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Significance of Job Affiliation and Its Productivity Level of Nurses: Implications of Organizational Behavioral and Leadership Management

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Abstract

Nurses play a vital role in the health care system. The Ex-post facto correlational study design conducted in National Capital Region, India in five multi-specialty hospitals with 500 beds are administered by three different establishments. 300 nurses were interviewed to understand organizational behavior, job affiliation and its environment to achieve productivity and performances towards growth of the organization. The organizational commitment, performances and productivity of nurses considerably relied on work environment and leadership style. Nursing management skills, leadership style are not much tested, as they were not provided with opportunities in planning and decision making process. The study cautioned that the hospital recorded poor employees' relations, and has strained physician relationships, which required being set right for the betterment of the hospitals and improve the patient satisfaction level. The hospital management thinks that nurses outcomes are just a function of their efficiency and part of the service duty, but the hospital management failed to understand that efficiency and productivity dependent on a wide range of other factors. Hospitals should ensure nursing workforce as an integral part of human resources planning and health system development. Thus, there is a need for quality job affiliation, which is important for efficiency and productivity of nurses.

Keywords

Nurses' Satisfaction, Job Affiliation, Productivity, Performances, Effectiveness, Patient Satisfaction, Quality of Care

1. Introduction

Nurses and midwives play a vital role in the health care system. The main functions of nurses are health promotion, nursing therapeutics and rehabilitation. Qualified nurses can contribute to achieving positive health outcomes such as case fatality rate, reducing morbidity, promoting healthy life-styles, improving patient satisfaction level and, achieve the organization vision (Ravichandran, 2014). To attain this, hospitals management provide positive work environment, energy, appropriate distribution of work force, deployment and utilization and, strong leadership with professional approach. This paper aims to examine how the organizational job affiliation and its related environment provide nurses to achieve productivity and their performances towards growth and development of the organization.

2. Background

In the last ten years, a focus on the business strategies, innovation and change have transpired in management perception, which differentiated from process planning to employee engagement such as motivation, involvement, staff development, improving social images and economic benefits, providing autonomy and authority to employees. McNeese-Smith (1999) defined leadership as needling to be transformational and required, "… the ability to articulate vision, build relationship and trust, empower and involve the workforce...". No research has identified and measured the job affiliation of nurses, while a few researchers measured the motivation to managerial success. Therefore the present study also aimed to assess the job affiliation behaviors of the nurses, job satisfaction, staff development, autonomy and authority, productivity and organizational commitment and

the patient satisfaction level (Ravichandran, 2015). All these factors implicitly or explicitly are used to achieve the vision of the organization, which required assertive leadership style holds visionary, contemplative, think independently and self-sufficient traits (Dalal, 2005; Chen, 2008). These factors are change oriented and risk-taking, inspiring a shared vision, empowering team members to take right decision, being supportive and caring to be more productive and efficient.

2.1. Rationale and Significance

Job satisfaction is a common construct, conceptualized as the feelings of an employee about his/her job (Dewhurst et al., 2010). Job satisfaction comprises of economic benefits, contribution to quality of care, staff development and opportunities. The quality of nursing resources determines the hospital's capability to provide care at the professional level (Donna, 1999). Hospitals are bound to provide good care at lower cost due to intense competition; they shall attract and retain highly skilled employees. Therefore, the hospitals need to focus on improving nurses' job satisfaction, productivity and commitment to reach maximum patient satisfaction. The relationship between employer and employees are stronger when grievances and needs are addressed (Chandrasekhar, 2011). Employees' commitment and their willingness to continue with same job affiliation comprises of autonomy, authority, involvement, independent thinking and the position that holds for social images (Donna, 1999).

There is a growing attention among the researchers to examine the job affiliation of employees and their interest in continuing the association, requires better work environment and organizational climate–includes peer relationships, job stability, work load, administrative assistance, supervisory support, which would ultimately lead to job satisfaction, productivity and performance (Daniel et al, 2003). No prior studies have examines the relationship between nurses' job affiliation, work environment and, productivity and performance in the hospitals set-up.

2.2. Structure of Indian Health Services

India has a population of 1.27 billion inhabitants with the birth rate of 21 per 1000 in 2011 and recorded life expectancy at birth is 67.3 years (Census, 2011). About 54.8% Indians are economically active with GDP Rs.1498.87 (RBI, November 2014). The size of the Indian healthcare industry is about USD 50.2 billion at 16% CAGR in 2011 and expected to grow USD 78.6 in 2016 (Slide share, 2014). The average Indian spends on health is about 6% of his total income per month and thus reaches 74% expenditures per year on health is out-of-pocket (Ravichandran, 2014). Till 2013, the private sector was responsible for 75% of the total health expenditures, while the public sector was responsible for about 17% and para-public sector for 8% (World Bank, 2014). However, just a quarter percent of India's population gained access to some form of health insurance, up from 55 million in 2003-04 (World Bank, 2012). This trend also indicates that spending on health is increased to 8.4 percent of total spending, up from 6.4 percent in 2009-10 (Forgia and Nagpal, 2012).

In India, five health care delivery sectors coexist: public, para-public (rehabilitation), private, trust-run and charity run hospitals. The public and para-public reaches about 40% populations while rest of the population is covered by other than the public sectors. This reflects that Indian healthcare industry poised to grow at 15% annual growth rate and in which 90% will be covered by private sectors. Further, private sectors raked up USD35.9 billion in 2012 and are expected to rake USD63.7 billion in 2016. In India, the private sector is responsible for about 60% of outpatient care and 40% of inpatient care. It is noted that 70% of all hospitals in India and 40% beds in the country are managed by private sector.

Public sector especially deemed for preventive and promotive health care. It is organized in pyramidal way – primary care, secondary care, and territory care with integrated health services. For each level, technical specification and geographical demarcation are well defined. However, since 1980s, the private sector has expanding rapidly in response to the increase in demand for health care. The private sector comprises general practitioners, private hospitals; support services (laboratories and diagnostics). Private sector's has three style of management: corporate base, trust run and charity run system. The performance of the nurses is in general influenced by various extrinsic and intrinsic factors: individual capacity, management structure, organization's engagement capacities, and socio-fabric context.

3. Materials and Methods

3.1. Methods and Methodology

The Ex-post facto-correlational study design was adapted to conduct this present study. The study was carried out in National Capital Region, India connected with more number of hospitals with pathology processes, super-specialty setups and extensive outpatient services are managed by corporate base, private hospitals and public sector with multi-facets health financing mechanisms.

3.2. Sampling Techniques

Involvement of all form of nurses is mainly because of their responsibility and their decisions impacting the lives of hundreds of patients. Using the last payroll sheets, about 300 nurses (80-Public Sector Hospital (PSH), 120 were selected from two Charity Run Hospital (CRH) and 120 from two Private Hospitals (PH)) were interviewed and filled the questionnaire voluntarily. About 30 per cent of patients were selected randomly from 1150-1300 per day visits from the selected hospitals. Patients who were selected were those who had visited at least once and experienced the process of the studied hospitals. However, because of the pre-dominance of Hindi speaking patients, it became necessary to translate the questionnaire to patients in Hindi. This presumably did not affect the responses from the patients. Finally 390 patients were interviewed regarding their

satisfaction with their nurses' care and care giving process.

3.3. Instruments and Data analysis

Eight instruments include a demographic questionnaire were developed to fulfill the study objective. Job affiliation was measured thru the 'job choice exercise' which consists of 16 constructs includes attractiveness, power, achievement and job affiliation. Reliability of the constructs and its related process were established thru cronbach alpha (0.814) for the consistency. A second method for measuring the 'work environment' of nurses was used with 30 constructs which include work load, feasibility, relationships etc. These constructs expected to provide positive influence on the motivation of the nurses for autonomy, authority and decision making. Test-retest reliability was established at 0.785 and it was anticipated the two instruments might measure different concepts. While leadership practices such as empowering employees, decentralization of decision-making, quality of care etc were assessed via 30 questions, as perceived by nurses. Internal consistency has been illustrated using cronbach alpha 0.854.

However, nurses' job satisfaction was examined but using 18 questions with 10 items described positively, while 8 items scored negatively. Internal consistency reliability was demonstrated using cronbach alpha of 0.886. Individual productivity examined using 15 sources such as supervisor support, feed-back mechanism; administrative support, growth and opportunities etc scored 1 to 5. The higher the score, the greater the indication of productivity. Validity has been assessed thru cronbach alpha of 0.733. Organization commitment construct consists of 15 statements on 4-point scale with 9-worded positively, while 6 worded negatively. This construct has demonstrated internal consistency of alpha 0.673. Finally, the patient satisfaction evaluation questions were developed with 80 statements about the hospital management; care giving process, care-giver behavior, skills and competency of the service providers, health financing mechanisms were measured thru 5-point scale - poor to excellent. Reliability of the constructs and its related process were established thru cronbach alpha (0.749) for the consistency.

Data were analyzed thru Statistical Packages for Social Sciences (SPSS), using descriptive statistics and correlation techniques. Mean score was created for all studied constructs and statistical significance was established at 0.05 level, unless otherwise noted.

3.4. Hypothesis

H_a: nurses behaviors are positively correlated with their job satisfaction, productivity and organizational commitment.

H_b: nurses' leadership positively improves the patient satisfaction.

H_c: nurses' job satisfaction and productivity positively correlated with employees' organizational commitment.

H_d: work environment positively correlated with productivity and performance of nurses.

H_e: nurses' quality of care positively correlated with patient satisfaction.

4. Findings and Analysis

4.1. Socio-Demographic Factors

Majority of the nurses are female who belong to the age group of 18-29 years in PSH followed by CBHs while skewed data are seen in the PHs as age increases (Table-1). Interestingly, PHs have slightly more than a half of nurses belong to the age group of 18-29 years and having less than a year experience (20%). A quarter of nurses hold nursing degree across the studied hospitals while 42% having Diploma in PSH, 31% in PHs and 26% in CBHs. However, about a half of respondents who hold certificate in nursing have been employed in PHs and CBHs compared to their counterparts in PSH, where one-third of them were appointed in the same category (Table-1).

Table 1. *Socio-demographic characteristics of nurses and patients.*

Characteristics	Public Hospital (PSH) (n=80)	Charity Hospital s (CBHs) (n=120)	Private Hospitals (PHs) (n=120)	Patients (n=390)
Gender –				
Female	83	89	76	50
Male	27	11	24	50
Age –				
18-29	31	42	52	35
30-39	27	29	21	25
40-49	19	17	19	45
50+	23	11	08	5
Education - Certificate	32	48	46	
Diploma	42	26	31	
Degree	26	26	23	
Experience –				
<1 year	14	34	20	
1-3 years	11	16	31	
4-6 years	15	25	19	
6-10 years	29	17	15	
10+ years	31	08	15	
No of Visits by Patients (in the last one year)				
First visits				54
Second Visits				29
Third or more				17

In the case of patient characteristics, equal number of both gender were interviewed to the total of 390. Further, 45% of the patients belong to the age group 40-49 years, followed by 35% in the age group 18-29 years and 25% in the age group of 30-39years. About 54% patients had visited first time, followed by 29% visited second time, and 17% registered with third time to the hospital (Table-1). Socio-demographic data were analyzed, and found that there are no significant differences with patient satisfaction scores of age, gender and number of visits by patients.

4.2. Job Affiliation and Organizational Commitment

Organizational commitment is one of the vital factors, which plays a major role in employees' continuation of their job affiliation. As defined by Newton, "every action, there will be an equal level of opposite reaction". The level of commitment seemingly low among nurses employed other than PSH, as there is no job stability in the PHs and CBHs. In the PSH, there is a job guarantee however no value/recognition or social image built in it. That is, a novel profession is treated as another kind of blue collar job / low waged job, which has no social recognition and that indirectly de-motivates nurses to exploit the benefits wherever possible (PSH: r=-0.787, p=0.048; CBHs; r=-0.500, p=0.036; PHs: r=-0.647, p=0.027). The hypothesis H_a was partially supported. But in the run of economic benefits, the respondents caring and care giving services did not get diluted. That is, the organizational commitment between nurses and the management is a low key affair with negative correlation, while the relationship between quality of care and patient satisfaction have a positive impact on the nurses relationship (See Table-3). Thus, nurses are committed to their profession that motivates them to serve the humanity, which is a prime motto, but it is less noted to in case of organizational commitment. Conceptually, a relational trust is the cornerstone of developing strong strategic partnership that greatly impacts the level of commitment between employer and the employees, which is lacking among the studied organization. The hypothesis H_a is positively supported. Nurses who imbibe the vision to serve the patients seem to be having greater feeling of accomplishment. This seems to be high among PSH (r=0.657, p=0.013), followed by CBHs (r=0.714, p=0.027) and PHs(r=0.771, p=0.018). But, there was a negative correlation between the nurses' accomplishment and the economic benefits. The hypothesis H_c was fully accepted with significant degree. A negative relationship was demonstrated between nurses economic benefits and work environment – work load etc. it seems to be high among nurses in PSH (r=-0.334, p=0.040), second in PHs (r=-0.238, p=0.039), and their counterparts in CBHs (r=-0.710, p=0.036). Only significant relationship depicted between nurses care giving process and infrastructure across the studied hospitals (Table-2). Further, it was noted that there is a negative and weak relationship among nurses on organizational commitment (for PSH: r=-0.433, p=0.022; for CBHs: r=-0.517, p=0.046; for PHs: r=0.557, p=0.040). The hypothesis H_d was partially accepted with significant degree.

4.3. Autonomy and Authority

Sadly, the present study noted that, unlike in the western countries, nurses are not well accepted or recognized as leaders or administrators in India. Nursing management skills, leadership are not much tested, as they were not provided with opportunities. The hypothesis H_b is rejected as inadequate skills prevented them from being administrator or involving them into decision-making process (Table-3). This has been proved to be high among the PSH (r=-0.156), followed by CBHs (r=-0.294) and PHs (r=-0.333) and shown negative and weak correlation. Although nurses are member of the hospital team, s/he is never asked to represent the profession in planning, organizational policies, delivering services. The nursing supervisors only looks after the nursing personnel in terms of roasters, duty-charts, leave application filing, and has no authority to make decisions in allotment, distribution of nurses, staff development or any kind of interventions.

That is, norms of good practice or delivering good care have a little relevance when it comes to power sharing in management process. Autonomy and involvement in decision making process seems to be less in PHs, followed by CBHs and PS (Table-2). The hypothesis H_d is rejected. In other words, a negative relationship was demonstrated between nurses' participation and involvement in organizational matters and autonomy and authority. In other words, the nurses' job affiliation for power was negatively correlated with mean satisfaction score for PSH: r=-0.397, p>0.362 and CBHs: r=-0.468, p>0.261 while PHs recorded positive correlation (r=0.577, p=.043). Nurses who form job affiliation for varied reasons seem to be negatively correlated (for work environment, motivation, autonomy, authority). Among the studied hospital, the PHs followed by CBHs has suffered poor employees' relations, and have strained physician relationships. This may be due to contractual engagement of nurses and physicians, who come for specific time duration for consulting, demand the nurses towards outcomes. While CBHs reportedly have a number of law suits due to poor leadership style of the organization. However, interpersonal relationship among nurses found to be consistent and positively significant. This illustrates the communication channels that boost the nurses' behavior in terms of morale, cohesiveness and intra-staff recognition.

4.4. Productivity and Performance

Majority of the nurses in the studied hospitals are working on contractual basis which reflect that nursing positions are created with low pay scales. This is also reflected in the overall job satisfaction of nurses, though statistically it recorded positive correlation but insignificant at the core (PSH: r=0.397; CBHs: 0.468; PHs: 0.577). Further the optimum nurses to patient ratio recommended by the Staff Inspection Unit, Ministry of Finance, are not implemented in any of the studied hospitals. This means that one nurse has to care for more patients than s/he should and, put extra hours without any additional pay. Majority of the respondents stated their roles and responsibilities are not clearly defined. As a result, they spend most of their time in non-nursing tasks. Working conditions in the studied hospitals seems to be better in PHs, followed by CBHs than PSH. The varied distribution of work load of nurses within the hospital contributes to dissatisfaction, particularly who are reported with more patients. At the same time, there is no incentive for nurses due to increased number of patients and, they are not paid according to their work load led to further dissatisfaction. The hypothesis H_c and H_d supported partially.

This study found that 58% of the nurses who worked on night-duty were dissatisfied. This describes that the nurses who have been appointed on monthly basis are required to do night duty as part of their appointment and refusing to do so might invite disciplinary action against them though few had succeeded in resisting the night duty (Table-2). According to the nurses in PSH, who worked on night duty, whatever the number of patients, and treatment take place only in the morning. That is, productivity of nurses on night duty seems to be considerably low and therefore; patients go consulting nearby hospitals. On the contrary, the PH's nurses expressed satisfactory remark on night duty due to additional compensation. The productivity on night duty averaged 16.7 patients per day in total for PSH, 20 for CBHs and 18.5 for PHs. This reflects under utilization of the facilities. This is related to motivation of nurses, the category of the hospital and key strategic factors in place for better utilization of the hospital services.

Table 2. *Mean percent scores of Hospital's Management and its related.*

Engagement of Nurses	**PSH**	**CBHs**	**PHs**
Work Environment			
Nature of Work	47.78	41.33	59.79
Work Load	35.33	21.43	28.3
Hours of Work	40	44.45	19.27
Working at Night	50.67	62.23	61.6
Feeling of Accomplishment	42.5	51.33	26.3
Working Environment	30	30.77	34.62
Autonomy and Authority			
Recognition	53.33	19.49	26.06
Independent Thinking	34.62	30.77	26.1
Decision-making	47.22	10	22.57
Control in work setting	22.23	34	28.57
Control Overwork Condition	30.55	45	32.53
Professional Recognition	41.67	26.67	33.29
Leadership and Supervisory Support System			
Management Leadership Style	16.7	20.77	33.32
Participation & Involvement	47.91	14.77	30.94
Appraisal	45.84	38.86	35.7
Contribution to Quality Care	32.5	48.86	54.83
Job Security / Stability	42.33	52.46	67.5
Reward System	47.3	56.57	37.79
Welfare Issues	50	26.3	17.79
Administration	32.5	23.09	56.67
Incentives	11.4	13.59	17.2
Staff Development Support			
Opportunity	29.15	18.3	43.33
Access Program	47.91	40.7	33.33
Interaction	38.1	32.59	30.94
Committee	30	29.26	35.73
Participation in Conferences	66.25	9.16	25.17
Writing Articles	10	8.3	13.59
Clinical Ladder	50	36.06	11.48
Continued Medical Education	30	14.14	17.8
Social Image			
Peer Recognition	66.66	54.29	66.9
Professional Recognition	30.94	17.14	31.34
General Reward	14.96	33.33	15.34
Status-Quo	35	30.94	23.59
Supervisor's Appreciation	63.75	35.73	61.48
Family Pride	60	43.57	27.8
Patient Satisfaction	60	78	82
Economic Benefits			
Salary on Time	100	31.26	18.76
Bonus on Time	100	41.65	13.97
Paid for Overtime	40	35.41	13.9
Fringe Benefits	18.2	31.25	36
Vacation Pay	70	56.25	14.14
Leisure Activity	28.57	11.48	16.25
Overall Job Satisfaction	41.5	30.7	28.3

In addition, about 67% in PHs, followed by 52.5% in CBHs and 42% in PSH nurses expressed there is no job stability and security. This reflects that there is a lack of motivation among nurses that leads dissatisfaction while nurses are conditioned by the image of the function they have led to relocating themselves for the new jobs. Candidly,

51.3% of the nurses in CBHs, 42.5% in PSH and 26.3% in PHs have feeling of accomplishment (Table-2). This reflects the level of the 'status quo' of nurses and the professional identity. Without having a good work culture and good organizational environment, there is little hope to go beyond to enhance the satisfaction level to improve productivity (Table-2).

4.5. Opportunities and Growth

Nurses do not have much opportunity for continuing their education as no such system exists in the studied hospitals. This revealed in negative, but recorded weak correlation. Growth in terms of promotion is limited, and little supervision is offered. In other words, limited opportunities are available for career advancement due to non-creation and non-existence of clinical specialty nurse and nursing operations. Hypothesis H_d partially supported. Continuing education seems to be less mandatory at all studied hospital and it does not play any role in the nurses' career structure. This seems to be weakly correlated across and insignificant (Table-3). This disillusions of the nurses the fact that the Supervisor and Superintendent of the hospitals care about the formal aspects like reports in time, no absence, and good feedback of patients.

Table 3. *Hospital Management and its related Productivity outcomes of Nurses.*

Characteristics	PSH	CBHs	PHs
Work Environment	0.643**	0.645**	0.760**
Feeling Accomplishment	0.657*	0.714*	0.771*
Job affiliation	-0.787*	-0.500**	-0.647**
Autonomy	-0.268	-0.397	-0.487*
Authority	-0.156	-0.294	-0.333
Relationship with co-workers/peers	0.939**	0.753**	0.863**
Recognition	0.335	0.264	0.245
Involvement and Participation	-0.371*	-0.397*	-0.357*
Organizational Commitment	-0.337*	-0.432*	-0.253*
Promotion	0.129	0.371	0.268
Peer/Supervisory support	0.787*	0.672*	0.791*
Economic Image [Salary etc]	0.969*	0.702*	0.878*
Fringe Benefits, Discounts, Incentives	0.536	0.447	0.631
Staff Development	0.182	0.043	0.044
Social Image	0.304	0.244	0.287
Patient Satisfaction	0.645*	0.765*	0.819*
Quality of Care	0.535*	0.607*	0.658*
Nurses' Job Satisfaction	0.397	0.468	0.577*

*P ≤ 0.05 ** P ≤ 0.01

The present study found that opportunities in terms of social positoin and growth in terms of economic such as salary, incentives, increments are the one of the key factors for dissatisaction. These factors seems to be high among all categoirzed nurses and positively correlated but insignificant (PSH: r=0.304, CBHs: r=0.244; PHs: r=0.287). All studied respondents posted that there is no incentive to work harder than the other colleagues do. If nurses demands for incentives, increments, or salary hike, they are confronted to the sluggishness of the system and that makes them further dissatisfaction. The answer they receive from the mangement is, '..nursing care is your primeduty and if you feel, you want more, may look for a job'. This is well applied to full-time appointee whose salary is guranteered irrespective of outcomes while their counterparts are being rougly treated or shuntdown. Nonetheless, the career structure do not count the quality of outputs; particiaption in conferences and workshops, enrollement in continued medical education etc.

4.6. Patient Satisfaction and Quality of Care

The level of patient satisfaction indicates opportunities for the hospitals. This can be achieved implicitly thru nurses who have closer contact with the patients and have more interaction with patients. The study data revealed that more satisfied nurses, who feel better work environment, could convert loyal patients to return to their hospital for future medical care and to refer other patients. This in turn increases the revenue growth and utilizes the services of the hospital. 60% in PSH, 78% in CBHs and 82% in PHs found that variance in patient satisfaction can be attributed to nursing care and patient perception of the quality of care (Table-2). Job affiliation of nurses and their reputation are built over time as they spread thru word of mouth about the hospital. This seems to be positively correlated and the results are stunning, see Table-3. Job affiliation with nurse satisfaction (PSH: r=0.397, p>0.05; CBHs: r=0.468, p>0.05; PHs: r=0.577, p>0.05) the average volume decrease was 14.8%. In other words, hospitals with low nurse satisfaction score are likely to see drop in the revenue as well.

The quality of care, which is an optimizing factor found most effective and attractive measures for patient satisfaction. This is achievable performance alternative under the given set of constraints and dissatisfaction among nurses by minimizing undesired factors and maximizing the desired factors. The hypothesis H_e is fully supported and found to have positive correlated and significant across the studied hospitals (Table-3). In other words, there exists a direct relationship between the quality of care and patient satisfaction level. At the same time, the patient satisfaction is an extrinsic variable consists of knowledge, attitude and behavior factors while quality of care is an intrinsic variable focuses on reliability, validity and tangibility serve as an intervening variable in organizational activities. By understanding the intrinsic and extrinsic variables, the management can make necessary amendment to improve the nurses' satisfaction to boost the performance, productivity and outcomes.

5. Discussion and Conclusion

The study data clearly illustrated that nurses' positive work environment certainly promote a stronger patient base and would increase market share. Nurses working in the public sector have strong job affiliation and caring attitude, though they are not receiving any additional rewards or recognition.

But job affiliation seems to be insignificant in CBHs and PHs. Higher salaries and compensation benefits may seem the most likely factor while quality of work-balanced life and work environment have strong influence in continuing with particular style of management, which affect employee engagement, productivity and their outcomes such as patient satisfaction and quality of care, both positively and negatively.

The studied hospitals management focusess only on worked hours than paid hours because management has more control over worked hours. Though hospital managment failed to adopt benchmarking measures which includes worked hours, call-back hours, continued education and knowledge development, and couselling etc, but nurses are treated as a blue collared labor to be cost-effective, which required interdisciplinary categoried leadership. Nurses should actively get involved in the hospital management system and play critical role in defining the vision of the hospital. Hospital management should also empower the nurses by creating separate division within the hospital and involve and develop leadership and management skills to enhance the quality of nursing workforce to improve the care giving process. The weakness is not only because of nurses' behaviors due to their attitude and lack of up gradation of managerial skills. Not only that organizations do not give much weight-age to nurses but also the poor quality of nursing education which fails to impart the managerial skills and knowledge management system requirement, planning and development. The objective of nursing system is to ensure quality care and nursing outcomes as expected by patients which indicate the commitment of the care provider towards providing the best care to patients. Hospitals should ensure nursing workforce management as an integral part of human resources planning and health system development.

Quality of nursing care and the level of patient satisfaction are emerging as important dimension in improving the uses of hospital services which include reduced risk of a malpractice suit and greater profitability, in addition to productivity, efficiency and effectiveness. The contribution of nurses in the studied hospitals seems to be significant to the quality and to the patient satisfaction level, but efficiency and productivity are insufficient.

Staff development which includes continued education and training, and support for participation in conferences are not readily accessible by the nurses and not typically taken account in productivity measurement in all studied hospitals. Lifelong education and/or continuing education are essential for knowledge building and learning. At the same time, nurses' pay scales, incentives and working conditions need to be improved. The study found that close collaboration between nurses' organizational commitment and organizational behavior, nursing work force management and work environment, and, opportunities and growth for nurses would enhance and ensure the patient satisfaction level.

The hospital management thinks that nurses outcomes are just a function of their efficiency and part of the service delivery duty, but the hospital management failed to understand that efficiency and productivity depdendent on a wide range of other factors. Not only that service providers ie., nurses satisfaction are more important for the effectiveness, and hence outcomes required from the organizational management, is derived from the desire of indiviual practitioners and the associated benefits in terms of quality of care and efficiency that lead to productivity. Charity based hospitals functions adopted more or like government funtions,which reflected low level of nurses satisfaction and producvity compared to its counterparts in Priavte hosptials. Nonetheless, the outcomes and producvity of nurses are not just a function of the efficiency, but also dependent on a wide range of other factors work environment, relationship with the peers, autonomy, authority, recognition, promotion, support mechanisms, and salarly and its frienge benefits.

The change in the producvity in changed time, as indicated in the study, is an important charcterstic for defining productivity and the nurses satisfaction, and the exisiting measures, worked time, outcomes, salary are only a partital indicator of productiity and performance. To provide a more clear picture of productivity performance, an analysis shall be taken into account of the use of present study inputs to production. Such incorporated approach would give better picture for comparative purpose and benchmarking of the hospital producivity and its related efficiency and effectivness.

It is noted that care-giving, caring, patient oriented nurses are still desirable but is insufficient to influence positive outcomes and patient inflows and outcomes, in the absence of positive energy at work environment, good leadership skills and motivations, results in mediocre outcomes. The study findings suggest that need for quality job affiliation is important for efficiency and productivity of nurses. Moreover it is not possible to determine whether the nurses' hunger for job affiliation for autonomy and authority are in conflict with efficiency and productivity. Perhaps even payment process and form of job affiliation need not always in conflict with outcomes or accomplishment or organizational commitment.

The limitation of the study was the inability to compare individual nurse within and across the hospitals by specialty in accordance with work environment, motivation, autonomy, and authority and efficiency productivity. The generalizability of the study results is limited by the non-experimental methodology, by the setting. Nonetheless, it has revealed the complexity of organization's management and the contention of nurses' behavior towards job satisfaction, efficiency and productivity, patient satisfaction. It has also seen that nurses' motivation to be negatively related outcomes. Additional research is needed to identify the how nurses' behaviors and attitudes lead to better benchmarking process to improve the efficiency and productivity.

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References

[1] Census of India. 2011. Registrar of Society. Census of India. Ministry of Health and Family Welfare. New Delhi. India.

[2] Chandrasekhar, K. 2011. Workplace Environment and its impact on Organizational Performance in Public Sector Organization. International Journal of Enterprise Computing and Business System. Vol. 1 No. 1 2011.

[3] Chen, Jui–Chen and Silverthorne, Colin.2008. The impact of locus of control on job stress, job performances and job satisfaction in Taiwan. Leadership and Organization Development Journal. Vol. 29. NO. 7 pp. 572-582.

[4] Dalal. R. S. 2005. A Meta Analysis of the relationship between organizational citizenship behavior and counterproductive work behavior. Journal of Applied Psychology. Vo. 90. pp. 1241-1255.

[5] Daniel et al, 2003. Managers' upward influence tactic strategies: the role of manager personality and supervisor leadership style. Journal of Organizational Behavior. Volume 24, Issue 2, pages 197–214, March 2003.

[6] Dewhurst, M, Guthirdge M and Mohr. E.2010, Motivating people. Getting beyond money. Mckinsey Quarterly. Vol. 1 pp. 12-15.

[7] Donna, K. McNeese Smith. 1999. The relationship between managerial motivation, leadership, nurse outcome and patient satisfacation. Journal of Organizational Behaviour. Vo. 20. pp. 243-259.

[8] Forgia, Gerard La; Nagpal, Somil. 2012. Government-sponsored health insurance in India : are you covered?. Directions in development: human development. Washington, DC: World Bank. http://documents.worldbank.org/curated/en/2012/08/16653451/government-sponsored-health-insurance-india-covered

[9] Ravichandran, N. 2014. Investing in Social Capital for Transforming Income Growth: Towards Theory of Responsiveness in Energetic Hospitals. Unpublished Report. Funded by University Grants Commission, New Delhi, India.

[10] Ravichandran, N. 2015. Productivity Prescription of Medical Practitioners and their Philosophy: Comparative organizational analyses of private sector in India. American Journal of Service Science Management. Vol. 3. No. 1. pp1-7.

[11] Reserve Bank of India (RBI). 2014. Reserve Bank of India. Press Clip. November 3, 2014. Mumbai. India.

[12] Slideshare, 2014. http://www.slideshare.net/arokiamanojkumar/demand-forecast-of-hospitals-in-india.

[13] World Bank. 2014. http://www.worldbank.org/en/news/feature/2012/10/11/government-sponsored-health-insurance-in-india-are-you-covered.