

**TO STUDY MOTIVATIONAL PRACTICES AND ITS IMPACT
ON RETENTION OF DOCTORS AND NURSES IN SELECT
HEALTHCARE UNITS IN PUNE REGION**

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TILAK MAHARASHTRA VIDYAPEETH, PUNE**

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Annexure III

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Undertaking

I **Ms. Priya Jagtap**, Ph. D Scholar of Tilak Maharashtra Vidyapeeth in Management subject. My thesis is titled **To Study Motivational Practices and its Impact on Retention of Doctors and Nurses in Select Healthcare Units in Pune Region** under the supervision of **Dr Madhavi Kulkarni** solemnly affirm that the thesis submitted by me is my own work. I have not copied it from any source. I have gone through extensive review of literature of the related published / unpublished research work and the use of such references made has been acknowledged in my thesis. The title and the content of research is original. I understand that, in case of any complaint especially plagiarism, regarding my Ph.D. research from any party, I have to go through the enquiry procedure as decided by the Vidyapeeth at any point of time. I understand that, if my Ph.D. thesis (or part of it) is found duplicate at any point of time, my research degree will be withdrawn and in such circumstances, I will be solely responsible and liable for any consequences that arises. I will not hold Tilak Maharashtra Vidyapeeth, Pune responsible and liable in any case.

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It is certified that the work entitled **To Study Motivational Practices and its Impact on Retention of Doctors and Nurses in Select Healthcare Units in Pune Region** is an original research work done by **Ms. Priya Jagtap** under my supervision for the degree of Doctor of Philosophy in Management to be awarded by Tilak Maharashtra Vidyapeeth, Pune. To the best of my knowledge this thesis

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- up to the standard in respect of both content and language for being referred to the Examiner.

Signature of the Supervisor

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ABSTRACT

What prompts an individual to choose to be part of a particular stream – profession?
What role does satisfaction play in retaining motivated individuals in an organization?
Are all employees who are part of an organization for a substantial point in time both satisfied and motivated regards their work?

An apportionment of distribution of human capital results in discrepancy in the rural and urban scenario. The pertinent challenges faced by human resources for health are deficient taskforce, knowledge gradient variation, discriminatory dispersal and exodus of workers, lack of expertise and challenging work atmosphere.

When we as a Nation intend to achieve the World Health Organisation's Goal of 2018 and 2019- Health For All-Universal Health Coverage Everyone Everywhere... The question arises as to whether we have the required number of Doctors and Nurses for the entire population in order to achieve this goal? What started as a Quest to know blossomed as a journey of understanding the facets of human nature and government policies and their impact on the citizen?

If the factors that impact the motivation of a workforce are identified it can enhance the up gradation of existing practices in Health Care units resulting in smooth functioning of units.

Health Care Units is a fast growing enterprise; undertaking this study an attempt is made to understand how Human Resource Management Practices can be modified subsequent to understanding the Motivating factors so as to successfully retain Doctors and Nurses in Health Care units.

Globally topographical dispersion of the health task force is lopsided to the greener pastures, developed sector of the world that provide better facilities and work conditions as compared to the rural or underdeveloped sector that boast of lack of facilities and relatively extreme working conditions.

The challenge for the policy makers is to design an appropriate set of incentives which are both politically feasible and financially affordable, and which create an environment that encourages health workers to stay in rural and remote areas and continue their practice.

The key principle around the policy on human resources for health is that, workforce performance of the system would be best when we have the most appropriate person, in terms of both skills and motivation, for the right job in the right place, working within the right professional and incentive environment.

The policy recognises the need to improve regulation and quality management of nursing education. Other measures suggested are - establishing cadres like Nurse Practitioners and Public Health Nurses to increase their availability in most needed areas. Developing specialized nursing training courses and curriculum (critical care, cardio-thoracic vascular care, neurological care, trauma care, palliative care and care of terminally ill).

In Government hospitals in India it is observed that, vacancies are not filled due to operational insufficiency leading to enhanced work hours for existing task force.

The shortfalls of the Indian healthcare system are deficit of man, machine and materials in healthcare. World Health Organisation has laid down guidelines to modify health systems by improving Facility provision, Health taskforce skill development, Utilisation of data for enhancing processes, Medical merchandises and equipment, Fund utilisation, Role of authority and direction.

Health worker retention is beneficial as it cuts budgets of the health system in terms of recruitment, hiring, then orienting new workers and it also condenses the probability of vacant posts.

Retention of health task force reduces the burden on healthcare budget and reduces the insufficiency caused by lack of manpower. Human welfare index is affected by deficit of healthcare providers in a community. Thus, having contented and motivated

health workers helps the entire health system to function efficiently. India faces a critical shortage of government Doctors in rural and underserved areas.

Exploratory Research Design was used to undertake the study.

RECOGNIZED FACTORS RESPONSIBLE FOR MOTIVATION

- Work Life Balance and healthy relationship with Colleagues
- Monetary Factors and sense of belonging for the current organization
- Fair Treatment / Respect
- Organizational Factors / Decent Work Environment
- Enthusiasm & Performance Satisfaction about work
- Clarity about Roles and Responsibilities
- Positive thinking at Personal and Professional level

Measures Suggested by Doctors to be undertaken to Increase Their Satisfaction as an Employee

Increase monetary benefits like salary hike, stipend hike, allowance hike, Increase number for specialized facility in hospital, Increase the manpower.

Measures Suggested by Nurses to be undertaken to Increase their Satisfaction as an Employee

The maximum number of Nurses suggested increasing the monetary benefits like salary hike, stipend hike, and allowance hike so it ranked one in our list, which will remain highest motivator for job satisfaction.

In the monetary retention strategies the five strategies are enlisted as insurance scheme, performance appraisal scheme, free transport facility, free meal facility and uniform allowances.

In the non-monetary retention strategies the five strategies are enlisted as rest area, process for grievances handling, Training facility for Skill Development, Leaves Permissible and Crèches Facility.

Social Workers can function as the intermediary in healthcare between patients and healthcare providers; this will reduce the burden of existing taskforce.

Security in hospitals is to be restructured so as to yield a sense of security in Doctors and Nurses especially when working in night-shifts.

Periodic trainings will help them to enhance their existing skill sets and function effectively and efficiently.

In an era of Artificial Intelligence, if we can propagate humanoids in healthcare, primary task of Doctors and Nurses can be downsized. Also with the increasing number of mental disorders, pre-programmed humanoids can help patients receive aid. “Another figurine... probably the Amul doll which is religion neutral would be acceptable to the masses as long as it is a polyglot!”

To keep up with times we need to establish robust processes to upgrade the existing healthcare system.

CHAPTER 1

INTRODUCTION

What prompts an individual to choose to be part of a particular stream – profession?
What role does satisfaction play in retaining motivated individuals in an organization?
Are all employees who are part of an organization for a substantial point in time both satisfied and motivated regards their work?

Back in school we were taught about King Arthur and the Spider-

How a king defeated in the battlefield gets motivated by a spider that is persistent in untiring efforts to climb despite failures. As an aftermath of this encounter the King wins his kingdom back and lives a satisfied life.

If one were to use this analogy with respect to two key elements in the Medical fraternity, the question evolves- what are the factors responsible for retention of Doctors and Nurses in their respective job roles- caring for the sick?

Considering the rotational shifts – an integral part of being a Nurse or On-Call Doctors and the emotional turmoil they undergo as a consequence of loss of life of their patient, the question arises: What is in it for them?

Why does an individual choose this line of work or profession to be precise?

From an unadulterated Management perspective- Hospitals are growing organizations.

With the advent of Consumer Laws and Medical Tourism, the scenario of noble profession is gradually changing. A sacred field that earlier emanated Service value is now subject to Corporate rules books.

What measures can be adopted by the Health Care units so as to function better in terms of employees with high morale who belong to that particular enterprise.

Only Doctors and Nurses are considered for this Study as they are what Peter Drucker refers to as Knowledge workers and their contribution to the Society is beyond the realm of comparison.

With the establishment of large hospital, hospital chains, and arising need and demand of healthcare, focus on managing human capital has increased. Human capital is a primary component in health services along with capital assets viz. infrastructure and medical equipment and ingestible (medicines etc.).

The main component of health care services is handling the patients effectively so that the suffering is alleviated. It is imperative to strike a balance between all available resources to gauge their enactment. It is vital that people in the system are handled in a different fashion as compared to the tangible resources.

Now the demand for both physical capital and consumables is rising at high pace but has no value without the backup and cooperation of human resources. In this increased competitive era of desire for high standard and authentic services it is challenging to recruit and retain efficient resources and so policies must be structured so as to cater to the demand and supply ratio. A doctor and other human resources with inadequate tools are as inefficient as the tools without them.

The health provider audit essentially analyses ratio of the taskforce in proportion to knowledge up gradation, turnover ratio and social and economic components of the geographic region.

To sustain the team not only salary but other factors also plays a key role like effective use of their time and skills, other incentives, motivation to serve, and fulfillment of their aspiration. In India, since most of the hospitals are run by Doctors it has been found that these requirements of workforce are often overlooked. This creates imbalance and frequent migration of workforce and unsatisfied customers- here patients, due to untrained new professionals- Doctors and Nurses joining the workforce every now and then who are not able to maintain the established work culture.

This trend is changing with the advent of corporate chain of Hospitals like Apollo Hospitals that encompasses over 10,000 beds across 64 hospitals, Fortis Healthcare that operates in India and abroad with 45 healthcare facilities and in Maharashtra we have Sahyadri Hospitals with 8 hospitals with over 900 beds, the focus of healthcare is gradually shifting from disease to person. There are a lot of amendments in the functioning of government hospitals as well. Turnover of Doctors and Nurses is a common finding in both Public and Private Sector hospitals.

This study is an attempt to understand the changes that can be imbibed in the current practices to make healthcare a righteous right and not a mere privilege enjoyed by a chosen few.

At a strategic level on the political front a lot of schemes are launched, yet the least that can be done to remedy the situation is to retain the existing taskforce in healthcare- Doctors and Nurses.

A KPMG finding states that the global average ratio of Doctors is satisfied by India albeit for a population of 442 million Indians, a 26 percent deficit of Doctors exists. The shortfall of healthcare workers- Doctors, Nurses, Dentists and midwives is 4.2 million; the alacrity of rampant lifestyle diseases necessitates bridging this gap so as to achieve health related Millennium Development Goals. An apportionment of distribution of human capital results in discrepancy in the rural and urban scenario. The pertinent challenges faced by Human Resources for Health are deficient taskforce, Knowledge Gradient Variation, discriminatory dispersal and exodus of workers, lack of expertise and challenging work atmosphere.

World Health Organization (WHO) defines Human Resources for Health (HRH) as “the stock of all individuals engaged in the promotion, protection or improvement of population health”. This has bi-sectoral inclusion with multivariate fields. HRH in our country consists of a multitude of health resources that aid in retention of health of individuals by prescribing medicines. In this domain we have Allopathic Doctors (MBBS), Ayurvedacharyas (BAMS), Homoeopaths (BHMS), Unani physicians (BUMS), Dentists (BDS) Yoga and Naturopathy, Siddha, Nurses, Midwives, Pharmacists, Technicians and allied health personnel (Emergency Medical Team),

Community health workers, Registered Medical practitioners and traditional medical practitioners (Vaidus) and family healers etc. However exact statistics that earmark the exact percentage is not available. The 2001 census purported the presence of 2.2 million health workers in 2005.

India has been the biggest exporter of physicians, accounting for about 4.9% of American and nearly 10 % of British Physicians. Nearly 54% of medical students who graduated from All India Institute of Medical Sciences (AIIMS) during 1989-2000 now reside outside India. It is glaringly evident that simply increasing the taskforce of healthcare numerically will not fulfill the deficit. Definitive steps need to be undertaken in order to attain a sustainable approach so as to resolve the shortfall of healthcare workers. This accrued difference between demand and supply hampers the achievement of the Millennium Development Goals.

The Indian government has made a sea change in healthcare scenario over the years to ensure Health for All. Under Universal Health Coverage for India (UHC) introduction of healthcare reforms has transformed the face of healthcare, resulting in significant reduction in the number of deaths due to lack of medical aid.

To reiterate these statistics are an indication of the gravity of the situation incumbent to us as a Nation, the need of the hour being treat the existing resources in healthcare as critical resource and devise mechanisms to retain them. Healthcare is by and large both qualitative as well as quantitative service making it pertinent to have the task force motivated towards their task. This will reduce the medico legal hassles that take up the precious time of Doctors.

1.1. NEED AND SIGNIFICANCE OF THE STUDY

“They can because they think they can”, said Virgil -Roman Poet in the 1st century B.C and for ages altogether people have believed in this.

If the factors that impact the motivation of the Healthcare workforce are identified it can enhance the up gradation of existing practices in Health Care units resulting in smooth functioning of healthcare units.

What makes a person want to enter the role of a Care Taker?

Why does an individual choose to care for the weak, the ailing fellow humans?

Are Doctors happy with their Private practice or do they seek the Security of a government job?

Knowing the hardships involved why do individuals choose Nursing as a career option?

Does a Team of Doctors and Nurses in synchronization with the idea of Motivation function more efficiently vis-a-vis an incongruent team on the same parameters?

Can the knowledge of this inclination act as a screening factor in employing Doctors and Nurses in Health Care units?

To understand how the performance levels of Doctors and Nurses are affected by modifying these aspects.

Health Care Units is a fast growing enterprise; undertaking this study an attempt is made to understand how Human Resource Management Practices can be modified subsequent to understanding the Motivating factors so as to successfully retain Doctors and Nurses in Health Care units.

Certain drawbacks of being part of the Healthcare system being:

1. Exposure to diseases; especially the caregivers involved in treating epidemics are at a potential risk of getting infected despite adhering to all the prescribed safety norms.
2. Shift work for Doctors and Nurses: As the Doctors and Nursing Staff work in rotational shifts they are unable to spend adequate time with their families making family relationships an issue.
3. Migration abroad for work: Down south in Kerala the growing trend is mother is abroad in say UK, father is placed in UAE and children are being cared for by the grandparents in India. This is leading to a cultural drift and children

who are probably fiercely independent yet lack the emotional strength that an individual derives from growing up in a structured family environment.

4. Noble? : For centuries Health providers were revered for their contribution towards facilitating existence, yet we have come to an era where the very concept of respect has dwindled as in case of any loss of life, the relatives are seen getting violent, causing damage to both the physical and mental wellbeing of the Doctor and devastating the infrastructure and equipment in the hospitals.
5. Political Pressure: In government hospitals, Municipal Council Corporators call for pressurizing the Doctors and it is difficult to function under such circumstances.
6. Lack of Appreciation: It's more of a maintenance worker job- Thankless job where for a job well done there is no guarantee of a pat on the back yet if a patient undergoing treatment succumbs to disease or complications thereof then it jeopardizes the safety of the treating physician.
7. Monetary discrepancy: A RMO- Resident Medical Officer in a government hospital will earn 2-3 fold more compared to a Private Hospital RMO
8. Private-Public divide: In the Public Sector a Hospital In-charge will be responsible for administrative tasks in alignment with treating patients which is an additional responsibility. In the Private Sector, an employee with MBA in Hospital Management will be responsible for similar tasks.
9. Limited Scope for growth: In government hospitals, the Medical Officer can rise up the hierarchy to be the Medical Superintendent and retire at that position. This is if the position is vacant, else becomes a Senior Doctor.
10. Age disparity: A Management graduate settles earlier in life, a Doctor will invest 5.5 years for graduation, then Post graduation followed by Super-specialization.

As an impact of these and more factors it is evident that healthcare industry is understaffed and over stressed. This leads to a number of lifestyle diseases that the Doctors and Nurses suffer from leading a percentile of the population away from choosing it as a career option.

1.2 STATEMENT DEFINING THE PROBLEM

As per a report published by Mckinsey & Co in 2010:

India's health sector is now at a crucial stage, India currently has 0.9 beds per 1000 people as against the global average of 3.3, requiring 100,000 additional hospital beds each year, at an investment of approximately INR 45,000 to INR 50,000 crore per year for the next 10 years. Moreover, there is a deficit of 1.4 million Doctors and 2.8 million Nurses in India.

This report clearly indicates that we need to take drastic steps to measure ways of retaining the existing task force.

Motivation is the force that makes individuals undertake tasks which is a result of intrinsic human needs being satisfied. Thus individuals have the inspiration to complete the task. These needs vary from person to person as everybody has their individual needs to motivate themselves. Motivation of Healthcare workers has great impact on output of the quality of service delivered in the hospital maintaining high level of motivation can help keep Healthcare workers committed to working hard and contributing as much value as possible to the Hospital.

Thus, we can say that the study undertaken will provide conclusive data with respect to retention of Doctors and Nurses in Healthcare units.

1.3 DEFINITIONS OF TERMS USED IN THE RESEARCH

1. **DOCTOR:** Refers to a Medical Practitioner registered with the Indian government Medical Council to treat patients from disease to health; includes Allopathic (MBBS), Ayurvedic (BAMS), Homoeopathic (BHMS), Unani (BUMS) Physiotherapists (BPth) who is the physician responsible for treating the patient and alleviating the suffering of the patient to bring them to a state of health or comfort.
2. **HEALTH CARE UNITS:** Refers to Hospitals either Public or Private that have 50 beds and Intensive Care Units.
3. **IMPACT:** Refers to the influence on the behaviour of Doctors and Nurses.

4. **INCENTIVE:** Refers to the thing- mostly money that encourages an individual to do something, here mostly monetary incentives are considered.
5. **MONETARY:** Pertaining to money
6. **MOTIVATIONAL:** Refers to providing reason to act in a certain way; Motivation is the process that accounts for an individual's intensity, direction and persistence of effort towards attaining a goal. (Organizational Behavior-Stephen Robbins)
7. **NURSE:** Refers to ANM, GNM registered Nurse who assists the Doctor in treating the patients. They are more in contact with the patients and can be referred to as the Primary Care givers.
8. **PRACTICES:** Refers to the actual application of idea or habitual way of doing something; Strategies and policies undertaken by Hospitals in order to retain their task force
9. **RETENTION:** Refers to the condition of keeping something- here it means to keep the workforce to retain the Doctors and Nurses in the hospital.
10. **SATISFACTION:** Refers to job satisfaction in terms of fulfillment of needs or wants and the happiness an Healthcare workers derives from undertaking this enterprise of work in the Hospital.
11. **STUDY:** Refers to detailed analysis or close observation in order to understand.
12. **Employees:** Refers to Doctors and Nurses who are an integral part of the healthcare system.
13. **OPD:** Out Patient Department
14. **IPD:** In Patient Department
15. **INCENTIVES:** Positive or negative, intrinsic or extrinsic factors influencing the performance and retention of Doctors and Nurses.
16. **MOTIVATION:** Want to work and complete the duties of a Doctor or Nurse efficiently.
17. **SUSTAINABILITY:** A continuing system of recruitment, training, and supervision of a cadre of Health taskforce in a community or district that meets its member or group health care needs.

18. **MOTIVATIONAL PRACTICES:** Refers to various measures undertaken by the policy makers in order to motivate the Doctors and Nurses.
19. **HUMAN RESOURCES MANAGEMENT:** Various practices undertaken by an organization from on boarding an employee to managing performance and handling the resignation with plan for substitution of the resource.
20. **WELFARE MEASURES:** Refers to facilities provided to the Healthcare workforce apart from remuneration to make their task easy and comfortable. Certain measures are skill development, provision of accommodation, and transport facilities creche for children, subsidised health care for families and Cafeteria

1.4 CHAPTER OUTLINE

| | |
|--------------|---|
| CHAPTER I | Introduction to the Topic |
| CHAPTER II | Review of Literature |
| CHAPTER III | Research Design |
| CHAPTER IV | Data Collection and Interpretation |
| CHAPTER V | Findings, Conclusion and Recommendation |
| Bibliography | |
| ANNEXURE | |

CHAPTER 2

REVIEW OF LITERATURE

To quote Kant: “Treat people as ends unto themselves rather than as means to an end.” Human Capital is the most crucial factor for the development and proliferation of any organization. There are many theories that highlight the theories of motivation. Over the years a lot of authorities have made attempts to understand the reasons why people do or not do what they are supposed to do.

Healthcare is a field that faces a major challenge of shortage of manpower. The concentration of healthcare services is in urban area creating a clear deficit in the rural area.

Per se in hospitals the role of HR is restricted to recruitment and payroll management. In industry or Corporate on the other hand a lot of activities are undertaken to enhance the performance of employees.

The research undertaken by Guest and Conway elicits that motivation of employees is high when organizations follow their Human Resource practices. Such employees feel secure and have work satisfaction.

Knowledge workers as per Tampoe have four key motivators

1. Self-Development
2. Decision making ability: democracy to determine course of action for delegated task
3. Goal attainment-Satisfaction derived by completing a delegated task.
4. Monetary gains- Social and self-motivation gained from achieving the money for which the task was undertaken.

In any company as per Katz and Kahn individual roles imply procedures earmarked to achieve set targets. Everything relevant to employment is not essentially earmarked in the papers and employees are expected to perform to the best of their ability.

Orientation theory highlights the aspects that contribute towards determining what influences decisions about work. According to this social environment is instrumental in impact on motivation.

We work in order to fulfill our basic needs and to attain a purpose for life. A major advantage of work is that it yields social status to individuals. There is a surreal sense of completeness that individuals derive from their work. Man being a gregarious animal seeks social interaction, a need fulfilled by work.

2.1 Historical Background

Hawthorne Effect

In 1920s with the advent of Scientific Management- a theory popularized by Fredrick Taylor, usage of time and motion studies gained momentum. The objective was to deduce tasks into smaller aspects so as to facilitate easy implementation by the workers. Thereafter execution happened in the exact manner like automatons.

Surprisingly what evolved were an experimenter effect and a social effect. The experimenter effect accrued that implementing changes was perceived by the workers as an indicator of concern for their wellbeing by the Management which aided morale building and enhanced productivity. The social effect also led to enhanced productivity.

Novelty effect

With respect to human performance introduction of new technology leads to enhanced performance due to increased interest.

Equity theory is concerned with the perceptions people have about how they are being treated compared with others. Equity theory states, in effect, that people will be better motivated if they are treated equitably and demotivated if they are treated inequitably. It explains only one aspect of the process of motivation and job satisfaction, although it may be significant in terms of morale.

2.2 The Linkage of Money, Satisfaction and Motivation

In the book *Managing Organisational Behaviour* it is mentioned about the jobs Achiever's prefer and their offerings are Personal Responsibility, Feedback and Moderate Risks. There is also mention of the Minnesota Satisfaction Questionnaire which talks in depth about the Parameters that define satisfaction with the job in perspective.

The Work Motivation exercise paved the way forward for designing the Questionnaire by providing insight to the various factors that actually influence individuals at the workplace.

Now if this were to be compared with the Integration of Content Theories- it demonstrates that simultaneously more than one need can be operational and Higher and lower level needs are inversely proportional to each other.) and McClelland's Theory of Needs (For Achievement, Power and Affiliation) it is justified to state that the aforementioned is an amalgamation of the enlisted detailed theories.

To harbor a clear understanding of motivation as the subject pertains to studying motivational practices, some other theories were also studied.

Cognitive Evaluation Theory states that the level of motivation tends to decrease if extrinsic rewards are allocated for behaviours that have previously been intrinsically rewarded which may not be applicable to non-conventional jobs like musicians.

Intrinsic motivators like accomplishment, accountability and proficiency are not related to extrinsic motivators like advanced reimbursement, preferment, respectable administrator dealings and satisfying working conditions.

Now it is observed that in the Healthcare sector in India the Supervisor's role is mainly restricted to allocating shifts in case of nursing staff and a proper feedback mechanism per se does not exist. There is an aura of negativity associated with death which is a part and parcel of the job of the workforce in question here the Doctors and Nurses so pleasant working conditions would majorly relate to the behavioural aspect

and not the physical work environment. It is expected that hygiene and cleanliness are a part and parcel of the hospital- the work area of the workforce.

Competence in this regard is more subjective than objective as with what barometer is one to judge the sutures that are closing the gaping wound of a patient or whether the intra-catheter a nurse has applied to hydrate the patient is in the right vein and will not be out so to say.

Medico-legal Cases are on the rise and there is physical threat to the Doctors as in case of death of patient the relatives are creating havoc.

Unless there is gross visible negligence or wrong treatment is used, it is not difficult but impossible to transfer the blame to the treating physician.

Roethlisberger and Dickson (1939)

Classic Study on Worker Performance elicited that due to being monitored by manager, the workers' social need was satiated, as a consequence of which they performed better. Performance is influenced by regular feedback and being paid for your work approach, however social need is not a parameter.

Organisational development will be beneficial in implementing a symphonic atmosphere which yields better results.

Man is governed by Newton, so like begets like. It is observed that motivated employees are by and large more productive, faithful and devoted.

Sustainable development goals (SDGs), can be attained by

1. Imparting knowledge that upgrades existing skill sets.
2. Communication technology to augment people-centred health services
3. Investment in Healthcare Sector for creating jobs
4. Changing the focus of healthcare to economic, preventive, comprehensive community-based
5. Promote inter-sectoral co-operation and partnerships at national, regional, and international levels, involving society, health workers and the private sector

The High-Level Commission on Health Employment and Economic Growth (2016) argued against a business-as-usual approach to health worker recruitment and retention, given projected shortages of 18 million by 2030.

Based on the commendation of the Commission the following can be undertaken.

1. Elimination of gender bias in education and employment.
2. Facilitate rural health force to cater remote rural communities
3. Curating financially viable jobs in healthcare
4. Incorporating the framework for achieving universal health coverage

From the ancient time Healers are revered by both Kings and the Common man. Alas that which is revered is always sparse. And so the legend survives... In the modern era we refer to Healers as Physicians, Doctors, Specialists and Super-specialists and Nurses who help them. They together form the elite Community we call Healthcare Workers.

When we as a Nation intend to achieve the World Health Organisation's Goal of 2018 and 2019- Health For All-Universal Health Coverage Everyone Everywhere... The question arises as to whether we have the required number of Doctors and Nurses for the entire population in order to achieve this goal? What started as a Quest to know blossomed as a journey of understanding the facets of human nature and government policies and their impact on the citizen?

“Health is a nation-building strategy,” said the Director-General of the World Health Organization. Health workers are the cornerstone of effective and equitable health services. By increasing the numbers and skills of health workers, at the same time as working to enhance their equitable distribution, countries across the WHO South-East Asia Region are improving the quality and reach of health services and advancing the quest to achieve universal health coverage.

According to the Tenth 5 Year Plan (2002-2007) One of the major factors responsible for poor performance in hospitals is the absence of personnel of all categories who are

posted there. To reiterate: A major percentage of AIIMS graduates in the millennium have settled in US and UK.

As per 2012 WHO Report Bangladesh, Bhutan, India, Indonesia, Nepal and Myanmar have a critical shortage of trained health workers. These countries have fewer than 23 health workers (doctors, nurses and midwives) per 10 000 population which is considered the minimum health workforce needed to achieve 80% coverage of essential health interventions.

A 2010 study purported for every 1000 individuals the global bed average was 3.3 and in India it was 0.9 implies that 100,000 additional hospital beds annually for healthcare provision. There is a deficit of 1.4 million Doctors and 2.8 million Nurses in India.

The 2030 Agenda for the 17 Sustainable Development Goals – or SDGs includes augmenting the health workforce through recruitment of staff nurses, lab technicians and specialist doctors. It includes actions to enhance the range of services offered, from increased numbers of ambulances on the roads to more readily available cancer screening and treatment services. And it also includes improved access to medicines and increased financial protection.

Progress towards the Sustainable Development Goals: A selection of data from World Health Statistics 2018 states that

SDG3: Ensure healthy lives and promote well-being for all ages

Target 3.c: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least -developed countries and small-island developing States

In the period 2007 – 2016, 76 countries reported having less than one physician per 1000 population. In the same period, 87 countries reported having fewer than three nursing and midwifery personnel per 1000 population.

‘Migration of Doctors and Nurses from India: WHO Global Code of Practice on the International Recruitment of Health Personnel’, at New Delhi on 28 August 2015. Mr Ali Raza Rizvi, Joint Secretary, highlighted the importance to improve information on health workforce in India. He also informed the participants that medical and nursing councils have been asked to establish live registers that will provide updated data and information on health workforce and also migration of health personnel.

Human Resources for Health: There is a need to align decisions regarding judicious growth of professional and technical educational institutions in the health sector, better financing of professional and technical education, defining professional boundaries and skill sets, reshaping the pedagogy of professional and technical education, revisiting entry policies into educational institutions, ensuring quality of education and regulating the system to generate the right mix of skills at the right place.

The key principle around the policy on human resources for health is that, workforce performance of the system would be best when we have the most appropriate person, in terms of both skills and motivation, for the right job in the right place, working within the right professional and incentive environment.

Medical Education: The policy recommends strengthening existing medical colleges and converting district hospitals to new medical colleges to increase number of doctors and specialists, in States with large human resource deficit. The policy recognizes the need to increase the number of post graduate seats.

Policy proposes financial and non-financial incentives, creating medical colleges in rural areas; preference to students from under-serviced areas, realigning pedagogy and curriculum to suit rural health needs, mandatory rural postings, etc. Measures of compulsion- through mandatory rotational postings dovetailed with clear and transparent career progression guidelines are valuable strategies.

Mid-Level Service Providers: For expansion of primary care from selective care to comprehensive care, complementary human resource strategy is the development of a

cadre of mid-level care providers. This can be done through appropriate courses like a B.Sc. in community health and/or through competency-based bridge courses and short courses. These bridge courses could admit graduates from different clinical and paramedical backgrounds like AYUSH doctors, B.Sc. Nurses, Pharmacists, GNM, etc and equip them with skills to provide services at the sub-centre and other peripheral levels.

The policy recognises the need to improve regulation and quality management of nursing education. Other measures suggested are - establishing cadres like Nurse Practitioners and Public Health Nurses to increase their availability in most needed areas. Developing specialized nursing training courses and curriculum (critical care, cardio-thoracic vascular care, neurological care, trauma care, palliative care and care of terminally ill)

This is a brief summation of measures undertaken by the Government of India and the current scenario with reference to World Health Organisation.

2.3 Impact of Organisational Practices on Performance

The employees were positively affected by toward higher productivity with the provision of job security, salary fixation, reward for good work, recognition etc. It is suggested that in order to motivate employees, a specially tailored compensation plan would be more effective. Well perceived fringe benefits make the employee more loyal & committed. The manager must understand the nature of employee behaviour and how best to motivate them so that they work willingly and effectively.

By and large satisfaction and motivation are both sides of the coin we call performance. The parameters that determine satisfaction constitute the environmental factors in terms of both human and material constituents. The environment should be conducive for work in terms of good work practices, availability of requisite equipments for functionality. Having a good rapport with colleagues, subordinates and superiors gives a psychological feel good for the individual that helps in enhancing performance.

Variety of factors acts as the job motivational and de-motivational factors for health care staff. Those factors that affect their dedication regarding professional behaviour and forcing them to find out some alternate ways to get job satisfaction. Consequently there is a considerable attrition of skilled health manpower. Developing countries are not utilizing considerable resources and missing opportunities to improve the health of their populations. Non availability of health manpower is an obstacle to health improvements, especially for poor people who lack alternatives.

The current motivational determinants for Community Health workers in a Kenyan district are recognition by the community members, skill development, provision incentives and supervision. The perceptions of the CHWs on retention include; community support and health care system support. Prompt provision of the working materials for the CHWs like bags, CHWs kit, and reporting materials; harmonize the workload for the CHWs in order to improve on quality of care.

The study concluded that both material incentives like T-shirts, Insecticide Treated Nets, bicycles and financial incentives among others, contribute to retention of CHWs. Other incentives that are essential for retention of CHWs include continuous trainings, working materials and supervision. Recognition by the community members and family support plays an important role towards motivation and hence retention of the community volunteers.

2.4 Health Services

Health services are affected by a number of factors including availability of human resources, health infrastructures and health delivery system. Human resource is a vital component in delivering health services. Health systems cannot function effectively without sufficient numbers of skilled and motivated health workers. Job satisfaction can build up employee motivation and performance which will increase productivity and efficiency.

A research purported that if the Management policies were rigid towards the staff it amounted to dissatisfaction of healthcare workers. It suggests that the stakeholders in hospitals need to factor the contentment of the health task force towards work undertaken by them. This will certainly help the hospital management in attaining

their goals in terms of achievement of service parameters and having less number of dis-satisfied patients.

Job pleasure is an end product of fulfilment of needs- physiological, psychological and social. Any organisation with happy employees has a greater chance of achieving targets as compared to those with unhappy constituents. The eminence of healthcare services is determined by satisfaction quotient of employees. Care giving is a personalised service, if providers are in a good mind frame by virtue of meeting with their expectations, the service they provide will be exceptionally good. This is also equally applicable to the Doctors. A doctor is in the role of a care giver and hence his/her satisfaction is based on quality of care provided to the patients getting treated. In Management terms certain motivators are remuneration for work and additional incentives earned for the same. Hence it is imperative that the same be implemented in some form in the healthcare sector to enhance the efficiency and effectiveness of the health task force.

It is observed that healthcare workers in the Public hospitals have lower satisfaction indices. They are not overtly happy about the facilities availed by them. In order to boost their morale it is imperative that their say be factored in improving their quality of life at work to yield better healthcare matrices.

2.5 Inspired Staff Make the Difference in Difficult Times

In the health care field, engaged and motivated employees make the difference in patient care. From her years as a nurse and executive working in hospitals, Dr.Manion emphasizes that it is hospital leaders who hold the key to promoting passion in employees for their work, thus retaining essential talent and saving the organization money. By establishing a workplace that promotes well-being, leadership can inspire staff, resulting in loyalty to the organization and to the patients and their families. “If you have engaged workers who are happy to be there, who feel happy about what they do, who feel respected, who feel honoured, then they treat people the same way: It ripples. Patients can pick up unhappiness in employees in a nanosecond.” She urges leaders to know and understand their employees.

Also, through workforce mapping, HR leaders can better understand the demographics of the workforce, learn who plans to retire in five years and then be able to look to the future for retention and hiring. The quality of patient service depends on an inspired and motivated staff.

Source: *The Engaged Workforce: Proven Strategies to Build a Positive Health Care Workforce* (American Hospital Association, 2009)

The Ashridge Business School, one of the world's leading business schools, conducted a study about motivation from the employee viewpoint. While financial rewards were often mentioned, the most common were intrinsic motivators. The top most important motivator was the work itself, followed by the need for work to be challenging and interesting as well as valued and recognized by the organization. The key motivators were praise and recognition from the manager and the organization, and celebration of success.

The study also found that a very important theme is the employee desire for autonomy and freedom to do his or her job, the ability to make decisions and the authority to deliver the work in a way the employee considers the best. Another important employee motivator is being trusted to get the job done—without being micro-managed. Other key themes are communication, objectives and goals, and a shared vision. Ultimately, the quality of leadership is paramount to good employee morale.

In their 2002 book, *Driven: How Human Nature Shapes Our Choices*, researchers Paul R. Lawrence and Nitin Norhia identify four basic emotional needs / drives. These drives, based on research in cross disciplinary fields such as biology, evolutionary psychology and neuroscience, are: 1) *acquire* (obtain scarce goods, including intangibles such as social status); 2) *bond* (form connections with individuals and groups); 3) *comprehend* (master the world around us); and 4) *defend* (protect against external threats and promote justice). Using these four drives, Nitin Norhia, Boris Groysberg and Linda-Eling Lee developed a new employee model for motivation, published in *Harvard Business Review*. They conducted two major studies to find out what actions managers can take to satisfy these drives and increase employee motivation.

Performance management and resource allocation are tools that can increase the transparency of all processes, thereby emphasizing fairness and building trust. Ultimately, culture, performance, engagement, job design and reward systems need be aligned to maximize motivation.

Cam Marson, author of *Motivating the “What’s in it for me” Workforce*, notes that while Millennials expect to be accommodated by their employer, it is strongly recommended that young workers learn everything they can from the older generations. He points out that the Millennial workers have a responsibility in the work relationship, too, and that it is not all about them.

Drive: The Surprising Truth About What Motivates Us. In his 2009 book, author Daniel H. Pink states, “The secret to high performance and satisfaction—at work, at school, and at home—is the deeply human need to direct our own lives, to learn and create new things, and to do better by ourselves and our world.”

Psychological Capital: Developing the Human Competitive Edge. In their 2007 book, researchers Fred Luthans, Carolyn M. Youssef and Bruce J. Avolio present their PsyCap theory with a compelling view of factors critical to motivation and performance. Resilience is a key component of PsyCap, defined as “the capacity to rebound or bounce back from adversity, conflict, failure, or even positive events, progress and increased responsibility.”

HR leaders need to be in touch with what is important to employees and to work with senior management to foster a motivated workplace based on trust, recognition and acknowledgment, for optimal engagement and performance.

Globally topographical dispersion of the health task force is lopsided to the greener pastures, developed sector of the world that provide better facilities and work conditions as compared to the rural or underdeveloped sector that boast of lack of facilities and relatively extreme working conditions.

A lot of interpolations have been considered to resolve the challenges faced by health task force in the under developed areas. It was observed that a potential solution to this grave issue of finding people to work in the rural area and keeping them happy with work there can be in the form of reframing the reasons why an individual would choose such form of work to begin with. Also there is a huge gap between demand and supply that needs to be addressed, as happy employees mean retained employees. Excessive concentration of health care professionals in urban areas might also be contributing to overutilization or inappropriate uses of services, such over-prescription of drugs or laboratory tests, leading to wastage of scarce resources (Serneels et al., 2010; Chen, 2010).

The challenge for the policy makers is to design an appropriate set of incentives which are both politically feasible and financially affordable, and which create an environment that encourages health workers to stay in rural and remote areas and continue their practice.

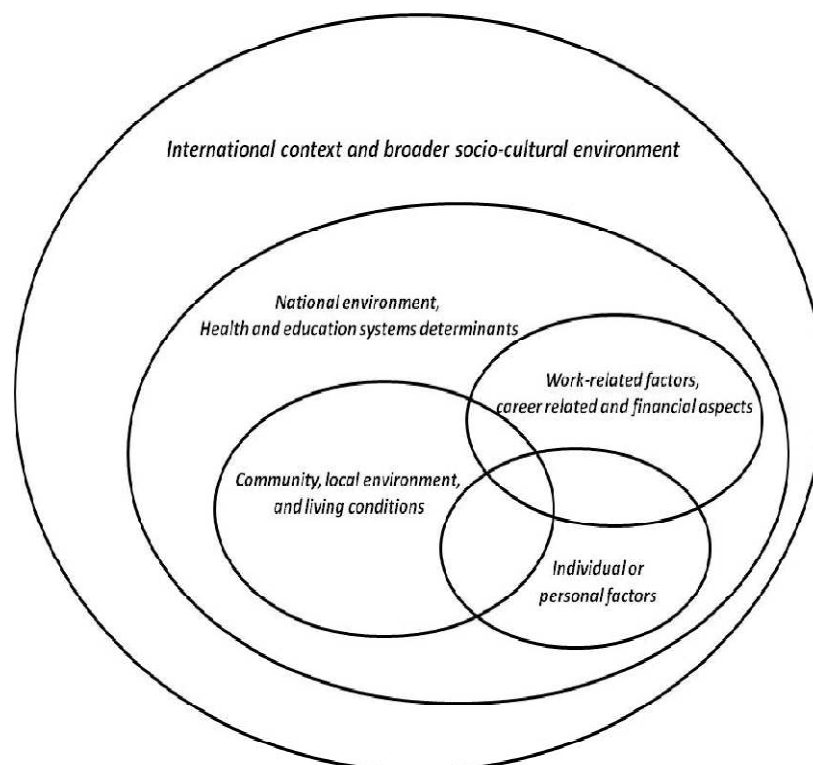


Figure 2.1: Factors Influencing Attraction and Retention of Health Workers

Source: Adapted from Lehmann et al., 2008; p.4.

Integration of Content Theories

| | | | |
|---|-------------------------------------|-------------------|----------------------|
| Motivational Factors | Self Actualisation Needs | Growth Needs | Need for Achievement |
| <ul style="list-style-type: none"> • Achievement • Work itself • Responsibility • Advancement • Growth | Self Esteem Esteem Needs | | |
| | Recognition | Respect of Others | Relatedness Needs |
| Hygiene Factors | Belongingness Needs | | |
| Supervision Interpersonal Relationship | Interpersonal Security | Existence Needs | Need for Affiliation |
| Job Security Company Policies | Security Needs Physical Security | | |
| Pay | Physiological Needs | | |
| Working Conditions | | | |

Source: Gregart Moorhead and Ricky W. Griffin, Organisational Behaviour, p. 146.

Figure 2.2: Integration of Content Theories of Motivation

2.6 Indian Scenario

India showcases an enigma; on one end we have the strongest contenders of the pharmaceutical industry catering to over 100 nations thus earning the moniker of “pharmacy of the world”. A country which is home to a rich Medical heritage of Ayurveda that has proliferated Medical Tourism with state of art care giving facilities and tourists from world over seeking expert guidance and care. On the other end we see the delicate state of healthcare- a vast majority of the population being deprived of basic healthcare. With spread of generic drugs however the situation is changing at a snail’s pace but due to Primary Health Centres, we have health for all as a goal in achievement.

The shortfalls of the Indian healthcare system are deficit of man, machine and materials in healthcare. World Health Organisation has laid down guidelines to modify health systems by improving

1. Facility provision
2. Health taskforce skill development
3. Utilisation of data for enhancing processes
4. Medical merchandises and equipment;
5. Fund utilisation
6. Role of authority and direction

Organizational Citizenship Behavior is influenced by Job Satisfaction and is a determinant of performance standards.

2.7 Human Resources for Health (HRH) Program

The World Bank upon identification of the shortcomings of the health Sector- both Services and workers earmarked the inadequate availability of health services and health workers leading to discrepancy in the health systems. To counter this The Human Resources for Health (HRH) program was curated to critical upstream analysis to gain information on the policy and contribute to performance enhancement of the same in unbiased and viable method.

Consideration of empirical studies of motivation reiterated that individuals are affected by certain parameters with respect to the work undertaken by them; interaction with colleagues, work environment, career advancement opportunities, incentives, management policies. As per a research in Vietnam, the main motivating factors for health workers were appreciation by managers, colleagues and the community, a stable job, income, and training, while the primary factors for dissatisfaction were low salaries and difficult working conditions.

A parallel study in Jordan and Georgia found that the two countries exhibited many similarities among key motivational determinants, including self-efficacy, pride, management openness, job properties, and values; yet, some differing results showed the significance of local culture on motivational issues.

2.8 National Health Policy in India

In order to improve India's health outcomes, more so in the rural areas it is imperative that the Private and Public Sector complement each other with a common objective to achieve Health for All. The National Health Policy through the National Health Assurance Mission will give insight to understanding the low employability ratios in public sector and also throw light upon various modes of changing the existing scenario.

A plausible solution to meet the physician shortfall can be:

1. A comprehensive national healthcare human resource policy needs to be developed.
2. Increase public healthcare spending substantially from the current 1% of GDP, including spending more on human resources in health.
3. Institute systemic changes that provide for greater autonomy and authority for public sector Doctors.
4. Increase emphasis and spending on evidence building. There is very little Indian research on factors that affect physician motivation and satisfaction, especially in rural public sector settings, where the greatest scarcity and needs lie.

2.9 The Role of the Health Workforce in the Health Care System

Health system per se is affected by health workers with low morale. This has a major influence on healthcare practices in the rural areas. As this percentage of health task force faces maximum hardships and have relatively lower gains both monetary and otherwise. So this results in attrition with individuals seeking job opportunities elsewhere in and outside the country. They may also opt out of their profession and seek other means of livelihood.

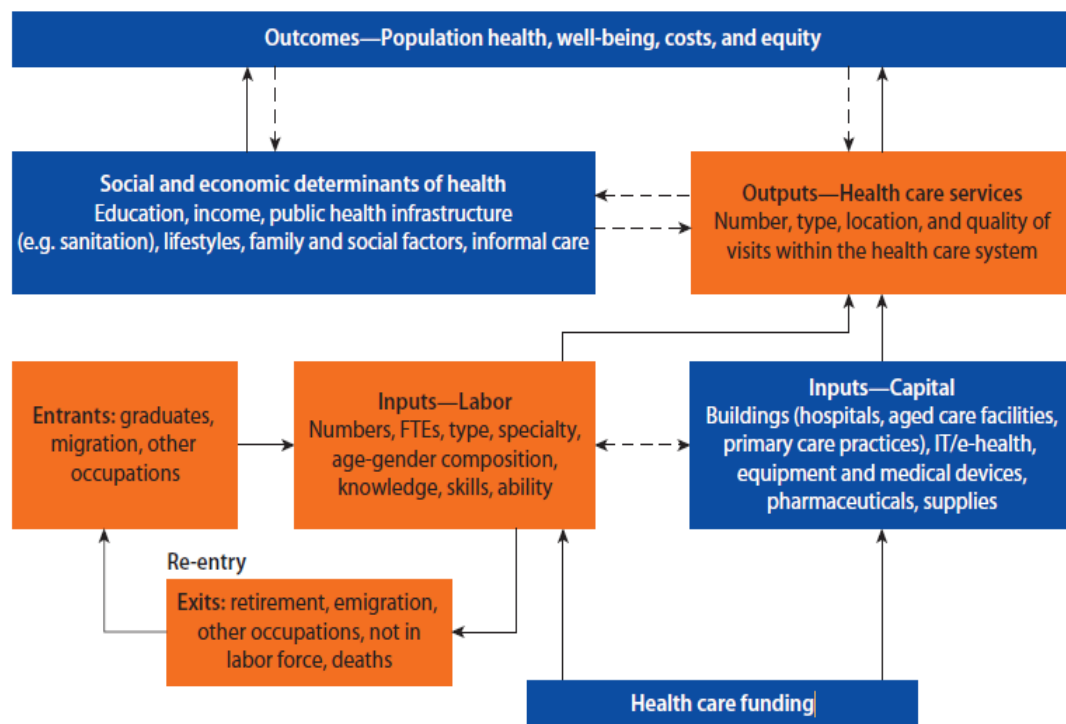
Certain issues are found to cause health worker dissatisfaction like; problems with career development, salary and working/living conditions; are also reasons health workers becoming unmotivated. A commonly mentioned demotivating factor in case of health workers in rural region is limited career development opportunities. It was observed in a study of Doctors in a South African hospital that inability to up skill existing knowledge was a major deterrent in satisfaction with work. One of the

reasons was lack of connectivity due to remote locations. We can factor this knowledge by organising periodic Seminars for the Health workforce.

As the roles are specific Career advancement is restricted, this is another challenge that needs to be tackled creatively. In order to build their morale periodic appraisals need to be undertaken and apparent promotion procedures are to be avoided.

It is evident that interpolations in health worker labour market target at refining health of the population with restricted means in order to gain equity objectives vis-à-vis efficiency and equity. The primary question is the scalability of the magnitude, dispersal and efficiency of the health workforce needs to be studied with reference to all the factors in the framework.

In Government hospitals in India it is observed that, vacancies are not filled due to operational insufficiency leading to enhanced work hours for existing task force. In rural areas there is evident lack of Supervision or feedback. Hence even if feedback is received growth prospects are limited.



Source: Scott et al. 2011.
 Note: FTE = full-time equivalent; IT = information technology.

Figure 2.3: The Role of the health workforce in the health care system

The structure stipulates contributions, yields, and consequences (including costs).

According to the HR Head of International Development Organisation in Honduras, Motivated employees have longer work tenure with an organisation and “A motivated employee generally remains with the organisation for a longer period of time, and optimum utilisation of organisational resources can be done by decreasing the turnover ratio.

Irrespective of the association, mission, size and extent of operations, problems of low morale and low motivation of staff and volunteers occur in varying degrees in NGOs. Employee morale is influenced by the culture of an enterprise, assembly, governance, vision and mission, and management processes. There is significant impact of global, national, and community influences in encouraging employees.

The research indicates that low remuneration, uncertainty of the job, increased employment opportunities elsewhere, issues of personal safety and security, lack of respect and appreciation, under employment, lack of development opportunities, work culture within the workplace and non-alignment of values account for low employee motivation and high turnover. Widespread disparities were observed in cross functional analysis of NGOs in Honduras, India, Kenya, and Pakistan. Concrete solutions are offered such as culturally applicable activities and incentives, the proactive engagement of staff and volunteers in dialogue, as well as using a mix of incentives. However, the solutions suggest that they are all aimed at one thing: addressing the personal and professional needs of employees.

Health worker retention is beneficial as it cuts budgets of the health system in terms of recruitment, hiring, then orienting new workers and it also condenses the probability of vacant posts. Various studies reveal: several countries currently experience a shortage of qualified health workers, the loss of any health worker—especially Doctors and Nurses—has grave implications for the well-being of people in that country. Thus, having contented and motivated health workers helps the entire health system to function efficiently.

The term 'job satisfaction' refers to the attitudes and feelings people have about their work. Positive and favourable attitudes towards the job indicate job satisfaction. Negative and unfavourable attitudes towards the job indicate job dissatisfaction.

Morale is often defined as being equivalent to job satisfaction. Guion (1958) defines morale as 'the extent to which an individual's needs are satisfied and the extent to which the individual perceives that satisfaction as stemming from his (*sic*) total work situation'.

It is observed that there is a disproportion with respect to requirement of Doctors in the rural part of India. Government has undertaken optimum measures to rectify the situation but it persists. If a plausible solution to this issue is to be yielded then the concerned Ministry ought to modify its manpower-management policy.

Certain measures like compulsory serving in a rural hospital for a year are helping but the shortfall in remote location persists. Turnover ratios can be effectively curbed by addressing the issues of pay scale discrepancies, incentives that are not awarded and lack of recognition for efforts rendered in service.

There should be careful reconsideration of existing healthcare policies to ensure that the outcomes can be worked upon. Retentive policies by the government to encourage existing health task forces needs to be undertaken.

Cost benefit analysis of existing practices ought to be undertaken by policymakers for unbiased assessment. Judicious communication is imperative to pledge appropriate prospects are set for the health workers.

The major influence on migration is security for near and dear ones, affordable livelihood and job satisfaction. Lack of inherent development opportunities is cited as a major factor for migration of Doctors. The appointment of Medical Staff on contract basis in the public service was originally thought to keep costs down, but according to one respondent, this approach "did the greatest harm to the profession and the medical future of India."

Retention of health task force reduces the burden on healthcare budget and reduces the insufficiency caused by lack of manpower. Human welfare index is affected by deficit of healthcare providers in a community. Thus, having contented and motivated health workers helps the entire health system to function efficiently. India faces a critical shortage of government Doctors in rural and underserved areas. Several measures have been introduced to address the shortage, but significant problems still remain.

To resolve this issue:

1. Hasten the pace of recruitment process
2. Welfare measures to be adopted to nullify job insecurity
3. Introduction of comparative wage structure and pension schemes in both public and private sector.

In order to avoid dire consequences, we need to focus on improving the practices and policies to have a satisfied and retained health task force. An amalgamation of policies of private and public practices will benefit the situation.

CHAPTER 3

RESEARCH METHODOLOGY

Research if bifurcated means to seek or find again, re- search; that is re means again and search means to seek or to look for in order to get new information. For any study that is undertaken to understand how a set of factors or single factor has comprehensive impact on the issue in question. A researcher needs to be careful about the choice of tools and methods to be used for undertaking the study. Any research is undertaken with certain objectives in mind. It is these parameters that set the direction for the plan of action for the study.

Here an attempt is made by the researcher to elaborate the steps undertaken, tools used and nature of the study. Healthcare is a vast domain, using a geographical region as point of reference an attempt is made to understand the affecting factors that will aid in formulating retentive practices to improve the health indices of the population.

3.1 RESEARCH PROCESS

The following steps constitute the research journey of comprehending the issue in question:

3.1.1 REVIEW OF LITERATURE

An attempt to understand more about the subject using knowledge of established theories, research done on the subject elsewhere in the world, in India as reference, that sets the ground so reinventing the wheel is not done, instead using the knowledge gained by others it is determined what course of action is to be undertaken.

3.1.2 STATEMENT OF THE PROBLEM

As per a report published by Mckinsey & Co in 2010:

India's health sector is now at a crucial stage, India currently has 0.9 beds per 1000 people as against the global average of 3.3, requiring 100,000 additional hospital beds each year, at an investment of approximately INR 45,000 to INR 50,000 crore per year for the next 10 years. Moreover there is a shortfall of 1.4 million Doctors and 2.8 million Nurses in India.

This report clearly indicates that we need to take drastic steps to measure ways of retaining the existing task force.

The need of the hour with respect to aforementioned statistics is to incorporate practices that will reduce the turnover ratio of healthcare providers and help to retain them in their existing place of work.

Thus, we can say that the study undertaken will provide conclusive data with respect to retention of Doctors and Nurses in health care units.

3.1.3 RESEARCH OBJECTIVES

The following are the objectives of this Research:

- i. Study of Motivation practices and its impact on retention of Doctors and Nurses in Health Care units
- ii. To study the differences in variables that affect the Motivation of Doctors and Nurses in Health Care units
- iii. To measure the impact of monetary and non-monetary Motivational practices on the retention of Doctors and Nurses in Health Care units
- iv. To study and provide the necessary guidelines that can be adopted while planning the Human Resource Management Practices of Health Care units so as to retain the task force of Doctors and Nurses.

3.1.4 HYPOTHESES

This study of **To Study Motivational practices and its impact on retention of Doctors and Nurses in select Healthcare Units in Pune region** conducted to analyze the various aspects related to employee's motivation responsible for the employee retention. The following hypothesis can be drawn related to this study.

Hypothesis 1.1

- *Null Hypothesis:* Provision and awareness of Welfare measures in Healthcare Units do not significantly motivate Doctors.
- *Alternate Hypothesis:* Provision and awareness of Welfare measures in Healthcare Units significantly motivate Doctors.

Hypothesis 1.2

- *Null Hypothesis:* Provision and awareness of Welfare measures in Healthcare Units do not significantly motivate Nurses.
- *Alternate Hypothesis:* Provision and awareness of Welfare measures in Healthcare Units significantly motivate Nurses.

Hypothesis 1.3

- *Null Hypothesis:* Provision and awareness of Welfare measures in Healthcare Units do not significantly motivate Doctors and Nurses.
- *Alternate Hypothesis:* Provision and awareness of Welfare measures in Healthcare Units significantly motivate Doctors and Nurses.

Hypothesis 2.1

- *Null Hypothesis:* Monetary incentive does not significantly motivate Doctors in Health care units
- *Alternate Hypothesis:* Monetary incentive significantly motivates Doctors in Health care units.

Hypothesis 2.2

- *Null Hypothesis:* Monetary incentive does not significantly motivate Nurses in Health care units
- *Alternate Hypothesis:* Monetary incentive significantly motivates Nurses in Health care units

Hypothesis 2.3

- *Null Hypothesis:* Monetary incentive does not significantly motivate Doctors and Nurses in Health care units
- *Alternate Hypothesis:* Monetary incentive significantly motivates Doctors and Nurses in Health care units.

Hypothesis 3.1

- *Null Hypothesis:* Motivational practices have no significant impact on the retention of Doctors in Health Care Units

- Alternate Hypothesis: Motivational practices have significant impact on the retention of Doctors in Health Care Units

Hypothesis 3.2

- Null Hypothesis: Motivational practices have no significant impact on the retention of Nurses in Health Care Units
- Alternate Hypothesis: Motivational practices have significant impact on the retention of Nurses in Health Care Units

3.2 METHODOLOGY

The methodology followed for conducting the study includes the specification of research design, sample design, questionnaire design, data collection and statistical tools used for analyzing the collected data.

Samples were collected from 26 different private and public hospitals in Pune city. Individual Doctors, Nurses and admin staff were part of this study. And analysis of the responses was done thereafter.

3.2.1. Research Design

Exploratory Research Design was used to undertake the study. A mix of qualitative and quantitative tools was used for the research. A comprehensive list of parameters that motivate individuals' viz., Intrinsic Factors and Extrinsic Factors was collated. In order to avoid ambiguity none of the prevalent motivational theories will be taken into consideration. These works by stalwarts purport factors that limit the purview of the study. Primarily to formulate the Questionnaire, a Pilot Survey was conducted. A comprehensive list of factors that motivate Doctors and Nurses in Healthcare units in Pune region was studied.

The Doctors and Nurses present in the hospital at the time of Survey were considered for this study. Interviews with Hospital Administrators were used as Frame of Reference to draw conclusions at the end of the Research process.

Primary and secondary research was conducted for the study. Secondary research includes the literature review and collection of quantitative and qualitative facts in the public domain and on online research papers and other online resources. Primary research includes the in-depth interviews of each representative sample of work force; based on which a questionnaire was prepared to record the response of representative sample of work force to determine which Motivational factors help in retaining Doctors and Nurses in Health care units.

3.2.2. Activity Framework

Desk Research

After summarizing the knowledge gained from the study of Literature pertaining to the subject, the Research objectives and Hypotheses for the study were formulated. Different questionnaires were studied and in conjecture with the hypothesis the formulation of questionnaire was undertaken.

Pilot study yielded the reference for final questionnaire design.

Field Research

Permissions were sought from various private hospitals. PMC and PCMC permissions were obtained in order to administer the questionnaire. Primary data was obtained by interaction with the study group and filling out the questionnaire.

Preliminary Qualitative Research Data Collection

Guidance from stalwarts in the field was resorted to for better understanding of the issue at hand and to comprehend their perspective about plausible solutions to the problem in question.

Questionnaire Design

Based on inputs of experts, Pilot study inferences, Literature Review, using the Likert Scale both objective and subjective questions were framed.

Research Study

On the basis of inputs gained from the Pilot Study, study of various questionnaires, three questionnaires were administered to the health taskforce of 26 hospitals in and around Pune region.

Data Analysis and Interpretation

Microsoft Excel was used to collate the data for better understanding and SPSS 17 was resorted to for further work on the data.

Thesis writing

The Chapter plan was already in place. Over the period of research various perspectives evolved in understanding the Research Topic which was thereon expressed in a constructive manner.

3.3 RESEARCH SAMPLING

Population – The study takes into consideration hospitals in Pune region.

Sampling Unit – Hospitals both private and public in and around Pune city are considered for the study.

The qualifying criteria for a hospital to be included as a Sample Population are:

- Hospitals with more than 25 staff in workforce including management, Doctors, and Nurses
- Hospitals with minimum 50 beds for treatment

Sampling Frame- Doctors, Nurses and Administrative staff of both Private and Public hospitals in and around Pune city.

Sample Size:

The responses from 169 Doctors and 281 Nurses are considered for motivational factors analysis means total sample size is 450. Also one administrative staff from each hospital is considered for administrating the organizational policies, total 26 hospitals visited to collect all this data.

Sampling Technique: Purposive sampling was used for the Research.

Sampling Technique

Selection of Hospitals – 50 plus Bedded Hospitals were selected. The Hospitals that granted permission were selected for the study in both PMC and PCMC.

Selection of respondent - A technique of purposive sampling was administered for canvassing the questionnaire to the selected categories of respondents i.e., Doctors and Nurses present in the Hospitals were selected for the study.

Data Collection Method

Primary Method

Interview – In order to collect relevant information pertaining to various issues about motivation and the hospital's policies, an interview technique was administered for Admin Staff of each hospital.

Questionnaire –Combination of questions based on Likert scale and Subjective open-ended questions were administered for designing the questionnaire to get the measurable output from the questions. The set of questionnaire was filled by both Doctors and Nurses.

Statistical Tool used for Data Analysis – Data collected from primary source was tabulated and then analysed using SPSS 17.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The Questionnaire sets were distributed to the target group of Doctors, Nurses and the hospital administrators i.e. Samples collected from twenty six different hospitals. Individual Doctors and Nurses were part of this study. And the hospital administrator responses were used for some relevant and important information regarding policies of the hospital. After that all responses and information were used for the study of motivational practices and its impact on retention of Doctors and Nurses.

MS Excel was used for Tables and Graphs and data analysis was undertaken using SPSS 17.00.

TABLE No. 4.1: Number of Respondents

| | Doctors | Nurses | Hospital Administrator |
|--|---------|--------|------------------------|
| Total Questionnaires Distributed | 200 | 300 | 26 |
| Total Questionnaires Received | 169 | 281 | 26 |
| Response Rate | 84.5% | 93.66% | 100.00% |
| Total Questionnaires Considered for Analysis | 169 | 281 | 26 |
| No Of Questionnaires Discarded | 0 | 0 | 0 |

Source: Primary Data

The technique used in this study was to collect first-hand data that is primary data. A set of questionnaire was formed for Doctors and Nurses and for administrator informative sheet was provided.

The questionnaire was divided into three parts **{Questionnaire is attached as Annexure A at the end of the thesis}**

- a) *First part Section A consists of Demographic Information* i.e. Primary information regarding Respondent's Name, Age, Designation, Department, Organization details, Education, Work setting and experience.
- b) The second part of the questionnaire constitutes the crux questions related to *various behavioral factors with respect to motivation and retention.*

- c) Satisfaction level and retentive policy related suggestions from the respondents are highlighted in the last part of the questionnaire

In the data analysis and interpretation, we analyzed data separately for Doctors, Nurses and Admin staff in 5 sections which are detailed below.

4.2 SECTION A: DEMOGRAPHIC CHARACTERISTICS

4.2.1 SECTION A-1: Demographic Characteristics of Respondent Doctors

The target population for this study included Doctors and Nurses in 26 hospitals and the responses were obtained through a customized questionnaire. Factors such as Gender, Age, Qualification, Work setting, Location and Experience were considered to draw the profile of the respondents included in the study. Frequency tables were used to summarize the demographic features of the respondents

1. Gender

The effect of gender on occupation- does equality exist or is there disparity and if so how? It was observed that of the total number of respondents 67 were men that comprise of 39.6% and women comprise of 60.4% with 102 in number thus the total respondents were 169.

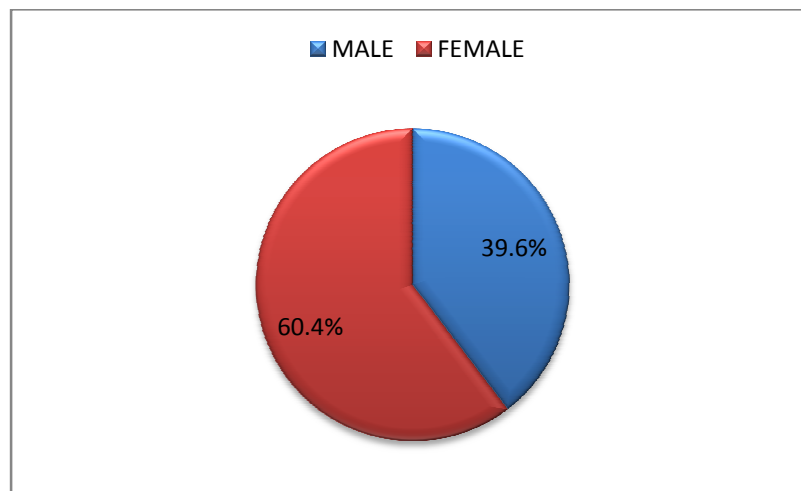


Chart No.: 4.1 Gender

It can be interpreted that of the taskforce of Healthcare workers in the research majority were predominantly women. It is probably because by nature women have the motherly instinct and hence partake the role of care giver efficiently.

2. Age

Age was found to be an impactful factor for the study of finding out motivation in Doctors. I categorized the ages of the Doctors into a range of age groups to facilitate understanding about the impact of age on stability in terms of working in the hospital.

Table No.: 4.2 Age Group Of Respondent Doctors

| | | Frequency | Percentage | Valid Percentage | Cumulative Percentage |
|-------|--------------------|-----------|------------|------------------|-----------------------|
| Valid | 30 Years and Below | 93 | 54.5 | 54.5 | 54.5 |
| | 31 To 40 Years | 46 | 27.3 | 27.3 | 81.8 |
| | Above 40 Years | 30 | 18.2 | 18.2 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

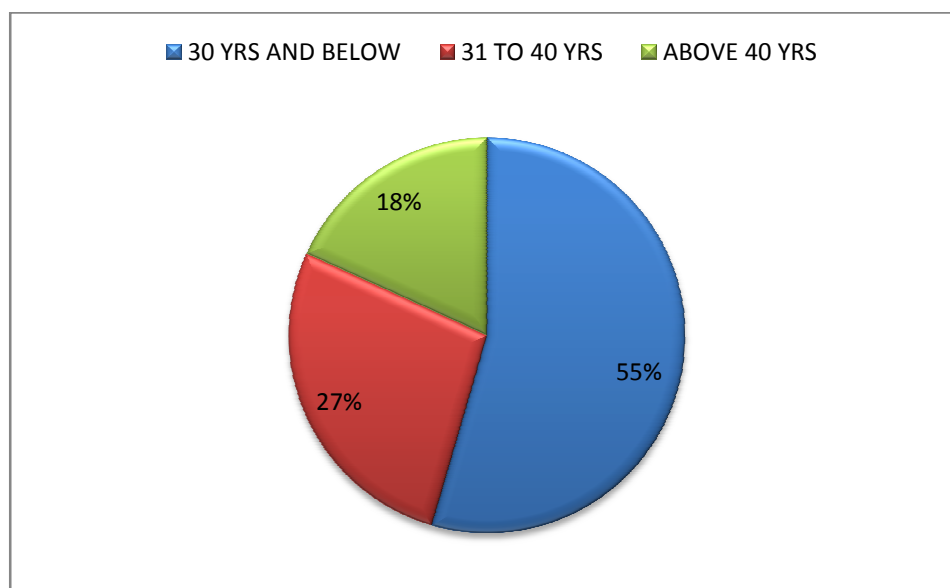


Chart No.: 4.2 Age Group Of Respondent Doctors

It is interpreted that younger Doctors tend to look for jobs either to gain experience or better Clinical knowledge or to buy time as they prepare for their Post Graduate examinations or earn an alternate income along with their Private practice.

3. Marital Status

Marital status determines motivation to earn to support family other than self hence the respondents were asked about their marital status.

Table No. 4.3 Marital Status Of Respondents Doctors

| | | Frequency | Percentage | Valid Percentage | Cumulative % |
|-------|----------|-----------|------------|------------------|--------------|
| Valid | Single | 45 | 26.6 | 26.6 | 26.6 |
| | Married | 117 | 69.2 | 69.2 | 95.8 |
| | Divorcee | 2 | 01.2 | 01.2 | 97.0 |
| | Widow | 5 | 03.0 | 03.0 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

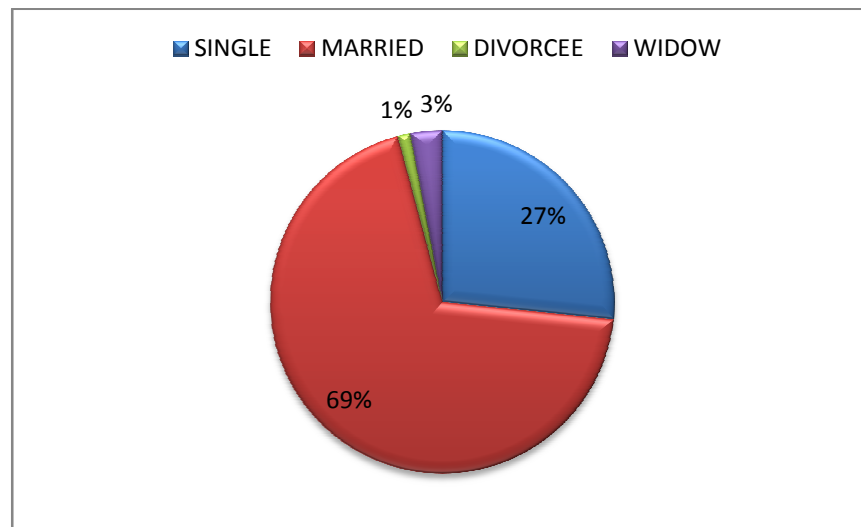


Chart No. 4.3 Marital Status Of Respondent Doctors

It can be summarized that Doctors who are married tend to look for greater stability in terms of Finances and hence to avoid the element of unpredictability of Private practice, resort to a job in the hospital.

Single individuals on the other hand are in the exploratory phase of their career and hence enjoy the perks of fixed monthly earning.

4. Number of Dependents

The table shows percentage of respondents having one, two or three dependents.

Number of dependents determines stability of the respondent in terms of seeking stability in career.

Table No.: 4.4 Number of Dependents on Doctors

| | | Frequency | Percentage | Valid Percentage | Cumulative Percentage |
|-------|-------|-----------|------------|------------------|-----------------------|
| Valid | 1.00 | 44 | 26.1 | 26.1 | 26.1 |
| | 2.00 | 24 | 14.2 | 14.2 | 40.3 |
| | 3.00 | 23 | 13.6 | 13.6 | 53.9 |
| | 4.00 | 15 | 08.8 | 08.8 | 62.7 |
| | 0.00 | 63 | 37.3 | 37.3 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

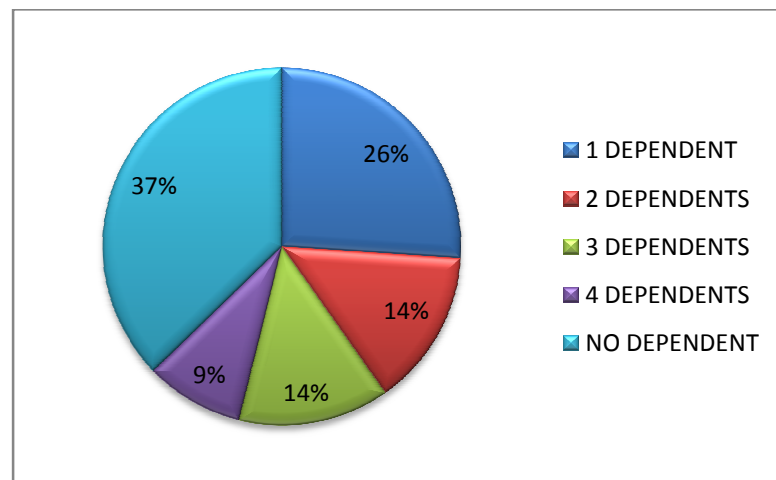


Chart No.: 4.4 Number of Dependents on Doctors

It was alarming to know that a major part of the healthcare taskforce comprising of Doctors who were part of the study do not have any dependents to take care of. It was purported that perhaps having dependents may affect the financial stability related decisions of an individual, however that did not seem to be the case.

Also a major part of the participants have one dependent only- a parent, a sibling or an aged relative. Only a minor portion of participants have 4 dependents on them.

5. Number of Children

The table describes respondents with the number of children they have. In order to fulfill responsibility towards their wards the possibility of remaining at the same work place increases.

Table No. 4.5 Number of Children of Doctors

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------|-----------|---------|---------------|--------------------|
| Valid | 1.00 | 72 | 42.6 | 42.6 | 42.6 |
| | 2.00 | 30 | 17.7 | 17.7 | 60.3 |
| | 0.00 | 67 | 39.7 | 39.7 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

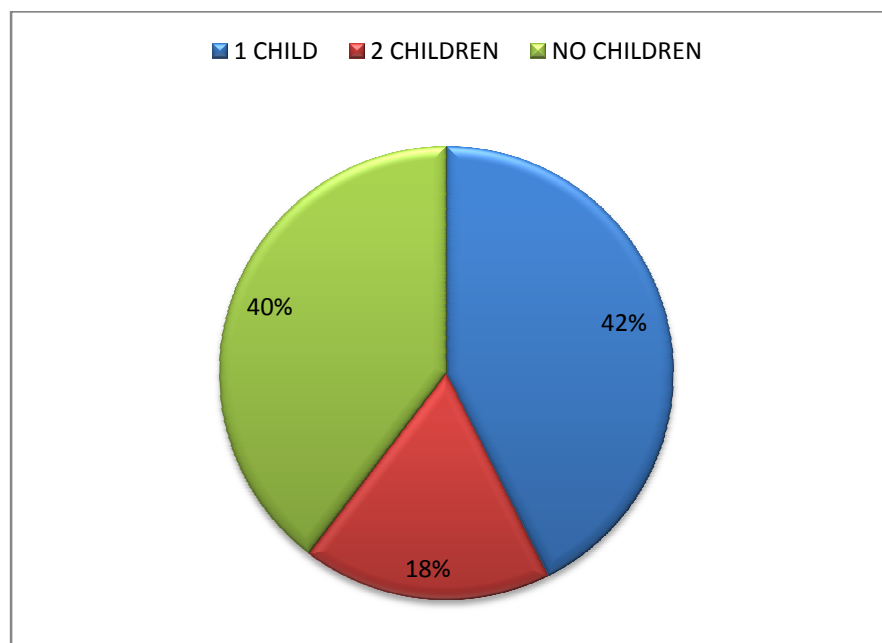


Chart No. 4.5 Number of Children of Doctors

It was found that few respondents have no children, and remainder has almost equal distribution of 1 or 2 children. Thus it can be interpreted that number of children does not have a significant impact on Doctors decision to work in Hospitals.

Parents have aspirations about their children. As a result of which their career choices are affected. To fulfill the responsibility in a responsible manner they need to earn well so as to give a better standard of living to their children.

6. Educational Status

This table attempts to study the Educational Status of respondents in terms of the Degree they have acquired to practice Medicine.

Table No. 4.6 Educational Status of Doctors

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-----------------|-----------|---------|---------------|--------------------|
| Valid | MBBS | 37 | 21.6 | 21.6 | 21.6 |
| | BAMS | 45 | 26.6 | 26.6 | 48.2 |
| | BHMS | 41 | 24.5 | 24.5 | 72.7 |
| | Post Graduation | 44 | 25.9 | 25.9 | 98.6 |
| | B Physiotherapy | 2 | 01.4 | 01.4 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

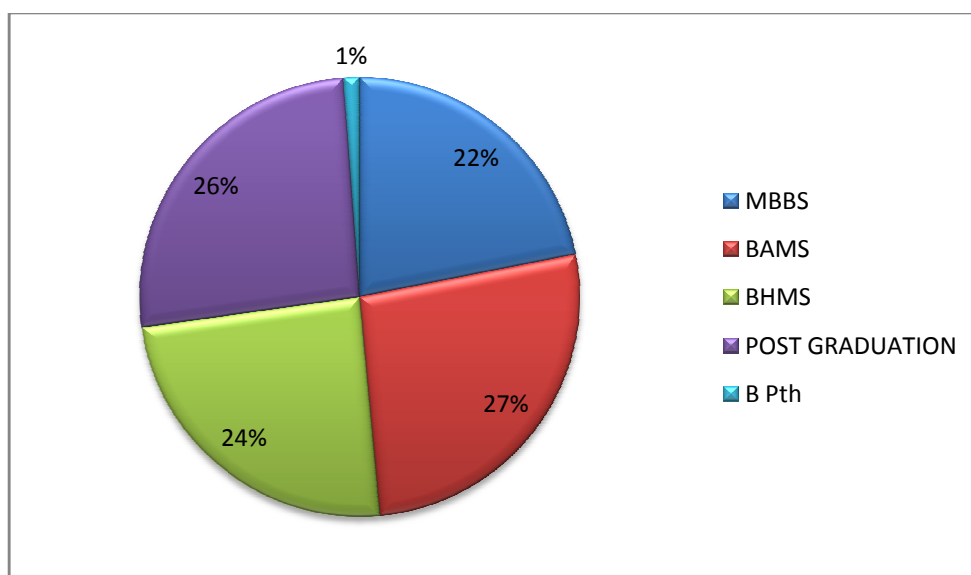


Chart No. 4.6 Educational Status of Doctors

In the Hospitals that were a part of this study it was found that majority of AYUSH Doctors implies BHMS and BAMS Doctors are the first line of care in the Private Hospital. Public Hospitals majorly have MBBS Doctors.

7. PGDEMS Status

This table represents undertaking of training for Emergency Medical Services by Doctors.

Table No. 4.7 PGDEMS Status of Doctors

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------|-----------|---------|---------------|--------------------|
| Valid | YES | 51 | 30.3 | 30.3 | 30.3 |
| | NO | 118 | 69.7 | 69.7 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

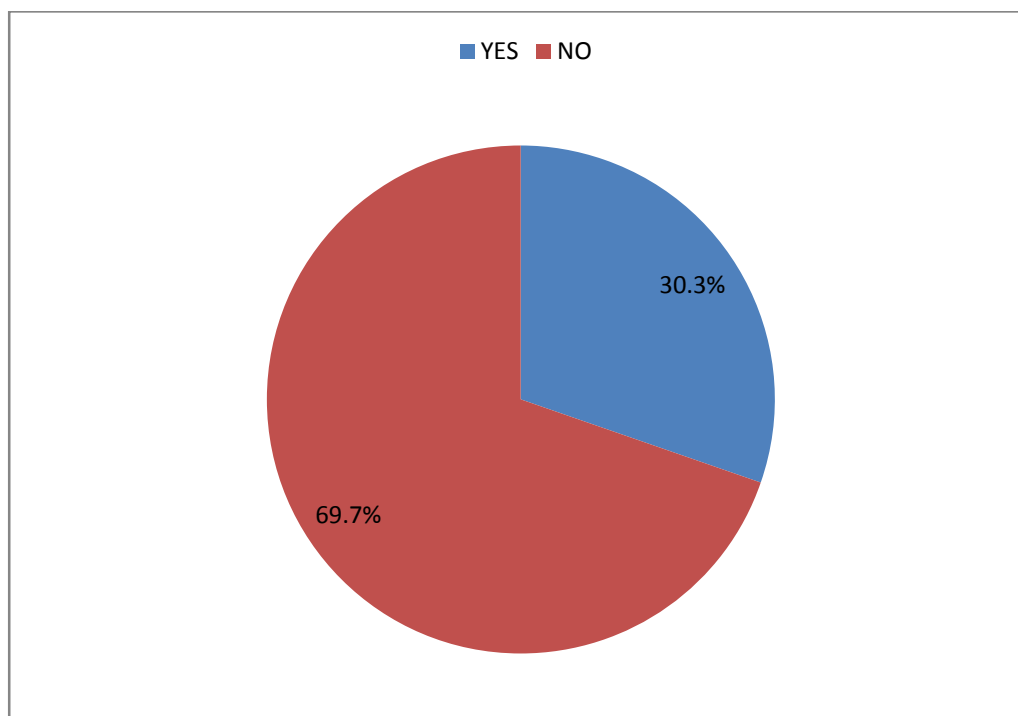


Chart No. 4.7 PGDEMS Status of Doctors

It is eminent to have a degree in Emergency Medical Services for AYUSH Doctors to work in the Hospital.

Over two third of the respondents in this study were found to be qualified in handling emergency medical situations whereas one third respondents have not acquired the degree.

8. Further Studies Undertaken:

This table refers to the Post Graduation status of respondents.

Table No.: 4.8 Further Studies Status of Doctors

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------|-----------|---------|---------------|--------------------|
| Valid | YES | 43 | 25.4 | 25.4 | 25.4 |
| | NO | 126 | 74.6 | 74.6 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

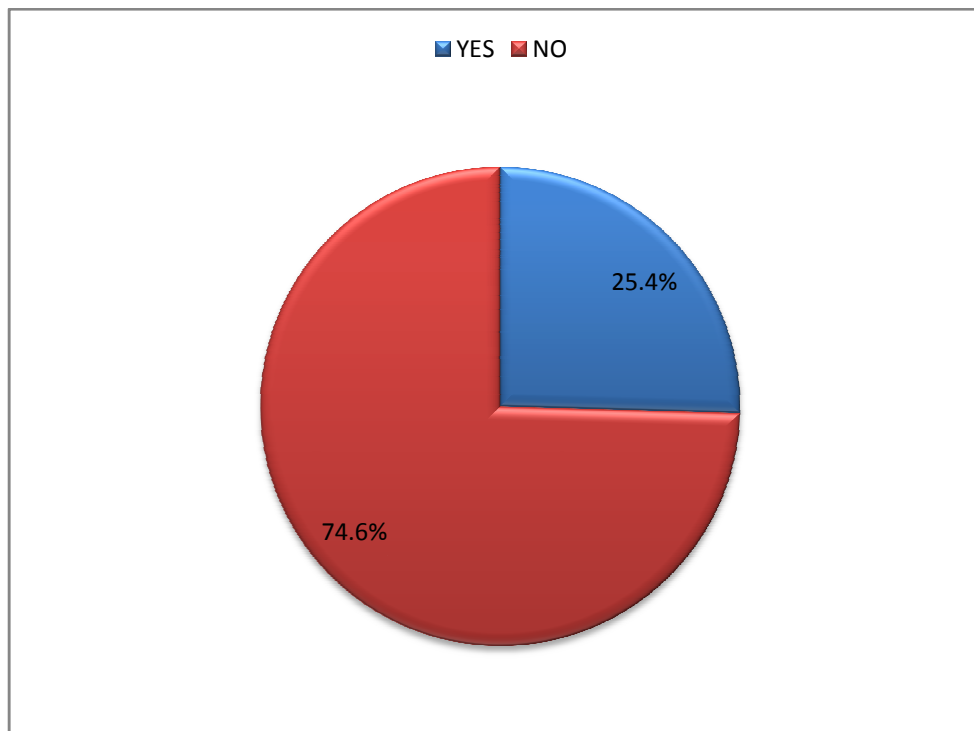


Chart No.: 4.8 Further Studies Status of Doctors

It is interesting to know whether after investing about 6 years for graduating as a Doctor, Doctors still have the patience to study further. Once job starts the tendency to upgrade ones knowledge gradually dwindles.

Only a small part of participants were keen to explore the possibility of further education in terms of enhancement of existing knowledge and upgrading their skills.

9. Work Experience

Total work experience of the respondents is summarized in the table below.

Table No. 4.9 Work Experience of Doctors

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|----------------|-----------|---------|---------------|--------------------|
| Valid | Below 5 Years | 83 | 49.2 | 49.2 | 49.2 |
| | 5 To 10 Years | 51 | 30.1 | 30.1 | 79.3 |
| | Above 10 Years | 35 | 20.7 | 20.7 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

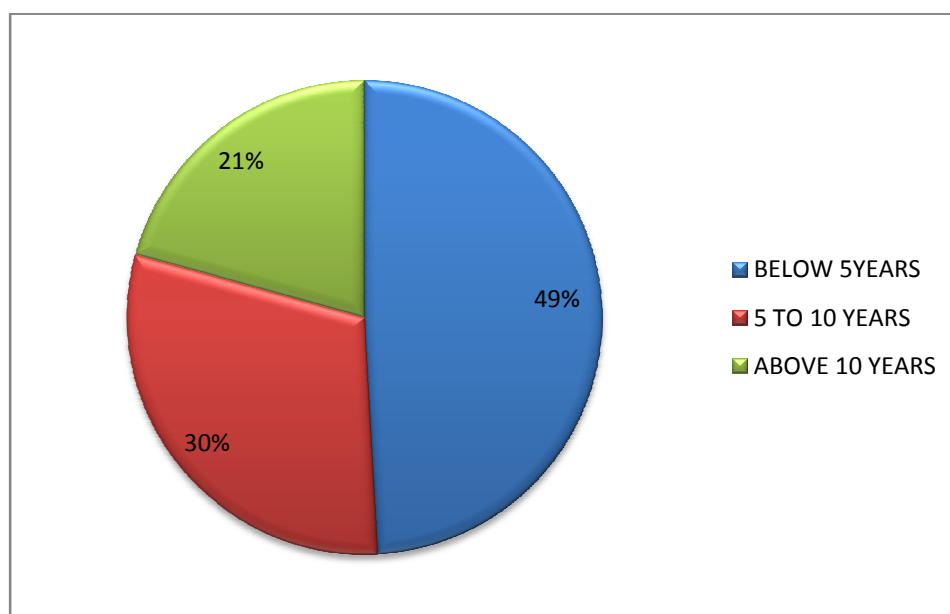


Chart No. 4.9 Work Experience of Doctors

With the lack of stability in the Healthcare Sector the work experience in number of years highlights the percentage of Doctors who were part of this study with experience under 5 years as almost half of the population of Doctors in this study.

Also only twenty percent of respondent Doctors in the study have over 10 years of work experience.

10. Work Experience in Current Hospital:

The table summarizes the work experience of Doctors in their present job.

Table No. 4.10 Work Experience of Doctors In Current Hospital

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-----------------|-----------|---------|---------------|--------------------|
| Valid | Less Than 1 Yrs | 59 | 34.9 | 34.9 | 34.9 |
| | 1 To 3 Yrs | 42 | 24.6 | 24.6 | 59.5 |
| | 4 To 5 Yrs | 32 | 19.1 | 19.1 | 78.6 |
| | More Than 5 Yrs | 36 | 21.4 | 21.4 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

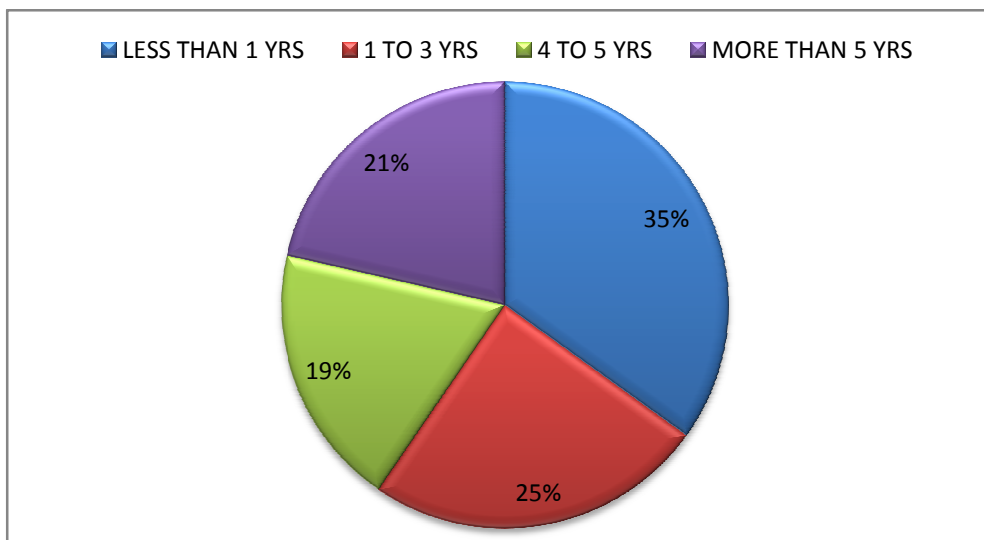


Chart No. 4.10 Work Experience of Doctors In Current Hospital

A major number of Doctors have worked under a year in the same hospital. It suggests that the turnover ratio of Doctors in Hospitals is relatively high.

Women Doctors tend to relocate after marriage and Male Doctors tend to relocate to their native for Private practice.

11. Number of Previous Work Places

It is imperative to be cognizant about the attrition in the healthcare industry and the number of workplaces worked is an indication of the turnover ratio of Doctors.

Table No. 4.11 Number of Work Places Doctors Worked in the Past

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--------------|-----------|---------|---------------|--------------------|
| Valid | 0 | 20 | | | 12.0 |
| | 1-5 | 116 | 68.4 | 68.4 | 80.4 |
| | 6-10 | 20 | 12.0 | 12.0 | 92.4 |
| | 11 And Above | 13 | 07.6 | 07.6 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

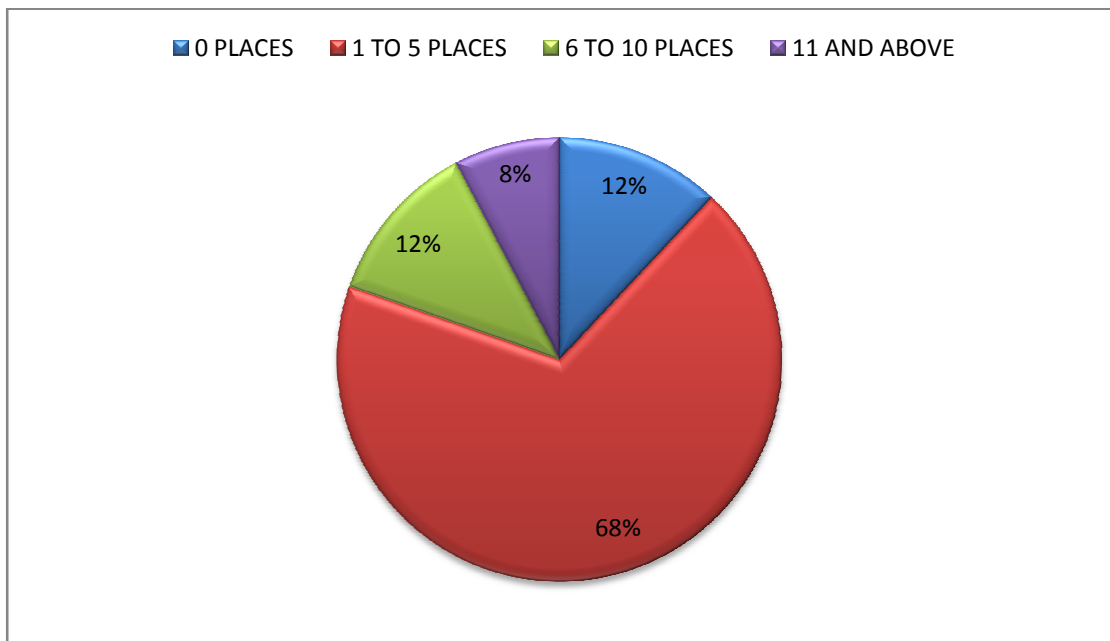


Chart No. 4.11 Number of Work Places Doctors Worked in the Past

This indicates the degree of movement of Doctors across hospitals and average Doctors have worked in 1-5 hospitals.

12. Type of Employment: Contractual/ Permanent:

This table represents the type of Employment- determines the Job stability of the hospital employee.

Table No. 4.12 Kind of Employment of Doctors

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------|-----------|---------|---------------|--------------------|
| Valid | Contractual | 94 | 55.6 | 55.6 | 55.6 |
| | Permanent | 75 | 44.4 | 44.4 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

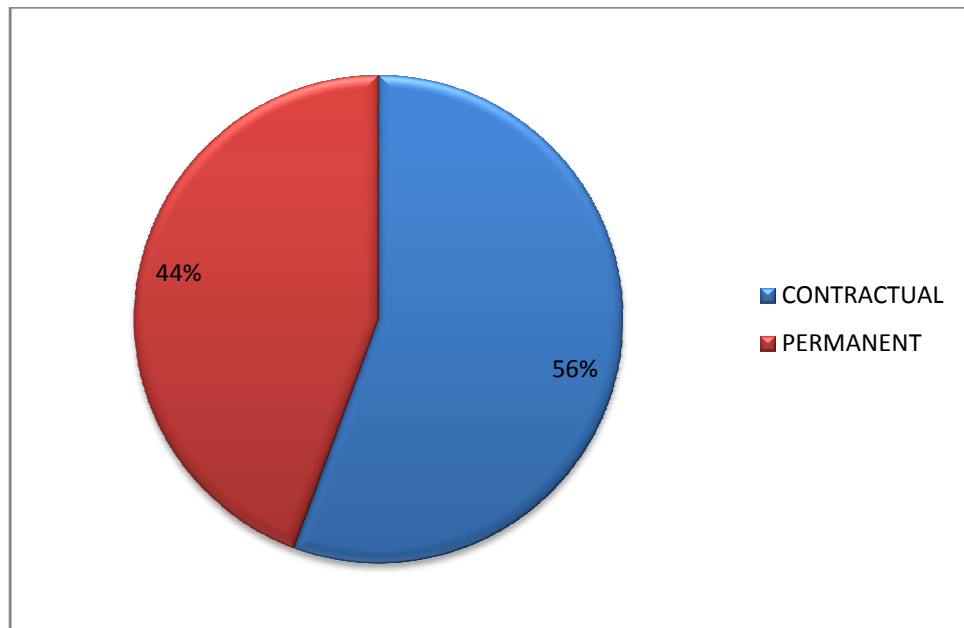


Chart No. 4.12 Kind Of Employment Of The Doctors

Over fifty percent of Doctors are on Contract and the remainders are permanently employed by the Hospital. Certain Public Sector Doctors are also on Contract implying lack of Job Security.

Permanent Doctors tend to continue to work with the same Hospital and a majority of Doctors are from Public Hospitals in PMC and PCMC.

13. Designation

This table summarizes the comparison between designations of Doctors in the Study.

Table No. 4.13 Current Designation of Doctors

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|------------|-----------|---------|---------------|--------------------|
| Valid | RMO | 110 | 64.7 | 64.7 | 64.7 |
| | Consultant | 40 | 23.7 | 23.7 | 88.4 |
| | Specialist | 18 | 10.6 | 10.6 | 99.0 |
| | Surgeon | 1 | 01.0 | 01.0 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

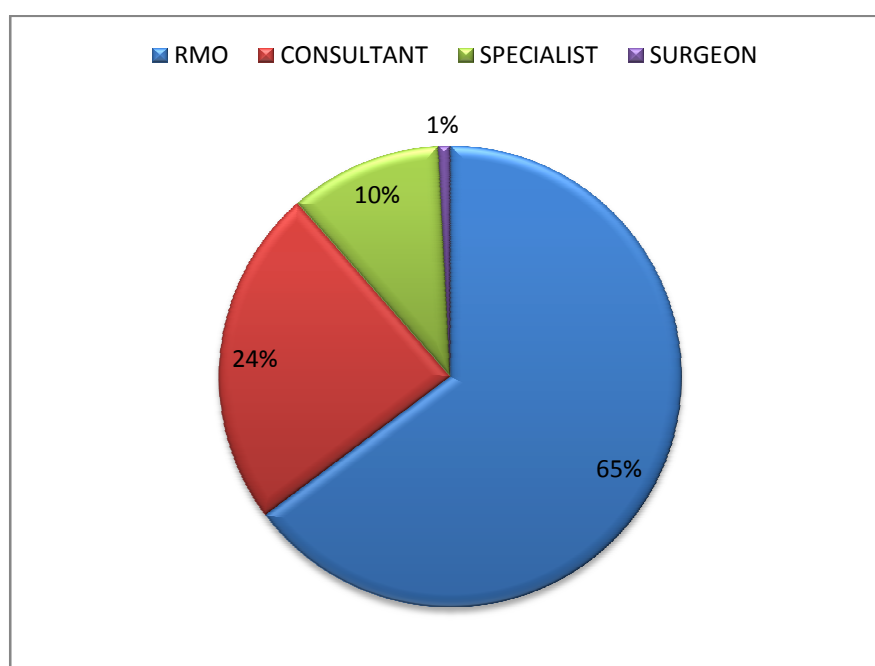


Chart No. 4.13 Current Designation of Doctors

A major part of Doctors work as Resident Medical Officers in both Public and Private Hospitals.

Consultants and Specialists were found in Public Sector Hospitals and self owned Hospitals.

The other Consultants are onboard visiting in nature.

14. Work Setting

The work setting of a doctor determines the amount of stress incurred. The table elicits various work settings of Doctors.

Table No. 4.14 Present Work Setting of Doctors

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--------------------|-----------|---------|---------------|--------------------|
| Valid | Medical{Internal} | 98 | 57.6 | 57.6 | 57.6 |
| | Surgical | 15 | 9.1 | 9.1 | 66.7 |
| | Emergency | 20 | 12.1 | 12.1 | 78.8 |
| | Critical Care Unit | 31 | 18.2 | 18.2 | 97.0 |
| | Operating Room | 5 | 3.0 | 3.0 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

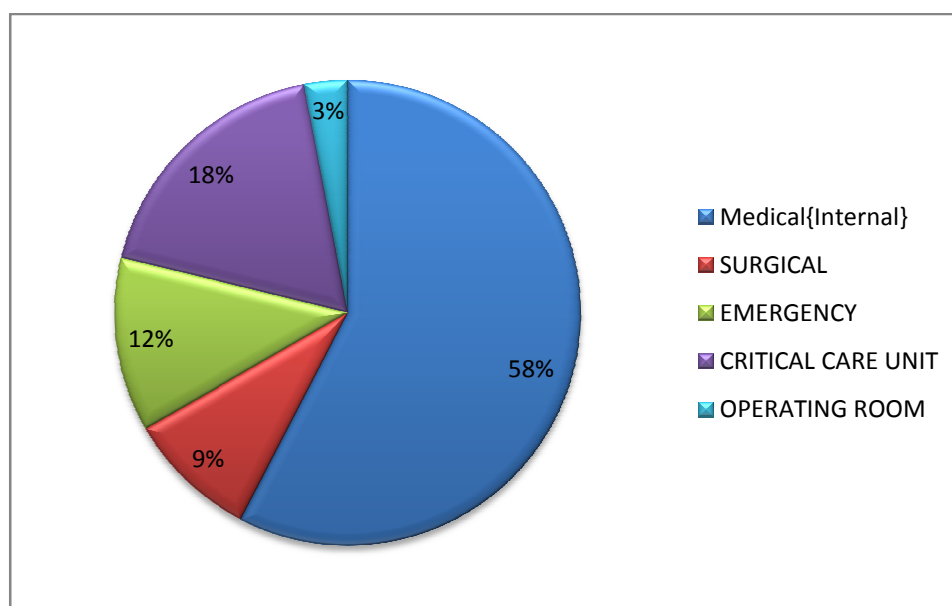


Chart No. 4.14 Present Work Setting of Doctors

In Hospitals majority of Doctors work in the Medicine Department followed by Critical Care. Relatively fewer Doctors were found working in Surgery and Emergency during visits to hospitals to undertake this study.

15. Working in Night Shift

It is imperative for Doctors to work in shifts; this table elicits the frequency of this duration.

Table No. 4.15 Number of Night Shifts of Doctors in A Month

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------|-----------|---------|---------------|--------------------|
| Valid | 00 Times | 105 | 62.3 | 62.3 | 62.3 |
| | 1-3 Times | 26 | 15.6 | 15.6 | 77.9 |
| | 4-6 Times | 18 | 10.7 | 10.7 | 88.6 |
| | 7-9 Times | 13 | 7.3 | 7.3 | 95.9 |
| | 10-12 Times | 7 | 4.1 | 4.1 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

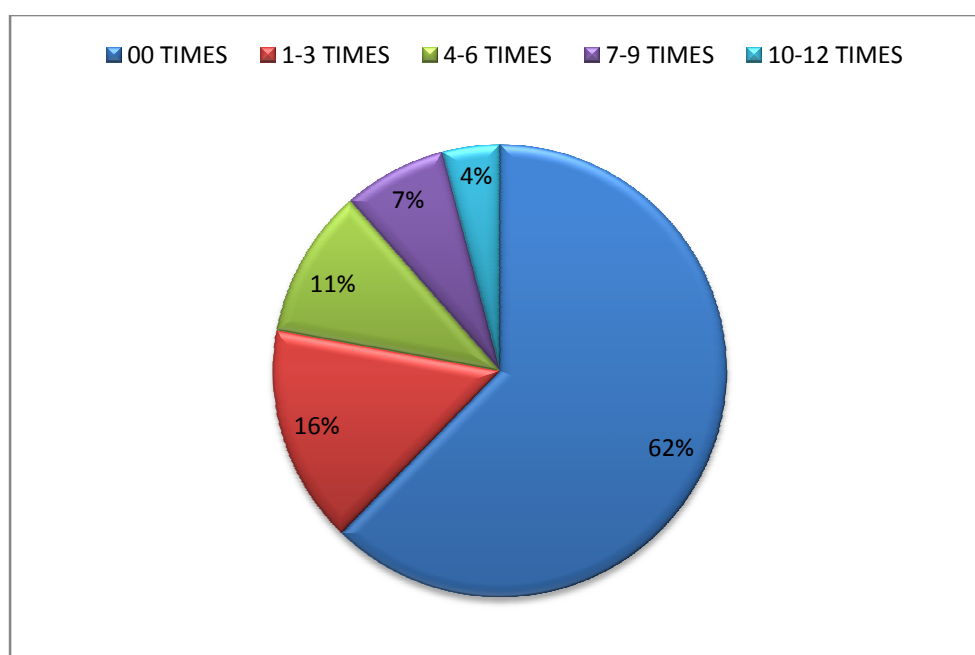


Chart No. 4.15 Number of Night Shifts of Doctors in a Month

Majority of Doctors did not need to undertake a Night shift. In certain Hospitals rotational duties are optional, fixed shift jobs are offered.

16. Transport Used

Table No. 4.16 Transport Used by Doctors

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|------------------|------------------|----------------|----------------------|---------------------------|
| Valid | Walk | 15 | 8.7 | 8.7 | 8.7 |
| | Public Transport | 28 | 16.7 | 16.7 | 25.4 |
| | Own Vehicle | 126 | 74.6 | 74.6 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

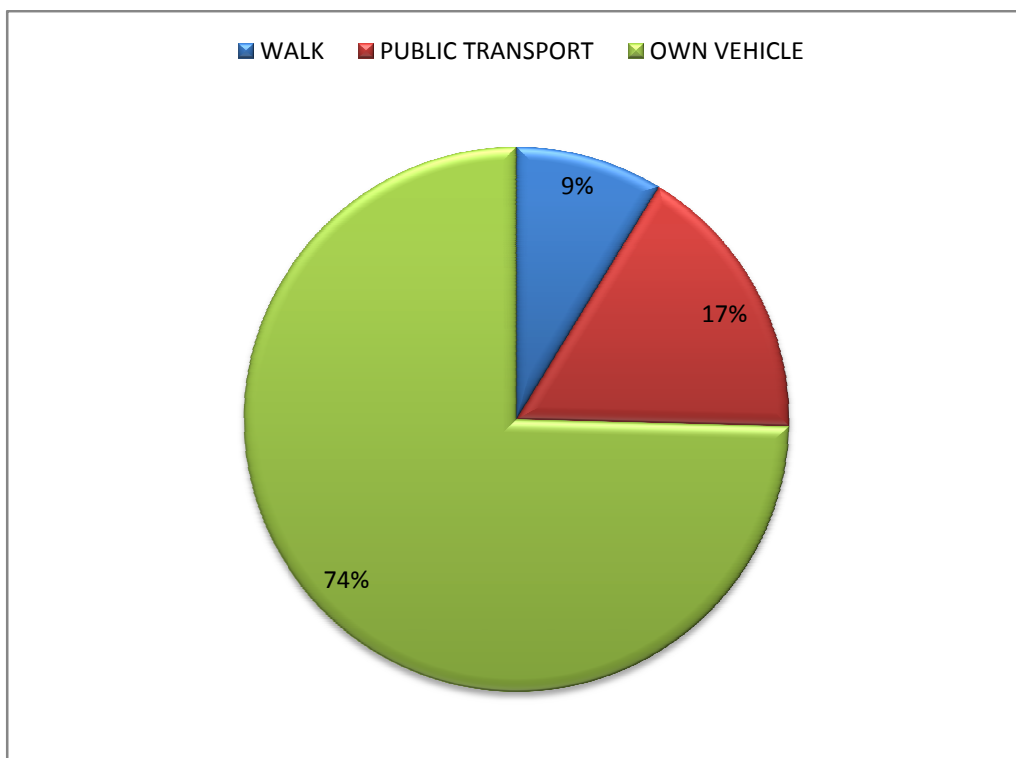


Chart No. 4.16 Transport Used by Doctors

Most Doctors use own vehicle to commute to the Hospital.

Doctors living in the Hospital premises or near the hospital walk. Travel time is at times a major deterrent to continue working in the same Hospital.

4.2.2 SECTION A-2: DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS NURSES

1. Gender

Table No. 4.17 Gender of Respondent Nurses

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--------|-----------|---------|---------------|--------------------|
| Valid | Male | 20 | 7.1 | 7.1 | 7.1 |
| | Female | 261 | 92.9 | 92.9 | 100.0 |
| | Total | 281 | 100.0 | 100.0 | |

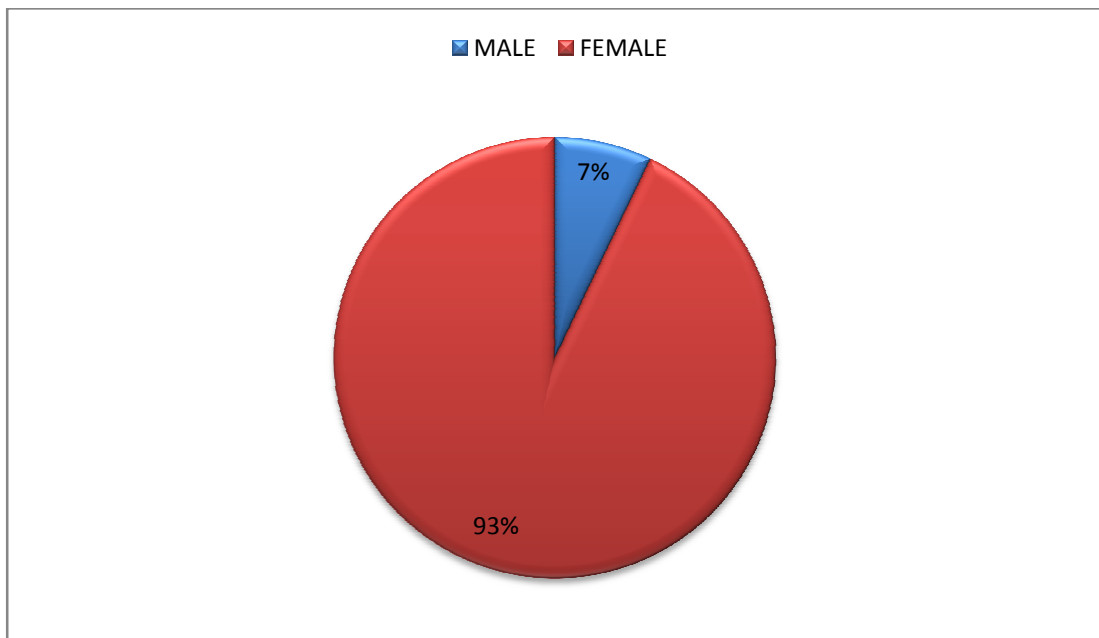


Chart No. 4.17 Gender of Respondent Nurses

Majority of the Nurses found in this study were women. Nursing is predominantly undertaken by women. Of late the trend is changing and we find Male Nurses in certain hospitals.

2. Age

The age group of Nurses was categorized into three ranges of age groups.

Table No. 4.18 Age Group of Respondent Nurses

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|------------------|-----------|---------|---------------|--------------------|
| Valid | 30 Yrs And Below | 135 | 48.1 | 48.1 | 48.1 |
| | 31 To 40 Yrs | 58 | 20.8 | 20.8 | 68.9 |
| | Above 40 Yrs | 88 | 31.1 | 31.1 | 100.0 |
| | Total | 281 | 100.0 | 100.0 | |

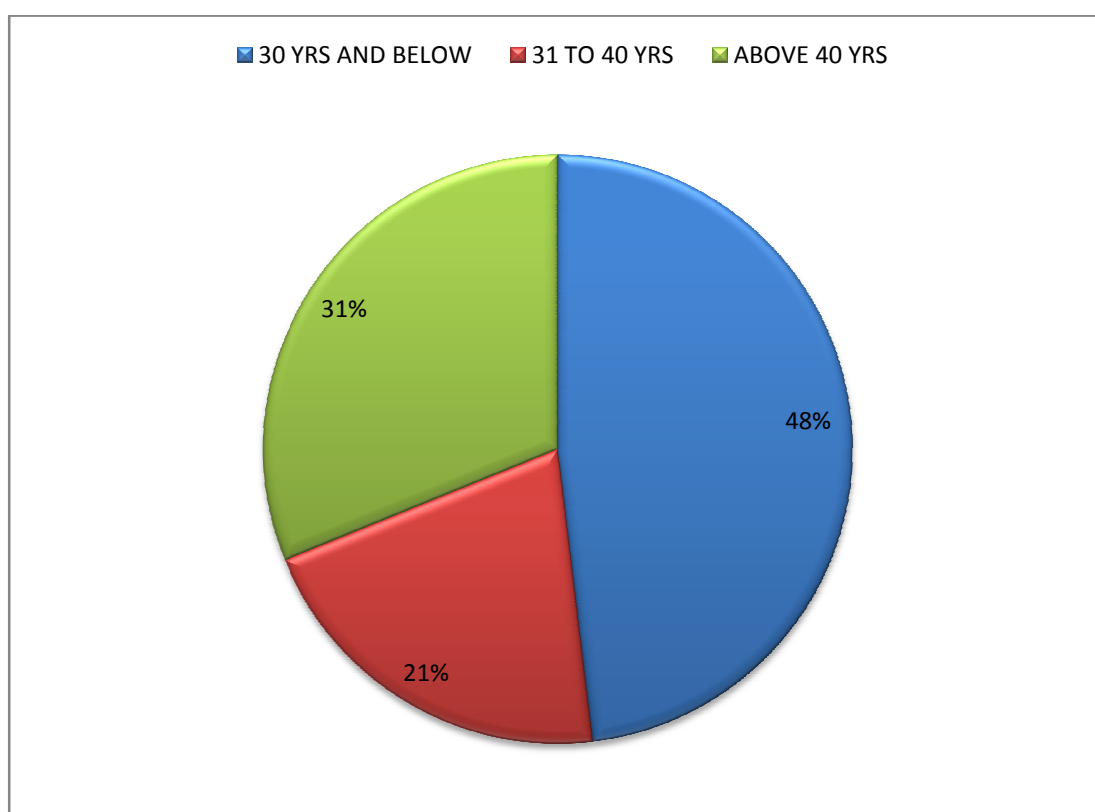


Chart No. 4.18 Age Group of Respondent Nurses

In this research it was observed that majority of Nurses are young - under 30 years of age.

The senior ones above 40 years of age constitute 31%.

3. Marital Status

Marital status is also one of the important factors for the motivation and morale in people's lives, so the respondents were asked about their marital status.

Table No. 4.19 Marital Status of Respondent Nurses

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---------------|-----------|---------|---------------|--------------------|
| Valid | Single | 88 | 31.1 | 31.1 | 31.1 |
| | Married | 190 | 67.8 | 67.8 | 98.9 |
| | Divorcee | 00 | 00.0 | 00.0 | 98.9 |
| | Widow/Widower | 3 | 01.1 | 01.1 | 100.0 |
| | Total | 281 | 100.0 | 100.0 | |

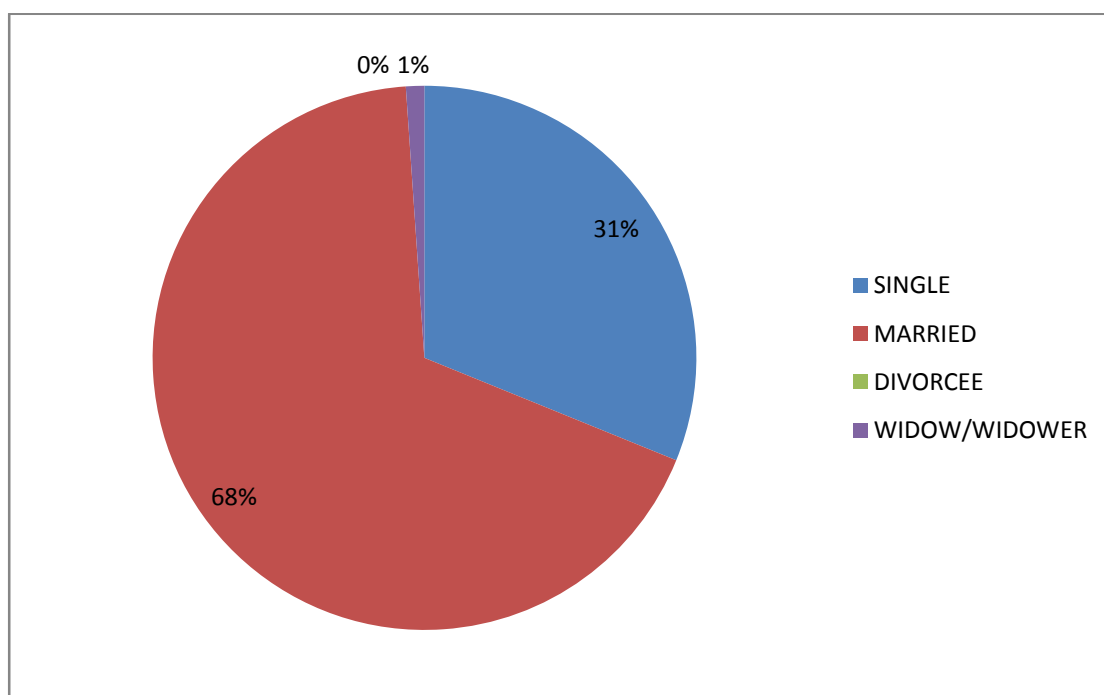


Chart No. 4.19 Marital Status of Respondent Nurses

Majority of Nurses are married and some are Single. None of the respondent Nurses in this study were found to be legally separated.

4. Number of Children

Table No. 4.20 Number of Children of Nurses

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------|------------------|----------------|----------------------|---------------------------|
| Valid | No Children | 106 | 37.7 | 37.7 | 37.7 |
| | 1 Child | 67 | 24.0 | 24.0 | 61.7 |
| | 2 Children | 100 | 35.5 | 35.5 | 97.2 |
| | 3 Children | 8 | 2.8 | 2.8 | 100.0 |
| | Total | 281 | 100.0 | 100.0 | |

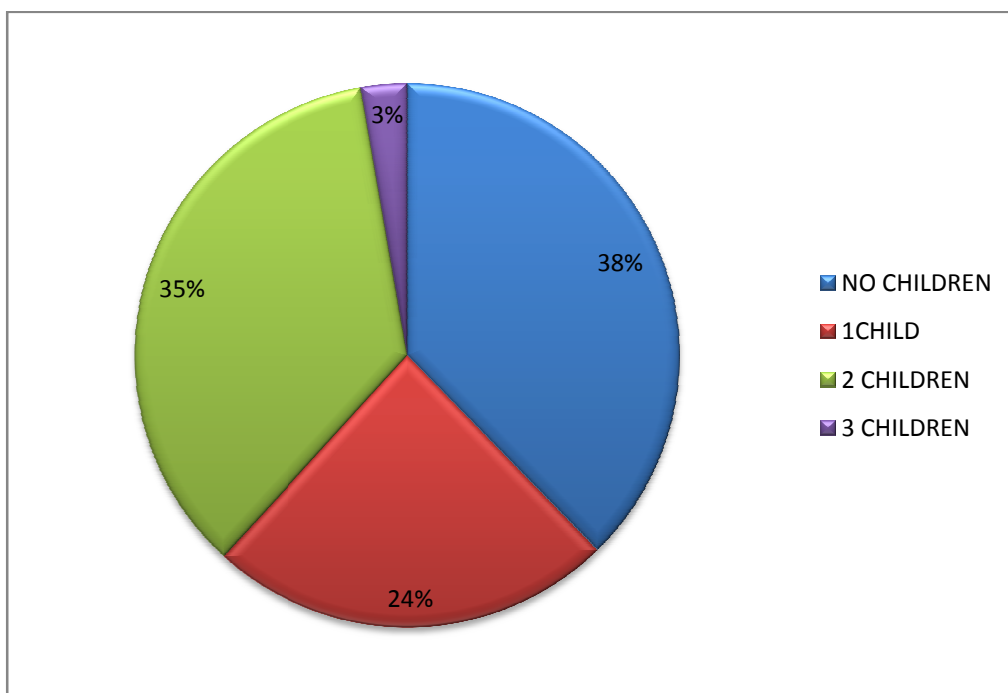


Chart No. 4.20 Number of Children of Nurses

A majority of Nurses in this research have no children and almost equal number have two children.

Only 3% of Nurses means only 8 Nurses have 8 children.

Nurses work in shifts so it was necessary to understand whether having children affects their work in the hospital.

A fixed income always helps to take better care of their children.

5. Educational Status:

Table shows the Educational details of Nurses.

Table No. 4.21 Educational Status of Nurses

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------|-----------|---------|---------------|--------------------|
| Valid | ANM | 104 | 37.2 | 37.2 | 37.2 |
| | BSc | 20 | 7.1 | 7.1 | 44.3 |
| | MSc | 11 | 3.8 | 3.8 | 48.1 |
| | GNM | 146 | 51.9 | 51.9 | 100.0 |
| | Total | 281 | 100.0 | 100.0 | |

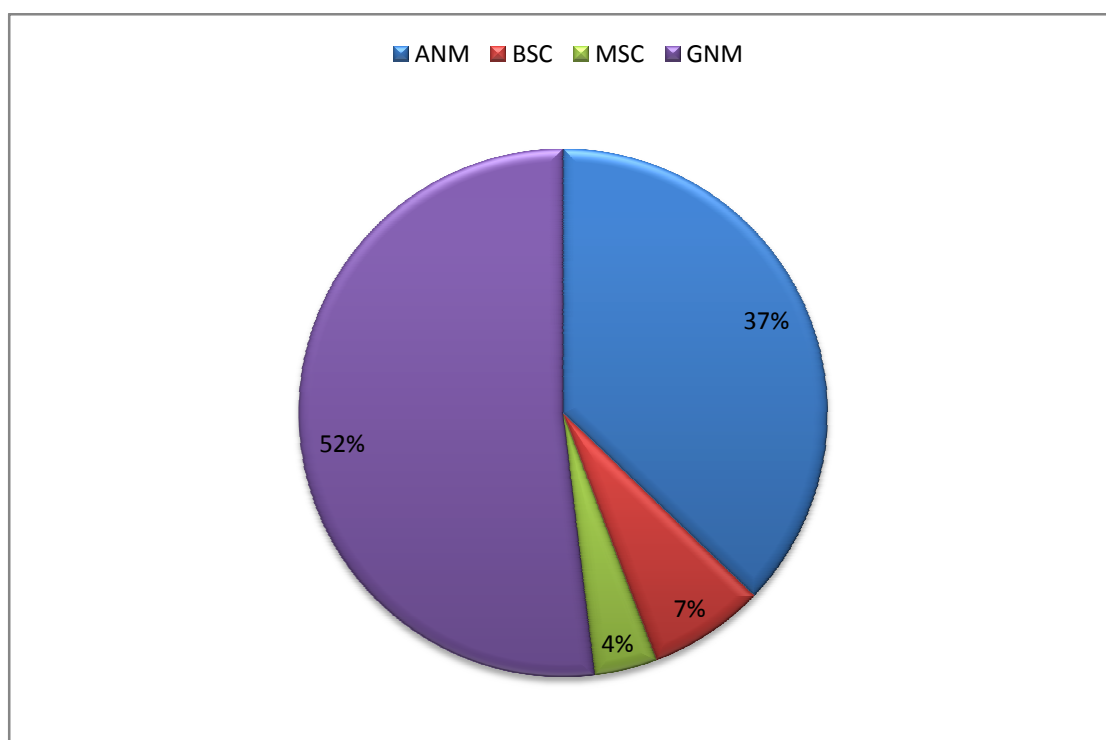


Chart No. 4.21 Educational Status of Nurses

Majority of Nurses have done their GNM (General Nursing and Midwifery) and equivalent have done their ANM (Auxiliary Nursing and Midwifery).

6. Work Experience:

Total experiences of the respondents are summarized in the table above

Table No. 4.22 Work Experience of Nurses

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|----------------|-----------|---------|---------------|--------------------|
| Valid | Below 5 Years | 104 | 37.2 | 37.2 | 37.2 |
| | 5 To 10 Years | 45 | 15.8 | 15.8 | 53.0 |
| | Above 10 Years | 132 | 47.0 | 47.0 | 100.0 |
| | Total | 55 | 100.0 | 100.0 | |

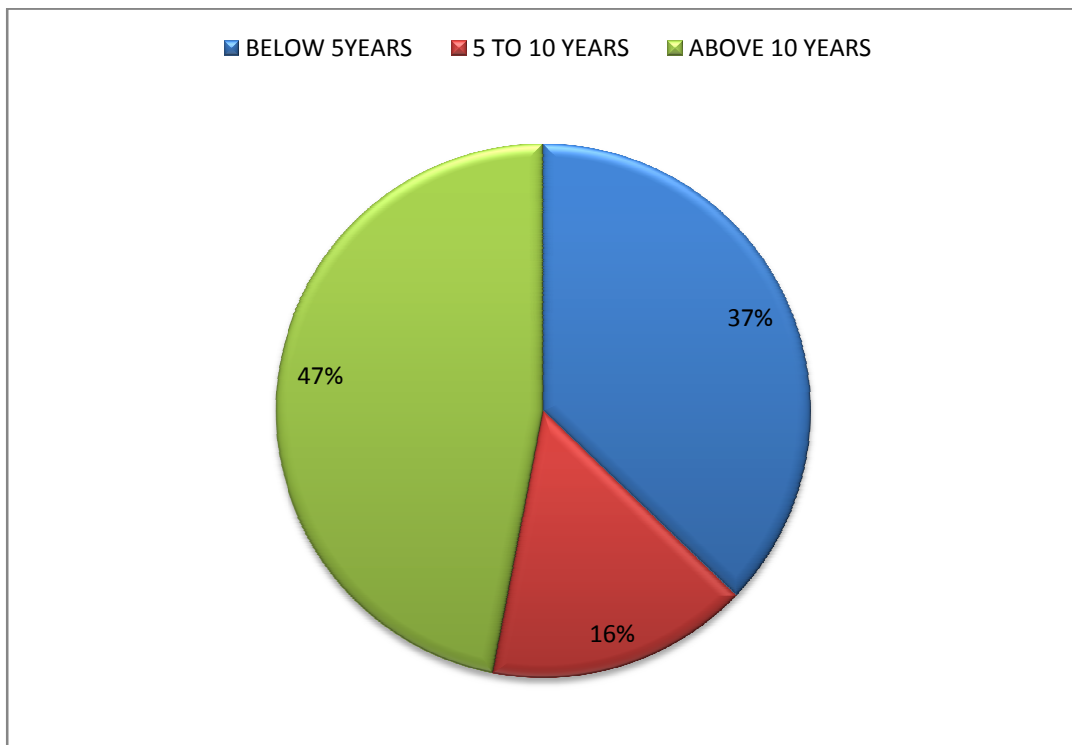


Chart No. 4.22 Work Experience of Nurses

Most of the Nurses have over 10 years of Work experience and an equivalent number have work experience less than 5 years.

7. Work Experience in Current Hospital

The table summarizes the Work experience of the Nurses in the present hospital.

Table No. 4.23 Work Experience of Nurses In Current Hospital

| | | Frequency | % | Valid % | Cumulative % |
|-------|-----------------|-----------|-------|---------|--------------|
| Valid | Less than 1 Yrs | 98 | 35.0 | 35.0 | 35.0 |
| | 1 To 3 Yrs | 62 | 21.8 | 21.8 | 46.8 |
| | 4 To 5 Yrs | 29 | 10.4 | 10.4 | 57.2 |
| | More than 5 Yrs | 92 | 32.8 | 32.8 | 100.0 |
| | Total | 281 | 100.0 | 100.0 | |

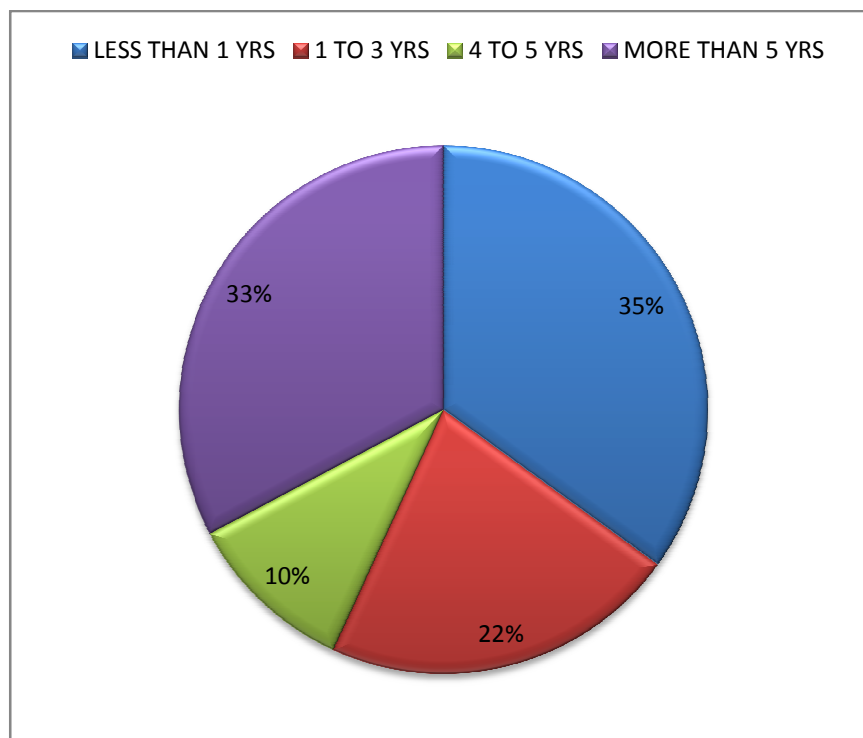


Chart No. 4.23 Work Experience of Nurses In Current Hospital

Almost equivalent number of Nurses is working in the same Hospital for less than a year and over 5 years.

8. Type of Employment:

Table No. 4.24 Type of Employment of the Nurses

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------|------------------|----------------|----------------------|---------------------------|
| Valid | Permanent | 187 | 66.7 | 66.7 | 69.4 |
| | Contractual | 94 | 33.3 | 33.3 | 100.0 |
| | Total | 281 | 100.0 | 100.0 | |

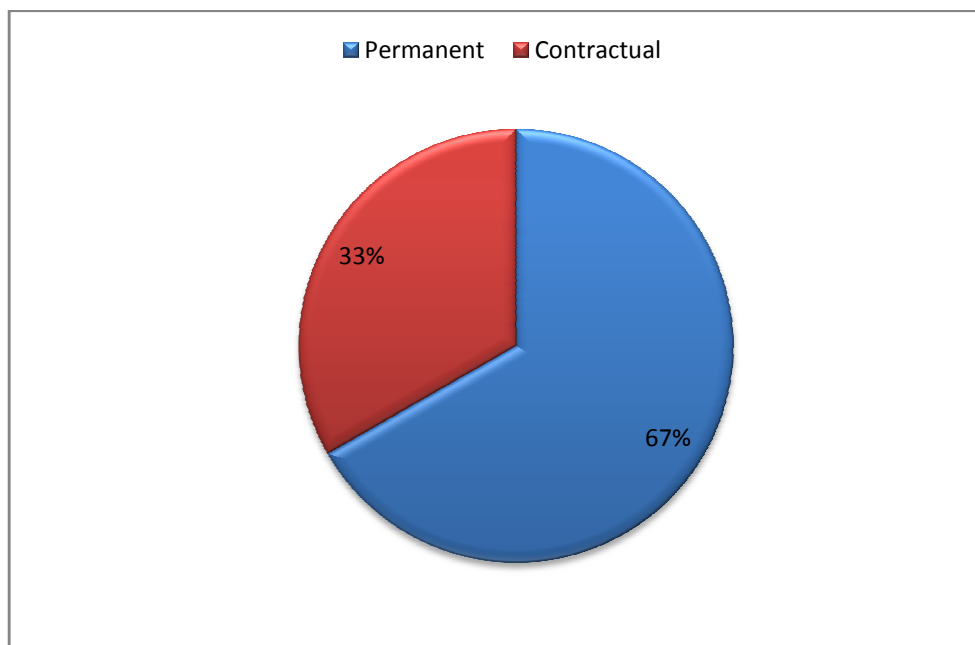


Chart No. 4.24 Type of Employment of the Nurses

Majority of Nurses who were part of this research have permanent employment. The remainder has temporary employment in the hospital.

9. Designation

Table No. 4.25 Current Designation of Nurses

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|----------------------|------------------|----------------|----------------------|---------------------------|
| Valid | Staff (General Duty) | 184 | 65.5 | 65.5 | 65.5 |
| | Head Nurse | 72 | 25.5 | 25.5 | 90.9 |
| | Others | 25 | 9.1 | 9.1 | 100.0 |
| | Total | 281 | 100.0 | 100.0 | |

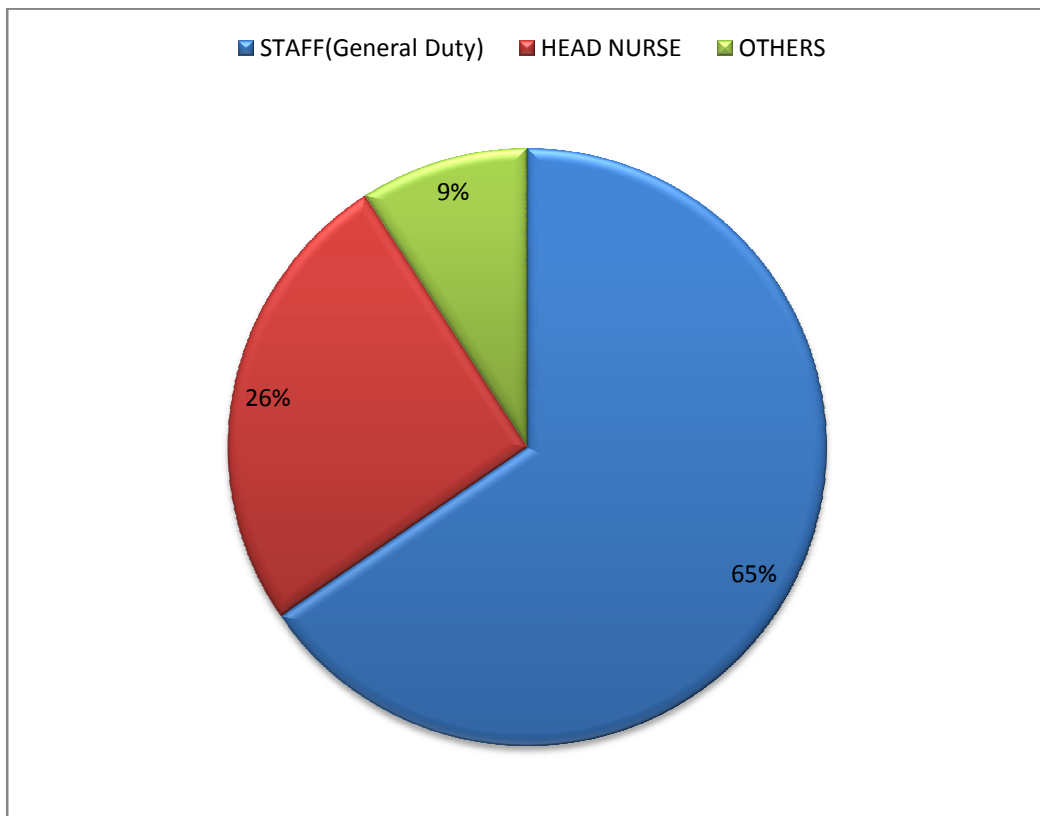


Chart No. 4.25 Current Designation of Nurses

One of the incentives for work is Promotion. 72 Nurses who were part of this study work as a Head Nurse

10. Working in Night Shift

Table No. 4.26 Number of Night Shifts of Nurses in a Month

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-----------|-----------|---------|---------------|--------------------|
| Valid | 00 TIMES | 147 | 52.5 | 52.5 | 52.5 |
| | 1-3 TIMES | 75 | 26.8 | 26.8 | 79.3 |
| | 4-6 TIMES | 19 | 06.5 | 06.5 | 85.8 |
| | 7-9 TIMES | 40 | 14.2 | 14.2 | 100.0 |
| | Total | 281 | 100.0 | 100.0 | |

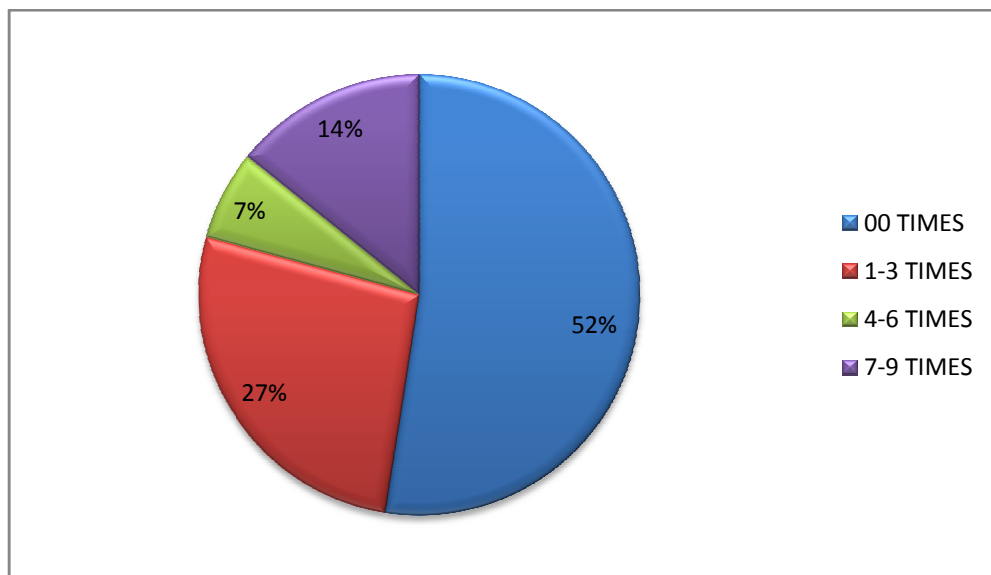


Chart No. 4.26 Number of Night Shifts of Nurses in a Month

Working in night shift is major considerable issue for the motivation of any employees working in organization. The Nurses' job is also related to the working in night shift as per the consideration of health of the people. Among the Nurses responded 52.5% are not working in night shift and remaining all are meanwhile working in night shift. 26.8% are working 1 to 3 times in night shift in a month, 6.5% are 4 to 5 times, 14.2% 7 to 9 times.

11. Distance of Residence from the Hospital

Table No. 4.27 Responses of Nurses Distance of Residence from the Hospital

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|---------------------------|-----------|---------|---------------|--------------------|
| Valid | Less than 30 minutes walk | 94 | 33.3 | 33.3 | 33.3 |
| | 60+ minutes walk | 187 | 66.7 | 66.7 | 100.0 |
| | Total | 281 | 100.0 | 100.0 | |

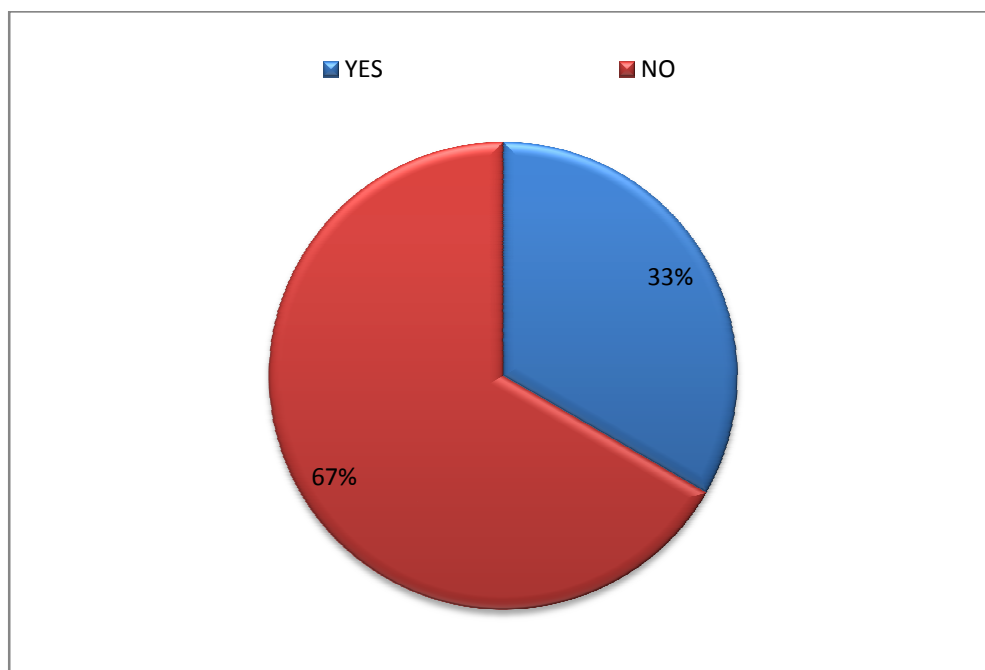


Chart No. 4.27 Responses of Nurses Distance of Residence from the Hospital

Distance of residence from the Hospital is important as it determines whether or not the individual is further taxed due to travelling.

Most of the Nurses who were a part of this study are comfortable with the time and distance of travel.

12. Transport Used

Table No. 4.28 Transport Used by Nurses

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|------------------|-----------|---------|---------------|--------------------|
| Valid | Walk | 77 | 27.3 | 27.3 | 27.3 |
| | Public Transport | 107 | 38.2 | 38.2 | 65.5 |
| | Own Vehicle | 97 | 34.5 | 34.5 | 100.0 |
| | Total | 55 | 100.0 | 100.0 | |

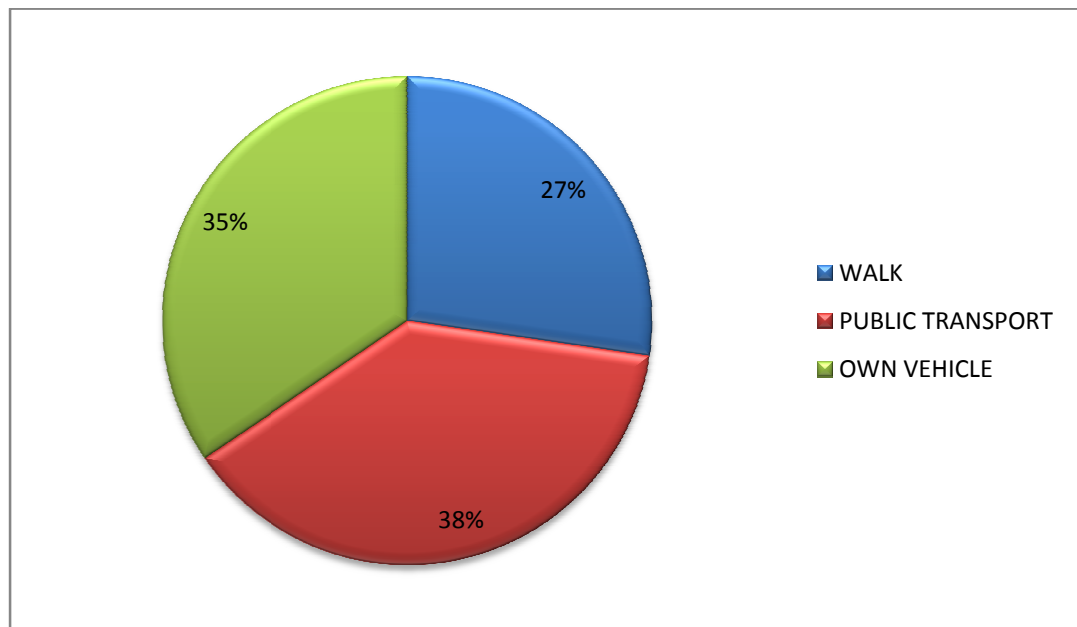


Chart No. 4.28 Transport Used by Nurses

The hospitals visited for survey are not provided the transportation facilities for their employees so the Nurses are coming by their own. This also can be act as a barrier for the motivation of the employees. The study shows 27.3% Nurses are come by walk, 38.2% are used public transport and remaining a major group 34.5% is having their own vehicle.

4.3 SECTION B: ANALYSIS OF MOTIVATIONAL FACTORS

1. DESCRIPTIVE STATISTICS OF MOTIVATION VARIABLES OF DOCTORS' RESPONSES

Researcher tried to find out the importance of motivation and which having the impact on employee retention. For analysis the motivational factors for Doctors the researcher has framed 19 statements where the response have been given on 5 Point rating scale. The participants have been asked to indicate how frequently the statements mentioned occur in their life. The responses range from 1- Strongly Disagree to 5-Strongly Agree. In these statements if the responded score is higher, then it indicate high level of motivation.

These 19 questions are considered for the factor analysis and impact analysis of motivation for Doctors' responses.

Table No.: 4.29 Descriptive Statistics of Motivation Variables of Doctors' Responses

| No | Variable Statement | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating-5=Max) | Total | Mean | Std. Deviation |
|--------|--|---|----------------------------------|---------------------|--------------------|------------------|-------------------------------|-------|------|----------------|
| M 1 | My Task is compatible with my knowledge and skill | N | 5 | 5 | 0 | 87 | 72 | 169 | 4.27 | 0.88 |
| | | % | 3.03 | 3.03 | 0 | 51.51 | 42.42 | 100 | | |
| M 2 | I am satisfied with the compensation I get for my work | N | 36 | 41 | 0 | 72 | 20 | 169 | 3.00 | 1.44 |
| | | % | 21.21 | 24.24 | 00 | 42.42 | 12.12 | 100 | | |
| M 3 | I am satisfied with the incentive structure and bonus offered to me in this hospital | N | 26 | 46 | 0 | 67 | 30 | 169 | 3.18 | 1.42 |
| | | % | 15.15 | 27.27 | 0 | 39.39 | 18.18 | 100 | | |
| M 4 | I can express myself in front of my Superior easily | N | 15 | 26 | 0 | 87 | 41 | 169 | 3.67 | 1.27 |
| | | % | 9.09 | 15.15 | 0 | 51.51 | 24.24 | 100 | | |

| No | Variable Statement | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating-5=Max) | Total | Mean | Std. Deviation |
|------|--|---|----------------------------------|---------------------|--------------------|------------------|-------------------------------|-------|------|----------------|
| M 5 | My Superior gives me periodic feedback on my performance | N | 15 | 15 | 0 | 98 | 41 | 169 | 3.79 | 1.19 |
| | | % | 9.09 | 9.09 | 0 | 57.57 | 24.24 | 100 | | |
| M 6 | My hospital helps me upgrade my skills and knowledge | N | 10 | 21 | 0 | 87 | 51 | 169 | 3.88 | 1.17 |
| | | % | 6.06 | 12.12 | 0 | 51.51 | 30.30 | 100 | | |
| M 7 | Conduct of Patients' and relatives with me is positive | N | 0 | 21 | 0 | 87 | 61 | 169 | 4.12 | 0.93 |
| | | % | 0 | 12.12 | 0 | 51.51 | 36.36 | 100 | | |
| M 8 | I am satisfied with the facilities provided to me by the hospital management | N | 10 | 46 | 0 | 72 | 41 | 169 | 3.52 | 1.30 |
| | | % | 6.06 | 27.27 | 0 | 42.42 | 24.24 | 100 | | |
| M 9 | I am treated with respect by all the members in my Hospital | N | 0 | 21 | 0 | 97 | 51 | 169 | 4.06 | 0.90 |
| | | % | 0 | 12.12 | 0 | 57.57 | 30.30 | 100 | | |
| M 10 | My family is happy that I work for this hospital | N | 5 | 31 | 0 | 77 | 56 | 169 | 3.88 | 1.17 |
| | | % | 3.03 | 18.18 | 0 | 45.45 | 33.33 | 100 | | |
| M 11 | I am proud to be a part of this hospital | N | 0 | 10 | 0 | 87 | 72 | 169 | 4.30 | 0.77 |
| | | % | 0 | 6.06 | 0 | 51.51 | 42.42 | 100 | | |
| M 12 | My Superior has explained my Performance standards | N | 10 | 5 | 0 | 103 | 51 | 169 | 4.06 | 1.00 |
| | | % | 6.06 | 3.03 | 0 | 60.60 | 30.30 | 100 | | |
| M 13 | Most days I am enthusiastic about my work | N | 5 | 20 | 0 | 77 | 67 | 169 | 4.06 | 1.09 |
| | | % | 3.03 | 12.12 | 0 | 45.45 | 39.39 | 100 | | |
| M 14 | I can allocate time for recreational activities | N | 36 | 41 | 0 | 77 | 15 | 169 | 2.97 | 1.40 |
| | | % | 21.21 | 24.24 | 0 | 45.45 | 9.09 | 100 | | |
| M 15 | Quality is a top priority at the hospital | N | 5 | 26 | 0 | 77 | 61 | 169 | 3.97 | 1.13 |
| | | % | 3.03 | 15.15 | 0 | 45.45 | 36.36 | 100 | | |

| No | Variable Statement | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating-5=Max) | Total | Mean | Std. Deviation |
|---------|---|---|----------------------------------|---------------------|--------------------|------------------|-------------------------------|-------|------|----------------|
| M 16 | Professional duties don't affect my personal life | N | 10 | 51 | 0 | 67 | 41 | 169 | 3.45 | 1.33 |
| | | % | 6.06 | 30.30 | 0 | 39.39 | 24.24 | 100 | | |
| M 17 | My work is appreciated by the Management | N | 21 | 36 | 0 | 56 | 56 | 169 | 3.55 | 1.46 |
| | | % | 12.12 | 21.21 | 0 | 33.33 | 33.33 | 100 | | |
| M 18 | Each day at work seems like it will never end | N | 16 | 61 | 0 | 61 | 31 | 169 | 3.18 | 1.36 |
| | | % | 9.09 | 36.36 | 0 | 36.36 | 18.18 | 100 | | |
| M 19 | I always arrive on time for my shift | N | 0 | 5 | 0 | 51 | 113 | 169 | 4.61 | 0.66 |
| | | % | 0 | 3.03 | 0 | 30.30 | 66.66 | 100 | | |

From the analysis of these responses it is found that there are certain aspects are present in their job which makes them motivated and they liked to be remain in current hospital for longer time. In the analysis in the mentioned statements as the scores for motivation are rises, the means are rises toward 5 (Shown in Table No). If the mean score is higher than the 3 value then the opinion of the respondents are inclined toward the agreement of particular positive statement, which shows the people are motivated. The higher score means high morale and motivation in the respondents and they remain self-motivated while doing jobs or handling any task.

The further analysis of each aspect separately had done which are as follows.

VARIABLE 1:

The statement 1 at which the respondent asked that the task provided in the hospital is compatible with their skills and knowledge. Then it is found that the maximum numbers of Doctors are agreed to the statement i.e. 51.51% are agreed and 42.42% are strongly agreed.

So for this statement we found that the mean of their score is 4.27. This shows hospitals are providing the task compatible to Doctors' skills and it motivates the

Doctors. The score is very high than middle value 3 so it can be said that this is very important aspect of hospital to motivate the Doctors.

VARIABLE 2:

For this statement the Doctors responded in-between score of 5 to 1 and then we calculate the mean of the scores it comes to 3 at std. dev. of 1.44. So we can see this score is slightly upward than 3, but as it is higher the Doctors are satisfied with the compensation they get. But even 45.45% Doctors are disagree about they get satisfactory compensation. The compensation is found to be a major factor for motivation so the hospitals are need to concentrate on such factors.

VARIABLE 3:

In the same line with compensation the incentives and bonus are equally important as per the motivation point of view. The study shows the mean score of the responses by Doctors for this statement is slightly lower side i.e. 3.18 which is higher than 3 but can be consider as lower score. Around 42.42% Doctors are disagreed about the incentives and bonuses. The hospitals need to be thinking about the monitory motivation of the employees then only that score will be enhanced.

VARIABLE 4:

The statement 4 is a positive statement which is related to good relationship with the superior and colleagues. This is also one of the important aspects for motivating the people at work place.

The survey shows 75.75% Doctors agreed that they can express themselves in front of Superior easily and we calculate their mean score as 3.67 which is higher than middle of 3. it seems to be that maximum Doctors are motivated in this manner.

VARIABLE 5:

In the same line the statement 5 is also a positive statement about good relationship with the superior and colleagues. The statement explains that the Superior gives periodic feedback on performance of the respondents. Due to which the individual feels very comfortable and it motivates them to do the task more enthusiastically.

The 81.81% Doctors are agreed to the statement with mean score of 3.79 which is a considerable higher than middle score of 3. Means the people are motivated through this variable.

VARIABLE 6:

The statement 6 is related the expectation of employees from the organisation. Here the researcher asked that whether hospitals are helped Doctors to upgrade their skills and knowledge. And it is found that maximum number of Doctors (51.51% agreed and 30.30% strongly agreed) is agreed that hospital really helped them in this manner. With the mean score of 3.88 this variable became the important factor of motivation.

VARIABLE 7:

The Conduct of Patients' and relatives is really a motivating aspect for any doctor, which helped them to get motivated and do task very carefully and positively. In the every hospital we had visited, the Doctors' responds that the conduct of patient and their relatives are positive, 87.87% Doctors are agreed that. And the mean score for this statement is 4.12 which is very high.

VARIABLE 8:

The statement 8 is related to the facilities provided by the hospital management. The survey shows the major number Doctors i.e. 66.66% are satisfied with the facilities provided by the hospital. Despite that a suitable number of groups is dissatisfied (33.33%). It seems that this is very important factor for motivation and can be suggested to improve the facility in certain hospital like cleaning services. Then these things again motivate the Doctors to remain in job. As the people got different facilities they will get motivated toward work.

VARIABLE 9:

The statement 9 is related to respect the Doctors get during their work in the hospital and which will the important motivators for the individual. The survey shows the major number Doctors i.e. 87.87% are feels that they got the respect in the organisation and it remains responsible to them to get motivated. This shows the respectful treatment to the employees in the organisation helps them to get motivated

and people feels very satisfactory due to respect they get. They more concentrate on the work and task completion properly.

VARIABLE 10:

The statement 10 is related to happiness of the family about the current work and organisation where Doctors work. The survey shows the major number Doctors i.e. 78.78% are feels that their family are happy and satisfied about the organisation the individual work. The happiness in the family is the biggest motivation factor for any working professional, if the family of individual is happy the people remain motivated during the work. The enthusiasm towards work is increased from such work life and family life balance.

VARIABLE 11:

The statement 11 is related to the proud feeling of individual about working in respective organisation. If the people feel proud about the organisation, they do the work more carefully and maintaining quality at the work which seems to remain motivated in the work. The survey shows the major number Doctors i.e. 93.93% are feels proud about their organisation and they work for the wellbeing of the hospital. Such factor is seems to be a biggest motivator for individual.

VARIABLE 12:

The statement 12 is related to the explanation of performance standard by the superior to the individual working professional. The respondents feel that if their superior tells positive about their performance in the job, it will be a motivating factor for them to work harder and show the performance. It stimulates the performance and during this study it finds that in the hospitals superior are given the feedback for the performance of the Doctors (90.90 % respondents are agreed).

VARIABLE 13:

The statement 13 is related to the enthusiasm about to do work. The enthusiasm is the outcome of the motivation or vice versa i.e. due to motivation the people are doing work more enthusiastically. During study it is found that the Doctors are more enthusiastic about the work i.e. 84.84% agreed that they do work more enthusiastically. This feels that the Doctors are motivated to do work with enthusiasm.

VARIABLE 14:

The statement 14 is related to allocation of work for recreational activity. To maintain the work life and family life balance the time given for recreational activity is important, it maintains the inspiration to job the job well. This balance and time for recreational activity will motivate the employees and such activities are responsible for employee retention also. During study it is found that the Doctors are giving their time for recreational activity i.e. 54.54% agreed to the statement but it even less than the agreement to the other statements. 45.45% are disagree also, so there is a need to give them time for recreational activity to remain motivated

VARIABLE 15:

The statement 15 is related to quality is top priority in the hospital. People are thinking that if the quality has been maintain in the hospital maximum work will go smoothly and help to enhance the performance and results. During study it is found that the Doctors are feels that quality in their hospital is having top priority so there is less chances of mistake and which helps them to remain motivated. Out of total respondents Doctors 81.81% agreed that the quality is on the top priority in their hospitals.

VARIABLE 16:

The statement 16 is related to work life balance means here the respondents ask about that their professional life doesn't affect the personal life. The survey shows that 63.63% Doctors agreed that professional life don't affect the personal life. But a sufficient number of Doctors i.e. 36.36% feel that their personal life is getting affected by the professional life. If the people's work life balance is properly maintain then they remain self-motivated otherwise its will hamper their performance.

VARIABLE 17:

The statement 17 is related the appreciation of the work of the employees by management. This appreciation is act as a motivator for the Doctors, if the management appreciated the work, people will try to give the better performance. During study it is found that maximum number of Doctors (33.33% agreed and 33.33% strongly agreed) is agreed that hospital really appreciated their work. But also

found that a sufficient number of Doctors are not agreed to the statement also (33.33%). With the mean score of 3.55 this variable became the important factor of motivation.

VARIABLE 18:

The statement 18 is related the positive thinking about the day that they feel each day will not come again so do the work properly. Such positive thinking about each day in life will improve the performance of Doctors and help them to motivate. The mean score of this statement is 3.18 which are higher than mean score of 3. It shows that this factor is important for the motivation. During study it is found that maximum number of Doctors (36.36% agreed and 18.18% strongly agreed) is agreed that they feel each day will not come again. But also found that a sufficient number of Doctors are not agreed to the statement also (46.46%).

VARIABLE 19:

The statement 19 is related the time management which is an important factor for the motivation. The time management is an important positive factor for the motivation, the people will get the self-motivated as they remain punctual in their work timing. For this statement the mean score is 4.61 which are very higher than mean score of 3. It shows that the Doctors are more cautious about time management. During study it is found that maximum number of Doctors (96.96%) is agreed that they feel time management is key and important factor for motivation.

2. DESCRIPTIVE STATISTICS OF MOTIVATION VARIABLES OF NURSES' RESPONSES

Again in this study the researcher tried to find out the importance of motivation and which having the impact on employee retention. For analysis the motivational factors for Nurses the researcher has framed 21 statements where the response have been given on 5 Point rating scale. The participants have been asked to indicate how frequently the statement mentioned occurs in their life. The responses range from 1-Strongly Disagree to 5-Strongly Agree. In these statements if the responded score is higher, then it indicate high level of motivation.

These 21 questions are considered for the factor analysis and impact analysis of motivation for Nurses' responses.

Table No.:4.30 Descriptive Statistics of Motivation Variables of Nurses' Responses

| No | | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating-5=Max) | Total | Mean | Std. Deviation |
|----|--|---|----------------------------------|---------------------|--------------------|------------------|-------------------------------|-------|------|----------------|
| M1 | I am satisfied with the compensation I get for my work | N | 21 | 15 | 0 | 56 | 189 | 281 | 4.3 | 1.21 |
| | | % | 7.27 | 5.45 | 0 | 20.0 | 67.27 | 100 | 5 | |
| M2 | I am satisfied with the incentive structure and bonus offered to me in this hospital | N | 5 | 30 | 0 | 123 | 123 | 281 | 4.1 | 1.01 |
| | | % | 1.81 | 10.90 | 0 | 43.63 | 43.63 | 100 | 6 | |
| M3 | I can express myself in front of my Superior easily | N | 0 | 5 | 0 | 164 | 112 | 281 | 4.3 | 0.59 |
| | | % | 0 | 1.81 | 0 | 58.18 | 40 | 100 | 6 | |
| M4 | My Superior gives me periodic feedback on my performance | N | 0 | 0 | 0 | 204 | 77 | 281 | 4.2 | 0.45 |
| | | % | 0 | 0 | 0 | 72.72 | 27.27 | 100 | 7 | |
| M5 | I am happy with the recognition I get at work from my Superior | N | 0 | 0 | 0 | 158 | 123 | 281 | 4.4 | 0.50 |
| | | % | 0 | 0 | 0 | 56.36 | 43.63 | 100 | 4 | |
| M6 | My hospital helps me upgrade my skills and knowledge | N | 0 | 10 | 0 | 199 | 72 | 281 | 4.1 | 0.61 |
| | | % | 0 | 3.63 | 0 | 70.90 | 25.45 | 100 | 8 | |
| M7 | I feel comfortable here in Current Hospital | N | 5 | 0 | 0 | 153 | 123 | 281 | 4.3 | 0.68 |
| | | % | 1.81 | 0 | 0 | 54.54 | 43.63 | 100 | 8 | |
| M8 | When I am on leave I am replaced by my colleague | N | 5 | 16 | 0 | 102 | 158 | 281 | 4.4 | 0.89 |
| | | % | 1.81 | 5.45 | 0 | 36.36 | 56.36 | 100 | 0 | |

| No | | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating-5=Max) | Total | Mean | Std. Deviation |
|-----|--|---|-------------------------------------|------------------------|--------------------|------------------|----------------------------------|-------|------|----------------|
| M9 | Patients and their relatives conduct towards me is positive | N | 15 | 26 | 0 | 163 | 77 | 281 | 3.9 | 1.07 |
| | | % | 5.45 | 9.09 | 0 | 58.18 | 27.27 | 100 | 3 | |
| M10 | I am aware of my privileges and other welfare schemes in this hospital | N | 5 | 10 | 0 | 174 | 92 | 281 | 4.2 | 0.78 |
| | | % | 1.81 | 3.63 | 0 | 61.81 | 32.72 | 100 | 0 | |
| M11 | I am clear about my roles and responsibilities | N | 0 | 15 | 0 | 123 | 143 | 281 | 4.4 | 0.76 |
| | | % | 0 | 5.45 | 0 | 43.63 | 50.90 | 100 | 0 | |
| M12 | I will recommend others to join this hospital | N | 5 | 30 | 0 | 118 | 128 | 281 | 4.1 | 1.02 |
| | | % | 1.81 | 10.90 | 0 | 41.81 | 45.45 | 100 | 8 | |
| M13 | I am satisfied with the facilities provided to me by the hospital management | N | 10 | 51 | 0 | 118 | 102 | 281 | 3.8 | 1.20 |
| | | % | 3.63 | 18.18 | 0 | 41.81 | 36.36 | 100 | 9 | |
| M14 | I am treated with respect by all the members in my Hospital | N | 0 | 10 | 0 | 174 | 97 | 281 | 4.2 | 0.65 |
| | | % | 0 | 3.63 | 0 | 61.81 | 34.54 | 100 | 7 | |
| M15 | My family is happy that I work for this hospital | N | 0 | 41 | 0 | 123 | 117 | 281 | 4.1 | 1.00 |
| | | % | 0.0 | 14.54 | 0 | 43.63 | 41.81 | 100 | 3 | |
| M16 | I am proud to be a part of this hospital | N | 0 | 15 | 0 | 102 | 164 | 281 | 4.4 | 0.76 |
| | | % | 0 | 5.45 | 0 | 36.36 | 58.18 | 100 | 7 | |
| M17 | I can easily manage my work and my personal life in this hospital | N | 0 | 5 | 0 | 118 | 158 | 281 | 4.5 | 0.60 |
| | | % | 0 | 1.81 | 0 | 41.81 | 56.36 | 100 | 3 | |
| M18 | I believe my job is secure | N | 5 | 10 | 0 | 87 | 179 | 281 | 4.5 | 0.84 |
| | | % | 1.81 | 3.63 | 0 | 30.90 | 63.63 | 100 | 1 | |

| No | | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating-5=Max) | Total | Mean | Std. Deviation |
|-----|---|---|-------------------------------------|------------------------|--------------------|------------------|----------------------------------|-------|------|----------------|
| M19 | Quality is a top priority at the hospital | N | 0 | 66 | 0 | 97 | 118 | 281 | 3.9 | 1.18 |
| | | % | 0 | 23.63 | 0 | 34.54 | 41.81 | 100 | 5 | |
| M20 | Meals provided are healthy and hygienic | N | 271 | 0 | 0 | 0 | 10 | 281 | 1.1 | 0.76 |
| | | % | 96.36 | 0 | 0 | 0 | 3.63 | 100 | 5 | |
| M21 | I arrive on time for my shift | N | 0 | 10 | 0 | 118 | 153 | 281 | 4.4 | 0.69 |
| | | % | 0 | 3.63 | 0 | 41.81 | 54.54 | 100 | 7 | |

From the analysis of these responses of Nurses it is found that there are certain aspects are present in their job which makes them motivated and they liked to be remain in current hospital for longer time. In the mentioned statements as the scores for motivation are rises, the means are rises toward 5 (Shown in Table No). If the mean score is higher than the 3 value then the opinion of the respondents are inclined toward the agreement of particular positive statement, which shows the people are motivated. The higher score means high morale and motivation in the Nurses and they remain self-motivated while doing jobs or handling any task.

The further analysis of each aspect separately was done which are as follows.

VARIABLE 1:

For this statement the Nurses responded in-between score of 5 to 1 and then we calculate the mean of the scores it comes to 4.35 at SD. of 1.21. So we can see this score is slightly upward than 3, but as it is higher the Nurses i.e. 87.87% are satisfied with the compensation they get. The compensation is found to be a major factor for motivation so the hospitals are need to concentrate on such factors.

VARIABLE 2:

In the same line with compensation the incentives and bonus are equally important as per the motivation point of view. The study shows the mean score of the responses by Nurses for this statement is higher side i.e. 4.16 which is higher than 3. Around 86.26% Nurses are agreed about the incentives and bonuses. The hospitals need to be thinking about the monetary motivation of the employees which will help people to motivate.

VARIABLE 3:

The statement 3 is a positive statement which is related to good relationship with the superior and colleagues. This is also one of the important aspects for motivating the people at work place. The survey shows 98.18% Nurses agreed that they can express themselves in front of Superior easily and we calculate their mean score as 4.36 which is higher than middle of 3. It seems to be that almost all the Nurses are motivated in this manner.

VARIABLE 4:

In the same line the statement 4 is also a positive statement about good relationship with the superior and colleagues. The statement explains that the Superior gives periodic feedback on performance of the respondents. Due to which the individual feels very comfortable and it motivates them to do the task more enthusiastically.

The 100% Nurses are agreed to the statement with mean score of 4.27 which is a considerable higher than middle score of 3. Means the people are highly motivated through this variable.

VARIABLE 5:

The statement 5 is also a positive statement about recognition of employees from the superior. Then it is found that the almost all number of Nurses are agreed to the statement i.e. 56.36% are agreed and 43.63% are strongly agreed. So for this statement we found that the mean of their score is 4.44. This shows the higher numbers of Nurses are getting motivated if they get recognised by the superior.

VARIABLE 6:

The statement 6 is related to the opportunities given by hospital for developing skills. Here the researcher asked that whether hospitals are helped Nurses to upgrade their skills and knowledge. And it is found that maximum number of Nurses (70.90% agreed and 25.45% strongly agreed) is agreed that hospital really helped them in this manner. With the mean score of 4.18 this variable became the important factor of motivation.

VARIABLE 7:

The statement 7 is related to feeling of Nurses to be comfortable in the current hospital. This shows the comfortable feeling in workplace is act as a motivator for Nurses. During survey it is found that almost all number of Nurses (54.54% agreed and 43.63% strongly agreed) is agreed that in hospital they really feel comfortable. With the mean score of 4.38 this variable became the important factor of motivation.

VARIABLE 8:

The statement 8 is related to arrangement of reliever done by the hospital when any nurse is remains absent. The arrangement of reliever is quite make people satisfactory for the work. During survey it is found that almost maximum number of Nurses (36.36% agreed and 56.36% strongly agreed) is agreed that in hospital provide this kind of support to them. With the mean score of 4.40 this variable became the important factor of motivation.

VARIABLE 9:

The Conduct of Patients' and relatives is really a motivating aspect for any nurse, which helped them to get motivated and do task very carefully and positively. In the every hospital we had visited, the Nurses' responds that the conduct of patient and their relatives are positive, 85.88% Nurses are agreed that. And the mean score for this statement is 3.93 which are very high.

VARIABLE 10:

The statement 10 is related to allocation welfare activity in the hospital. It can be said that the welfare practices in the organisation will help to employee to boost their performance and which help them to motivate. During study it is found that the

Nurses are agreed that the hospitals provide welfare schemes i.e. 94.53% agreed to the statement. So hospitals are good in the welfare practices.

VARIABLE 11:

The statement 11 is related to the roles and responsibilities. The clearness about roles and responsibilities in the hospital will be act as an outcome of the motivation. During study it is found that the Nurses are clearer about the roles and responsibilities they perform about their work i.e. 94.53% agreed that they are clear about their roles and it helps in motivation.

VARIABLE 12:

The statement 12 is related to recommend to join same current hospitals to others by the Nurses. It will be clear that when the people feel satisfactory about the organisation and job then only, they recommend other to join that. So from this study it finds that in the 86.26% Nurses will recommend others to join same hospital where respondents are currently working. It shows the major sample group of Nurses are satisfied in current jobs

VARIABLE 13:

The statement 13 is related to the facilities provided by the hospital management. The survey shows the major number Nurses i.e. 78.15% are satisfied with the facilities provided by the hospital. It seems that this is very important factor for motivation and can be suggested to improve the facility in certain hospital like cleaning services. Then these things again motivate the Nurses to remain in job. As the people got different facilities they will get motivated toward work.

VARIABLE 14:

The statement 14 is related to respect the Nurses get during their work in the hospital and which will the important motivators for the individual. The survey shows the major number Nurses i.e. 96.37% are feels that they got the respect in the organisation and it remains responsible to them to get motivated. This shows the respectful treatment to the employees in the organisation helps them to get motivated and people feels very satisfactory due to respect they get. They more concentrate on the work and task completion properly.

VARIABLE 15:

The statement 15 is related to happiness of the family about the current work and organisation where Nurses work. The survey shows the major number Nurses i.e. 85.42% are feels that their family are happy and satisfied about the organisation the individual work. The happiness in the family is the biggest motivation factor for any working professional, if the family of individual is happy the people remain motivated during the work. The enthusiasm towards work is increased from such work life and family life balance.

VARIABLE 16:

The statement 16 is related to the proud feeling of individual about working in respective organisation. If the people feel proud about the organisation, they do the work more carefully and maintaining quality at the work which seems to remain motivated in the work. The survey shows the major number Nurses i.e. 94.54% are feels proud about their organisation and they work for the wellbeing of the hospital. Such factor is seems to be a biggest motivator for individual.

VARIABLE 17:

The statement 17 is related to work life balance means here the respondents ask about that their professional life doesn't affect the personal life. The survey shows that 98.19% Nurses agreed that professional life don't affect the personal life. If the people's work life balance is properly maintain then they remain self-motivated otherwise its will hamper their performance.

VARIABLE 18:

The statement 18 is related the job security. This factor is very important for motivation and which will improve the performance of Nurses. If individual feels that their job is secure then only he shows higher willingness to do the task. The mean score of this statement is 4.51 which are higher than mean score of 3. It shows that this factor is important for the motivation. During study it is found that maximum number of Nurses (30.90% agreed and 63.63.18% strongly agreed) is agreed that they feel their job is secure

VARIABLE 19:

The statement 19 is related to quality is top priority in the hospital. People are thinking that if the quality has been maintain in the hospital maximum work will go smoothly and help to enhance the performance and results. During study it is found that the Nurses are feels that quality in their hospital is having top priority so there is less chances of mistake and which helps them to remain motivated. Out of total respondents Nurses 76.35% agreed that the quality is on the top priority in their hospitals.

VARIABLE 20:

The statement 20 is related to the provision of healthy and hygienic food. But it is found that the hospitals are not provided the meal to the employees. The provision of meal will boost the morale of employees and they will get self-motivated. But during study it is found that maximum number of Nurses (96.36% strongly disagreed) is disagreed that hospital are providing meal.

VARIABLE 21:

The statement 21 is related the time management which is an important factor for the motivation. The time management is an important positive factor for the motivation, the people will get the self-motivated as they remain punctual in their work timing. For this statement the mean score is 4.47 which are very higher than mean score of 3. It shows that the Nurses are more cautious about time management. During study it is found that maximum number of Nurses (96.37%) is agreed that they feel time management is key and important factor for motivation.

3. FACTOR ANALYSIS FOR DOCTORS' RESPONSES

Factor Analysis was used by the researcher to group and identify the most prominent factors of the motivation.

Testing Data Readiness for Factor Analysis

The Kaisen-Meyer-Olkin Measure of Sampling Adequacy and Bartlett's Test for Sphericity were done for testing the data readiness. The details are presented in Table.

Table No. 4.31 : KMO and Bartlett's Test

| | | |
|--|--------------------|---------|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | | .630 |
| Bartlett's Test of Sphericity | Approx. Chi-Square | 387.841 |
| | df | 171 |
| | P value | .000 |

Significant at 1% level ($p < 0.01$)

The Kaiser-Meyer-Olkin Measure of Sampling Adequacy score of 0.630 indicates elevated level of data appropriateness. This indicates that factor analysis can be used to derive inference as 63.0% of the common variance is accounted for by the underlying factors. Also the score of Bartlett's Test for Sphericity is significant with a chi-square value of 387.841 and $P < 0.01$.

Factor analysis generates normalized Eigen vectors (factors or dimensions) of the variance covariance non negative definite matrix of the original data set corresponding to the Eigen values arranged in descending order of magnitude. These components not only dimensionally reduce the large data set but also reveal inherent structure of the variables that provides insight into the motivational factors. The factors are mutually uncorrelated vectors also. Usually the components whose Eigen values are greater than unity give more information of the data set. The correlation coefficient between factors and original variables (called factor loading) greater than 0.40 in absolute value dominates the respective components. The factor analysis used Varimax rotation with Kaiser Normalization, producing uncorrelated factors. The details of factor analysis are given below.

Table No. 32 : Communalities

| Factors | Initial | Extraction |
|--|----------------|-------------------|
| My Task is compatible with my knowledge and skill | 1.000 | .814 |
| I am satisfied with the compensation I get for my work | 1.000 | .861 |

| Factors | Initial | Extraction |
|--|----------------|-------------------|
| I am satisfied with the incentive structure and bonus offered to me in this hospital | 1.000 | .750 |
| I can express myself in front of my Superior easily | 1.000 | .781 |
| My Superior gives me periodic feedback on my performance | 1.000 | .825 |
| My hospital helps me upgrade my skills and knowledge | 1.000 | .863 |
| Conduct of Patients' and relatives with me is positive | 1.000 | .806 |
| I am satisfied with the facilities provided to me by the hospital management | 1.000 | .600 |
| I am treated with respect by all the members in my Hospital | 1.000 | .867 |
| My family is happy that I work for this hospital | 1.000 | .847 |
| I am proud to be a part of this hospital | 1.000 | .660 |
| My Superior has explained my Performance standards | 1.000 | .856 |
| Most days I am enthusiastic about my work | 1.000 | .873 |
| I can allocate time for recreational activities | 1.000 | .770 |
| Quality is a top priority at the hospital | 1.000 | .822 |
| Professional duties don't affect my personal life | 1.000 | .733 |
| My work is appreciated by the Management | 1.000 | .757 |
| Each day at work seems like it will never end | 1.000 | .493 |
| I always arrive on time for my shift | 1.000 | .787 |
| Extraction Method: Principal Component Analysis. | | |

Factor analysis extracted six components which explain 77.69% of the total information accounted by the 19 original motivational variables. The details are shown in Table of total variance explained. Extraction method is Principal Component Analysis.

Table No. 33 : Total Variance Explained

| Component | Initial Eigen values | | | Extraction Sums of Squared Loadings | | | Rotation Sums of Squared Loadings | | |
|--|----------------------|---------------|--------------|-------------------------------------|---------------|--------------|-----------------------------------|---------------|--------------|
| | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % |
| 1 | 6.966 | 36.664 | 36.664 | 6.966 | 36.664 | 36.664 | 3.810 | 20.054 | 20.054 |
| 2 | 2.050 | 10.790 | 47.454 | 2.050 | 10.790 | 47.454 | 2.651 | 13.955 | 34.009 |
| 3 | 1.864 | 9.810 | 57.264 | 1.864 | 9.810 | 57.264 | 2.622 | 13.799 | 47.808 |
| 4 | 1.406 | 7.400 | 64.664 | 1.406 | 7.400 | 64.664 | 2.036 | 10.716 | 58.524 |
| 5 | 1.288 | 6.780 | 71.444 | 1.288 | 6.780 | 71.444 | 1.990 | 10.472 | 68.997 |
| 6 | 1.188 | 6.255 | 77.698 | 1.188 | 6.255 | 77.698 | 1.653 | 8.702 | 77.698 |
| 7 | .996 | 5.243 | 82.941 | | | | | | |
| 8 | .604 | 3.178 | 86.119 | | | | | | |
| 9 | .516 | 2.717 | 88.837 | | | | | | |
| 10 | .457 | 2.405 | 91.242 | | | | | | |
| 11 | .353 | 1.856 | 93.098 | | | | | | |
| 12 | .327 | 1.719 | 94.817 | | | | | | |
| 13 | .263 | 1.382 | 96.199 | | | | | | |
| 14 | .238 | 1.255 | 97.454 | | | | | | |
| 15 | .224 | 1.177 | 98.631 | | | | | | |
| 16 | .109 | .573 | 99.204 | | | | | | |
| 17 | .068 | .358 | 99.562 | | | | | | |
| 18 | .047 | .250 | 99.812 | | | | | | |
| 19 | .036 | .188 | 100.000 | | | | | | |
| Extraction Method: Principal Component Analysis. | | | | | | | | | |

Based on the results of Factor Analysis the 19 motivational variables generate six components.

Table No. 4.34 Component Matrix^a

| | Component | | | | | |
|--|------------------|----------|----------|----------|----------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| My Task is compatible with my knowledge and skill | .039 | .019 | -.095 | .105 | -.151 | .877 |
| I am satisfied with the compensation I get for my work | .336 | .574 | -.328 | .317 | -.424 | -.176 |
| I am satisfied with the incentive structure and bonus offered to me in this hospital | .037 | .686 | -.329 | -.108 | -.214 | -.335 |
| I can express myself in front of my Superior easily | .199 | -.269 | -.269 | .006 | -.027 | .772 |
| My Superior gives me periodic feedback on my performance | .766 | -.346 | -.017 | .168 | -.201 | .222 |
| My hospital helps me upgrade my skills and knowledge | .045 | .029 | .390 | .611 | -.466 | .342 |
| Conduct of Patients' and relatives with me is positive | .360 | .312 | -.131 | .013 | .390 | .640 |
| I am satisfied with the facilities provided to me by the hospital management | .187 | .095 | .038 | .709 | -.114 | -.197 |
| I am treated with respect by all the members in my Hospital | .498 | .304 | .711 | .082 | .093 | .073 |
| My family is happy that I work for this hospital | .084 | .722 | -.017 | .121 | .491 | -.249 |
| I am proud to be a part of this hospital | .218 | .616 | .298 | -.336 | .031 | -.176 |
| My Superior has explained my Performance standards | .013 | -.252 | -.454 | .191 | .596 | .441 |
| Most days I am enthusiastic about my work | .357 | .041 | .476 | -.140 | .701 | .077 |

| | Component | | | | | |
|---|------------------|----------|----------|----------|----------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| I can allocate time for recreational activities | .594 | -.345 | -.407 | .157 | .299 | -.135 |
| Quality is a top priority at the hospital | .076 | -.039 | .556 | .667 | -.195 | .151 |
| Professional duties don't affect my personal life | .714 | .048 | .017 | -.329 | .270 | .199 |
| My work is appreciated by the Management | .209 | -.134 | .696 | -.395 | -.126 | .197 |
| Each day at work seems like it will never end | -.234 | -.402 | .219 | .264 | .143 | .372 |
| I always arrive on time for my shift | .367 | -.200 | .308 | .549 | -.004 | -.464 |
| Extraction Method: Principal Component Analysis. | | | | | | |
| a. 6 components extracted. | | | | | | |

Factors Identified for the study

Nineteen motivational variables were used in the questionnaire in order to collect the data from Doctors of various hospitals in Pune. Principal Component Analysis with Varimax rotation was fixed. Based on factor analysis the variables were grouped into 6 factors.

Factor 1 - Relationship with colleagues & Work Life Balance

The factor loading and communalities of the first component is shown in Table. The high communalities show the significance of respective variables in explaining Motivational Factors. The highest Factor loading value (.766) is for the variable M5 i.e. My Superior gives me periodic feedback on my performance. The variables M16 and M14 have value .714 and .594 respectively.

Table No.4.35 Relationship with colleagues & Work Life Balance

| Variable No. | Variables in Factor 1 | Value |
|---------------------|--|--------------|
| M5 | My Superior gives me periodic feedback on my performance | .766 |
| M16 | Professional duties don't affect my personal life | .714 |
| M14 | I can allocate time for recreational activities | .594 |

Factor 2 - Monetary Factors and likes current hospital

The factor loading and communalities of the second component is shown in Table. The highest factor loading value (.722) is for M10 variable related to the happiness about to work in current hospital, followed by incentive and bonus structure (.686), M3 variable about likeliness of current hospital (.616) and compensation (.574). A total of four factors were included under the category Monetary Factors and likeliness about current hospital. Monetary factors are financial rewards that organizations pay to their employees for service rendered by them.

Table No.4.36 Monetary Factors and likes current hospital

| Variable No. | Variables in Factor 2 | Value |
|---------------------|--|--------------|
| M10 | My family is happy that I work for this hospital | .722 |
| M3 | I am satisfied with the incentive structure and bonus offered to me in this hospital | .686 |
| M11 | I am proud to be a part of this hospital | .616 |
| M2 | I am satisfied with the compensation I get for my work | .574 |

Factor 3 – Fair Treatment / Respect

The factor loading and communalities of the third factor is shown in Table. The highest factor loading value (.711) is for the variable respectful environment in hospital followed by appreciation of work in conduct (.696). A total of two variables were included in Factor 3 and is grouped under Fair Treatment / Respect Factors. This factor includes those variables which reflect certain characteristics about fare treatment in hospital.

Table No.4.37 Fair Treatment / Respect

| Variable No. | Variables in Factor 3 | Value |
|---------------------|---|--------------|
| M9 | I am treated with respect by all the members in my Hospital | .711 |
| M17 | My work is appreciated by the Management | .696 |

Factor 4 – Organizational Factors / Work Environment

The factor loading and communalities of the fourth factor is shown in Table. A total of four variables having the common characteristics were grouped under the category Organizational factors / Work Environment. The highest factor loading value (.709) is for the variable satisfaction about organizational policies, followed by quality of the hospital (.667), thinking of organization about skills of employees (.611), and time management (.367). Organizational factors are those variables which reflect the characteristics of organizational policies and thinking of organization about employee welfare.

Table No.4.38 Organizational Factors / Work Environment

| Variable Number | Variables in Factor 4 | Value |
|------------------------|--|--------------|
| M8 | I am satisfied with the facilities provided to me by the hospital management | .709 |
| M15 | Quality is a top priority at the hospital | .667 |
| M6 | My hospital helps me upgrade my skills and knowledge | .611 |
| M19 | I always arrive on time for my shift | .549 |

Factor 5 – Enthusiasms & Performance

The factor loading and communalities of the fifth factor is shown in Table. The highest factor loading value (.701) is for the variable enthusiasms about the work followed by performance standards (.596). A total of two variables were included in Factor 5 and is grouped under Enthusiasms & Performance Factors. This factor includes those variables which reflect certain characteristics about personal attributes of getting work done and performance standards.

Table No.4.39 Enthusiasms & Performance

| Variable No. | Variables in Factor 5 | Value |
|---------------------|--|--------------|
| M13 | Most days I am enthusiastic about my work | .701 |
| M12 | My Superior has explained my Performance standards | .596 |

Factor 6 - Positive Thinking

The factor loading and communalities of the sixth factor is shown in Table. A total of four variables having the common characteristics were grouped under the category Positive Thinking. The highest factor loading value (.877) is for the given task is feel compatible with skills, followed by expressing views easily in front of superior (.772), the conduct of people is positive (.640), and feeling the entire day with positivity (.372). These factors are those variables which reflect the characteristics of individual to remain positive in their lives and which also reflect in their work.

Table No.4.40 Positive Thinking

| Variable Number | Variables in Factor 6 | Value |
|------------------------|--|--------------|
| M1 | My Task is compatible with my knowledge and skill | .877 |
| M4 | I can express myself in front of my Superior easily | .772 |
| M7 | Conduct of Patients' and relatives with me is positive | .640 |
| M18 | Each day at work seems like it will never end | .372 |

4. FINDING IMPORTANT FACTOR THAT MOTIVATES DOCTORS

Factor Analysis helped the researcher to group the Motivational Factors into different factors. In this section the researcher used the Descriptive Statistics such as Mean and Standard deviation to identify the prominent motivational variables within and among the founded several motivators. The prominent factors were identified by ranking the mean values.

Table No. 4.41 Factor 1 - Relationship with colleagues & Work Life Balance

| No | | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating- 5=Max) | Total | Mean | Std. Deviation | Rank |
|-----------------------|--|---|-------------------------------------|------------------------|--------------------|------------------|-----------------------------------|-------|------|----------------|------|
| M5 | My Superior gives me periodic feedback on my performance | N | 15 | 15 | 0 | 98 | 41 | 169 | 3.79 | 1.19 | 1 |
| M14 | I can allocate time for recreational activities | N | 36 | 41 | 0 | 77 | 15 | 169 | 2.97 | 1.40 | 3 |
| M16 | Professional duties don't affect my personal life | N | 10 | 51 | 0 | 67 | 41 | 169 | 3.45 | 1.33 | 2 |
| Average of Mean Score | | | | | | | | | 3.40 | | |

From Table it can be summarized that among the Relationship with colleagues & Work Life Balance factors superior's feedback (Mean= 3.79, SD= 1.19) is the most prominent factor influencing the motivational level of employees followed by factors such as work life balance (Mean= 3.45, SD= 1.33), and time for recreational activities (Mean= 2.97, SD= 1.40). From this it can be inferred that Doctors can be highly motivated by superior's feedback about individual's performance. The communalities also show the same order of importance.

Table No. 4.42 Factor 2 - Monetary Factors

| No | | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating-5=Max) | Total | Mean | Std. Deviation | Rank |
|-----------------------|--|---|-------------------------------------|------------------------|--------------------|------------------|----------------------------------|-------|------|----------------|------|
| M2 | I am satisfied with the compensation I get for my work | N | 36 | 41 | 0 | 72 | 20 | 169 | 3.00 | 1.44 | 4 |
| M3 | I am satisfied with the incentive structure and bonus offered to me in this hospital | N | 26 | 46 | 0 | 67 | 30 | 169 | 3.18 | 1.42 | 3 |
| M10 | My family is happy I work for this hospital | N | 5 | 31 | 0 | 77 | 56 | 169 | 3.87 | 1.17 | 2 |
| M11 | I am proud to be a part of this hospital | N | 0 | 10 | 0 | 87 | 72 | 169 | 4.30 | 0.77 | 1 |
| Average of Mean Score | | | | | | | | | 3.59 | | |

From the Table it can be inferred that when considering the motivational level of employees proud feeling (Mean= 4.30, SD= 0.77) and Family happiness (Mean= 3.88, SD= 1.17) are the most influencing factors followed by Incentives (Mean= 3.18, SD= 1.42), and compensation (Mean= 3.00, SD= 1.44). Hence it can be concluded that among the Monetary factors, proud feeling and family happiness are the most important factors influencing the motivational level of Doctors.

Table No. 4.43 Factor 3 – Fair Treatment / Respect

| No | | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating- 5=Max) | Total | Mean | Std. Deviation | Rank |
|-----------------------|---|---|-------------------------------------|---------------------|--------------------|------------------|-----------------------------------|-------|------|----------------|------|
| M9 | I am treated with respect by all the members in my Hospital | N | 0 | 21 | 0 | 97 | 51 | 169 | 4.06 | 0.90 | 1 |
| M17 | My work is appreciated by the Management | N | 21 | 36 | 0 | 56 | 56 | 169 | 3.55 | 1.46 | 2 |
| Average of Mean Score | | | | | | | | | 3.80 | | |

Among the Fair Treatment / Respect factors, respectful treatment (Mean= 4.06, SD= 0.90) is the most influencing factor followed by appreciation by management (Mean= 3.55, SD= 0.562).

Table No. 4.44 Factor 4 – Organizational Factors / Work Environment

| No | | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating- 5=Max) | Total | Mean | Std. Deviation | Rank |
|----|--|---|-------------------------------------|------------------------|--------------------|------------------|-----------------------------------|-------|------|----------------|------|
| M6 | My hospital helps me upgrade my skills and knowledge | N | 10 | 21 | 0 | 87 | 51 | 169 | 3.88 | 1.17 | 3 |

| No | | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating- 5=Max) | Total | Mean | Std. Deviation | Rank |
|-----------------------|--|---|-------------------------------------|------------------------|--------------------|------------------|-----------------------------------|-------|------|----------------|------|
| M 8 | I am satisfied with the facilities provided to me by the hospital management | N | 10 | 46 | 0 | 72 | 41 | 169 | 3.52 | 1.30 | 4 |
| M 15 | Quality is a top priority at the hospital | N | 5 | 26 | 0 | 77 | 61 | 169 | 3.97 | 1.13 | 2 |
| M 19 | I always arrive on time for my shift | N | 0 | 5 | 0 | 51 | 113 | 169 | 4.61 | 0.66 | 1 |
| Average of Mean Score | | | | | | | | | 3.99 | | |

Table summarizes that among the organizational factors/Work Environment, time management (Mean= 4.61, SD= 0.66) is the most influencing motivational factor followed by thinking quality as top priority by management (Mean= 3.97, SD= 1.13), organizational policies to upgrade skills (Mean= 3.88, SD= 1.17) and facilities provided by organization (Mean= 3.52, SD= 1.30). The Doctors are highly motivated by factors such as time management, and good organizational policies.

Table No. 4.45 Factor 5 – Enthusiasms & Performance

| No | | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating- 5=Max) | Total | Mean | Std. Deviation | Rank |
|-----------------------|--|---|-------------------------------------|---------------------|--------------------|------------------|-----------------------------------|-------|------|----------------|------|
| M12 | My Superior has explained my Performance standards | N | 10 | 5 | 0 | 103 | 51 | 169 | 4.06 | 1.00 | 1 |
| M13 | Most days I am enthusiastic about my work | N | 5 | 20 | 0 | 77 | 67 | 169 | 4.06 | 1.09 | 1 |
| Average of Mean Score | | | | | | | | | 4.06 | | |

Table summarizes that among the Enthusiasms & Performance, the Enthusiasms (Mean= 4.06, SD= 1.09) is the most influencing motivational factor followed by performance standards explained by superior (Mean= 4.06, SD= 1.00). The Doctors are highly motivated by factors such as Enthusiasms & Performance.

Table No. 4.46 Factor 6 - Positive Thinking

| No | | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating-5=Max) | Total | Mean | Std. Deviation | Rank |
|-----------------------|--|---|-------------------------------------|------------------------|--------------------|------------------|-------------------------------|-------|------|----------------|------|
| M1 | My Task is compatible with my knowledge and skill | N | 5 | 5 | 0 | 87 | 72 | 169 | 4.27 | 0.88 | 1 |
| M4 | I can express myself in front of my Superior easily | N | 15 | 26 | 0 | 87 | 41 | 169 | 3.67 | 1.27 | 3 |
| M7 | Conduct of Patients' and relatives with me is positive | N | 0 | 21 | 0 | 87 | 61 | 169 | 4.12 | 0.93 | 2 |
| M18 | Each day at work seems like it will never end | N | 16 | 61 | 0 | 61 | 31 | 169 | 3.18 | 1.36 | 4 |
| Average of Mean Score | | | | | | | | | 3.81 | | |

From Table it can be inferred that when considering the motivational level of employees thinking that task is compatible with skills (Mean= 4.27, SD= 0.88) and positive conduct of patient (Mean= 4.12, SD= 0.93) are the most influencing factors followed by positively expressing views in-front of superior (Mean= 3.67, SD= 1.27), and positive thinking about entire day (Mean= 3.18, SD= 1.36). Hence it can be concluded that among the Positive Thinking factors, getting the task which is

compatible with skills of Doctors is the most important factors influencing the motivational level of Doctors.

Table No.:4.47 Comparison between Factors

| Factor No. | Factor Name | Average of Mean Score | Rank |
|-------------------|--|------------------------------|-------------|
| 1 | Relationship with colleagues & Work Life Balance | 3.40 | 6 |
| 2 | Monetary Factors | 3.59 | 5 |
| 3 | Fair Treatment / Respect | 3.80 | 4 |
| 4 | Organizational Factors / Work Environment | 3.99 | 2 |
| 5 | Enthusiasms & Performance | 4.06 | 1 |
| 6 | Positive Thinking | 3.81 | 3 |

From the Table it can be inferred that when considering the motivational level affected by the identified factors in the factor analysis. Among these factors we identify the most influencing factor by calculating mean of the scores. Hence it can be concluded that among the all factors, Enthusiasm & Performance are the most important factors influencing the motivational level of Doctors pertaining mean score of 4.06, followed by organizational factors and work environment (Mean=3.99).

The other factors in their descending order of importance ranked as third important factor is positive thinking (Mean=3.81), fourth important factor is fair treatment and respect (Mean=3.80), fifth important factor is monetary factor (Mean=3.59) and sixth important factor is Relationship with colleagues & Work Life Balance (Mean=3.40)

5. FACTOR ANALYSIS FOR NURSES' RESPONSES

We had also done the Factor Analysis for the responses given by Nurses which used by the researcher to group and identify the most prominent factors of the motivation for the sample group of Nurses. This condenses a 21 number of variables into a smaller number of uncorrelated variables without sacrificing much information contained in the original variable and finds out the factors.

Testing Data Readiness for Factor Analysis

The Kaiser-Meyer-Olkin Measure of Sampling Adequacy and Bartlett's Test for Sphericity were done for testing the data readiness. The details are presented in Table

Table No. 4.48 KMO and Bartlett's Test

| | | |
|--|--------------------|---------|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | | .630 |
| Bartlett's Test of Sphericity | Approx. Chi-Square | 572.566 |
| | df | 210 |
| | Sig. | .000 |

Significant at 1% level ($p < 0.01$)

The Kaiser-Meyer-Olkin Measure of Sampling Adequacy score of 0.630 shows a relatively high level of data adequacy. This KMO score means that factor analysis can be used to reach a meaningful conclusion as 63.0% of the common variance was explained by the underlying factors. Also the score of Bartlett's Test for Sphericity is significant with a chi-square value of 572.666 and $P < 0.01$. This shows that the strength of the relationship among variables is high and that it may yield a pattern in the factor analysis.

The details of factor analysis are given below. Table of communalities shows how much of the variance in the variables has been accounted for by the extracted factors.

Table No. 4.49 Communalities

| | Initial | Extraction |
|--|----------------|-------------------|
| I am satisfied with the compensation I get for my work | 1.000 | .839 |
| I am satisfied with the incentive structure and bonus offered to me in this hospital | 1.000 | .787 |
| I can express myself in front of my Superior easily | 1.000 | .808 |

| | Initial | Extraction |
|--|----------------|-------------------|
| My Superior gives me periodic feedback on my performance | 1.000 | .763 |
| I am happy with the recognition I get at work from my Superior | 1.000 | .644 |
| My hospital helps me upgrade my skills and knowledge | 1.000 | .548 |
| I feel comfortable here in Current Hospital | 1.000 | .626 |
| When I am on leave I am replaced by my colleague | 1.000 | .377 |
| Patients and their relatives conduct towards me is positive | 1.000 | .725 |
| I am aware of my privileges and other welfare schemes in this hospital | 1.000 | .761 |
| I am clear about my roles and responsibilities | 1.000 | .599 |
| I will recommend others to join this hospital | 1.000 | .697 |
| I am satisfied with the facilities provided to me by the hospital management | 1.000 | .663 |
| I am treated with respect by all the members in my Hospital | 1.000 | .873 |
| My family is happy that I work for this hospital | 1.000 | .627 |
| I am proud to be a part of this hospital | 1.000 | .823 |
| I can easily manage my work and my personal life in this hospital | 1.000 | .753 |
| I believe my job is secure | 1.000 | .716 |
| Quality is a top priority at the hospital | 1.000 | .729 |
| Meals provided are healthy and hygienic | 1.000 | .732 |
| I arrive on time for my shift | 1.000 | .591 |
| Extraction Method: Principal Component Analysis. | | |

Based on the results of Factor Analysis the 21 motivational variables for Nurses' responses generate six components.

Table No. 4.50 Component Matrix

| | Component | | | | | |
|--|-----------|-------|-------|-------|-------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| I am satisfied with the compensation I get for my work | .375 | .770 | -.005 | .033 | -.071 | .314 |
| I am satisfied with the incentive structure and bonus offered to me in this hospital | .374 | .476 | -.484 | -.021 | .370 | .219 |
| I can express myself in front of my Superior easily | .501 | -.288 | .022 | -.147 | -.044 | .670 |
| My Superior gives me periodic feedback on my performance | .555 | -.540 | .267 | .114 | .113 | .257 |
| I am happy with the recognition I get at work from my Superior | .683 | -.352 | .134 | -.079 | .175 | .003 |
| My hospital helps me upgrade my skills and knowledge | .189 | .176 | -.214 | .474 | .376 | -.264 |
| I feel comfortable here in Current Hospital | .629 | -.348 | .159 | -.273 | -.028 | -.088 |
| When I am on leave I am replaced by my colleague | .221 | -.088 | -.057 | .493 | .054 | -.267 |
| Patients and their relatives conduct towards me is positive | .236 | .162 | .455 | -.259 | .266 | .546 |
| I am aware of my privileges and other welfare schemes in this hospital | .481 | -.183 | -.064 | .602 | .359 | .011 |
| I am clear about my roles and responsibilities | .250 | -.197 | .073 | -.527 | .407 | -.223 |
| I will recommend others to join this hospital | .353 | .541 | .388 | .237 | .259 | -.077 |
| I am satisfied with the facilities provided to me by the hospital management | .083 | .359 | .249 | .616 | -.211 | -.203 |
| I am treated with respect by all the members in my Hospital | .294 | -.444 | .629 | -.404 | -.119 | -.128 |
| My family is happy that I work for this hospital | .359 | .602 | .143 | -.105 | -.320 | -.048 |
| I am proud to be a part of this hospital | .366 | .789 | .149 | -.113 | -.177 | -.022 |

| | Component | | | | | |
|---|-----------|-------|-------|-------|-------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| I can easily manage my work and my personal life in this hospital | .536 | -.063 | -.507 | -.263 | -.259 | .260 |
| I believe my job is secure | .651 | .098 | -.472 | .110 | -.014 | -.219 |
| Quality is a top priority at the hospital | .043 | -.065 | -.201 | .599 | -.455 | -.343 |
| Meals provided are healthy and hygienic | .151 | -.276 | .656 | .406 | -.189 | .040 |
| I arrive on time for my shift | .438 | -.254 | -.138 | .444 | -.291 | .183 |
| Extraction Method: Principal Component Analysis. | | | | | | |
| a. 6 components extracted. | | | | | | |

Factors Identified for the study

Twenty one motivational variables were used in the questionnaire in order to collect the data from Nurses of various hospitals in Pune. Principal Component Analysis with Varimax rotation was fixed. Based on factor analysis the variables were grouped into 6 factors.

Factor 1 - Relationship with colleagues & Work Life Balance

The factor loading and communalities of the first component is shown in Table. The high communalities show the significance of respective variables in explaining Motivational Factors. The highest Factor loading value (.683) is for the variable M5 i.e. My Superior gives me recognition for the work. Followed by the variables M18 and M7 have value .651 and .629 respectively. It also contains the variable that superior given feedback on performance with factor loading .555 and balance of work life and home life wit value .536. Hence these factors can be included under Relationship with colleagues & Work Life Balance Factors. Relationship with colleagues & Work Life Balance factors include variables which deal with the superior feedback, professional and personal life balance and personal life enjoyment.

Table No. 4.51 Relationship with colleagues & Work Life Balance

| Variable No | Variables in Factor 1 | Value |
|--------------------|---|--------------|
| M5 | I am happy with the recognition I get at work from my Superior | .683 |
| M18 | I believe my job is secure | .651 |
| M7 | I feel comfortable here in Current Hospital | .629 |
| M4 | My Superior gives me periodic feedback on my performance | .555 |
| M17 | I can easily manage my work and my personal life in this hospital | .536 |

Factor 2 - Monetary Factors and likes current Hospital

The factor loading and communalities of the second component is shown in Table. The highest factor loading value (.789) is for M16 variable related to the proud feeling about to work in current hospital, followed by compensation get (.770), M15 variable about likeliness of current hospital (.602) and incentive and bonus structure (.476). A total of four factors were included under the category Monetary Factors and likeliness about current hospital. Monetary factors are financial rewards that organizations pay to their employees for service rendered by them.

Table No. 4.52 Monetary Factors and likes current Hospital

| | Variables in Factor 2 | Value |
|-----|--|--------------|
| M16 | I am proud to be a part of this hospital | .789 |
| M1 | I am satisfied with the compensation I get for my work | .770 |
| M15 | My family is happy that I work for this hospital | .602 |
| M2 | I am satisfied with the incentive structure and bonus offered to me in this hospital | .476 |

Factor 3 – Fair Treatment / Respect

The factor loading and communalities of the third factor is shown in Table. The highest factor loading value (.656) is for the variable healthy and hygienic environment in hospital followed by respectful treatment in hospital (.629). A total of two variables were included in Factor 3 and is grouped under Fair Treatment / Respect Factors. This factor includes variables which reflect certain characteristics about fair treatment in hospital

Table No. 4.53 Fair Treatment / Respect

| | Variables in Factor 3 | Value |
|-----|---|--------------|
| M20 | Meals provided are healthy and hygienic | .656 |
| M14 | I am treated with respect by all the members in my Hospital | .629 |

Factor 4 – Organizational Factors / Work Environment

The factor loading and communalities of the fourth factor is shown in Table. A total of six variables having the common characteristics were grouped under the category Organizational factors / Work Environment. The highest factor loading value (.616) is for the variable satisfaction about organizational policies and facilities, followed by welfare practices in the hospitals (.602), quality of the hospitals (.599), hospital consideration of employees leave and settlement (.493), organization helps in developing skills of employees (.493) and time management (.444). Organizational factors are those variables which reflect the characteristics of organizational policies and thinking of organization about employee welfare.

Table No. 4.54 Organizational Factors / Work Environment

| | Variables in Factor 4 | Value |
|-----|--|--------------|
| M13 | I am satisfied with the facilities provided to me by the hospital management | .616 |
| M10 | I am aware of my privileges and other welfare schemes in this hospital | .602 |

| | Variables in Factor 4 | Value |
|-----|--|--------------|
| M19 | Quality is a top priority at the hospital | .599 |
| M8 | When I am on leave I am replaced by my colleague | .493 |
| M6 | My hospital helps me upgrade my skills and knowledge | .474 |
| M21 | I arrive on time for my shift | .444 |

Factor 5 - Roles and Responsibilities

The factor loading and communalities of the fifth factor is shown in Table. The highest factor loading value (.407) is for the variable employees clear about their roles and responsibilities. Only single variable is included in Factor 5 and is grouped under Roles and Responsibilities. This factor includes those variables which reflect the awareness of the individual's roles and responsibility in the organisation.

Table No. 4.55 Roles and Responsibilities

| | Variables in Factor 5 | Value |
|-----|--|--------------|
| M11 | I am clear about my roles and responsibilities | .407 |

Factor 6 - Positive Thinking

The factor loading and communalities of the sixth factor is shown in Table. A total of two variables having the common characteristics were grouped under the category Positive Thinking. The highest factor loading value (.670) is for the expressing views easily in front of superior, followed by the conduct of people is positive (.546). These factors are those variables which reflect the characteristics of individual to remain positive in their lives and which also reflects in their work.

Table No. 4.56 Positive Thinking

| | Variables in Factor 6 | Value |
|----|---|--------------|
| M3 | I can express myself in front of my Superior easily | .670 |
| M9 | Patients and their relatives conduct towards me is positive | .546 |

6. FINDING OF THE IMPORTANT FACTOR WHICH MOTIVATES NURSES

TABLE No. 4.57 Factor 1 - Relationship with colleagues & Work Life Balance

| No | | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating- 5=Max) | Total | Mean | Std. Deviation | Rank |
|-----------------------|---|---|-------------------------------------|------------------------|--------------------|------------------|-----------------------------------|-------|------|----------------|------|
| M4 | My Superior gives me periodic feedback on my performance | N | 0 | 0 | 0 | 204 | 77 | 281 | 4.27 | 0.45 | 5 |
| M5 | I am happy with the recognition I get at work from my Superior | N | 0 | 0 | 0 | 158 | 123 | 281 | 4.44 | 0.50 | 3 |
| M7 | I feel comfortable here in Current Hospital | N | 5 | 0 | 0 | 153 | 123 | 281 | 4.38 | 0.68 | 4 |
| M17 | I can easily manage my work and my personal life in this hospital | N | 0 | 5 | 0 | 118 | 158 | 281 | 4.53 | 0.60 | 1 |
| M18 | I believe my job is secure | N | 5 | 10 | 0 | 87 | 179 | 281 | 4.51 | 0.84 | 2 |
| Average of Mean Score | | | | | | | | | 4.42 | | |

Factor Analysis helped the researcher to group the Motivational Factors into different factors. In this section the researcher used the Descriptive Statistics such as Mean and Standard deviation to identify the prominent motivational variables within and among the founded several motivators for Nurses. The prominent factors were identified by ranking the mean values.

From Table it can be summarized that among the Relationship with colleagues & Work Life Balance factors, the managing personal life and work life balance (Mean= 4.53, SD= 0.60) is the most prominent factor influencing the motivational level of Nurses followed by factors such as job security (Mean= 4.51, SD= 0.84), recognition from the superior (Mean=4.44, SD=0.50) and superiors feedback for performance (Mean= 4.27, SD= 0.45). From this it can be inferred that Nurses can be highly motivated by work life balance initiatives. The communalities also show the same order of importance.

Table No. 4.58 Factor 2 - Monetary Factors

| No | | Strongly Disagree (Rating-1=Min) | | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating- 5=Max) | Total | Mean | Std. Deviation | Rank |
|-----|--|-------------------------------------|--------|------------------------|--------------------|------------------|-----------------------------------|-------|------|----------------|------|
| M 1 | I am satisfied with the compensation I get for my work | N | 2 1 | 15 | 0 | 56 | 189 | 281 | 4.35 | 1.21 | 2 |

| No | | Strongly Disagree (Rating-1=Min) | | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating- 5=Max) | Total | Mean | Std. Deviation | Rank |
|-----------------------|--|-------------------------------------|---|------------------------|--------------------|------------------|-----------------------------------|-------|------|----------------|------|
| M 2 | I am satisfied with the incentive structure & bonus offered to me in this hospital | N | 5 | 30 | 0 | 123 | 123 | 281 | 4.16 | 1.01 | 3 |
| M 15 | My family is happy that I work for this hospital | N | 0 | 41 | 0 | 123 | 117 | 281 | 4.13 | 1.00 | 4 |
| M 16 | I am proud to be a part of this hospital | N | 0 | 15 | 0 | 102 | 164 | 281 | 4.47 | 0.76 | 1 |
| Average of Mean Score | | | | | | | | | 4.27 | | |

From Table it can be inferred that when considering the motivational level of employees proud feeling (Mean= 4.47, SD= 0.76) and compensation (Mean= 4.35, SD= 1.21) are the most influencing factors followed by Incentives (Mean= 4.16, SD= 1.01), and happiness of family (Mean= 4.13, SD= 1.00). Hence it can be concluded that among the Monetary factors, proud feeling and compensation are the most important factors influencing the motivational level of Nurses.

Table No. 4.59 Factor 3 – Fair Treatment / Respect

| No | | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating-5=Max) | Total | Mean | Std. Deviation | Rank |
|-----------------------|---|---|-------------------------------------|------------------------|--------------------|------------------|----------------------------------|-------|------|----------------|----------|
| M 14 | I am treated with respect by all the members in my Hospital | N | 0 | 10 | 0 | 174 | 97 | 281 | 4.27 | 0.65 | 1 |
| M 20 | Meals provided are healthy and hygienic | N | 271 | 0 | 0 | 0 | 10 | 281 | 1.15 | 0.76 | 2 |
| Average of Mean Score | | | | | | | | | 2.71 | | |

Among the Fair Treatment / Respect factors, respectful treatment (Mean= 4.27, SD= 0.65) is the most influencing factor and provision of hygienic meal is not that much important (Mean= 1.15, SD= 0.76).

Table No. 4.60 Factor 4 – Organizational Factors / Work Environment

| No | | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating-5=Max) | Total | Mean | Std. Deviation | Rank |
|-----------------------|--|---|-------------------------------------|------------------------|--------------------|------------------|-------------------------------|-------|------|----------------|------|
| M6 | My hospital helps me upgrade my skills and knowledge | N | 0 | 10 | 0 | 199 | 72 | 281 | 4.18 | 0.61 | 4 |
| M8 | When I am on leave I am replaced by my colleague | N | 5 | 16 | 0 | 102 | 158 | 281 | 4.40 | 0.89 | 2 |
| M10 | I am aware of my privileges and other welfare schemes in this hospital | N | 5 | 10 | 0 | 174 | 92 | 281 | 4.20 | 0.78 | 3 |
| M13 | I am satisfied with the facilities provided to me by the hospital management | N | 10 | 51 | 0 | 118 | 102 | 281 | 3.89 | 1.20 | 6 |
| M19 | Quality is a top priority at the hospital | N | 0 | 66 | 0 | 97 | 118 | 281 | 3.95 | 1.18 | 5 |
| M21 | I arrive on time for my shift | N | 0 | 10 | 0 | 118 | 153 | 281 | 4.47 | 0.69 | 1 |
| Average of Mean Score | | | | | | | | | 4.18 | | |

Table summarizes that among the organizational factors/Work Environment, time management (Mean= 4.47, SD= 0.69) is the most influencing motivational factor followed by reliever arrangement by management (Mean= 4.40, SD= 0.89), welfare practices in organization (Mean= 4.20, SD= 0.78), hospital helps to upgrade skills (Mean= 4.18, SD= 0.61), quality of the hospital (Mean= 3.95, SD= 1.81),and facilities provided by organization (Mean= 3.89, SD= 1.20). The Nurses are highly motivated by factors such as time management, and good organizational policies.

Table No. 4.61 Factor 5 - Roles and Responsibilities & Performance

| No | | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating- 5=Max) | Total | Mean | Std. Deviation | Rank |
|-----------------------|--|---|-------------------------------------|---------------------|--------------------|------------------|-----------------------------------|-------|------|----------------|------|
| M11 | I am clear about my roles and responsibilities | N | 0 | 15 | 0 | 123 | 143 | 281 | 4.40 | 0.76 | 1 |
| Average of Mean Score | | | | | | | | | 4.40 | | |

Table summarizes that among the Roles and Responsibilities & Performance, the clearness about roles and responsibilities (Mean= 4.40, SD= 0.76) is the most and only influencing motivational factor. The Nurses are highly motivated by these factors.

Table No. 4.62 Factor 6 - Positive Thinking

| No | | | Strongly Disagree (Rating-1=Min) | Disagree (Rating-2) | Neutral (Rating-3) | Agree (Rating-4) | Strongly Agree (Rating-5=Max) | Total | Mean | Std. Deviation | Rank |
|-----------------------|---|---|-------------------------------------|---------------------|--------------------|------------------|-------------------------------|-------|------|----------------|------|
| M3 | I can express myself in front of my Superior easily | N | 0 | 5 | 0 | 164 | 112 | 281 | 4.36 | 0.59 | 1 |
| M9 | Patients and their relatives conduct towards me is positive | N | 15 | 26 | 0 | 163 | 77 | 281 | 3.93 | 1.07 | 2 |
| Average of Mean Score | | | | | | | | | 4.14 | | |

From Table it can be inferred that when considering the motivational level of employees positively expressing views in-front of superior (Mean= 4.36, SD= 0.59) are the most influencing factors followed by positive conduct of patient and their relatives (Mean= 3.93, SD= 1.07). Hence it can be concluded that among the Positive Thinking factors, positively expressing views in-front of superior is the most important factors influencing the motivational level of Nurses.

Table No. 4.63 Comparison between Factors

| Factor No. | Factor Name | Average of Mean Score | Rank |
|------------|--|-----------------------|------|
| 1 | Relationship with colleagues & Work Life Balance | 4.42 | 1 |
| 2 | Monetary Factors | 4.27 | 3 |
| 3 | Fair Treatment / Respect | 2.71 | 6 |

| Factor No. | Factor Name | Average of Mean Score | Rank |
|-------------------|---|------------------------------|-------------|
| 4 | Organizational Factors / Work Environment | 4.18 | 4 |
| 5 | Roles, Responsibilities | 4.40 | 2 |
| 6 | Positive Thinking | 4.14 | 5 |

From Table it can be inferred that when considering the motivational level of Nurses affected by the identified factors in the factor analysis. Among these factors we identify the most influencing factor by calculating mean of the scores. Hence it can be concluded that among the all factors, Relationship with colleagues & Work Life Balance is the most important factors influencing the motivational level of Nurses pertaining mean score of 4.42, followed by roles and responsibilities of individuals (Mean=4.40). The other factors in their descending order of importance ranked as third important factor is monetary factors (Mean=4.27), fourth important factor is Organizational Factors and Work Environment (Mean=4.18), fifth important factor is positive thinking (Mean=4.14) and sixth important can be called as least important factor is Fair Treatment / Respect (Mean=2.71

4.4 SECTION C: ANALYSIS OF RETENTION OUTCOMES

1. DESCRIPTIVE STATISTICS JOB RETENTION OF DOCTORS

Table No. 4.64 Retention in Hospital

| Statistics | | |
|--------------------------------|---------|--------|
| I don't want to leave hospital | | |
| N | Valid | 169 |
| | Missing | 0 |
| Mean | | 4.5758 |
| Std. Deviation | | .61392 |

Table No. 4.65 I don't want to leave the hospital

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|--------------|----------------|-----------|---------|---------------|--------------------|
| Valid | Neutral | 10 | 6.1 | 6.1 | 6.1 |
| | Agree | 51 | 30.3 | 30.3 | 36.4 |
| | Strongly Agree | 108 | 63.6 | 63.6 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

From the above table it can be inferred that the Doctors are wanted to remain retain in the present job as we found that the motivation index for the doctor is higher which implies its impact on the job retention. So we can call as there is an impact of motivation on the employees' retention. The table shows 93.9 % of the Doctors don't want to leave current hospitals.

Further when we asked them about that, if in future they feel to leave the job then what will be the reason, as they listed certain reasons which are mention below. And also we are given rank to them as per the number of Doctors agreed to that particular reason.

Table No. 4.66 Rank-wise Reasons why Doctors would Leave the Hospital in the future

| Rank | Reason |
|-------------|--|
| 1 | Infrastructure lack |
| 2 | Salary problems, Salary Less, less payment |
| 3 | Personal reason |
| 4 | Low or No job Security |
| 5 | Higher studies |
| 6 | Better opportunity in government/Public Sector |
| 7 | If want to start my own practice |
| 8 | Travel distance |
| 9 | No mental satisfaction |

The table shows rank-wise explained reason if anyone feels to leave job, where we found lack of infrastructure will remain main reason to leave. Followed by this the salary problems, less salary, no job securities and higher studies are the few reasons to leave. Here we can suggest that hospitals can be thinks to develop the infrastructure on priority basis and solve certain issues like salary transparency and make Doctors permanent for their job security. So such factors which are the barriers for the retention can be removed.

2. DESCRIPTIVE STATISTICS ABOUT JOB SATISFACTION AND TO RECOMMEND OTHERS TO JOIN SAME HOSPITAL BY DOCTORS

Table No. 4.67 Job Satisfaction in the Hospital -1

| Statistics | | |
|---|---------|--------|
| You will recommend others to join this hospital | | |
| N | Valid | 169 |
| | Missing | 0 |
| Mean | | 4.5758 |
| Std. Deviation | | .61392 |

Table No. 4.68 Job Satisfaction in the Hospital -2

| You will recommend others to join this hospital | | | | | |
|--|----------------|------------------|----------------|----------------------|---------------------------|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Neutral | 10 | 6.1 | 6.1 | 6.1 |
| | Agree | 51 | 30.3 | 30.3 | 36.4 |
| | Strongly Agree | 108 | 63.6 | 63.6 | 100.0 |
| | Total | 169 | 100.0 | 100.0 | |

As like the job retention, when researcher asked about preferring other to join same hospital as they are satisfied with current job and hospital, we got the positive responses. As shown in above table 93.9% of Doctors are found satisfied with job and they want to recommend others to join same hospital.

Further we asked them to suggest certain measure through which their satisfaction level can be increased more and which can be consider for improvement of morale/motivation among them. The Doctors recommend certain measures and we give them a rank for most recommended suggestion the first rank is there. These measures are as follows

Table No. 4.69 Measures Suggested by Doctors to be undertaken to Increase Their Satisfaction as an Employee

| Rank | Measures |
|-------------|---|
| 1 | Increase monetary benefits like salary hike, stipend hike, allowance hike |
| 2 | Increase the manpower |
| 3 | Increase number for specialized facility in hospital |
| 4 | To be patient centric (fair policies and treatment) |
| 5 | Training and development |
| 6 | Increase physical security |
| 7 | Increase awareness among staff about quality working in all departments |

The maximum number of Doctors suggested increasing the monetary benefits like salary hike, stipend hike, and allowance hike so it ranked one in our list, which will remain highest motivator for job satisfaction. Apart from that other suggestions are increase manpower and proper allocation of manpower as per the requirement is necessary. Proper specialized facilities are required, obtain fair policies for patient, staff should be all trained in every related aspect, increase the physical security for the different departments are the various suggestions from the Doctors to get more satisfied about their job.

3. RELATION BETWEEN WORK PLACE MOTIVATORS AND JOB RETENTION (INTENTION TO STAY) ABOUT DOCTORS–CORRELATION

In this section analysis was done to understand the relationship existing among the variables Work place Motivators and Job Retention. Correlation analysis was performed in order to identify the relationship.

Table No. 4.70 Karl Pearson’s Correlation

| Work Place Motivational Factor | Intention to stay (Don’t want to leave current Hospital) | |
|--|--|-----------------|
| | r | Sig. (2-tailed) |
| Relationship with colleagues & Work Life Balance | .206 | .255 |
| Monetary Factors | .290 | .117 |
| Fair Treatment / Respect | .224 | .209 |
| Organizational Factors / Work Environment | .239 | .317 |
| Enthusiasm & Performance | .128 | .289 |
| Positive Thinking | .044 | .594 |

The above table shows the Karl Pearson’s Correlation between Employee Motivational factors and job retention. Here Motivational Factors are considered as independent variables and intention to stay at current hospital is the dependent variable. Doctors’ Motivational Factors include variables such as Relationship with

colleagues & Work Life Balance, Monetary Factors and likeliness about current organization, Fair Treatment / Respect, Organizational Factors / Work Environment, Enthusiasms & Performance, Positive thinking. From the table we can infer that Monetary Factor is the most prominent factor which will influence the commitment level of Doctors in hospitals for job retention followed by Organizational factor/ Work Environment, Fair Treatment / Respect factor, Relationship with colleagues & Work Life Balance factor, Enthusiasm & Performance factor and Positive Thinking factor. The r value of Monetary Factors is 0.290, Organizational Factors / Work Environment is 0.239, Fair Treatment / Respect is 0.224, Relationship with colleagues & Work Life Balance factor is 0.239, Enthusiasm & Performance factor is 0.128 and Positive Thinking factor is 0.044. The table shows that all factors are significant at 1% level of significance.

4. DESCRIPTIVE STATISTICS ABOUT JOB RETENTION OF NURSES

Table No. 4.71 Retention of Nurses

| Statistics | | |
|--------------------------------|---------|--------|
| I don't want to leave hospital | | |
| N | Valid | 281 |
| | Missing | 0 |
| Mean | | 4.4909 |
| Std. Deviation | | .63458 |

Table No. 4.72 I don't want to leave hospital

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|----------------|-----------|---------|---------------|--------------------|
| Valid | Disagree | 5 | 1.8 | 1.8 | 1.8 |
| | Neutral | 5 | 1.8 | 1.8 | 3.6 |
| | Agree | 117 | 41.8 | 41.8 | 45.5 |
| | Strongly Agree | 154 | 54.5 | 54.5 | 100.0 |
| | Total | 281 | 100.0 | 100.0 | |

From the above table it can be inferred that the Nurses are wanted to remain retain in the present job as we found that the motivation index for the Nurses is higher which implies its impact on the job retention. So we can call as there is an impact of motivation on the employees' retention. The table shows 96.3 % of the Nurses don't want to leave current hospitals.

Further when we asked them about that, if in future they feel to leave the job then what will be the reason, as they listed certain reasons which are mention below. And also, we are given rank to them as per the number of Nurses agreed to that particular reason.

Table No. 4.73 Rank-wise Reasons of Nurses for Quitting from Current Hospital in future.

| Rank | Reason |
|-------------|--|
| 1 | Salary hike is the problem |
| 2 | Low or No job Security, issued in making duty on permanent basis |
| 3 | Personal reason, Family Reason |
| 4 | Better opportunity abroad |

The table shows rank-wise explained reason if anyone feels to leave job, where we found salary problems will remain main reason to leave. Followed by this no job securities, personal or family reasons, and better opportunities outside are the few reasons to leave. Here we can suggest that hospitals can be thinks to solve the salary related issues and make the transparency in this matter. Also the management of hospital can be step up to make Nurses permanent in their job. So such factors will not remain as the barriers for the employee retention.

5. DESCRIPTIVE STATISTICS ABOUT JOB SATISFACTION AND TO RECOMMEND OTHERS TO JOIN SAME HOSPITAL BY NURSES

Table No. 4.74 Job Satisfaction of Nurses

| Statistics | | |
|---|---------|--------|
| You will recommend others to join this hospital | | |
| N | Valid | 281 |
| | Missing | 0 |
| Mean | | 4.4909 |
| Std. Deviation | | .63458 |

Table No. 4.75 You will recommend others to join this hospital

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|----------------|------------------|----------------|----------------------|---------------------------|
| Valid | Disagree | 5 | 1.8 | 1.8 | 1.8 |
| | Neutral | 5 | 1.8 | 1.8 | 3.6 |
| | Agree | 117 | 41.8 | 41.8 | 45.5 |
| | Strongly Agree | 154 | 54.5 | 54.5 | 100.0 |
| | Total | 281 | 100.0 | 100.0 | |

As like the job retention, when researcher asked about referring other to join same hospital as they are satisfied with current job and hospital, we got the positive responses. As shown in above table 96.3% of Nurses are found satisfied with job and they want to recommend others to join same hospital.

Further we asked them to suggest certain measure through which their satisfaction level can be increased more and which can be consider for improvement of morale/motivation among them. The Nurses recommend certain measures and we

give them a rank for most recommended suggestion the first rank is there. These measures are as follows

Table No. 4.76 Measures Suggested by Nurses to be undertaken to Increase their Satisfaction as an Employee

| Rank | Measures |
|-------------|--|
| 1 | Increase monetary benefits like salary hike, stipend hike, allowance hike |
| 2 | Increase the manpower |
| 3 | Respect superior |
| 4 | Training and development |
| 5 | Medical Facility and food facility for staff |
| 6 | Improve facility in hospital like drinking water |
| 7 | Increase awareness among class 4 staff regarding proper clean services |
| 8 | The technical aspects should improve like provision of investigation machinery |

The maximum number of Nurses suggested increasing the monetary benefits like salary hike, stipend hike, and allowance hike so it ranked one in our list, which will remain highest motivator for job satisfaction. Apart from that other suggestions are increase manpower and proper allocation of manpower as per the requirement is necessary. The other aspects suggested that Respect superior, obtain Medical Facility and food facility for staff, staff should be all trained in every related aspect, Improve facility in hospital like drinking water, Increase awareness among class 4 staff regarding proper clean services, The technical aspects should improve like Sonography centers and these are as per their rank.

6. RELATION BETWEEN WORK PLACE MOTIVATORS AND JOB RETENTION (INTENTION TO STAY) ABOUT NURSES–CORRELATION

In this section analysis was done to understand the relationship existing among the variables Work place Motivators and Job retention as per the responses of Nurses. Correlation analysis was performed in order to identify the relationship.

Table No. 4.77 Karl Pearson's Correlation

| Work Place Motivational Factor | Intention to stay (Don't want to leave current Hospital) | |
|--|---|------------------------|
| | r | Sig. (2-tailed) |
| Relationship with colleagues & Work Life Balance | .302 | .054 |
| Monetary Factors | .060 | .670 |
| Fair Treatment / Respect | .160 | .243 |
| Organizational Factors / Work Environment | .371 | .132 |
| Job Roles and Responsibilities | -.690 | .616 |
| Positive Thinking | .016 | .033 |

The above table shows the Karl Pearson's Correlation between Employee Motivational factors and job retention on the basis of responses given by Nurses. Here Motivational Factors are considered as independent variables and intention to stay at current hospital is the dependent variable. Nurses' Motivational Factors include variables such as Relationship with colleagues & Work Life Balance, Monetary Factors, Fair Treatment / Respect, Organizational Factors / Work Environment, Job Roles and Responsibilities, Positive thinking. From the table we can infer that Organizational Factors / Work Environment Factor is the most prominent factor which will influence the commitment level of Doctors in hospitals for job retention followed by Relationship with colleagues & Work Life Balance factor, Fair Treatment / Respect factor, Monetary factor, Positive Thinking factor, and Job Roles and Responsibilities factor. The r value of Organizational Factors / Work Environment Factor is 0.371, Relationship with colleagues & Work Life Balance is 0.302, Fair Treatment / Respect is 0.160, monetary factor is 0.060 and Positive Thinking factor is 0.016, these all are positively correlated with the job retention. But Job Roles and Responsibilities factor is negatively correlated i.e. -0.690. The table shows that all factors are significant at 1% level of significance.

This proves that application of such motivation variables in the conduct of any hospital can increase the job retention index.

4.5 SECTION D: ANALYSIS OF RESPONSES OF ADMINISTRATIVE STAFF

The target population for this study included Doctors and Nurses in 26 hospitals, but here researcher interviewed the administrative staff of each hospital to get inputs about policies and past record of the hospital. The responded data is summarized for the representation of the policies organization from the motivation and employee retention point of view. The received data is analyzed as follows

1. DESCRIPTIVE STATISTICS ABOUT WORK POLICIES OF HOSPITALS

Table No. 4.78 Hospital work policy

| Sr. No. | Name of Hospital | Work Policies | | | | | | | | |
|---------|---|-------------------------------------|--------------------|----------------------|------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------|------------------|
| | | Health Insurance for Doctors/Nurses | Transport Facility | Meals in the Canteen | Uniform Allowance for Nurses | Rest area for Doctors /Nurses | Process for Grievance Handling | Training for Skill Development | Leaves Permissible | Crèches Provided |
| 1 | Jijamata Hospital | No | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 2 | Talera Hospital/ Krantijyoti Savitribai Phule Hospital | Yes | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 3 | Star Hospital Akurdi | Yes | No | No | Yes | Yes | No | Yes | Yes | No |
| 4 | Sanjeevan Hospital | No | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 5 | PCMC Hospital | No | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 6 | Bhosari Hospital | Yes | No | No | Yes | Yes | Yes | Yes | Yes | No |

| Sr. No. | Name of Hospital | Work Policies | | | | | | | | |
|---------|---------------------------------------|-------------------------------------|--------------------|----------------------|------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------|------------------|
| | | Health Insurance for Doctors/Nurses | Transport Facility | Meals in the Canteen | Uniform Allowance for Nurses | Rest area for Doctors /Nurses | Process for Grievance Handling | Training for Skill Development | Leaves Permissible | Crèches Provided |
| 7 | Yashawantrao Chavan Memorial Hospital | Yes | No | No | Yes | Yes | No | Yes | Yes | Yes |
| 8 | Niramaya Hospital | No | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 9 | Sant Dnyaneshwar Hospital | No | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 10 | Vatsalya Hospital | Yes | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 11 | Sainath Hospital | Yes | No | No | No | Yes | No | Yes | Yes | No |
| 12 | Shree Hospital | No | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 13 | Rajiv Gandhi Hospital | No | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 14 | Naidu Infectious disease Hospital | Yes | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 15 | Sonawane Maternity Home | Yes | No | No | No | Yes | No | Yes | Yes | No |
| 16 | Kamla Nehru Hospital | No | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 17 | Bharati Ayurved Hospital | No | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 18 | Care Hospital | Yes | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 19 | Lifeline Hospital | Yes | No | No | Yes | Yes | No | Yes | Yes | No |

| Sr. No. | Name of Hospital | Work Policies | | | | | | | | |
|-------------------|---------------------------------------|-------------------------------------|--------------------|----------------------|------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------|------------------|
| | | Health Insurance for Doctors/Nurses | Transport Facility | Meals in the Canteen | Uniform Allowance for Nurses | Rest area for Doctors /Nurses | Process for Grievance Handling | Training for Skill Development | Leaves Permissible | Crèches Provided |
| 20 | Yog Multispecialty Hospital | No | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 21 | Lotus Specialty Hospital | No | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 22 | Shivam Multispecialty Hospital | Yes | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 23 | Jagtap Hospital | Yes | No | No | Yes | Yes | No | Yes | Yes | No |
| 24 | Pulse Multispecialty Hospital | Yes | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 25 | Shree Multispecialty Hospital and ICU | Yes | No | No | Yes | Yes | Yes | Yes | Yes | No |
| 26 | IMAX Multispecialty Hospital | Yes | No | No | Yes | Yes | Yes | Yes | Yes | No |
| Comparison | | Yes- 58% | Yes- 00% | Yes - 00% | Yes- 92% | Yes- 100% | Yes- 77% | Yes- 100% | Yes - 100% | Yes - 04% |
| | | No- 42% | No- 100% | No- 00% | No- 08% | No- 00% | No- 23% | No- 00% | No- 00% | No- 96% |

The above table shows various policies of the hospitals they used for the wellbeing of the employees in this it is found that

- Out of 26 hospital 15 opt for Health Insurance for Doctors/Nurses i.e. 58%
- Out of 26 hospitals none provides transportation facility.
- Out of 26 hospitals none provides free meal facility
- Out of 26 hospital 2 have Uniform allowances for Nurses i.e. 92%
- Out of 26 hospitals all have Rest area for Doctors /Nurses
- Out of 26 hospitals all have Training for Skill Development for Staff
- Out of 26 hospitals all have Permissible Leaves.
- Out of 26 hospitals only one has Crèche facility i.e. 4% only

2. HOSPITAL WISE FACTS AND FIGURES REGARDING DOCTORS AND NURSES RETENTION

Table No. 4.79 Doctors and Nurses Retention

| Sr No. | Name of Hospital | Year of Establishment | Oldest Associate Doctor: Tenure | Oldest Associate Nurse: Tenure | Performance Appraisal period | Turnover Ratio - Doctors | Turnover Ratio - Nurses |
|--------|--|-----------------------|---------------------------------|--------------------------------|------------------------------|--------------------------|-------------------------|
| 1 | Jijamata Hospital | 1981 | 20 | 30 | Yearly | 0 | 0 |
| 2 | Talera Hospital/ Krantijyoti Savitribai Phule Hospital | 2000 | 12 | 7 | Yearly | 0 | 0 |
| 3 | Star Hospital Akurdi | 2015 | 2 | 2 | 6 monthly | 3 | 3 |
| 4 | Sanjeevan Hospital | 1973 | 8 | 8 | Yearly | 3 | 3 |
| 5 | PCMC Hospital | 1985 | 20 | 20 | Yearly | 0 | 0 |
| 6 | Bhosari Hospital | 1998 | 10 | 10 | Yearly | 0 | 0 |
| 7 | Yashawantrao Chavan Memorial Hospital | 1982 | 25 | 25 | 6 monthly | 0 | 0 |
| 8 | Niramaya Hospital | 2000 | 12 | 12 | Yearly | 0 | 0 |
| 9 | Sant Dnyaneshwar Hospital | 2007 | 5 | 5 | Yearly | 0 | 0 |
| 10 | Vatsalya Hospital | 2005 | 10 | 10 | Yearly | 0 | 0 |
| 11 | Sainath Hospital | 1996 | 22 | 10 | 6 monthly | 2 | 2 |
| 12 | Shree Hospital | 2011 | 5 | 5 | Yearly | 1 | 1 |
| 13 | Rajiv Gandhi Hospital | 1992 | 18 | 18 | Yearly | 3 | 3 |

| Sr No. | Name of Hospital | Year of Establishment | Oldest Associate Doctor: Tenure | Oldest Associate Nurse: Tenure | Performance Appraisal period | Turnover Ratio - Doctors | Turnover Ratio - Nurses |
|--------|--|-----------------------|---------------------------------|--------------------------------|------------------------------|--------------------------|-------------------------|
| 14 | Naidu Infectious Disease Hospital | 2007 | 7 | 7 | Yearly | 0 | 0 |
| 15 | Sonawane Maternity Home | 2010 | 5 | 5 | 6 monthly | 1 | 1 |
| 16 | Kamla Nehru Hospital | 1991 | 21 | 21 | Yearly | 2 | 2 |
| 17 | Bharati Ayurved Hospital | 1991 | 22 | 22 | Yearly | 3 | 3 |
| 18 | Care Hospital | 2000 | 15 | 15 | Yearly | 0 | 0 |
| 19 | Lifeline Hospital | 2001 | 10 | 10 | 6 monthly | 0 | 0 |
| 20 | Yog Multispecialty Hospital | 2003 | 10 | 10 | Yearly | 0 | 0 |
| 21 | Lotus Specialty Hospital | 2003 | 11 | 11 | Yearly | 3 | 3 |
| 22 | Shivam Multispecialty Hospital | 2004 | 11 | 11 | Yearly | 0 | 0 |
| 23 | Jagtap Hospital | 2016 | 1 | 1 | 6 monthly | 0 | 0 |
| 24 | Pulse Multi specialty Hospital | 2015 | 2 | 2 | Yearly | 1 | 1 |
| 25 | Shree Multi Specialty Hospital and ICU | 2005 | 7 | 7 | Yearly | 0 | 0 |
| 26 | IMAX Multispecialty Hospital | 2013 | 5 | 5 | Yearly | 2 | 2 |

If we see the facts and figures identified from the admin staff about the employee retention and the services of employees in respective hospital, we found that in 16 hospitals out of 26 the oldest recruited doctor and Nurses are since the inception of the hospital (Refer above Table). Means the employees of these hospitals are retained for a longer time.

The study also finds there is zero turnover ratios for 15 hospitals as mentioned in table, followed by 3 hospitals are having turnover ratio of 1, 3 hospitals are having turnover ratio of 2, 5 hospitals are having turnover ratio of 3. It means 58% hospitals

are having employee turnover ratio nil. It shows the hospitals are having the good employee retention.

Retention Strategies:

Analysis of Retention Strategies

In this section a test was conducted in order to identify those strategies which are available in the hospital and which help somewhat in the employee retention through which the Doctors of Nurses will get motivated to retain. A total of ten retention strategies were identified from the study. It includes five monetary retention strategies and five non-monetary retention strategies.

During analysis of the organizational policies responded by the admin staff of the hospital, all these retention strategies factors are to be found and we finds their availability in respective hospital. So we got the percentage analysis for their availability, which mentioned below.

Table No. 4.80 Monetary Retention Strategies

| Monetary Retention Strategies | Availability | Frequency |
|--------------------------------------|---------------------|------------------|
| Insurance Scheme | Available | 58% |
| | Non Available | 42% |
| Performance Appraisal Scheme | Available | 100% |
| | Non Available | 00% |
| Free Transport Facility | Available | 00% |
| | Non Available | 100% |
| Free Meal Facility | Available | 00% |
| | Non Available | 100% |
| Uniform Allowance | Available | 92% |
| | Non Available | 08% |

In the monetary retention strategies the five strategies are enlisted as insurance scheme, performance appraisal scheme, free transport facility, free meal facility and uniform allowances. These small but beneficiary things are listed for the employees

working in hospital, but we found that out of these in only 50% hospitals employee insurance scheme is available and not a single hospital is providing free transport and meal facility for the employees.

On positive side the all hospitals are having the performance appraisal scheme and uniform allowances.

Table No. 4.81 Non-Monetary Retention Strategies

| Non-Monetary Retention Strategies | Availability | Frequency |
|--|---------------------|------------------|
| Rest area | Available | 100% |
| | Non Available | 00% |
| Process for Grievance Handling | Available | 77% |
| | Non Available | 23% |
| Training facility for Skill Development | Available | 100% |
| | Non Available | 00% |
| Leaves Permissible | Available | 100% |
| | Non Available | 00% |
| Crèches Facility | Available | 04% |
| | Non Available | 96% |

In the non-monetary retention strategies the five strategies are enlisted as rest area, process for grievances handling, Training facility for Skill Development, Leaves Permissible and Crèches Facility. These small but beneficiary things are listed for the employees working in hospital, but we found that out of a major facility of Crèches is not available in any hospital. On positive side we found the all hospitals are having the rest area, Training facility for Skill Development and Leaves Permissible. The only process for grievances handling is available in 77% hospitals.

4.6 SECTION E: HYPOTHESIS TESTING

Hypothesis 1.1

- *Null Hypothesis:* Provision and awareness of Welfare measures in Healthcare Units do not significantly motivate Doctors.
- *Alternate Hypothesis:* Provision and awareness of Welfare measures in Healthcare Units significantly motivate Doctors.

Table No. 4.82 One-Sample Statistics Hypothesis 1.1

| | N | Mean | Std. Deviation | Std. Error Mean |
|--|-----|--------|----------------|-----------------|
| I am aware of my privileges and other welfare schemes in this hospital | 169 | 3.5152 | 1.30195 | .22664 |

Table No. 4.83 One-Sample Test of Hypothesis 1.1

| | Test Value = 0 | | | | | |
|--|----------------|-----|-----------------|-----------------|---|--------|
| | t | df | Sig. (2-tailed) | Mean Difference | 95% Confidence Interval of the Difference | |
| | | | | | Lower | Upper |
| I am aware of my privileges and other welfare schemes in this hospital | 15.510 | 168 | .000 | 3.51515 | 3.0535 | 3.9768 |

One sample t-test showed the Sig. (2-tailed) value of 0.00 which is less than $\alpha = 0.05$. Standard Deviation is 1.301. The number of participants in this condition is 169. The null gets rejected.

Thus, the adoption of welfare measures in Health Care units significantly helps to motivate Doctors.

Hypothesis 1.2

- *Null Hypothesis:* Provision and awareness of Welfare measures in Healthcare Units do not significantly motivate Nurses.
- *Alternate Hypothesis:* Provision and awareness of Welfare measures in Healthcare Units significantly motivate Nurses.

Table No. 4.84 One-Sample Statistics of Hypothesis 1.2

| | N | Mean | Std. Deviation | Std. Error Mean |
|--|-----|--------|----------------|-----------------|
| I am aware of my privileges and other welfare schemes in this hospital | 281 | 4.2000 | .77936 | .10509 |

Table No. 4.85 One-Sample Test of Hypothesis 1.2

| | Test Value = 0 | | | | | |
|--|----------------|-----|-----------------|-----------------|---|--------|
| | t | df | Sig. (2-tailed) | Mean Difference | 95% Confidence Interval of the Difference | |
| | | | | | Lower | Upper |
| I am aware of my privileges and other welfare schemes in this hospital | 39.966 | 280 | .000 | 4.20000 | 3.9893 | 4.4107 |

One sample t-test showed the Sig. (2-tailed) value of 0.00 which is less than $\alpha = 0.05$. Standard Deviation is 0.779. The number of participants in this condition is 281. The null gets rejected.

Thus, the adoption of welfare measures in Health Care units significantly helps to motivate Nurses.

Hypothesis 1.3

- *Null Hypothesis:* Provision and awareness of Welfare measures in Healthcare Units do not significantly motivate Doctors and Nurses.
- *Alternate Hypothesis:* Provision and awareness of Welfare measures in Healthcare Units significantly motivate Doctors and Nurses.

Table No. 4.86 Paired Sample Statistics of Hypothesis 1.3

| | | Mean | N | Std. Deviation | Std. Error Mean |
|--------|--|--------|-----|----------------|-----------------|
| Pair 1 | I am aware of my privileges and other welfare schemes in this hospital | 4.2424 | 281 | .86712 | .15095 |
| | | 3.5152 | 169 | 1.30195 | .22664 |

Table No. 4.87 Paired Sample Correlations of Hypothesis 1.3

| | | N | Correlation | Sig. |
|--------|--|-----|-------------|------|
| Pair 1 | I am aware of my privileges and other welfare schemes in this hospital | 450 | -.059 | .746 |

Table No. 4.88 Paired Sample Test of Hypothesis 1.3

| | | Paired Differences | | | | | t | df | Sig. (2-tailed) |
|--------|--|--------------------|----------------|-----------------|---|---------|-------|-----|-----------------|
| | | Mean | Std. Deviation | Std. Error Mean | 95% Confidence Interval of the Difference | | | | |
| | | | | | Lower | Upper | | | |
| Pair 1 | I am aware of my privileges and other welfare schemes in this hospital | .72727 | 1.60610 | .27959 | .15778 | 1.29677 | 2.601 | 449 | .014 |

Paired sample t-test showed the Sig. (2-tailed) value of 0.014 which is less than $\alpha = 0.05$. Standard Deviation is 1.30 (Doctors) and 0.867 (Nurses). The number of participants in this condition is 281 (Doctors) and 169 (Nurses).

The null gets rejected.

Thus, the adoption of welfare measures in Health Care units significantly helps to motivate Doctors and Nurses.

Further to that Paired sample correlation shows negative correlation (-0.059)

Hypothesis 2.1

- *Null Hypothesis:* Monetary incentive does not significantly motivate Doctors in Health care units
- *Alternate Hypothesis:* Monetary incentive significantly motivates Doctors in Health care units.

Table No. 4.89 One-Sample Statistics of Hypothesis 2.1

| | N | Mean | Std. Deviation | Std. Error Mean |
|--|-----|--------|----------------|-----------------|
| I am satisfied with the incentive structure and bonus offered to me in this hospital | 169 | 3.1818 | 1.42422 | .24793 |

Table No. 4.90 One-Sample Test of Hypothesis 2.1

| | Test Value = 0 | | | | | |
|--|----------------|-----|-----------------|-----------------|---|--------|
| | t | df | Sig. (2-tailed) | Mean Difference | 95% Confidence Interval of the Difference | |
| | | | | | Lower | Upper |
| I am satisfied with the incentive structure and bonus offered to me in this hospital | 12.834 | 168 | .000 | 3.18182 | 2.6768 | 3.6868 |

One sample t-test showed the Sig. (2-tailed) value of 0.00 which is less than $\alpha = 0.05$. Standard Deviation is 1.424. The number of participants in this condition is 169.

The null gets rejected.

Thus, Monetary incentive is significantly the common denomination responsible in motivation of Doctors in Health care units.

Hypothesis 2.2

- *Null Hypothesis:* Monetary incentive does not significantly motivate Nurses in Health care units
- *Alternate Hypothesis:* Monetary incentive significantly motivates Nurses in Health care units.

Table No. 4.91 One-Sample Statistics of Hypothesis 2.2

| | N | Mean | Std. Deviation | Std. Error Mean |
|--|-----|--------|----------------|-----------------|
| I am satisfied with the incentive structure and bonus offered to me in this hospital | 281 | 4.1636 | 1.01404 | .13673 |

Table No. 4.92 One-Sample Test of Hypothesis 2.2

| | Test Value = 0 | | | | | |
|--|----------------|-----|-----------------|-----------------|---|--------|
| | t | df | Sig. (2-tailed) | Mean Difference | 95% Confidence Interval of the Difference | |
| | | | | | Lower | Upper |
| I am satisfied with the incentive structure and bonus offered to me in this hospital | 30.451 | 280 | .000 | 4.16364 | 3.8895 | 4.4378 |

One sample t-test showed the Sig. (2-tailed) value of 0.00 which is less than $\alpha = 0.05$. Standard Deviation is 1.01. The number of participants in this condition is 281. The null gets rejected.

Thus, Monetary incentive is significantly the common denomination responsible in motivation of Nurses in Health care units.

Hypothesis 2.3

- *Null Hypothesis:* Monetary incentive does not significantly motivate Doctors and Nurses in Health care units
- *Alternate Hypothesis:* Monetary incentive significantly motivates Doctors and Nurses in Health care units.

Table No. 4.93 Paired Samples Statistics of Hypothesis 2.3

| | | Mean | N | Std. Deviation | Std. Error Mean |
|--------|--|--------|-----|----------------|-----------------|
| Pair 1 | I am satisfied with the incentive structure and bonus offered to me in this hospital | 4.0909 | 281 | 1.18226 | .20580 |
| | | 3.1818 | 169 | 1.42422 | .24793 |

Table No. 4.94 Paired Samples Correlations of Hypothesis 2.3

| | | N | Correlation | Sig. |
|--------|--|-----|-------------|------|
| Pair 1 | I am satisfied with the incentive structure and bonus offered to me in this hospital | 450 | -.047 | .794 |

Table No. 4.95 Paired Samples Test of Hypothesis 2.3

| | | Paired Differences | | | | | t | df | Sig. (2-tailed) |
|--------|--|--------------------|----------------|-----------------|---|---------|-------|-----|-----------------|
| | | Mean | Std. Deviation | Std. Error Mean | 95% Confidence Interval of the Difference | | | | |
| | | | | | Lower | Upper | | | |
| Pair 1 | I am satisfied with the incentive structure and bonus offered to me in this hospital | .90909 | 1.89347 | .32961 | .23770 | 1.58049 | 2.758 | 449 | .010 |

Paired sample t-test showed the Sig. (2-tailed) value of 0.014 which is less than $\alpha = 0.05$. Standard Deviation is 1.42 (Doctors) and 1.18 (Nurses). The number of participants in this condition is 281 (Doctors) and 169 (Nurses).

The null gets rejected.

Thus, monetary incentive is significantly the common denomination responsible in motivation of Nurses in Health care units.

Further to that Paired sample correlation shows negative correlation (-0.047)

Hypothesis 3.1

- *Null Hypothesis:* Motivational practices have no significant impact on the retention of Doctors in Health Care Units
- *Alternate Hypothesis:* Motivational practices have significant impact on the retention of Doctors in Health Care Units

Table No. 4.96 Correlations - Doctors of Hypothesis 3.1

| | | | Current Work Experience | Relationship With Colleagues And Work Life Balance | Monetary Factors And Liking About Current hospital | Fair Treatment Or Respect | Organizational Factors Or Work Environment | Monetary Factors And Liking About Current hospital | Positive Thinking |
|----------------|------------------------------|-------------------------|-------------------------|--|--|---------------------------|--|--|-------------------|
| Spearman's rho | Current Work Experience | Correlation Coefficient | 1.000 | -.413* | -.170 | -.354* | -.312 | -.246 | -.064 |
| | | Sig. (2-tailed) | . | .017 | .345 | .043 | .077 | .168 | .723 |
| | | N | 169 | 169 | 169 | 169 | 169 | 169 | 169 |
| | Relationship With Colleagues | Correlation Coefficient | -.413* | 1.000 | .624** | .739** | .608** | .721** | .379* |
| | | Sig. (2-tailed) | .017 | . | .000 | .000 | .000 | .000 | .029 |
| | | N | 169 | 169 | 169 | 169 | 169 | 169 | 169 |

| | | | Current Work Experience | Relationship With Colleagues And Work Life Balance | Monetary Factors And Liking About Current hospital | Fair Treatment Or Respect | Organizational Factors Or Work Environment | Monetary Factors And Liking About Current hospital | Positive Thinking |
|--|--|-------------------------|-------------------------|--|--|---------------------------|--|--|-------------------|
| And Work Life Balance | N | | 169 | 169 | 169 | 169 | 169 | 169 | 169 |
| | Monetary Factors And Liking About Current Hospital | Correlation Coefficient | -.170 | .624** | 1.000 | .616** | .579** | .626** | .461** |
| | | Sig. (2-tailed) | .345 | .000 | . | .000 | .000 | .000 | .007 |
| Fair Treatment Or Respect | N | | 169 | 169 | 169 | 169 | 169 | 169 | 169 |
| | | Correlation Coefficient | -.354* | .739** | .616** | 1.000 | .699** | .696** | .390* |
| | | Sig. (2-tailed) | .043 | .000 | .000 | . | .000 | .000 | .025 |
| Organizational Factors Or Work Environment | N | | 169 | 169 | 169 | 169 | 169 | 169 | 169 |
| | | Correlation Coefficient | -.312 | .608** | .579** | .699** | 1.000 | .577** | .331 |
| | | Sig. (2-tailed) | .077 | .000 | .000 | .000 | . | .000 | .060 |
| Monetary Factors And Liking About Current hospital | N | | 169 | 169 | 169 | 169 | 169 | 169 | 169 |
| | | Correlation Coefficient | -.246 | .721** | .626** | .696** | .577** | 1.000 | .357* |
| | | Sig. (2-tailed) | .168 | .000 | .000 | .000 | .000 | . | .041 |
| Positive Thinking | N | | 169 | 169 | 169 | 169 | 169 | 169 | 169 |
| | | Correlation Coefficient | -.064 | .379* | .461** | .390* | .331 | .357* | 1.000 |
| | | Sig. (2-tailed) | .723 | .029 | .007 | .025 | .060 | .041 | . |
| | | | 169 | 169 | 169 | 169 | 169 | 169 | 169 |
| *. Correlation is significant at the 0.05 level (2-tailed). | | | | | | | | | |
| **. Correlation is significant at the 0.01 level (2-tailed). | | | | | | | | | |

The spearman rank order correlation coefficient is a non-parametric measure of the strength and direction of association that exists between two variables measured on an ordinal scale.¹

The results are presented in the matrix such as correlation is simulated. The above table presents Spearman's correlation, its significance value and the sample size.

Thus, the null fails to reject. There is no conclusive evidence for significant relation between motivational practices and the retention of Doctors.

Hypothesis 3.2

- *Null Hypothesis:* Motivational practices have no significant impact on the retention of Nurses in Health Care Units
- *Alternate Hypothesis:* Motivational practices have significant impact on the retention of Nurses in Health Care Units

Table No. 4.97 Correlations - Nurses of Hypothesis 3.2

| | | | Current Work Experience | Relationship With Colleagues And Work Life Balance | Monetary Factors And Liking About Current hospital | Fair Treatment Or Respect | Organizational Factors Or Work Environment | Roles And Responsibilities And Performance | Positive Thinking |
|----------------|-------------------------|-------------------------|--------------------------------|---|---|----------------------------------|---|---|--------------------------|
| Spearman's rho | Current Work Experience | Correlation Coefficient | 1.000 | -.142 | .270* | -.260 | -.022 | .189 | .025 |
| | | Sig. (2-tailed) | . | .299 | .046 | .055 | .874 | .167 | .855 |
| | | N | 281 | 281 | 281 | 281 | 281 | 281 | 281 |

¹(Statistics Solutions Advancement Through Clarity, 2017)

| | | | Current Work Experience | Relationship With Colleagues And Work Life Balance | Monetary Factors And Liking About Current hospital | Fair Treatment Or Respect | Organizational Factors Or Work Environment | Roles And Responsibilities And Performance | Positive Thinking |
|--|--|-------------------------|--------------------------------|---|---|----------------------------------|---|---|--------------------------|
| | Relationship With Colleagues And Work Life Balance | Correlation Coefficient | -.142 | 1.000 | .319* | .668* | .652** | .404** | .377** |
| | | Sig. (2-tailed) | .299 | . | .018 | .000 | .000 | .002 | .005 |
| | | N | 281 | 281 | 281 | 281 | 281 | 281 | 281 |
| | Monetary Factors And Liking About Current Hospital | Correlation Coefficient | .270* | .319* | 1.000 | .064 | .405** | .219 | .505** |
| | | Sig. (2-tailed) | .046 | .018 | . | .644 | .002 | .108 | .000 |
| | | N | 281 | 281 | 281 | 281 | 281 | 281 | 281 |
| | Fair Treatment Or Respect | Correlation Coefficient | -.260 | .668** | .064 | 1.000 | .561** | .317* | .474** |
| | | Sig. (2-tailed) | .055 | .000 | .644 | . | .000 | .018 | .000 |
| | | N | 281 | 281 | 281 | 281 | 281 | 281 | 281 |
| Organizational Factors Or Work Environment | Correlation Coefficient | -.022 | .652** | .405** | .561* | 1.000 | .185 | .374** | |
| | Sig. (2-tailed) | .874 | .000 | .002 | .000 | . | .176 | .005 | |
| | N | 281 | 281 | 281 | 281 | 281 | 281 | 281 | |

| | | | Current Work Experience | Relationship With Colleagues And Work Life Balance | Monetary Factors And Liking About Current hospital | Fair Treatment Or Respect | Organizational Factors Or Work Environment | Roles And Responsibilities And Performance | Positive Thinking |
|--|-------------------------|------|-------------------------|--|--|---------------------------|--|--|-------------------|
| Roles And Responsibilities And Performance | Correlation Coefficient | .189 | .404** | .219 | .317* | .185 | 1.000 | .206 | |
| | Sig. (2-tailed) | .167 | .002 | .108 | .018 | .176 | . | .131 | |
| | N | 281 | 281 | 281 | 281 | 281 | 281 | 281 | |
| Positive Thinking | Correlation Coefficient | .025 | .377** | .505** | .474* | .374** | .206 | 1.000 | |
| | Sig. (2-tailed) | .855 | .005 | .000 | .000 | .005 | .131 | . | |
| | N | 281 | 281 | 281 | 281 | 281 | 281 | 281 | |
| *. Correlation is significant at the 0.05 level (2-tailed). | | | | | | | | | |
| **. Correlation is significant at the 0.01 level (2-tailed). | | | | | | | | | |

The spearman rank order correlation coefficient is a non-parametric measure of the strength and direction of association that exists between two variables measured on an ordinal scale².

The results are presented in the matrix such as correlation is simulated. The above table presents Spearman's correlation, its significance value and the sample size. Thus, the null fails to reject. There is no conclusive evidence for significant relation between motivational practices and retention of Nurses.

² Statistics Solutions Advancement Through Clarity, 2017

Table No. 4.98 Summary of Hypothesis

| Hypothesis | Sig. (2-tailed) value | Decision Regarding Null Hypothesis |
|---|----------------------------------|---|
| <p>H₀ -Provision and awareness of Welfare measures in Healthcare Units do not significantly motivate Doctors.</p> <p>H₁ -Provision and awareness of Welfare measures in Healthcare Units significantly motivate Doctors.</p> | 0.00 | Rejected |
| <p>H₀ - Provision and awareness of Welfare measures in Healthcare Units do not significantly motivate Nurses.</p> <p>H₁-Provision and awareness of Welfare measures in Healthcare Units significantly motivate Nurses.</p> | 0.00 | Rejected |
| <p>H₀-Provision and awareness of Welfare measures in Healthcare Units do not significantly motivate Doctors and Nurses.</p> <p>H₁- Provision and awareness of Welfare measures in Healthcare Units significantly motivate Doctors and Nurses.</p> | 0.014 | Rejected |
| <p>H₀ - Monetary incentive does not significantly motivate Doctors in Health care units.</p> <p>H₁- Monetary incentive significantly motivates Doctors in Health care units.</p> | 0.00 | Rejected |
| <p>H₀- Monetary incentive does not significantly motivate Nurses in Health care units.</p> <p>H₁- Monetary incentive significantly motivates</p> | 0.00 | Rejected |

| Hypothesis | Sig. (2-tailed) value | Decision Regarding Null Hypothesis |
|--|--------------------------|--|
| Nurses in Health care units. | | |
| <p>H₀- Monetary incentive does not significantly motivate Doctors and Nurses in Health care units.</p> <p>H₁- Monetary incentive significantly motivates Doctors and Nurses in Health care units.</p> | 0.014 | Rejected |
| <p>H₀- Motivational practices have no significant impact on the retention of Doctors in Health Care Units.</p> <p>H₁- Motivational practices have significant impact on the retention of Doctors in Health Care Units.</p> | > 0.05 | null fails to reject |
| <p>H₀ -Motivational practices have no significant impact on the retention of Nurses in Health Care Units.</p> <p>H₁- Motivational practices have significant impact on the retention of Nurses in Health Care Units</p> | >0.05 | null fails to reject |

CHAPTER 5

FINDINGS, RECOMMENDATIONS & CONCLUSION

5.1. Findings Based on Demographic Characteristics of Respondents Doctors

1. Gender

Out of the total respondents 40% are Male and 60% are Female.

2. Age

It shows that higher number of Doctors-54% fall under young age group i.e. below 30 years age-group and 27% of respondents are in middle age group between 31 to 40 years. And the remaining 18% are elder Doctors whose age is more than 40 years. Hospitals are mostly recruiting the young staff as well as good experienced Doctors are also there, which was since the inception of the hospitals. Here it can be shown some impact of this age group on the motivation of the Doctors, the young people can be seen more motivated than the highly experienced people.

3. Marital Status

Out of total respondents 69 % of respondents are married and remaining 26 % are single and 1% is divorced and 3% are widow. The young people recruited in the hospitals are mostly single. Also through the discussion we found that many single males and females are living single away from their parents. And married Doctors are living in nuclear family.

4. Number of Dependents

Many married respondents 63% are having dependents up-to three like their kids and old-age parents are dependent on them. But 37 % respondents are not having any dependents. This study finds that the young single respondents are not having any dependent on them as they lived away from their parent's home.

5. Number of Children

The 73.4% respondent Doctors are married including divorcee or widow and out of that the 42% Doctors are having one child, 17% are having 2 kids. And remaining 41% respondents are not having any children.

6. Educational Status

Of 169 respondents, 37 Doctors (21%) are MBBS graduates, 26% of the respondents (i.e. 45 respondents) are BAMS graduates, 24% are BHMS graduates. 25% respondents are Post-graduates and only 1% of the respondents (i.e. 2 respondents) have B. Pth a Physiotherapy Degree.

7. PGDEMS

A course of PGDEMS has been done by the 30.3% of the total respondent Doctors. Post Graduate Diploma in Emergency Medical Services which gives the expertise in handling emergencies related to patients, which gives an upper hand in handling critical patients.

8. Further Studies Undertaken

There are very few Doctors who have undergone further studies like various required diplomas whichever is required for their profession, their percentage is 45.5%.

A major percentile of the studied population does not deem it important to invest in value addition to existing knowledge.

9. Work Experience

Amongst the 169 respondent Doctors a total of 83 respondents (50 %) have their total experience less than 5 years which is followed by 51 respondents (30%) with experience 5 to 10 years and only 35 respondents (20%) have total experience of more than 10 years.

10. Work Experience in Current Hospital

We can conclude that 59 Doctors (34.9%) have less than one year of experience in their present job.

42 respondents (24.6%) have 1-3 Years of experience.

For 21.4% of the respondents the experience is more than 5 years in current hospital.

11. Number of Previous Work Places

As regards the past work experience of the Doctors when asked about the number of work places they worked earlier, it was found that few Doctors 12 % worked in 6 to 10 hospitals before and 8% have worked in more than 10 hospitals are worked. Means they were not retained in the same hospital for many years. Also 116 Doctors (68.4%) have worked in 1 to 5 hospitals previously. Only 12% Doctors have not left any hospital before. This shows that Doctors have a tendency to change jobs.

12. Type of Employment: Contractual/ Permanent:

In the present job 55.6% of total respondents Doctors are working on contractual basis and only 44.4% are permanent. Perhaps the hospitals are willing to lay-off the Doctors for any reason. But due to this kind of contractual appointment Doctors may not be experiencing job security. And this is one of the limitations for job retention and motivation also.

13. Designation:

Out of total doctor respondents 64.7% respondents are RMOs, 23.7% are Consultants, 10.6% are Specialists and 1.0% are Surgeons. Here it is found that in RMO cadre, women in this study outnumber men.

14. Work Setting

The respondent Doctors are allocated their duties in different parts of the hospital in accordance with their speciality. As per this study 98 Doctors are working in Internal Medicine Department, 15 Doctors (9.1%) are in Surgery Department, 20 are in Emergency services, 18.2% means 31 Doctors are working in critical care unit and only one doctor is working in operating room.

Usually Surgeons are associated on-call basis. Even if the case is otherwise they are not available for interaction as they are busy in the operation theatre most of the time.

15. Working in Night Shift

Working in night shift is a major cause of concern for the motivation of any Doctor working in the hospital. The doctor's job is also related to working in night shift as per the consideration of health of people. Among the Doctors respondents 62.3% are

not working in night shift and remaining all are working in night shift. 15.6% are working 1 to 3 times in night shift in a month, 10.7% are 4 to 6 times, 7.3% 7 to 9 times and 4.1% are working 10 to 12 % in night shift in a month.

16. Transport Used

The hospitals visited for survey do not provide transportation facilities for their employees so the Doctors visit the Hospital using other Transport options. This can act as a barrier for the motivation of the Doctors. The study shows 8.7% Doctors come walking, 16.7% of them use public transport and remaining a major group 74.6% have their own vehicle.

5.1.2 FINDINGS BASED ON DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS NURSES

1. Gender

Out of the total nurse respondents 92.9% are female and remaining only 7.1% are male. In this profession women have it as a preference. However the number of men enrolling for nursing courses is gradually increasing.

2. Age

It shows that the higher number of Nurses i.e. 48.1% is falling under young age group i.e. below 30 years age-group and the 20.8% of respondents are in middle age group between 31 to 40 years. And the remaining 31.1% are the elder Nurses whose age is more than 40 years. Some hospitals have mostly experienced Nurses, since the inception of the hospital. Here it can be shown some impact of this age group on the motivation of the Nurses, the experienced Nurses are more motivated than the relative fresher Nurses.

3. Marital Status

Out of total respondents 31.1 % of respondents are single and majorly 67.8 % are married; only 3 of them (1.1%) are widows. The Nurses recruited in the hospitals are mostly married. Despite this the hospital administration thinks that the experienced and elder Nurses are good in their job.

4. Number of Children

Many married respondents have up-to three children; Single Nurses are also there so 37.7% are not having children. The table shows percentage of respondents having one or two children. It shows 24.0% Nurses have 1 child and 35.5% have 2 children.

5. Educational Status

Of 281 respondents, 104 Nurses (37.2%) have done ANM, 7.1% of the respondents (i.e. 20 respondents) are BSc graduates, 51.9% are GNM graduates and only 3.8% of the respondents (i.e. 11 respondents) have done their post-graduation i.e. MSc.

6. Work Experience

Among the 281 respondent Nurses a total of 104 respondents (37.2 %) have total experience less than 5 years which is followed by 45 Nurses (15.8%) with work experience of 5 to 10 years. A major group of 132 respondents (47.0%) have total experience more than 10 years.

7. Work Experience in Current Organization

98 Nurses (35.0%) have less than one year of experience in their present job. 62 respondents (21.8%) have 1-3 Years of experience. For 10.4% of the respondents the experience is 4 to 5 years and a major group i.e. 32.8% Nurses is in current hospital more than 5 years. This shows the higher retention rate of Nurses in hospital.

8. Kind of Employment

In the present job the big number i.e. 30.6% of total respondents' Nurses are working on temporary basis and 66.7% are permanent, and very few are on contractual basis. Perhaps the hospitals are never willing to lay-off the Nurses for any silly reasons. But due to this kind of contractual/temporary appointment Nurses don't have job security. And this is one of the limitations for job retention and motivation.

9. Designation

Out of total nurse respondents 65.5% respondents are working as a main staff for general duty, 25.5% are head nurse and 9.1% are doing other jobs like administrative responsibilities etc.

10. Work Setting

The respondent Nurses are allocated their duties in various departments of the hospital as per the requirement of the hospital. As per this study 46 Nurses are working in Internal Medicine Department, 18 Nurses in Surgery department, 11 Nurses are for emergency services, 13.8% means 39 Nurses are working in critical care unit and 14 Nurses are working in operating room. Higher number of Nurses i.e. 120 (42.5%) are working in ward.

RECOGNIZED FACTORS RESPONSIBLE FOR MOTIVATION

The study has shown analysis of seven factors

1. Work Life Balance and healthy relationship with Colleagues.
2. Monetary Factors and sense of belonging for the current organization
3. Fair Treatment / Respect
4. Organizational Factors / Decent Work Environment
5. Enthusiasm & Performance Satisfaction about work
6. Clarity about Roles and Responsibilities
7. Positive thinking at Personal and Professional level

5.1.3 FINDINGS BASED ON HYPOTHESES

| Hypothesis | Questions | Findings |
|---|--|---|
| H₀ -Provision and awareness of Welfare measures in Healthcare Units do not significantly motivate Doctors. H₁ -Provision and awareness of Welfare measures in Healthcare Units significantly motivate Doctors. | I am aware of my privileges and other welfare schemes in this hospital | The adoption of welfare measures in Health Care units help to motivate Doctors. |
| H₀ - Provision and awareness of Welfare measures in | I am aware of my privileges and other welfare schemes in | The adoption of welfare measures in |

| Hypothesis | Questions | Findings |
|---|---|--|
| <p>Healthcare Units do not significantly motivate Nurses.</p> <p>H₁-Provision and awareness of Welfare measures in Healthcare Units significantly motivate Nurses.</p> | <p>this hospital</p> | <p>Health Care units help to motivate Nurses.</p> |
| <p>H₀-Provision and awareness of Welfare measures in Healthcare Units do not significantly motivate Doctors and Nurses.</p> <p>H₁- Provision and awareness of Welfare measures in Healthcare Units significantly motivate Doctors and Nurses.</p> | <p>I am aware of my privileges and other welfare schemes in this hospital</p> | <p>The adoption of welfare measures in Health Care units help to motivate Doctors and Nurses.</p> |
| <p>H₀ - Monetary incentive does not significantly motivate Doctors in Health care units.</p> <p>H₁- Monetary incentive significantly motivates Doctors in Health care units.</p> | <p>I am satisfied with the incentive structure and bonus offered to me in this hospital</p> | <p>Monetary incentive is the common denomination responsible in motivation of Doctors in Health care units.</p> |
| <p>H₀- Monetary incentive does not significantly motivate Nurses in Health care units.</p> <p>H₁- Monetary incentive significantly motivates Nurses in Health care units.</p> | <p>I am satisfied with the incentive structure and bonus offered to me in this hospital</p> | <p>Monetary incentive is significantly the common denomination responsible in motivation of Nurses in Health care units.</p> |

| Hypothesis | Questions | Findings |
|--|--|--|
| <p>H₀- Monetary incentive does not significantly motivate Doctors and Nurses in Health care units.</p> <p>H₁- Monetary incentive significantly motivates Doctors and Nurses in Health care units.</p> | <p>I am satisfied with the incentive structure and bonus offered to me in this hospital</p> | <p>Monetary incentive is significantly the common denomination responsible in motivation of Nurses in Health care units.</p> |
| <p>H₀- Motivational practices have no significant impact on the retention of Doctors in Health Care Units.</p> <p>H₁- Motivational practices have significant impact on the retention of Doctors in Health Care Units.</p> | <ol style="list-style-type: none"> 1. Current work experience 2. Relationship with colleagues and work life balance 3. Monetary factors and liking about current hospital 4. Fair treatment or respect 5. Organizational factors or work environment 6. Monetary factors and liking about current hospital 7. Positive thinking | <p>There is no conclusive evidence for a relation between motivational practices and the retention of Doctors.</p> |
| <p>H₀ - Motivational practices have no significant impact on the retention of Nurses in Health Care Units.</p> <p>H₁- Motivational practices have significant impact on the</p> | <ol style="list-style-type: none"> 1. Current work experience 2. Relationship with colleagues and work life balance 3. Monetary factors and liking about current | <p>There is no conclusive evidence for significant relation between motivational practices and retention of Nurses.</p> |

| Hypothesis | Questions | Findings |
|--|---|----------|
| retention of Nurses in Health Care Units | <p>hospital</p> <p>4. Fair treatment or respect</p> <p>5. Organizational factors or work environment</p> <p>6. Monetary factors and liking about current hospital</p> <p>7. Positive thinking</p> | |

5.2 RECOMMENDATIONS

The primary focus should be adoption of welfare measures so as to impart a sense of belonging to the employees- here the Doctors and Nurses.

The rapport with the immediate superior needs to be monitored and established to be one of ease and comfort.

Provision of basic facilities like changing area and rest area will certainly help to lift the morale of both Doctors and Nurses.

Adoption of manpower planning practices will ensure that only few are not burdened with work which leads to loss of interest in work.

Social Workers can function as the intermediary in healthcare between patients and healthcare providers; this will reduce the burden of existing taskforce.

Security in hospitals is to be restructured so as to yield a sense of security in Doctors and Nurses especially when working in night-shifts.

Periodic trainings will help them to enhance their existing skill sets and function effectively and efficiently.

Fringe benefits like free or subsidized treatment for first of kin will be a major motivator.

Data Analysis and collection needs to be done in a refined manner apart from census to ensure policy development is unbiased.

In an era of Artificial Intelligence, if we can propagate humanoids in healthcare, primary task of Doctors and Nurses can be downsized. Also with the increasing number of mental disorders, pre-programmed humanoids can help patients receive aid. “Another figurine... probably the Amul doll which is religion neutral would be acceptable to the masses as long as it is a polyglot!”

To keep up with times we need to establish robust processes to upgrade the existing healthcare system.

5.3 CONCLUSION

Most of the times, individuals quit their job due to differences with their bosses. Also, the rapport with co-workers determines the degree of individual involvement in work. An environment that harbors meaningful conversations and nurtures a sense of belonging, individuals tend to continue working at such places.

In a public hospital in PMC there is a familial environment so there is comfort in working in adverse conditions. By virtue of working in the same hospital for years there is a camaraderie that evolves which gives a feeling of comfort.

Majority of employees are motivated by the income they derive from their work and the pride that ensues from social status in the society thereafter. Money by and large is the tried, tested and proven motivator that enables individuals to promulgate their performance by leaps and bounds. Certain incentives are monetary in nature whilst others include time and effort. Effectively an amalgamation of the right work mix contributes towards a work environment that can be a second home to the employees.

It is general knowledge in any line of work that sincerity and performance go hand in glove with monetary gain. So, the incentives play a major role in motivating the task force to meet the demand and supply ratio apparent to the task at hand.

The many people at the stage of career and work going for fame and popularity, they want a particular respect from the others. And this acts a biggest motivator for them. Once the people surpass a certain maturity, they look forward to bigger and better things in life which is related to respect.

Helping others in their work is found to be a best source of respect to serve people in the organization to get respect in return.

The most important factor is to focus on organizational policies and environment that will remind one's goals, and help them remain motivated towards work.

The organizational policies act as a platform to help individual streamline career in the hospital.

In a hospital in PCMC, employees working elsewhere but earlier part of the hospital still are full of praise and given an opportunity would like to work with the same hospital.

Individuals who are high on enthusiasm perform better as compared to those who sulk and brood over pettiest issues. Healthcare is a rather depressing work as it involves facing individuals in pain and distress, so it necessitates keeping up the individual morale so as to perform in adversity. Individuals who are passionate about helping others deem it right to be in a good frame

The roles and responsibilities are the key to perform actions which achieve a desired outcome. By modeling successful practices in a field produced the desired results. Such successful practices can be modeled and theorized as norms for practice. That will help to achieve the self-motivation.

The people those who are working on sharpening of their skills and more effectively perform their roles can be rigorously self-motivated to carry out the job.

An individual's acceptance and liking of work and good work-life balance will result in a positive attitude which will reflect in the quality of work undertaken.

The researcher resorted to both Quantitative and Qualitative study as the inherent deficiency of questionnaire is that it has more breadth and less depth. Hence structured Interviews were resorted through using Subjective and open ended questions and focused Group Discussions. Hence Researcher conducted series of Interviews for Selected Sample including the Hospital Administrator. This enabled a comprehensive understanding of the perspectives of Doctors and Nurses and Hospital Management.

These discussions revealed that Finances matter as it leads to creation of wealth that in turn fulfils the basic needs, yet non-financial aspects have a major impact. To name a few:

1. Words of Appreciation- from the Superior or from the Patients
2. Healthy Promotional Policies- Limited growth opportunities due to nature of work
3. Open discussion Areas- The work schedule as such is so hectic that it allows limited scope for any other discussions
4. Feedback on Achievements- No mechanism in place especially in Public Hospitals

Every individual seeks recognition- Appreciation and recognition for them is more satiating as compared to financial gains; they are marginal.

In the Public Sector, despite adversities- Naidu Infectious Disease Hospital Staff is motivated to serve their patients. In the true Florence Nightingale spirit it is only pure giving back to people which motivates the staff especially Nurses.

In the Private Sector- Niramaya Hospital employees- even ex-employees would like to return to work due to existing practices. A board announces the Birthday or

Anniversary of each employee. It's not the money alone but the fair treatment practices that helps to create a motivated Health Task force.

In an era of Artificial Intelligence, if we can propagate humanoids in healthcare, primary task of Doctors and Nurses can be downsized. Also with the increasing number of mental disorders, pre-programmed humanoids can help patients receive aid. "Another figurine... probably the Amul doll which is religion neutral would be acceptable to the masses as long as it is a polyglot!"

We need to incorporate an amalgamation of best practices of both Public and Private sector hospitals to motivate the Doctors and Nurses for retention in their existing workplace.

Money by and large is the primary motivator however harboring a sense of belongingness to the hospital and adoption of welfare measures helps to lift the morale of the healthcare providers.

By working on all the recognized motivational factors; Work Life Balance and healthy relationship with Colleagues, Monetary Factors and sense of belonging for the current organization, Fair Treatment / Respect, Organizational Factors / Decent Work Environment, Enthusiasm & Performance Satisfaction about work, Clarity about Roles and Responsibilities, Positive thinking at Personal and Professional level, the Doctors can be quickly improving self-motivation. Clarity of thought can be gained by analyzing these factors individually

The adoption of welfare measures in Health Care units help to motivate Doctors and Nurses respectively. Also, the monetary incentive is the common denomination responsible in motivation of Doctors and Nurses respectively in Health care units. The research has shown that there is no conclusive evidence for a relation between motivational practices and the retention of Doctors and Nurses.

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ANNEXURE

Doctor Information Questionnaire:

Kind of HOSPITAL: PUBLIC PRIVATE

DEMOGRAPHIC DATA:

1. GENDER: M/F
 2. AGE: ___ years
 3. MARITAL STATUS: A. Single B. Married C. Divorced D. Widow/Widower
 4. NUMBER OF DEPENDENTS:
 5. NUMBER OF CHILDREN:
 6. EDUCATIONAL STATUS: A. MBBS B.BAMS C. BHMS D. PG
 7. PGDEMS: YES/NO
 8. Further Studies Undertaken:
 9. Work Experience: _____ Years
 10. Working Years in Current Hospital: A.<1 year B. 1-3 years C.4-5 years D.>5 years
 11. Number of Workplaces you have worked so far
 12. Kind of Employment: Contractual/Permanent
 13. Designation: A. RMO B. Consultant C. Specialist D. Surgeon
 14. Work Setting: A. Medical{Internal} B. Surgical C. Emergency D. Critical Care Unit E. Operating Room
 15. Number of Night Duty Shifts per month: A.0 B.1-3 C.4-6 D.7-9 E.10-12
 16. Transport Used: A. Walk B. Public Transport C. Own vehicle
- A. Strongly Agree B. Agree C Neutral D Disagree E Strongly Disagree**
17. My Task is compatible with my knowledge and skill
 18. I am satisfied with the compensation I get for my work
 19. I am satisfied with the incentive structure and bonus offered to me in this hospital
 20. I can express myself in front of my Superior easily
 21. My Superior gives me periodic feedback on my performance

22. My hospital helps me upgrade my skills and knowledge
23. Conduct of Patients' and relatives with me is positive
24. I am satisfied with the facilities provided to me by the hospital management
25. I am treated with respect by all the members in my Hospital
26. My family is happy that I work for this hospital
27. I am proud to be a part of this hospital
28. My Superior has explained my Performance standards
29. Most days I am enthusiastic about my work
30. I can allocate time for recreational activities
31. Quality is a top priority at the hospital
32. Professional duties don't affect my personal life
33. My work is appreciated by the Management
34. Each day at work seems like it will never end
35. I always arrive on time for my shift
36. Suggest measures that can be undertaken to increase your satisfaction as an employee
37. If you recommend this hospital to a friend for work, the reason will be
38. If at all you choose to leave the hospital- why?
39. If you choose a different profession it will be & why?
40. How do you handle conflict with patients' relatives?

NURSE Information Questionnaire:

Kind of HOSPITAL: PUBLIC

PRIVATE

DEMOGRAPHIC DATA:

1. GENDER: MALE/FEMALE
 2. AGE:
 3. MARITAL STATUS: A. Single B. Married C. Divorced D. Widow
 4. NUMBER OF CHILDREN:
 5. EDUCATIONAL STATUS: ANM/ B.Sc./M.Sc./Ph.D.
 6. Work Experience: _____ Years
 7. Kind of Employment: Temporary/Permanent
 8. Working Years in Current Hospital: A.<1 year B. 1-3 years C.4-5 years D.>5 years
 9. Position: A. STAFF (General Duty) B. Head Nurse C. Assistant Head Nurse D. Supervisor E. Others
 10. Work Setting: A. Medical{Internal} B. Surgical C. Emergency D. Critical Care Unit E. Operating Room F. Ward
 11. Currently working overtime? A. Y/N B. Hours per month
 12. Number of Night Duty Shifts per month: A.0 B.1-3 C.4-6 D.7-9
 13. Distance of Residence from Hospital: A.30 minutes walk B.60+ minutes walk
 14. Transport Used: A. Own vehicle B. Public Transport
- A. Strongly Agree B. Agree C. Neutral D. Disagree E. Strongly Disagree**
15. I am satisfied with the compensation I get for my work
 16. I am satisfied with the incentive structure and bonus offered to me in this hospital
 17. I can express myself in front of my Superior easily
 18. My Superior gives me periodic feedback on my performance
 19. I am happy with the recognition I get at work from my Superior
 20. My hospital helps me upgrade my skills and knowledge
 21. I feel comfortable here
 22. When I am on leave I am replaced by my colleague
 23. Patients and their relatives conduct towards me is positive
 24. I am aware of my privileges and other welfare schemes in this hospital

25. I am clear about my roles and responsibilities
26. I will recommend others to join this hospital
27. I am satisfied with the facilities provided to me by the hospital management
28. I am treated with respect by all the members in my Hospital
29. My family is happy that I work for this hospital
30. I am proud to be a part of this hospital
31. I can easily manage my work and my personal life in this hospital
32. I believe my job is secure
33. Quality is a top priority at the hospital
34. Meals provided are healthy and hygienic
35. I arrive on time for my shift.
36. If at all you choose to leave the hospital- why?
37. If you choose a different profession it will be & why?
38. Suggest measures that can be undertaken to increase your satisfaction as an employee
39. If you recommend this hospital to a friend for work, the reason will be
40. Any plans for Migration? If yes where and why?

HOSPITAL ADMINISTRATOR QUESTIONNAIRE

Name of the Hospital:

Year of Establishment:

| | | |
|----|---|-----------|
| 1 | Name: | Contact : |
| 2 | Gender | |
| 3 | Age | |
| 4 | Educational Qualification | |
| 5 | Work Experience in Years | |
| 6 | Working Years in Current Hospital | |
| 7 | Sources used for Recruitment: Job portals/ Newspaper/Employee Referrals/ Nursing Colleges/Other Hospitals | |
| 8 | Current Staff: Nurses | |
| 9 | Doctors | |
| 10 | Oldest Associate Doctor: Tenure | |
| 11 | Oldest Associate Nurse: Tenure | |
| 12 | Incentive for Employee Referral: Yes/No : | |
| 13 | Treatment Benefits for Family: | |
| 14 | Health Insurance for Doctors: | |
| 15 | Health Insurance for Nurses: | |
| 16 | Transport Facility: | |
| 17 | Meals in the Canteen: | |
| 18 | Uniform Allowance for Nurses: | |
| 19 | Designated Rest area for Doctors | |
| 20 | Designated Rest area for Nurses | |
| 21 | Employee Handbook: Yes/NO | |
| 22 | On boarding Process: | |
| | Induction | |
| | On-the-Job Training | |
| | Performance Management:Appraisal-3 months/6 months/Yearly | |
| 23 | Process for Grievance Handling is laid: Yes/NO | |
| 24 | Other Training for Skill Development: Yes/No | |

| | |
|----|--|
| 25 | Number of Trainings in a Year: Doctors |
| | Nurses |
| 26 | Turnover Ratio: Doctors |
| | Nurses |
| 27 | Crèche Provided: Yes/No |
| 28 | Leaves Permissible: Doctors |
| | Nurses |
| 29 | Region-wise Recruitment Analysis for Turnover: |
| 30 | State 3 reasons why Doctors are working here |
| | State 3 reasons why Nurses are working here |

PERMISSION LETTER

The Hospital In-charge

Seeking permission to collect data for PhD in Management for Research

Respected Sir/Ma'am,

I, Dr Priya Surendranath Jagtap am pursuing PhD in Management from Tilak Maharashtra Vidyapeeth on the Topic: To study motivational practices & its impact on the retention of Doctors and Nurses in select health care units in Pune region under the guidance of Dr Madhavi Kulkarni.

Please grant permission to interact with the Hospital Staff - Doctors& Nurses for completing the Questionnaire.

Kindly permit me for the same.

I solicit your kind co-operation.

Regards

Dr Priya Jagtap
(Research Scholar)

Dr Madhavi Kulkarni
(Research Guide)

CONSENT LETTER

Hospital Administrator, Doctors & Nurses

I, Dr Priya Surendranath Jagtap am pursuing PhD in Management from Tilak Maharashtra Vidyapeeth on the Topic: To study motivational practices & its impact on the retention of Doctors and Nurses in select health care units in Pune region under the guidance of Dr Madhavi Kulkarni. Solicit your co-operation for the same. Your participation in this Study is voluntary.

Information shared by you will be kept strictly confidential and will be used solely for the purpose of research.

Thank you

Regards

Priya Jagtap (Research Scholar)

| Sr No | Name of the Participant | Designation | Contact Number | Signature |
|-------|-------------------------|-------------|----------------|-----------|
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