TOWARDS ENHANCEMENT OF EMPLOYEE ENGAGEMENT IN PUBLIC HEALTH CARE

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BACKGROUND
Global Problem of Human Resource in Public Health

The MDGs originated from the Millennium Declaration produced by the United Nations. The Declaration asserts that every individual has the right to dignity, freedom, equality, a basic standard of living that includes freedom from hunger and violence and encourages tolerance and solidarity (Kabeer, 2010). There are eight MDGs out of which, three are directly related to health. Responsible governance is crucial to national development and a catalyst for achieving the Millennium Development Goals (Siddiqi et al., 2009). To achieve MDG’s we need stronger human resource in public health system, but in developing country human resource is very poor. Poor human resource management, exemplified by poor accountability and transparency, corruption and limited engagement of communities in health, contributes to ineffective health systems (Brinkerhoff et al., 2008). Various effort and step were taken to improve the human resource issues but there no effective result produced by any of agencies. Since the early 1990s, several institutions have defined governance at state level (United Nations Development Programme (UNDP), the World Bank, Department for International Development (DFID) and International Monetary Fund (IMF), among others to address challenges in development (Grindle, 2007). For health, the first sincere effort has taken after the publishing the report on health (WHR, 2006). Most notable is that employee engagement or good governance in the health sector emphasizes management issues, such as the development of structures for efficient service delivery, as illustrated by PAHO’s formulation of essential public health functions and WHO’s introduction of ‘stewardship’ (WHR, 2000). Less explicit attention seems to be paid to power and interest of stakeholders, in other words, the two way relationship between the employee and employer.

Whilst engaged human resources in health systems has been receiving increased attention, to date, engaged human resource seems a neglected issue in the field of human resources for health (HRH). This could be an important reason why HRH policy formulation, and its implementation are often poor. Presently, 57 countries are facing human resource crisis out of them 45 have HRH plans in spite of that (Broek, 2010), in practice HRH policies often do not seem to fit with the local situation, do not respond to health workers’ or consumer needs, or are not well implemented (Adjei et al., 2009) and global health initiatives causing health workers to neglect their tasks for the benefit of the global health initiative (GHI) programs (Hanefeld et al., 2009).

Although efforts to address shortage and performance of Human Resources for Health (HRH) have accelerated over recent years, HRH problems continue to hamper the goal of quality service delivery (Dieleman et al., 2010). Currently, as mentioned above fifty-seven countries face a critical workforce shortage, and many more countries are not able to provide quality care to their population because of workforce problems (Broek, 2010). There is very little progress made in addressing the HRH crisis even after several years. For addressing this issue, we believe that the influence of employee engagement in health is under valued in the debate one of the Human Resource Crises, both globally and at the country level.

METHODS: A previously developed -and validated- instrument addressing four employee engagement factors (job attributes, remuneration, co-workers and achievements) was used. Three categories of health care professionals, doctors (N = 50), nurses (N = 50) and support staff (N= 50), working at different tertiary level of public sector hospitals, participated and employee engagement factor was compared across socio-demographic and occupational variables.

RESULTS: The analysis of the employee engagement factors in public health facilities of Jaipur (Rajasthan) reveals that the highest engagement is among side support staff which are followed by nurses and then physician. The all three cadres are ready to go extra miles with the organisation for welfare of patients and in serving of mankind. All three groups have the highest score in the discretionary effort and emotional connect with job and lowest in carrier growth and development and perceived organizational support. On the other hand 3rd cadre has perceived better financial compensation.

CONCLUSION: The results shows that although the employee of urban public health facilities has been higher level of motivation, and it is justified the overloaded public health facilities in compare with neighbouring state. In spite of that physician, nurses and support staff has dissatisfaction with carrier growth and development and pay and perk what they received for their services. So maintaining the engagement level needs a lot of effort with focused attention to management approaches employing both monetary and non-monetary incentives to motivate health-care workers. The study reveals the need for employee engagement program to health worker of the public health sector.

Keywords: human resource for health, employee engagement, motivation, public health care.

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Human Resource for Health Scenario in India

It has been observed that Indian Public Health System has been continuously suffering from the shortage of human resources at different levels. The main cause of shortage is migration of health-care professional from the public health system. Many doctors, nurses and technicians emigrate from India, which contributes to the country’s shortage health workers. Indian doctors constitute the large number of foreign-trained physicians in USA (4.9% of physicians), UK (10.9% of physicians) the second largest, in Australia (4.0% of physicians) third-largest in Canada (2.1% of physicians) (Kaushik, et al. 2008). The Planning Commission cites WHO to show that about 100,000 Indian doctors work in USA and UK (Task force for planning for HRH, GoI 2006). Migration seems to be substantially higher for graduates from the best medical colleges. The results of a study at India’s premier medical college between 1989 and 2000 showed that 54% of graduates left the country; most went to the USA. In response to the nurses’ ability to work, USA has four offices in India, the most from any country (Rao et al., 2011).

Similar situation has been observed for the nursing staffs. The Planning Commission (Task force for planning for HRH, GoI 2006) also notes that shortages of nursing staffs are worsened by migration of trained nurses in other countries. Medical and nursing schools are having difficulty in filling teaching-staff vacancies (Raha, 2009). Nurses who emigrate are better qualified and have more experience, resulting in a shortage of competent nursing staffs in hospitals (Kingma, 2007). More than anything else, health-worker migration draws attention to the need of improving working conditions and professional development, particularly for nurses, in India (Rao et al., 2011). Urgent action is required to address the shortfalls and meet immediate needs and also prepare concrete action plans for preventing shortages, reducing discrepancies and inequities and improving the quality of care in health centres and hospitals. There is a need of an instant action plan to retain human resource in the public health system. Employee engagement initiative is one of them, which is required to incorporate in the system.

Employee Engagement

To define employee engagement in public health sector, we can use the definition of NHS (UK) as below:

“Employee engagement describes the involvement of people at all levels in positive two-way dialogue and action to deliver the highest quality patient care and create great places to work- where people find their work meaningful and are willing to work together for patients, their colleagues and the future success of their organisation.”

It is of course not that simple. There is no one agreed definition of employee engagement – during the course of this review we find lot of definitions; three of them are quoted below.

1. “Engagement is about creating opportunities for employees to connect with the colleagues, managers and wider organisation. It is also about creating an environment where employees are motivated to want to connect with their work and really care about doing a good job... It is a concept that places flexibility, change and continuous improvement at the heart of what it means to be an employee and an employer in a twenty-first century workplace.” (Truss, 2009)

2. “A positive attitude held by the employee towards the organisation and its values An engaged employee is aware of the business context, and works with colleagues to improve performance within the job for the benefit of the organisation. The organisation must work to develop and nurture engagement, which requires a two-way relationship between employee and employer.” (Robinson, 2004)

3. “A set of positive attitudes and behaviours enabling high job performance of a kind which are in tune with the organisation’s mission.” (Storey, 2008)

Engaged employees also have a stronger sense of personal well-being and feel more involved, committed and productive at work. The following case studies are mentioned below to show the outcome of employee engagement in the organizations.

1. A global study of over 50,000 employees found that those employees who are most engaged perform 20% better and they are 87% less likely to leave (CLC , 2004).
2. Along with a survey of 6,64,000 employees at 50 global companies, Towers Perrin-ISR compared the financial performance of companies with varying levels of employee engagement over a 12 month period. It found that three financial indicators – operating income, net income and earnings per share – rose when engagement was high and fell when engagement was low (People Power, ISR/Towers Perrin 2006).
3. Engaged employees indicate a better understanding of how to meet customer needs – 70% versus 17% of the non-engaged workers (Right Management, 2006).
4. A CIPD research report found that engaged employees take less sick leave, perform better and are more likely to recommend the organisation they work for and are less likely to quit (CIPD, 2006).
5. Engaged employees take an average of 2.69 sick days per year while the disengaged average 6.19 (Gallup 2003).
6. Gallup UK study shows only 19% of employees are actively engaged, a similar proportion are actively disengaged (20%) and the vast majority 61% are neutral representing untapped potential. A CIPD survey is slightly more optimistic with 35% of employees indicating active engagement with their work (CIPD, 2006).
7. A 2004 study found that moving employees from strong non-commitment to strong commitment can result in a 57% increase in discretionary effort. They state that moving from low to high effort levels can result in a 20% improvement in employee performance. They coin this the “10:6:2 rule” in that a 10% increase in commitment can lead to 6% increase in effort and results in an improvement in performance by 2% (Corporate Leadership Council, 2004).
Although two other terms like satisfaction and commitment are used by organisations to increasing productivity. But most organisations today realize that a satisfied employee is not necessarily the best employee in terms of loyalty and productivity. It is only an ENGAGED EMPLOYEE who is intellectually and emotionally bound with the organization who feels passionate about its goals and is committed towards its values thus he goes the extra mile beyond the basic job. Employee engagement is a powerful retention strategy. An engaged employee gives his company his 100 percent. When employees are effectively and positively engaged with their organization, they form an emotional connection with the company. Employee engagement is a barometer that determines the association of a person with the organisation. It is about creating the passion among associates to do things beyond what is expected from him.

**Methodology**

**Research Methodology**

The research work is exploratory in nature, because we want to know what are the main factors which affect the employee engagement in the public health facilities of Jaipur. For the questions and objective, identified above we have employed both qualitative and quantitative techniques of research. Given that the subject of implementing condition specific indicator is not widely explored, a small preliminary investigation on the subject is done by interviews (qualitative). In this way we can determine, test, and adjust the relevant issues. After performing the interviews, we administrated questionnaire and interview was taken at medical college and its attached hospitals.

**Sample size:** The employees from the above institutions were selected on the sample basis and those employees who have been working here from last two years (as of May 2011). There are four categories of medical, nursing, ancillary and administrative staffs included in the study. A total of 150 respondents formed the study. The sample frame in different categories of staffs is as follows:

**Sampling Procedure:** Systematic random sampling is employed in present study. For the list of staffs, the hospital attendance register was referred as it is arranged in particular order. The selected sample includes both men and women of age ranging over from 20 years to 58 years. The inclusion criterion for each respondent has a minimum of two years of working experience in the process they worked in. However, due to the high number of unwilling to selected respondents for interview or they not returned the administrated questionnaire later we changed sample procedure and chosen purposive sampling in spite of that all majors/efforts have been used for maintain symmetry of data collection.

**Data Collection Method:** the primary data collected through using Questionnaire, structured interview schedule and in-depth interview schedule. The secondary data was collected from various sources such as State government gazetteer, Rajasthan State Service Rules all volumes, employee union journals, Lekhavigya journal, etc. The websites were also checked and used in the study.

**Reliability and Internal Consistency (Cronbach Alpha):**

Cronbach’s alpha measures the internal consistency of reliability of a questionnaire by studying how well a set of items reflect a single uni-dimensional latent construct. The Cronbach’s Alpha value for this research is α=0.903; it shows the higher internal consistency of questionnaire. A pilot study is a precursor to a full-scale study used to check if all operational parameters are in check.

**Analysis and Discussion:** The factors which are responsible for performance (effectiveness and efficiency) of the human resources in public sector hospitals were developed based on the literature review, in-depth interviews and quantitative survey in Government Hospitals in Jaipur, Rajasthan. The factors which affect directly or indirectly the employee engagement and performance level in an organisation are considered during developing the qualitative and quantitative tools for the present study. These factors are reward recognitions, perceived organizational support, perceived supervisor support, fairness and justice in the job, career growth and development opportunity, emotional bonding with job, strong feeling with personal accomplishment, trust, psychological safety, passion and excitement in job, retention (motivation to stay) and health and well being, etc.

**Factor Affecting Employee Engagement and Performance Level:**

The factor affecting employee engagement and their performance are reward and recognitions, perceived organizational support, perceived supervisor support, fairness and justice, career growth/development, Opportunity to do what I do best, discretionary effort, emotional connect bonding with job, strong feeling with personal accomplishment, trust, psychological safety, Passion and excitement in job, retention (motivation to stay), health and well-being as mentioned in the literature. The factors are analysis to find out what factor affecting the performance in public health facility’s employees of urban facilities.

**Emotional bond with job**

Emotional bonding is part of our heritage and a basis of our survival; it is one of our deepest human instincts. We want to matter to other people, and we need safe emotional connections. For anyone to survive in today’s work environment, it is mandatory that the superiors know you and are convinced that you are indispensable and make a positive difference to the workplace.

People feel proud of those things when they feel emotionally bond with particular subject and it is found that 95% staff support, 87% nurses and 84% doctors have been higher emotional connect with the organisation. The physician has been comparatively lesser emotional connect with organisation. One of the reasons may be the physician are less satisfied with their job and facilities as getting less salary/benefits, etc. compare to others, or they compare the benefits available outside the system. The maximum numbers of support staff have been emotional connect with their facilities because they are serving to their facilities since joining the job and happy with their earnings etc.
Retention (motivation to Stay). Employee retention refers to the various policies and practices which let the employees stick to an organization for a longer period of time. Every organization invests time and money to groom a new to join, make him a corporate ready material and bring him at par with the existing employees. The organization is completely at loss when the employees leave their job once they are fully trained. Employee retention takes into account the various measures taken so that an individual stay in an organization for the maximum period of time.

Retention of doctors and nurses in public health system is a worldwide issue. The doctors usually join the public health care delivery system and leave the job only after a few months or years are very common in the system. There should be some mechanism to hold them for the job for entire service years. The study findings reveal that 34% are strongly agreed, 43% somewhat agree and 15% are disagreed on motivational aspects to be attached with the govt. set up. The 77% who are agreed with stay in an Institute it’s mostly support staff and nurses. Those who have less motivation to continue with the present system are the newly joined or mid carrier doctors. Unexpectedly 50% nurses are strongly motivated to continue with the existing facilities as trained in same facilities, and or it may be positive attitude of nurses towards the fellow community.

The findings also show that only 66% support staff wants to stay with these facilities as compare to nurse 80% and Physicians 82%. The reason may be support staff are less than the required, and they are overburdened. There is no change in the job profile and do same type of job over a longer period.

Fairness and Justice. The both types of justice procedural and distributive justice both are directly related to employee performance. If employees have been feeling of fairness and justice, then he will give his/her best. The study shows only 59% are positive on the issue that government policies and practices are fair and based on justice as the system runs on set of predefined rules and regulation. So they have a sense of satisfaction and perform better. The rest 41% are in their mind that government policies and practices are not fair. The government policies are pro to caste and works for their reservation and promotions. Some employee even comments that “he completed 27 years of service but not able to get single promotion in spite of that the colleague who joined the same job with him got two promotions.” The ideas which proposed by the employee are encouraged and adopted by team/ organization regardless employee working on which level. The common practices that the employee who working on higher level if they propose any idea or suggestions were adopted and valued but same thing reverse for low cadre employee or support staff.

Discretionary effort. Employee discretionary effort is all about the choice each employee has for giving his/her best, or just the “minimum acceptable standard”; however, the difference, in most cases, is more than you probably imagine. Study shows that the 48% of the respondents are strongly agreed, 44% agreed and 6% disagreed. The all three cadres are equally putting their effort.

Trust. A series of factors helped build an argument for the positive relationship between supervisors’ trust of the organization and supervisors’ commitment. The finding also shows that comparatively support staff 79% have more trust on the system than physicians 72% and nurses 73% and very fewer numbers of doctors are strongly agreed on this point compare to another cadre, it reflects that system should have need to address these issues.

Reward and Recognitions. Employee recognition is limited in most organizations. Employees complain about the lack of recognition regularly. Managers ask, “Why should I recognize or thank him? He’s just doing his/her job.” Managers which prioritize employee recognition understand the power of recognition. They know that employee recognition is not just a nice thing to do for people. Employee recognition is a communication tool that reinforces and rewards the most important outcomes people create for your business. The response on recognition in figure shows that 17% are strongly agreed and 60% agree their positive view about recognition. Although at the time of the interview most of the respondent said that in the government system, little scope for getting recognition on government side but if question related to the supervisor, then it certainly happens. There is no further implication in the system like rewards or promotion etc.

Graph 1. Respondents’ opinion on job results recognisions ("recognizes me when I do a good job")

<table>
<thead>
<tr>
<th></th>
<th>strongly agree</th>
<th>agree</th>
<th>disagree</th>
<th>strongly disagree</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17.3</td>
<td>59.3</td>
<td>14.7</td>
<td>2</td>
<td>6.7</td>
</tr>
</tbody>
</table>

Perceived Organisational Support. Research on perceived organizational support began with the observation that if management staff concerned with their employees’ commitment to the organization, employees are focused on the organization’s commitment to them. Employees, therefore, take an active interest in the regard with which they are held by their employer. Collectively, study reflect that 52% somehow getting perceived organisation support and 42% are not getting any kind of support.

Perceived Supervisor Support. The supervisor is a person who has direct connection with employee and responsible for carried out work properly, and responsible for enhancing job satisfaction and output of work. Supervisor directly pursues the employee for carried out work. If any organisation has perceived supervisor support, then definitely they get good output and achieved higher-level satisfactions. If activity at the workplace is as a fun, then employee will take interest and give his/her best performance. On the issue of a supervisor takes a keen interest / has a key role in my growth in the department only 7% are strongly agreed, 41% agree, 35% are disagreed.
The study findings show that the supervisors of the public health Institute not take much interest in development of employee or growth in department. The study also finds that the physicians are getting less supervisory support then support staff. Furthermore, in public health system supervisors may have very limited rights for doing something for the staff whose involvement and work are remarkable.

**Career growth/development.** When one feels that s/he is growing and becoming more skill full, experienced, and knowledgeable will motivate to work harder and to stay where she/he is. On issue of training 73% have positive attitude and about promotion in the public health facilities the study finds that large numbers of employees 66% are not agreed that promotions are fair and objectives because the promotions or carrier planning is not like civil services or like central government, here the long waiting for promotion, most of them getting retired only after getting single promotions. One of the physicians quoted that “I have a complete 27 years of services but still, I am waiting for my first promotion. The situation of the carrier in public health system is very bad.” The cause of the higher side of dissatisfaction within the staff as in the govt. system, there are hardly any proper carrier planning of a development scheme for employees.

**Passion and excitement in job.** “If you show passion in your work every day and with every customer, you will get more result or cure of patients and you will be more persuasive in your work. This in turn will fuel your passion even more. Findings shows that 74% of employees are that they feel most of the day excited for coming duties in spite of all odds and adverse situations in the service situation as mainly to serve the patient or humanity. In comparison the finding regarding passion and excitement in job than support staff are more passionate for their job compare to nurses and physicians.

**Strong feeling with personal accomplishment.** The feeling of personal accomplishment at work motivate to employee for better performance, the achievement is directly related with employee satisfaction from work. It’s also depending on how supervisor are able to communicate goals and assignments so that employee are able to accomplish the work in better and satisfactory way. The study shows that overall 86% employee agreed that achievement at work motivate them for better work and patient services.

**Psychological security.** Psychological safety was originally used as an individual and team-level concept. To demonstrate a relation between perceived psychological safety and its influence on employee’s one’s self without fear of negative consequences to self-image, status or career”. If an employee can share his/her view, ideas or problem to colleagues or immediate supervisor, then this situation provide him psychological safety at a workplace. On this issue the study output reflect that 75% are agree and 16% disagree from the statement of that they feel free to speak out my mind to my colleagues, and my immediate supervisors on matters related to working.

The study outcome shows that state health employees are feel psychological safety and it is the good sign for the public health sector.

**Health and well being.** The performance of an employee is a consequence of those job conditions; job stressed, etc. Where there is low work autonomy, too many demands, role ambiguity, role conflict and lack of social contact and support from colleagues should suddenly hamper the performance level of workers. At all 4 facilities in the state health institutions, the study shows overall 88% employees feel mentally fresh most of the time. It indicates that the employees are mentally and physically healthy, and they are able to give their 100% performance in service of patients/organisation.

**Employee engagement in employees perspective**

**Importance of employee engagement programmes in public health facilities.** Research studies show that organisations function best when they make their employees’ commitment, potential, creativity and capability central to their operation. Employee engagement strategies enable people to be the best they can at work, recognising that this can only happen if they feel respected, involved, heard, well led and valued by those they work for and with. Engaged employees have a sense of personal attachment to their work and organisation. In this research, findings are verified, and it was found that 79% employees are capable to recognise importance of employee engagement program and recommended it for public health facilities.

How and what kind benefit we get from the public sector hospital from an employee engagement program the most frequent answers are mentioned in the following table:

<table>
<thead>
<tr>
<th>Importance of employee engagement programs in public facilities</th>
<th>(%)</th>
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<tbody>
<tr>
<td>Employee feel satisfied</td>
<td>9%</td>
</tr>
<tr>
<td>Feeling of belongingness with work</td>
<td>5%</td>
</tr>
<tr>
<td>Management</td>
<td>3%</td>
</tr>
<tr>
<td>Coordination and Cooperation</td>
<td>17%</td>
</tr>
<tr>
<td>Better improved patient care/Quality of work</td>
<td>14%</td>
</tr>
<tr>
<td>Performance</td>
<td>24%</td>
</tr>
<tr>
<td>Motivation</td>
<td>7%</td>
</tr>
<tr>
<td>Proper Work Executions</td>
<td>7%</td>
</tr>
<tr>
<td>Development of institute</td>
<td>3%</td>
</tr>
<tr>
<td>Relationship/ Social, Moral Responsibility</td>
<td>3%</td>
</tr>
<tr>
<td>Feeling or rewarded</td>
<td>5%</td>
</tr>
<tr>
<td>Learning Opportunities</td>
<td>1%</td>
</tr>
<tr>
<td>Reduce Absenteeism</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

**Motivating Factors in Public Health System.** Worker motivation is one of the critical importance in the health sector as health care delivery is highly labour-intensive and service quality. Efficiency and equity are directly affected by worker motivation. Factors such as the availability of resources and the technical competence of the worker are not sufficient in themselves to always produce desired work behaviour. Evidence has shown that motivated workers come to work further regularly, work more diligently, and are more flexible and willing. Increased motivation creates the conditions for a more effective workforce, but because work motivation is an interactive process between workers and work environment, good management & supervision are still critical factors in reaching organizational goals (Hornby and Sidney, 1988).
Motivation exerts high levels of effort, rather than the more basic human resource issues concerning attraction and retention of staff. It suggests that worker motivation will be influenced not only by specific incentive schemes targeted at workers, but also by the whole range of health sector reforms which potentially affect organizational culture, reporting structures, channels of accountability, etc. By drawing attention to this broad range of influences, the paper aims to help policymakers view worker motivation in a more holistic manner and also to structure reform programs so that they more effectively promote worker motivation.

The following table shows the respondents’ perceptions regarding the motivational factor for work in public health facilities. It can be seen that good and timely salary (12%), recognition (7%), resources availability (10%), healthy work environment (8%) etc. are some of the important motivating factors for work in the public health facilities. If we are further analysis in type of motivation extrinsic and intrinsic factor, then we find according to employees of public health facilities only 13%, employees motivated by intrinsic factors and rest on all are gotten motivated by extrinsic factors.

| Table: Motivational factor for work in public health facilities (multiple Responses) | No | % |
| Recoginition | 26 | 7% |
| Good salary / timely salary | 46 | 12% |
| Good behaviour of supervisors / officers | 26 | 7% |
| Incentives/ monetary benefit | 16 | 4% |
| Healthy work environment | 30 | 8% |
| Availability of resources /equipments | 39 | 10% |
| cooperation and coordination among employees | 9 | 2% |
| Trainings , seminars/ New learning’s | 24 | 6% |
| Motivation | 19 | 5% |
| Serving to mankind | 22 | 6% |
| Motto of work | 6 | 2% |
| Promotions / growth opportunity | 28 | 7% |
| Award and recognition for good work/ Appreciation | 13 | 3% |
| Satisfaction from work | 14 | 4% |
| Caring attitude by employers/ take care of family | 3 | 1% |
| Encouragement | 24 | 6% |
| Positive reinforcemnt to work | 5 | 1% |
| Justified work distribution /strategies for work | 16 | 4% |
| Role models /good leadership | 9 | 2% |
| Proper human resource for work | 3 | 1% |
| Engagement activities | 2 | 1% |
| Participation in decision making | 4 | 1% |

Factors responsible for joining public health facilities. Government sector plays an important role in the development. People want to join the govt job because they want to serve the people through a better sector. On being asked which factor is responsible for joining a public sector hospital than private sector hospitals, respondents said that: Job security (24%), good and timely salary (13%), big opportunity to serve mankind/ patient / needy people (11%), security -social, economical and family (10%), social status (8%) etc. According to Herzberg’s Two-Factor Theory many external rewards (e.g. salary, job security, benefits) don’t really motivate but if they're not there the person can become demotivated. Herzberg calls these "hygiene factors" and it is true for people who want join public sector health facilities.

Retention of employees. High attrition of skilled employees can generate under-staffing in the public health care systems of developing countries. Wage differentials between domestic public employment and other options are one factor that could be driving doctors, nurses, and other skilled health workers to leave the public health sector, often for jobs in high-income countries. Knowing the impact of wages on attrition takes on particular importance when responding to the migration of health workers from low and middle-income to high-income countries. Though the appropriate response to this trend is oft-debated, many developing countries have decided to take policy positions discouraging such migration. Increased salaries represent one possible but expensive option for improving retention.

On being asked ‘If you had the opportunity to get a similar job with another organization would you like you stay with present hospital, 64% respondents said yes and only 32 % said no. People do not want to stay with existing hospital or public setup due to reasons such as poor administration, no carrier planning, and differences between pay and perks from central government employees. Physicians are more unsatisfied with the public health system due to political influences, the difference in facility and pay from the centre as well in private their other colleague earns more money than government, like same they also in trouble due to multiple order of different officers, no timely promotion, etc. some want to leave this hospital just for new learning’s and change their environment, and few want to satisfy their interest in administration and research. The Nurses do not want to stay with public health facilities; the main reason is a difference between pay and perks from central government, e.g. today, they are getting just 10 Rs. For washing allowance per month and the difference is salary from the centre is 15000 to 20000 ‘Rs. per month; like same there are no carrier planning and future opportunities in public health facilities, they getting retired just taking on promotion in whole service life.
Highest engagement factor among all three cadres: Although all fourteen engagement factors are common almost on a similar level in spite of that few engagement factors are distinct in different cadres like in physician response for retention frequency is 82% is higher among other factors, and second higher factor is carrier growth and development. Retention is the higher factor of engagement specially in physician against the general thinking that physicians are not wanted to stay with the public health system. It is true but here this research has been carried out in urban and tertiary level health care facility. Where physicians are more willing to stay in compare to rural health facilities and same as they have social recognition due to serving opportunities in medical college-level hospitals, and they are in better position to take care their family responsibilities and needs, so retention is more important than other factors. Second highest frequent response was carrier growth and development 48%, although it is very much negative about all three cadres, but in three cadres, physician has better carrier growth opportunities than nurses and support staff.

In nurse’s health and well-being have highest response 92% and perceived supervisor support 74% is second higher response; the nurses feel healthier in compare to all other cadres may be due to their internal feeling of serving to the patient, and they almost depend on single jobs and satisfied with their jobs. The physicians are doing private practice, so they are busy all the day to earning more money, and less care about their health may be due to; they feel government has pay fewer payments than what they need. The average age of support staff is higher than any cadres in the facilities has used them for hard work without take care of their age factors i.e. pulling of big oxygen cylinders, caring heavy patients, and night duties, etc.

Comparison of engagement level of physician and nurses: comparatively nurses are more engaged than physicians, almost of 75% of nurses are engaged in these public health and 69% of physicians of these facilities are positively engaged. 90% physicians are putting more discretionary effort compare to nurses 88%, the reason behind the profession of a physician more result-oriented if they give the positive result, then they get more recognition; for it, they put more discretionary effort to cure patient. Nurses are more emotionally connected with their jobs, and they feel they have opportunities to doing best significantly higher than physicians; nurses have been thinking that these public health facilities giving them best opportunities’ to serve mankind, what they have intention time of joining. Same strong feeling of accomplishment, passion and excitement for a job, perceived supervisor support, reward and recognition, fairness and justice, perceived organisational support is higher in nurses compare to physicians. However, retention, trust, psychological safety, carrier growth and development are a higher side in physicians (Graph 4).

Table: Opinion on factors under study which affect employee engagement

<table>
<thead>
<tr>
<th>No.</th>
<th>Factors affecting employee engagement in public health system</th>
<th>Physicians</th>
<th>Nurses</th>
<th>Support Staff</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Discretionary Effort</td>
<td>90%</td>
<td>88%</td>
<td>96%</td>
<td>91%</td>
</tr>
<tr>
<td>2</td>
<td>Emotional Connect with Job</td>
<td>84%</td>
<td>87%</td>
<td>95%</td>
<td>89%</td>
</tr>
<tr>
<td>3</td>
<td>Health and Wellbeing</td>
<td>82%</td>
<td>92%</td>
<td>90%</td>
<td>88%</td>
</tr>
<tr>
<td>4</td>
<td>Opportunity to do best</td>
<td>72%</td>
<td>90%</td>
<td>99%</td>
<td>87%</td>
</tr>
<tr>
<td>5</td>
<td>Strong feeling of personal accomplishment</td>
<td>78%</td>
<td>88%</td>
<td>92%</td>
<td>86%</td>
</tr>
<tr>
<td>6</td>
<td>Passion and Excitement in job</td>
<td>74%</td>
<td>82%</td>
<td>96%</td>
<td>84%</td>
</tr>
<tr>
<td>7</td>
<td>Retention</td>
<td>82%</td>
<td>80%</td>
<td>70%</td>
<td>77%</td>
</tr>
<tr>
<td>8</td>
<td>Trust</td>
<td>72%</td>
<td>73%</td>
<td>79%</td>
<td>75%</td>
</tr>
<tr>
<td>9</td>
<td>Psychological Safety</td>
<td>74%</td>
<td>72%</td>
<td>78%</td>
<td>75%</td>
</tr>
<tr>
<td>10</td>
<td>Perceived Supervisor Support</td>
<td>64%</td>
<td>74%</td>
<td>72%</td>
<td>70%</td>
</tr>
<tr>
<td>11</td>
<td>Reward and Recognition</td>
<td>58%</td>
<td>59%</td>
<td>70%</td>
<td>62%</td>
</tr>
<tr>
<td>12</td>
<td>Fairness and Justice</td>
<td>49%</td>
<td>63%</td>
<td>66%</td>
<td>59%</td>
</tr>
<tr>
<td>13</td>
<td>Perceived Organisational Support</td>
<td>43%</td>
<td>54%</td>
<td>59%</td>
<td>52%</td>
</tr>
<tr>
<td>14</td>
<td>Carrier growth and Development</td>
<td>48%</td>
<td>42%</td>
<td>38%</td>
<td>43%</td>
</tr>
</tbody>
</table>

Highest level of engagement (mean) 69% 75% 79% 74%

Standard deviation 0.1471 0.1522 0.1750 0.1509

Graph 4. Factors affecting the engagement of health employees
In brief, physician has more feeling of disengagement compare to nurses because they think that they are not getting what they deserve in public facilities in terms of payments, carrier growth, development, and supervisor support into compare which opportunities they have in private's sectors. However, when we see overall the engagement is higher for both physician and nurses the cause is that these facilities are in metro city and they employee who are working in it; they do not want to leave these facilities; they feel satisfied in other except of social and family life.

Conclusion

The study analysed different parameters in context of public health facilities in Rajasthan like reward and recognitions, perceived organizational support, perceived supervisor support, Fairness and Justice, Career growth/development, Opportunity to do what I do best, Discretionary effort, Emotional connect bonding with job, Strong feeling with personal, accomplishment, Trust, Psychological safety, Passion and excitement in job, Retention (motivation to stay), Health and well. The study tested all above parameters and find that all factors are above 70% and only very few are just above 50% or less than the average. It shows in all these facilities, including Physician, nurses and support staff are engaged and greatly motivated by serving humankind by talking inspiration from great Indian ancient culture.

**Graph 5. Overall engagement level of employees**

The study results concluded that a big percentage of employee 74% is positively engaged with their work in spite of various problems like the difference in pay and perks from central, Promotion policy of government and poor carrier development programs. This is the main reason (engaged workforce) for trust of people in the public health facilities of Rajasthan as compare to other state health facilities. These facilities are always overloaded with a patient of inter and intra states due to serving attitude of engaged employees of these facilities.

**Recommendations:**

On the basis of the research findings following recommendations may be made:

**Policy approaches in to health care delivery:** As in study, people said that human resources initiatives aimed at improving organizational culture had a significant and positive effect on the efficiency and effectiveness of the hospitals studied. Ultimately, all health care is delivered by people, so health care management can really be considered people management; this is where human resources professionals must make a positive contribution. It is important that public health professionals be involved at the highest level of strategic planning, and not merely be positioned at the more functional, managerial levels. Therefore, Public health professionals will also need to have an understanding not only of the HR area, but of all areas of an organization, including strategy, finance, operations, etc. This need will have an impact on the educational preparation as well as the possible need to have work experience in these other functional areas.

**Establishment of the department of HRM for public health/health care system:** It has been found that all work of human-resource management in the state public health system has carried out by an establishment department. As a consequence, the basic conditions for the effective functioning of the bureaucracy are often not in place. Worker motivation is a core goal of human resources management in health. Effective recruitment procedures which help identify individuals who will fit in well within the organization in terms of their preferences for how they work, and that ensure there is a fit between the tasks required of individuals, and the skills and knowledge which they bring to bear on these tasks.

**Employee engagement program for every public health facility:** Engagement is a two-way process between employees and an organization. The organization attempts to engage employees who return a level of engagement to the employer. Following things should be done to increase under employee engagement programs:

1. **Workplace Culture:** Organisation culture sets the tone for employee engagement. Is the culture considered friendly? Research shows that organizations that provide a workplace culture with the psychological conditions of meaningfulness (job enrichment, work-role fit), safety (supportive manager and coworkers) and availability (resources available) are more likely to have engaged employees.

2. **Development programs for leadership:** Leadership is a key building block for improving engagement across the workforce. In the present study it was found that all facility's leaders are promoted clinicians and very few are from administrative services or with management skills. There is a need of improve leadership capability at all levels because at all levels in these facilities, leadership is poor or employee have less reliability. Leadership should part of clinical education curriculum so that leadership is embedded as a core activity for all clinicians at each stage of their career.

3. **Partnership working:** In present system the partnership working is neglected, any decision has taken by single authorities. With a significant change agenda on the immediate horizon, then the Partnership Forum should be there and not lack issues to provide a focus for discussion and action.
4. **Communications:** The free flow of information should be ensured within the organisations. Clear, consistent and honest communication is an important management tool for employee engagement.

5. **Development of line management:** In addition to leadership skills, the need for the development of line managers (medical officers, supervisors, ward in charges etc.) was highlighted as a key barrier to staff engagement. Without good line management, high employee engagement is even harder to achieve.

6. **Ownership to employees:** Employee engagement is based on the relationship between the individual and their organisation and is heavily influenced if they have feeling of ownership.

7. **Knowledge base:** Sponsor a conference and award event that will be show a case of good practice across the health system, support knowledge sharing and recognise those whose work to build employee engagement is delivering improvements for patients and supporting the changes in ways of working. The awards and conference could be built around the themes of this employee engagement.

**Measurement and monitoring:** Directorate of medical and health services should run an annual survey of all Staff. The analysis of data could be used to inform the areas of focus for internal communications, development of the knowledge base activities and as material available to support leadership and management development activity.

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