EMPLOYEE ENGAGEMENT AND QUALITY SERVICE DELIVERYAMONG NURSING PROFESSIONALS IN GOVERNMENT HOSPITALS

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Abstract

Employee Engagement and Service Quality Delivery among Nursing professionals in Government Hospitals Employee engagement plays a crucial role in government hospitals, where providing high-quality service is essential for the well-being of patients and the overall healthcare system. This study delves into the connection between employee engagement, particularly among nurses, who are working under government hospitals in Kerala, and service quality. By understanding how a nurse's level of engagement impacts their approach to patient care, the study aims to identify how fostering a more engaged workforce can translate into enhanced service quality and improved patient experiences. Ultimately, this research can inform strategies for government hospitals to improve patient care and build trust within the healthcare system.

Introduction

The healthcare industry is a multifaceted sector encompassing a wide range of services and stakeholders dedicated to promoting and maintaining public health. At its core are healthcare providers, which include hospitals, clinics, physician practices, and nursing homes, where medical professionals deliver diagnostic, treatment, and preventive services to patients. These providers vary in size and specialization, from small independent practices to large integrated health systems serving diverse communities. Within the industry, healthcare professionals play a pivotal role in delivering care to patients. Doctors, nurses, physician assistants, pharmacists, therapists, and other trained individuals bring expertise and compassion to their work, addressing the unique needs of each patient. Their collective efforts contribute to the over all quality and effectiveness of health care services. Pharmaceutical companies are

instrumental in developing and providing medications to wide range of diseases and conditions. Through research, development, manufacturing, and marketing efforts, these firms bring innovative therapies to market, improving patient outcomes and advancing medical science.Similarly,medical device manufacturers design and produce a variety of devices, equipment, and technologies used in diagnosis, treatment, and monitoring. Health insurance providers play a crucial role in facilitating access to healthcare services by offering coverage plans that help individuals and families manage medical expenses. By pooling risks among policyholders and negotiating contracts with healthcare providers, insurance companies contribute to the financial sustainability of the healthcare system while ensuring that patients receive necessary care. Biotechnology firms leverage living organisms, cells, and biological processes to develop products and technologies with healthcare applications. Their work spans areas such as genetic engineering, drug development, diagnostics, and agricultural biotechnology, driving innovation and discovery in healthcare. Government agencies and healthcare regulators provide oversight and guidance to ensure the safety,efficacy,and quality of healthcare products and services. Public health agencies engage in disease surveillance, health promotion, and emergency preparedness efforts, while regulatory bodies establish standards and enforce laws to protect public health. Healthcare technology companies develop and provide software, digital platforms, and IT solutions tailored to the needs of healthcare organizations. These technologies support functions such as electronic health records (EHRs), telemedicine, data analytics, and patient engagement, enhancing the efficiency and effectiveness of healthcare delivery.

Health care sector in Kerala

Kerala, situated on India's southwestern coast, has earned recognition as the top performer in the country's healthcare sector, as per the health index of NITI Aayog, a governmental policy think-tank. This achievement reflects the culmination of strategic investments and policies in public healthcare spanning over two centuries. The state's trajectory of progress, especially in education, health, and social transformation, predates its formation in 1956. Even before this, regions that later formed Kerala, notably Travancore and Cochin, had made significant trades

in development. However, disparities existed, with colonial policies isolating British Malabar and hindering its healthcare infrastructure development. Travancore, in particular, demonstrated a remarkable commitment to public health, notably under the reign of its rulers. The Maharajas prioritized the welfare of their people, establishing medical facilities and promoting education, including the unprecedented establishment of a girls' school in 1859. Traditional healing systems like Ayurveda flourished alongside the introduction of Western medicine in the early19th century. Travancore's pioneering efforts in public health are evident, with vaccination against smallpox initiated as early as 1813 and subsequent measures to combat infectious diseases.

Nursing in Kerala

Nursing in Kerala has undergone significant development, becoming an indispensable component of the state's health care eco system. The nursing education system in Kerala is well established, with a multitude of institutions offering diploma,bachelor's,master's,and doctoral programs in nursing. These programs adhere to national standards set by regulatory bodies like the Indian Nursing Council (INC), ensuring that nursing professionals receive comprehensive training in clinical skills ,patient care, and healthcare management. Nurses in Kerala play a multifaceted role in healthcare delivery, spanning bedside nursing, medication administration, patient assessment, and health education. They work collaboratively with physicians, allied health professionals, and other members of the healthcare team to ensure holistic care for patients.Additionally,nurses actively participate in public health initiatives and community healthcare programs, contributing to vaccination drives, maternal and child health services, family planning campaigns ,and disease surveillance activities. Their presence in primary health centers, schools, and rural communities helps improve access to essential healthcare services and promotes healthy behaviors among the population.

The present study aims to explore this connection further within the context of government hospitals in Thiruvananthapuram. By focusing on nurses, vital workforce ,the research seeks to understand how employee engagement directly impacts service quality and patient care. Service quality has a direct impact on patient's well-being and level of faith in the healthcare system in hospitals, which are complicated environments. In contrast to purchasing a concrete good, receiving healthcare is an intangible service. This creates a special problem when defining and assessing health care service quality. A hospital's service quality is determined by four main factors. Technical quality is a term used to describe basic medical knowledge, such as a physician's proficiency or a treatment's efficacy. Functional quality pertains to how care is provided; this includes staff response, consistency (in terms of standards), and efficiency (in

terms of wait times). The human element is highlighted by interpersonal quality, which includes traits like healthcare workers' respectful behavior, empathetic communication, and clarity of thought. Lastly, the physical surroundings such as comfort, cleanliness, and general ambiance are taken into account when assessing environmental quality.

Review of literature

1. Nasiripouretal.(2005),studied the connection between work happiness, performance, and organizational commitment, emphasizing the role that this link plays in improving organizational behavior and service quality. Organization participated in this cross-sectional survey. Standardized questionnaires for service quality and organizational commitment were used in the data collection process. Nurses had above-average service quality and moderate levels of organizational commitment, according to statistical analysis using Spearman and Pearson correlation tests. Notably, there was a substantial correlation found between overall service quality and commitment, affective, normative, and continuous commitment. These results imply that raising continuation commitment through possibilities for career progression and impartial evaluation procedures and raising normative commitment by an emphasis on organizational ideals and recruitment, can improve hospital service quality.

2. Debraetal (2008) Studied that hospitals across the country are under more pressure to take part in various quality improvement projects, and nurses are playing an increasingly important role in these efforts. Hospital organizational cultures have a significant impact on how quality improvement projects are implemented and how nurses are involved in them. Successful staff engagement in improvement initiatives is more common in hospitals with supportive leadership, a culture that values quality asa shared duty, individual accountability, the presence of physician and nurse advocates, and efficient feedback channels. Healthcare facilities face various obstacles when it comes to integrating nurses into their operations.

3. Nandakumar et al. (2012) studied the quality of services have mostly focused on the private sector. Historically, hospitals in the public sector have not always been held to the same high standards for service excellence. Staffs at public hospitals in nations such as India are frequently paid relatively more, have flexible work hours, and are guaranteed a job until retirement. Patients usually prioritize the quality of theses entail healthcare services they receive because they are not directly responsible for paying for most of them.

4. Rajendra (2014) described an operational study conducted in the East Godavari District of Andhra Pradesh to improve the public health system's service delivery. A case that sparked the research involved the observation that, despite government personnel's encouragement, people from low-income backgrounds preferred private hospitals over public ones, especially during a Dengue outbreak that occurred in a seaside community in July 2013.

5. Abri and Balushi (2014) commented that Patient satisfaction surveys are now more widely acknowledged as important informational tools for comprehending attitudes and creating successful change plans in healthcare institutions. Studies that particularly address the results of the thorough examination of patient satisfaction survey data are hard to come by, and many of the ones that do exist have narrow scopes. This paper explores a wide range of research that closely looks at how patient satisfaction relates to both independent and dependent variables, and how it affects the process of improving the quality of healthcare services.

Objectives of the study

1. To study Employee Engagement among Government Nurses in Trivandrum.

2. To know the relationship between levels of Employee Engagement and Service Delivery Outcomes among Government Nurses in Trivandrum.

3. To provide recommendations for healthcare organizations to enhance Employee Engagement strategies and improve Service Delivery among government nurses in Trivandrum.

Hypotheses framed

A hypothesis is an assumption framed that's made and grounded on some substantiation. This is the original point of any discourse that translates the exploration questions into prognostications. It includes factors like variables, population and relation between the variables. The following hypotheses have been designed for testing and drawing statistical inferences:

$H0_1$: There is no significant relationship between Rewards and Recognition and Quality Service Delivery.

$H0_2$:There is no significant relationship between Personal Well-Being and Quality Service Delivery.

H0₃: There is no significant relationship between Training and Development and Quality Service Delivery.

Sources of data

The data for the research study has been collected using both sources of data. Those are:

➤ **Primary Data:**

The Primary Data has been collected from the nurses who are working in the selected hospitals which are mentioned in the scope through a structured questionnaire. The respondents were selected based on the convenience sampling method and collected responses by providing the questionnaire personally.

➤ **Secondary Data:**

Data gathered by a user other than the main user is referred to as secondary data. General data and data from articles were the secondary data used for the data collection.

Population

The population in research refers to the entire group of individuals or items that possess the characteristics of interest to the researcher. It represents the target group from which a sample is drawn to make inferences about larger populations. Understanding the population is crucial for ensuring the generalizability and validity of research findings. The research is confined to the nurses within the age limit of 20-35 who are working in selected five government hospitals in Trivandrum. The total strength of nurses in the five hospitals combined is 250. Therefore, the population is 230.

Sample size

The sample size is the number of observations collected from a population for analysis of the research study. As per the Sample calculation table, for the population of 230,the sample size is 144.

Sampling Technique

In statistical analysis, sampling is a method used to extract a certain number of observations from a large population or sample. In this research, sampling was done independently of probability. Non-probability sampling techniques are frequently used due to their ease of use

and simplicity, even though they might not provide the same equalization advantages as probabilistic sampling. One such non-probability strategy is convenient sampling, which chooses samples from regions near the target population.

Non-probability sampling is the process of choosing research participants at random without the use of a preset procedure. As such, guaranteeing that each member of the population is equally represented in the population becomes difficult. There fore, in the research, used purposive sampling techniques.

INFERENTIAL ANALYSIS

Correlation Analysis

Hypothesis1

H0: There is no significant relationship between Reward & Recognition and Service Quality

Table No.1.1. Correlations

Correlations

		SQ	RR
Service Quality	Pearson Correlation	1	**.912****
	Sig.(2-tailed)		.000
	N	144	144
Reward and Recognition	Pearson Correlation	.912**	1
	Sig.(2-tailed)	.000	
	N	144	144

**.Correlation is significant at the0.01level(2-tailed). (Source: SPSS Statistics)

Table No.1.2. Correlation analysis

Hypothesis	Correlation Weight	N	Pearson Correlation	Sig. Value	Result
Hypothesis1	RR→SQ	**144**	**.912**	0.000	H1Accepted

(Source: primary data)

INTERPRETATION

From, Table 1.2. sample size is 144, Pearson Correlation value is 0.912 with a significance level of 0.000 level of significance. When the size of the correlation is

between 0.70 to 0.90,it is marked by a high positive correlation .As a result, researcher failed to accept the null hypothesis (H0).

RESULT

There is a significant positive relationship between Reward and Recognition towards Service Quality.

Hypothesis2

H0: There is no significant relationship between Personal Well Being and Service Quality

Table No.1.3

Correlations

		SQ	PW
Service Quality	Pearson Correlation	1	**.901****
	Sig.(2-tailed)		.000
	N	144	144
Personal Well Being	Pearson Correlation	.901**	1
	Sig.(2-tailed)	.000	
	N	144	144

**.Correlation is significant at the 0.0 level (2-tailed).

Table No.1. 4. Correlation analysis

Hypothesis	Correlation Weight	N	Pearson Correlation	Sig. Value	Result
Hypothesis2	PW→SQ	**144**	**.901**	0.000	H1Accepted

(Source: primary data)

INTERPRETATION

From, Table 1.4 sample size is 144, Pearson Correlation value is 0.901 with a significance level of 0.000 level of significance. When the size of the correlation is between0.70 to 0.90,it is marked by a high positive correlation. As a result, researcher failed to accept the null hypothesis (H0)**.**

RESULT

There is a significant positive relationship between Personal well-being towards Service Quality.

Hypothesis3

H0: There is no significant relationship between Training & Development and Service Quality

TableNo.1.5. Correlations

Correlations

		SQ	T&D
Service Quality	Pearson Correlation	1	**.527**[**]
	Sig.(2-tailed)		.000
	N	144	144
Training &Development	Pearson Correlation	.527[**]	1
	Sig.(2-tailed)	.000	
	N	144	144

**.Correlation is significant at the 0.01level (2-tailed).

TableNo.1.6. Correlation analysis

Hypothesis	Correlation Weight	N	Pearson Correlation	Sig. Value	Result
Hypothesis3	TD⟶SQ	144	.527	0.000	H1Accepted

(Source: primary data)

INTERPRETATION

From, Table 1.6. sample size is 144, Pearson Correlation value is 0.527 with a significance level of 0.000 level of significance. When the size of the correlation is between 0.50 to 0.70, it is marked by a moderate positive correlation. As a result, researcher failed to accept the null hypothesis (H0).

RESULT

There is a significant positive relationship between training and development, and Service Quality.

Objective-based Findings

- ➢ Employee Engagement has a positive impact on Quality Service Delivery
- ➢
- ➢ Regression was used to find the impact of Employee Engagement on Quality Service Delivery.
- ➢ There is a significant positive relationship between Reward and Recognition towards Service Quality.
- ➢ There is a significant positive relationship between Personal well-being towards Service Quality.
- ➢ There is a significant positive relationship between training and development, and Service Quality.
- ➢ There is a significant positive relationship between Immediate Management and Service Quality.

Suggestions

- ➢ Government Hospitals may concentrate on more Employee Engagement plans which can help in increasing Service Quality Delivery.
- ➢ Government Hospitals shall Implement Recognition programs to acknowledge nurses and provide rewards for their patient care.
- ➢ Government Hospitals may understand the workload issues and ensure adequate nursing staff levels to reduce Employee Stress and maintain high-quality care for patients.
- ➢ Government Hospitals may assess and address any aspects of Organizational Culture that may increase Employee Engagement and promote quality care.
- ➢ Government Hospitals may ensure that nurses feel empowered to prioritize patient needs and preferences.

Conclusion

In conclusion, this study has provided valuable insights into the relationship between employee engagement and service quality from the perspective of nurses in government hospitals. Through a comprehensive examination of factors such as job satisfaction, motivation, organizational culture, and their impact on service delivery, several key findings have emerged. Firstly, the study found a strong positive correlation between employee engagement and nurses' perceptions of service quality Delivery. Nurses who reported higher levels of engagement were more likely to

exhibit a greater sense of pride in their work, collaborate effectively with colleagues, and demonstrate a commitment to delivering high-quality patient care.

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