

**A STUDY ON FACTORS INFLUENCING PERFORMANCE OF
HEALTHCARE WORKERS IN COIMBATORE DISTRICT**

THESIS REPORT SUBMITTED BY,

GOKILA C

(20PSW007)

A THESIS SUBMITTED TO



**AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND
HIGHER EDUCATION FOR WOMEN,
COIMBATORE- 641043**

**IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF
THE**

DEGREE OF

MASTER OF SOCIAL WORK

DEPARTMENT OF HOME SCIENCE EXTENSION EDUCATION

MAY, 2022

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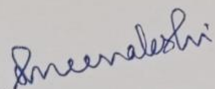
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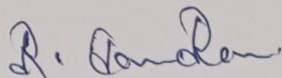
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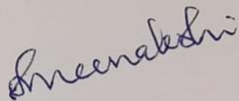

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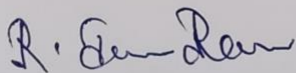
Signature of the External Examiner

CERTIFICATE

This is to certify that the dissertation entitled on “**A Study On Factors Influencing Performance Of Healthcare Workers In Coimbatore District**” is submitted to the Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore 641 043 in partial fulfillment of the requirements for the award of the degree of **MASTER OF SOCIAL WORK** is a record of original research work done by **GOKILA C (20PSW007)**, during the period of the study in the Department of Home Science Extension Education, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore 641043, under my supervision and guidance, has not formed the basis for the award of any degree/ diploma/ associate ship/ fellowship or similar title of other University.



Signature of the Guide



Signature of the Head of the Department

DECLARATION

DECLARATION

I **Gokila C** hereby declare that the thesis, entitled “**A Study On Factors Influencing Performance Of Healthcare Workers In Coimbatore District**”, submitted to the Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore, in partial fulfillment of the requirements for the award of the **Master of Social Work** is a record of original and independent research work done by me during six month under the Supervision and Guidance of **Dr. S. Meenakshi**, and it has not formed the basis for the award of any Degree/Diploma/Associateship/Fellowship or other similar title to any candidate in any University.

Gokila C

SIGNATURE OF THE CANDIDATE

Gokila.C
(20PSW007)

ACKNOWLEDGEMENT

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CHAPTER – 1

INTRODUCTION

1.1 HEALTH WORKERS IN WORLDWIDE

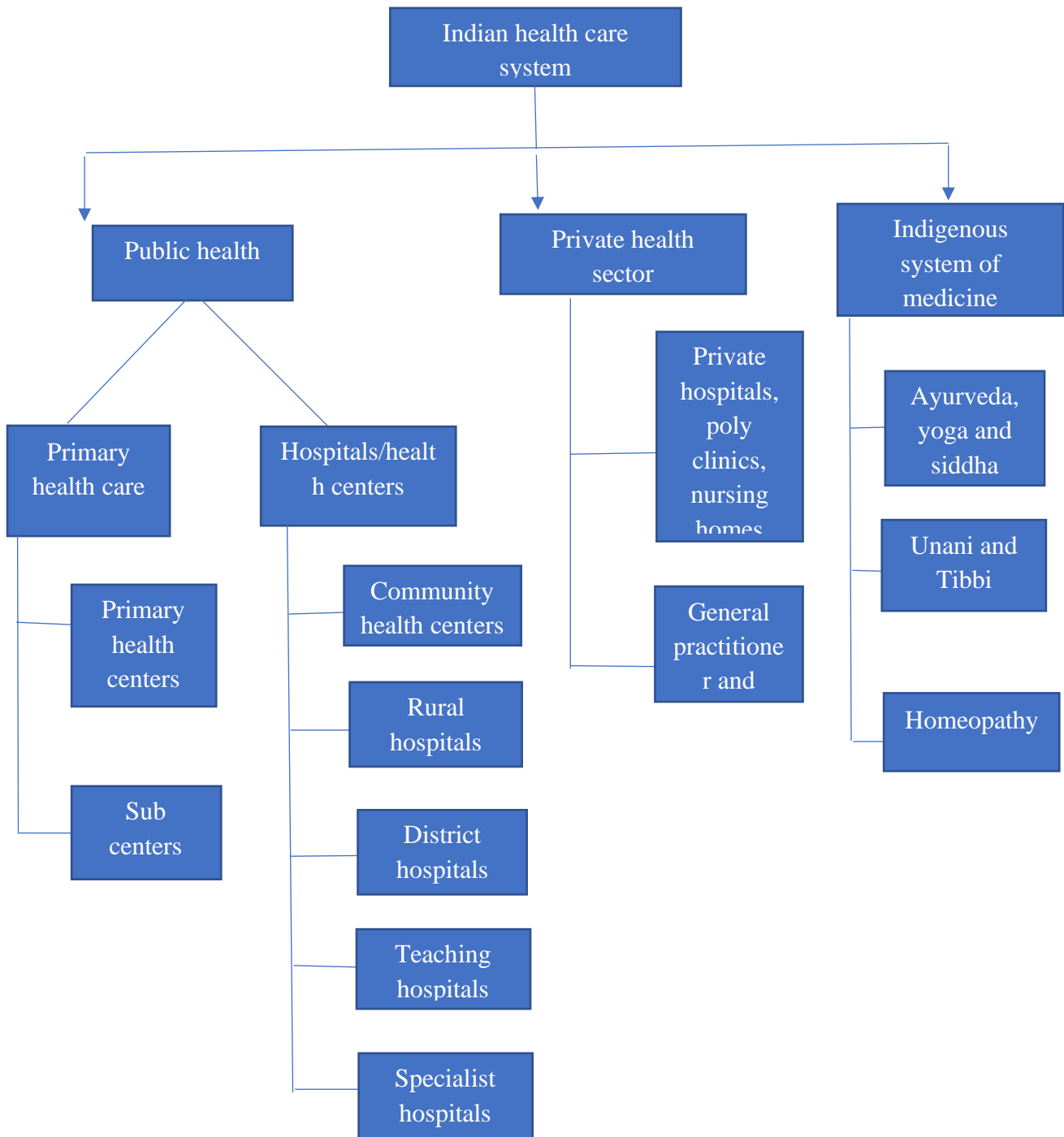
The year 2021 has been designated as the international year of Health and Care Workers in appreciation and gratitude for their unwavering dedication in the fight against covid – 19 pandemics. Globally, 70% of the health and social workforce as women nurses and midwives represents a large portion of this. The meaning of healthcare workers is defined as Health workers to be all people engaged in actions whose primary intent is to enhance health. This meaning extends from WHO's definition of the health system as comparing activities whose primary goal is to improve health. Health workers are the people who make important contribution and are critical to the functioning of most health system. The global profile shows that there are 59 million health workers in the world.

Healthcare workers are the foundation of the health system. Every function of health either undertaken or mediated through healthcare workers. Without healthcare worker it would be difficult to meet the population health needs. Healthcare worker is one who deliver care and services to the people directly as doctors and nurses and indirectly as lab technicians and medical waste handlers. Healthcare workers are the most valuable assets for health. Health workers are playing important role in attaining the health target in sustainable development goal. A motivated and supported health workforce is significant for progress towards universal health coverage.

The health workforce is an important component in building efficient healthcare system. It is important to build an efficient healthcare system to enhance universal health coverage goals. Health workforce density ranked first overall. Provision of basic sanitation and access to clean water ranked second, and provision of basic antenatal services ranked third. Strengthening the health workforce for universal health coverage while each country has a different approach to achieve universal health coverage.

World Health Organisation estimates a projected shortfall of 18 million health workers by 2030, mostly in low- and lower middle-income countries. Countries at all levels of socio-economic development face, to varying degrees difficulties in the education, employment, deployment, retention and performance of their workforce (World Health Organization)

1.2 Hierarchy of Health System in India



Source: Sidhu R (2015) health care in india: critical analysis

Chart 1 - Hierarchy of Health System in India

1.3 HEALTH CARE WORKERS IN INDIA

In India today more than 64 percent of health service provision is done by small health service providers. More than 98 percent of all health service providers in the country have less than ten employees. India also suffers from inadequate and fragmented delivery of healthcare services. A consequence of the fragmented provider space is that the health records of patients lie buried in manual systems or in some cases disparate IT systems with little standardization with almost no possibility of inter-operability or cross-sharing, thereby limiting the availability of information that could potentially guide the decisions on health policy (Health system for a new India: Building Blocks, 2019).

Government data from 2020 reflects that India has a doctor – population ratio of 1:1,404 well below the World Health Organization (WHO) prescribed ratio of 1:1000 and 1.7 nurses per 1,000 population, 43 percent less than the World Health Organization prescribed ratio of 3 per 1000. The shortage is attributed to an uneven distribution between states, and rural and urban India. To address these gaps, there needs to be greater investment in health infrastructure, professional colleges, and technical education, along with policies that enhance the capacity and quality of the health workforce. The new legislation, national commission for allied and healthcare professions act, 2021, is one such step, to maintain and regulate educational and service standards for healthcare workers. India needs to address the push factors that drive migration, it can retain healthcare workers at home to meet its needs as well as meet supply for the world (Exporting Indian Healthcare Workers to the World, 2021 by Sunaina Kumar).

In India Kerala, Delhi and Tamil Nadu are on the top while the states of Bihar, Jharkhand and Odisha appear at the bottom. The right balance in the skill-mix ratio for health workers provides optimum health-care conditions. Contrasting the skill-mix ratio with the density of doctors at state levels, an inefficient skill-mix is found to exist between doctor and nurses and doctor and allied health professional in most states in India. In Tamil Nadu there are 67.26% of doctors in private sector and 32.74% of doctors in public sector, nurses 74.68% in private sector and 25.32% in public sector (NSSO 2017 – 18).

1.4 PERFORMANCE OF HEALTH WORKERS

In many countries where there are severe shortages on health work force there has been significant focus on scaling up health workforce production to increase the number of health workers. While developing an adequate supply of health workers is critical, it is equally important to ensure that health systems enable currently practicing health workers to perform well and deliver effective, quality health services to the communities they serve. As countries implement strategies to expand and realign their health workforce in the long term, it may be possible to maximize health system performance in the short term through efficiency of service delivery and improved productivity of available health staff to contribute to reaching countries health goals (Health workforce productivity analysis and improvement toolkit).

Performance, motivation and job satisfaction are closely related to each other, motivated staff are more likely to be satisfied with their job and perform their duties well. Performance can be described as implementing tasks to a certain standard and in line with the mission and goals of the organization. To ensure good performance, staff members need to be competent and have an adequate working environment in terms of an acceptable workload, with adequate supplies and equipment.

The performance of health workers is composite of four elements which is availability, productivity, competences and responsiveness. Availability is the worker's waiting time, staff ratios, overtime, staff turnover, attendance of health workers. Productivity which is occupancy rate, outpatient visits and interventions provided per worker or facility and patient contacts. Competences is prescribing practices and adherence to protocol during diagnosis and communication with patients. Responsiveness is client satisfaction, readmission rates and cross-infections, case fatality rates and proactive quality service. Improvement in these four elements indicate improved performance of health workers.

World Health Organization's global strategy on human resources for health workforce 2030 emphasizes the importance of effective health personnel regulation to achieve universal health coverage, with an important role in both optimizing the existing health workforce and in aligning investments with the current and future health workforce needs. The health workforce is an important contributor to delivering health and economic prosperity. Quality, accessibility, acceptability, distribution by cadre and geography, and coordination across health cadres and with other aspects of the health system are all critical elements for an effective health (Human resources for health, 2020).

1.5 MEASURING PERFORMANCE

Getting right performance is important to measure the performance of Healthcare Workers. The Data we generate will reveal the status of Healthcare Workers, when compared to standards or records. It will also provide the motivation that will spur workers on to improve their performance. It will provide the incentive for workers to ‘do it better’. Make sure to measure the ‘right’ things at the ‘right’ time and in the right place. Measures should be accessible and credible (Phil Baguley, 2001).

Human resources for health provide the single most important data contribution to the health sector in low-income countries. Shortages of health personnel and poor health worker performance remain among the most pressing issues for health system. Three measures of health worker performance – presence, quality, and productivity – although difficult to assess in the health care setting (Kenneth Leonard and Ottar Maestad, 2016).

Measuring performance of healthcare workers aims to reducing costs, improving quality of care and increasing efficiency of care delivery. The performance of healthcare measurements includes, quality and efficiency of patient care, cost of healthcare services, disparities in performance and care outcomes (Healthcare performance measurements).

According to traditional productivity monitoring provides lower costs, faster hospital services and higher labour productivity. Performance of healthcare workers can be measured through four important matrix such as, patient visit length, patient wait time, patient satisfaction rate and patient retention rates (Measure employee productivity in healthcare).

1.6 CONCEPTUAL FRAME WORK

Figure 1 shows that the factors that positively or negatively influence the performance of healthcare workers, independent variable is what the investigator thins will influence the dependent variable. Independent variables influence and determines the effect of another variable. Independent variables in this study are personal, organizational and situational factors, dependent variable in this study is performance of healthcare workers.

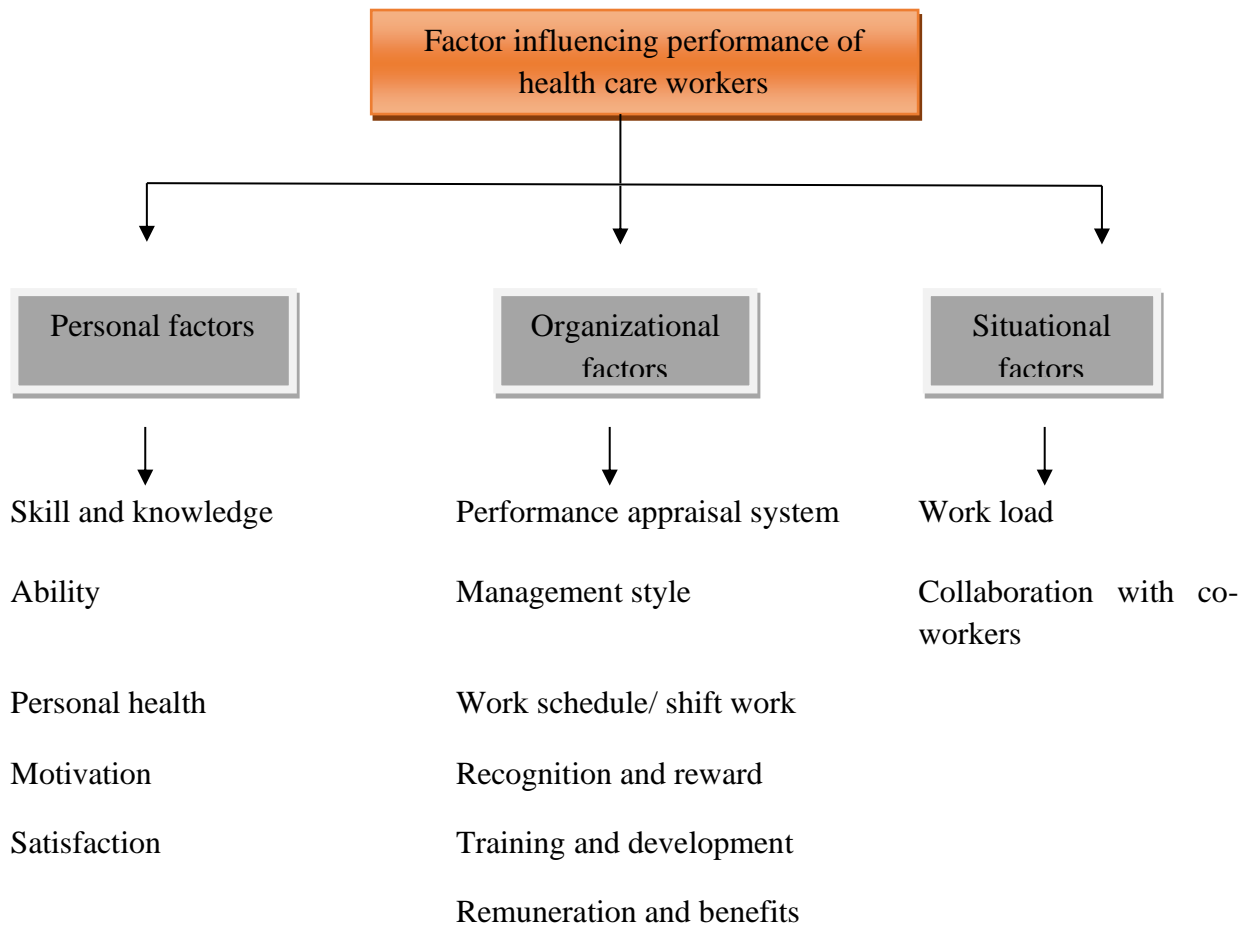


Chart 2 Conceptual Frame Work

Based on previous literature review factors influence the performance of the healthcare workers are grouped into three categories there are personal factors, organizational factors and environmental/situational factors.

1.7.1 PERSONAL FACTORS

Knowledge, skills, and abilities (KSAs)

KSAs have a significant impact on employee performance. All other things being equal, if employees lack the KSAs to perform a task or behavior, they will likely fail. Almost all HRD programs focus on improving or renewing the KSAs of employees. Edwin Fleishman, a leading researcher of human abilities, defines abilities as general capacities related to the performance of a set of tasks. Abilities develop over time through the interaction of heredity and experience, and are long-lasting. Skills are similar to abilities, but differ in that they combine abilities with capabilities that are developed as a result of training and experience. Skills are often categorized as psychomotor activities, whereas abilities tend to be

more cognitive, and skills are typically measured in terms of the ease and precision evident in the performance of some task. Finally, knowledge is defined as an understanding of factors or principles related to a particular subject. (Jon M. Werner and Randy L. DeSimone 2006.)

Ability

A second influence on individual behavior and performance is the person's ability. Ability includes both the natural aptitudes and learned capabilities required to successfully complete a task. Aptitudes are the natural talents that help employees learn specific tasks more quickly and perform them better.

Satisfaction

Job satisfaction is important, employees who are satisfied with their jobs tend to perform better, withdraw less, and lead happier and healthier lives. Organizations whose employees are satisfied with their jobs are more likely to be productive and profitable. The single most effective way organizations can achieve a satisfied workforce is to provide their employees with mentally challenging work.

Motivation

Motivation represents the forces within a person that affect the direction, intensity, and persistence of his or her voluntary behavior. Direction refers to the fact that motivation is goal-oriented, not random. Intensity is the amount of effort allocated to the goal. Motivation involves varying levels of persistence, that is, continuing the effort for an effort for a certain amount of time.

1.8 Organizational factors

Performance appraisal system

A performance appraisal is an evaluation of how well an individual achieves job-related duties and responsibilities. It can be used to administrative decisions about promotions, terminations, and monetary/non-monetary incentives. The process of conducting a performance appraisal includes two main stages; obtaining accurate information about the individual's performance and communicating the performance appraisal to the individual in a manner that maintains a high-performance work culture.

Management style

Organizational culture and leadership styles varied across healthcare organizations and can be linked with indicators of performance and organizational merits. An assessment of cultural quality or features of hospitals with high and low performance demonstrates that the best hospitals differ from other low performing hospitals, in terms of their engagement in leadership, concept of management which is based on multidisciplinary management of performance, clear vision, and using of managerial practices and tools, such as financing, business and strategic planning (Nada Moustafa Ibrahim Al-habib 2020)

Recognition and rewards

Providing positive recognition (reinforcement) will likely workers behavior which in turn contributes to performance improvement. The positive reinforcement through the recognition provided, again, had the aim of increasing the desired employee behavior, which should subsequently help increase performance. with respect to expectancy theory, higher performance will result when people believe that their effort leads to better performance and when they believe higher performance leads to rewards they value

Training and development

According to Armstrong “training is the formal and systematic modification of behavior through learning which occurs as a result of education, instruction, development and planned experience. Development is improving individual performance in their present roles and preparing them for greater responsibilities in the future”. Training is important to improves the performance of employees, it helps address weakness, improve uniformity and consistency.

Shift work

Shift workers in the healthcare industry rotate between different shit times, potentially limiting recovery sleep, particularly when transitioning from shifts that end late and start early the next morning. The time available for recovery sleep prior to and between shifts is an important factor influencing performance during subsequent shifts. The timing of the work period is vital in determining the quantity and quality of performance at work (Saranea Ganesan, Michelle Magee and Tracey L. Sletten, 2015)

Remuneration and benefits

A health worker will accept a job if the benefits of doing so outweigh the opportunity cost. Improving recruitment and retention requires either offering higher rewards that make alternative employment less attractive or making qualifications less “portable” – that is, less likely to be recognized in other countries.

1.9 Situational Factors

Job performance depends not just on individual and organizational factors it is also influenced by the situational factors such as work load, relationship between the employee, subordinate and superior. It is also affected by the situation in which the employee works. Situational factors include conditions beyond the employee’s immediate control that constrain or facilitate his or her behavior and performance.

1.10 Need and importance of study:

- Shortages of health personnel and poor health worker performance remain among the most pressing issues for health systems in many countries.
- India has a mixed healthcare system, inclusive of public and private healthcare services. Healthcare workers are playing an important role in providing quality healthcare services to the people.
- Healthcare workers act as a bridge between the healthcare system and people.
- Improving the performance of healthcare workers will improve the quality of delivering healthcare services to the people.

1.11 Significance of the study:

India has a mixed healthcare system, inclusive of public and private healthcare services. Healthcare workers are playing an important role in providing quality healthcare services to the people. Healthcare workers act as a bridge between the healthcare system and people. Improving the performance of healthcare workers will improve the quality of delivering healthcare services to the people.

1.12 Objectives of the study:

Primary objective:

- To study the factors influencing performance of healthcare workers

Secondary objectives:

- To identify the socio-economic information of the healthcare workers
- To examine the working conditions of the healthcare workers
- To determine the factors which positively and negatively influence the performance of healthcare workers

CHAPTER – 2

REVIEW OF LITERATURE

George William Lutwama (2011) in his study “The Performance of Health Workers in Decentralized Services in Uganda” have investigated the performance of health workers in order to develop a management framework that may be used to improve performance. The findings revealed that the performance of health workers is generally by health system and work environment related factors. The findings indicated that health workers are skilled, competence, and generally have positive attitudes and behaviors towards their clients. The study uncovered loop holes in performance management in the district health sectors. In most cases there is no target setting, no performance management planning, performance indicators are not clearly defined, and the schedules for performance measurement are not always followed. There is limited career progression and lack of function performance feedback and rewarding mechanisms. If the proposed performance management framework is implemented, the performance of health workers might improve.

Michela Cortini, Monica Pivetti, Sara Cervai (2016) has conducted a study on “Learning Climate and Job Performance Among Health Workers” this paper explore how psychological strain plays a mediator role between the learning climate and job performance in a group of health workers. The research hypothesis is that psychological strain mediates the relationship between the climate towards learning and job performance. data were gathered in a public hospital in Italy. Participants were health professionals and considering the relatively small sample size, a mediation analysis with the aid of the SPSS macro-PROCESS was performed. The results shows that the relationship between the learning climate specifically in dimension of organizational appreciation towards learning and job performance is mediated by psychological strain.

Hanan AI-Ahmadi (2009) in his research “Factors Affecting Performance of Hospital Nurses in Riyadh Region, Saudi Arabia” have reported that the job performance is positively correlated with organizational commitment, job satisfaction and personal and professional variables. Both job satisfaction and organizational commitment are strong predictors of nurse’s performance. Job performance is positively related to some personal factors, including

years of experience, nationality, gender and marital status. Level of education is negatively related to performance.

Nureesa Doloh (2018) in his study “Factors Affecting Work Performance Among Nurse in Delivering Health Service for The National Health Service for The National Health Insurance Patients” at Dr. Moewardi Hospital, Surakarta, stated that work performance is affected by work satisfaction, work motivation and supervision. He finds that Work performance is also indirectly affected by motivation using proportional random sampling method with a sample size of 150 nurses who provided health services to the national health insurance patients. The dependent variable was work performance. The independent variable was work satisfaction, work motivation and supervision.

Desy Puspa Sari, Bayu Saputera, Muhammad Saleh, Qomariyatus Sholihah, Ibrahim Daud (2020) in the study “Factors Affecting the Nurse Performance in Medical Ward” have reported that there were eleven factors that influence nurse performance. There are overwork, lack of facilities, and inability to control stress. From a situational perspective, some factors affecting nurse performance were workload, facilities, cooperation, and work environment. Supervision, salaries, service fee according to the regulation perspective. While the ability, skills, and motivation had an individual impact. Situational perspective had a great impact on nurse performance. The study was conducted in Dr. H. Andi Abdurrahman Noor General Hospital, Indonesia. The data was collected using open-ended structured questionnaire.

Magdalene H Awases, Marthie C Bezuidenhout, Janetta H Roos, (2013) in the study “Factors Affecting the Performance of Professional Nurses in Namibia” stated that the lack of recognition of employees who are performing well, quality performance outcomes and an absence of a formal performance appraisal system and poor working conditions are negatively affecting the performance of the nurses. Results shows that various factors contribute to both the positive and negative performance of professional nurses in Namibia. A quantitative, descriptive study was used to collect data by means of a questionnaire. Random sample method was used with the size of 180 professional nurses from six hospital in three regions of Namibia.

Nebiat Negussie, (2016) has conducted the research on “An Analysis of Factors Affecting Performance of Nurses in Public Hospitals and Health Centres in Addis Ababa” to identify the factors affecting the performance of nurses in public hospitals using the self-structured questionnaire guided by the objectives of the study and which included open-ended and closed-ended questions. The results reported that the organizational commitment, job

satisfaction, and work experience were significant predictors of nurses' job performance. Health systems are not producing the desired output of health interventions due to factors such as insufficient skilled and experienced health personal, health personnel that lack motivation, lack of management skills, poor working conditions and environment, and inadequate remuneration.

GG Cummings (2010) on his study "The Influence of Nursing Leadership on Nurse Performance" suggest that nurse performance may be improved by addressing nurse autonomy, relationship among nurses, their colleagues and leaders and resource accessibility. By addressing the factors that affect their ability and motivation to perform the nursing managers and leaders may enhance their nurse's performance. The aim of the literature review a to explore leadership factors that influence nurse's performance and particularly the role that nursing leadership behaviors play in nurse's perception of performance motivation. Nurses' perceptions of factors that affect their motivation and ability to perform were grouped into five categories using content analysis: autonomy, work relationships, resource accessibility, nurse factors, and leadership practices. Nursing leadership behaviors were found to influence both nurses' motivations directly and indirectly via other factors.

Ronald E Ruggio, Shelby J Taylor (2000) on the study "Personality and Communication Skills as Predictors of Hospice Nurse Performance" stated that the job-related personality dimensions and communication skills were used as predictors of hospice nurse performance. It was predicted that communication/social competence and certain dimensions of empathy would be positively related to hospice nurse performance and that another type of empathy, personal distress, and trait dogmatism would be negatively associated with performance and possession of communication/social competence and certain dimension of empathy led to good prediction of job performance.

Ann E Rogers (2008) on the study "The Effect of Fatigue and Sleepiness on Nurse Performance and Patient Safety" finds that nurses who work longer than 12 consecutive hours or work when they have not obtained sufficient sleep are putting their patient's health at risk, risk damaging their own health; and they drive home when they are drowsy, also put the health of the general public at risk. Nurses and nurse managers, nursing administrators, and policy makers need to work together to change the culture that not only allows but often encourages nurses to work long hours without obtaining sufficient sleep.

Nasrin Nikpeyma, Zhila Abed – Saeedi, Eznollah Azargasb, Hamid Alari – Majid (2014) has conducted research on “Problems of Clinical Nurse Performance Appraisal System”. The main purpose of this study is to explore problems of clinical nurse performance appraisal system. A descriptive qualitative approach was used. Data were collected using five focus group interviews, which were audio taped. The participants were clinical nurses working across all of the hospital in Tehran, Iran. The result of this study is there are four major themes regarding the problems of clinical nurse performance appraisal system. These were contextual problems, problems related to performance appraisal structure, problems related to performance appraisal results. The findings of the study reveal that the nurse performance appraisal system confronts with various problems are related to organizational context while the others concerned structure, process and results of the performance appraisal system. In order to achieve high quality of patient care as the final goal of performance appraisal, changing and revision of this system is necessary.

Kwesi Asabir, Sophie Witter, Christopher Herbst, Kwesi Mc Damien and Dedzo (2013) on their study “The Performance of Health Workers” Examines The Performance Of Health Workers in Ghana, distinguishing and reviewing evidence related to two types of performance issues: (i) health workers who do not possess the necessary skills, knowledge or means to carry out their hobs sufficiently a situation often linked to the lack of necessary education and training or to difficult working conditions; and (ii) health workers who do not sufficiently or ethically apply themselves, their knowledge, or their skills, (absent, unresponsive, unproductive and engage in questionable behavior) a situation often linked to a lack of motivation or lack of accountability arrangements.

David H Peters, Subrata Chakraborty, Prasanta Mahapatra and Laura Steinhardt (2010) on their study “Job Satisfaction and Motivation of Health Workers in Public and Private Sectors” a cross-sectional analysis from two Indian states, the objectives of their paper is to identify important aspects of health workers satisfaction and motivation in two Indian states working in public and private sectors. Four groups of factors identified, with those relating to job content and work environment viewed as the most important characteristics of the ideal job, and rated higher than a good income. In both states, public sector health workers rated “good employment benefits” as significantly more important than private sector workers, as well as superior who recognizes work. There are common areas of health workers motivation that should be considered by managers and policy makers, particularly the importance of non-financial motivators such as working environment and skill

development opportunities. But managers also need to flows on the importance of locally assessing conditions and managing incentives to ensure health workers are motivated in their work. the ensuring health workers job satisfaction and motivation are important if health workers are to be retained and effectively deliver health services in many developing countries, whether they work in public or private sector.

Ayse P Gurses, Pascale Carayon (2009) on the study “Performance Obstacles of Intensive Care Nurses” have reported that high nursing workload, poor patient safety, and poor nursing quality of working life (QWL) are major issues intensive care units (ICUs). The main objective of the study is to identify the performance obstacles experienced by intensive care nurses in their work environment. The participants are total 272 nurses form 17 intensive care units of seven hospitals in Wisconsin. Characteristics of the ICU and performance obstacles may contribute to these issues. They identified seven main types of performance obstacles experienced by ICU nurses. Obstacles related to the physical environment (e.g., noise, amount of space), family relations (e.g., distractions caused by family, lack of time to spend with family), and equipment (e.g., unavailability, misplacement) were the most frequently experienced performance obstacles. ICU nurses experience a variety of performance obstacles in their work on a daily basis.

Shawn M Carraher, M Ronald Buckley (2008) has conducted research on “Attitudes Towards Benefits and Behavioral Intentions and Their Relationship to Absenteeism, Performance, and Turnover Among Nurses” the purpose of this study was to determine whether employees’ attitudes towards benefits and behavioral intentions were related to nurse turnover, absenteeism, or on-the-job performance. Attitudes towards benefits, intentions to search for a new job, to quit, to be absent turnover – and absenteeism were assessed using a sample of 386 nurses. Dramatic increase in the cost to benefits to employers, along with the need to attract and retain employees, have resulted in the requirement that the ramifications of employees’ perceptions of benefits be better understood. The results indicate that east of replacement of benefits was significantly related to turnover but not to absenteeism or performance. Behavioral intentions to search for a new job, to quit, and intention to be absent were related to actual turnover and performance but not to absenteeism.

Eko Lulus Budiyanto (2020) stated that the factors influence performance of nurse are satisfaction, compensation and the organization’s environment. Based on the result of the study, it was found that factors that most influence performance is the organizational climate.

Every nurse gets the opportunity to be able to carry out their duties as well as possible so that they have high motivation in working and increasing their productivity. And if the organization's organizational climate is able to build team spirit like this, then by itself it will support the creation of a conducive climate to support nurse's performance.

Mitho Khan Bhatti, Bahadur Ali Soomro, Naimatullah shah (2021) has conducted the study on "Training Characteristics and Employee's Performance Among the Nurses in Pakistan". The main aim of this paper is to explore the training characteristics and employee's performance among the nurses in Pakistan. The study employed cross-sectional data through random sampling of trained health nurses from the government sector hospitals of Pakistan. Questionnaire was used as primary tool to collect data. The sample size was 306. The findings of the study provide some new insights to understand the performance of nurses in the health care sector through the outcomes of training characteristics. The results would be a way out to make a better quality of health care enhanced with the support of training. It may contribute to the growth in quality of work and improve work productivity by boosting up and uplifting training characteristics. The study confirms the role of training characteristics towards performance among the nurses of the public health sector of Pakistan.

Anya Johnson, Helena Hong, Markus Groth, Sharon K. Parker (2011) the main aim of his report is to study the relations of coaching and developing clinical practice on nurses' work place attitudes and self-reported performance, as mediated by role breadth self-efficacy and flexible role orientation. The results show a clear association between learning and development activities and work attitudes and performance. Developing clinical practice improved self-rated performance and coaching improved work attitudes. In addition, role breadth self – efficacy and flexible role orientation mediated these relationships and emerge as important mechanisms in the link between learning and development and work attitudes and performance.

Raja Abdul Ghafoor Khan, Furqan Ahmad Khan, Muhammad Aslam Khan (2011) on the study "Impact of Training and Development on Organizational Performance" focused to understand the effects of training and development, on the job training, training design and delivery style on organizational performance. The back bone of this study is the secondary data comprised of comprehensive literature review. Four hypotheses are developed to see the impact of all the independent variables on the overall organizational performance. The hypotheses show that all these have significant effect on organizational performance. These

hypotheses came from the literature review and they have also proved them with the help of literature review. Results show that training and development, on the job training, training design and delivery style have significant effect on organizational performance and all these have positively affected the organizational performance. It means it increases the overall organizational performance.

Alexander K Rowe, Don De Savigny, Claudio F Lanata, Cesar G Victora (2005) in their study “how can we achieve and maintain high-quality performance of health workers in low-resource settings?” they presented an overview of issues and evidence about the determinants of performance and strategies for improving it. Health-worker practices are complex behaviors that have many potentially influences. Reviews of intervention studies in low- and middle-income countries suggest that the simple dissemination of written guidelines is often ineffective, that multifaceted interventions might be more effective than single interventions. Few interventions have been evaluated with rigorous cost-effectiveness trials, and such studies are urgently needed to guide policy. They propose an international collaborative research agenda to generate knowledge about the true determinants of performance and about the effectiveness of strategies to improve performance. Furthermore, we recommend that ministries of health and international organizations should actively help translate research findings into action to improve health-worker performance.

Ottar Maestad, Arild Aakvik (2010) on this paper “overworked? On the relationship between workload and health worker performance” tests the hypothesis that high caseload reduces the level of effort per patient in the diagnostic process. They observed 159 clinicians in 2095 outpatient consultations at 126 health facilities in rural Tanzania. They found that no association between caseload and the level of effort per patient. Clinicians appear to have ample amounts of idle time. Concluded that health workers are not overworked and that scaling up the number of health workers is unlikely to raise the quality of health services. Training has a positive effect on quality but is not in itself sufficient to raise quality to adequate levels.

Kofi Aduo-Adjei, Odoom Emmanuel, Opoku Mensah Forster (2016) on the study “the impact of motivation on the work performance of health workers: evidence from Ghana” the main objective of this study is to examine the impact of motivation and identify how intrinsic and extrinsic motivating factors affect the work performance of health workers at Korle-Bu Teaching Hospital. The methodology was used in the study is qualitative approach

and purposive sampling. Fifteen health workers including both medics and paramedics. An in-depth interview guide and one-on-one interviews were adopted to collect data from the staff at Korle Bu Teaching Hospital. A thematic content analysis was used to analyze the transcribed data. The main findings from the study revealed that job satisfaction, logistic provision, and an enabling work environment are intrinsic factors such as financial reward, accommodation, and transportation also impact work performance.

RM Ojokuku, AO Salami (2011) on the study “Contextual Influences of Health Workers Motivations on Performance in University of Ilorin Teaching Hospital”. This study examines the influences of motivation on the performance of health care workers using University of Ilorin Teaching Hospital as case study. The data was collected through 150 questionnaires were administered out of which 105 were returned. The effect of compensation system on staff performance was determined using Tobit regression analysis and it was deduced that motivational indexes like age and management-staff relationship positively affected the performance of the workers with coefficients of 0.305, 0.157 and 0.156 respectively while years of experience and gender have negatively relationships with performance with coefficients. The results of f-ratio for Tobit regression model were 4.38 at 1% significant level which shows that motivational system positively affect performance of health care workers. They concluded that the motivation systems would increase health workers performance if it is well implemented.

James Avoka Asamani, Ninon P Amertil, Margaret Chebere (2015) on the study “the influence of workload levels on performance in a rural hospital” stated that the importance of workload on staff performance has been widely acknowledged, but opinions are divided as to what level of workload is desirable for optimum staff performance. A quantitative descriptive workload levels of health workers in the DonKorKrom Presbyterian Hospital, Ghana, and how it is perceived to impact on staff performance. One hundred clinical and non-clinical staff were selected for the study. The study found that workload level of health workers was perceived as moderate. The study revealed that the nurses/midwives were perceived to have the highest workload, followed by paramedics, support staff and doctors. Work interruptions, procedures and processes involved in treating patients, as well as facing work-related uncertainties, were identified as determinants of perceived workload among health workers. The results show that 75% of the health workers perceived moderate assignment would increase their performance. The study recommended that health institutions review and improve organizational procedures and processes to ensure smooth workflow and

eliminate or minimize work interruptions that unnecessarily compound workload and undermines performance.

Nele De Cuyper, Hand De Witte (2006) on the study “autonomy and workload among temporary workers: their effects on job satisfaction, organizational commitment, life satisfaction, and performance”. This study investigates the role of autonomy and workload in explaining responses of temporary employees compared with permanent employees on job satisfaction and performance. Results based on regression analyses suggest that the effects of contract type are not mediated by autonomy or by workload. This study partially supports hypotheses on the differential reactions of temporaries and permanents to autonomy or workload; autonomy was not predictive for temporaries’ life satisfaction, whereas they were predictive for permanents’ responses.

Kariuki, C. W., Kiiru, D (2021) on their study “Employee Recognition and Employee Performance at Public Hospitals in Nyeri Country, Kenya” aimed to determine the effect of employee recognition on employee performance at public hospitals in Nyeri country, Kenya. The study was guided by Herzberg’s two factor theory, Vroom’s Expectancy theory and Equity theory. Primary data was collected through a semi structured questionnaire. Data was gathered from different classes of workforce including top management, middle management, supervisors and regular staff working in the five public facilities. They concluded that employee recognition has a positive impact on employee performance. An improvement in employee recognition as a component of total reward system would result to an improvement in performance of employees. Contrariwise, deterioration in the use of employee recognition would lead to a significant decline in performance of employees. The study recommends pursuit of bonuses such as spot, quarterly, annual bonuses as a way of motivating the employees to better their performance.

Yuriko Fujino, Michiko Tanaka, Yoshikazu Yonemitsu and Rieko Kawamoto (2014) the study aims to elucidate characteristics of nursing performance among nurses with high emotional intelligence (EI) and examine the influence of years of experience on nursing performance and emotional intelligence. The result shows that there was a significant positive correlation between emotional intelligence and nursing performance. nurse with high emotional intelligence reported more professional development activities, suggesting that they continue learning, attain licenses and actively improve their nursing skills. High performing nurses had high situational abilities and showed improved nursing performance with

experience. However, nurses with low situational abilities demonstrated no improvement in nursing performance related to experience. Emotional intelligence involves skills that can be acquired from training.

Mitho Khan Bhatti, Bahadur Ali Soomro, Naimatullah shah (2021) the study aims to purpose the role of the work environment towards employees' performance in Pakistan's health sector. The structural equation modeling through AMOS 26.0 for windows resulted in a positive and significant effect of an organizational learning culture, supervisor support on employee's performance. on the other hand, the impact of peer support on employee performance is not significant among the nurses in Pakistan. The policymakers and planners in the health sector and government may address unemployment are willing to join health sector. Better performance through the work environment would provide equity in health and would not violate fundamental human rights. This work may help human resource management bring advancement in organizational and social determinants of health equity and practical interventions to overwhelm health care barriers.

Noor, Sirajudin; Agianto; Nursalam; Setiawan, Herry (2019) stated that a common problem often faced by healthcare service management is the difficulty in finding qualified nurses. Training is one of the characteristics of an organization that has a positive impact on increasing professionalism and the work performance of nurses at the hospital. Improving supervision is a method to monitor the quality of services by hospital supervisors. This study attempts to determine the effect of clinical supervision training as one of the organizational characteristics on increasing the work performance of nurses at the hospital. The quasi-experimental study design was used in this study with 68 nurses who were working in a hospital in Banjarmasin. The observation was carried out before and after training. The dependent variable in this study is clinical supervision training and the independent variable is work performance. univariate, and bivariate were used in data analysis. There was an effect of clinical supervision training as one of the organizational characteristics on increasing the work performance of nurses at the hospital. Clinical supervision training increased work performance on clinical supervision abilities. Nurse's training improved the quality of healthcare services especially nursing care.

Ann E Rogers, Wei- Ting Hwang and Linda D Scott (2004) the objective of this study is to determine skipping breaks and meal periods increases the risk of errors. Nurses reported having a break or meal period free of patient care responsibilities less than half of the

shit they worked. There were no differences in the risk of errors reported by nurses who had a break free of patient care responsibilities compared with those who were unable to take a break. And this study concluded that skipping breaks and/or meal periods was not associated with higher risk of making errors, there are other compelling reasons for nurses to take breaks.

Malgorzara Chmielewska, Jakub Srokwiszewski and Tomasz Hermanowski (2020) on the study “Motivation Factors Affecting the Job Attitude of Medical Doctors and the Organizational Performance of Public Hospitals” in Warsaw, Poland examines the relationship between selected motivation factors that affect the attitude to work among medical doctors at public hospitals and the organizational performance of hospitals. The questionnaire which is used in this study was based on World Health Organization designed to estimate motivation factors according to Herzberg’s motivation theory and to measure the level of organizational performance of hospitals by using the McKinsey model. The relationship between the chosen job motivation factors and organizational effectiveness was determined using spearman’s rank correlation. The independent samples t-test was used to confirm statistically significant differences between the independent groups. Normality of the data was tested by the Kolmogorov – Smirnov test. The result revealed that motivation factors related to “quality and style of supervision” have the highest effect on the organizational performance of hospitals. “Performance feedback” has the lowest effect on organizational performance according to the surveyed healthcare professionals.

Thulth, Athida Saleem; Sayej, Sumaya (2015) has conducted a study “Selected Organizational Factors Affecting Performance of Nurses” in North West Bank Governmental Hospitals. The study aimed to assess of selected organizational factors (workload, available resources and manager support) affecting nurses’ performance in northern region of the west bank governmental hospital to improve its current and future performance of professional nurses. The data were collected from 185 nurses using stratified random sampling method. A self-administered questionnaire was developed with a response rate of 97%. The results shows that organizational factors affecting performance of professional nurses was high the workload rated the highest among the study dimensions as perceived by nurses, manager support and resources availability.

CHAPTER – 3

METHODOLOGY

3.1 Introduction

Research methodology refers to a procedural framework within which the research is conducted. The methodology followed for conducting the study includes the specification of research design, sample design, questionnaire design, data collection and statistical tools used for analysing the collected data.

The methodology pertaining to the present study on “A study on factors influencing performance of healthcare workers in Coimbatore district” is presented below.

3.2 Selection of study area:

The selection of sample area is Coimbatore South City

Fast pace of industrialisation, spiralling population and the increase in the health awareness have led to the growth of the healthcare industry in Coimbatore. Coimbatore stands second to Chennai in Tamil Nadu for highly affordable and quality healthcare deliveries of international standards. The growth of the hospitals in the city can be attributed to the vision of the industrialist here to bridge the gap between growing health needs and the existing services.

The healthcare workers in Coimbatore district contribute for better providing better healthcare system for the people. The researcher selects the Coimbatore District as universe of the study.

3.3 Sampling technique

The sample design is a definite plan for obtaining a sample from a given population. It refers to the technique or the procedure the researcher would adopt in selecting items for the sample.

The sampling method used by the researcher for the research study was simple random sampling method. In probability terms, random means that every element in the population sampled method. In probability of being included in the sample case. Every element in the population would have possible sample of a given size would have an equal probability of being the sample drawn. A sample meeting these two criteria is known as a simple random sample.

Simple random sampling from a finite population refers to that method of sample selection which gives each possible sample combination an equal probability of being included in the sample. 117 samples were selected for the current study.

3.4 Selection of sample size:

The size of the sample was taken to be 117 (Krejcie and Morgan table 1970) healthcare workers working in both government and private hospitals in Coimbatore district. The Krejcie and Morgan table help the researcher to determine the sample size.

3.5 Sampling method

The sampling procedure adopted in the research is simple random sampling method. The description of the simple random sampling method is given below.

Simple Random Sample Method:

A simple random sample is a subset of a statistical population in which each member of the subset has an equal probability of being chosen. A simple random sample is meant to be an unbiased representation of a group.

3.6 Tools used for data collection:

The researcher used questionnaire to collect the data from the respondents. The questionnaire comprises of VI parts. Part I questions related to social economic profile of the respondents, part II questions related to professional information of the respondents, part III questions related to the respondent's nature of work, part IV questions related to facilities available at workplace, part V questions related to personal factors and part VI questions related to organizational factors of performance of healthcare workers.

3.7 Questionnaire design

PART	QUESTIONS RELATING TO	NO. OF QUESTIONS
I	Socio-economic profile of the respondents	6
II	Working conditions of the respondents	5
III	Personal factors influencing performance	15
IV	Organizational factors influencing performance	38
Total		64

The selected type of questions used in this research is closed-ended questions, except few ones that refer to the Name, Age, Salary, Designation and Department are open questions. Most of the questions were based on 5-point Likert-type scale.

3.8 Period of data collection:

The period of data collection is from march 2022 to April 2022

3.9 Sources of data:

The study is based on both primary data and secondary data.

Primary data

The primary data were collected directly from the healthcare workers in both government and private hospitals in Coimbatore district through questionnaire. The researcher approached the respondents and explained to them the questionnaire in detail.

Secondary data

The secondary data were collected through various sources as books, journals and articles.

3.10 Research design:

A research design is a logical and systematic plan prepared for directing a research study. It specifies the objective of the study. The methodology and techniques adopted for achieving the objectives. It constitutes the blue print for the collection, measurement and analysis of data. A good research design minimizes bias and maximizes the reliability of the data collected and analysed.

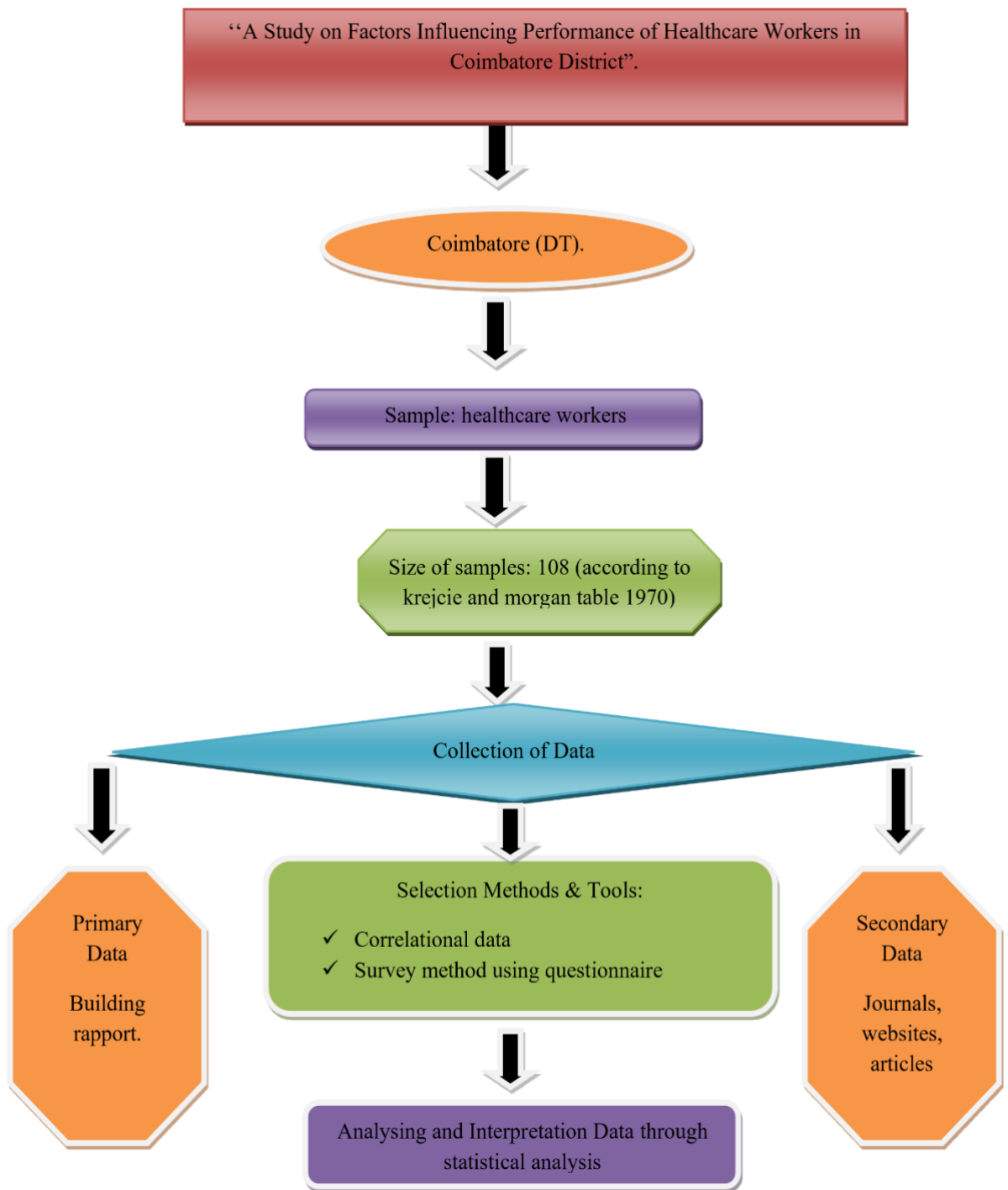


Chart 3 - Research Design of The Present Study

3.11 Obtaining ethical clearance

The application form explaining the research design and protocols used in the research study was subjected to the Institutional Human Ethics Committee of Avinashilingam Institute

for Home Science and Higher Education for Women, Coimbatore and the ethical clearance was obtained.

3.12 Data analysis and interpretation:

Questionnaire tool have been used to collect the primary data relating to the factors influencing performance of healthcare workers in Coimbatore district. The duly filled in questionnaires edited by the researcher and in accordance with the requirements of the objectives and hypothesis. The data, after collection, has to be processed and analyses in accordance with the outline laid down for the purpose at the time of developing the research plan.

3.13 Introduction of Chaptarization of the study:

Chapter 1 – introduction

The first chapter deals with the introduction of the topic, objectives and description related to the study.

Chapter 2 – review of literature

The second chapter deals with the review of literature. Theoretical information that lies both in concepts and different studies are presented from published journals.

Chapter 3 – research methodology

The third chapter deals with the research methodology which includes title, objectives of the study, tool for data collection, sampling procedure, sampling method, research design and limitation of the study.

Chapter 4 – Results and discussion

The fourth Chapter deals with data analysis and interpretation. Data analysis is one of the important phases in the study with which, the researcher come to generalization; particularly the objectives could be only by analyzing the data and interpreting it on the bases of the literature.

Chapter 5 – finding and conclusion

The fifth chapter deals with the results and discussion of the study.

CHAPTER – 4

RESULTS AND DISCUSSION

4.1 Introduction

The data after collection has to be processed and analysed in accordance with the outline laid down for the purpose at the time of developing the research design. Analysis has been done through various statistical tools to understand the outcomes with reference to the objectives. The results table shows the results of various questions related to the factors influencing the performance of healthcare workers in Coimbatore. After the data had been collected it was processed and analysed using SPSS software.

This chapter represents the views of the respondents regarding factors that positively and negatively influence the performance of healthcare workers in the Coimbatore district.

The objectives of this chapter are to analysed the data by applying the various statistical tools, summarize the results of statistical analysis, tabulate along with necessary charts and interpret the results appropriately.

4.2 Personal information

A Brief profile of the respondent's personal information is provided in this section. This information was obtained from part I of the questionnaire and includes respondent's age, gender, highest qualification, marital status, type of family, number of children and monthly income.

4.2.1 Respondent

The respondents for this research were nurses, doctors and physician assistants who are presently working in both government and private hospitals and health centers in Coimbatore district.

4.2.2 Gender of the respondents

Knowing the gender of the respondents could serve as a parameter in research. The following graph present the gender distribution of the respondent.

Table 4.1: Gender distribution of the respondents

S.no	Gender	Number	Percentage
1	Female	88	75.2
2	Male	29	24.8

	Total	117	100
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Table 4.1 reveals that the healthcare workers are dominantly female at 75.2 percent while the males are 24.8 percent.

4.2.3 Age of the respondents

The age of the respondents is one of the important issues interpretations of the results, the following table presents the age distribution of the respondent.

Table 4.2 Age of the respondents

S.no	Age	Number	Percentage
1	20 – 29	94	80
2	29 – 39	16	13
3	40 – 49	6	5
4	50 and above	1	0.85
	Total	117	100

Based on the above table, the age distribution of respondents indicated that majority (94:80%) of the respondents age between 20 – 29 while (16:13%) of the respondents age between 29 – 39. About (6:5%) of the respondents are from the age group between 40 – 49 while only (1:0.85%) of the respondents are from above 50 age group.

4.2.4 Highest qualification of the respondents

In an endeavor to know respondents' academic qualifications and thus their skill base, respondents were requested to provide their highest qualification obtained. Figure 4.3 clearly shows the results concerning the highest qualification of the respondents.

Table 4.3 Highest qualification of respondents

S.no	Highest qualification	Number	Percentage
1	Diploma	37	31.6
2	Degree	75	64.1

3	Others	4	3.4
	Total	117	100

Table 4.3 shows that the majority (75:64.1%) of respondent's highest qualification is Diploma while (38:32.5%) of the respondents have a degree and (4:3.4%) of the respondents have completed DGNM (diploma in general nursing and midwifery).

4.2.5 Marital status of the respondents

The marital status of the respondents has been classified into three parts such as married, unmarried, and separated or divorced. Table 4.4 clearly shows the representation of the respondent's marital status.

Table 4.4: Marital status of the respondents

S.no	Marital status	Number	Percentage
1	Married	45	38.5
2	Not married	70	59.8
3	Separated or divorced	2	1.7
	Total	117	100

From table 4.4 the majority (70:59.8%) of respondents were not married while (45:39.8%) of the respondents were married and (2:0.7%) of the respondents were separated or divorced.

4.2.6 Type of family

The respondent's type of family is classified into two parts such as joint family and nuclear family. Table 4.5 clearly shows the representation of the respondent's type of family.

Table 4.5: Type of family

S.no	Type of family	Number	Percentage
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1	Join family	28	23.9
2	Nuclear family	89	76.1
	Total	117	100

From Table 4.4 the majority (89:76.1%) of respondents were from nuclear families while (28:23.9%) of the respondents were from joined families.

4.2.7 Number of children

The respondent's number of children is classified into three categories such as no children, one child, and 2 children. Table 4.6 clearly shows the representation of the respondent's number of children.

Table 4.6 Number of children

S.no	Number of children	Number	Percentage
1	No children	82	70
2	1	23	19
3	2	12	10
	Total	117	100

From figure 4.6 the majority (82:70%) of respondents have no child while (23:19.65%) of the respondents have one child, (12:10.25%) of the respondents have two children.

4.2.8 Monthly income

Income is important source to understand the quality of life that the sample group enjoys and their standard of life can be understood through their income. the table 4.7 shows the monthly income of the respondents.

Table: 4.7 Monthly income

s.no	Monthly income	Number	Percentage
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1	7000 – 17000	45	38
2	17001 – 27000	51	43
3	27001 - 37000	4	3
4	37001 and above	17	14
	Total	117	100

From the above table it can be understood that (45:38%) of the respondents were getting income between Rs. 7000 – Rs. 17000 followed by (51:43%) of the respondents were getting income between Rs. 17001 – Rs. 27000. Only (4:3%) of the respondents were getting income between Rs. 27001 – Rs. 37000 and (17:14%) of the respondents were getting above Rs. 370001.

Figure 4.1

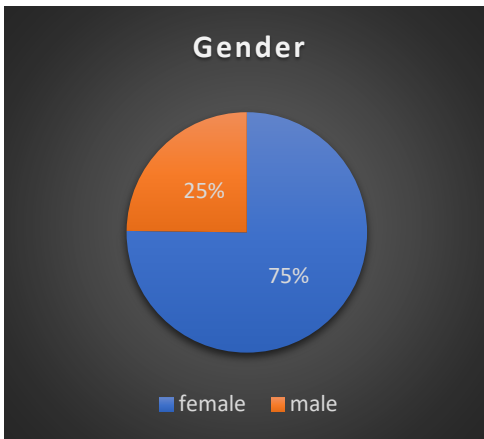


Figure 4.2

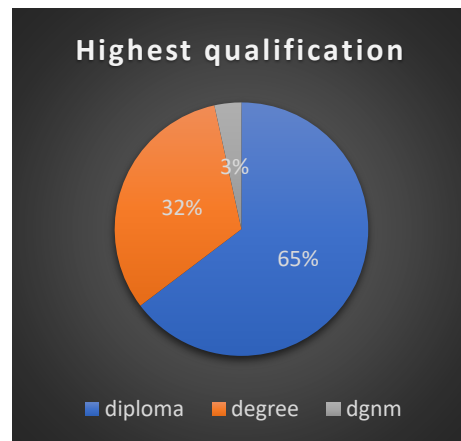


figure 4.3

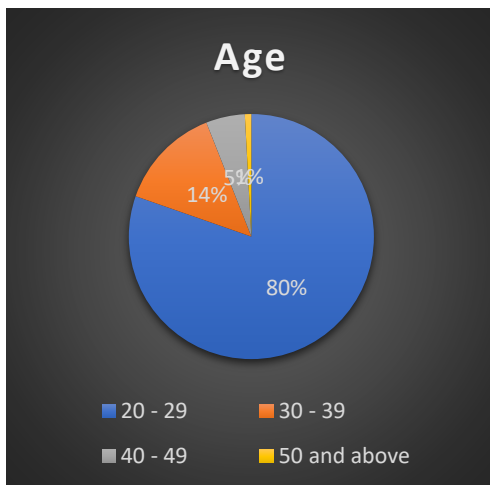


figure 4.4

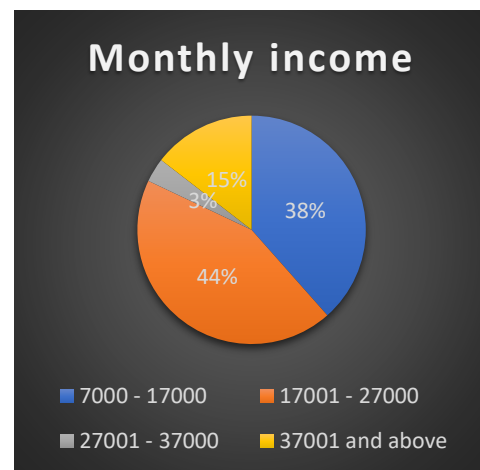


figure 4.5

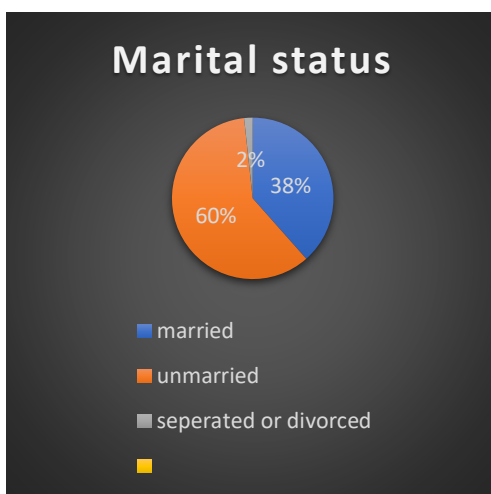
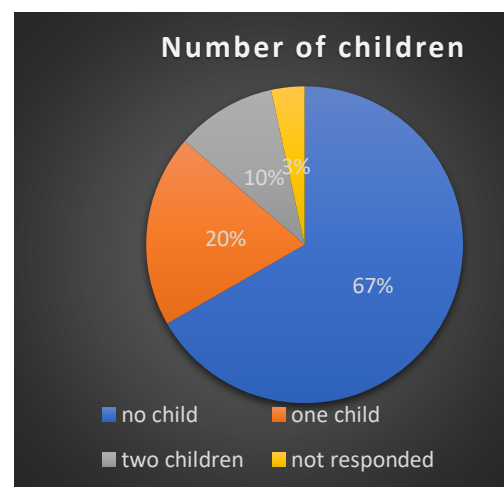


figure 4.6



4.3 Professional information

A brief profile of the respondent's professional information is provided in this section. This information was obtained from part II of the questionnaire and includes the type of hospital where respondents work, designation, working experience, and years in their current position.

4.3.1 Type of hospital

The type of hospital is classified into two parts such as, government hospitals and private hospitals. Figure 4.8 clearly shows the representation of the type of hospital where respondents work.

Table 4.8: Type of hospital

S.no	Type of hospital	Number	Percentage
1	Government	14	12
2	Private	103	88
	Total	117	100

Table 4.8 shows the majority (103:88%) of the respondents were working in private hospitals while (14:12%) of the respondents were working in a government hospital.

4.3.2 Designation of the respondent

The designation of the respondent of respondents is classified into three categories such as, doctor, staff nurse, nursing assistant, and others. Figure 4.9 clearly shows the representation of the designation of the respondents.

Table 4.9: Designation

S.no	Designation	Number	Percentage
1	Doctor	9	7.7
2	Staff nurse	73	62.4
3	Nursing assistant	31	26.5
4	Others	4	3.41
	Total	117	100

From figure 4.9 the majority (73:62.4%) of the respondents are working as staff nurses, (9:7.69%) of the respondents are working as a doctor, (31:26.49%) of the respondents are

working as nursing assistants, and (4:3.41%) of the respondents choose others such as a pharmacist, physician assistant.

4.3.3 Working experience of the respondent

In this question, respondents were asked about their working experience. The following table show the representation of respondents working experience.

Table 4.10: working experience of the respondents

s.no	working experience	Number	Percentage
1	0 – 2 years	59	50
2	2 years – 4 years	32	27
3	4 years – 6 years	10	8
4	6 years – 8 years	5	4
5	8 years & above	11	9
	Total	117	100

From the above table 4.10 half of the respondents (59:50%) of the respondents were having zero to 2 years of experience, whereas (32:27%) of the respondents were having 2 years to 4 years of experience, about (10:8%) of the respondents were having 6 years to 8 years of experience and (11:9%) of the respondents having above 8 years' experience.

4.3.4 Years in current position

In this question, respondents were asked about how many years they were working in their current position or designation. Figure 4.11 clearly shows the representation of years in their current position.

Table 4.11: Years in current position

s.no	years in current position	Number	Percentage
1	Less than 1 year	26	22
2	1 year	23	19
3	2 years	29	24
4	More than 2 years	39	33
	Total	117	100

From this table it is found that about (26:22%) of the respondents were been in current position for less than one year, whereas about (23:19%) of the respondents were been in their current position for 1 year. About (29:24%) of the respondents were been in their same position for 2 years. It was surprising that (39:33%) of the respondents were been in their same position for more than 2 years.

4.4 Nature of Work

A brief profile of the respondent's Nature of work is provided in this section. This information was obtained from part III of the questionnaire and includes working hours per week and type of employment.

4.4.1 Working hours per week

Knowing how many hours the respondent works will significantly contribute to the performance of healthcare workers.

Table 4.12: Working hours

s.no	Working hours per week	Number	Percentage
1	40 – 50 hours	87	74
2	51 – 60 hours	25	21
3	61 hours and above	5	4
	Total	117	100

From the table it was found that majority of the respondents (87:74%) of the respondents has working 40 – 50 hours in a week whereas about (25:21%) of the respondents has working 51 – 60 hours per week, and only (5:4%) of the respondents works more than 61 hours in a week.

4.4.2 Type of employment

Types of employment are classified into three categories namely, permanent, temporary, and contract. Table 4.13 clearly shows the representation of the type of employment of the respondent.

Table 4.13 Type of employment

S.no	Type of employment	Number	Percentage
1	Permanent	62	53
2	Temporary	42	36
3	Contract	13	11
	Total	117	100

From above table it was identified that half of the respondents (62:53%) are permanent workers while (42:36%) of the respondents are temporary workers and the remaining (13:11%) of the respondents are working on a contract basis.

4.5 Facilities available

Knowing what facilities are available in their organization is very important to know their working condition. The following table 4.14 represents the facilities available in their organization.

Table 4.14 Facilities available

S.no	Facilities available	Number	Percentage
1	Restroom	106	90
2	Dressing room	49	42
3	Canteen	88	75
4	Dining hall	100	85
5	Grievances complain box	63	54
6	Lift and other facilities	107	92

From above table it was understood that majority (106:90%) of the respondents were having restrooms in their organizations, only few (49:42%) of the respondents were having dressing rooms whereas (88:75%) of the respondents were having canteen facilities, about (100:85%) of the respondents have dining hall facilities (63:54%) of the respondents were having grievances complain box and (107:92%) of the respondents were lift and other facilities in their organization.

4.5.1 Concession to the employees

In this question, respondents were asked about whether the health facility provides any concession to the employees.

Table 4.15 Concession to the employees

S.no	Health facility providing concessions	Number	Percentage
1	Yes	99	84%
2	No	18	15.3%
	Total	117	100%

From the Table 4.15 concession to the employee's majority (99:84%) of the respondent's health facility is providing concession to the workers while (18:15.3%) of the respondent's health facility is not providing any concession to the workers.

4.6 personal factors

The personal factors which influence the performance of the respondent's is provided in this section. This information was obtained from part IV of the questionnaire and includes Aspects related to skills and knowledge, personal health, motivation and satisfaction.

4.6.1 Aspects related to the respondent's skills and knowledge

This section endeavors to ascertain the level of knowledge and skills of healthcare workers for implementation of the goals of the organization. respondents were asked to assess their knowledge and skills as used in their current job positions according to five alternative rating as indicated in following table.

figure 4.7

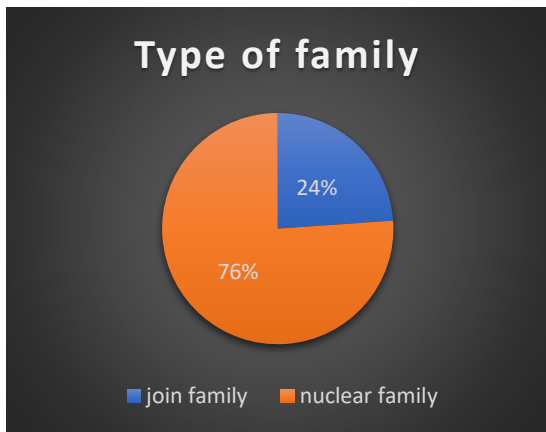


figure 4.8

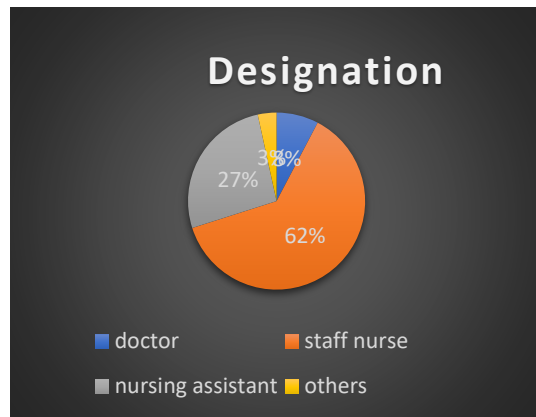


Figure 4.9

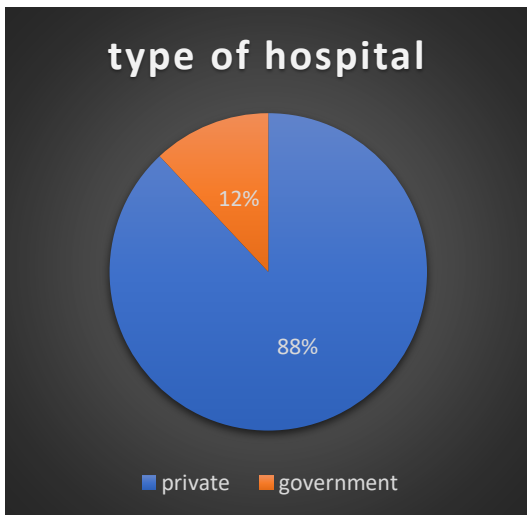


figure 4.10



figure 4.11

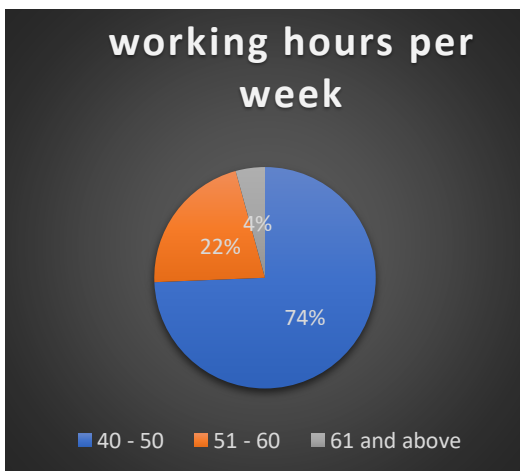


figure 4.12

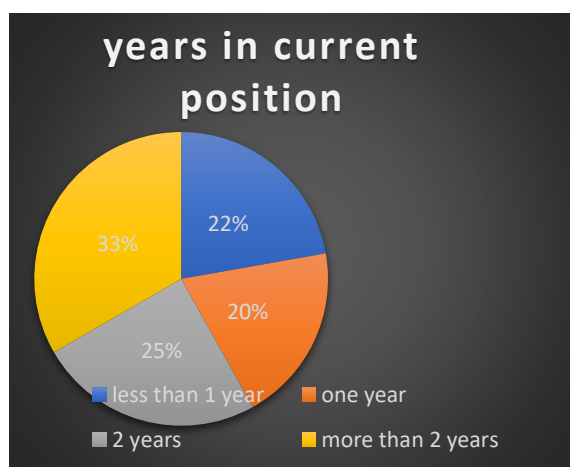


figure 4.13

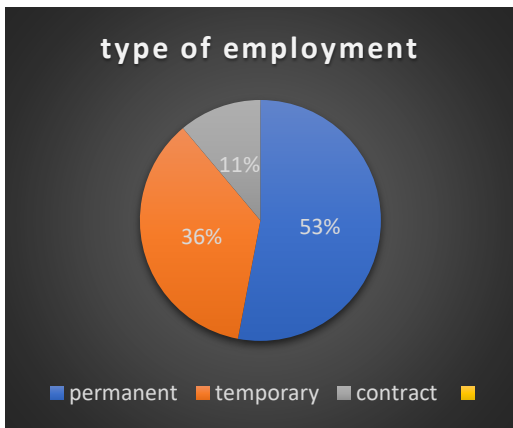


figure 4.14

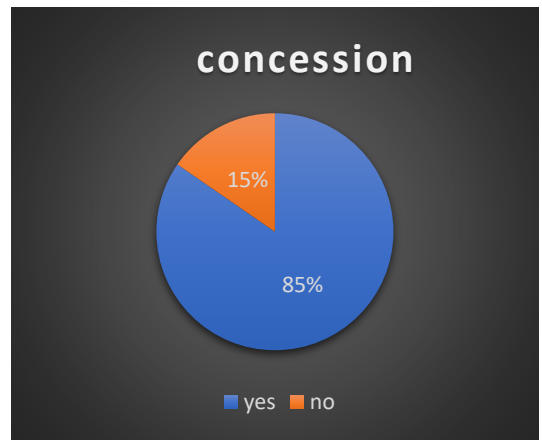


Figure 4.15

Figure 4.16

Facilities available

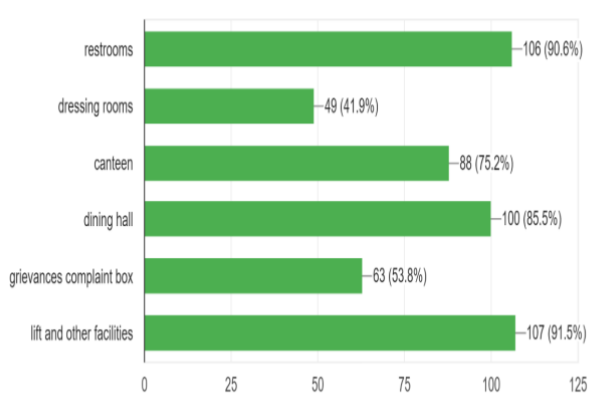
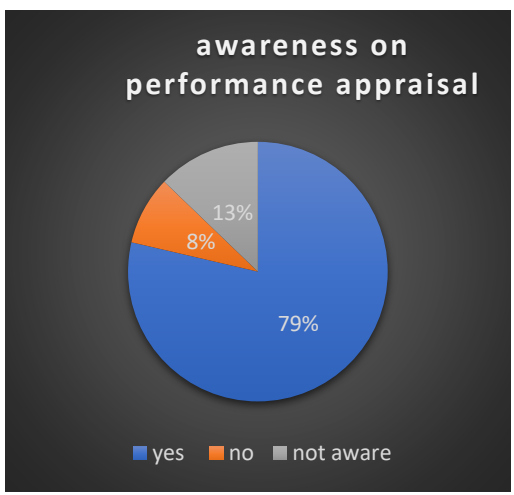
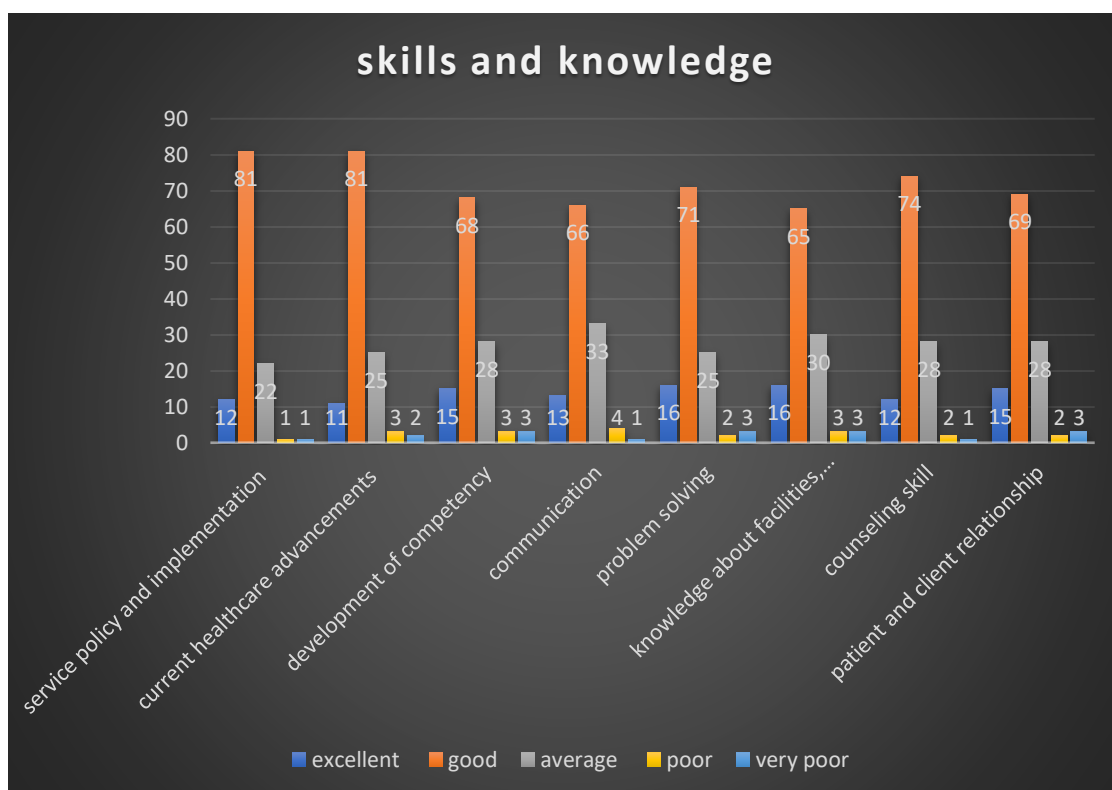


Table 4.16 Skills and Knowledge

S.no	Aspects	Poor		very poor		average		good		Excellent		Total	
		n	%	n	%	N	%	n	%	N	%	n	%
1	Service policy and implementation	1	0.85	1	0.85	22	19	81	69	12	10	117	100
2	Current healthcare advancements	3	2.5	2	1.7	25	21	76	65	11	9	117	100
3	Development of competency	3	2.5	3	2.5	28	24	68	58	15	12	117	100
4	Communication	4	3	1	0.85	33	28	66	56	13	11	117	100
5	Problem solving	2	1.7	3	2.5	25	21	71	60	16	13	117	100
6	Knowledge about facilities, equipment and supply	3	2.5	3	2.5	30	26	65	56	16	13	117	100
7	Counselling skill	2	1.7	1	0.85	28	24	74	63	12	10	117	100
8	Patient and client relationship	2	1.7	3	2.5	28	24	69	59	15	13	117	100

Above table reveals that majority of the respondents (81:69%) of the respondents rated their knowledge as good in-service policy and implementation and (76:65%) of the respondents rated their knowledge as good in Current healthcare advancement. About (68:58%) of the respondents has rated their knowledge and skills as good in Development of competency. About (66:56%) of the respondents has rated their knowledge as good in communication. About (71:60%) of the respondents were having good knowledge in decision making. (65:56%) of the respondents has stated their knowledge as good in Knowledge about facilities, equipment and supply whereas about (74:64%) of the respondents were stated their skill as good in counselling skills. (69:59%) of the respondents were rated their skill as good in patient and client relationship.

Figure 4.17



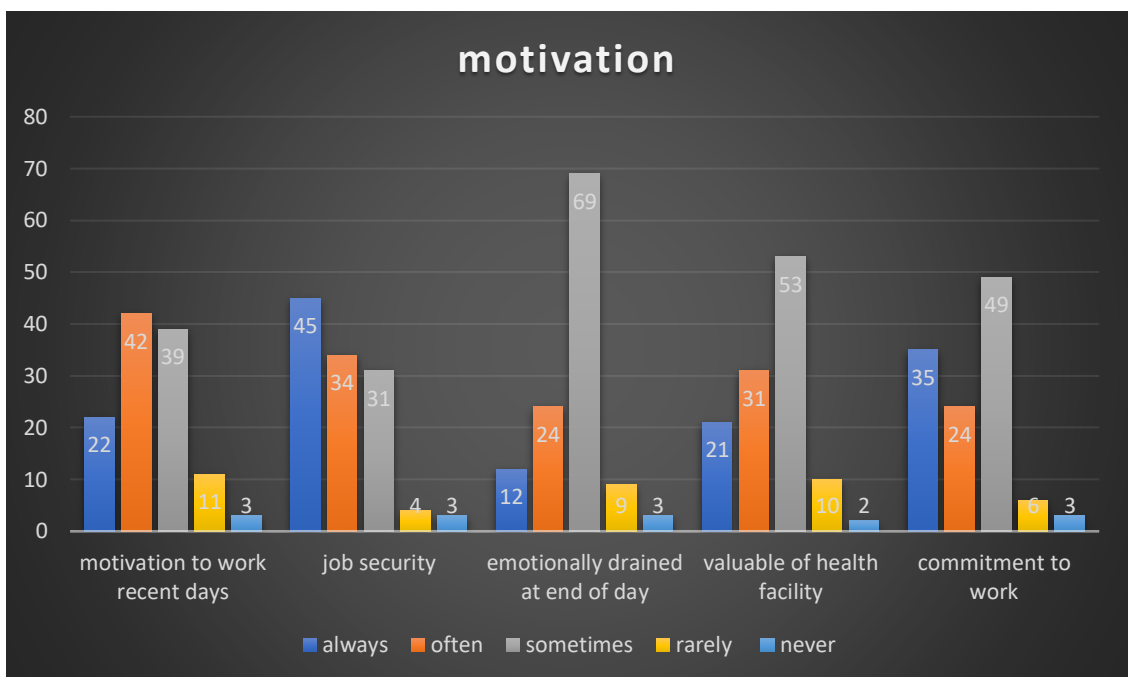
4.6.2 Aspects related to motivation

Table 4.17 Motivation

S.no	Aspects	Always		often		sometimes		Rarely		Never		Total	
		n	%	N	%	N	%	n	%	n	%	n	%
1	These days I feel motivated to work as hard as I can	22	19	42	36	39	33	11	9	3	2	117	100
2	I do this job as it provides long term security for me	45	38	34	29	31	26	4	3	3	2	117	100
3	I feel emotionally drained at the end of every day	12	10	24	21	69	59	9	8	3	2	117	100
4	I think that my work in this health facility is valuable these days	21	18	31	26	53	45	10	9	2	1	117	100
5	I feel very committed to this health facility.	35	30	24	21	49	42	6	5	3	2	117	100

Only motivated worker could be more productive and efficient, in this study it was found that about (39:33%) of the respondent were sometimes feel motivated to work as hard as they can in recent days, while (34:29%) of the respondents were often feels they do their job as it provides long term security for them. About (69:59%) of the respondents were sometimes feels emotionally drained at the end of every day. About (53:45%) of the respondents sometimes thinks that their work in this health facility is valuable these days (49:42%) of the respondents sometimes they feel very committed to this health facility.

Figure 4.18



4.6.3 Aspects related to pay plan

Table 4.18 pay plan

In terms of this aspects how well the workers' pay plan contribute to motivate to perform at high level, collaboration with or help fellow employees accomplish their work goals and to remain with same organization

S.no	Aspects	Not at all motivating		Motivating a little		Motivating moderately		Motivating a lot		Extremely		Total	
		n	%	N	%	n	%	N	%	n	%	n	%
1	How well does the pay plan contribute to your motivation to perform at a high level	3	2	20	17	55	47	25	21	14	12	117	100
2	How well does the pay plan contribute to your motivation to collaboration with or help fellow employees accomplish their work goals	8	7	19	16	54	46	25	21	8	7	117	100
3	How well does your pay plan contribute to your motivation to remain with your organization	4	3	22	19	56	47	23	19	12	10	117	100

Above table revealed that about (55:47%) of the respondents have stated that their pay plan moderately contributes to motivation to perform at high level, whereas (54:46%) of the respondents have stated that their pay plan moderately contributes to motivation collaboration with or help fellow employees accomplish their work goals and about (56:47%) of the respondent have stated that their pay plan moderately contributes to their motivation to remain with the same health facility.

4.6.4 aspects related to satisfaction level

4.19 Satisfaction level

S.no	Aspects	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Total	
		n	%	N	%	n	%	n	%	n	%	n	%
1	I am satisfied with the opportunity to use my abilities in this job	5	4	7	6	19	16	69	59	17	15	117	100
2	I am satisfied with my physical working conditions	7	6	6	5	26	22	63	54	15	13	117	100
3	My immediate supervisors give me feedback the helps me improve my work	4	3	11	9	20	17	67	57	15	13	117	100
4	Doing this job makes me feel good about myself	6	5	7	6	22	19	60	51	22	19	117	100

From above table, it was found that about (69:59%) of the respondents has agreed that they satisfied with their opportunity to use their abilities in this job followed by (63:54%) of the respondents has agreed that they are satisfied with their physical working conditions. About (67:57%) of the respondents has agreed that their immediate supervisors give them feedback that helps to improve their work. Majority (60:51%) of the respondents that they felt doing this job makes them feel good about themselves.

4.6.5 Aspects related to personal health

Healthy worker could be productive worker and health directly effects and controls the productivity and performance of the workers. In this question respondents were asked about their health conditions. Table 4.19 shows the clear representation of the respondent's health in workplace.

4.20 Aspects related to personal health

S.no	Aspects	Always		Often		sometimes		Rarely		Never		Total	
		n	%	N	%	n	%	n	%	n	%	n	%
1	How often do you get health problems in a month	5	4	18	15	50	43	37	31	7	6	117	100
2	Have you been absent from work due to illness health for continuous period	6	5	5	4	44	37	46	39	16	13	117	100
3	Do you have any physical or mental health problems that might restrict your ability to carry out the work in the job	5	4	10	9	11	9	71	61	20	17	117	100
4	Have you ever suffered any illness or injury which you consider was caused by your work	5	4	8	7	13	11	69	59	22	19	117	100
5	How often do you get stress	9	8	15	13	68	58	16	14	9	8	117	100

From the table 4.19 it was found that (50:43%) of the respondents sometimes they get health problems in a month, whereas (46:47%) of the respondents rarely they have been absent from work due to illness health for continuous period. About (71:61%) of the respondents has said rarely they have physical and mental problems that might restrict their ability to carry out the work. About (69:59%) of the respondents rarely suffered from any illness or injury which they consider it was caused by work. Majority (68:58%) of the respondents in stress sometimes.

Figure 4.19

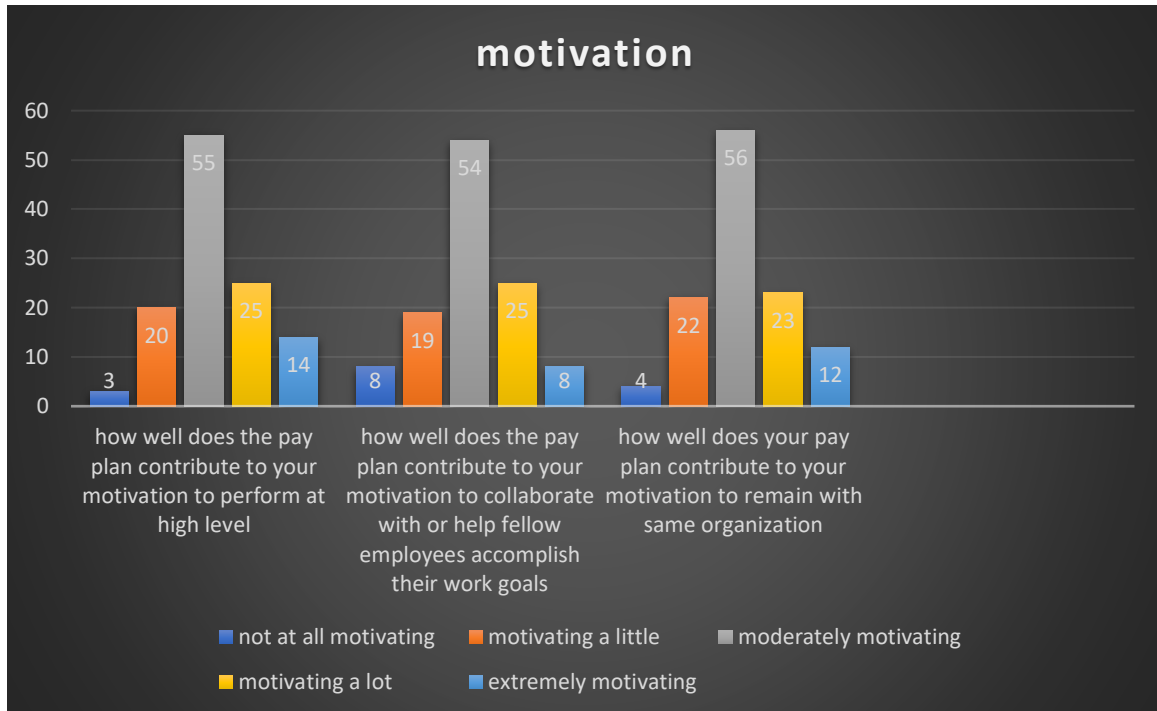


Figure 4.20

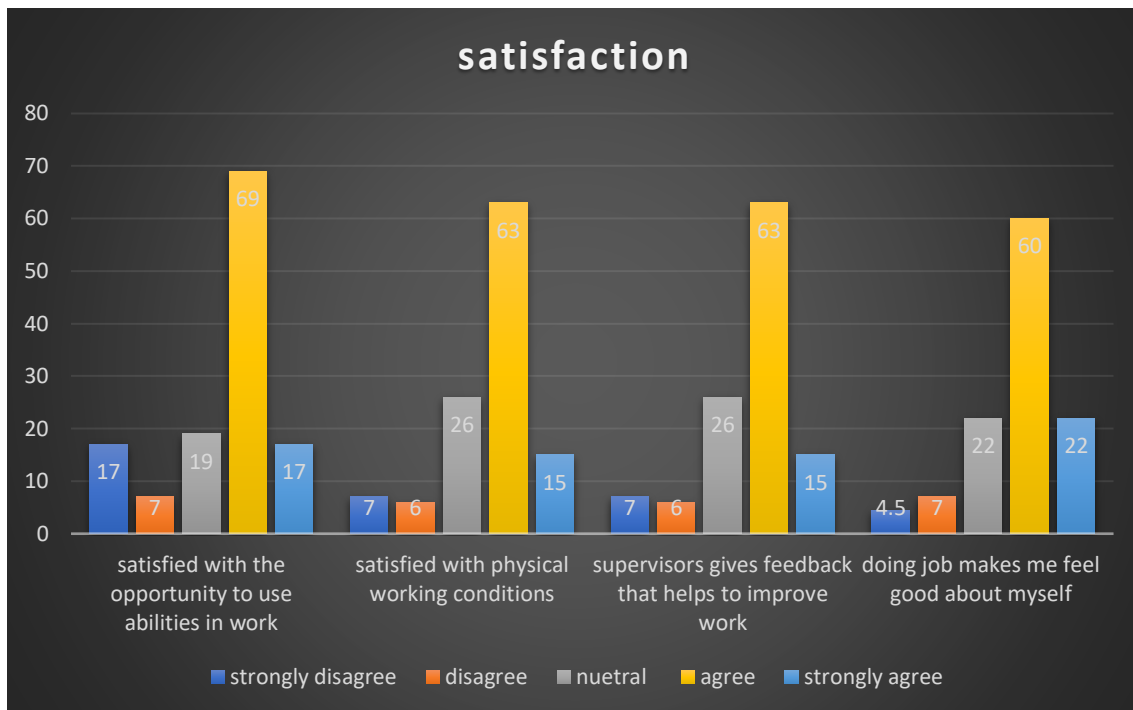
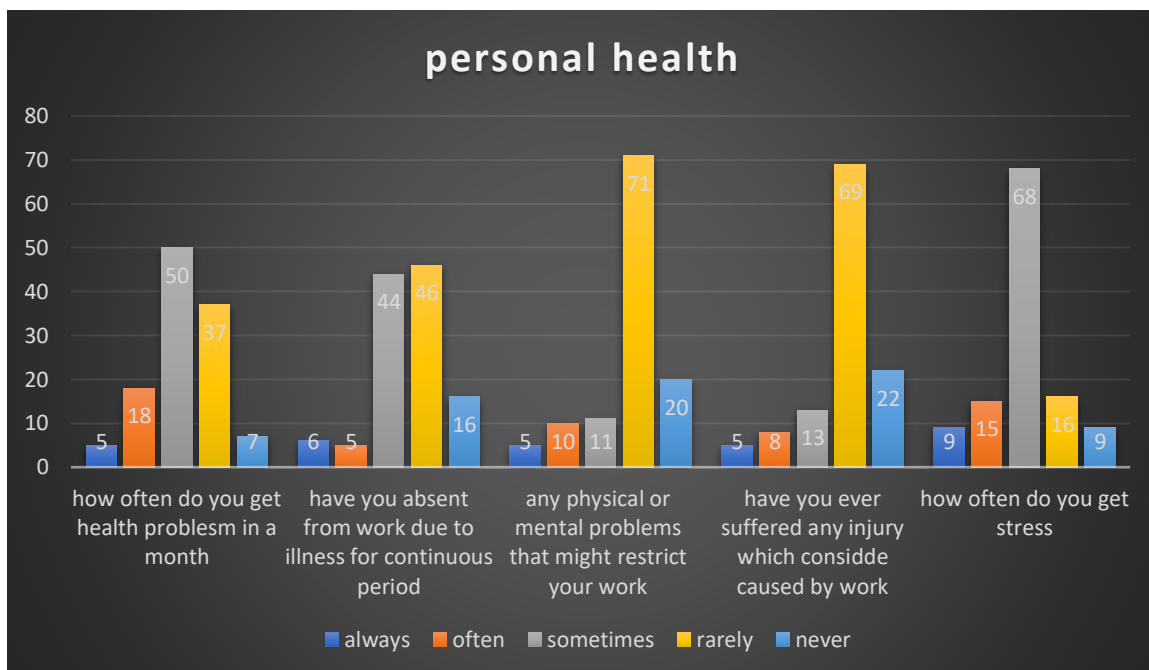


Figure 4.21



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4.7 Organizational factors

The Organizational factors which influence the performance of the respondent's is provided in this section. This information was obtained from part V of the questionnaire and includes Aspects related to performance appraisal system, management style, work schedule, remuneration, training and development, recognition rewards and benefits.

4.7.1 Awareness on performance appraisal system

Performance appraisal systems in workplace is a fair and ethical performance appraisal process is essential for the organization well-being and it plays a significant role in bringing out the best performance of workers.

4.21 Orientation about performance appraisal

S. No	Orientation about performance appraisal system	Number	Percentage
1	Yes	92	79%
2	No	10	8%
3	Not aware	15	13%
	Total	117	100%

From the above table it was identified that majority of the respondents (92:79%) were got respondents did not get any orientation about performance appraisal system in organization. And (15:13%) of the respondents were not aware about the performance appraisal system.

4.7.2 Aspects related to performance appraisal system in organization

The responses of healthcare workers on how performance appraisal is done in their hospitals and health centers are provided in the following table

4.22 Performance appraisal system in organization

S.no	Aspects	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Total	
		n	%	N	%	n	%	n	%	n	%	n	%
1	I am aware about how my performance evaluated by my supervisor	8	6	16	14	22	19	59	50	12	10	117	100
2	Performance appraisal system makes you eligible for promotion, demotion and transfer	7	6	15	13	28	24	57	49	10	9	117	100
3	Performance appraisal system is useful	11	9	10	8	24	21	59	50	13	11	117	100
4	Performance appraisal system in your workplace, done by fair and unbiased manner	6	5	13	11	39	33	49	41	10	8	117	100
5	Does your supervisor will interact after your performance evaluation	41	35	34	29	25	21	7	6	10	8	117	100
6	Performance evaluation system of your organization helps to develop your career	9	7	9	7	39	33	50	43	10	8	117	100

From above table it was found that about (59:50%) of the respondents agreed that they were aware about how their performance evaluated by their supervisor Followed by (59, 50%) of the respondents has agreed that their performance appraisal system makes them eligible for promotion, demotion and transfer. About (59:50%) of the respondents agreed that performance appraisal system in their health facility is useful. About (49:41%) of the respondents agreed that their performance appraisal system in their health facility is done by fair and unbiased manner. It was founded that (41:35%) of the respondents strongly disagreed that their supervisor will interact after their performance evaluation, here the respondents states that their supervisors or head of the departments does not interact after their performance evaluation. About (39:33%) of the respondents has agreed that performance appraisal system in their health facility helps to develop their career.

4.7.3 Aspects related to management style

4.23 Aspects related to management style

S.no	Aspects	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Total	
		n	%	N	%	n	%	n	%	n	%	n	%
1	The management of this organization is supportive for me	5	4	7	6	24	20	71	60	10	8	117	100
2	I receive the right amount of support and guidance form my direct supervisors	7	6	7	6	22	19	69	59	12	10	117	100
3	The organization rules make it easy for me to do a good job	43	36	32	27	24	20	6	5	12	10	117	100

4	I have adequate opportunities to develop my professional skills	4	3	10	8	38	32	53	45	12	10	117	100
5	Having a job description helps me to clear about my duties	6	5	6	5	29	24	62	53	14	12	117	100
6	I feel I can easily communicate with members from all level of this organization	10	8	39	33	23	19	33	28	12	10	117	100
7	I feel encouraged by my supervisors to offer suggestions and improvements	8	6	10	8	38	32	40	34	13	11	117	100

The respondent's management style was examined by the investigator based on the selected variables. Majority (71:60%) of the respondents agreed that their management of the organization is supportive, about (69:59%) of the respondents agreed that they receive the right amount of support and guidance from their supervisors. And (43:36%) of the respondents has strongly disagreed that the rules of their organization make it easy for them to do a good job. About (53:45%) of the respondents agreed that they have adequate opportunities to develop their professional skills. About (62:53%) of the respondents has agreed that having job description helps them to clear about their duties. About (39:33%) of the respondents had disagreed that they feel easily communicate with members from all level of their organization. about (40:34%) of the respondents has agreed that they feel encouraged by their supervisors to offer suggestions and improvements.

4.7.4 Aspects related work schedule

4.24 Aspects related to work schedule

S.no	Aspects	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Total	
		N	%	n	%	n	%	n	%	n	%	n	%
1	Working hours that allow me enough time with family and time to pursue other strong interest.	12	10	52	44	33	28	14	12	6	5	117	100
2	I work more hours than my scheduled work time	6	5	13	11	37	31	53	45	8	7	117	100
3	The amount of work I am expected to finish each week's reasonable	6	5	50	43	43	37	11	9	7	6	117	100
4	The organization provides me adequate break time	5	4	13	11	42	36	51	43	6	5	117	100
5	The overall work schedule is fair	5	4	48	41	41	35	17	14	6	5	117	100

Table 4.23 deals with the aspects related to the respondent's work schedule. From this table it was found that (52:44%) of the respondents disagreed that their working hours allow them to spend enough time with family and time to pursue other strong interest. whereas about (53:45%) of the respondents agreed that they work more hours than their scheduled work time. For the variable the amount of work the respondents expected to finish each week's reasonable, (50:43%), (43:47%) of the respondents has disagreed and neutral respectively. About (51:43%) of the respondents has agreed that their health facility provides them adequate break time. For the variable "The overall work schedule is fair" (48:41%), (41:35%) of the respondents has disagreed and neutral respectively.

4.7.5 Aspects related to recognition and rewards

4.25 Recognition and rewards and benefits

S.no	Aspects	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Total	
		N	%	n	%	N	%	n	%	N	%	n	%
1	appreciated and recognized when perform well at my regular work	5	4	11	9	19	16	69	59	13	11	117	100
2	I feel valued and appreciated in workplace	8	7	5	4	25	21	64	54	15	13	117	100
3	organization rewards are handled in the same way for all the workers	6	5	5	4	25	21	67	57	14	11	117	100
4	Reward system make you motivated and perform well	6	5	5	4	25	21	65	55	16	13	117	100

Table 4.24 reveals that about (69:59%) of the respondents agreed that they were appreciated and recognized when they perform well at regular duties whereas about (64:54%) of the respondents has agreed that they feel valued and appreciated in their workplace. About (67:57%) of respondents has agreed that rewards in their organisation are handled in the same way for all the workers. About (65:55%) of the respondents has agreed that reward system in their organization make them motivated and perform well.

4.7.6 Aspects training and development

4.26 Training and development

S.no	Aspects	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Total	
		N	%	n	%	n	%	n	%	N	%	n	%
1	I am provided with all trainings necessary for me to perform a job	3	2.5	10	8	22	19	68	58	14	12	117	100
2	I feel that workplace training opportunities encourage me to work better	4	3	7	6	24	20	69	59	13	11	117	100
3	Training is must for enhancing performance	4	3	9	7	19	16	51	43	34	29	117	100
4	Training programme is compulsory for the workers	1	0.8	10	8	18	15	56	48	32	27	117	100
5	Performance improved after attending training programme	4	3	5	4	27	23	68	58	4	3	117	100

From the above table it was found that above (68:58%) of the respondents agreed that they were provided with all trainings necessary for them to perform a job followed by (69:59%) of the respondents has agreed that they feel workplace training opportunities encourage them to work better. For the variable “Training is must for enhancing performance” (51:43%) of the respondents as responded as agree. About (56:48%) of the respondents has agreed to the statement “Training programme is compulsory for the workers”. About (68:58%) of the respondents agreed to the statement “Performance improved after attending training programme” that they felt their performance improved after attending training programme.

4.7.7 Aspects related to remuneration

4.27 Remuneration

S.no	Aspects	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
1	remuneration is competitive compare to other similar organization	9	7%	58	49%	28	24%	6	5%	16	13%	117	100%
2	I got proper remuneration for my work	8	7%	56	48%	26	22%	10	8%	17	14%	117	100%
3	satisfied with remuneration	6	5%	53	45%	26	22%	14	12%	18	15%	117	100%
4	Remuneration is accordance with experience	7	6%	58	49%	22	19%	10	8%	20	17%	117	100%
5	Opportunities Exit for carrier advancement	6	5%	56	48%	28	24%	8	7%	19	16%	117	100%

From the above table it was found that above (58:49%) of the respondents has disagreed that their remuneration is competitive compare to other similar organization whereas (56:48%) of the respondents has disagreed that they got proper remuneration for the work they done and (53:45%) of the respondents has disagreed that they satisfied with their remuneration. For the variable “Remuneration is in accordance with experience” (58:49%) of the respondents has responded as disagree. About (56:48%) of the respondents has disagreed to the statement “Opportunities exists for carrier advancement”.

4.7.8 Rank what will you prefer

4.28 Benefits preference

S.no	Aspects	Not at all prefer		Prefer a little		Prefer moderately		Prefer a lot		Extremely prefer		Total	
		n	%	N	%	N	%	n	%	N	%	n	%
1	Monetary benefits	4	3	9	8	20	17	40	34	44	37	117	100
2	Non-monetary benefits	9	8	20	17	69	59	20	17	4	3	117	100

Table 4.25 revealed that about (44:37%) of the respondents has extremely preferred monetary benefits whereas about (69:59%) of the respondents has moderately preferred non – monetary benefits.

figure 4.22

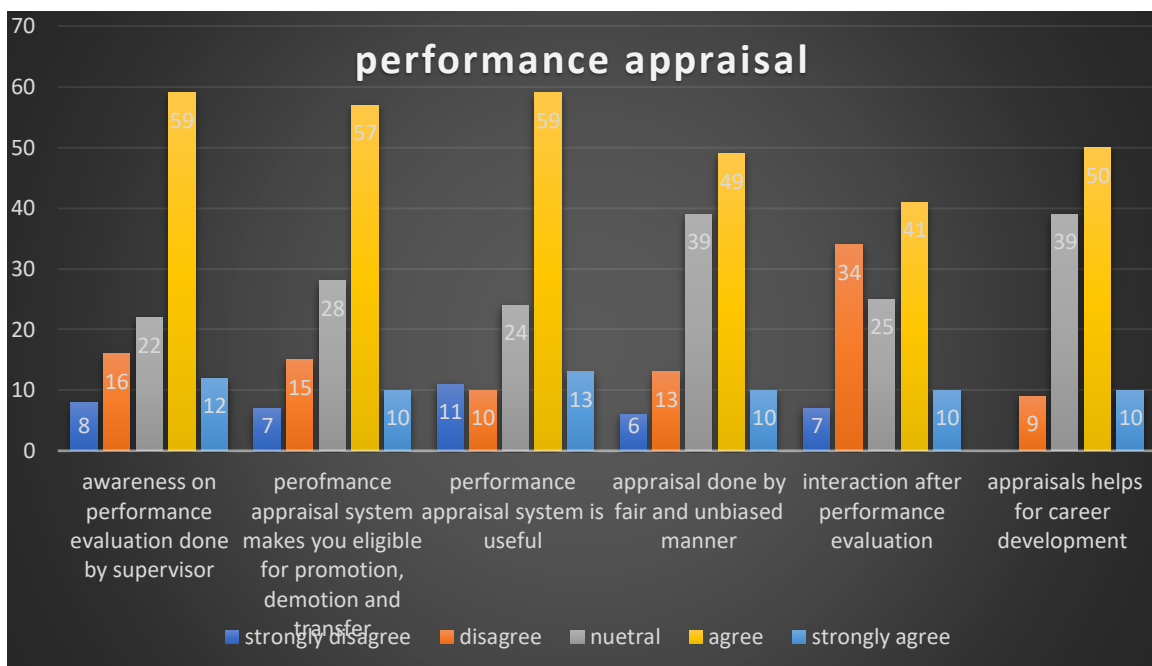


figure 4.23



figure 4.24

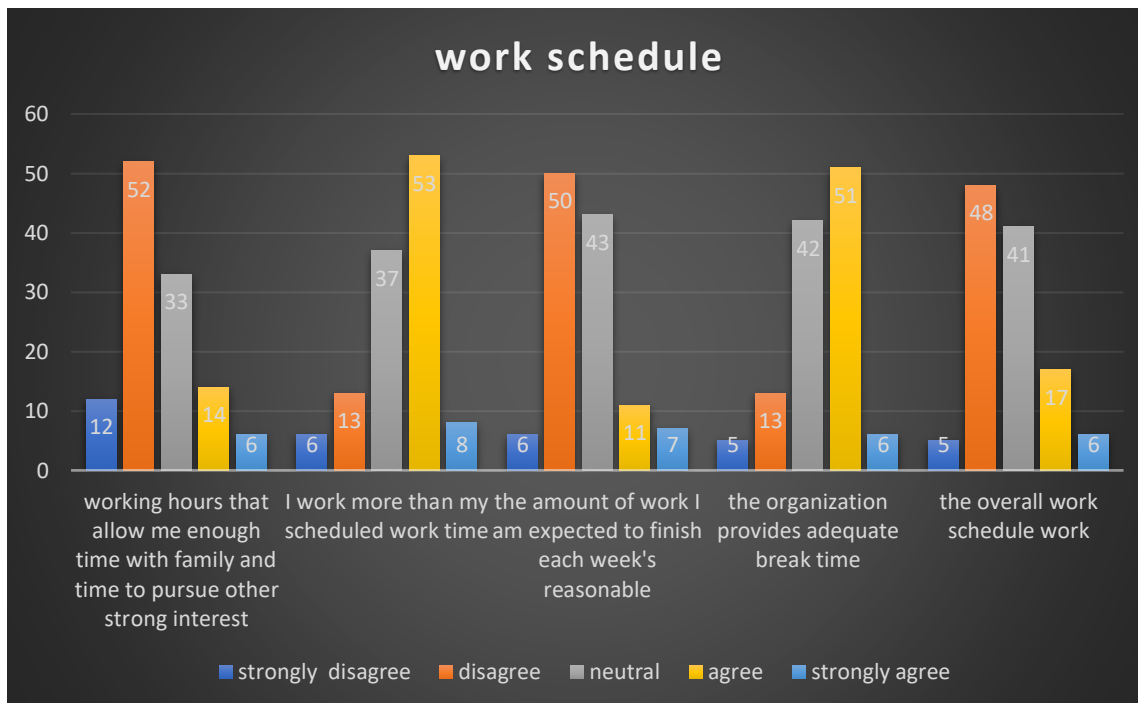


figure 4.25

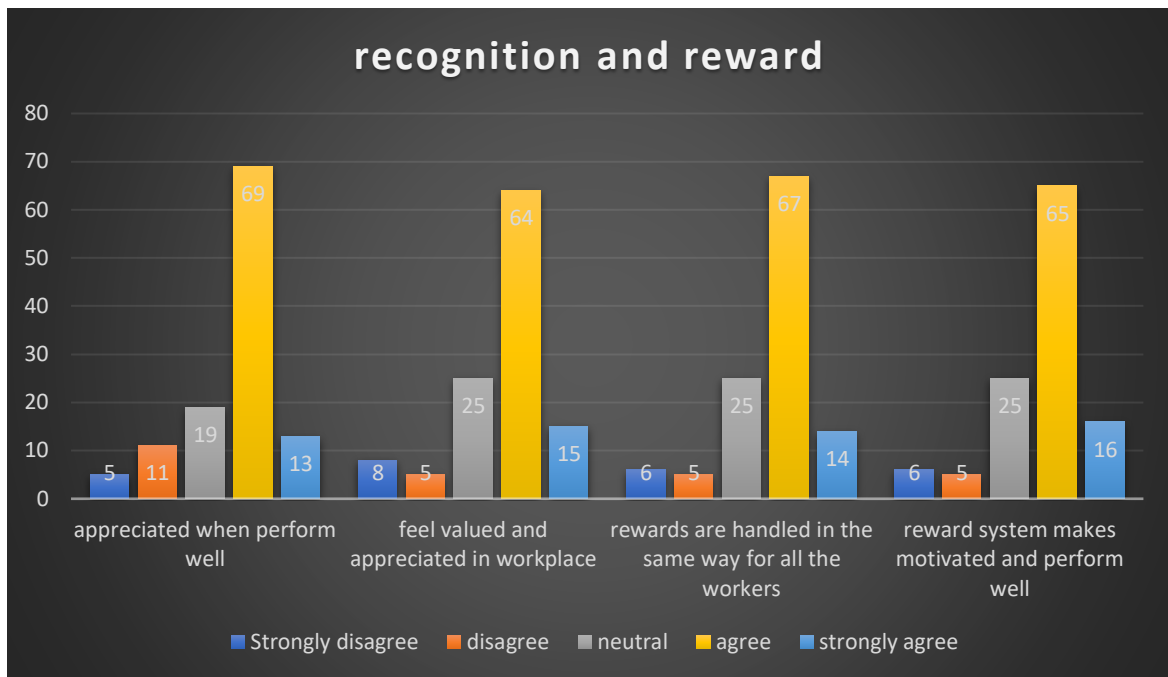


Figure 4.26

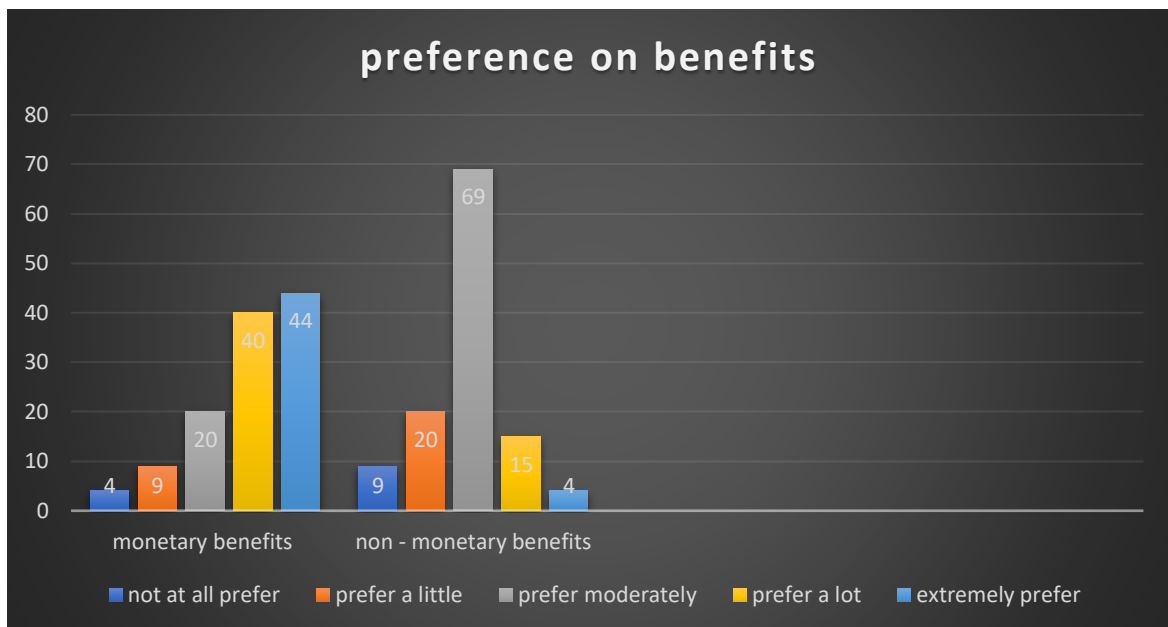


figure 4.27

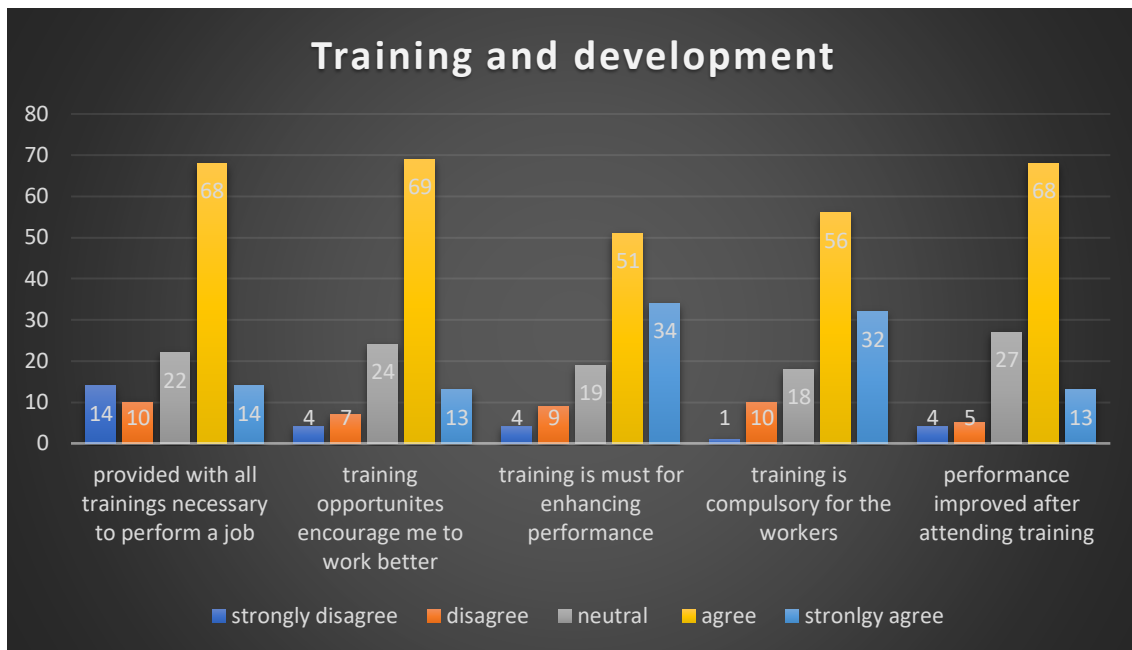
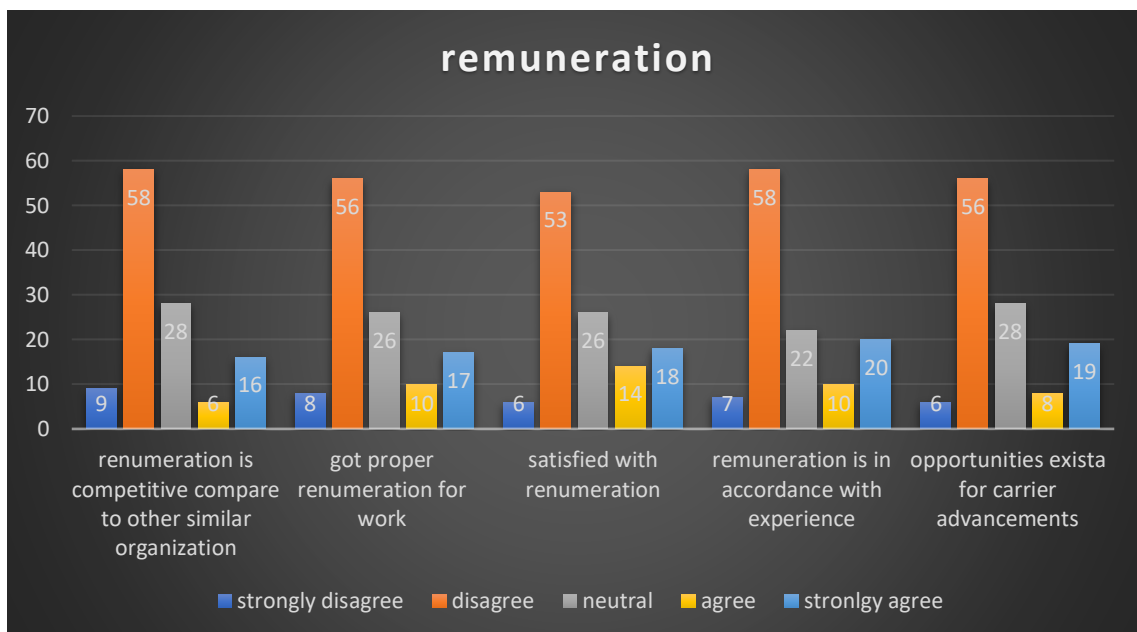


figure 4.28



CHAPTER – 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter gives an idea about the whole research work carried out by the researcher and the results along with findings obtained through the research. The objective of this chapter is to present the summary of the result, put forward conclusion, admit the limitations and give the implications and recommendations based on the results.

This chapter draws the entire thesis together to address the research problem and the research questions, provide academic/theoretical, practical and policy implications, and contribute to reducing the research gaps. The researcher expects that this research will be very useful for students, teachers, healthcare organizations, future researchers and all readers who are interested in this area.

5.2 Summary of the study

This section explains findings of the study in accordance to the objectives listed in chapter one. The results are outcomes of using the methods elaborated in Research Methodology chapter three. Most of the discussion that follows the findings is with reference to literature review in chapter two. The analysis of findings is done both using descriptive statistics. The data were analysed using SPSS program and the results cover survey responses, description of respondents, summary of the results and conclusions. These findings explain whether it answers the research questions and meet objectives of the research.

The observations are summarized below in the form of findings, conclusions and suggestions which are very useful for further actions and taking policy decisions by the concern authorities.

6.2.1 Demographic Data

- ❖ The sample consists of a sizeable preponderance (88: 75%) of female respondents over male (29: 25%) respondents.
- ❖ The respondents are mostly spread between the ages of 20 to 29 (94: 80%) and 30 to 39 (16: 13%).

- ❖ In terms of academic qualifications, it is not surprising that majority (75: 64%) of the respondents are Degree in Nursing followed by Diploma in nursing (37: 31%), MBBS and Diploma in general nursing and midwifery (5: 4%).
- ❖ In terms of marital status, a significant majority of the respondents (70: 59%) are unmarried while (45: 39%) of the respondents are married.
- ❖ As regards to the type of family of the respondents, a majority of the respondents (89: 76%) are from nuclear family and remaining (28:24%) are belongs to joint family.
- ❖ In term of respondent's number of children majority (82: 70%) of the respondents have no child while, (23: 19%) of the respondents are having one child and (12: 10%) of the respondents have two children.
- ❖ As high as (51:43%) of the respondents fall in the monthly income range between Rs. 17,000 to Rs. 27,000 followed by those (45: 38%) getting between Rs.7000 to Rs. 17000. However, (17: 14%) of the respondents belong to the income group of Rs.27,001 to Rs.37,000, about (4: 3%) are getting Rs.37,001 and above.

6.2.2 Professional demographic data

- ❖ In terms of respondent's type of health facility, majority (103: 88%) of the respondents are working in private sector healthcare organizations (Hospitals, Nursing homes, Clinics, etc.) and remaining are working in public sector healthcare organizations.
- ❖ As regards to the designation of the respondents, majority (73: 62%) are staff nurses and (31: 26%) are nursing assistant, (9: 7%) of the respondents are doctors.
- ❖ As far as total job experience is concerned, (59: 50%) of the respondents have 0 – 2 years of experience, (33: 27%) of the respondents have 2 to 4 years of job experience and (26:21%) the respondents have above 4 years of experience.
- ❖ As regard to the number of years the respondent's working in same position, (26: 22%) of the respondents are working less than one year, (19: 23%) of the respondents are working one year, (29: 24%) of the respondents are working 2 years and (39: 33%) of the respondents are working more than two years in current position.
- ❖ In terms of employee working hours per week, (87: 74%) of the respondents working between 40 to 50 hours, (25: 21%) of the respondents working between 51 to 60 hours and (5: 4%) of the respondents are working more than 61 hours per week.
- ❖ As regards to the type of employment of the respondents, half (60: 53%) are in permanent workers, (42: 36%) are temporary workers, remaining (13: 11%) are in contract basis.

6.2.3. Aspects related to knowledge and skill base

Majority of the respondents were stated their knowledge as good in the all the variables which is selected by the investigator. One third of the respondents were stated their communication skills as average. So, it can be concluded that all most all the respondents were having required knowledge and skills and very few of the respondents were stated their knowledge as poor in all the variables.

6.2.4 Aspects related to motivation

Only motivated worker could be more productive and efficient, in this study it was found that about most of the respondents were sometimes feel motivated to work as hard as they can and often, they do their job in this health facility as it provides long term security for them. As regard to the respondent's emotional stability more respondents were emotionally drained at end of every day this may due to uncertain work load in health facility. It is encouraging that they feel very committed to this health facility and felt that their work in this health facility is valuable these days.

When it comes how their pay plan contribute to perform at high level, collaborate with other, retention of employees, most of the respondents have stated that their pay plan moderately contributes to motivation to perform at high level, majority of the respondents have stated that their pay plan moderately contributes to motivation collaboration with or help fellow employees accomplish their work goals and most of the respondent have stated that their pay plan moderately contributes to their motivation to remain with the same health facility.

It was concluded that most of the workers feel valued and encouraged to work in the health facility. The respondents work in this health facility as it provides long term security for them even if they emotionally drained at end of the everyday due to some reasons.

6.2.5 Aspects related to satisfaction

In terms of the satisfaction of the respondents it was found that most of the respondents has satisfied with their opportunity to use their abilities in this health facility. And half of the respondents are satisfied with their physical working conditions. Many respondents have encouraged when their immediate supervisors give them feedback that helps to improve their work. It was good to know about majority of respondents felt doing this job makes them feel good about themselves.

Personal satisfaction plays a significant role in performing a good job when a person feels good about doing the job, they always committedly work towards the health facility. Personal satisfaction positively influences the performance of the health care workers.

6.2.6 Aspects related to personal health

The table 4.20 indicated the personal health of the workers, half of the respondents revealed that they get health problems in a month sometimes, and rarely they have been absent from work due to illness for continuous period. Since the most of the respondents were satisfied with their physical working conditions that they rarely suffered from illness or injury which they consider it was caused by work. And majority of the respondents said that they rarely have physical and mental problems that might restrict their ability to carry out the work. Majority of the respondents said that they have been stressed sometimes.

Here it can be concluded that the respondent's personal health was good that they can perform their job better, but they felt stress sometimes this may be due to work load, conflicts with patients or co-workers, work schedule and any personal reasons.

6.2.7 Aspects related to performance appraisal system

Majority of healthcare workers agreed that performance appraisal system is useful. and they aware about their performance appraisal system and how it evaluated by their supervisors and head of the departments. More than half of the respondents were agreed that performance appraisal makes them eligible for promotion, demotion and transfer and they agreed that performance appraisal system is done by fair and unbiased manner. Most of the respondents were strongly disagreed to the statement that their supervisor or head of the department will interact after performance evaluation here in most of the organisation the supervisors did not interact with the workers after their performance evaluation.

It can be concluded, therefore, there is formal monitoring of performance of the workers interaction with the workers after their performance evaluation should be implemented to identify the skill gaps and to improve the performance.

6.2.8 Aspects related work schedule

It is very surprising that half of the respondents revealed that overall work schedule is not fair and they work more than their scheduled work time even the one third of the respondents has neutral for the overall work schedule. The respondents felt that their working hours did not allow them to spend enough time with family and to pursue other strong interest. They felt the amount of work the respondents expected to finish each day is not reasonable.

It can be concluded that majority of the respondents were not satisfied with their work schedule, the health facility shall give proper work schedule and staffing that can be helpful to the workers to pursue other strong interest and remain it the same health facility.

6.2.9 Aspects related management style

The respondent's management style was examined by the investigator based on the selected variables. In terms of guidance and support received from the organization, nearly half of the workers were getting right amount of support and guidance form the health facility. Since this present study has high number of health workers working in private hospitals the rules of their health facility make them difficult to perform well at duties. It is encouraging that most of the respondents were get adequate opportunities to develop their professional skills. Having job description makes them clear about their duties and most of the respondents facing difficulties with communicate with members from all the level. Workers feels that they feel encouraged when their supervisor gives suggestions and improvements.

It can be concluded that the management style in the performance of healthcare workers can be influence in both positive and negative ways. The health facilities shall be makes rules that make easy to perform a job and the internal communication between the healthcare workers and the management shall be improved.

6.2.10 Aspects related training and development

Training is important to build worker's confidence, improves overall performance and encourages co-operation, as well as improve patient safety practices. In this study it was identified that half of the respondents were provided with all training necessary to perform a job. They feel workplace training opportunities encourage them to work better, and training is must for enhancing performance. The respondents were agreed that training programme is compulsory for all the workers.

It can be concluded that even most of the respondents were getting proper training programmes to the workers, the organization which did not provide any training to their workers should provide necessary periodical training to enhance the workers performance. Most of the respondents were felt that their performance improved after attending training programmes.

6.2.11 Aspects related remuneration

Almost half of the respondents were not satisfied with their remuneration and held the opinion that it was not competitive with other similar organizations. And majority of the respondents felt that they did not get proper remuneration for the work they done. On issue of career advancement, the majority of the respondents were of the opinion that career advancement was not good.

It can be concluded that the remuneration should be accordance with their work experience and work they done. A good remuneration can be served as a motivational factor to perform well at regular duties.

6.2.12 Aspects related recognition, reward and benefits

In terms of recognition benefits, half of the workers got appreciated and recognized when they perform well at regular duties, and they feel valued and appreciated in their health facility. Workers felt that recognition and reward make them motivated and perform well. In case of monetary and non-monetary benefits majority of the respondents were extremely prefer monetary benefits over non-monetary benefits such as paid leaves, social recognition or vacations.

It can be concluded that respondents feel that acknowledgement on their performance serve as a positive encouragement and reassure that their contributions are important and appreciated. The organizations shall be given monetary benefits in form of incentives over non-monetary benefits to meet the need of the workers.

5.3 Recommendations:

The recommendations made in this chapter are personal opinions of the investigator and should not be consider as facts. No research has been conducted on how well the recommendations would work in real life and should therefore be taken merely as good advice.

This study provides information which could benefit the human resource department of the healthcare organizations such as hospitals, nursing homes and clinics in better understanding the needs of healthcare employees. The recommendations are:

- ❖ The health facility should provide periodical training to the health workers to improve and enhance their performance to meet the current health care needs.
- ❖ Management should be concerned about the remuneration of the employees because most of the workers were not satisfied with their remuneration when compared with other factors which influences the performance of the workers. Management shall be consider redesigning the salary and other allowances according to their performance.
- ❖ The management should make their employees aware about their performance appraisal. The employees must know how their performance was evaluated, and it could be better when supervisors and head of the departments interacts after their performance evaluation.

- ❖ Most of the employees are dissatisfied with their working schedule, hence management should make adequate staffing and flexible work timings.
- ❖ Management shall consider providing monetary benefits to the employees, while majority of employees are preferring monetary benefits more than non-monetary benefits, this may be due to address the other needs.

5.4 Limitation of the study

This study had the following several limitations:

- ❖ there are different types of designation in the healthcare organizations, this present study was only covering doctors and nurses. The present study has been conducted by taking a sample of 117 employees of healthcare organisations such as hospital, medical center and clinics. This cannot lead to the generalizability of the findings and the results may not be implied conclusively to the whole healthcare industry.
- ❖ The questionnaire used in this research is of limited scale and scope, such that the survey results may not be fully representative of the views of the employees in the city studied.
- ❖ Therefore, the effect of the variables used in this research may not be common to all employees that may influence the manner in which they respond. It is important to note that the factors which influence the performance may vary from time to time.

5.5 Difficulties faced:

The difficulty was to collect the information from the respondents. Respondents were not enthusiastic to participate and convincing them to share the information was not an easy task.

5.6 Suggestions for further research:

The present study directed towards the factors influencing performance of healthcare workers in selected city. Health workers are doctors, nurses, physician assistant, pharmacist, etc. but this present study was conducted among only nurses and doctors. The future research should be conducted for all the health workers.

5.7 Conclusion:

The results revealed that there are factors influencing the performance of healthcare workers in selected area. It is observing that work schedule, work load, management style, insufficient staffing and remuneration are negatively influence the performance of healthcare workers. These factors need to be addressed to sustainable progress in improving the performance for healthcare workers within a changing health environment.

It is important for an employer to understand the employee's motivation, satisfaction and other important aspects to improve overall performance. Management should also involve its employees in decision making process.

BIBLIOGRAPHY

- Adam Layland, (2017) appraisals in healthcare: are traditional performance appraisals suitable for healthcare workers, *Health Management*, volume 17 – issue 3. <https://healthmanagement.org/c/healthmanagement/issuearticle/appraisals-in-healthcare-are-traditional-performance-appraisals-suitable-for-healthcare-workers>
- Ayse P Gurses, (2007) nursing research 56(3), 185 – 194, performance obstacles of intensive care nurses. https://scholar.google.com/scholar?hl=en%as_sdt=0%2C5&q=family+issues+and+nurses+performance&oq=family+issues+and+nurse+per#d=gs_qabs&u=%23p%3DrcYpAazFDYJ
- Charles Hongorao C, (2006) health workers: building and motivating the workforce. <https://www.ncbi.nlm.nih.gov/books/NBK11730>
- David H peters, (2010) human resources for health 8(1), 1-11, job satisfaction and motivation of health workers in public and private sectors: a cross-sectional analysis from two Indian states. https://scholar.google.com/scholar?hl=en&as_sd0%2C5&q=importance+of+performance+of+health+workers&oq=importance+of+performance+of+health#d=gs_qabs&u=%23p%3DZ51omp2CsF0J
- Eswari M, (2019) A study of job stress among women nurses in Coimbatore city, Tamil Nadu work stress. https://www.researchgate.net/publication/321796385_A_STUDY_OF_JOB_STRESS_AMONG_WOMEN_NURSES_IN_COIMBATORE_CITY_TAMILNADU_Work_stress
- Emin Kahya, (2018) Measurement of clinical nurse performance: developing a tool including contextual items, *journal of nursing education and practice* 8(6):112. https://www.researchgate.net/publication/322621726_measurement_of_clinical_nurse_performance_developing_a_tool_including_contextual_items
- James B. Burch, (2009) Shift work impacts and adaptation among health care workers. *Occupational medicine*, volume 59, issue 3, may 2008, pages 159 – 166. <https://academic.oup.com/occmed/article/59/3/159/1508173>
- Jon M. Werner and Randy L. DeSimone (2006), Chapter 2 influences of employee behavior, page no 63,64 *human resource development* 4th edition.
- Kenneth Leonard, (2016) analysing the determinants of health workers performance https://elibrary.worldbank.org/doi/10.1596/978-1-4648-0931-6_ch8
- Malgorzata Chmielewska, (2020) Motivation factors affecting the job attitude of medical doctors and the organizational performance of public hospitals in Warsaw, Poland. <https://bmchealthservres.biomedcentrak.com/article/10.1186/s12913-020-05573-z>
- Martinez, J (2003) “assessing quality outcome and performance management” in Ferrinho P. and Dal Pox M (eds). *Toward a global health work force strategy*, pp 205 – 238.

- Meimanat Hosseini, (2013) Study on Situational Influences Perceived in Nursing Discipline on Health Promotion: A Qualitative Study <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3775435>
- Muthmainnah, (2016), improving nurses' performance through remuneration: a literature review. <https://www.elsevier.es/en-revista-enfermeria-clinica-35-articulo-improving-nurses-performance-through-remuneraiton-S1130862118300524>
- Mitho Khan Bjatti, (2021) training characteristics and employees' performance among the nurses in Pakistan, journal of economic and administrative sciences, 2021 https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=training+and+development+effect+on+nurse+performance&btnG=#d=gs_qabs&u=%23p%3DnKzBK4wh_esJ
- Nada Moustafa Ibrahim AI-Habib, (2020) leadership and organizational performance: is it essential in healthcare systems improvement? A review of literature. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6970376/#!po=0.675676>
- Phil Baguley (2001) performance management in a week page no 46 – 58,
- Reetu Sharma, (2014) Factors affecting the performance of community health workers in india: a multi-stakeholder perspective. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4197397/>
- Ronald E Riggio, (2000) journal of business and psychology 15(2), 351-359, personality and communication skills as predictors of hospice nurse performance.
- Saranea Ganesan, (2019) the impact of shift work on sleep, alertness and performance in healthcare workers. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6420632>
- Sidhu R, (2015) Health Care in India: Critical Analysis, political science, medicine international journal of medicine and health sciences. <https://www.semanticscholar.org/paper/Health-care-in-india%3A=critical-analysis-sidhu/4bcc3a5d62950653d915a44661b4dda540f3ce52#citing-papers>
- Silvia Ayu Rianti, (2021), journal of Multidisciplinary academic 5(2), 148-154. The analysis of education and training implementation effects on nurse competence improvement and rewards over nurse performance at bunda margonda hospital, depok. https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=training+and+development+effect+on+nurse+performance&btnG=#d=gs_qabs&u=%23p%3DnKzBK4wh_esJ
- Soheila Majidi, (2019) perspectives of health workers on annual performance appraisal: A study in primary health care, international journal of healthcare management. <https://www.tandfonline.com/doi/abs/10.1080/20479700.2020.1755810?journalCode=yjhm20>
- Steven L. McShane and Mary Ann Von Glinow (2003), Chapter 2 individual behavior and learning in organizations, page. No 32 – 35, organizational behavior second edition.
- Therese paul Odundo Atieno, vol.3 No.3 (2018): Global Journal of Health Sciences, Factors influencing health workers' performance in public health facilities in the devolved

system of government: A case of Embakasi east sub-country, Nairobi country.
<https://www.iprjb.org/journals/index.php/GJHS/article/view/775>

Thulth, (2015) selected organizational factors affecting performance of professional nurses in north west bank governmental hospitals, Journal of education and practice.
<https://eric.ed.gov/?id=EJ1083139>

Tom Mwendu Kejungu, (2015) Role of remuneration in retention of health workforce in a rural setting in Uganda. https://www.researchgate.net/publication/271530021_role_of_remuneration_in-retention_of_health_workforce_in_a_rural_district_setting_in_Uganda

Wikipedia, the free encyclopaedia (2010) performance management.
<https://en.wikipedia.org/wiki/performancemanagement>

Yong Shi, (2018) Evaluating Doctor Performance: Ordinal Regression-based approach vol 20, no 7. <https://www.jmir.org/2018/7/e240/#:text=Doctor%20performance%20evaluation%20serves%20to%20mediating%20role%20of%20customer%20satisfaction>

ANNEXURE – 1

ANNEXURE – 2

Questionnaire for A Study on Factors Influencing Performance of Healthcare Workers in Coimbatore District

Section – I

Demographic Profile of The Respondent

1. Gender
 Male Female
2. Age
3. Educational Qualification
 Diploma Degree Others
4. Marital Status
 Unmarried Married Separated
5. Types of Family
 Joint family Nuclear family
6. No of Children
 no children 1 2
7. Monthly income

Section - II

8. Type of hospital
 government private
9. Designation
 doctor staff nurse nursing assistant
10. Working experience
11. Years in current position
12. Type of employment
 temporary permanent contract
13. Facilities available
 restrooms
 dressing rooms
 canteen
 dining hall
 grievances complaint box
 lift facilities
 concessions
14. Working hours per week
15. Does your hospital give concessions to the employees?
 yes no

Section – III

16. Personal factors
16.1 indicate your knowledge for the effective performance

S,no	Aspects	Very poor	poor	Average	good	Excellent
1	Service policy and implementation					
2	Current healthcare advancements					

3	Development of competency					
4	Communication					
5	Problem solving					
6	Knowledge equipment handling					
7	Counselling skills					
8	Patient and client relationship					

16.2 questions related to your motivation

s.no	Aspects	Always	Often	Sometimes	Rarely	Never
1	These days I feel motivated to work hard as I can					
2	I do this job as it provides long term security to me					
3	I feel emotionally drained at the end of the every day					
4	I think that my work in this health facility					
5	I feel very committed to this health facility					

16.3 how does your pay plan contribute to your motivation?

s.no	Aspects	Not at all motivating	Motivating a little	Motivating moderately	Motivating a lot	Extremely motivating
1	These days I feel motivated to work hard as I can					
2	I do this job as it provides long term security to me					
3	I feel emotionally drained at the end of the every day					

16.4 aspects related to your satisfaction level

s.no	Aspects	Strongly disagree	disagree	Neutral	agree	Strongly agree
1	I am satisfied with the opportunities to use my abilities					
2	I am satisfied with my physical working conditions					
3	My immediate supervisors give me suggestions and					

	feedback that helps me improve my work					
4	Doing this job makes me good about myself					

16.5 Personal health

s.no	Aspects	always	often	sometimes	Rarely	Never
1	How often do you get health problems in a month					
2	Have you been absent from work due to ill health for continuous period					
3	Do you have any physical or mental health problems that might restrict your ability to carry out the work in the job					
4	Have you ever suffered any illness or injury which you consider was caused by your work					
5	How often do you get stress					

17. Organizational factors

17.1 did you get orientation about performance appraisal system?

yes no not aware

17.2 performance appraisal in your organization

S.no	Aspects	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I am aware about how my performance evaluated by my supervisor					
2	I am aware about how my performance evaluated by my supervisor					
3	Performance appraisal system makes you eligible for promotion, demotion and transfer					
4	Performance appraisal system in your workplace, done by fair and unbiased manner					

5	Does your supervisor will interact after your performance evaluation					
6	I am aware about how my performance evaluated by my supervisor					
7	Performance evaluation system of your organization helps to develop your career					

17.3 Aspects related to management style

S.no	Aspects	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	The management of this organization is supportive for me					
2	I receive the right amount of support and guidance form my direct supervisors					
3	The organization rules make it easy for me to do a good job					
4	I have adequate opportunities to develop my professional skills					
5	Having a job description helps me to clear about my duties					
6	I feel I can easily communicate with members from all level of this organization					
7	I feel encouraged by my supervisors to offer suggestions and improvements					

17.4 work schedule

S.no	Aspects	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	Working hours that allow me enough time with family and					

	time to pursue other strong interest.					
2	I work more hours than my scheduled work time					
3	The amount of work I am expected to finish each week's reasonable					
4	The organization provides me adequate break time					
5	The overall work schedule is fair					

17.5 recognition rewards and benefits

S.no	Aspects	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I am appreciated and recognized when I perform well at my regular work					
2	I feel valued and appreciated in my workplace					
3	In my organization rewards are handled in the same way for all the workers					
4	Reward system make you motivated and perform well					

17.5.1 what you prefer most

S.no	Aspects	Not at all prefer	Prefer a little	Prefer moderately	Prefer a lot	Extremely prefer
1	Monetary benefits					
2	Non-monetary benefits					

17.6 training and development

S.no	Aspects	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I am provided with all trainings necessary for me to perform a job					
2	I feel that workplace training opportunities encourage me to work better					
3	Training is must for enhancing performance					
4	Training programme is compulsory for the workers					
5	Performance improved after attending training programme					

17.7 remuneration

S.no	Aspects	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	Your remuneration is competitive compare to other similar organization					
2	I got proper remuneration for my work					
3	I am satisfied with my remuneration					
4	Remuneration is in accordance with your experience					
	Opportunities exists for carrier advancement					

18. give your suggestion can organizations help to improve performance