the high level of engagement (83.87%) is prevalent among administrative staff including supervisors and managers, followed by doctors (82.86%), technicians (82.46%) and nurses (81.38%). Pharmacists and others including Bio chemists, Counselors, Nutritionists, Health workers, Drivers, Ministerial Staff and Ward boys are engaged to a level of 80%. The disengaged are 1% of technical and .81% of nursing staff. The highly engaged employees are from 9% to 14.5% among these groups.

The employees who are earning more than Rs 50,000 per month are highly engaged (100%), followed by employees earning Rs 5000 to 10000 (95.83%) and below Rs 5,000 (92.77%) per month. The lowest engagement level (58.46%) is among the employees having a salary of Rs 15,000 to 20,000 and also the disengaged (4.62%) are present in the same group. The other groups have 76% engaged employees. The fully engaged employees are to the tune of 6 to 15 percent in these groups.

As for the qualification is concerned employees with mere schooling are highly engaged at 92.94% and par with the professionals (92.50%), followed by 81.04% of diploma holders and 75% of degree holders. The lowest engagement level 62.50% is among post graduates with 7.50% of disengaged employees. Among the groups highly engaged employees are from 7% to 18%.

Finally when the experience is considered, the employees with an experience of 2 to 5 years have the highest engagement level (90.12%), followed by experience more than 26 years (88.89%), 21 to 25 years (88.24%) and less than 2 years (88.10%). The lowest engagement level 73.68% is among employees having experience of 10 to 15 years. The disengaged employees (2.10%) are with the experience of 5 to 10 years.

In the end it is clearly evident from the descriptive that the overall employee engagement level in Hospitals of Nagapattinam district is 82.51% which is much higher than the current average for all industries (Gallup and Towers Perrin Annual Reports). Among the employees the highly/fully engaged are 11.22%, moderately engaged are 71.29%, neutral are 16.88% and lowly engaged or disengaged are 0.969%.
The overall mean employee engagement scores is 3.9589 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.

4.2.2 Findings from the Correlation Analysis

It is found that all the five employee engagement constructs have moderately strong relationship (in a range of 0.628 to 0.717) with the employee engagement score, in which my organization has the strongest relationship. Among the three demographic variables considered age has no relationship with the constructs. The mild relationship of salary and experience with the construct my customer may not influence the outcome score. But relationship present among age, salary and experience is obvious.

When factors like age, salary and experience are controlled in the analysis a mild variation in relationships occur and the predicted employee engagement scores may vary to a small extent.

4.2.3 Findings from Multiple Regression Analysis

It is found that all five independent variables My Customer, My Team, My Job, My Supervisor, and My Organisation positively predict employee engagement scores. It is also seen that the five independent variables in this model account for 72.9% variance in the dependant variable employee engagement. Also the construct My Customer has the highest influence on employee engagement among the five independent variables.

4.2.4 Findings from Multivariate Analysis of Variances (MANOVA)

It is found that there is a statistically significant difference in Employee Engagement Score constructs (My Job, My Superior, My Team, My Organisation and My Customer) based on the various groups by age, experience, designation and salary. They have statistically significant effect on the perceptions of employees on EES constructs. Among the lesser than moderate influences the highest to lowest is in the order of salary, experience, age and designation. Similar pattern can be seen in univariate tests also.
The elders among the respondents are different from the middle age in opining about their job, superiors, team and organisation. The youngsters are not at all influenced by age in opining about the above said factors. The less experienced significantly differ from highly experienced employees in opining about job, superior and organization. The less experienced employees are more concerned in opining about the customers. Also the moderately salaried group is significantly different from others in opining about the construct variables. Interestingly there was no significant difference among employees in opining about their team. So it may be concluded that these demographic characteristics moderately influence the perception of the constructs and thereby influences the final outcome, the employee engagement.

**4.2.5 Findings from the Confirmatory Factor Analysis**

From CFA there is evidence for the convergent validity of the five construct EMPENG measurement model. Although few loading estimates are just below the .7, they do not appear to be significantly harming model fit or internal consistency. The average variance extracted (AVE) estimates all exceed .5 and the construct reliability estimates all exceed .7. In addition, the model fits relatively well based on the GOF measures. Therefore, based on the adequate evidence of convergent validity further modeling and analyses were performed with confidence that the questionnaire measures the key constructs well.

Also the CFA results support the measurement model. The $X^2$ statistic (7244.366) with a degree of freedom 1744 is significant with a $p$ value of .000. Both the CFI and RMSEA appear quite good like other fit indices. Overall, the fit statistics suggest that the estimated model reproduces the sample covariance matrix reasonably well. Further, evidence of construct validity is present in terms of convergent and nomological validity.

Simply put, the various tests confirm that the constructs as in the questionnaire measures and predicts EES well.
4.2.6 Findings from the Regression Model of the EMPENG Structural Equation Model

The hierarchical regression analysis revealed the employee’s perception on the various constructs of employee engagement. The constructs My Customer (MC) and My Team (MT) influenced 0.21 of the Employee Engagement Score (EES), followed by My Job (MJ) influencing 0.19 of EES. In total these three constructs, explain 0.61 of the EES. The constructs My Organization (MO = .16) and My Superior (MS = 0.14) are having slightly lesser influence on EES. The visual representation of results suggest that the relationships between the constructs of EES. My Team and My Customer resulted significant impact on EES, immediately followed by My Job. The other two constructs My organization and My Supervisor had slightly lesser influence on EES. It also shows the employees perception towards the constructs and the outcome of EES is significant.

The Bayesian estimates have given evidence for convergence, the quickness and the autocorrelation for convergence. This estimates support the regression model proposed.

4.2.7 Findings from the Multiple Group Analysis

The measurement invariance testing process demonstrated that the five constructs used in the Employee Engagement in Hospitals model EMPENG meet the criteria fully for configural variance and partially for other variances which is a practical standard that is acceptable.

4.2.8 Summary

While considering other measurement of invariances with the estimated regression weights, several well-known goodness-of-fit indices used to evaluate model fit, it is observed that the models of both GH and private hospitals do not differ much in predicting the employee engagement. So as the empirically tested Structural Equation Model suggest there is no significant difference between the employee engagement level of both government and private hospitals. Also the model suggested statistically and practically predicts the employee engagement score effectively. This model can be utilized as a base model for predicting
employee engagement in hospitals. The individual constructs and their contents may be
examined and suitably modified for further use in different situations like nature of locality, type
of management and even the purpose of the hospital.

4.2.9 Scope for Future Research

The above said model can be utilized as a base model for predicting employee engagement in
hospitals. The individual constructs and their contents may be examined and suitably modified
for further use in different situations like nature of locality, type of management and even the
purpose of the hospital. It can be used to measure employee engagement in other organisations
also. Beyond expanding this model to regions, countries cross national comparisons (Kelliher,
Hope-Hailey and Farndale, 2013) can also be made. Further studies may find out where the locus
of employee engagement – whether it is with the job or with the organisation (Reissner and
Pagan, 2013) or with the person himself. The association between high-performance work
practices and other forms of HRM with engagement (Alfes, Shantz, Truss and Soane, 2013) may
also be explored to bring out the linkages with other areas of HRM. Because of the complexity
and ambiguity of major organisational engagement programmes from the perspectives of
multiple stakeholders (Jenkins and Delbridge, 2013; Arrowsmith and Parker, 2013; Francis,
Ramdhony, Reddington and Staines, 2013) the effective strategies with reasons may be searched
for. There is also a potential for further research that explores the diversity issues like gender,
race, religion and class.

In summary, this is an era rich in potential for scholarship and research on engagement.
Undoubtedly many other important areas for exploration of employee engagement may emerge.
There is a significant surge in interest in researching engagement amongst business school
scholars, and the fruits of these studies are likely to be published over the next few years, adding
substantially to the knowledge of this fascinating yet challenging topic.

4.2.10 Conclusion

The researcher has empirically analyzed the objectives with the help of hypotheses and statistical
tools for the study. The study reveals that the proposed conceptual research models are
empirically proved. Further, these findings are interpreted for the strategic planning for employee engagement in hospitals.

4.3. Strategic Planning For Improving Employee Engagement in Hospitals

In India, the hospitals face a challenge of providing services to a broad range of customers among the population of over 1250 million; both urban and rural population. The urban residents have access to 66 per cent of the total hospital beds available in India. Also, the distribution of healthcare workers, including doctors, nurses, and pharmacists, is highly concentrated in urban areas and the private sector. The remaining 72 percent rural population are left with access to just one-third of hospital beds across the country.

The main provider of healthcare services in rural areas is public healthcare institutions such as primary health centers and district hospitals—both of which are affected by outdated technology as well as shortage of staff and supplies. The facilities available are insufficient when compared with the Private hospitals. The corporate hospital chains have the state of the art facilities and of course charge heavily. The irony is medical treatments are cheapest in India. The multi specialty and corporate hospitals are only in the metros and grade ‘A’ cities of our country. The rural areas are blessed with only small and medium level hospitals.

The private health care system in India has grown vastly over the years and is well established and flourishing. Private Doctors or clinics are the main source of health care in the private sector, catering to 46 per cent of the urban and 36 per cent of the rural households. As the ranks of India’s middle class swell, private healthcare systems will likely see opportunities to achieve unprecedented rates of growth. Since these patients and their families pay most of their medical expenses out of pocket, private healthcare companies must tightly manage their costs to keep services affordable and to compete in rapidly expanding markets.

To meet the challenge, private hospitals have adopted various strategies to enhance operational efficiency, most of them related to technology or process improvement. Though such measures have brought success in the past, these gains are unlikely to withstand rising medical inflation rates for long. One solution that most hospitals have overlooked is engaging their untapped reserves of human capital.
In the *Gallup State of the Global Workplace Report, 2014* a prescription for a high-performing healthcare system is provided which is worth considering.

Creating a culture of engagement is an effective strategy that can complement operational efficiency initiatives, technology upgrades, and other cost-cutting measures. Engaged employees are more likely to be 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 (Priyanka Kohli, 2014). Hospitals which have adopted the concept are experiencing benefits like improved individual performance, a rise in the organisational productivity and individual initiative. The engagement concept is also used to understand the needs and inclinations of employees and the bonus and weak points that need to be worked out.

The concept aids the HRD in analytically evaluating individual performance. The underlying principle is that hard work, loyalty and enthusiasm should be aptly rewarded and idlers should be shown the door. The concept also makes business sense in an era where profits, turnarounds and figures do matter for the overall growth of the hospital. The chaffing out of 'unwanted employees' in the long run also becomes easy for any HR department (Nayanthara Som, 2007).

In fact, many organisations follow the norm of inducing every year five per cent of fresh talent into the workforce while five per cent of the unproductive workers are shown the door. This not only keeps the balance but also avoids any wastage of resources.

However, to improve individual performance, any organisation's management must understand employee feelings, behaviours and attitudes. Listening objectively helps understand the why's and how's of employee attitudes and behaviours. Understanding employees is a powerful force for organisational change and that is when the EES helps.

India's health workers are present in both the private and public sector. The majority (60%) of health workers are present in urban areas. The majority (70%) of health workers are employed in the private sector in both urban and rural areas.

As per the Emerging Market Report: Health in India 2007 by PricewaterhouseCoopers, the Indian healthcare sector can be viewed as a glass half empty or a glass half full. The challenges the sector faces are substantial, from the need to improve physical infrastructure to the necessity of providing health insurance and ensuring the availability of trained medical personnel. But the
opportunities are equally compelling, from developing new infrastructure and providing medical equipment to delivering telemedicine solutions and conducting cost-effective clinical trials. For companies that view the Indian healthcare sector as a glass half full, the potential is enormous. The challenge in Indian Healthcare is to make healthcare access available and inclusive - improving budgetary allocation to public healthcare, reducing the urban / rural, male / female, rich / poor and social inequities in healthcare delivery. Another challenge is to ensure healthcare quality is consistent across the country. A third challenge is to reduce costs of delivery without reducing quality. A proper regulatory mechanism needs to be introduced (overcoming the Centre and State Government opposition to each others’ initiatives) to improve the quality of service delivery and keeping unscrupulous elements at bay. The large scale public health challenges need to be met with technology enabled solutions as well (Prem Singh, 2012).

Hospitals in India have been growing in numbers in this present scenario of health deterioration due to improper food habits, pollution, and use of fertilizers, advanced technology and facilities. People expect cure for each and every ailment and are almost knocking the doors of various hospitals. One side super specialty hospitals with latest facilities are available and almost every ailment is curable. On the other side rural areas depend on small clinics and hospitals, primary health centers and GHs only. The extremeness of this difference deprives many cures for the needed people. Though the cost of medical treatment is on the increase shortage of satisfactory healthcare services are also present. But beyond debate hospitals have become a prominent place where people expect good health care service.

The consumer movements have created an awareness of customer satisfaction and every marketer talks about the same. The health care services are not offering that satisfaction to the customers, which is generally evident in our daily walks of life. How this can be increased and the customers can be satisfied with good health care services is the big question. The numbers of hospitals are inadequate and the only possibility to cater the needs of the billions of people is to have effective performance of hospitals in providing the health care services. If the hospitals can provide the best possible services the numbers may not matter.

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 the sector. In this context the hospitals may resort to the means of increasing the employees’ commitment, involvement, job satisfaction, quality of service offered and customer satisfaction which is the main aim. To simplify it is to increase employee engagement of hospital employees. Organizations need more engagement at work. They need leaders, managers, supervisors, and employees who will take time to go above their core job roles if the business is to remain competitive in the global economy. However, employers cannot expect a magic formula to make engagement happen. It will be a long journey that starts at the top of the organization and moves its way throughout the business (Welbourne, T.2007).

According to Google trends, worldwide search popularity of employee engagement has more than doubled since 2009. Conversely, search popularity for employee satisfaction and employee motivation (prerequisite and byproduct of engagement, respectively) has steadily declined. Reese Haydon (2013) argues that a globally improving understanding of the importance of engagement, relative to satisfaction and motivation, is driving the trend. Also in a list of the top five regions with the highest interest in employee engagement India leads followed by Singapore, South Africa, United Kingdom and Malaysia. Furthering the discussion it may be strategically essential to have the following as a future course of action with three aims a regulatory mechanism, an appropriate HRM and suitable employee engagement programs for hospitals. There should be a blend of regulatory mechanisms aiming for improving the pen ultimate: customer satisfaction and situational solutions to deliver best quality service to the patients. In this context a better policy approach in health care delivery can be envisaged. As per the study of Prem Singh (2012), people opined that human resources initiatives aimed at improving organizational culture had a significant and positive effect on the efficiency and effectiveness of the hospitals studied. So health professionals instead of being more functional and managerial levels are to be involved at the highest level of strategic planning. They also need to have an understanding of all functional areas of hospitals. Despite an increase in efforts to address shortage and performance of Human Resources for Health (HRH, 2011), HRH problems continue to hamper quality service delivery. So an appropriate HRM for health care system to effectively recruit individuals who will fit well within the
organization and ensure there is a fit between the tasks required of individuals, and the skills and knowledge which they bring to bear on these tasks.

And finally Employee engagement programs for every health facility need to be framed and suitably adopted to engage the hospital employees effectively by using the following strategic model.

For improving employee engagement, the hospitals have to concentrate on the following model, so that they not only satisfy their employees and increase their engagement, but also make them more loyal, more committed, more involved and more considerate in making the customers satisfied by the services offered.
Figure 4.3.1 Proposed Strategic model ‘EMPENG’ for Employee Engagement in Hospitals
The Nagapattinam district where the study was conducted is a rural district comprising mostly farmers and fisherman. They mostly depend on financial assistance from government and other cooperative societies for their investments. When there is a substantial need for medical expenditure they rely on financial institutions and private money lenders. The state government has introduced a comprehensive free insurance scheme which is not much popular as expected. This may be improved by creating proper awareness. If done these people may approach the hospitals for medical treatments without much financial burden. This process is underway and will substantially increase potential customers. The changing life styles and living conditions also add to this increase. So it is time for the hospitals, to be prepared for this increase. A heavy investment in developing the whole health sector services, both by the state and private is being done. One perspective is to have adequately qualified employees in health care. This study helps in making these employees better by engaging them properly in the vision and mission of the hospitals. The ultimate aim is to provide best health care services to the customers leading to healthy India. Thus this study proposes to have a social contribution.

4.3.1 Conclusion

The findings of this study have a number of implications for managers. The study reveals that Customer is the most significant predictor of employee engagement followed by the Team where the employee is a member. This suggests that management should ensure that the hospital environment should concentrate on fair and prompt service to their customers first and then the team members for any employee so that an employee can mingle with and deliver best services. Even the job characteristics have an influence on employee engagement. So the importance may be spread to the job characteristics also. The HR managers may strive to make the jobs more interesting and create an environment to innovate and develop. Then the organization itself should collectively improve the engagement by having transparency, motivation, effective performance appraisals, care to employees, providing growth and development opportunities, clear goals and right leaders. Finally the superiors should have effective working relationships, show fairness and respect, be accessible and responsive, provide clear expectations, recognize and provide development and growth opportunities to the sub ordinates. 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.