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JOB INVOLVEMENT: ATTITUDINAL OUTCOME OF ORGANIZATIONAL STRUCTURAL FACTORS

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ABSTRACT: *Healthcare has always been in the priority of individuals, society and nation. It's importance is endorsed by the status which is given to the health care professionals that is second God on earth. Health care as a Nobel service is provided by specifically skilled professionals who are working in a stressful condition that too day and night. These professionals are not super humans and are also gets influenced by work environment. Present study was conducted on medical staff working in not-for-profit public hospitals (N=300) in northern India. Study explored the influence of decentralization, coordination and work autonomy on job involvement among health care professionals. Results revealed that structural factors (Co-ordination & work autonomy) significantly predicted perceived levels of job involvement. Results also highlighted the significance of co-ordination and work at their own, which may be promoted by hospital administrators for getting positive outcomes through increasing job involvement of employees. Findings of the present study is very much helpful to the health care administrators for taking strategic directions and forming the organizational policies related to HRM in government hospitals, so that work climate of government hospital will become facilitating for increasing job involvement among employees further their performance as well. Study has important implications for government health care sector, as large section of population of India depends on public sector hospitals for their health care.*

KEYWORDS: Decentralization, Coordination, Work autonomy, Job attitude, Job Involvement

INTRODUCTION

Globally, the health-care industry is under pressure to meet the diverse needs of a range of stakeholders within finite resources in a climate where there is increased scrutiny from government and communities. Managing the professional and clinical workforce underpins quality health-care delivery and requires the effective deployment of appropriately skilled personnel (Buchan & Dal Poz, 2002). This, in turn, raises the importance of effective human resource management.

The rapid changes in health care in the past quarter century have stimulated considerable interest in measuring healthcare professionals perceptions and attitudes about their work .Increasing interest has been focused on understanding the role working conditions play in terms of serious issues facing hospitals today, including well-being, job satisfaction and job involvement.

Organizational structural factors

The structure of an organization can be defined simply as the sum total of the ways in which it divides its labor into distinct tasks and then achieves coordination among them (Mintzberg, 1983). Dawson (1996) defined organizational structure as "the socially created pattern of rules, role and relationship that exist within the organization". Every organized human activity gives

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rise to two fundamental and opposing requirements: the division of labor into various tasks to be performed, and the coordination of these tasks to accomplish the activity.

Decentralization

Structural factors affecting outcomes for the organization might include the extent to which the organization is centralized or decentralized, which can be measured either as the level at which decisions are taken or by the number of levels in the hierarchy. The ratio of supervisory to non-supervisory positions is a crude measure of centralization. Government hospitals also differ in the extent to which departments such as finance or personnel are devolved out of their own professional departments into management teams. The extent to which clinicians are involved in management also seems to be an important distinguishing feature of hospitals, which might have important implications for sharing power and responsibility.

Ruekert, Walker and Roering (1985) argued that highly structured formalized organizations tend to be efficient but often are also incapable of adapting to change. Contrary to the predictions of mechanistic-organic dichotomy, Palmer and Dunford (2002) found a positive relationship between formalization and new organizational practices such as delayering (reduction of hierarchical layers), empowerment and flexible work groups. They also established new practices that were not associated with lower levels of centralization.

Following a meta-analysis of organizational factors affecting innovation, Damanpour (1991) found a positive effect of decentralization on innovation.. A positive impact of formalization and job standardization on quality was reported both in for-profit (Parasuraman, Berry, &Zeithaml, 1991; Cohen &Brand, 1993) and not-for-profit organizations (Hsieh, Chou, & Chen, 2002).Meirovich, Brender-IlanandMeirovich (2007) found that higher levels of decentralization are related to higher levels of quality delivered.

Work Autonomy

Since the early 1980s, public sector hospitals around the world have come under intense scrutiny in policy circles due to the bureaucratic complexity of these institutions, the heavy burden they impose on public funds, and the perceived difficulties in ensuring their efficient and effective functioning under centralized government control. One policy option that has found particular favor with governments is the granting of greater autonomy to these public sector hospitals in running their operations. As a result, in many developed countries (e.g., Denmark, France, Singapore), and in many developing ones (e.g., Ghana, Indonesia, Kenya), "hospital autonomy" initiatives have been proposed as an integral part of a broader health sector reform process. An incontrovertible overall conclusion of the five case-studies is that autonomy in public sector hospitals has not yielded many of the hoped-for benefits in terms of efficiency, quality of care, and public accountability - although there have been occasional and isolated successes. To some extent, this situation might be explained, simply, by the relatively short duration of "autonomy" enjoyed by the public sector hospitals, or the instability that often accompanies systemic reform.

Most researchers define work autonomy in terms of work method autonomy, work scheduling autonomy and work criteria autonomy. In their theory of work motivation, Hackman and Oldham (1975) proposed that the degree to which the job provides substantial freedom, independence and discretion to the individual in scheduling the work and determining the procedure to be used in carrying it out is termed as work autonomy.

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There is little in the literature to suggest, however, what characteristics of physicians, institutions, and management practices may help to explain differences in physician's perceived autonomy within organizations.Schulz and Schulz (1988) studied management practices, physician autonomy, and satisfaction and found that gender was also a factor in that male physicians experienced greater perceived autonomy.

The growing need for innovation and cost compression has given rise to the assumption that enhancing workers' participation in decision-making would not only improve their well-being but also foster their commitment to the organizations' goals. This optimistic perspective has been supported by management studies (Bauer, 2004; Fahr, 2011) and economic theory (Akerlof&Kranton, 2008) as well as experimental evidence (Frey &Jegen, 2001; Falk &Kosfeld, 2006), all of which lead to the same policy suggestion: hierarchical constraint and control should be replaced by enhanced workers' participation so as to meet the competitive demands of innovation and product quality (Walton, 1985).

Coordination

Co-ordination is the degree to which the subunits of an organization operate according to the requirements of each other and of the total organization. If a business firm, for instance, has manufacturing, marketing, accounting, and research subunits, co-ordination is high if these subunits work smoothly together to maximize the firm's profitability. Low co-ordination exists when the subunits refuse to communicate with each other or resist compromises in the interests of the firm. Co-ordination is often discussed but seldom measured.

Georgopoulos and Mann's (1962) study of community general hospitals, which is the most theoretically and methodologically sophisticated treatment of co-ordination in the literature. They define co-ordination as "the extent to which the various interdependent parts of an organization function each according to the needs and requirements of the other parts and of the total system".

High-quality coordination reinforce high-quality communication, encouraging participants to listen to each other and to take account of the impact of their own actions or inactions on those who are engaged in a different part of the process, therefore helping them to react to new information in a coordinated way, further contributing to performance of the work process. Coordination is expected to be particularly important for achieving desired outcomes in settings that are characterized by high levels of task interdependence (Thompson, 1967), uncertainty (Argote, 1982) and time constraints (Adler, 1995).

Relational coordination is a form of organizational social capital, an asset that makes it easier to access resources needed to accomplish one's work (Nahapiet&Ghoshal, 1998; Baker, 2000; Adler & Kwon, 2002). Getting all the resources and support at work actually facilitates the affective relationship with job and increases job satisfaction also (Gittell, Weinberg, Pfefferle, & Bishop,2008). Because of this instrumental benefit of relational coordination, we expect that coordination will be positively associated with job involvement.

Job attitude

Job attitudes are one of the oldest, most popular, and most influential areas of inquiry in all of organizational psychology. Job attitudes are evaluations of one's job that express one's feelings toward, beliefs about, and attachment to one's job. This definition encompasses both the cognitive and affective components of these evaluations while recognizing that these cognitive

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and affective aspects need not be in exact correspondence with one another (Schleicher et al. 2004).

Job attitudes are multifaceted in their composition, in their structure, and in their temporal nature. Employees, of course, do not have only one job attitude. Structurally, job attitudes are hierarchically organized, with perhaps an overall job attitude being the most general factor, followed by still relatively general job attitudes such as overall job satisfaction, organizational commitment, and perhaps others, followed by more specific attitudes such as job satisfaction facets, specific dimensions of organizational commitment, Involvement, and so on.

In the present paper, researcher tried to explore the factors influencing one of the very important work relted attitude which is Job involvement.

Job Involvement

Involvement is the degree to which the employees of an organization are willing to work. Individuals willing to work hard are highly involved, whereas individuals without this willingness are lowly involved. Job involvement (JI) has been conceptualized as the degree to which one is cognitively preoccupied with, engaged in, and concerned with one's present job. Job involvement is defined as "psychological identification with a job" (Kanungo 1982). This definition implies that a job involvedperson sees her or his job "as an important part of his self-concept" (Lawler & Hall 1970), and that jobs "define one's self-concept in a major way" (Kanungo 1982). Two components of job involvement have been identified—job involvement in the role (JIR) which is the degree to which one is engaged in the specific tasks that makes up one's job and job involvement in the setting (JIS) which indicates the degree to which one finds carrying out the tasks of one's job in the present job environment to be engaging.

An employee is likely to be satisfied and develop a strong attachment to an organization that possesses a certain level of prestige (a favorable reputation) as part of his/her connection with glory. Strong identification with one's organization may translate into a high degree of job involvement. On the other hand, some researchers also argue that job involvement is a personal characteristic. Therefore, it is less likely to be influenced by organizational factors and more likely to be influenced by personal characteristics.

It has been argued that the degree to which employees are involved in their job can be influenced by situational-related (i.e. experiences and psychological reactions to the work) factors (Vroom 1962). A favorable organizational image fosters the identification of an employee with her/his organization (Dutton, Dukerich&Harquail1994; Smidts, Pruyn& Van Riel, 2001). Brown (1996) developed a theoretical framework relating job involvement to its antecedents correlates and consequences and reports meta-analyses of 51 pairwise relationships involving job involvement. Results of the meta-analyses support research suggesting that job involvement is influenced by personality and situational variables.Shadur, Kienzle and Rodwell(1999) examined the relationship between employee perceptions of involvement and organizational climate. The results showed that supportive climates andcommitment significantly predicted each of the employee involvement variables.

Data pertinent to involvement are also found in discussions of motivation, central life interests, the Protestant ethic, alienation, and burnout. Reference is commonly made to "job involvement" rather than to involvement. However, involvement is not the same as behaviour. An individual who states a strong willingness to work may not work hard, that is, he/she may

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not exert much effort in job performance. It is generally assumed, however, that involvement and behaviour are highly correlated, an assumption so widespread that involvement and behaviour are sometimes not distinguished. This plausible link with behaviour makes involvement pertinent to such classic organizational concerns as soldiering, restriction of output, and goldbricking.

Researches conducted in the area of job involvement proved that it is a significant predictor of various positive, individual as well as organizational, outcomes. Sowmya and Panchanatham (2011) identified that the job suitability as well as the working condition and other interpersonal relationship among the workers are able to ascertain their job attitudes. Vandenberg (2002) found that job involvement influenced organizational effectiveness (defined through return on equity and turnover) both directly and indirectly through positive influence on employee morale.

Emergence of Study

Indian healthcare has seen standards rising over the past decade. The combination of high quality services and low cost facilities is also attracting a stream of international patients as cost of advanced surgery in India is 10 to 15 times lower than anywhere in the world.

It is well known that in India, public health services are provided mainly by government hospitals that are 'not-for-profit' and these hospitals serve a large portion of Indian population at minimum or no cost. The low income group hardly manages to access private nursing home services unless otherwise crucial to survival; they prefer government or charity-run hospitals (Rehman&Qureshi, 2004).

Large government hospitals generally have better facilities than nursing homes, but they are widely believed to provide poor-quality care. The conditions which have led to dissatisfaction and demand for high quality medical care are owing to critical gaps in infra structure, workforce satisfaction and involvment, equipment, essential diagnostic reagents and drugs (Arjunan et al., 2002). High work load and worse organizational condition are responsible for several negative outcomes at individual and organizational level, including dissatisfactory quality care, job stress, physician's dissatisfaction as well as lower level of involvement and commitment towards their job (Parikh, Taukari and Bhattacharya, 2004; Sharma, 2005; Tankha, 2006).

The workforce, arguably the most important input to any health system, has a strong impact on overall health system performance (Rigoli&Dussault, 2003, Dussault& Dubois, 2003). Partly as a result of the quality initiative, the working conditions for health care professionals in Indian hospitals need to be examined, as these are the personnel who are ultimately responsible for providing patient care and quality health services to a large population. Since all health care is ultimately delivered by people, effective human resources management plays a vital role in the success of health sector reform. Investigation of the issues related to human resource management acquires a different perspective when we consider non-profit earning organizations such as hospitals in which a measure of performance efficiency is reflected in the quality of the patient care rather than in terms of the ratio of output to inputs.

The above review highlights the need for examining the impact of the hospital workplace factors on job involvement of medical professionals in India. Considering the paucity of research on the workplace factors related with the job involvement of medical professionals in government-run hospitals in India, a field study was planned with the twin objectives of (a)

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examining the perception of the structural factors at the workplace among medical professionals employed in government-owned hospitals at the central levels, and (b) examining the influence and the patterns of relationships between the structural factors of workplace and job involvement among medical professionals employed in government-owned hospitals at the central levels.

METHODOLOGY

Sample

The study was conducted in public hospitals in North India. A total sample of 300 medical professionals was selected .The participants were selected on the basis of convenient sampling after obtaining theirinformed consent. The average age of the participants was 42 years. The mean duration of service of the participants was 14 years and all were permanent government employees.

Measures and Procedure

The following measures were used in the present research for measuring participants' responses to the variables understudy:

- **Structural dimensions of hospital workplace:** The variable co-*ordination* was measured by the scale developed byGeorgopoulos and Mann (1962) which was adapted to suit the settings in Indian hospitals. The scale had 5 items and the reliability coefficient (cronbach alpha) for this scale was .76.The *work autonomy scale* contained 9 items based on an instrument reported by Breaugh, (1985). The reliability coefficient for this scale was .88. The *decentralization scale* included four items based on an instrument developed by Menon, Sundar,Phani and Edison (1999). The reliability coefficient for this scale was .74.

- **Job involvement:** The scale constructed by Kanungo(1982) was used for measuring job involvement ofparamedical professionals. The scale contains 10 items.The reliability coefficient for this scale was .75.

- **Demographic variables:** Information regarding participant's age, gender, year of service, professional post were also obtained.

Responses on all items of all the scales were obtained onLikert-type five-point rating scales. Permission was obtained from responsible authorities in hospitals to approach employees working in different departments. All those who were willing to participate in the study were administered the questionnaires individually with clear instructions, and assured that their responses would be kept confidential.

RESULTS

After collecting data, the scores were coded and entered on data sheet and SPSS data file and analyzed in terms of means, standard deviations, coefficients of correlation, and step-wise multiple regression in accordance with the objectives of the present study.

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Table-1. Descriptive Statistics of predictor and criterion variables (N=300)

Variables	Mean	Std. Deviation
Job Involvement	18.560	4.581
Decentralization	10.786	3.071
Coordination	17.213	3.795
Work Autonomy	24.463	7.003

Table 2. Correlation between organizational structure factors and job involvement (N=300)

Organizational structure factors	Job Involvement
Decentralization	.166**
Coordination	.359**
Work Autonomy	.331**

* $p<$ .05, ** $p<$ .01

Results of correlation analysis revealed that among the structural variables, results showed that all the three variables, decentralization, work autonomy and coordination had significant positive correlation with job involvement.

Table-3. Stepwise regression analysis of the job involvement with organizational structure variables(N=300)

Variable	R	R Square	R Square change	% Variance	Beta Coefficient	t ratio
Coordination	.359	.129	.129	12.9	.359	6.631**
Work autonomy	.404	.163	.035	3.5	.210	3.51**

** $p<$ .01

Results of regression analysis revealed that among organizational structure variables, coordination significantly positively predicted 12.9% variance in perception of job involvement whereas work autonomy significantly positively predicted 3.5% variance, in the perception of job involvement among health care employees.

DISCUSSION

The present study attempted to identify the role of organizational structure factors in determining the job involvement of medical professionals working in not for profit public hospitals in India..

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Results of the present study supported the expected patterns of relation to great extent.

Findings emerging from correlation and regression analysis indicate that among the structure related factors, co-ordination and work autonomy at the workplace were significant antecedents of job involvement.

Results of the study indicated the pattern of relationship between organizational structure variables and job involvement as all three variables of organization structure, namely, decentralization, coordination and work autonomy positively correlated with job involvement.

A surprising finding of present study was that decentralization did not emerged as significant predictor of job involvement whereas, studies from industrial and manufacturing organizations have suggested that decentralization is a strategy which helps to improve quality in performance and job attitudes of employees. Therefore it may be said that decentralization is not a panacea for increasing the job involvement of health care professionals in Indian hospitals. It seems reasonable to expect on the basis of studies conducted in organizational settings, that a certain amount of decentralization of power would be required for enhancing work autonomy at the workplace. At the same time it could also be posited that decentralization in a hospital setting is likely to put a strain on co-ordination among professionals from different departments who are required to work together as a team in the event of an emergency or for treating critically ill patients.

Instead, the present study suggest that work autonomy and coordination at the work place may be more important factors which can help to maintain employees involvement and improving final outcome of organization as correlation and regression analysis showed that work autonomy and coordination significantly positively predicted job involvement of employees. Co-ordination was reported as one of the responsible factor, among structure dimension, in increasing job involvement in medical professional group, as it is well known that medical professionals perform very complex and crucial tasks in their life saving duty. Successful implementation of such an important activity requires co-ordination among different professional groups as well as different departments of the hospital. It seems that a better coordination between departments and among employees can reduce chances of conflict and facilitate work execution (Baker, 2000), which, in turn, promotes a healthy work environment in hospitals which is required for developing affectionate relationship at work. Some studies also suggests that coordination increases the spirit of teamwork and collaboration at work, probably this sense of social connectedness is also working as affective precursor for involvement in work (shah &Dhar, 2007; Gittell, Weinberg, Pfefferle, & Bishop, 2008) .

Work autonomy was also reported to be important in increasing job involvement among medical professionals as it seems reasonable to expect on the basis of studies conducted in organizational settings, that a certain amount of work autonomy and power would be required for enhancing better and quick decision making at the workplace (Bauer, 2004). It seems that autonomy at work gives the sense of "control over work" and somehow contributing to the involvement through self-confidence and self-esteem. Medical professionals are the employees responsible for direct caring and lifesaving of a large number of patients through different pre and post prescription activities. Handling of such a diverse activity needs some discretion in choosing sequencing, timing and processes according to their understanding of different cases.

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CONCLUSION

The present study thus has important implications for the Indian healthcare system which is currently in the process of offering a plethora of services to a large section of Indian population, which relies completely on government hospitals for their health care needs and can't afford costly treatment of private hospitals.

The need for better but less expensive health care delivery is a major issue driving Indian health care reform and government is trying to achieve this through implementation of different policies and schemes. The medical professionals working in these hospitals are mainly responsible for ground level implementation of these reforms and delivering quality health services to the population and it is well documented that employees who are more involved in their job contributes more and the study provided some important strategic issues in that context also. Shah and Dhar (2007) also suggested that special attention needs to be paid to improve teamwork and team spirit, as well as more interactive communication between doctors and nurses with a view to promoting a more collaborative environment and devise persuasive methods of creating awareness and collaborative sense of responsibility among doctors and nurses to voluntarily and steadily reduce the incidence of medical errors through extra care and concern at all stages.

Since retention of competent professionals is a major problem for the government-run healthcare sector and job involvement plays a crucial role in this, the present findings indicate that governmental human resource policies which have mainly targeted the industrial sector should also focus on the betterment of the hospitals' structural factors and its effects on job attitudes of medical professionals by meeting their expectations through their human resource practices.

Future Research

In light of the conclusion of this study, further research should be conducted in the following areas:

1. Further research could be done using a bigger sample of randomly-selected professionals working in different healthcare organizations in India.

2. Comparative studies of public and private sector should be conducted to explain differences in causal structures and processes.

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