

MANAGEMENT PRACTICES IN HOSPITALS AND ITS IMPACT ON EMPLOYEES

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DEDICATION

This project is a tribute to the memory of my Respectable Father late Shree Subash Chander Dasoar. His influence and guidance have been the driving force behind the realization of this thesis work.

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ABSTRACT

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The paramount theme of this thesis is how hospital administration impacts the sector's development. The focus is placed on staff management and providing patients with access to promising medical facilities. The two most vital facets considered are how the hospital handles its resources and how the management impacts the staff. As a result, the business thrives, and the healthcare industry witnesses pristine developments. This research focuses on the Procedures, planning, organizing, controlling, and overseeing of government and private hospitals. Working and guiding the people especially, in NGOs that how to behave in the hospital and understand the management of the hospital. Likewise, the examination of how the hospital behaves towards the poor, how the administration addresses the circumstances, and what modifications they accomplish for the benefit of the patients in the hospital sector at the J.J. Institute of Medical Science has been observed. This research is distinctive and endeavors to cope with a segment of society that is underserved. This research has investigated how additional satisfactory hospitality can be extended to those in the lower socioeconomic strata. This research has analyzed data from private and government hospitals and captures the quality of management practices based on staff surveys and management. Trained underprivileged people and saw the impact on employees in government hospitals also studied the model of NHS hospital. This research has presented a novel approach to measuring the effectiveness of

managerial practices in the healthcare industry. Encourage management methods that are patient-centered since this can boost employee job satisfaction because employees can see how their work impacts patients. Further research should focus on indirect aspects of management and its impact on employees and try to adopt the NHS model of hospital and its intricacies. Awareness of what to do, if any illness happens, through interactive sessions, easy-to-understand booklets, etc. Also conducted the health training session with the hospital management, and employees on how to deal with patients so that they don't feel overwhelmed by the process and can be patiently treated.

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CHAPTER I

INTRODUCTION

1.1 Research Background and Scope

The whole research is based on the fact that how hospital management works for the growth of the business. Moreover, focuses on the management and how they provide the best medical facilities to the patients. The work is based on the management and how the employee is affected by it. The main important thing to think about is the management of resources for the maintenance of the hospital and how the employees are directly or indirectly affected by it. This research helps in new changes in this management sector. The main purpose of this research is to see how the hospitals are run by the management. How they tackle the problems related to hospitals, how they deal with the patients, and how they deal with the problems of employees. The topic for this research work has been chosen mindfully, as the management of hospitals has become exceedingly substantial in the present-day scenario. As time passes by, the employees have become very unsatisfied with the management of the hospital. So, this research targets how management tackles all the concerns in the present day. The situation is remarkably acute, and occasionally the management must endure the required measures to constrain the situation. Many characteristics of a hospital include a wide range of services, shifting patient profiles, high cost, increasing use of advanced equipment, critical role of staff, public perception of medical services, and the need for innovative financing. There are various fields in management which include the Indian government, state government, private autonomous bodies, and voluntary organization corporate bodies.

This research will carry out the work that has been done in hospitals, where the importance of imparting knowledge about the management of hospitals to underprivileged people will be of utmost importance. This work will be centralized on the mixed facets of management in

government hospitals, such as their roles, organizing approaches, planning practices, overall control, and directing. Moreover, this research would contain information about the hospitality the underprivileged people get in the hospital and how the management deals with the situation. How they tackle the problems related to hospitals, how they deal with the patient, and how they deal with the problem of employees. This research will also include management efforts to make modifications for the betterment of people and the hospital industry. Management has to care during recruitment so there are no dissatisfied employees, and also look into the salary matter. This research comprises a reflection on the underprivileged group and tries to probe this section of society, which is often not given much significance. The situation is very acute and sometimes the management has to take some important steps to curb the situation. The relationship between employees and the management is like the two sides of the coin they are always together and always on the opposite side. The main purpose of the management is to grow business and we all know that this can be done by the combined work of the management and the employee. The business will grow in turn and the medical facility will also increase and the patients will also be benefitted due to the good management of the hospital. The people who take the medical facility and spend money so the management has to serve them the best as they have to run their business.

This analysis will articulate how, additionally, better hospitality can be given to people from lower sections of society. And this is what makes this work stand out from others. This is the paramount emphasis of the work: to serve the betterment of society.

The healthcare sector is vital to society because it offers those in need of medical attention vital services. Hospitals are the main facilities in this industry where patients may obtain a variety of medical treatments, from standard checkups to life-saving procedures. The well-being of patients as well as the contentment and efficiency of the medical staff who work in these facilities depend on the efficient administration of hospitals. Hospital management methods

cover a wide range of tactics and actions used to guarantee the smooth operation of the establishment. These procedures include patient care protocols, quality assurance, human resource management, and administrative and financial administration. These management techniques have a complex effect on hospital staff members, affecting their general well-being, performance, and work satisfaction. In this investigation, we have to explore the different management strategies used in hospitals and consider the potential effects these strategies may have on the staff members inside the healthcare system. To create a work environment that supports not just the best possible patient care but also the professional growth and job happiness of healthcare professionals, it is imperative to comprehend the relationships that exist between management tactics and employee outcomes. The aging population's rising needs, policy changes, and technological developments in medicine all contribute to the ongoing evolution of the healthcare sector. Hospitals must thus modify their management strategies to meet these demands and uphold excellent standards of care. To improve the efficacy of healthcare organizations and the welfare of individuals employed in this crucial industry, this study intends to clarify the link between hospital management practices and their effects on staff members. Hospital management techniques have a significant impact on the working environment, employee happiness, and overall success of the firm. Employee engagement in the company, morale, productivity, and work satisfaction can all be significantly impacted. Below is a summary of hospital management methods and how they may affect staff members: Good hospital administration starts with a strong leadership team that clearly defines the organization's goals and objectives. A clear vision gives workers direction, a feeling of purpose, and a common objective, which promotes a healthy workplace culture. Transparent and open lines of communication are crucial for managing expectations, sharing information, and resolving issues between staff members and management. Effective communication helps staff members feel acknowledged and appreciated while also promoting trust and lowering

uncertainty. Prioritizing employee involvement in management entails fostering a positive work atmosphere, offering chances for skill advancement, and praising employees' accomplishments. Employees who are engaged are more likely to be driven to give their best efforts, devoted to the company, and pleased with their employment. Key components of performance management include setting clear performance standards, giving frequent feedback, and acknowledging accomplishments. In addition to promoting personal growth and job happiness, fair and constructive performance management techniques also help to match company goals with individual aspirations. Hospitals should have procedures and policies that support a good work-life balance because the healthcare industry is a demanding field. Maintaining a healthy work-life balance is essential for improving job satisfaction, lowering burnout, and improving employee well-being. Ensuring healthcare workers keep up to speed with the newest medical developments and consistently enhance their abilities is ensured by investing in their training and development. Having access to training opportunities helps people improve professionally, feel more satisfied at work, and have more confidence. In the end, this is advantageous for both the company and the employees. Multidisciplinary teams can collaborate easily in an environment that is fostered by effective management. Improved patient outcomes, information exchange, and job satisfaction are all increased in a collaborative work setting. Rewarding and praising staff members for their accomplishments and hard work is essential for motivation and morale. Rewards and recognition support motivation, job satisfaction, and a healthy workplace culture. In conclusion, hospital management techniques have a big impact on organizational results and employee experiences. In the end, good management promotes employee well-being, fosters a happy work environment, and improves patient care and organizational performance.

1.2 Research Problem

Human Resource Management pertains to the creation of an eloquent system to handle people in any organization. Human Resources is a department of Management that is accountable for the association between administration and employee, employee to employee, and the development of a person and group. The purpose is to maintain personal growth, a desirable functioning environment, and a healthy relationship between employers and employees and between employees themselves. Human Resource Management includes all decisions and practices that impact employees and employers. Human Resources is managed by every manager and their particular functional area, take care while recruitment, also look into the matter of salary. The management's decision concerns workforce planning, staff appraisals, apprenticeship, staff development, safety, and compensation.

The life of a healthcare worker is very different from that of any other profession. This is distinct not from the standpoint of an overwhelming level of personal and professional attainment but from the tremendous amount of psychological stress and anxiety involved in it. Studies show that health workers, particularly medical practitioners, are vulnerable to mental health developments. Furthermore, workplace stress has been related to unrestrained weariness, which can result in the absence of willingness to work and feelings of powerlessness, despair, and failure. Among medical practitioners, Emotional facets are ingrained in the job; responsibilities related to patient needs, sentiments of being overburdened, and organizational duties are commonly identified as occupational stressors among medical professionals. Emotional fatigue is typically referred to as burnout among professionals.

Since December 2019, the group has been fraught with the devastating effects of the Since December 2019, the group has fought the devastating upshot of the unprecedented SARS-CoV-2 pandemic. The dark cloud was first witnessed in Wuhan, China, and unhurriedly engulfed the entire world in no time. The immediate spread of the disease and the startling number of

casualties created immense psychological anguish, anxiety, and apprehension among people. Studies conducted on the inhabitants of China indicated that the psychological blow of the SARS-CoV-2 pandemic was found to be moderate or radical in 53.8% of cases. In addition to the psychological consequences of the social crisis, healthcare professionals are subjected to more stress due to their vigorous participation in the treatment of infected patients. Their emotional and physical burnout at this juncture has exacerbated the number of cases and casualties from disease, the disproportionate labor disadvantage, and the lack of personnel protection supplies. Studies by Chinese healthcare professionals have found the incidence of depression, anxiety, and other stress-related signs during SARS-CoV-2 to be 50.7 percent, 44.7 percent, and 73.4 percent, respectively. However, there is little information and understanding of the medical worker's psychological needs to cope with this disaster.

Therefore, an additional study is positively suggested to evaluate the psychological impacts of the SARS-CoV-2 pandemic on health workers and associated hazards and shielding factors. The low ratio of healthcare workers to the population in the skewed healthcare distribution in India has made a valid case for investments in human resources for health (HRH). The world health organization (WHO) study estimated India's necessity for at least 1.8 million physicians, carers, and siblings to reach the required minimum of 44.5 jobs for every 10 million people by 2030 were conducted in 2016. The 2017 Indian National Health Policy (NHP) recommended intensifying current medical education and the upshot of a sound healthcare provider framework. Likewise, the 'New India@75', NITI Aayog Strategy aims to create 15 lakh jobs in public health by the end of FY 2023. India has been catching sight of a serious scarcity of health workers during the ongoing SARS-CoV-2 pandemic. This problem is further compounded by the demands of Indian healthcare professionals in OECD countries. A wide variety of practitioners qualified in various medical and health care facilities in India are proposed to provide medical services. These medical professionals possess varied

educational qualifications and are registered with organizations depending on their fields and practices.

The onset of the SARS-CoV-2 pandemic put health workers, including physicians, on the front lines of the virus globally. There are many stories and photographs representing the hardships of the health workers, who became sick and even died from the virus, available in the public domain. Initial studies underlined the value of protecting health workers from direct exposure to SARS-CoV-2 as well as providing them with appropriate protective gear to avoid SARS-CoV-2 infections and ensure their physical well-being. Many self-assured and concerned healthcare professionals became vulnerable to moral injury as they were unable to provide hassle-free services to the suffering patients and their families due to the new normal protocols of the pandemic like rationing of scarce care services, isolation, and social distancing at the workplace, teleworking processes, and increased use of PPE kits. In contrast, numerous doctors served in SARS-CoV-2 intensive care units. Doctors working in non-acute care frequently experienced anxiety, apprehension, and remorse as they were not able to provide regular medical assistance because of SARS-CoV-2's restrictive protocols as a consequence of the imposition of prohibitive decrees by authorities like work-from-home and lockdown. Doctors encountered challenges in assisting the general public.

It is of paramount significance that doctors and additional healthcare workers be safeguarded for their cognitive and physical well-being. The WHO conceded, "Our health care staff is out of work, and people are vulnerable to burning in countries around the globe. If our group is not concerned for our medical and vital staff, our group has no answer to SARS-CoV-2: their necessities and interests must be provided emphasis". In addition, healthcare workers came across a bunch of hardships in establishing their work-life equilibrium during the pandemic. The challenges were manifold, both on the work front and at home. The insufficiency of satisfactorily prepared staff had put additional tension on the available healthcare personnel.

The outrage of patients and their relatives, as well as the glare of the media and their piquancy to construct topics out of even the smallest issues, made the lives of healthcare workers additionally heartbreaking. Colloquial backing from friends and families often safeguarded healthcare professionals from being burned out and helped them deal with their dilemmas effectively. Nevertheless, there is a lack of an ideal echo system in hospitals and other healthcare establishments. The management needs to ensure a proper work-life equilibrium for the health care professionals and effectively address their work-life disagreements, which often lead to a situation in which these professionals do not have the likelihood to access these colloquial services, thereby adding to their stress. Physicians with buoyant well-being can contribute to creating an environment in which the quality of healthcare services is enhanced through cost reduction and minimum workforce attrition.

Though the profession of doctors is innately challenging in its authentic essence, and to avoid burnout in healthcare workers, the management should disseminate proper conditioning on how to deal with situations, when the doctors are undergoing stress and anxiety. The management should stay cautious and tackle the situation when this transpires, and for this, they should be equipped with proper training.

This research is necessary as it emphasizes the association between the employees and the hospitals. The whole management must undergo a drastic change. The management must improve, directly or indirectly, the whole hospital, and the employees will benefit from the change. Management is extremely significant, and the concept paper has covered the importance it holds. This paper states all the changes, according to need and situation, that need to be taken care of by the management. The business will thrive to an enormous extent by taking important management steps. When the management comes to be generously conscious of the circumstances of the patients and the employees, then they will be able to make a decision that is practical for all. The management will also be inquisitive about maturing the

business. The business will prosper solely if it delivers promising medical facilities to the patients and adequately oversees the employees. It becomes the duty of the employee to also work properly, working hand in hand with the management, so the whole hospital industry can grow. Virga et al (2019). Business development is the main tier and the fundamental forte of the work. The management should try to flourish the business with ethical supervision of the employees and better facilities for the patients. The work that has been selected has attained additional primacy as a very important section of society has been discussed here in the research: the underprivileged. Moreover, this research contains information on how management functions with the underprivileged and the need to have proper training to understand the psyche of the underprivileged and to deal with them properly.

The administration exercised expert supervision over the current situation and recorded situations at the hospitals. As an outcome, the business expanded, and patients are receiving tremendous care at the lowest fee achievable, advancing their lives. The hospital industry has greatly risen because of these changes. The infrastructure, as well as the facilities in the hospital, have matured. In this research, as we move forward, the emphasis will be on analyzing varied management approaches and their influence on employees.

1.3 Research Objectives

The first objective is to observe how hospital management operates and how they address hospital issues, patient matters, and employee problems. For this research, I have chosen a topic that is of utmost importance. Moreover, I would like to see the hospitality that the underprivileged people get in the hospital how the management will deal with this situation, and what modifications they will make for the betterment of the patient and the hospital industry. The topic of hospital management has become increasingly substantial in today's world. As the employee's discontentment with the hospital's management germinates, the emphasis of the portion shifts to how the management grapples with all of these matters every

day. The concern is indispensable, and management needs to take assertive measures to deal with the issue. The situation is remarkably acute, and occasionally the management must endure the required measures to constrain the situation. The relationship between employees and management stands like two sides of a coin, always together on the opposite side. The foremost intent of the management is to expand the business, and this research comprehends that through the combined work of the management and employees, this can be done. Through the cooperative efforts, the business will grow in turn, the medical establishment will correspondingly boost, and on the other hand, the patients will also benefit because of the good management of the hospital. The multitude who takes medical services spend loads of money, and in turn, the management must serve them the best to run their business.

1.4 Purpose of Research

This research is noteworthy and can be of great significance in determining the likelihood of a pandemic.

Five steps compose the agenda.

1. Compiling a list of local hospitals
2. A glimpse into the hospital's management
3. Analyzing how the hospital's staff responds to the changes.
4. Conducting management and staff interviews and gathering data from those interviews.
5. Gathering data, studying it, and disseminating the significant outcomes of the measures.

1.5 Significance of the study

This research will focus on the procedures, planning, organizing, controlling, and overseeing of government hospitals. Likewise, I'd delight in examining how the hospital behaves toward the poor, how the administration addresses the circumstances, and what modifications they

accomplish for the benefit of the patients in the hospital sector at the J.J. Institute of Medical Science. This research is distinctive and will endeavor to cope with a segment of society that is underserved.

This research will look into how additional satisfactory hospitality can be extended to those in the lower socioeconomic strata. This research will be carried out in private and government hospitals with management.

1.6 Research Design

This research contains data that needs to be collected from every hospital in a particular area. This is the most important aspect of the research design. This section of the analysis explores the relationship between patient development, employee performance, management procedures, and the composition of measures for abstract transparency. A significant topic in organizational sciences is the development of health care and organizational performance, such as OM, HR procedures, and employee performance at the J.J. Institute of Medical Science. Nonetheless, there has been a minimal breakdown of this connection in medical settings. A study of hospitals in European, Asian, and African countries, for example, found a link between patient development, performance, death rates, surgery, illness, and death. According to some research, working on a healthcare team is associated with lower stress levels. It has also been discovered that teamwork procedures are correlated with efficacy and innovation in patient care.

1.7 Structure of the thesis

This thesis is divided into six major chapters.

Chapter One pertains to an introduction to the analysis, which delves into the scope, background, and nature of the study.

This chapter further describes the research problem, its purpose, pursuits, implications, and purposes.

Chapter Two is an overview of the review literature. This section recognizes applicable major works, highlights noteworthy research, and, most importantly, identifies the gap in the existing literature. This study will try to reduce and, to some extent, close the gap.

Chapter Three accords with the approach taken for this research. It covers various theories of qualitative research. Data gathering is also utilized in this research.

Chapter Four lays out the high-level conclusions of the research and the efforts businesses in the mobile game development space in India can take to influence the results of this study.

Chapter Five delivers the results of this research.

Chapter Six comprises the conclusions, the caveats of the study, its constraints, practical applications, and suggestions for additional research.

CHAPTER II

REVIEW OF LITERATURE

2.1 Introduction

Though studies on the financial aspects of government hospitals like hospital waste management, quality supervision, and hospital surveillance systems are plentiful, merely a few studies have been written from a human aid viewpoint in the private sector. whereas international studies talk about restructuring, cost analysis, and quality assessment in hospitals. The 1992 Vol. (a) of the International Labor Organization (ILO) specifically mentions the absence of published studies in the field of health. "In many countries until recently, there have been few interesting employment practices in the health sector, and this is contemplated in the absence of published studies in this field. One of the criticisms about research on hospital performance as reported by Elizabeth West in 'Management Matters: The Link Between Hospital Organization and Quality of Patient Care is that "it has been rather insular, paying little attention to developments in related fields such as Organizational Sociology, Organizational Behavior, Management Studies, or Human Resource Management. Most of these domains study organizational performance in the context of a market, and their dependent variables are usually profitability, productivity, or market share. "The resolutions drafted by Ashtekar started with the following note: "India belongs to the bottom layer of the Human Development Index (HDI) in the world. Within the country, barring Kerala and Goa, most states show poor health indicators."

In a country where services are centralized with an imbalance in personnel, low staff motivation, and poor standards of care, there will be opposition to any contemporary reform.

There has been a deterioration in standards of service between 1986 and 1997. Poor financial and human resources guidelines and management are resulting in high costs and poor quality of care. A recent study concluded that "Human aid should become the central focus for reform".

There is a lot of literature available on HRM practices. Studying the relationship between employee retention and HRM practices. The studies are conceptual and based on past literature. Jouda et al. (2016) studied the HRM practices of Islamic universities situated in Gaza, Palestine. Researchers have also measured the relationship between HRM practices and the performance of employees. The research is based on preliminary data collected from the 115 faculty members and the administrative staff members of the Islamic university.

Bondarouk (2016) conducted a study to analyze the impact of information technology on human resource management. According to the study, information technology is an essential component of enterprises, and its use has an impact on human resource management across the board.

Teresa and Nagirande (2014) completed a study to emphasize the HR practices that lead to employee retention in any organization. Research revealed that the HR practices that have a substantial impact on employee retention are primarily training and development, salary, rewards, leadership, performance appraisal, etc.

Scheible et al. (2013) examined the impact of HR practices on organizational responsibility. Researchers also reviewed the perceptions of the employees towards the HR practices that influence their entrenchment.

Ruel, Bondarouk, and Velde (2007) studied the function of e-HRM in increasing the effectiveness of HRM practices.

The exact point of absence of government support for healthcare has been restated through Richard G.A. Feachem's study, which says, "In Asia, and especially in India, healthcare is mainly purchased 'out of pocket' from private doctors and clinics. In many African countries,

the proportion of finance and provision that is private is rising due to the reality and the perception (which has lagged behind the reality) of the inability or unwillingness of governments to pay for and provide even basic health services to the majority of the population. The governments of low- and middle-income countries, together with international agencies and the health policy community, have neglected or ignored this reality over the past decades. It can no longer be avoided. "Himalayan Times, a daily newspaper of Nepal, states in detail a few hospital regulations that they propose in the article 'Nepal hospital regulations: Can we have an update?' In July 2002, the Nepal Government declared openly that plans to regulate health services would become effective in January 2003. This was announced at a workshop arranged by the Ministry of Health in Kathmandu on 'Review of Criteria for Private Health Institutions in Nepal'. The guidelines laid down include the following:

- (i) Medical Professionals would not be permitted to work at more than two establishments.
- (ii) Private infirmaries and nursing homes would have to fit out facilities for emergency and surgery assistance, among others.
- (iii) Hospitals with over 100 beds would have to incorporate a blood bank.
- (iv) Charges against the hospital would be determined by a committee constructed by the government.
- (v) Hospitals conform to salary pars set by the government.

Gary Starzynski critiques a survey that was accomplished at 19 Central New England Laboratories. He expressed that some hospitals had roles available but vacant as it was arduous to track down eligible personnel. Most hospitals disseminate the idea that technical employees stay at their establishments for two to five years. Salary deliberations were the foremost reason for employee withdrawals, as few laboratory managers expect major changes in their salary

structure for five years. Overtime was quoted as the prevalent practice for coping with staffing insufficiencies when the participants were asked to pinpoint the four considerably shared reasons why medical technicians and medical lab technicians vacate the job, more than three-quarters mentioned cash on hand. (Salary discontent or the prospect of acquiring better). A few remarked on anxiety or burnout, and working hours were also highlighted. According to two-thirds of the respondents, eight respondents (44 percent) spoke of frustration with the job; only seven (39 percent) spoke of suspicion of AIDS and other contagious diseases.

Polidano, in his article, puts forward that meager salary levels have ushered staff out of the public sector and into the private sector, NGOs, and aid agencies. Low pay also leads to low managerial power, as well as inadequate corporate retribution.

Ramamurthy's N.V., article, puts forth absolute propositions for Nursing Schools and Colleges. He argues that the Manpower deficit in developed economies is an incessant disquiet, and, in the case of nurses, this should not be put up with lightly. The industry must track down routes and paths for maintaining skills and not hang around with the claim that a populated country will always equip inexpensive manpower. The quality of healthcare does suffer in the long run. The industry should prepare reputable nursing colleges predominantly for domestic prerequisites and later for overseas requests if needed, but experienced staff must be given their due in their country first. The nursing superintendent of Nanavati Hospital, Mumbai, states, "Nursing is an experienced job that mandates conditioning. Various lessons in nursing sadly do not give a comprehension of clinical care. It is only during the job that they comprehend. But by the time they accumulate understanding, it is parting time for them.

Francis C.M. states that "Health is labor-intensive and an area where coached manpower is extensively indispensable. If healthcare is to turn over a new leaf, it is integral that measures be taken to ensure that personnel are present as per their requirements. Inadequate numbers, improper training, and unequal distribution need to be unraveled."

Following are the resolutions embraced and reiterated in the Council Meeting of the Trained Nurses Association of India (TNAI) (2003) on "Recruitment of nurses on contract with less salary."

- Whereas it is observed that nurses are recruited on a contractual basis at a lesser salary in many Government and private hospitals, which is not in keeping with the human rights of parity and thereby will be corrected.
- Whereas it is observed that there is no uniformity in the salary hierarchies of nurses within a particular institution or state while they perform similar jobs, this matter will also be taken into consideration.
- One more issue is the contractual term recruitment. The nurses should be recruited regularly, not on a contractual basis.
- Another issue has been brought to the attention of the Trained Nurses' Association of India: there are incapable and unlicensed persons working as nurses in different parts of the country by fetching fraudulent Nursing Certificates through illicit means. It is felt that if these crooked people are allowed to function without proper training and scrutiny, the patient care system will be in jeopardy. The Trained Nurses' Association of India, Indian Nursing Council, State Nursing Councils, and Central and State Governments should take unified legal action against such persons.
- A revolutionary magazine highlights, "After the nurses themselves saw that nothing can be achieved without building pressure upon the Government, they took to the streets on May 5, 1998, demanding the enactment of a new pay package, enhancement in allowances, time-bound upgrades, reasonable accommodation, refilling up of vacancies, prepping of the Nursing Directorate, non-practicing allowance, and the enactment of the 1997 agreement.

- Nurses have understood a practical lesson: that the privileges that they are entitled to can only be taken through United efforts and not by taking a path full of struggle.

Interestingly, most nurses' strikes have transpired in the government sector, although in India, the private sector is thought to be responsible for nearly three-fourths of hospitals and beds, according to Amar Jesani, another magazine. More nurses should be signed on in the private sector for the settlement.

According to a September 2003 article in the Hindustan Times Bureau on the Andhra Pradesh hospital code of standards, "Private nursing residences and infirmaries in Hyderabad will continue to heed a principle of ethics that mandates them to formalize their rates, make their billing transparent, counsel patients, and ensure unambiguous procedures for diagnosis and treatment. All 450 institutions enlisted with the Hyderabad and district branches of the Andhra Pradesh Private Hospitals and Nursing Homes Association are mandated to hang around by the regulation.

Saritha Vanna, in her article in the Financial Express, commented, "At Rs 11.54, the fund-strapped Kerala treasury's spending per patient is also bombed in the country. Nevertheless, a contemporary study by A Raman Kutty has monitored that although the state's infusions in health care have not plummeted, 98 percent of this went to forage establishment outlays, like remunerations. Yet over 20 million poor patients in taluk hospitals and medical college precincts movingly don't get beds, medications, or upkeep" Djabatey E. N. (2018).

Francis P.A. critiques in his piece, 'An Excellent Legislation', the extreme legislation that could obtain regulatory control over private infirmaries, nursing residences, and other healthcare establishments. He says, "The private sector plays a paramount role in the healthcare sector of this country. Today, most state governments have failed to systematize serviceable numbers of infirmaries and primary health centers. Most states do not even retain proper ledgers of the

number of private medical facilities operating. An extensive preponderance of these private medical establishments does not ensure any paragons of service, as there are no thorough ordinances to supervise them. They, therefore, indulge in several unscrupulous trials and charge exorbitant fees for the substandard services.

On recruitment of different categories of staff in MN Hospital, Cochin, Dr. P.K. Puryakayastha, Chief Medical Officer, Fertilizers and Chemicals Travancore Ltd., Kerala said “written job assignment is served to the concerned employee within four weeks of an order of appointment.”

He proposes that the following broad general principles should, therefore, be upheld given categorizing the health services hereafter:

- The practicum of the health service personnel should be exhaustively oriented to the people, their social, cultural, and economic conditions, and their health profile.
- The preventative, promotional, and remedial problems should be demarcated accurately at each level, right from the village to the sub-center, community, district, state, and Central levels. This should be based on implied deconstructions and not on presumptions.
- The skills, services, and facilities needed for each level must be characterized by the rationale of the above determinations.
- People from the regional district itself should appoint officials at lower levels.
- The appointment of personnel and their apprenticeship should be based on the prerequisites for the specific jobs they have to carry out. The education rank for the appointment of candidates must be satisfactory and not overblown. Overeducating is often counterproductive. be adequate and not excessive. Over-education is often counter-productive.
- Selection at the lower levels should be of persons from within the local community itself.

In an essay in the Indian Journal of Medical Ethics (Oct.–Dec. 2004), "Nurses' unfathomable salaries and toiling conditions have not been taken into account by the national-level committees on the subject". Wockhardt Hospitals Group, for instance, did not detect less than five nurses resigning from their hospital annually. Vishal Bali, Vice President of Wockhardt Hospitals Group, remarks that they can retain their nurses as they propose exemplary salaries and training on par with international standards.

Rita Dutta (1966), reports in The Indian Express, that "The exodus is markedly low, if not non-existent in the corporate hospitals because of better salary and training.

According to Saritha Varna in the Financial Express, "vacant spaces in government-run medical centers have not been filled, and the nurse-patient ratio is extremely skewed, as reported by nursing university staff." It should be 1:6 in government hospital general areas. However, after 1:30, patients anticipate that nurses will be friendly and cheerful. Is it possible?" she inquires. Because of this, nurses favor private hospitals even though they pay less.

2.2 Recruitment and selection process in India

Recruitment is a robust task that requires professional perspective, expertise, and the ability to track down the finest candidate for the organization. HR connoisseurs in the recruitment department of the organization continually encounter pristine duties. The extensive confrontation in recruitment is to recruit the finest probable candidate for the organization.

Despite economic development, significant income inequality exists throughout the country. On average, 75 percent of India's population belongs to rural regions, and the standard of residency is nonetheless indigent. In 2012, per capita gross income in India was merely \$3,391. The scarcity of government financial subsidies in healthcare has led to prominent cracks in the eminence and availability of facilities for the public. Due to this, Indian patients have no alternative but to make use of private healthcare services, which come with luxurious charges. As touched upon before, the recruitment and appointment process plays a prominent role in its

triumph, as is the case in hospitals. It conveys information about the hiring strategies enforced by various organizations. Among the ones about the most convincing strategies are referrals, campus recruitment, advertisements, and HR consultants. These sources help the personnel department appoint a sensible candidate for a vacant position in a promising way.

Korsten (2003) and Jones et al. (2006) advised that staffing procedures can be accomplished through internal or external sources or online. He articulated that it is based on the level of job, job description, job, and application, which further aids in organizing the interview process, judgment, and decision-making on formal selection and training requirements. The recruitment process involves group discussions and personal interviews.

Karthiga et al. (2015) concluded that selection is the method of fetching promising applications for the objective of employment. Their study also advised that the procedure of recruitment is not an easy one; top authorities resolve and intend to hire a good manager or a member of staff. This process enables top management to elect the right candidate for the vacant position.

Gamage (2014) examined the fact that the typical purpose of recruitment is to give the organization a pool of qualified prospects. The organization appoints employees from that pool because the worth of personnel in an organization vastly depends on the caliber of applicants. Consequently, to acquire strategic ideals, they must heed this beginning direction to ensure that they have engaged the right people for their culture and vibe. On the other hand, the strategy of picking up the most pertinent candidate from the recruitment pool to fill the relevant post constitutes the process of selection (Opatha, 2010; Ofori and Aryeetey, 2011). The decision-making that has to do with one or more methods in the cycle of selection can alternatively be seen as an approach to elimination since it nullifies more and appoints only a few applicants who are believed to be suitable for the position. Consequently, selection activity is deemed to have a negative rather than a positive function (Gamage, 2014).

Finding, attracting, formulating, and maintaining the best staff has got to be strategic to correspond with the future necessities of the organization and the people whose performance will drive the organization to success (O'Meara and Petzall, 2013). It will retain an expansive influence on the community, the organization, and the staff themselves. There is a demand for a strategic process within a scheme, and this strategic framework will be accountable for a resonant understanding of the procurement and retention of promising applicants. Therefore, the first phase of the method is said to be recruitment, and the second phase is perceived as selection.

According to Druker and White (1995), it is integral to comprehend the internal recruitment sources, which are more operative in terms of attaining human resources and which can exist for an extended duration. One of the primary concerns is that an organization that deals with recruitment is likely to fill job openings with interested candidates.

Vyas (2011) elucidated the foremost procedures of the online recruiting system. Nowadays, organizations are continually looking for a process to minimize time and grind. The study contemplates that a sudden boost in internal recruiting gives a new direction to employment portals' efforts to make staffing more worthwhile. Consequently, employment portals have become a transparent medium not only for recruiters but also for job seekers.

In the survey research conducted by Chapman and Webster (2003), it was found that most organizations in the USA made use of recruitment processes that leaned on technology-based selection tools to enrich their efficiency. Such specialized use of resources not only augments the pool of applicants but also promotes new and assorted assessment tools and standardized systems.

Breaugh (2008) talked about employee recruitment and its indispensable areas for forthcoming research and explored the recruitment and selection cycle. He further addressed recruitment process-correlated topics, comprising targeted recruitment and location visits, to ensure the

smooth functioning of the process. The author advised that before deciding on employment issues, an organization should thoughtfully affirm its staffing objectives.

Florea and Badea (2013) ratified that through the use of the Internet and by administering the extremely competitive and time-consuming process of scouring, skilled manpower can be fulfilled by putting together an efficacious recruitment program by HR.

Karthiga et al. (2015) explained that the process of recruitment does not come to an end with the selection of eligible prospects; it pertains to upholding and retaining the employees who are selected. Their study sheds light on the fact that if HR managers take advantage of feedback, the organization can experience an incredible applicant incentive for a job.

A study by Ullman (1966) found that new employees recruited through traditional sources (i.e., newspapers, advertisements, employment agencies) had an opulent turnover rate as compared to informal sources (i.e., employee recommendation, direct application). He was one of the first to explore recruitment sources.

Unwin (2005) emphasized that recruitment is one of the key segments for enticing and retaining employees. This directly means that additional emphasis should be given to the procedures that are used at the time of hiring and recruiting a promising candidate.

CHAPTER III

METHODOLOGY

3.1 Overview of the Research Problem

Management is substantial and theoretically employees in better-managed organizations are more diligent and acquainted with the ideals of the company. As a result, these organizations ought to be more efficacious in attaining their intents when compared with erroneously overseen organizations. The government, however, has a notable sway on how management should be organized, how managers should be counterbalanced, and what tasks should be assigned to whom. The influence of management on the accomplishments of private-sector businesses has been broadly studied in this research. Owners or shareholders employ managers in the private sector primarily if not exclusively—to gain profits. Private sector businesses that desire to thrive, try to recruit outstanding managers by equipping them with promising financial incentives. Senior managers continually earn far more than other employees in the company. Greater incentives are thought to draw in substantial managers. Managers are given responsibility for their team members, given the liberty to employ and terminate employees, and are given an incredible pact of self-sufficiency in making day-to-day choices.

Hospital managers in the NHS have a very different role from those in the private sector. In the first place, there aren't numerous hospital managers. Approximately 3% of employees at NHS hospitals work in management positions, compared to 11% of employees in management positions across the English sector. To uphold quality standards and financial fiduciary duties, the healthcare industry is considerably controlled, and hospitals also have a substantial administrative cost in carrying out adherence. These managerial responsibilities are distinct from daily subservient and therapeutic efforts. NHS management chiefly concentrates on these managerial tasks by making sure that legal commitments are adhered to rather than proactively enriching performance. (Suwiknyo, P., 2022).

If there is any connection between management input and performance, in this case, it is presumably precarious. Hospital production has been modeled in earlier deconstructions in this domain as a process of physicians' input and administration input. According to Street, A. (1999) and Soderlund (1999), management input has been conceptualized as a discrete staff group in the hospital production function or to influence total distinctive productivity. According to Bloom, N. (2016), these methods have so far demonstrated a very slight correlation between hospital output and the amount of managerial input. The scant literature analyzing the connection between management remuneration and hospital performance also appears to support this result. Joynt et al. (2014) found no connection between CEO pay and patient outcomes in a survey of nonprofit US hospitals. Janke et al. (2018) found that CEOs appeared to have no detectable mark on any sort of hospital performance metrics in their analysis of English NHS hospitals, independent of their amount of compensation.

The efficacy of hospital management has also been the subject of other research, which tracked down a favorable correlation between it and clinical developments. As a part of Bloom, N. (2012) research on global management structures, Bloom surveyed clinical practice leads in cardiology and orthopedic departments in hospitals across a few nations and discovered a connection between effective management and lower risk-adjusted hospital mortality from acute myocardial infarction (AMI). According to interviews with managers in orthopedic and cardiology departments of UK hospitals, Bloom, N. (2015) came to an identical conclusion. They found that higher management scores were linked to better AMI survival rates, better survival rates from general surgery, shorter waiting times, and lower staff turnover.

3.2 Operationalization of theoretical constructs

The surveillance of employees, management of finances, and administration of patients are the three major categories: management of patients, management of staff, and management of budgets. Figure 1 displays that management quality functions as an intermediary in the

association between the number of managers and results. Less staff, a smaller budget, and fewer beds could be under each manager's control if a hospital increases management involvement. In addition to hiring more managers, there are other strategies to boost management productivity, such as recruiting managers who are of higher caliber or have more experience.

Figure 1: Suggested mechanism linking management input and hospital performance

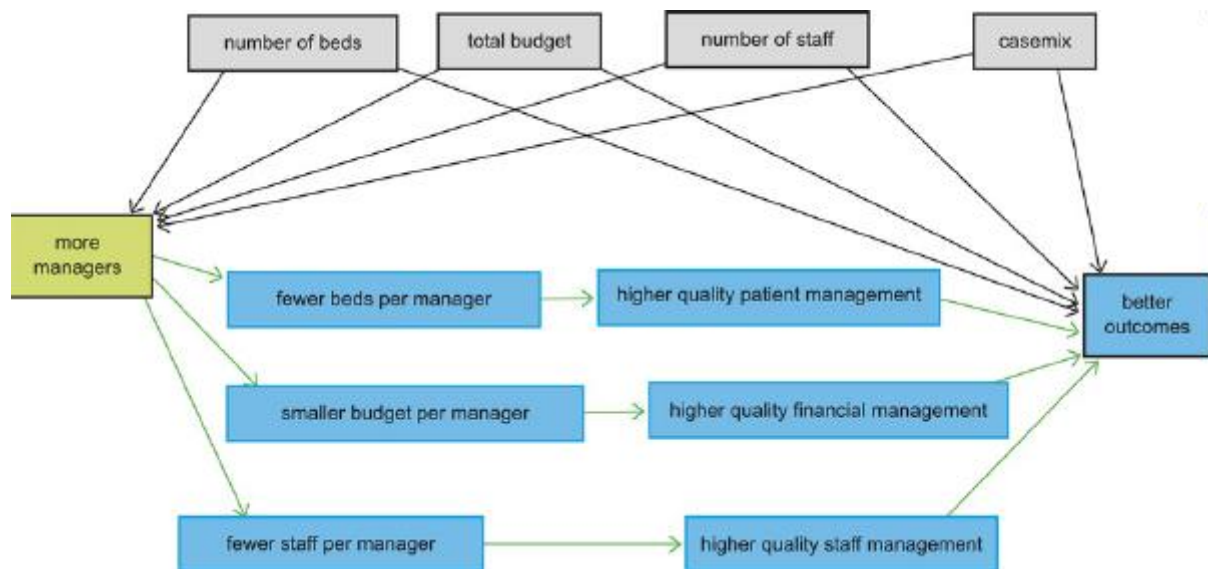


FIGURE 1: Suggested mechanism linking management input and hospital performance

The quality of administration is stronger than in public sector hospitals. Here, the job of management is more centered on leadership, according to the J.J. Institute of Medical Science. As higher-quality staff management is believed to be a moderating facet in the mechanism linking management input to outcomes, the data from the NHS staff survey is utilized to account for a portion of the mechanism. Higher-quality financial management should be vital in overseeing the hospital's across-the-board financial status. Higher-quality staff management results in a more fired-up and productive workforce. Nonetheless, managers in NHS hospitals are subject to several constraints and have nominal authority over the total number of employees hired by the hospital. The entire financial boundaries it must adhere to, and the total number of beds it can put forward for the patients, Wu, M., He, Q., Imran, M., & Fu, J. (2020).

These constraints might skew the connection between the number of managers and hospital outcomes since they are exogenous. To create an empirical specification, refer to the correlations shown in Figure 1 at the J.J. Institute of Medical Science.

3.3 Research Purpose and Questions:

Research Purpose:

This research aims to explore hospital management techniques and their effects on staff members. The research specifically attempts to comprehend the distinctions in management methods between government and private hospitals and to evaluate the impact of these practices on the staff members employed in both healthcare environments. The study also aims to investigate how well-informed impoverished people are about the health industry and how it can affect hospital staff.

Research Questions:

What is the impact of management techniques used in private hospitals on employees?

What is the impact of management techniques used in government hospitals on employees?

What is the indirect impact of teaching/educating impoverished people about healthcare on employees of hospitals?

The purpose of these study questions is to shed light on the dynamics of hospital administration, the opinions of the impoverished regarding healthcare services, and the consequences for hospital staff. The study intends to improve employee well-being and management methods in healthcare environments by addressing these topics.

3.4 Research Design:

This research aims to evaluate the effects of hospital management strategies on staff members, specifically comparing government and private hospitals. Additionally, the study will investigate the degree of knowledge that impoverished citizens have about the health sector.

With a sample size of 550, the population is made up of people who work in hospitals—both public and private. There are 250 patients from government hospitals and 250 patients from private hospitals in this sample. Furthermore, a poll of fifty employees and management staff will be conducted to get insight into their viewpoints. Participants can be chosen by simple random sampling within each stratum. Data from management staff and employees will be gathered using questionnaires. Information on management procedures, worker satisfaction, knowledge levels among the impoverished, and any perceived effects on employees should all be included in the questionnaire's design. Hospital management techniques, the kind of hospital (government vs. private), and the awareness levels of the impoverished. Dependent variables include perceived influence on employees and employee happiness.

Moral Aspects to Take into Account: Make sure the study respects the privacy and confidentiality of the participants. Before gathering any data, get the participants' informed consent.

Restrictions: Response bias, restricted generalizability outside of the hospitals in the sample, and difficulties in gauging awareness levels among the impoverished are possible drawbacks of the research.

3.5 Population and Sample:

Population:

The population as a whole is 500 people. These people work for government and private hospitals, respectively.

There are two hundred and fifty private hospital patients.

There are two hundred and fifty government hospital personnel.

To summarize:

500 people make up the population (250 from government hospitals and 250 from private institutions).

50 people make up the sample (management and staff; no additional breakdown is given).

3.6 Participant selection

To ensure that the results of a study on hospital management practices and staff effects are accurate and representative, great care should be taken in selecting the participants. This is a suggested course of action: To ensure fairness and representation, individuals from both government and private hospitals should be randomly selected from the whole list of staff. For this, a random number generator or a systematic random sample method was applied. Because patients from both public and private institutions are included in the sample group, it is imperative to ensure that each sector is appropriately represented. Using a population stratification (government and private hospitals, in this case), stratified sampling chooses participants at random from each subgroup based on how well-represented they are across the whole population. Specify inclusion criteria in detail to ensure study participants are relevant. Administrative staff, front-line healthcare workers, and managers who actively participate in hospital operations might all be participants. Obtain informed consent from all subjects before including them in the study. Explain the purpose of the study, any potential risks, any benefits, and the rights of the participants. Assure research participants that their responses and information will be kept confidential at all times. Encouragement of open and honest responses is dependent on this. To ensure that the study's conclusions are both statistically significant and broadly representative of the population, select an appropriate sample size. A sample size of 550 individuals, 250 from each sector, 50 from govt sector is adequate for this study. This diversity allows for a deeper understanding of how management practices impact employees from different backgrounds. Respect justice, beneficence, and autonomy by abiding by ethical

standards throughout the participant selection process. Obtain the necessary approvals from institutional review boards or ethics committees. By following these suggestions, the participant selection process may be designed to maximize the validity and reliability of the study's results about hospital management practices and their impact on employees.

3.7 Instrumentation

This research has investigated hospital management strategies and their impact on employees. The sample consists of 500 individuals, with 250 affiliated with government hospitals and the remaining 250 with private hospitals. Additionally, a survey was conducted with 50 employees and management workers to gauge the level of knowledge among underprivileged individuals about the health sector and its impact on workers. To conduct this survey properly, various aspects related to instrumentation, which refers to the tools and techniques used in data collection, were considered. The development of the study's instrumentation took into account the process and elements involved. The objectives of the study and the issues that needed to be addressed were also stated, aiding in the development of the questionnaire. Examination of hospital management strategies, employee happiness, and the impact of awareness levels on employee well-being provided insights into important factors and components to be included in the survey. The survey encompassed questions on hospital administration practices, such as staff assistance initiatives, leadership philosophies, communication effectiveness, and decision-making processes. It also covered other areas such as job stress, employee happiness, overall well-being, and organizational support. The sampling method employed included patients from NGOs and employees from government and private institutions. Clear instructions were provided for participants on how to fill out the questionnaire, both offline and online. After gathering all the information, the responses were analyzed using appropriate statistical techniques. Comparisons were made between the responses gathered from individuals working in government and private hospitals while examining the connection

between employee satisfaction, management approaches, and awareness levels of the underprivileged. Necessary ethical approvals from relevant institutional review boards and ethics committees were obtained before commencing the research. Participant confidentiality and privacy were respected throughout the research process

3.8 Data collection and procedures

The following data collection and technique were used to gather information for the study on hospital management practices and their effects on staff members as well as the degree of awareness among the impoverished about the health sector. A qualitative methodology might be used in the investigation. Structured questionnaires might be used to get quantitative data from management staff members as well as employees. Semi-structured interviews with a subset of participants might yield qualitative data to learn more about their perspectives and experiences. Participants were chosen by simple random selection within each stratum. It is possible to create different surveys for management staff and employees. Topics like company culture, communication techniques, leadership philosophies, workload, job satisfaction, and opinions about the healthcare system might all be discussed. Certain questionnaire items were used to gauge how well-informed the impoverished population is about the health sector. These queries focused on their views on the caliber of care they received, their comprehension of healthcare policies, and their access to healthcare services. Obtaining ethical permission from the appropriate authorities should be done before beginning data collection. Questionnaires might be distributed and gathered in person by researchers by visit each facility. Outreach programs or community centers might be used to contact the target audience of poor people. Researchers should stress the secrecy and anonymity of replies and give clear instructions for filling out the questionnaires to assure validity and reliability. To provide an overview of the

data, descriptive statistics were produced, including frequency distribution and percentages. Graphical representation can also be used for clarity if the data analysis.

3.9 Data Analysis:

The study conducted on hospital employees from both private and government sectors offers valuable insights into various aspects of their demographics, employment characteristics, and perceptions regarding their working conditions.

Demographically, the sample comprised an almost equal distribution of males and females, with the majority falling within the age range of 20-50 years. A significant proportion of participants held graduate or postgraduate degrees, with diverse levels of professional experience. The majority were married individuals residing in urban areas, with the most common family structure being nuclear families. Moreover, a considerable portion of the sample held permanent regular employment.

When comparing private and government hospital employees, notable differences emerge. For instance, in private hospitals, there was a slightly higher proportion of male employees, whereas government hospitals had a slightly higher proportion of female employees. Age distribution also differed, with a higher percentage of younger employees in private hospitals compared to a more evenly distributed age range in government hospitals. Regarding employment characteristics, private hospital employees tended to have more diplomas/degrees, while government hospital employees had a higher percentage of graduates. Private hospital employees also had shorter average tenure, with a higher percentage having 0-5 years of experience compared to government hospital employees. The descriptive analysis of working hours revealed that the majority of employees across both sectors worked above 6 hours per day. However, private hospital employees reported longer working hours on average compared to their counterparts in government hospitals.

Perceptions of job responsibilities and recognition varied between the two sectors. Private hospital employees generally reported a clearer understanding of their responsibilities compared to government hospital employees. Additionally, private hospital employees felt more recognized for their efforts than those in government hospitals. Concerns about salary, performance pressure, growth opportunities, job stress, and work-family conflict were also identified. Government hospital employees expressed dissatisfaction with salary and perceived pressure to improve performance compared to private hospital employees. Moreover, government hospital employees reported higher levels of job stress and perceived a greater interference of work with family responsibilities compared to their counterparts in private hospitals.

In conclusion of descriptive analysis, the study highlights the differences in demographics, employment characteristics, and perceptions between private and government hospital employees, shedding light on areas for potential improvement in each sector.

3.10 Research Design Limitations

The purpose of the study is to compare management styles in government and commercial hospitals with an emphasis on how these practices affect hospital staff. Furthermore, the study aims to evaluate the degree of knowledge that those from disadvantaged backgrounds have about the health industry and how it affects workers. The following elements are most likely included in the study design: There are 500 people in the sample population, 250 of them are from government hospitals and the other 250 are from private hospitals. Fifty workers and management staff are also included in the sample to investigate the effect of awareness levels among Questionnaires were used to gather quantitative data from the 500 participants, who represent both government and commercial facilities. These surveys probably ask questions on work performance perception, employee happiness, and management techniques. To acquire a better understanding of the experiences and viewpoints of employees and management staff,

qualitative data was obtained through focus groups or interviews with these individuals. When analyzing quantitative data, statistical methods like descriptive statistics analysis were used to find links between management working conditions, pressure, management surveys, and employee results. Because of the unique circumstances surrounding the hospitals and the sample group, the study's conclusions may not be as applicable as they could be. It's possible that findings from one area or kind of hospital won't apply to another. Even though 500 people is a sizable sample size, it might not be able to fully capture the complexity and diversity of management techniques seen in various institutions and geographic areas. Participant selection may have inherent biases, especially if specific hospital or staff groups are over or under-represented in the sample. Interviews and questionnaire replies may be influenced by self-reporting bias, in which respondents give answers that are socially acceptable or misremember events. This makes it more difficult to determine the causal links between employee outcomes and management strategies. The study's goal is to investigate how awareness levels affect employee and management, the sample size of 50 managers and employees might not be large enough to provide strong findings. Enhancing the validity and reliability of study results may be achieved by taking these limits into account while selecting sample strategies, gathering data, and interpreting the results.

CHAPTER -IV
ANALYSIS

The sample population consisted of 550 individuals, Individuals from private & govt hospitals were selected for the study. Out of a total population of 500 individuals, 250 were from private hospitals and 250 were from govt hospitals. Also, the awareness levels among underprivileged individuals regarding the health sector and its impact on employees by asking questionnaires from the 50 employees and management from government hospital.

GENDER DISTRIBUTION:

The table presents a demographic breakdown of a sample population consisting of 500 individuals, categorized by gender. Of the total, 53.4% are male amounting to 267 individuals, while females account for 46.6% with a count of 233.

Table 1: Gender Distribution of Population

		<i>Frequency</i>	<i>Percent</i>
Gender	Male	267	53.4%
	Female	233	46.6%
	Total	500	100.0%

AGE DISTRIBUTION:

The table presents a comprehensive overview of the age distribution within a sample population of 500 individuals. The data is segmented into four age brackets, with corresponding frequencies and percentages. The age groups are delineated as follows: 20-30 years, comprising 125 individuals or 25.0% of the total; 30-40 years, encompassing 146 individuals at 29.2%; 40-50 years, representing 136 individuals or 27.2%; and above 50 years, with 93 individuals

making up 18.6%. highlighting the varying proportions across different age brackets.

Table 2: Age distribution of sample population

		<i>Frequency</i>	<i>Percent</i>
Age	20-30 yrs.	125	25.0%
	30-40 yrs.	146	29.2%
	40-50 yrs.	136	27.2%
	Above 50 yrs.	93	18.6%
	Total	500	100.0%

EDUCATIONAL QUALIFICATION:

The tabulated data elucidates the educational qualifications of a 500-individual sample, categorizing respondents into four distinct groups. Notably, 29.6% of the total possess graduate degrees (148 individuals), while 26.6% are postgraduates (133 individuals), and 14.8% hold doctorates (74 individuals). Another 29.0% of the population holds alternative diplomas or degrees, constituting 145 individuals.

Table 3: Educational qualification of sample population

		<i>Frequency</i>	<i>Percent</i>
Qualification	Graduate	148	29.6%
	Postgraduate	133	26.6%
	Doctorate	74	14.8%
	Other Diploma/Degree	145	29.0%
	Total	500	100.0%

EXPERIENCE:

The table presents a breakdown of the professional experience levels within a sample population of 500 individuals, detailing both the frequency and percentage distributions across different experience categories. In the 0-5 years range, 101 individuals are represented, making up 20.2% of the total. The second category, encompassing experience between 5-10 years, consists of 188 individuals, contributing to 37.6%. Those with experience spanning 10-15 years constitute 172 individuals, accounting for 34.4% of the total. The final category, individuals with over 15 years of experience, comprises 39 individuals, representing 7.8%

Table 4: Experience of the sample population

		Frequency	Percent
Experience	0-5 yrs.	101	20.2%
	Between 5-10 yrs.	188	37.6%
	Between 10-15 yrs.	172	34.4%
	Above 15 yrs.	39	7.8%
	Total	500	100.0%

WORKING HOURS:

The table delineates the distribution of working hours of 500 individuals in the hospitals. 51 Individuals had working hours between 4 and 6 hours, representing 10.2% of the total sample. In contrast, the majority of individuals, 449 in total, have more than 6 working hours, accounting for 89.8% of total samples.

Table 5: Working hours of sample population

		Frequency	Percent
Working hours	Between 4-6 hr.	51	10.2%
	Above 6 hr.	449	89.8%

	Total	500	100.0%
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MARITAL STATUS:

The table illustrates the marital status distribution within a sample population of 500 individuals, providing both frequency and percentage breakdowns across three categories. Unmarried individuals account for 19.4% of the total, with a count of 97, while the majority, constituting 75.4%, is represented by the married category with 377 individuals. Separated or divorced individuals make up 5.2% of the total, comprising 26 individuals.

Table 6: Marital Status of sample population

		Frequency	Percent
Marital status	Unmarried	97	19.4%
	Married	377	75.4%
	Separated/Divorced	26	5.2%
	Total	500	100.0%

LOCALITY:

Individuals residing in rural areas comprise 37.8% of the total, with a count of 189, while those in urban areas constitute the majority at 62.2%, with 311 individuals.

Table 7: Locality of sample population

		Frequency	Percent
Locality	Rural	189	37.8%
	Urban	311	62.2%
	Total	500	100.0%

NUMBER OF CHILDREN:

The table provides insights into the distribution of the number of children within a sample population of 500 individuals. Individuals with 1-2 children comprise the majority, accounting for 55.4% of the total with 277 individuals. Those with 2-3 children constitute 19.4% of the population, totaling 97 individuals. A portion of the sample, 25.2%, comprises individuals with no children, with a count of 126.

Table 8: Distribution of Number of Children in a Sample Population

		Frequency	Percent
No. of children	1-2 Children	277	55.4%
	2-3 Children	97	19.4%
	No child	126	25.2%
	Total	500	100.0%

TYPE OF HOSPITAL:

Individuals from private & govt hospitals were selected for the study. Out of a total population of 500 individuals, 250 were from private hospitals and 250 were from govt hospitals.

Table 9: Type of hospital

		Frequency	Percent
Type of hospital	Private	250	50.0%
	Govt	250	50.0%
	Total	500	100.0

TYPE OF FAMILY:

The table outlines the distribution of individuals based on the type of family structure within a sample population of 500, presenting both frequency and percentage breakdowns across two categories. Joint families constitute 48.4% of the total, with a count of 242, while nuclear

families make up the remaining 51.6%, totaling 258 individuals.

Table 10: Family Structure Distribution in a Sample Population

		Frequency	Percent
Type of family	Joint	242	48.4%
	Nuclear	258	51.6%
	Total	500	100.0%

NATURE OF EMPLOYMENT:

Individuals with permanent regular employment constitute the majority at 58.8%, while those with temporary employment make up 41.2%, with a count of 206.

Table 11: Employment Nature Distribution in a Sample Population

		Frequency	Percent
Nature of employment	Permanent regular	294	58.8%
	Temporary	206	41.2%
	Total	500	100.0%

GENDER DISTRIBUTION OF EMPLOYEES AMONG GOVT & PRIVATE

HOSPITALS:

The table depicts the gender distribution of employees among government (Govt) and private hospitals. The total number of employees is divided into male and female categories for each type of hospital. In private hospitals, there are 130 males (52%) and 120 females (48%). In

government hospitals, there are 137 males (55%) and 113 females (45%), contributing to a total of 250 employees.

Table 12: Gender-wise Distribution of sample population in Private and Government Hospitals

		Type of hospital				Total
		Private		Govt		
Gender	Male	130	52%	137	55%	267
	female	120	48%	113	45%	233
Total		250	100%	250	100%	500

AGE DISTRIBUTION OF EMPLOYEES AMONG GOVT & PRIVATE HOSPITALS:

The table illustrates the age distribution of employees in both government (Govt) and private hospitals. The total number of employees is categorized into different age groups for each type of hospital. In private hospitals, 96 employees (38%) are in the 20-30 years age group, 95 employees (38%) are in the 30-40 years age group, 44 employees (18%) are in the 40-50 years age group, and 15 employees (6%) are above 50 years. In government hospitals, 29 employees (12%) fall in the 20-30 years age group, 51 employees (20%) in the 30-40 years age group, 92 employees (37%) in the 40-50 years age group, and 78 employees (31%) are above 50 years.

Table 13: Age-wise Distribution of sample population in Private and Government Hospitals

		Type of hospital				Total
		Private		Govt		
Age	20-30 yrs.	96	38%	29	12%	125
	30-40 yrs.	95	38%	51	20%	146

	40-50 yrs.	44	18%	92	37%	136
	Above 50 yrs.	15	6%	78	31%	93
Total		250	100%	250	100%	500

EDUCATIONAL QUALIFICATION DISTRIBUTION OF EMPLOYEES AMONG GOVT & PRIVATE HOSPITALS:

The table presents the educational qualification distribution of employees in both government (Govt) and private hospitals. The total number of employees is segmented based on their educational qualifications for each type of hospital. In private hospitals, 68 employees (27%) are graduates, 59 employees (24%) are postgraduates, 18 employees (7%) hold doctorates, and employees (42%) have other diplomas/degrees. In government hospitals, 80 employees (32%) are graduates, 74 employees (30%) are postgraduates, 56 employees (22%) hold doctorates, and 40 employees (16%) have other diplomas/degrees.

Table 14: Qualification-wise Distribution of sample population in Private and Government Hospital

		Type of hospital				Total
		Private		Govt		
Qualification	Graduate	68	27%	80	32%	148
	Postgraduate	59	24%	74	30%	133
	Doctorate	18	7%	56	22%	74
	Other Diploma/Degree	105	42%	40	16%	145
Total		250	100%	250	100%	500

EXPERIENCE OF EMPLOYEES AMONG GOVT & PRIVATE HOSPITALS:

The table provides an overview of the experience distribution among employees in both government (Govt) and private hospitals. The total number of employees is categorized based on their years of experience for each type of hospital. In private hospitals, 93 employees (37%) have 0-5 years of experience, 76 employees (30%) have between 5-10 years, 60 employees (24%) have between 10-15 years, and 21 employees (8%) have more than 15 years of experience.

In government hospitals, 8 employees (3%) have 0-5 years of experience, 112 employees (45%) have between 5-10 years, 112 employees (45%) have between 10-15 years, and 18 employees (7%) have above 15 years of experience.

Table 15: Experience-wise Distribution of sample population in Private and Government Hospitals

		Type of hospital				Total
		Private		Govt		
Experience	0-5 yrs.	93	37%	8	3%	101
	Between 5-10 yrs.	76	30%	112	45%	188
	Between 10-15 yrs.	60	24%	112	45%	172
	Above 15 yrs.	21	8%	18	7%	39
Total		250	100%	250	100%	500

DURATION OF HOSPITAL STAY DISTRIBUTION IN PRIVATE AND GOVERNMENT HOSPITALS:

The table outlines the working hours distribution among employees in both government (Govt) and private hospitals. The total number of employees is classified based on their working hours for each type of hospital. In private hospitals, 51 employees (20%) work between 4-6 hours, and 199 employees (80%) work above 6 hours. In government hospitals, all 250 employees

(100%) work above 6 hours.

Table 16: Duration of Hospital Stay Distribution in Private and Government Hospitals

		Type of hospital				Total
		Private		Govt		
Working hours	Between 4-6 hours	51	20%	0	0%	51
	Above 6 hours	199	80%	250	100%	449
Total		250	100%	250	100%	500

TYPE OF FAMILY OF EMPLOYEES AMONG GOVT & PRIVATE HOSPITALS:

The table outlines the type of family distribution among employees in both government (Govt.) and private hospitals. The total number of employees is categorized based on their family type for each type of hospital. In private hospitals, 109 employees (44%) belong to joint families and 141 employees (56%) belong to nuclear families. In government hospitals, 133 employees (53%) belong to joint families, and 117 employees (47%) belong to nuclear families.

Table 17: Family Structure Distribution in Private and Government Hospitals

		Type of hospital				Total
		Private		Govt		
Type of family	Joint	109	44%	133	53%	242
	Nuclear	141	56%	117	47%	258
Total		250	100%	250	100%	500

TYPE OF EMPLOYMENT OF EMPLOYEES AMONG GOVT & PRIVATE HOSPITALS :

The table illustrates the type of employment distribution among employees in both government (Govt) and private hospitals. The total number of employees is classified based on the nature of their employment for each type of hospital. In private hospitals, 87 employees (35%) have permanent regular positions, while 163 employees (65%) have temporary positions. In government hospitals, 207 employees (83%) hold permanent regular positions, and 43 employees (17%) have temporary positions.

Table 18: Employment Nature Distribution in Private and Government Hospitals

		Type of hospital				Total
		Private		Govt		
Nature of employment	Permanent regular	87	35%	207	83%	294
	Temporary	163	65%	43	17%	206
Total		250	100%	250	100%	500

WORKING CONDITION:

EMPLOYEES COMPULSORY ADDITIONAL WORKING HOURS AMONG GOVT & PRIVATE HOSPITALS

Employees were queried about their working conditions, specifically regarding any additional working hours in hospitals. The table below illustrates that employees in private hospitals tend to have more extended working hours compared to their counterparts in government hospitals.

Table 19: Distribution of Working Conditions: Employees' Compulsory Additional Working Hours in Private and Government Hospitals

		Type of hospital				Total
		Private		Government		
Working Condition:	Always	12	5%	0	0%	12
	Almost	97	39%	7	3%	104

Employees Compulsory additional working hours	Sometimes	129	52%	88	35%	217
	Seldom	12	5%	99	40%	111
	Never	0	0%	56	22%	56
Total		250	100%	250	100%	500

Clarity of Duties and Responsibilities Among Employees in Private and Government

Hospitals: The table provided reflects responses from employees in both private and government hospitals concerning the clarity of duties and responsibilities. The majority of respondents (250) from private hospitals reported having a clear understanding of their responsibilities. In contrast, only 37 government employees indicated a similar clarity in their responsibilities.

Table 20: Clarity of Duties and Responsibilities Among Employees in Private and Government Hospitals

		Type of hospital				Total
		Private		Government		
Working Condition: Clear duties and responsibilities	Always	187	75%	0	0%	187
	Almost	63	25%	37	15%	100
	Sometimes	0	0%	110	44%	110
	Seldom	0	0%	92	37%	92
	Never	0	0%	11	4%	11
Total		250	250	100%	250	500

Perception of Poor Working Conditions in Govt. and Private Hospitals :

The table delves into the perception of poor working conditions among employees in government and private hospitals, providing insights into the frequency with which individuals feel dissatisfied with their working environment. In the "Always" category, 15 responses were

exclusive to government hospitals, indicating employees facing persistent poor working conditions in this sector. Conversely, no respondents from private hospitals reported feeling poor working conditions "Always." For the "Almost" category, 111 responses were recorded in government hospitals, contrasting with none in private hospitals. In the "Sometimes" category, 136 respondents from private hospitals and 113 from government hospitals highlighted a combined total of 249 employees experiencing occasional dissatisfaction. The "Seldom" category showed 105 respondents from private hospitals and 11 from government hospitals, summing up to 116 employees facing infrequent poor working conditions. In the "Never" category, 9 responses exclusively from private hospitals indicated a group of employees reporting no dissatisfaction. The statistical importance of these variations sheds light on the diverse experiences of employees in government and private hospitals concerning poor working conditions.

Table 21: Perception of Working Conditions: Poor Working Hours: Comparison Between Employees in Private and Government Hospitals

		Type of hospital				Total
		Private		Government		
Working Condition: Feel Poor working conditions in your school	Always	0	0%	15	6%	15
	Almost	0	0%	111	44%	111
	Sometimes	136	54%	113	45%	249
	Seldom	105	42%	11	4%	116
	Never	9	4%	0	0%	9
Total		250	100%	250	100%	500

Perception of Long Working Hours in Govt. and Private Hospitals :

The table provides insights into the perception of long working hours among employees in government and private hospitals. It categorizes responses based on the frequency with which individuals perceive extended working hours in their respective workplaces. It can be revealed

below that the govt. employee having long working hours as compared to government hospitals.

Table 22: Long Working Hours in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Working Condition: Long working hours	Always	0	0%	74	30%	74
	Almost	0	0%	31	12%	31
	Sometimes	50	20%	46	18%	96
	Seldom	85	34%	77	31%	162
	Never	115	46%	22	9%	137
Total		250	100%	250	100%	500

Authority for deciding Govt. and Private Hospitals employees:

The table analyzes the perception of authority for decision-making among employees in government and private hospitals, focusing on the influence of work pressure. It categorizes responses based on the frequency with which individuals perceive having the authority to make decisions in their respective workplaces. In the "Always" category, 12 responses were exclusively from private hospitals, while none were reported in government hospitals. For "Almost," 103 responses were recorded in private hospitals, and none in government hospitals. The "Sometimes" category showed 92 responses from private hospitals and 53 from government hospitals, totaling 145. In the "Seldom" category, 31 responses were from private hospitals, and 139 from government hospitals, summing up to 170 employees perceiving occasional constraints on decision-making authority due to work pressure. In the "Never" category, 12 responses were exclusively from private hospitals, and 58 from government hospitals, indicating a group of employees reporting no perception of authority for decision-making under work pressure. The statistical importance of these variations sheds light on the

diverse experiences of employees in government and private hospitals concerning decision-making authority and work pressure.

Table 23: Work Pressure: Authority for Decision-Making in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Work Pressure: Authority for making a decision	Always	12	5%	0	0%	12
	Almost	103	41%	0	0%	103
	Sometimes	92	37%	53	21%	145
	Seldom	31	12%	139	56%	170
	Never	12	5%	58	23%	70
Total		250	100%	250	100%	500

Employees' Experience of Heavy Workload in Govt and Private Hospitals:

The table presents an analysis of the perception of heavy workloads among employees in private and government hospitals, categorized by different frequency levels. In the "Always" category, 9 responses were exclusively from private hospitals, while 73 responses were reported in government hospitals, totaling 82. For "Almost," 96 responses were recorded in private hospitals, and 93 in government hospitals, summing up to 189. The "Sometimes" category showed 110 responses from private hospitals and 66 from government hospitals, resulting in a total of 176 employees feeling a heavy workload at times. In the "Seldom" category, 35 responses were from private hospitals, and 18 from government hospitals, indicating 53 employees perceived infrequent heavy workloads. The statistically significant association between the type of hospital and the reported perception of heavy workloads highlights diverse experiences among employees in private and government hospitals concerning work pressure.

Table 24: Work Pressure: Perception of Heavy Workload Among Employees in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Work Pressure: Employees feel a Heavy workload	Always	9	4%	73	29%	82
	Almost	96	38%	93	37%	189
	Sometimes	110	44%	66	26%	176
	Seldom	35	14%	18	7%	53
		250	100%	250	100%	500

Supportive Colleagues: Employee Perspective in Govt and Private Hospitals:

The table examines the employee perspective on the supportiveness of colleagues in both government and private hospitals, focusing on different levels of work pressure. In the "Always" category, 48 responses were exclusively from private hospitals, while none were reported in government hospitals. For "Almost," 112 responses were recorded in private hospitals, and 51 in government hospitals, summing up to 163. In the "Sometimes" category, 42 responses were from private hospitals and 88 from government hospitals, indicating 130 employees perceived supportive colleagues under certain work pressures. In the "Seldom" category, 24 responses were from private hospitals, and 81 from government hospitals, totaling 105. The "Never" category showed 24 responses from private hospitals and 30 from government hospitals, suggesting 54 employees perceived a lack of supportive colleagues under work pressure. The statistically significant association between the type of hospital and the reported perception of colleague supportiveness, reveals diverse experiences among employees in private and government hospitals concerning work pressure and colleague support.

Table 25: Work Pressure: Perception of Colleague Supportiveness in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	

Work Pressure: Colleague supportive	Always	48	19%	0	0%	48
	Almost	112	45%	51	20%	163
	Sometimes	42	17%	88	35%	130
	Seldom	24	10%	81	32%	105
	Never	24	10%	30	12%	54
Total		250	100%	250	100%	500

Reward Recognition:

Employee Perception on Lack of Recognition in Govt. and Private Hospitals:

The table investigates employee perceptions regarding the lack of recognition in both government and private hospitals, focusing on different levels of reward recognition. In the "Always" category, 109 responses were reported exclusively in government hospitals, while none were indicated in private hospitals. For "Almost," 66 responses were recorded in private hospitals, and 111 in government hospitals, totaling 177. In the "Sometimes" category, 105 responses were from private hospitals and 30 from government hospitals, indicating 135 employees perceived a lack of recognition at times. In the "Seldom" category, 79 responses were exclusively from private hospitals, while none were reported in government hospitals. So, the results revealed that in govt hospitals employees feel a lack of recognition as compared to private hospitals. The statistically significant association between the type of hospital and the reported perception of a lack of recognition, emphasizes diverse experiences among employees in private and government hospitals regarding reward recognition.

Table 26: Reward Recognition: Perception of Lack of Recognition in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Reward Recognition: Lack of recognition	Always	0	0%	109	44%	109
	Almost	66	26%	111	44%	177
	Sometimes	105	42%	30	12%	135
	Seldom	79	32%	0	0%	79

		250	100%	250	100%	500
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Employee Perception of Inadequate incentives in Govt. and Private Hospitals:

The table presents an analysis of employee perceptions regarding workload management in both private and government hospitals, categorized by different frequency levels. In the "Always" category, 75 responses were exclusively from government hospitals, while none were indicated in private hospitals. For "Almost," 66 responses were recorded in private hospitals, and 84 in government hospitals, summing up to 150. The "Sometimes" category showed 108 responses from private hospitals and 62 from government hospitals, indicating 170 employees perceived challenges in workload management at times. In the "Seldom" category, 56 responses were from private hospitals, and 29 from government hospitals, totaling 85. The "Never" category showed 20 responses exclusively from private hospitals, while none were reported in government hospitals. It can be concluded that govt. employees have inadequate incentives as per their perception as compared to private hospitals.

Table 27: Reward Recognition: Perception of Inadequate Incentives in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Reward Recognition: Inadequate incentives	Always	0	0%	75	30%	75
	Almost	66	26%	84	34%	150
	Sometimes	108	43%	62	25%	170
	Seldom	56	22%	29	12%	85
	Never	20	8%	0	0%	20
Total		250	100%	250	100%	500

Employee Perception on No Proper Consideration of request & complaints in Govt. and Private Hospitals:

The table analyzes employee perceptions of reward recognition in terms of the consideration given to requests and complaints in both private and government hospitals, categorized by different frequency levels. In the "Always" category, 6 responses were recorded in private

hospitals and 7 in government hospitals. For "Almost," 115 responses were reported in private hospitals, and 80 in government hospitals. The "Sometimes" category showed 82 responses from private hospitals and 111 from government hospitals perceiving inadequate consideration for requests and complaints at times. In the "Seldom" category, 27 responses were from private hospitals and 52 from government hospitals. The "Never" category showed 20 responses exclusively from private hospitals, while none were reported in government hospitals.

Table 28: Reward Recognition: Consideration of Requests & Complaints in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Reward Recognition: No proper consideration of request & complaints	Always	6	2%	7	3%	13
	Almost	115	46%	80	32%	195
	Sometimes	82	33%	111	44%	193
	Seldom	27	11%	52	21%	79
	Never	20	8%	0	0%	20
Total		250	100%	250	100%	500

Performance Inhibitors

Employee Perception of Insufficient Salary in Govt. and Private Hospitals :

In the "Always" category, 15 responses were exclusively from private hospitals, while 95 were reported in government hospitals. For "Almost," 78 responses were recorded in private hospitals, and 99 in government hospitals. The "Sometimes" category showed 92 responses from private hospitals and 48 from government hospitals, with employees perceiving insufficient salary as an occasional performance inhibitor. In the "Seldom" category, 38 responses were from private hospitals and 8 from government hospitals. The "Never" category showed 27 responses exclusively from private hospitals, while none were reported in

government hospitals. It is revealed from the results that govt. employees perceiving insufficient salary as compared to private hospital employees.

Table 29: Performance Inhibitors: Impact of Insufficient Salary in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Performance Inhibitors: Insufficient salary	Always	15	6%	95	38%	110
	Almost	78	31%	99	40%	177
	Sometimes	92	37%	48	19%	140
	Seldom	38	15%	8	3%	46
	Never	27	11%	0	0%	27
Total		250	100%	250	100%	500

Employee Perception of pressure on improving performance in Govt. and Private Hospitals :

The table investigates the perception of performance inhibitors, specifically the pressure to improve performance, among employees in private and government hospitals. In the "Always" category, 116 responses were reported exclusively in government hospitals, while none were indicated in private hospitals. For "Almost," 53 responses were recorded in private hospitals, and 85 in government hospitals. The "Sometimes" category showed 101 responses from private hospitals and 39 from government hospitals, indicating employees perceived pressure to improve performance at times. In the "Seldom" category, 60 responses were from private hospitals and 10 from government hospitals. The "Never" category showed 36 responses exclusively from private hospitals, while none were reported in government hospitals. Results indicate that employees perceive more pressure to improve performance at times in govt. hospitals as compared to private hospitals.

Table 30: Performance Inhibitors: Pressure on Improving Performance in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	

Performance Inhibitors: Pressure on improving performance	Always	0	0%	116	46%	116
	Almost	53	21%	85	34%	138
	Sometimes	101	40%	39	16%	140
	Seldom	60	24%	10	4%	70
	Never	36	14%	0	0%	36
Total		250	100%	250	100%	500

Employee Perception on non-availability of Opportunities for Growth in Govt. and Private Hospitals:

The results below indicate that employees in private hospitals perceive a lack of growth opportunities compared to their counterparts in government hospitals.

Table 31: Performance Inhibitors: Availability of Opportunities for Growth in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Performance Inhibitors: Non-availability of opportunity for growth	Always	74	30%	0	0%	74
	Almost	86	34%	29	12%	115
	Sometimes	66	26%	121	48%	187
	Seldom	24	10%	78	31%	102
	Never	0	0%	22	9%	22
Total		250	100%	250	100%	500

Work-Family Conflict:

Employee Perception of Job Stress Makes You Feel Irritated in Govt. and Private Hospitals:

The table explores the perception of work-family conflict among employees in government and private hospitals, specifically focusing on job stress that irritates them. The responses are categorized into different frequency levels. In the "Always" category, 21 responses were

exclusively from private hospitals, while 56 were reported in government hospitals. For "Almost," 32 responses were recorded in private hospitals, and 76 in government hospitals summing up to 108. The "Sometimes" category showed 86 responses from private hospitals and 62 from government hospitals. In the "Seldom" category, 73 responses were from private hospitals and 56 from government hospitals. The "Never" category showed 38 responses exclusively from private hospitals, while none were reported in government hospitals. It can be concluded from the table below that government hospital employees feel more irritated due to job stress as compared to private hospital' employees.

Table 32: Work-Family Conflict: Impact of Job Stress on Irritation in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Work-Family Conflict: Job stress makes you feel irritated	Always	21	8%	56	22%	77
	Almost	32	13%	76	30%	108
	Sometimes	86	34%	62	25%	148
	Seldom	73	29%	56	22%	129
	Never	38	15%	0	0%	38
Total		250	100%	250	100%	500

Employee Perception of work often interferes with your family responsibilities in Govt. and Private Hospitals:

The table examines the employee perception of work-family conflict in both government and private hospitals, particularly focusing on how work often interferes with family responsibilities. The responses are categorized into different frequency levels. In the "Always" category, 15 responses were exclusively from private hospitals, while none were reported in government hospitals. For "Almost," 21 responses were recorded in private hospitals, and 41 in government hospitals. The "Sometimes" category showed 83 responses from private hospitals and 92 from government hospitals. In the "Seldom" category, 84 responses were from

private hospitals and 88 from government hospitals. The "Never" category showed 47 responses exclusively from private hospitals, and 29 from government hospitals, suggesting 76 employees reporting no interference with family responsibilities.

From the below table, it seems that a higher proportion of employees in private hospitals perceive that work often interferes with family responsibilities compared to government hospitals.

Table 33: Work-Family Conflict: Interference of Work with Family Responsibilities in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Work-Family Conflict: Work often interferes with your family responsibilities	Always	15	6%	0	0%	15
	Almost	21	8%	41	16%	62
	Sometimes	83	33%	92	37%	175
	Seldom	84	34%	88	35%	172
	Never	47	19%	29	12%	76
Total		250	100%	250	100%	500

Employee Perception of unable to Meet Family Needs Due to Workload in Govt. and Private Hospitals:

From the below data, it appears that a higher proportion of employees in government hospitals (53) feel unable to meet family needs due to workload compared to employees in private hospitals (37). 140 private employees are sometimes unable to meet the family needs as compared to the employees (89). This suggests that government hospital employees, as a group, may experience a higher level of work-family conflict related to their workload impacting family needs.

Table 34: Work-Family Conflict: Impact of Workload on Meeting Family Needs in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Work-Family Conflict: Unable to meet family needs due to workload	Always	15	6%	23	9%	38
	Almost	22	9%	30	12%	52
	Sometimes	140	56%	89	36%	229
	Seldom	35	14%	69	28%	104
	Never	38	15%	39	16%	77
Total		250	100%	250	100%	500

Employee Perception on unable to Give Time to family members due to Workload in Govt. and Private Hospitals:

The data on the perception of "Unable to give time to family members due to workload" among employees in private and government hospitals reveals distinct patterns. In private hospitals, a significant number of employees (140) reported experiencing this challenge sometimes, indicating a recurring issue for a substantial portion of the workforce. Additionally, 35 employees in private hospitals noted that they seldom face this challenge, suggesting that for some, the issue is infrequent. In government hospitals, 89 employees reported experiencing this challenge sometimes, while a noteworthy 69 employees noted it as a rare occurrence. These findings highlight the prevalence of work-family conflict in both sectors, with varying degrees of frequency among employees.

Table 35: Work-Family Conflict: Time Allocation to Family Members in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Work-Family Conflict: Unable to meet	Always	15	6%	23	9%	38
	Almost	22	9%	30	12%	52

family needs due to workload	Sometimes	140	56%	89	36%	229
	Seldom	35	14%	69	28%	104
	Never	38	15%	39	16%	77
Total		250	100%	250	100%	500

Employee Perception of family responsibilities prevents you from effectively discharging your duties in Govt. and Private Hospitals:

The data on the perception of "Family responsibilities prevent you from effectively discharging your duties" among employees in private and government hospitals reveals distinctive trends. In private hospitals, no employees reported always experiencing this challenge, while 4 reported it almost always, indicating a relatively low frequency. However, 101 employees noted facing this challenge sometimes, and 110 reported it as a rare occurrence. In contrast, government hospitals had 40 employees reporting this challenge always and 84 reporting it almost always, indicating a higher frequency compared to private hospitals. Furthermore, 78 employees in government hospitals noted experiencing this challenge sometimes, and 30 reported it as a rare occurrence. These findings underscore differences in the perception of work-family conflict between private and government hospital employees, with varying frequencies of challenges related to family responsibilities affecting job duties.

Table 36: Work-Family Conflict: Impact of Family Responsibilities on Job Duties in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Work-Family Conflict: Family responsibilities prevent you from effectively discharging your duties	Always	0	0%	40	16%	40
	Almost	4	2%	84	34%	88
	Sometimes	101	40%	78	31%	179
	Seldom	110	44%	30	12%	140
	Never	35	14%	18	7%	53
Total		250	100%	250	100%	500

Employee Perception of job stress caused by family members affect your work performance in Govt. and Private Hospitals:

The data on the perception of "Job stress caused by family members affecting work performance" among employees in private and government hospitals unveils distinct patterns. In private hospitals, no employees reported always experiencing this challenge, while 64 reported it almost always. Additionally, 133 employees noted facing this challenge sometimes, and 41 reported it as a rare occurrence. In contrast, government hospitals had 11 employees reporting this challenge always and 41 reporting it almost always. Furthermore, 102 employees in government hospitals noted experiencing this challenge sometimes, and 55 reported it as a rare occurrence. These findings illuminate differences in the perception of work-family conflict between private and government hospital employees, with varying frequencies of challenges related to job stress caused by family members impacting work performance.

Table 37: Work-Family Conflict: Impact of Family-Related Job Stress on Work Performance in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Work-Family Conflict: Job Stress caused by family members affect your work performance?	Always	0	0%	11	4%	11
	Almost	64	26%	41	16%	105
	Sometimes	133	53%	102	41%	235
	Seldom	41	16%	55	22%	96
	Never	12	5%	41	16%	53
Total		250	100%	250	100%	500

Employee Perception of stress caused by children affect your work performance in Govt. and Private Hospitals:

The data on the perception of "Stress caused by children affecting work performance" among employees in private and government hospitals reveals interesting insights. In the "Almost" category, no employees from private hospitals reported this challenge, while 11 employees from government hospitals did. In the "Sometimes" category, 35 employees from private hospitals and 40 from government hospitals noted experiencing this challenge. Moving to the "Seldom" category, a higher number of employees from private hospitals (129) reported that stress caused by children seldom affects their work performance compared to government hospitals (108). In the "Never" category, 86 employees from private hospitals and 91 from government hospitals reported that stress caused by children never affects their work performance. These findings highlight variations in the perception of work-family conflict, specifically regarding the impact of children's stress on work performance, between employees in private and government hospitals.

Table 38: Work-Family Conflict: Impact of Children-Related Stress on Work Performance in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Work-Family Conflict: Stress caused by the children affects your work performance	Almost	0	0%	11	4%	11
	Sometimes	35	14%	40	16%	75
	Seldom	129	52%	108	43%	237
	Never	86	34%	91	36%	177
		250	100%	250	100%	500

Employee Perception of Family Life Situations Create Work stress at the workplace in

Govt. and Private Hospitals:

The data on the perception of "Family life situations creating work stress at the workplace" among employees in private and government hospitals indicates noteworthy trends. In the "Almost" category, 29 employees from private hospitals and 81 from government hospitals reported experiencing work stress due to family life situations. Moving to the "Sometimes" category, 87 employees from private hospitals and 100 from government hospitals noted this

challenge. In the "Seldom" category, 95 employees from private hospitals and 62 from government hospitals reported that family life situations seldom create work stress. Finally, in the "Never" category, 39 employees from private hospitals and 7 from government hospitals stated that family life situations never create work stress. These findings underscore variations in the perception of work-family conflict, specifically concerning the impact of family life situations on work stress, between employees in private and government hospitals.

Table 39: Work-Family Conflict: Influence of Family Life Situations on Work Stress in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Work-Family Conflict: Family life situations create work stress at the workplace	Almost	29	12%	81	32%	110
	Sometimes	87	35%	100	40%	187
	Seldom	95	38%	62	25%	157
	Never	39	16%	7	3%	46
		250	100%	250	100%	500

Employee Perception of strained family relationships leads to stress at the workplace in Govt. and Private Hospitals:

The data on the perception of "Strained family relationships leading to stress at the workplace" among employees in private and government hospitals reveals distinct patterns. In the "Always" category, no employees from private hospitals reported experiencing this challenge, while 22 employees from government hospitals did. In the "Almost" category, 20 employees from private hospitals and 51 from government hospitals noted this challenge. Moving to the "Sometimes" category, 50 employees from private hospitals and 129 from government hospitals reported that strained family relationships sometimes lead to stress at the workplace. In the "Seldom" category, 111 employees from private hospitals and 48 from government hospitals noted this challenge. Finally, in the "Never" category, 69 employees from private

hospitals reported that strained family relationships never lead to stress at the workplace, while none from government hospitals reported this. These findings highlight variations in the perception of work-family conflict, specifically concerning the impact of strained family relationships on workplace stress, between employees in private and government hospitals.

Table 40: Work-Family Conflict: Impact of Strained Family Relationships on Workplace Stress in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Work-Family Conflict: Strained family relationships lead to stress at the workplace	Always	0	0%	22	9%	22
	Almost	20	8%	51	20%	71
	Sometimes	50	20%	129	52%	179
	Seldom	111	44%	48	19%	159
	Never	69	28%	0	0%	69
Total		250	100%	250	100%	500

Employee Perception on Give Vent to Our Family Frustration at the Worksite in Govt. and Private Hospitals:

The data on the perception of "Giving vent to family frustration at the worksite" among employees in private and government hospitals indicates distinct trends. In the "Always" category, 18 employees from private hospitals and 50 from government hospitals reported always expressing family frustration at the worksite. In the "Almost" category, 113 employees from private hospitals and 74 from government hospitals noted this behavior. Moving to the "Sometimes" category, 92 employees from private hospitals and 76 from government hospitals reported sometimes giving vent to family frustration at the worksite. In the "Seldom" category, 27 employees from private hospitals and 40 from government hospitals reported this behavior occurring seldom. Interestingly, none of the employees from private hospitals reported ever giving vent to family frustration at the worksite, while 10 employees from government

hospitals did. These findings highlight variations in the perception of work-family conflict, specifically concerning the expression of family frustration at the worksite, between employees in private and government hospitals.

Table 41: Work-Family Conflict: Expression of Family Frustration at the Worksite in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Work-Family Conflict: Give vent to our family's frustration at the worksite	Always	18	7%	50	20%	68
	Almost	113	45%	74	30%	187
	Sometimes	92	37%	76	30%	168
	Seldom	27	11%	40	16%	67
	Never	0	0%	10	4%	10
Total		250	100%	250	100%	500

Hospital Management

Employee Perception on you take management issues as your issue in Govt. and Private Hospitals:

The data on the perception of "Taking management issues as your issues" among employees in private and government hospitals reflects notable patterns. In the "Always" category, 17 employees from private hospitals reported always considering management issues as their own, while none from government hospitals did. In the "Almost" category, a significant number of employees from private hospitals (184) reported almost always taking management issues as their own, and none from government hospitals reported the same. Moving to the "Sometimes" category, 25 employees from private hospitals and 59 from government hospitals reported occasionally considering management issues as their own. In the "Seldom" category, 16 employees from private hospitals and 47 from government hospitals reported seldom taking management issues as their own. Finally, in the "Never" category, 8 employees from private

hospitals and 144 from government hospitals reported never considering management issues as their own. These findings indicate differences in how employees in private and government hospitals perceive and engage with management issues in the workplace.

Table 42: Hospital Management: You take management issues as your issue in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Hospital Management: You take management issues as your issue	Always	17	7%	0	0%	17
	Almost	184	74%	0	0%	184
	Sometimes	25	10%	59	24%	84
	Seldom	16	6%	47	19%	63
	Never	8	3%	144	58%	152
Total		250	100%	250	100%	500

Employee Perception on feeling proud for telling others that you are part of the hospital in Govt. and Private Hospitals:

In the "Always" category, 131 employees from private hospitals and 55 from government hospitals reported always feeling proud to tell others that they are part of the hospital. In the "Almost" category, 102 employees from private hospitals and 63 from government hospitals noted feeling almost always proud of their hospital affiliation. In the "Sometimes" category, 17 employees from private hospitals and 32 from government hospitals reported sometimes feeling proud to tell others about their hospital affiliation. In the "Seldom" category, none of the employees from private hospitals reported feeling seldom proud, while 66 employees from government hospitals did. In the "Never" category, none of the employees from private hospitals reported feeling proud, while 34 employees from government hospitals did.

These findings highlight variations in how employees in private and government hospitals perceive and express pride in being part of their respective institutions.

Table 43: Pride in Hospital Affiliation: Comparison Between Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Feel proud for telling others that you are part of the hospital	Always	131	52%	55	22%	186
	Almost	102	41%	63	25%	165
	Sometimes	17	7%	32	13%	49
	Seldom	0	0%	66	26%	66
	Never	0	0%	34	14%	34
Total		250	100%	250	100%	500

Employee Perception of Emotionally attached to Hospitals in Govt. and Private Hospitals:

The data on the perception of being "Emotionally attached to the hospital" among employees in private and government hospitals reveals distinct patterns. The majority of employees in private hospitals, comprising 94 in the "Always" category and 104 in the "Almost" category, express a strong emotional attachment to their workplace. In contrast, government hospital employees, while still showing attachment with 45 in the "Always" category and 44 in the "Almost" category, also have a considerable number (90) reporting a sense of emotional attachment sometimes. Additionally, 71 government hospital employees report feeling emotionally attached seldom, indicating a varied emotional connection. A subset of private hospital employees (28) report feeling emotionally attached sometimes, whereas none indicate feeling attached seldom. Overall, these findings shed light on the varying degrees of emotional attachment among employees in private and government hospitals.

Table 44: Emotional Attachment with Hospital: A Comparison Between Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
	Always	94	38%	45	18%	139

Emotionally attached to the hospital	Almost	104	42%	44	18%	148
	Sometimes	28	11%	0	0%	28
	Seldom	0	0%	90	36%	90
	Never	24	10%	71	28%	95
Total		250	100%	250	100%	500

Employee Perception feels that management recognizes your work performance in Govt. and Private Hospitals:

The data on the perception of "Feeling that management recognizes your work performance" among employees in private and government hospitals reveals notable trends. In the "Always" category, 89 employees from private hospitals report always feeling recognized by management for their work performance, while none from government hospitals indicate the same. In the "Almost" category, 97 employees from private hospitals and none from government hospitals report feeling almost always recognized by management. Moving to the "Sometimes" category, 55 employees from private hospitals and 28 from government hospitals report feeling recognized sometimes. In the "Seldom" category, 9 employees from private hospitals and 78 from government hospitals report feeling recognized seldom. Notably, none of the employees from private hospitals report ever feeling recognized, while 144 employees from government hospitals report never feeling recognized. These findings underscore variations in the perception of work recognition by management between employees in private and government hospitals.

Table 45: Perception of Work Recognition by Hospital Management: A Comparison Between Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Hospital Management: Feel that management recognizes your work performance	Always	89	36%	0	0%	89
	Almost	97	39%	0	0%	97
	Sometimes	55	22%	28	11%	83
	Seldom	9	4%	78	31%	87
	Never	0	0%	144	58%	144

Total	250	100%	250	100%	500
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Job Satisfaction:

Employee Perception of feeling the Way Your Management Interacts with her Subordinates in Govt. and Private Hospitals :

The data on the perception of "Feeling like the way your management interacts with subordinates" among employees in private and government hospitals reveals distinctive patterns. In the "Always" category, 74 employees from private hospitals and 19 from government hospitals report always feeling satisfied with the way their management interacts with subordinates. In the "Almost" category, 116 employees from private hospitals and 60 from government hospitals report feeling almost always satisfied with management interactions. Moving to the "Sometimes" category, 60 employees from private hospitals and 69 from government hospitals report feeling satisfied sometimes. In the "Seldom" category, none of the employees from private hospitals report seldom feeling satisfied, while 58 from government hospitals do. Finally, in the "Never" category, none of the employees from private hospitals report never feeling satisfied, while 44 from government hospitals do. These findings highlight variations in the perception of job satisfaction, specifically concerning the interactions between management and subordinates, between employees in private and government hospitals.

Table 46: Job Satisfaction: Comparison of Management Interaction with Subordinates in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job Satisfaction: Feel like the way your management interacts with her subordinate	Always	74	30%	19	8%	93
	Almost	116	46%	60	24%	176
	Sometimes	60	24%	69	28%	129
	Seldom	0	0%	58	23%	58
	Never	0	0%	44	18%	44
Total		250	100%	250	100%	500

Employee Perception of Good Relationships with Colleagues in Govt. and Private Hospitals :

The data on the perception of "Having a good relationship with colleagues" among employees in private and government hospitals reveals distinct trends. In the "Always" category, 12 employees from private hospitals and 29 from government hospitals report always having good relationships with their colleagues. In the "Almost" category, 83 employees from private hospitals and 53 from government hospitals report almost always having good relationships. Moving to the "Sometimes" category, 106 employees from private hospitals and 74 from government hospitals report having good relationships sometimes. In the "Seldom" category, 49 employees from private hospitals and 72 from government hospitals report having good relationships seldom. Notably, none of the employees from private hospitals report ever having good relationships, while 22 from government hospitals do. These findings underscore variations in the perception of job satisfaction, specifically regarding relationships with colleagues, and between employees in private and government hospitals.

Table 47: Job Satisfaction: Comparison of Colleague Relationships in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job Satisfaction: Have good Relationships with colleagues	Always	12	5%	29	12%	41
	Almost	83	33%	53	21%	136
	Sometimes	106	42%	74	30%	180
	Seldom	49	20%	72	29%	121
	Never	0	0%	22	9%	22
Total		250	100%	250	100%	500

Employee Perception of Feel Happy with Pay and Amount of Work You Do in Govt. and Private Hospitals :

The data on the perception of "Feeling happy with pay and the amount of work you do" among employees in private and government hospitals reveals distinct patterns. In the "Always"

category, 77 employees from private hospitals report always feeling happy with their pay and workload, while none from government hospitals indicate the same. In the "Almost" category, 52 employees from private hospitals and 11 from government hospitals report feeling almost always happy with pay and workload. Moving to the "Sometimes" category, 106 employees from private hospitals and 51 from government hospitals report feeling happy with pay and workload sometimes. In the "Seldom" category, 15 employees from private hospitals and 133 from government hospitals report feeling happy with pay and workload seldom. Notably, none of the employees from private hospitals report ever feeling happy with pay and workload, while 55 from government hospitals do. These findings underscore variations in the perception of job satisfaction, specifically regarding pay and workload, between employees in private and government hospitals.

Table 48: Job Satisfaction: Comparison of Happiness with Pay and Workload in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job Satisfaction: Feel happy with the pay and the amount of work you do.	Always	77	31%	0	0%	77
	Almost	52	21%	11	4%	63
	Sometimes	106	42%	51	20%	157
	Seldom	15	6%	133	53%	148
	Never	0	0%	55	22%	55
Total		250	100%	250	100%	500

Employee Perception of a fringe benefit is enough in Govt. and Private Hospitals :

The data on the perception of "Fringe benefits being enough" among employees in private and government hospitals reveals distinctive trends. In the "Always" category, 85 employees from private hospitals report always feeling that fringe benefits are enough, while none from government hospitals indicate the same. In the "Almost" category, 80 employees from private hospitals and none from government hospitals report feeling almost always satisfied with fringe

benefits. Moving to the "Sometimes" category, 41 employees from private hospitals and 38 from government hospitals report feeling that fringe benefits are enough sometimes. In the "Seldom" category, 35 employees from private hospitals and 104 from government hospitals report feeling that fringe benefits are seldom enough. Notably, none of the employees from private hospitals report ever feeling satisfied with fringe benefits, while 108 from government hospitals do. These findings highlight variations in the perception of job satisfaction, particularly regarding fringe benefits, between employees in private and government hospitals.

Table 49: Job Satisfaction: Adequacy of Fringe Benefits in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job Satisfaction: Fringe benefit is enough	Always	85	34%	0	0%	85
	Almost	80	32%	0	0%	80
	Sometimes	41	16%	38	15%	79
	Seldom	35	14%	104	42%	139
	Never	9	4%	108	43%	117
Total		250	100%	250	100%	500

Employee Perception on feeling like there is scope for promotion and advancement in Govt. and Private hospitals:

The data on the perception of "Feeling like there is scope for promotion and advancement" among employees in private and government hospitals reveals noteworthy trends. In the "Always" category, 110 employees from private hospitals report always feeling that there is scope for promotion and advancement, while none from government hospitals indicate the same. In the "Almost" category, 110 employees from private hospitals and 22 from government hospitals report feeling almost always that there is scope for promotion and advancement. Moving to the "Sometimes" category, 24 employees from private hospitals and 69 from

government hospitals report feeling that there is scope for promotion and advancement sometimes. In the "Seldom" category, 6 employees from private hospitals and 88 from government hospitals report feeling that there is scope for promotion and advancement seldom. Notably, none of the employees from private hospitals report ever feeling that there is scope for promotion and advancement, while 71 from government hospitals do. These findings underscore variations in the perception of job satisfaction, specifically regarding promotion and advancement opportunities, between employees in private and government hospitals.

Table 50: Job Satisfaction: Perception of Promotion and Advancement Opportunities in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job Satisfaction: I feel like there is scope for promotion and advancement	Always	110	44%	0	0%	110
	Almost	110	44%	22	9%	132
	Sometimes	24	10%	69	28%	93
	Seldom	6	2%	88	35%	94
	Never	0	0%	71	28%	71
Total		250	100%	250	100%	500

Employee Perception on Individual recognition for extraordinary performance in Govt. and Private hospitals :

The data on the perception of "Individual recognition for extraordinary performance" among employees in private and government hospitals reveals notable patterns. In the "Always" category, 140 employees from private hospitals report always receiving individual recognition for extraordinary performance, while 11 from government hospitals indicate the same. In the "Almost" category, 110 employees from private hospitals and 57 from government hospitals report almost always receiving individual recognition for extraordinary performance. Moving to the "Sometimes" category, none of the employees from private hospitals report receiving

individual recognition, while 110 from government hospitals do. In the "Seldom" category, none of the employees from private hospitals report seldom receiving individual recognition, while 61 from government hospitals do. Notably, none of the employees from private hospitals report ever receiving individual recognition, while 11 from government hospitals do. These findings underscore variations in the perception of job satisfaction, specifically regarding individual recognition for extraordinary performance, between employees in private and government hospitals.

Table 51: Job Satisfaction: Recognition for Extraordinary Performance in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job Satisfaction: Individual recognition for extraordinary performance	Always	140	56%	11	4%	151
	Almost	110	44%	57	23%	167
	Sometimes	0	0%	110	44%	110
	Seldom	0	0%	61	24%	61
	Never	0	0%	11	4%	11
Total		250	100%	250	100%	500

Employee Perception on feeling like there is scope for promotion and advancement in

Govt. and Private Hospitals :

The provided table illustrates the job satisfaction levels of employees in private and government hospitals regarding the perception of "Feeling like there is scope for promotion and advancement." The data reveals that 110 employees in private hospitals always feel that there is ample scope for promotion and advancement, whereas none from government hospitals share the same sentiment in the "Always" category. In the "Almost" category, 110 employees in private hospitals and 22 in government hospitals feel that there is almost always scope for promotion and advancement. For the "Sometimes" category, 24 employees in private hospitals and 69 in government hospitals express that there is sometimes scope for promotion and advancement. In the "Seldom" category, 6 employees in private hospitals and 88 in government

hospitals believe there is seldom scope for promotion and advancement. Notably, none of the employees in private hospitals report ever feeling that there is scope for promotion and advancement, while 71 employees in government hospitals have this perception. These findings highlight variations in job satisfaction related to promotion and advancement opportunities between employees in private and government hospitals.

Table 52: Perception of Promotion and Advancement Opportunities in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job Satisfaction: I feel like there is scope for promotion and advancement	Always	110	44%	0	0%	110
	Almost	110	44%	22	9%	132
	Sometimes	24	10%	69	28%	93
	Seldom	6	2%	88	35%	94
	Never	0	0%	71	28%	71
Total		250	100%	250	100%	500

Employee Perception on sufficient opportunity to make use of your abilities in Govt. and Private Hospitals :

The presented table delineates the job satisfaction levels of employees in private and government hospitals concerning the perception of "Sufficient opportunity to make use of your abilities." The data indicates that 75 employees in private hospitals always feel there is ample opportunity to utilize their abilities, compared to 7 employees in government hospitals in the "Always" category. In the "Almost" category, 105 employees in private hospitals and 63 in government hospitals feel that there is almost always sufficient opportunity to make use of their abilities. For the "Sometimes" category, 70 employees in private hospitals and 100 in government hospitals express that there is sometimes sufficient opportunity to make use of their abilities. In the "Seldom" category, none of the employees in private hospitals report

seldom having sufficient opportunity, while 69 in government hospitals do. Notably, none of the employees in private hospitals report never feeling they have sufficient opportunity, while 11 in government hospitals do. These findings underscore variations in job satisfaction related to the perception of having sufficient opportunities to use one's abilities between employees in private and government hospitals.

Table 53: Job Satisfaction: Opportunities to Utilize Abilities in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job Satisfaction: Sufficient opportunity to make use of your abilities	Always	75	30%	7	3%	82
	Almost	105	42%	63	25%	168
	Sometimes	70	28%	100	40%	170
	Seldom	0	0%	69	28%	69
	Never	0	0%	11	4%	11
Total		250	100%	250	100%	500

Employee Perception of job security in your organization emotionally attached to a hospital in Govt. and Private Hospitals :

The provided table illustrates the job satisfaction levels of employees in private and government hospitals regarding the perception of "Job security in your organization." The data reveals that none of the employees in private hospitals always feel secure in their jobs, whereas 85 employees in government hospitals express this sentiment in the "Always" category. In the "Almost" category, 14 employees in private hospitals and 103 in government hospitals feel that there is almost always job security. For the "Sometimes" category, 107 employees in private hospitals and 51 in government hospitals express that there is sometimes job security. In the "Seldom" category, 93 employees in private hospitals and 11 in government hospitals believe there is seldom job security. Notably, 36 employees in private hospitals report never feeling

job security, while none in government hospitals share this sentiment. These findings highlight variations in job satisfaction related to the perception of job security between employees in private and government hospitals.

Table 54: Job Satisfaction: Perception of Job Security in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job Satisfaction: Job security in your organization	Always	0	0%	85	34%	85
	Almost	14	6%	103	41%	117
	Sometimes	107	43%	51	20%	158
	Seldom	93	37%	11	4%	104
	Never	36	14%	0	0%	36
Total		250	100%	250	100%	500

Employee Perception on training and development opportunity in your organization in Govt. and Private Hospitals :

The provided table depicts the job satisfaction levels of employees in private and government hospitals regarding their views on "Training and development opportunities in your organization." The data reveals that 37 employees in private hospitals consistently perceive ample training and development opportunities, while none in government hospitals share the same sentiment in the "Always" category. In the "Almost" category, 146 employees in private hospitals and 52 in government hospitals believe there are nearly always training and development opportunities. In the "Sometimes" category, 67 employees in private hospitals and 88 in government hospitals feel that training and development opportunities are occasionally present. Notably, none of the employees in private hospitals report seldom having training and development opportunities, while 100 in government hospitals do. In the "Never" category, none of the employees in private hospitals report never having training and development opportunities, while 10 in government hospitals express this sentiment. These

findings highlight distinctions in job satisfaction regarding perceptions of training and development opportunities between employees in private and government hospitals.

Table 55: Job Satisfaction: Availability of Training and Development Opportunities in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job Satisfaction: Training and development opportunity in your organization	Always	37	15%	0	0%	37
	Almost	146	58%	52	21%	198
	Sometimes	67	27%	88	35%	155
	Seldom	0	0%	100	40%	100
	Never	0	0%	10	4%	10
Total		250	100%	250	100%	500

Employee Perception on retirement benefit and fringe benefit in Govt. and Private Hospitals :

The presented table illustrates the job satisfaction levels of employees in private and government hospitals about "Retirement benefits and fringe benefits." In the "Always" category, none of the employees in private hospitals but 73 in government hospitals express satisfaction with retirement and fringe benefits. Similarly, in the "Almost" category, none in private hospitals but 103 in government hospitals feel almost always satisfied with these benefits. For the "Sometimes" category, 20 employees in private hospitals and 67 in government hospitals feel satisfied with retirement and fringe benefits occasionally. Notably, in the "Seldom" category, 119 employees in private hospitals and 7 in government hospitals report seldom being satisfied with these benefits. In the "Never" category, 111 employees in private hospitals express never being satisfied with retirement and fringe benefits, while none in government hospitals report the same sentiment. These findings underscore variations in job

satisfaction related to retirement and fringe benefits between employees in private and government hospitals.

Table 56: Job Satisfaction: Perception of Retirement and Fringe Benefits in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job Satisfaction: Retirement benefit and fringe benefit?	Always	0	0%	73	29%	73
	Almost	0	0%	103	41%	103
	Sometimes	20	8%	67	27%	87
	Seldom	119	48%	7	3%	126
	Never	111	44%	0	0%	111
Total		250	100%	250	100%	500

Employee Perception of the freedom to make your judgment and decision in Govt. and Private Hospitals :

The given table illustrates the responses of employees from private and government hospitals regarding their perception of "Feeling happy with pay and the amount of work." In the "Always" category, 9 employees in private hospitals and none in government hospitals express consistent satisfaction. For the "Almost" category, 46 employees in private hospitals and 11 in government hospitals feel almost always satisfied with their pay and workload. In the "Sometimes" category, 98 employees in private hospitals and 91 in government hospitals indicate occasional satisfaction. Notably, in the "Seldom" category, 76 employees in private hospitals and 119 in government hospitals report seldom feeling happy with their pay and workload. In the "Never" category, 21 employees in private hospitals and 29 in government hospitals express never being satisfied with their pay and workload. These findings highlight variations in employee satisfaction with pay and workload between private and government hospitals.

Table 57: Job Satisfaction: Autonomy in Making Judgments and Decisions in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job Satisfaction: Freedom to make your judgment and decision	Always	9	4%	0	0%	9
	Almost	46	18%	11	4%	57
	Sometimes	98	39%	91	36%	189
	Seldom	76	30%	119	48%	195
	Never	21	8%	29	12%	50
Total		250	100%	250	100%	500

Job stress:

Employee Perception of Emotionally attached to Hospitals in Govt. and Private Hospitals

:

The provided table displays the responses of employees from private and government hospitals regarding their perception of "Workload is too heavy" as a source of job stress. In the "Always" category, none of the employees in private hospitals but 58 in government hospitals feel that their workload is always too heavy. For the "Almost" category, 58 employees in private hospitals and 92 in government hospitals report feeling almost always burdened by heavy workloads. In the "Sometimes" category, 158 employees in private hospitals and 81 in government hospitals express occasional feelings of heavy workload stress. Notably, in the "Seldom" category, 26 employees in private hospitals and 19 in government hospitals seldom feel that their workload is too heavy. In the "Never" category, 8 employees in private hospitals and none in government hospitals report never experiencing heavy workload stress. These findings highlight variations in employee perceptions of heavy workload stress between private and government hospitals.

Table 58: Job Stress: Perceived Heaviness of Workload in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job stress: The workload is too heavy	Always	0	0%	58	23%	58
	Almost	58	23%	92	37%	150
	Sometimes	158	63%	81	32%	239
	Seldom	26	10%	19	8%	45
	Never	8	3%	0	0%	8
Total		250	100%	250	100%	500

Employee Perception of the amount of work you have to do interferes with the quality you & want to maintain in Govt. and Private Hospitals :

The provided table displays the distribution of responses from employees in both private and government hospitals concerning the impact of job stress on maintaining the desired quality of work. In the private sector, 36 individuals always feel that the amount of work interferes with the quality they aim to maintain, while 111 almost always feel the same. In contrast, government hospital employees show a different pattern, with 11 always feeling the interference, 51 almost always, and 101 sometimes. Additionally, 80 private sector employees and 80 government sector employees sometimes experience interference, and 23 private sector employees and 7 government sector employees feel the interference seldom. Notably, none of the private sector employees and 7 government sector employees ever experienced such interference.

Table 59: Job Stress: Impact of Workload on Maintaining Desired Quality in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job stress: The amount of work you have to do interferes with the quality you	Always	36	14%	11	4%	47
	Almost	111	44%	51	20%	162
	Sometimes	80	32%	101	40%	181
	Seldom	23	9%	80	32%	103
	Never	0	0%	7	3%	7

& want to maintain						
Total		250	100%	250	100%	500

Employee Perception of unable to Use Training and Expertise in your Work in Govt. and Private Hospital

The table reveals the employee perception regarding the inability to utilize training and expertise in their work among private and government hospitals. In private hospitals, 149 employees (60%) always feel unable to use their training and expertise, while 101 employees (40%) almost feel the same. On the other hand, in government hospitals, 147 employees (59%) seldom face this issue, and 41 employees (16%) never experience it. The significant difference in responses between the two types of hospitals highlights the varying challenges employees encounter concerning the application of their training and expertise.

Table 60: Job Stress: Utilization of Training and Expertise in Work in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job stress: Unable to use training and expertise in your work	Always	149	60%	0	0%	149
	Almost	101	40%	8	3%	109
	Sometimes	0	0%	54	22%	54
	Seldom	0	0%	147	59%	147
	Never	0	0%	41	16%	41
Total		250	100%	250	100%	500

Employee Perception of little scope for personal growth in your work in Govt. and Private Hospitals :

The provided table illustrates the employee perception regarding the perceived limitations in personal growth within their work environment, categorized by private and government hospitals. In private hospitals, 71 employees (28%) always feel there is little scope for personal growth, while 118 employees (47%) almost share the same sentiment. Conversely, in

government hospitals, 43 employees (17%) seldom experience such constraints. The difference in responses indicates variations in the opportunities for personal growth perceived by employees in different types of hospitals.

Table 61: Job Stress: Perception of Scope for Personal Growth in Work in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job stress: Little scope for personal growth in your work	Always	71	28%	10	4%	81
	Almost	118	47%	87	35%	205
	Sometimes	61	24%	110	44%	171
	Seldom	0	0%	43	17%	43
Total		250	100%	250	100%	500

Employee Perceptions of the expectations of patients are in conflict with your work in Govt. and Private Hospitals :

The table presents employees' perceptions regarding the conflict between patient expectations and their work in both private and government hospitals. The majority of employees in private hospitals (136) and government hospitals (136) always feel that patient expectations conflict with their work. Additionally, 114 employees in private hospitals and 96 in government hospitals reported feeling this conflict almost always. In contrast, no employees in private hospitals and 18 in government hospitals indicated that this conflict occurs sometimes.

Table 62: Job Stress: Conflicting Patient Expectations in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job stress: Expectations of patients conflict with your work	Always	136	54%	136	54%	272
	Almost	114	46%	96	38%	210
	Sometimes	0	0%	18	7%	18

Total	250	100%	250	100%	500
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Employee Perception of you can do much more than what you have been assigned in

Govt. and Private Hospitals :

The table illustrates the employee perception regarding the feeling that they can do much more than what they have been assigned, categorized by the type of hospital (Private and Government). In private hospitals, 20 respondents (8%) reported always feeling that they can do more, while 178 respondents (71%) reported almost always feeling this way. Additionally, 46 respondents (18%) reported sometimes feeling that they can do more. On the other hand, in government hospitals, 103 respondents (41%) reported always feeling this way, 95 respondents (38%) reported almost always feeling so, and 52 respondents (21%) reported sometimes feeling this way. No respondents from government hospitals reported seldom feeling that they can do much more than what they have been assigned. The overall findings suggest that a significant number of employees, particularly in private hospitals, feel capable of contributing more than their assigned tasks.

Table 63: Job Stress: Perception of Unutilized Skills and Abilities in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Job stress: You can do much more than what you have been assigned	Always	20	8%	103	41%	123
	Almost	178	71%	95	38%	273
	Sometimes	46	18%	52	21%	98
	Seldom	6	2%	0	0%	6
Total		250	100%	250	100%	500

Management Survey

Employee Perception on feeling a Part of a hospital team working towards a Shared goal

in Govt. and Private Hospitals:

The table presents the employee perception regarding feeling a part of the hospital team working towards a shared goal, categorized by the type of hospital (Private and Government). In private hospitals, 94 respondents (37.6%) reported always feeling a part of the hospital team working towards a shared goal, while 156 respondents (62.4%) reported almost always feeling this way. In government hospitals, a higher number of respondents, 113 (45.2%), reported always feeling a part of the team, and 137 respondents (54.8%) reported almost always feeling so. The overall findings suggest that a significant proportion of employees in both private and government hospitals feel connected to their teams and share a common goal, with a slightly higher percentage in government hospitals.

Table 64: Management Survey: Sense of Team Involvement in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Management Survey: Feel a part of the hospital team working towards a shared goal	Always	94	38%	113	45%	207
	Almost	156	62%	137	55%	293
Total		250	100%	250	100%	500

Employee Perception that communication between management and employees is enough in Govt. and Private Hospitals :

In the management survey, employees were asked about their perception of communication between management and employees in both government and private hospitals. The majority of employees in private hospitals (18 always, 27 almost) expressed that they feel the communication between management and employees is enough. Similarly, in government hospitals, 85 employees always and 77 almost felt the communication was adequate. However,

there were variations in the "sometimes" and "seldom" categories, with a larger proportion of private hospital employees (93 sometimes, 112 seldom) feeling that communication is enough compared to government hospital employees (56 sometimes, 25 seldom). Overall, the survey indicates a mixed perception of communication sufficiency, with a higher proportion of private hospital employees expressing contentment in this aspect.

Table 65: Management Survey: Communication Satisfaction between Management and Employees in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Management Survey: Feel that communication between management and employees is enough	Always	18	7%	85	34%	103
	Almost	27	11%	77	31%	104
	Sometimes	93	37%	56	22%	149
	Seldom	112	45%	25	10%	137
	Never	0	0%	7	3%	7
Total		250	100%	250	100%	500

Employee Perception of feeling that enough authority is given to decide Govt. and Private Hospitals :

The management survey explored employees' perceptions regarding the authority given to make decisions in both government and private hospitals. The results reveal that a significant number of employees in both private and government hospitals feel that they have enough authority to make decisions. In the "always" category, 38 employees from private hospitals and 46 from government hospitals expressed satisfaction with the authority granted. Additionally, in the "almost" category, 80 employees from private hospitals and 43 from government hospitals felt that they had sufficient decision-making authority. However, there were variations in the "sometimes," "seldom," and "never" categories, with more private hospital

employees (24 sometimes, 36 seldom, 72 never) expressing contentment compared to their government hospital counterparts (84 sometimes, 32 seldom, 45 never). Overall, the survey indicates a substantial perception among employees from both types of hospitals that they possess adequate decision-making authority, with some differences in the specific responses.

Table 66: Management Survey: Perception of Decision-Making Authority in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Management Survey: Feel that enough authority is given to make decision	Always	38	15%	46	18%	84
	Almost	80	32%	43	17%	123
	Sometimes	24	10%	84	34%	108
	Seldom	36	14%	32	13%	68
	Never	72	29%	45	18%	117
Total		250	100%	250	100%	500

Employee Perception on Feel that your experiences benefit your hospital in Govt. and Private Hospitals :

The management survey delved into employees' perceptions regarding whether their experiences benefit their respective hospitals in both government and private sectors. The findings highlight that a majority of employees, irrespective of the hospital type, feel that their experiences contribute significantly to their hospital's benefit. In the "always" category, 21 private hospital employees and 194 government hospital employees expressed a strong belief that their experiences are consistently advantageous to their hospitals. Similarly, in the "almost" category, 176 private hospital employees and 56 government hospital employees feel that their experiences substantially benefit their hospitals. Notably, in the "sometimes" and "seldom" categories, there were instances where private hospital employees (12 sometimes, 41 seldom) indicated a greater impact compared to their government hospital counterparts who

reported zero responses in these categories. Overall, the survey suggests a widespread perception among employees that their experiences contribute significantly to the overall benefit of their hospitals, with variations in the specific responses.

Table 67: Management Survey: Perception of Contribution of Individual Experiences to the Hospital in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Management Survey: Feel that your experiences benefit your hospital	Always	21	8%	194	78%	215
	Almost	176	70%	56	22%	232
	Sometimes	12	5%	0	0%	12
	Seldom	41	16%	0	0%	41
Total		250	100%	250	100%	500

Employee Perception on feel that flexible with employees is needed in Govt. and Private Hospitals :

The management survey sought to understand employees' perceptions regarding the need for flexibility with employees in both government and private hospitals. The results indicate that a substantial number of employees, across both private and government sectors, perceive a need for flexibility in their workplaces. In the "always" category, 85 private hospital employees and 129 government hospital employees expressed a consistent belief that flexibility with employees is a perpetual requirement. Similarly, in the "almost" category, 123 private hospital employees and 77 government hospital employees feel that flexibility is needed in their respective workplaces. Notably, in the "sometimes" and "seldom" categories, there were instances where employees from both sectors (33 sometimes, 9 seldom) recognized the occasional need for flexibility. Overall, the survey suggests a widespread acknowledgment among employees that flexibility with employees is a crucial aspect of a conducive work environment, with varying degrees of emphasis based on specific responses.

Table 68: Management Survey: Perception of the Need for Flexibility with Employees in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Management Survey: Feel that flexibility with employees is needed	Always	85	34%	129	52%	214
	Almost	123	49%	77	31%	200
	Sometimes	33	13%	33	13%	66
	Seldom	9	4%	11	4%	20
Total		250	100%	250	100%	500

Employee Perception on Feeling that You are Helping your employees to cope with stress in Govt. and Private Hospitals :

The management survey explored employees' perceptions regarding the extent to which they feel they are being supported in coping with stress in both government and private hospitals. The results illustrate varying perspectives across different categories. In the "always" category, 65 private hospital employees and 34 government hospital employees expressed a consistent belief that management is actively helping employees cope with stress. In the "almost" category, a significant number of employees, with 144 from private hospitals and 66 from government hospitals, feel that management is providing substantial support in this regard. The "sometimes" category reflects additional perspectives, with 41 employees from private hospitals and 73 from government hospitals acknowledging occasional support. Notably, in the "seldom" category, 77 government hospital employees believe there is infrequent support in coping with stress. Overall, the survey suggests varying degrees of perceived support among employees in both sectors, with the majority expressing a positive view of management assistance in dealing with stress.

Table 69: Management Survey: Assistance in Helping Employees Cope with Stress in Private and Government Hospitals

	Type of hospital				Total
	Private	Percent	Government	Percent	

Management Survey: Feel that you are helping your employee to cope with stress	Always	65	26%	34	14%	99
	Almost	144	58%	66	26%	210
	Sometimes	41	16%	73	29%	114
	Seldom	0	0%	77	31%	77
Total		250	100%	250	100%	500

Employee Perception on feeling that you help in resolving conflict between employees and patients in Govt. and Private Hospitals :

The management survey delved into employees' perceptions of their role in resolving conflicts between employees and patients in both government and private hospitals. The results showcase a range of perspectives within different response categories. In the "always" category, 157 private hospital employees and 33 government hospital employees expressed a consistent belief that they actively contribute to conflict resolution. In the "almost" category, 60 employees from private hospitals and 11 from government hospitals feel that they make a significant contribution to resolving conflicts. The "sometimes" category reflects additional viewpoints, with 33 employees from private hospitals and 40 from government hospitals acknowledging occasional involvement in conflict resolution. However, in the "seldom" category, 70 government hospital employees believe there is infrequent engagement in resolving conflicts. Lastly, the "never" category indicates that 96 government hospital employees feel they are rarely involved in resolving conflicts. Overall, the survey indicates varied perceptions among employees in both sectors regarding their role in conflict resolution, with a majority expressing a positive view of their involvement in addressing conflicts between employees and patients.

Table 70: Management Survey: Role in Resolving Conflict Between Employees and Patients in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Management Survey: Feel that you help in resolving conflict between employee and patient	Always	157	63%	33	13%	190
	Almost	60	24%	11	4%	71
	Sometimes	33	13%	40	16%	73
	Seldom	0	0%	70	28%	70
	Never	0	0%	96	38%	96
Total		250	100%	250	100%	500

Life Satisfaction

Employee Perception of your life is settled according to your expectations in Govt. and Private Hospitals :

In terms of life satisfaction, employees in both private and government hospitals provided their perceptions on whether their lives are settled according to their expectations. The data reveals that among private hospital employees, 9 respondents always feel that their lives are settled, 114 respondents feel this almost always, 203 respondents feel it sometimes, 141 respondents feel it seldom, and 33 respondents feel it never. In comparison, among government hospital employees, all 250 respondents provided their perceptions, with 65 feeling their lives are always settled, 49 feeling it almost always, 108 feeling it sometimes, 72 feeling it seldom, and 21 feeling it never. The results indicate variations in life satisfaction perceptions between employees in private and government hospitals.

Table 71: Life Satisfaction: Alignment of Life with Expectations in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Life Satisfaction: Your life is	Always	9	4%	0	0%	9

settled according to your expectations	Almost	65	26%	49	20%	114
	Sometimes	95	38%	108	43%	203
	Seldom	69	28%	72	29%	141
	Never	12	5%	21	8%	33
Total		250	100%	250	100%	500

Employee Perceptions of condition in your life are excellent in Govt. and Private Hospitals:

In Table 71, examining the employee perceptions of life satisfaction with regards to the condition of their lives being excellent, the data showcases responses from both private and government hospitals. The results indicate that a considerable number of employees from private hospitals (Always: 41, Almost: 122, Sometimes: 75, Seldom: 12) as compared to their counterparts in government hospitals (Always: 11, Almost: 86, Sometimes: 79, Seldom: 74) express a positive view about the excellent conditions in their lives. Overall, a total of 52 employees from private hospitals and 208 from government hospitals reported that the conditions in their lives are excellent.

Table 72; Life Satisfaction: Perception of Excellent Life Conditions in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Life Satisfaction: The condition in your life is excellent	Always	41	16%	11	4%	52
	Almost	122	49%	86	34%	208
	Sometimes	75	30%	79	32%	154
	Seldom	12	5%	74	30%	86
Total		250	100%	250	100%	500

Employee Perception on you have got the expected things you want in your life in Govt. and Private Hospitals:

The employee perceptions regarding life satisfaction, specifically related to having obtained the expected things they want in their lives, are presented for both private and government

hospitals. The data reveals that in private hospitals, no employees responded with "Always," while 41 employees from government hospitals expressed this sentiment. In the "Almost" category, 126 employees from private hospitals and 104 from government hospitals reported having obtained expected things. Similarly, in the "Sometimes" category, 106 employees from private hospitals and 80 from government hospitals provided affirmative responses. In the "Seldom" category, 18 employees from private hospitals and 18 from government hospitals felt they had not obtained the expected things. Notably, no employees in private hospitals and 7 in government hospitals reported "Never" having achieved expected things in their lives. Overall, the data highlights variations in life satisfaction perceptions between employees in private and government hospitals.

Table 73: Life Satisfaction: Attainment of Expected Desires in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Life Satisfaction: You have got the expected things you want in your life	Always	0	0%	41	16%	41
	Almost	126	50%	104	42%	230
	Sometimes	106	42%	80	32%	186
	Seldom	18	7%	18	7%	36
	Never	0	0%	7	3%	7
Total		250	100%	250	100%	500

Employee Perception on your life do you want any change in Govt. and Private Hospitals

The below table illustrates the employee perceptions related to life satisfaction, specifically concerning whether they desire any changes in their lives, for both private and government hospitals. The data indicates that 38 employees in private hospitals and 11 in government hospitals responded with "Always" desiring a change. In the "Almost" category, 147 employees in private hospitals and 96 in government hospitals expressed a desire for change. For the "Sometimes" category, 65 employees in private hospitals and 100 in government

hospitals indicated a willingness for change. Notably, no employees in private hospitals and 32 in government hospitals reported "Seldom" desiring a change in their lives. Additionally, no employees in private hospitals and 11 in government hospitals responded with "Never" wanting any change. The data suggests varying perceptions among employees in private and government hospitals regarding their desire for changes in life satisfaction.

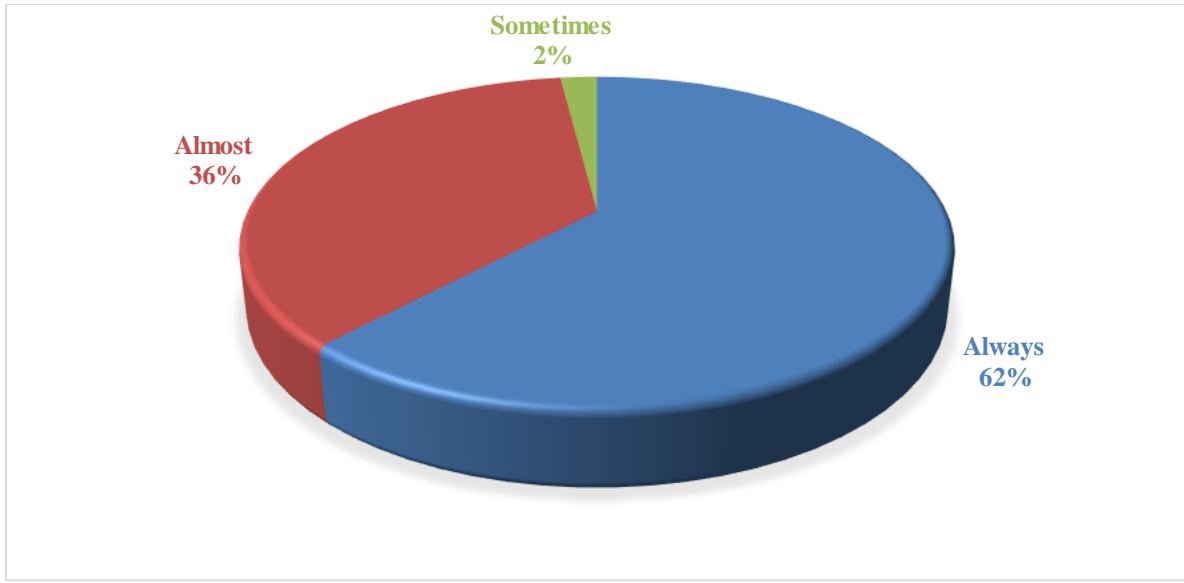
Table 74: Life Satisfaction: Desire for Change in Life in Private and Government Hospitals

		Type of hospital				Total
		Private	Percent	Government	Percent	
Life Satisfaction: Your life does you want any change	Always	38	15%	11	4%	49
	Almost	147	59%	96	38%	243
	Sometimes	65	26%	100	40%	165
	Seldom	0	0%	32	13%	32
	Never	0	0%	11	4%	11
Total		250	100%	250	100%	500

Table 75: Awareness Among Under-Privileged Individuals About the Health Sector and Its Impact on Employees

		Frequency	Percent
Awareness among under-privilege about the health sector then its impact on employees	Always	31	62.0%
	Almost	18	36.0%
	Sometimes	1	2.0%
	Total	50	100.0%

Figure-2 Awareness Among Under-Privileged Individuals About the Health Sector and Its Impact on Employees



The provided table outlines the awareness levels among underprivileged individuals regarding the health sector and examines its impact on employees. Notably, 62% of respondents reported always being aware, emphasizing a strong and consistent understanding of the health sector. An additional 36% indicated almost always being aware, showcasing a significant majority with high awareness levels. Only a marginal 2% mentioned being aware sometimes. This data suggests a noteworthy correlation between awareness among underprivileged individuals about the health sector and its positive impact on employees. The majority reporting high awareness levels underscores the potential benefits of fostering awareness in this demographic, which may contribute to improved overall health outcomes and well-being for employees.

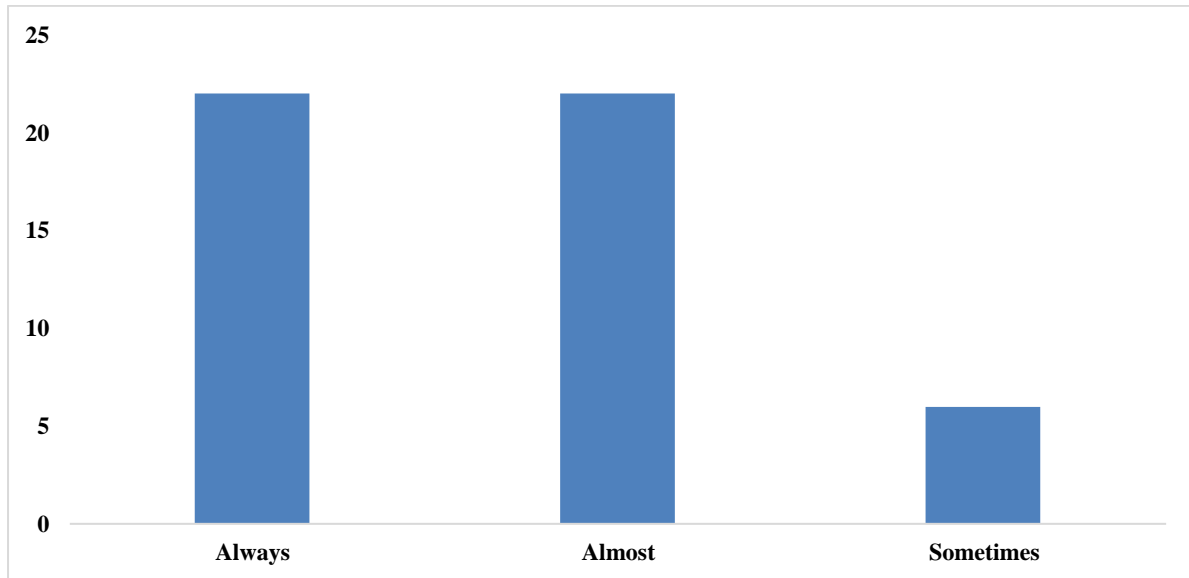
Healthy communication between employees and patient

Table 76: Frequency and Percent of Healthy Communication Between Employees and Patients

		Frequency	Percent
Healthy communication	Always	22	44.0%
	Almost	22	44.0%
	Sometimes	6	12.0%

between employees and patient	Total	50	100.0
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FIGURE 3- *Healthy communication between employees and patient*



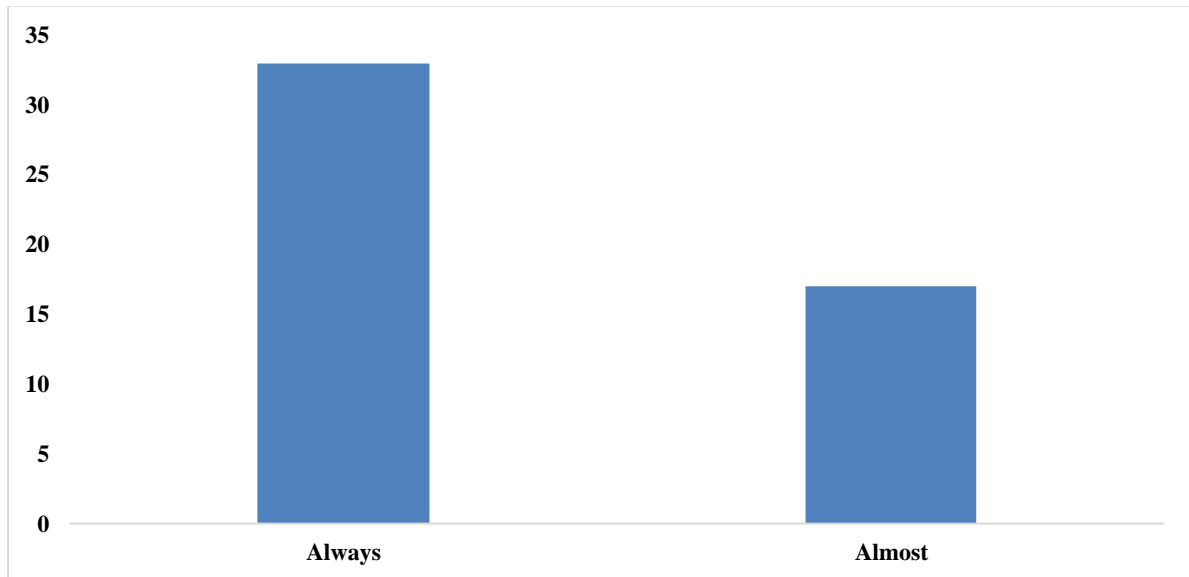
The presented table outlines the distribution of responses from 50 participants, categorizing their experiences into three levels: "Always," "Almost," and "Sometimes." The findings reveal that a substantial portion of respondents (44.0%) consistently perceive healthy communication between employees and patients. Another 44.0% report that such communication occurs almost always, indicating a prevalent positive trend. However, a noteworthy 12.0% of participants indicated that healthy communication only happens sometimes, highlighting an area for potential improvement. This analysis, based on both frequency and percentage distribution, serves as a valuable foundation for healthcare administrators and practitioners to evaluate and enhance communication practices.

Table 77: *Frequency and Percent of Healthy Communication and Its Impact on Mental Health*

	Frequency	Percent
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Healthy Communication and its impact on mental health	Always	33	66.0%
	Almost	17	34.0%
	Total	50	100.0%

FIGURE 4- *Healthy communication its impact on mental health*

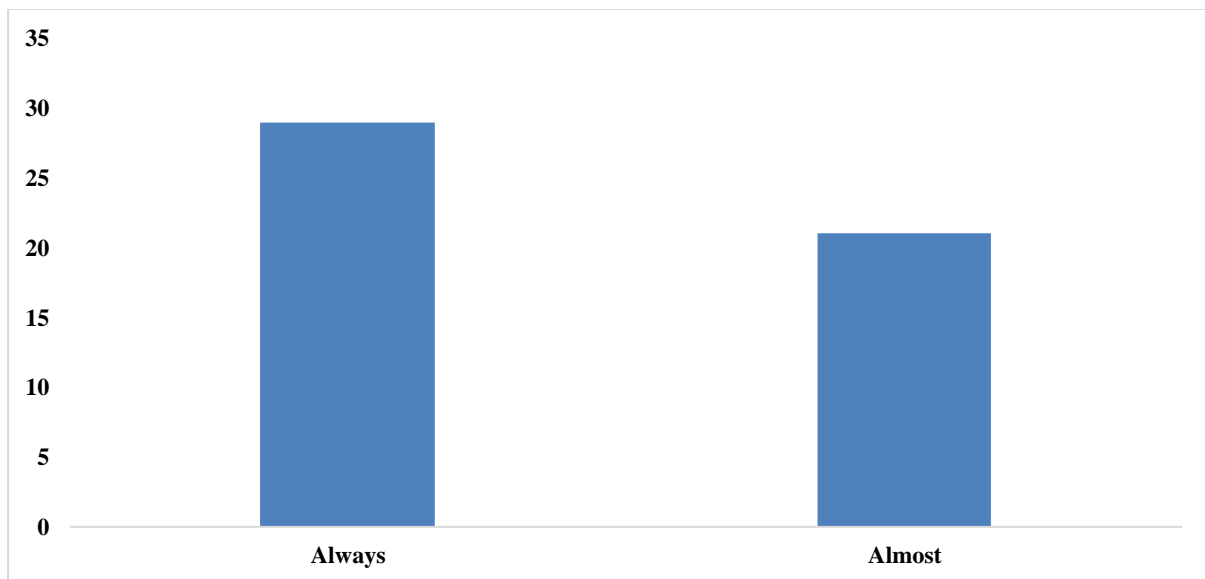


The provided table illustrates the perceived impact of healthy communication on mental health. Notably, a substantial 66% of respondents reported experiencing this positive influence always, while an additional 34% indicated almost always. The data underscores a consensus among participants regarding the significant role of healthy communication practices in contributing to positive mental health outcomes. With a total of 50 responses, these findings highlight the potential benefits of prioritizing clear and constructive communication as a means to support and enhance mental well-being. The majority reporting a consistent positive impact suggests that fostering healthy communication habits may play a crucial role in promoting mental health among individuals.

Table 78: Frequency and Percent of Healthy Communication Saving Time and Efforts

		Frequency	Percent
Healthy communication saves your time & efforts	Always	29	58.0%
	Almost	21	42.0%
	Total	50	100.0%

FIGURE 5- Healthy communication saves your time and efforts

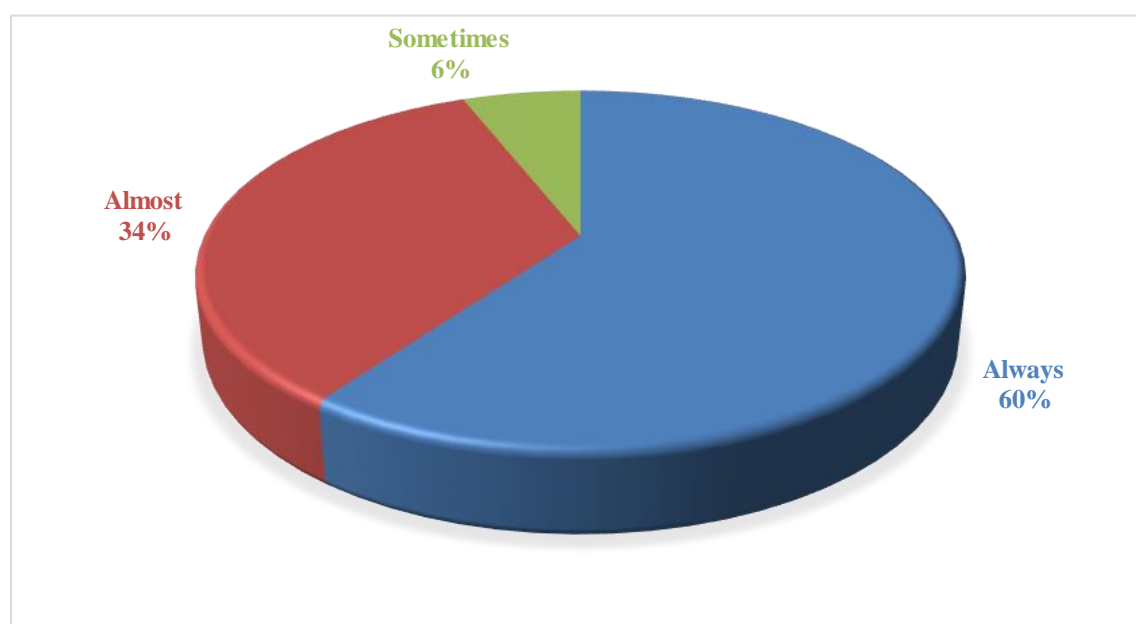


The provided table highlights the frequency distribution of responses regarding the impact of healthy communication on saving time and effort. Notably, 58% of respondents reported experiencing this benefit always, indicating a consistent positive outcome. Additionally, 42% mentioned almost always experiencing the positive effects of healthy communication. The data underscores the significance of fostering effective communication practices, as the majority of participants perceive it as a means to save time and effort. These findings emphasize the potential efficiency gains associated with promoting and maintaining a culture of healthy communication within a given context.

Table 79: Frequency and Percent of Training's Impact on Under-privileged Individuals' Effective Treatment

		Frequency	Percent
Training helps under-privilege to get treated effectively	Always	30	60.0%
	Almost	17	34.0%
	Sometimes	3	6.0%
	Total	50	100.0

FIGURE 6- Training helps under-privilege to get treated effective



The table illustrates the impact of training on the effectiveness of treatment for underprivileged individuals. The data reveals that a significant majority, 60%, reported experiencing effective treatment always as a result of training. Additionally, 34% stated that training resulted in almost always effective treatment, while a smaller percentage of 6% indicated that treatment effectiveness was sometimes achieved through training. This information underscores the

crucial role of training in enhancing the quality of care for underprivileged individuals, highlighting its potential to consistently improve their access to effective treatment.

Working Conditions and Work Pressure:

Employees express concerns regarding compulsory additional working hours (mean = 3.19), long working hours (mean = 3.51), and the absence of clear duties and responsibilities (mean = 2.28). Additionally, there's a prevalent feeling of being overburdened (mean = 2.81) and experiencing poor working conditions (mean = 2.99), indicating potential sources of job stress within the organization.

Reward Recognition and Performance Inhibitors:

While employees feel pressure to improve performance (mean = 2.54), there's a prevailing sentiment of inadequate recognition (mean = 2.37) and limited opportunities for growth (mean = 2.77), contributing to job stress levels.

Work-Family Conflict and Job Stress:

A significant proportion of employee's report experiencing work-family conflict (means ranging from 2.89 to 3.46), indicating potential challenges in balancing work and personal life, which can exacerbate job stress levels.

Hospital Management and Job Satisfaction:

Perceptions of hospital management vary, with employees expressing a sense of belonging (mean = 2.71) but questioning the management's ability to inspire work performance (mean = 3.20), potentially impacting job stress levels.

Management Survey and Life Satisfaction:

Employees generally feel like part of a team (mean = 1.59) but perceive communication and decision-making authority to be lacking (means ranging from 2.34 to 3.02), which can contribute to job stress. On a personal level, employees report moderate life satisfaction (means ranging from 2.43 to 3.15), with openness to change but potentially affected by job stressors.

	<u>Me</u> <u>an</u>	<u>Std.</u> <u>Deviati</u> <u>on</u>
<u>Working Condition</u>		
<u>Do you have Compulsory additional working hours?</u>	<u>3.19</u>	<u>0.969</u>
<u>Do you have clear duties and responsibilities?</u>	<u>2.28</u>	<u>1.205</u>
<u>Do you feel Overburdened?</u>	<u>2.81</u>	<u>1.188</u>
<u>Do you feel Poor working conditions in your school?</u>	<u>2.99</u>	<u>0.804</u>
<u>Do you have Long working hours</u>	<u>3.51</u>	<u>1.347</u>
<u>Work Pressure</u>		
<u>Is there authority to decide on day-to-day affairs in your school?</u>	<u>3.37</u>	<u>1.034</u>
<u>Do you feel a Heavy workload?</u>	<u>2.40</u>	<u>0.884</u>
<u>Are your colleagues supportive?</u>	<u>2.91</u>	<u>1.160</u>
<u>Do you feel no job security</u>	<u>2.26</u>	<u>1.138</u>
<u>Reward Recognition</u>		
<u>Do you feel a Lack of recognition?</u>	<u>2.37</u>	<u>0.993</u>
<u>Do you suffer from Inadequate incentives?</u>	<u>2.65</u>	<u>1.053</u>
<u>Do you feel there is no proper consideration of Employees' requests and complaints?</u>	<u>2.80</u>	<u>0.879</u>
<u>Performance Inhibitor</u>		
<u>Do you feel that you received an insufficient salary according to your talent and ability?</u>	<u>2.41</u>	<u>1.092</u>
<u>Do you always feel pressure to improve your performance</u>	<u>2.54</u>	<u>1.195</u>
<u>Do you feel Non-availability of opportunity for growth?</u>	<u>2.77</u>	<u>1.072</u>
<u>Work-Family conflict</u>		

<u>Do you feel stress from your job often makes you irritated when you get home?</u>	<u>2.89</u>	<u>1.176</u>
<u>Your work often interferes with your family responsibilities.</u>	<u>3.46</u>	<u>0.991</u>
<u>Due to work load you unable to meet the needs of your family members?</u>	<u>3.26</u>	<u>1.080</u>
<u>Due to work pressure, you are unable to give sufficient time to your family members.</u>	<u>3.26</u>	<u>1.080</u>
<u>Due to work stress sometimes, you are unable to talk with your family members.</u>	<u>3.17</u>	<u>1.081</u>
<u>family responsibilities prevent you from effectively discharging your duties</u>	<u>3.16</u>	<u>1.085</u>
<u>Job stress caused by family members affects your work performance?</u>	<u>3.15</u>	<u>0.945</u>
<u>Do you feel that stress caused by the children affect your work performance</u>	<u>4.16</u>	<u>0.753</u>
<u>family life situations create work stress at WORKPLACE</u>	<u>3.28</u>	<u>0.909</u>
<u>Do you feel that strained family relationships lead to stress at the workplace?</u>	<u>3.36</u>	<u>1.028</u>
<u>Do you feel that you give vent to our family's frustration at the worksite?</u>	<u>2.53</u>	<u>0.954</u>
<u>Hospital management</u>		
<u>Do you take the management issues as your issue?</u>	<u>3.30</u>	<u>1.327</u>
<u>Do you feel proud to tell others that you are a part of this hospital?</u>	<u>2.19</u>	<u>1.255</u>
<u>Do you have a strong sense of belonging to the institution?</u>	<u>2.71</u>	<u>1.506</u>
<u>Do you feel that management inspires your work performance?</u>	<u>3.20</u>	<u>1.482</u>
<u>Job Satisfaction</u>		
<u>1. Are you happy with the way your management interacts with employees?</u>	<u>2.57</u>	<u>1.175</u>
<u>Do you have good relationships with colleagues?</u>	<u>2.89</u>	<u>1.004</u>
<u>Do you feel happy with the pay and the amount of work you do?</u>	<u>3.08</u>	<u>1.214</u>
<u>Do you feel that Fringe benefit is enough?</u>	<u>3.25</u>	<u>1.413</u>
<u>Do you feel that there is scope for promotion and advancement?</u>	<u>2.77</u>	<u>1.360</u>
<u>Do you feel that there is Individual recognition for extraordinary performance?</u>	<u>2.23</u>	<u>1.076</u>
<u>Do you feel that there is sufficient opportunity to make use of your abilities?</u>	<u>2.52</u>	<u>0.994</u>
<u>Do you feel Job security in your organization?</u>	<u>2.78</u>	<u>1.168</u>
<u>Do you receive Training and development opportunities in your hospital?</u>	<u>2.70</u>	<u>0.939</u>
<u>Do you have Retirement benefits and fringe benefits?</u>	<u>3.20</u>	<u>1.376</u>
<u>Do you have the Freedom to make your judgment and decision?</u>	<u>3.44</u>	<u>0.885</u>
<u>Job Stress</u>		
<u>Do you feel that your workload is too heavy?</u>	<u>2.59</u>	<u>0.867</u>
<u>Do you feel that the amount of work you have to do interferes with the quality you want to maintain?</u>	<u>2.72</u>	<u>0.942</u>
<u>Do you feel that you are unable to use training and expertise in your work?</u>	<u>2.64</u>	<u>1.382</u>
<u>Do you feel that there is little scope for personal growth in your work?</u>	<u>2.35</u>	<u>0.852</u>
<u>Do you feel that patients have conflicts with management?</u>	<u>1.49</u>	<u>0.568</u>
<u>Do you feel that you can do much more than what you have been assigned?</u>	<u>1.97</u>	<u>0.700</u>
<u>Management Survey</u>		
<u>Do you feel a part of a hospital team working towards a shared goal?</u>	<u>1.59</u>	<u>0.493</u>
<u>Do you feel that communication between management and employees is enough?</u>	<u>2.68</u>	<u>1.124</u>
<u>Do you feel that enough authority is given to make decisions?</u>	<u>3.02</u>	<u>1.412</u>

<u>Do you feel that your experiences benefit your hospital?</u>	<u>1.76</u>	<u>0.851</u>
<u>Do you feel that keep flexible approach is needed with employees?</u>	<u>1.78</u>	<u>0.821</u>
<u>Do you feel that management helps in resolving conflict between employees and patients?</u>	<u>2.34</u>	<u>0.964</u>
<u>Do you feel that management helps the employee to cope with stress?</u>	<u>2.62</u>	<u>1.559</u>
<u>Life satisfaction</u>		
<u>Do you feel that your life is settled according to your expectations?</u>	<u>3.15</u>	<u>0.908</u>
<u>Do you feel that the conditions in your life are excellent</u>	<u>2.55</u>	<u>0.895</u>
<u>Do you feel you have got the expected things you want in your life</u>	<u>2.48</u>	<u>0.802</u>
<u>Do you feel that in your life you want any change?</u>	<u>2.43</u>	<u>0.838</u>

DISCUSSION

5.1 Discussion of Result

In our study, 53.4% were male amounting to 267 individuals, while females account for 46.6% with a count of 233 which was almost similar to the study conducted by Muluken Genetu Chanie et al. (2020)

In this study the participants were 20-30 years, comprising 125 individuals or 25.0% of the total; 30-40 years, encompassing 146 individuals at 29.2%; 40-50 years, representing 136 individuals or 27.2%; and above 50 years, with 93 individuals making up 18.6%. In contrast to our study, Muluken Genetu Chanie et al. (2020) found that 45.5% of individuals lie in the age group of 25-29 years. In present study, 29.6% of the total possess graduate degrees (148 individuals), while 26.6% are postgraduates (133 individuals), and 14.8% hold doctorates (74 individuals). Another 29.0% of the population holds alternative diplomas or degrees, constituting 145 individuals. Whereas study conducted by Muluken Genetu Chanie et al. (2020) showed that 65% of the respondents had diploma.

Unmarried individuals account for 19.4% of the total, with a count of 97, while the majority, constituting 75.4%, is represented by the married category with 377 individuals. Separated or divorced individuals make up 5.2% of the total, comprising 26 individuals. In contrast to our study, the study conducted by Muluken Genetu Chanie et al. (2020) showed that 49.6% participants were single.

In present study, Individuals residing in rural areas comprise 37.8% of the total, with a count of 189, while those in urban areas constitute the majority at 62.2%, with 311 individuals similar to the study conducted by Muluken Genetu Chanie et al. (2020).

In our study, the "Always" category, 109 responses were reported exclusively in government hospitals, while none were indicated in private hospitals. For "Almost," 66 responses were recorded in private hospitals, and 111 in government hospitals, totaling 177. In the "Sometimes" category, 105 responses were from private hospitals and 30 from government hospitals, indicating 135 employees perceived a lack of recognition at times. In the "Seldom" category, 79 responses were exclusively from private hospitals, while none were reported in government hospitals. Whereas the study conducted by Muluken Genetu Chanie et al. (2020) showed that Employees who were satisfied with performance appraisals were two times (AOR = 2.11, 95% CI: 1.32, 4.67) more likely to have good time management practice compared with unsatisfied counterparts.

If a hospital can increase the quantity of management input, it should be in a better position to provide higher-quality management of staff, finances, and patients and, as a result, produce better outcomes for the hospital. The proposed mechanism linking the quantity of management input to hospital performance is depicted in Figure 1.

The hospitals are not experiencing an improvement in management quality that results in higher performance, and adding managers does not appear to have any additional direct or indirect effects on hospital performance.

The foundation of this thesis is the idea that hospital management fosters the mushrooming of the business. Besides, attention is focused on how they treat the staff and how they give the patients the best medical facilities, The hospital's resource management should know how it affects its staff, whether directly or indirectly. Efforts were made to bring it together and study it, as this will bring new changes to this sector in the future, if we work on indirect

(external) aspects then it will give the positive effects on the hospital employees. Due to these changes, the whole business will develop, and new modifications can be made in the hospital industry. The whole scenario of the hospital and employee relations will change. Many characteristics of a hospital include a wide range of services, shifting patient profiles, high costs, increasing use of advanced equipment, the critical role of staff, public perception of medical services, and the need for innovative financing. There are various fields in management, which include the Indian government, state governments, private autonomous bodies, and voluntary organizations. The procedures and methods required for the proper functioning of the management component are referred to as human resources. This job entails critique, planning for the demand for manpower, individual selection, new hires, ongoing evaluation and socializing, equipping training for career development, and overseeing compensation. The department's cogency is noticeable in the job-related training.

One probable explanation for the lack of correlation between the volume of management input and hospital performance is the fact that, in contrast to their colleagues in the private sector, the government sector must carry out official directives and achieve goals set by other forces. To guarantee that the minimal standards of clinical and financial care are not overlooked or violated, management shrinks to administrative responsibilities. and unobserved variation among hospitals.

5.2 Result and Discussion

In this research, 136 respondents from private hospitals and 113 from government hospitals highlighted a combined total of 249 employees experiencing occasional dissatisfaction. Whereas a study conducted by Raziq A et al. found that the working environment has a positive impact on job satisfaction therefore organizations must pay attention to this element of the job.

Kinzl et al. (2005) concluded a study that job satisfaction has a positive relationship with opportunities provided to employees by the organization. In this study, it has been represented by esteem needs which also has a significant relationship with job satisfaction.

Babin & Boles (1996), argued that supervisory support and worker involvement decrease work stress however; it helps increase job satisfaction and job performance. The study showed that top management support is positively related to job satisfaction, however, relationships with co-workers don't turn out to have a significant relationship with job satisfaction.

The study conducted by J. F. Kinzl et al. (2004) with good emotional well-being and physical health (n=48) reported significantly higher job satisfaction than their colleagues with poor emotional well-being and frequent physical health problems.

A good working environment increases employee loyalty, level of commitment, efficiency & effectiveness, and productivity, and also develops a sense of ownership among employees which ultimately increases organizational effectiveness as well as reduces costs emerging as a result of dissatisfied employees.

In the present study about 30% of participants working for long hours in government hospitals in contrast to our study conducted by Kinzl JF et al. (2004) found that Workload was assessed as high to very high by 70 (56.0%) of the respondents, as moderately high by 39 (31.2%) and as low by 16 (12.8%). In hospitals, effective communication is necessary. Misunderstandings, mistakes, and increased stress among staff all these from poor communication. To make sure that staff feel heard and admired hospitals should instill clear routes of communication, periodic feedback methods, and open-door policies. For the security of patients and to minimize employee burnout, adequate staffing and task management are essential. A shortage of staff can result in higher levels of stress, extended working hours, and a greater chance of medical blunders. Employee morale and work satisfaction may be boosted by training and providing opportunities for professional growth. Hospitals should engage in education to keep

their staff members informed on the most recent medical procedures and technology. Ample staffing and job management are crucial for the safety of patients and to reduce employee fatigue. A lack of employees can lead to increased stress levels, longer workdays, and the likelihood of medical errors. By providing opportunities for professional development and persistent, training, employers can stimulate morale and job satisfaction. Hospitals should participate in continual education to keep their staff members up to date on the latest treatments and technologies. Healthcare personnel frequently put in long hours and shift work. Hospitals should make an effort to encourage work-life balance by authorizing relaxed scheduling and providing assistance for staff members' personal lives. This may lower turnover and burnout rates. Staff disputes are widespread in hospitals, which may be stressful workplaces. A pleasant workplace environment should be sustained with the use of effective dispute resolution techniques like mediation and detailed policies. Employee empowerment results from encouraging their comments and including them in decision-making processes. Hospitals are likely to have a motivated and engaged workforce if they pay attention to the problems and suggestions of their staff. Hospital management should emphasize the mental health and well-being of its staff members, as working in the healthcare industry may be emotionally taxing. Access to stress management programs and counseling services might assist in lessening the negative effects of the job. In conclusion, management procedures used in hospitals have a significant influence on the productivity, well-being, and work satisfaction of staff members. The likelihood that a hospital will have engaged, motivated personnel who can deliver high-quality patient care increases when effective leadership, communication, workload management, training, recognition, and support for work-life balance are prioritized. To establish a productive and encouraging work atmosphere for their workers, hospital administrators must constantly evaluate and enhance their management practices. Hospital management procedures have a significant impact on staff all-around performance and

wellbeing. Patient results and employee contentment should be improved by a well-managed healthcare institution. The research has gone through some important management techniques used in hospitals and how they affect staff members.

Strategic Planning: To guarantee effective resource allocation, precise goal-setting, and financial sustainability, private hospitals frequently place a strong emphasis on strategic planning.

Quality Management: Through quality management systems like ISO certification, there is an emphasis on upholding high standards of care and patient satisfaction.

Technology Integration: To improve patient care and expedite procedures, private hospitals often make investments in cutting-edge medical technologies.

Performance Incentives: Bonuses, salary based on performance, and chances for career progression are common ways that employers encourage their staff to perform well.

Customer service: To draw in and keep patients, a strong focus is placed on offering superior customer service. This emphasis can also be extended to programs aimed at enhancing staff happiness. Government hospitals frequently have severe financial limitations, which makes cost control and efficiency more important. Providing healthcare is strongly viewed as a public service, frequently emphasizing fair access to treatment regardless of financial situation.

Government regulations and stringent regulatory frameworks must be followed by government hospitals, and this might influence management techniques.

Community Engagement: By interacting more directly with the community they serve, government hospitals may have an impact on management strategies like community outreach initiatives.

Disparities in Hospital Management: money: Government hospitals receive money from public sources, whereas private hospitals depend on income from patients and private investors. Government hospitals may be influenced by politics and bureaucratic procedures, whereas private hospitals have greater autonomy in making decisions.

Service Delivery: While government hospitals

concentrate on providing basic healthcare to all residents, private hospitals could place a higher priority on revenue and patient happiness. Allocating Resources: While government hospitals would have to balance resources among various healthcare demands, private hospitals can allocate resources according to market demand and profitability. Accountability: Government hospitals are answerable to the public and regulatory agencies, whereas private hospitals are often answerable to owners or shareholders.

Effects of Management Strategies on Employee Satisfaction and Morale: Private Hospitals: Due to more defined objectives, performance rewards, and chances for professional growth, efficient management practices at private hospitals can boost staff morale and job satisfaction.

Government Hospitals: Because of financial restrictions and bureaucratic procedures, management strategies may have varying effects on staff morale and satisfaction at government hospitals. However, programs that emphasize staff recognition, training, and participation in decision-making can improve staff satisfaction. The impoverished's perspectives on healthcare:

Access: People in poverty may believe that access to healthcare is restricted because of financial constraints, insurance issues, or a shortage of medical facilities in their community.

Quality: Some people think that healthcare is of poor quality, with lengthy wait times, inadequate facilities, and a dearth of individualized attention. Trust: Due to prior experiences with prejudice, abuse, or neglect, the destitute may have little trust in the healthcare system.

The level of knowledge that underprivileged people possess about the health sector can have an impact on how they engage with hospital personnel, which can have an impact on communication, adherence to treatment, and general satisfaction with care. Training and

Sensitization: When working with patients from low-income backgrounds, hospital personnel can benefit from training programs that improve their cultural competency, empathy, and communication skills. Community Partnerships: Working together with local groups and

governmental organizations can help underprivileged patients have better access to resources

and support services. Holistic Methods of Care: For those living in poverty, results can be improved by implementing holistic care models that address social determinants of health in addition to medical requirements. Financial Assistance Programs: Creating sliding-scale payment alternatives or financial assistance programs can help the poor afford healthcare. Feedback Systems: Setting up systems to collect feedback from poor patients can assist in pinpointing areas that want improvement and help customize care to meet their requirements. Healthcare businesses may improve employee happiness and well-being while working toward more fair and effective service delivery by addressing these factors.

In hospitals, effective leadership is crucial. To excite and inspire their employees, leaders must give them precise paths and inspire for yoga, exercise sessions, and meditation for their overall peace. Transparent and open channels of communication make staff members feel acknowledged and appreciated, which in turn lowers apprehension and anxiety. Strong leadership and communication in hospitals help an employee feel more engaged, motivated, and secure in their job. Higher work satisfaction and retention rates may result from this. In the healthcare industry, proper workload allocation and personnel levels are integral. There shouldn't be too few or too many employees. Burnout may be reduced by implementing scheduling procedures that guarantee work-life balance and equitable rotation. Effective task management lowers stress and burnout among healthcare professionals. Employees who are in better physical and mental health perform better at work. Employees who have access to ongoing training and development opportunities can grow their abilities and keep current on medical advances. Employers should enhance their staff member's confidence and career prospects by motivating them to attain further training and certifications. Employees who feel empowered and well-trained are more driven and self-assured in their positions, which can improve work satisfaction and career advancement. Employee morale may be raised by regularly recognizing and rewarding hard work and devotion. Top talent can be enticed and

retained by offering a competitive salary, perks, and career progression possibilities. Feeling valued and appropriately rewarded encourages workers to give their best efforts, which increases job satisfaction, lowers turnover, and provides healthy meals in intervals. Hospitals should emphasize staff health by providing wellness initiatives, counseling, and a secure working environment. Employee well-being may be increased by addressing workplace stress-free and granting access to counseling services. Employees are more likely to be content with their jobs and remain loyal to their company if they believe that their health and well-being are prioritized. Every employee should be seen in the same way. A sense of ownership and dedication may be cultivated by encouraging staff to participate in the decision-making process and giving them a voice in hospital rules. Frontline staff can provide more effective and patient-centered care if given the freedom to make decisions within their areas of expertise. Employees who are involved and empowered are more inventive, motivated, and content with their jobs, all of which can improve patient care. In conclusion, good management practices in hospitals may have a big impact on staff retention, satisfaction, general healthcare quality, and guiding the people about basic requirements. Hospitals should promote a productive work atmosphere that is beneficial to both staff members and patients by placing a high priority on leadership, communication, task management, training, recognition, well-being, and employee participation. Hospital management strategies significantly impact staff members, even those from disadvantaged backgrounds. These behaviors either provide a supportive work atmosphere for all employees or exacerbate stress, unhappiness, and unfairness. Here are some important factors to ponder: Hospital executives should place a high priority on diversity and inclusion in their management teams. This will contribute to fostering an atmosphere where workers from deprived backgrounds feel respected and heard. No matter their background, hospital staff members are advised on rules, procedures, and organizational changes. NGOs also help in advising and guiding people who are coming from deprived backgrounds. By this

involvement hospital management gets support for his management. Hospitals must take help from NGOs for better management and their staff. Hospitals ought to pay employees fairly and competitively, regardless of their prior employment history. This involves frequent salary reviews and equitable compensation for equal labor. All employees should have access to healthcare, childcare, and other benefits to ensure their well-being. Hospitals may undertake diversity and inclusion initiatives to support a diverse workforce and provide a friendly workplace for all staff members. Where possible hospitals should provide staff with flexible work arrangements and remote work choices, which may be especially useful for those experiencing particular difficulties. To help employees manage pressure linked to their job or personal life, hospitals should provide mental health tools and support services. No matter their backgrounds, all staff should have equitable access to training and professional development opportunities in hospitals for career progression. Ensure that the workplace is safe and healthy for all employees and that the necessary safety precautions are in place. Provide health initiatives and tools that are tailored to the special requirements of your poor workforce. Hospitals should set up feedback processes to let staff members express their opinions and requests ensuring that their issues are taken seriously. Through partnerships and outreach, hospitals may interact with impoverished communities while constructing goodwill and offering assistance. Make anti-discrimination and anti-harassment rules and uphold them to safeguard workers for all backgrounds. In conclusion, justice, inclusion, and support for all staff members, particularly those from disadvantaged backgrounds, should be given priority in the hospital's effective management practices, Hospitals may increase patient care, comfortable facilities, employee happiness, and organizational performance by fostering work environments where staff members feel appreciated, under stable environment, respected and supported. The subject of your thesis is how hospital administration affects the growth of the healthcare industry, with a concentration on staff management and patient access to medical

facilities. Resource management and the impact of management on personnel are two essential factors that need to be taken into account. The objective is to alter both staff relations and the general hospital environment to support the expansion of the healthcare sector. Intend to collect data, evaluate it, and disseminate the key results to meet these goals. This is necessary for the administration of hospitals to operate effectively. This wants to examine how government hospitals operate in terms of processes, planning, organizing, managing, and supervising. Additionally, the J.J. Institute of Medical Science is a key focus of study as it looks at how hospitals meet the needs of the underprivileged. By focusing on a group in society that is frequently underserved, this research hopes to make a unique contribution, wishing to look at ways that people in lower socioeconomic groups might access better healthcare. The method for determining how well managerial methods work in the healthcare sector is new and important. This method is useful since it is one of the largest surveys of its kind in the world and it captures the quality of management practices based on the input of a sizable workforce. Then go into further detail on the potential ramifications and importance of this research findings in the discussion part of this thesis. This thesis talks about how enhancing hospital management and administration procedures can enhance patient outcomes, worker satisfaction, and sector development as a whole. It might also emphasize any recommendations for policies or actions that come out from the study. This appears to have outlined five phases for an agenda for a certain activity or project, which looks to be connected to neighbourhood hospitals. The stages that are stated are broken down as follows. Here is a list of neighbourhood hospitals: This stage entails locating and cataloguing every hospital in the neighbourhood that's pertinent to the current job or project. It's crucial to have a complete and current list. An insight into the hospital's administration: This level probably entails developing a basic grasp of how hospitals are run. To do this, it may look into their management style, leadership style, and organizational structure. Examining how the hospital's personnel reacts to the modifications This level implies

that the project or job calls for bringing about changes inside hospitals. The impact and efficacy of the measures must be evaluated together with how the personnel reacts to them. Conducting interviews with management and personnel and compiling the results: Interviewing hospital workers and management is part of this stage. The goal is to gather qualitative information and insights on their viewpoints and experiences with the project or changes. Collecting information, analysing, and sharing the important results of the measures: All of the data obtained during the other processes are collected, analysed, and interpreted in this last step. Finding noteworthy results, trends, and insights on the project or adjustments is the aim. The results are then shared, debated, and distributed, probably to the appropriate parties. It's critical to remember that the things on the agenda are part of a larger process and may require additional information and responsibilities to be completed successfully. The context and aim of this agenda are also not stated, therefore the specifics may change depending on the project or effort to which it applies. The language given seems to be a summary or introduction to a piece of study on hospital administration, personnel satisfaction, and the effects on patient care. Here are the main ideas, broken down, and discussed: The initial goal of the work is to examine how hospital administration functions and approaches various issues, such as those about the hospital, patients, and employees. This suggests that the goal of the research is to comprehend how hospitals are managed. This is how important hospital administration is in modern society, as effective management is essential for healthcare organizations to operate well. Employee dissatisfaction with hospital administration is mentioned in the text. Hospitals are no exception, as employee happiness is crucial to any organization's overall performance. A decline in the standard of patient care can be caused by unhappy personnel. This emphasizes how crucial management's approach to these issues is. To foster a productive workplace and improve patient outcomes, effective management should address issues with employees, the hospital, and patients. Management may occasionally need to take forceful action to resolve problems.

This implies that there may be situations in which difficult choices must be made to ensure the hospital's proper operation and the safety of patients and staff. The statement refers to the partnership between management and employees, highlighting their interdependence. For the hospital to succeed, there must be good communication between these two groups. The expansion of the company is the main objective of hospital administration. To serve a bigger population, healthcare organizations sometimes include this as one of their goals. The text makes the argument that by working together, management and staff can help the company expand and the medical facility flourish. This demonstrates how crucial collaboration is in the healthcare industry. According to the text, when a hospital is run well, both the patients and the company profit. This is important to note because giving patients high-quality treatment is a hospital's main goal. The text mentions that patients spend a lot of money on medical treatments in its brief discussion of the financial side. Therefore, to keep the company's finances stable, management must deliver exceptional service. In conclusion, the text emphasizes the significance of researching hospital management, attending to employee grievances, and attaining successful management to benefit patients and guarantee the success of the medical facility. This seems like the introduction to a research paper and the following parts may go into more intricate details of hospital administration and its effects. Different management strategies can significantly affect the quality of treatment delivered and the work satisfaction of hospital staff. Managing a healthcare institution entails complicated problems. Here is a conversation on the subject: To guarantee high-quality patient care, the welfare of personnel, and financial stability, hospitals must manage themselves effectively. A key factor in reaching these aims is management strategies. As already indicated, expert supervision is crucial for assessing and raising the standard of treatment. Supervisors should make sure that best practices are followed and resources are used effectively, ideally with a background in healthcare. It's essential to document events and data to spot trends, possible problem areas,

and dangers. In healthcare administration, data-driven decision-making is becoming more and more crucial. A hospital with sound management may increase both its patient and service base. However, to preserve quality and prevent staff overwork, growth should be done with care. The emphasis on offering "tremendous care at the lowest fee achievable" is commendable. Costs may be reduced while still ensuring high-quality treatment with effective management. Patients gain from this, and the hospital's financial situation improves. The healthcare sector can flourish as a result of well-run facilities. They draw both patients and qualified experts and serve as examples of optimal practices. The total patient experience and personnel satisfaction may be improved with a more developed infrastructure and better amenities. Staff morale and retention may be improved by providing a cozy and well-equipped environment. On employees, various management strategies may have diverse effects. Here are a few crucial things to remember: The work culture is influenced by the top management's leadership style. Employee motivation may be increased via a collaborative and encouraging leadership style. Management and employees need to communicate effectively. Transparent communication promotes confidence and guarantees that staff members are aware of the objectives and standards of the institution. Workloads and staffing levels must be properly handled. Workload allocation and support systems are crucial since employee burnout may be a serious problem in the healthcare industry. A more competent workforce and content might result from investments in employee training and development. An open-door policy and regular feedback methods can help management make the required modifications and increase employee happiness. Future studies should examine and evaluate different management philosophies used in the healthcare industry and their particular effects on staff well-being, patient outcomes, and the organization's financial stability. Different management approaches may be advantageous for various hospitals; thus, it is essential to adapt these methods to certain situations. Overall, efficient hospital administration is crucial for ensuring that patients receive

high-quality treatment and that personnel are motivated and fulfilled in their jobs in addition to being advantageous to the business.

There is a lot of management involved, and in theory, workers in better-managed companies are more conscientious and aware of the company's values. Consequently, these companies should be more effective in achieving their goals in comparison to businesses that are improperly managed on how management should be set up, how managers should be balanced, and who should be given what, the government, nevertheless, has a significant influence. In this research, the impact of management on the achievements of private-sector enterprises has been extensively examined. The primary, if not the only, reason why owners or shareholders hire managers in the private sector is to increase profits. Successful private sector companies look to hire exceptional managers by providing them with attractive compensation packages. Senior managers consistently make far more money than average corporate workers. It is believed that larger incentives will attract significant managers. Supervisors are granted accountability for their subordinates, the ability to hire and fire staff, and a remarkable degree of independence in daily decision-making.

The function of hospital managers in the NHS differs greatly from our Indian government hospital management. First of all, hospital managers are few. The proportion of staff in management roles in NHS hospitals is about 3%, whereas the proportion in management positions throughout the English sector is 11%. Furthermore, managers in the NHS get compensation in comparison to Indian government sector colleagues or other staff members. Furthermore, managing NHS hospitals is a challenging job, and managers often have a little less autonomy than their counterparts in the private sector. International study indicates that doctors make the majority of the basic decisions about what the hospital does and how it does it. As a result, persuasiveness rather than authority is more important in managing influence. Accepting risks is discouraged since management's goal is to ensure that everything goes as

smoothly as possible. The healthcare sector is heavily regulated to maintain financial fiduciary obligations and quality standards, and hospitals bear a significant administrative burden in enforcing compliance.

In this instance, the relationship between managerial input and performance if any exists at all is probably unstable. Previous deconstructions in this domain have represented hospital production as a process of administration and physician input. Management input has been conceived as a discrete staff group in the hospital production function or as having an impact on overall distinguishing productivity, according to Street, A. Thus far, these methodologies have shown a very weak link between the quantity of management input and hospital output

Other studies have also examined the effectiveness of hospital management and found a positive association between it with clinical advancements. Using data from surveys of clinical practice leads in orthopedic and cardiology departments across a few different countries, research on global management structures by Bloom found a correlation between good management and decreased risk-adjusted hospital mortality from acute myocardial infarction (AMI). reached a similar finding based on interviews with managers in the orthopedic and cardiac departments at UK hospitals. They discovered that greater AMI survival rates, better general surgery survival rates, shorter wait times, and less staff turnover were all associated with higher management scores.

Although it is well known that the primary objective of private sector companies is profit maximization, opinions differ about the many objectives that hospitals want to achieve. The study used five factors to assess hospital performance. The hospital's dedication to delivering timely and effective treatment to patients at the J.J. Institute of Medical Science is reflected in the remaining indicators, with the first serving as a barometer of financial performance.

Financial performance is measured using net financial position, an indication derived from the hospital's annual statistics. If the hospital's overall revenue exceeds its entire operating expenditures, the score will be positive. The percentage of patients who receive care within 18 weeks after being referred by their general practitioner for planned hospital admission and the elective waiting time are two measures used by the English government to monitor hospital performance and record quick care. The accident and emergency (A&E) waiting time measures the proportion of patients seen within four hours.

Human resource management is the process of designing a sophisticated framework for managing personnel inside a company. The management division responsible for human resources is in charge of the relationships between management and staff, as well as the growth of individuals and organizations. The goal is to preserve individual development, a favorable work environment, and a positive working relationship between employers and workers as well as among employees. Everything that affects employers and workers is included in human resource management. Each manager oversees human resources within their functional area. They are careful when hiring new employees and also consider compensation. The choice made by management affects staff development, safety, pay, apprenticeships, staff planning, and staff appraisals.

A healthcare worker's life is significantly different from any other worker's. This stands out due to the extreme psychological stress and worry it involves, rather than the overwhelming degree of personal and professional achievement. Research indicates that professionals in the health field, especially those in medicine, are susceptible to changes in mental health. Moreover, uncontrolled fatigue has been linked to job stress, and this can lead to emotions of helplessness, despair, and failure as well as a lack of enthusiasm to work. Emotional aspects of medicine are deeply embedded in the work; obligations for patient care, feelings of overload,

and administrative tasks are frequently mentioned as occupational pressures in the medical field. Professionals often refer to emotional exhaustion as burnout.

The organization has been dealing with the catastrophic aftermath of the since December 2019. The organization has been fighting the terrible effects of the extraordinary SARS-CoV-2 outbreak since December 2019. When the black cloud was initially observed in Wuhan, China, it quickly covered the entire planet. People were extremely distressed, anxious, and afraid due to the disease's rapid spread and the shockingly high death toll. Research on Chinese citizens revealed that 53.8% of instances of the SARS-CoV-2 pandemic's psychological impact were considered moderate or severe. Healthcare workers face additional stress because of their active involvement in treating infected patients, on top of the psychological effects of the social catastrophe. Currently, the number of sickness cases and fatalities, the disproportionate work disadvantage, and the shortage of resources for personnel protection have all increased as a result of their mental and physical exhaustion. Research conducted by Chinese medical experts has revealed that during SARS-CoV-2, the prevalence of depression, anxiety, and other stress-related symptoms was 50.7%, 44.7%, and 73.4%, respectively. On the other hand, nothing is known about or understood about the psychological demands that medical professionals have to deal with this catastrophe.

Thus, it is highly recommended that more research be done to assess the psychological effects of the SARS-CoV-2 pandemic on healthcare professionals as well as related risks and protective variables. Investments in human resources for health (HRH) are warranted given the lopsided healthcare distribution in India and the low ratio of healthcare professionals to the population. According to a recent World Health Organization (WHO) report, India would need at least 1.8 million doctors, caregivers, and siblings to have 44.5 employment for every 10 million people by 2030. A strong framework for healthcare providers and an emphasis on enhancing existing medical education were suggested by the 2017 Indian National Health

Policy (NHP). Similarly, by the end of FY 2023, the 'New India@75' NITI Aayog Strategy seeks to generate 15 lakh new employment in the field of public health. A severe shortage of medical personnel has been seen in India as a result of the continuing SARS-CoV-2 outbreak. The expectations of Indian healthcare experts in OECD nations exacerbate this issue further. It is suggested that a wide range of professionals with training from different Indian medical and healthcare facilities offer medical services. Depending on their specialties and areas of practice, these medical professionals are registered with various organizations and have a range of educational backgrounds.

When the SARS-CoV-2 epidemic struck, medical professionals—including doctors—were among the first people affected by the virus worldwide. Numerous accounts and images documenting the suffering of medical personnel who contracted the illness and even lost their lives are accessible to the general public. Early research highlighted the need to shield healthcare professionals from direct contact with SARS-CoV-2 and equip them with the right protective gear to prevent infection and maintain their physical health. Since they were unable to offer hassle-free services to the suffering patients and their families because of the new normal protocols of the pandemic, such as rationing of scarce care services, isolation, and social distancing at the workplace, teleworking processes, and increased use of PPE kits, many confident and concerned health care professionals became vulnerable to moral injury. At the same time, a large number of physicians worked in intensive care units for SARS-CoV-2. Non-acute care physicians often felt nervous, anxious, and guilty since SARS-CoV-2's stringent rules prevented them from regularly providing medical care. as a result of the government enforcing restrictions such as lockout and work-from-home policies. Medical professionals faced difficulties while trying to help the general populace.

For their mental and physical well-being, physicians and other healthcare professionals must be protected above all else. The World Health Organization said, "People are at risk of burning

in many areas throughout the world, and our medical staff is unemployed. The needs and interests of our medical and critical staff must be given priority; without them, our group cannot respond to SARS-CoV-2." Additionally, throughout the pandemic, healthcare personnel had several challenges in achieving a work-life balance. There were several difficulties at work and home. In contrast, the shortage of adequately trained individuals has increased stress on the healthcare professionals that were on hand. The lives of healthcare professionals were made even more terrible by the fury of patients and their families, the spotlight of the media, and their tendency to turn the most ridiculous matters into major ones. Informal support from friends and family frequently prevented burnout in healthcare workers and enabled them to resolve their problems successfully. However, hospitals and other healthcare facilities do not have the best echo system. Healthcare professionals frequently find themselves in a situation where they are unable to access these informal services, which increases their stress levels. Therefore, management must ensure that these professionals have a healthy work-life balance and also effectively address their work-life conflicts. Medical professionals who are interested in well-being can help to establish an atmosphere where low staff attrition and cost savings lead to improved healthcare service quality. Even if being a doctor is an inherently difficult job, management has to provide healthcare personnel with the right training on how to handle stressful and anxiety-inducing circumstances to prevent burnout. When this occurs, the management should exercise caution and address the problem; to do this, they need to have the appropriate training. Because it highlights the connection between the hospitals and the employees, this research is essential. The entire management team has to be drastically changed. The hospital's administration has to make improvements that will directly or indirectly benefit the staff. The relevance of management has been discussed in the concept paper, which is quite crucial. This document outlines all the adjustments that must be made by management, based on situation and necessity. By implementing crucial management actions,

the company will prosper greatly. The management will be able to make a choice that works for everyone when they become kindly aware of the conditions facing the staff and the patients. The management will also want to know how the company is growing. The company will only be successful if it provides patients with promising medical facilities and effectively manages the staff. It is now the responsibility of the employee to perform well as well, collaborating closely with management to support the expansion of the healthcare sector as a whole. 2019's Virga et al. First and foremost, business growth is the core competency of the job. Better patient facilities and moral staff monitoring are two ways that management should strive to grow the company. The chosen work has gained more prominence as it addresses a crucial segment of society that is covered in this study: the impoverished This research also includes information on how management interacts with the impoverished and the necessity of receiving appropriate training to comprehend their psychology and appropriately interact with them. The administration kept a close eye on the present state of affairs and documented conditions at the hospitals. As a result, the company grew and patients are now receiving excellent care at the most affordable cost, improving their quality of life. These adjustments have resulted in a significant increase in the healthcare sector. Both the hospital's facilities and infrastructure have advanced. As this study progresses, the focus will be on examining various management strategies and how they affect workers.

The primary goal is to watch how hospital administration functions and handles patient, staff, and hospital-related concerns. In today's environment, hospital administration has become a more important issue. The focus of the section changes to how the hospital's administration deals with all of these issues daily when the employee's dissatisfaction with the management begins to emerge. The issue is really serious, and sometimes the management needs to put up with the necessary steps to control the situation. Like two sides of a coin, the connection between management and employees is always on the opposing side. The primary goal of

management is to grow the company, and this study understands that this may be accomplished by management and staff working together. By working together, the medical facility will see a growth in revenue as a result of the business's expansion. However, patients will also benefit from the hospital's excellent management. Many people who use medical services spend a lot of money, thus to sustain their business, management must provide them with the greatest care possible. There are many studies on the financial elements of government hospitals, such as quality supervision, hospital surveillance systems, and hospital waste management, but very few have been written from the perspective of private-sector and government sector comparison and works on indirectly aspects and its impact on employee.

This study offers a fresh method for evaluating how well managerial strategies work in the healthcare sector. This study also found that public hospital management performs significantly worse than that of companies in the industrial sector. Foundation trusts, which are hospitals with greater operating autonomy in the public sector, and larger hospitals, where administrators possess greater clinical competence and doctors and managers jointly make critical decisions, have much better management scores. Hospital management practices have a significant impact on staff members and play a major role in defining the spirit of the workplace overall. In summary, effective management strategies may have a variety of positive effects on the business and healthcare personnel. To briefly review the impact hospital management practices, have on employees. Employees in hospitals that prioritize employee well-being, foster open communication, and provide a healthy work atmosphere tend to be more engaged and upbeat. Employees who are happy and feel appreciated for their job have lower turnover rates. Improved management practices lead to better patient care. It is feasible for a well-motivated and managed healthcare staff to provide high-quality care, which enhances patient happiness and improves patient outcomes. Retaining outstanding medical staff is best served by promising management strategies in hospitals. Lower turnover rates save money on recruiting,

training, and acclimating new hires. Hospital staff productivity may be increased by efficient management practices such as performance monitoring, resource allocation, and scheduling. Better resource management, lower patient waiting times, and higher overall efficacy are the results of this. On the other hand, poor management techniques exacerbate employees' stress and burnout. The quality of patient care and the well-being of healthcare staff are both at risk due to burnout. It is caused by an excessive workload, a lack of recognition, or inadequate support. Management styles affect hospital culture. Hospitals that place a strong emphasis on a culture of cooperation, honest communication, and ongoing growth typically have more engaged and motivated staff members. One aspect of good management practices is providing opportunities for professional growth and progress. Hospitals that provide their staff training and opportunities for professional progress are likely to draw and keep supreme mastery. In conclusion, employee satisfaction, work satisfaction, and patient care ideals are all directly and significantly impacted by hospital management methods. Promising management practices are highly valued by hospitals because they create a positive work environment, reduce staff turnover, and ultimately enhance patient care. Conversely, hospitals that fail to implement these measures face problems with staff turnover, weariness, and a drop in the quality of care. The well-being of their employees and the accomplishment of their goal of providing top-notch medical treatment rely on healthcare institutions' constant assessment and enhancement of their administrative procedures. Without a doubt, let's keep examining hospital management tactics and how they impact employees. In summary, hospital worker productivity and happiness are significantly and permanently impacted by the management strategies employed by healthcare institutions. This study has clarified some important facets of this relationship, emphasizing the value of effective management strategies in the healthcare sector.

We also find that public hospital management performs substantially worse than enterprises in the industrial sector. While private hospitals handle a higher percentage of (wealthier) patients

and provide less urgent treatment, they are also administered less efficiently than public hospitals. For larger hospitals, where managers have more clinical expertise and when doctors and managers jointly make important choices, Foundation Trusts (public sector hospitals with greater operating autonomy) have much higher management scores.

5.3 Limitations and Conclusion

This study has limits, of course. Firstly, as the data does not specify the level of senior doctors' and management involvement, these physicians have been left out. While collecting data its depends upon moods also Such consequences may result from changes in the result and nature of managers engaged because of unrecognized hospital features.

Better management practices and better hospital performance are positively correlated, according to earlier studies on the effect of management quality on hospital performance.

CHAPTER VI

SUMMARY, IMPLICATIONS AND RECOMMENDATIONS

6.1 Conclusion

In this studied extensively understanding and improving healthcare delivery requires a thorough examination of hospital management methods and their effects on staff, especially when comparing government vs private hospitals. It also requires a thorough examination of the experiences and perspectives of those who are less privileged. The main ideas that might be investigated in light of your research questions are summarized as follows: Crucial Hospital Management Strategies in Private Practices: Profitability, efficiency, and customer service are frequently the priorities of private hospitals. Customer-centric strategies, lean management concepts, and performance-based incentives are a few examples of management tactics.

Key Management Strategies in Government Hospitals: Public service, equity, and accessibility are usually given top priority at government hospitals. Disparities in Hospital Administration: Because they are profit-driven, private hospitals may be able to make decisions with greater latitude than government hospitals, which are bound by rules and bureaucratic procedures. Government hospitals concentrate on offering all residents access to inexpensive treatment, whereas private hospitals may spend more on facilities, technology, and marketing to draw patients. Effect on Staff Satisfaction and Morale: Clear performance targets, rewards, and chances for career progression are some of the ways that efficient management practices in private hospitals may boost staff satisfaction and morale. The majority of respondents (250) from private hospitals reported having a clear understanding of their responsibilities. In contrast, only 37 government employees indicated a similar clarity in their responsibilities. Management strategies may have a varied impact on morale at government hospitals since bureaucratic obstacles, resource limitations, and workload may have an impact on worker satisfaction. Less Fortunate People's Thoughts: Because of their limited financial resources,

lengthy wait times, and perceived differences in quality between public and private institutions, those who are less affluent may believe that healthcare services are unavailable or insufficient. They could voice their displeasure with the healthcare system's lack of response to their demands and worries.

Effect of Understanding on Hospital Staff: Hospital staff members' empathy, communication, and caregiving style can all be impacted by their comprehension of the difficulties experienced by the poor. Increased comprehension can result in resource allocation that is more efficient and patient-centered. **Challenges in Treating the Impoverished:** Medical personnel may face challenges such as restricted access to follow-up care, socioeconomic variables that lead to non-compliance with treatment regimens, health literacy deficiencies, and language hurdles.

Improving Hospital Management Practices for Serving Impoverished People: Hospitals may enhance management practices by putting in place training courses on socioeconomic awareness, communication techniques, and cultural competency. Improving access to financial assistance programs, developing alliances with neighborhood organizations, and streamlining administrative procedures can all improve the treatment that underprivileged people receive.

In conclusion, raising staff well-being and the standard of healthcare services requires tackling hospital administration dynamics, comprehending the viewpoints of those who are less fortunate, and implementing better management techniques. Hospitals should strive toward more fair and efficient healthcare delivery by putting into practice techniques that give equal weight to staff satisfaction and patient welfare.

This research presents a novel approach to measuring the effectiveness of managerial practices in the healthcare industry. The public sector can help managers practice better management. It was concluded that government hospital employees feel more irritated due to job stress as compared to private hospital employees. Additionally, this research discovered that management at public hospitals performs noticeably worse than businesses in the industrial

industry. In public sector hospitals, foundation trusts (institutions with more operating autonomy) and larger hospitals, where managers have more clinical competence and crucial decisions are jointly taken by doctors and managers, have much higher management scores. Hospital management strategies have a key influence in determining the essence of the workplace as a whole and have a profound effect on employees. In conclusion, it is unambiguous that satisfactory management techniques may result in numerous favorable effects for both healthcare professionals and the organization. To briefly recapitulate how management procedures in hospitals affect staff members. Hospitals with a focus on the welfare of their staff members, open lines of communication, and a positive workplace environment typically have staff members who are optimistic and more immersed. Lower turnover rates are the result of contented employees who feel admired and supported for their work. Enhanced management techniques result in higher-quality patient care. A well-managed and motivated healthcare workforce is plausible to deliver high-quality treatment, which improves patient outcomes and boosts patient satisfaction. Promising management practices are better suited to helping hospitals retain their brilliant medical staff. Reduced turnover rates result in cost savings for hiring, training, and onboarding new employees. Effective scheduling, resource allocation, and performance monitoring are just a few examples of efficient management strategies that help to boost staff productivity in hospitals. This leads to better resource management, shorter patient wait times, and increased across-the-board effectiveness. Stress and burnout on the other side, indigent management strategies aggravate employee stress and burnout. Burnout among healthcare professionals has a threatening impact on both their well-being and the quality of patient treatment. It is generated by an unreasonable workload an absence of acknowledgment or insufficient backing. Hospital culture is impacted by management practices. Employees tend to be more motivated and engaged at hospitals that prioritize a culture of teamwork, open communication, and continuous development.

Opportunities for career advancement and development are part of effective management practices. Supreme mastery is likely to be enticed and retained by hospitals that provide training and opportunities for career advancement for their employees. In sum, hospital management practices have a considerable and direct influence on staff happiness, job satisfaction, and patient care ideals. Hospitals that place a high emphasis on promising management techniques foster a supportive workplace, lower turnover and eventually improve patient care. On the other side, hospitals that overlook strategies experience issues with staff retention, fatigue, and a decline in the standard of treatment. The success of their purpose to deliver high-quality healthcare services and the welfare of their staff depends on healthcare organizations continuously evaluating and improving their management practices. Let's certainly continue the analysis of hospital management strategies and how they affect staff. In conclusion, management practices used in healthcare facilities have a significant and long-lasting influence on the satisfaction and productivity of hospital staff members. This study has elucidated multiple significant aspects of this connection, highlighting the significance of using efficient management techniques in the healthcare industry.

First off, it has become evident that enhancing employee motivation and satisfaction hinges critically on constructing a reasonable and supportive work environment that is characterized by open communication, leadership, and opportunities for skill development. Hospitals that emphasize these factors typically have more dedicated and engaged personnel, which leads to better patient care and overall organizational performance.

Second, the importance of treating the well-being of healthcare workers has been accentuated by this analysis. Hospitals are better prepared to prevent burnout, retain skilled employees, and guarantee the constant provision of high-quality treatment. When they take initiatives to decrease excessive workloads, offer tools for stress management, and develop a culture of work-life balance. The study also emphasized the link between strong worker retention rates

and efficient management. Hospitals that support the professional growth and development of their staff members, give competitive remuneration packages and offer possibilities for progression. This hospital's reputation and capacity to deliver exceptional patient care is eventually impacted by this. Hospitals must understand the crucial role their management practices play in maintaining the well-being and productivity of their staff in light of the current global healthcare problems. Hospitals may enhance patient outcomes, preserve their long-term performance in the healthcare sector, and foster a more pleasant workplace culture by employing evidence-based management practices inside hospitals have a significant impact on both the quality of care given to patients and the lives of staff members. They are more than just an administrative concern. To foster a resilient and committed staff that can meet the industry's escalating expectations, it will be crucial to adopt creative and compassionate management practices as the healthcare environment continues to change. Due to the particular characteristics of the healthcare sector, management practices in hospitals have a considerable influence on employees and are distinct from those in many other workplaces. The following are some significant distinctions in hospital management practices and how they affect staff members: Strict guidelines and standards are enforced on hospitals by organizations that oversee healthcare and by insurance companies. The management of hospitals involves a substantial amount of compliance with these rules. These standards must be followed by personnel, which increases administrative work and puts pressure on them to comply. Employees in hospitals frequently work in high-stress settings where there is a constant risk of mortality. Focus must be placed on staff assistance, stress reduction, and ensuring they are prepared to handle the emotional strain of their jobs. Hospitals are open around-the-clock therefore; staff members may have erratic schedules that include night shifts and weekends. In light of these particular working circumstances, management is responsible for managing personnel, scheduling, and assuring employees' welfare.

A comprehensive variety of workers are needed at hospitals including medical staff, nurses, technicians, office employees, and support staff. Coordinating these varied teams and maintaining effective collaboration are key components of effective management. The treatment of patients is the main priority in hospitals. Prioritizing patient safety, contentment and quality of treatment are required management practices that are in line with our objective. Medical practices and technologies are constantly changing, making healthcare a dynamic industry. To guarantee that staff members remain current and capable in their duties, hospital management must make investments in ongoing employee education and training. Employees in the healthcare industry must engage successfully with patients, their families, and coworkers, therefore communication and interpersonal skills are essential. Management strategies promote the growth of these abilities. Given how emotionally taxing the healthcare industry is management practices should give staff members ways to get emotional assistance, including counseling services or debriefing meetings. Hospitals frequently experience resource problems such as personnel shortages and financial restrictions. Making tough decisions about resource allocation that may have an impact on employee workload and morale is a necessary part of effective management. An expanding number of quality measures and patient outcomes are used to evaluate hospitals. Achieving quality goals, data-driven, decision-making, and performance improvement must all be prioritized in management practices. These management techniques may have a significant effect on hospital staff members. On the one hand, healthcare workers may feel their work to be highly satisfying since they directly influence the health and rehabilitation of patients. On the other side, because of the demanding atmosphere, unpredictable timetables, and emotional toll of their profession, they could experience greater levels of stress and burnout. To develop a culture of patient-centered care and sustain staff well-being, effective management practices should encourage and inspire workers, address their specific concerns, and resolve these issues.

6.2 Summary

In this thesis, we have presented a novel approach to measuring the effectiveness of managerial practices in the healthcare industry., our measure of management quality was strongly connected with improved hospital outcomes. This is congruent with the manufacturing research conducted by Bloom and Van Reenen in 2007.

Additionally, we discover that management at public hospitals performs noticeably worse than businesses in the industrial industry. Public hospitals are also less well run than private ones, even though the latter handle a far lower proportion of (wealthier) patients and offer less urgent care. In public sector hospitals, Foundation Trusts (institutions with more operating autonomy), for larger hospitals, where managers have more clinical knowledge and where crucial decisions are jointly taken by doctors and managers, have much higher management scores.

6.3 Implications

By estimating probit models to determine if a trust responded to the observable qualities, the indications of selection bias were looked at. These traits come from Department of Health statistics (such as hospital episode statistics). There is no evidence of systematic response bias given the lack of a significant association between the sample response and any of the performance indicators or variables.

Since private hospitals are not required to submit as much data to the Department of Health as public hospitals are, it is more challenging to conduct a comparable exercise for them as there is less information available on the non-responding institutions. There is basic data present in the data set. Searching for associations with the quantity of beds (a proxy for size) was also done. Both the variable and the number of daytime locations were inconsequential. All interviews have a very short duration (less than 25 minutes)

6.4 Recommendations

This report contains a newly invented technique for measuring managerial practices and uses this survey tool in thousands of manufacturing companies in Europe, Asia, and the US (Bloom and Van Reenen, 2007). The management ratings showed a substantial correlation between firm performance and the measures, which proved to be quite resilient to measurement error.

Average management ratings are much higher when managers have clinical training and make decisions jointly with doctors. This shows that one of the main causes of poor performance is the knowledge asymmetry between management and the influential interests of senior physicians.

6.5 Future scope of work:

Critical elements that have a substantial impact on the overall quality of healthcare services include hospital management which directly and indirectly procedures and their effects on staff members. Understanding these interactions is crucial for enhancing employee morale, patient care, and the healthcare organization's overall effectiveness. Future research in this field is probably going to focus on the following main areas. This improvement in the health and job happiness of healthcare workers will continue to be the focus of upcoming research and management strategies its impact on the management of employees, spread awareness among the people about health sector. Concerns including workload, work-life balance, burnout avoidance, and employee engagement tactics are addressed in this. Hospitals will spend more money on management and leadership training courses for their administrators and supervisors. These initiatives will work to create resilient, sympathetic leaders who can uplift and inspire their workforce. The healthcare sector will keep moving in the direction of a patient-centered strategy. The significance of patient satisfaction, communication, and empathy will be emphasized in management practices since these factors may directly affect staff morale and work satisfaction and work on indirectly factors also. This includes making better resource

allocation, process simplification, and patient care decisions using data-driven insights, all of which may improve the employee experience. Hospital administration will promote diversity, equity, and inclusion in the future. The outcomes of patient care will improve as a result of efforts to make the workplace more inclusive. Particularly in reaction to unanticipated difficulties like pandemics, hospitals will need to be more flexible and adaptable in their management techniques. This might entail quicker decision-making techniques, resilient leadership, and more adaptable workforce structures. Future management techniques will focus on employee mental health assistance due to the high levels of stress in healthcare environments. This cover having access to counseling services, stress-reduction techniques, and workplace violence prevention measures. To guarantee that staff have chances for skill development and career progression hospital will engage in continuing workforce development. Increased work satisfaction and employee retention may result from this. The application of performance indicators and frameworks for holding people accountable will advance. Hospitals will put more effort into coordinating performance metrics with employee happiness and quality of treatment, making management responsible for both. This relationship between management strategies, staff well-being, and patient outcomes will be further investigated in the next studies. Hospital management choices will be influenced by evidence-based approaches. The COVID-19 pandemic has increased the use of telehealth and remote work in the medical field. Future management techniques will need to take into account the particular difficulties and opportunities presented by these modalities. Understanding and adapting management methods to various cultural settings and healthcare systems will be essential as healthcare firms broaden their worldwide reach. In conclusion, a wide range of topics are expected to be covered in the future with a focus on employee well-being, leadership development, technology integration, a patient-centered approach in hospital management

practices and their influence on workers. These procedures will be crucial in assuring the provision of top-notch healthcare services while keeping a helpful and motivated team.

APPENDIX A

SURVEY COVER LETTER

Study Title: MANAGEMENT PRACTICES IN HOSPITALS AND ITS IMPACT ON
EMPLOYEES

DNB Candidate:

Guide:

Co-guide:

Study Address:

Introduction

I am working for We are doing a study on

MANAGEMENT PRACTICES IN HOSPITAL AND ITS IMPACT ON EMPLOYEES.

I am going to give you all the information relevant to the study and am inviting you to participate in this research. You do not have to decide today whether or not you will participate in this research. Before you decide, you can talk to anyone you feel comfortable with about the research study. There may be some words that you do not understand. Please ask me to stop as we go through the information, and I will take time to explain. If you have any questions, you can ask me about them later.

Purpose of the Study: MANAGEMENT PRACTICES IN HOSPITALS AND ITS
IMPACT ON EMPLOYEES.

APPENDIX B

INFORMED CONSENT

All participation is voluntary. You don't have to take part in this research if you refuse. You may stop participating in the research at any time that you wish without losing any of your rights as a staff here. Your service at this hospital will not be affected in any way.

There is no penalty if you decide not to take part. You will not be penalized if you decide to stop participation in this research project.

Cost to the participant: Participation in this research study involves no cost to you. You will not be paid for your participation. No reimbursement is available in this study.

Possible benefits: No monetary benefit will be given to you.

Confidentiality: Information collected from all the patients will be kept confidential.

Name:

Mobile:

Questions about the rights of research participants will be addressed to the Management Review & Ethical Review Committee of Research Affairs at

APPENDIX C
INTERVIEW GUIDE

Below is some personal information asked for you. Please give all the information correctly. It will be confidential and used for research purposes only.

(A) Personal Information

1. Gender
 - Male
 - Female
2. Age (in years)
 - 20-30
 - 30-40
 - 40-50
 - Above 50
3. Qualification
 - Graduate
 - Postgraduate
 - Doctorate
 - Other Diploma/Degree
4. Type of the hospital
 - Private
 - Government
5. Experience
 - 0-5 years
 - Between 5-10 years
 - Between 10-15 years

- Above 15 years
6. State
 7. District
 8. Working hours
 - 0-2 hours
 - Between 2-4 hours
 - Between 4-6 hours
 - Above 6 hours
 9. Marital status
 - Unmarried
 - Married
 - Separated/Divorced
 10. Nature of employment
 - Permanent regular
 - Temporary/Ad hoc

(B) Working Conditions

1. Do you have Compulsory additional working hours?
 - Always
 - Almost
 - Sometimes
 - Seldom
 - Never
2. Do you have clear duties and responsibilities?
 - Always

- Almost
- Sometimes
- Seldom
- Never

3. Do you feel Overburdened?

- Always
- Almost
- Sometimes
- Seldom
- Never

4. Do you feel Poor working conditions in your school?

- Always
- Almost
- Sometimes
- Seldom
- Never

5. Do you have Long working hours?

- Always
- Almost
- Sometimes
- Seldom
- Never

(C) Work Pressure

1. Is there authority for making decisions on day-to-day affairs in your school?

- Always

- Almost
- Sometimes
- Seldom
- Never

2. Do you feel a Heavy workload?

- Always
- Almost
- Sometimes
- Seldom
- Never

3. Your Colleagues are supportive?

- Always
- Almost
- Sometimes
- Seldom
- Never

4. Do you feel no job security?

- Always
- Almost
- Sometimes
- Seldom
- Never

(D) Effort Reward Ambulance

1. Do you feel a Lack of recognition?

- Always
- Almost
- Sometimes
- Seldom
- Never

2. Do you suffer from Inadequate incentives?

- Always
- Almost
- Sometimes
- Seldom
- Never

3. Do you feel no proper consideration of Employee's requests and complaints?

- Always
- Almost
- Sometimes
- Seldom
- Never

(E) Performance Inhibitors

1. Do you feel that you received insufficient salary according to your talent and ability?

- Always
- Almost
- Sometimes
- Seldom

- Never
2. Do you always feel pressure to improve performance?
- Always
 - Almost
 - Sometimes
 - Seldom
 - Never
3. Do you feel Non availability of opportunity for growth?
- Always
 - Almost
 - Sometimes
 - Seldom
 - Never

(F)Work-Family Conflict

1. Do you feel stress from your job often makes you irritated when you get home?
- Always
 - Almost
 - Sometimes
 - Seldom
 - Never
2. Your work often interferes with your family responsibilities?
- Always
 - Almost
 - Sometimes
 - Seldom

- Never

3. Due to workload you unable to meet the needs of your family members?

- Always
- Almost
- Sometimes
- Seldom
- Never

4. Due to work pressure, you are unable to give sufficient time to your family members.

- Always
- Almost
- Sometimes
- Seldom
- Never

5. Due to work stress sometimes you are unable to talk with your family members.

- Always
- Almost
- Sometimes
- Seldom
- Never

6. Do you feel that performing your job Stress caused by family members affects your work performance?

- Always
- Almost

- Sometimes
- Seldom
- Never

7. Do you feel that stress caused by the family affects your work performance?

- Always
- Almost
- Sometimes
- Seldom
- Never

8. Do you feel that strained family relationships lead to stress at the workplace?

- Always
- Almost
- Sometimes
- Seldom
- Never

9. Do you feel that you give vent to our family's frustration at the worksite?

- Always
- Almost
- Sometimes
- Seldom
- Never

(G)Hospital management

1. Do you take the management issues as your issue?

- Always
- Almost
- Sometimes
- Seldom
- Never

2. Do you feel proud to tell others that you are a part of this hospital?

- Always
- Almost
- Sometimes
- Seldom
- Never

4. Do you feel emotionally attached to the management?

- Always
- Almost
- Sometimes
- Seldom
- Never

5. Do you have a strong sense of belonging to the institution?

- Always
- Almost
- Sometimes
- Seldom
- Never

6. Do you feel that management inspires your work performance?

- Always

- Almost
- Sometimes
- Seldom
- Never

(H) Job Satisfaction

1. Are you happy with the way your management interacts with employees?

- Always
- Almost
- Sometimes
- Seldom
- Never

2. Do you have good relationships with colleagues?

- Always
- Almost
- Sometimes
- Seldom
- Never

3. Do you feel happy with your pay and the amount of work you do?

- Always
- Almost
- Sometimes
- Seldom

- Never

4. Do you feel that Fringe benefit is enough?

- Always
- Almost
- Sometimes
- Seldom
- Never

5. Do you feel that there is scope for promotion and advancement?

- Always
- Almost
- Sometimes
- Seldom
- Never

6. Do you feel that there is Individual recognition for extraordinary performance?

- Always
- Almost
- Sometimes
- Seldom
- Never

7. Do you feel that there is sufficient opportunity to make use of your abilities?

- Always
- Almost

- Sometimes
- Seldom
- Never

8. Do you feel Job security in your organization?

- Always
- Almost
- Sometimes
- Seldom
- Never

9. Do you receive Training and development opportunities in your hospital?

- Always
- Almost
- Sometimes
- Seldom
- Never

10. Do you have Retirement benefits and fringe benefits?

- Always
- Almost
- Sometimes
- Seldom
- Never

11. Do you have the Freedom to make your judgment and decision?

- Always
- Almost
- Sometimes
- Seldom
- Never

(I) Job Stress

1. Do you feel that your workload is too heavy?

- Always
- Almost
- Sometimes
- Seldom
- Never

2. Do you feel that the amount of work you have to do interferes with the quality you want to maintain?

- Always
- Almost
- Sometimes
- Seldom
- Never

3. Do you feel that you are unable to use training and expertise in your work?

- Always
- Almost
- Sometimes

- Seldom
 - Never
4. Do you feel that you are not getting enough resources to be effective in your work?
- Always
 - Almost
 - Sometimes
 - Seldom
 - Never
5. Do you feel that there is little scope for personal growth in your work?
- Always
 - Almost
 - Sometimes
 - Seldom
 - Never
6. Do you feel that patients are having conflicts with management?
- Always
 - Almost
 - Sometimes
 - Seldom
 - Never
7. Do you feel that you can do much more than what you have been assigned?
- Always

- Almost
- Sometimes
- Seldom
- Never

(J)Management survey

1. Do you feel a part of a hospital team working towards a shared goal?

- Always
- Almost
- Sometimes
- Seldom
- Never

2. Do you feel that communication between management and employees is enough?

- Always
- Almost
- Sometimes
- Seldom
- Never

3. Do you feel that enough authority is given to make a decision?

- Always
- Almost
- Sometimes

- Seldom
- Never

4. Do you feel that your experiences benefit your hospital?

- Always
- Almost
- Sometimes
- Seldom
- Never

5. Do you feel that keep flexible approach is needed with employees?

- Always
- Almost
- Sometimes
- Seldom
- Never

6. Do you feel that management helps in resolving conflict between employees and patients?

- Always
- Almost
- Sometimes
- Seldom
- Never

7. Do you feel that management helps the employee to cope with stress?

- Always
- Almost
- Sometimes
- Seldom
- Never

(H) Life Satisfaction

1. Do you feel that your life is settled according to your expectations?

- Always
- Almost
- Sometimes
- Seldom
- Never

2. Do you feel that the conditions in your life are excellent?

- Always
- Almost
- Sometimes
- Seldom
- Never

3. Do you feel that in your life you want any change?

- Always
- Almost
- Sometimes
- Seldom

- Never

Awareness spread

1. Do you feel if underprivileged people have some awareness about the health sector, then its impact on employees?

- Always
- Almost
- Sometimes
- Seldom
- Never

2. If there is understandable communication between patients and employees its impact on management growth?

- Always
- Almost
- Sometimes
- Seldom
- Never

3. Do you feel healthy communication affects mental health?

- Always

- Almost
- Sometimes
- Seldom
- Never

4. Do you feel the underprivileged get easily treated if they know a little bit about health care?

- Always
- Almost
- Sometimes
- Seldom
- Never

5. Do you feel it saves your time?

- Always
- Almost
- Sometimes
- Seldom
- Never

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